

**Needs assessment
for implementation of the
WHO Framework Convention on
Tobacco Control in Solomon Islands**

Convention Secretariat

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Executive summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of the World Health Organization (WHO) and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations with, 175 Parties to date.¹ Solomon Islands ratified the WHO FCTC on 10 August 2004 and was among the first 40 countries to do so. The Convention entered into force for Solomon Islands on 27 February 2005.

A needs assessment exercise concerning implementation of the WHO FCTC was conducted jointly by the Government of Solomon Islands and the Convention Secretariat from February to May 2012. The assessment involved an initial analysis of the status, challenges and potential needs deriving from the country's latest implementation report and other sources of information and the mission of an international team, comprised of representatives of the Convention Secretariat, WHO South Pacific Office and the WHO Liaison Office in Solomon Islands on 12–16 March 2012. The assessment involved relevant ministries and agencies of Solomon Islands, including the Ministry of Health and Medical Services (MHMS), other key stakeholders and members of civil society (see Annex). This joint needs assessment report presents an article-by-article analysis of the progress made by the country in implementation; the gaps that may exist; and the subsequent possible actions that can be taken to fill those gaps.

The key elements that need to be put in place to enable Solomon Islands to meet its obligations under the Convention are summarized below. Further details are contained in the main report.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Solomon Islands is obliged to implement its provisions through national law, regulations or other measures. There is therefore a need to analyse this report, identify all obligations in the substantive articles of the Convention, link them with the relevant agencies, make the required resources available and seek support internationally where appropriate.

Second, a national tobacco control focal point was appointed in 2006, based first within the Health Promotion Department and more recently within the Noncommunicable Disease Department of the MHMS. The National Tobacco Control Committee was established in 2006 but functioned for a short period only. The Tobacco Control Task Force was established in 2011 to develop the regulations, the National Tobacco Control Action Plan and prepare the WHO FCTC implementation report in collaboration with key stakeholders. It is recommended that the multilateral National Tobacco Control Committee should be re-established and the mandates and responsibilities of different line ministries be clearly defined. The Tobacco Control Act outlines the establishment of a Healthy Lifestyles Promotion Fund with monies to be appropriated by Parliament. It is recommended that the MHMS work closely with Ministry of Finance and Treasury (MFT) to ensure that appropriations for the Healthy Lifestyle Promotion Fund are implemented.

¹ As at May 2012.

Third, Solomon Islands passed the Tobacco Control Bill in 2010 which was a major achievement in implementing the Convention. Following one of the key recommendations of the needs assessment, the Bill was officially gazetted and became effective on 31 May 2012. Following this date, the Bill became effective legislation: the Tobacco Control Act (the Act). The planned date for this notification had been delayed for two years due to the influence of the tobacco industry. There are still some shortcomings in the Act and further amendment is required for it fully to comply with the Convention. The MHMS is also working on the Tobacco Control Regulations 2011 (the Regulations), which will soon be finalized and sent to Cabinet for approval. Areas of greatest concern requiring amendment in the draft Regulations include: smoke-free policy, testing and regulation, labelling and packaging. The international team has had the opportunity to discuss these amendments in detail with the national focal point. It is recommended the Act be further amended to make it fully in line with the obligations under the Convention and approval for the Regulations from Cabinet be obtained as soon as possible. In addition, the MHMS should secure adequate resources to conduct an advocacy campaign, to raise awareness concerning the legislation and to establish enforcement measures.

Fourth, Article 5.3 and its guidelines require Parties to protect their public health policies with respect to tobacco control, from commercial and vested interests of the tobacco industry. Cigarettes are manufactured in Solomon Islands by an international tobacco company. The MFT should have a key role in developing relevant tobacco control policies related to tobacco taxation and eliminating illicit trade in tobacco products. However, the MFT has two memorandums of understanding (MOU) with the tobacco company. The first MOU covers taxation from 2005 to 2015 and limits annual tax increase to 2.5% and the second concerns illicit trade or smuggling. It is recommended that the MFT terminate these MOUs as soon as possible. All line ministries should review their policies consistent with Article 5.3 and its guidelines and terminate any agreements with the tobacco industry if there are any and set clear policies of not entering into any such agreements in the future. A policy and code of conduct for public servants should be developed in line with Article 5.3 and its guidelines. It is further recommended that the MHMS work closely with the MFT to increase taxation on tobacco products on a regular basis to reduce tobacco consumption and take inflation into consideration to ensure a real increase of the price of tobacco products.

Fifth, United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The next UNDAF (2013–2017) is at its final stage of finalization. The international team had a very constructive meeting with the UN Joint Presence Manager and the WHO Liaison Officer. It is encouraging to notice that the UN Country Team has proposed to include the implementation of the Convention under the national development priority objectives. It is therefore recommended that the MHMS should follow this up with the UN Joint Presence to ensure that supporting the implementation of the Convention is included in the UNDAF (2013–2017).

Sixth, addressing the issues raised in this report, with particular attention given to treaty provisions containing a deadline (Articles 8, 11 and 13 and corresponding implementation guidelines), will make a substantial contribution to meeting obligations under the WHO FCTC and improve health status and quality of life in Solomon Islands.

The needs identified in this report represent priority areas that require immediate attention. As Solomon Islands addresses these areas, the Convention Secretariat is available and committed to support the process of engaging potential partners and identifying internationally available resources for implementation of the Convention.

This joint needs assessment mission was financially supported by the Government of Australia.

Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of WHO. Solomon Islands ratified the WHO FCTC on 10 August 2004, among the first 40 countries to do so, and became a Party to the Convention on 27 February 2005, the same day as the Convention entered into force.

The Convention recognizes the need to generate global action so that all countries are able to implement its provisions effectively. Article 21 of the WHO FCTC requires Parties to regularly submit to the Conference of Parties (COP) reports on their implementation of the Convention, including any challenges they may face in this regard. Article 26 of the Convention recognizes the importance that financial resources play in achieving the objectives of the treaty. The COP further requested that detailed needs assessment be undertaken at country level, especially in developing countries and countries with economies in transition, to ensure that lower-resource Parties receive the necessary support to fully meet their obligations under the treaty.

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1 (13)). The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10)) to actively seek extrabudgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third and fourth sessions (November 2008 and November 2010), the COP adopted the workplans and budgets for the biennium's 2010–2011 and 2012–2013, respectively. The workplans, *inter alia*, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, international cooperation and South–South cooperation were outlined as major components of this work.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC, resources available to a Party for implementation, and any gaps in that regard. Such assessment should therefore be comprehensive and based on all substantive

articles of the WHO FCTC with a view to establishing a baseline of needs. The needs assessment is also expected to serve as a basis for assistance in programme and project development, particularly to lower resource countries, as part of efforts to promote and accelerate access to internationally available resources.

The needs assessments are carried out in three phases:

- (a) initial analysis of the status, challenges and potential needs deriving from the latest implementation report of the Party and other sources of information;
- (b) visit of an international team to the country for a joint review with government representatives of both the health and other relevant sectors; and
- (c) follow-up with country representatives to obtain further details and clarifications, review additional materials jointly identified, and develop and finalize the needs assessment report in cooperation with the government focal point(s).

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of Solomon Islands and the Convention Secretariat with the participation of the WHO South Pacific Office and the WHO Liaison Office in Solomon Islands, including a mission to Solomon Islands by an international team of experts on 12–16 March 2012. The detailed assessment involved relevant ministries and agencies of Solomon Islands. The following report is based on the findings of the joint needs assessment exercise.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty. The report identifies gaps and areas where further actions are needed to ensure full compliance with the requirements of the treaty and implementation of guidelines adopted by the COP where relevant. Specific recommendations are then made concerning that particular area. The executive summary above provides an overview of the joint needs assessment exercise, and an outline of the key findings and recommendations.

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Solomon Islands. Recommendations contained in the guidelines adopted by the COP are also referred to when relevant. Finally, the report provides recommendations on how to address the gaps identified during the joint needs assessment mission, with a view to supporting the country in meeting its obligations under the Convention.

Relationship between this Convention and other agreements and legal instruments (Article 2)

Article 2.1 of the Convention encourages Parties to implement “*measures beyond those required by this Convention and its protocols [and that are] ... in accordance with international law*”.

Solomon Islands has not yet implemented measures beyond those required by the Convention.

It is recommended that while making efforts to implement and enforce current measures, the Government identify other areas in which measures going beyond the minimum requirements of the Convention can be implemented to meet national requirements.

Article 2.2 clarifies that the Convention does not affect “*the right of Parties to enter into bilateral or multilateral agreements ... on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat*”.

No information has been provided so far by Solomon Islands. The Ministry of Foreign Affairs and External Trade, in consultation with other relevant line ministries, should identify these agreements and report them as appropriate in accordance with the requirement under this Article.

Gap – There is a lack of awareness of the obligation under this Article and the proactive role that all relevant ministries need to play in making other relevant or additional agreements compatible with Solomon Islands’ obligations under the Convention, and of the need to contribute to the reporting process.

It is therefore recommended that the Government of Solomon Islands take measures to ensure that relevant bilateral or multilateral agreements are in line with its obligations under the Convention and to report any previous agreements entered into as required by Article 2.2 of the treaty. Agreements concluded after entry into force of the Convention for Solomon Islands should also be reported.

General obligations (Article 5)

Article 5.1 calls upon Parties to “*develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention*”.

Tobacco control has been identified as a priority area to prevent and control noncommunicable diseases (NCDs) under the country’s national health plans and programmes. The National Health Strategic Plan (2011–2015) identifies reducing individual and family behaviour-related risk factors, including tobacco use, through health promotion and preventative services as the most important substantive national health policy. Activities related to tobacco control have been identified in this national plan and resources needed have been estimated. In 2005 Solomon Islands developed its first National Tobacco Control Action Plan (2006–2010). In November 2010 a Multi-Sectoral Tobacco Control Action Plan (2011–2015) was developed with the objective of reducing tobacco consumption and minimizing tobacco-related harm in order to promote, protect and maintain a healthy Solomon Islands. These objectives were framed under nine headings including coordinating tobacco control activities in compliance with the WHO FCTC. The Multi-Sectoral Tobacco Control Action Plan (2011–2015) contains a timeline for activities in 2012, which outlined 22 themes or action points covering a range of activities, most of which are focused on policy and regulation, and in some cases on advocacy.

Solomon Islands has met its obligations under Article 5.1.

Article 5.2(a) calls on Parties to “*establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control*”.

A national tobacco control focal point was appointed in 2006, based first within the Health Promotion Department of the Ministry of Health and Medical Services (MHMS), but recently moved to the Noncommunicable Diseases Department. The MHMS has a dedicated budget for tobacco control although the amount is not sufficient to carry out all desired activities required to fully implement the Convention. The National Tobacco Control Committee was established in 2006 and met twice but functioned for a short period only. The Tobacco Control Task Force was established in 2011 to develop the Regulations, coordinate and review the National Tobacco Control Action Plan and prepare the WHO FCTC implementation report, in collaboration with key stakeholders. While the Tobacco Control Task Force has a similar role, there is currently no functioning multisectoral coordinating mechanism.

The Tobacco Control Act in its Part 6 establishes the Healthy Lifestyles Promotion Committee and Fund, the members of which are: the Permanent Secretary responsible for health, the Permanent Secretary responsible for environment or his nominee, the Permanent Secretary responsible for youth or his nominee, the Chairperson of the Pharmacy and Poisons Board, a representative from Consumer Affairs appointed by the Permanent Secretary responsible for Consumer Affairs, and a senior public health officer appointed by the Secretary of Health (national tobacco control focal point). One function of the Committee is to fund or promote the funding of measures required under Articles 12, 14, 20, 21 and 22 of the Convention and advise the Minister about the promotion of health and the encouragement of healthy lifestyles or any other matter relating to the Act,

and to engage any person in carrying out its functions under the Act. This provides the legal basis for establishing the multisectoral national coordination mechanism.

Gap – No national multisectoral coordination mechanism is currently in place and an adequate budget has not been allocated for implementing the Convention.

It is therefore recommended that Solomon Islands re-establish a multisectoral national coordination mechanism to implement the Convention with the mandate of different ministries and stakeholders clearly defined. It is also recommended that other relevant ministries also allocate resources and staff time to fulfil their respective responsibilities in implementation of the Convention. It is further recommended that dedicated budget lines and staff time be allocated in other line ministries for implementation of the Convention.

Article 5.2(b) calls on Parties to “*adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke*”.

Solomon Islands passed a Bill (No. 4 of 2010) on 18 March 2010 which became effective on 31 May 2012 as the Tobacco Control Act (the Act). This took place shortly after the needs assessment mission when notice of the Act was placed in the Gazette. The planned date for this notification had been delayed due to the political influence of the tobacco industry. The Act covers the following areas: sale, advertisement and promotion, licensing, constituents of tobacco products, control of second-hand smoke, healthy lifestyles promotion committee and fund, and enforcement.

The Regulations that accompany the Act are being finalized and need to be sent to Cabinet for approval. Several areas require amendment, including the sections on smoke-free policy, testing and regulation of tobacco products, and labelling and packaging requirements. The Convention Secretariat has had the opportunity to review the draft Regulations and provided detailed comments to the national tobacco control focal point.

The Act has put in place relatively strong measures in terms of banning tobacco advertising, promotion and sponsorship, with the exception of imported newspapers, books, and television or radio transmission if they are not intended for sale, distribution or exhibition primarily in Solomon Islands or if the advertisement is targeted primarily at an audience in Solomon Islands. The Act still allows for product displays at points of sale, but bans the offering of free samples, gifts and incentives.

The Act requires health warnings in English and Solomon Islands Pidgin with an option for including pictures, pictograms or other graphic representations.

The Act also requires licensing of importers, manufacturers, distributors and retailers. Manufacturers and importers are also required to provide testing on toxic constituents with information provided to the Minister of the MHMS annually.

The Act bans smoking in most public places including hospitals, schools, public transport and workplaces with exception of outdoor designated areas. The Act also establishes mechanisms for enforcement. The draft Regulations includes a list (Schedule 8) for

workplaces where the owner may designate smoking areas inside the workplace. This is not in line with Article 8 and its guidelines and should be removed.

Gap – Some clauses of the Act only partially meet the obligations under the Convention.

It is therefore recommended that the Regulations be finalized as soon as possible and approval obtained from the Cabinet. It is recommended that the Act be implemented and enforced and efforts made to amend its provisions with the aim of meeting all obligations under the Convention. It is also recommended that the MHMS secure adequate resources to conduct an advocacy campaign to raise awareness concerning the legislation and to establish enforcement measures.

Article 5.3 and the related guidelines² call for and provide guidance on how Parties can protect their tobacco control policies “*from commercial and other vested interests of the tobacco industry*”.

Cigarettes are manufactured in Solomon Islands by an international tobacco company. The influence of the tobacco company has remained strong within the Government and among the population. For example, although the Act was passed two years ago, the process of placing it in the Gazette to make it effective was significantly delayed due to lobbying and interference from the tobacco industry. Although the Tobacco Control Task Force is very firm in following Article 5.3 and its guidelines, one of its terms of reference is to conduct consultation with civil society and the tobacco industry on the draft tobacco regulations. The tobacco industry also tried to influence and weaken the Regulations. Price and tax measures are an effective means of reducing tobacco consumption. Elimination of all forms of illicit trade is also an essential component of tobacco control. The Ministry of Finance and Treasury (MFT) should have a key role in making effective and relevant tobacco control policies. However, the MFT has two memorandums of understanding (MOU) with the tobacco company. The first MOU covers taxation from 2005 to 2015 and limits annual tax increases to 2.5%. The second MOU concerns illicit trade or smuggling.

Gaps –

1. There is a lack of awareness of Article 5.3 and its guidelines among ministries and civil servants. The Tobacco Control Task Force treats the tobacco industry as a stakeholder for consultation rather than avoiding its interference.
2. There are no policies or measures in place to implement Article 5.3 and its guidelines.

It is therefore recommended that the Government disseminate information on Article 5.3 and its guidelines and incorporate relevant requirements within the Code of Conduct and Ethics of Public Service. It is also recommended that the terms of reference of the Tobacco Control Task Force be revised in line with Article 5.3 and its guidelines.

² See http://www.who.int/fctc/protocol/guidelines/adopted/article_5_3/en/index.html

Article 5.4 calls on Parties to “*cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties*”.

Solomon Islands has participated in the working group on Article 14 and contributed to the development of the associated guidelines. Solomon Islands participated in the first and fifth sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. Further cooperation and participation in intergovernmental processes will be highly appreciated.

Solomon Islands has met its obligations under Article 5.4

Price and tax measures (Article 6)

In Article 6.1, the Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”.

Article 6.2(a) stipulates that each party should take account of its national health objectives concerning tobacco control in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

Solomon Islands has low rates of tax on tobacco products and price policies have not been set in order to contribute to the health objectives of reducing tobacco consumption. There is no tax on the import of raw materials for tobacco manufacturing. There is an excise tax of 0.2311 Solomon Islands dollars (\$) per stick on cigarettes manufactured in the Solomon Islands, \$0.42 per stick on imported cigarettes and \$54.12 per kg for twist tobacco. There is also a 10% goods and services tax. Importers and manufacturers are required to register with the tax office, but there is no registration fee. If cigarettes or other tobacco products are imported without registration, there is a 15% additional tax. Machinery used exclusively for the production of tobacco products is also exempt from any tax. There are no price and tax measures applied to home grown tobacco, which is widespread in Solomon Islands.

The MFT has signed Memorandums of Understanding (MOUs) with the company that manufactures cigarettes in Solomon Islands. The first was an agreement to restrict increases in excise tax to 2.5% per year from 2005 to 2015 as mentioned above. This MOU was altered in 2008 through a negotiated outcome to raise the tax by 10%, due to the prevailing economic crisis.

Gaps –

1. The government has agreements with the tobacco company to minimize tax increases.
2. National health objectives concerning tobacco control and the use of taxation as an effective measure to reduce tobacco consumption and improve health outcomes have not been taken into consideration.

It is therefore recommended that the MHMS work closely with the MFT to progressively and regularly increase tobacco taxation in order to take inflation into account and ensure a real increase in price, and thereby reduce tobacco consumption. It is further recommended that the MFT terminate the MOU with the tobacco company as soon as possible.

Article 6.2(b) requires Parties to prohibit or restrict, “*as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products*”.

Customs allowances for personal tobacco imports are 200 cigarettes, 200 grams of tobacco or up to 50 cigars or a combination of these, but not more than the allowed maximum. Solomon Islands has met the obligations of the Convention.

Article 6.3 requires that Parties shall “*provide their rates of taxation for tobacco products ... in their periodic reports to the Conference of the Parties, in accordance with Article 21*”.

Solomon Islands has provided information through the second (five-year) report, although much of this information is unclear. Solomon Islands has met its obligations under Article 6.3.

In support of the Government’s efforts to implement price and tax measures to reduce the demand for tobacco, the Convention Secretariat is committed to facilitating exchanges of expertise and experiences with other Parties.

Protection from exposure to tobacco smoke (Article 8)

Article 8.2 requires Parties to “*adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places*”.

The Article 8 guidelines³ emphasize that “*there is no safe level of exposure to tobacco smoke*” and call on each Party to “*strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party*”. The guidelines also make it clear that “*effective measures to provide protection from exposure to tobacco smoke ... require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke-free environment ... Approaches other than 100% smoke-free environments, including ventilation, air filtration and the use of designated smoking areas ... have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke*”.

The Act puts in place strong smoke-free measures in indoor public places, work places and public transport. The Act prohibits smoking in any indoor enclosed work place, with the exception of outdoor prescribed smoking areas. All school buildings, including

³ See http://www.who.int/fctc/protocol/guidelines/adopted/article_8/en/index.html

temporary structures and outdoor areas and grounds, and all hospitals and health clinics, are to be smoke-free at all times. All public transport, whether by air, land or water, is to be smoke-free with the exception of a designated outside area on a deck or observation area. It should be noted that the guidelines recommend that the definition of “indoor” or “enclosed” be as inclusive and clear as possible, and that care should be taken to avoid creating lists of smoke-free areas. The draft Regulations, however, list the areas in which smoking will be allowed. This is not in line with the spirit and the letter of the Convention and the Act and should therefore be removed.

School tobacco control policy was developed by the MHMS and the Ministry of Education to promote smoke-free schools.

The provision of universal protection against exposure to tobacco smoke by the deadline of five years of entry into force of the Convention (27 February 2010 for Solomon Islands), as recommended by the guidelines for implementation of Article 8 of the Convention, has not been met.

Solomon Islands will host the 11th Pacific Festival of Arts on 1–14 July 2012. It is expected that more than 3000 artists and cultural practitioners from 27 Pacific countries will travel to Solomon Islands, making it Solomon Islands’ largest tourism event ever. Ensuring that the event is smoke-free will not only contribute to the implementation of the Convention in Solomon Islands but also raise the profile of the Convention in the South Pacific.

Gaps –

1. The five year deadline to provide universal protection against exposure to tobacco smoke has not been met.
2. Under the Act, owners of work places may designate smoking areas inside buildings.
3. The Act places the main responsibility of enforcement on individual smokers rather than the owner.

It is therefore recommended that the Regulations ensure a total ban on smoking in all indoor workplaces, indoor public places and as appropriate other public places. In particular, it is recommended that no lists for allocated smoking areas be given. It is also recommended that enforcement focus mainly on business establishments. Furthermore, it is strongly recommended that the 11th Pacific Festival of Arts be 100% smoke-free.

**Regulation of the contents of tobacco products (Article 9) and
Regulation of tobacco product disclosures (Article 10)**

Article 9 requires Parties to “adopt and implement effective legislative, executive and administrative or other measures” for the testing and measuring of the contents and emissions of tobacco products.

Article 10 requires Parties to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and

emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions they may produce”.

The guidelines on Article 9 and 10⁴ recommend that “*in order to alleviate governmental budgetary pressures, Parties could consider placing these costs on tobacco industry and retailers”.*

All tobacco for manufacturing cigarettes in the Solomon Islands is imported. The Act (Clause 16) requires a test for toxic constituents for all cigarettes imported or manufactured in Solomon Islands and (Clause 17) requires that the test results for the previous year, the weight of tobacco imported or manufactured, and the total number of each brand variant be supplied to the Permanent Secretary of the MHMS. This information may be made available to the public (Clause 17.(3)). No information was available on any reports that have been supplied by the manufacturer or importers.

Gaps –

1. The legislation has not been implemented.
2. The Act does not place the costs of implementing effective tobacco product regulations and operating a programme for their administration on the tobacco industry and its retailers.
3. There has been no public disclosure of information about the toxic constituents of the tobacco products and the emissions they produce.

It is therefore recommended that the MHMS implement relevant measures to implement Articles 9 and 10 of the Convention. Enforcement efforts should be enhanced so that required testing reports are submitted by the tobacco industry to the MHMS. Furthermore, the MHMS should put in place effective measures for public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce. Future tobacco control legislation or regulations need to make the tobacco industry bear the costs of implementing tobacco product regulations.

Packaging and labelling of tobacco products (Article 11)

Article 11 requires that “*Each party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures”* to meet the obligations of the Article.

The Article 11 guidelines⁵ recommend that Parties implement pictorial health warnings and give specific recommendations on the contents of message and design elements such as location, size and colour.

Article 11 has a three-year deadline from the date of entry into force of the Convention for the Party in question to implement specific measures. The deadline for Solomon Islands was 27 February 2008. Solomon Islands has not met the deadline. The Act has

⁴ http://www.who.int/fctc/protocol/guidelines/adopted/article_9and10/en/index.html

⁵ See http://www.who.int/fctc/protocol/guidelines/adopted/article_11/en/index.html

recently become effective, but the Regulations have not been submitted to Cabinet yet; once they are approved, implementation of measures on tobacco packaging and labelling could accelerate.

Gap – Solomon Islands has not met its obligation under Article 11 of the Convention and has missed the three-year deadline.

It is therefore recommended that the Regulations required to implement health warnings be finalized and submitted to Cabinet for approval at the earliest opportunity.

Article 11.1(a) requires that “*tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”*”

The current packs contain descriptors that are misleading and promote the product such as “sun-ripened”.

Gap – Current use of terms on the packs is false and misleading. The health warnings have not been approved by the relevant Government authority.

It is therefore recommended that the Act be implemented and the Regulations be approved as soon as possible to enable implementation of measures in line with the obligations of Article 11.1(a).

Article 11.1.(b) requires that “*each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:*

- (i) *shall be approved by the competent national authority,*
- (ii) *shall be rotating,*
- (iii) *shall be large, clear, visible and legible,*
- (iv) *should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,*
- (v) *may be in the form of or include pictures or pictograms.”*

Cigarette packaging and labelling currently carry textual health warnings occupying 30% of the principal display areas. However, these have not been approved by the relevant Government authority.

The Act (Clause 9) requires health warnings as prescribed by the Regulations. These are required to be large, clear, visible, legible and rotating. The Act requires that the health

warnings cover a minimum of 30% of the principal display areas of the package and that they are presented in both English and Solomon Islands Pidgin. It is intended that the Regulations will require pictorial health warnings to occupy more than 50% of the front and back surface.

Gap – The health warnings have not been approved by the relevant authority and are not rotating.

It is therefore recommended that the Act and the Regulations be implemented as early as possible

Article 11.2 requires that “*Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities*”.

The Act (Clause 9) requires information on the package to carry a health warning about tobacco use and a list of the toxic constituents as well as their respective quantities. In addition, there must be a list of or information on the toxic constituents in the smoke or “information relating to the effects of the use of the product on health and any other relevant information”.

Gaps –

1. The Clause (9(1)(a)(iii)) requires respective quantities present in the smoke of the toxic constituents is not in line with the Article 11 guidelines.
2. The Act in Clause 12(3) requires that all tobacco packages to carry an expiry date to mislead and deceive consumers that tobacco products are safe to be consumed before the expiry date. This requirement is contrary to the Guidelines on Article 11.

It is therefore recommended that the Act be revised to ban misleading quantitative or qualitative statements on toxic constituents and emissions that might imply that one brand is less harmful than another. The Act should also be revised to ban tobacco labelling and packaging that carries expiry dates.

Article 11.3 states that each Party shall require that “*the warnings and other textual information ... will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages*”.

Currently health warnings are not approved by the relevant authority. Cigarette packing and labelling carries a single health warning in its principal languages, English and Solomon Islands Pidgin, as placed by the tobacco company.

It is therefore recommended that the Regulations, including clauses on pictorial health warnings, be finalized at the earliest opportunity and approved by Cabinet.

Education, communication, training and public awareness (Article 12)

Article 12 requires that “each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

(a) broad access to effective and comprehensive educational and public awareness programmes on health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;

(b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14.2;

(c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;

(d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;

(e) awareness and participation of public and private nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and

(f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.”

Educational and public awareness programmes have been targeted at the general public, adults, children and young people, men, women, pregnant woman and ethnic groups, addressing the key differences of age, gender, educational background, cultural background and socioeconomic status among the targeted population groups. These programmes cover the health risks of tobacco consumption and exposure to tobacco smoke, the benefits of cessation of tobacco use and tobacco-free lifestyles, and the adverse economic and environmental consequences of tobacco consumption.

Public agencies, civil society organizations and private organizations have been aware of and participated in the development and implementation of programmes and strategies for tobacco control. The elaboration, management and implementation of communication, education, training and public awareness programmes have been guided by research and undergone pre-testing, monitoring and evaluation. Health workers, community workers, social workers, medical professionals, educators, decision-makers and administrators have been trained or sensitized on tobacco control though there is still a need to enhance the programme.

There has been an annual advocacy campaign on World No Tobacco Day and some awareness-raising with retailers on the legislation. Training in advocacy and enforcement for health inspectors took place in 2007 and 2011 with support from NZAID. There has

been some use of media, although this has been limited because some radio programmes continue to receive sponsorship from the tobacco industry. A drama group has been active in promoting smoke-free lifestyle. There has also been use of sports through a rugby competition for secondary schools that is promoting tobacco-free sports.

Cessation training has been provided to some nurses and health promotion officers. There is a need for training cessation and prevention in the both the formal and informal education system using methods and messages that are developed or adapted to current knowledge, attitudes and behaviours. According to the Solomon Islands Global School Personnel Survey (GSPS) conducted in 2008, 92% of school personnel think that teachers need specific training to help students avoid tobacco use.

Gaps –

1. Awareness-raising among the public of the health risks and addictive characteristics of tobacco use and the risks of exposure to tobacco smoke has not been widely undertaken.
2. There is currently no rigorous and systematic approach to education, communication and training activities.
3. The public does not have access to a wide range of information on the tobacco industry.
4. There is a lack of sufficient government funding/budget to undertake the resource-demanding activities required to meet the obligations under Article 12.

It is therefore recommended that the Government allocate sufficient funds for the MHMS and other relevant agencies to enhance programmes on education, communication, training and public awareness. It is also recommended that the MHMS work together with other ministries and civil society organizations to further develop and implement evidence-based education, communication, public awareness and training programmes. It is further recommended that advocacy campaigns also include the harmful effects of chewing tobacco with betel nut use.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 of the Convention notes that the Parties “recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products”.

Article 13.2 requires each Party to “in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21”.

The Article 13 guidelines⁶ recommend that Parties “*ban contributions from tobacco companies to any other entity for “socially responsible causes”, as this is a form of sponsorship. Publicity given to “socially responsible” business practices of the tobacco industry should be banned, as it constitutes advertising and promotion*”.

The Act in Part 2, Clauses 4 to 8, prohibits tobacco advertising, promotion and sponsorship. It bans any person from publishing any tobacco product advertisement in the country or that could be viewed by persons in another country. It also bans tobacco product promotion, sponsorship and brand stretching and brand sharing. It bans tobacco sponsorship in terms of any organization, activity or event, including those of an educational, cultural or sporting nature and also bans the acknowledgement of financial or other contributions made by a distributor of tobacco products toward such an organization, activity or event. Clause 7 of the Act bans anyone from providing tobacco products without payment or offering a gift or cash rebate or the right to participate in any contest, lottery or games with the aim of promoting tobacco products.

There are some loopholes in the Act that need to be closed. First, tobacco advertisements in imported print media or any radio or television transmission originating outside Solomon Islands are not banned unless the principal purpose is the promotion of tobacco products or it is targeted primarily at an audience in Solomon Islands; Secondly, the Act also does not ban point of sale advertisements as retailers may display products for sale along with a list of prices for the various brands. Thirdly, the Act does not prohibit the tobacco industry from making contributions to deserving causes in order to improve their image as “socially responsible” activities. Such activities have the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly and therefore should be banned as required by the Convention and its guidelines. This applies to a range of activities that have been undertaken by the tobacco industry in Solomon Islands including student sponsorship at Solomon Islands College of Higher Education (SICHE), support to the radio station, and green environment and garden beautification in the main streets.

As indicated, the Act only became effective on 31 May 2012. The five-year deadline for Solomon Islands to implement Article 13 was 27 February 2010. Solomon Islands therefore missed the deadline.

Gaps –

1. A range of advertising, promotion and other activities are permitted in film, video and imported print media.
2. Point of sale advertising is not banned.
3. There is no ban on “corporate social responsibility” activities

Article 13.5 encourages Parties “*to implement measures beyond the obligations set out in Article 13.4*”.

Solomon Islands has not implemented any measures beyond those set out in Article 13.4.

⁶ See http://www.who.int/fctc/protocol/guidelines/adopted/article_13/en/index.html

Article 13.7 reaffirms Parties' "sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law".

The Act has not placed a ban on cross-border tobacco advertising, promotion and sponsorship from entering their territory, although there is a ban on the publishing of tobacco product advertisements that can be viewed in another country (Clause 4.(2)).

It is therefore recommended that Solomon Islands revise its Act to ensure a complete ban on tobacco advertising, promotion and sponsorship, including a ban on point of sale tobacco displays, contributions and "socially responsible" activities by the tobacco industry and a ban on cross-border tobacco advertising, promotion and sponsorship entering into the territory of Solomon Islands.

Measures concerning tobacco dependence and cessation (Article 14)

Article 14.1 requires each Party to "develop and disseminate appropriate, comprehensive and integrated guidelines [concerning tobacco dependence and cessation] based on scientific evidence and best practices ... [and] take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence".

Solomon Islands has not yet developed national guidelines concerning tobacco dependence and cessation. The MHMS has set up a telephone quit line which is not toll free. Media campaigns to emphasize the importance of quitting have been conducted and local events and the annual World No Tobacco Day have been used to promote cessation of tobacco use.

Gaps –

1. National guidelines concerning tobacco dependence and treatment have not been developed.
2. The quit line is not widely accessible and utilized.

It is therefore recommended that Solomon Islands develop its national guidelines concerning tobacco dependence and treatment and make full use of the guidelines for implementation of Article 14 of the Convention adopted by the Conference of the Parties (COP), taking into account national circumstances and priorities.

In support of this effort, the Convention Secretariat is committed to sharing other Parties' national guidelines upon request of the Government.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, "each Party shall endeavour to:

(a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;

(b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;

(c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and

(d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate”.

Programmes aimed at promoting the cessation of tobacco use have been designed and implemented at educational institutions, health-care facilities, workplaces and sporting environments. However, the inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco has not been in national tobacco control, health and education programme yet.

In 2007 MHMS undertook cessation training with a number of nurses and health promotion officers, using the New Zealand Smoking Cessation Guidelines. There was no follow-up implementation of this programme. Two quit lines have been established within the MHMS but these are currently not operational. The use of pharmaceutical therapies is regarded as prohibitively costly. It was indicated that the opportunity to enhance cessation services through church networks has great potential to reach most of the population. There is no mandated requirement to ensure recording of tobacco use in medical and health notes in hospitals, clinics or primary health centres.

Gaps –

1. A comprehensive and integrated programme concerning cessation and tobacco dependence has not yet been developed in Solomon Islands.
2. Limited numbers of health workers at primary health care level and teachers have been trained and mobilized to provide cessation counselling and brief cessation advice.
3. A very limited number of medical staff has received training on cessation and treatment of tobacco dependence.
4. Pharmaceutical products for treatment of tobacco dependence are not available in the public health service.

It is therefore recommended that national programmes and services be established on diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use. Community-based counselling and cessation programme should be a primary approach. All health-care workers should be trained to record tobacco use, give brief advice and encourage quit attempts. These services should be integrated into the national health and education systems. It is also recommended that faith-based groups and networks should be mobilized to support counselling and cessation.

Illicit trade in tobacco products (Article 15)

In Article 15 of the Convention the “*Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control*”.

Solomon Islands has a Customs Bill (1969) covering illicit trade that was revised in 1994. The MFT indicates that for geographical reasons there is no knowledge of the extent of the illicit trade in remote parts of the country. The Act provides for fines and “out of court settlements” depending on the size of the operation in question. In 2006 and 2009, two large shipments were intercepted and then destroyed, but there have been no further seizures. The MFT has a Memorandum of Understanding (MOU) with the tobacco company on sharing information and control smuggling of tobacco products.

The Act in its Part 3, Clause 15, stipulates licensing requirements for the manufacture, sale, distribution, import or export of tobacco or tobacco products. The Regulations currently being finalised include measures on licensing that will contribute to combatting illicit trade in tobacco products.

An overview of the measures against illicit trade in tobacco products, with identified gaps, is given in the table below.

Table 1

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products	OBLIGATION NOT MET	No measures have been taken on tobacco packaging and labelling. The Regulations need to include this requirement.
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market	OBLIGATION NOT MET	The Act contains a Provision (Clause 9.(7)) requiring products to carry the statement: “Product intended for sale in the Solomon Islands”. This is currently not being implemented. The Regulations need to include this requirement.
2(b) and 3	consider, as appropriate, developing a practical tracking	OBLIGATION NOT MET	

	and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade		
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements	OBLIGATION MET	Tobacco trade data is collected by the Customs & Excise Division of the MFT, and shared with other relevant countries as appropriate
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes	OBLIGATION MET	
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law	OBLIGATION PARTIALLY MET	Environmentally-friendly methods have not been used.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction	OBLIGATION MET	
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products	OBLIGATION MET	
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21	OBLIGATION MET	
6	promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products	OBLIGATION MET	Solomon Islands is a member of the World Customs Organization (WCO) and the Oceania Customs Organization (OCO).

7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade	OBLIGATION MET	Solomon Islands has in place a programme for licensing production and distribution of tobacco products.
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It is therefore recommended that the areas of non-compliance identified above be addressed during revision of the Act or by promulgation of appropriate regulations. It is also recommended that the MFT terminate its MOU with the tobacco industry as soon as possible and put in place measures to prevent such an MOU from being signed in the future.

Sales to and by minors (Article 16)

Article 16 requires “measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen”.

The Act in its Clause 13 prohibits sales of tobacco products to any individual who is under 18 years of age. Solomon Islands has therefore met its obligations under this Article.

Article 16.1(b) calls for each Party to ban “the sale of tobacco products in any manner by which they are directly accessible, such as store shelves”.

Gap – There is no requirement in the Act or Regulations that would require retailers to store tobacco products in a way that is not accessible to the public including minors.

It is therefore recommended that administrative or legislative measures be introduced to ban sales of tobacco products in any manner by which they are directly accessible.

Article 16.1(c) calls for each Party to prohibit “the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors”.

The Act in its Clause 8 bans tobacco product brand stretching and sharing. Solomon Islands has met its obligations under Article 16.1(c). The Government is encouraged to enhance enforcement of the Act.

Article 16.1(d) calls on each Party to ensure that “tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors”.

The Act in its Clause 14 prohibits the use self-service vending machines for the sale, giving away or provision directly to the public in any way, of tobacco products. Solomon Islands has met the obligations of the Convention under Article 16.1(d).

Article 16.3 calls on Parties to “endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors”.

The Act in its Clause 12 prohibits any person from selling cigarettes or bidis individually or in packets of less than 10 or 20 cigarettes or bidis, and other tobacco products in

quantities of less than thirty grams of tobacco. In practice, selling single stick cigarette is quite common.

Gap – The sale of tobacco products in small packets or quantities is allowed.

It is therefore recommended that Clause 12 of the Act be amended to be in line with the Article 16.3 of the Convention.

Provision of support for economically viable alternative activities (Article 17)

Article 17 calls on Parties to promote, as appropriate, “*in cooperation with each other and with competent international and regional intergovernmental organizations ... economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers*”.

Currently there is no commercial tobacco growing in Solomon Islands. In rural communities there is widespread small-scale tobacco growing for personal use or sale at local markets. No data on this is currently available. There is one local tobacco factory that imports leaf as well as twist tobacco and manufactures cigarettes in packets of 20 for widespread distribution and sale. The company also distributes twist tobacco, which is sold for personal use in small quantities.

Additionally, little information is available on the level of imported tobacco. Some data from 2005 indicated levels of import and duty, but no recent information was provided.

The Ministry of Agriculture and Livestock Development does not see tobacco growing and farming as a viable product. The Ministry can support farmers to grow alternative crops such as tropical flowers. Promoting economically viable alternatives for tobacco workers, growers or individual sellers has not been considered at this time.

Gap – There is no policy and mechanism in place to support tobacco workers and individual sellers in shifting to alternative livelihoods.

It is therefore recommended that the Ministry of Agriculture and Livestock Development, the MHMS and relevant Government agencies promote economically viable alternatives for tobacco workers and individual sellers.

Protection of the environment and the health of persons (Articles 18)

In Article 18, Parties agree to “*have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture*”.

Tobacco is not cultivated for commercial purposes in Solomon Islands. No information was provided on current practice in the production of locally manufactured cigarettes.

The fifth session of the COP (COP5) to be held in November 2012 will discuss policy options in implementing Article 17 and 18.

Gap – No measures have been put in place to protect the environment and health of persons in relation to the environment in respect of tobacco manufacture.

It is therefore recommended that Ministry of Environment, Conservation and Meteorology and the MHMS work together and make joint efforts to meet this treaty obligation. It is also recommended that Solomon Islands follow the COP5 discussion and develop appropriate policies.

Liability (Article 19)

Article 19 requires Parties to consider, for the purpose of tobacco control, “*taking legislative actions or promotion their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate*”, and also “*to cooperate with each other in exchanging information*”.

No activities or policy or legislative measures have been implemented in relation to this Article of the Convention. There have not been any court cases in which compensation has been sought in relation to any adverse health effects caused by tobacco use. Article 19 will be on the agenda of COP5.

It is therefore recommended that Solomon Islands actively participate in the discussion at COP5 on this issue and subsequently develop policy as appropriate.

Research, surveillance and exchange of information (Article 20)

Article 20 requires Parties to “*develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control*”.

In its five-year implementation report Solomon Islands reported current smoking prevalence as obtained from the WHO STEPS survey of 2006. The rates for males were: 59.50% (25–34 years); 52.10% (35–44 years); 51.7% (45–64 years); and 49.90% (55–64 years). The prevalence rates for females were just under or around half that of males: 27.90% (25–34 years); 23.40% (35–44 years); 21.50% (45–54 years); and 23% (55–64 years). In 2009 WHO estimated adult current smoking prevalence at: 56.1% for adult males; 26.1% for adult females; and 41.4 % for all adults.

Regarding tobacco use by young persons, the Global Youth Tobacco Survey in 2008 (GYTS 2008) showed that 24.30% of boys and 23.40% of girls aged 13–15 years smoke. Solomon Islands GYTS 2008 also indicated that 79.2% of students were exposed to second-hand smoke in public places and that 27.6% were exposed at home.

Solomon Islands conducted the Global School Personnel Survey (GSPS) in 2008 and repeated the survey in 2011 with details as yet unpublished.

Solomon Islands has also obtained information in a Household Income & Expenditure Survey but this was not yet available.

Gaps –

1. There is no national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators.
2. National data on adult tobacco use, the burden of disease related to tobacco, the direct costs attributable to tobacco use and exposure to tobacco smoke are very limited.

The Government of Solomon Islands is therefore recommended to:

1. *Develop national research capacity and conduct research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke, the direct and indirect costs generated by tobacco, as well as research for identification of alternative crops.*
2. *Strengthen the development of training programmes and support for all those engaged in tobacco-control activities, including planning, implementation, monitoring and evaluation.*
3. *Establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators and integrate it into national, regional and global health surveillance.*
4. *Promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco.*

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of the Convention,” which should include all relevant obligations as contained in the reporting instrument.

Solomon Islands did not submit its two year report. The five-year report was submitted on 22 December 2011. All relevant information was contained in the report.

The COP has established a new two-year cycle for Parties’ implementation reports starting from 2012, with a deadline of submission six months prior to each COP session. It is recommended that the Government start the preparation of the next report well in advance, in 2013/2014, in order to meet the deadline in 2014 and thereafter. It is also recommended that all relevant Government agencies contribute proactively to the reporting process under the coordination of the MHMS.

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

Article 22 requires that Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical,

scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes”.

The Government has received support from the WHO Liaison Office in Solomon Islands, WHO South Pacific Office and WHO Regional Office for the Western Pacific (WPRO) in tobacco-control training, technical support to the development of tobacco-control legislation and of the Regulations, development of a national action plan and the conduct of advocacy campaigns. Solomon Islands has also received support from WPRO for various surveys under the Global Tobacco Surveillance System. The Secretariat of the Pacific Community (SPC) has also provided support to Solomon Islands in the area of noncommunicable disease prevention and control. NZAID has provided support to tobacco-control training programmes.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The current UNDAF (2008–2012) does not include supporting implementation of the Convention as a priority. The next UNDAF (2013–2017) is at its final stage of finalization. The international team had a very constructive meeting with the UN Joint Presence Manager and the WHO Liaison Officer. The UN Country Team has proposed inclusion of implementation of the Convention both in the output and indicator under Objective 3: Ensure all have access to quality health care and combat Malaria, HIV, Noncommunicable Diseases and Other Diseases.

There is currently substantial support from AusAID towards noncommunicable disease programmes in Solomon Islands and this is to be increased in the next five years. The international team met with representatives of AusAID, who indicated that their three major support areas for sector wide budget support are: (1) malaria; (2) water and sanitation; and (3) maternal and child health. AusAID indicated that noncommunicable disease risk factors were a high level priority of the Pacific Leaders Forum and indicated willingness to receive submissions from the MHMS on their priorities in the Health Sector Support Programme (HSSP).

Gaps –

1. Broader international cooperation on implementation of the Convention is yet to be utilized.
2. Awareness of the importance of the UNDAF in supporting implementation of the Convention is limited among the relevant stakeholder ministries and Government agencies.

It is therefore recommended that the Government of Solomon Islands proactively seek opportunities to cooperate with other Parties and with competent international organizations and development partners present in the country in order to support the country’s efforts to implement the Convention. It is also recommended that the MHMS should follow up with the UN Joint Presence to ensure that supporting implementation of the Convention is included in the final version of the UNDAF (2013–2017). It is further recommended that the MHMS advocate that implementation of the Convention should be a priority area in the Health Sector Support Programme of AusAID.

Financial resources (Article 26)

In Article 26 Parties recognize “*the important role that financial resources play in achieving the objective of this Convention*”.

Article 26.2 calls on each Party to “*provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes*”.

Solomon Islands has limited funds for tobacco-control project implementation. The MHMS conducted cessation training in 2006 and enforcement and advocacy training in 2007. Additionally the MHMS has conducted advocacy programmes in some schools and communities and has developed and produced some information, education and communication (IEC) materials for communities. Some funding was provided to support passage of the Act in 2010 and for advocacy in the community to educate the public about the Act. There has also been funding of sports and arts programmes on tobacco control.

A Healthy Lifestyles Promotion Fund is established by the Act in Part 6 as a special fund under section 100(2) of the Constitution. The fund is to be administered by a multisectoral committee with representatives of the health, environment, youth, pharmaceutical, consumer affairs, and health education and promotion sectors. The sources of funding include: moneys appropriated by Parliament; fees or other charges collected under the Act; any interest accruing to moneys in the fund; any donations, grants or bequests to the fund from other sources and any proceeds of sales of any assets received by the Fund. The fund shall be used for the purpose of promoting health and encouraging healthy lifestyles and funding measures required under Articles 12, 14, 20, 21 and 22 of the Convention. Although the Act is now effective, this fund has not been established.

Solomon Islands currently has a limited budget in the MHMS for implementation of the Convention. Funding is provided for one full-time focal person known as the Tobacco Control Coordinator. Other line ministries do not have budget or staff time allocated to implementation of the Convention. Health promotion was allocated 100 000 Solomon Islands dollars for tobacco control in the 2012 budget. A very positive recent development is that the Government allocated two million Solomon Islands dollars to conduct an awareness campaign and strengthen enforcement right following the needs assessment mission.

Gap –

1. Currently there is no dedicated budget line for tobacco control in the MHMS.
2. Other ministries do not have staff and budget dedicated to working on meeting the obligations under the Convention.

It is therefore recommended that Government take action to provide dedicated budget for implementation of the Convention, through appropriate means.

Article 26.3 requires Parties to “*promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition*”.

International organizations and development partners are active in Solomon Islands. The Ministry of Development Planning and Aid Coordination is responsible for coordination and management of external assistance and is in charge of reviewing and approving proposals from relevant Government agencies submitted to development partners. WHO has been providing technical assistance in helping the country to implement the Convention, and conduct various surveys on tobacco use. The SPC also supports the country in some tobacco-control activities. The MHMS indicated that the main development partners and international organizations that provide assistance to Solomon Islands in health are AusAID, NZAID, WHO, SPC and JICA. These development partners have a potential role to play in supporting the country to meet its obligations under the Convention.

Gap – Solomon Islands has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available for the provision of funding for the development and strengthening of multisectoral comprehensive tobacco-control programmes.

It is therefore recommended that, in the spirit of Article 26.3 of the Convention, the Government of Solomon Islands promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans with international development partners. It is also recommended that the Ministry of Development Planning and Aid Coordination play a leading role in coordinating with development partners to mobilize sufficient resources to help the country to meet its obligations under the Convention.

Article 26.3 also specifically points out that those projects promoting “*economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development*”.

There is no large-scale commercial tobacco cultivation in Solomon Islands but local cigarette production takes place in one factory.

Gap – Currently no policy or project has addressed the issue of economically viable alternatives to tobacco production, including crop diversification.

It is therefore recommended that the Ministry of Agriculture and Livestock Development and other relevant ministries develop policies to promote economically viable alternatives to tobacco production, including crop diversification, include them in national strategies of sustainable development, and explore possibilities for collaborating with and obtaining assistance from relevant development partners.

Article 26.4 stipulates that “*Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities 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, without limiting the rights of participation within these organizations”.

The MHMS is fully committed to ensuring that Solomon Islands promotes implementation of the Convention in the relevant bilateral and multilateral forums.

Gap – Other than WHO, SPC, AusAID and NZAID, Solomon Islands has not to date been successful in mobilizing financial assistance from regional and international organizations and financial and development institutions that are able to provide aid to developing countries in meeting their obligations under the Convention.

It is therefore recommended that Solomon Islands be a strong advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Finance and Treasury, and of Development Planning and Aid Coordination, when representing Solomon Islands in other regional and global forums, also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX

List of Government agencies and their representatives, members of the international team, development partners and nongovernmental organizations participating in the joint needs assessment

Participating Government agencies

Ministry of Health and Medical Services
Ministry of Foreign Affairs
Ministry of Finance and Treasury
Ministry of Agriculture and Livestock Development
Ministry of Education and Human Resource Development
Ministry of Commerce, Industry, Labour and Immigration
Ministry of Women, Youth, Children and Family Affairs

Ministry of Health and Medical Service

Honourable Mr Charles Sigoto, Minister of Health and Medical Services
Dr Lester Ross, Permanent Secretary for Health and Medical Services
Dr Cedric Alependava, Under Secretary for Health Improvement
Dr Geoffrey Kenilorea, Director, Noncommunicable Disease Department,
Mr Alby Lovi, Director, Health Promotion Services Department

Convention Secretariat

Ms Guangyuan Liu
Dr Harley Stanton (Temporary Adviser)

WHO Liaison Office in Solomon Islands

Dr Juliet Fleischl, Country Liaison Officer
Dr Sonia McCarthy, Primary Health Care and Noncommunicable Disease Coordinator

WHO South Pacific Office

Mr Shalvindra Raj, WHO South Pacific Office, Suva, Fiji

Nongovernmental organizations and development partners

Adventist Development Relief Agency
Australian Agency for International Development (AusAID)
Global Youth Leadership Nexus
Save the Children
Solomon Islands Full Gospel Association
Solomon Islands Development Trust

In addition, the international team met Ms Akiko Suzuki, UN Joint Presence Manager, and Ms Angellah Kingmeleof AusAID, during the mission.