

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Period of reporting:

	Month	Year
Start date	March (3)	2018 (19)
End date	March (3)	2020 (21)

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 prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	66.1	
FEMALE	17.4	
TOTAL (males and females)	42.0	

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	58.9	22.9
FEMALE	11.5	13.0
TOTAL (males and females)	35.5	21.3

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	7.2
FEMALE	5.9
TOTAL (males and females)	6.5

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	7.8
FEMALE	2.7
TOTAL (males and females)	5.3

Never smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	26.2
FEMALE	79.8
TOTAL (males and females)	52.7

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

Smoking tobacco products included were: manufactured cigarettes, hand rolled cigarettes, pipes of tobacco, cigars, cigarillos, shisha.

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

	From	To
Age range	18	69

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

2019

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

WHO Step Survey 2019

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

Current smoker	
Daily smoker	-
Occasional smoker	-
Former smoker	-
Never smoker	-

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.

The smoking prevalence has generally increased and keeps increasing among all age groups. E-cigarettes and Heated Tobacco Products have been introduced illegally in the country since 2013 or even earlier up to now. There has been a rise in these products prevalence among young people mainly (male and female). Women are more likely to smoke shisha than cigarettes due to the abundance of coffee shops and use of shisha as a social mean. However, in general there is an under reporting of women smokers as less culturally accepted. We have also observed double and triple use of nicotine-based products: cigarettes, shisha and vaping products at the same time.

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 tobacco products in prevalence data)
MALES - current smokers ¹	18	44	70
MALES - current smokers ¹	45	69	55
MALES - current smokers ¹	18	69	66
FEMALES - current smokers ¹	18	44	19
FEMALES - current smokers ¹	45	69	14
FEMALES - current smokers ¹	18	69	17
TOTAL (males and females) - current smokers ¹	18	44	45
TOTAL (males and females) - current smokers ¹	45	69	34
TOTAL (males and females) - current smokers ¹	18	69	42

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Smoking tobacco products included were: manufactured cigarettes, hand rolled cigarettes, pipes of tobacco, cigars, cigarillos, shisha.

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

2019

Please indicate the source of the data used to answer question B12:
WHO Step Survey 2019

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.

The smoking prevalence has generally increased and keeps increasing among all age groups. E-cigarettes and Heated Tobacco Products have been introduced illegally in the country since 2013 or even earlier up to now. There has been a rise in these products prevalence among young people mainly (male and female). Women are more likely to smoke shisha than cigarettes due to the abundance of coffee shops and use of shisha as a social mean. However, in general there is an under reporting of women smokers as less culturally accepted. We have also observed double and triple use of nicotine-based products: cigarettes, shisha and vaping products at the same time.

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)	
Current users	66.1
Daily users	58.9
Occasional users	7.2
Former users	7.8
Never users	26.2

Females

	Prevalence (%)
(please include all smokeless tobacco products in prevalence data)	
Current users	17.4
Daily users	11.5
Occasional users	5.9
Former users	2.7
Never users	79.8

TOTAL (males and females)

	Prevalence (%)
(please include all smokeless tobacco products in prevalence data)	
Current users	42
Daily users	35.5
Occasional users	6.5
Former users	5.3
Never users	52.7

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

smokeless tobacco : snuff, chewing gum tobacco, betel

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

	From	To
Age range	18	69

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

2019

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

WHO STEP SURVEY 2019

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 not consumed in Jordan. Prevalence is either 0 or less than 1 for all groups (sex and age).

Smokeless tobacco consumption Description: Percentage of current users of smokeless tobacco who use each of the following products.

Instrument questions:

- Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?
- Do you currently use smokeless tobacco products daily?
- On average, how many times a day/week do you use...?

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Men

n % Snuff by mouth 95% CI % Snuff by nose 95% CI % Chewing tobacco 95% CI

18-44 1 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

45-69 0 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

18-69 1 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Men

n % Betel, quid 95% CI % Other 95% CI

18-44 0 0 0.0-0.0 0 0.0-0.0

45-69 1 0 0.0-0.0 1 0.0-0.0

18-69 1 0 0.0-0.0 1 0.0-0.0

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Women

n % Snuff by mouth 95% CI % Snuff by nose 95% CI % Chewing tobacco 95% CI

18-44 0 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

45-69 0 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

18-69 0 0 0.0-0.0 0 0.0-0.0 0 0.0-0.0

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Women

n % Betel, quid 95% CI % Other 95% CI

18-44 0 0 0.0-0.0 0 0.0-0.0

45-69 0 0 0.0-0.0 0 0.0-0.0

18-69 0 0 0.0-0.0 0 0.0-0.0

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Both Sexes

n % Snuff by mouth 95% CI % Snuff by nose 95% CI % Chewing tobacco 95% CI

18-44 1 0 0.0-0.0 0 0.0-0.0 33.0 0-102.4

45-69 0 0 0.0-0.0 0 0.0-0.0 0 --

18-69 1 0 0.0-0.0 0 0.0-0.0 27.7 0-88

Percentage of current users of smokeless tobacco using each of the following products

Age Group

(years) Both Sexes

n % Betel, quid 95% CI % Other 95% CI

18-44 4 0 0.0-0.0 0.0 0.0-0.0

45-69 3 0 0.0-0.0 28.5 0.0-100.0

18-69 7 0 0.0-0.0 4.5 0.0-19.4

Analysis Information:

- Questions used: T12, T13, T14a-otherw
- Epi Info program name: Tsmokelesstypeprev (unweighted); TsmokelesstypeprevWT (weighted)

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)		

Please indicate the smokeless tobacco products included in the answer to question B14:

smokeless tobacco : snuff, chewing gum tobacco, betel

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

2019

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

WHO STEP SURVEY 2019

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 : snuff, chewing gum tobacco, betel

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 (%)
Current users ³	Jordanians	66.1	17.4	42.0
Current users ³	Syrians	58.3	8.3	32.3

Please indicate the tobacco products included in the answer to question B15:

Smoking tobacco products included were: manufactured cigarettes, hand rolled cigarettes, pipes of tobacco, cigars, cigarillos, shisha.

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

	From	To
Age range	18	69

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

2019

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

WHO STEP SURVEY - not published yet

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	32.8	3.9	
GIRLS - Current users ⁴	13-15	13.4	1.1	
TOTAL (boys and girls) - Current users ⁴	13-15	23.2	2.5	

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoked and smokeless tobacco but separate numbers on shisha use were not provided.

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

2014

Please indicate the source of the data used to answer question B16:

2014 GYTS

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

As per GYTS 2014

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.

We were Planning to conduct GYTS in 2020 but it has been put on hold due to covid-19. So far, there is only a study on ENDS use among 13-15 years old that shows that there is 17.4 % prevalence of ENDS use in UNRWA Schools in Jordan (Palestinian refugees in Jordan).

Please attach the relevant documentation.

Ecigarettes youth No comment
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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	18-69	combined with ENDS	16.4	0	
ADULT POPULATION - Females	18-69	combined with ENDS	2.5	0	
ADULT POPULATION - Total (males and females)	18-69	combined with ENDS	9.7	0	
YOUNG PERSONS - Boys	13-15			0	
YOUNG PERSONS - Girls	13-15			0	
YOUNG PERSONS - Total (boys and girls)	13-15		17.4	0	

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).

GYTS (2014) - Age 13-15 years old

Exposed to tobacco smoke at home, Overall 60.0 (Boys 57.3 Girls 62.9)

Exposed to tobacco smoke inside any enclosed public place, Overall, 62.4(Boys 63.0 Girls 61.7)

Exposed to tobacco smoke at any outdoor public place, Overall 56.2(Boys 58.8 Girls 53.

STEP Survey (2019) - Jordanians only 18-69 years old

Overall smoking exposure: 75.8% men, 82% women, 78.8% both sexes

Second hand smoking at home: 51.8% men, 75.3% women, 63.4% both sexes

Second hand smoking at Work: 33.7% men, 4.1% women, 19.1% both sexes

Second hand smoking in Restaurant/Café: 20.9% men,8.8% women, 14.9% both sexes

Second hand smoking in a Hospital/Health care centre: 5.2% men,6.3% women, 5.8% both sexes

Second hand smoking in Governmental Institutions: 9.1% men, 5.3% women, 7.2% both sexes

Second hand smoking in University/School: 8.2% men, 4.5% women, 6.3% both sexes

Second hand smoking in Public Transportation: 40.5% men, 34.6% women, 37.6% both sexes

Second hand smoking in Other Places: 6.1% men, 4.4% women, 5.3% both sexes

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

2019

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

STEPS (2019) and GYTS (2014)

Please attach the relevant documentation.

No comment

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Tobacco-related mortality

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

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

9027

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

Every year tobacco use kills 9,027 Jordanians. 56% percent of these deaths are considered premature deaths, meaning they occur in individuals under age 70. About 1,600 Jordanians die every year due to the effects of exposure to secondhand smoke.

- ischemic heart disease 2,993 deaths
- other causes 2,476 deaths
- tracheal, bronchus and lung cancers 2,458 deaths
- Diabetes mellitus type two 1,815 deaths
- Chronic obstructive pulmonary disease 1,781 deaths
- Ischemic stroke 1,552 deaths
- Lower respiratory infections 74 deaths
- Alzheimer disease and other dementias 438 deaths
- Intracerebral hemorrhage 357 deaths
- Leukemia 255 deaths

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

2015

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

Economic Investment on tobacco control (2019)

Please submit a copy of the study you refer to:

investment case for	u0627u0639u0628u0627u0621	File type "pdf"
tobacco control in	u0627u0642u062au0635u0627u062fu064au0627u062a	
Jordan	u0627u0644u062au0628u063a	
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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?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

This study was published in 2019 using data from 2015.

Each year, tobacco use causes JOD 1.6 billion in total economic losses, the equivalent of 6 percent of GDP in 2015. These costs include a) JOD 204.4 million in healthcare expenditures, and b) JOD 1.389 billion in lost productive capacities due to premature mortality, disability, and workplace smoking. Large productivity losses from tobacco use (87% of all tobacco-related costs) indicate that tobacco use impedes development in Jordan beyond health.

According to the 2019 Households Expenditures and Income Survey from the National Jordanian Department of Statistics, households with at least one smoker spent on average 74 dinar per month on tobacco products in 2017/2018. In total, Jordanian families spent 717 million JOD (equivalent to more than 1 billion USD) on tobacco products over the year 2017/2018. About 59 percent of the households subsidized by the National Aid Fund have a least one smoker.

Please indicate the year of the data used to answer question B42:

2019

Please indicate the source of the data used to answer question B42:

Economic Investment on tobacco control (2019)

Please submit a copy of the study you refer to:

No comment

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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	سجائر		كرتونة	1126777	-	
Smoking tobacco products	سجائر		كغم		118678	
Smoking tobacco products	معسل		كغم	750484		

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

لا يوجد

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

2018

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

معلومات من دائرة ضريبة الدخل والمبيعات ودائرة الجمارك العامة لعام 2018

Please attach the relevant documentation.

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
Smoking tobacco products	2016	سجائر	(باكيت 20 سيجارة)	7750192

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.

-تراجع نسبة تواجد السجائر المهربة في الاردن الى النصف وتحديد كميات الدخان المسموحة مع كل مسافر وكانت حصة السوق 30% ترجعت لتتراوح بين 10-15%

وان النسبة الطبيعية لتواجد الدخان المهرب في الاسواق تتراوح بين 5-7% وحسب الاحصاءات العامة تراجعت نسبة المستوردات منتصف عام 2019 الى 38.6% مقارنة مع نفس الفترة من العام الماضي

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

المعلومات الواردة من دائرة الجمارك لعام 2016 الارقام العليا اما المعلومات حول نسب التهريب لعام 2019 الاطلاع على المرفق للتصريح في الوكيل الاخباري من احد المسؤولين في الجمارك

Please attach the relevant documentation.

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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:

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

لا يوجد

Please attach the relevant documentation.

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))?

90.3

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	No
More complex structure (please explain below)	Yes

If a more complex structure of taxes (please explain):

Cigarettes = Specific tax (0.57 JOD) + Tiered tax (33 tiers ranging from 0.545 to 1.315 JOD) + VAT (16% and 8% for duty free zones)

Molasses (tobacco rock for shisha for 100 gm)= Specific Tax (1 JOD for tombak and 0.65 JOD for flavored) + VAT (16% and 8% for duty free zones)

Heated tobacco products (HTPs) = a pack of 200 heets costs 3 JOD - No tax on the device

E-cigarettes = The device and juices have 200% ad valorem tax - No tax on the accessories

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 tax ⁵
Smoking tobacco products	سجائر	ضريبة خاصة	فلس 570	علبة 20 سيجارة
Smoking tobacco products	سجائر	ضريبة مبيعات خاصة نسبية	فلس 36.333	علبة 20 سيجارة
Smoking tobacco products	سجائر	ضريبة مبيعات عامة	16%	علبة 20 سيجارة
Smoking tobacco products	التمباك	ضريبة خاصة	فلس 1200	غم 100
Smoking tobacco products	معسل	ضريبة خاصة	فلس 650	غم 100
Smoking tobacco products	(لفائف غليضة بانواعها (السيجار	ضريبة خاصة	فلس 1500	غم 10
Smoking tobacco products	(تبغ للتدخين) للعليون او لف	ضريبة خاصة	فلس 1000	غم 20
Other tobacco products	السجائر الالكترونية والسوائل المزودة للتدخين	ضريبة خاصة	200%	من القيمة
Other tobacco products	IQOS	ضريبة خاصة	فلس 3000	سيجارة 200

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.

تم رفع ضريبة المبيعات الخاصة مقطوعة من 482 فلس عام 2017 الى 570 فلس عام 2018 ، 2019

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

No ✘

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

2018

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

نظام معدل لنظام الضريبة الخاصة لسنة 2018 ويقرا مع النظام رقم 80 لسنة 2000 ونظام 2019

Please attach the relevant documentation.

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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	ونستون	علبة 20 سيجاره	دينار اردني
Smoking tobacco products	مارلبورو	علبة 20 سيجارة	دينار اردني
Smoking tobacco products	جولد كوست	علبة 20 سيجارة	دينار اردني
Other tobacco products	IQOS	سيجارة 200	دينار اردني

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	دافوف	باكيت 20 سيجارة	دينار اردني
Other tobacco products	السجائر الالكترونية والسوائل المستخدمة	علبة وجهاز	دينار اردني
		مختلف حسب النوع السائل 15 دينار والاجهزة 150-20	

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:

السوق المحلي

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.

تم رفع اسعار السجائر عام 2016, 2018, 2017

Please attach the relevant documentation.

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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).

يوجد قسم في مديرية التوعية والاعلام الصحي في وزارة الصحة الأردنية ويسمى قسم الوقاية من اضرار التدخين ويقوم بالتنسيق مع جميع المعنيين بالوقاية من اضرار التدخين وله المهام التالية

1- التشريعات وتعديل التشريعات -

2- التثقيف والتوعية -

3- الرقابة على التدخين -

4- توفير خدمات الإقلاع عن التدخين -

5- وكذلك تم اعادة تشكيل اللجنة الوطنية العليا لمكافحة التدخين العام الحالي 2018 والتي تتكون من حوالي 23 عضو من مختلف الجهات حيث تقوم برسم السياسات العامة وتقييم الأنشطة وإعادة النظر في الامور -

المتعلقة بتنفيذ تلك الأنشطة استبدلت اللجنة الوطنية حيث اصبحنا لجنة وطنية برئاسة دولة رئيس الوزراء ومجموعة من الوزراء وهم وزير الصحة والداخلية والصناعة والتجارة واثموين الزراعة المالية والضريبة

والجمارك وامانة عمان عام 2019 وتشكيل لجنة فنية برئاسة الغذاء والدواء ومدنوبين من الصحة وجمعيات المجتمع المدني وامانة عمان وسمو الاميرة دينا مرعد

6- تم وضع الخطة الوطنية التنفيذية لمكافحة التدخين وتمت المصادقة عليها من رئاسة الوزراء وتم اعداد خارطة الطريق بناء على الخطة الوطنية وبمشاركة جميع الجهات المعنية وتم تكليف ضباط ارتباط من -

جميع الوزارات والمؤسسات لمكافحة التدخين

7- وضع هاتف شكوي عبر منصة بخدمتكم ومركز الاتصال الوطني.

8- حملة اعلامية تحت شعار القانون بحمي صحتك .

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.

تقوم اللجنة الوطنية للوقاية من اضرار التدخين بعقد اجتماعات دورية وتعمل على تحديد السياسات العامة ومراجعتها في مجال التدخين وهي برئاسة رئيس الوزراء والوزراء من الجهات ذات العلاقة بالتبغ ويتبع لها

لجنة فنية ، ويعمل قسم الوقاية من اضرار التدخين كمنسق بين جميع الجهات المختلفة المعنية بالتبغ لتنظيم العمل والرقابة والمتابعة والتدريب واجراء الدراسات ويتمثل دور عيادات الإقلاع عن التدخين بتقديم

المشورة في الإقلاع عن التدخين مجاناً لجميع المواطنين تم اعداد الخطة الوطنية وتم تعديل قانون الصحة العامة رقم 11 لسنة 2017 وتغليظ العقوبات ولتفعيل القانون تم تكليف 750 ضابط ارتباط لمكافحة التدخين

وقد تم اعداد مسودة قانون لمكافحة التبغ

لكن قيد الاجراء والمداولات ولم يتم اقراره على المستوى الرسمي

. تم وضع سياسة منع التدخين في المؤسسات الصحية

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

In 2017, Jordan was selected to receive support from WHO FCTC 2030 project among other 15 countries. This is a global project, supported by the UK government to accelerate the implementation of the WHO FCTC treaty. This allowed Jordan to have a full time dedicated focal point for tobacco control as well as funding for tobacco control activities to support government of Jordan. WR, in agreement with WHO FCTC Head of Secretariat, decided to pilot an innovative way of collaboration, also in light of UN Reform, and positioned the Tobacco control focal to the UN Resident Coordinator Office in Jordan, providing a unique best practice and opportunity to work on multisectoral action and to collaborate with all UN agencies conveying a message on tobacco control as one UN family in Jordan.

In 2017, as part of the WHO FCTC2030 project and upon request of the Jordan Ministry of Health, the "Jordan Tobacco Control Economic Investment Case" was initiated. This economic study provided the first systematic analysis of the health and economic burden of tobacco use as well as estimates on the potential health and economic gains from the effective implementation of the WHO FCTC treaty in Jordan. The data generated through this study provided the basis to start the discussion with non-health related ministries and shifting the tobacco alarming situation to a financial governmental concern.

In 2019, upon showing data of the "Jordan Tobacco Control Economic Investment Case", H.E the Prime Minister took the leadership in establishing the "National Multi-Sectorial Committee for Tobacco Control", bringing together key ministerial portfolios around a common Government goal to combat the growing economic and disease burden of tobacco in Jordan through the implementation and enforcement of the WHO FCTC cost-effective and life-saving measures. The support of H.R.H Princess Dina Mired was fundamental in paving the path to reach the high political leaders in the government and help achieve the establishment of this committee and gathering the highest level of political commitment in Jordan

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?

No ✘

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.).

تم وضع دلائل ارشادية للاردن بالتعاون مع منظمة الصحة العالمية للمادة 5.3 وتم تعميمها على الجهات المعنية ويتم متابعتها من قبل وزارة الصحة وقد تم التعميم على كافة الوزارات والمؤسسات بمنع التعامل مع شركات التبغ وعدم قبول الهبات والرعاية الخاصة والتدريب، ويمنع الرعاية والترويج والاعلان تم منع الرعاية والدعاية والترويج والاعلان عن منتجات التبغ والتعميم على جميع الوزارات والمؤسسات بعدم التعامل مع شركات التبغ او الدخول في شراكات معها وذلك هذا العام 2019 بتعميم من معالي وزير الصحة

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.

تم وضع الدلائل الإرشادية للمادة 5.3 واعتمادها ويتم منع دعم النشاطات الرياضية ومنع البرامج الموجهة مع جميع الاطراف
تم منع الرعاية والدعاية والترويج والاعلان عن منتجات التبغ والتعميم على جميع الوزارات والمؤسسات بعدم التعامل مع شركات التبغ او الدخول في شراكات معها

MoH in collaboration with FCTC/WHO has tried to remove tobacco industry representatives from the Jordan Standards and Metrology Organization (JSMO) committee responsible for the development of tobacco products and e-cigarettes regulations.

MoH in collaboration with the Framework Convention Alliance (FCA) and the WHO/FCTC issued the first Tobacco Industry Interference Index compiling some publicly available information.

MoH in collaboration with the King Hussein Cancer Center (KHCC) and the WHO/FCTC issued a first report mapping the illicit trade, tobacco products black markets, tobacco business owners and their potential link with the government or academia.

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=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

تم وضع دلائل ارشادية للمادة 5.3

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.

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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.

زيادة الضرائب على منتجات التبغ عام 2014، 2016، 2017، 2018 (الضريبة الخاصة على التبغ) وضع ضرائب على السجائر الالكترونية والتبغ المسخن

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/dataform/655321?token=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

تمت زيادة ماوازي 400 فلس لسعر للباكييت

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.

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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	No
other measures (please specify in C223 below)	No

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

قانون الصحة العامة رقم 47 لسنة 2008 وتعديلاته عام 2017

قرار رئاسة الوزراء

نظام عرض تنظيم منتجات التبغ

تعليمات واشتراطات منع التدخين في الاماكن العامة والمنشآت السياحية

الاورامر الادارية

الاتفاقيات الطوعية

الخط الساخن للشكاوي على مخالفات القانون والحملات الاعلامية

تخصيص خط المساعدة في الاقلاع عن التدخين وتقديم المشورة الموجزة يجري الان تدريب العاملين في الخط وسيتم العمل به قريبا

وضع سياسة من التدخين في المؤسسات الصحية

- Under the public health law No. (47) of 2008, all smoking in public places is banned except for the places that the minister designated as an exception. Those exempt places relate to tourism such as hotels, coffee shops, and restaurants.

- Cabinet and Ministerial decisions were taken to ban issuing new Shisha licenses in Jordan.

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

Yes ✓

Please provide details of this system.

يوجد فصل خاص في قانون الصحة العامة الاردني لمنع التدخين في الاماكن العامة (الفصل الثاني عشر) وعقوبات بخصوص المخالفات الفصل (الخامس عشر) والقانون المعدل لقانون الصحة العامة رقم 11 لسنة 2017 تم تغليظ العقوبات في القانون المعدل ، يوجد الية لتفويض الصلاحيات لضباط ارتباط في مختلف المحافظات والمؤسسات من اطباء ومراقبي صحة عامة وذلك لضبط المخالفات والتحويل الى المحكمة .

كما انه يوجد لجنة مشتركة للرقابة مؤلفة من مختلف الوزارات المعنية للرقابة والمتابعة على المرفقات السياحية

ويجري الان اتخاذ الاجراءات اللازمة لتشكيل لجنة مشتركة للرقابة على التدخين وذلك بما يتناسب مع القوانين الناظمة الجنبية وحسب قانون التفتيش على المنشآت الاقتصادية التابع لوزارة الصناعة والتجارة والتموين

In relation to Mechanism:

The Public Health Law does provide criminal sanctions for those who breach the ban on smoking in public places. The sanctions are as follows:

Article 63

a. A person who smokes any tobacco product in public places where smoking is banned shall be punished with imprisonment for a period of no less than a month and not exceeding three months or a fine of no less than one hundred dinars and no more than two hundred dinars.

b. Whoever commits any of the following shall be punished by imprisonment for a period of no less than three months and not more than six months, or a fine of no less than one thousand dinars and no more than three thousand dinars.

1. The person in charge of the public place where smoking is prohibited allows any person to smoke any of the tobacco products in it.

In relation to infrastructure:

Ministry of Health in Jordan does not have the resources to enforce the public health law.

For that reason, the Ministry of health delegated their powers to focal points from other governmental institutions throughout the country. Unfortunately, that system is not effective as most of those focal points have full time jobs within their institution. Therefore, they are unable to carry out their tasks.

Ministry of Health also delegated their powers to Greater Amman Municipality (to be referred to thereafter as "GAM") to carry out inspection on the topic.

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	None
health-care facilities	Partial
educational facilities ⁶	Partial
universities	None
private workplaces	Partial
other (please specify below)	None

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	None
ferries	None
ground public transport (buses, trolleybuses, trams)	Partial
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Partial
private vehicles	None
other (please specify below)	None

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	None
nightclubs	None
restaurants	Partial
other (please specify below)	None

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

- The Public Health Law bans all forms of smoking in all indoor workplaces.
- Further, A new inspection law was signed into law in late 2017 called the "Inspection Law No. (33) of 2017". The law is meant to organize the inspection of all "economic activities" (All Private Sector institutions) in Jordan.
- Under those laws, the Ministry of Health is the one that is tasked with enforcing and inspecting the Public Health Law but the Ministry of health does not have sufficient resources to carry out that task.
- Therefore, in best-case scenarios, The Public Health law is partially implemented.
- The implementation mainly relates to an inspector carrying out a visit to the facility. So unless an inspection is carried out there the violators will not face any repercussions.
- Some private sector entities do ban smoking to all staff as an internal policy and place sanctions. But that is not an obligation imposed by Labor law.
- Governmental institutions and other public sector entities are not supposed to smoke within any of the entities premises. But there are no full-time inspectors or an internal policy to ensure that.
- Therefore, the implementation of the Public Health Law is seriously lacking in Indoor Workplaces.

قانون الصحة العامة رقم 47 لسنة 2008 الذي يمنع التدخين في الاماكن العامة مع جواز تخصيص اماكن للمدخنين ضمن شروط معينة بموافقة معالي وزير الصحة ويتم الان تخصيص اماكن للمدخنين وغير المدخنين ويفصل تام وضمن شروط تحافظ على الصحة العامة للمدخنين وغير المدخنين والتي صدرت عام 2013 ونص عليها قانون الصحة العامة المعدل لعام 2017 قانون مراقبة سلوك الاحداث والذي يمنع البيع للاقل من 18 عام قانون السير والذي يمنع التدخين ويعاقب المدخن في المركبة العامة والسائق

Banning tobacco smoking in public transport

- Smoking is banned in all forms in all airplanes and anyone who breaches it will face strict criminal sanctions imposed under the Public Health Law and Civil Aviation Treaties that Jordan is a signatory to.
- Smoking in Amman City busses is strictly forbidden through the enforcement of Greater Amman Municipality. The busses are monitored by cameras and sometimes the bus will have some GAM personnel to ensure that there is no smoking.
- In all other ways of public transport, smoking is allowed unless the owner of the taxi, bus or other public transportation methods.
- The traffic police do have the authority to fine anyone who smokes while driving but it is not known whether it is implemented or not.

قانون الصحة العامة وتعديلاته وقانون السير المعدل 49 لسنة 2008 يمنع تدخين السائق في وسائط النقل العام

Banning tobacco smoking in indoor public places

قانون الصحة العامة رقم 47 لسنة 2008 وتعديلاته عام 2017 الذي يمنع التدخين في الاماكن العامة مع جواز تخصيص اماكن للمدخنين ضمن شروط معينة بموافقة معالي وزير الصحة

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.

- In addition to the points discussed in Indoor Work Places.
- The Ministry of Health delegated its powers to GAM to inspect on all Private Sector Institutions in relation to smoking violations in late 2018 for two years.
- In other areas in the country, modest actions are being taken in relation to inspecting smoking in public places.

تم منع التدخين منعاً تاماً في مباني وزارة الصحة وجميع الوزارات والمؤسسات الحكومية والأسواق التجارية والمطاعم السريعة والفنادق مع صدور تعليمات للفصل التام بين المدخنين وغير المدخنين
وقد أصبحت تعليمات الفصل التام بين المدخنين وغير المدخنين نافذة اجبارية ضمن تعديلات قانون الصحة العامة المعدل رقم 11 لسنة 2017
وتم اصدار سياسة منع التدخين في المؤسسات الصحية عام 2019

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=bx4gk5qcin97cfa&lang=en> (https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en)

يتم التشاور مع منظمة الصحة العالمية والاطراف الوطنية والاقليمية بخصوص تطبيق افضل السبل والاستفادة من التجارب المشتركة

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.

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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.

Little progress has been made since 2014 given the presence of representatives of the main three tobacco industries (JTI, BAT, PMI) in the committee regulating tobacco products. MOH being just one member of this committee requested the support of the FCTC to exclude the tobacco industry with no positive results up to now.

A workshop was organized by FCTC/WHO/MOH in January 2019 to update regulations for cigarettes and molasses (shisha) for all member of the Jordan Standard and Metrology Organization (JSMO) committee. Yet these regulations have not been updated until now.

A second workshop was organized by WHO/EMRO in July 2019 were representatives from JSMO and the Jordan FDA were invited in order to help them develop their regulations for e-cigarettes and heated tobacco products. During the summer and fall 2019, JSMO and JFDA developed regulations for both e-cigarettes and heated tobacco products that MOH officially disagreed with.

A study between MOH/WHO was conducted on the best PHW to be used for Jordan. PM has requested the implementation of plain-packaging (June 2019) by 2020 and USAID has been following up on this project which is currently on hold due to COVID-19.

صدر المواصفة القياسية الاردنية للسجائر 2012/446 بالتعاون مع وضع اربع صور تحذيرية متغايرة وخفض نسبة اول اكسيد الكربون وبالتعاون مع المواصفات والجمعية العلمية الملكية وصدر المواصفة القياسية الاردنية للتبغ (المعسل) رقم 2014/787 وتحت الاجراء هناك مواصفة قياسية جديدة لمنتجات التبغ المسخن

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=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

يتم بشكل دوري مراجعة المواصفات للتوصل الى الالتزام التام

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.).

Please attach the relevant documentation.

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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? No
emissions of tobacco products? No

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.

يتم مراقبة المصانع من قبل مؤسسة الموصفات والمقاييس واخذ عينات دورية عشوائية لفحصها لدى الاقسام المختصة في الجمعية العلمية الملكية وستم المتابعة والترخيص وفحص المكونات من وحدة التبغ في المؤسسة العامة للغذاء والدواء وحسب قرار رئاسة الوزراء

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=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

يتم متابعة تنفيذ كل الامور المتعلقة بذلك مع الجهات المعنية في الاردن والاخذ بالتوجيهات من قبل منظمة الصحة العالمية والاستفادة من تجارب الدول الاخرى

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.).

تم وضع مواصفات قياسية للتبغ المسخن وحتى تاريخه لم يتم اقرارها بعد وقد تم التوافق على مواصفة للسجائر الالكترونية ولم يتم اقرارها ويتم متابعة منتجات التبغ ومنح تراخيص لها من قبل وحدة التبغ في المؤسسة العامة للغذاء والدواء

Please attach the relevant documentation.

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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?

No ✘

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?

No ✘

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?

Yes ✔

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

No ✘

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.

يوجد مواصفة قياسية اردنية للسجائر وتمت زيادة المساحة من 30% عام 2004 الى 40% عام 2012 للصورة والتحذير مع اربع صور متغيره مواصفة قياسية للتبغ المعسل وضع الصورة والعبارة التحذيرية على المنتجات مع ابراز نسب المكونات % وتمت مخاطبة المواصفات والمقاييس لزيادة مساحة الصورة والمساحة والعبارة التحذيرية لتصبح 50%

Little progress has been made since 2014 given the presence of representatives of the main three tobacco industries (JTI, BAT, PMI) in the committee regulating tobacco products. MOH being just one member of this committee requested the support of the FCTC to exclude the tobacco industry with no positive results up to now.

A workshop was organized by FCTC/WHO/MOH in January 2019 to update regulations for cigarettes and molasses (shisha) for all member of the Jordan Standard and Metrology Organization (JSMO) committee. Yet these regulations have not been updated until now.

A second workshop was organized by WHO/EMRO in July 2019 were representatives from JSMO and the Jordan FDA were invited in order to help them develop their regulations for e-cigarettes and heated tobacco products. During the summer and fall 2019, JSMO and JFDA developed regulations for both e-cigarettes and heated tobacco products that MOH officially disagreed with.

A study between MOH/WHO was conducted on the best PHW to be used for Jordan. PM has requested the implementation of plain-packaging (June 2019) by 2020 and USAID has been following up on this project which is currently on hold due to COVID-19.

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=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

نقوم بمتابعة تحديث التشريعات الخاصة بالتوسيم والتعليق ضمن الظروف والإمكانات التي تسمح بها السلطات المعنية

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

تجري محاولة تطبيق نسبة اكبر للصور التحذيرية على منتجات التبغ وهي قيد المداولات

Please attach the relevant documentation.

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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)

اصحاب القرار والاعلاميين والقضاة
 والمدعين العامين والوعاظ وخطباء
 المساجد

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)?

الجامعات ومراكز البحوث والسرطان
 والمؤسسة العامة للغذاء والدواء

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)?

يتم عقد دورات لقضاة والمدعين
 العامين والوعاظ والواعظات وخطباء
 المساجد

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.

تقوم الوزارة بتنفيذ برامج توعوية وتنقيفية لصناع القرار والمشرفين في جميع المحافظات وتشمل رفع قدرات هؤلاء العاملين على التنقيف والتوعية والدور الرقابي ورفع قدرات الوصول الى المجتمعات المحلية وتوحيد الرسائل الصحية للتأثير على تغيير السلوك واجراء حملات اعلامية توعوية حيث تم اجراء حملة عام 2019 تحت شعار القانون بحمي صحتك ووضع رقم شكوى ونظام الشكاوى عن طريق تطبيق بخدمتكم المرتبط مع رئاسة الوزراء وتطوير القطاع العام وتم استقبال عدد 350 شكوى عام 2019 منذ اطلاق الحملة

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=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

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

تم طباعة ادلة ارشادية وتوزيعها للعاملين في برامج التوعية والتنقيف وتزويدهم باليوسترات والبروشورات الخاصة لدعم برامج التوعية والتنقيف واجراء الحملات التوعوية وتفعيل طريقة الشكاوى ويتم تحديث الادلة والنشرات باستمرار بما يتناسب مع منتجات التبغ المستحدث

Please attach the relevant documentation.

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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?

No ✗

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.

تقوم وزارة الصحة والحكومة الاردنية بمنع الترويج والدعاية على شبكة الانترنت وخاصة على المواقع الالكترونية الاردنية والاعلان على شبكة التواصل الاجتماعي ومتابعة جميع الصحف والمجلات ومنع دخول المنتجات الا ضمن المواصفة الاردنية ومنع الدعاية والترويج والرعاية ضمن الامكانيات المتوفرة تم منع الرعاية والتعامل مع شركات التبغ وذلك بقرار وزير الصحة المرفق عام 2019

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/dataform/655321?token=bx4gk5qcin97cfa&lang=en> (https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en)

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

القانون رقم (11) لسنة 2017 القانون المعدل لقانون الصحة العامة رقم 47 لعام 2008 تمنع الترويج والدعاية والاعلان وتفرض عقوبة على المخالفين تصل من 1000-3000دينار او الحبس من 3-6 اشهر وتم من الرعاية من قبل معالي وزير الصحة بقرارة

Please attach the relevant documentation.

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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)?

تقديم خدمة الإقلاع عن التدخين في
العيادات البيالعة 5 ومجانا

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)?

المؤسسات الحكومية والإهلية
والشركات العامة

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

القطاع الخاص والقطاع شبه الحكومي
مثل مركز الحسين للسرطان

Other

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

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

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)
- 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?

يتم تقديم خدمات المشورة والعلاج مجاناً في عيادات وزارة الصحة الأردنية ويتم تقديم المشورة مجاناً والعلاج من قبل المريض في باقي المؤسسات الخاصة وشبه الحكومية وتوجد علاجات الإقلاع عن التدخين مثل علقة النيكوتين والاصقات في الصيدليات

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	Fully
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.

تم افتتاح خمس عيادات لعلاج الراغبين بالاقلاع عن الامان على التبغ وهي موزعة في الوسط عدد(2) عيادة والجنوب واحدة والشمال واحدة تم افتتاحها في الزرقاء وسيتم التوسع هذا العام بافتتاح عدد (2) من العيادات والتوسع مستقبلا لتصل الى عيادة في كل محافظة ويتم تخصيص مبالغ لشراء الادوية من حساب موازنة وزارة الصحة وتصرف مجاناً LOZENGE وتم ادراج الادوية في قائمة الادوية الرشيدة الوطنية ليتم تمويل شرائها باستمرار دون انقطاع وتم اعتماد الادوية التالية لاصقات ، علكة ، فارتكلين ، وجيوب المصنع وتم تحديد رقم للمساعدة في الاقلاع عن التدخين ولكن غير عامل لغاية تاريخه يجري تدريب الكادر عام 2020

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**. <https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en> (<https://extranet.who.int/dataform/655321?token=bx4gk5qcin97cfa&lang=en>)

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

يتم عمل دورات تدريبية للكادر وكذلك تم اصدار دليل تدريبي لمعالجة الاعتماد على التبغ بالتعاون مع منظمة الصحة العالمية ومركز الحسين للسرطان وتعقد وزارة الصحة لكوارها دورات تدريبية في هذا المجال من اطباء واطباء اسنان وصيادلة وتمريض والكادر الفنية الاخرى لادماج هذه الخدمات ضمن منظومة الرعاية الصحية الأولية حين الاقتضاء وقد تم تدريب 15 طبيب من اطباء اختصاص طب الاسرة لتغطية العمل في العيادات

Please attach the relevant documentation.

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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?

No ✗

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?

No ✗

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?

No ✘

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

No ✘

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?

No ✘

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

No ✘

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?

No ✘

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.

لم يتم لغاية تاريخه توقيع على بروتوكول الاتجار غير المشروع لمنتجات التبغ حيث يوجد لجنة في وزارة العدل لدراسة امكانية التوقيع على بروتوكول الاتجار غير المشروع وايجاد توصيات تناسب وضع الاردن ولكن يوجد لجنة حكومية لضبط واتلاف الكميات التي يتم مصادرتها ضمن الاصول القانونية المعتمدة من الحكومة الاردنية

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

- In 2013, Jordan was officially approached by RD to sign and ratify the Protocol.
- Following this communication, MoH approved signing this protocol, yet the final decision had to be taken the PM. The later consulted with Ministry of Trade, Ministry of Foreign Affairs and Ministry of Finance.
- In 2015, this consultation concluded on the establishment of a committee under the hospice of Ministry of Justice that aimed at reviewing the law amendments that the ratification of the Protocol may entail. No outcomes of that committee were reached until this day.
- In 2017, the FCTC Secretariat reiterated their support to the Ministry of Foreign Affairs of the Hashemite Kingdom of Jordan for the ratification of the Protocol.
- In August 2018, the UN Resident and Humanitarian Coordinator United Nations sent a letter to PM to ratify the Protocol following last' year famous cigarettes counterfeit case.
- Ministry of Justice (under which the committee is established since 2015) sent a letter to MOH requesting an assessment of the ratification of the Protocol.

During the mission in July 2019 to Geneva and Turkey, presentations about the protocol were given of representatives from Customs and Ministry of Industry.

Ministry of Health followed up with all members of the committee under Ministry of Justice, the majority signed, missing only the agreement of Ministry of Trade.

Ministry of Finance is in the process of establishing the system of tracking and tracing - however it has not been included in the recent regulations for e-cigarettes and heated tobacco products

Please attach the relevant documentation.

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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?

No ✗

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

No ✗

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

No ✗

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.

تم تضمين منع بيع منتجات التبغ للقصر في قانون الصحة العامة رقم 47 لسنة 2008 الحدث (لمن لم يكمل 18 عام) وتم منع استخدام منع ماكينات بيع منتجات التبغ في قانون الصحة العامة رقم 47 لسنة 2008 ، ويتضمن قانون سلوك الاحداث منع بيع القصر وبيع التجزئة . ومنع مقلدات التبغ وقد تم تغليظ العقوبات على بيع التبغ للقصر لتصل العقوبة لتصبح العقوبة من 1000 الى 3000 الاف دينار او الحبس من 3-6 اشهر وذلك في تعديلات القانون رقم 11 لسنة 2017 القانون المعدل لقانون الصحة العامة رقم 47 لسنة 2008
تم تحديد 19 عام للسماح بشراء التبغ المسخن او السجائر الالكترونية حسب تعليمات الغذاء والدواء الصادرة عام 2019

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

Enforcement is still very weak in the country with a high rate of youth smoking from a young age

تم حصر ترخيص اي من المنشآت التي تباع التبغ وتحديد المسافة لتبعد عن المنشآت التعليمية والصحية بمسافة 250 م وذلك من خلال تعليمات نظام عرض منتجات التبغ

Please attach the relevant documentation.

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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?	Not applicable

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.

توقفت زراعة التبغ في الاردن ، وقد تم الغاء صندوق دعم مزارعي التبغ لعام 2002

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.

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?	No
the health of persons in relation to the environment?	No

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.

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.

تم توقف زراعة التبغ في الاردن والغاء صندوق دعم مزارعي التبغ منذ عام 2002 وتوقفت زراعة التبغ منذ 17 عام

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?

No

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

No

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

No

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

No

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?

No

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?

No

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.

no action has been taken up to date

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.

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.

(المسح العالمي للتدخين بين الشباب) 1999,2003,2006,2009,2014
 المسح العالمي بين طلاب الجامعات 2007
 دراسة عوامل الخطورة 2007
 Smoking_2010 in Jordan دراسة الاحصاءات العامة
 دراسة الفرصة الاستثمارية في التبغ
 2019

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.

تم اجراء دراسة عوامل الخطورة لعام 2019 وهي قيد التحليل

ويجري دراسة المسح العالمي لانتشار التبغ بين الشباب لعمر 13-15 في المدارس GGHS ودراسة وبلتظار جاهزية النتائج

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.

GTCR نتائج المسوحات العالمية للتدخين التي اجريت في الاردن مثل المسح العالمي بين الشباب والكوادر الصحية ودراسة عوامل الخطورة بين البالغين وتعبئة تقرير الاتفاقية الاطارية وتقرير

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).

Please attach the relevant documentation.

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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, subregional 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 No
Assistance received Yes

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

Assistance provided No
Assistance received Yes

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

Assistance provided No
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 No
Assistance received Yes

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

Assistance provided No
Assistance received Yes

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

Assistance provided No
Assistance received Yes

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

(تم تقديم دعم جزئي من منظمة الصحة العالمية (تدريب في وتقني بارسال الخبراء
وتم الحصول على دعم من امانة الاتفاقية الاطارية لتسريع تطبيق الاتفاقية بما يتناسب مع اهداف التنمية المستدامة 2030

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

معظم أنشطة مكافحة التدخين تتم بمساعدة ودعم في ومالي من الهيئات الدولية وخاصة منظمة الصحة العالمية
و دعم من خزانة موازنة الوزارة

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.

تم الحصول على دعم لاجراء دراسة الفرصة الاستثمارية في التبغ عام 2019
Assistance was received through the FCTC 2030 project.
Collaboration was established between Colombia, Georgia and Turkey who supported Jordan by sharing best practices.

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?

توفر خدمات الإقلاع عن التدخين والتوسع بها ، وتفعيل التشريعات الأردنية في مجال مكافحة التدخين وذلك بمنع التدخين في الأماكن العامة واعداد خطة وطنية شاملة لمنع التدخين في جميع المؤسسات والوزارات والدوائر الحكومية من خلال تفعيل التشريعات واجراء حملات توعوية في مجال مكافحة التدخين مثل حملة (فكر فينا واطفئها) التي تمت عام 2017 واعطاء الصلاحيات لضباط الارتباط وتغليظ العقوبات وتحويل المخالفين للقضاء
واولوية تفعيل خط وطني للمساعدة في الإقلاع عن التدخين بالإضافة الى الاعلان عن الخط الساخن للشكاوي

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.

هناك تفاوت في حجم المساعدة وطرق صرفها والزام الوزارة باتخاذ استراتيجيات لتتمكن من الحصول على الدعم المالي

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

عدم التوقيع على البروتوكول الاتجار غير المشروع لمنتجات التبغ

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.

تم السماح بادخال السجائر الالكترونية الى الاردن بالاضافة الى السماح لشركة فليب موريس بنشاء مصنع لانتاج منتجات التبغ المسخنة وقد تم انشاء وحدة لترخيص ومراقبة منتجات التبغ تابعة للمؤسسة العامة للغذاء والدواء وبالتوجيه من رئاسة الوزراء

Regulations on e- cigarettes and Heated tobacco products for articles 9, 10 and 11 were issued twice in Jordan: first by the Jordan FDA as temporary regulations in August 2019 and a second time by the Jordan Standards and Metrology Organization which issued HTPS in December 2019 and which is still in process of developing new regulations for e-cigarettes. Regulations related to taxes were issued in April 2019 by Ministry of Finance. While all these regulations are being issued, e-cigarettes and HTPs are currently legally banned by Public Health Law 47.

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

تم وضع مواصفة قياسية لمنتجات التبغ المسخن وهي قيد الاعتماد الرسمي
تم وضع تعليمات من قبل المؤسسة العامة للغذاء والدواء بشأن السجائر الالكترونية

Your suggestions for further development and revision of the reporting instrument: