THL

Implementation of the Article 20 in the 2016 WHO FCTC reporting cycle

Desk study

WHO FCTC Secretariat's Knowledge Hub on Surveillance
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Introduction

The article 20 of the WHO Framework Convention on Tobacco Control (WHO FCTC) addresses research, surveillance and exchange of information. The article requires the Parties to the WHO FCTC to

1. undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.
2. establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.
3. recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies.
4. subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition.
5. cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.

The WHO FCTC Global Progress Reports by the Convention Secretariat compile the findings from the implementation reports provided by the Parties every second year. With regards the Article 20, the 2016 Global Progress Report observed that the majority of parties have established national systems for surveillance of patterns of tobacco consumption. During years 2014–2016, good progress was made in producing comparable data for monitoring youth smoking prevalence, but the comparability of adult smoking prevalence data needs to be improved.

In 2016, the national systems for epidemiological surveillance most often covered patterns of tobacco consumption, followed by exposure to tobacco smoke. In their tobacco-related research, Parties most commonly addressed determinants of tobacco use, consequences of tobacco use and social and economic indicators. The proportion of Parties promoting research increased slightly for most themes. There was a large variation in the survey methods used by Parties, with national monitoring systems being less common than cross-national surveys with standardized methodology for adult data, whereas most youth surveys were conducted using standardized methodology that allows for some cross-national comparisons.

Statistics on tobacco-related mortality were available from half of reporting Parties. Information on the economic burden of tobacco has been collected by a third of reporting Parties, but most referenced data related to the topic was relatively old. This was identified as a specific area for improvement.

This desk study utilizes Parties' reports from the 2016 reporting cycle to deepen the analysis regarding the Article 20 implementation. The methods of the desk study are described more closely in the next section. The analysis begins by outlining the progress Parties highlight in their open-ended answers. Further, Parties' responses also to the closed questions are analysed based on whether they have indicated progress in their open-ended questions, and based on their geographical location and their income group.

Methods

1.1 Description of the data

The mandatory questions C431 [1]-[7] in the reporting instrument of 2016 address how Parties have developed or promoted research that addresses certain topics. C432 measures activity in providing training and support for persons engaged in tobacco control activities. C433 [1]-[5] address whether Parties have established a system for the epidemiological surveillance of various areas of interest. C436 [1]-[3] relate to participation in regional and global exchange of publicly available information. C437 [1]-[3] outlines what updated databases Parties have.

In general, 133 Parties (74 % of all WHO FCTC Parties) provided an implementation report in the given timeline in the 2016 reporting cycle. The analysis in this desk study focuses on the 71 % (131) of Parties which responded to the above Article 20 related questions in the reporting instrument. Responding to the questions related to the implementation of the Article 20 occurred across all income groups and geographic regions, with particularly active participation from high-income economies and Parties situated in the European and Asia-Pacific regions (Figure 1). Significant coverage gaps exist in the African and American regions.

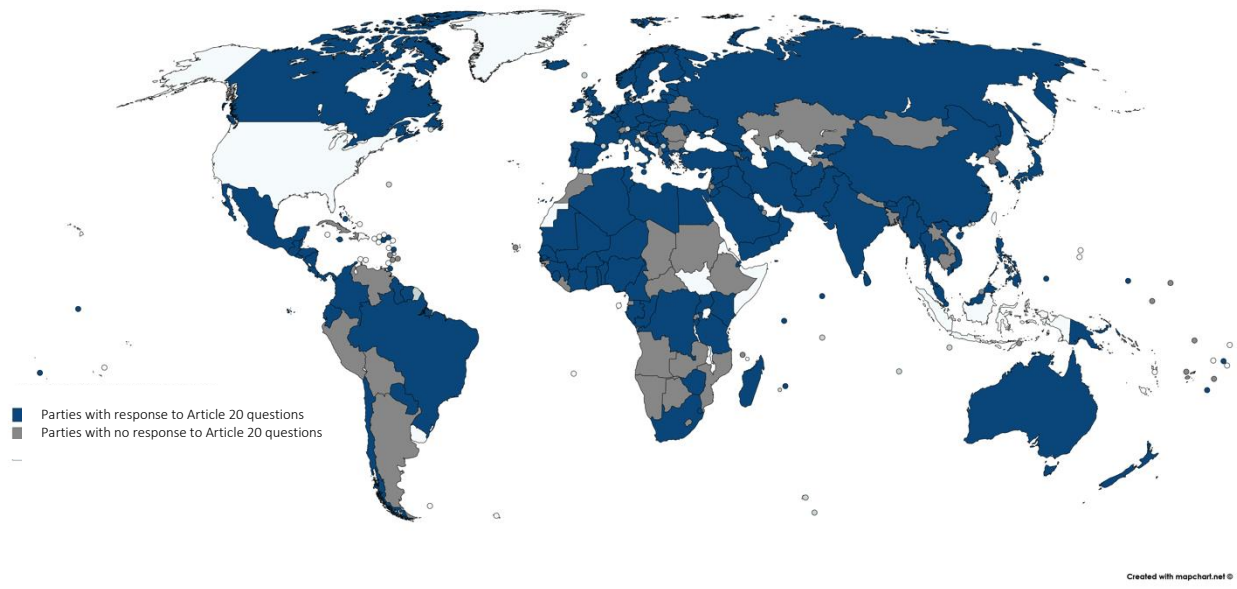

Figure 1. Geographical distribution of Parties responding to the questions related to the implementation of the Article 20 in the 2016 reporting cycle.

In terms of the WHO regions, out of the Article 20 reporting Parties 21 % (28) were in the African Region, 5 % (6) in the South-East Asian Region, 13 % (17) in the Eastern Mediterranean Region, 18 % (23) in the Region of the Americas, 13 % (17) in the Western Pacific Region and 31 % (40) in the European Region (Figure 2).

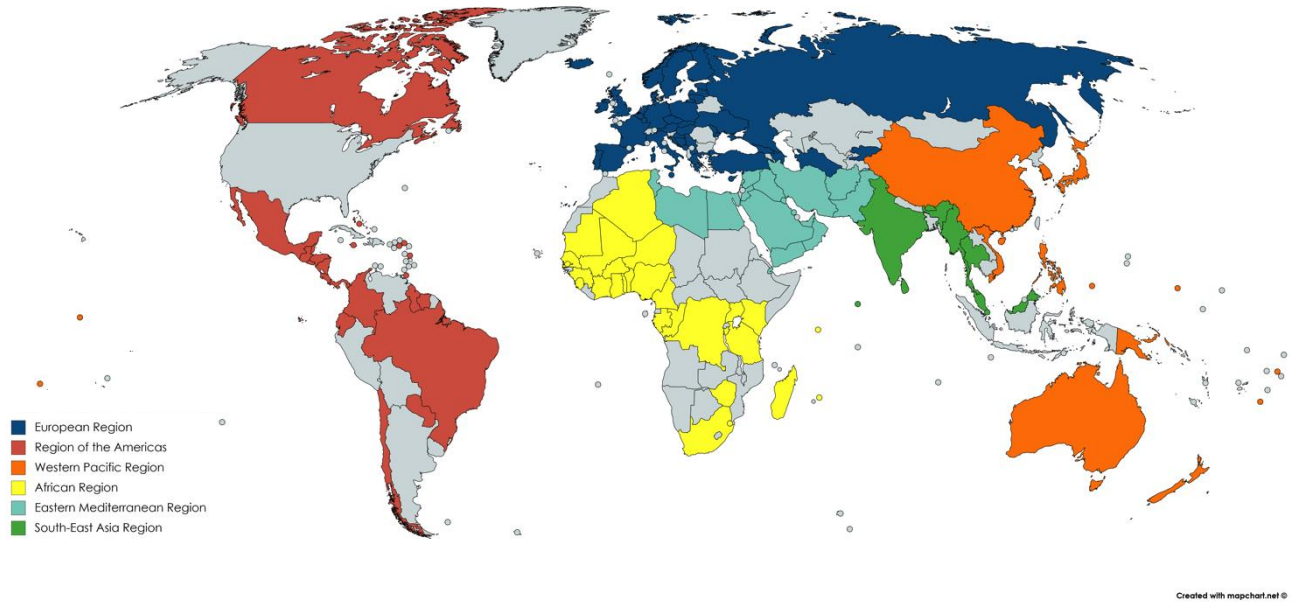

Figure 2. Parties responding to the questions related to the implementation of the Article 20 in the 2016 reporting cycle, by WHO regions.

When analysed by the income level (GNI per capita in USD$), using the World Bank income groups, 12 % (16) of the Article 20 section respondents belonged to the low-income group, 24 % (32) to the lower-middle-income group, 29 % (38) to the upper-middle-income group and 34 % (45) to the high-income group (Figure 3).

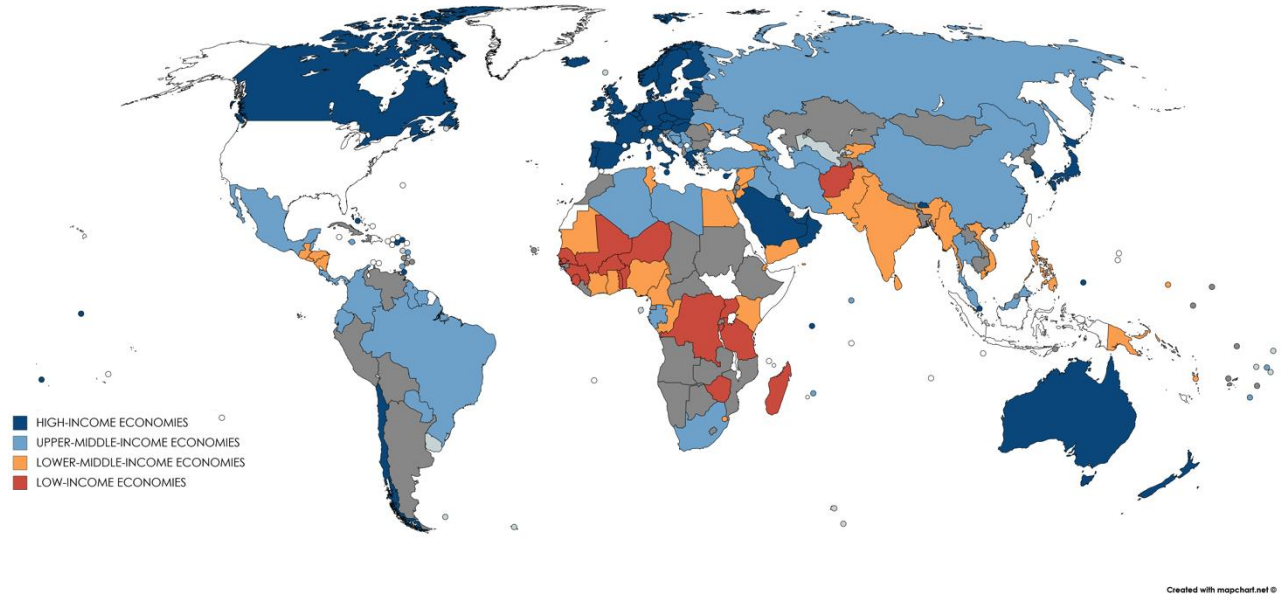

Figure 3. Income distribution of Parties responding to the questions related to the implementation of the Article 20 in the 2016 reporting cycle.

Parties also had the option of answering three voluntary open-ended questions. Parties were asked for a list of all surveys undertaken in the past in C434, and the question was answered by 69 % (90/131) of the Parties. Information about plans for future surveys in C435 was received from 64 % (84/131) of these Parties. C438 requested Parties to provide a brief description of the progress made in implementing Article 20 during the last two years or since their last reporting cycle, and responses were provided by 53 % (69/131) of Parties. All three optional questions were answered by 46 % (60/131) of Parties, while 18 % (24/131) did not reply to any of them.

1.2 Study methods

A qualitative thematic analysis was conducted for the open-ended questions of the questionnaire regarding the progress and plans for future surveys. In the question C438 related to the recent progress, the answers fell into three categories: 1) Ongoing long-term work 2) Development of surveys or research and 3) Introduction of new initiatives. Reported progress was interpreted to be ongoing long-term work if the country describes its work in recent years as continuous maintenance of existing practices or if they have conducted the mentioned surveys in the past already. Development of surveys and research included undertaking new surveys, improving questions in existing surveys and exploring new themes in research. Surveys were assumed to be new if previous rounds were not included in the list of undertaken surveys. New initiatives include all other steps Parties had taken towards implementing Article 20.

In the questions concerning surveys undertaken in the past (C434) and plans for future surveys (C435), national level data fell into the following groups based on the data collection instrument: a) Regional/national lifestyle survey, census etc. b) Regional/national survey targeting youth c) Regional/national survey on tobacco use, drugs or addiction, and d) Regional or national health survey. International data was coded directly by the standardized survey name whenever several Parties reported the same survey, and other international surveys mentioned only once were grouped into one more general group.

In terms of the results concerning progress, the proportion of responding Parties belonging to the above progress groups is first described. The proportions are then presented by Parties' geographical location and income group. Some practical examples from individual Parties are also highlighted in the text. In addition, Parties' answers to mandatory closed questions of the Article 20 implementation are presented by Parties' progress. In terms of the undertaken surveys and plans for future surveys, the proportion of Parties belonging to the above groups is first described and then further analysed by geographical location and income group.

Results

1.3 Insights from the open-ended questions of the reporting instrument

1.3.1 Progress highlighted by the Parties

Overall, half of the responding Parties provided a brief description of the progress they have made since the last reporting cycle. The types of progress reported include continued long-term work, legislative and organizational changes in high-income economies, development of surveys or research particularly in middle-income economies and improved participation in exchange of information in low-income economies.

Of the Parties that provided information of some progress, 39 % (27/69) described ongoing long-term work as their main form of progress, while the proportion that report developing surveys (33 %, 23/69) or new initiatives (30 %, 21/69) were slightly smaller. In addition, five Parties had both developed their surveys or research and introduced new initiatives.

1.3.2 Progress by Party income level and region

Of those Parties that reported progress, 54 % (37/69) were high-income economies, 25 % (17/69) upper-middle-income economies, 19 % (13/69) lower-middle-income economies and 6 % (4/69) low-income economies. Continuing with ongoing long-term work was the main form of progress for over a third of high- and middle-income economies (Figure 4). The proportion of Parties that had introduced new initiatives was larger in high-income economies than in middle-income economies, which reported more development of surveys or research. The progress in low-income economies involved only new initiatives.

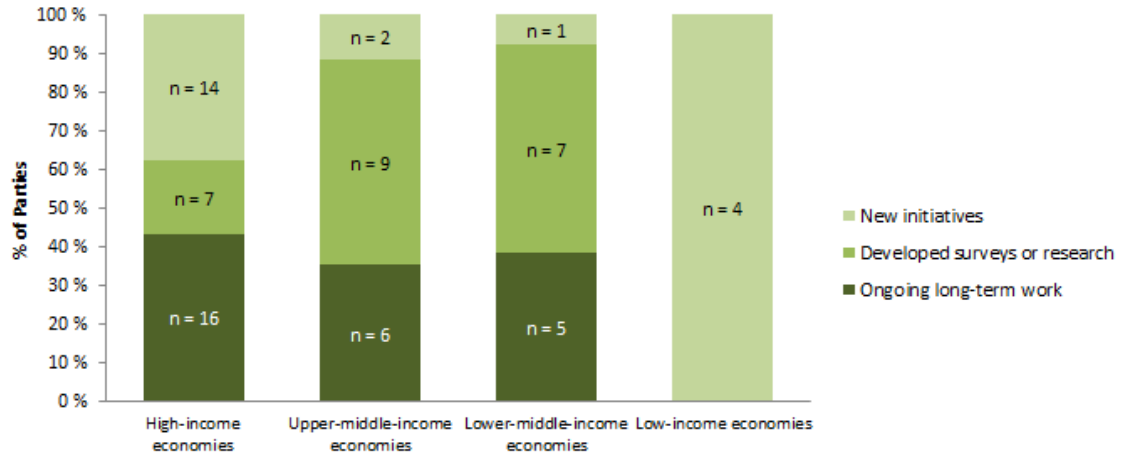

Figure 4. Distribution of reported progress among reporting Parties, by income group.

Geographically, of those Parties that reported progress, most were from the European Region (40 %, 28/69) and the Region of the Americas (22 %, 15/69). The Western Pacific Region and African Region provided 13 % (9/69) of descriptions each, 9 % (6/69) were from the Eastern Mediterranean Region and 6 % (4/69) from the South-East Asian Region. Ongoing long-term work was highlighted by over half of the South-East Asian, Western Pacific and Eastern Mediterranean Parties (Figure 5). Developing of surveys or research was particularly relevant in the Region of the Americas, while European and African Parties described the proportionally largest amount of new initiatives.

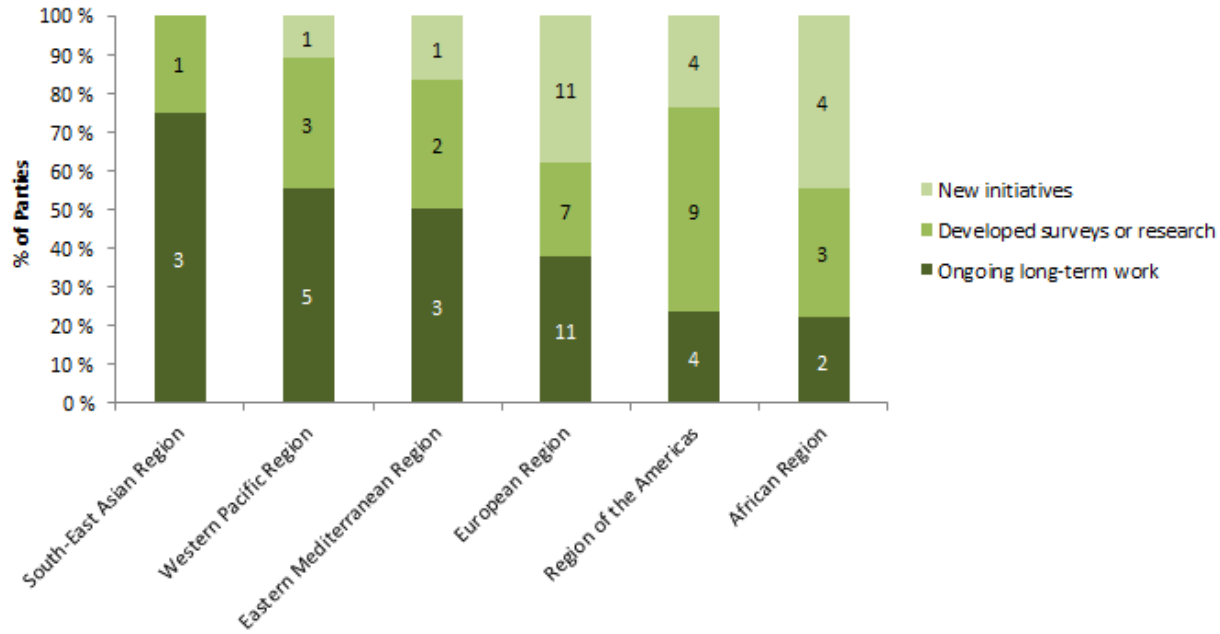

Figure 5. Distribution of reported progress among reporting Parties, by WHO region.

1.3.3 Practical examples of progress from the Parties

In high-income economies, ongoing long-term work typically involved new rounds of national and international tobacco surveys and, in some cases, funding of studies through research centers. In terms of some specific examples from the Parties in this income group, Australia and Italy also brought up their activity sharing information and providing assistance in the international community. Regarding developing surveys and research, Austria, Serbia and Hungary had undertaken new surveys, while Ireland improved the accuracy of tobacco surveillance in its national health survey and Trinidad and Tobago developed a framework for a surveillance system. Austria, Chile and the Republic of Korea had completed new tobacco-related studies in the last years. New initiatives in high-income economies often involved legislative or organizational changes that typically affect policy strategy, distribution of responsibilities between domestic actors and direction of research (Antigua and Barbuda, European Union, Finland, Sweden, France, Luxembourg and Norway). Updated online databases (Bahamas, Estonia, Saudi Arabia), improved training (Saudi Arabia) and being involved in European Tobacco control projects (Greece) were brought up in the responses as well.

In upper-middle-income economies, progress involved typically continuing with their ongoing long-term tobacco control work in the past two years. All discussed the latest rounds of the national and international surveys undertaken (China, Ecuador, Mauritius, Mexico, Thailand, Turkey). In addition, continuous exchange of information both nationally and internationally was brought up (Thailand). Several Parties had developed their household survey to improve or include tobacco-related questions (Brazil, Colombia, Guyana and Suriname), conducted some international surveys for the first time (Costa Rica, Gabon, Panama, Tonga) or undertaken new national research (Costa Rica, Montenegro). Other initiatives that were included in responses were work on implementing an older legislative decree (Colombia) and making progress in creating a database of existing legislation and control activities (Montenegro).

In lower-middle income economies, ongoing long-term work typically related to conducting new rounds of international tobacco surveys (Bhutan, India, Philippines and Syrian Arab Republic). In addition, some Parties emphasized their participation in international collaboration and sharing of information (Bhutan, Honduras and Syrian Arab Republic). Most new surveys from the last years were international (Jordan, Nigeria, Pakistan and Swaziland), and for example Nigeria emphasized that there is no regular tobacco surveillance system in place. New individual tobacco-related studies had been undertaken in some Parties (Guatemala, Jordan and Myanmar). Micronesia was planning a tobacco policy assessment for 2016.

The reported new initiatives in low-income economies related mainly to participation in exchange of information (Burundi, Gambia and Madagascar), in addition to which Burkina Faso had collaborated with WHO in packaging and labelling of tobacco related issues.

1.3.4 Meeting the obligations under the Article 20 among the Parties that report progress

Compared to Parties that did not provide information of the progress in the open-ended question, Parties that described progress reported more often also meeting the obligations under Article 20 (Table 1). The difference was most substantial in the participation in regional and global exchange of information, and in establishing a national system for surveillance.

Parties that described progress also more often provided information about undertaken surveys (83 % compared to 52 %) and plans for future surveys (80 % compared to 45 %) in the open-ended questions.

Table 1. Percentage of reporting Parties that meet the obligations* under Article 20, among all Parties responding to Article 20 questions and among Parties that provide description of progress.

	All Parties responding to Article 20 section n = 131	**Parties that provide description of progress n = 69**
Country promotes or develops research in tobacco-related field of study (Yes/No) *C431[1]-[7]*	78 %	**84 %**
Country provides training and support for persons engaged in tobacco control activities (Yes/No) *C432*	56 %	**61 %**
Country has established a national system for epidemiological tobacco surveillance (Yes/No) *C433[1]-[5]*	80 %	**90 %**
Country participates in regional and global exchange of information (Yes/No) *C436[1]-[3]*	66 %	**81 %**
Country has an updated database of laws and regulations on tobacco control, their enforcement and/or pertinent jurisprudence (Yes/No) *C437[1]-[3]*	69 %	**78 %**
Country provides list of tobacco surveys undertaken in the past (open question) *C434*	69 %	**83 %**
Country provides information about plans to repeat surveys in future or to undertake new tobacco survey within three to five years (open question) *C435*	64 %	**80 %**

***A Party is considered to meet the selected objective if it gives a positive response to at least one of the related sub-questions.**

1.4 Prevalence studies

The majority of respondents provided information about surveys they have undertaken in the past. High-income economies tend to conduct more independent national surveys, while lower income economies are more reliant on international programs. The most commonly conducted international surveys are also frequently mentioned in Parties' plans for the future.

Altogether 69 % (90/131) of reporting Parties provided a list of undertaken surveys. The Parties used a wide variety of surveillance instruments to monitor the prevalence of tobacco use. An international survey had been undertaken by 77% (69/90) and a regional or national survey by 74 % (67/90). Half of the Parties (50 %, 45/90) reported using both international and regional or national survey.

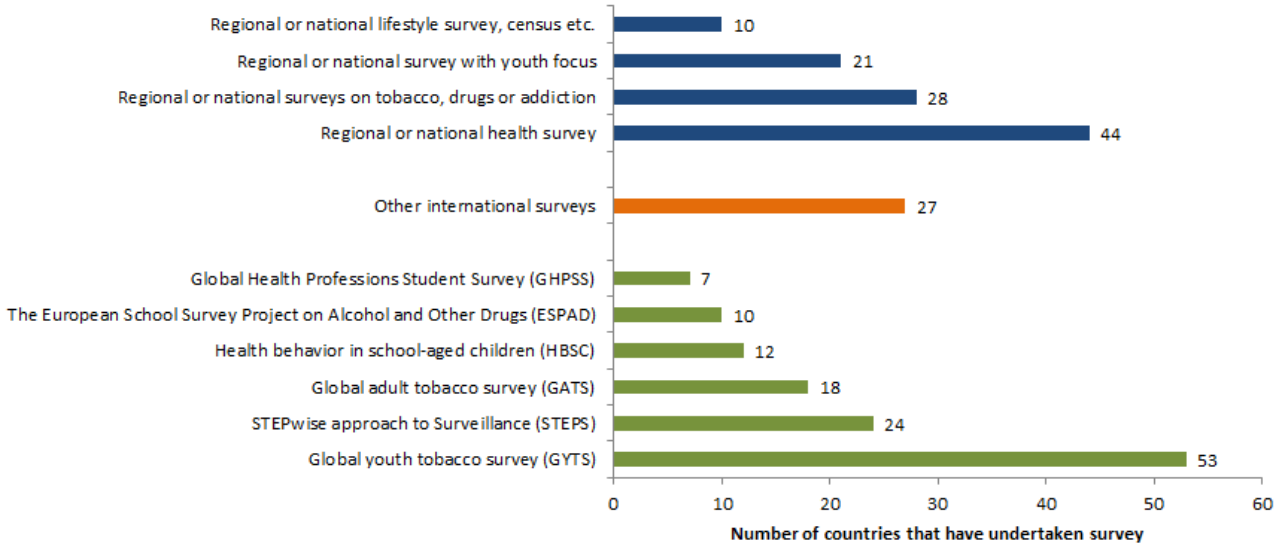

Figure 6. Past surveys undertaken by the reporting Parties.

The single most commonly reported survey was the **Global youth tobacco survey** (GYTS), which had been undertaken by a total of 53 Parties. Other frequently cited international surveys were the **STEPwise approach to risk factor surveillance** (STEPS), the **Global Adult Tobacco Survey** (GATS) and **Global Health Professions Student Survey** (GHPSS). Two Europe-specific projects were among the most commonly referenced surveys; the **Health Behavior in School-aged Children** (HBSC), and the **European School Survey Project on Alcohol and Other Drugs** (ESPAD).

In regional or national surveillance, tobacco-related information was most often collected as part of a health survey, which was the case among 44 Parties. Other approaches include undertaking more narrowed down surveys on tobacco, drugs or addiction and, more rarely, including tobacco questions in lifestyle or census surveys. Altogether 21 Parties reported use of regional or national surveys with a focus on youth.

Of the Parties that provided a list of undertaken surveys, 46 % (42/90) were high-income countries, 27 % (25/90) upper-middle-income countries, 20 % (18/90) lower-middle-income countries and 8 % (7/90) low-income countries. International surveys were an important tool particularly for middle-income economies. The surveillance methods differed by geographical regions (Figure 7).

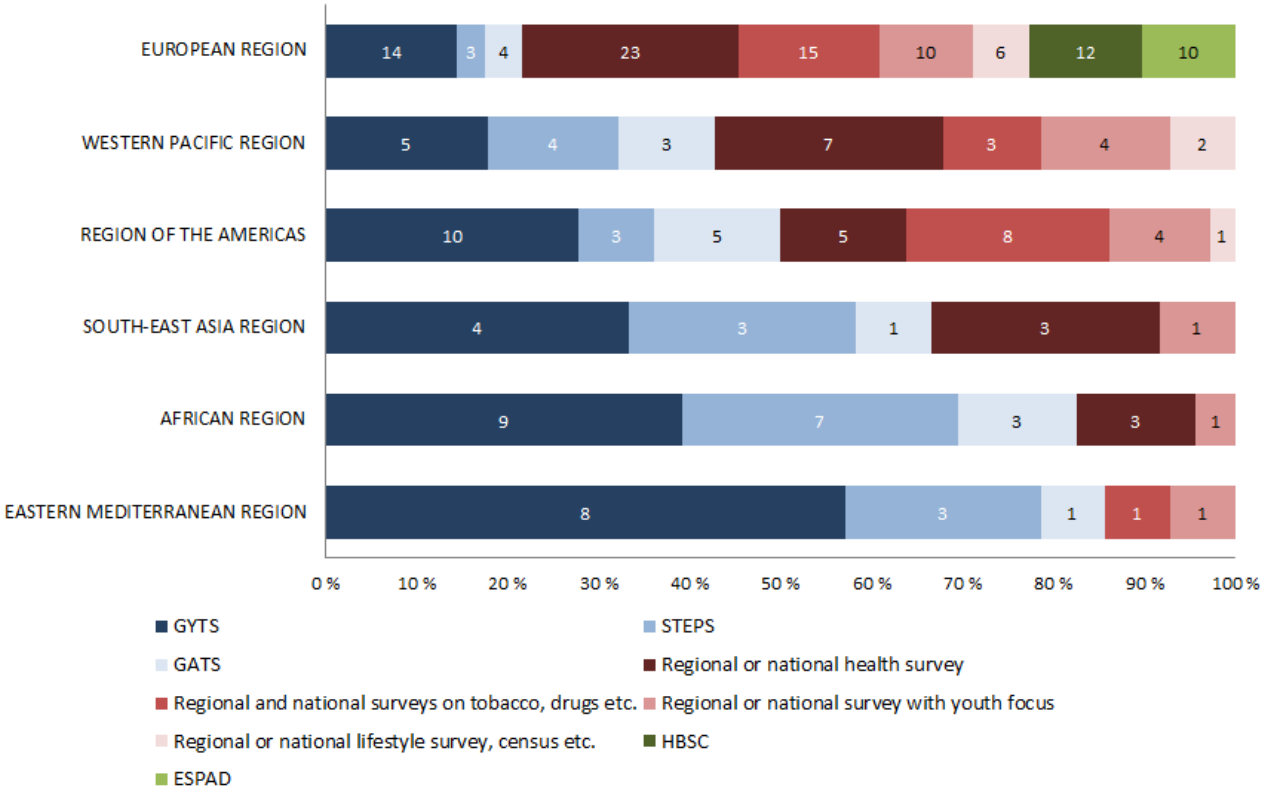

Figure 7. Past surveys undertaken by the reporting Parties, by WHO region.

1.5 Plans for the future

Out of the Parties that provided a list of previously undertaken surveys, 93 % (84/90) described their plans for future surveillance. In addition to these, two Parties that did not provide a list of past surveys gave information about their future plans: Algeria reported preparing for a round of STEPS, while Micronesia planned to undertake GYTS, STEPS and BRFSS in 2017.

Out of the Parties that provided information about future plans, 45 % were high-income, 29 % upper-middle-income, 17 % lower-middle income and 9 % low-income. Geographically, 45 % (38) were located

in the European Region, 19 % (16) in the Region of the Americas, 15 % (13) in the African Region, 11 % (9) in the Western Pacific Region and 6 % (5) in both the South-East Asian and Western Pacific Region.

The most common surveys undertaken in the past were frequently planned for the future too; GYTS was included in 40 % (34) of responses, STEPS in 22 % (19) and GATS in 14 % (12) (Figure 8). Regional and national surveys also play a significant role in future plans of Parties, as 36 % (30) of Parties planned to repeat their local health survey and 24 % (20) a survey focusing on tobacco use, drugs or addition. The majority of Parties that planned to undertake a national or regional survey in the future were high-income economies (Figure 1).

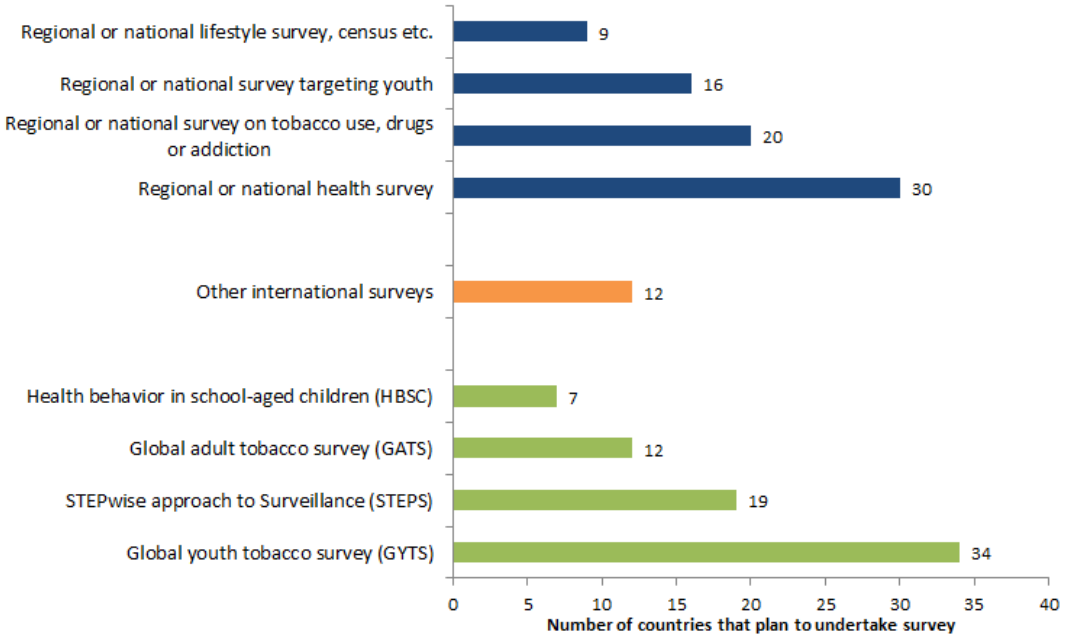

Figure 8. Planned tobacco surveillance among the reporting Parties.

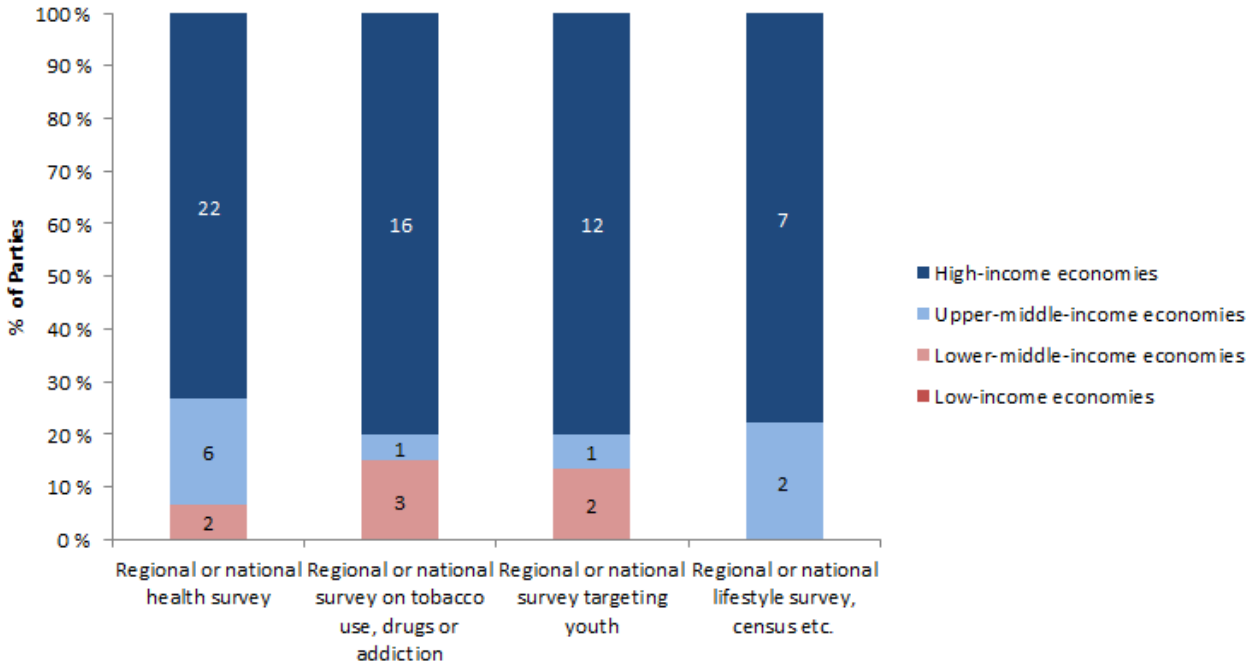

Figure 9. Plans to undertake a national or regional survey in the future among the reporting Parties, by income group.

Discussion and the way forward

The results presented in this desk study emphasize the need for strengthened action and support for national tobacco surveillance especially in low- and middle-income countries among the Parties to the WHO FCTC. Half of the Parties that reported progress in relation to the implementation of the Article 20 were high-income countries. International tobacco surveillance initiatives and programmes are important for lower income economies and provide a source for a standardized comparable data, but continued long-term work and building sustained national surveillance systems remains challenging for these Parties.

The results of the desk study were discussed in the **Expert meeting on tobacco surveillance (with reference to Article 20 of the Convention) in Helsinki, Finland, 11–13 December 2017.** To strengthen the implementation of the Article 20, the experts identified three broad categories of Parties based on the level of tobacco monitoring and surveillance and availability of data. Further, experts identified needs and tools to assist the Parties in different categories, including the possible actions by the WHO FCTC Secretariat's Knowledge Hub on Surveillance, as well as by the other Knowledge Hubs established by the Convention Secretariat.

Parties with very little or no systematic data collection in the last 10 years were identified as the priority group. The Parties in this group may typically have some relevant data, but the data collection has been ad-hoc or part of different initiatives, resulting in non-comparable and potentially unreliable data. Parties in this group often lack policy implementation data.

The key measure to assist Parties in this group is sensitizing the WHO FCTC focal point and other key stakeholders in the country for seeking political engagement and allocation of sufficient resources for baseline research. The needs assessment missions by the Convention Secretariat should be utilized to better support the implementation of the Article 20.

Parties should also be encouraged to seek and establish collaboration within the country with different non-communicable disease programs, as well as communicable disease programs, to include relevant tobacco-related indicators in the data collections of these programs. Especially in the low and middle income countries, tuberculosis and HIV-programs may provide surveillance instruments potentially beneficial to national tobacco surveillance.

In establishing research programmes and surveillance systems, support to Parties could be provided by the WHO FCTC Secretariat's Knowledge Hub on Surveillance, as well as the other Knowledge Hubs in the areas of their expertise. The Knowledge Hub on Surveillance could provide basic guidance on tobacco monitoring and surveillance, and conduct suitable trainings, primarily internet-based ones, for example e-learning tools. The Knowledge Hub on Surveillance could collect and share best practices among the Parties and highlight success stories, focusing on low-cost solutions.

Identifying local champions for augmenting and supporting WHO FCTC focal points in matters related to the implementation of the Article 20 would be important. All Knowledge Hubs could assist in finding communicable and non-communicable disease experts and supporters who may not be tobacco specialists. The Knowledge Hubs should become connectors or brokers of information or expertise, close to the country where the problem exists. This would require better collaboration and information exchange also between the Knowledge Hubs.

The second group identified was the **Parties with partial data**. There were multiple ways of defining this group, but the common theme was the need for additional data. The Parties who have relevant and sufficient data, for instance from regular household surveys, but lack human and financial resources to analyze it and disseminate the findings, were also included in this category.

These Parties were seen to benefit most from information exchange and assistance, and support in situation analysis of the available data sources and resources, in establishing coordination at national or regional level, and in establishing standardized methodology, including key indicators, for the systematic tobacco monitoring and surveillance. The Knowledge Hub on Surveillance could provide assistance in

defining the national core indicators, and in identifying the gaps in surveillance, for instance by assisting with regional reports related to the level of tobacco monitoring and surveillance.

The third group consisted of **Parties that have good representative, population based surveys** where there is data on tobacco consumption, and prevalence, separately for adult and youth, and preferably on sub-populations (by socio-demographic characteristics). The data is collected every 4-5 years at a minimum; best performing countries will have at least annual data. Countries in this group should also have some data on tobacco control policies. Methodology and key indicators are standardized, and the surveillance instruments have the possibility to respond to policy-needs.

The Parties in this group would benefit from encouragement to participate in cross-national surveys, not only national surveys, and to collect data on new and emerging products. The Parties should work with governments and donors that support research, capacity building, sustainability of data sources and surveillance systems, and if sustainability of data is under threat, advocate for it to be maintained. Integrating tobacco-specific questions into other relevant data collections, such as into maternal health surveillance, is also an area of further development. The Parties in this group could also assist Parties in the other groups.

As the priority task of the Knowledge Hub on Surveillance was seen to support the countries that belong to the first group, the tasks of the Knowledge Hub with regards the countries with good data would relate more to advising on study or survey design, encouraging cross-national comparisons and supporting joint grant proposals, for example to the EU.

In addition to discussions of the definitions and needs for support in these three groups, the experts addressed guiding Parties in including the WHO FCTC measures and indicators in their progress in the implementation of the **Sustainable Development Goals (SDGs)** and their reporting. All the Knowledge Hubs should work together to promote a better understanding of SDG target 3.a and how it may be utilized as a vehicle for stronger tobacco surveillance – this could be a position paper or a report, for example.

The FCTC Secretariat and WHO are co-custodians of the indicator of SDG target 3.a (see below the target 3.a and its indicator).

> 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
>
> 3.a.1 Age- standardized prevalence of current tobacco use among persons aged 15 years an older.

At COP6, Parties were requested to consider setting, by 2015, a national target to reduce tobacco use thus contributing to the reduction of NCD. The baseline monitoring year is 2010.

The two co-custodians (WHO and FCTC Secretariat) could bring Parties/countries together and raise awareness of the fact that FCTC implementation is one of the SDG targets. The co-custodians should also encourage Parties to develop their own national targets related to SDG target 3.a and discuss what their data needs are to monitor this target and the process of reaching it. Entities and bodies who run surveys in countries need to also be aware of SDG target 3.a and identify ways on how to feed into its monitoring. Such process should be conducted through Parties' FCTC focal points.

Finally, as a general point, countries in Group 3 – with good data and experience – should assist, through the KH and directly, other countries in their monitoring and surveillance efforts. Setting up of a south-south and triangular cooperation group on tobacco surveillance would also be advisable. Non-Parties that have good experience in monitoring and surveillance, such as USA, Argentina and Switzerland, among others, should also be involved in the process.

Appendices

1.6 Appendix I: Reporting Parties by Word Bank income group

LOW-INCOME ECONOMIES ($1,005 OR LESS)	Afghanistan	Benin	Burkina Faso	Burundi	Democratic Republic of the Congo	Gambia
	Guinea	Madagascar	Mali	Niger	Senegal	Sierra Leone
	Togo	Uganda	United Republic of Tanzania	Zimbabwe		
LOWER-MIDDLE-INCOME ECONOMIES ($1,006 TO $3,955)	Bhutan	Cameroon	Congo	Côte d'Ivoire	Djibouti	Egypt
	El Salvador	Georgia	Ghana	Guatemala	Honduras	India
	Jordan	Kenya	Kiribati	Kyrgyzstan	Mauritania	Micronesia (Federated States of)
	Myanmar	Nicaragua	Nigeria	Pakistan	Papua New Guinea	Philippines
	Republic of Moldova	Sri Lanka	Swaziland	Syrian Arab Republic	Tunisia	Vanuatu
	Viet Nam	Yemen				
UPPER-MIDDLE-INCOME ECONOMIES ($3,956 TO $12,235)	Algeria	Azerbaijan	Belize	Bosnia and Herzegovina	Brazil	China 2
	Colombia	Costa Rica	Croatia	Dominica	Ecuador	Gabon
	Grenada	Guyana	Iran (Islamic Republic of)	Iraq	Jamaica	Lebanon
	Libya	Malaysia	Maldives	Mauritius	Mexico	Montenegro
	Panama	Paraguay	Russian Federation	Samoa	Serbia	South Africa
	Suriname	Thailand	The former Yugoslav Republic of Macedonia	Tonga	Turkey	Turkmenistan
	Ukraine					
HIGH-INCOME ECONOMIES ($12,236 OR MORE)	Antigua and Barbuda	Australia	Austria	Bahamas	Bahrain	Belgium
	Canada	Chile	Cook Islands	Cyprus	Czech Republic	Denmark
	Estonia	European Union	Finland	France	Germany	Greece
	Hungary	Iceland	Ireland	Italy	Japan	Kuwait
	Latvia	Lithuania	Luxembourg	Malta	Netherlands	New Zealand
	Norway	Oman	Palau	Poland	Portugal	Republic of Korea
	Saudi Arabia	Seychelles	Singapore	Slovakia	Spain	St. Kitts and Nevis
	Sweden	Trinidad and Tobago	United Arab Emirates	United Kingdom of Great Britain and Northern Ireland		

1.7 Appendix II: Reporting Parties by the WHO Regions

AFRICAN REGION	Algeria	Benin	Burkina Faso	Burundi	Cameroon	Congo
	Côte d'Ivoire	Democratic Republic of the Congo		Gabon	Gambia	
	Ghana	Guinea	Kenya	Madagascar	Mali	
	Mauritania	Mauritius	Niger	Nigeria	Senegal	
	Seychelles	Sierra Leone	South Africa	Swaziland	Togo	Uganda
	United Republic of Tanzania		Zimbabwe			
SOUTH-EAST ASIA REGION	Bhutan	India	Maldives	Myanmar	Sri Lanka	Thailand
EASTERN MEDITERRANEAN REGION	Afghanistan	Bahrain	Djibouti	Egypt		
	Iran (Islamic Republic of)		Iraq	Jordan	Kuwait	
	Lebanon	Libya	Oman	Pakistan	Saudi Arabia	Syrian
	Arab Republic	Tunisia	United Arab Emirates		Yemen	
REGION OF THE AMERICAS	Antigua and Barbuda		Bahamas	Belize	Brazil	Canada
	Chile	Colombia	Costa Rica	Dominica	Ecuador	El
	Salvador	Grenada	Guatemala	Guyana	Honduras	Jamaica
	Mexico	Nicaragua	Panama	Paraguay	St. Kitts and Nevis	
	Suriname	Trinidad and Tobago				
WESTERN PACIFIC REGION	Australia	China 2	Cook Islands	Japan	Kiribati	
	Malaysia	Micronesia (Federated States of)			New Zealand	Palau
	Papua New Guinea		Philippines	Republic of Korea		Samoa
	Singapore	Tonga	Vanuatu	Viet Nam		
EUROPEAN REGION	Austria	Azerbaijan	Belgium	Bosnia and Herzegovina		Croatia
	Cyprus	Czech Republic	Denmark	Estonia		
	European Union	Finland	France	Georgia		
	Germany	Greece	Hungary	Iceland	Ireland	Italy
	Kyrgyzstan	Latvia	Lithuania	Luxembourg	Malta	
	Montenegro	Netherlands	Norway	Poland	Portugal	
	Republic of Moldova		Russian Federation		Serbia	Slovakia
	Spain	Sweden	The former Yugoslav Republic of Macedonia			
	Turkey	Turkmenistan	Ukraine	United Kingdom of Great Britain and Northern Ireland		

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