







ISLAMABAD: The Coalition for Tobacco Control Pakistan (CTC-Pak) on Sunday urged

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for implementation of 85 per cent pictorial health warning on cigarette packs.

CTC-Pakistan National Coordinator Khurram Hashmi, talking to APP, said that Pakistan had ratified the WHO Framework Convention on Tobacco Control (FCTC) and became a party in 2004.

The government took a major step to protect the youth of Pakistan by enhancing the warning size from 40 per cent to 85 per cent, he added.

He urged for the fulfilment of two years old commitment to implement 85 per cent enhanced Pictorial Health Warning (PHW) on cigarette packs which was announced in January 2015.

Hashmi said that tobacco industry always targets new smoker which is youth and productive force of the nation.

"There is a grave need to inform our coming generation how the industry is playing with their lives."

He said that around the world, proven measures to reduce tobacco use have greatly reduced the health and economic costs associated with tobacco.

These measures included increased tobacco taxes, large pictorial warning labels on tobacco products, restrictions on tobacco advertising and bans on smoking in indoor public places, he added.

He said that these measures are called for by the world's first public health treaty, the FCTC, which obligates its 180 parties to implement these proven policies to reduce tobacco use.

He said that tobacco use is the single most preventable cause of death globally.

Tobacco was currently responsible for 10 per cent of adult deaths worldwide and the global tobacco epidemic kills nearly 6 million people each year of which more than 600,000 are non-smokers dying from breathing second-hand smoke, he added.

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He said that tobacco use disproportionately harms some of the world's most vulnerable populations.

More than 80 per cent of the world's smokers reside in low and middle-income countries, where the harms of tobacco use are further exacerbated by a lack of access to health care.

Tobacco use also creates an economic burden, costing countries a staggering \$1 trillion a year in healthcare costs and lost productivity, he concluded.



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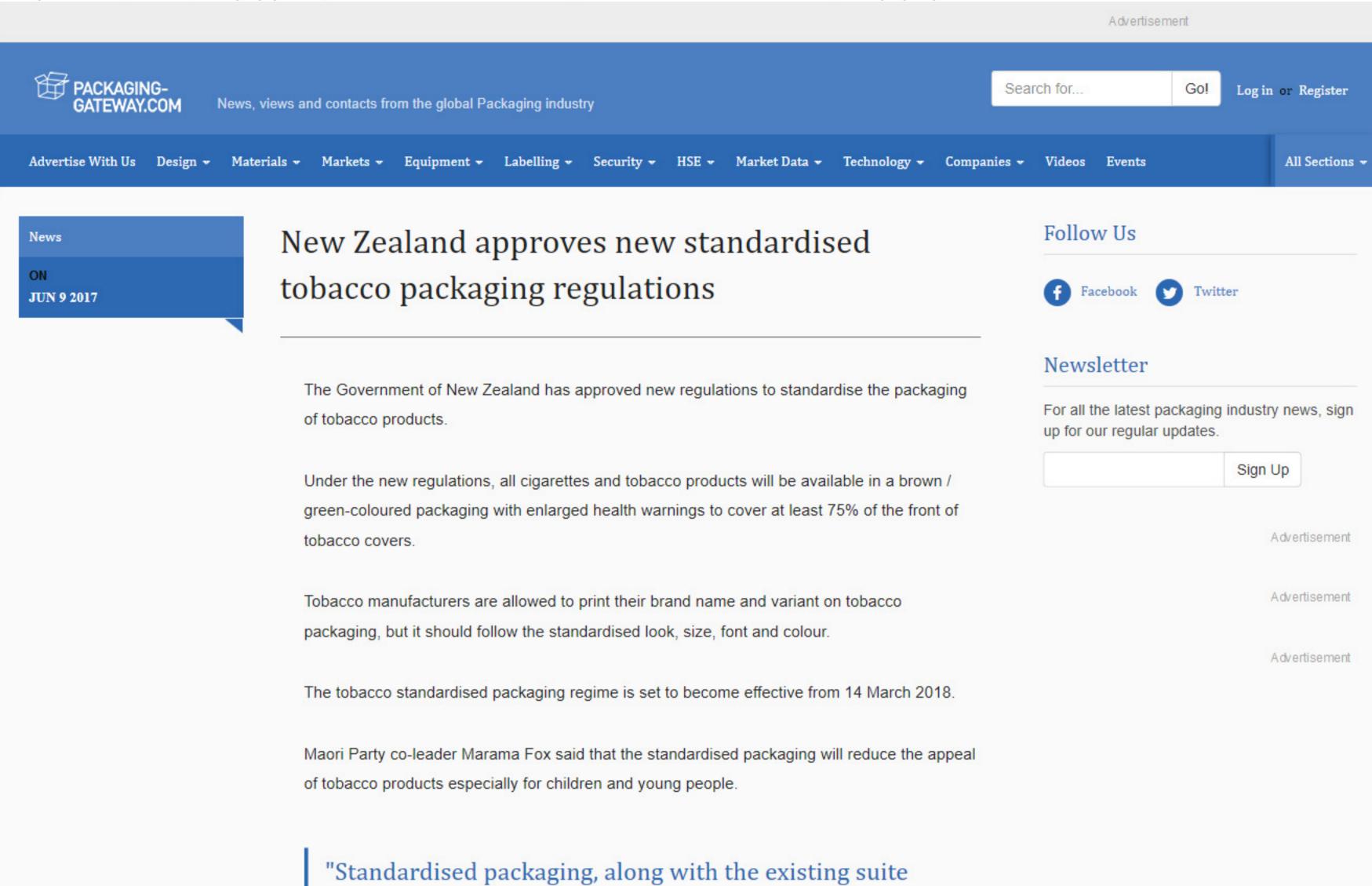
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of tobacco control measures and stop smoking services, is the logical next step toward our Smokefree 2025 goal."

New Zealand Associate Health Minister Nicky Wagner said: "More than 5,000 New Zealanders die of smoking-related illnesses each year — that's about 14 people per day, or more than one every two hours.

"Standardised packaging, along with the existing suite of tobacco control measures and stop smoking services, is the logical next step toward our Smokefree 2025 goal."

The new regulations require the sale of cigarettes only in standard cardboard packs of 20 or 25, while loose tobacco can be sold in pouches of 30g or 50g in rectangular soft plastic pouches.

A new set comprising 14 health warning messages and images have been prepared and will be printed on the packs.

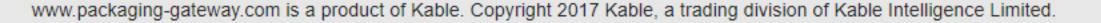
Tobacco companies will be given an extra six weeks to distribute their old stock and a further six weeks to sell it.

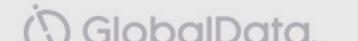
After 6 June next year, only standardised packs can be sold.

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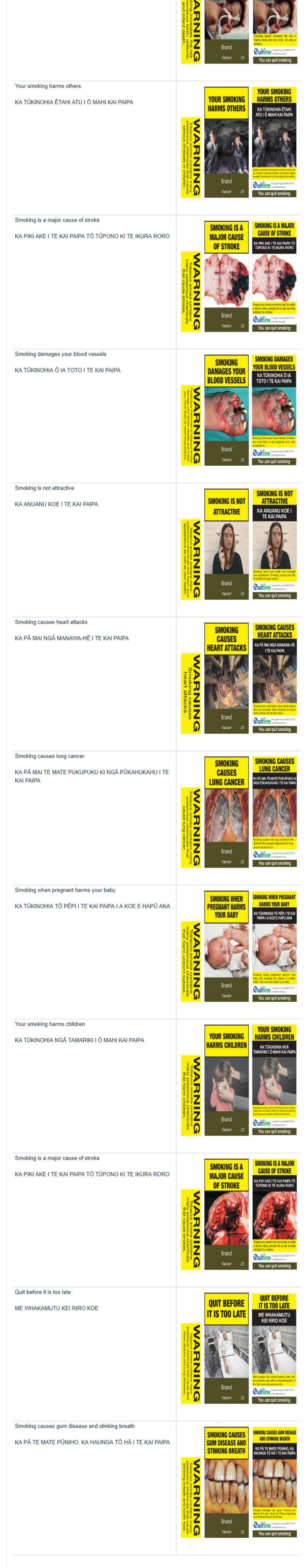




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Pathway to Smokefree New Zealand 2025 Innovation Fund	The 14 graphic pictorial health warnings, comprising graphic images and explanatory messages, cover the front and back of the cigarette packets.		
Smokefree 2025			
Smokefree law		one number and other information about quitting smoking. A	
Tobacco standardised packaging	Seven images will rotated each year.	er learning and awareness of the health effects of smoking.	
Tobacco packaging warnings	Warning: the images below are graphic in nature		
Heat not burn tobacco products	Graphic warnings for cigarette packets		
Tobacco returns	Warning	Image	
E-cigarettes	Smoking causes heart attacks	SMOKING SMOKING CAUSES	
Guidance for practitioners	KA PĀ MAI NGĀ MANAWA-HĒ I TE KAI PAIPA	CAUSES HEART ATTACKS	
Publications		HEART ATTACKS	
District Health Board tobacco control plans		Smoking causes         Brand         Variant       20	
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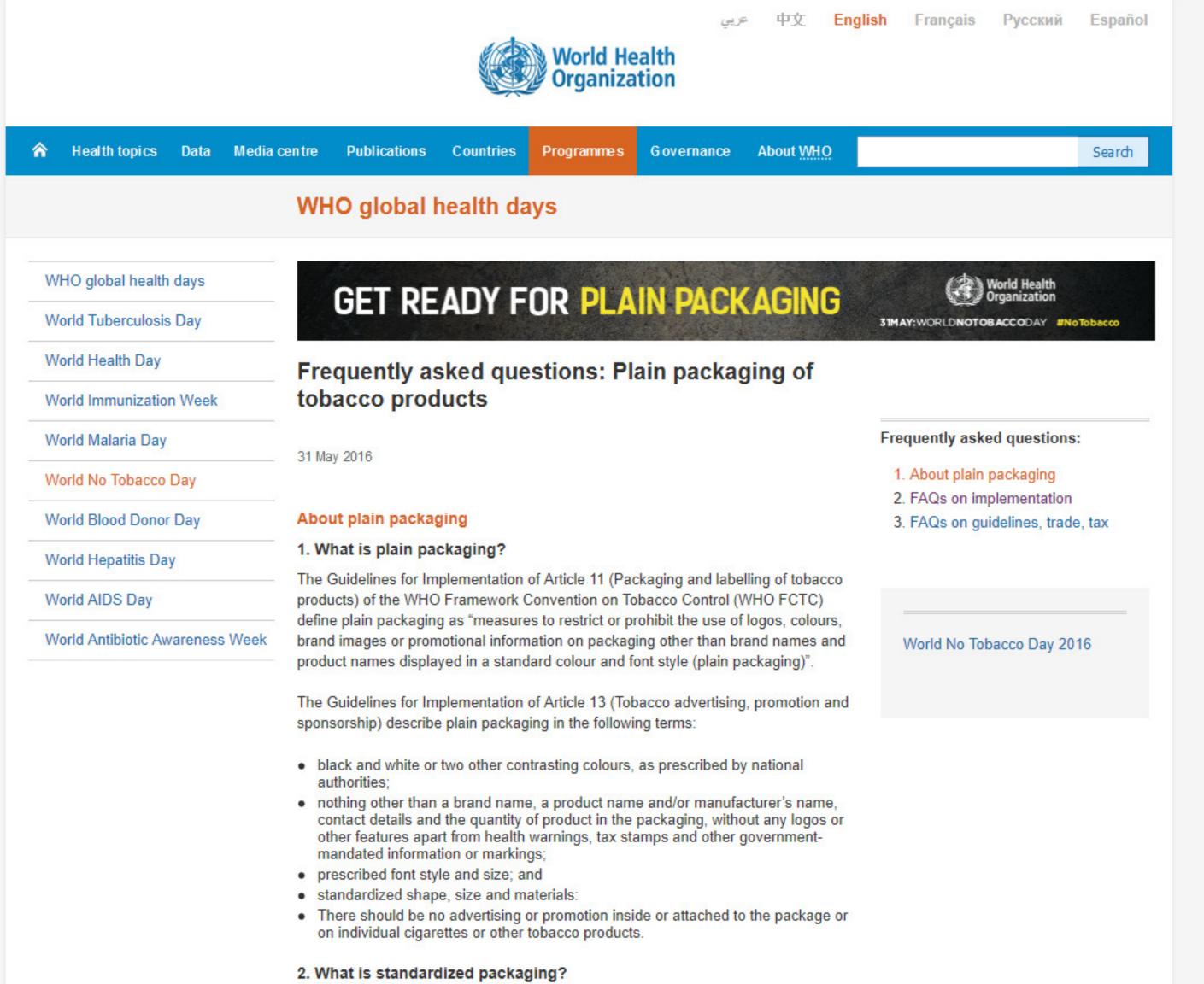


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The phrase 'standardized packaging' is used interchangeably with 'plain packaging'. Some prefer the phrase standardized packaging on the basis that plain packaging, when used in conjunction with large graphic health warnings, is not actually plain.

WHO uses the phrase plain packaging because that is the language used in Guidelines to Articles 11 and 13 of the WHO FCTC.

## 3. Is plain packaging the same as large graphic health warnings?

No. Large graphic health warnings are a separate policy that may be implemented alongside plain packaging. The purpose of large graphic health warnings is to warn consumers of the risks associated with tobacco use.

## 4. What are the goals of plain packaging?

Plain packaging is a demand reduction measure that serves several purposes, including:

- Reducing the attractiveness of tobacco products.
- Eliminating the effects of tobacco packaging as a form of advertising and promotion.
- Addressing package design techniques that may suggest that some products are less harmful than others.
- Increasing the noticeability and effectiveness of health warnings.

Because plain packaging builds upon other tobacco control measures, it is recommended that plain packaging be used as part of a comprehensive multisectoral approach to tobacco control.



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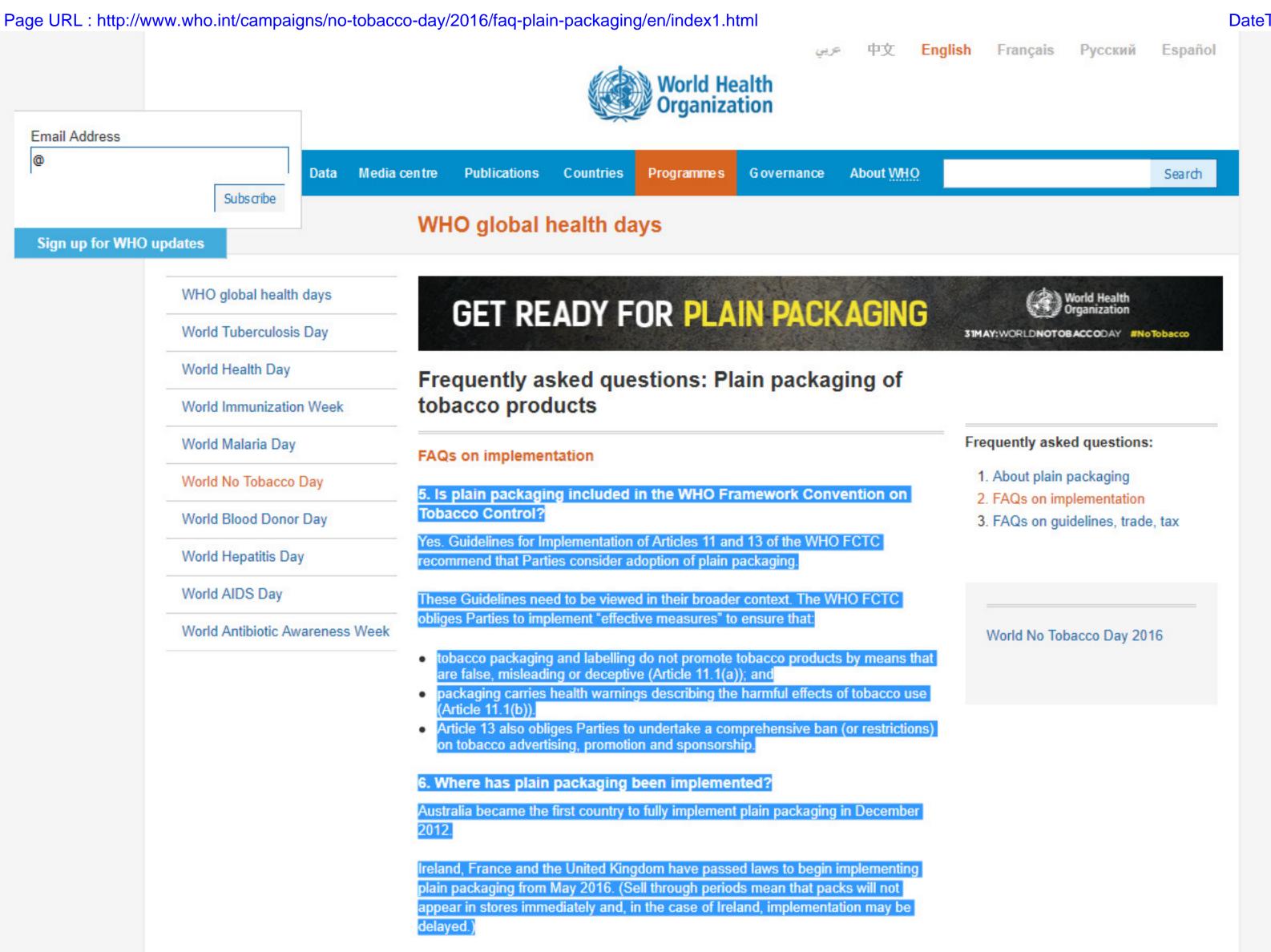
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## Which countries is plain packaging good for? Is plain packaging only for developed countries?

WHO recommends that plain packaging be implemented as part of a comprehensive approach to tobacco control. This includes comprehensive bans on tobacco advertising, promotion and sponsorship as well as other tobacco packaging and labelling measures, such as health warnings.

Plain packaging is a suitable policy for any country implementing a comprehensive approach to tobacco control. Developed countries have taken the lead in designing and implementing plain packaging measures and other countries, including developing countries, will benefit from their experience.

## 8. Which products should plain packaging be applied to?

The best practice is to apply plain packaging to all categories of tobacco products. The Article 11 and 13 Guidelines make no distinction between tobacco product categories.

### 9. Is there evidence that plain packaging works?

Yes. A strong evidence base supports implementation of plain packaging. This evidence base includes a large body of peer reviewed studies that have been the subject of three systematic reviews (two in the United Kingdom and one in Ireland).

This evidence supports the conclusion that plain packaging:

1. reduces the attractiveness of tobacco products

- 2. restricts use of the pack as a form of advertising and promotion
- 3. limits misleading packaging, and
- increases the effectiveness of health warnings.

It is too early to measure the full impact of plain packaging in Australia, and it is often difficult to isolate the impact of individual measures. Nonetheless, the evidence from Australia is consistent with the conclusion that plain packaging is working.

Studies have shown increased urgency among smokers to quit, (1) increased calls to the Quitline (2) and increased quit attempts. (3) Fewer consumers (wrongly) believe that brands differ in harmfulness and there are indicators that health warnings have become more effective among smokers.(4)

Australia's post-implementation review found that introduction of plain packaging together with introduction of larger health warnings and new warnings had reduced smoking prevalence in Australia beyond the pre-existing downward trend. Specifically, the report estimated that between December 2012 and September 2015 "the 2012 packaging changes reduced average smoking prevalence among Australians aged 14 years and over by 0.55 percentage points".(5)

According to the model, if these changes to packaging had not been introduced

average smoking prevalence in the post-implementation period would have been 17.77% rather than 17.21%. This effect on smoking prevalence is expected to grow over time.

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(1) Wakefield MA, Hayes L, Durkin S, Borland R. Introduction effects of the Australian plain packaging policy on adult smokers: a cross-sectional study. 3 BMJ Open, 2013; 3: e003175.

(2) Young JM, Stacey I, Dobbins TA, Dunlop S, Dessaix AL, Currow DC. Association between tobacco plain packaging and Quitline calls: a population-based, interrupted time-series analysis. MJA, 2014; 200:29-32.

(3) Durkin S, Brennan E, Coomber K, Zacher M, Scollo M, Wakefield M. Short-term changes in guitting-related cognitions and behaviours after the implementation of plain packaging with larger health warnings: findings from a national cohort study with Australian adult smokers. Tobacco Control, 2015; 24:ii26 – ii32.

(4) Wakefield M, Coomber K, Zacher M, Durkin S, Brennan E, Scollo M. Australian adult smokers' responses to plain packaging with larger graphic health warnings 1 year after implementation: results from a national crosssectional tracking survey. Tobacco Control 2015; 24:ii17-ii25, p. 21.

(5) Post-Implementation Review Tobacco Plain Packaging, 2016, Australian Government, Department of Health, 26 February 2016, https://ris.govspace.gov.au /files/2016/02/Tobacco-Plain-Packaging-PIR.pdf, paragraph 107.



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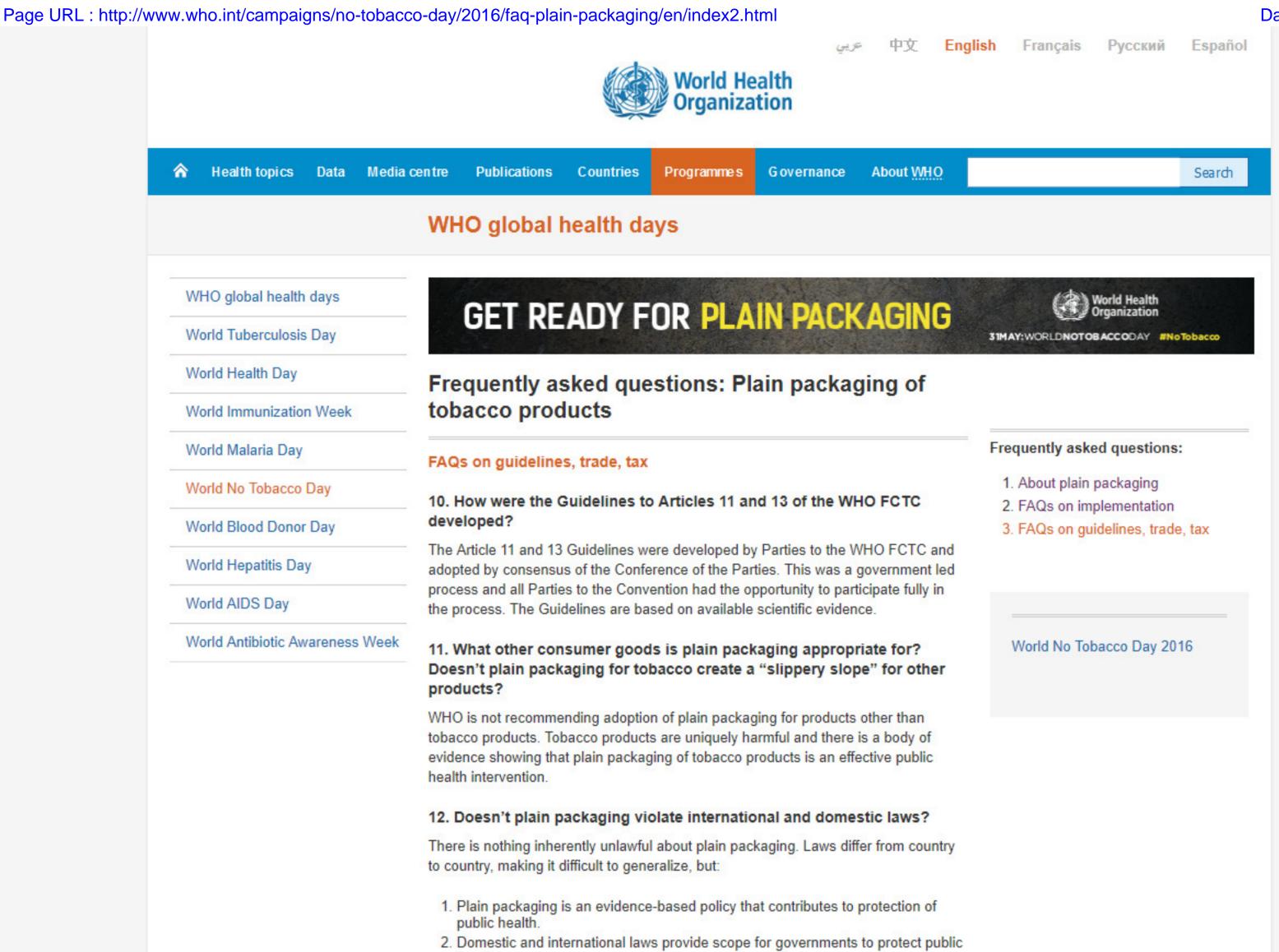
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- 3. WHO is encouraged by the fact that Australia has prevailed in litigation against it under domestic law and under an investment treaty.
- WHO cannot comment on ongoing litigation, but WHO is watching closely the World Trade Organization (WTO) dispute concerning plain packaging, as well as other litigation.

### Won't plain packaging increase illicit trade in tobacco products?

There is no rational basis on which to predict that plain packaging will increase illicit trade. Tobacco company arguments that tobacco control measures will increase illicit trade seek to:

discourage legitimate regulation; and

health.

 prepare the ground to dispute the effectiveness of tobacco control measures where sales decline after implementation.

Governments introducing plain packaging:

- continue to permit tobacco companies to use anti-counterfeiting devices on product packaging;
- may use a range of enforcement responses to address any concerns about illicit trade; and
- are encouraged to ratify the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products.

## 14. Won't plain packaging hurt retailers?

Plain packaging should not have a disproportionate or sudden impact on retailers.

In Australia, retailers have quickly gained experience with plain packaging and their processing times (to process customer requests for a product) quickly returned back to normal levels.

The effects of plain packaging on retail sales are unlikely to be sudden or dramatic.

- Experience in the context of tobacco taxes shows that money not spent on tobacco products may be spent on other consumer goods.
- Plain packaging is an incremental step used as part of a comprehensive approach to tobacco control. The effects of plain packaging will increase over time.
- In many countries, strong population growth means that total tobacco consumption continues to grow even though the prevalence of tobacco use may decline.

## 15. Won't plain packaging lead to increased competition and reduced prices?

Governments can exercise significant control over the affordability of tobacco products, such as through the use of tax and price measures. Any government concerned about affordability increasing with plain packaging should consider increasing taxes.



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## June 2017

A case of smoke without fire: international tobacco retailer's claims held to be misleading and deceptive under the Australian Consumer Law

If you are an international online retailer, think twice before assuming you won't fall into the broad net of the Australian Consumer Law (ACL).[1]

# The facts

Elusion Australia Limited (Elusion), a company registered in New Zealand, promoted and sold e-cigarette products to consumers in Australia, including on its website.

Between August 2015 and June 2016, Elusion made representations on its website that its e-cigarette products did not contain:

- Harmful chemicals, cancer-causing chemicals or carcinogens.
- Harmful chemicals, cancer-causing chemicals or carcinogens found in tobacco cigarettes.
- Any of the chemicals found in tobacco cigarettes.

# What did the Australian consumer watchdog allege?

The Australian Competition and Consumer Commission (ACCC) alleged that the representations had the ability to mislead consumers about the health effects of non-nicotine e-cigarettes. More specifically, the ACCC argued that, by making the representations, Elusion had breached the ACL in the following ways:

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- By engaging in conduct that was misleading or deceptive, or likely to mislead or deceive.[2]
- By making false or misleading representations that goods were of a particular composition in connection with the supply or possible supply, and the promotion of the supply or use of goods.[3]
- By engaging in conduct that was likely to mislead the public about the nature or characteristics of goods.[4]

The ACCC also alleged that John Dennis Burden, the managing director of Elusion, was directly or indirectly concerned in, or a party to, the above breaches because he had knowledge of Elusion's conduct.[5]

# Elusion rolls over and admits to allegations

In an interesting twist, Mr Burden appeared on behalf of himself and Elusion. He admitted to the allegations made by the ACCC. As a result, the parties negotiated the matter and sought orders and declarations from the Court by consent.

The Court exercised its discretion and agreed that the orders sought by the parties were appropriate. Accordingly, the Court made the following orders:

- Elusion was fined \$40,000.
- Mr Burden was fined \$15,000.
- Both Elusion and Mr Burden were restrained from further making the representations.
- Elusion was ordered to remove all advertising or promotional material containing the representations within seven
- Elusion was ordered to publish details of its breach on its website for a 90-day period.
- Mr Burden was ordered to attend and undertake a training session on obligations and responsibilities under the ACL and to provide the ACCC with a certificate of completion.
- Each of Elusion and Mr Burden were ordered to pay \$5,000 to the ACCC for its costs. Although the ACCC had incurred higher costs in litigating the matter, it did not claim its full costs due to the cooperation of the parties in settling the matter.

# What should you take away?

The new laws do not prevent a merchant from applying a surcharge to a card transaction if the surcharge is not excessive.

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# Directors may be personally liable for breaching the ACL

If you are a director of a company operating in the retail sector, you may be held personally liable if your company breaches the ACL.

One of the advantages of trading as a corporation is that it enjoys limited liability and has a separate personality from its directors (except in limited circumstances).

In this case, Mr Burden was also fined because he had knowledge of the essential elements of Elusion's breach of the ACL. In addition, he was knowingly concerned in or a party to those breaches. In its judgment, the Court referred to Mr Burden as being the 'controlling mind' of Elusion.

# The ACL can apply to companies based overseas

Although Elusion is registered and based in New Zealand, the ACCC used the following facts to argue that the representations took place in Australia and, as a result, that the ACL applied:

- The website stated that Elusion shipped products Australia-wide.
- The website quoted prices in Australian dollars.
- Elusion had accepted payment from customers in Australian dollars.

The decision in this case echoes the ACCC's earlier success against international gaming company Valve Corporation, which had made misrepresentations about consumer guarantees on its website, in breach of the ACL.[6] Both cases show that the ACCC is taking action against businesses that breach the ACL, regardless of whether or not they are based in Australia.

# Would you like to find out more?

If you are an international business supplying goods or services to consumers in Australia and want a clear understanding of your obligations under the Australian Consumer Law, contact us.

# Author: Priti Joshi

[1] Australian Consumer Law, Competition and Consumer Act 2010 (Cth), schedule 2 (ACL).

- [2] In breach of section 18 of the ACL.
- [3] In breach of section 29(1)(a) of the ACL.

[4] In breach of section 33 of the ACL.

- [5] In breach of sections 224(1)(e) and 232(1)(e) of the ACL.
- [6] Australian Competition and Consumer Commission v Valve Corporation (No 3) (2016) 337 ALR 681.

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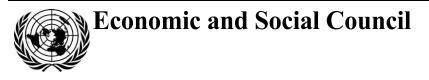
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2017 session 28 July 2016-27 July 2017 Agenda item 12 (f) Coordination, programme and other questions: prevention and control of non-communicable diseases

**Russian Federation: draft resolution** 

#### United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

The Economic and Social Council,

*Recalling* its resolutions 2013/12 of 22 July 2013, 2014/10 of 13 June 2014, 2015/8 of 9 June 2015 and 2016/5 of 2 June 2016 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,

*Recalling also* the commitments included in the 2011 political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,<sup>1</sup> the 2014 outcome document of the high-level meeting of the Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases,<sup>2</sup> and the proposed actions set out in the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020,<sup>3</sup>

*Reaffirming* General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", which includes non-communicable disease-related targets,

Acknowledging that the global burden and threat of non-communicable diseases, principally cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which are linked to one or more of the four main risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals,

<sup>&</sup>lt;sup>3</sup> See World Health Organization, document WHA66/2013/REC/1.





<sup>&</sup>lt;sup>1</sup> General Assembly resolution 66/2, annex.

<sup>&</sup>lt;sup> $^{2}$ </sup> General Assembly resolution 68/300.

*Recognizing* that pollution, including air pollution, may exacerbate the risk of non-communicable chronic diseases,

*Taking note* of the progress made by the Task Force in the execution of its mandate, including the undertaking of joint programming missions to a number of countries, and in the development of four global joint programmes to support national efforts to address cervical cancer; enhance the capacity, mechanisms and mandates of relevant authorities in facilitating and ensuring action across governmental sectors; increase access to cost-effective cancer screening programmes; and promote the use of information and communication technologies to prevent and control non-communicable diseases,

*Noting with concern* that the four global joint programmes developed by the Task Force remain unfunded to date,

*Recalling* the model policy for agencies of the United Nations system on preventing tobacco industry interference, which was developed in the context of the World Health Organization Framework Convention on Tobacco Control,

*Recalling also* that the Addis Ababa Action Agenda<sup>4</sup> recognizes that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries,

*Recalling further* that the Addis Ababa Action Agenda reiterates that each country has primary responsibility for its own economic and social development,

1. *Takes note* of the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases<sup>5</sup> and the recommendations contained therein, including to report to the Economic and Social Council in 2018 on progress made in implementing Council resolution 2013/12;

2. *Takes note with appreciation* of the support provided by Member States with regard to the work of the Task Force, including through the activities of an informal group of States working to assist the Task Force in the execution of its mandate;

3. *Takes note of* the initiative to hold, in Montevideo in October 2017, a global conference on non-communicable diseases on the theme "Enhancing policy coherence between different spheres of policymaking that have a bearing on attaining target 3.4 of the Sustainable Development Goals on non-communicable diseases by 2030";

4. *Welcomes* the financial or in-kind support provided by Member States<sup>6</sup> and international development partners for the work of the Task Force;

5. *Recognizes* that the requests in its resolution 2016/5 for members of the Task Force to provide support to Member States to reflect the non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development<sup>7</sup> in national development plans and policies cannot be fulfilled with the current resources;

6. Urges national Governments, the private sector as appropriate, bilateral and multilateral donors, including the World Bank and regional development banks,

<sup>&</sup>lt;sup>4</sup> General Assembly resolution 69/313, annex.

<sup>&</sup>lt;sup>5</sup> E/2017/54.

<sup>&</sup>lt;sup>6</sup> Japan, the Russian Federation and the United States of America.

<sup>&</sup>lt;sup>7</sup> General Assembly resolution 70/1.

to explore financing for the prevention and control of non-communicable diseases and mobilizing the provision of adequate, predictable and sustained resources for the programmatic work of the Task Force, including the four global joint programmes, in order to scale up Task Force support to Member States;

7. Urges bilateral and multilateral donors to strengthen international cooperation and development assistance to support efforts to build sufficient capacity in developing countries, in particular with regard to legal, fiscal and regulatory systems, including for evidence-based strategies such as taxation and/or innovative financing options, with the objective of developing and implementing multisectoral responses for the prevention and control of non-communicable diseases;

8. *Calls upon* the members of the Task Force to raise awareness about the burden of non-communicable diseases and the links with poverty and sustainable development, in its economic, social and environmental dimensions, and about opportunities to accelerate progress in reducing their burden, including through enhancing cooperation with existing goodwill ambassadors, envoys, global advocates, eminent persons and local champions;

9. *Encourages* the thematic working groups to place greater emphasis on, and make further progress towards, addressing additional contributing factors to the rising incidence and prevalence of non-communicable diseases, including economic, social, environmental and behavioural determinants of health and, where relevant, to coordinate this work among their respective institutions, in particular with regard to addressing the impacts on health of air pollution;

10. *Encourages* members of the Task Force, as appropriate and in line with their respective mandates, to develop and implement their own policies on preventing tobacco industry interference, bearing in mind the model policy for agencies of the United Nations system on preventing tobacco industry interference, in order to ensure a consistent and effective separation between the activities of the United Nations system and those of the tobacco industry;

11. *Requests* the Secretary-General to report to the Council at its 2018 session on progress achieved in implementing resolution 2013/12, under the sub-item entitled "Prevention and control of non-communicable diseases" of the item entitled "Coordination, programme and other questions", in preparation for a comprehensive review by the General Assembly, in 2018, of the progress achieved in the prevention and control of non-communicable diseases.