

**Needs assessment
for implementation of the
WHO Framework Convention on
Tobacco Control in Burkina Faso**

Convention Secretariat

October 2013

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 177 Parties to date. Burkina Faso ratified the WHO FCTC on 31 July 2006 and the Convention entered into force for the country on 29 October 2006.

An assessment of the needs for implementation of the WHO FCTC in Burkina Faso was conducted jointly by the Government of Burkina Faso and the Convention Secretariat from April to August 2013, including an initial analysis of the status of implementation, and the challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team led by the Convention Secretariat, which included representatives of the WHO Country Office in Burkina Faso, the World Bank and the United Nations Development Programme, conducted a mission in Burkina Faso from 12 to 16 August 2013. The assessment involved relevant ministries and agencies of Burkina Faso and several nongovernmental organizations working on tobacco control (see Annex).

This needs assessment report presents an article-by-article analysis of progress made in Burkina Faso in implementation; the gaps that exist; and the subsequent possible action that can be taken to fill those gaps. The key elements that need to be put in place to enable Burkina Faso to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Burkina Faso is obliged to implement its provisions through national laws, regulations or other measures. It is therefore important to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, the Convention requires Parties to develop, implement, periodically update and review comprehensive, multisectoral, national tobacco control strategies, plans and programmes. Burkina Faso implemented the first tobacco control strategic plan between 2009 and 2013, which is currently under evaluation. The Ministry of Health will coordinate with the Tobacco Control Committee on development of the next strategic plan, to cover the next five years, and the Convention Secretariat is ready to provide technical assistance in this regard. The Ministry of Health should also take the lead in ensuring that different Government departments contribute to implementation of the plan, and that the plan contains proper timeline, budget and agreed outcome indicators.

Third, under Article 5.2(b) of the WHO FCTC, Parties have an obligation to develop and adopt national tobacco control legislation to enable full implementation of the Convention. Burkina Faso has adopted the Tobacco Control Act (the Act) and three decrees on: (i) the establishment of the National Committee for Tobacco Control; (ii) packaging and labelling of tobacco products; and (iii) banning smoking in public places and on public transport. The Act is comprehensive and addresses most of the articles of the Convention. It contains provisions on training, education and awareness raising, packaging and labelling, and liability of the tobacco industry; bans the growing of tobacco and manufacture of tobacco products; restricts

tobacco advertising, promotion and sponsorship; limits access to tobacco products to authorized points of sale; stipulates smoke-free policies; and specifies penalties for violations.

Fourth, Burkina Faso has developed normative documents to ensure that the deadlines under time-bound provisions of the Convention (Articles 11 and 13, as well as the recommendations contained in the guidelines for implementation of Article 8) are met. However, the relevant requirements of the national tobacco control legislation and implementation decrees are not fully enforced. In particular: (i) implementation and enforcement of the requirements of the Act related to smoke-free environments and tobacco advertising, promotion and sponsorship are still to be strengthened, and proper monitoring of both processes should be ensured; (ii) in relation to packaging and labelling of tobacco products, the requirements of the Act and the related decree have not yet been implemented as a result of the reservations of the Ministry of Industry, Trade and Handicrafts about the technical regulations on health warnings. The Convention Secretariat will liaise with the United Nations Conference on Trade and Development (UNCTAD) to assist with the alignment of views and finalization of the technical requirements, upon request from the Ministry of Health.

Fifth, increasing tobacco taxation is one of the most effective demand-reduction measures to reduce tobacco consumption. The Government of Burkina Faso recognizes the importance of price and tax measures to support achievement of the objective of the Convention. However, the three tobacco excise tax rates on cigarettes in Burkina Faso are still low and significantly below the maximum of 45% fixed by the West African Monetary and Economic Union, of which Burkina Faso is a member. Total taxes, including VAT and fees, make up less than 25% of the price of the most popular brand. It is therefore recommended that Burkina Faso consider unifying the three rates at the highest rate, in order to increase prices more on cheaper cigarettes and reduce the affordability of tobacco products. It is also recommended that Burkina Faso consider increasing this rate to the maximum rate fixed by the West African Monetary and Economic Union.

Sixth, Burkina Faso signed the Protocol to Eliminate Illicit Trade in Tobacco Products on 8 March 2013, and ratification of the Protocol is under consideration. It is recommended that Burkina Faso ratify the Protocol as soon as possible. During their meeting with the International Team, the Parliamentarians pledged their full support to ratification of the Protocol once it is submitted to the National Assembly.

Seventh, on education, communication and awareness-raising activities, two urgent matters emerged: (1) Burkina Faso has not yet conducted a broad mass-media campaign on the harmful effects of tobacco consumption and exposure to tobacco smoke. It is therefore recommended that the Ministry of Health work closely with the Ministry of Communication, as well as other ministries and civil society organizations, to develop and implement mass-media campaigns and free air time should be provided by national radio and television for the broadcasting of anti-tobacco use messages; (2) in targeting school children with messages on tobacco use, it would be important for the Ministry of National Education and Literacy to include these items into the curricula of primary, post-primary and secondary school levels. It is recommended that the Ministry of Health work closely with the Ministry of National Education and Literacy, to ensure synergy between activities, in particular on the revision of the existing school curricula.

Eighth, on the treatment of tobacco dependence and cessation of tobacco use, there is a need for the development of national guidelines on tobacco cessation to advise health professionals

on effective methods for assisting the patients to quit. It is recommended that services providing cessation advice be integrated into existing health services and a national quit line for tobacco cessation be established. Cessation-related activities need to be included in the next tobacco control strategic plan.

Ninth, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system to outline priorities in national development. The current UNDAF covers the period 2011–2015 and supporting implementation of the Convention is not identified as a priority. The UNDAF does not specifically mention the WHO FCTC; however, two out of the three targets identified in this document (one, on the improvement of human capital quality; and two, on monitoring and evaluation of its implementation and improvement of political, administrative and economic governance with regard to human rights and gender equality), provide openings for inclusion of implementation of the Convention. The mid-term UNDAF review exercise in Burkina Faso is scheduled to commence in 2013 and will be completed in early 2014. The international team met the acting UN Resident Coordinator and discussed whether implementation of the Convention could be included in the mid-term review and future programme activities. The Minister for Health also pledged his full support. It is therefore recommended that the Ministry of Health liaise with the Ministry of Economy and Finance, which is the focal point of the Government for the UNDAF-related negotiations, to ensure inclusion of WHO FCTC implementation in the UNDAF.

Tenth, the needs identified in this report represent priority areas that require immediate attention. As soon as Burkina Faso addresses these areas, the Convention Secretariat, in cooperation with WHO and relevant international partners, will be available and committed to supporting the process. The Convention Secretariat is also committed to providing and facilitating technical assistance, particularly in the following areas, upon request of the Ministry of Health: (1) support to development of the next strategic plan; (2) facilitation of access to resources through coordination with donors; (3) support to development of a media strategy and materials for national radio and television; (4) support to and facilitation of a stakeholder workshop that will consider the present report and the national tobacco control strategic plan; (5) facilitation of technical support from UNCTAD in implementation of Article 11; and (6) facilitation of technical support in tobacco taxation policy.

The full report, which follows this summary, can also be the basis for any proposal(s) that may be presented to relevant partners to support Burkina Faso in meeting its obligations under the Convention.

This joint needs assessment mission was financially supported by the European Union.¹

¹ This publication has been produced with the assistance of the European Union. The contents are the sole responsibility of the Convention Secretariat, WHO Framework Convention of Tobacco Control, and can in no way be taken to reflect the views of the European Union.

Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. Burkina Faso ratified the WHO FCTC on 31 July 2006 and the Convention entered into force for the country on 29 October 2006.

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

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1(13)).² The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10))³ to actively seek extra budgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third, fourth and fifth sessions (held in November of 2008, 2010 and 2012), the COP adopted the workplans and budgets for the biennium 2010–2011, 2012–2013 and 2014–2015, respectively. The workplans, inter alia, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, international cooperation and South-South cooperation were outlined as major components of this work.

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

² See COP/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

³ See COP/2/2007/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop2.htm.

expected to serve as a basis for assistance in programme and project development, particularly to lower-resource countries, as part of efforts to promote and accelerate access to relevant internationally available resources.

The needs assessments are carried out in three phases:

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

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of Burkina Faso and the Convention Secretariat, including a mission by an international team of experts from the Convention Secretariat and the WHO Country Office in Burkina Faso from 1 to 8 July 2013. The detailed assessment involved relevant Government ministries and agencies (see Annex). The following report is based on the findings of the joint needs assessment exercise described above.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty. It identifies gaps and areas where further action is needed to ensure full compliance with the requirements of the treaty, also taking into account the guidance provided by implementation guidelines adopted by the COP where relevant. This is followed by specific recommendations concerning each particular area.

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Burkina Faso. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

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

Article 2.1 of the Convention, in order to better protect human health, encourages Parties “*to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law*”.

Currently, no measures have been implemented in Burkina Faso that go beyond those provided for by the Convention.

It is therefore recommended that the Government, while working on meeting the obligations under the Convention, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.

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

Burkina Faso has not communicated information on bilateral or multilateral agreements entered into on issues relevant or additional to the Convention and its Protocol. However, during discussions with the Ministry of Industry, Trade and Handicrafts, the Ministry referred to World Trade Organization (WTO) agreements and the World Intellectual Property Organization (WIPO) treaty as impediments preventing the Ministry from agreeing with the new packaging and labelling requirements as contained in Articles 7, 8 and 14 of Decree No. 2011-1051 concerning the packaging and labelling of tobacco products. This and similar agreements should be reported by Burkina Faso to the Conference of the Parties through the Convention Secretariat.

Gap – There seems to be a lack of awareness of the obligation under this Article.

It is therefore recommended that if such agreements are identified in the future, the Government communicate them to the Secretariat either as part of Burkina Faso’s next WHO FCTC implementation report(s) or independently.

Guiding Principles (Article 4)

The Preamble of the Convention emphasizes “*the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry,*

including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts".

Article 4.7 recognizes that *"the participation of civil society is essential in achieving the objective of the Convention and its protocols"*.

Nongovernmental organizations (NGOs) contribute to implementation of the WHO FCTC in Burkina Faso by carrying out awareness-raising programmes.

The National Committee for Tobacco Control includes five local NGOs, indicating that the Government fully recognizes and values the participation of civil society in achieving the objectives of the Convention.

Several NGOs, namely the Network of Journalists against Tobacco (le Réseau des journalistes pour la lutte antitabac du Burkina Faso (REJAT-BF)), the Society of Cardiologists of Burkina Faso (la Société des cardiologues du Burkina (SOCARB)), the African Association against Tobacco (L'association Afrique contre le tabac (ACONTA)), the National Council of Evangelical for the fight against AIDS (Coalition Nationale des Evangélistes de lutte contre le SIDA (CNELS)), the National Council of the Elderly (Conseil National des Personnes Agees (CNPA)), and the Network of Youth Organizations and Development (Reseau des Organisations de la Jeunesse et du développement (ROJD)) , participated in the stakeholder meeting that took place during the visit of the international team.

By involving the civil society in the implementation of the WHO FCTC Burkina Faso has met its obligations under Article 4.7 of the Convention.

General obligations (Article 5)

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

Article 10 of the Law No. 040-2010/AN "concerning the campaign against tobacco in Burkina Faso (hereinafter called "the 2010 Act") mandates the Government to prepare and implement strategies "in order to inform, educate, notify, train and raise the awareness of the public on the harmful effects of tobacco and tobacco products".

The first tobacco control strategic plan for Burkina Faso was developed and implemented between 2009 and 2013. The plan has been implemented through the operational plans of regions and health districts and is currently being evaluated. The next strategic plan, in line with the mandate given by the Government in the 2010 Act and the requirements of Article 5.1 of the WHO FCTC, will be developed for the years 2014 to 2018, based on the priorities of the Government and the lessons learnt during implementation of the 2009–2013 strategic plan.

Burkina Faso has thus met its obligations under Article 5.1 of the Convention.

Tobacco control is also referred to in national plans with broader scopes. The national health development plan 2011–2020 includes as one of its specific objectives the reduction of mortality and morbidity caused by noncommunicable diseases and its risk factors including tobacco, and strengthening positive changes in the behaviour and attitude of individuals, families and communities towards health.

It is recommended that the next strategic plan:

1. be comprehensive and based on the priorities identified by the Government, and that it be formulated by the National Tobacco Control Committee using this needs assessment report as a reference;
2. outline the specific responsibilities of the different Government departments and contain a proper timeline, budget and outcome indicators;
3. prioritize and strengthen implementation, monitoring and enforcement of the 2010 Act and related implementation decrees.

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the development and implementation of the next strategic plan.

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

Burkina Faso has had a designated tobacco control focal point since 2003 and also has a specific budget line for tobacco control in the budget of the Ministry of Health. Currently, the Director of Health Promotion Department serves as focal point for tobacco control and works with five part-time staff. The responsibilities of the focal point include, but are not limited to, the development of annual action plans for tobacco control. These activities are primarily funded by the State budget and WHO.

Article 9 of the 2010 Act stipulates that “*the Government is organizing and coordinating the campaign against tobacco in Burkina Faso. To this end, it [the Government] is putting in place a national structure charged with the coordination of the campaign against tobacco in Burkina Faso*”.

Against this background, Burkina Faso has also established a national coordinating mechanism for tobacco control. Decree No. 2011-1050 of 30 December 2011 “on the creation, assignment, composition and functioning of the National Committee for the Fight against tobacco in Burkina Faso” established a multisectoral committee, with 32 members belonging to several ministerial departments as well as civil society. The Committee had its first meeting in November 2012, and is currently developing its internal rules of procedure. The next meeting of the Committee is scheduled for September 2013.

The representatives of various Government departments who participated in the first meeting of the Committee are considered to be the focal persons for tobacco control in their ministries. However, no other Government department allocates a specific budget for tobacco control activities.

Burkina Faso has met the obligation under Article 5.2(a).

While the Ministry of Health takes the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff time and a specific budget for implementation of the Convention.

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

Since 1988 there have been national tobacco control regulations and decrees in Burkina Faso, namely:

- Advertising Code in Burkina Faso Raabo No.AN IV- 0081/FP/SAN/CAPRO/DP of 29 February 1988;
- On the regulation of advertising and places of consumption of tobacco;
- Code of Public Health, Law No. 23/94/ADP of 19 May 1994;
- Decree No. 97-84/PRES/PM/MJ 28 February 1997;
- On packaging and labelling texts with an anti-tobacco content, Law No. 025 - 2001/AN dated 25 October 2001.

In order to domesticate the requirements of the Convention, Burkina Faso has adopted the 2010 Act (described above), followed by three implementation decrees in 2011 on: (i) the establishment of the National Committee for Tobacco Control (no. 2011-1050); (ii) packaging and labelling of tobacco products (no. 2011-1051); and (iii) banning smoking in public places and public transportation (no. 2011-1052). The 2010 Act is comprehensive and addresses most of the articles of the Convention; it promotes training, education and the raising of public awareness; bans tobacco growing; establishes the liability of the tobacco industry; introduces packaging and labelling requirements; further restricts tobacco advertising, promotion and sponsorship; limits the access of minors to tobacco products; and establishes smoke-free public places. Further details on the content of the 2010 Act are included in the sections on the relevant articles below. While the law and the related implementation decrees are very advanced and cover most of the requirements of the Convention, some gaps still exist and these are discussed in details in the relevant sections of this report.

Chapter XIII of the 2010 Act includes stipulates penalties for non-compliance with the required measures, however, it does not mandate a specific agency to monitor and enforce implementation of the law. The members of the mission were informed that just as in the case of other laws and regulations it is the police force and gendarmerie which are responsible for enforcing the provisions of the Act. However, no enforcement measures and penalties were reported.

Gaps –

1. The 2010 Act does not fully reflect the requirements of the Convention and the implementation guidelines.
2. The 2010 Act does not mandate any authority to monitor and enforce its requirements.

It is therefore recommended that the next review of the 2010 Act or of its implementation decrees refers to the gaps identified in this report to ensure that proper reference is given to the enforcement of its requirements.

Article 5.3 stipulates that in setting “*public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*”.

The guidelines for implementation of Article 5.3 recommend that “*all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible*”.

Articles 11, 29 and 30 of the 2010 Act address the requirements of Article 5.3 of the Convention and its implementation guidelines by requiring:

- the Government to provide the public with information concerning the activities of the tobacco industry;
- the tobacco industry to provide to the competent administrative body all information concerning its activities, particularly those concerning production, distribution and promotion;
- the Government to make its relations with the tobacco industry public;
- that the tobacco industry not receive any privileges in the investment code of Burkina Faso or any other privilege.

These requirements are in line with Article 5.3 of the Convention and its implementation guidelines. However, none of these mandates have yet been used by any Government authority to act or require the industry to provide the relevant information. Moreover, no relations between Governmental authorities and the tobacco industry (e.g. meetings) have yet been made public.

In addition to the opportunities provided by the 2010 Act, Burkina Faso has a general code of ethics for public officials. This could be further used to implement Article 5.3 of the Convention and the guidelines for its implementation.

Gaps –

1. The mandates provided by the 2010 Act have not been used yet to implement measures preventing tobacco industry interference with public policies.
2. Currently there is no provision in the code of conduct of public servants that would regulate their dealings with tobacco industry representatives.

It is therefore recommended that the Ministry of Health raise awareness of the obligations and recommendations under Article 5.3 and take steps to fully implement the requirements of the 2010 Act. It is also recommended that specific reference be made to Article 5.3 in the code of conduct for public officials and the regulations governing the functioning of the National Tobacco Control Committee.

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

Burkina Faso participated the second, third, fourth and fifth sessions of the COP.

Burkina Faso attended all of the sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products and has also participated as a member of the working groups established by the COP on Articles 6, 9 and 10, 17 and 18, and on sustainable measures to strengthen implementation of the WHO FCTC.

Further cooperation and participation in such intergovernmental processes will facilitate Burkina Faso's implementation of the Convention, the Protocol, and other instruments adopted by the COP.

Burkina Faso has met the obligation under Article 5.4 of the Convention.

Article 5.5 calls on Parties to *“cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties”*.

Burkina Faso has been cooperating with WHO in implementation of the Convention. One of the local NGOs working on tobacco control (ACONTA) is a member of the Framework Convention Alliance.

Further details on international cooperation are given in the section on Article 22, below. Burkina Faso has met its obligations under Article 5.5 of the Convention.

Article 5.6 calls on Parties to *“within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms”*.

Burkina Faso has received technical support from WHO, the Framework Convention Alliance, the World Bank, the International Development Research Centre, Centers for Disease Control and Prevention (CDC), the Canadian Association of Public Health, the Bloomberg Initiative to Reduce Tobacco Use, and the International Union against Tuberculosis and Lung Disease for implementation of the Convention.

Burkina Faso has met the obligations under Article 5.6.

Additional efforts to mobilize financial resources to undertake tobacco control measures and implement the Convention are encouraged.

Price and tax measures (Article 6)

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

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

Taxes on tobacco products are regulated by Act No. /65/AN of 1965 and its amendments, which established the tax code and the tobacco monopoly.

There is a three-tiered tobacco excise system in place, with three different rates of ad valorem tax as shown in the table below. The tax base for domestically produced cigarettes is the ex-factory price, and for imports is the customs value plus all duties and fees. An 18% value added tax is applied to all tobacco products. Tobacco leaves and waste are exempt from excise tax.

Table 1. Cigarette excise tax rates

Type of cigarette	Retail price	Rate
Lower end	< 400 CFA	17%
Standard	400–500 CFA	25%
Luxury	> 500 CFA	35%

The use of multiple ad valorem rates based on retail prices encourages substitution with cheaper cigarettes. The use of a single rate would lessen the possibility of substitution as well as being easier to administer. Even with a single ad valorem rate, the use of the ex-factory price for domestic and the import price inclusive of import tariffs for imported cigarettes makes the effective rates lower for domestically produced cigarettes. The different tax bases for imported and domestic products is regulated by the West African Economic and Monetary Union (WAEMU).

The use of ad valorem excise taxes also allows for possible undervaluation in order to lower taxes. A specific tax is based on the number of cigarettes, so is both easier to administer and less prone to tax avoidance. It would also form a larger part of the price of cheaper cigarettes, which would limit substitution with cheaper cigarettes as prices increase.

Duties and other taxes upon import include customs duty of 20% as well as a community levy for the Economic Community of West African States (ECOWAS) of 0.5%, a community solidarity levy for WAEMU of 1%, and a statistical fee of 1%, all on the customs value.

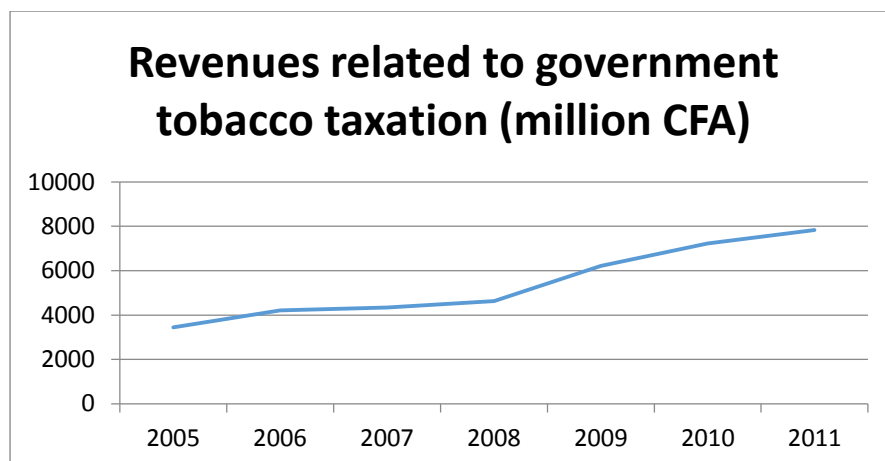
Burkina Faso is a member of both WAEMU and ECOWAS and is bound by their tobacco taxation directives. In 2009, WAEMU amended its 1998 Directive on the harmonization of excise duties, changing the allowable range for the ad valorem tax on cigarettes to 15–45%. This raised the minimum rate from 10%. Within WAEMU only ad valorem tobacco excise taxes are allowed.

WAEMU also requires application of a 20% import duty on cigarettes, cigars, cigarillos and smoking tobacco, and of a 5% import duty on non-stripped and partially stripped tobacco, waste and reconstituted tobacco. Raw tobacco is not taxed.

Since 2010, the allowable range for ad valorem tobacco excise taxes for ECOWAS countries has been set at between 15% and 100%, which essentially eliminates the upper constraint.

Revenues have increased along with consumption (see figure below).

Table 2. Government revenues related to tobacco taxation (million CFA).



Preliminary estimates of changes in revenue from increasing tax rates using 2010 data show that moving to a single rate of 35% for all cigarettes would increase revenues by a third. Increasing all rates to 40% (still less than the 45% maximum allowed within WAEMU) would increase revenues by almost 50%. These calculations need to be refined and the results are subject to many assumptions.⁴ They do not take into account the increased incentives for illicit trade. However, in virtually all countries that have increased taxes on cigarettes, revenues have increased in spite of any increases in smuggling.

There is a single cigarette producer in Burkina Faso – Manufacture Burkinabe de Cigarettes (MABUCIG) – which is privately owned. In 2010, 139 jobs were directly associated with the cigarette manufacturing industry and the sector contributed only 0.7% to gross domestic product. Imports are dominated by a small number of importers, the most important ones being the Société de Distribution et de Commercialisation (SODICOM) and the Tobacco Marketing Company (TMC). The average proportion of domestic production in the tobacco market has been relatively stable since 2004 at around 10%, with a gradual decline from 15% in 2001 to 9% in 2011.

In 2012, the price of the most popular brand of cigarette, Marlboro, was 500 CFA, or US\$ 0.94 at market exchange rates and US\$ 2.30 in purchasing power parity prices. Taxes made up 24.9% of its retail sales price. The price of the cheapest brand, at around US\$ 1.00, is more in line with regional prices. Average prices have been stable at around CFA 543 since 2001, when prices last increased.

Per capita consumption calculated using data provided by the National Institute of Statistics and Demography has remained steady, after declining in 1999–2001 to around 260 cigarettes per year.⁵ With a population increasing by 3% per year, total consumption is growing.

⁴ The proportions of sales by tax rate are the average of 2009–2012 for imports. For domestic production, the average proportions for exports for 2009–2012 were used, so there were no sales of domestic cigarettes subject to the 35% rate. The number of cigarettes imported and produced domestically, as well as the revenues, come from the CRES Report: Regional Action Research Project on the Taxation of Tobacco Products in West Africa – Phase I. An overview: Burkina Faso, funded by IDRC, 2012.

⁵ This is higher than the 109 per capita consumption figure in the Tobacco Atlas, 4th Edition, 2012 (www.tobaccoatlas.org), which is comparable with other countries.

Gaps –

1. The overall tax burden on cigarettes is relatively low.
2. The use of multiple ad valorem rates based on retail prices encourages substitution with cheaper cigarettes.

It is therefore recommended that:

1. *as a first step, the three currently applied excise tax rates should be combined at the highest rate of 30–35%, although this is will still be significantly below the WAEMU maximum of 45%;*
2. *as a second step, the rate should be increased to the WAEMU maximum of 45%, which is close or equal to the rates applied in the countries which supply most cigarettes imported into Burkina Faso (Cote d’Ivoire and Senegal), but will still remain much lower than in neighbouring Ghana;*
3. *Burkina Faso continue to work with WAEMU to increase or eliminate the maximum rate. WAEMU could also consider raising the minimum rate and allowing specific tobacco taxes.*

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

Duty-free sales are only allowed in the airport of Ouagadougou. For incoming travellers, 200 cigarettes or cigarillos, 50 cigars or 250 grams of tobacco can be brought into the country tax free.

Gap – There is no limit to sales of tobacco products to international travellers leaving the country.

Burkina Faso has not met its obligations under Article 6.2 (b).of the Convention.

It is therefore recommended that the Government further reduce sales to and/or importations by international travellers of tax- and duty-free tobacco products.

Protection from exposure to tobacco smoke (Article 8)

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

The Article 8 guidelines emphasize that “there is no safe level of exposure to tobacco smoke” and call on each Party to “strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party”.

Burkina Faso met the deadline recommended in the guidelines for implementation of Article 8 by adopting national legislation containing smoke-free measures.

Article 27 of the 2010 Act prohibits exposing others to tobacco smoke, and smoking in closed and open public places and on public transport.

The implementation of Decree No. 2011-1052 “on banning smoking in public places and public transport” provides a non-exhaustive list of public and work places and public transport where smoking is forbidden. Circular No. 2011/269 of the Ministry of Health, dated 3 November 2011, had already banned smoking in health care facilities and in buildings of the Ministry of Health.

There are a few public places where smoking is not completely forbidden; casinos are not covered in the regulations and some hotel rooms are still put aside for smoking customers.

Articles 9 to 12 of the above-mentioned decree stipulates penalties and fines for any violation of the articles of the decree.

However, no information is available on any action taken so far to enforce these measures, and no agency is designated to enforce them.

Article 26 of the 2010 Act also requires prominent notices to be displayed in public places and on public transport on the ban on smoking. The related fines and penalties are identified in the decree on banning smoking in public places and on public transport.

Burkina Faso has met the obligation under Article 8 with respect to adopting the normative texts to ban tobacco smoking in most public places.

Gaps –

1. The smoking ban is not complete in hotels and the ban does not apply to casinos.
2. Monitoring and enforcement of the requirements of the Act are weak and no authority is designated to enforce the law and the implementation decree.
3. No specific hotline exist for people to report cases of non-compliance.

It is therefore recommended that Burkina Faso strengthen enforcement of the smoke-free measures. It is also recommended that a hotline be established so that the public can report cases of non-compliance.

The Convention Secretariat can coordinate the provision of examples of good practice concerning the enforcement of smoke-free measures from other African countries.

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

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

Article 15 of the 2010 Act requires that prior to authorization for importation and/or distribution on the market, all tobacco products be tested by a competent structure approved by the Minister of Health. The 2010 Act also requires that conditions for approval be set by regulatory provision. Such a regulation has not been developed yet.

The Ministry of Industry, Trade and Handicrafts informed the members of the mission that samples of all imported and locally produced brands of tobacco products are regularly checked by the National Laboratory of Public Health to establish their contents and emissions. In addition, there is a contract between the national laboratory and the local cigarette manufacturer, MABUCIG, for regular testing and measuring of the contents and emissions of tobacco products.

A representative of the laboratory also serves on the National Committee for Tobacco Control.

Burkina Faso has not met its obligations under Article 9 of the Convention.

Gaps –

1. National regulations and standards concerning the testing of contents and emissions of tobacco products have not been developed yet.
2. No measures recommended by the partial guidelines for implementation of Articles 9 and 10 of the Convention have been considered yet, including regulation of additives (with a view to banning them), and the introduction of reduced ignition propensity cigarettes.

It is recommended that the Ministry of Health implement the requirement under Article 15 of the 2010 Act and that it coordinate, with other relevant Government departments, the development of regulatory provisions on the testing of tobacco products introduced onto the market in Burkina Faso. When developing such regulatory provisions, the recommendations of the partial guidelines for implementation of Articles 9 and 10 of the Convention should be followed.

Article 10 requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

Article 14 of the 2010 Act requires each pack and carton of tobacco products, and any kind of outer packaging and labelling of these products to bear, in addition to health warnings, pertinent information on the components and emissions of the tobacco products that are to be defined by regulatory provision. Article 41 of the 2010 Act foresees a fine if the tobacco industry provides the Government with incomplete and/or erroneous information on its activities. However, in the absence of new regulatory provisions on this matter, which have not been developed yet, Regulation No. AN V 0081/FP/SAN/CAPRO/DP of 29 February 1988 remains in force. It requires manufacturers to publish the tar content and nicotine level on tobacco product packaging (packs, cases, pouches, boxes and other containers).

The Ministry of Industry, Trade and Handicrafts informed the members of the mission that at the time of applying for a licence to commercialize a new product on the market in Burkina Faso, the producer/importer of that product should disclose its tar content and nicotine level.

There is no requirement ingredients and additives of tobacco products to be disclosed either to Governmental authorities or to the public.

Burkina Faso has not met its obligations under Article 10 of the Convention.

Gaps –

1. There are no measures for public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.
2. Only tar and nicotine content must be reported to the Ministry of Industry, Trade and Handicrafts at the time of application for commercialization of a product.

It is therefore recommended that the new regulatory provisions on the disclosure of contents of tobacco products, as mandated by the 2010 Act, be developed as soon as possible. It is also recommended that disclosures of ingredients to Governmental authorities be mandatory, as stipulated in Article 10 of the WHO FCTC, and that such information be made available to the public.

Packaging and labelling of tobacco products (Article 11)

Article 11 requires each Party “within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures” on packaging and labelling of tobacco products.

Burkina Faso started regulating packaging and labelling of tobacco products in 1988. Article 3 of Regulation No. AN V 0081/FP/SAN/CAPRO/DP of 29 February 1988 “concerning the regulation of advertising and places for tobacco consumption” required manufacturers to publish one textual warning on tobacco packages: “Take care, for your health”. The placement of the warning was left to the discretion of the manufacturers. This regulation was amended in 1994 by the Public Health Code Law No. 23/94/ADP of 19 May 1994, which only changed the text of the warning to: “Dangerous to health”. Tobacco packages on sale in 2013 still carry this warning. This is in spite of the adoption of the 2010 Act and its implementation Decree No. 2011-1051 of 30 December 2011 “concerning the packaging and labelling of tobacco products in Burkina Faso”. The 2010 Act provides the regulatory framework, leaving the details to the decree. The decree is very advanced and provides for combined textual and pictorial warnings, covering 60% of both main surfaces of packaging and calling for other measures in line with the requirements of the Article 11 of the Convention and the relevant implementation guidelines.

However, the relevant requirements of the Act and the implementation decree have not yet been applied owing to the absence of a final set of technical regulations on the warnings – the

reason for this is that the Ministry of Industry, Trade and Handicrafts has submitted reservations concerning three areas regulated in the decree, namely:

- the ban on the use of logos, colours, brand images and promotional texts on packaging;
- the requirement for combined, textual and pictorial warnings;
- the required size of the warnings (60% of both main surfaces).

These reservations, formulated on the grounds of WTO and WIPO agreements signed by Burkina Faso, have prevented finalization of the inter-ministerial (Ministry of Health and Ministry of Industry, Trade and Handicrafts) regulations, which would contain the technical requirements of the new warnings.

The delay has led to Burkina Faso missing the deadline (29 October 2009) for implementation of Article 11 of the Convention.

Table 3 indicates the level of compliance of Burkina Faso with the requirements of Article 11 of the Convention, if the 2011 implementation decree enters into force through the finalization and application of inter-ministerial regulations.

Table 3. Comparison of the treaty requirements and level of compliance with these requirements in Burkina Faso, concerning measures under Article 11. (The word “implemented” in red means compliance once the technical regulations are cleared.)

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”.	IMPLEMENTED	This provision is addressed in Articles 4 and 5 of Decree No. 1051.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	IMPLEMENTED	This provision is addressed in Article 8 of Decree No. 1051.
1(b)(i)	[The warning] shall be approved by the competent national authority.	IMPLEMENTED	This provision is addressed in Article 9 of Decree No. 1051.
1(b)(ii)	[The warnings] shall be rotating.	IMPLEMENTED	This provision is addressed in

			Article 16 of Decree No. 1051.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	IMPLEMENTED	This provision is addressed in Article 9 of Decree No 1051.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	IMPLEMENTED	This provision is addressed in Article 14 of Decree No 1051 requiring 60% of the principle display.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	IMPLEMENTED	This provision is addressed in Article 15 of Decree No 1051.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	IMPLEMENTED	This provision is addressed in Article 14 of the Act and in the 1988 Regulations.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	IMPLEMENTED	This provision is addressed in Article 17 of Decree No. 1051.

The Ministry of Industry, Trade and Handicrafts, during its meeting with the international team, indicated that it would accept advice from the experts of the United Nations Conference on Trade and Development (UNCTAD) in the process.

Gaps –

1. Outdated (1988) packaging regulations are still in place; the required measures do not comply with the requirements of the Convention.
2. The absence of technical regulations on the warnings, caused by the reservations of the Ministry of Industry, Trade and Handicrafts.

It is therefore recommended that the technical regulations on tobacco packaging be finalized as soon as possible and the pictorial health warnings introduced without delay.

In support of the Government's efforts to implement Article 11, the Convention Secretariat is committed to liaising with UNCTAD to provide the necessary technical support to the finalization of the technical requirements on packaging and labelling of tobacco as requested by the Ministry of Industry, Trade and Handicrafts.

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

Article 12 requires that “*each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote*” education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles, as well as training for all concerned persons and public access to information on the tobacco industry.

The Ministry of Health, in collaboration with WHO and the NGOs active in Burkina Faso, has conducted some education, communication and awareness-raising activities on the harmful effects of tobacco use and exposure to tobacco smoke among the population such as: celebration of the World No Tobacco Day, raising awareness of the ban on smoking in public transport and public places through television messages and radio spots, disseminating an information guide on the harms of tobacco using an image of the body of a smoker, reproducing posters and labels on the smoking ban in public places, conducting awareness-raising sessions on smoking cessation for health professionals, training teachers on tobacco control, raising awareness of the media about the content of the 2010 Act and related implementation decrees, organizing five regional workshops to disseminate the adopted national legislative documents, translation of the 2010 Act into three local languages (Moore, Dioula and Fulfulde) and making the international airport of Ouagadougou tobacco-free in December 2012. All these projects have had limited scope and were not able to reach all parts of society.

The members of the mission were also informed that the Ministry of Health needs to pay market prices for the airing of any public health messages.

Articles 8, 9 and 10 of the 2010 Act require the Government to inform and educate the public and to run communication programmes on tobacco. In spite of these mandates, no broad mass media campaign against tobacco has yet been organized. In addition, Article 11 of the 2010 Act requires the Government to provide the public with information concerning the activities of the tobacco industry. However, this requirement has not yet been addressed.

The curricula of primary, post-primary and secondary schools do not yet contain any reference to the harms of tobacco use. Tobacco consumption and tobacco control are referred to in the public health curricula of medical students, but not in the case of any other health professionals.

The Ministry of National Education and Literacy informed the international team that a set of teachers’ guidebooks has been developed for all years, from primary to secondary. Support for this project has been provided by the World Bank. As a natural continuation of the project, the curricula of these school years also need to be amended to include tobacco-related topics, thereby taking advantage of this unique opportunity to do so.

Burkina Faso has not met its obligations under Article 12 of the Convention.

Gaps –

1. There has been no broad mass-media campaign on the harmful effects of tobacco consumption and exposure to tobacco smoke.
2. The curricula of primary, post primary and secondary school levels do not include messages on tobacco use.

3. There is no systematic collection of information on the tobacco industry and no public access to such information.

It is recommended that the Ministry of Health work closely with the Ministry of Communication, as well as other ministries and civil society organizations, to develop and implement a mass media campaign; free air time should be provided by national radio and television for the broadcasting of such anti-tobacco messages. It is further recommended that the Ministry of Health work closely with the Ministry of National Education and Literacy to ensure synergy between activities, in particular on the revision of the existing school curricula.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating further support, if required, through the World Bank (lead agency supporting the education sector in Burkina Faso), upon request from the Government. The Secretariat will also provide examples from other countries on how to include tobacco-related topics in school curricula.

Tobacco advertising, promotion and sponsorship (Article 13)

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

Burkina Faso has a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship, including cross-border forms, and has met the deadline for implementation of these requirements of the Convention.

Banning advertising, promotion and sponsoring dates back to Public Health Code of 1994, Law No. 25-2001 dated 2001 and the Advertising Code (Law No. 2001-25) and its implementing Decree No. 2003-360 of 10 July 2003.

These regulations were reviewed and further strengthened by Articles 16 to 21 of the 2010 Act. These articles contain a ban on all direct and indirect advertising, including cross-border advertising and sponsorship, except for advertising at points of sale and displays of tobacco products at points of sale. The use of images of tobacco products are also banned as are the distribution of gifts and objects bearing the brand name of a tobacco product. In Chapter XIII the 2010 Act stipulates fines and penalties in cases of non-compliance.

However, no authority has been mandated by the law to monitor and enforce implementation of the 2010 Act. There is no information available about any cases of non-compliance with the advertising regulations.

Burkina Faso has not met its obligations under Article 13.7 of the Convention.

Gaps –

1. Point of sale advertising and displays of tobacco products at points of sale are not addressed in the 2010 Act.
2. Monitoring and enforcement of advertising measures is missing.

It is therefore recommended that point of sale tobacco advertising, including displays of tobacco products at points of sale, be banned either by future decrees or regulations. It is further recommended that such decrees or regulations include reference to a ban on “corporate social responsibility” activities. Furthermore, monitoring and enforcement of the measures need to be carried out.

The Convention Secretariat can provide examples of good practices concerning comprehensive advertising and promotion bans and their enforcement from other Parties in the African Region.

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

Article 16 of the 2010 Act prohibits advertising, including trans-boundary advertising and direct or indirect promotion in any form of tobacco and tobacco products.

Burkina Faso has met its obligations under Article 13.7 of the Convention.

Measures concerning tobacco dependence and cessation (Article 14)

Article 28 of the 2010 Act mandates the Minister of Health to draft and implement policies and programmes on tobacco cessation. Moreover, Article 32 of the Act requires the Government to finance tobacco control activities, particularly those on tobacco cessation.

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

Burkina Faso has not developed national guidelines on tobacco cessation to advise health professionals on effective methods of assisting patients to quit. Members of the professional associations of pulmonologists and cardiologists, in meetings with the international team, indicated their willingness to start work on such national guidelines under the guidance and coordination of the Ministry of Health.

Burkina Faso has not met its obligations under Article 14.1 of the Convention.

It is therefore recommended that Burkina Faso make full use of the guidelines for implementation of Article 14 of the Convention in designing and developing its own national guidelines concerning tobacco dependence and cessation, taking into account national circumstances and priorities.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, each Party shall endeavour to implement effective tobacco cessation programmes aimed at “promoting the cessation of tobacco use”, “include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education

programmes”, “establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence”, and ensure the accessibility and affordability of treatments for tobacco dependence.

Support for tobacco dependence is not structured in Burkina Faso and is not integrated into the existing health system. There are a few health-care units (mostly hospitals) that provide cessation services, mostly through dedicated physicians. Currently, there are seven such services in Burkina Faso and one of the pulmonologists involved is a member of the National Tobacco Control Committee.

In medical notes it is mandatory for physicians to ask whether a patient uses tobacco.

Due to the low level of demand and high price, tobacco cessation medicines need to be imported from abroad, and are generally only available in a limited number of pharmacies in the capital.

Burkina Faso has not met its obligations under Article 14.2 of the Convention.

Gaps –

1. There is no reference clinic for the treatment of tobacco dependence.
2. Pharmaceutical products for the treatment of tobacco dependence are not available through the public health service.
3. There is no national quit line.

It is therefore recommended that: (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use, be included and funded through the next tobacco control strategic plan; (ii) Burkina Faso establish a national quit line whenever feasible or provide information to the public through other suitable channels.

Illicit trade in tobacco products (Article 15)

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

The Protocol to Eliminate Illicit Trade in Tobacco Products, which was adopted by the COP at its fifth session in November 2012, provides an additional legal instrument to reduce supply. The Protocol was opened for signature by all Parties to the Convention on 10 January 2013 and the Government of Burkina Faso signed in March 2013.

Burkina Faso is a member of both the WAEMU and the ECOWAS, and has been a member of the World Customs Organization (WCO) since 1966.

Customs are covered by two main pieces of legislation: the “UEMOA Code des Douanes” (the Monetary Union Code), 2001, and the “Code des Douanes de Burkina Faso” of 1992.

There is no separate law that deals with the illicit trade in tobacco. The Ministry of Economy and Finance is responsible for regulations. Illegal cigarettes are dealt with in the same way as other contraband products.

Tobacco farming in Burkina Faso is on a small scale and for personal use only. It is a source of non-taxed cigarettes but not on a large scale. There is no formal track and trace system in place and Customs do not have a good estimate of the level of illicit trade.

According to data from the United Nations Commodity Trade Statistics Database, Cote d'Ivoire and Senegal were the largest sources of imported cigarettes, making up 95% of imports (see Table below). Reported exports to Burkina Faso, however, indicate that Greece supplies 64% of tobacco imports. Apparently, these goods are shipped through the other two countries that are listed in the import figures.

Although we can expect some differences in reported imports in a country and reported exports to that country, reported exports that are much larger than imports can indicate that some imports are not entering the country legally. The value amounts shown in the table below indicate that the reported value of exports to Burkina Faso are four times larger than reported import values, and that the volume of reported exports to Burkina Faso are almost six times larger than reported import volumes. This indicates that a large number of cigarettes are entering the country illegally.

Table 4. Cigarette imports to Burkina Faso, 2011

Reported by Burkina	Value (US\$)	Weight (kg)	% of value	% of weight
Total	7 461 557	494 540		
Cote d'Ivoire	4 367 130	270 000	58.5	54.6
Senegal	2 676 649	197 862	35.9	40.0
Others*	417 778	26 678	5.6	5.4

*Germany, Nigeria, China, Qatar, USA.

Source: United Nations Commodity Trade Statistics Database.

Table 5. Cigarette exports to Burkina Faso, 2011

Reported by other country	Value (US\$)	Weight (kg)	% of value	% of weight
Total	20 641 875	2 340 093		
Greece	13 190 998	1 911 000	63.9	81.7
Cote d'Ivoire	4 641 557	268 800	22.5	11.5
Senegal	2 337 329	118 359	11.3	5.1
Others**	471 991	41 934	2.3	1.8

**Germany, Nigeria, United Kingdom of Great Britain and Northern Ireland.

Source: United Nations Commodity Trade Statistics Database.

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

Table 6. Overview of measures taken against illicit trade in tobacco products in Burkina Faso

Para-graph in Art. 15	Content	Level of compli- ance	Comments and identified gaps
2	Each Party shall adopt and im- plement effective legislative, ex- ecutive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packag- ing of such products are marked to assist Parties in determining the origin of tobacco products.	NOT IMPLE- MENTED	There is no requirement to state the country of origin.
2(a) and 3	- require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only al- lowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	IMPLEMENTED	Cigarette packages are re- quired to indicate that the destination is Burkina Faso.
2(b) and 3	- consider, as appropriate, devel- oping a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	NOT IMPLE- MENTED	There is no tracking and trac- ing system.
4(a)	- monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authori- ties, as appropriate, and in ac- cordance with national law and relevant applicable bilateral or multilateral agreements.	PARTIALLY IMPLEMENTED	There is no monitoring or data collection of illicit trade. The number of seizures is recorded, but there is no es- timate of the level of illicit trade. There is, however, co- operation within WAEMU and ECOWAS, as well as among local authorities.
4(b)	- enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including coun- terfeit and contraband cigarettes.	PARTIALLY IMPLEMENTED	Illegal tobacco products are treated in the same way as other contraband products.
4(c)	- take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and con-	PARTIALLY IMPLMENTED	Confiscated tobacco products are destroyed in the same way as other contraband

	traband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.		products.
4(d)	- adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	PARTIALLY IMPLEMENTED	This is dealt with in the WAEMU Customs Code.
4(e)	- adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	No information	
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	IMPLEMENTED	
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and sub-regional levels to combat illicit trade of tobacco products.	PARTIALLY IMPLEMENTED	Burkina Faso is an active member in WAEMU and ECOWAS and is a member of the WCO.
7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	IMPLEMENTED	Tobacco producers are licensed for the duration of the business. Importers must renew licenses annually. Sellers are not required to have licenses.

Gaps –

1. There is no requirement for products to include markings to indicate country of origin.
2. There is no tracking and tracing system.

3. Confiscated products are not necessarily destroyed using environmentally-friendly methods.

It is therefore recommended that Burkina Faso require that products indicate the country of origin. It is also recommended that Burkina Faso establish an effective tracking and tracing system to secure the distribution system and support the investigation of illicit trade. It is further recommended that Burkina Faso identify environmentally-friendly methods of destroying all confiscated illicit tobacco products in cooperation with the Office of Revenue and other relevant ministries. It is recommended that Burkina Faso become one of the first States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, and promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products.

In support of the Government's effort to tackle illicit trade in tobacco products more effectively, the Convention Secretariat is committed to facilitating provision of expertise and technical support, such as from the World Bank, upon request of the Government.

Sales to and by minors (Article 16)

Article 16 requires “*prohibition of the sales of tobacco products to persons under the age set by domestic law, national law or eighteen*”.

The 2010 Act covers most but not all of the requirements under Article 16 of the Convention. Article 23 of the Act prohibits the sale of tobacco products to or by persons under 18 years of age. In addition, in line with the requirements under Article 16.6 of the Convention, Article 34 of the Act stipulates penalties for non-complying sellers, which include fines and/or imprisonment as well as confiscation and destruction of the products sold or for sale.

Article 16.1(a) requires Parties to ensure 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 and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

The 2010 Act does not require tobacco sellers to place signs indicating that sales to minors are prohibited does not require them to ask for evidence of age.

Burkina Faso has not met the obligations under Article 16.1(a).

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

The sale of tobacco products in any manner by which they are directly accessible is not prohibited in Burkina Faso.

Burkina Faso has not met the obligations under Article 16.1(b).

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

Article 21 of the 2010 Act prohibits fabrication or selling of sweets, toys or any other objects with the shape or taste of tobacco or tobacco products, and thus Burkina Faso meets the obligations under Article 16.1(c) of the Convention.

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

Article 24 of the 2010 Act prohibits the sale of tobacco products by automatic vending machines, or by any other means that allows direct access to tobacco products. It also prohibits sales over the Internet, or by any other means that do not allow for verification of the age of the buyer.

Burkina Faso has therefore met the obligations under Article 16.1(d).

Article 16.2 calls on Parties to *“prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors”*.

Article 19 of the 2010 Act covers this requirement, however, it allows for exemptions in “spaces authorized by regulatory provision”. However, there is no such regulatory provision developed so far. Moreover, the provision of such exemption is not in line with Article 16.2 of the Convention and should therefore be eliminated from the text of the 2010 Act.

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

Article 25 of the 2010 Act prohibits the sale of cigarettes other than in packs containing at least 20 cigarettes. Burkina Faso has therefore met the obligations under Article 16.3.

Article 16.7 calls on Parties to *“adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.”*

As indicated above, Article 23 of the Act prohibits the sale of tobacco or tobacco products by any person under the age of 18, so that this requirement of the Convention has been met by Burkina Faso.

Gaps –

1. Sellers of tobacco products are not required to place a clear and prominent indicator, at the point of sale, about the prohibition of sales of tobacco products to minors.
2. There is no ban on sales of tobacco products through any manner which is directly accessible to purchasers, such as open shelves.
3. The 2010 Act allows for exemptions to be made for spaces where free sampling of tobacco products to the public could be allowed.

4. There is no specific authority mandated to monitor and enforce implementation of requirements on sales to and by minors.

It is therefore recommended that when the 2010 Act is next being revised these gaps be addressed to ensure that the requirements of the WHO FCTC are fully met. In addition, enforcement of measures on sales to minors should be better enforced, by clearly specifying the responsible authorities, providing the capacity for such enforcement activities and training the designated enforcement officers.

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

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

Large-scale commercial tobacco growing was phased out in Burkina Faso 2008, when in the two tobacco growing regions (Cascades and Hauts Bassins) tobacco farmers successfully switched to growing giatrofa (oil seed) and sunflower on the plots previously used for tobacco growing. The cultivation of tobacco has traditionally been a marginal but culturally significant activity. Some small farms still grow tobacco on scattered plots or in back yards, and the tobacco grown is used for personal consumption, sale and in various ceremonies. There is no information on the total surface of land used for tobacco growing. The raw materials used in the country’s only cigarette manufacturing plant (owned by MABUCIG) are imported.

Moreover, the 2010 Act forbids “industrial and organized cultivation of tobacco” (in Article 4). In addition, Article 5 of the 2010 Act requires the Government to develop policies and programmes “with a view to replacing the traditional growing of tobacco practiced by farmers with other economically viable crops that have no impact on public health”. The Ministry of Agriculture stated that there is no policy concerning tobacco growing (either to support tobacco growing or to assist the remaining small-scale tobacco growers to shift to other crops).

Gap – There are no policies, plans or programmes to provide support to the remaining tobacco growers or tobacco workers in shifting to economically viable alternative livelihoods, but there is no more large-scale commercial tobacco growing in the country anyway.

The working group on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the Convention) is developing policy options to implement these Articles and will submit draft policy options and recommendations to the COP at its sixth session in 2014.

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

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

Such policies have not been brought to the attention of the international team.

Gap – There is no information on any measure or policy in place to protect the environment and health of persons working in tobacco manufacturing.

It is therefore recommended that the Ministry of Health work together with the Ministry of Industry, Trade and Handicrafts consider the health of persons working in tobacco manufacturing in future decrees or regulations in order to implement Article 18 of the Convention.

Liability (Article 19)

Article 19 requires Parties to consider, for the purpose of tobacco control, “*taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate*”.

Article 7 of the 2010 Act stipulates that “*any natural of physical person whose interest is harmed by the activities of the tobacco industry may take legal action against the latter in the appropriate jurisdictions*”.

By inserting this provision in the 2010 Act, Burkina Faso has met its obligations under Article 19 of the Convention.

At its fifth session, the COP established an expert group on liability comprising no more than three experts per WHO region. The expert group will submit a report to the COP at its six session.

It is recommended that Burkina Faso make efforts to effectively implement this provision of its national law. It is also recommended that Burkina Faso either directly participate in the expert group or contribute to the work of the group through its regional representatives.

Research, surveillance and exchange of information (Article 20)

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

There is a limited amount of research concerning the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke in Burkina Faso. The 2010 Act does not address this Article of the Convention either.

A few prevalence studies have been conducted in collaboration with international organizations and development partners. WHO has supported three Global Youth Tobacco Surveys in two major cities of Burkina Faso (Ougadougou and Bobo Dioulasso) in 2001, 2006 and 2009, respectively.

However, information on tobacco use prevalence among the adults is very sketchy. The latest information on adult prevalence dates back to 2003, and since then a few university theses only have dealt with prevalence matters.

However, two surveys will be implemented in the near future, enabling collection of information on tobacco use among the adults. The WHO STEPS survey will commence in the last quarter of 2013 and a Demographic and Health Survey supported by the World Bank and

implemented by the National Statistical Institute will be conducted in 2014. Both surveys include questions on tobacco use.

In addition, a study on the economic impact of tobacco use, including direct and indirect costs imposed on society by tobacco use, is long awaited in Burkina Faso. To feed into this research, information on tobacco-related morbidity and mortality will also need to be compiled.

The implementation of new studies, which may strengthen the arguments available for the introduction of additional measures ensuring full compliance with the requirements of the Convention, will require the establishment of a national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators.

The international team met the Director General of the National Statistical Institute. During the discussion emphasis was given to identifying regularly implemented household surveys which can include a limited set of tobacco-related questions. These include: (1) the Continuous Multisectoral Survey which is planned to be implemented annually, beginning in 2013 and will collect information to feed into the evaluation of progress towards the Millennium Development Goals in Burkina Faso; (2) the Survey on Life Conditions and Consumption, which is implemented every five years, with the next data to be collected in 2015; and (3) population censuses implemented every 10 years, with the next census to take place in 2016. The Director indicated that there is an opportunity to include tobacco-related questions in these surveys, upon request of the Ministry of Health.

In summary, Burkina Faso has not met fully its obligations under Article 20 of the Convention.

Gaps –

1. There is a lack of updated national data on prevalence of tobacco use and exposure to tobacco smoke, especially among adults.
2. There is a lack of national data on the burden of disease related to tobacco and direct costs attributable to tobacco use and exposure to tobacco smoke.
3. There is a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.
4. There is a lack of epidemiological surveillance of tobacco consumption and related social, economic and health indicators and tobacco-related questions are not incorporated in the regularly implemented household surveys.
5. There is no database of laws and regulations on tobacco control, including enforcement and pertinent jurisprudence and of data from national surveillance programmes.

It is therefore recommended that Burkina Faso conduct periodic surveys to estimate the magnitude of tobacco use and exposure to tobacco smoke as part of ongoing surveillance activities; in this regard, the Ministry of Health should liaise with the National Statistical Institute requesting inclusion of tobacco-related questions in household surveys and other data collection efforts already in place. and conduct research addressing the determinants

and consequences of tobacco consumption and exposure to tobacco smoke, in particular on mortality and morbidity. The Government is encouraged to use research findings and surveillance results in developing the national tobacco control programme and interventions. Furthermore, it is recommended that the Ministry of Health establish a web-based database of laws and regulations on tobacco control, information on their enforcement as well as pertinent jurisprudence, as required under Article 20.4 (a) of the Convention.

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention”.

Burkina Faso has provided the first (two-year) implementation report on 23 February 2009 and the second (five-year) report on 20 April 2012. The next implementation report is due in 2014 reporting period (1 January to 15 April 2014).

Burkina Faso has met its obligations under Article 21 of the Convention.

As the COP established a new two-year cycle of implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is recommended that the Ministry of Health start coordinating with other Government departments and the statistical office in collecting the data required in the implementation report form; and that it prepare the report in time to meet the deadline in 2014, and similarly in subsequent reporting cycles. The National Tobacco Control Committee could also be used as a forum that contributes to the completion of implementation report.

The Convention Secretariat is ready to provide any technical assistance required during the preparation and submission of the 2014 implementation report by Burkina Faso.

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

Article 22 requires that Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes”.

WHO, the World Bank, the International Development Research Centre, CDC, the Canadian Association of Public Health, the Bloomberg Initiative, and the International Union against Tuberculosis and Lung Disease have been supporting the Ministry of Health in implementing the Convention, developing national tobacco control legislation, and undertaking education, communication, research and capacity building.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. In decision FCTC/COP4(17), the COP acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. The decision encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the United Nations agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The United Nations system in Burkina Faso works to achieve key objectives as laid out in the 2011–2015 UNDAF. The mid-term review of the current UNDAF has commenced in 2013 and will be completed in early 2014. This represents a unique opportunity for Burkina Faso to consider including in the current UNDAF the WHO FCTC in its Target 2 (improvement of human capital quality), and monitoring and evaluation of its implementation in its Target 3 (improvement of political, administrative and economic governance with regards to human rights and gender equality). The international team met the acting UN Resident Coordinator and discussed whether implementation of the Convention could be included in the UNDAF during its mid-term review. The Honourable Minister for Health also pledged his full support for this.

Burkina Faso has met the obligations under Article 22.

Gap – Supporting implementation of the Convention has not been highlighted in the current UNDAF.

It is recommended therefore that the Ministry of Health liaise with the Ministry of Finance, which is the focal point of the Government for the UNDAF process to promote the inclusion of WHO FCTC implementation in the UNDAF. While preparing the terms of reference for the mid-term review, the UN country team should ensure the same, and the Convention Secretariat and WHO Country Office will be able to provide technical inputs to this process. It is further recommended that the Government of Burkina Faso seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Financial resources (Article 26)

In Article 26, Parties recognize “the important role that financial resources play in achieving the objective of this Convention”. Furthermore, Article 26.2 calls on each Party to “provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes”.

Each year, the Ministry of Health allocates a budget to tobacco control activities. The tobacco control programme and implementation of the Convention are under the Health Promotion Division. There has been an increase in this budget since 2011; the current budget allocated to tobacco control programmes for 2013 is US\$ 80 000, with 5–10% of this budget being funded from other sources.

Article 32 of the 2010 Act requires the Government to set up funding in order to finance anti-tobacco activities, particularly support for people in quitting tobacco use.

Article 13 of Decree No. 2011-1050 specifies that the functioning of the National Tobacco Control Committee is to be supported by the State budget and contributions from partners. Article 14 of the same decree indicates that the Ministry of Health and the Ministry of Economy and Finance are charged, each within its own domain, with the execution of the decree.

The National Tobacco Control Committee consists of a representative from each relevant ministry.

Burkina Faso has met the obligations under Article 26.2.

Gap – The relevant ministries that have obligations to implement the Convention have not allocated staff and budget to its implementation.

It is recommended that all relevant ministries allocate staff and budget to implementation of the Convention.

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

As noted in the section on Article 22, WHO, the World Bank, Framework Convention Alliance, the International Development Research Centre, CDC, the Canadian Association of Public Health, Bloomberg and International Union against Tuberculosis and Lung Disease have been supporting the Ministry of Health in implementing the Convention, developing national tobacco control legislation, and undertaking education, communication, research and capacity building.

Burkina Faso has met the obligation under Article 26.3.

Gap – Burkina Faso has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of multisectoral, comprehensive tobacco control programmes.

It is therefore recommended that, in line with Article 26.3 of the Convention, the Government of Burkina Faso continue seeking assistance from development partners and promote inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

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

Burkina Faso does not grow tobacco on a commercial scale and there is only one tobacco company in the country. The Government is aware of this treaty obligation.

Gap – The Government has not yet promoted such projects for the people who work in the production, distribution and sale of tobacco and tobacco products.

It is therefore recommended that the relevant ministries, including the Ministry of Industry, Trade and Handicrafts, make efforts to implement Burkina Faso’s obligations under Article 26.3 of the Convention.

Article 26.4 stipulates that “Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations”.

Burkina Faso was successful in mobilizing financial assistance from regional and international organizations and financial and development partners (listed under Article 22 of this report) that are able to provide aid to developing countries including Burkina Faso in meeting their obligations under the Convention.

Burkina Faso has met the obligation under Article 26.4.

Burkina Faso is encouraged to use the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. Other ministries, such as the Ministry of Foreign Affairs and Regional Cooperation, the Ministry of Economy, the Finance and Ministry of Industry, Trade and Handicrafts, representing Burkina Faso in regional and global forums, should also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX

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

Ministry of Health

Dr Lené Sebgo, Honourable Minister of Health

Dr Amédée Djiguimdé, Secretary General

Dr Narcisse Nare, Director of the Health Promotion Department and Tobacco Control Focal Point

Directorate General for Health Information and Statistics

Directorate General for Studies and Health Statistics

All members of the National Tobacco Control Committee

Government agencies

Ministry of Secondary and Higher Education

Ministry of National Education and Literacy

Ministry of Youth and Professional Training and Employment

Ministry of Economics and Finance

Ministry of Industry, Trade and Handicrafts

Ministry of Agriculture

Association of Municipalities of Burkina Faso

Yalgado University Hospital of Ouagadougou

National Laboratory of Public Health

Legislative bodies and key persons involved

Deputies of the National Assembly

Convention Secretariat

Mr Vijay Trivedi, Coordinator

Dr Tibor Szilagyi, Technical Officer

Ms Neda Rahimabadi, Temporary Adviser

WHO

Dr Oladapo Walker, Coordinator for West Africa Inter-Country WHO Office and Acting WHO Representative in Burkina Faso

Dr Fatimata Zampaligre, Technical Officer, WHO Office in Burkina Faso

Nongovernmental organizations

Union des Association Contre le Tabac (UACT)

Afrique contre le tabac (ACONTA)

Réseau des journalistes pour la lutte antitabac au Burkina Faso(REJAT)

Société des cardiologues du Burkina Faso (SOCARB)

Coalition Nationale des Évangélistes de lutte contre le SIDA (CNELS) for fight against AIDS

Conseil National des Personnes âgées (CNPA)Réseau des Organisations de la Jeunesse et du Développement (ROJD)

In addition, the international team met the acting United Nations Resident Coordinator for Burkina Faso and the representatives of UNDP and the World Bank in the country.