

Joint Needs Assessment for implementation of the WHO Framework Convention on Tobacco Control in the Kingdom of Eswatini



The Hon. Minister of Health, British High Commissioner, Members of Parliament, officials from government ministries, representatives of the WHO FCTC Secretariat and UNDP and members of Civil Society Organizations during the Needs Assessment mission to Eswatini

Convention Secretariat

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Acronyms

BAT	British American Tobacco
COP	Conference of the Parties
CSO	Civil Society Organizations
DSAs	Designated Smoking Areas
GYTS	Global Youth Tobacco Survey
ICT	Information, Communication and Telecommunication
MoH	Ministry of Health
NCDs	Noncommunicable Disease
NCM	National Coordination Mechanism
NGO	Nongovernmental organizations
NRT	Nicotine Replacement Therapy
SACU	Southern African Customs Union
STEPS	WHO STEPwise Approach to Surveillance
TAPS	Tobacco Advertising, Promotion and Sponsorship
TPCA	Tobacco Products Control Act 2013
TQS	Tobacco Questions for Survey
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

Introduction

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of the tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”. The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- The first session of the COP (COP1) in February 2006 called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party for implementation, and any gaps in this regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- An initial step of the FCTC 2030 project, in which Eswatini is a participant, is to conduct a needs assessment exercise which will serve as the basis for the identification of the priority areas of work for the country. The Convention Secretariat, WHO and UNDP conducted a joint needs assessment mission to the country from 10 to 14 March 2020. The needs assessment mission team met with representatives of government agencies, legislative bodies and the other UN agencies to identify the main challenges in implementing tobacco control measures.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified. For Eswatini, post-needs assessment support is being provided through the FCTC 2030 project.

Eswatini: key data

Impact of tobacco use in Public Health

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in Eswatini: Key Facts

Prevalence of tobacco use:

	Tobacco use		Tobacco smoking		Cigarette Smoking		Smokeless		E-cigs	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
ADULT (1)										
Male	14.0	10.5	11.7	9.5	...	...	2.7	1.4	...	...
Female	2.5	2.0	1.2	0.8	...	...	1.8	1.4	...	...
Total	7.8	5.9	6.0	4.8	...	...	2.2	1.4	...	...
YOUTH (2)										
Male	15.8	...	...	...	9.2	...	6.0	...	...	...
Female	8.6	...	...	...	4.5	...	5.0	...	...	...
Total	11.5	...	...	...	6.4	...	5.4	...	...	...

(1) Survey: Swaziland STEPS NCD Risk Factor Survey, 2014 (national, ages 15-69)¹

(2) Survey: Global Youth Tobacco Survey, 2009 (national, ages 13-15)²

Exposure to tobacco smoke:

The 2009 GYTS found that among students aged 13-15:

- 23.3% live in homes where others smoke in their presence
- 55.6% are around others who smoke in places outside their home
- 14.1% have one or more parents who smoke
- 2.5% have most or all friends who smoke

Tobacco-related mortality:

Global Burden of Disease 2019:

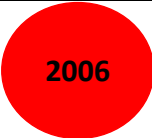
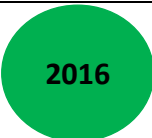
- In 2019, tobacco use caused an estimated 443 deaths in the country, or 3.82% of all deaths.³

¹ https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/eswatini/steps/swaziland-2014-steps-report.pdf?sfvrsn=d330148c_2&download=true

² <https://www.who.int/publications/m/item/2009-gyts-fact-sheet-eswatini>

³ <https://vizhub.healthdata.org/gbd-compare/>

Milestones of tobacco control in Eswatini

	Eswatini signed the WHO FCTC on 29 June 2004
	Eswatini ratified the WHO FCTC on 13 January 2006 ⁴
	Enactment of the Tobacco Products Control Act 2013 ⁵
	Assession to the Protocol to Eliminate Illicit Trade in Tobacco Products on 21 September 2016 ⁶
	Enactment of the Alcohol and Tobacco Levy Act 2019 ⁷

⁴ https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en

⁵ <https://assets.tobaccocontrolaws.org/uploads/legislation/Eswatini/Eswatini-2013-TC-Act-national.pdf>

⁶ https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4-a&chapter=9&clang=en

⁷ <https://www.ers.org.sz/documents/1569574015.pdf>

Executive summary **including key findings and recommendations**

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is an international treaty negotiated under the auspices of WHO, which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. Since its adoption, it has become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 182 Parties to date.⁸

Eswatini signed the WHO FCTC on 29 June 2004 and ratified the WHO FCTC on 13 January 2006.

Eswatini has made progress in implementing tobacco control since becoming a Party to the Convention in 2006. However, as the needs assessment identified, Eswatini will need to strengthen certain tobacco control measures to fully meet its obligations under the WHO FCTC.

In 2020, Eswatini joined the FCTC 2030 project.⁹ As a first step in the FCTC 2030 project, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Eswatini, the Convention Secretariat, WHO and UNDP. The exercise consisted of an initial analysis of the country's status in relation to the implementation of the WHO FCTC, which encompassed the country's most recent WHO FCTC implementation report, surveys, and other sources of information. Next, an international team led by the Convention Secretariat and including representatives from WHO and UNDP, undertook a mission to Eswatini from 10-14 March 2020 and held meetings with the MoH, other relevant government ministries and agencies, international organizations and other stakeholders, to identify their roles and to identify gaps and challenges in the implementation of the WHO FCTC in Eswatini.

This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation, the gaps that may exist, and the subsequent possible actions that can be taken to fill those gaps.

These are the key elements that have been identified to be addressed for Eswatini to fully meet its obligations under the Convention.

First, the WHO FCTC is an international treaty and therefore represents international law. Having ratified the WHO FCTC, Eswatini is obliged to implement its provisions. To fully implement the Convention, all obligations in its substantive articles must be identified, linked to the relevant ministries and agencies, secured with required resources, and sought support where necessary.

Second, the Convention requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans and programmes, in accordance with the Convention. Eswatini does not have a national tobacco control strategy or

⁸<https://fctc.who.int/who-fctc/overview/parties>

⁹ In 2016, the Government of the United Kingdom initiated the FCTC 2030 project to support low- and middle-income countries in implementing the FCTC to accelerate progress as part of the 2030 Agenda for Sustainable Development. Further support has since been provided by the Governments of Australia and Norway.

action plan. A tobacco control policy is currently being developed and had not yet been finalised or approved at the time of the needs assessment exercise. It is recommended that Eswatini finalizes the development of the tobacco control policy and action plan in line with the *Global Strategy to Accelerate Tobacco Control 2019-2025* and the recommendations of the needs assessment.

Third, the Convention requires the establishment of a focal point or a national multisectoral coordinating mechanism to coordinate its implementation. At the time of the needs assessment exercise, the government was in the process of nominating members for a separately created national coordination mechanism for tobacco control which will have a particular mandate to focus on supporting the implementation of the WHO FCTC. It is recommended that Eswatini continue its plans to strengthen multisectoral cooperation for the implementation of the WHO FCTC by finalising the process of appointing members of the multisectoral coordination mechanism. When putting this mechanism in place, clear terms of reference, membership and operating procedures need to be set out. Sustainable resources should be identified for its operation. The involvement of civil society in supporting tobacco control is also recommended, in accordance with Article 4.7 of the WHO FCTC.

Fourth, Parties are required 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. Tobacco control in Eswatini is regulated by the TPCA. The TPCA needs to be strengthened to be fully in line with the articles and guidelines of the WHO FCTC. During the needs assessment, it was identified that all necessary regulations have not yet been made for the full implementation of the TPCA. It is recommended that Eswatini review its tobacco control law, make necessary amendments, and develop regulations where applicable to ensure full compliance with its obligations under the WHO FCTC, including to:

- Require all indoor public places, all indoor workplaces and all forms of public transport to be completely smoke free.
- Completely ban all forms of tobacco advertising, promotion, and sponsorship.
- Protect public health policies from commercial and other vested interests of the tobacco industry in accordance with WHO FCTC Article 5.3.
- Consider the requirement for large graphic health warnings on tobacco packages.

Fifth, 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*”. Although the TPCA requires members of the Tobacco Products Licensing Board to declare interests and affiliations with the tobacco industry, the legislation does not explicitly provide for measures to prevent interference by the tobacco industry. There are no policies or ongoing activities to address tobacco industry interference in the country. Eswatini is encouraged to review current policies and legislation in light of the *Guidelines for the implementation of Article 5.3 of the WHO FCTC*,¹⁰ and then address gaps by implementing the outstanding recommendations made in those guidelines. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

¹⁰ <https://fctc.who.int/publications/m/item/guidelines-for-implementation-of-article-5.3>

Sixth, increasing the price of tobacco through taxes is one of the most effective policy measures available to decrease tobacco consumption. Making tobacco less affordable through tax and price measures is especially effective in decreasing tobacco use amongst young people. Total taxes currently represent 53.51% of the retail price of the most-sold brand of cigarettes in Eswatini (according to WHO, high-level implementation is for total taxes to represent at least 75% of retail price). It is recommended that Eswatini increase specific excise tax on tobacco products at regular intervals, taking into account increases in both consumer prices (i.e., inflation) and household incomes, to reduce the affordability of tobacco products. Eswatini should work towards ensuring tobacco excise taxes in particular account for 70% of retail price, as recommended in the *WHO Technical Manual on Tobacco Tax Administration*¹¹ and reflected in the *Guidelines for implementation of Article 6 of the WHO FCTC*.¹²

Seventh, Parties are required to develop and disseminate comprehensive and integrated guidelines for the treatment of tobacco dependence and to implement effective tobacco cessation programmes. Eswatini does not have a national cessation strategy or national treatment guidelines. Cessation support is not widely available in Eswatini and there is no information on whether the cost is covered by the national health insurance scheme. NRT is not included on the country's essential drugs list. It is recommended that Eswatini design and implement a national programme to promote the cessation of tobacco use by integrating tobacco dependence treatment into primary healthcare, and by training all health professionals to provide brief advice on quitting to tobacco users. The Government of Eswatini could also work to ensure broad access to low-cost medications for cessation, including by considering the bulk purchase of evidence-based, cost-effective medicines to make available to support tobacco users who want to quit.

Eighth, Eswatini has ratified the Protocol for the Elimination of Illicit Trade in Tobacco Products. Although there are no independent studies on the size of the illicit tobacco market in the country, a 2019 World Bank¹³ report estimated that 20% of the market is made up of illicit tobacco products. It is therefore recommended that Eswatini moves ahead with the full implementation of the Protocol including the implementation of a tracking and tracing system to secure the supply chain. Eswatini should also seek to cooperate, as appropriate, with other Parties and regional organizations such as Southern Africa Customs Union (SACU) in developing appropriate policies and directives to combat illicit trade in tobacco products.

Ninth, Parties are required to establish, as appropriate, programmes for surveillance of tobacco consumption and exposure to tobacco smoke. Eswatini has conducted several surveys on tobacco use under the Central Statistical Office. However, such surveys have not been conducted for some time, so data is not current. It is therefore recommended to establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies.

¹¹ <https://www.who.int/publications/i/item/9789240019188>

¹² <https://fctc.who.int/publications/m/item/price-and-tax-measures-to-reduce-the-demand-for-tobacco>

¹³ http://documents1.worldbank.org/curated/en/677451548260528135/pdf/133959-REPL-PUBLIC-6-2-2019-19-59-24-WBG_Tobacco_Illicit_Trade_FINAL_vweb.pdf

Tenth, Parties are encouraged to achieve the highest attainable standard of health through public education, communication, and training on tobacco control issues. Public awareness activities have yet to be carried out, no major mass media campaigns have been carried out recently and there are no long-term plans for this type of activity. Eswatini is encouraged to include education, communication and training on tobacco control issues in its future national tobacco control strategies, including integrating tobacco awareness and prevention into school curricula and using digital technologies to maximise awareness across the country.

Eleventh, the United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly called the United Nations Development Assistance Framework (UNDAF), is the strategic planning and implementation instrument for UN development activities within countries. The current UNDAF Action Plan (2016-2020)¹⁴ and the National Development Plan 2019-2022¹⁵ do not address WHO FCTC implementation, despite evidence that WHO FCTC implementation is an accelerator for sustainable development. It is recommended that the MoH work with the WHO and other UN organizations at country-level, as well as other relevant government ministries to ensure that tobacco control is included in future UNSCDFs and other national sustainable development strategies.

Twelfth, each Party shall 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. Section 42 of the TPCA requires the Minister of Health to establish a Tobacco Control Fund to support tobacco control activities in the country. At the time of the needs assessment exercise, the fund had not yet been created and was therefore not operational. Current resources are insufficient to fully implement the Convention. It is recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Consideration should be given to establishing the tobacco control fund required by the TPCA to generate new funds that can be invested in improving public health.

Thirteenth, the Conference of the Parties has adopted eight sets of implementation guidelines, covering WHO FCTC Articles 5.3, 6, 8, 9 and 10, 11, 12, 13 and 14. The aim of the guidelines is to assist Parties in the implementation of the WHO FCTC and, therefore, in meeting the obligations under the Convention. The guidelines draw on the scientific evidence and the experience that Parties have with implementation. The COP also adopted a set of policy options and recommendations in relation to Articles 17 and 18 of the WHO FCTC. Eswatini is strongly encouraged to follow these guidelines and policy options, and recommendations in order to fully implement the Convention. Eswatini should also carefully consider decisions made by COP and MOP regarding the implementation of the Convention at country-level.

¹⁴ <https://eswatini.un.org/en/download/3016/17762>

¹⁵ https://www.cabri-sbo.org/uploads/bia/Swaziland_2019_Planning_External_NationalPlan_NatGov_COMESASADC_English_1.pdf

Status of implementation, gaps, and recommendations

This section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, offers a review of the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Eswatini. Recommendations on how the gaps identified can be addressed are also offered, with a view to supporting the country in meeting its obligations under the Convention.

Eswatini ratified the WHO FCTC in 2006.

Article 2. Relationship between this Convention and other agreements and legal instruments

Article 2.1 of the Convention, 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”*.

Eswatini currently does not have measures that go beyond those provided by the Convention.

The Government of Eswatini is encouraged to ambitiously implement effective, evidence-based tobacco control measures to protect present and future generations from the consequences of tobacco consumption and exposure to tobacco smoke.

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

No other agreements that might influence the implementation of the Convention were reported to the needs assessment mission.

It is recommended that the Ministry of Foreign Affairs and International Cooperation, in consultation with relevant line ministries, including the Ministry of Health, Ministry of Finance, and Ministry of Economic Planning and Development, and government agencies such as Eswatini Revenue Services and the Eswatini Investment Promotion Authority, should review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Eswatini communicate them to the Convention Secretariat, either as part of the next WHO FCTC implementation report or independently.

Article 4. Guiding Principles

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*”.

Civil society involvement in tobacco control in Eswatini appears to be limited. At the time of the needs assessment exercise, no information regarding the contribution of civil society organizations to tobacco control in the country was provided.

Gap:

Civil society organizations do not appear to be particularly involved in tobacco control, which represents a missed opportunity for advocacy, and awareness-raising.

It is recommended that the Government of Eswatini should foster the engagement and participation of civil society, academia and the media in tobacco control policy development and implementation, given that the participation of civil society is essential in achieving the objective of the Convention and its protocols.

The establishment of a civil society coalition to mobilise and coordinate support for tobacco control would be beneficial. Civil society should be encouraged to promote implementation of the WHO FCTC in a comprehensive manner through offering technical expertise, monitoring the tobacco industry, cooperating in enforcement, raising awareness, and assisting in the development and delivery of educational programmes, as relevant.

Consideration should be given to involving civil society in the national coordination mechanism for tobacco control.

Article 5. General obligations

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*”.

Eswatini does not have a national tobacco control strategy. The absence of a national strategy also means that no resources are allocated for tobacco control as part of national budgeting processes, which impedes effective tobacco control. Engagement with various sectors during the needs assessment exercise revealed a lack of integration of tobacco control in existing sectoral plans and strategies, many of which had only recently been passed. For example, the full implementation of the WHO FCTC is not among the priorities of the country’s *National Development Plan (2019 – 2022)*, despite the multitude of opportunities for WHO FCTC implementation to contribute to sustainable development.¹⁶¹⁷

¹⁶ https://www.cabri-sbo.org/uploads/bia/Swaziland_2019_Planning_External_NationalPlan_NatGov_COMESASADC_English_1.pdf

¹⁷ <https://fctc.who.int/publications/m/item/the-who-framework-convention-on-tobacco-control-an-accelerator-for-sustainable-development>

The government included tobacco taxation in *The Kingdom of Eswatini Strategic Road Map: 2019 – 2022*¹⁸ which prioritises tobacco taxation as means of generating additional revenue for the government. Tobacco control is included in the *2016 National Noncommunicable Prevention and Control Policy*.¹⁹ The plan rightly recognises tobacco use as a main risk factor for noncommunicable diseases and includes an aspiration to create an environment conducive to smoking cessation as well as the full implementation of the TPCA.

Gap:

Eswatini does not have a comprehensive national tobacco control strategy. The government has indicated its commitment to developing a national tobacco control policy and action plan (as an objective under the FCTC 2030 project).

It is recommended that Eswatini undertake the development of a comprehensive national tobacco control strategy in line with the WHO FCTC, Global Strategy to Accelerate Tobacco Control 2019-2025 and the recommendations of the needs assessment. It is also recommended to prioritize the implementation of the WHO FCTC in the next National Development Plan.

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

The MoH’s Legal Adviser is the current national focal point for the WHO FCTC and is responsible for tobacco control policy, including the day-to-day implementation of activities and coordination with other ministries, departments, and agencies. The focal point is supported by technical officers from other departments within the MoH (including mental health, environmental health, noncommunicable diseases, cancer registry, and health promotion). The WHO Country Office for Eswatini also provides support to the MoH on tobacco control.

At the time of the needs assessment exercise, Eswatini did not have any formal multisectoral coordination mechanism for tobacco control. The needs assessment mission was informed that the MoH has commenced the process of scoping out plans for a coordination mechanism, including identifying potential members.

Gap:

At present, Eswatini lacks a formal multisectoral coordinating mechanism to guide the implementation of the Convention, despite efforts to involve other sectors.

It is recommended that a national coordinating mechanism, involving all relevant stakeholders is established with a clear mandate and sustainable funding. While the Ministry of Health should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff, time, and budget to support implementation of the

¹⁸ https://www.cabri-sbo.org/uploads/bia/Swaziland_2019_Planning_External_NationalPlan_NatGov_COMESASADC_English.pdf

¹⁹ https://www.iccp-portal.org/system/files/plans/SWZ_B3_Swaziland%20National%20NCD%20Policy%202016.pdf

Convention. *Consideration should also be given to how civil society can contribute to the work of the national coordinating mechanism.*

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”.

The primary law governing tobacco control in Eswatini is the Tobacco Products Control Act 2013 (TPCA).²⁰ The TPCA has five main parts:

- **Part I:** The *preliminary* section, which gives a short title and commencement of the Act and provides definitions and interpretation.
- **Part II:** This part focuses on the establishment of the *Tobacco Products Licensing Board* whose function is to regulate, supervise and monitor tobacco and tobacco-related products in the country. The Board has no role in developing tobacco control policies. This part sets out how the Board will be established, including its composition, functions, and powers. Part II also looks at Board tenure and processes for vacating office, including resignation, replacement of members who have left and disclosure of interest.
- **Part III:** This part focuses on *tobacco products regulation* and includes provisions that regulate the manufacture of tobacco products, provision of information by manufacturers and importers, and outlines tobacco packaging and labelling requirements, including health warnings. It also outlines penalties in case of violations.
- **Part IV:** This part focuses on *advertising and promotion*, addressing the prohibition of promotion through some forms of sponsorship and many forms of advertising in a variety of media. It also outlines offences and penalties.
- **Part V:** This part focuses on the *sale and distribution* of tobacco products. The main emphasis in this part is the prohibition of sale and distribution to minors, prohibiting the sale of packs of less than twenty cigarettes, prohibition of sale in certain places, requirements for posting signs, prohibiting product display at point-of-sale, providing restrictions on sale through mail and devices, defining places where smoking is prohibited, outlining the duties of the managers of premises, providing details on tobacco signage required in places where tobacco is sold, and defining the requirements for designated smoking places.
- **Part VI:** This part provides for inspections regarding compliance with the law. It deals with the appointment of inspectors, their roles and powers. It also empowers the Minister of Health to make accompanying regulations pursuant to the law, and establishes the *Tobacco Control Fund*.

²⁰ <https://assets.tobaccocontrollaws.org/uploads/legislation/Eswatini/Eswatini-2013-TC-Act-national.pdf>

Protocol to Eliminate Illicit Trade in Tobacco Products: Eswatini acceded to the Protocol on 21 September 2016.

Gaps:

- The TPCA is not fully compliant with the WHO FCTC in several areas. For instance:
 - While the law prohibits smoking in indoor public places, designated smoking areas are permitted.
- Regulations that would permit the full enforcement of the TPCA were still pending at the time that the needs assessment was undertaken.

It is recommended that Eswatini reviews its tobacco control legislation and considers amendments to bring its legislation into full compliance with obligations under the WHO FCTC. It is suggested to make legislative amendments to achieve the following outcomes:

- ***All indoor public places, all indoor workplaces and all public transports to be comprehensively smoke free (including the removal of designated smoking areas).***
- ***A total ban on all forms of tobacco advertising, promotion, and sponsorship in line with WHO FCTC article 13 of its guidelines for implementation.***
- ***The protection of public health policies from commercial and other vested interests of the tobacco industry in line with WHO FCTC Article 5.3.***
- ***Large and prominent graphic health warnings on tobacco packages (in line with Article 11 of the WHO FCTC and its implementation guidelines). Consideration could also be given to introducing plain packaging of tobacco products, in accordance with the Guidelines for implementation of Article 11 and Article 13 of the WHO FCTC as well as regional and global experience.***

It is also recommended that compliance-building and enforcement of the TPCA be strengthened, and that sufficient human and financial resources are allocated as a priority task.

The Minister of Health is encouraged to make use of the opportunities provided under Section 11.2 of the TPCA and make it compulsory for all tobacco products to carry large and prominent graphic health warnings.

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”.

A resolution made by the World Health Assembly in 2001, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that “the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic”.²¹ The Preamble of the WHO FCTC

²¹ 54th World Health Assembly resolution WHA54.18 ‘Transparency in tobacco control process’ made in 2001: https://apps.who.int/gb/archive/pdf_files/WHA54/ea54r18.pdf

recognizes that Parties “need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts”.

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*”.

The needs assessment mission was informed that tobacco industry influence exists, mostly in a subtle manner. The main tobacco company operating in the country is BAT which has over 80% market share.²² The TPCA does not include specific measures to prevent tobacco industry influence in tobacco control policy in accordance with WHO FCTC Article 5.3 and its Guidelines for implementation. The TPCA does require members of the Tobacco Products Licensing Board to declare interests and affiliations with the tobacco industry.

In addition to current legislation not adequately addressing WHO FCTC Article 5.3 aspects, the country also has no policies or guidelines on how civil servants and other government officials should interact with the tobacco industry.

Gaps:

- The TPCA does not include any specific measures to protect public health from the vested and commercial interests of the tobacco industry, in accordance with WHO FCTC Article 5.3.
- There are no policies or guidelines in place relating to interactions between government stakeholders and the tobacco industry, or to ensure transparency where interactions occur.

It is recommended that Eswatini scales up action to protect the country’s public health policies from the commercial and other vested interests of the tobacco industry. Eswatini is encouraged to review current policies and legislation in light of the Guidelines for implementation Article 5.3 of the WHO FCTC and then address outstanding gaps by implementing the recommendations made. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

Eswatini should consider developing a national plan for implementation of Article 5.3, which could form part of a new comprehensive national tobacco control strategy.

Further, action by the Ministry of Health to regularly raise awareness among government officials on how to comply with WHO FCTC Article 5.3 in practical terms is also recommended.

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*”.

²² <http://documents.worldbank.org/curated/en/677451548260528135/pdf/133959-REPL-PUBLIC-6-2-2019-19-59-24-WBGTobaccoIllicitTradeFINALvweb.pdf>

Eswatini has participated in every Conference of the Parties (COP) in accordance with its obligations under Article 5.4. Eswatini has also played a key role during regional and international tobacco control gatherings.

It is recommended that Eswatini continue to participate actively in COP and other relevant intergovernmental processes to support the global and national implementation of the Convention, the Protocol, and other instruments adopted by the COP.

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”.

WHO has provided technical and financial support to the MoH. This support has mainly been geared towards marking World No Tobacco Day.

Eswatini is also currently receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as an FCTC 2030 project country.²³

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”.

Eswatini currently receives technical and financial assistance from the Convention Secretariat (through the FCTC 2030 project) to support implementation of the WHO FCTC.

The needs assessment exercise provides an overview of gaps and recommendations for priority actions for WHO FCTC implementation. The needs assessment can serve as the basis for future requests to international and regional intergovernmental organizations for technical or financial assistance towards tobacco control.

It is recommended that Eswatini continue to seek opportunities for increased support for the implementation of the Convention, in line with its obligations under Article 5.6.

Article 6: Price and tax measures

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”.

²³ <https://fctc.who.int/who-fctc/development-assistance/fctc-2030>

The price of the most sold brand of cigarettes (standardized to a pack of 20) is SZL 43.00 (WHO estimate for 2020).²⁴ This is equivalent to 6.44 international dollars (purchasing power parity adjusted). In US dollars (at official exchange rates at the time of the needs assessment), the price was US\$ 2.57.

As a member of SACU, Eswatini imposes a uniform specific tax structure for all tobacco products. Total taxes, expressed as a percentage of the retail price of the most sold brand, comprised 53.51% in 2020. Excise tax is applied uniformly to tobacco products regardless of whether they are produced domestically or imported.

The specific excise accounts for 40.47% of the price, and the value-added tax (VAT) for 13.04%. These percentages are substantially below the recommendations by WHO that (a) total taxes represent 75% and (b) tobacco excise tax represents 70% of the retail prices for tobacco products.

In August 2019, Eswatini passed the Alcohol and Tobacco Levy Act to increase levies on tobacco products. Implementation of the Act started in October 2019 under the responsibility of the Ministry of Finance. The Act imposes a 7% levy on imported tobacco products and a 2% levy on tobacco products manufactured in Eswatini.

Gaps:

- The tax share of retail price is currently 53.51%, which falls well below the 75% level recognized as a high level of achievement in the *WHO Report on the Global Tobacco Epidemic*. Excise taxes comprise 40.47% of the price, which also falls below WHO's recommendation that governments levy tobacco excise taxes that represent at least 70% of the retail price of tobacco products.
- Other best practices remain to be implemented, such as automatically adjusting excise tax rates for income growth and inflation.

It is recommended that Eswatini increase excise taxes and levies on tobacco products at regular intervals, considering increases in both consumer prices (i.e., inflation) and household incomes, thereby decreasing the affordability of tobacco products. Eswatini should aim to ensure that tobacco excise taxes account for 70% of retail price, as recommended in the WHO Technical Manual on Tobacco Tax Administration and reflected in the Guidelines for Implementation of Article 6 of the WHO FCTC.

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

Eswatini has provided this information in its regular WHO FCTC implementation reports and has therefore met the obligations under Article 6.3.

²⁴ https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_eswatini.pdf?sfvrsn=e9337815_5&download=true

It is recommended that Eswatini continue to provide such information in regular WHO FCTC implementation reports.

Article 8: Protection from exposure to tobacco smoke

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 guidelines for the implementation of Article 8 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*”.

Sections 28 to 31 of the TPCA provide for smoke-free environments. The law restricts smoking tobacco in almost all public places, including all indoor workplaces and public places, in restaurants, bars, stadia, and government facilities.

The TPCA further requires the manager or owner of a prohibited smoking place to display clear and prominent notices stating that smoking is prohibited and listing the prescribed penalty for smoking. The manager or owner of any specified place may order any person who smokes within such place or within the immediate vicinity of the entrance to cease smoking forthwith or leave such place without delay.

The TPCA allows for the creation of designated smoking areas, including in indoor public and workplaces if certain conditions are met. The manager or owner of a specified place may provide specially designated smoking areas at their discretion. Nevertheless, the conditions to be met for the creation of a designated smoking area are not sufficient to protect people from the harms from exposure to second-hand smoke.

Level of enforcement

The latest WHO FCTC country implementation report submitted by Eswatini in 2012²⁵ shows some level of compliance with the smoke-free requirements in health facilities, educational facilities, restaurants, shopping malls and public transport. However, the needs assessment mission was informed that there was partial or no compliance in bars, pubs, night clubs, private transport, and private offices. The mission also observed ashtrays in some of public places including hotels and most of the public places had “no smoking” signage.

²⁵ <https://untobaccocontrol.org/impldb/eswatini/>

The GYTS 2009 reported that 23.3% of students live in homes where others smoke in their presence.²⁶ The 2014 STEPS NCD survey²⁷ reported that 17.3% of adults have been exposed to second-hand smoke in home during the past 30 days while 13.3% reported to have been exposed to second-hand smoke in the workplace in the past 30 days.

Enforcement officers have yet been authorized trained or equipped with a guide to ensure effective compliance building and enforcement of smoke-free requirements under the TPCA. There is also no hotline or guidance provided to the public on reporting cases of non-compliance with the law. That means that there is unlikely to be any enforcement of smokefree laws in the country.

During the Needs Assessment, the MoH noted that a campaign had been run some time ago targeting taxi drivers and public transportation conductors to promote smoke-free public transport. It was noted that this campaign was successful while it ran but the campaign stopped due to a lack of funding.

Gaps:

- The TPCA does not provide for comprehensive smoke free environments because it allows for the creation of designated smoking areas indoors.
- There is unlikely to be any enforcement of smokefree laws given that enforcement officers have not yet been authorised, and there is no enforcement training or guidance available to be utilised once enforcement officers are appointed.
- There has been a lack of compliance building on smokefree requirements, especially among businesses.

It is recommended that Eswatini review and amend current legislation to remove provision for designated smoking areas in enclosed public places and workplaces to ensure comprehensive protection from exposure to second-hand tobacco smoke in enclosed work and public places, in accordance with Article 8 of the WHO FCTC and its Guidelines for implementation.

The Ministry of Health should ensure that relevant regulations are made to ensure the functionality of smokefree laws, including enforcement.

It is also recommended to undertake compliance-building activities to raise awareness of smokefree requirements, especially targeted at businesses in the hospitality sector. Undertake communications activities to build awareness in the wider community about the risks of secondhand smoke, particularly from smoking in the home, would be beneficial.

²⁶ <http://ghdx.healthdata.org/record/swaziland-global-youth-tobacco-survey-2009>

²⁷ https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/eswatini/steps/swaziland-2014-steps-report.pdf?sfvrsn=d330148c_2&download=true

Article 9: Regulation of the contents of tobacco products, and Article 10: Regulation of tobacco product disclosures

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.

The partial guidelines for the implementation of Articles 9 and 10²⁸ adopted by the COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco-attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

Part III of the TPCA provides requirements for tobacco products regulation. The TPCA requires that manufacturers, sellers or importers of tobacco products shall not manufacture, sell, or import a tobacco product except those in compliance with the TPCA (and any regulations made under it). Manufacturers or importers of tobacco products are required to provide the Tobacco Products Licensing Board with information about product contents and their emissions. This Board has not been established, so such information is not being collected.

Section 11.3 of the TPCA requires all packaging containing a tobacco product to carry information relating to tar, nicotine and “*other constituents that may be prescribed*” and specifies that such information must only be disclosed in terms of content and not quantity.

The TPCA also requires that manufacturers, sellers, and retailers shall not package tobacco in a manner that allows a consumer or purchaser of tobacco products to be deceived or misled concerning the character, properties, toxicity, composition, merit or safety of the product.

Gaps:

- At the time of the needs assessment exercise, no specifications have been made in accordance with the TPCA.
- The Tobacco Products Licensing Board, responsible for receiving information relating to tobacco about product contents and emissions has not been established, so information is not being collected.

It is recommended that Eswatini work closely with the Convention Secretariat and WHO to review and implement requirements for testing and measuring the contents and emissions of tobacco products, and for regulation of these contents and emissions in accordance with the partial guidelines for the implementation of Articles 9 and 10. Regulating, by prohibiting or restricting, all flavoring agents that may be used to increase palatability of tobacco products is also recommended.

²⁸ https://fctc.who.int/docs/librariesprovider12/meeting-reports/partial-guidelines-for-implementation-article-9-10-en.pdf?sfvrsn=1ee182e4_31&download=true

Eswatini should require testing and measurement of tobacco products contents and emissions, either by developing domestic testing capacity or through capable regional laboratories. Testing should be independent of the tobacco industry, although consideration should be given to requiring the tobacco industry to bear the costs of testing requirements.

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 10 of the TPCA requires that manufacturers or importers of tobacco products to provide to the Tobacco Products Licensing Board information about product contents and their emissions.

Gaps:

- At the time of the needs assessment exercise, no specifications have been made in accordance with the TPCA.
- The Tobacco Products Licensing Board, responsible for receiving information relating to tobacco about product contents and emissions is not been established, so information is not being collected.
- The MoH does not have any policies or arrangements in place for the public disclosure of information about the toxic constituents of tobacco products on the Eswatini market, or the emissions that they produce.

It is therefore recommended that Eswatini ensure that the tobacco industry provides information to the Government, disclosing the contents and emissions of tobacco products in accordance with the recommendations made in the partial guidelines for the implementation of Articles 9 and 10.

It is further recommended that Eswatini implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.

Article 11: Packaging and labelling of tobacco products

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.

Article 11 is one of the time-bound articles of the Convention, which carries with it a deadline of three years for implementation of specific measures.

Sections 1-14 of the TPCA set out requirements for the packaging and labelling of tobacco products made available for sale in Eswatini. According to Section 11 of TPCA, tobacco packaging must include the following (including through an enclosed leaflet with prescribed information):

- the contents and emissions of the product;
- the health hazards and health effects arising from the use of the product or from its emissions;
- advice on how to quit smoking; and
- markings designed to facilitate efforts to identify illegally manufactured or distributed tobacco products or products on which tax has not been paid.

Specific requirements relating to health warnings are set out in Section 11(1) of TPCA, with the law requiring that all tobacco packs must:

- have at least two un-obscured health warning labels or health messages covering 50% of the principal display or total surface area and both located on the lower portion of the pack or package directly underneath the cellophane or other clear wrapping;
- bear the word "warning" appearing in capital letters and all text shall be large, clear, visible and legible, unless the text of the label statement would occupy more than 70% of such area, in which case the text may be of a smaller but conspicuous type size provided that at least 60% of such area is occupied by the required text; and
- bear text that is black on white background or vice versa in a manner that contrasts by typography, layout, or colour with all other printed material on the package.

Section 11(2) of TPCA sets out provision to allow the government to require graphic health warnings on tobacco packaging (rather than text-only warnings), permitting that the Minister of Health may prescribe that health warnings on tobacco packaging be in the form of pictures or pictograms, as well as prescribing the required pictures or pictograms.

Section 11(3) of TPCA requires that all tobacco packs shall bear such statements as to the tar, nicotine and other constituents as may be prescribed. Such a statement is to be placed directly on the right-hand side of the package underneath the cellophane or other clear wrapping in a conspicuous and prominent format and shall be limited to the disclosure of the contents and not their quantities.

At Article 11(1)(a) of the WHO FCTC, Parties are to ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions. Section 12 of TPCA sets out that tobacco must not be packaged in a manner that allows a consumer or purchaser of tobacco products to be deceived or misled concerning the character, properties, toxicity, composition, merit, or safety of the product.

Despite Section 13 of TPCA setting out that a person shall not sell or distribute a package of tobacco products unless it is conspicuously printed on opposite sides of the tobacco product health warnings required under section 11 of the Act, none of the tobacco products available for sale in

the country that were examined during the needs assessment mission complied with the requirements of the law.

In Eswatini, it appears that cigarettes that are available for retail sale are those manufactured for the South African market, and as a result, do not meet the legislative requirements for Eswatini. The cigarette packs examined in Eswatini had health warnings that meet South African requirements, and some included the South African National Council Against Smoking's quitline telephone number.

Gaps:

- Tobacco products on the market in Eswatini do not appear to comply with legislative requirements set out in TPCA with respect to the size and format of health warnings.
- The TPCA does not include any provisions related to the rotation of health warning messages on packaging.
- Although the TPCA provides the possibility to introduce more effective picture-based health warnings, health warnings on tobacco packs currently on the Eswatini market are text only.
- Health warnings are located at the bottom of the pack rather than the top.
- Enforcement of TPCA requirements is lacking.

Given the evidence that the effectiveness of health warnings and messaging can increase when images are used, consideration should be given to make use of the powers in Article 11.2 of the TPCA to require graphic health warnings on all tobacco packaging.

To meet the requirements of Section 11(13) of TPCA, Eswatini should consider requiring the inclusion of qualitative information about tobacco constituents and emissions on tobacco packaging, as recommended in the Guidelines for Implementation of WHO FCTC Article 11.

Information about tobacco cessation could also be included on tobacco packaging, such as the contact details for a quitline for Eswatini's tobacco users once it is established.

It is recommended that Eswatini undertakes pre-market testing and evaluation prior to the implementation of new health warnings in the future to identify warnings with maximum impact and salience. Eswatini may consider using images from the WHO database on tobacco health warnings.

Eswatini should consider the recommendations in the implementation guidelines for the implementation of WHO FCTC Article 11 to inform any future amendments to TPCA, including to require health warnings to be located at the top of the pack.

Eswatini could also consider introducing plain packaging of tobacco products to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names

and product names displayed in a standard colour and style. Plain packaging would make health warnings more prominent on the pack.

The enforcement of TPCA requirements for tobacco packaging needs to be arranged and undertaken as a matter of priority, in accordance with TPCA Section 14.

Given the evidence that the effectiveness of health warnings and messaging can increase when images are used, consideration should be given to make use of the powers in Section 11.2 of the TPCA and make it compulsory for all tobacco product packaging to carry graphic health warnings.

The size of health warnings should be in accordance with the minimum requirements set out in the WHO FCTC, with strong encouragement given to requiring warnings to be bigger and more prominent than those minimum requirements.

Eswatini should consider requiring the inclusion of qualitative information about tobacco constituents and emissions on tobacco packaging, as recommended in the Guidelines for Implementation of WHO FCTC Article 11.

Information about tobacco cessation could also be included on tobacco packaging, such as the contact details for a national quit line once it is established.

It is recommended that Eswatini undertakes pre-market testing and evaluation prior to the implementation of new health warnings in the future to identify warnings with maximum impact and salience.

Eswatini could also consider introducing plain packaging of tobacco products to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Plain packaging would make health warnings more prominent on the pack.

Article 12: Education, communication, training and public awareness

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 to all concerned professionals and persons and public access to information on the tobacco industry.

Section 43 of the TPCA requires the Minister of Health to work with the Ministry of Education and Training to integrate instruction on the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke in subjects taught in public and private schools, including formal, non-formal and indigenous learning systems. The MoH has not yet developed a communication strategy to guide government sectors and agencies to roll out education/awareness campaigns on tobacco use and tobacco control programmes. Relevant

agencies to be engaged in such a plan would include the Ministries of ICT, Education, Youth and Sports.

The NCD Department of the MoH has conducted some general public awareness activities on tobacco use as risk factor for NCDs, including through radio and during community events.

Discussions with the Ministry of Education highlighted that the Ministry has worked in partnership with UNICEF, WHO and UNESCO to develop education programmes for students on the health consequences of tobacco use. The Director of Counselling and Guidance at the Ministry of Education, who also deals with cross-cutting issues in the Ministry is responsible for the programme which includes Global School Health Surveys. Additional components are under development, including a health promotion programme to address tobacco use and the health of students, training teachers on health promotion techniques related to tobacco use, and partnership work with CSOs to increase awareness on the use of drugs, tobacco and alcohol. UNESCO and UNICEF are also supporting the roll-out of the school health programme.

Gaps:

- Meetings held with the Ministry of ICT revealed low awareness of the TPCA, and while there was interest in working with the MoH to raise awareness of the consequences of tobacco use and the need for tobacco control, there is little capacity or resources to support such work.
- A plan for the implementation of education, communication, and training activities within a comprehensive multisectoral tobacco control programme has not been established and the mandates of relevant ministries, government agencies and other key stakeholders with a role in implementing Article 12 of the WHO FCTC have not yet been clearly defined. There appears to be little coordination between relevant stakeholders.
- There are limited training, sensitization, and media awareness programmes on tobacco control among the population at large and especially in key target groups, such as health educators and media professionals.
- There is no systematic collection of information on the tobacco industry and no public access to such information.

It is recommended that education, communication, and training are included in any future national tobacco control strategy and that adequate resources are allocated to implement effective education and public awareness on the consequences of tobacco use and to promote quitting. Consideration should be given to include tobacco-related education, communication, and training as part of school curricula, and through the use of digital technologies to raise health literacy about tobacco use. Free airtime should be sought from national radio and television channels to broadcast messages aimed at raising awareness of consequences of using tobacco, advice on quitting and the requirements of the TPCA.

It is further recommended that the Ministry of Health work closely with other stakeholders to develop and implement media campaigns that will resonate with the population. Specific communication activities for at-risk populations (such as young people) are also recommended.

Action to further increase public awareness of the law will contribute to better compliance with the tobacco control legislation, especially programmes focussed on increasing knowledge among retail and hospitality stakeholders.

It is also recommended that the Ministry of Health and stakeholders involved in education, communication, and training make efforts to pre-test and rigorously research and evaluate the impact of their activities to achieve the best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

Article 13: Tobacco advertising, promotion and sponsorship

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

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

Part IV of the TPCA prohibits many forms of tobacco advertising, promotion and sponsorship. The law allows retailers to promote tobacco products through signage at point-of-sale indicating the specific products or brands and their respective prices. Although no specific reference is made to tobacco industry corporate social responsibility activities, Section 15.1 prohibits tobacco promotion through “organising or sponsoring a sporting, cultural, artistic, recreational educational, entertainment programme or in any other form”. The TPCA is unclear with respect to cross-border advertising, such as advertisements in social media or in international print and broadcast media.

Levels of compliance

Information received during the needs assessment suggests that TV and radio stations adhere to the ban on TAPS.

Gaps:

- Tobacco advertising is still allowed at point-of-sale.
- The TPCA does not fully deal with cross-border TAPS, especially relating to social media.
- Monitoring and enforcement of the TPCA needs to be improved. The needs assessment identified that there are very limited resources for enforcement, and enforcement processes and arrangements are not yet finalized.

It is recommended that Eswatini review the TPCA against the recommendations made in the Guidelines for implementation of Article 13 of the WHO FCTC and close any remaining gaps for TAPS, including on the depiction of tobacco in social/entertainment media and to end tobacco promotion at points of sale.

Enforcement arrangements for TAPS need to be finalized, including authorization of enforcement officers. Adequate resources should be dedicated for compliance building and enforcement activities.

Consideration should also be given to establishing requirements for the tobacco industry to disclose to the government its activities and expenditures related to TAPS.

Article 13.5 encourages Parties to: “implement measures beyond the obligations set out in paragraph 4” of the Article 13 of the WHO FCTC.

At the time of needs assessment exercise, Eswatini had not implemented any measures beyond the obligations set out in paragraph 4.

Article 13.7 reaffirms that Parties have a “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 18.1 of the TPCA prohibits advertising tobacco products on any satellite, electronic and print media or by any other form of communication.

Gap:

The TPCA does not explicitly prohibit cross-border TAPS in international media such as TV, radio, magazines, or newspapers that enter the country.

It is recommended that Eswatini fully implement and enforce the TPCA to ensure a complete ban on TAPS, including internet tobacco sales. Consideration should be given to explicitly ban contributions from the tobacco industry and importers in the form of “socially responsible” activities.

It is further recommended to review legislation and consider amendments to explicitly ban cross-border TAPS entering and originating from its territory, in accordance with recommendations made in guidelines for implementation of WHO FCTC Article 13.

Article 14: Measures concerning tobacco dependence and 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”.

Gap:

At the time of the needs assessment exercise, Eswatini had not developed national guidelines to promote cessation of tobacco use.

It is recommended that Eswatini develop and disseminate national guidelines on tobacco dependence treatment, including a national cessation strategy and national treatment guidelines. Eswatini should refer to the recommendations in the guidelines for implementation Article 14 of the WHO FCTC when designing and developing its own guidelines, while also taking into account national circumstances and priorities.

Article 14.2 sets out that “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.

Discussions with the MoH during the needs assessment process indicated that there are currently no tobacco cessation services offered, mainly because of the lack of guidelines and lack of capacity to offer cessation services by healthcare providers. Health workers do not receive training on providing brief advice, cessation services or dependence treatment. Some pharmacies sell nicotine replacement therapy; however, the products are costly putting them out of reach for many tobacco users who want to quit. The country also lacks a toll-free quitline or has no other means of providing advice on tobacco cessation to smokers.

The Global Youth Tobacco Survey 2009 shows that 75.3% of youth aged 13-15 tried to stop smoking during the past year and 79.7% say that they have received help to stop smoking. It is unclear what this help might be, given the dearth of cessation support available in the country.

Gaps:

- Eswatini does not have national guidelines on tobacco dependence treatment and does not have a comprehensive and integrated program on tobacco dependence treatment.
- Tobacco use is not routinely noted in medical records.
- Tobacco dependence treatment and brief advice for tobacco users have not been integrated into primary health care.
- Health care professionals have not received training on providing cessation counselling and brief cessation advice.
- Licensed stop-smoking medicines such as NRT are not on the country's essential drugs list.
- There is no toll-free quitline or other forms of giving advice to support those who want to quit.

It is recommended that the Ministry of Health establish a national tobacco cessation programme in line with Article 14 of the WHO FCTC and its guidelines for implementation. A national programme to promote the cessation of tobacco use should seek to integrate tobacco dependence treatment into Eswatini's primary healthcare system. Establishing a national quitline and offering web-based cessation support should be considered.

Eswatini should consider including NRT and other pharmacotherapies in its essential drugs list, in line with The WHO Model List of Essential Medicines ²⁹ (which includes the pharmacotherapies for tobacco cessation that should be considered).

It is recommended that Eswatini builds the capacity of those responsible for providing cessation support and brief advice to quit through provision of training. Tobacco control and cessation should be integrated into the curricula of all healthcare professionals and other relevant occupations, and the Ministry of Health could also consider collaborating with relevant professional organizations to develop and offer training modules for cessation.

It is further recommended that the Ministry of Health, in collaboration with relevant stakeholders, ensure that the recording of tobacco use status is mandatory in all medical and patient other notes.

²⁹ <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02>

Article 15: Illicit trade in tobacco products

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 World Bank Group’s Global Tobacco Control Program³⁰ estimates that illicit trade in Eswatini represents 20% of the market, which is the second-largest illicit market in the Southern African Customs Union (SACU). The World Bank estimates the illicit market penetration in Eswatini at around 10 million sticks, accounting for an estimated tax loss of US\$0.8 million a year. However, these estimates use data drawn from tobacco industry documents and there have been no independent academic studies investigating the size of the illicit tobacco market.

Eswatini acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol) in 2016.³¹

Discussions held with the Ministry of Finance during the needs assessment process revealed that the country has not yet made any substantial progress in implementing the Protocol, except for the introduction of scanners for tobacco products at the border. Key measures such as establishing a robust track and trace system, marking tobacco packaging, introducing digital tax stamps, and establishing a data collection system for production, storage and distribution have not yet been implemented. This lack of progress has been attributed mainly to low technical, financial, and human capacity. Information received during the needs assessment also suggested that tobacco industry interference may be further hindering implementation of the Protocol.

Gaps:

- There is no national strategy for the implementation of the Protocol in Eswatini.
- A tracking and tracing system that meets the requirements of the Protocol not yet in place, which is a key obligation of the Protocol.
- There is low capacity in the Ministry of Finance and the Eswatini Revenue Service to implement the Protocol.

³⁰ <https://www.worldbank.org/en/topic/tobacco/publication/confronting-illicit-tobacco-trade-a-global-review-of-country-experiences>

³¹ The Protocol to Eliminate Illicit Trade in Tobacco Products is an international treaty with the objective of eliminating all forms of illicit trade in tobacco products through a package of measures to be taken by countries acting in cooperation with each other: it is a global solution to a global problem. The Protocol was developed in response to the growing illicit trade in tobacco products, often across borders. Illicit trade poses a serious threat to public health because it increases access to – often cheaper – tobacco products, thus fueling the tobacco epidemic and undermining tobacco control policies. It also causes substantial losses in government revenues, and at the same time contributes to the funding of international criminal activities.

- There is a lack of accurate and independent data on the illicit market for tobacco products in Eswatini.

It is recommended that Eswatini develop a national strategy for tackling illicit trade in tobacco products through the full implementation of the Protocol and undertake necessary actions to implement the provisions of the Protocol, particularly the implementation of a compliant tracking and tracing system to contribute to strengthening the tobacco supply chain in the country. Consideration should be given to introducing legislative and administrative measures to address gaps and fulfil obligations under Article 15 of the WHO FCTC.

Eswatini is encouraged to strengthen coordination among all government ministries and agencies that have a role in eliminating illicit trade in tobacco products.

Eswatini is also encouraged to engage in bilateral and multilateral international cooperation to curb illicit trade in tobacco products, especially within SACU.

Eswatini could also consider working with academia and relevant stakeholders to commission an independent study on the magnitude of illicit trade in Eswatini to provide baseline data to monitor the impact of implementation of the Protocol measures (data from such a study would be independent of tobacco industry estimates).

Article 16: Sales to and by minors

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

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;”.

Part V of the TPCA prohibits the sale and distribution of tobacco products to minors, and states that:

- A person shall not sell or offer to sell tobacco products to any person who is under the age of eighteen years old whether for personal use or not.
- A person intending to sell or deliver any tobacco or tobacco-related product to a person who is suspected to be under the age of 18 years shall demand to see an identity providing the age of the buyer
- A person shall not sell or offer to sell any tobacco or tobacco-related product where the identity of the person intending to buy appears to be altered or is otherwise unsatisfied as to the legitimacy of the document
- A person shall not manufacture or sell objects including but not limited to sweets, snacks, toys that resemble tobacco products, cigarettes, and which may reasonably appeal to persons under the age of 18 years.

The TPCA prohibits the sale of tobacco products on store shelves (i.e., where tobacco products would be directly accessible to customers), and prohibits the sale of tobacco from vending machines, except in places where “the public reasonably does not have access”, as well as in bars, taverns, or beverage rooms with a prescribed security mechanism. The TPCA also bans the sale of cigarettes in packages of less than 20. The sale of single cigarette sticks is, therefore, prohibited.

Level of enforcement

During the needs assessment mission, it was noted that implementation of provisions relating to age of sale had not yet started. The mission was informed that young people are known to sell cigarettes within small businesses, in markets and on the roadside. It was reported that minors can easily buy cigarettes from shops and other vendors. This is supported by the 2009 GYTS, which shows that some 28.2% of current smokers aged 13–15 said they had purchased cigarettes from a store (it is recognised that this data is quite dated).

The needs assessment was informed of a lack of enforcement on age of sale because enforcement officers have not been appointed. A lack of coordination between national and sub-national levels and between government, NGOs, and the private sector was also noted as an obstacle.

Gaps:

- There is evidence that minors seem to be readily able to obtain tobacco products.
- There is evidence that minors are also selling tobacco products.
- There is no enforcement of age of sale provisions of the TPCA as enforcement officers have not been appointed.
- There are no training programmes ready to deliver to enforcement officers once they are appointed.

It is recommended that Eswatini appoint and train enforcement officers for the TPCA, and that age-of-sale provisions be enforced for all locations where tobacco can be purchased.

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;*”.

Article 25.1 of the TPCA bans the display of tobacco products at point of sale, although it is not known how compliant retailers selling tobacco products are with this requirement.

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

Article 22.6 of the TPCA prohibits anyone from manufacturing or selling objects, including but not limited to sweets, snacks and toys that resemble tobacco products or cigarettes and that may reasonably attract persons under the age of 18.

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*”.

Sections 27.2(a) and (b) of the TPCA authorise the use of vending machines in places where the public does not have reasonable access or in bars, taverns or pubs that have a prescribed security mechanism.

It is recommended that Eswatini review its legislation and consider prohibiting the sale of tobacco products from vending machines, regardless of location or circumstance.

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

Section 25.1 of the TPCA prohibits the sale of tobacco products in single units, including single cigarettes at point of sale.

Gap:

The needs assessment mission received anecdotal reports that it is possible to purchase single cigarettes, which would make tobacco more readily accessible to young people.

Eswatini is therefore recommended to ensure full compliance with the prohibition on the sale of single cigarette sticks through robust enforcement.

It is also recommended that the Ministry of Health undertakes activities to build compliance through communicating legal responsibilities to retailers about responsibilities to prevent underage sale of tobacco, including the need to display signage indicating that tobacco products cannot be sold to minors. Regular inspections of points of sale of tobacco need to be undertaken, with necessary enforcement action for retailers found to be selling tobacco products to young people.

Article 17: Provision of support for economically viable alternative activities

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*”.

There is relatively little tobacco cultivation in Eswatini. Tobacco is grown primarily by smallholder farmers for private consumption or sale at local markets.

The tobacco industry has not typically targeted Eswatini for tobacco growing. It was reported during the Needs Assessment that the tobacco industry has been lobbying the Ministry of Agriculture and the Eswatini Investment Promotion Authority (an agency under the Ministry of Commerce, Industry and Trade) to introduce tobacco farming. At the present time, it seems that calls for growing more tobacco on a larger scale in Eswatini have not been successful, which is to be congratulated.

Discussions during the needs assessment also highlighted the need to consider offering support for tobacco growers and others involved in the tobacco industry with economically sustainable alternatives, including women and children who sell tobacco informally in markets and at roadside stalls.

Eswatini is encouraged to continue to maintain the lowest possible levels of tobacco growing, with land instead devoted to growing healthy and/or more economically viable crops.

It is also recommended to review the policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to articles 17 and 18 of the WHO FCTC),³² to identify options for Eswatini's context.

Articles 18: Protection of the environment and the health of persons

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”.

Eswatini is encouraged to maintain knowledge and understanding of the evidence of tobacco's substantial environmental toll, including litter and plastic waste, and its negative impact on sustainable development at country and global levels. Eswatini is also encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

Article 19: Liability

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”.

No activities have been implemented in relation to this article of the Convention. There are also no policy or legislative measures in place related to this article.

Gap:

There is no provision in national legislation that addresses potential criminal and civil liability of the tobacco industry

It is recommended that Eswatini reviews and promotes the options of implementing Article 19 in its national context, including by using the WHO FCTC Article 19 Civil Liability Toolkit,³³ which is an interactive guide to taking legal action against the tobacco industry.

³² <https://fctc.who.int/publications/m/item/policy-options-and-recommendations-on-economically-sustainable-alternatives-to-tobacco-growing>

³³ <https://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/>

Article 20: Research, surveillance and exchange of information

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*”.

Currently, Eswatini has conducted several surveys on tobacco use, including the STEPS survey in 2014, three Global Youth Tobacco Surveys in 2009, 2005 and 2001.³⁴ However, surveys have not been conducted for some time and current data is needed.

The needs assessment mission was informed that Eswatini is working on a Multiple Indicator Cluster Survey which will include Tobacco Questions for Survey (TQS).³⁵ According to information received, this work will be funded by UNICEF.

Regarding routine epidemiological surveillance for tobacco use, discussions with the MoH revealed there was no surveillance system in place to collect tobacco use data. Further, evaluations of tobacco control policy and programme have not been conducted in Eswatini.

Gaps:

- There is a lack of analysis of the demand for tobacco products and evaluation of the effectiveness of interventions to reduce tobacco use prevalence, especially relating to young people.
- Surveys have not been updated in many years and there is a scarcity of recent data on prevalence of tobacco use and the role played by demographic and socioeconomic factors.

It is recommended that Eswatini:

- *Undertake regular surveillance surveys, in accordance with WHO recommended methods, to have current information about tobacco use, including accurate prevalence data.*
- *Identify a set of standard questions related to tobacco use that can be included in all future national household surveys and other relevant surveys to allow for the standardization of data and the tracking of trends over time. Develop and promote national research capacity in coordination with competent international and regional organizations.*
- *Collect data on mortality and morbidity related to tobacco use.*
- *Conduct research addressing the determinants and consequences of tobacco use and exposure to tobacco smoke, and the impacts on sustainable development.*
- *Conduct evaluation studies of the effectiveness of interventions to reduce tobacco use prevalence and utilize findings and surveillance results when developing national tobacco control strategies, policies and interventions.*

³⁴ <https://www.who.int/teams/noncommunicable-diseases/surveillance/data/eswatini>

³⁵ <https://www.who.int/publications/i/item/9789241500951>

Article 21: Reporting and exchange of information

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

So far, Eswatini has submitted 2 reports to the WHO FCTC Secretariat in 2009 and 2012.

Eswatini has an obligation under WHO FCTC Article 21 to provide periodic reports on its implementation of the Convention and should expedite the submission reports in a timely manner, in accordance with relevant COP decisions.

The Ministry of Health is encouraged to lead the national reporting process by working with other government sectors and departments to gather the data and information required for the national report. Support and training on WHO FCTC reporting are available from the Convention Secretariat on request.

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

Article 22 requires that Parties “*shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil 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*”.

At its fourth session, in decision FCTC/COP4 (17)³⁶ the COP acknowledged the importance of implementation of the Convention as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF)³⁷ and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF (now UNSDCF) and coordinate the delivery of assistance to strengthen implementation of the Convention at country level.

Eswatini is receiving technical and financial support for WHO FCTC implementation from the Convention Secretariat through the FCTC 2030 project.³⁸

Eswatini has also received support from the US Centers for Disease Control and Prevention to conduct three rounds of the Global Youth Tobacco Surveys (2001, 2005 and 2009) and the School Personnel Surveys under the Global Tobacco Surveillance System.

³⁶ See FCTC/COP/4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm

³⁷ <https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance>

³⁸ <https://fctc.who.int/newsroom/news/item/04-02-2020-convention-secretariat-announces-nine-new-fctc-2030-parties-in-its-expansion> and <https://fctc.who.int/who-fctc/development-assistance/fctc-2030>

Some of the UN agencies in Eswatini have been mobilized to provide scientific and technical support to tobacco control implementation. To date, there has been little engagement with other sectors, including NGOs.

Gaps:

- Despite the strong evidence that WHO FCTC implementation is an accelerator for sustainable development³⁹, supporting implementation of the Convention has not been specifically included as a priority in the last UNSCDF.
- The WHO FCTC was also not included in the country's recently developed national development strategy. The lack of recognition of the WHO FCTC as an accelerator of Eswatini's sustainable development may become an obstacle to the country's ability to seek further development assistance for tobacco control.

It is recommended that the Ministry of Health actively follow up with the UN Resident Coordinator and relevant government ministries to propose that implementation of the WHO FCTC is included in future UNSDCFs and other country cooperation strategies with the UN. The activities proposed could include priorities identified in this need assessment report.

It is further recommended that the Government of Eswatini actively seeks opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Eswatini is also encouraged to collaborate and share knowledge, skills, and successful initiatives in the implementation of the Convention with other WHO FCTC Parties, including through South-South Cooperation.

Article 26: Financial resources

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”.

The government has no dedicated resources assigned to the implementation of the WHO FCTC.

The TPCA provides for a Tobacco Control Fund, to be established by the Minister of Health. The Fund, according to the TPCA, will be used for research, information dissemination, national cessation and rehabilitation programmes, and other tobacco control measures. The Tobacco Control Fund had not been established at the time of the needs assessment.

³⁹ <https://fctc.who.int/publications/m/item/the-who-framework-convention-on-tobacco-control-an-accelerator-for-sustainable-development>

Gaps:

- There is not the necessary resource available to fully implement and enforce the TPCA.
- The Tobacco Control Fund has not yet been set up, which represents a missed opportunity to secure funds for vital tobacco control activity, especially work with young people to prevent uptake of tobacco use.
- Other ministries that have a role to play in the implementation of the WHO FCTC have not allocated staff resource to support tobacco control activities.

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*”.

Some international organizations and development partners are active in Eswatini. The MoH indicated during the needs assessment that WHO was the main development partner supporting the health sector in Eswatini. Some of the international organizations active in Eswatini have a potential role to play in supporting the country to meet its obligations under the Convention.

Gap:

Eswatini has not fully utilized the bilateral, regional, sub regional and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programs.

It is recommended in line with Article 26.3 of the Convention that the Government of Eswatini seek assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

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

The MoH confirmed during the Needs Assessment that Eswatini will promote implementation of the Convention in relevant bilateral and multilateral forums. No information is available regarding other government agencies promoting the implementation of the Convention.

It is recommended that Eswatini utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, that represent Eswatini in other regional and global forums also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries to support them in the implementing of the Convention.

Annex 1: Needs assessment mission team

	Name	Title	Institution of Affiliation
1.	Simon Zwane	Principal Secretary	Ministry of Health
2.	Zandile Dhlamini	National Focal Point for Tobacco Control	Ministry of Health
3.	Xolani Dlamini	Senior Budget Analyst	Ministry of Finance
4.	Nelson S. Mavuso	Director of Agriculture and Extension	Ministry of Agriculture
5.	Armstrong D. Dlamini	Director, Public Debt Management Department	Ministry of Finance
6.	Amos Zwwane	Director of Statistics	Central Statistics Office
7.	Nathalie Ndongo-Seh	UN Resident Coordinator	UN
8.	Rodrigo Santos Feijo	Technical Officer	WHO FCTC Secretariat
9.	Tih A. Ntiabang	Consultant	WHO FCTC Secretariat
10.	Kellen Nyamurungi	Consultant	WHO FCTC Secretariat
11.	Cornelia Atsyor	Country Representative	WHO
12.	Rose K Ssebatindira	Resident Representative	UNDP
13.	Dudley Tarlton	Programme Specialist Health and Development	UNDP
14.	David Owolabi		UNDP
15.	Gugulethu Dlamini		UNDP

Annex 2: Needs assessment agenda

Monday, 9 March 2020 <i>Arrival of international participants & accommodation at the Hilton Garden Hotel</i>				
Tuesday, 10 March 2020 <i>Courtesy calls & planning</i>				
No.	Time	Institution/Organisation	Venue	Remarks
1.	09:00 – 09:30	Courtesy call to WHO Eswatini (WR and relevant staff)	WHO	Time to be confirmed (TBC)
2.	09:45 – 10:45	Brief meeting with the UN Country Team		
3.	11:15 – 11:45	Courtesy call to the Principal Secretary for Health	MoH	
4.	12:00 – 13:00	Working session with the National Tobacco Control Focal Point & other relevant programmes of the MoH	MoH	Overview of the week's agenda
5.	13:00 – 14:00	<i>Lunch Break</i>		
6.	14:00 – 16:00	Working session with the National Tobacco Control Focal Point and other relevant programmes of the MoH	MoH	
7.	16h30 - 17:30	Courtesy call to UNDP - Eswatini	UNDP	
Wednesday, 11 March 2020 <i>Bilateral meetings: data collection for the investment case for tobacco control in Eswatini</i>				
<i>Group A</i>				
No.	Time	Institutions		
1.	09:00 – 10:00	Ministry of Finance	MoF	
2.	10:15 – 11:15	Ministry of Economic Planning and Development	MoEPD	
	11:30 – 12:30	Ministry of Education and Training	MoET	
3.	12:30 – 13:30	<i>Lunch Break</i>		
4.	14:00 – 15:00	Ministry of Commerce, Industry and Trade	MoCIT	
5.	15:15 – 16:15	Ministry of Home Affairs		
	16:30 – 17:30	Senate: Portfolio Committee on Health		
6.		House of Assembly: Portfolio Committee on Health		
		Ministry of Labour and Social Security		
<i>Group B</i>				
1.	09:00 – 10:00	Ministry of Information, Communication and Technology		
2.	10:15 – 11:15	Ministry of Agriculture		
3.	11:30 – 12:30	Ministry of Tourism and Environmental Affairs		
	12:30 – 13:30	<i>Lunch Break</i>		
4.	14:00 – 15:00	Ministry of Justice and Constitutional Affairs (and/or Office of the Attorney General)		
5.	15:15 – 16:15	National Bureau of Statistics		
6.	16:30 – 17:30	Ministry Foreign Affairs and International Cooperation		
<i>Group A & B Debrief</i>				
Thursday, 12 March 2020 <i>Official launch of the FCTC 2030 Project in Eswatini</i>				
1.	07:00 – 11:00	Official Launching of the FCTC 2030 Project and NCM		Breakfast meeting
2.	11:00 – 12:30	Stakeholders Meeting - FCTC Art. 5		
	12:30 – 13:30	<i>Lunch Break</i>		
3.	13:30 – 17:30	Stakeholders Meeting - FCTC Art. 5		
Friday, 13 March 2020				
1.	09:00 – 10:00	Debriefing with H.E. Minister of Health	MoH	
2.	10:30 – 12:00	Debriefing with the MoH, WHO, UNDP and other relevant actors		Recap & key next steps
3.	13:00 – 17:00	Meeting with the National Tobacco Control FP and team		Work Plan development

Annex 3: Official launching of FCTC 2030 Project: Kingdom of Eswatini

Time : 07:00 – 12:30

Date : Thursday, 12 March 2020

Thursday, 12 March 2020 <i>Official launching of FCTC 2030 Project and NCM: Kingdom of Eswatini</i>				
No.	Time	Activity	Person Resp.	Remarks
1.	07:00 – 07:30	Registration and welcome coffee & tea		
2.	07:30 – 07:50	Presentation of a brief report on progress in the area of tobacco control in the Kingdom of Eswatini	MoH	
	07:50 – 08:10	Presentation of an overview of FCTC 2030 Project	WHO FCTC Secretariat	
3.	08:10 – 09:00	Brief statements:		
		United Nations Development Programme – Eswatini	UNDP Resident Representative	
		World Health Organisation – Eswatini	WHO Representative	
		British High Commission	British High Commissioner in Mbabane	
4.	09:00 – 09:30	Ministerial Keynote Address & Launch of the Project	Minister of Health	Photo-taking
5.	09:30 – 10:00	Press Briefing and Interaction		
6.	10:00 – 11:00	<i>Reception</i>		

Annex 4: WHO FCTC workshop agenda

Thursday, 12 March 2020 Article 5 workshop		
11:00–11:30	Overview and objectives of the workshop	UNDP
11:30–12:30	The WHO FCTC and the Global Strategy to Accelerate Tobacco Control	Convention Secretariat
12:30–13:30	Lunch break	
13:30–13:45	Article 5 obligations	Convention Secretariat
13:45–14:30	Status of implementation: Article 5.1 National Strategy Article 5.2A Multisectoral Coordination Article 5.2B Legislation Article 5.3 Policy coherence How these sub-articles work together	DHHP/MOH UNDP
14:30–15:00	Coffee break	
15:00–15:30	Focus on Article 5.1 - Principles of an effective national TC strategy - Walkthrough of the UNDP/FCTC Secretariat toolkit for national TC strategies - Examples from other countries	UNDP
15:30–16:00	Components of a national strategy: - Identifying the goal, objectives, targets and milestones - Discussion of M&E, communications, and policy coherence - Walkthrough of the Article 5.1 worksheets	UNDP
16:00–16:45	Elaborating a roadmap for drafting and adopting a national tobacco control strategy	UNDP
16:45–17:30	Agreeing on next steps and their timing Closing	UNDP Minister / WR