Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in The Gambia

Convention Secretariat

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Executive Summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and herein referred to as the Convention is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations (UN), with 176 Parties to date. The Gambia ratified the Convention on 18 September 2007 and it entered into force for The Gambia on 17 December 2007.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of The Gambia and the Convention Secretariat from May to September 2012, that comprise a review of the status, challenges and potential needs deriving from the country's latest implementation report and other sources of information, and the mission of an international team from the Convention Secretariat from 10 to 18 September 2012. The assessment involved relevant ministries and agencies of The Gambia (see Annex). This needs assessment report presents an article by article review of the progress The Gambia has made in the implementation, the gaps that may exist and the subsequent possible actions that can be taken to fill those gaps. The key elements that The Gambia needs to put in place to enable it to meet its obligations under the Convention are summarized below. Further details are contained in the main report.

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

Second, the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. The Gambia has yet to develop a National Tobacco Control Strategy and Action Plan. Prevention and control of Non communicable Diseases (NCDs) is identified as one of the strategic interventions to improve access and quality of health services in Programme for Accelerated Growth and Employment 2012 - 2015 (PAGE 2012). The National Integrated Action Plan for Non communicable Disease Prevention and Control in The Gambia 2012-2016 mentions the importance of reinforcing the enforcement of the Convention as a strategy for tackling NCDs. The Gambia National Health Policy (NHP), 2012-2020 includes NCDs as a core part of The Basic Health Package. It is therefore recommended that The Gambia to develop National Tobacco Control Strategy and Action Plan to fully implement the Convention.

Third, a focal point for tobacco control has been in place and fully functional within MOH&SW since June 2002 with the recent one been appointed in June 2012. In addition a Taskforce Committee comprising partners/stakeholders from different ministries/institutions was formed on 20 July 2012. The then focal point was integrated within the Health Education Unit while the present has been integrated within Non communicable Disease Unit of the Ministry, manned by only 2 dedicated and hardworking staff. However, the programme/unit has no separate budget line for tobacco control as well as for prevention and control of NCDs in general. Therefore, the MOH&SW needs to establish a separate budget line to implement the Convention. The Task Force Committee, a body identified as a national multisectoral coordinating mechanism has clear terms of reference in place. However, the roles and responsibilities of different

partners/stakeholders have not been specified. The MOH&SW in partnership with the Task Force members is working towards adopting a formal mechanism to guide its operations. Awareness of the Convention and the responsibilities of different Government agencies to meet the obligations under the Convention remain relatively low. The mandates and responsibilities of different agencies should be clearly defined and operationalized. The Gambia could also learn from other Parties' experience to include the multisectorial coordination mechanism and each agency's responsibility as part of comprehensive tobacco control legislation in the future. It is recommended that The Gambia formally establish and adequately finance this mechanism to coordinate all stakeholders' efforts in meeting the obligations under the Convention. All relevant ministries should also allocate dedicated staff time and budget to implement the Convention.

Fourth, on legislation, The Gambia enacted the Prohibition of Smoking (Public Places) Act, 1998 and the Tobacco Products (Ban on Advertisements) Act, 2003 before it became a Party to the Convention. While the tobacco advertisement ban largely meets the obligations under the Convention, point of sale display and cross-border advertising are still not banned under this Act. The Prohibition of Smoking (Public Places) Act, 1998 does not fully meet the obligations of the Convention because it does not comprehensively ban smoking in all indoor public and work places and moreover the Act has not been fully enforced. The absence of comprehensive national tobacco control legislation presents a serious challenge. The Gambia needs to adopt comprehensive tobacco control legislation to implement the Convention and strengthen its enforcement.

Fifth, although there were efforts to increase tobacco taxation over the past few years, the retail price of tobacco products remains more or less the same. Given the inflation rate is about 4.5%, there is actually a decrease in real terms. This makes tobacco products more affordable and accessible. Progressively increasing tobacco taxation is one of the most effective demand side reduction measures, particularly for the poor and the youth. The Gambia is in the process of introducing Value Added Tax on products including tobacco next year but the excise taxation should also be considered. At the moment, import duty and other taxes are levied on volume on imported tobacco products. It is therefore recommended that the Ministry of Finance, The Gambia Revenue Authority and the Ministry of Health should work together to increase tobacco taxation progressively at a higher level than the inflation to reduce tobacco consumption and achieve better health outcomes. It is also recommended that The Gambia Revenue Agency should propose exceptionally higher taxation rate for the next year and introduce excise tax on each package of tobacco products.

Sixth, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government of The Gambia and the UN system, outlining priorities in national development. The current UNDAF runs from 2012 to 2016). Although it mentions a couple of other international conventions, it does not include implementation of the WHO FCTC. There are some health related commitments in the UNDAF that could be utilized to meet some of The Gambia's obligations under the Convention. The UN's intervention under Basic Social Services will focus on national programmes including in the area of health based on priorities and objectives as outlined in the PAGE. In view of the absence of a specific commitment on the Convention in the UNDAF, it is recommended that the Ministry of Health and Social Welfare follow this up with the Ministry of Foreign Affairs, International Cooperation and Gambians Abroad and the UNRC to ensure that supporting implementation of the Convention should be included during the midterm review of the UNDAF in 2013.

Seventh, the Gambia submitted its two year and five year implementation report in due time. The fourth session of the Conference of the Parties established a new two year cycle of Parties implementation reports starting from 2012. In order to prepare for the future implementation report, gathering data through national routine information collection mechanism will play a significant role. It is therefore recommended that the Gambia Statistics Bureau integrate information to fulfil the country's reporting obligation under the Convention into the census, Demographic Health Survey and other relevant surveys.

Eighth, addressing the issues raised in this report, including particular the treaty provisions with a deadline (Articles 8, 11 and 13 and corresponding implementation guidelines) will make a substantial contribution to meeting the obligations under the Convention and improvement of the health status and quality of life of the people in The Gambia.

The needs identified in this report represent priority areas that require immediate attention. As The Gambia addresses these areas, the Convention Secretariat will be available and committed to supporting the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. The full report, which follows this summary, can also be the basis for any proposal(s) that may be presented to relevant partners to support The Gambia's meeting of its obligations under the Convention.

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Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. The Gambia ratified the WHO FCTC on 18 September 2007. The Convention entered into force for The Gambia on 17 December 2007.

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

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1 (13)).[1] The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10))[2] to actively seek extra-budgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

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

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

[1] See COP/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.
[2] See COP/2/2007/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop2.htm.

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

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

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of The Gambia and the Convention Secretariat from May to September 2012, including a mission to The Gambia by an international team of experts led by the Convention Secretariat from 8 to 18 September 2012. The detailed assessment involved relevant ministries and agencies of The Gambia. The following report is based on the findings of the joint needs assessment exercise described above.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty. The report identifies gaps and areas where further actions are needed to ensure full compliance with the requirements of the treaty, also taking into account the guidance provided in the implementation guidelines adopted by the COP where relevant. Specific recommendations are then made concerning that particular area.

Status of implementation, gaps and recommendations

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

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

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

The Gambia has not adopted measures that exceed the requirements of the WHO FCTC.

It is therefore recommended that The Gambia continues to actively identify areas in which it can implement measures beyond those required by the Convention in order to meet specific needs in the national context.

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".*

The Gambia has entered into other bilateral and multilateral agreements through the Ministry of Foreign Affairs or other relevant ministries in their respective mandates. Some of these agreements, such as the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the African (Banjul) Charter on Human and Peoples Rights, the Agreement on the establishment of the Economic Community of West African States (ECOWAS Agreement) and its Health Protocol, and the Constitutive Treaty of the African Union and its Health related Protocols are likely to have an influence on the implementation of the Convention in the country.

Gap – Currently no other agreements that might have an influence on implementation of the Convention have been reported.

It is therefore recommended that the Ministry of Foreign Affairs, International Cooperation and Gambians Abroad and other relevant ministries review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. The review of these Agreements could enable The Gambia to ensure that participation in these agreements is compatible with an effective implementation of the WHO FCTC. Furthermore, if such agreements are identified, it is requested that The Gambia communicate these to the Conference of the Parties through the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

The Preamble of the Convention emphasizes *"the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts"*.

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

Several nongovernmental organizations in The Gambia work on tobacco control. The MOH&SW facilitated and supported the establishment of a national coalition of non-governmental organizations for the implementation of the Convention. The NGOs enjoy very good partnership with the government and with local grassroots communities.

Gaps–

1. Due to lack of sustainable funding sources, some NGOs conduct tobacco control activities on an ad hoc and sporadic basis;
2. Members of the coalition are mainly limited to those working with the youth;
3. NGOs possess limited capacity and lack the leverage to engage in policy development.

It is recommended that the MOH&SW continue to facilitate a process for regularly consulting, cooperating and forming effective and broader partnerships with relevant, additional civil society organizations, relevant public health associations in implementation of the Convention. The MOH&SW is also encouraged to seek the support and advice from stake holder ministries to reach out to broader NGOs who could also contribute to the implementation of the Convention. A review of NGOs comparative advantage could help them focus on what they do best such as advocacy and mobilizing communities for the implementation of the Convention.

General obligations (Article 5)

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

Gambia has yet to develop a National Tobacco Control Strategy and Action Plan. However, since May 2012, the Ministry of Health has embarked on the development of a tobacco control plan. Desk study and situation analysis is being carried out. Prevention and control of Non communicable Diseases (NCDs) is identified as one of the strategic interventions to improve access and quality of health services in Programme for Accelerated Growth and Employment 2012 -2015 (PAGE 2012).

The National Integrated Action Plan for Non Communicable Disease Prevention and Control in The Gambia 2012-2016 mentions the importance of reinforcing the enforcement of the Convention as a strategy for tackling NCDs. Priority actions by The Gambia to tackle NCDs include the adoption and implementation of legislation and regulation, capacity building,

intersectoral collaboration and partnerships, tackling major risk factors, advocacy, social mobilization and community empowerment and monitoring and evaluation. The NCD Policy aims to reduce the major risk factors to NCDs and specifically identifies tobacco as one such risk factor. The policy highlighted factors for increased tobacco use in The Gambia including lifestyle changes due to urbanization and globalization and the role of tobacco companies marketing strategies.

The Gambia National Health Policy (NHP), 2012-2020 includes NCDs as a core part of The Gambia's Basic Health Package. The NHP and the MOH&SW's Strategic Plan 2010-2014 sets a specific target to reduce NCD morbidity by 10% by 2015 using the 2007 baseline. However, these commitments do not include a specific set of comprehensive tobacco control strategies to enable the country to meet its obligations under the Convention and to effectively implement the WHO FCTC.

Gap – There is no current national tobacco control specific action plan.

It is therefore recommended that the MOH&SW together with all relevant stake holders should urgently develop and implement a multisectoral National Tobacco Control Strategy and Action Plan to implement the Convention. This needs assessment report can serve as a basis and a reference document in developing such a strategy and action plan.

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the development and implementation of the National Tobacco Control Strategy and Action Plan upon request from the Government.

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

A national focal point for tobacco control has been established within the MOH&SW. Since June 2002, the focal point has been integrated within the then Health Education Unit and now within the Non Communicable Disease Unit of the Directorate of Health Promotion and Education of the MOH&SW with currently only 2 staff. While the MOH&SW has a lead role in implementing the Convention, other ministries also have responsibilities for implementation of the Convention.

The Convention also requires a national coordinating mechanism to be established. The Taskforce Committee that was established in July 2012 with clear terms of reference to coordinate the implementation of the convention in The Gambia has met twice to date.

The members of the Taskforce Committee are drawn from the following ministries, government agencies, NGOS and UN organizations: MOH&SW, Ministry of Finance and Economic Affairs, Ministry of Foreign Affairs, International Cooperation and Gambians Abroad Ministry of Justice, Ministry of Trade, Industry, Regional Integration and Employment, Ministry of Basic and Secondary Education , Ministry of Information, Communication and Infrastructure, Ministry of Higher Education, Research, Science and Technology, Ministry of Youths and Sports Ministry of the Interior, Ministry of Tourism and Culture, Ministry of Agriculture, Ministry of Women's Affairs, Gambia Bureau of Statistics, , The Gambia National Environmental Agency, National Assembly Health Select Committee and Gambia Revenue Authority, RAID)The Gambia, World Health Organization

and UNDP. The MOH&SW indicated that The Gambia Ports Authority (GPA) will be invited to become a Task Force member in the near future.

The terms of references of the Taskforce include the provision of technical support for WHO FCTC implementation in Gambia, advice for tobacco control, guidance and resource mobilization for tobacco control and spearheading advocacy for the Convention in The Gambia. The MOH&SW in partnership with Task Force members is working towards adopting a sustainable formal mechanism to guide its work. An immediate option being considered to achieve this objective includes the adoption of a Memorandum of Understanding (MOU) between participating Members. In the longer term, it is hoped that a sustainable legal basis for the functioning of the Committee could be included as part of a comprehensive tobacco control legislation. The participation by several governmental ministries and agencies demonstrates the commitment of relevant stakeholders to take multisectoral action for the effective implementation of the Convention.

Gaps–

1. A multisectorial coordination mechanism is yet to be operationalised and financed;
2. Responsibilities of agencies to meet the obligations under the Convention have not been specified.

It is therefore recommended that the national multisectoral coordinating mechanism involving all key stakeholders be formalized and reinforced with clear mandate and regular funding to meet the obligations under the Convention. While the MOH&SW 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 Convention.

The Convention Secretariat is committed to facilitating provision of technical support including sharing technical expertise from other Parties for the reinforcement of multisectoral Taskforce Committee for Tobacco Control.

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".*

Two notable pieces of legislation are in existence: the Prohibition of Smoking (Public Places) Act, 1998 and the Tobacco Products (Ban on Advertisements) Act, 2003. The Prohibition of Smoking (Public Places) Act bans smoking in public places, workplace, hospital, public vehicles or government premises. It empowers the Secretary of State to make further regulations for the better carrying out of provisions of the Act. The Act relies on employers in case of work premises and drivers in terms of public vehicles to enforce the Act. A penalty not exceeding 500 dalasi (local currency) is the fine for conviction of any person for contravention of the Act. The Act has not fully met the recommendations of the Article 8 guidelines to strive to provide universal protection from exposure to tobacco smoke by allowing designated smoking areas.

The purpose of the later Act, the Tobacco Products (Ban on Advertisements) Act, 2003 in its own words is "to ban advertisements of tobacco products in Gambia in recognition of their

unquestionable harmful effects on the health of the population." Other than the point of sale display of tobacco products and cross-border advertising, it bans tobacco advertising, promotion and sponsorship in quite comprehensive manner. However, some challenges are noted. There is no comprehensive tobacco control legislation that domesticates the Convention. The enforcement of existing legislation is weak. There are no mandated enforcement authorities and strong powers to promote compliance with the existing fragmented tobacco control laws. There is no specified legislation that comprehensively implements other requirements of the Convention such as packaging and labeling, prohibition of sales to and by minors, regulation on the contents of tobacco products and regulation of tobacco product exposure, etc. There is an administrative directive by the MOH&SW that requires inclusion of health warnings and messages on 30% of the packaging on tobacco products.

The international team gave detailed comments on the existing legislation to the tobacco control focal point and other relevant government officials during the mission. The team met with the Solicitor General & Legal Secretary of The Gambia. He expressed the full commitment of Ministry of Justice to draft laws for tobacco control together with the MOH&SW. Further advice was provided on the need for The Gambia to speed up the adoption of a comprehensive piece of legislation that fulfills the country's obligations under the Convention. In the short term, the existing legislation and relevant legislation requires effective enforcement by governmental authorities to support implementation of the Convention. Increased fines for violations, the adoption and implementation of an effective compliance plan as well as prosecution of non-compliance with existing law can contribute towards fulfillment of The Gambia's obligations under Convention.

Gaps–

1. The existing laws are inadequate to implement the broad remit of obligations of The Gambia under the Convention. The Gambia has not adopted a comprehensive tobacco control legislation that fully domesticates the WHO FCTC;
2. No regulations to implement the legislation have been developed;
3. The existing laws do not fully comply with the obligation of the Convention and recommendations of the guidelines;
4. Enforcement of existing legislation is weak and requires reinforced action;
5. Lack of awareness on the law among the public and enforcement agencies such as The Gambia Police Force is a serious problem.

It is therefore recommended that the MOH&SW and the Ministry of Justice develop comprehensive tobacco control legislation in line with the obligations under the Convention. It is also recommended that enforcement of the existing laws be prioritized and scaled up in The Gambia Police Force and within Public Health Inspection teams. These enforcement officers need to be sensitized and trained to effectively enforce the law. It is further recommended that the public should be sensitized on the existing tobacco control law.

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the development and implementation of legislation for tobacco control upon request from the Government.

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

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

There is yet no legislative or other regulatory measure that makes it unlawful to sell or make payment or provide any financial or non financial assistance directly or indirectly to any person who holds a public office. There is also no code of conduct or other administrative measure that specifically prohibits all branches of government from endorsing, supporting, forming partnerships with or participating in activities of the tobacco industry described as socially responsible. However, The Gambia Revenue Authority (GRA) reported that a comprehensive code of conduct prohibits any illicit dealings with taxpayers including tobacco importers in The Gambia.

Gaps–

1. There is no law or policy that expressly requires public officials to comply effectively with the requirements of Article 5.3;
2. There is no regulation to ban those activities described as "socially responsible" by the tobacco industry and importers;
3. There is a lack of awareness of Article 5.3 of the Convention and its guidelines among public officials.

It is therefore recommended The Gambia raises awareness on protection of public health policy from the vested interests of the tobacco industry and importers among all government agencies and public officials. It is also recommended that The Gambia include the obligations under Article 5.3 and the recommendations of Article 5.3 guidelines as part of comprehensive tobacco control legislation. In the interim, the adoption of a code of conduct for all public officials in compliance with article 5.3 would be a positive step. It is further recommended that Government agencies refrain from seeking or receiving sponsorship for their programmes from tobacco product importers or manufacturers from abroad.

The Convention Secretariat is committed to the provision of technical support in the development of laws and policies to protect public health policies in relation to tobacco control from commercial and other vested interests of the tobacco industry.

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"*.

The Gambia has participated in the negotiation of the Protocol on Illicit Trade in Tobacco Products and has contributed to the progressive development of the Convention. In this connection, The Gambia has met its obligations under Article 5.4.

The continued cooperation and participation of The Gambia under Article 5.4 will contribute to the progressive development of the Convention.

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

There has been increasing cooperation between The Gambia and WHO. There also exists close cooperation with the West African Health Organization (WAHO) that has provided technical assistance and funding. The Gambia also received NCD capacity building assistance through the European Union funded AFNET project. The Government has taken positive initiatives to enhance this cooperation.

The Gambia has met the obligations under the Article 5.5 of the Convention.

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

The Gambia has searched for and received financial resources from its bilateral and international agencies including WHO, WAHO, the European Union funded AFNET project and other international organizations. While The Gambia has met its obligations under Article 5.6, additional efforts to mobilize financial resources to undertake tobacco control measures and implement the Convention are encouraged.

Price and tax measures (Article 6)

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

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

The Gambia has several types of taxes for tobacco products. For cigarettes, this includes import duty (20% Cost, Insurance and Freight (CIF)), import sales tax (15% CIF plus duty), excise tax (165 dalasi per kilo), environment tax, customs processing fees and 0.50% ECOWAS levy. For other tobacco products, the excise tax is exempted; environment tax is increased to 75 dalasi per kg with the rest remaining the same as cigarettes resulting in lower taxation level of the other tobacco products. Over the recent years, there is modest increase of tobacco taxation but the retail price has remained stable. Given the inflation rate is about 4.5%, there is actually a real decrease to tobacco products which makes them more affordable and accessible. Increased tobacco taxation is one of the most effective demand side reduction measures, particularly for the poor and the youth. The Gambia is in the process of introducing 15% ad valorem rate (VAT) tobacco tax next year but the excise taxation should also be considered. The Gambia Ministry of Finance and the Gambia Revenue Authority recognizes that price and tax measures are an effective and important means of reducing tobacco consumption and supports progressively higher taxation on tobacco products. The Ministry of Finance agreed in principle to implement such tax measures once they are proposed by the Gambia Revenue Authority.

Gaps–

1. Lack of tobacco taxation per package;
2. Undervaluation of CIF ends in loss of revenue collected by the GRA;
3. The price for cigarettes has remained constant despite the modest tax increases. There is a real decrease in price taking into account the effect of inflation;
4. Tobacco products remain cheap which make them affordable and accessible;
5. Different level of taxation on cigarettes and other tobacco products makes tax increases less effective, since smokers can switch to cheaper tobacco products.

It is therefore recommended that the Ministry of Finance, The Gambia Revenue Authority and the MOH&SW work together to increase tobacco taxation progressively at a higher level than the inflation to reduce tobacco consumption and achieve better health outcomes. The implementation of taxation per packet of cigarettes in addition to the current taxation per kilogram of tobacco would contribute to these efforts. It is further recommended that rates on other tobacco products be increased to reduce switching to products taxed at lower rates.

In support of the Government's effort to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government. The Convention Secretariat has facilitated contact between GRA and the World Bank on technical support.

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

The Gambia has duty-free allowance of 20 packets of cigarettes for each international traveller. The Gambia has met the requirements of the Convention in relation to Article 6.2(b). However it is recommended that consideration is given to further prohibiting or restricting, as appropriate, duty-free allowances of tobacco products by international travellers into or out of The Gambia.

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"*.

The Gambia has provided this information in its two-year and five-year reports and has therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

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

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

This is one of the guidelines that contains recommended deadline for implementation of specific measures. The deadline for The Gambia to provide universal protection from exposure to tobacco smoke is 17 December 2012 and the current legislations allows designating smoke rooms in indoor public and work places.

The 2008 Global Youth Tobacco Survey (GYTS) indicated that 45.8 % of students stated that they live in homes where other people smoke in their presence and 59.2% are around others who smoke in places outside their home. This soaring percentage of students who have been exposed to tobacco smoke indicated that much work is yet to be done in implementing Article 8 and its guidelines.

The Prohibition of Smoking (Public Places) Act, 1998 prohibits smoking in any public place, workplace, hospital, public vehicles or government premises. A "public place" is defined to include private premises, vehicles and shops to which the public have access. However, the Act is not a 100% ban as required by Article 8 Guidelines because it also permits an employer to designate enclosed rooms for smoking including in airports, bus terminals and marine passenger terminals. A subsequent circular by the Minister of Health & Social Welfare (dated 15 April 2009) and addressed to all government departments and relevant organizations reemphasized the requirements of the law and the need to enforce this Act. However, despite these efforts, enforcement of the law is weak; in part due to the lack of awareness among the public and enforcement authorities and low fines for violation of the Act.

During the meeting with the Hon. Minister of Tourism and Culture, the Minister pledged her total support to raising awareness on prohibition of smoking in the tourism sector and facilities. She pledged to work with Gambia Tourism Board as well as Hotel Associations to implement the Prohibition of Smoking (Public Places) Act, 1998. Tourism plays an important role in the economy of The Gambia and The Ministry of Tourism and Culture can significantly contribute to the implementation of the Act. The Ministry of Youth and Sports also pledged to promote tobacco control using its networks including through Gambia's Youth Parliament.

Gaps–

1. Lack of awareness on The Prohibition of Smoking (Public Places) Act, 1998 including among government agencies, enforcement agencies and general public;
2. The existence of an exception to create smoking rooms is problematic;
3. The enforcement is weak, the amount of fine is too small but the legal prosecution procedure is unnecessarily time consuming and burdensome.

It is recommended that the Gambia includes the reinforcment of The Prohibition of Smoking (Public Places) Act in a comprehensive tobacco control legislation. In view of the impending deadline for this time bound measure, The MOH&SW should consider adopting administrative instruments such as circulars to achieve a 100% smokefree public and workplaces in The Gambia in order to meet the deadline. It is also recommended that The Gambia further raise awareness about the harm from exposure to tobacco smoke and

put in place measures to ensure that the Act is effectively enforced. It is further recommended that the Ministry of Toursim and Culture inform the tourism establishments, associations to implement the current Act and the Ministry of Interior issue internall circular among the Police and conducting nessecary trainings to enforce the Act. Consequently, the comprehensive national tobacco control legislation should ensure 100% smokefree for all indoor public places, work places and as appriorite other public places. The legislation should allow for "on the spot" fine to simplify the enforcement procesure and increase the level of penalties. Early offences should be promptly dealt with to raise awareness of the legislation. The Government and the National Assembly are encouraged to speed up the legislative process to strive to meet the deadline of implementing the Article 8 and its guidelines.

Regulation of the contents of tobacco products (Article 9)

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.

There is a dedicated Department in the MOH&SW with a mandate to regulate food, drugs, cosmetic, chemicals and tobacco products. Tobacco products are not regulated at this time. The MOH&SW has a national laboratory but does not have the capacity of testing tobacco products.

Gap - Lack of legislation to meet the obligation under the Convention for regulation of the contents of tobacco products.

It is recommended that the MOH&SW should regulate the contents of tobacco products. Relevant legislation and regulations should be developed which include testing and measurement of the contents and emissions of tobacco products. The next step is to assess and review the testing and laboratory capacity among the existing facilities in the country. This will help to later decide whether The Gambia should develop its own testing capacity or utilize capable laboratories in the region through bilateral arrangement. The tobacco importers should bear all the costs of such testing requirements.

The Convention Secretariat affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of the contents of tobacco products.

Regulation of tobacco product disclosures (Article 10)

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"*.

The Gambia currently does not require tobacco importers to disclose to government authorities information about the contents and emissions of tobacco products.

Gap - Lack of legislation to regulate disclosure to government authorities, information about the contents and emissions of tobacco products

It is therefore recommended that the MOH&SW should take action to promote the development and adoption of legislation or regulation that requires tobacco importers to disclose to government authorities information about the contents and emissions of tobacco products.

The Convention Secretariat affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of tobacco product disclosures.

Packaging and labelling of tobacco products (Article 11)

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

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The three year deadline from the date of entry into force of the Convention for the Party was 17 December 2010 in the case of The Gambia.

There is no domestic law that implements measures in compliance with Article 11 of the treaty.[3] In order to implement Article 11 and its guidelines, the MOH&SW issued a circular on 21 April 2009 which became effective on 1 October 2010 The circular stipulates requirements on the size, content of health warnings and require information on relevant constituents and destination of the tobacco products of health warnings.

Table 1. Comparison of the treaty requirements and level of compliance with these requirements in The Gambia, concerning measures under Article 11 and its guidelines

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as "low tar", "light", "ultra-light",	NOT YET IMPLEMENTED	There is no law or policy that meets this requirement

[3] The guidelines for implementation of Article 11 of the Convention provide guidance to Parties in implementing the requirements under Article 11. See http://www.who.int/fctc/protocol/guidelines/adopted/article_11/

	or "mild".		
1(b)	each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	OBLIGATION MET	The circular requires two warning messages: "Smoking kills" and "Smoking seriously harms you and others around you".
1(b)(i)	[The warning] shall be approved by the competent national authority.	IMPLEMENTED	As aforementioned, the MOH&SW issued a circular implementing warning messages on all cigarettes imported into or sold in Gambia.
1(b)(ii)	[The warnings] shall be rotating.	Not IMPLEMENTED	The circular requires rotating health warnings but this has not been implemented. Only 2 warning messages are identified and used as a set. One on the front and the other on the back of the packet.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	IMPLEMENTED	The MOH&SW circular on the warning messages emphasized the importance of the large, clear, visible and legible messages for inclusion on cigarette packages.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas. Article 11 guidelines further recommend that Parties should consider using health warnings and messages that cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible.	PARTIALLY IMPLEMENTED	Health warnings and messages are required to occupy 30 % of a packaging of tobacco product.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	NOT YET IMPLEMENTED	Textual health warnings only
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities. Article 11 guidelines further recommended Parties should not	NOT YET IMPLEMENTED	Currently tar and nicotine figures are printed on packaging and labelling

	require quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another, such as tax, nicotine and carbon monoxide figures or statements		
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	IMPLEMENTED	Currently in English, the principal language.

Gaps–

1. The Gambia has missed the three year deadline (17 December 2010) in implementing Article 11 and its guidelines;
2. The requirement on relevant constituents and emissions of tobacco products is too general which create loopholes for the tobacco industry to create the misleading impression that one brand is less harmful than the other;
3. The warnings are non-rotating and do not include pictograms;
4. The warnings do not cover 50% of the tobacco product packaging as required by the Guidelines for the Implementation of Article 11.

It is therefore recommended that The Gambia include measures to fully implement Article 11 into comprehensive tobacco control legislation and regulations or take appropriate administrative measures to the same effect. In the interim, the MOH&SW can use circulars to implement the unmet obligations under Article 11, pending the adoption of a comprehensive tobacco control law.

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

Article 12 requires that *"each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:*

(a) broad access to effective and comprehensive educational and public awareness programmes on health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;

(b) *public awareness about the health risks of tobacco consumption, exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14;*

(c) *public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;*

(d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers,

media professionals, educators, decision-makers, administrators and other concerned persons;

(e) awareness and participation of public and private nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and

(f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption."

The MOH&SW has been raising awareness on health risks of tobacco consumption and exposure to tobacco smoke, benefits of the cessation of tobacco use and tobacco-free lifestyles and adverse economic consequences of tobacco production and consumption. The education and public awareness programme have targeted different gender and age groups. The World No Tobacco Day has been annually observed in The Gambia. The MOH&SW emphasises evidence-based research in promoting and strengthening public awareness of tobacco control issues. Rigorous pre-testing, monitoring and evaluation have been conducted in the programmes.

Radio coverage can almost reach every family and the TV coverage is also very high. Radio, TV and print media have been providing free air time or space for raising awareness on tobacco control. However the free air time is very limited. In the national TV and radio channels, there is a total of 30 minute prime time per week allocated for the MOH&SW to air health promotion messages. TV and radio spots for intensified health messages are quite expensive. Free air time for radio and TV spots are effective and needed to raise awareness on the harmful effects of tobacco consumption and exposure to tobacco smoke, the current smoke free legislation and to encourage tobacco cessation.

Experiences from other public health programmes and health education and promotion programme show that community awareness outreach activities through traditional communicators, multi-disciplinary facilitation team, village development committees, peer health educators, faith based organisations and drama groups are very effective to attract people's attention and bring behaviour changes.

The Ministry of Basic and Secondary Education through its Life Skills courses raises awareness against smoking among school children. Smoking is also prohibited in school premises for both students and teachers. Schools in The Gambia have developed peer health education programs as well as health and nutrition that nurture smoke-free life style. The Nova Scotia Gambia Association (NSGA), a renowned NGO has been active in supporting this peer health education program. The President's Award scheme for health and social development for young people out of school also helps to teach drug and tobacco free lifestyles. For example, St Theresa's School received the World No Tobacco Day Award for promoting tobacco free environment in the school and lifestyle among its pupils.

There is no tobacco specific training in higher educational and other institutions in The Gambia. The Gambia has its medical and nursing school to train health professionals. Tobacco control so far is not part of the curriculum for pre-service training for health professionals. In-service tobacco control training on issues such as harmful effects of tobacco

consumption and exposure to tobacco smoke, providing brief advice, cessation and treatment of tobacco dependence has yet to be been conducted.

NGOs have been active in advocacy and raising awareness. An awareness raising campaign on tobacco control and policy has been undertaken by the NGO RAID The Gambia with the support of the African Tobacco Control Consortium (ATCC). Some youth NGOs conducted awareness raising programmes on tobacco control during their implementation of the UNFPA sponsored activities as part of reproductive health as evidence shows that smoking increases drug and other substance abuse in The Gambia.

Gaps–

1. There are limited effective and appropriate training, sensitization and awareness programmes on tobacco control in the population at large and especially in key target groups, such as health, community and social workers, media professionals, educators, decision-makers, etc.;
2. Educational background, cultural background and socioeconomic status are yet to be effectively addressed in educational and public awareness programmes;
3. Currently other ministries and partners have not been sufficiently mobilized to join efforts in implementing Article 12 of the Convention;
4. There is a lack of tobacco control training for health professionals;
5. There is no sufficient financial support to carry out training and awareness raising on tobacco control.

It is therefore recommended that the MOH& SW work together with other ministries and civil society organizations to develop and implement evidence-based education, communication, public awareness and training programmes. It is also recommended that the Ministry of Information, Communication and Infrastructure as well as TV and radio channels allocate sufficient free airtime for spots to raise awareness on tobacco control. It is further recommended that The Ministry of Tourism and Culture should promote smoke-free tourism establishments. It is also recommended that the Ministry of Basic and Secondary Education should improve the existing mechanisms to foster tobacco free awareness and education. It is further recommended that the Ministry of Higher Education, Research, Science and Technology and MOH&SW work closely to ensure that health professionals obtain adequate pre-service and in-service training on tobacco control.

The Convention Secretariat can facilitate technical assistance and input to develop spots for both for radio and TV upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 requires recognition by Parties 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".

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The five year deadline from the date of entry into force of the Convention for the Party will be 17 December 2012 in the case of The Gambia.

The Gambia adopted Tobacco Products (Ban on Advertisements) Act in 2003. It became effective on 2 January 2004. The Act comprehensively bans advertisement and promotion of tobacco products. The purpose of the later Act, the Tobacco Products (Ban on Advertisements) Act of 2003 in its own words is "to ban advertisements of tobacco products in The Gambia in recognition of their unquestionable harmful effects on the health of the population." Under Section 2 of the Act, tobacco is defined as "any form of tobacco intended for smoking or chewing, including cigarettes." Hence the ban covers all forms of tobacco products.

The Act provides for penalties for violation of the Act. Under section 4 of the Act, a person who contravenes the provisions of section 3 commits an offence and is liable on conviction, in the case of an individual, to a fine of not less than 50,000 dalasi or imprisonment for a term not exceeding five years or to a fine or both. A body corporate is liable to a fine of 50,000 dalasi. Any continuing offence attracts a further fine of 10,000 dalasi for each day the offence continues. The law does not ban cross-border tobacco advertising, promotion and sponsorship entering into The Gambia.

It was reported in the assessment meetings that compliance with this Act has generally been satisfactory.

Gaps–

1. Point-of-sale displays of tobacco products are not expressly outlawed;
2. Internet sales, which inherently involve advertising and promotion, are not outlawed;
3. There is no ban on tobacco advertisement in international TV, radio, magazines and newspapers;
4. There is no ban on brand name of non-tobacco products used for tobacco product.

Article 13.5 encourages Parties to: *"implement measures beyond the obligations set out in paragraph 4".*

Currently The Gambia has not implemented any measures beyond the obligations set out in paragraph 4.

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

The Gambia has not yet implemented any measures to ban cross-border tobacco advertising, promotion and sponsorship entering into its territory.

It is therefore recommended that The Gambia include in its comprehensive tobacco control legislation measures to ensure a complete ban on tobacco advertising, promotion and sponsorship, including a ban on point-of-sale tobacco displays, Internet tobacco sales, brand stretching and brand sharing of tobacco products, contributions and other sponsorships from the tobacco industry and importers in the form of "socially responsible" activities, and a ban on cross-border tobacco advertising, promotion and sponsorship entering into and originating from its territory. In view of the impending deadline for this time bound measure, The MOH&SW should consider adopting administrative instruments such as circulars to reinforce the Tobacco Products (Ban on Advertisements) Act, 2003. The Gambia is encouraged to speed up the relevant processes in order and meet the deadline of meeting all obligations under Article 13.

Measures concerning tobacco dependence and cessation (Article 14)

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"*.

The Gambia has conducted media campaigns emphasizing the importance of quitting and also organized local events, such as activities related to World No Tobacco Day to promote cessation of tobacco use.

Gap - currently The Gambia has not developed national guidelines concerning tobacco dependence, cessation and treatment.

It is therefore recommended that The Gambia make full use of the guidelines for the implementation of Article 14 of the Convention, adopted by COP4, in designing and developing its own comprehensive guidelines concerning tobacco dependence and cessation, taking into account national circumstances and priorities. These guidelines should include two major components: a national cessation strategy and national treatment guidelines.

In support the government's effort in developing these guidelines, the Convention Secretariat is committed to share international experience and other Parties' national guidelines with the MOH&SW.

Article 14.2 stipulates that *"towards this end, each Party shall endeavour to:*

(a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;

(b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;

(c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and

(d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate".

The Gambia has not integrated measures concerning tobacco dependence and cessation into the existing tobacco control programme. To date, no medical staff or health professionals have been formally trained in counseling and treatment of tobacco dependence. The Government provides free health service to its population. Patients only need to pay 5 Dalasi[4] for both consultation and medicine in the public health facilities. In terms of control of NCDs, prevention measures such as cessation of tobacco use, providing brief advice and treatment of tobacco dependence have not been promoted and provided using the existing health system. Pharmaceutical products for treatment of tobacco dependence are not available in the market. Moreover, community and primary health care basis approach must be given high priority in line with the Article 14 guidelines.

Gaps–

1. There is no comprehensive and integrated programme concerning tobacco dependence and cessation in The Gambia;
2. Health workers at primary health care level have not been trained and mobilized to provide cessation counselling and brief cessation advice;
3. There is no mandatory requirement to make the recording of tobacco use in records of patients ;
4. There is no national quit line for tobacco cessation;
5. Pharmaceutical products for treatment of tobacco dependence are not available in the public health service.

It is therefore recommended that national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established. Community-based counselling and cessation programmes should be a primary approach. All health care workers and traditional healers should be trained to record tobacco use, give brief advice and encourage quit attempts. These services should be integrated into the national health and education systems. A National quit line should be gradually established.

Illicit trade in tobacco products (Article 15)

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

[4] One dollar is the equivalent of 30 dalasi.

The Gambia has not encountered smuggling of cigarettes or tobacco products despite some isolated small scale smuggling reported by The Gambia Revenue Authority. The current Customs and Excise Act 2010[5] is in effect. Customs allowances for tobacco for international travellers are up to 20 packets of cigarettes.

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 2** below.

Table 2. Overview of measures taken against illicit trade in tobacco products in The Gambia

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products.	PARTIAL COMPLIANCE	There are several brands of cigarettes imported and their country of origin is not required to be marked on the packaging under the law. In view of the adoption of the Customs and Excise Act of 2010 which is in force, there is available legal framework in this area.
2(a)	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: *"Sales only allowed in (insert name of the country, subnational, regional or federal unit)"* or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	OBLIGATION MET	All cigarette packages sold in Gambia are required to have a statement, "sold in The Gambia only" as required by the MOH&SW administrative directive on Health Warnings dated 21 April 2009. However, this requirement should be clearly stated in the future comprehensive tobacco control legislation.
2(b)	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	NOT YET IMPLEMENTED	
3	require that packing information or marking specified in Article 15.2 shall be presented in legible form and/or in its principal language or languages	PARTIAL COMPLIANCE	Some of the required information such as "sold in The Gambia only" is presented in English, the principal language of the Gambia. However, Wolof, Mandinka and Fula are other languages but they these markings are not available in these languages. Moreover, the written forms of

[5] Customs and Excise Act, 2010, The Gambia, No. 11 of 2010, Assented to by the President on 28th of May 2010.

			these other languages are not widely understood among the illiterate population.
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION MET	Collection of data is routine task of both The Gambia Revenue Authority and Gambia Bureau of Statistics. Gambia is a member of the World Customs Organization and cooperates on monitoring and reporting on illicit trade including tobacco products. Section 30(1) provides that Customs has the right to retain the information and data captured within its electronic application and to use for the purpose of executing its statutory functions under this Act. Under section 30(2) (a), Customs also has the right whenever necessary, legally due or requested, to exchange information with other legally approved institutions under terms of international conventions and agreements legally ratified. Section 20(a) of the Customs and Excise Act, 2010 provides that the Commissioner General may use computers and other electronic solutions in the exercise of customs control, including goods which are imported or exported or are in transit, including those delivered into or from a customs warehouse or any other place of storage under the control of customs. Section 12(2) of the Customs and Excise Act, 2010 provides that with the view of reinforcing Customs control and safeguarding state revenue, the Commissioner General may cooperate with the Head of other Customs administration on a mutual basis. Such cooperation may include the exchange of data and information about international trade.

4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION MET	Section 251 of the Customs and Excise Act provides for a penalty of 600,000 dalasi. Section 252 provides for the penalty of forfeiture of goods subject to the Act but not in compliance with the Act.
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.	OBLIGATION MET	The Gambia Revenue Authority reported that all counterfeit or contraband goods including cigarettes are destroyed through environmentally friendly methods such as perforation.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	OBLIGATION MET	Section 60(1) of the Customs and Excise Act 2010 provides that goods liable to duty are housed in a government or bonded warehouse. All goods in The Gambia subject to the Act are stored, electronically controlled including their distribution. There is constant monitoring by the enforcement team
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	NOT YET IMPLEMENTED	There are yet no measures in place for confiscating proceeds derived from illicit trade in any product beyond confiscation, destruction or re-exportation of such products and this applies to tobacco products.
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	NOT YET IMPLEMENTED	The implementation report did not include this information.
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Section 30(2)(a) of the Customs and Excise Act, 2010 provides that, Customs has the right whenever necessary, legally due or requested, to exchange information with other legally approved institutions under terms of international conventions and agreements legally ratified.
7	Each Party shall endeavor to adopt and implement further	OBLIGATION MET	The Customs and Excise Act

	measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.		2010 contains several requirements on licensing to regulate or control the production and distribution of dutiable products. These include sections 85,113, Part IX of the Act deals with licensing of manufacture of excisable goods.

Gaps–

1. There are no measures to enable the confiscation of proceeds derived from the illicit trade in tobacco products;
2. There is no legal requirement that identifies the exact origin of a tobacco product.

It is therefore recommended that The Gambia review their obligations under Article 15 and other related provisions and reinforce the existing legislation through their inclusion in the comprehensive tobacco control legislation.

Sales to and by minors (Article 16)

Article 16 requires *"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) calls on each Party to require "*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, request that each tobacco purchaser provide appropriate evidence of having reached full legal age*".

Article 16.1(b) calls on each Party to "*ban the sale of tobacco products in any manner by which they are directly accessible, such as store shelves".*

Article 16.1(c) calls on each Party to "*prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors".*

There is no legislation or administrative measures to implement any of the above. The Gambia has not met the obligations under article 16.1(a), 16.1(b) and 16.1(c) of the Convention.

Article16.1 (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".*

There are no vending machine currently being used in The Gambia, However, it may be noted that there is no legislation or administrative measures to prevent tobacco vending machines in the future should vending machines be set up.

Article 16.2 calls on each Party to "*prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.*"

The Gambia has not met the obligation under Article 16.2.

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

Most cigarettes are sold in a 20 stick packets but there are small packets with 10 sticks sold in The Gambia. Sale of single cigarettes is also very common. Currently there is no MOH&SW requirement or national legislation to implement Article 16.3 of the Convention.

The Gambia has not met the obligation under Article 16.3 of the Convention.

Article 16.6 calls on each Party to "*adopt and implement effective legislative, executive, administrative or other measures, including penalties against sellers and distributors, in order to ensure compliance with the obligations contained in paragraphs 1-5 of this Article."*

No measures have been taken so far. The Gambia has not met the obligation under Article 16.6 of the Convention.

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

No measures have been taken so far. The Gambia has not met the obligation under Article 16.6 of the Convention.

It is therefore recommended that The Gambia implement effective legislative, executive, administrative or other measures to implement Article 16 of the Convention and prohibit sales to and by minors. The comprehensive tobacco control legislation should include provisions to this effect including a requirement that a cigarette pack contains at least 20 cigarettes, banning tobacco vending machines to prevent future introduction of these machines into the country.

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

Article 17 calls on Parties to promote, as appropriate, *"in cooperation with each other and with competent international and regional intergovernmental organizations… economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers"*. There is no tobacco growing or local manufacturing in The Gambia. All tobacco products are imported. There are currently five major importers of tobacco products in The Gambia. Support for tobacco retailers in The Gambia is not a direct function of the Government, but the Chamber of Commerce or Retail Trade Associations which may assist in diversifying sales products away from tobacco. Currently there is no government policy or initiative to promote economically viable alternatives for individual sellers. The international team raised awareness of the obligations under Articles 17 and 18 with the relevant ministries during the needs assessment mission.

The fifth session of the Conference of the Parties (COP5) to be held in November 2012 will discuss policy options in implementing Article 17 and 18.

Gap - No measures have been put in place to promote economically viable alternatives for individual sellers.

It is therefore recommended that the Ministry of Trade, Ministry of Agriculture, Ministry of Tourism and MOH&SW work together and make joint efforts to meet this treaty obligation. It is also recommended that The Gambia follow the COP5 discussion and develop appropriate policies subsequently.

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

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

There is no cultivation or manufacture of tobacco products in The Gambia. All tobacco and tobacco products are imported.

Liability (Article 19)

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

No activities have been implemented in relation to this article of the Convention. There are also no policy or legislative measures related to this article. The mission was not informed of any court cases seeking compensation in relation to any adverse health effects caused by tobacco use or exposure to tobacco smoke, including any action against the tobacco industry (including the tobacco importers) for full or partial reimbursement of medical, social and other relevant costs related to tobacco use. However, a senior official from the Office of the Attorney General stated that should such cases arise in the future, they will be dealt with under rules of Common law applicable in The Gambia.

Article 19 will be included in the agenda of the fifth session of the COP to be held in South Korea in November 2012.

Gap – the government not yet initiated implementation of Article 19.

It is therefore recommended that The Gambia review and promote the options of implementing Article 19 in its national context and actively participate in the discussion during the fifth session of the COP and subsequently develop policy as appropriate.

Research, surveillance and exchange of information (Article 20)

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

With the support from WHO, The Gambia conducted the Global Youth Tobacco Survey (GYTS) among 13 to 15 years old students in Banjul in 2008 and the step-wise approach to risk factor surveillance (STEPS) among 25 to 64 years old adult population in 2010.

Current smoking prevalence among male 25-64 age group is 31.3%, among the similar female age group is 1.0% and 15.6% for both sexes. The difference in smoking prevalence among the youth is narrowing down with 12.7% for boys and 8.6% for girls who currently smoke cigarettes.

The Gambia conducts census in every ten years. The next census will be in 2013. The Gambia Bureau of Statistic (GBS) is the leading agency for the census and other important household surveys. Working together with the MOH&SW, GBS is also preparing for the Demographic Health Survey (DHS) to be conducted in 2013. The international team has sensitized the GBS and the MOH&SW on the need to include essential questions related to tobacco control into the census and DHS which will help to monitor the tobacco epidemic, better implement the Convention and support the country in meeting the reporting obligation under the Convention.

Gaps –

1. There is limited epidemiological surveillance of tobacco consumption and related social, economic and health indicators;
2. There is a lack of capacity and resources to conduct research;
3. There is a lack of routine national data collection through the census or the DHS and other national surveys on tobacco use and burden of disease related to tobacco, direct costs attributable to tobacco use and exposure to tobacco smoke.

It is therefore recommended that the Government of The Gambia:

1. ***Develop and promote national research capacity in cooperation with competent international and regional organizations;***
2. ***Promote to include questions related to tobacco use in future censuses, DHS and other relevant national health information system through the close collaboration between the GBS and the MOH&SW and DHS to monitor trend data; and***
3. ***Conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke including data on mortality and morbidity attributable to tobacco use.***

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the development and promotion of national research capacity upon request from the Government.

Reporting and exchange of information (Article 21)

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

The Gambia has provided all of the required two implementation reports on time. The two-year (first) report was submitted on 21 December 2009, the five year (second) report on 7 May 2012.

The Gambia has met the obligation under Article 21 of the Convention.

As the COP established a new two year cycle of Parties implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the government start the preparation of next report well in advance in 2013/2014 to meet the deadline in 2014 and thereafter. The Gambia Statistic Bureau will have an important role to play in collecting data to fulfil the reporting obligations.

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

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

With the support of WHO, The Gambia conducted the STEPS survey in 2010 and received support from WHO to conduct the Global Youth Tobacco Survey in 2008. The Government has received support from the Convention Secretariat in the form of provision of expertise for conducting this WHO FCTC needs assessment for The Gambia.

The WHO Country Cooperation Strategy, 2008-2013 includes tackling the NCD risk factors that include tobacco and the implementation of the WHO FCTC in The Gambia. Financial and technical support towards implementation of the Convention has been provided by WHO country and regional offices.

UNFPA supported some youth organizations on interventions on reproductive health that included activities to promote smoke free social norms.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)[6] the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The current UNDAF for The Gambia (2012–2016) does not include implementation of the WHO FCTC. However, its health related commitments can help meet The Gambia's obligations under the Convention. For example, the UN and the Government have agreed to develop critical capacities to strengthen public institutions and improve basic social services

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

such as health. They have also agreed to work towards the achievement of the health related Millennium Development Goals (MDGs). The United Nation's intervention under its "Basic Social Services" work will focus on national programmes including health, based on priorities and objectives as outlined in the PAGE. Efforts will be directed towards enhancing human resources for health. In view of the absence of a specific commitment on the WHO FCTC in the UNDAF, the international team met the Deputy Resident Representative, UNDP and officials of relevant ministries and brought this to their attention. A midterm review of the implementation of the UNDAF is scheduled in 2014.

The Ministry of Health & Social Welfare indicated that the West African Health Organization (WAHO) provides significant support for NCDs work in The Gambia. The Ministry of Trade, Regional Integration and Employment, the Ministry of Finance and The Gambia Revenue Authority all interact closely with ECOWAS on issues such as taxation, investment and cross-border trade.

It is therefore recommended that the Government of The Gambia actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country. It is also recommended that the MOH&SW follow this up with the Ministry of Foreign Affairs, International Cooperation and Gambians Abroad and the UNRC to ensure that supporting implementation of the Convention is included during the midterm review in 2013. The Government and the UN Country Team should therefore use the current UNDAF framework to support implementation of the Convention in The Gambia.

Financial resources (Article 26)

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

Apart from paying the salaries for two staff working on NCDs that includes tobacco control in its remit, the MOH&SW has limited funds for tobacco control. The Ministry has raised awareness on the smoke free law and educated the public through its health promotion initiatives including a 30 minute free weekly airtime on radio and TV.

Gaps –

1. There is no separate budget line in the MOH&SW to implement the Convention and implement and raise awareness on the existing tobacco control legislation;
2. Other relevant ministries that have obligations to implement the Convention have not allocated staff time and budget to implementation of the Convention.

It is therefore recommended that the MOH&SW set up a separate budget line and allocate operational funding and staff time to implement the Convention. It is also recommended that other relevant ministries and government agencies should also allocate sufficient staff time and budget to implement the Convention.

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

International organizations such as WHO, other United Nations Agencies, WAHO and development partners are active in The Gambia. WHO has provided financial and technical support to implement the Convention. The MOH&SW has indicated that WHO, The World Bank, UNICEF, UNFPA, WAHO as well as some countries and NGOs are key partners supporting the health sector in The Gambia. These partners have a key role in supporting the country to meet its obligations under the Convention.

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

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

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

The Gambia does not produce tobacco and there is also no local manufacturing of tobacco products. This provision of the Convention is therefore is not applicable to The Gambia.

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 Ministry of Foreign Affairs, International Cooperation and Gambians Abroad, the Ministry of Trade, Regional Integration and Employment and the MOH&SW are committed to ensuring that The Gambia will promote implementation of the Convention in the relevant bilateral and multilateral forums.

Gap – Other than WHO, The Gambia has to date not been successful in mobilizing financial assistance from other Parties, regional and international organizations and financial and development partners that are able to provide aid to developing countries (including The Gambia) in meeting their obligations under the Convention.

It is therefore recommended that The Gambia 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, such as the Ministries of Foreign Affairs, International Cooperation and Gambians Abroad, the Ministry of Trade, Regional Integration and Employment representing The Gambia in other regional and global forums, also proactively urge regional and international organizations particularly the

Economic Community of West African States (ECOWAS) and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX

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

Participating Government ministries and agencies

Ministry of Health & Social Welfare
Ministry of Foreign Affairs, International Cooperation and Gambians Abroad
Ministry of Finance and Economic Affairs
Ministry of Justice
Ministry of Interior
Ministry of Trade, Regional Integration and Employment
Ministry of Basic and Secondary Education
Ministry of Higher Education, Research, Science and Technology
Ministry of Tourism and Culture
Ministry of Youth and Sports
Ministry of Information and Communication Infrastructure
The Gambia Revenue Authority
The Gambia Bureau of Statistics
The Gambia Police Force
The Gambia Radio and Television Services
The Gambia National Environment Agency

Ministry of Health & Social Welfare

Hon Fatim Badjie, Minister of Health and Social Welfare
Dr Makie Taal, Ag Permanent Secretary, MOH&SW
Mr Bulli Dibba, Deputy Permanent Secretary, MOH&SW
Mr Modou Njai, Director, Health Promotion, MOH&SW
Mr Omar Badjie, Tobacco Control Focal Point, MOH&SW

Convention Secretariat

Mr Vijay Trivedi
Ms Guangyuan Liu
Mr William Onzivu (Temporary Adviser)

WHO Country office in The Gambia

Dr Thomas Sukwa, WHO Representative to The Gambia
Dr Mamodou Gassama, National Programme Officer

United Nation Development Programme

Ms Sirra Horeja Ndow, Program Analyst

Nongovernmental organizations

The Association of Health Journalists

African Network for Information and Action against Drugs (RAID), The Gambia.

In addition, the international team met Ms Izumi Morota-Alakija, Deputy Resident Representative, UNDP. The mission has also gained valuable support from UNICEF and UNFPA on sharing information on their activities in The Gambia.