WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

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

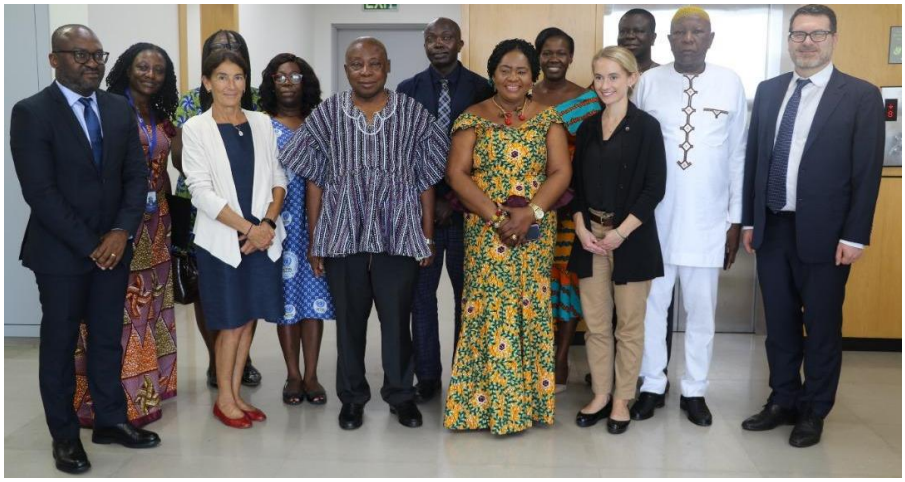

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Table of Abbreviations and Acronyms

AFRO	World Health Organization Regional Office for Africa
AG	Attorney General's Department
ATCA	African Tobacco Control Alliance
CCS	Country Cooperation Strategy
CIF	Cost Insurance and Freight
COP	Conference of the Parties
CTFK	Campaign for Tobacco Free Kids
CSR	Corporate Social Responsibility
DSA	Designated Smoking Area
ECOWAS	Economic Community of West African States
EPA	Environmental Protection Agency
FCA/GATC	Framework Convention Alliance/ Global Alliance for Tobacco Control
FDA	Food and Drugs Authority
GES	Ghana Education Services
GCRF	Global Challenges Research Fund
GHC	Ghanaian cedi
GHS	Ghana Health Service
GHW	Graphic Health Warnings
GHPSS	Global Health Professional Students Survey
GPS	Ghana Police Service
GRA	Ghana Revenue Authority
GSA	Ghana Standards Authority
GSPS	Global School Personnel Survey
GTA	Ghana Tourism Authority
GYTS	Global Youth Tobacco Survey
HTI	Health Training Institution
ICUMS	Integrated Customs Management Systems
INB	Intergovernmental Negotiating Body
INTERPOL	International Criminal Police Organization
LMIC	Low Middle-Income Country
MFA	Ministry of Food and Agriculture
MoEd	Ministry of Education
MoF	Ministry of Finance
MoFA	Ministry of Foreign Affairs and Regional Integration
MoJ	Ministry of Justice
MoH	Ministry of Health
MoTI	Ministry of Trade and Industry
NGOs	Non-Government Organizations
Protocol	Protocol to Eliminate Illicit Trade in Tobacco Products
SHEP	School Health Education Programme
TAPS	Tobacco advertising, promotion and sponsorship
TCCP	Tobacco Control Capacity Programme

TC-IACC	Tobacco Control Inter-Agency Coordinating Committee
TH	Teaching Hospitals
ToRs	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNRC	UN Resident Coordinator
UNSDCF	United Nations Sustainable Development Cooperation Framework
VALD	Vision for Alternative Development
WCO	World Customs Organization
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

Introduction

The WHO FCTC

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

The needs assessment exercise

- The first session of the COP (COP 1) in February 2006, called upon 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 (decision FCTC/COP1(13)).[1]
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- A WHO FCTC needs assessment was requested by the Government of Ghana, through the Ministry of Health and the Food and Drugs Authority (FDA).
- In response, the Convention Secretariat led an international team to conduct a joint needs assessment with the host government from 12 to 16 September 2022. Meetings with local stakeholders took place to jointly review the status of implementation of the Convention.
  The mission team met with representatives of the government agencies, legislative bodies, and nongovernmental organizations to identify the main challenges in implementation of tobacco control measures.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified. For Ghana, post-needs assessment support is being provided through the FCTC 2030 project.

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

Ghana: key data

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

Prevalence of tobacco use

	Tobacco use (1)	Tobacco smoking (1)	Cigarette smoking (1)	Smokeless (2)	Waterpipe	E-cigs
	Current	Current	Current	Current	Current	
ADULT						
Male	7.0	5.1	4.3	1.9		
Female	0.4	0.3	0.1	0.3		
Total	3.7	2.7	2.2	0.8		
YOUTH (3)						
Boys	8.9	7.0	3.2	2.5	0.4	4.9
Girls	8.2	5.3	2.3	3.7	1.7	5.0
Total	8.9	6.5	2.8	3.1	1.3	4.9

Sources:

(1) WHO report on the global tobacco epidemic, 2021.[2]

(2) WHO report on the global tobacco epidemic, 2021.[3]

(3) Global Youth Tobacco Survey, 2017.[4]

Exposure to tobacco smoke:

From the GYTS 2017 survey, among students aged 13-15 years:

- 23.1% were exposed to tobacco smoke at home.
- 39.3% were exposed to tobacco smoke inside any enclosed public.

Tobacco-related mortality:

Every year, tobacco use kills more than 6,700 Ghanaians. 93 men and 39 women die every week from smoking (Global Burden of Disease 2015). Tobacco-related illness accounts for 3% of all deaths in the country.

[2] Available here: 10 WHO prevalence estimates

[3] Available here: WHO country profiles

[4] Available here: 2017 GYTS Fact Sheet Ghana (who.int)

Milestones of tobacco control in Ghana

Year	Tobacco control efforts
1982	Government directive to prohibit advertising of tobacco products
1989	Labelling requirements for cigarette packs
2000	First GYTS conducted
2004	Ghana ratified the WHO FCTC (29 November 2004)
2005	Ghana became a Party to the WHO FCTC (27 February 2005) being one of the first 40 countries needed for the Treaty to enter into force
2007	Ministerial directive for the registration of tobacco and tobacco products in Ghana and ban TAPS
2012	Public Health Act, 2012 (Act 851) containing tobacco control measures in Part Six[5]
2015	The parliament of Ghana approved an increase in tobacco taxes from 150% of the ex-factory price to 175%. Passage of the Excise Duty (Amendment) Bill
2016	Passage of the Tobacco Control Regulations 2016, (L.I 2247) which entered into force on January 4, 2017, and provided 18 months for compliance with pictorial warnings and public smoking restrictions in Ghana
2018	Introduction of pictorial health warning and emission statements on tobacco product packages by the FDA. Source document given to tobacco industries for enrolment in 2018
2021	Ghana ratified the Protocol to Eliminate Illicit Trade in Tobacco Products (22 October 2021)

[5] gha136559.pdf (fao.org)

Executive summary
including key findings & recommendations

The WHO FCTC is an international treaty negotiated under the auspices of WHO which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 182 Parties to date.[6]

Ghana signed the WHO FCTC on 20 June 2003 and ratified it on 29 November 2004 and was among the first 40 countries to do so. The Convention entered into force for Ghana on 27 February 2005 (when the Treaty entered into force).

For Ghana to fully meet its obligations, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Ghana and the Convention Secretariat from June to September 2022. This includes the initial analysis of the status, challenges and potential needs deriving from the country's WHO FCTC implementation reports and other sources of information. An international team led by the Convention Secretariat which also included representatives of the WHO (AFRO and the WHO Country Office), and UNDP (Headquarters and Country Office), conducted a mission in Ghana from 12 to 16 September 2022 (see Annex 1 for mission programme). The assessment involved relevant government departments, legislative bodies, NGOs, and other stakeholders (see Annex 2).

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

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

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. With support from the FCTC 2030 project, Ghana is developing a national strategy for tobacco control which has not yet been finalized or approved. It is recommended that Ghana finalizes the development of and implements a comprehensive national tobacco control strategy in line with the Global Strategy to Accelerate Tobacco Control 2019-2025.

Third, the Convention requires a national multisectoral coordinating mechanism to be established to coordinate its implementation. Ghana has established a Tobacco Control Inter-Agency Coordinating Committee (TC-IACC) which is not fully operational. It is recommended that Ghana strengthens multisectoral cooperation for the implementation of the WHO FCTC through

[6] UNTC

reinvigorating the existing TC-IACC, with formal terms of reference, operating procedures and/or guiding principles. It is also recommended to provide the TC-IACC with sustainable resources to function and to continue to encourage and facilitate the participation of civil society in support of tobacco control in Ghana

Fourth, Parties are required to adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. Tobacco control in Ghana is mainly regulated under the Public Health Act adopted in 2012 (Act 851) and the Tobacco Control Regulations, 2016 (L.I. 2247). Current legislation can be strengthened to comply with the WHO FCTC provisions and its guidelines. It is recommended to review current tobacco control measures in the Public Health Act, 2012 (Act 851) and make necessary amendments so that Ghana fully complies with the obligations of the WHO FCTC, in light of recommendations made in relevant implementation guidelines and COP decisions, including by:

- Removing the current allowances for "designated smoking areas" within current legislation relating to protection from second-hand tobacco smoke (in line with Article 8 of the WHO FCTC and its implementation guidelines).
- Increasing the size of graphic health warnings on tobacco packs (in line with Article 11 of the WHO FCTC and its implementation guidelines) and considering the introduction of plain packaging of tobacco products (Guidelines for implementation of Article 11 and Article 13 of the WHO FCTC), taking into account regional and global experience and best practice.
- Implementing a comprehensive ban on tobacco advertising, promotion and sponsorship by ending point-of-sale product display of tobacco products and the depiction of tobacco products in the entertainment media. (Guidelines for implementation of Article 13 of the WHO FCTC).
- Banning the sale of small cigarette packs (less than 20) which can increase the affordability of tobacco, including to minors (Article 16 of the WHO FCTC).
- Providing for regulation of novel and emerging tobacco and nicotine products.

Fifth, Parties are required to develop and disseminate appropriate, comprehensive and integrated guidelines for tobacco dependence treatment and to implement effective tobacco cessation programmes. Ghana has developed guidelines but these are not yet implemented. Tobacco dependence treatment is not included in the country's Essential Health Service Minimal Package. It is therefore recommended that Ghana designs and implements a national programme to promote the cessation of tobacco use by integrating tobacco dependence treatment into the primary care system and training health professionals to provide brief advice to quit tobacco use. Ghana should review and implement the existing 2017 Smoking Cessation Clinical Guidelines. Ghana should consider including nicotine dependence treatment medication in the Essential Medicine List and tobacco cessation into the Essential Health Service Minimal Package. Additional evidence-based support for tobacco users to quit could include the establishment of tobacco cessation centres, a toll-free quit line and internet based quit support in line with Article 14 of the WHO FCTC and its implementation guidelines.

Sixth, increasing the price of tobacco through taxes is the most cost-effective measure to decrease tobacco consumption, especially amongst young people. Currently the excise tax in Ghana is levied as an ad valorem tax only and the taxes represent 31.75% of the retail price of the most sold brand. It is therefore recommended that Ghana reforms current taxation of tobacco products to introduce uniform specific excise tax on tobacco products in accordance with the Economic Community of West African States (ECOWAS) Directive on the harmonization of excise duties on tobacco products, as well as recommendations in the WHO Technical Manual on Tobacco Tax Policy and Administration and the WHO FCTC implementation guidelines for Article 6. The tax share of the retail price of tobacco should be increased to meet or exceed 75% of the retail price (considered in the *WHO Report on the Global Tobacco Epidemic* as the highest level of achievement) especially through utilization of specific excise taxes. The law should specify that excise taxes should be automatically increased on a regular basis to outpace inflation and economic growth, thereby decreasing affordability. Consideration could be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

Seventh, Ghana has ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. Studies show that between 20-30% of tobacco products found in the market are illicit tobacco products. It is therefore recommended that Ghana moves ahead with the full implementation of the Protocol, including to adopt and implement effective legislative, executive, administrative and/or other measures. Ghana should also seek to cooperate, as appropriate, with other Parties and regional organizations such as ECOWAS in developing appropriate policies and directives to combat illicit trade in tobacco products.

Eighth, Parties are required to establish, as appropriate, programmes for national, regional, and global surveillance of tobacco consumption and exposure to tobacco smoke. There is currently no national tobacco surveillance system in Ghana. It is therefore recommended to establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies.

Ninth, Parties are required to act to protect public health policies from commercial and other vested interests of the tobacco industry. Although there are provisions in this respect in the Public Health Act 2012 (Act 851) and regulations, Ghana needs to move ahead and implement the measures to protect public health policies from the commercial and other vested interests of the tobacco industry, including through introducing a code of conduct for all government officials and the other recommendations made in the Guidelines for implementation of Article 5.3 WHO FCTC.

Tenth, Parties are encouraged to achieve the highest attainable standard of health through education, communication, and training. Currently there are some school education programmes in Ghana, however it is recommended to strengthen education and public awareness programmes on the consequences of tobacco use and how to quit, including as part of school curricula, and using digital technologies to raise health literacy about tobacco use and encourage academic research into tobacco and seek to coordinate research programmes at the regional and global levels.

Eleventh, United Nations Sustainable Development Cooperation Framework (UNSDCF) is the strategic planning and implementation instrument for UN development activities within countries. This ensures that the UN development system will support each country based on their national priorities. The current UNSDCF (2018-2022) has not included implementation of the WHO FCTC.

The international team brought this to their attention of the UN Resident Coordinator (UNRC) and officials of government relevant counterparts for UNSDCF. It is therefore recommended that the Ministry of Health/FDA follow this up with the UNRC to ensure that supporting implementation of the Convention is included in the next UNSDCF and to continue prioritizing the implementation of the WHO FCTC in sustainable development strategies, as done in Ghana's National Medium-Term Development Policy Framework (2022-2025).

Twelfth, each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes. Enforcement of tobacco control measures in Ghana could benefit from additional resources**.** It is therefore recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

Thirteenth, the Conference of the Parties has adopted eight guidelines to implement Articles 5.3, 6, 8, 9&10, 11, 12, 13 and 14. The aim of these guidelines is to assist Parties in meeting their legal obligations under the respective Articles of the Convention. The guidelines draw on the best available scientific evidence and the experience of Parties. The COP also adopted a set of policy options and recommendations in relation to Articles 17 and 18 of the WHO FCTC. Ghana is strongly encouraged to follow these guidelines and policy options and recommendations in order to fully implement the Convention.

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 Ghana. 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.

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

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

Ghana does not currently have measures which go beyond those provided for by the Convention.

It is recommended that the Government, while working on meeting the obligations under the Convention, give consideration to the implementation of the tobacco control measures that will have an impact on reducing tobacco use prevalence, and that will prevent children and young people taking up tobacco use.

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".*

Ghana has signed a Memorandum of Understanding (MoU) with its immediate neighbours Togo, Burkina Faso and Côte d'Ivoire on customs cooperation including combating illicit trade on tobacco products. Currently no other agreements that might have an influence on implementation of the Convention have been reported.

It is recommended that the Ministry of Foreign Affairs and relevant Government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Ghana communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Article 4. Guiding Principles

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

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

In Ghana there are currently a few Non-Government Organizations (NGOs) actively working in tobacco control although the main one is Vision for Alternative Development (VALD) which has been very active in topics such as banning of shisha, sales of small packs of tobacco, and increasing taxes. VALD receives funding from international sources such as Campaign for Tobacco Free Kids (CTFK) and the Government of Norway.

VALD is a member of the African Tobacco Control Alliance (ATCA) and the Framework Convention Alliance/Global Alliance for Tobacco Control (FCA/GATC). VALD has organised several seminars for NGOs including FCA seminar for NGOs in the African Region in 2007 and hosted several ATCA meetings.

VALD 2020 Ghana Tobacco Industry Interference Index Report describes civil society efforts in Ghana as impressive, but it also indicates factors limiting their activities including poor access to information.

Gaps

A coalition of NGOs "The Coalition of Non-Governmental Organizations in Tobacco Control (CNTC) consisting of around 15 organizations, was formed but it is not active anymore. There is only informal coordination between NGOs.

It is therefore recommended to continue to foster the engagement and participation of NGOs in tobacco control policy development and implementation. Encouraging further strengthening of the collaboration among NGOs and government is also recommended.

Article 5. General obligations

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

With the support of the FCTC2030 project, Ghana is developing a comprehensive national tobacco control strategy.

Ghana has just launched its Policy & Strategic Plan for the Prevention and Control of NCDs (2022-2026). In this Strategic Plan there is a clear focus on the need to sustain tobacco control gains and to introduce new measures to address emerging trends.

Ghana Health Services has also prepared a National Health Promotion Strategy (2022-2027). The Strategy aims at healthier communities by increasing the proportion of youth with adequate knowledge about healthy lifestyles (exercise, diet, non-smoking etc.).

The National Medium Term Development Framework 2022-2025 has amongst its policy objectives and strategies the increase in tobacco taxes and to strengthen the implementation of the WHO FCTC.

Gaps

A comprehensive national tobacco control strategy has not been finalized yet.

It is recommended that Ghana finalize the development of and implements a comprehensive national tobacco control strategy in line with the Global Strategy to Accelerate Tobacco Control 2019-2025. It is also recommended to continue highlighting the implementation of the WHO FCTC in the next National Development Plan.

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

There is a Tobacco Control Inter-Agency Coordinating Committee (TC-IACC) set up at the Ministry of Health and Chaired by the Minister of Health who delegates to the Chief Director. It was established in 2013, shortly after passage of the Public Health Act, 2012 (Act 851). The TC IACC meets on an "as needed" basis, with stakeholders invited to join when necessary. In addition to the Ministry of Health and the FDA, government stakeholders with involvement in the TC IACC include: Ghana Standards Authority (GSA), Ghana Health Service (GHS), Ministry of Foreign Affairs and Regional Integration (MoFA), Ministry of Education (MoEd) Ghana Education Services (GES), Health Training Institution (HTI) Ministry of Food and Agriculture (MFA), Ministry of Finance (MOF), Ghana Revenue Authority (GRA), Ministry of Justice (MoJ) and Attorney General's Department (AG), Environmental Protection Agency (EPA), Ministry of Trade and Industry (MOTI) Ghana Tourism Authority (GTA), Teaching Hospitals (TH), Ghana Police Service (GPS), and the Parliamentary Select Committee on Health. Other stakeholders have contributed to the work of the TC IACC, including NGOs such as VALD and the NCD Alliance.

There are five sub-committees:
(1) Education, communication, and training- GES, Media, Health, CSO
(2) Finance, taxation, and logistics- MOF, MOTI, GRA, WHO, UNDP
(3) Implementation and reporting- MoH/GHS, THs, HTI, GRA, CSO, MoFA
(4) Legislation and enforcement- AG, FDA, MOTI, GPS, GSA, LG
(5) Research and Development- MoH/GHS, EPA, CSO, GES

The Ghana FDA is the national agency responsible for Tobacco control. The focal point is housed at FDA.

Gaps

The TC IACC is not meeting on a regular basis, members are only invited when needed, and there are no terms of reference (ToRs), operating procedures, or guiding principles for the committee. There are no identified financial resources for the Committee to function.

It is recommended to strengthen multisectoral cooperation for the implementation of the WHO FCTC through reinvigorating the existing TC-IACC, with formal ToRs, operating procedures and/or guiding principles. It is also recommended to provide the TC-IACC with sustainable resources to function. The TC IACC should also promote the enforcement of tobacco control laws, as well as monitoring compliance.

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".

In 1982, Ghana became one of the first countries in the world to prohibit advertising of tobacco products. In 1989, the government mandated textual warning labels be placed on all cigarette packs manufactured in Ghana and in 2012 Ghana adopted The Public Health Act, 2012 (Act 851), which is the primary tobacco control legislation for the country and governs, among other things, smoking in public places; tobacco advertising, promotion, and sponsorship; and tobacco packaging and labelling.

The Tobacco Control Regulations, 2016 (L.I. 2247) entered into force on January 4, 2017 and provided among other measures 18 months for compliance with public smoking restrictions and 18 months for compliance with new pictorial health warnings from the date the FDA issued the new health warnings electronically.

The FDA Guidelines for Labelling of Tobacco Products have been issued to support the implementation of the Public Health Act, 2012 (Act 851). The most recent set of guidelines was issued in 2018.

Gaps

The current Public Health Act with tobacco control measures and the Tobacco Control regulations can be improved to comply with the WHO FCTC provisions and its guidelines. For instance, smoking is allowed in designated smoking areas in indoor work and public places; point of sale product display and depiction of tobacco products in the entertainment media are not banned. Selling of small packs of cigarettes (less than 20 sticks) is allowed.

It is therefore recommended to review current Public health Act with tobacco control measures and make amendments, so Ghana complies with the obligations of the WHO FCTC in light of recommendations made in relevant implementation guidelines and COP decisions (Article 5.2(b) of the WHO FCTC) by:

- ***Removing the current allowances for "designated smoking areas" within current legislation relating to protection from second-hand tobacco smoke (in line with Article 8 of the WHO FCTC and its implementation guidelines).***

- ***Increasing the size of graphic health warnings on tobacco packs (in line with Article 11 of the WHO FCTC and its implementation guidelines) and considering the introduction of plain packaging of tobacco products (in line with the guidelines for implementation of Article 11 and of Article 13 of the WHO FCTC), taking into account regional and global experience and best practice.***

- ***Implementing a comprehensive ban on tobacco advertising, promotion and sponsorship by ending point-of-sale product display and depiction of tobacco products in the entertainment media (in line with the guidelines for implementation of Article 13 of the WHO FCTC).***

- ***Banning the sale of small cigarette packs (less than 20) which can increase the affordability of tobacco to minors (In line with Article 16 of the WHO FCTC).***

- ***Providing for regulation of novel and emerging tobacco and nicotine products.***

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"*.

Since 2006, tobacco manufacturing in Ghana ceased after British American Tobacco (BAT) relocated to Nigeria. According to the Tobacco control regulations LI 2247(2016), interactions or meetings with public authorities and officers with a role in tobacco control and the tobacco industry shall be limited to the extent strictly necessary for effective tobacco control and enforcement of relevant laws.

The regulations also say that the Minister may issue a code of conduct prescribing standards for public officers, service providers, contractors and consultants involved in setting or implementing public health policies for effective tobacco control. This code of conduct is yet to be issued.

It has been brought to the attention of the mission team that the tobacco industry regularly approaches officials at the MOF around the discussion of the budget in Parliament to ensure there is no tobacco tax increase that year.

Tobacco-related Corporate Social Responsibility (CSR) activities are banned by law. The Public Health 2012 (ACT 851), under sponsorship, indicates that a person shall not initiate or engage in any form of tobacco sponsorship.

The Global Tobacco Industry Interference Index score has recently improved from 58 in 2020 to 56 in 2021, ranking 38th out of 80, or in the middle of all countries analysed.

Gaps

1. There are no available records outlining procedures for disclosing interactions or meetings between the government and the tobacco industry.

2. There is also no written plan/program by the government to regularly create awareness within its departments and agencies on policies relating to the implementation of the WHO FCTC Article 5.3 Guidelines.

3. There is no code of conduct for government officials.

It is recommended to request the tobacco industry to fully disclose all its activities including revenue and profits, tax exemptions or any privileges received by the tobacco industry. It is also recommended to implement measures to protect public health policies from the commercial and other vested interests of the tobacco industry and improve transparency in government interaction with the tobacco industry including making known any records of lobbyists acting in the interest of the tobacco industry and introducing a code of conduct to guide public officials when interacting with the tobacco industry. Action to prevent tobacco industry interference should be guided by the guidelines for implementation of Article 5.3 of the WHO FCTC.

The development of programs to regularly increase awareness of public officials and agencies on the WHO FCTC Article 5.3 is also recommended.

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

Ghana has participated in all Conference of the Parties (COP) in line with its obligations under Article 5.4.

Ghana has also performed an active role by chairing committee meetings at COP1 in Geneva, Switzerland (2006) and at COP2, in Bangkok, Thailand (2007). It also played a significant role in tobacco control activities and programs worldwide such as the 1st session of the Intergovernmental Negotiating Body (INB) on the Protocol to Eliminate Illicit Trade in Tobacco Products in Geneva in February 2008; and hosting the WHO sponsored Consultation on Regional Capacity Building for Tobacco Control in Africa. In 2010 Ghana hosted the 2nd meeting of the Working Group of the WHO FCTC Articles 17 and 18.

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

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"*.

Ghana has received funding from Norway and AFRO for the implementation of the WHO FCTC. Technical support was received from WHO. Currently Ghana has been participating in the FCTC 2030 project since 2021 receiving technical and financial support through the Convention Secretariat to implement key aspects of the WHO FCTC.

It is recommended to continue seeking opportunities for expanded support for tobacco control measures and implementation of the treaty in line with Ghana's obligations under Article 5.6.

Article 6. Price and tax measures

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

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

Prices and taxes of most sold brand of cigarettes (standardized to a pack of 20)

	WHO estimates for 2020
In currency reported by country	*5.00 GHS*
In international dollars (purchasing power parity adjusted)	*2.26 GHS*
In US dollars at official exchange rates	*0.88GHS*

Taxes on this brand (% of retail price)

Total taxes	*31.75%*
Specific taxes	*0.00%*
Ad valorem excise	*16.51%*
Value added tax (VAT) or sales tax	*14.89%*
Import duty	*0.00%*
Other taxes	*0.35%*

Source: *Global Tobacco Control Report Country Profile for Ghana 2021*

Ghana first imposed a flat ad valorem tax on all tobacco products prior to 2007 and later changed its structure to accommodate a specific tax in 2007. However, this only lasted a few years as the Ghanaian government abolished this specific tax, reverting back to an ad valorem only tax regime in 2010.

In 2014 Ghana implemented the Excise Duty Act (Act 878), which regulates all aspects related to the excise taxes on tobacco products. In 2015, Ghana amended the Act with the Excise Duty (Amendment) (No. 2) Act, 2015 (Act 903) to increase excise tax from 150% to 175%. In all instances, given that all cigarettes are imported to Ghana, the base of the tax is the Cost Insurance and Freight (CIF) value.

In 2017 ECOWAS issued a directive, which requires member states to add a minimum specific excise tax (of US$0.02 per stick/US$0.40 per pack) to the existing ad valorem tax by December 2020. To date, Ghana has not implemented this Directive.

Gaps

1. The current excise tax structure on tobacco product in Ghana does not conform to international best practice.

2. Currently the excise tax in Ghana is levied as an ad valorem tax. The government has not implemented the ECOWAS Directive, of introducing a specific tax. This would have positive public health and fiscal consequences.

3. Ghana's tax share of the retail price of cigarettes is 31.75%, far below the level of 75% which is considered in the *WHO Report on the Global Tobacco Epidemic* as the highest level of achievement. Currently the tobacco product taxation level is still low compared to recommended best-practices.

It is therefore recommended to reform current taxation of tobacco products (Article 6 of the WHO FCTC) to introduce a uniform specific excise tax on tobacco products in accordance with the ECOWAS Directive on the harmonization of excise duties on tobacco products, as well as recommendations in the WHO Technical Manual on Tobacco Tax Policy and Administration and the Guidelines for the implementation of Article 6 of the WHO FCTC. The tax share of the retail price of tobacco should be increased to meet or exceed 75% of the retail price (considered in the

WHO Report on the Global Tobacco Epidemic as the highest level of achievement) especially by raising specific excise tax rates. The law should specify that excise taxes should be automatically increased on a regular basis to outpace inflation and economic growth, thereby decreasing affordability. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

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"*.

Up to one pound (0.5 kg) of imported tobacco products are not subject to duties and taxes. Tobacco can be bought at duty free shops at airports.

It is recommended that consideration be given to prohibiting or restricting further, as appropriate, duty-free allowances of tobacco products by international travellers.

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"*.

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

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

Article 8. Protection from exposure to tobacco smoke

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

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

According to Public Health Act, 2012 (Act 851) smoking is forbidden in an enclosed or indoor area of a workplace, or in any other place except in a designated smoking area (DSA). The Act lists the places where smoking is prohibited. An appropriate authority may provide a designated area for the smoking of tobacco or a tobacco product.

The Public Health Act, 2012 (Act 851) also mandates that a person who is in control of or responsible for a public place or workplace to carry out a number of measures to ensure smoking does not take place in the establishment

FDA, in collaboration with GTA and other enforcement agencies, undertakes inspection of hospitality facilities and guide those who want to set up DSAs. Where this is not yet set up, FDA enforces a complete ban.

Level of Enforcement

According to GYTS 2017, 23.1% of students were exposed to tobacco smoke at home and 39.3% of students were exposed to tobacco smoke inside enclosed public places.[7]

Gaps

1. Smoking is allowed in designated smoking areas in indoor public places and workplaces. Smoking is prohibited in public transport unless in a designated smoking area.

2. Limited resources for adequate enforcement.

It is recommended to amend current legislation and regulations to eliminate all designated smoking areas in enclosed public and workplaces to maximize protection from the harms of secondhand smoke and to comply with Article 8 of the WHO FCTC and its Guidelines.

It is recommended that Ghana further raise awareness about the harm from exposure to tobacco smoke and strengthens the mechanisms to ensure that the current Law and Regulations are enforced.

It is also recommended to dedicate more resources to raise awareness of the requirements of the law and for inspection and enforcement of smokefree requirements by relevant agencies and authorities.

Article 9. Regulation of the contents of tobacco products

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

The partial guidelines for the implementation of Articles 9 and 10 adopted by COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

The Ghanaian Standard Board published standards for tobacco and tobacco products in 1992. The requirements for tobacco sold in the country referred to burning quality, freedom from mould attack and insect infestation, physical characteristics such as length and circumference, moisture content, nicotine content, tar content, moisture, and ash percentage by mass. Additives are allowed but need to be of nature and purity which are suitable for use as a food additive or for use in medicinal or pharmaceutical products. According to Public Health Act, 2012 (Act 851), the FDA shall request a manufacturer or importer of tobacco or a tobacco product to bear the cost incurred for testing the tobacco product.

Where a tobacco product does not meet the regulatory requirements of the FDA the tobacco product shall be confiscated and destroyed by the FDA or subject to any other means of disposal that the FDA considers reasonable. The cost for the destruction of confiscated tobacco or a

[7] Students aged between 13-15 years.

tobacco product shall be paid by the manufacturer or importer to the FDA.

Since 1992 no further regulations have been published to date.

Based on the GSA 1992 standards, moisture content, total ash, nicotine alkaloids are tested by the FDA laboratory

Gaps

The current regulations do not cover all aspects of tobacco contents and emissions, in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10.

It is recommended that Ghana work closely with the Convention Secretariat and WHO in reviewing current standards in accordance with the guidelines for the implementation of Articles 9 and 10 and amend these accordingly. Banning of flavours either in the tobacco product itself, or in other parts of the tobacco product such as filters, is recommended to reduce attractiveness of the product.

Relevant legislation and regulations should be developed that include testing and measurement of the contents and emissions of tobacco products to implement the Articles 9 and 10 of the WHO FCTC.

It is also recommended that Ghana assess the arrangements for testing, either by expanding national testing capacity or utilizing capable laboratories in the region through bilateral arrangements. The tobacco industry should bear the costs of such testing requirements.

Article 10. Regulation of tobacco product disclosures

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"*.

In pursuance of the Tobacco Control Measures of the Public Health Act, 2012 (Act 851) and the Tobacco Control Regulations, 2016 (L.I.2247), FDA is mandated to implement, enforce, and regulate tobacco and tobacco products as well as initiate the prosecution of person(s) who contravenes to the provisions in these sections.

As there is no manufacture of tobacco products in Ghana, FDA requires all importers to register their tobacco products with the agency and submit analytical reports on contents. For cigarettes, the ignition propensity test is also required. Guidelines have been developed to provide prospective importers of tobacco with information on the general requirements for the registration of tobacco products. These Guidelines apply to all body-corporates duly registered by the Registrar-General Department who want to import and register tobacco products into Ghana.

Tobacco importers must submit a certificate of analysis of tobacco samples.

The tobacco industry as per tobacco registration forms is expected to list all materials used in the manufacturing of their products. Ghana benefited from recent training by AFRO on content disclosure and testing that gave clearer understanding of what has to be done.

It is therefore recommended that Ghana ensure that the tobacco industry provides information to Government authorities, disclosing the contents and emissions of tobacco products in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10.

It is also recommended that Ghana enforces the requirement for the industry to submit reports disclosing general company information, including the name, street address and contact information of the principal place of business and of each manufacturing and importing facility.

It is further recommended that Ghana enable public access to information submitted by the tobacco industry.

Article 11. Packaging and labelling of tobacco products

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

This is one of the articles of the Convention that contains a deadline of three years for implementation of specific measures.

Ghana's Public Health Act, 2012 (Act 851) requires that a primary health warning covers 50% of the front of the pack and a secondary warning covers 50% of the back of the pack. In line with completing the requirements of the WHO FCTC Article 11, FDA has published guidelines for the labelling of tobacco products in 2013 and 2018. In the 2018 guidelines for the Tobacco Control Regulations 2016, LI 2247, it specifies that health warnings (pictorial images and accompanying text) shall cover 50% of principal display area at the front and 60% at the back of a rectangular packaging, positioned in the lower portion of each of the principal display areas. For smokeless tobacco products, the health warning and a message shall cover 65% of the main display areas of the package

Graphic health warnings (GHW) will be in English language and will rotate every 24 months.

Ghana has been utilising the GHW from the WHO FCTC images database for AFRO and have pretested them for Ghana (see Annex 3).

Article 11.1 (a) requires that "*tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive, or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as "low tar", "light", "ultra-light", or "mild ¨*

FDA guidelines also specify that the packaging and labelling of a tobacco product shall not promote the tobacco product by a means that is false, misleading, deceptive, or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including a term, description, trademark, figurative or any other sign that directly or indirectly creates a

false impression that a particular product is less harmful than any other tobacco products. The terms “light”, “ultra-light”, “low tar”, “mild”, “extra” and any other expression which creates the impression that the tobacco product is less harmful or has beneficial effects are banned.

Article 11.2 requires that “Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall contain information on relevant constituents and emissions of tobacco products as defined by national authorities.”

The Public Health Act, 2012 (Act 851) requires that the lateral surface of the unit and outside packaging of smoked tobacco products shall contain permanently inscribed information on the constituents and emissions of the product.

Given the evidence that the effectiveness of health warnings and messages increases with their size, it is recommended that Ghana considers further increasing their size of health warnings.

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

It is further recommended that, if the national toll-free quit line or official web-based tobacco cessation support becomes operational, that details are included on packaging.

It is also recommended that Ghana strengthen pretesting and evaluation to implement the most effective graphic health warnings.

Article 12. Education, communication, training and public awareness

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

The Public Health Act, 2012 (Act 851) has a section on ¨education¨. It states that the Minister of Health shall ensure that the Ministry of Health embarks on public education on the effects of tobacco use. The Minister shall ensure that each health facility has a unit or department that provides education against smoking. It also states that the Minister in collaboration with the Minister responsible for Education, Youth and Sports, the National Commission for Civic Education and other related agencies shall incorporate education against smoking in their programmes, and that the Minister responsible for education shall incorporate education on tobacco in the school health programme and other relevant programmes to provide formal education on the dangers of smoking to discourage the youth from tobacco use.

Education campaigns are carried out every year at Primary, Junior High and Senior High schools.

The Tobacco Control Programme works with School Health Education Programme (SHEP) coordinators at national and regional levels. Seminars and lectures are also organized for Students of Health Training Institutions, Universities of Ghana, Kwame Nkrumah University of Science and

Technology Schools of Public Health, Polytechnics, Medical Schools and Ghana College of Physicians and Surgeons

According to GYTS 2017, almost 5 in 10 (48.3%) students noticed anti-tobacco messages in the media and 43.5% of students noticed anti-tobacco messages at sporting or community events

Gaps

1. Action plans for the implementation of education, communication, and training activities within a comprehensive multisectoral tobacco control programme have not been established and the mandates of relevant ministries, Government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined.

2. There are limited training, sensitization, and media awareness programmes on tobacco control among the population at large and especially in key target groups, such as health educators and media professionals.

3. Currently there is no free airtime allocated to broadcast tobacco control campaigns or messages.

4. Education and communication materials are not always pretested although such a mechanism is in place.

5. There is a lack of systematic evaluation of the effectiveness of the conducted activities regarding education, communication and training programmes aimed at raising awareness of tobacco control issues.

It is therefore recommended that a multisectoral national action plan on education, communication and training be developed in the overall national action plan and resources allocated to its implementation in order to strengthen education and public awareness on the consequences of tobacco use and how to quit, including as part of school curricula, and through the use of digital technologies to raise health literacy about tobacco use.

It is also recommended that the MoH/FDA and all relevant organizations make efforts to pre-test and rigorously research and evaluate the impact of education and awareness raising activities in order to achieve better outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the MoH/FDA work closely with other stakeholders to ensure greater synergy in the efforts of different media campaigns to increase effectiveness. Increasing public awareness of the law will contribute to better compliance with the tobacco control legislation.

Article 13. Tobacco advertising, promotion, and sponsorship (TAPS)

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

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

In 1982, a government directive banned all cigarette advertisements on state television, radio and in print media. This was later followed by the Public Health Act, 2012 (Act 851) which has a section on TAPS.

Regarding advertising, the Public Health Act, 2012 (Act 851) states that direct and indirect advertising of tobacco products is banned. The use of trademarks, brand logo or brand name of a tobacco product is also banned and advertising of a tobacco or a tobacco related product is banned in the organization of activities or events. Tobacco sponsorship of any kind of activity is also banned. Similarly, promotion of tobacco and tobacco products by retail sale through the mail or any other means of communication is banned.

Furthermore, it is forbidden to sell, display for sale, supply, or advertise a non-tobacco product or service that contains, either on the product, or in an advertisement of the product, a writing, a picture, an image, graphics, message, or other matter that is commonly identified or associated with or is likely or intended to be identified or associated with a tobacco product, brand, or manufacturer.

Point of sale advertising is banned however point of sale product display is allowed. Point of sale health warnings determined by FDA, must be displayed at the point of sale.

Corporate Social Responsibility activities (CSR) are banned.

Level of Enforcement:

According to GYTS 2017, 25.4% of students noticed tobacco advertisement or promotions at point of sale, 61.1% of students saw someone using tobacco on television videos or movies, 8.9% of students were offered a free tobacco product from a tobacco company representative and 9.8% of students had something with the tobacco brand logo on it.

According to the *WHO Global Tobacco Control Report* country profile for Ghana 2021, the compliance score of direct bans was assessed as 8/10, for sponsorship as 9/10 and compliance score on indirect bans as 6/10.

Gaps

1. Tobacco products are still displayed on open shelves at point of sale
2. Youth exposure to tobacco advertisement is still high in social media such as Facebook
3. Limited resources for monitoring and inspection.

It is recommended to implement a comprehensive ban on tobacco advertising, promotion and sponsorship by ending point-of-sale product display and depiction of tobacco products in the entertainment media.

It is recommended that the monitoring system is strengthened to (i) routinely monitor compliance by sellers to better implement the prohibition of points of sale advertising;

(ii) routinely monitor compliance in print and electronic media to better implement the ban on tobacco advertising and promotion; and (iii) routinely monitor compliance of tobacco companies with the sponsorship ban.

It is recommended to dedicate more resources for inspection by relevant agencies and authorities

It is also recommended that the public and government departments be made more aware of the need to eliminate tobacco advertising, promotion and sponsorship.

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

Currently Ghana has not implemented any measures beyond the obligations set out in WHO FCTC paragraph 13.4.

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".*

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

It is therefore recommended that Ghana closely monitor the implementation of the tobacco control law to ensure a complete ban on TAPS, including internet tobacco sales, contributions from the tobacco industry and importers in the form of "socially responsible" activities, and cross-border TAPS entering into and originating from its territory.

Article 14. Measures concerning tobacco dependence and cessation

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

According to the Public Health Act, 2012 (Act 851), "the Minister of Health shall ensure that every region and district has a place for the treatment of persons addicted to tobacco who wish to quit tobacco use."

Ghana, with AFRO´s support, produced a Smoking Cessation Clinical Guidelines in August 2017.

The Guidelines provide health workers, the structures and the medicines to be used for treating tobacco dependence and cessation but these guidelines were not implemented and need to be reviewed.

It is recommended that Ghana review the 2017 Smoking Cessation Clinical Guidelines taking into account latest evidence and best practice.

Article 14.2 sets out that to achieve WHO FCTC Article 14.1, "*each Party shall endeavour to design and implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence, and ensure the accessibility and affordability of treatments for tobacco dependence.*

Ghana currently lacks a comprehensive and integrated programme on tobacco dependence treatment. Cessation Support is only partially available in hospitals and offices of health professionals. Public social support systems do not promote cessation and related services, and individuals must pay out-of-pocket for such services, discouraging individuals from seeking the care they need.

Medicine to assist tobacco users to quit, such as Nicotine Replacement Treatments, Bupropion or Varenicline, are not widely available in the country.

Currently the benefit package of the National Health Insurance Scheme (NHIS) does not include nicotine-replacement therapy or any other tobacco cessation services.

Gaps

1. Ghana currently lacks a comprehensive and integrated program on tobacco dependence treatment.

2. Cost of treatment of tobacco dependence and cessation services are not covered by the National Health Insurance

3. Pharmaceutical products for treatment of tobacco dependence are not widely available and also not covered by the National Health Insurance

4. Tobacco dependence treatment has not been integrated into the primary health care system

5. It is not mandatory to record tobacco use in medical history notes

6. Health workers at primary health care level have not been trained and mobilized to provide cessation counselling and brief cessation advice

7. There is no established national toll-free quit line for tobacco

8. Tobacco dependence treatment is not included in the academic Curriculum at medical, dental, nursing and pharmacy schools

It is recommended to design and implement a national programme to promote the cessation of tobacco use by integrating tobacco dependence treatment into the primary care system and training health professionals to provide brief advice to quit tobacco use.

It is also recommended to include nicotine dependence treatment medication in the Essential Medicine List and smoking cessation into the Essential Health Service Minimal Package.

Additional evidence-based support for tobacco users to quit could include the establishment of tobacco cessation centres, a toll-free quit line and internet based quit support.

Article 15. Illicit trade in tobacco products

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

The Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol) adopted at COP5 provides an additional legal instrument to reduce supply.

In October 2021, Ghana ratified the Protocol.

Studies estimate that between 20 and 30 percent of the tobacco market share is illicit.

FDA and GRA play an important role in combating illicit trade by having officials at international borders requiring registration of importers and traders of tobacco products and requiring the appropriate label on tobacco products.

It is mandatory for tobacco products for sale in Ghana to have the inscription "For Sale in Ghana Only" (see Annex 3). The GRA-customs division has also implemented the tax stamp system on tobacco products (see Annex3). The current online system in place is the ICUMS (integrated customs management systems)

Challenges have made policies difficult to enforce, including porous borders, and limited capacity of officials to identify illicit products. There have also been reports of minimal transparency in the system to dispose of confiscated tobacco products. Ghana utilizes customs tax stamps as a means of tracing tobacco products but the mission team were told of aspirations to strengthen the functionality of this system for tracking and tracing of tobacco products in Ghana. Tracking and tracing was previously attempted via a partnership, but the partner company was related to the tobacco industry leading to a suspension of this work.

Regarding cooperation between national agencies, as well as relevant regional and international intergovernmental organizations, Ghana is a member of INTERPOL and WCO. Ghana shares information with INTERPOL and WCO and has active cooperation with them on combating illicit trade.

Ghana has signed a MoU with its immediate neighbours Togo, Burkina Faso and Côte d'Ivoire on customs cooperation that includes combating illicit trade of tobacco products.

Gaps

1. A tracking and tracing system that meets the requirements of the Protocol not yet in place.

2. Little resources for border officials.

It is recommended that Ghana continue the efforts for implementing the provisions in the Protocol, particularly strengthening the tracking and tracing system which would assist in the investigation of illicit trade. To this end, it is specifically recommended to Ghana to get involved and play an important role in the process of adopting the draft Directive on the establishment of a legal framework for implementation of a tracking, tracing and tax verification system of manufactured or imported tobacco products in ECOWAS Member States.

It is recommended to strengthen national, regional and global coordination/cooperation in combating illicit trade.

It is also recommended to increase resources for border control.

Article 16. Sales to and by minors

Article 16 requires *Party to "adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen*

Article 16.1.(a) requires Parties to ensure that "*all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*;".

The Public Health Act, 2012 (Act 851) under Minimum age restrictions states that
(1) A person shall not
(a) sell or offer for sale tobacco or a tobacco product to a child;
(b) send a child to sell or buy tobacco or a tobacco product;
(c) request a child to light tobacco or a tobacco product;
(d) expose a child to tobacco or a tobacco product.

(2) Where a person who sells or offers for sale tobacco or a tobacco product is in doubt about the age of a purchaser of tobacco or tobacco product, that person shall demand a valid picture identification document from the purchaser as a proof of age and shall not sell to the purchaser unless the document offers adequate evidence of age.

(3) A valid picture identification document includes
(a) a passport;
(b) a drivers' licence;
(c) a voters' identity card;
(d) a national identity card; and

(e) any other documentation that may be prescribed by the Minister.

(4) It is not a defence for an accused person charged with an offence under this section to prove that the person concerned did not appear to be less than eighteen years of age.

Level of Enforcement

According to GYTS 2017:

71.3% of students that are current cigarette smokers bought cigarettes from a store, shop, street vendor, or kiosk. 54.9% of students that are current cigarette smokers were not prevented from buying cigarettes because of their age. ***It is recommended that the MoH/FDA and other relevant ministries ensure that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors.***

It is also recommended that the Government strengthen the enforcement of measures related to the sale and purchase of tobacco by minors.

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

Although in Public Health Act, 2012 (Act 851) under Minimum age restrictions specifies that a person shall not expose a child to tobacco or a tobacco product in practice this is not carried out.

It is recommended to ensure that an enforcement system is in place and that retailer education is undertaken to raise awareness of their legal responsibilities to prevent underage purchase of tobacco.

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

It is forbidden to sell, display for sale, supply, or advertise a non-tobacco product or service that contains, either on the product, or in an advertisement of the product, a writing, a picture, an image, graphics, message, or other matter that is commonly identified or associated with or is likely or intended to be identified or associated with a tobacco product, brand, or manufacturer (Public Health Act 2012 (Act851))

Level of enforcement

According to GYTS 2017, 9.8% of students (11.3% boys and 8.3% girls) had something with a tobacco brand logo on it.

It is recommended to strengthen the enforcement of the law relating to TAPS to prevent tobacco brands being used on other products, especially those attractive to young people.

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

Vending machines are banned in Ghana.

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

According to the 2016 Regulations, "a person shall not sell a tobacco product except in unopened packages containing a minimum of

(a) ten sticks of smoked tobacco products, or
(b) thirty grams of smokeless tobacco products."

According to GYTS 2017, 45.6% of current cigarette smokers bought cigarettes as individual sticks.

Gaps

Currently single stick cigarette sales are common in Ghana. This represents a significant gap in meeting the obligations of WHO FCTC Article 16.

It is recommended to ban selling cigarettes in packs containing less than 20 units and strengthen the enforcement of banning the sale of single sticks.

Article 17. Provision of support for economically viable alternative activities

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

Tobacco farming is low in Ghana with only a few local farmers informally growing tobacco for their own consumption. In 2014, about 2,545 metric tons of tobacco were produced in Ghana and only 0.04 percent of agricultural land was devoted to tobacco farming.

With reference to the WHO FCTC Policy options and recommendations: Article 17 and 18, it is recommended that the Ghana continues to maintain the lowest possible levels of tobacco growing.

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

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

Ghana is encouraged to maintain knowledge and understanding of the evidence of tobacco's substantial environmental toll (including litter) and its negative impact on sustainable development. Ghana is encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

Article 19. Liability

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

Gaps

1. There is no provision in tobacco control legislation to deal with criminal and civil liability.

2. Public awareness of the potential utilization of the General Law with regard to cases of liability relating to tobacco consumption is almost non-existent.

It is recommended that Ghana review and promote the options of implementing Article 19 in its national context, including by employing the WHO FCTC Article 19 Civil Liability Toolkit, which is an interactive guide to taking legal action against the tobacco industry.

Article 20. Research, surveillance and exchange of information

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

Gaps

Ghana has no national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators. Ghana has to date conducted four rounds of the Global Youth Tobacco Survey (GYTS); 2000, 2006, 2009 and 2017, two rounds of the Global School Personnel Survey (GSPS) in 2006 & 2009 and one round of Global Health Professional Students Survey (GHPSS) in 2006. Aside from the GYTS, GSPS and GHPSS, tobacco-related data were also included in the Demographic Health Service (DHS) survey conducted by the Ghana Statistical Services among age groups 15-49 years and till date has been done in 2002/3, 2008 and 2014.

There is scarcity of recent data on prevalence of tobacco use and the role played by demographic and socioeconomic factors.

With regards to research, Ghana, as one of the countries participating in the Tobacco Control Capacity Programme (TCCP). This program, funded by Research Councils UK as part of the Global Challenges Research Fund (GCRF), provides Ghana with the opportunity to develop up to three country-specific research projects relating to tobacco taxation, tobacco industry interference and/or illicit trade in tobacco products.

It is recommended that the Government of Ghana establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies and utilize research findings and surveillance results in developing the national tobacco control programme and interventions.

It is also recommended to encourage academic research into tobacco and seek to coordinate research programmes at the regional and global levels.

Ghana is able to seek support from the WHO FCTC Knowledge Hub in surveillance to advance implementation of WHO FCTC Article 20.

Article 21. Reporting and exchange of information

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

Ghana has provided all reports since 2007.

Ghana is congratulated for submitting all necessary reports to date and is encouraged to continue to provide reports on time.

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

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

At its fourth session, in decision FCTC/COP4 (17)[8] the COP fully acknowledges the importance of implementation of the Convention under the as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF) 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**.**

Ghana cooperates with and has received assistance from the WHO country office and AFRO to implement tobacco control activities. Technical support for the implementation of the GYTS was also received from U.S. Centers for Disease Prevention and Control.

Ghana receives technical and financial assistance for implementation of the WHO FCTC through the Convention Secretariat's FCTC 2030 project. In addition, Ghana has also received funding from AFRO for tobacco control activities.

In the UNDAF 2012-2017 there was no mention of any aspect of the implementation of the WHO FCTC. It mentioned intensifying prevention of NCDs. In UNSDP 2018-2022 there is no mention of tobacco control either.

In the last Country Cooperation Strategy with WHO (2020-2025) one of the main focus areas for WHO cooperation is "Support the development policies and plans for implementation of interventions to prevent and control non-communicable diseases including mental health disorders.

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

The United Nations in Ghana is committing at least $260 million (GHC2.6 billion) to support Ghana accelerate and achieve the Sustainable Development Goals and the African Union Agenda 2063. Through the UN's Sustainable Development Cooperation Framework (UNSDCF), the UN in Ghana, represented by over 30 UN agencies, funds and programmes will focus on empowering people and institutions through capacity development and other areas, reaching the most vulnerable to ensure no one is left behind.[9]

The United Nations Sustainable Development Cooperation Framework (UNSDCF), previously named 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.

Gaps

Despite the evidence of the WHO FCTC acting as an accelerator for sustainable development, supporting implementation of the Convention is lacking as an identified priority in the last UNSDCF or CCS

It is therefore recommended that the Ministry of Health actively follow up with the UNRC, Ministry of Foreign Affairs and other governmental authorities with responsibility for national planning to include implementation of the prioritized areas of the Convention in future UNSDCFs. The activities proposed may include priorities identified based on this joint need assessment report.

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

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

Article 26. Financial resources

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

FDA presents a request for financial resources from the national budget every year for tobacco control activities.

The FDA collects registration fees on a yearly basis from the tobacco importers and registered tobacco products. The registration fees are used for tobacco control activities but are not sufficient to cover all the expenses on tobacco control at this time.

[9] UN in Ghana commits to support Ghana to realize its ambition to be Self-reliant | Joint SDG Fund

Gaps

1. The funding is not sufficient to fully implement the Convention and enforce the country's tobacco control law and regulations.

2. No taxes are earmarked for tobacco control activities.

3. Other relevant ministries that have obligations to implement the WHO FCTC have not allocated staff time and budget to implementation of the Convention.

It is recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

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

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

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

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

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

It is recommended that Ghana 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, Trade, etc., representing Ghana in other regional and global forums, also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX 1

Mission Programme

Joint Needs Assessment mission to Ghana
Mission Programme
12-16 September 2022

Day 1: Monday, 12 September 2022

9:00-10:00	**Meeting of the mission team** Venue: WHO Country Office
10:00-11:00	**Meeting with Dr Baffour Awuah, Acting Director for Technical Coordination and Special Advisor on Non-Communicable Diseases on behalf of Minister of Health** Venue: Ministry of Health
11:30-12:30	**Briefing session with WR, Dr Francis Chisaka Kasolo** Venue: WHO Country Office
12:30-13:00	**Lunch**
13:15-14:15	**Meeting with Mr Seth K. Seneake, DCEO -Health Products and technologies Division, FDA** Venue: FDA Office
15:00-16:00	**Meeting with Prof Akwasi Osei, CEO Mental Health Authority,** Venue: Office of Mental Health Authority

Day 2: Tuesday, 13 September

Stakeholders meeting Mensvic Grand Hotel

8:30-9:00	Registration	
9:00-9:10	Introduction of participants	MC: Mr Radolf Nii Nortey Nortey
9:10-9:40	Opening Ceremony	Opening remarks by Dr Baffour Awuah (Ag. Director Technical Co-ordination and special advisor on health to the Minister) Speeches: 1. Deputy CEO (Health Products and Technologies Division), FDA: Mr Seth K. Seneake 2. WHO Representative in Ghana: Dr Francis Chisaka Kasolo 3. Deputy UNDP Resident Representative in Ghana: Dr Sukhrob Khoshmukhamedov 4. Team Lead, Development Assistance, Secretariat of the WHO FCTC: Mr Andrew Black
9:40-09:55	Overview of the WHO FCTC and FCTC2030 project – Presentation and Q&A	Secretariat of the WHO FCTC: Dr Patrick Musavuli
09:55-10:00	Objectives of the Needs assessment mission	WHO Country office: Dr Joana Ansong
10:00-10:15	Findings and recommendations of the WHO FCTC Investment Case in Ghana Presentation and Q&A	UNDP: Ms Emily Roberts
10:15-10:45	Group photo, Interviews and Break	
10:45-11:00	Tobacco control in the WHO African Region Presentation and Q&A	WHO AFRO representative: Dr William Onzivu
11:00-11:15	Tobacco control in Ghana – Achievements and challenges Presentation and Q&A	Tobacco Control Focal Point: Mrs Olivia Boateng
11:15-12:15	The Role of different Government Sectors in tobacco control 10 minutes presentations each followed by comments by other relevant Ministries and open discussion	1) GRA-Customs Division 2) Ghana Health Services 3) Academia Facilitated by Mr Andrew Black
12:15-13:15	Lunch Break	

13:15-14:15	The role of non-government actors (IGOs, NGOs and academia): Two 10 minutes presentations followed by 20 minutes discussion	1) VALD Facilitated by Mr Andrew Black
14:15-15:15	Discussion and way forward	Secretariat of the WHO FCTC: Mr Andrew Black
15:30 - 16:00	Meeting with Mrs Teresa Oppong, Ghana Education Service	

List for stakeholder meeting

S/NO	NAME	NAME OF INSTITUTION
1.	Ofei Isaac Baah	Ministry of Health (MOH)
2.	Osei Boahene	Ministry of Health (MOH)
3.	Hendrick Dwommoh-Mensah	Ministry of Finance (MOF)
4.	Joana Ansong	World Health Organization (WHO)
5.	Christopher Agbega	Ghana Non-Communicable Disease Alliance
6.	Mabel Kessiwah Asafo	Ghana Health Service (GHS)- health promotion
7.	Mark Atuahene	Public Health and Health promotion Unit-MOH
8.	Akwasi Osei	Mental Health Authority
9.	Samuel Akrofi	Ghana Revenue Authority- Customs division
10.	Alex Kombat	Ghana Revenue Authority- Research
11.	Ernest Amoah Ampah	School Health Education Programme GES
12.	Dr Wallace Ollenu	Non-Communicable Disease-Ghana Health Service
13.	Ama Akoto	Ghana Tourism Authority
14.	Elizabeth O. Amponsah	Ministry of Trade and Industry
15.	Wisama Wumpini Hainze	Ministry of Trade and Industry
16.	Prince Ofori Atta	Ministry of Trade and Industry
17.	Labram Musah	Vision for Alternative Development (VALD)
18.	Solomon forli	Vision for Alternative Development (VALD)
19.	Geoffrey Kabutey Ocansey	Vision for Alternative Development (VALD)
20.	Eunice Nkrumah	Tax Justice Coalition
21.	Jeorge Wilson Kingson	Media alliance in Tobacco Control (MATCO)
22.	Isaac Ampomah	Jaishi Initiative
23.	Benjamin Anabila	INSLA
24.	Abdulai Samini	Awal Foundation
25.	Seth Seneake	Food and Drugs Authority
26.	Olivia Agyekumwaa Boateng	Food and Drugs Authority
27.	Mavis Danso	Food and Drugs Authority
28.	Jemima Odonkor	Food and Drugs Authority
29.	Radolf Nortey	Food and Drugs Authority

Day 3: Wednesday, 14 September 2022

9:00-10:00	**Meeting with Mr Alex Kombat, Senior Inspector of Taxes at Ghana Revenue Authority** Venue: Airport View Hotel
11:30-12:30	**Meeting with Mrs Mercedez Mari, Senior State Attorney, Ministry of Justice and Attorney General's Department** Virtual meeting
12:30-14:00	Lunch
14:00-15:00	**Meeting with Mr Benjamin Anane-Nshiah (AG. DCE General Services) and Ama o. Akoto (Deputy Director, Standards and Quality Assurance) Ghana Tourism Authority** Venue: Ghana Tourism Authority
16:00-17:00	**Meeting with Labram Musali, VALD and NCD Alliance** Venue: Fiesta Royale Hotel

Day 4: Thursday, 15 September, 2022

11:00-12:00	**Meeting with Mr Michael Akurang Opoku. Team Leader PPME, Ministry of Trade and Industry** Venue: Ministry of Trade and Industry
12:30-13:00	**Meeting with Honourable Nana Ayew Afriye, Chairperson of Parliamentary Select Committee on Health** Venue: Movenpick Hotel
13:00-14:00	**Meeting with Mr William Korbla Agbavitor, Legal Service, FDA** Venue: FDA
13:00-14:30	Lunch
14:30-16:00	**Meeting of the mission team to agree on main findings and recommendations and prepare debriefing notes** Venue: FDA

Day 5: Friday, 16 September 2022

09:00-10:00	**Meeting with Mr Charles Abani, UN Resident Coordinator Ghana (UNRC)** Venue: Fiesta Royale Hotel
12:00-13:00 TBC	**Debriefing with Honourable Kwaku Agyemang-Manu, Minister of Health, Ghana** Venue: Ministry of Health
	End of Mission

Additional Day: Thursday, 22 September 2022

15:00-16:00	**Meeting with Mr Benjamin Ayensu Kwafo and Mr Hendrick Dwommoh Mensah, Tax Policy Department, Ministry of Finance** Venue: Virtual meeting

ANNEX 2

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

Ministry of Health

- Honourable Kwaku Agyemang-Manu, Minister of Health Ghana
- Dr Baffour Awuah, Acting Director for Technical Coordination and Special Advisor on Non-Communicable Diseases

Food and Drug Authority (FDA) Ghana

- Mr Seth K. Seneake, DCEO -Health Products and technologies Division, FDA
- Dr Mrs Olivia Agyekumwaa Boateng,Head, Tobacco and Substances of Abuse Department, Food and Drugs Authority (FDA)
- Mr Radolf Ansbert Nii Nortey Nortey, Regulatory Officer
- Mrs Mavis Danso, Regulatory Officer
- Mr William Korbla Agbavitor, Lawyer

Ghana Revenue Authority

- Mr Alex Kombat, Senior Inspector of Taxes at Ghana Revenue

Ministry of Justice and Attorney General's Department

- Mrs Mercedez Mari, Senior State Attorney

Ghana Tourism Authority

- Mr Benjamin Anane-Nshiah (AG. DCE General Services)
- Mrs Ama Akoto (Deputy Director, Standards and quality Assurance)

Ministry of Trade and Industry

- Mr Michael Akurang Opoku. Team Leader PPME

National Parliament

- Honourable Nana Ayew Afriye, Chairperson of Parliamentary Select Committee on Health

Ministry of Finance

- Mr Benjamin Ayensu Kwafo, Tax Policy Analyst
- Mr Hendrick Dwommoh-Mensah Assistant Economic Planning Officer

Convention Secretariat

- Mr Andrew Black, Team Lead, Development Assistance
- Dr Patrick Musavuli, Technical Officer, Development Assistance
- Dr Carmen Audera, Temporary Advisor

United Nations

- Mr Charles Abani. UN Resident Coordinator Ghana (UNRC)

UNDP

- Ms Emily Roberts, UNDP Policy Analyst
- Ms Belynda Amankwa UNDP Country Office

WHO Country office

- Dr Francis Chisaka Kasolo WHO Representative
- Mrs Joana Ansong, Technical Officer, NCD risk factors
- Mrs Ellen Bedua Morrison, National Consultant FCTC 2030 project Ghana

WHO AFRO

- Dr William Onzivu, Project Officer

University of cape Town/knowledge Hub on Article 6

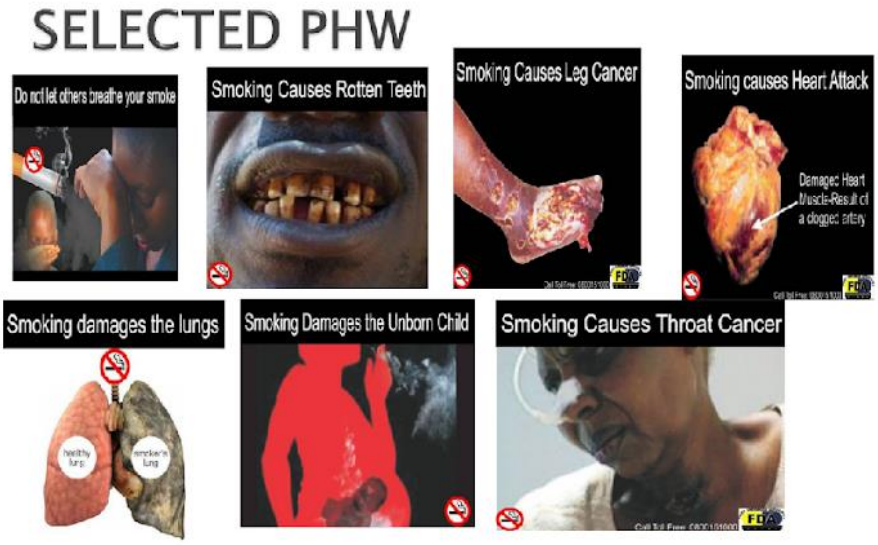
- Mr Zunda Chisha, Acting Director of the Knowledge Hub

Nongovernmental organizations

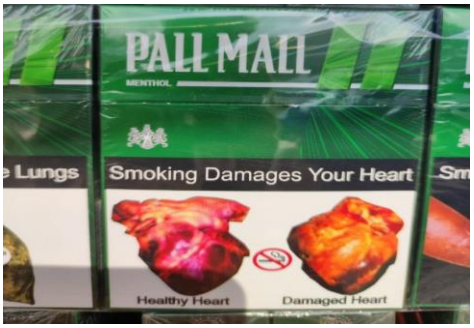
- Mr Labram Massawudu Musah, Vision for Alternative Development (VALD)

ANNEX 3

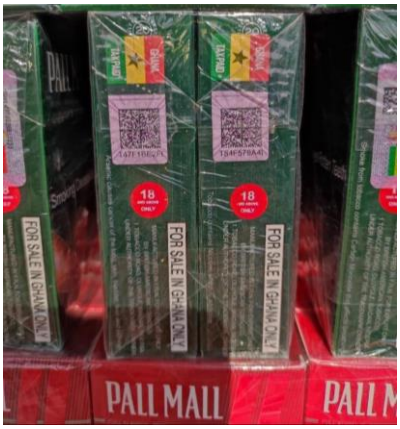
Tobacco packaging: examples of required graphic health warnings and tax stamps



Examples of Graphic Health warnings used in Ghana



Examples of Graphic Health warning used in Ghana

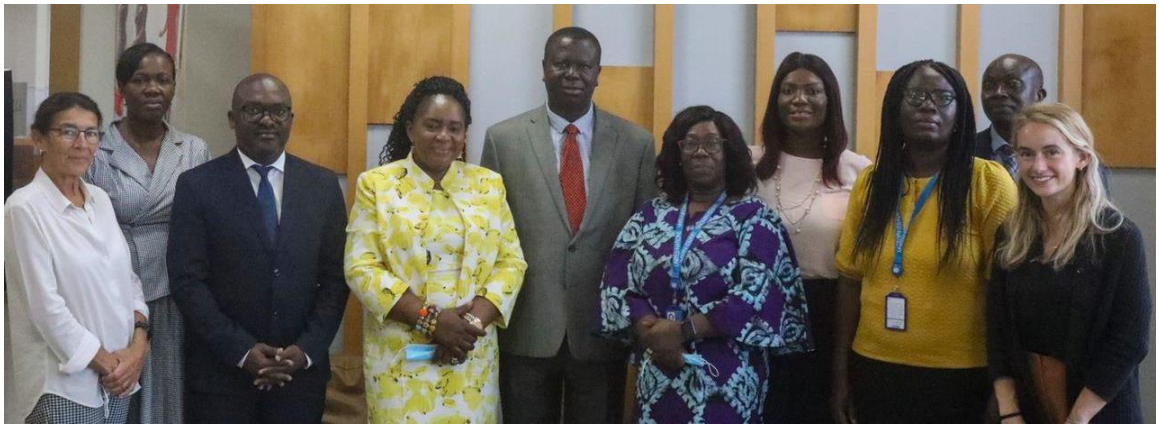


Tax stamps on cigarettes packs in Ghana

ANNEX 4

Photo gallery

Day 1

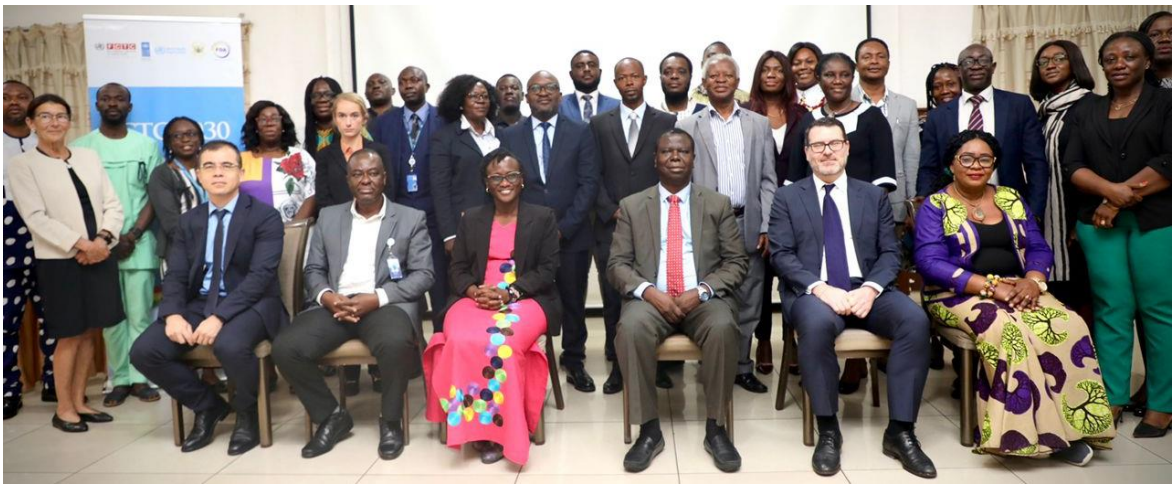


Meeting with Dr Baffour Awuah, Acting Director for Technical Coordination and Special Advisor on Non-Communicable Diseases on behalf of Minister of Health

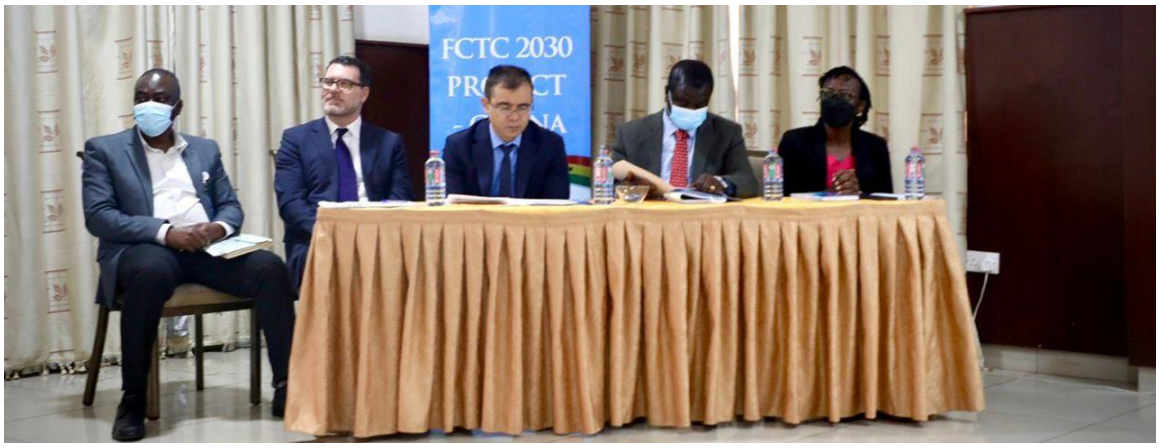
Briefing session with WHO Representative, Dr Francis Chisaka Kasolo

Meeting with Mr Seth K. Seneake, Deputy CEO - Health Products and Technologies Division, FDA

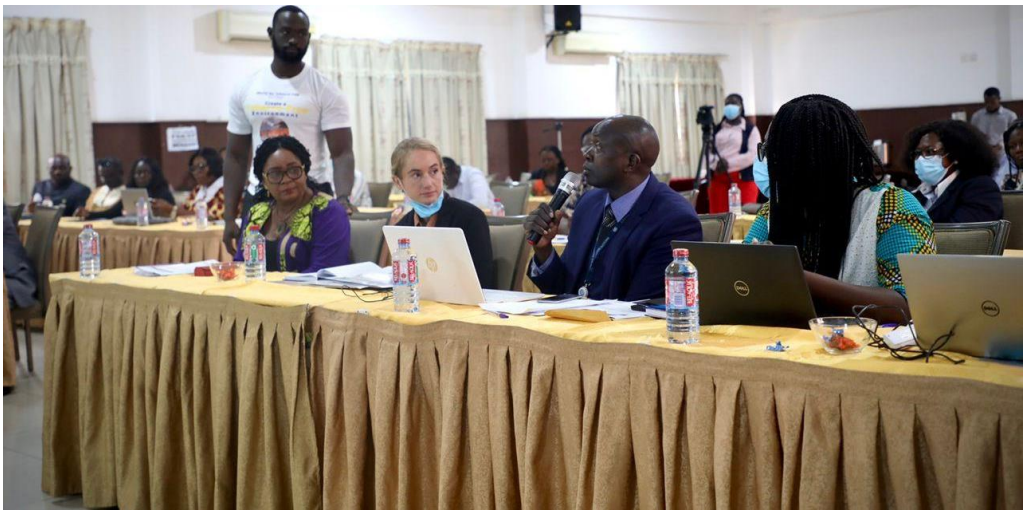
Day 2



Participants at the stakeholders meeting

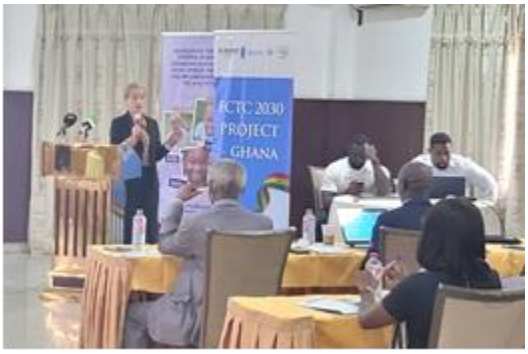


Speakers for opening ceremony of stakeholders meeting

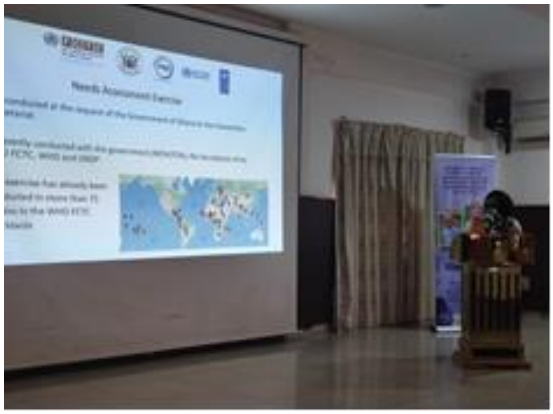


Intervention by Dr William Onzivu (AFRO) at the stakeholders meeting

Interview with Dr Olivia Agyekumwaa Boateng, FDA

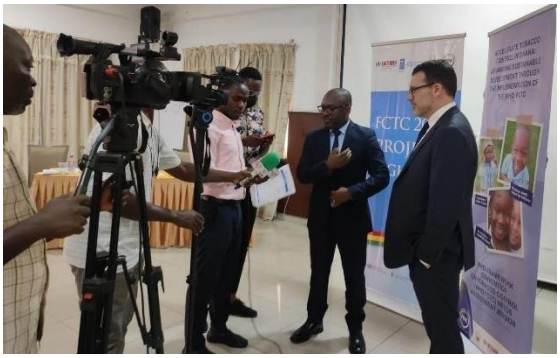


Ms Emily Roberts from UNDP presenting on the tobacco control investment case for Ghana



Dr Joana Ansong from WHO Ghana presenting objectives of the joint needs assessment mission

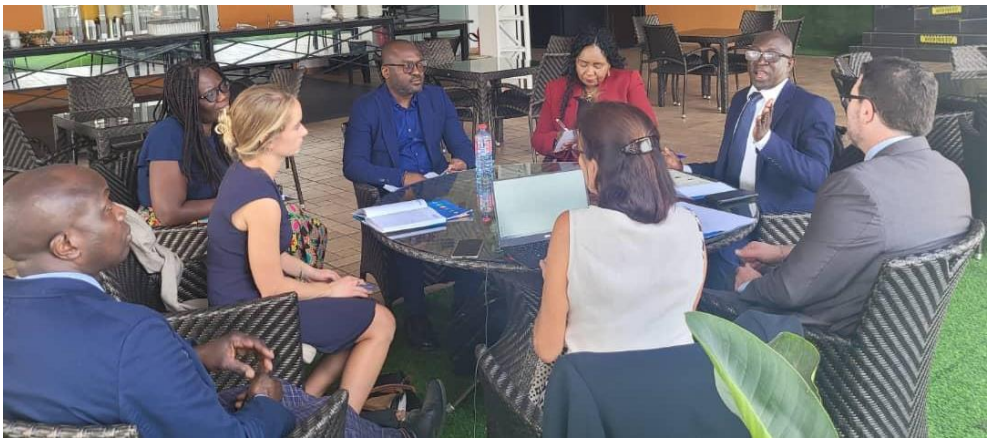
FDA tobacco control team at the stakeholders meeting



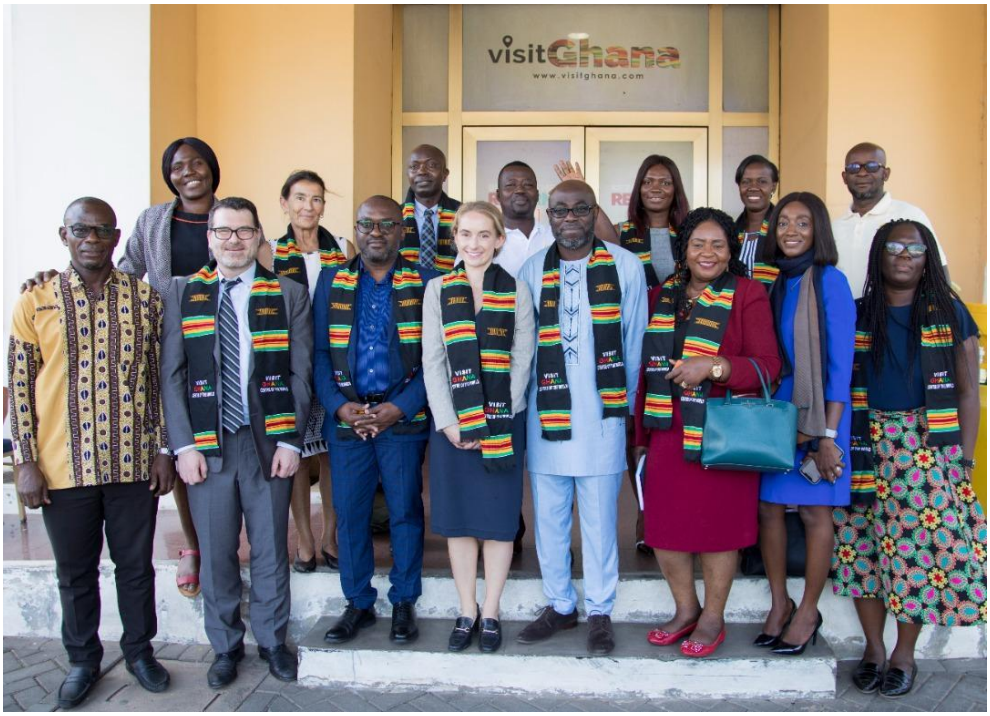
Convention Secretariat undertaking interview with the local media about the WHO FCTC

Participant making a contribution at the stakeholders meeting

Day 3

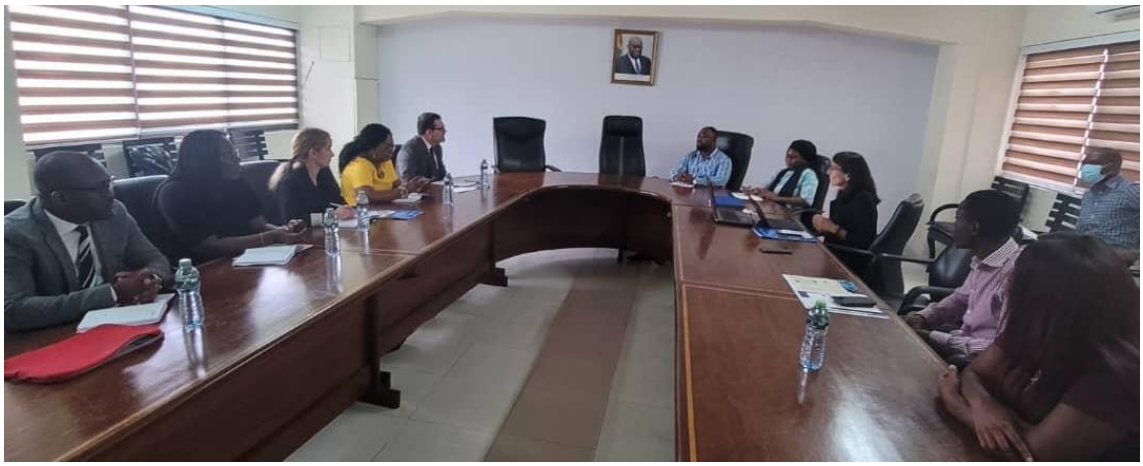


Meeting with Mr Alex Kombat, Senior Inspector of Taxes at Ghana Revenue Authority

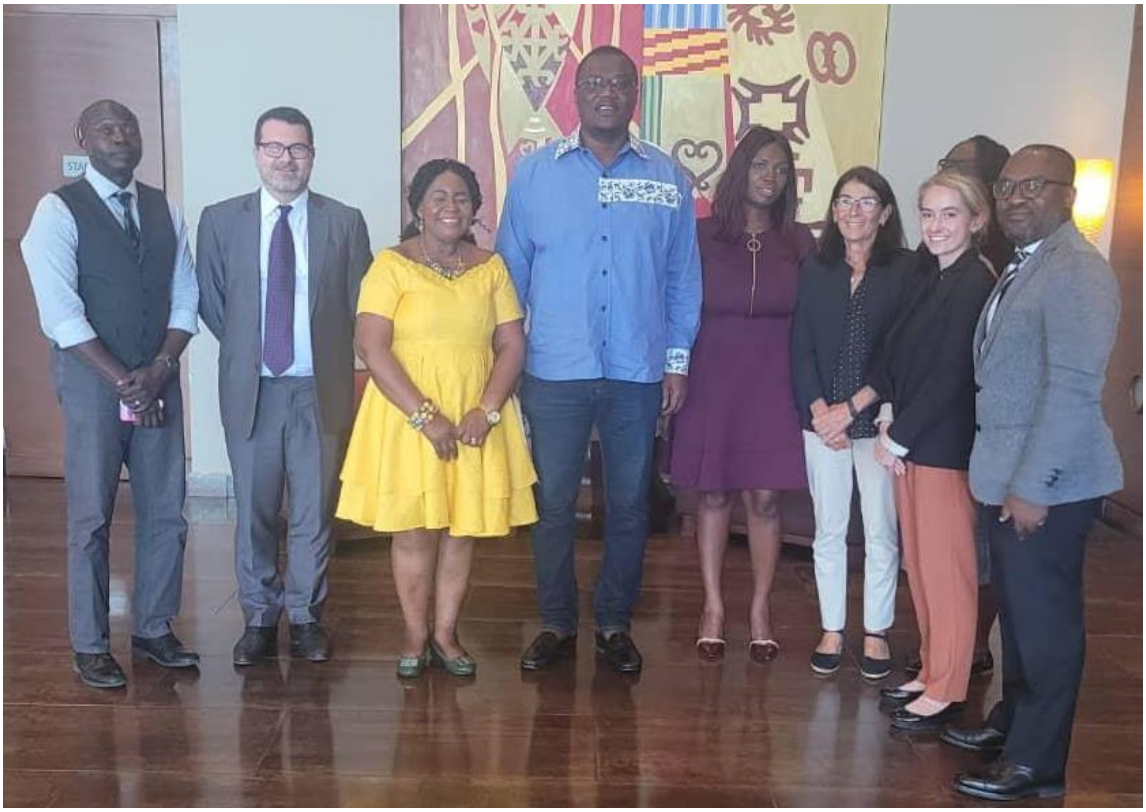


Meeting with Mr Benjamin Anane-Nshiah, AG. DCE General Services and Ama O. Akoto, Deputy Director, Standards and Quality Assurance, Ghana Tourism Authority

Day 4

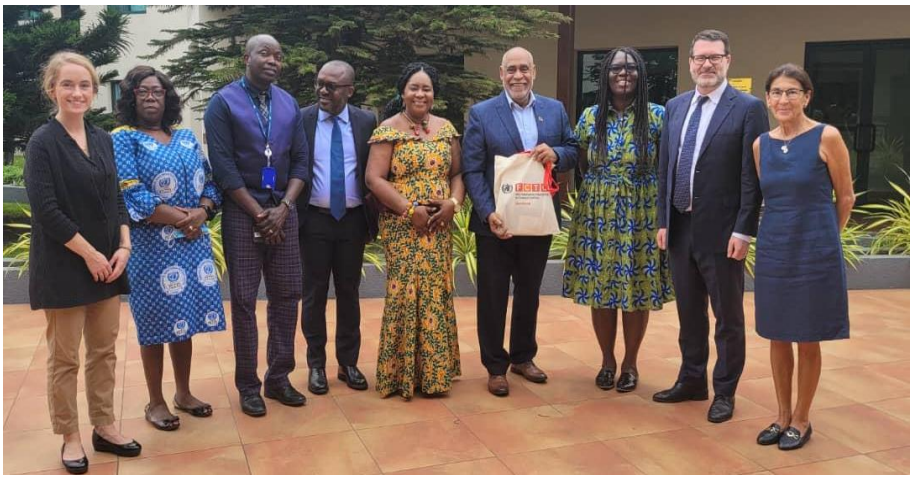


Meeting with Mr Michael Akurang Opoku, Team Leader PPME,
Ministry of Trade and Industry

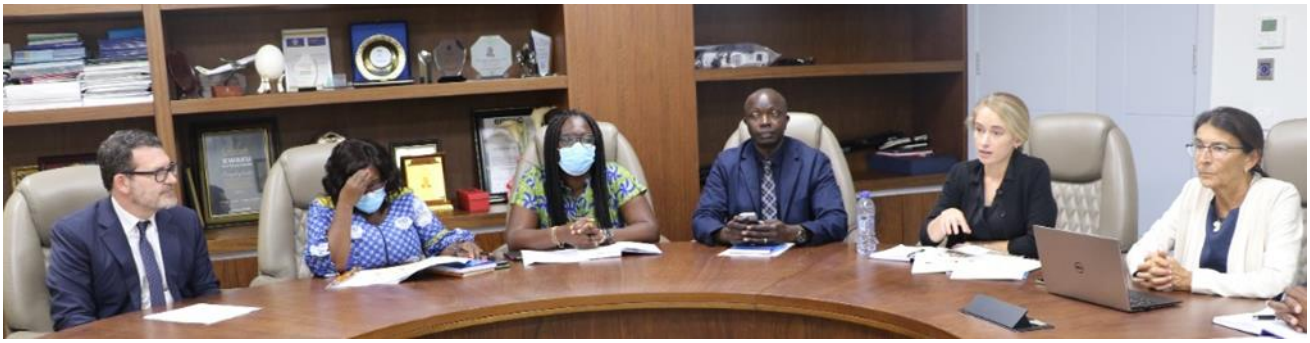


Meeting with Honourable Nana Ayew Afriye, Chairperson of
Parliamentary Select Committee on Health

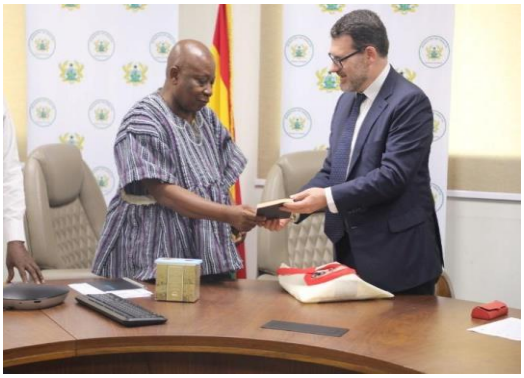
Day 5



Meeting with Dr Charles Abani, UN Resident Coordinator Ghana (UNRC)



Mission team at the debriefing meeting with the Minister of Health, Ghana



Meeting with the Minister of Health, Ghana