

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

**Convention Secretariat
September 2013**

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 176 Parties to date. Mauritius ratified the WHO FCTC on 17 May 2004 as the 15th country in the world to do so. The Convention entered into force for Mauritius on 27 February 2005.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Mauritius and the Convention Secretariat, in May and June 2013, including the initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team led by the Convention Secretariat, which also included representatives of the WHO Regional Office for Africa and the WHO Country Office, conducted the mission to Mauritius on 10–14 June 2013. The assessment involved relevant ministries and agencies of Mauritius.

This executive summary will be included in the final needs assessment report, which will present an article-by-article analysis of the country's progress in implementation, the gaps that may exist and the subsequent possible action that can be taken to fill those gaps.

The key elements that need to be put in place to enable Mauritius to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Mauritius is obliged to fully implement its provisions through national laws, regulations or other measures. There is therefore a need to analyse and reflect on the recommendations of this report, identify obligations that have not yet been met in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, in Mauritius the regulatory framework on tobacco consists of several normative documents (legislative and regulatory). The Government of Mauritius adopted, subsequent to the ratification of the WHO FCTC, the most comprehensive tobacco control regulations so far, called "Public Health (Restrictions on Tobacco Products) Regulations of 2008", which was based on the 1999 Circular of the Ministry of Health and Quality of Life. In addition, some areas are regulated by laws enacted by the Parliament. The Occupational Safety and Health Act of 2005 restricts smoking in workplaces and the Consumer Protection Act 2012 was recently amended to ban displays of tobacco products at points of sale, except in the duty-free shops at seaports and airports.

The Ministry of Health and Quality of Life is currently developing a new set of Public Health Regulations. It is therefore recommended that the new set of Regulations be completed as soon as possible to ensure full alignment with the provisions of the Convention. In addition, enforcement of the measures already in place needs to be strengthened to ensure that such measures have the desired effect in terms of improving the health of the population. In future, Mauritius could consider codifying the several existing normative documents into one single statute.

Third, the Convention requires Parties to develop, implement, periodically update and review comprehensive, multisectoral, national tobacco control strategies, plans and programmes. At present, the Ministry of Health and Quality of Life is consulting relevant stakeholders with a view to finalizing the new National Action Plan on Tobacco Control 2013–2016. This builds upon the experiences of the previous Action Plan and supports the implementation of measures included in the new Public Health Regulations under development. It is important therefore for the new four-year Action Plan to be finalized as soon as possible and for adequate and sustainable funds to be allocated towards its implementation.

Fourth, a tobacco control unit (with two full-time staff) has been established, which works under the supervision of the Director of Health Services and the Principal Assistant Secretary (Noncommunicable Disease and Health Promotion) within the Ministry of Health and Quality of Life. Furthermore, a National Steering Committee on Tobacco has been set up by the Ministry of Health and Quality of Life as stipulated by the National Action Plan on Tobacco Control 2008–2012, involving participation from various sectors of the Government. It is necessary however for operation of the Committee to be strengthened by developing terms of reference for it and through more frequent and regular meetings (3–4 per year). The composition of the Committee should also be revisited to ensure that all relevant sectors and partners (for example, the Communication Department of the Prime Minister’s Office) are present and can contribute to the work of the Committee. Requiring the nomination of permanent tobacco control focal points in the ministries other than health will contribute to continuity of work and the development of a sound knowledge base for tobacco control in all sectors of the Government.

Fifth, Article 6 of the Convention recognizes that price and tax measures are an effective demand-reduction measure to reduce tobacco consumption and achieve better health outcomes. Such policies have been implemented in recent years in Mauritius and the Ministry of Finance is committed to further pursuing this objective. However, it should be ensured that the increased tax rates (both import duties and excise taxes) apply to all tobacco products to prevent people from shifting towards cheaper tobacco products. In order to ensure that tobacco products become less affordable over time, the overall tax burden on tobacco products should be increased at a rate above the consumer price index.

Furthermore, it is a misconception that higher taxes would eventually lead to increases in illicit trade in tobacco products. The level of illicit trade is determined by a number of factors (money laundering, large-scale organized crime, corruption, etc.), and implementation evidence from other Parties shows that higher tobacco prices represent a less important contributing factor. Notwithstanding such arguments, tobacco tax increases should be implemented in parallel with stronger control of illicit trade in tobacco products.

Sixth, Article 8 of the Convention requires Parties to put in place effective measures to protect all their citizens from environmental tobacco smoke. In Mauritius, smoking in public places is regulated by two normative documents (the Public Health Regulations 2008 and the Occupational Safety and Health Act 2005). There is an inconsistency between the content of these two documents, meaning that the overall regulatory framework falls short of the requirements of Article 8 of the Convention and the guidelines for its implementation. It is recommended that the Government of Mauritius

act to eliminate this inconsistency between the existing normative documents to ensure the complete protection of the whole population from environmental tobacco smoke.

Seventh, Articles 9 and 10 of the Convention require regulation, testing and measuring of the ingredients contained in tobacco products as well as disclosure to Government authorities and the public of such ingredients. These Articles are not yet incorporated in any normative document in Mauritius, but are referred to in the draft National Action Plan 2013–2016. It is therefore recommended that these measures be covered in the law currently being drafted that will establish the National Agricultural Products Regulatory Office.

Eighth, Article 11 of the Convention requires Parties to regulate packaging and labelling of tobacco products. Mauritius has implemented pictorial health warnings, covering 60% of the front and 70% of the back surfaces of cigarette packages. Similar requirements should be put in place for all tobacco products, not just cigarettes. In addition, the warnings should be rotated/changed more frequently to prevent a decrease in their impact.

Ninth, Article 12 of the Convention requires Parties to strengthen public awareness of tobacco control issues using all available communication tools, as appropriate. Despite the efforts of the Ministry of Health and Quality of Life and other relevant ministries to implement public awareness and educational programmes, youth smoking prevalence is still on the rise. Therefore, it is recommended that segmented strategies targeted at young people be designed and implemented.

Tenth, Article 14 requires Parties to implement measures on demand reduction and cessation. Important progress has been made recently through the development of the tobacco cessation guidelines, establishment of seven smoking cessation clinics at regional level and an “Infoline” to assist smokers in reaching these services. In addition, the service and the necessary medications are provided free of charge. It is recommended that provision of brief advice be integrated into the primary health care services to ensure better accessibility of and coverage and that the “Infoline” be upgraded into a proactive “Quitline”.

Eleventh, Article 15 of the Convention requires Parties to implement measures to combat illicit trade in tobacco products. Relevant authorities in Mauritius are convinced of the efficiency of the existing system and that illicit trade of tobacco products is under control. In addition, the country has already started a self-assessment concerning the requirements of the Protocol to Eliminate Illicit Trade in Tobacco Products, recently adopted by the Conference of the Parties (COP) at its fifth session in November 2012, with a view to its signature in early 2014. It is also recommended that Mauritius consider ratifying the Protocol as soon as possible following signature.

Twelfth, Article 16 requires effective measures to control sales of tobacco products to and by minors. Such measures have been incorporated into existing Public Health Regulations. However, anecdotal evidence indicates that compliance with these provisions is inadequate, particularly with regard to points of sale. It is recommended that enforcement of this Article be strengthened, especially concerning single stick sales.

Thirteenth, the mission’s team recognized the significant progress made in phasing out tobacco growing in the country after closure of the last manufacturing plant in 2008 (in

relation to Article 17), with the process to be completed by the end of 2014. Tobacco growers successfully shifted to producing vegetables and livestock products, using financial incentives and technical advice provided and coordinated by the Ministry of Agro-Industry. This experience needs to be documented and shared with other Parties to the Convention.

Fourteenth, there is currently no United Nations Development Assistance Framework (UNDAF) for Mauritius. However, the members of the mission were informed that a strategic assistance framework for all United Nations agencies is currently being considered, for 2013–2015, to be followed by a transition to a full UNDAF by the end of 2015. The strategic framework document is expected to be finalized by October 2013, and will be aligned with the Economic and Social Transformation Plan of the Government as well as other relevant development plans.

Fifteenth, the COP has adopted seven guidelines to implement Articles 5.3, 8, 9 and 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 and they have been unanimously adopted by the COP. The guidelines draw on the best available scientific evidence and the experience of Parties. Mauritius is strongly encouraged to follow these guidelines in order to fully implement the Convention through appropriate administrative means.

Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life of the people of Mauritius. The needs identified in this report represent priority areas that require immediate attention. As Mauritius addresses these areas, the Convention Secretariat in cooperation with WHO and other relevant international partners is available and committed to providing technical assistance and to facilitating the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. The Convention Secretariat is also committed, upon request of the Ministry of Health: (1) to support and facilitate a stakeholder workshop to consider the needs assessment report and the National Tobacco Control Strategic Plan; (2) to support finalization of the Strategic Plan; (3) to provide immediate support for any priorities identified by the Ministry of Health and Quality of Life; (4) to facilitate inclusion of WHO FCTC implementation in the United Nations strategic framework document; and (6) to provide technical assistance in the development of media strategy and materials (audio-visuals) for State radio and television.

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

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¹ This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of its authors and can in no way be taken to reflect the views of the European Union.

Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of the World Health Organization. Mauritius ratified the WHO FCTC on 17 May 2004, being the 15th country in the world to do so. The Convention entered into force for Mauritius on 27 February 2005.

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

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

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

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

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

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

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

articles of the WHO FCTC with a view to establishing a baseline of needs. The needs assessment is also expected to serve as a basis for assistance in programme and project development, particularly to lower-resource countries, as part of efforts to promote and accelerate access to relevant internationally available resources.

The needs assessments are carried out in three phases:

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

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of Mauritius and the Convention Secretariat, including a mission to Mauritius by an international team of experts from 10 to 14 June 2013. The detailed assessment involved relevant ministries and agencies of Mauritius. The following report is based on the findings of the joint needs assessment exercise described above.

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

Status of implementation, gaps and recommendations

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

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

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

Status

Mauritius does not currently implement 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, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.

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

Status/gap

No such information has been provided so far by Mauritius.

Key observations and recommendations

The lack of knowledge of and attention given to this Article of the Convention may be the reason that no such agreements have been identified so far. The Ministry of Health and Quality of Life may wish to raise awareness among other Government departments of the requirements under this Article of the Convention.

It is further 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 are identified, it is recommended that the Government of Mauritius communicate them to the Secretariat either as part of their next WHO FCTC implementation report or independently.

Guiding principles (Article 4)

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

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

Status

There are a few nongovernmental organizations (NGOs) in Mauritius that collaborate with the Ministry of Health and Quality of Life and implement programmes that are partly or entirely tobacco-focused. Such organizations include VISA Mauritius, the National Agency for the Treatment and Rehabilitation of Substance Abuse, Ligue Vie et Santé. Some of these organizations also take part in the work of the National Steering Committee on Tobacco Control, established by the Ministry of Health and Quality of Life.

Civil society organizations identify their own sources of funding, but the Government itself, through regular grants, also contributes to their work. Nevertheless, most of the work done by these organizations is undertaken by unpaid volunteers.

The civil society organizations listed above contribute to keeping tobacco control high on the political agenda by funding and undertaking advocacy and training programmes, implementing research to support policy development (VISA Mauritius), running community awareness and cessation programmes (Ligue Vie et Santé) and by providing input and technical assistance in the development of normative documents, such as the National Tobacco Action Plan.

Gaps – None.

It is recommended that the Ministry of Health and Quality of Life and other relevant departments continue to work with these civil society organizations, and also aim to identify others, with which it can collaborate in order to promote its efforts to fully implement the WHO FCTC.

General obligations (Article 5)

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

Status

A National Action Plan for Tobacco Control (2008–2012) was developed and implemented. Building upon the experiences and outcomes of this Plan, the Ministry of Health and Quality of Life is currently engaged in the development of a new National

Action Plan for Tobacco Control covering the period from 2013 to 2016. The activities envisaged are in line with the WHO FCTC, and the draft document even includes, in its Addendum, a self-assessment of the needs vis-à-vis the requirements of the Convention.

The new Action Plan is a comprehensive four-year plan comprising both demand-reduction and supply-reduction measures. The vision of the Action Plan is to create a tobacco-free society, by promoting individual and community responsibility and by sustaining political commitment to the prevention and reduction of tobacco use through multisectoral participation in tobacco control. The goal of the Action Plan is to reduce the health, economic and social consequences of tobacco use.

Opportunities also exist to incorporate implementation of the WHO FCTC in health and development plans with broader scopes. The mission was informed that an NCD Plan of Action is currently being developed within the Ministry of Health and Quality of Life. Implementation of the Convention should be incorporated into this plan as per the recommendations of the Moscow Declaration (First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, Moscow, 28–29 April 2011) and the New York Declaration (United Nations high-level meeting on noncommunicable disease prevention and control, 19–20 September 2011).

The process for the development of the Government's strategic collaborative framework document with the United Nations system, covering the period 2013 to 2015, has recently started, and it is expected to be completed by October 2013. This process, including linkages with the implementation of the WHO FCTC is discussed in greater detail in the section on Article 22 of this report.

Gaps – None.

Key observations and recommendations

It is recommended that the Ministry of Health and Quality of Life complete consultations with all relevant stakeholders on the content of the draft National Action Plan for Tobacco Control 2013–2016, and finalize the Action Plan as soon as possible in order to comprehensively achieve full compliance with the requirements of the Convention. The recommendations of this needs assessment report may be used in the final review of the Plan as it proceeds to the Mauritian Cabinet. It is further recommended that the Ministry of Health and Quality of Life organize a high-level workshop with the participation of all relevant stakeholders, to launch and disseminate both this needs assessment report and the National Action Plan for Tobacco Control, once it is approved by the Government.

Furthermore, Mauritius needs to highlight implementation of the WHO FCTC as an effective tool in the prevention and control of noncommunicable diseases in the forthcoming NCD Action Plan. It is also recommended that, in collaboration with the WHO Country Office, implementation of the WHO FCTC be properly reflected in the strategic framework agreement between the Government and the United Nations system for the period 2013–2015, currently under consideration.

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the improvement and finalization process of the National Action Plan for Tobacco Control, upon request from the Ministry of Health and Quality of Life.

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

National Steering Committee for Tobacco Control

Status

A National Steering Committee for Tobacco Control, chaired by the Director, Health Services (Noncommunicable Diseases and Health Promotion), was set up by the Ministry of Health and Quality of Life as part of its implementation of the National Action Plan for Tobacco Control 2008–2012; the Plan also established the composition of the Committee.

The Committee reflects the requirement of Article 5.2(a) of the Convention as it involves participation from various sectors of the Government and is aimed at reviewing and updating tobacco control strategies and programmes, as well as advising the minister responsible for health on tobacco-related matters.

The Committee initially met twice per year, but has not been convened this year.

Gaps

The mandate and operation of the Committee require strengthening in order to ensure its effectiveness.

To remedy its current weaknesses, the following may be undertaken:

- elaboration of terms of reference for the Committee, to include mandating it to review and advise on implementation of the WHO FCTC;
- formalization of the Committee with a legal basis, in order to ensure regularity and sustainability of its operations, including in financial terms, and mandating the Ministry of Health and Quality of Life to act as secretariat to the Committee, with a view to ensuring its smooth operation by convening meetings, developing agendas and preparing background documentation;
- increase in the frequency and regularity of its meetings (for example, to three or four meetings per year), so that Committee becomes a real platform for the exchange of experiences and information concerning implementation of policies required by the normative documents;
- better alignment of policies developed and implemented by various sectors and the enforcement of such policies;
- revisiting the composition of the Committee to ensure that all relevant sectors and partners are present and can contribute to its work (including, for example, the Communication Department of the Prime Minister’s Office or the newly established National Agro-industrial Registration Office);
- requiring the nomination of permanent tobacco control focal points in the ministries other than the Ministry of Health and Quality of Life to contribute to the

work of the Committee, to ensure continuity of work and the development of a sound knowledge base within all non-health sectors of the Government.

Focal point for tobacco control

Status –

A tobacco control unit (with two full-time staff) has been set up and works under the supervision of the Director of Health Services and the Principal Assistant Secretary (noncommunicable diseases and health promotion) within the Ministry of Health and Quality of Life. Additional capacity is also available to respond to enquiries via the “Infoline” operated by the Ministry. The “Infoline” receives complaints from the public with respect to cases of non-compliance with tobacco control policies and advises those who would like to enrol in tobacco cessation programmes run at the cessation clinics established by the Ministry.

The unit is funded from the general budget of the Ministry available for programmes concerning noncommunicable diseases.

Gaps – None.

Key observations and recommendations

It is recommended that the National Steering Committee on Tobacco Control be formalized, with a legal basis, and its work strengthened by using the means listed above. While the Ministry of Health and Quality of Life should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff time and budget to support implementation of the Convention including through effective participation in the work of the Steering Committee.

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”.

Status

Under a grant of power contained in the Public Health Act 1925, the Minister of Health and Quality of Life issued the Public Health (Restrictions on Tobacco Products) Regulations of 2008. These are the principal regulations governing tobacco control in Mauritius. The provisions included therein are comprehensive, covering major areas of the Convention such as restrictions on smoking in public places; restrictions on tobacco advertising, promotion and sponsorship; and tobacco product packaging and labelling requirements. The principal regulations were amended twice in 2009 – first by the Public Health (Restrictions on Tobacco Products) (Amendment) Regulations 2009 and then by the Public Health (Restrictions on Tobacco Products) (Amendment No. 2) Regulations 2009. These two sets of amendments concern duties imposed upon business owners regarding enforcement of smoke-free policies, health warnings, and emission yields on product packaging.

Other laws and regulations relevant to tobacco control are the Consumer Protection (Price and Supplies Control) Act 1998, amended in 2012, which forbids merchants from displaying tobacco products at points of sale, except in duty-free shops at seaports and airports; and the Occupational Safety and Health Act of 2005 that regulates smoking in the workplace, but allows smoking in demarcated smoking areas.

Gaps –

The law has gaps on the timing of enforcement actions, which are limited to the period between sunrise and sunset, thereby undermining enforcement efforts. There is no clear provision on making the tobacco industry liable for the public health and other tobacco control harms that it causes. Point-of-sale and cross-border advertising and implementation of Article 5.3 of the WHO FCTC have not been comprehensively regulated in the existing laws/regulations.

Key observations and recommendations

It is therefore recommended that the Regulations be reviewed to extend enforcement operations beyond sunset and to end-points of sale and to cover cross-border advertising. Further amendments should introduce plain packaging of tobacco products in view of the successful experience of Mauritius in implementing Article 11 of the WHO FCTC. The laws also need to implement Article 5.3 of the WHO FCTC and the guidelines for its implementation in order to protect the progressive development of Mauritian tobacco control policy and law from the vested interests of the tobacco control industry and its affiliates. It is also recommended that the laws be amended to reinforce the mandate of the National Steering Committee for Tobacco Control as well as the enforcement mechanisms of the tobacco control laws.

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”.

Status –

Currently, there is no tobacco manufacturing plant operating in Mauritius. The last tobacco factory ceased operations in 2008.

In relation to Article 5.3 of the Convention, the only relevant measure in the Public Health (Restrictions on Tobacco Products) Regulations 2008 is a ban on the tobacco industry’s activities defined as “corporate social responsibility”.

During the mission, the international team was informed about considerations given by the Government of Mauritius to allowing a foreign venture to establish smokeless tobacco production capacity in the free zone. While establishing such capacity would not contradict the word of the Convention, it would not be in line with the overall objective (Article 3) and Article 2.2 of the Convention, as well as Parties’ obligations to cooperate

to establish and implement effective tobacco control programmes (Article 4.3). In addition, the guidelines for implementation of Article 5.3 recommend that Parties not give preferential treatment to the tobacco industry by granting incentives, privileges or benefits to the industry to establish or run their businesses and not to invest in the tobacco industry and related ventures.

Gaps –

An explicit provision that prohibits the tobacco industry and its affiliates from influencing public health policy has not yet been included in any of the normative documents in effect. Furthermore, no provision that strictly regulates the interaction of public officials (e.g. a code of conduct) with the tobacco industry and its affiliates has been included.

Key observations and recommendations

It is recommended that Mauritius raise awareness of the need to protect public health policy from the vested interests of the tobacco industry and importers among all Government agencies and public officials. It is also recommended that Mauritius include the obligations under Article 5.3 and the guidelines for its implementation in its tobacco control regulatory framework. This could be achieved by adding a relevant paragraph to the next set of Public Health Regulations, currently under development, to require measures as contained in the recommendations of the guidelines for implementation of Article 5.3, including but not limited to:

- ***limiting interactions with the tobacco industry to those strictly necessary for effective regulation of the industry and tobacco products;***
- ***requiring that such interactions be carried out transparently;***
- ***avoiding any voluntary agreements or non-binding and non-enforceable agreements with the tobacco industry and its affiliates;***
- ***developing a code of conduct that regulates interaction between public officials and the tobacco industry.***

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

Status –

Mauritius has participated in the sessions of the COP as well as in the negotiations of the Protocol to Eliminate Illicit Trade in Tobacco Products, thus contributing to the progressive development of the Convention. Mauritius has participated in the working group on Articles 17 and 18 established by the COP. In doing so, Mauritius has met its obligations under Article 5.4.

Gaps –

Mauritius has not been able to fully participate in all official international conferences under the Convention.

Key observations and recommendations

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

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

Status –

There are a number of examples of cooperation between Mauritius and international organizations. The main partners in relevant include the WHO Country Office and the WHO Regional Office for Africa as well as the Centre for Tobacco Control based in Kampala (Uganda).

The members of the mission met the United Nations Resident Coordinator, who expressed willingness to cooperate with the Government of Mauritius on the implementation of the Convention. Further details on international cooperation are given under Article 22.

Gaps – None.

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”.

Status

Mauritius has sought and received funding from bilateral and international agencies including WHO, and private sources such as Bloomberg Philanthropies.

With respect to Article 26 of the Convention, national funding for tobacco control is provided by the Mauritian Government through the Ministry of Health and Quality of Life. Further opportunities for expanded support to tobacco control measures and implementation of the Convention are encouraged. Mauritius has met its obligations under Article 5.6.

Gaps

There is a limit to the funding available for scaling up the tobacco control programme at the Ministry of Health and Quality of Life, especially in ensuring sustainable and long-term mass media campaigns, scaling up cessation services, and facilitating the enforcement of the regulations in force particularly those concerning smoke-free environments and sales to minors.

It is recommended that more funding be mobilized to scale up the tobacco control programme, including the enforcement unit, in order to strengthen enforcement of the adopted laws.

Price and tax measures (Article 6)

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

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

Status –

Taxation of tobacco products

There are three types of taxes levied on tobacco products; however, these are not uniformly applied to all products.

In the case of cigarettes, around 65% of the retail price of the most-consumed brand consists of taxes. The types of taxes applied are as follows: import duty (base of tax: cost, insurance and freight (CIF) value); specific excise duty (applied to the CIF value + import duty) and a 15% VAT which is applied on top of all previous taxes.

For cigars, cheroots and cigarillos a single excise rate applies (12 238 Mauritian rupees (Rs) per kg), while for water pipe tobacco there is a single duty of 230% of CIF.

The taxation system applied to tobacco products has undergone important changes in the past few years. Between 2005 and 2008, tax rates were differentiated by four categories of cigarettes, with the more expensive brands taxed at higher rates. Such differentiation was terminated in July 2008, and a uniform specific excise tax rate of Rs 2200/1000 cigarettes was introduced. This rate is adjusted annually, with increases above the consumer price index, the currently applied rate being (since 10 November 2012) Rs 3540/1000 cigarettes. Overall, between 2008 and 2012, the specific excise tax applied to cigarettes was increased by 61%/kg.

The Mauritius Revenue Authority confirmed that as a result of the consequent tax increases, the per capita consumption of cigarettes has decreased from 1056 in 2009 to 798 in 2012 and that Government revenues have also consequently increased.

By regularly implementing such tax increases, Mauritius has complied with its obligations under this Article.

Despite the regular tax (and consequent price) increases, cigarettes remain highly affordable in Mauritius. Stakeholders indicated the need to conduct a study to review and interpret available data concerning changes in the affordability of tobacco products vis-à-vis the implemented legislation/regulations. Findings of such a study could contribute to the tailoring of taxation policies to strengthen their impact on population health. In addition, the study could also determine and quantify the social costs (direct and indirect) imposed by tobacco use on Mauritian society.

In the draft National Action Plan 2013–2016, the Ministry of Health and Quality of Life proposes imposing a special tax of 2% on tobacco products to be used for the funding of specific tobacco control and health promotion activities. So far, tobacco control programmes are being funded through direct allocations from the general budget through the noncommunicable disease programme budget line of the Ministry of Health and Quality of Life, with additional allocations being made, upon request, for additional programmes (for example, in 2012 an additional allocation amounting to Rs 20 million was spent on a sensitization campaign for noncommunicable diseases and their risk factors, including tobacco).

Prices of tobacco products

Prices of tobacco products are not controlled directly by the Government, and the retail prices are determined by importers.

The prices of the three most widely sold brands of smoking tobacco products range from Rs 105 (Pall Mall) to Rs 130 (Dunhill) for a pack of 20 pieces.

Gaps – None.

Key observations and recommendations

In recent years, taxes on tobacco products have been increased regularly and above the consumer price index. However, the tax structure applied to different tobacco products varies, as do the taxation rates.

It is therefore recommended that the Government continue to increase tax rates on a regular basis to take into account both increases in consumer price indices and household incomes (to decrease the affordability of tobacco products). Tobacco products other than cigarettes should be taxed in a way comparable to cigarettes to limit substitution among products. Furthermore, it is recommended that the same level of customs duty be applied to all tobacco products. It is also recommended that the Ministry of Health and Quality of Life work together with the Ministry of Finance to simplify the tobacco taxation structure by applying the same types of taxes to all tobacco products.

In support of the Government's effort to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

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*”.

Status

Sales of duty-free tobacco products are allowed in airports and in tax-free shops in downtown Port Louis, and apply to travellers who will take the tobacco products out of the country so that they are exempted from the payment of national taxes and duties. The purchased products can be accessed only at airports upon departure and thus cannot be consumed on the territory of Mauritius.

Returning/incoming passengers are limited to 250 grams of any tobacco products (this means around 200 pieces of cigarettes or one carton). This allowance can be introduced free of duty into Mauritius by all passengers above the age of 18 years.

By restricting sales of duty-free tobacco products to duty-free shops, and by regulating limiting the quantities of tobacco products imported by incoming passengers, Mauritius is in compliance with the requirements of this Article.

Gaps – None.

Key observations and recommendations

It is recommended that the Ministry of Finance together with the Mauritius Revenue Authority explore the possibility of further restricting duty-free tobacco sales to airports and seaports thus contributing to the effectiveness of policies imposed by other Parties to the Convention on allowances for incoming 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”.

Status

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

Gaps – None.

Key observations and recommendations

It is recommended, that in each reporting cycle (biennially, in 2014, 2016 etc.), the Ministry of Finance and/or the Mauritius Revenue Authority provide up-to-date information on taxation rates to the Ministry of Health and Quality of Life for inclusion in the implementation reports submitted to the COP. Such information needs to be provided in a timely manner, upon request from the Ministry of Health and Quality of Life.

Protection from exposure to tobacco smoke (Article 8)

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

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

Regulatory framework

In Mauritius, smoking in public places is regulated by two normative documents, the Public Health (Restrictions on Tobacco Products) Regulations 2008 and the Occupational Health and Safety Act 2005.

The *Public Health (Restrictions on Tobacco Products) Regulations 2008* prohibit smoking in public places, including but not limited to indoor public areas, public transport, bus stands and bus stations, private vehicles carrying passengers, recreational places (except public beaches), cafes, bars, restaurants and night clubs. Smoking is banned in health-care facilities, including hospitals, public areas and patient rooms of residential health-care facilities and in non-residential health-care facilities. Smoking is also prohibited in all educational facilities, including childcare facilities/preschools, primary and secondary schools, as well as universities and vocational facilities.

Owners/managers of public places are required to display prescribed signs indicating that smoking and the sale of tobacco products to minors are prohibited. At the same time the owner or responsible person of a public place is required to take the following steps to prevent smoking: ask anyone smoking to stop or to leave if he/she does not stop; call the police if he/she does not stop smoking or leave.

The Regulations define “indoor area”, “public place” and “workplace”. Workplaces are included in the definition of public place, as follows:

“*public place*” means

- (i) an indoor area which is open to the public or any part of the public;
- (ii) a public conveyance;
- (iii) a workplace, but excludes an area demarcated for that **[smoking]**¹ purpose.”

By using the above definition, the Regulations are harmonized with the *Occupational Health and Safety Act of 2005*. However, these definitions are not consistent with those recommended by the guidelines for implementation of Article 8 of the Convention. Moreover, the *Occupational Health and Safety Act of 2005*, with its provision concerning workplace smoking, is not only inconsistent with the requirements of the Convention and the relevant implementation guidelines but also with the spirit of the Public Health (Restrictions on Tobacco Products) Regulations 2008. Article 14 (Duties of employees) of the Occupational Health and Safety Act of 2005 (paragraph (e)) require that “*every employee shall, while at work ... not smoke at the place of work, except in an area demarcated for that purpose*”. Such a “demarcated area” is to be designated by the workplace owners and managers; moreover, the law does not prescribe any specific requirements concerning the designation of these areas.

This exemption made for the workplaces is a loophole in the Mauritian regulatory framework concerning smoke-free environments, and also resulted in Mauritius not

¹ Word and emphasis added.

complying with the five-year timeline recommended for the implementation of effective measures under Article 8 of the Convention (which expired for Mauritius on 27 February 2010). The existence of such an inconsistency has long been recognized by the Ministry of Health and Quality of Life, but any Government action concerning the amendment of the legislation has been delayed by the opposition of the Ministry of Labour, seemingly upon advice by an advisory committee comprising trade unions and employers, and upon agreement with this position informally expressed by the State Law Office.

It was brought to the attention of the members of the mission that in spite of the wording of the Occupational Health and Safety Act, many workplaces have already vouched for the introduction of a complete ban of smoking in their jurisdictions on a voluntary basis. The Ministry of Labour also confirmed that the number of workplaces still allowing demarcation of smoking areas is very low. This fact also calls for an urgent revision of this requirement of the Occupational Health and Safety Act, which is also supported by the smoking and non-smoking public; according to the 2011 survey of the International Tobacco Control Policy Evaluation Project, around 92% of smokers and 98% of non-smokers support a complete ban of smoking in all workplaces and public places.

Enforcement of smoke-free measures

The public health and food safety inspectors (144 such inspectors have been trained so far on the tobacco control regulations applicable in Mauritius), jointly with the police, are mandated to monitor compliance with smoke-free regulations in all settings except for workplaces.¹

Inspections by these authorities have increased in the recent years (see **Table 1**), leading to higher levels of compliance; however, non-compliance may be observed in hotels, particularly guest rooms/lodgings with evidence that ash trays are provided for smoking guests; in public transport vehicles like taxis and private vehicles carrying passengers; and in public places such as prisons.² According to latest available data from the 2011 survey of the International Tobacco Control Policy Evaluation Project, only 47% of smokers reported that smoking bans were “totally” enforced. Substantially fewer non-smokers reported strict enforcement of smoking bans in bars or pubs than smokers.

Table 1. Number of inspections³ conducted and contraventions established (2010–2013)

Year	Number of inspections	Number of contraventions established
2010	41	98
2011	58	162
2012	118	339
2013 (so far)	66	138

¹ Monitoring of compliance with smoke-free regulations in workplaces is conducted by occupational health inspectors.

² Furthermore, there is still free distribution of cigarettes in prisons.

³ Concerning all tobacco-related measures covered in the Tobacco Regulations 2008, not only those related to smoke-free environments. Information on inspections and contraventions broken down by selected measures is not available.

Despite the inspections, cases of non-compliance are felt to be numerous; a more effective enforcement of the law and strengthened public awareness will result in better compliance and will increase the likelihood of behaviour change.

Gaps -

The partial measures applied to workplaces represent an important loophole in the Mauritian regulatory framework. Moreover, enforcement of smoking bans in hotels, nightclubs and bars is still weak, while in prisons the law is not fully enforced.

Reasons for this fact may include: the insufficient number of enforcers and inspections; the lack of sufficient incentives provided to enforcers to carry out their work; the fact that the Public Health Act limits the authority of enforcing officers concerning these provisions by relegating their role to the hours between “sunset and sunrise”. In addition, some hotels refuse to comply by producing and displaying no-smoking signs in a manner that contravenes the Regulations. Mauritius has prescribed penalties for non-compliance but they do not provide a sufficient deterrent and do not match the gravity of the offence.

Key observations and recommendations

It is recommended that the Government of Mauritius eliminate the inconsistency in its legal documents concerning smoke-free environments and ensure that its obligations under Article 8 of the WHO FCTC are implemented in full. When implementing this Article, the guidelines for implementation of Article 8 of the Convention need to be taken into account, concerning ways of ensuring “effective” protection of all citizens from environmental tobacco smoke in all indoor workplaces, public transport, indoor public places and other places, as appropriate.

To achieve this, the Occupational Health and Safety Act 2005 should be amended by eliminating the reference to demarcation of smoking areas in the workplace. The Ministry of Health and Quality of Life, with the assistance of the regional office of the International Labour Office, should liaise with the State Law Office and promote arguments in the support of this amendment.

Once the change in the relevant legislation is made, occupational health inspectors should be trained and required to enforce the complete ban on smoking in the workplace, ensuring that the enforcement of new measures do not impose any additional burden on the enforcement system.

Furthermore, enforcement of the ban on smoking in settings falling under the scope of the Tobacco Regulations 2008 should be strengthened, by training new enforcement officers, creating incentives to increase the number of inspections – for example by rechanneling fines for non-compliance into the budget of the Ministry of Health and Quality of Life, to be used for creating additional enforcement capacity and implementing complementary training programmes.

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

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

Status/gaps

In relation to implementation of Article 9 of the Convention, no measures were reported to the mission. It is noteworthy that the Public Health (Restrictions on Tobacco Products) Regulations 2008 do not regulate contents and emissions of tobacco products, nor designate a laboratory to perform any testing of contents and emissions of tobacco products.

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*”.

Status/gaps

No national law, provision or regulation requires tobacco product importers to submit to any relevant ministry or agency information about the contents and emissions of tobacco products, or at the least to report on ingredients and components added to such products as well as levels of tar, nicotine and carbon monoxide in tobacco smoke. Furthermore, with respect to public disclosure of information on the contents and emissions of tobacco products, no national law, provision or regulation, allows for compliance with Article 10 of the Convention.

During the mission, the Ministry of Agro-Industry reported that the law establishing the National Agricultural Products Regulatory Office is currently being drafted by the Ministry of Agro-Industry, and this provides an opportunity for the requirements of Articles 9 and 10 of the Convention to be incorporated into this normative document. The draft National Action Plan 2013–2016 also refers to the inclusion of such measures in the country’s regulatory framework.

Key observations and recommendations

It is recommended that the Ministry of Health and Quality of Life work closely with the Ministry of Agro-Industry, and in collaboration with the Ministry of Industry, Commerce, and Consumer Protection, in reviewing the requirements of Articles 9 and 10 of the Convention and of the relevant guidelines, and introduce these requirements of the Convention in the current Mauritian regulatory framework.

The ongoing drafting of the law establishing the National Agricultural Products Regulatory Office provides an opportunity to do so. Legislation and relevant regulations should be developed concerning testing and measuring of the contents and

emissions of tobacco products commercialized on the Mauritian market, either by developing the country's own testing capacity or utilizing laboratories in the region or elsewhere.

It is also recommended that tobacco importers be required to provide information on the contents and emissions of tobacco products they import to the designated governmental authority. This can be either the Ministry of Health and Quality of Life or the newly established National Agricultural Products Regulatory Office, as appropriate. Furthermore, effective measures shall be put in place for the disclosure of information on the toxic constituents of tobacco products and the emissions that they may produce to the public.

It is further recommended that the regulations make the tobacco industry responsible for the costs of testing and monitoring contents of their products according to the financing recommendations of the guidelines on Articles 9 and 10.

When drafting legislation and relevant regulations, the recommendations of the guidelines for Articles 9 and 10 of the Convention should be utilized.

In support of the Government's efforts to develop regulations in line with Articles 9 and 10 of the Convention, the Convention Secretariat is committed to providing technical support as requested by the Government, including experiences and effective practices applied by other Parties to the Convention.

Packaging and labelling of tobacco products (Article 11)

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

Status

Mauritius has taken significant steps to fulfil its obligations under this Article by implementing some of the strongest health warnings policies in the world. The Mauritius tobacco-labelling requirements are outlined in the *Public Health (Restrictions on Tobacco Products) Regulations 2008*, and have been in force since 1 June 2009.

The current requirements replaced the Government Notice 1999 of the Public Health Act, which had required a text-only warning for cigarettes (but not for other tobacco products) with no specific requirements for size, location or colour. Under the old regulations, the warning appeared in a small font, in package colours, and on the side of the package.

The draft National Tobacco Control Action Plan (2013–2016), to be finalized and approved by the Government soon, promotes the introduction of plain packaging in Mauritius. The members of the mission also learnt about the efforts of the Ministry of Health and Quality of Life to strengthen its packaging and labelling policies further, by moving towards the introduction of plain packaging.

Requirements for cigarette packaging

The Regulations in Mauritius had initially required the size of warnings to be 40% of the front and 90% of the back. Prior to implementation, on 27 May 2009, the sizes were modified through a regulatory amendment to 60% of the front and 70% of the back.¹

Mauritius became the first African country to require pictorial warnings in 2009. A series of eight picture-based bilingual health warnings to cover 60% of the front (with French text) and 70% of the back (with English text); and on 65% of each of the left and right sides of cigarette packages, the text message “Smoking kills” appears in French on one side, and in English on the other. As of May 2013, Mauritius had the largest warnings in Africa, and is ranked seventh in the world for warning size among countries that have finalized warning requirements.²

The cigarette health warning requirements also apply to cigarette cartons. Thus a picture warning appears on 60% in French of the front principal display area, and 70% in English of the back principal display area. The text message “Smoking kills” appears on 65% of two other carton sides, once in French, and once in English.

Requirements for packages of other tobacco products

As opposed to those on cigarette packaging, warnings that on other tobacco product packages are **text only**.

For cigars and pipe tobacco, the following single text warning is required to appear in English and in French: “Smoking causes cancer, heart disease, bronchitis and early death.” The warning is to appear in black text on a white background using Helvetica font style and in a font size of at least 10 point. The warning may be located anywhere on the package, such as the side. In practice, the warning size does not cover at least 30% of the principal display surfaces as required by the WHO FCTC. Moreover, there is only a single warning, with no rotation of any kind.

Mauritius has **no warning requirements at all** for tobacco products other than cigarettes, cigars and pipe tobacco. Health warnings are not required on packages of bidis, chewing tobacco, snuff, water pipes and related tobacco products, and roll-your-own tobacco. It is important to note, however, that in Mauritius, cigarette papers are banned,³ as is water pipe tobacco.⁴ Consumption of chewing tobacco and snuff is also still very limited.

¹ *Public Health (Restrictions on Tobacco Products) (Amendment) Regulations 2009*, Government Notice No. 50 of 2009 <http://www.tobaccocontrollaws.org/files/live/Mauritius/Mauritius%20-%20PH%20Amendment%20%231%202009%20-%20national.pdf>

² Larger warnings in Sri Lanka and in Thailand are not due to appear on packages until later in 2013.

³ *Consumer Protection (Control of Imports) Regulations 1999*, Government Notice 135 of 1999, Second Schedule, section 13, as amended. Available at: <http://mra.gov.mu/download/ConsumerProtectionRegulationsGn5of2012.pdf>

⁴ *Public Health (Restrictions on Tobacco Products) Regulations 2008*, section 6(d). Available at: <http://www.tobaccocontrollaws.org/files/live/Mauritius/Mauritius%20-%20PH%20Regs%202008%20-%20national.pdf>

Experience concerning implementation

Despite the gaps in implementation, Mauritius has achieved a high level of compliance with its warning requirements for cigarettes. The 2011 report of the International Tobacco Control Policy Project showed that pictorial health warnings have led to a dramatic increase in smokers thinking about the health risks and quitting.

Health warnings were not changed between 2009 and 2013. Research by the International Tobacco Control Policy Project found that the warnings were, as a result, starting to “wear out”.¹ This emphasizes the need for the development of a new set of picture warnings; a new set of warnings will soon be finalized by the Ministry of Health and Quality of Life.

International cooperation

The Government of Mauritius owns the copyright of seven out of the eight pictures currently used in the warnings, and is willing to grant other governments permission to use these images on a royalty-free basis.² (The Government does not own the copyright of the picture of mouth cancer, which was obtained from other sources.)

Mauritius has already provided its warning images for inclusion in the database maintained by the WHO FCTC Convention Secretariat,³ and has, to date, granted permission for the use of its warning pictures to other Parties to the Convention, including the Islamic republic of Iran, the Russian Federation, Seychelles and Togo. Other Parties, such as Brazil, have also expressed their intention to use the health warnings.

Summary

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The measures for which there is a deadline of three years from the date of entry into force of the Convention (Mauritius ratified the treaty in 2004) are given in **Table 2**, along with the level of compliance in Mauritius with those requirements.

Table 2. Comparison of the treaty requirements and level of compliance with these requirements in Mauritius, concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	Tobacco product packaging and labelling do not promote a tobacco product	OBLIGATION MET	The Regulations prohibit terms such as “mild”, “low tar”, “light” from

¹ International Tobacco Control Policy Evaluation Project, “Evaluation of Tobacco Control in Mauritius Shows Need for New Pack Warnings and Stronger Commitment to Smoking Bans” May 2012. Available at: <http://www.itcproject.org/blogs/mediacover/evaluation-of-tobacco-control-in-mauritius-shows-n>
International Tobacco Control Policy Evaluation Project, “ITC Mauritius National Report – Results of the Wave 3 Survey” May 2012. Available at:

http://www.itcproject.org/documents/keyfindings/itc-mauritius-nr_w3may-25v25webpdf

² Mauritius, Second Implementation Report to FCTC Conference of the Parties, questions 3.2.5.10 and 3.2.5.11. Available at: http://www.who.int/fctc/reporting/Mauritius_5y_report_final.pdf

³ See the WHO FCTC Health Warnings Database. Available at: <http://www.who.int/tobacco/healthwarningsdatabase/en/index.html>

	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”.		appearing on packaging. The Regulations prohibit tobacco companies from displaying tar, nicotine and carbon monoxide figure on packages.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	OBLIGATION PARTIALLY MET	Mauritius has no warning requirements for tobacco products other than cigarettes, cigars and pipe tobacco.
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION PARTIALLY MET	For cigar and pipe tobacco there is only a single warning, with no rotation.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION PARTIALLY MET	The Article 11 guidelines recommend that warnings be located at the top of the package front and back to increase visibility, but this is not the case in Mauritius.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	OBLIGATION PARTIALLY MET	The warning requirements for cigar and pipe tobacco do not comply with WHO FCTC requirements; the warnings do not cover at least 30% of the principal display areas.

1(b)(v)	[The warning] may be in the form of or include pictures or pictograms.	OBLIGATION MET	In 2009, Mauritius became the first African country to require picture warnings.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	OBLIGATION MET	Consistent with the Article 11 guidelines, Mauritius does not require tar and nicotine yield numbers to be shown on packages. Indeed, Mauritius has no requirement at all for a message on packaging regarding cigarette emissions.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	OBLIGATION MET	The warnings and other textual information appear on each unit packet and package of tobacco products in French and English.

Gaps

1. Tobacco products other than cigarettes only have textual warnings.
2. There is no regular rotation prescribed in the Regulations.
3. Messages warn only of harmful health effects related to tobacco use, but not economic, social, environmental aspects.
4. Warnings are located on the bottom of the front and back of principal display areas, not at the top of these areas as recommended in the guidelines for implementation of Article 11 of the Convention.

Key observations and recommendations

While Mauritius has very strong packaging and labelling regulations, improvements to make them more compliant with the WHO FCTC are possible. The following recommendations are made with this in mind:

1. ***Mauritius should introduce pictorial health warnings on packages of all tobacco products, not just cigarettes – including cigars, pipe tobacco, and chewing tobacco packages. Users of these tobacco products, as well as cigarette users, should also be informed of the dangers of tobacco use.***

2. *Rotation should be made at regular intervals, with the pictures changing at least every two years. This will prevent a decline in label effectiveness as noted by the 2011 report of the International Tobacco Control Policy Evaluation Project. The warnings currently under development should therefore be finalized and implemented as soon as possible.*
3. *Efficiency of the warnings should be increased, through:*
 - a. *expanding the message content to cover additional health effects, advice on cessation, adverse economic, social and environmental outcomes, and tobacco industry practices;*
 - b. *further increasing the size of the health warnings to at least 75% or 80% of the package front and back, as several other Parties have done;*
 - c. *locating the warnings at the top (not the bottom) of the packaging both on the front and back, in compliance with the guidelines for implementation of Article 11 of the WHOFCTC.*
4. *Plain packaging should be required in due course along the lines of the provisions in the draft National Tobacco Control Action Plan 2013–2016.*

In support of the Government's efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

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

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

In 2010, at its fourth session, the COP adopted guidelines for implementation of Article 12. These guidelines provide detailed advice on running effective education, communication and training programmes in line with the requirements of the Convention.

Status

In the past few years, Mauritius has implemented several awareness-raising and information programmes within the context of the 2008–2012 National Tobacco Control Action Plan and coordinated by the **Ministry of Health and Quality of Life**. Such programmes have included: a campaign to raise awareness of the new Regulations of 2008 through mass media and other channels in February 2009, including awareness sessions within communities aimed at different target groups; production and distribution of health education materials such as “Dites non à la première cigarette”; repeated media campaigns in 2009 and 2010 with advertisements in newspapers; organization of World No Tobacco Day thematic activities; and advocacy workshops/meetings where local

media and other key stakeholders (e.g. trade union and community leaders) received information on the effects of tobacco use and the implementation and enforcement of the smoke-free policy.

In addition, the Ministry of Health and Quality of Life has also established a toll-free information line (800–2011) as well as a smoke-free web site (<http://www.gov.mu/portal/sites/smokefree/index.htm>). The information line serves as a tool for dissemination of information on the new policies, for receiving reports from the public concerning non-compliance with smoke-free policies, and for advising callers on their nearest available smoking cessation clinic.

In order to increase support for the ban on smoking in all public places, a project entitled “Enforcement of the Smoke-Free Regulations in Mauritius” ran from March 2009 to December 2011. The project included education and communication components, such as a mass media campaign, sensitization of community leaders (social workers, teachers, etc.), and sensitization meetings with health and safety managers of the hospitality sector. The objective was to create awareness among both smokers and non-smokers of the harms of second-hand smoke;

In May 2011, an adaptation of the World Lung Foundation’s “lungs are like sponges” or “sponge” mass media campaign was implemented in Mauritius as an initiative to coincide with the national activities of World No Tobacco Day. The campaign ran from 30 May until 19 June 2011 and was repeated in May–June 2013.

During the campaigns, the Ministry obtained air time in national television and radio channels at a reduced price. This is a permanent arrangement between the Ministry of Health and Quality of Life and the Mauritius Broadcasting Corporation, which would apply to any future tobacco-related communication campaigns.

The draft National Tobacco Control Action Plan 2013–2016 includes, as one of its specific objectives, the consolidation of anti-tobacco policies and programmes in primary, secondary and tertiary educational institutions by strengthening capacities for educating the pupils on tobacco-related matters and by enhancing involvement of students in anti-tobacco programmes.

The **Ministry of Education and Human Resources** has also taken a lead role in raising awareness among young people of the Regulations, and tobacco smoking is high on the educational agenda. The Ministry acknowledged its role in relation to Articles 12 and 14 of the WHO FCTC, with special reference to the promotion and strengthening of awareness of tobacco control issues among students and tobacco dependence measures, and has undertaken activities such as:

- holding half-day seminars in the four Education Zones with heads of schools and physical education teachers to train them on how to sensitize pupils and students;
- sending a circular letter dated 21 January 2010 to all educational institutions, from pre-primary to university, to inform heads of schools about the Regulations (which had been in force since June 2009);
- including tobacco-related matters in the curriculum of the first six levels of primary and secondary education (pupils aged 6 to 12);

- sensitizing students in secondary schools during curricular and extra-curricular activities (carried out by teachers or personnel from the police force or NGOs, or through video clips);
- using World No Tobacco Day as an opportunity for a message by the Minister of Health and Quality of Life to be read to pupils and students during morning assembly. Students also staged short plays;
- running communication campaigns against tobacco smoking and substance abuse in most educational institutions through slogans, public addresses, essay competitions, etc.;
- establishing an “anti-drug unit”, whose coordinator liaises with Government organizations and NGOs on tobacco and substance abuse. The coordinator also assists the Ministry of Education and Human Resources on the development of policies and appropriate programmes in schools on drugs, alcohol and tobacco smoking. The unit works in close collaboration with the Ministry of Health and Quality of Life;
- in the context of the “Football for Health – FIFA Project” promoting health messages among youngsters.

The **Ministry of Youth and Sports** implemented a health education programme on the psychological aspects smoking, empowering them to make informed decisions. In 2011, the Ministry produced a manual for peer educators and youth cadres entitled “Life Skills Education Programme”, within the framework of the National Youth Policy 2010–2014.

Gaps

1. While a number of awareness-raising strategies and information programmes have been undertaken to improve the knowledge of the public on matters related to tobacco use, the Public Health (Restrictions on Tobacco Products) Regulations 2008 do not stipulate any awareness-raising strategies and information programmes.
2. Communication campaigns and information programmes primarily targeted at the general public and young people exist, but the effectiveness of these campaigns still needs to be assessed, especially with respect to their impact on young people’s behaviours and with a view to developing, in the future, campaigns with more appeal to children and young people.
3. Messages containing information on the tobacco industry and public access to a wide range of information on the tobacco industry are not yet promoted in a systematic way as required by Article 12(c) of the Convention and the section on “Ensuring wide access to information on the tobacco industry” of the guidelines for implementation of Article 12.
4. Coordination of youth-focused programmes implemented by different ministries needs to be strengthened to ensure coherence and streamlining of the messages used and broadening the range of the communication channels and tools to make communication more appealing to young people.

Key observations and recommendations

It is therefore recommended that a coordinated plan of action on education, communication and training be developed as part of the new Tobacco Control Action Plan 2013–2016 and resources allocated to its implementation. It is also recommended that the Ministry of Health and Quality of Life in cooperation with other relevant ministries and agencies, make efforts to pretest and rigorously research and evaluate the impact of these activities in order to achieve better outcomes. It is further recommended that the Ministry of Health and Quality of Life work closely with other stakeholders and NGOs to ensure greater synergy among the different media campaigns. It is also recommended that the communication medium (and the messages used) for targeted populations, such as the young people, be revised. International cooperation may be useful to ensure that rigorous, systematic and objective methods are used in designing and implementing these programmes. The coordination between national stakeholders involved in education, communication, training and public awareness programmes can be strengthened by specifically addressing this matter within the framework of the National Steering Committee for Tobacco Control by, for example, establishing a subcommittee to advise, develop, monitor and evaluate communication efforts, especially with respect to those targeted at youth.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

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

Status

Mauritius has a comprehensive ban on tobacco advertising, promotion and sponsorship in place, as stipulated by the Public Health (Restrictions on Tobacco Products) Regulations 2008. The law prohibits all types of tobacco advertising, promotion and sponsorship, including point-of-sale advertising, domestic and international communications and free distribution of tobacco products and rewards to consumers in conjunction with a tobacco product purchase.

The Price and Supplies Control Act 1998 mandated the manner in which consumer products, including tobacco products, may be displayed at the point of sale. This was amended and harmonized with the Tobacco Products Regulations of 2008 and displays of tobacco products at points of sale were banned, with the exception of displays in duty-free shops.

Likewise, the 2008 Regulations ban advertising of tobacco products through the Internet but do not address Internet tobacco product sales specifically. Tobacco products may therefore be sold through the Internet and yet these sales inherently involve tobacco

advertising and promotion, which is in contravention of Article 13 of the Convention. Internet tobacco product sales however were not reported to be taking place in Mauritius.

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*”.

Status

The Regulations comprehensively ban all tobacco advertising, promotion and sponsorship of tobacco products including cross-border advertising by any means. However, it is not clear whether the ban applies to cross-border tobacco advertising originating from Mauritius or to advertising entering its territory.

A meeting with the Communications Department at the Office of the Prime Minister revealed a willingness to implement the ban on cross-border advertising more effectively, particularly depictions of tobacco use in films. The Enforcement Regulations Authority and local media companies were highlighted as key partners in implementing the ban and were requested by the Ministry of Health and Quality of Life to provide support in developing warning messages that could be used in films that depict tobacco use and in taking tobacco use into account when establishing film ratings.

The draft National Tobacco Control Action Plan 2013–2016 includes, as one of its objectives, further extending the scope of the ban on all major forms of tobacco advertising, promotion and sponsorship.

Gaps

1. Cross-border advertising in the form of depictions of smoking in films, foreign magazines, newspapers and on the Internet still exists. There is no regulation to ban all cross-border advertising, promotion and sponsorship originating from and entering Mauritian territory.
2. Displays of tobacco products in duty-free shops are still allowed.

Key observations and recommendations

It is therefore recommended that Mauritius revise its Regulations to ensure a complete ban on tobacco advertising, promotion and sponsorship, including a ban on duty-free point-of-sale tobacco displays and Internet tobacco sales. It is also recommended that Mauritius regulate cross-border tobacco advertising, promotion and sponsorship originating from or entering its territory by communication channels such as TV, radio, films and other communication technology. It is also recommended that the Government of Mauritius implement strong monitoring of these regulations in order to prevent underground advertising, sponsorship or promotion by the tobacco industry.

Measures concerning tobacco dependence and cessation (Article 14)

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

Mauritius has developed comprehensive tobacco cessation guidelines (as of November 2011), which provide guidance to health-care workers in their contacts with people who smoke tobacco. The guidelines make recommendations for the use of evidence-based interventions for tobacco cessation in smoking populations in both Mauritius and Rodrigues.

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

In October 2011, a mission from WHO headquarters and the WHO Regional Office for Africa visited Mauritius and trained future tobacco dependence treatment specialists to work in cessation clinics.

Since November 2012, tobacco cessation and tobacco dependence treatment have been available in six regional hospitals, one community health centre; an eighth cessation clinic was opened in Rodrigues in July 2013. Services provided at the clinics are free of charge, and include counselling and pharmacological treatment. The clinics have attracted many smokers and a waiting list was created to regulate access to group treatment services. Establishment of another 10 clinics is foreseen in the draft National Tobacco Control Action Plan 2013–2016.

The toll-free telephone information line (800–2011), operational since May 2011, provides information on the availability of cessation services. It is envisaged in the draft National Tobacco Control Action Plan 2013–2016 that the information line will be converted into a free reactive quit line, enabling provision of cessation support by trained advisers. Internet-based behavioural support and cell phone text messaging are also envisaged, as recommended in the guidelines for implementation of Article 14 of the Convention.

Tobacco use status is only recorded in the medical notes of patients attending cardiological clinics. No such requirement exists for other medical notes or death certificates.

In line with requirements of Article 14.2(a) of the Convention and the relevant implementation guidelines, the draft National Tobacco Control Action Plan 2013–2016 contains plans to: design and implement tobacco cessation programmes in workplaces, education institutions and sporting environments; address tobacco use by health-care workers; and encourage peer support groups.

The Ministry of Education and Human Resources has progressively adapted primary and secondary school curricula to encourage young smokers to quit and to prevent uptake. Some NGO personnel and health workers in the private sector also provide cessation services in collaboration with the Ministry of Health and Quality of Life. For example, the “Ligue Vie et Sante” provides cessation group treatment, while “VISA Mauritius” trains health professionals in tobacco cessation.

Medicines containing nicotine (used for nicotine replacement therapy) and bupropion are available in pharmacies. Nicotine-containing products are available over the counter, while bupropion is available upon prescription. Tobacco-dependent patients enrolled in group support in any of the existing tobacco cessation clinics receive medications for the treatment of their dependence free of charge.

Gaps

1. The demand for specialist cessation services available at the cessation clinics has exceeded available capacity. Brief advice is not yet integrated into existing health-care systems, notably the primary health-care system.
2. In spite of the regular training sessions held for health professionals, there are too few personnel to undertake the cessation programme effectively.
3. The “Infoline” only provides information on the nearest available cessation clinic, and provides basic cessation advice to callers.
4. The cessation programme is costly and requires additional funding and other resources.

Key observations and recommendations

It is therefore recommended that the national programme on cessation of tobacco use be reinforced. Additional financial, human and material resources may need to be scaled up to meet the increasing demand. It is also recommended that the tobacco cessation guidelines developed by the Ministry of Health and Quality of Life be effectively publicized and disseminated. Additional cessation pathways for specific target populations, such as through schools and NGOs, may also be considered. All health-care workers should be trained to identify, record and manage the risk associated with tobacco use, give brief advice and encourage quit attempts. Furthermore, all these services could be integrated into the national health and education systems, especially in primary health-care. A new quit line, Internet-based support and cell phone messaging should be used as novel approaches to assisting smokers to quit and to decrease the demand for existing, highly specialized cessation services.

In support of the Government’s efforts to further promote tobacco dependence treatment and cessation of tobacco use, the Convention Secretariat is committed to providing technical support in this area upon request by the Government.

Illicit trade in tobacco products (Article 15)

In Article 15 of the Convention the “*Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and*

counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control”.

Status

The Mauritius Revenue Authority and the Customs Department indicated that illicit trade in tobacco products is not considered to be a major issue in the country. While there have been reports of seizures recently, they represent a minor share of the overall tobacco market in Mauritius.

Reports of the International Tobacco Control Survey also indicate that the overall use of illicit tobacco products is very low. This can be mainly attributed to the action taken by the Customs Department and the collaboration between relevant authorities (the Anti-Drug and Smuggling Force of the Police/Customs Department and health inspectors). Seizures of illicit (smuggled and counterfeit) tobacco products are reported regularly by the relevant agencies.

The members of the mission were also informed that there is a Memorandum of Understanding between the Customs and British American Tobacco. According to the agreement, the two parties notify each other and share information concerning any illicit tobacco products of which they are aware. Such non-binding and non-enforceable agreements with the tobacco industry contradict the spirit of Article 5.3 of the Convention and the recommendations of the guidelines for implementation of Article 5.3. The latter calls upon Parties to reject partnerships and non-binding and non-enforceable agreements with the tobacco industry (see Section (3) of the guidelines). Furthermore, in recommendation 3.2, the guidelines call upon Parties not to accept, support or endorse the tobacco industry organizing, promoting, participating in, or performing, any initiatives that are directly and indirectly related to tobacco control.

The Protocol to Eliminate Illicit Trade in Tobacco Products, which has been open for signature by Parties to the WHO FCTC since 10 January 2013, provides, in its Article 36.7, that a Party “*may require the tobacco industry to bear any costs associated with a Party’s obligations to achieve the objectives of this Protocol, in compliance with Article 5.3 of the WHO Framework Convention on Tobacco Control*”. This provision will be relevant in the event that Mauritius becomes a Party to the Protocol.

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 3** below.

Table 3. Overview of measures taken against illicit trade in tobacco products in Mauritius

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are	OBLIGATION PARTLY MET	As per Public Health (Restrictions on Tobacco Products) Regulations 2008 (Article 4(v)), packages of cigarettes shall display, in English and French, the name of the country where the

	marked to assist Parties in determining the origin of tobacco products.		cigarettes have been manufactured. However, this requirement does not apply to other tobacco products.
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: <i>“Sales only allowed in (insert name of the country, subnational, regional or federal unit)”</i> or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	OBLIGATION MET	All cigarette packs shall carry the statement “Sale allowed in Mauritius only”, in English and in legible form.
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	OBLIGATION MET	Excise stamps shall be purchased by all tobacco importers from the Mauritius Revenue Authority and applied to all packs of tobacco products intended for sale in Mauritius. Each stamp displays a serial number, which is recorded when the stamps are sold; these serial numbers can be read using special equipment and the stamped products traced.
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION MET	Information is collected regularly by the Mauritius Revenue Authority and the Customs Department.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION MET	There are two relevant normative documents in this area: the Customs Act of 1988 and the Excise Act of 1994.
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.	OBLIGATION MET	There are two relevant normative documents in this area: the Customs Act of 1988 and the Excise Act of 1994.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or	OBLIGATION MET	All warehouses are cleared by Customs.

	duties within its jurisdiction.		
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	OBLIGATION MET	There are two relevant normative documents in this area: the Customs Act of 1988 and the Excise Act of 1994.
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	OBLIGATION MET	
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Mauritius cooperates with the World Customs Organization, and regional/subregional organizations (Common Market for Eastern and Southern Africa; Common Market for Eastern and Southern Africa, and the Southern African Development Community).
7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	OBLIGATION MET	Permits for importers are issued by the Ministry of Agro-Industry (National Agricultural Products Registration Office). Trade licences for tobacco sellers are issued by local government authorities (city and district councils).

Mauritius is considering signature of the Protocol to Eliminate Illicit Trade in Tobacco Products in early 2014. During the mission the Honourable Minister of Health and Quality of Life announced that the Ministry is working closely with the Ministry of Finance and other stakeholders to review the implications of implementing the Protocol.

Gaps

Information on the origin of products is only displayed on cigarette packages, but not on other tobacco products.

Key observations and recommendations

It is recommended that Mauritius strengthen the measures relevant to this Article to ensure that all of them apply to all tobacco products.

In addition, in line with the announcement made by the Honourable Minister of Health and Quality of Life, Mauritius is encouraged to sign and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, and actively to promote other relevant activities and bilateral and multilateral cooperation to curb illicit trade in tobacco products.

In the meantime, the Convention Secretariat is available to facilitate the sharing of international experience and to coordinate any assistance needed by Mauritius to proceed with the signature and ratification of the Protocol and/or to take any further practical steps in combating illicit trade in tobacco products.

Sales to and by minors (Article 16)

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

Status

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 prohibited the sale of cigarettes to minors. However, anecdotal reports indicate that young people could still easily buy cigarettes in most shops. The Global Youth Tobacco Survey 2008 revealed that 52% of current smokers aged 13–15 years in Mauritius and 25% in Rodrigues bought their cigarettes in a shop. The survey also revealed other factors that facilitated the accessibility of cigarettes to minors in Mauritius. These were: sale of loose cigarettes; someone buying cigarettes for them; proximity of points of sale to places of residence; and offers of free cigarettes by tobacco representatives.

The Public Health (Restrictions on Tobacco Products) Regulations 2008 cover all of the requirements under Article 16 of the Convention, as follows:

- The sale of tobacco products to and by minors (those aged under 18 years) is banned; buying or acquiring a tobacco product for the purpose of giving it to a minor are banned.
- Every seller of a tobacco product is obliged to post a notice in both English and French at the point of sale, informing the public that the sale of tobacco products to children is prohibited; in addition, proof of age for purchasers is required (national identity card, passport, or driving licence).
- Tobacco products may not be displayed except in duty-free shops.
- The sale or distribution of sweets, snacks, toys or any other object in the form of, or likely to create an association with, cigarettes or cigars is prohibited.
- Sales of tobacco products by means of automatic vending machines is prohibited.
- Offering or supplying tobacco products free of charge, at discounted prices, as prizes, pursuant to a lottery or otherwise are banned.
- The sale of loose/single tobacco products or in packs containing fewer than 20 units is prohibited in Mauritius.
- In addition to the confiscation of the tobacco products, increasing fines per conviction are imposed for any violation of these regulations. Furthermore, imprisonment for a term not exceeding 12 months on a third or subsequent conviction is also stipulated.

In order to strengthen enforcement regarding the sale of tobacco products to minors, a multisectoral subcommittee coordinates and monitors enforcement of the regulations. The power to monitor compliance with these measures lies not only with the police, but also with public health and food safety inspectors and customs officers. Several training workshops were held for officers involved in enforcement activities; 100 officers were trained annually from 2008–2012 (400 in total). These officers performed random inspection procedures, oversight and control of points of sale.

Gaps

The members of the mission were informed that the enforcement of measures concerning sales to minors poses challenges to the police and other authorities, and anecdotal evidence suggests that sales to minors still occur in Mauritius, especially in the form of individual sticks. Better enforcement procedures and mechanisms are still to be developed.

Key observations and recommendations

It is therefore recommended that enforcement efforts be strengthened in this area, not least by further strengthening strategic collaboration between public health and food safety inspectors and police authorities and, as appropriate, other stakeholders who may have the capacity to participate in enforcement. It is also recommended that awareness be raised further among tobacco sellers and the general public of the regulations concerning sales to minors, and that innovative approaches be used to evaluate compliance.

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

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

Status

According to the Ministry of Agro-Industry, there is little tobacco growing in Mauritius, since the closure of the only tobacco manufacturing plant in 2007. According to the contracts that existed with the tobacco manufacturer, growers should have supplied the factory until 2015. These contracts were revised accordingly and an agreement was reached that the manufacturer would subsidize, through the Ministry of Agro-Industry, the transition to alternative crops. Such compensation was then offered to all farmers and all of them – except for three farmers – had ceased tobacco cultivation by the end of 2012. The remaining three will be gradually transiting to other crops by the end of 2014.

Tobacco growing was replaced by the growing of vegetables and livestock production. The Agricultural Research and Extension Unit of the Ministry of Agro-Industry advised farmers during the transition.

In parallel, the Tobacco Board, established since 1930, will also cease functioning in 2013, and its remaining functions will be taken over by the new National Agricultural Products

Registration Office. The Office will continue to perform registration of tobacco importers, including issuing of permits for manufactured tobacco imports.

Gaps – None.

Key observations and recommendations

The process of phasing out tobacco growing completely will be completed within the planned time frame.

It would also be beneficial if this experiment of phasing out tobacco growing in Mauritius – including the identification of viable alternatives to tobacco and the technical and financial management of the transition to alternative livelihoods for farmers – were to be documented and shared with other Parties to the Convention.

Since tobacco will no longer be grown in Mauritius, inclusion of a ban on tobacco growing in the next set of tobacco product regulations can also be considered, a measure which has already been taken by a few countries to the Convention.

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

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

Status

There has been no tobacco manufacturing in Mauritius since 2007 and tobacco growing will completely be phased out by the end of 2014. The requirements of the Convention concerning tobacco manufacturing are no longer applicable to Mauritius, while the applicability of the measures concerning tobacco growing will also end at that date.

However, should a new tobacco manufacturing venture be established in Mauritius, appropriate measures should be in place to reflect the requirements of Article 18 of the Convention.

Gaps – None.

Key observations and recommendations

It is recommended that, in case a foreign venture re-establishes tobacco producing capacity in Mauritius, Article 18 of the Convention be reflected in the relevant agro-industrial regulations.

Liability (Article 19)

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

Status

The Public Health (Restrictions on Tobacco Products) Regulations 2008 contain several penalties and criminal legislative measures applicable in cases of failure to adhere to the conditions of the Regulations. However, the mission was not informed of any court cases seeking compensation in relation to any adverse health effects caused by tobacco use or exposure to tobacco smoke, including any action against the tobacco industry (including tobacco importers) for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

According to the State Law Office, while Mauritian civil law provides for options to seek compensation for harm caused to public health, these rules lack clarity in relation to tobacco control. It was also reported that tobacco control cases can be accommodated under existing civil laws.

Gap

No recent action has been taken by the Government in relation to Article 19 of the Convention.

Key observations and recommendations

It is therefore recommended that Mauritius review and promote options for implementing Article 19 in the national context, and subsequently develop policies, as appropriate. As an initial step, the Ministry of Health and Quality of Life should liaise with the Attorney General's Office to identify options for such policies. It is further recommended that Mauritius actively participate in future discussions on this matter at subsequent COP sessions to reinforce the criminal and civil legal measures that are in place to address liability in the context of tobacco control.

Article 19 of the Convention was discussed by the Parties at the fifth session of the COP. An expert group was established to study the matter and propose recommendations to the sixth session of the COP. Mauritius should take note of the meeting and participate in the COP discussion on this matter.

Research, surveillance and exchange of information (Article 20)

Article 20.1 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”.

Status

A number of research activities have been implemented in the past few years in Mauritius.

Recently implemented studies on tobacco use prevalence include: the Global Youth Tobacco Survey (GYTS) (2003; and repeated in 2008); the National Noncommunicable Diseases Survey (WHO STEPS) (2009); the Global School-based Student Health Survey

(GSHS) (2011); and the International Tobacco Control Policy Evaluation Survey (2009; and repeated in 2010 and 2011).

Other prevalence studies are planned for the near future, such as the repetition of the WHO STEPS survey in 2014, another GYTS in 2013, and the fourth wave of the International Tobacco Control Policy Evaluation Survey by the end of 2013 or early 2014.

The main partner of the Ministry of Health and Quality of Life in implementing tobacco-related research is the Mauritius Institute of Health (MIH), an institution specialized in research and training. The MIH conducted or participated in several research programmes between 2009 and 2012, and its work feeds into tobacco policy development.

During the mission the need to conduct more research into the reasons why children take up smoking, especially girls, was identified. Such research should also identify effective interventions to prevent tobacco use among young people and to help them to quit. The Ministry of Education and Human Resources also requires assistance in strengthening the curricula with respect to anti-tobacco messages and in further stimulating heads of schools regarding tobacco use among students.

Article 20.3(a) of the Convention calls upon Parties to “*establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators*”.

In recent years Mauritius has regularly implemented prevalence surveys among both adults and young people. A National Cancer Registry also exists, providing the opportunity to carry out studies which have not yet been done, for example, on the economic consequences of tobacco use.

In addition, further opportunities exist to strengthen national data collection using the indicators contained in the reporting instrument of the WHO FCTC and the definitions promoted by the Convention and its implementation guidelines. For that purpose, the Ministry of Health and Quality of Life and its Health Statistics Unit may wish to assess the possibility of including tobacco-related questions in non-tobacco-specific household surveys in the years in which the Ministry of Health *does not* implement a full tobacco prevalence study. This would ensure that fresh and comparable data are regularly available for assessing the impact of tobacco control policies.

Article 20.4(a) of the Convention calls upon Parties “*to progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence*”.

The laws and regulations on tobacco control are available on the web page of the Ministry of Health and Quality of Life¹ and elsewhere². The enforcement protocol for the

¹ See: <http://www.gov.mu/portal/sites/smokefree/legislations.htm>

² The page on tobacco control laws on the web site of the Campaign for Tobacco Free Kids (www.tobaccocontrollaws.org) includes pages dedicated to Mauritius’s tobacco control legislation, as well as digests and brief summaries of such legislation, including their compliance with the requirements of the WHO FCTC. See:

<http://www.tobaccocontrollaws.org/legislation/country/Mauritius/summary>

Regulations 2008 is also available on the Internet.¹ Nevertheless, information on enforcement of policy measures, including the number of operations conducted and the contraventions established, needs to be made public, along with information on pertinent jurisprudence, on the web site of the Ministry of Health and Quality of Life.

Gaps

1. A study on the reasons for and most effective ways to tackle tobacco use by children and young people has not yet been undertaken.
2. Indicators of tobacco-related mortality and tobacco-related costs are not yet included in the national surveillance system.
3. Publicly available scientific, technical, commercial and legal information, as well as information on the practices of the tobacco industry and the cultivation of tobacco is not yet available as a single compilation, on one public web site. The content of the already existing web pages maintained by of the Ministry of Health and Quality of Life is limited.

Key observations and recommendations

It is therefore recommended that:

- 1. the Government of Mauritius ensure that tobacco-related research activities are aligned with the requirements of Article 20 of the Convention and cover areas not yet taken into account, including research focused on tobacco use among children and young people, tobacco-related morbidity, mortality and social costs;***
- 2. the Ministry of Health and Quality of Life, and its Health Statistics Unit and the MIH strengthen surveillance of tobacco consumption and related social, economic and health indicators;***
- 3. a limited number of tobacco use prevalence questions be included in national household surveys to monitor trends and ensure that new data is regularly available even in years in which a full tobacco prevalence survey is not planned;***
- 4. when carrying out research, the responsible agencies use the standardized indicators contained in the reporting instrument of the WHO FCTC² and the definitions contained in the Convention and its instruments;³***
- 5. the Ministry of Health and Quality of Life further develop the tobacco-related pages on its web site to ensure full compliance with the requirements of Article 20.4 of the Convention.***

In support of the Government's efforts to strengthen research and surveillance, the Convention Secretariat together with the WHO Regional and Country Offices are committed to facilitating provision of expertise and technical support.

¹ See: <http://www.gov.mu/portal/sites/smokefree/enfprotocol.htm>

² The WHO FCTC Indicator Compendium, containing a detailed description of the indicators used in the reporting instrument of the WHO FCTC, will soon be made available to Parties.

³ See: http://www.who.int/fctc/reporting/glossary_fctc/en/index.html

Reporting and exchange of information (Article 21)

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

Status/gap

Mauritius has submitted two implementation reports to the COP, via the Convention Secretariat. The two-year (first) report was submitted on 24 February 2007, and the five-year (second) report on 23 March 2010. The reports of Mauritius and all supporting documents are available on the WHO FCTC web site.¹

However, the 2012 implementation report of Mauritius has not yet been received by the Convention Secretariat. Therefore, Mauritius has only partly met its obligations under Article 21 of the Convention.

The next (2014) reporting period, which Mauritius will also need to observe, will be 1 January – 15 April 2014. If Mauritius submits its 2012 implementation report in the meantime, that report will be counted for the 2014 reporting period, provided Mauritius submits a brief update on any developments concerning implementation of the Convention in the period between the submission of the report in 2013 and early 2014.

Key observations and recommendations

It is therefore recommended that Mauritius submit its 2012 report as soon as possible.

As the COP established a new two-year cycle of Parties implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is also recommended that the Government start the preparation of reports well in advance to meet the deadlines of each future reporting cycle.

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

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

Status

Mauritius has **received** technical support from WHO (headquarters and the Regional Office for Africa) for the organization of training in tobacco cessation. Several other projects funded by foreign donor agencies have been implemented, such as those under the Bloomberg Initiative Grants Program, the International Tobacco Control Policy

¹ See: http://www.who.int/fctc/reporting/party_reports/mus/en/index.html

Evaluation Project, and the African Tobacco Situation Analysis (ATSA) Project. These were focused on the enforcement of smoke-free regulations, monitoring and evaluation of tobacco control policies and their impact, and air quality monitoring to detect environmental tobacco smoke in hospitality venues.

Mauritius has **provided** support to other Parties in various areas. The National Tobacco Control Action Plan 2008–2012 serves as a model for African countries. The regulation concerning pictorial warnings used by Mauritius was presented as an example of good practice at the African Regional Meeting on the Implementation of the WHO FCTC, held in Dakar, Senegal, in October 2012. Countries such as the Islamic Republic of Iran, the Russian Federation, Seychelles and Togo have been granted licences for the use of the pictures contained in the Mauritius pictorial health warnings.

Involvement of the United Nations system

The members of the mission met representatives of the two United Nations agencies present in the country: the United Nations Development Programme (UNDP) and WHO, as well as a representative of the International Labour Organization (ILO) based in Madagascar but also covering Mauritius.

When meeting the UNRC the international team informed him of the recommendations of the United Nations Secretary-General's report to the United Nations Economic and Social Council¹ and the resolution² adopted by the latter in July 2012 calling for United Nations system-wide coherence on tobacco control. It was also pointed out that one of the recommendations contained in both documents refers to integration of the implementation of the Convention into the United Nations Development Assistance Frameworks (UNDAFs).³

There is currently no UNDAF being implemented in Mauritius, and apart from the WHO Country Office, no other agency had implemented or funded any tobacco-related programme in Mauritius.

The first and only UNDAF developed for Mauritius covered the period 2001–2003. With the transfer of the United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) in December 2003 to Madagascar, Mauritius is now classified by the United Nations Development Group (UNDG) as a "Category C/non-harmonized cycle" country, implying that the UNDAF process is not a requirement.

The members of the mission found that development of a strategic assistance framework ("mini-UNDAF") involving all United Nations agencies, is currently being considered,

¹ E/2012/70

² E/2012/L.18

³ The UNDAF is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. At its fourth session, the COP took decision FCTC/COP4(17), which acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

for the period 2013 to 2015, to be followed by a transition to a full UNDAF by the end of 2015. The strategic framework document is expected to be finalized by October 2013, and will be aligned with the Economic and Social Transformation Plan of the Government as well as other relevant development plans.

The three broad areas included in the strategic framework include health, the rule of law and green economy. After the sensitization of the UNRC and with strong support from the WHO Country Office during a retreat of United Nations agencies held in Mauritius on the week of the mission, reference will be made among the expected health results to HIV/AIDS, noncommunicable diseases and substance abuse. Within the framework of noncommunicable diseases, implementation of the WHO FCTC will be referred to. Four agencies have already made a commitment to contribute to the implementation of health-related programmes, including WHO, UNAIDS, UNFPA and UNODC.

Gap

Support for implementation of the Convention has not been included in any previous agreement between the United Nations system and the Government of Mauritius.

Key observations and recommendations

It is recommended that the Government continue to seek opportunities to expand cooperation with other Parties, competent international organizations, development partners and United Nations agencies. It is also recommended that the Ministry of Health and Quality of Life, together with Ministry of Foreign Affairs, and assisted by the WHO Country Office, follow up with the UNRC to ensure that support to implementation of the Convention is included in the next strategic assistance framework (2013–2015), and in the future UNDAF for Mauritius. Once implementation of the Convention is included in the next strategic assistance framework (2013–2015), the United Nations Country Team should include WHO FCTC implementation as a standing, regular agenda item in its meetings.

Furthermore, reference to the WHO FCTC can be made in the annex to the UNDAF document, which contains a listing of the country's international obligations under various treaties to which it is a Party.

Financial resources (Article 26)

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

Status

Currently, the funding of tobacco control activities derives from the budget of the Noncommunicable Diseases and Health Promotion Division of the Ministry of Health and

Quality of Life, but there is no specific budget line for tobacco control within the budget of the Division. There seems to be no budget gap, however, and the budget also covered all actions envisaged in the National Tobacco Control Action Plan 2008–2012.

The members of the mission were informed by the Ministry of Finance that additional allocations were provided for the recent anti-tobacco mass media campaigns upon request from the Ministry of Health and Quality of Life.

International funding of tobacco control activities in Mauritius was also provided through grants under the Bloomberg Initiative to Reduce Tobacco Use, the Bill and Melinda Gates Foundation and other international partners.

However, no proportion of the fines collected for breaches of the provisions of the Regulations are allocated to tobacco control programmes or strategies. This became evident when members of the mission discussed difficulties concerning enforcement of tobacco control policies with the enforcement agencies, when the need for additional personnel was noted in order for more enforcement actions to be conducted.

Gaps

The funding allocated by the Ministry of Health and Quality of Life for enforcement actions is not sufficient.

It is therefore recommended that the Government allocate more budget and staff time to enforcement of the Regulations.

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”.

Status

Some international organizations and development partners are active in Mauritius. WHO has provided support for various research activities and technical assistance for various projects. Other agencies present in or covering Mauritius (for example, UNDP and the ILO) have a potential role to play in supporting the country to fully meet its obligations under the Convention.

Gaps

Mauritius has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to obtain 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 Mauritius 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 26.3 specifically points out that projects promoting “economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development”.

Status

Tobacco growing will cease in Mauritius by 2014 and there is no local manufacturing of tobacco products. This provision of the Convention is therefore not applicable to Mauritius. The Government (and specifically the Ministry of Agro-Industry) played an active role in assisting tobacco farmers to switch to alternative livelihoods.

Gaps – None.

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”.

Status

The Ministry of Health and Quality of Life is committed to ensuring that Mauritius will promote implementation of the Convention in the relevant bilateral and multilateral forums.

It is recommended that Mauritius make additional efforts 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 Ministry of Labour, Industrial Relations and Employment, the Ministry of Agro-Industry and Food Security, and the Ministry of Industry, Commerce and Consumer Protection, representing Mauritius 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

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

Government agencies

Ministry of Health and Quality of Life

Honourable Lormus Bundhoo, Minister of Health and Quality of Life
Mrs R. Veerapen, Senior Chief Executive
Mr D. Gaoneadry, Deputy Permanent Secretary
Dr K. Pauvaday, Acting Director General Health Services
Dr A. Deelchand, Ag. Director Health Services
Mrs Vinoda Pitchamootoo-Vythelingam, Tobacco Control Focal Point

Health Information, Education and Communication Unit
Health Statistics Unit
Noncommunicable Diseases and Health Promotion Division
Public Health and Food Safety Inspectors
NCD Coordinators

Others

Ministry of Education and Human Resources
Ministry of Labour, Industrial Relations and Employment
Ministry of Agro-Industry and Food Security
Ministry of Industry, Commerce, and Consumer Protection
Ministry of Environment
Ministry of Youth and Sports
Ministry of Gender Equality
Ministry of Social Security, National Solidarity and Reform Institutions
Prime Minister's Office
Mauritius Police Force
Ministry of Tertiary Education, Science, Research and Technology
State Law Office
Mauritius Institute of Health
Mauritius Revenue Authority

Nongovernmental and other organizations

VISA Mauritius
NATReSA (National Agency for the Treatment and Rehabilitation of Substance Abuse)
Ligue Vie et Sante
University of Mauritius
Federation of Civil Services and Other Unions
Congress of Independent Trade Unions
Mauritius Employer's Federation
Mauritius Labour Congress

International organizations

WHO Country Office

Mr Ajoy Nundoochan, Officer in Charge

United Nations Development Programme

Mr Simon Springett, United Nations Resident Coordinator

International Labour Organization

Mrs Nombana Razafinisoa, Programme Officer

Members of the international team

Convention Secretariat

Dr Tibor Szilagyi

Dr Paula Beltran

World Health Organization

Mr William Onzivu, WHO Regional Office for Africa

Ms Jenninah Kabiswa, Centre for Tobacco Control in Africa