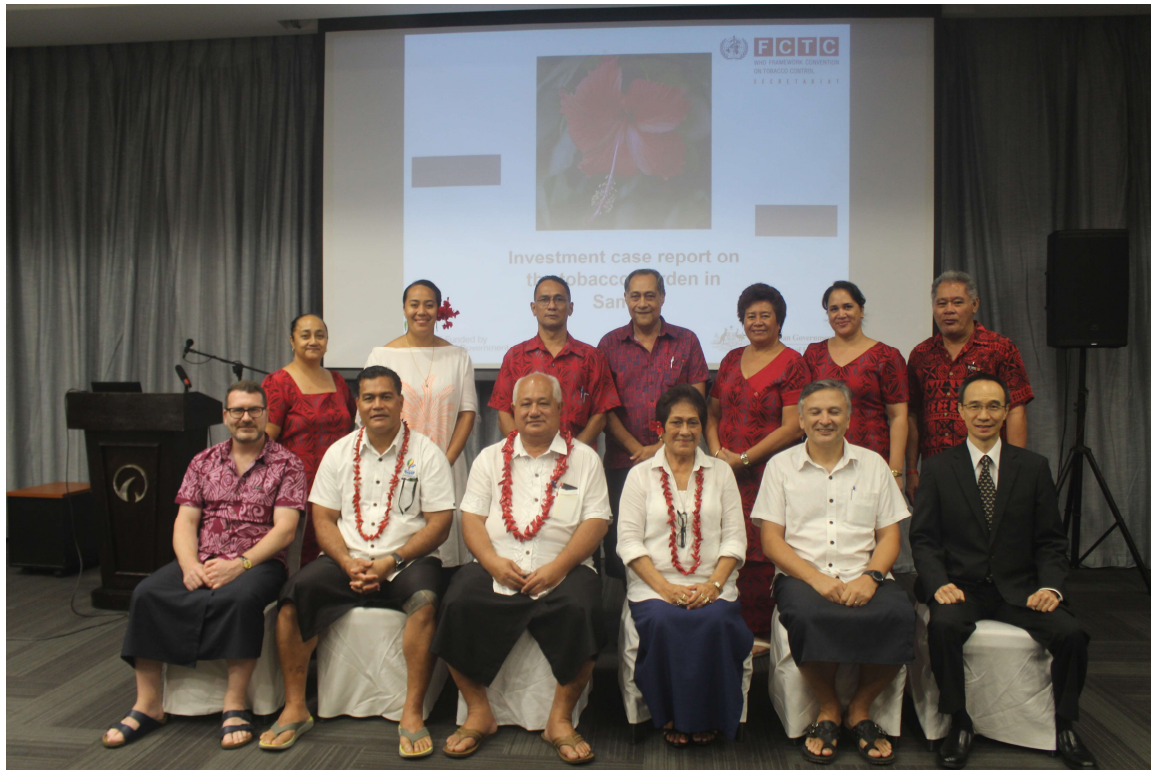


Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in Samoa



The Framework Convention Secretariat for Tobacco Control would like to thank the Government of Samoa for the invitation for the needs assessment

**Convention Secretariat
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Table of abbreviations

COP	Conference of Parties
DFAT	Department of Foreign Affairs and Trade, Australia
FIC	Forum Island Countries
GSHS	Global School-based Student Health Survey
GYTS	Global Youth Tobacco Survey
NHS	National Health Services
LTA	Land Transport Authority
MAF	Ministry of Agriculture and Fisheries
MCIL	Ministry of Commerce, Industry and Labour
MCIT	Ministry of Communication and Information Technology
MESC	Ministry of Education, Sports and Culture
MFAT	Ministry of Foreign Affairs and Trade
MOF	Ministry of Finance
MOH	Ministry of Health
MNRE	Ministry of Natural Resources and Environment
MOP	Ministry of Police
MFR	Ministry for Revenue
MWCSD	Ministry of Women, Community and Social Development
PICTA	Pacific Island Countries Trade Agreement
SCS	Samoa Cancer Society
SUNGO	Samoa Umbrella for Non-Governmental Organizations Incorporated
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise Approach to Surveillance
SDG	Sustainable Development Goal
UNICEF	United Nations Children's Fund
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNPS	United Nations Pacific Strategy
UNFPA	United Nations Population Fund
UNWomen	United Nations Women
US CDC	United States Centers for Disease Control and Prevention
WHO FCTC	World Health Organization Framework Convention on Tobacco Control

The WHO FCTC

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

The needs assessment exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in the light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.
- A tobacco control needs assessment was requested by the Government of Samoa, through the Ministry of Health. The Convention Secretariat of the Framework Convention on Tobacco Control led an international team to conduct a joint needs assessment with the host government from 29 January to 2 February 2018. Meetings with local stakeholders took place to jointly review the status of implementation of the Convention. The needs assessment team met with representatives of the government agencies and representatives of legislative bodies, and nongovernmental organizations to identify the main challenges in implementation of the national tobacco control action plan.
- Post-needs assessment assistance will be provided as part of Samoa’s participation in the FCTC 2030 project.

¹See COP1/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

Samoa: Key Data

Adult tobacco use

2014 STEPS & 2002 STEPS:

	STEPS 2014	STEPS 2014	STEPS 2002
Current smokers	Aged 18-64	Aged 25-64	Aged 25-64
Both sexes	25.6	27.1	40.4
Men	36.5	-	-
Women	13.7	-	-
Daily smokers	Aged 18-64	Aged 25-64	Aged 25-64
Both sexes	23.3	24.4	34.6
Men	33.4	-	49.4
Women	12.2	-	18.0
Current smokeless tobacco users	Aged 18-64	Aged 25-64	Aged 25-64
Both sexes	0.9	-	-
Men	1.3	-	-
Women	0.5	-	-
Mean amount of tobacco used by daily smokers	Aged 18-64	Aged 25-64	Aged 25-64
Manufactured cigarettes	9.4	-	9.5
Cigars, cheroots, cigarillos	0.0	-	-
Hand-rolled cigarettes	1.0	-	-
Other type of tobacco	1.0	-	-

2014 & 2009 Demographic and Health Survey (DHS):

	DHS 2014		DHS 2009	
Current tobacco users aged 15-49	Women	Men	Women	Men
Cigarette	12.4	35.9	15.3	34.5
Pipe	-	0.2	-	0.2
Tapaa Samoa	0.2	9.8	0.2	6.0
Other tobacco	-	-	0.1	1.1
Does not use tobacco	87.5	62.1	84.5	64.5
Men aged 15-49	Urban	Rural	Urban	Rural

Cigarette	39.4	34.6	34.8	34.5
Tapaa Samoa	6.2	10.3	0.2	7.2
Women aged 15-49	Urban	Rural	Urban	Rural
Cigarette	17.8	11.0	20.4	14.0
Tapaa Samoa	0.2	0.2	0.1	0.2

- According to both the 2009 and 2014 DHS, use of cigarettes and Tapaa Samoa by men were higher among older men and lower among those with higher education and greater wealth.

Other studies:

- According to other studies conducted between 1987 and 2000, male smoking prevalence was higher in rural areas than urban areas. A table showing the studies and smoking prevalence can be found in Table 15 of the 2013 WHO STEPS Survey Report.
- A study by Linhart et al., examining tobacco smoking using seven population-based surveys from 1978 to 2013 found that rates have steadily declined over the past 35 years among Samoan adults – in the period 1978-2013, daily tobacco smoking rates decreased from 76% to 36% in men and 27% to 15% in women; and in the period 1991-2013, current tobacco smoking rates decreased from 64% to 40% in men and from 21% to 17% in women. By 2013, tobacco smoking in women have decreased to levels similar to Australia and New Zealand, though tobacco smoking in men remained more than three times that of Australia and New Zealand. In men, higher education levels were associated with lower smoking prevalence. In women, there had been no significant difference across education levels up until 2013, when current smokers had higher levels of education than non-smokers.¹

¹ Linhart C. et al. Tobacco smoking trends in Samoa over four decades: can continued globalization rectify that which it has wrought? Globalization and Health (2017), 13:31.

Youth tobacco use

	GYTS 2017	GSHS 2011	GYTS 2007
Current tobacco users	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	17.0	-	23.5
Boys	26.3	-	25.8
Girls	8.6	-	20.4
Current tobacco smokers	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	15.0	-	-
Boys	23.7	-	-
Girls	7.2	-	-
Current cigarette smokers	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	12.1	33.8	15.2
Boys	20.7	42.2	16.0
Girls	4.5	25.3	12.7
Current other tobacco smokers	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	4.2	-	-
Boys	5.0	-	-
Girls	3.2	-	-
Current smokeless tobacco users	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	2.3	-	-
Boys	3.1	-	-
Girls	1.6	-	-
Current other tobacco users	Aged 13-17	Aged 13-15	Aged 13-15
Both sexes	-	-	16.1
Boys	-	-	19.5
Girls	-	-	13.5

Tobacco initiation

	STEPS 2014	STEPS 2002
Mean age of initiation among current daily smokers	Aged 18-64	Aged 25-64
Both sexes	20.8	21.5
Men	20.3	20.5
Women	22.3	24.4

2017 GYTS

- 27.1% of students who ever smoked cigarettes had first tried a cigarette at the age of 11 or younger (23.0% of boys and 36.4% of girls)

2011 GSHS

- 86.7% of students who ever smoked cigarettes had first tried a cigarette before the age of 14 (89.0% of boys and 83.0% of girls)

Exposure to tobacco smoke

Adult exposure:

	STEPS 2014
<u>At home</u>	Aged 18-64
Both sexes	46.5
Men	46.8
Women	46.2
<u>In workplace</u>	Aged 25-64
Both sexes	34.0
Men	36.5
Women	31.2

Youth exposure:

	GSHS 2011
Exposure to second-hand smoke	Aged 13-15
Both sexes	67.3
Boys	72.0
Girls	62.9

	GYTS 2017	GYTS 2007
Exposure in homes	Aged 13-17	Aged 13-15
Both sexes	51.7	59.1
Boys	52.6	-
Girls	50.7	-
Exposure in enclosed public places	Aged 13-17	Aged 13-15
Both sexes	58.5	-
Boys	58.8	-
Girls	58.1	-
Exposure in outdoor public places	Aged 13-17	Aged 13-15
Both sexes	60.3	-
Boys	60.8	-
Girls	51.3	-
Exposure in places outside homes	Aged 13-17	Aged 13-15
Both sexes	-	62.8

Accessibility and availability

	GYTS 2017			GYTS 2007		
	Both sexes	Boys	Girls	Both sexes	Boys	Girls
	Current cigarette smokers aged 13-17			Current cigarette smokers aged 13-15		
Purchased cigarette as individual sticks	55.9	52.9	-	-	-	-
Got cigarettes from someone else (non-retail source)	49.9	47.3	32.4	-	-	-
Bought cigarettes from a retail place (shop, vendor, stall)	39.3	40.4	62.6	36.3	-	-
Not prevented from buying cigarettes due to age	34.7	37.8	24.1	-	-	-
Current smokers who smoked at home	34.6	31.1	48.6	22.1	-	-

Knowledge and attitudes

	GYTS 2017			GYTS 2007		
	Both sexes	Boys	Girls	Both sexes	Boys	Girls
	Aged 13-17			Aged 13-15		
Favor banning smoking in enclosed public places	91.4	89.4	93.1	-	-	-
Favor banning smoking in outdoor public places	91.6	91.1	92.6	-	-	-
Favor increasing price of tobacco products	75.3	76.1	74.6	-	-	-
Think smoking should be banned in public places	-	-	-	41.2	-	-
Think smoke from others is harmful to them	83.3	78.4	88.1	38.0	-	-

Education, communication and awareness

Youth exposure to anti-tobacco messages and access to information:

	GYTS 2017	GYTS 2007
Students who noticed anti-tobacco messages in the following medium:	Aged 13-17	Aged 13-15
Media (television, radio, internet, billboards, posters, newspapers, magazines or movies)	76.0	81.0
Sporting or community events	43.2	-
Taught in class about dangers of smoking	-	44.9
Taught in school about dangers of tobacco use	62.0	-

Youth exposure to tobacco advertising and promotion:

	GYTS 2017	GYTS 2007
Students exposed to tobacco advertisements, promotions and depictions:	Aged 13-17	Aged 13-15
Point of sale	40.0	-
Billboard	-	68.0
Newspapers or magazines	-	69.5
Saw someone using tobacco on television, videos or movies	59.9	-
Offered a free tobacco product by a tobacco company representative	9.7	14.8
Owned something with a tobacco brand logo on it	12.8	21.5
Saw advertisements for tobacco products online	43.6	-
Saw videos on internet that promote tobacco smoking or made smoking look fun/cool	29.7	-

Desire to stop smoking

Among adults:

	STEPS 2014	STEPS 2002
Current smokers who	Aged 18-64	Aged 25-64
Tried to stop smoking in the past 12 months	64.5	-
Want to stop smoking now	-	-
Have ever received help/advice to stop smoking	35.7	-

Among youth:

	GYTS 2017	GYTS 2007
Current smokers who	Aged 13-17	Aged 13-15
Tried to stop smoking in the past 12 months	82.4	70.1
Want to stop smoking now	86.4	66.2
Have ever received help/advice to stop smoking	38.5	89.4
Thought to quit because of a warning label	61.1	-

Tobacco-related mortality

Tobacco Atlas 6th Edition (2018)

- 18.16% of deaths among men were caused by tobacco in 2016
- 9.87% of deaths among women were caused by tobacco in 2016

Tobacco Control Milestones in Samoa (2008 – 2019)

2005

Samoa ratified the WHO FCTC on 3 November 2005

2006

The Convention comes into force in Samoa on 1 February 2006

2008

Tobacco Control Act No. 26 of 2008

- Provisions cover smoke-free environments, exempt premises, smoke-free workplaces tobacco product control and outline duties and powers of enforcement officers

2012

First FCTC needs assessment mission

- Conducted from 26 February to 3 March 2012

2013

Tobacco Control Regulations 2013

- Has provisions on smoke-free environments; tobacco advertising; testing, reports and returns; labelling and health messages

2017

Excise Tax Rates Amendment Act 2017

- Stipulated 5% increase of tobacco excise tax
- There will be a 5% increase annually for three years from 2017 to 2019

2018

Protocol to Eliminate Illicit Trade in Tobacco Products

- Accession on 29 June 2018

2019

Tobacco Control Amendment Act 2019

- Has provisions on definitions, the National Tobacco Control Committee, sale by minors, licensing.

Executive Summary including Key Findings & Recommendations

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 181 Parties to date.

Samoa ratified the WHO FCTC on 3 November 2005 and the Convention entered into force for Samoa on 1 February 2006. For Samoa to fully meet its obligations, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Samoa and the Convention Secretariat from January to February 2018. This includes 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 Division for Pacific Technical Support and the United Nations Development Programme conducted the mission in Samoa from 29 January to 2 February 2018. The assessment involved relevant ministries and agencies of Samoa (see Annex). This is the second such mission with the first needs assessment mission held six years ago from 26 February to 3 March 2012.

This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation; the gaps that may exist and the subsequent possible action that can be taken to fill those gaps. The key elements that need to be put in place to enable Samoa 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, Samoa is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. Samoa had the National Tobacco Control Policy and Strategy 2010—2015 and is in the process of developing the National Tobacco Control Action Plan which will be annexed to the National Noncommunicable Diseases Control Policy and Strategy 2018—2022. It is **recommended** that the Government include implementation of the WHO FCTC in all relevant policy documents across Ministries. It is also recommended that Samoa utilize the needs assessment report as a reference in finalizing these documents.

Third, Parties are called to establish a multisectoral coordination mechanism or focal point for tobacco control. Samoa has a National Tobacco Control Committee (NTCC) established by the Tobacco Control Amendment Act 2019. The NTCC is composed of six government agencies and three civil society organizations and is to meet four times a year. It is **recommended** that the NTCC meet regularly to discuss implementation of the WHO FCTC.

Fourth, Samoa has the Tobacco Control Act 2008, Tobacco Control Regulations 2013 and the Tobacco Control Amendment Act 2019 that address the obligations under the Convention in a comprehensive way. Under these measures, smoking is banned in most public places, workplaces

and public transport; pictorial health warnings are required; and many kinds of direct and indirect tobacco advertising and promotion are prohibited. Certain provisions are not fully compliant with the Convention and will therefore need amendment. These include ensuring the smoking ban is comprehensive and remove exemptions to smoke-free areas for clubs and places where liquor is sold for consumption at that place, for example bars; banning tobacco sponsorship regardless of whether the contribution is publicized or not; banning depiction of tobacco in entertainment media; banning sale of tobacco products by minors; and requiring licensing for the sale of tobacco products. It is also **recommended** that enforcement of the tobacco control legislation be further strengthened to ensure compliance with the Convention.

Fifth, Samoa does not yet have a law or policy that explicitly requires public servants and elected officials to comply with the requirements of Article 5.3 and its guidelines, and has no Code of Conduct to guide dealings with the tobacco industry. It is therefore **recommended** that the MOH raise awareness among other agencies on the protection of public health policy from the vested interests of the tobacco industry; to include obligations under Article 5.3 in the tobacco control legislation; and to formulate and implement a Code of Conduct for public servants and elected officials to guide interactions with the tobacco industry.

Sixth, as a Party to the WHO FCTC, Samoa recognizes that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, especially young persons. Strengthened tobacco taxation will greatly assist Samoa to achieve its health objectives while also generating government revenues. The implementation guidelines for Article 6 of the WHO FCTC refer to the *WHO Technical Manual on Tobacco Tax Administration* which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. Currently, rates of tobacco taxation fall short of the WHO recommendations. Taxes should be uniform across brands, and preferably, also across all tobacco products. Currently, there are no taxes imposed on loose tobacco. It is therefore **recommended** that Samoa sets out improving public health as an objective of its tobacco tax policy. The Government is encouraged to work closely with experts on tobacco taxation, including the WHO FCTC Knowledge Hub on Taxation to monitor, increase and/or adjust tobacco tax rates for all tobacco products on a regular basis, potentially annually, with the objective of significantly reducing affordability. It is **recommended** that Samoa consider implementing a tobacco levy on all tobacco products or explore other options for directing funds to tobacco control activities in the country.

Seventh, the current smoking ban is comprehensive in its coverage, but has some areas where the provisions could be strengthened. Section 8 of the TC Act allows exemptions for places with a liquor license and clubs and Section 6 of the TC Regulations on smoking and smoke-free areas is not strictly enforced. The guidelines for the implementation of Article 8 point out that approaches other than 100% smoke-free environments are ineffective and do not protect against exposure to tobacco smoke. It is therefore **recommended** that the tobacco control legislation is amended to remove exemptions and to establish 100% smoke-free enclosed public places and workplaces.

Eighth, Section 17(1) of the TC Act prohibits any tobacco advertisements though there are exemptions listed in Sections 17(3) on tobacco advertising originating from outside Samoa, 17(5) on incidental depictions of tobacco products, and 20 on tobacco sponsorship if not publicized. It is therefore **recommended** that tobacco control legislation is amended in accordance with Article 13 and its guidelines.

Ninth, Samoa may wish to consider whether current legislation mandating health warnings on tobacco products could be strengthened. It is **recommended** that Samoa conduct a policy review of tobacco packaging, including plain packaging and labelling requirements.

Tenth, currently, Section 24 of the TC Act prohibits sale of loose cigarettes in amounts fewer than 10 sticks of cigarettes. It is **recommended** that Samoa ban the sale of these “kiddie” packs and to stipulate that cigarette packs have to contain at least 20 sticks of cigarettes.

Eleventh, Samoa does not have national guidelines on tobacco cessation nor a comprehensive and integrated programme for treatment of tobacco dependence. There is a limited number of adequately trained cessation counselors, no national quit line, and no freely available pharmaceutical products for tobacco dependence treatment. Nicotine replacement therapy is available in pharmacies but costs are not covered by the national insurance plan. It is therefore **recommended** that Samoa introduce cessation services through PEN Fa’a Samoa and to scale it nationwide when capacity and infrastructure are strengthened.

Twelfth, the Conference of the Parties has adopted seven guidelines to implement Articles 5.3, 8, 9&10, 11, 12, 13 and 14. The aim of these guidelines is to assist Parties in meeting their legal obligations under the respective Articles of the Convention. The guidelines draw on the best available scientific evidence and the experience of Parties. Samoa is strongly encouraged to use these guidelines to fully implement the Convention. The WHO FCTC measures should be applied to all tobacco products, including loose tobacco that is available for purchase in Samoa.

Thirteenth, there is no comprehensive provision in the TC Act and Regulations to address illicit trade in tobacco products. It is therefore **recommended** that Samoa introduce legislative and administrative measures to meet the obligations under Article 15 of the Convention. Samoa is also encouraged to commence the implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products.

Fourteenth, the United Nations Pacific Strategy (UNPS) is the Pacific Islands’ strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The current UNPS 2018—2022 did not include implementation of the WHO FCTC though tobacco is considered one of the main NCD risk factors. The international team met the a.i. UN Resident Coordinator (UNRC) and was assured of support in coordinating the different UN agencies to contribute to the implementation of the WHO FCTC in Samoa. It is **recommended** that the Ministry of Health, Ministry of Foreign Affairs and Trade and the UNRC works to ensure that supporting implementation of the Convention is included in the next UNPS.

Fifteenth, as no research has been conducted on the burden of tobacco-related deaths and diseases and on the social, economic and environmental costs of tobacco use, there is interest from the Ministry of Commerce, Industry and Labour and the Ministry of Finance to have such data. This is key for non-health sectors to understand the negative impacts on the environment, economy and social development. It is therefore **recommended** that the Government of Samoa undertake an investment case mission under the FCTC 2030 project to quantify the costs of tobacco use and the benefits of multisectoral scaled up action.

UNDP is committed to support Samoa, as part of their ongoing activities, in meeting the obligations of the Convention to address the gaps and needs identified in the needs assessment report. Civil society plays an important role in tobacco control and several NGOs in Samoa expressed their commitment to work with the Government to implement the WHO FCTC.

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 Samoan people. The needs identified in this report represent priority areas that require immediate attention. As Samoa addresses these areas, the Convention Secretariat in cooperation with WHO and other relevant international partners is available and committed to providing technical assistance in the above areas and to facilitating the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. Support for WHO FCTC implementation is already being provided to Samoa under the FCTC 2030 project.

The Convention Secretariat is also committed to providing the following assistance upon the request of the Ministry of Health: (1) to present the FCTC 2030 project to the Health Program Advisory Committee, (2) support and facilitate the stakeholder workshop to consider the needs assessment report findings, (3) to support the finalization of the Tobacco Control Action Plan, (4) to provide technical support for modeling the impact of tobacco tax increase on smoking prevalence, (5) to conduct an investment case mission, (6) to facilitate UNCT's support for any requests, and (7) to provide expert technical assistance to strengthen the tobacco control legislation and strategic communications.

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

This joint needs assessment mission was financially supported by the Government of the United Kingdom and the Government of Australia under the FCTC 2030 project.¹ The MOH and the WHO Samoa Country Office provided resources and logistic support to the needs assessment exercise, including organizing the meetings during the mission.

¹ The WHO FCTC Needs Assessment has been made available under the FCTC 2030 project, which is generously funded by the United Kingdom and Australia. The contents of this publication are the sole responsibility of the Samoa Ministry of Health and the WHO FCTC Convention Secretariat and can in no way be taken to reflect the views of the Governments of the United Kingdom and Australia.

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 Samoa. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

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

Article 2.1 of the Convention, 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”.

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

It is recommended that the Government of Samoa, while working on meeting the obligations under the Convention, also identifies 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, if such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat”.

The Ministry of Foreign Affairs and Trade (MFAT) is aware of the obligations under the WHO FCTC and indicated that all trade agreements discussed excludes tobacco and alcohol.

For example, Samoa and 13 other Forum Island Countries (FICs) have signed the Pacific Island Countries Trade Agreement (PICTA), a free trade agreement that entered into force in April 2003. Under PICTA, tariffs are to be removed from most goods by 2021 though alcohol and tobacco related products are excluded.

MFAT is the lead agency on the Sustainable Development Goals (SDGs). The Ministry assesses where the country is in terms of compliance with Treaties and international instruments and compares it with what is happening on the ground. The Chief Executive Officer (CEO) of MFAT is part of the policy coordination committee to ensure policy coherence and implementation in Samoa.

Currently no other agreements that might have an influence on implementation of the Convention have been reported though it is to be noted that bilateral investment agreements could pose challenges.

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

Article 4. Guiding Principles

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

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

Several nongovernmental and community-based organizations have activities that support the objectives of the Convention – the Samoa Cancer Society, Samoa Red Cross and Komiti Tumama (Village Health Committees) are valuable partners. The Seventh Day Adventist Church, the Mormon Church and the Samoa Family Health Association have been providing cessation services; the National Council of Churches implements the Noncommunicable Diseases (NCDs) prevention facilitation package that includes tobacco control programmes; the Samoan Nurses Association advocates tobacco prevention measures; and the Village Councils support enforcement of the Tobacco Control Act 2008, especially the ban on sales to minors, smoking at public gatherings and sale of broken packages. In recent times, the Salvation Army and the Team Challenge Organisation began providing cessation support services. These new groups work collaboratively with the Government of Samoa on issues pertaining to youth offenders and offer counselling guided with the spiritual aspect and also the law in place.

There is potential for civil society to play a more active and coordinated role to support the Government of Samoa to achieve the objectives of the Convention, such as through the National Tobacco Control Committee (NTCC) or a Tobacco or NCD Alliance.

Gaps –

1. There is no systematic engagement of civil society organizations in implementing the Convention as yet.
2. There is no coordination amongst civil society groups to maximise synergies for the promotion of WHO FCTC implementation.

It is therefore recommended that the Government of Samoa engage civil society organizations in a systematic manner to support implementation of the Convention. Similarly, it is recommended that the NGOs coordinate among themselves and work closely with the Government to support implementation of the Convention effectively.

Article 5. General obligations

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

Samoa is in the process of developing the National Tobacco Control Action Plan, which will be part of the National NCD Policy and Strategy 2018–2022. Samoa had the National Tobacco Control Policy and Strategy (NTCPS) 2010–2015, which provided the overarching framework and outlined actions to realize the vision of “A healthy Samoa with people, communities and environments that are tobacco free”. Its mission was “To attain the lowest possible tobacco use prevalence and the

highest level of protection from second-hand smoke”. The NTCPS 2010—2015 proposed a range of strategies organized into six strategic objectives – governance and leadership, legislation and enforcement, financing and tobacco taxation, alliance and partnerships public awareness, education and communication, and treatment and cessation. These were consistent with the Convention, aligned with the National Health Sector Plan 2008—2018 and based on the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific 2010—2014. Some strategies included: strengthening the coordinating mechanisms; the critical role of local governments, villages and settings; developing a code of conduct for government officials; preventing tobacco industry interference; implementing and enforcing the legislation; securing revenue from taxes on tobacco products and fines for health; reviewing tobacco prices and taxes; engaging different sectors and stakeholders; conducting campaigns and changing social norms; developing national guidelines for tobacco dependence treatment; and training health workers on providing smoking cessation advice, among others.

Other policies and plans that also included goals and activities to address tobacco use are:

- a) Strategy for the Development of Samoa (SDS) 2016/17—2019/20: Tobacco control is in Key Outcome 6 “A Healthy Samoa and Well-being Promoted” where proposed activities include using excise duties on tobacco to reduce NCDs, and the promotion of No Tobacco Day and other health initiatives through sports (e.g. school rugby and netball competitions, club teams).
- b) National Health Sector Plan 2008—2018: Tobacco control is in two of six key strategies outlined by the plan – to strengthen health promotion and primordial prevention and to strengthen regulatory governance and leadership role of MOH; and under these, there are three related outputs and indicators. The plan calls on the government to fulfil obligations Samoa signed on to such as the WHO FCTC. A new health sector plan is currently under development.
- c) National Health Prevention Policy 2013—2018: Tobacco Free Living is one of seven key strategic areas and its approach is to implement the Tobacco Control Act 2008 and achieve the goals set out in the NTCPS 2010—2015.
- d) National Noncommunicable Disease Policy 2010—2015: Tobacco (smoking) is identified as one of four main risk factors. The Tobacco Control Act 2008 and the NTCPS 2010—2015 are two of several mandates that guide implementation of the National NCD Policy. There are several recommended actions to address tobacco use: implementing the WHO FCTC and changing social norms; expanding smoke-free environments; using fiscal instruments as a public health measure and for sustainable financing; and strengthening health promotion and primary care approaches.
- e) Other policies that recognize the importance of addressing tobacco use and/or NCDs are: Health Promotion Policy 2010—2015, Primary Health Care Policy, National Policy for Gender Equality 2016—2020, National Policy for Women 2010—2015; National Youth Policy 2001—2010.

Gap -

1. The new National Tobacco Control Action Plan 2018—2022 is still in draft form and has not been finalized and adopted.

It is therefore recommended that the MOH include implementation of the Convention as a priority in the National Tobacco Control Action Plan 2018—2022 and use the WHO FCTC Global Strategy to guide prioritization of action. It is also recommended that Samoa finalize the National Tobacco Control Action Plan 2018—2022, ensure it is multisectoral, and use the needs

assessment report as a reference to address all substantive articles of the Convention in a comprehensive way. It is further recommended that Samoa highlight implementation of the Convention in the National NCD Policy and Strategy 2018—2022 and the National Health Sector Plan 2019—2029 as an effective tool in the prevention and control of NCDs and in achieving its public health goals. This needs assessment report can serve as a basis and a reference document in developing the policy, strategy and action plans. It is further recommended that the MOH organize a high-level workshop with relevant stakeholders to launch and disseminate both the needs assessment report and the National NCD Policy and Strategy 2018—2022, which includes the National Tobacco Control Action Plan, once they are finalized and officially approved.

The Convention Secretariat is committed to facilitating provision of expertise and technical support in the improvement and finalization process of the draft National Tobacco Control Action Plan 2018—2022, upon request from MOH.

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

Samoa has a tobacco control focal point based in the MOH – the Assistant CEO (A/CEO) for Health Protection and Enforcement Division. The focal point supervises three inspection officers responsible for food safety and tobacco control. The A/CEO for Strategic Planning Policy and Research Division supports development of tobacco control policies and strategies, and the A/CEO for Health Sector Coordination, Resourcing and Monitoring supports resource management and programme monitoring and evaluation.

The National Tobacco Control Committee (NTCC) was composed previously of 10 government agencies and seven civil society organizations but had no decision-making powers and did not meet regularly. In January 2019, the Tobacco Control Amendment Act was passed which formally established the NTCC and specified its responsibilities to strengthen coordination and implementation of the tobacco control law. The Committee is to meet four times a year to discuss updates and address any issues. The members are listed below.

Government Agencies	Civil Society Organizations
MOH: Chairperson and Secretary	Samoa Association of Sports and National Olympic Committee (SASNOC)
Ministry of Finance (MOF)	Samoa Cancer Society
Ministry of Women, Community and Social Development (MWCSO)	Samoa National Youth Council
Ministry of Education, Sports and Culture (MESC)	
Samoa Police Service	
Customs Division of the Ministry for Revenue	

Other health-related coordinating mechanisms include the Health Sector Coordination Committee and the Health Programme Advisory Committee (HPAC). These committees chaired by MFAT review different policy frameworks and alignments and provide a cross-sectoral perspective to health sector programmes. All development partners funded projects are discussed in this committee. There is also the Special Parliamentary Advocacy Group for Healthy Living (SPAGHL) that influences decision-making at the highest political level and champions healthy living in the community. Although no meetings were convened in recent years, there is a plan to revive it to support health in the political setting.

In terms of tobacco control financing, as the tobacco control unit is one of the MOH programmes, its funding comes through the MOH's annual budget and the amount is based on activities identified in the financial year budget and performance measures. Activity planning and budgeting is conducted annually. According to the 2017 WHO Report on the Global Tobacco Epidemic (RGTE), the government's expenditure on tobacco control was WST\$120,000 (based on information as at 31 December 2016).

It is recommended that the NTCC be convened regularly to meet the obligations under the Convention. While the MOH 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.

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

The Government of Samoa is committed to fully implementing the Convention and there have been several notable legislative achievements. Samoa adopted the Tobacco Control Act No. 26 of 2008 (henceforth known as the TC Act) which was signed on 18 July 2008 and commenced on 1 January 2009; the Tobacco Control Regulations 2013 (henceforth known as the TC Regulations) which was signed on 29 October 2013; and the Tobacco Control Amendment Act 2019 (henceforth known as the TC Amendment Act) which was assented on 31 January 2019. Samoa also has other laws on excise tax, customs tariffs and value-added goods and services tax. The TC Act, Regulations and other legislation address some of the substantive articles of the Convention – Articles 6, 8, 11 and 13.

The TC Act 2008, TC Regulations 2013 and TC Amendment Act 2019 are comprehensive though revisions need to be made to ensure tobacco control measures in Samoa are fully in line with the Convention. Inclusion of the following would strengthen the legislation: a provision that prohibits smoking in all public places and workplaces (i.e. bars and clubs); introduces measures for effective disclosure to the public on the toxic constituents and emissions; bans tobacco sponsorship regardless of whether the contribution is publicized or not; bans depiction of tobacco products or smoking in television and films; bans cross-border tobacco advertisement; requires measures and penalties against illicit trade in tobacco products; requires licensing for the sale of tobacco products; bans sales of tobacco products by minors; and provides for criminal and civil liability.

The TC Act and Regulations include penalties ranging from fines to imprisonment and details the functions and powers of enforcement officers. However, enforcement capacity is limited as these officers are also responsible for food safety. As such, the support of Village Mayors and Councils are essential to enforce the smoking ban and sale to minors at the community level. The MOH with support from WHO Division of Pacific Technical Support (DPS) has also developed a seizure form for recording items confiscated during inspections, which were found to not be compliant with legal requirements.

Detailed comments on different provisions of the TC Act and Regulations are provided in the sections on the relevant Articles below.

Gaps –

1. The TC Act and Regulations are not fully compliant with the Convention in a number of

areas.

2. Lack of compliance and enforcement of the Act and Regulations remain a challenge.

It is therefore recommended that the Government of Samoa review the current legislation and amend it or introduce administrative measures to ensure full compliance with the Convention and its guidelines. It is also recommended that the MOH and community-based partners implement measures to strengthen enforcement and compliance with the law.

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”. Further, 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”.

Although there is no legal provision or code of conduct for public officials with regards to Article 5.3, the Public Service Act 2004, Section 19 on Code of Conduct requires an employee and a CEO to disclose, and take all reasonable steps to avoid, any real or apparent conflicts of interest in relation to their employment; use official information only for official purposes; act with integrity and not misuse their status or authority to seek or obtain a benefit for themselves or any other person or body; comply with any other conduct requirements set out in the regulations; among others. Section 44 of the Public Service Act details the actions to take should an officer be suspected of breaching the Code of Conduct; Section 45 details the penalties; Section 46 on recovery of loss; and Section 47 on the terms under suspension and temporary transfer. This could be further utilized to implement Article 5.3 of the Convention and its implementation guidelines.

In Samoa, the development of legislation requires wide consultation. This means that during the development of the TC Act and Regulations, the tobacco industry participated in these public consultations. Different sessions were held for the public and private sectors. The MOH did not allow lobbying by the tobacco industry to influence public health policy-making. Some ministries do have meetings with the tobacco industry but indicate that they maintain the government’s position on policy decisions such as on tobacco excise tax and licensing fee.

Gaps –

1. There is no law or policy that explicitly requires public officials to comply with the requirements of Article 5.3 and its guidelines. For example, a code of conduct or measures that require all interactions with the tobacco industry deemed necessary to be conducted in a transparent manner.
2. There is insufficient awareness among relevant ministries and agencies about Article 5.3 and its guidelines.

It is therefore recommended that the Government of Samoa include the obligations and recommendations under Article 5.3 in the tobacco control legislation. It is also recommended that MOH raise awareness of Article 5.3 through existing channels of communication between various ministries and departments within the Government.

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”.

Samoa participated in the working group on Article 6 established by the Conference of the Parties; and with the exception of the fifth session, Samoa participated in all sessions of the Conference of Parties (COP) as well as in all five sessions of the Intergovernmental Negotiating Body (INB) on a Protocol on Illicit Trade in Tobacco Products, in line with its obligations under Article 5.4. Further cooperation and participation in intergovernmental processes in this regard will be highly appreciated.

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

There are several examples of cooperation between Samoa and international organizations and development partners to achieve the objectives of the WHO FCTC, such as with the WHO, the Secretariat for the Pacific Community (SPC), the US Centers for Disease Control and Prevention (CDC), the Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs and Trade (NZ MFAT) and the World Bank. Further details on international cooperation are given under Article 22.

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”*.

Samoa was selected to be part of the FCTC 2030 project funded by the Governments of the United Kingdom and Australia and will receive dedicated international support from the United Nations to accelerate implementation of the WHO FCTC from 2018 to 2021.

Between 2009 and 2013, Samoa through the Health Sector-Wide Approach Programme (Health SWAp) received financial and technical resources to implement the Health Sector Plan 2008—2019. A Joint Partnership Agreement underpins the Health SWAp; and parties to this agreement were the Government of Samoa, Australian Aid, NZ MFAT, World Bank, UNFPA, UNICEF and WHO. The total indicative budget was US\$24.3 million. The Health SWAp supported preparation of key tobacco control policies, healthy lifestyle campaigns, cessation programmes and health promotion capacity building.

Further opportunities for expanded support to tobacco control measures and implementation of the Convention are encouraged. This is in line with Samoa’s obligations under Article 5.6.

Article 6. Price and tax measures

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

Article 6.2(a) further 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”*.

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”*.

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”*.

Tax authorities

The Customs Services (Customs) under the Ministry for Revenue (MoR) is responsible for enforcing: the Customs Act 2014, and other Acts collectively known as the “Customs Acts” which includes the Customs Tariff Act 1975, Excise Tax Rates Act 1984, Excise Tax (Domestic Administration) Act 1984 and the Excise Tax (Import Administration) Act 1984, relevant to tobacco products. Customs collects excise tax from domestic manufacturers and customs duties from importers. In the past, an officer was based in the factory or custom-controlled areas to collect excise taxes and custom duties; but in the last three years, taxes are collected after the tobacco manufacturers and importers submit necessary documents. Customs conducts audits on a monthly basis.

The National Revenue Board (NRB) is the authority responsible for considering any changes to tax rates.

The Ministry of Finance (MoF) is the regulator of tax and revenue policies, develops position papers and is the Secretariat to the NRB. MoF also conducts analytical research such as monitoring the increase in tobacco excise tax rates and smoking prevalence.

Types of taxes

Imported tobacco products are sold mostly in duty-free shops. Imported manufactured cigarettes or finished products are not liable for payment of import duty, import excise or VAGST.

The joint mission team was informed that for tobacco products manufactured domestically, 98% of the raw tobacco leaves are imported. The Customs Tariff Act 1975 imposes import duties (20%) on imported tobacco leaves and raw materials.

The Value Added Goods and Services Tax (VAGST) Act No. 43 of 2015 states that the VAGST rate is 15%.

The Excise Tax Rates Amendment Act 2017 which commenced on 1 July 2017 sets the excise rates for tobacco products as shown in table below. Rates in 2016, 2015 and 2012 were included for information.

Tariff Item No.	Tariff Item	Rate of Excise (2017)	Rate of Excise (2016)	Rate of Excise (2015)	Rate of Excise (2012)
49.2402.1000	Cigars, cheroots and cigarillos containing tobacco	\$232.68 per 1000 sticks	\$221.60 per 1000 sticks	\$211.05 per 1000 sticks	\$201 per 1000 sticks
50.2402.2000	Cigarettes containing tobacco	\$232.68 per 1000 sticks	\$221.60 per 1000 sticks	\$211.05 per 1000 sticks	\$201 per 1000 sticks
51.2402.9000	Other cigarettes	\$232.68 per 1000 sticks	\$221.60 per 1000 sticks	\$211.05 per 1000 sticks	\$201 per 1000 sticks
52.2403.1010	Twist or Stick Tobacco	\$247.74 per kg	\$235.94 per kg	\$224.7 per kg	\$214 per kg
53.2403.1090	Other tobacco	\$247.74 per kg	\$235.94 per kg	\$224.7 per kg	\$214 per kg

According to the 2016 WHO FCTC implementation report, the tax rates were as follows:

Tariff Item	Type of tax	2016 Report	Past two years
Cigarettes	Excise import	\$193 per 1000 sticks	\$201 per 1000 sticks
	Import duties	90% CIF + \$7 per kg	
Cigars	Excise import	\$193 per 1000 sticks	\$201 per 1000 sticks
	Import duties	90% CIF + \$80 per kg	
Twist or Stick Tobacco	Excise	\$214 per kg	\$214 per kg

According to the 2019 and 2017 WHO Report on the Global Tobacco Epidemic (RGTE), taxes were as follows:

Taxes (% of retail price)	Most sold brand of cigarettes (2018)	Most sold brand of cigarettes (2016)	Most sold brand of cigarettes (2015)
Total taxes	49.51%	51.6%	55.36%
Specific excise	36.46%	38.5%	42.32%
Ad valorem excise	-	-	-
Value Added Tax or Sales Tax	13.04%	13.0%	13.04%
Import duty	-	-	-
Others	-	-	-

Tobacco prices

The inflation rate is about 2% and is primarily influenced by fuel and utilities. Previously, tobacco was on the price control list and this sets profit margins at 4%. Tobacco has since been removed from the price control list.

The 2019 WHO RGTE indicated that in 2018, 11.89% of the GDP per capita was required to purchase 100 packs of the most sold brand of cigarettes compared to 10.96% in 2016 and 9.79% in 2014. Cigarettes are less affordable since 2008. The price of a 20-cigarette pack of the most sold brand of cigarette is WST 13.40.

Tax revenue

According to the 2019 WHO RGTE, the excise tax revenue from all tobacco products in 2015 was WST\$28,619,998.30.

Tax policy considerations

The joint mission team found that the Government of Samoa is committed to increasing excise tax on tobacco regularly. The Government has announced that it would raise tobacco excise tax by 5% annually for three years from 2017 to 2019 but indicated it also has the discretion to increase it further during this period. Currently, increases in tobacco excise tax are not driven by health reasons but can be considered if proposed by the MoH.

Local tobacco (e.g. tapaa, sai, fili or tipi) grown by older, small scale farmers, is currently unregulated, sold in local markets and are not subject to taxes. The Government, in particular

MoF, MoR and MoH, will study options to best regulate local tobacco to ensure it protects population health and government revenue.

Tobacco industry

To provide some historical background, British American Tobacco has been operating in Samoa since 1978. This was originally a joint venture between Rothmans Tobacco Company and the Government of Samoa. The Government of Samoa sold its shares in October 2000 and the Samoa operation has since become a subsidiary of BAT Australia. The company operates from the industrial zone in Vaitele. The tobacco and packaging used in Samoa are imported from South America and Spain.

During the joint mission, the team was informed that more than 100 people are engaged in manufacturing and distribution.

Licensing and license fees

Section 9 of the TC Amendment Act 2019 states to include Part 5A after Section 31 of the TC Act on licenses. The TC Amendment Act 2019 included provisions to require manufacturers, importers, distributors, hotels and nightclubs to apply for the license to manufacture, import, distribute and sell tobacco products. The license is valid for three years for manufacturers and one year for importers, distributors, hotels and nightclubs. The license may be cancelled or suspended if there are contraventions to the Act

The MCIL is responsible for issuance of Foreign Investment Certificates (FIC), required for all foreign investors who plan to operate in Samoa. The cost of applying for the FIC is WST\$100. The MoR is responsible for issuance of a Business License and renewal has to be done annually – WST\$220 for sole traders and proprietors and WST\$500 for companies and joint ventures.

The Excise Tax (Domestic Administration) Regulations 2011 specifies a fee of WST\$335 for a warehouse license granted pursuant to section 18 of the Excise Tax (Domestic Administration) Act 1984 and for a license to manufacture excisable goods issued pursuant to section 6 of the Excise Tax (Domestic Administration) Act 1984. Tobacco is an excisable good.

Samoa has in general met its obligations under Article 6.2(a) with further action needed as described below.

Tax- and duty-free tobacco products

In Schedule 1, Section 1(a)(ii) of the VAGST Act No. 43 of 2015 on exempt imports, a passenger or a member of a crew of an aircraft are exempted from paying VAGST on not more than 200 cigarettes or 250 grams of other tobacco products provided the total tobacco does not exceed 250 grams.

Samoa has met the requirements of the Convention in relation to Article 6.2(b). However, it is recommended that consideration be given to further prohibit or restrict, as appropriate, duty-free allowances of tobacco products by international travellers.

Gaps –

1. Currently the total tax share is below 75% of retail price considered in the WHO RGTE as a high-level of achievement.
2. Currently, tax rates do not take into account changes in household incomes or inflation.
3. Tax policy is not used as a public health measure.
4. Local tobacco is not regulated nor taxed.

It is therefore recommended that the Government of Samoa sets out improving public health as an objective of its tobacco tax policy to support achievement of its health goals while generating government revenues. It is also recommended that Samoa works closely with experts on tobacco taxation, including the WHO FCTC Knowledge Hub Taxation to monitor, increase and/or adjust tobacco tax rates for all tobacco products on a regular and progressively higher basis, potentially annually, with the objective of significantly reducing affordability and reducing consumption. The implementation guidelines for Article 6 of the WHO FCTC refer to the WHO Technical Manual on Tobacco Tax Administration which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products, and that taxes should be uniform across brands, and preferably also across all tobacco products. It is further recommended that Samoa consider implementing a tobacco levy on all tobacco products or explore other options for directing funds to tobacco control activities in the country.

In support of the Government's effort to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat and the WHO are committed to facilitating provision of expertise and technical support upon request from the Government. Technical support may be provided in conducting studies to model the impact of raising taxes on smoking prevalence and on government revenue as well as in analysing tobacco production data.

Article 8. Protection from exposure to tobacco smoke

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

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".

The five-year deadline for Samoa was 1 February 2011.

Samoa has implemented legislation (Sections 4-7 and 11-15 of the TC Act) that ensures protection from exposure to tobacco smoke in enclosed public areas and workplaces; imposes penalties on smokers and occupiers who violate the provisions; and requires signages to indicate that smoking is not permitted in the smoke-free areas. Sections 3 and 5 of the TC Regulations detail specifications for signages to be placed in smoke-free public areas and workplaces.

According to the 2019 RGTE report, the smoking ban is comprehensive and covers government buildings, health care facilities, educational facilities, universities, indoor offices and workplaces and public transport; but there are gaps for restaurants, cafes, pubs and bars.

Section 8 of the TC Act and Section 6(7) of the TC Regulations list places exempted from the smoking ban – premises that hold a liquor license and premises of a club with members, except the section used as a dining area or for a function where food is served or where liquor is sold to the public but not for on-site consumption. Within these exempt areas, Sections 6(6) and 6(8) of the TC Regulations states that no bar service area may be located within a smoking area and that smoking and non-smoking areas have to be separate rooms or enclosed areas and smoke cannot leak into the non-smoking area of the premises. Sections 6(9-11) of the TC Regulations are measures aimed at protecting employees' health. Sections 3(2b) and 4 of the TC Regulations details specifications for signages to be placed in smoke-free areas of the exempt premises.

If exempt premises do not comply with the legislative requirements, Section 10 of the TC Act authorizes the Chief Executive Officer to remove its exemption. Penalties are imposed on smokers, employers of workplaces, corporate bodies and/or its director, manager and officer, who violate the law.

Based on the joint mission team's observation of outdoor public areas with a roof but no walls and where liquor and food may be served, there is a designated smoking area as well as an area where smoking is prohibited with signages demarcating the zones. This, however, does not strictly adhere to the requirements detailed in Section 6(8) of the TC Regulations. Furthermore, the bar service area may be located within or next to the smoking area, which also does not adhere to the requirements detailed in Section 6(6) of the TC Regulations.

The joint mission team was also informed that the Land Transport Authority (LTA) enforces the smoking ban on public transport and the public has called in to report violations when they see bus or taxi drivers smoking in vehicles. The LTA has distributed no-smoking stickers through Vehicle Services to raise awareness about the law and the harms of second-hand smoke, which has led to a change of attitudes among bus and taxi drivers. The Ministry of Police engages and works closely with the communities to ensure safety and security. In the area of tobacco control, MOP empowers, assists and educates Village Mayors and Councils on the TC Act and works with them to enforce the smoking ban.

Gaps –

1. Section 8 of the TC Act provides a list of exempted places (i.e. places with a liquor license such as bars and clubs).
2. Section 6 of the TC Regulations on smoking restrictions where food and liquor may be served are not strictly enforced.

It is therefore recommended that the Government of Samoa strengthen the TC Act and Regulations in line with Article 8 and its guidelines, explicitly state that the smoking area has to be outdoors and implement 100% smoke-free policies in all indoor workplaces, indoor public places and, as appropriate, other public places. It is also recommended that the Government implement and strengthen monitoring and enforcement measures related to smoke-free policies.

In support of the Government's efforts to implement 100% smoke free policies and enforce the tobacco control legislation, the Convention Secretariat is committed to facilitating provision of expertise and technical support.

Article 9. Regulation of the contents of tobacco products and

Article 10. Regulation of tobacco product disclosures

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

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”.

Section 28 of the TC Act states that no person shall manufacture, import, export or sell or otherwise distribute any tobacco product that does not comply with prescribed standards relating to the manufacture of tobacco products. Regulations may prescribe amount of a substance that may be contained in the tobacco products or their emissions, prohibited substances and product design standards. Section 29 of the TC Act and Sections 11-13 of the TC Regulations require manufacturers and importers of tobacco products to conduct yearly tests and submit reports on amount and type of additives and constituents in each tobacco product as well in their emissions. The Chief Executive Officer will nominate an overseas laboratory where this test will take place and the manufacturer or importer will cover all related expenses.

According to the 2016 WHO FCTC implementation report, Samoa conducted a first round of testing of the three main constituents (tar, nicotine and carbon monoxide). Cigarettes were sent to the Cigarette Testing Laboratory, Health Sciences Authority in Singapore, and expenses paid by the manufacturer or importer. The laboratory reports would then be sent to MOH as well as to the tobacco manufacturer or importer.

Section 8 of the TC Amendment Act 2019 states that the Ministry may conduct testing audits of tobacco products at manufacturers and importers facilities at the cost of the manufacturer and importer. This will be inserted as Section 29A of the TC Act.

Section 2 of the TC Amendment Act 2019 included electronic nicotine and non-nicotine delivery systems in the definition of tobacco product under Section 2 of the TC Act; and Section 10 of the TC Amendment Act 2019 amended Section 35 of the TC Act and states that regulations may be made to prescribe requirements for Electronic Nicotine and Non-Nicotine Delivery System. Shisha is currently not regulated.

Section 30 of the TC Act states that every manufacturer, importer and exporter of tobacco products shall submit to the Ministry on at least an annual basis, unless otherwise prescribed, reports and returns containing the information specified in the Regulations. If required by the Regulations, the information shall be made available to the public in the manner prescribed.

Penalties may be imposed on retailers and more severe penalties on manufacturers, importers, exporters or distributors who violate relevant Sections of the TC Act and Regulations.

Gaps –

1. Regulations and standards concerning contents, emissions and disclosures of tobacco products are limited.
2. There are no measures and standards to regulate shisha.
3. There are no measures for public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

It is recommended that the MOH work closely with the WHO in reviewing current regulations and standards and amend them in accordance, as necessary, with the guidelines for the implementation of Articles 9 and 10 adopted by the Conference of the Parties. It is also recommended that Samoa include shisha in its regulation and mandate testing and measuring of contents and emissions. The tobacco companies should bear all costs of such testing requirements. It is further recommended that MOH enable public access to information submitted by the tobacco industry, concerning the contents and emissions of tobacco products.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices affirms its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of tobacco products.

Article 11. Packaging and labelling of tobacco products

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

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The three-year deadline for Samoa was 1 February 2009.

Sections 26 and 27 of the TC Act and Sections 14 to 37 of the TC Regulations list the measures to fulfill obligations under Article 11 of the WHO FCTC.¹ Penalties are imposed on the manufacturer, distributor, importer or retailer of tobacco product who do not comply with the relevant sections of the TC Act and Regulations.

Section 26(2c) and 26(3) of the TC Act state that any tobacco product or advertisement must carry **health messages** that take up a minimum of 30% of the principal display areas, and that Regulations may require **pictorial health warnings**. Section 16 of the TC Regulations provides an overview of labelling requirements; Sections 17, 18, 23 and 29 of the TC Regulations detail the **labelling requirements** as well as the relevant sections of the Regulations and Schedules for cigarettes, for loose or pipe tobacco, for cigars and for other tobacco products, respectively. Section 19(1) of the TC Regulations requires **health warnings** on packaging containing cigarettes or loose or pipe tobacco; and the same requirements apply to cigars, stipulated under Section 24 of the TC Regulations. Section 20 of the TC Regulations details the design elements of the **information message** that must be displayed on a retail package containing cigarettes and loose or pipe tobacco. Section 36 of the TC Regulations details the requirements of the **MOH warning message** that must be displayed on a retail package containing cigarettes, loose or pipe tobacco, and cigars. Summary requirements for the different types of tobacco products:

- **Cigarettes:** 30% of the front and 90% of the back (Schedules 4 and 6 (Part 1) of the TC Regulations); 14 variations of health warnings, explanatory messages and graphics

¹ The guidelines for implementation of Article 11 of the Convention provide guidance to Parties in implementing the requirements under Article 11. See http://www.who.int/fctc/protocol/guidelines/adopted/article_11/

(Schedule 5 (Part 1) of the TC Regulations); information message in Samoan (Schedule 7 of the TC Regulations); health warning message in Samoan on the front and health warning message and explanatory message in Samoan and English on the back (Section 19(1) of the TC Regulations)

- **Loose or pipe tobacco:** 30% of the front and 50% of the back (Schedule 4 (Part II) and Schedule 6 (Part I) of the TC Regulations); 14 variations of health warnings, explanatory messages and graphics (Schedule 5 (Part 1) of the TC Regulations); information message in Samoa (Schedule 7 of the TC Regulations); health warning message in Samoan on the front and health warning message and explanatory message in Samoan and English on the back (Section 19(1) of the TC Regulations)
- **Cigars:** Graphics and health warnings in Samoan and English (Schedule 4 (Part III) of the TC Regulations) on 25% of the front; health warnings in Samoan and explanatory messages on 35% of the back; 5 variations of health warnings, explanatory messages and graphics (Schedule 5 (Part 2) of the TC Regulations); warning message in Samoan and English on the front and warning message in Samoan and explanatory message on the back (Section 24(1) of the TC Regulations)
- **Smokeless tobacco:** According to the 2019 RGTE, 30% of the front and 30% of the back faces are to be covered by health warnings.
- **Bidis and other tobacco products:** 5 variations of health warnings in English for bidis (Schedule 5 (Part 3) of the TC Regulations) and 2 variations of health warnings in English for other tobacco products (Schedule 5 (Part 4) of the TC Regulations). Graphics are not required for bidis and other tobacco products.

The law (TC Act and Regulations) prohibits misleading words, terms, markings, identifiers, graphics and design characteristics; requires rotation of health messages; large, clear, visible and legible health messages; warnings messages, explanatory messages and graphics to not be obscured or obliterated by a wrapper; and graphics to not be distorted. However, the 2019 WHO RGTE states that (1) there is no law banning the use of figurative or other signs (including colors and numbers) as substitutes for prohibited misleading terms and descriptors and no law to ban descriptors describing flavours; and (2) the law does not require warnings to not be obscured by any markings such as tax stamps.

Section 26(1) of the TC Act states that the packaging containing the product should display in accordance with regulations:

- harmful constituents;
- emissions (if any);
- for smoking tobacco, a list of harmful constituents and their respective quantities in the smoke.

Samoa complies with the majority of the time bound requirements of Article 11 of the Convention.

Gaps-

1. The TC Act and Regulations are not explicit in prohibiting the use of figurative or other signs (including colours and numbers) as substitutes for prohibited misleading terms and descriptors and the use descriptors describing flavours.

2. Section 26(1) of the TC Act states that the packaging containing the tobacco product should display in accordance with the TC regulations: a list of harmful constituents; emissions of the product (if any); and for a tobacco product intended for smoking tobacco, a list of harmful constituents and their respective quantities in the smoke.
3. Section 32 of the TC Regulations does not explicitly state that the warning messages and graphics on a retail packaging are not to be obscured or obliterated in any way, including by required markings such as tax stamps.

It is therefore recommended that Samoa (1) prohibit the use of figurative or other signs as substitutes for prohibited misleading terms and descriptors and prohibit the use of descriptors describing flavours; (2) further increase the size of the pictorial health warnings and introduce guidelines to ban quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another; and (3) require that warning messages and graphics on retail packaging not be obscured or obliterated in any way, including by required markings. The Government of Samoa is also recommended to consider the introduction of plain packaging to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Adopting such measures will greatly contribute to the implementation of the Convention in Samoa.

In support of the government's efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Office are committed to facilitating provision of expertise and technical support upon request from the Government.

Article 12. Education, communication, training and public awareness

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

At the Tenth Pacific Ministers of Health meeting in July 2013, the Ministers adopted the Tobacco Free Pacific goal of less than 5% prevalence of adult tobacco use by 2025. Six actions were identified to scale up tobacco control in the Pacific: (1) Raise tobacco taxes, (2) Protect from second-hand smoke through tobacco-free settings, (3) Prevent tobacco industry interference, (4) Establish cessation services, (5) Monitor the tobacco use epidemic, and (6) Strengthen and enforce tobacco control legislation.

Tobacco control has generally been advanced through the healthy islands and settings (workplace, communities and schools) approaches. The key health promotion programmes MOH has implemented and continues to implement include: smoke-free sports activities (boxing clubs, netball, physical activity expo); World No Tobacco Day; integrated community health awareness programmes such as the Aiga Ma Nu'u Manuia; PEN Fa'a Samoa; mass media activities to provide information on legislative changes; advocacy through SPAGHL; school health education programmes in collaboration with the Ministry of Education, Sports and Culture; and posters, boards and competitions.

The National Council of Churches implemented an integrated health promotion programme using the Facilitation Package Tool, which was developed in collaboration with the MOH and MWCSO. The Samoa Cancer Society includes anti-smoking messages in their campaigns and in their school and village outreach activities; serves as a watchdog; participated in the mCessation study; issues press releases and participates in stakeholder consultations to advocate or support tobacco control policy measures; and recently became a member of the Framework Convention Alliance. Komiti Tumama conducts educational activities on the harm of smoking. The LTA includes information on smoking as part of their Road Safety Programme for schools and youths and enforces the smoking ban on public transport. Village Mayors and Women's Committees are involved in health promotion; have prohibited smoking in their meeting houses; and could be empowered to support tobacco control as they play a vital role in setting norms in the village. The Samoa Umbrella for Non-Governmental Organizations (SUNGO) could also play a role in bringing together nongovernmental organizations with a focus on health to coordinate efforts.

Tobacco product packaging includes a message for smokers to seek quit smoking advice from a health professional; and tobacco products are supposed to be sold with an informational pamphlet on the harms of tobacco use and how to quit or decrease consumption.

While considerable work has been undertaken in education, training and public awareness, evidence-based research could enhance current awareness raising efforts.

Gaps –

1. Action plans for the implementation of education, communication and training activities within a comprehensive multisectoral tobacco control programme have not been developed; and the mandates of relevant ministries, Government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined.
2. Education and communication materials are not always pre-tested.
3. There is a lack of systematic evaluation of the effectiveness of the education, communication and training activities aimed at raising awareness of tobacco control issues.

It is therefore recommended that a comprehensive plan for implementation of education, communication and training activities be developed as part of the overall national tobacco control action plan and resources be allocated for its implementation. It is also recommended that the MOH make efforts to pre-test education and communication materials and rigorously research and evaluate the impact of these activities to achieve better outcomes. International cooperation may be useful to ensure that rigorous, systematic and objective methods are used in designing and implementing these programmes.

In support of the government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support upon request from the Government.

Article 13. Tobacco advertising, promotion and sponsorship

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

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

This is one of the articles of the Convention that contains a five-year deadline for implementation of specific measures. The deadline for Samoa was 1 February 2011.

Sections 17(1), 19, 21, 25(2) of the TC Act prohibits any tobacco product advertisement and promotion including free distribution, brand stretching, and sale through the mail or any means by which age cannot be verified. Section 4 of the TC Amendment Act 2019 repealed Section 18(1)(a) of the TC Act that permitted point of sale display of tobacco products; and Section 4 of the TC Amendment Act 2019 amended Section 21(3) of the TC Act and prohibited internet sales and promotional discounts by manufacturers, distributors, importers and retailers.

However, there are exemptions indicated in Sections 5(2), 17(2-5) and 18(1b-c) as follows:

- Exempts a person smoking during performance in a theatre or other performance space if smoking is a necessary part of the performance;
- Exempts advertisement in print and broadcast media including films or videos originating from or produced outside Samoa. This excludes materials which are primarily intended to promote tobacco use; intended for sale, distribution or exhibition primarily in Samoa; or targeted at an audience within Samoa;
- Exempts price lists and price notices for retailers and permits display of the retailer’s name or trade name even if it has words or expression that signifies tobacco products are available for sale, as long as there is no tobacco product trade mark or name of the manufacturer. The TC Regulations (Sections 8-10) details the specifications for each of these permissible practices: briefly, the need to include health messages.
- Exempts publication by tobacco product manufacturer in a magazine intended for the manufacturer’s employees; exhibition in a museum or art gallery; film, video or sound recordings made before commencement of the TC Act; and reference to or depiction of a tobacco product trademark that is an incidental part of the film, video or sound recording;

Section 20 of the TC Act prohibits tobacco sponsorship, should the organized activity involve the use of a tobacco product trade mark, company name or part of the company name that is included in the trade mark. This could suggest tobacco sponsorship is permitted as long as the tobacco product trade mark or company name were not publicized.

According to the 2019 RGTE, there is no ban on brand sharing; product placement; depiction of tobacco in entertainment media; and corporate social responsibility activities (i.e. funding or contribution to smoking prevention programmes).

Penalties are imposed on the person contravening the ban and more severe penalties are available for manufacturers, importers and distributors that are found to break the law.

Gaps –

1. Section 17(3) of the TC Act exempts tobacco advertisement printed or that originated from outside Samoa and that is not for sale, distribution or exhibition primarily in Samoa or targeted at an audience within Samoa.
2. Section 19 of the TC Act does not have an explicit ban on brand sharing.
3. Section 20 of the TC Act permits tobacco sponsorship if it is not publicized.
4. There is no explicit ban on corporate social responsibility activities by tobacco companies and no ban on funding or contributing to smoking prevention media campaigns, including those targeted at youth.

It is therefore recommended that tobacco control legislation is reviewed and consideration given to fully implement the obligations in WHO FCTC Article 13 and its guidelines. Areas that Samoa should consider including enacting and enforcing a comprehensive ban on cross-border tobacco advertising, promotion and sponsorship; prohibiting brand sharing; prohibiting tobacco sponsorship regardless of whether it is publicized; and prohibiting all forms of corporate social responsibility activity by the tobacco industry.

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

Samoa has not implemented any measures beyond the obligations in paragraph 4.

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

Section 17(3) exempts advertisement that is included in any book, magazine or newspaper printed outside of Samoa, or in any radio or television transmission originating from outside Samoa, or in any film or video made outside Samoa, unless the materials are primarily intended to promote the use of tobacco products; are intended for sale, distribution or exhibition primarily in Samoa; or, in the case of an advertisement in any radio or television transmission, targeted at an audience within Samoa.

The mission team was informed that all forms of tobacco advertising, promotion and sponsorship entering Samoa are banned and subject to domestic law.

It is therefore recommended that Samoa continues to ensure there is no cross-border tobacco advertising, promotion and sponsorship entering into and originating from its territory.

Article 14. Measures concerning tobacco dependence and cessation

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

There are currently no comprehensive and integrated guidelines concerning tobacco cessation nor diagnosis and treatment of tobacco dependence in the health care system. There are plans to develop guidelines under the WHO Package of Essential NCD Interventions (PEN) Fa’a Samoa programme and integrate diagnosis and treatment of tobacco dependence in primary care.

Gap - Samoa has not developed national guidelines to promote cessation of tobacco use.

It is therefore recommended that Samoa make full use of the guidelines for the implementation of Article 14 of the Convention, adopted by COP4, in designing and developing its own comprehensive guidelines concerning tobacco dependence and cessation, taking into account national circumstances and priorities.

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 2016, MOH and the University of Auckland conducted a mobile text-based smoking cessation support study (mCessation). There were three components to the study – (i) a text messaging support system, (ii) a three-month long media campaign, and (iii) a pilot test of the mCessation programme with 100 smokers. The study indicates the high prevalence of smoking in youth groups due to affordability and accessibility to tobacco products and exposure to second-hand smoke at home and in public places. There is no quit line though the Samoa Cancer Council is exploring possibility of establishing one with New Zealand, to be part of the Tobacco mCessation programme.

There are also plans to scale up cessation support through the WHO PEN Fa’a Samoa, a village-based NCD programme designed to be implemented by local communities including women’s groups.

According to the 2019 WHO RGTE, cessation support is available in some communities and the cost is fully covered. Nicotine replacement therapy for treatment of tobacco dependence is available in pharmacies but costs are not covered and it is also not in the Essential Medicines List. The 2009 implementation report stated that Allen & Clark provided technical training on cessation and advocacy (for health professionals and school principals), funded by NZAID.

Gaps –

1. There is no comprehensive and integrated programme for treatment of tobacco dependence and cessation in Samoa.
2. A limited number of health workers at primary health care level have been trained and mobilized to provide cessation counselling and brief cessation advice; and this is only implemented in villages under the PEN Fa’a Samoa.
3. There is no national toll-free quit line for tobacco cessation.
4. Pharmaceutical products for treatment of tobacco dependence are not freely available in the public health service.
5. Curriculum on tobacco dependence treatment at medical, dental, nursing and pharmacy schools are limited.

It is therefore recommended that (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and promoted in different settings (e.g. educational institutions, health care facilities, primary health care centres, workplaces and sporting environments). Community-based counselling and cessation programmes should be a primary approach; (ii) all health care workers be trained to give brief advice and encourage quit attempts; (iii) Samoa establish a national toll-free quit line; (iv) Samoa collaborate with other Parties to facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence; and (v) curriculum on tobacco dependence treatment be enhanced at medical, dental, nursing and pharmacy schools. These services should be integrated into the national health and education systems.

Article 15. Illicit trade in tobacco products

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

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

Samoa held a stakeholders’ consultation on the Protocol to Eliminate Illicit Trade in Tobacco Products on 18 October 2017. The Government of Samoa is committed to eliminating illicit tobacco and called for cooperation between health officials and other relevant government agencies to implement and enforce the law. As of 29 June 2018, Samoa became a Party to the Protocol.

The joint mission team was informed that there are no known attempts to smuggle tobacco into Samoa except by passengers. Samoa Customs Services is keen to be more involved in international cooperation opportunities and to share information with other Pacific countries on illicit trade.

Section 26(4) of the TC Act states that all tobacco products imported for sale or sold in Samoa must carry a clear statement that the product is intended for sale in Samoa. Although the law does not require the name of the manufacturer and origin of the product to be indicated, these are printed on tobacco packaging per observation by the mission team. There is currently no tracking or tracing system.

Customs Services under the Ministry of Revenue is responsible for enforcing the Customs Act 2014 and other Acts collectively known as the “Customs Acts” (see Article 6 of this report). These Acts regulate the manufacture of excisable goods; the holding of excisable goods in a Customs controlled area; and detail the powers of the Customs Officer to grant, revoke or suspend a license, the various offences and penalties, and procedures related to seized or forfeited goods. According to Section 33(3) of the TC Act, if any tobacco product that has been seized or detained is determined not to meet the requirements of the Act or of the regulations, it may be confiscated and destroyed or subject to other disposal, as ordered by a court.

In the Tobacco Amendment Bill 2018, MoH has proposed that a license is required for the manufacture, import and distribution of tobacco products.

Samoa is a member of the World Customs Organization (WCO) and the Oceania Customs Organization (OCO). WCO has a regional intelligence liaison mechanism and shares information as well as reports of cases of illicit trade. WCO's strategic activities include building capacity in implementing effective and efficient controls; in classification, origin and valuation matters; in revenue collection; and information and intelligence sharing.

Samoa acceded to the International Convention on the Simplification and Harmonization of Customs Procedures on 27 October 2016. The Convention calls for application of simplified Customs procedures in a predictable and transparent environment; optimal use of information technology; utilization of risk management; a strong partnership with trade and other stakeholders.

Gaps–

1. There is no comprehensive provision in the TC Act and Regulations to tackle illicit trade in tobacco products.
2. There is no tracking and tracing system.
3. There is no tax stamp system.
4. There is no retailer licensing system.

Samoa became a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products on 29 June 2018 and is encouraged to move ahead with implementing the Protocol obligations as soon as practicable, including the establishment of an effective tracking and tracing system to secure the distribution system and support the investigation of illicit trade; introduction of a tax stamp system; and introduction of a licensing system for retailers of tobacco products. Samoa's leadership on tackling illicit trade is recognized, including that Samoa is a member of the Bureau of the Meeting of Parties of the Protocol. Into the future, we encourage Samoa to continue to promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support training in enforcement, and to coordinate any assistance needed to combat illicit trade in tobacco products.

Article 16. Sales to and by minors

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

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

Section 23(4) of the TC Act states that a retailer must display a notice clearly for the public that indicates sale to persons under 21 years is prohibited.

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

Section 25(2-3) of the TC Act prohibits selling or furnishing tobacco products through the mail or through any means by which age of the purchaser or recipient cannot be verified; and through a display that permits a person to handle the tobacco product before paying for it. Penalties are imposed on violators.

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

Section 19 of the TC Act prohibits the use of tobacco product trade mark and other images on goods other than tobacco products or on their packages or containers which it is sold or shipped.

Gap – There is currently no provision in the TC Act that explicitly prohibits the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco.

It is therefore recommended that Samoa include a provision in the TC Act that explicitly prohibits the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco.

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

Section 25(1) of the TC Act prohibits selling or offering to sell tobacco products through a vending machine and penalties are imposed for violations. There are no vending machines currently being used in Samoa.

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

Section 24 of the TC Act prohibits any person from selling or offering for sale loose cigarettes in amounts fewer than 10 cigarettes; and prohibits manufacturers, importers, distributors or retailers from selling or offering for sale cigarettes in packages containing fewer than 10 cigarettes and loose tobacco in a package containing less than 15 grams of loose tobacco. Section 7 of the TC Amendment Act amended Section 24 of the TC Act and states that the CEO may prescribe the permitted weight and size of a cigarette in a packet that is permitted to be sold by retailers. Penalties are imposed for contravening this Act.

Gap – Small or kiddie packs of cigarettes (defined as fewer than 20 sticks) can be sold.

It is therefore recommended that tobacco control legislation should prohibit the sale of kiddie packs of cigarettes and stipulate that each pack has to contain at least 20 sticks.

Article 16.6 calls on Parties to *“provide penalties against sellers and distributors in order to ensure compliance.”*

The person who violates sale of tobacco products to persons under 21 years has committed an offence and is liable to a fine not exceeding 1000 penalty units; and retailers who fails to display the notice that indicates sale to persons under 21 years is prohibited has also committed an offence and is liable to a fine not exceeding 100 penalty units.

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

The TC Amendment Act 2019 included insertion of Section 23A under the TC Act which prohibits sale of tobacco products by persons under 15.

Gap – The TC Amendment Act 2019 permits sale of tobacco products by persons 15 years and older.

It is therefore recommended that the tobacco control legislation prohibit sale of tobacco products both by and to persons under the age of 21 years.

Article 17. Provision of support for economically viable alternative activities

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

From the first Needs Assessment Report, it was stated that Samoa has a small production of locally grown and marketed tobacco in the form of “sai”, “fili” and “tipi”. The first is a large bundle of rolled leaf, the second is a small cigarette akin to a bidi and the third is loose tobacco. Such tobacco products are generally used in rural areas and appear to account for less than 2% of tobacco product use in the country.

As mentioned in an earlier section, BAT has been operating in Samoa since 1978 and employs around 100 people. According to media articles in 2016 and 2017^{1,2}, the Government of Samoa has given approval for a Chinese-owned cigarette factory to operate in Falelauniu, Samoa, which would be the second tobacco product manufacturing plant in the country. Media reports state that the company plans to use locally grown tobacco, Tapaa Samoa, to make the product, and Samoan people who grow tobacco would be able to sell to the company.³ However, the joint mission team was not able to verify this.

The MAF does not collect data on local tobacco production nor provides support as tobacco is not considered an agricultural product and is not in their mandate. Nevertheless, tobacco growing is not considered to be extensive by MAF. The MAF has programmes to support farmers with soil suitability mapping, trials and with growing food crops (such as capsicum potato, carrots and cocoa).

Gap – While there is no programme to promote economically viable alternatives for tobacco workers and individual sellers, tobacco is not extensively grown in Samoa.

It is recommended that the relevant government agencies be made aware of the obligation under Article 17 and to promote economically viable alternatives to those workers and growers who no longer wish to work with tobacco. It is also recommended that Samoa explore the promotion of economically viable alternatives to tobacco growing through mobilization of support by World Bank and other development partners.

¹ Sevaaetasi, S. Tobacco: Samoa’s untapped goldmine. Samoa Observer, 2 March 2017. (http://www.samoaoobserver.ws/en/02_03_2017/local/17473/Tobacco-Samoa%E2%80%99s-untapped-goldmine.htm)

² Huckert, M. Samoans can produce their own cigarettes. Samoa Observer, 20 July 2016. (http://www.samoaoobserver.ws/en/20_07_2016/local/8904/Samoans-can-produce-their-own-cigarettes.htm)

³ Tupufia, L. Samoa Government Approves Chinese-Run Cigarette Factory. Pacific Islands Report, 14 July 2016. (<http://www.pireport.org/articles/2016/07/14/samoa-government-approves-chinese-run-cigarette-factory>)

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support research in alternative livelihoods to identify and promote economically viable alternatives for tobacco workers and individual tobacco sellers.

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

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

In manufacturing tobacco, Samoa has taken measures to protect the environment and the health of persons in relation to the environment they work in. The TC Act ensures smoke-free workplaces and public places.

There is also the Occupational Safety and Health Act No. 5 of 2002 under the MCIL, which in Section 11, requires employers to take reasonably practicable steps to protect the safety, health and welfare at work of employees and to provide and maintain a safe and healthy work environment including substances, systems of work and any building or public or private area in which work takes place.

According to the first Needs Assessment Report, MOH public health enforcement officers carry out regular spot-checks at all manufacturing companies to ensure proper working conditions according to the OSH Act and provisions of the Health Ordinance 1959.

Gap – Working with tobacco leaf can be harmful to tobacco growers due to green tobacco sickness, as well as exposure to pesticides if used. Attention should be given to environmental impacts and health of persons working with or growing tobacco.

It is therefore recommended that the MCIL and MOH work together and make joint efforts to meet this treaty obligation. It is also recommended that MOH submit a request to Ministry of Natural Resources and Environment to require, by law, tobacco farms and factories to pass an environmental impact assessment and to have an environmental protection plan in place. It is also recommended that MOH provide information about the Convention and the guidelines to other ministries and relevant agencies. It is further recommended that MOH work together with the MCIL to assess the implementation and enforcement of the OSH Act to meet this treaty obligation.

Article 19. Liability

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

No activities have been implemented in relation to this article of the Convention. There are also no policy or legislative measures related to this article. The mission was not informed of any court cases seeking compensation in relation to any adverse health effects caused by tobacco use, including any action against the tobacco industry (including the tobacco importers) for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

Gap – There is no provision in the tobacco control legislation to deal with criminal and/or civil liability.

It is therefore recommended that Samoa review and promote the options of implementing Article 19 in its national context.

Article 20. Research, surveillance and exchange of information

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

Samoa has conducted research and surveillance in the field of tobacco control. For each survey, financial and technical assistance were provided as well as training for key country personnel on survey methodology, implementation and analysis. The tobacco control-related studies that have been conducted in Samoa involving MOH include:

- WHO – STEPS 2013 and 2002
- WHO and US CDC – GYTS 2017, GSHS 2011 and GYTS 2007
- UNFPA, DFAT, UNICEF – DHS 2014 and 2009

Gaps –

1. There is no research on the burden of tobacco-related deaths and diseases, the social, economic and environmental costs of tobacco use and the costs and benefits of tobacco control measures.
2. There is a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

It is therefore recommended that the Government of Samoa:

1. ***Undertake an investment case mission under the FCTC 2030 project to quantify the costs of tobacco use and the benefits of multisectoral scaled up action.***
2. ***Develop and promote more coordination and cooperation between national research capacity and competent international and regional organizations.***
3. ***Identify a set of questions related to tobacco use to be included in all future national household surveys and other relevant surveys so that trends can be monitored.***
4. ***Conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use.***
5. ***Ensure that data required in the country’s implementation reports under the WHO FCTC are included in the routine data collection mechanisms.***
6. ***Utilize research findings and surveillance results in developing the national tobacco control programme and interventions.***

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

Article 21. Reporting and exchange of information

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

Samoa has submitted two implementation reports: the two-year (first) report was submitted on 3 October 2008 and the second on 15 April 2016. The next report is due early 2018.

Gap – Samoa did not submit its five-year implementation report in 2010 and did not meet the deadlines in 2012 and 2014 according to the new two-year cycles established at COP4.

As the COP established a new two year cycle of Parties implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the government start the preparation of next report well in advance in 2017/2018 to meet the deadline in 2018 and thereafter.

It is also recommended that the relevant Government departments contribute to the preparation of country reports by providing data as requested in the reporting instrument of the WHO FCTC in a timely manner.¹

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

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

Through the FCTC 2030 project, the UK and Australian Governments will be providing financial and technical support to Samoa from 2018 to 2022 to strengthen the implementation of the WHO FCTC in the country.

The new Samoa WHO Country Cooperation Strategy 2018—2022 emphasizes tobacco control to curb the rising rates of NCDs. WHO has been supporting Samoa in delivering a community-led approach to NCD prevention, detection and management through PEN Fa’a Samoa. There are four strategic priorities WHO has identified with the Government of Samoa. One of the four strategic priorities is aimed at reducing avoidable disease burden and premature deaths, particularly NCDs; and one of the actions is to review and develop a high-level multisectoral NCD strategy, with a focus on controlling consumption of tobacco, alcohol and unhealthy diets.

In the 2016 implementation report, Samoa requested for financial and technical assistance in establishing cessation programmes and services for smokers who are trying to quit; in regulation of electronic cigarettes; and licensing of tobacco manufacturers and importers.

Other earlier cooperation included training by the New Zealand-based public policy consultants *Allen & Clark* on cessation, funded by NZAID and the Health SWAp from 2009 to 2013. The Health

¹One of the approaches found efficient in other countries is to coordinate with the government agencies and other stakeholders who have the necessary information to contribute with to the preparation of the national implementation report, for example through requesting initiation of data collection by such entities in a circular note sent by the Ministry of Health focal point and later, once data have been collected by the relevant entities, to organize a meeting for the finalization of the implementation report.

SWAp supported preparation of several key policies on tobacco control, health promotion and NCDs; social marketing initiatives; planning and legislative work on the establishment of the Health Promotion Foundation; and establishment and operation of the SPAGHL.

The United Nations Pacific Strategy 2018–2022 (UNPS) is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)¹ the COP fully acknowledges the importance of implementation of the Convention under the UNDAF (or UNPS in the Pacific) 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 (or UNPS) and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF (or UNPS) and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The current UNPS covers the period 2018–2022. Tobacco use is recognized as a major risk factor for NCDs and tobacco use prevalence is included in the UN Pacific Strategy Results Framework. However, the WHO FCTC is not mentioned in the UNPS.

The international team met with Mr Hemansu-Roy Trivedy, UN Resident Coordinator a.i. for Samoa, who expressed support in coordinating the different UN agencies to contribute to the implementation of the WHO FCTC in Samoa – e.g. Food and Agriculture Organization on alternative crops; and the United Nations Educational, Scientific and Cultural Organization and United Nations Women on their work with women and children. The FCTC 2030 project may be presented during the One UN Health Cluster meeting to initiate the discussions for future collaboration.

Gap – Supporting implementation of the Convention has not been highlighted as a priority in the UNPS 2018–2022, though it is implicit as part of the noncommunicable disease and international policy outcomes.

It is therefore recommended that the MOH actively follow up with the UNRC and MFAT to include implementation of the prioritized areas of the Convention under the UNPS programming activities in 2018 and beyond, and discuss appropriate programming activities during the upcoming meeting of the UNPS steering committee. The tobacco control activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Samoa actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Article 26. Financial resources

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

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

As the tobacco control unit is one of the MOH programmes, its funding comes through the MOH's annual budget and the amount is based on activities identified in the financial year budget and performance measures. Activity planning and budgeting is conducted annually. According to the 2017 WHO Report on the Global Tobacco Epidemic (RGTE), the government's expenditure on tobacco control was WST\$120,000 (based on information as at 31 December 2016).

Gaps –

1. The funding allocated by the MOH is not sufficient to fully implement the Convention and enforce the TC Act and the Regulations.
2. Other relevant ministries that have obligations to implement the Convention have not allocated staff time and budget to implementation of the Convention.

It is therefore recommended that the Government of Samoa allocate sufficient budget and staff time to the implementation of the Convention and enforcement of the TC Act and 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”.

Some international organizations and development partners are active in Samoa. The MOH indicated that DFAT, MFAT (New Zealand), WHO, UNDP, SPC and the World Bank are the main development partners supporting the health sector in Samoa. The UK and Australian Governments through the FCTC 2030 project will be providing financial and technical support to Samoa from 2018 to 2022.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Samoa continue to 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”.

Samoa only has older, small-scale tobacco farmers. Although the Government of Samoa has not promoted tobacco cultivation, efforts to support crop substitution and economically viable alternatives may need to be considered in the context of Samoa's development strategy and to gradually phase out tobacco farming.

Gaps –

1. The Government has not to date promoted such projects.
2. The national strategies of sustainable development have not addressed economically viable alternatives to tobacco production, including crop diversification.

It is therefore recommended that the MOH and relevant ministries make efforts in implementing obligations under Article 26.3 of the Convention.

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

Samoa has been successful in mobilizing financial assistance from international organizations and development partners (listed under Article 22 of this report). The MFAT ensures Samoa complies and meets its obligations under the various Conventions and treaties, and ensures development aid supports Samoa in this endeavour. International assistance and plans are discussed in the Health Programme Advisory Committee meetings.

It is therefore recommended that Samoa continue to be a strong advocate and utilize the potential of Article 26.4 to move the Convention higher up the international development agenda. It is also recommended that other ministries, such as MFAT, representing Samoa 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 and their representatives, legislative bodies, members of the international team and nongovernmental organizations participating in the joint needs assessment

Ministry of Health

1. Honourable Tuitama Dr Talalelei Tuitama, Honourable Minister of Health
2. Leausa Toleafoa Dr Take K. Naseri, Director General of Health and Chief Executive Officer (CEO), Ministry of Health (MOH)
3. Ms Mae'e Ualesi Falefa-Silva, Assistant CEO, Health Protection and Enforcement Division (HPED)
4. Ms Quandolita Enari, Assistant CEO, Strategic Planning Policy and Research Division
5. Ms Gaulofa Matalavea Saaga, Assistant CEO, Health Sector Coordination, Resourcing & Monitoring
6. Ms Delphina Kerslake, Legal Consultant, MOH
7. Mr Sinei Fili, Principal Food Safety Officer, HPED
8. Ms Siufaga Simi, Principal Education and Promotion Officer, HPED

Other participating government agencies

1. Attorney General's Office
2. Land Transport Authority
3. Ministry of Agriculture and Fisheries
4. Ministry of Commerce, Industry and Labour
5. Ministry of Finance
6. Ministry of Foreign Affairs and Trade
7. Ministry of Police
8. Ministry for Revenue
9. National Health Services

Convention Secretariat

1. Mr Andrew Black, Team Leader, Development Assistance
2. Ms Trinette Lee, Temporary Advisor

WHO

1. Dr Rasul Baghirov, Head of WHO Representative Office in Samoa, American Samoa, Cook Islands, Niue and Tokelau in Samoa, American Samoa, Cook Islands, Niue and Tokelau
2. Dr Ada Moadsiri, Technical Officer, Noncommunicable Diseases, WHO Division of Pacific Technical Support
3. Ms Kolisi Lomialagi Thelma Viki, Noncommunicable Diseases, WHO Representative Office in Samoa, American Samoa, Cook Islands, Niue and Tokelau

UNDP

1. Mr Ferdinand Strobel, Health and Development Adviser, Pacific Office in Fiji

Nongovernmental organizations

1. Samoa Cancer Society Inc.

In addition, the international team met Mr Hemansu-Roy Trivedy, UN Resident Coordinator a.i. for Samoa.

Needs Assessment Mission Agenda

Day 1, Monday 29th January 2018	
09:00-12:00	Meeting with WHO
13:30-14:00	Courtesy visit - Leausa Dr Take Naseri
14:00-15:30	Meeting with MOH focal points
16:00-17:00	Head of Office Country Office WHO – Dr Rasul Baghirov
Day 2, Tuesday 30th January 2018	
09:00-10:00	Meet with UN Resident Co-ordinator - Mr. Hemansu-Roy Trivedy
12:30-16:30	Tobacco Needs Assessment Stakeholders Meeting, Tanoa Hotel
17:30-18:30	Official Launching of Samoa FCTC Project 2030, Tanoa Hotels
Day 3, Wednesday 31st January 2018	
09:30-10:30	Ministry for Revenue (Customs)
11:30-12:30	Ministry of Finance
14:00-15:00	Ministry of Foreign Affairs and Trade
15:30-16:30	Ministry of Agriculture and Fisheries
Day 4, Thursday 1st February 2018	
10:00-12:00	Meet with Samoa Cancer Society
12:00-12:30	Courtesy visit to the Minister of Health – Tuitha Dr Leao Tuitha
13:00-14:00	Ministry of Commerce, Industry and Labour
Day 5, Friday 2nd February 2018	
09:00-10:00	Debriefing with WHO Head of Office
10:00-12:00	Debrief with Director General of Health
14:00-16:00	Discussion on next steps with MOH focal points

Tobacco Control Needs Assessment Stakeholders Meeting on Tuesday 30th January 2018 At the Tanoa Hotel, Samoa 12.30 pm		
Time	Activity	Presenter/Responsibility
12:30-1:00	Lunch	
1:00-1:30	Opening Prayer	Ministry of Health
	Opening Remarks	Director General of Health
1:30-1:45	Overview of the WHO FCTC and objectives of the mission	WHO FCTC Secretariat
1:45-1:55	The WHO FCTC in the 2030 development agenda	UNDP
1:55-2:05	Tobacco control in the Region	WHO Regional Advisor
2:05-2:15	Tobacco control in Samoa, achievements and challenges	Ministry of Health.
2:15-4:00	Five (5) minutes presentation for each stakeholders on their involvement in Tobacco control in Samoa <ul style="list-style-type: none"> - Ministry of Finance - Ministry for Revenue - Attorney General 's Office - Ministry of Commerce, Industry and Labour - Ministry of Foreign Affairs and Trade - Land and Transport Authority - Ministry of Police - Samoa Cancer Society 	Representatives from stakeholders
4:00-5:00	Discussion and comments <ul style="list-style-type: none"> - Recommendations & Way forward - Closing of Stakeholders Meeting 	All participants, technical advisers and MOH staff
5:30-6:30	Official Launching of the Samoa Framework of Tobacco Control (FCTC) Project 2030 Program <ul style="list-style-type: none"> - Opening prayer (Fr. Spatzian Silva) - Keynote Address (Hon. Minister of Health, Leao Dr. Talalelei Tuitama) - Samoa Framework Convention on Tobacco Control Project 2030 and Samoa FCTC 2030 Strategy Official Launching (Minister of Health) - Distribution of Samoa FCTC strategy document 	Minister of Health Ministry of Health (Samoa FCTC project 2030 & Enforcement team)
6:30-	Refreshments	