

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



**Photo: The joint needs assessment mission met with the Undersecretary Federal Ministry of Health of Sudan, Tobacco Control Team, Directorate of Health Promotion and WHO in Sudan.**

**Convention Secretariat**

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## **Table of abbreviations**

COP	Conference of Parties
Convention Secretariat	Secretariat of the WHO Framework Convention on Tobacco Control
WHO FCTC	WHO Framework Convention on Tobacco Control
GHPSS	Global Health Professions Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
NGO	Nongovernmental organization
STEPS	WHO STEPwise Approach to Surveillance
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
WHO	World Health Organization

### **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 20<sup>th</sup> 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)).<sup>1</sup>
- 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 Sudan, through the Minister of Health. The Convention Secretariat led an international team to conduct a joint needs assessment with the Government of Sudan from 26 to 29 September 2017. 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 the implementation of the national tobacco control action plan.
- **Post-needs assessment assistance** has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

## **Tobacco epidemic in Sudan: Key Facts**

<sup>1</sup> COP/1/2006/CD, Decisions and ancillary documents: [http://apps.who.int/gb/fctc/E/E\\_cop1.htm](http://apps.who.int/gb/fctc/E/E_cop1.htm)

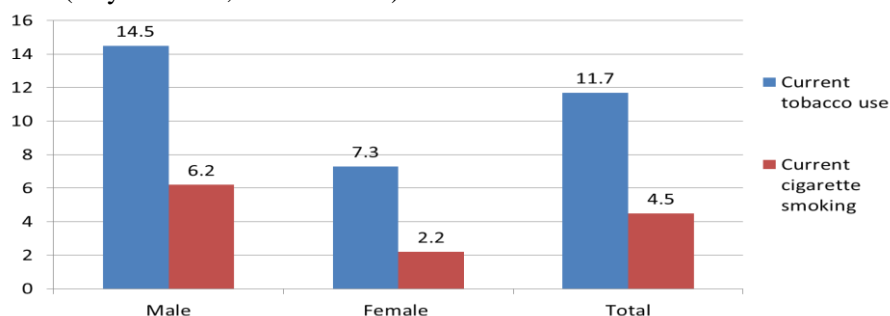
### Adult tobacco use prevalence

- The most recent national results of the WHO STEPS survey 2017 indicate that 9.6% (1.9 million) were current smokers of tobacco (17.1% among men and 0.7% among women).
- The Global Adult Tobacco Survey was not conducted before in Sudan.
- In 2012, a report by the Federal Ministry of Health indicated that tobacco use among those 18-64 years old was 29% among males and 3.5% among females.
- Smokeless tobacco use in Sudan is growing. Tombac is the most common form of smokeless tobacco used in Sudan. According to the 2012 report by the Federal Ministry of Health, Tombac use was reported by 15% of males and 12% of females, while cigarette smoking rates were 11% among males and 2.6% among females.

### Youth tobacco use prevalence

- *Global Youth Tobacco Survey 2014 (ages 13-15)*

Current use of any tobacco product was 11.7% (Boys = 14.5%, Girls = 7.3%). Current daily cigarette smoking was 4.5% (Boys = 6.2%, Girls = 2.2%).<sup>2</sup>



### Exposure to tobacco smoke

- *Global Youth Tobacco Survey 2014*

26.9% of students lived in homes where others smoke, and 49.4% of students were exposed to smoke around others inside any enclosed public places.

### Tobacco-related mortality

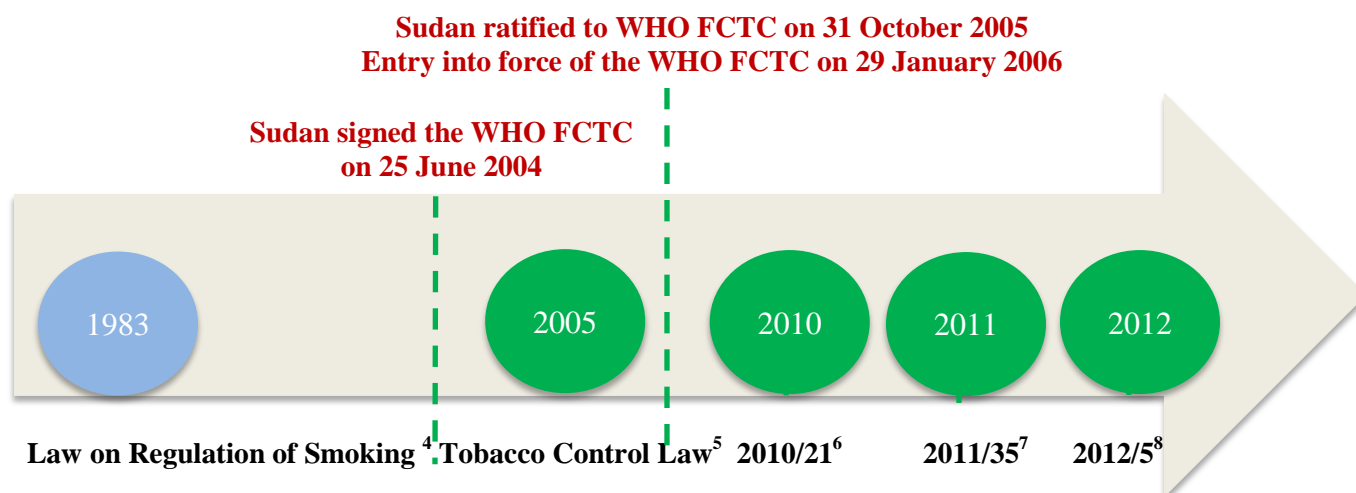
- *Tobacco Atlas 2018* reported that:<sup>3</sup> Every year, more than 13000 of its people are killed by tobacco-caused disease. Still, more than 20000 children (10-14 years old) and 268000 adults (15+ years old) continue to use tobacco each day. 8% of deaths in Sudan in 2016 were caused by tobacco use.

<sup>2</sup> Global Youth Tobacco Survey 2014

[http://www.emro.who.int/images/stories/tfi/documents/GYTS\\_FS\\_SUD\\_2014.pdf](http://www.emro.who.int/images/stories/tfi/documents/GYTS_FS_SUD_2014.pdf)

<sup>3</sup> Tobacco Atlas 2018: <https://tobaccoatlas.org/country/sudan/>

## Milestones of tobacco control legislation in Sudan (1983 – 2018)



## Executive Summary

The Federal Minister of Health of Sudan has requested the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) to conduct a needs assessment exercise for the implementation of the WHO FCTC jointly with the Government of Sudan. This exercise included the initial status analysis, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. This was followed by a country mission which took place from 19-22 March 2018. The WHO country office in Sudan, the Regional Office for the Eastern Mediterranean Region (EMRO) and United Nations Development Programme (UNDP) participated in this joint exercise led by the Convention Secretariat.

The WHO FCTC is an international treaty and therefore international law. Having ratified the Convention, Sudan is obliged to implement its provisions through national laws, regulations or other measures, submit periodic reports and implement its financial obligations such as paying its share of the assessed contribution in a timely manner. Based on the above, there is 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 international support where appropriate.

<sup>4</sup> **1983:** Smoking control law (definitions of cigarettes and public places; textual health warnings; ban on tobacco advertising; ban on smoking in closed public places; fines for violations)

<sup>5</sup> **2005:** abolishes the 1983 law (definitions of tobacco, public places and closed places; 30% textual health warnings; ban on tobacco advertising and promotion; control of tobacco production; sale of tobacco; ban on smoking in public places; designated smoking areas; raising awareness; alternative livelihoods; cessation services; technical committee for control of tobacco use; system for reporting of violations; fines for violations).

<sup>6</sup> **2010/21:** Ministerial decree for forming the technical committee for control of tobacco use listing its responsibilities. Amendments on packaging and labelling provisions were adopted by the Parliament to both the tobacco control law and the law on regulations of alcohol and tobacco. However the introduction of new pictorial pack warnings was delayed (the regulatory act was adopted only in April 2012 and new health warnings appeared on packs in October 2012).

<sup>7</sup> **2011/35:** Internal regulation for smoke free health care facilities

<sup>8</sup> **2012/5:** Khartoum State Tobacco Control Law (definition of closed places, technical committee and tobacco control unit); tobacco promotion; raising awareness of smoking hazards)

The mission team met with the Undersecretary, Federal Ministry of Health of Sudan, Members of different committees of the Parliament, as well as representatives of different ministries, governmental agencies, non-governmental organizations, UN resident coordinator and the WHO.

The mission noted Sudan is part of the 2018 voluntary national review of the high-level political forum on sustainable development.<sup>9</sup> This is a very positive initiative to include tobacco control into the national plan to implement target 3.a of the SDGs. The mission also welcomed the adoption of “Health in All Policies” as an entry point for multisectorial coordination of tobacco control activities through involvement of focal points from different partner agencies.

A summary of the main recommendations was shared at the end of the mission with the Federal Ministry of Health and WHO representative in Sudan:

1. Developing a national plan of action for tobacco control, in line with the forthcoming regional action plan that will be adopted in the 2018 Regional Committee Meeting.
2. Exploring the possibility of the establishment of a “High authority for tobacco control” under the presidential authority or re-activation of the national multisectoral committee for tobacco control with clear terms of reference to better implement the WHO FCTC.
3. There is a new comprehensive tobacco control bill that was discussed with WHO EMRO in December 2017. It is currently in the Cabinet of Ministers for approval. There is a need to revise two draft articles in the new bill to according to the WHO FCTC provisions.
4. Preparing for the entry into force of the new law before its adoption to ensure smooth and successful implementation.
5. In line with its launch, conducting public awareness campaigns for informing the public about the new law.
6. Developing a code of conduct for civil servants, in line with Article 5.3 of the WHO FCTC.
7. Developing a proposal for research on alternative livelihoods for farmers involved in tobacco agriculture, to include situation analyses, research on growing alternative crops and a long-term plan to support framers’ shift to alternative livelihoods.
8. Ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products by the Cabinet of the Ministers and the Parliament to enable Sudan to become Party to the Protocol as soon as possible and one of the first 40 Parties to contribute to its entry into force.
9. Obtaining national evidence by conducting economic studies or investment case studies and increase awareness about the economic consequences of tobacco use amongst government sectors.
10. The current taxation system must be simplified as stated in the WHO FCTC Article 6 guidelines. There was a recent decrease in taxes which is in contradiction with the obligations of Article 6 and its guidelines..

For Sudan to successfully achieve its tobacco control targets, there is a need to consider the implementation of the Convention in whole. Therefore, the mission would like to recommend the following priority actions to be taken to further strengthen the implementation of the Convention:

1. **(Article 5.1)** Currently, there is no national tobacco control strategy or action plan in place.  
Recommendations:

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<sup>9</sup> <https://sustainabledevelopment.un.org/memberstates/sudan>

- a) Including the WHO FCTC implementation in the national development and health strategy and plans, in line with the forthcoming regional action plan that will be adopted in 2018 Regional Committee Meeting.
  - b) Including achieving Target 3.a on strengthening the implementation of the WHO FCTC of the SDGs as a target in the national SDGs implementation plan. It is recommended that Sudan disseminates through SDG's meeting or reports their experience in implementing target 3.a in reaching SDG 2030.
2. **(Article 5.2a)** The Ministry of Health has recently appointed a full-time focal point for tobacco control under the Directorate of Health Promotion. There is a national multisectoral committee for tobacco control with focal points from different ministries. Comprehensive implementation of the WHO FCTC needs a whole of government approach, which entails dedicated and solid resources, structures and processes.
- Recommendations:
- a) Exploring the possibility of the establishment of a “High Authority for Tobacco Control” under the presidential authority in substitution of the existing national multisectoral committee for tobacco control to strengthen multisectoral cooperation in tobacco control in Sudan.
  - b) If the “High Authority for Tobacco Control” is not created, then the national multisectoral committee for tobacco control needs re-activation with terms of reference for clear roles and structured actions to better implement the WHO FCTC.
  - c) Conducting regular coordination meetings at the national and state levels to enhance cooperation and implementation of the WHO FCTC on a national scale.
  - d) In addition to the Ministry of Health, other relevant ministries and government agencies need to allocate staff time and budget for the implementation of relevant provisions of the Convention as well.
  - e) It will be useful to have a sensitization and capacity building workshop for the designated focal persons from different ministries and governmental agencies on the obligations of the Government under the WHO FCTC. The needs assessment report can serve as a useful baseline for the workshop.
  - f) Including a budget line for the implementation of the WHO FCTC by The Federal Ministry of Health of Sudan and Federal Ministry of Finance for the adoption by the Parliament.
3. **(Article 5.2b)** Sudan has adopted a national tobacco control law in 2005 and one federal state law of Khartoum in 2012. However, several provisions of the WHO FCTC were not comprehensively addressed in these, therefore a new comprehensive national tobacco control bill was developed and discussed with WHO EMRO in December 2017. The Federal Ministry of Health has confirmed it has been sent to the Cabinet of Ministers for approval. The mission has met with Members of the Parliament who promised positive endorsement of the new bill.

Recommendations:

- a) Revision of two draft articles in the new bill to be in line the WHO FCTC (Article 10 about smoke-free public places to delete text on enclosed and ventilated designated smoking areas and Article 6.6 to include ban on sponsorship and in-kind contributions by tobacco companies and not only ban on advertising of their activities) and accelerate the process so that the law is passed as soon as possible.
- b) The revised legislation confirms the roles and responsibilities of the enforcement agencies and mandates the concerned authority to enforce the law and conduct investigation as needed.
- c) Preparing in advance for the entry into force of the new law by relevant governmental agencies and stakeholders (e.g. raising public awareness, training, clear responsibilities in enforcement) before its official adoption to ensure smooth and successful implementation.

4. **(Article 5.3)** Tobacco industry interference is a major obstacle to introduce and adopt legislation which is in line with the obligations under the Convention.

**Recommendations:**

- a) Developing a code of conduct for civil servants and elected officials on preventing interference from the tobacco industry in the policy-making and legislative process.
- b) The Federal Minister of Health should work closely with Cabinet of Ministers and members of the Parliament to move the legislative process forward.

5. **(Article 6)** Sudan has implemented high taxes on tobacco products. At the same time, the lack of financial resources remains as one of the major obstacles for Sudan in working towards implementing the WHO FCTC. The mission encourages the Government to continue to implement the effective tobacco taxation policy and increase tobacco taxes to reduce its affordability and use. The Government has recently reduced taxes on tobacco products as an effort to decrease smuggling, yet this measure contradicts provisions of the WHO FCTC. There is no sound evidence that this measure reduces smuggling but it diminishes revenue.

**Recommendations:**

- a) The current taxation system could be simplified and improved to be in line with the WHO FCTC Article 6 guidelines for tobacco taxation system.
- b) Officers from the Federal Ministry of Finance to join an orientation and training mission which will be organized by EMRO in Cairo where expertise could be exchanged with other countries in this regard.
- c) Monitoring of implementation of the tax and price policy is important to prevent tax evasion and control the single stick or loose tobacco sale.
- d) Dedicate a portion of tobacco taxes for tobacco control and other health promotion activities.
- e) Allocate dedicated budget and funds by the Federal Ministry of Health and Federal Ministry of Finance for the enforcement of the national tobacco control legislations.

6. **(Articles 9 & 10)** Currently, there is no regulation on the production, marketing and use of non-cigarette tobacco products, such as tombac<sup>10</sup> and waterpipes. Tombac is sold without any age limits and content control.

**Recommendations:**

- a) Developing specifications and standardize the regulation of tombac production by the Federal Ministry of Health and require specific licenses for selling non-cigarette tobacco products.
- b) Regulating the reporting requirement for the tobacco industry and the disclosure of information related to the content and emission of tobacco products to the public.
- c) Developing regulations and educating the public about the harmful effect of these products, particularly to the children and youth.
- d) Banning of flavoured tobacco products including tombac and waterpipes from the market to better protect children and youth.

7. **(Article 11)** Sudan has required 30% textual health warnings on all tobacco products since 2005. To date, regulations for specifying the warning messages are pending. In 2012, the Khartoum subnational law adopted pictorials in its provision on health warnings. Recently, a draft bill that requires pictorial health warnings has been developed. It requires an increase in size of health

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<sup>10</sup> Tombac is a kind of tobacco used for chewing grown in some countries of Africa, the Middle East and India. It was introduced in Sudan approximately 400 years ago. It is always processed into a loose moist form, and its use is widespread in the country. Tobacco used for manufacture of tombac is of the species *Nicotiana rustica*, and the fermented ground powder is mixed with an aqueous solution of sodium bicarbonate. The resultant product is moist, with a strong aroma, highly addictive and its use is widespread particularly among males

warning labels from 30% to 70% on all outside and inside packaging of tobacco products and bans all misleading descriptors, flavors and figurative signs on all forms of tobacco.

**Recommendations:**

- a) The Parliament adopt the draft new bill as soon as possible.
- b) Revise the regulations concerning packaging and labelling of tobacco products to be in line with the Convention and guidelines of Article 11, specifically taking into consideration to ban misleading descriptors and flavors.
- c) To maximize the effectiveness of the new health warning policy, consider the international best practice and explore the possibility of adopting plain packaging.

8. **(Article 12)** Education and awareness raising campaigns may contribute to the change of social norms on tobacco use in Sudan. To increase awareness and better inform tobacco control strategies, plans, and activities, data about the economic consequences of tobacco use could be shared amongst different government sectors and partners in tobacco control.

**Recommendations:**

- a) Generating evidence based national data by conducting economic studies or investment case studies on direct and indirect consequences of tobacco use.
- b) The Federal Ministry of Health works closely with other relevant Ministries based on the recently adopted “Health in All Policies” strategy, and partner with non-governmental organizations to develop effective strategies and coordinate awareness raising plans to reach both urban and rural communities in all federal states.
- c) It is suggested to use earned and social media in communicating these health education campaigns and messages. Use modern approaches such as social marketing and allow for free airing of advocacy material.
- d) Provide training programmes in tobacco control to social workers, health care workers, educators, and decision makers.

9. **(Article 14)** Currently, there are some initiatives for tobacco cessation, but do not cover all federal states of Sudan.

**Recommendations:**

- a) Integrating cessation services in primary health care centers and strengthen the practice of brief advice on tobacco use for healthcare workers through providing more training programmes in different federal states.
- b) Developing evidence-based tobacco control curricula for training of future health care professionals

**10. (Article 15)** Sudan has signed the Protocol to Eliminate Illicit Trade in Tobacco Products in 2013. The country has been conducting efforts in combatting illicit trade through the specialized unit in Customs, Ministry of Finance. The Government of Sudan has established a tracking system to distinguish locally produced brands and has imported special equipment from the UK to produce unique stamps on tobacco products that resemble those included in money bills. Sudan adopted and implemented measures that require marking of all unit packets and packages and any outside packaging of tobacco products to assist in determining the origin of the product, and whether the product is legally sold on the domestic market. However, the measures applied do not fully facilitate the exchange of information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements.

**Recommendations:** Ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products by the Cabinet of the Ministers and the Parliament to enable Sudan to become Party to the Protocol as soon as possible and one of the first 40 Parties to contribute to its entry into force.

**11. (Articles 17& 18)** Tobacco is currently grown in some parts of Sudan, however, there is no country profile identifying the situation of tobacco agriculture in the country (e.g. the surface area of land grown and the number of farmers involved). The mission was informed that there were trials of alternative crops such as guwar beens, but the trial was not successful. The mission has met with representatives from the federal Ministry of Agriculture to identify research needs and discussed future plans and options for alternative livelihoods.

**Recommendations:**

- a) Developing a proposal that includes in its first phase mapping the country profile of tobacco agriculture in Sudan by the Federal Ministry of Health together with the Federal Ministry of Agriculture and FAO.
- b) In its second phase, the proposal may include research on growing alternative crops and providing alternative livelihoods to tobacco farmers
- c) Developing a comprehensive long-term plan for raising farmers' awareness of hazards of tobacco use and growing, training on modern techniques of cultivation, supply of needs, marketing and distribution of alternative crops.

**12. (Article 20)** There were several surveys conducted to measure tobacco use in Sudan, however, they were not regular and did not cover all federal states. Currently, there is no stable financial support of the Government for scientific research.

**Recommendations:**

- a) A recent national profile of tobacco use, especially on tombac use, would be essential to inform a national action plan of tobacco control.
- b) Developing a research agenda in collaboration with academic institutions from local universities in each federal state and partner with local non-governmental organizations to cover research gaps and document experiences.
- c) Allocating more resources to conduct applied research in tobacco control.

**13. (Article 21)** Sudan has provided two WHO FCTC implementation reports in 2009 and 2012.

**Recommendations:** Sudan is encouraged to submit implementation reports regularly and work in line with the reporting system under Article 21.

**14. (Article 22)** International cooperation plays a key role in supporting Parties to implement the WHO FCTC and achieving the SDG Target 3.a. The Convention Secretariat, WHO, the World Bank, the United Nations Development Programme (UNDP), other partners and agencies have been actively supporting Sudan in implementation of the WHO FCTC or tobacco control activities in the country.

**Recommendations:** Mobilizing support from the United Nation system, bilateral development agencies and other partners and engages them in the multisectoral coordination mechanism as appropriate in advancing the implementation of the WHO FCTC.

**Suggested key action points  
as follow up of this needs assessment mission**

Activity	Timeline	Responsible Ministry/Agency	Note
<b>1</b> To invite two people (2 from Ministry of finance or one from finance and one from MoH) to participate in a taxation training organized by WHO EMRO in Cairo.	To be identified by EMRO	EMRO	It's better to be one from FMOH and one from finance
<b>2</b> To invite a group of Parliamentarians to an awareness raising workshop to be organised by WHO EMRO prior to law presentation to the Parliament.	2018	FMOH	
<b>3</b> To conduct an economic study on the cost of implementing the FCTC and the potential savings on health-related costs, increased revenue and increased productivity. This will provide national data to argument the economic benefits of implementing the WHO FCTC	July – Dec 2018	FMOH	
<b>4</b> Share best practices with Federal Ministry of Agriculture to enable the development of a country profile for tobacco agriculture & a long term plan for alternative livelihoods	July – Dec 2018	FMOH	
<b>5</b> Support the process of ratifying the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products and become one of the first 40 countries to ratify the Protocol through producing a special document on "why to become a party to the WHO FCTC protocol".	April – July 2018	FMOH	Started communication and preparation of ratification
<b>6</b> Develop an awareness raising strategy in preparation for the new law	Sep – Dec 2018	FMOH	

## **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 Sudan. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in working towards strengthened implementation of the Convention.

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

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

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

***It is recommended that the Government, while working on strengthening the implementation of the Convention, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.***

Article 2.2 clarifies that the Convention does not affect “*the right of Parties to enter into bilateral or multilateral agreements ... on issues relevant or additional to the Convention and its protocols 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*”.

There is awareness of the obligations under this Article. Tobacco control is recognized in some bilateral or multilateral agreements, where any negotiations regarding tobacco are referred first to the primary concerned Ministry, The Ministry of Health, to advise on the accordance with relevant provisions to the Convention and its Protocols.

Gap: There may be a lack of awareness of the relevant proactive roles that all relevant ministries need to play in the reporting process.

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

### **Guiding Principles (Article 4)**

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

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

Members of the international team met with representatives of NGOs on 20 March 2018 during the stakeholders meeting. There are several non-governmental organizations (NGOs) active on tobacco control. The coordination between the Government and the NGOs as well as the coordination amongst civil society groups is limited at the moment.

There is a Sudanese Network for Tobacco Control that includes several civil society but is not currently active. Coinciding with the mission, the NGO “Physicians Across Continents” lead an initiative “one day without smoking” for 28 days till April, 12 2018, under the patronage of HE President of Sudan and supervised by the Federal Ministry of Health. The initiative raised awareness about hazards of tobacco use and prevention from its addiction and targeted youth and universities in five states across Sudan (Nahr Alnile, Alnile Alabyad, Albahr Alahmar, Algazeera, and Khartoum states). The initiative included a training at the airport of Sudan for raising awareness about dangers of smoking in closed places and organized an exhibition in the airport and in other public areas. Also, special lectures for women were given about the implementation of the tobacco control law in a model village to expand the experience in similar settings.

Other NGOs in Sudan like “Ana Asudan” have played roles in raising awareness about unhealthy lifestyle behaviors and has trained 550 individuals in primary health care centers across the country, and has an agreement with the School Health Directorate in Khartoum state to train 24 teachers on prevention of drug abuse and tobacco control. “Basma” is an initiative by dentists who provide psychological and financial help to patients who suffer from oral cancer. Also, “Basma” has founded a cessation clinic in collaboration with the Ministry of Health and has conducted research on Tobacco use among their patients. “AbdAlaal Aledreesy” is another NGO that works in psychological rehabilitation and treatment of tobacco dependence of smokers and were involved in campaigns for raising awareness on smoking hazards in universities.

There is a formal mechanism that includes civil society into the implementation of the multisectoral tobacco control committee to follow up on law enforcement, prepare needed studies to inform tobacco control and monitor the trend of its use, coordination with other relevant agencies to create the appropriate means for tobacco cessation, and provide advice about tobacco control policies (Tobacco Control Law of 2005, Article 12).

Gaps:

1. The coordination between the different governmental sectors concerned with tobacco control and NGOs and civil society is limited at the moment.
2. There coordination amongst civil society groups in the implementation of their tobacco control activities is limited at the moment.
3. Some NGOs and civil society organizations face challenges in continuity or expansion in their activities due to lack of funds.

***It is therefore recommended that coordination among NGOs and civil society groups in different states be strengthened and the Government include those relevant NGOs active in promoting the implementation of the WHO FCTC as members in the multisectoral coordination mechanism on implementation of the WHO FCTC and meet them on regular basis. It is also recommended that the Government mobilize civil society organizations and improve synergy to support implementation of the Convention. It would be useful to initiate a societal dialogue involving society representatives, media, senior governmental representatives, which may be a good step towards raising awareness of the new tobacco control law and to support the Government of Sudan in strengthening the implementation of the Convention. It is further recommended to work towards formalizing a network initiative and invite the NGOs to join it. NGOs active in tobacco control or claim working on tobacco control must declare***

*their funding resources and ensure no direct or indirect funding is taken from tobacco industry or its front groups. It is recommended that measures be put in place to prevent agencies and organizations from promoting emerging tobacco product to interfere with the policy making and legislation process.*

### **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”.

Currently, Sudan has no national tobacco control strategy or action plan in place. There was a draft strategy 2012-2017 that was incorporated into the Health Promotion Directorate in the Ministry of Health and included plans supported by articles of the WHO FCTCB to be implemented across different states starting with Khartoum state. Yet, the strategy was not further developed or implemented. Also, a national action plan for activation of tobacco control in all states for 2016-2017 was not implemented due to lack of funds. In addition, based on the 25 years strategic plan for health sector (2003-2027), the Ministry of Health in collaboration with partners in other sectors were to prepare road maps for key priority areas, of which reduction of tobacco consumption was integral.

More recently in 2015, the Government of Sudan adopted “Health in All Policies”, a project funded by the European Union and technically assisted through the WHO, and in 2018 signed agreements with written commitments by Ministries of Presidential Affairs; Federal Government Chambers; Environment; Natural resources and Constructional Development; Information; Interior; Defense; Investments; Industry; Transport, Roads, and Bridges; Labor and Administrative Reform; Finance; Water Resources, Irrigation and Electricity; Animal Resources and Fisheries; Agriculture; Human Resources Development; Care and Social Security Affairs; Foreign Affairs; International Cooperation; Trade; Culture, Tourism, Antiquities and Wildlife; Youth and Sports; and Telecommunications and Information Technology. The Ministry of Health is the technical leader with representatives from different ministries in an intersectoral coordination committee. “Health in All Policies” could represent a good entry point for re-activation of multisectoral coordination in tobacco control activities via focal points from different partner agencies.

Furthermore, Sudan is part of the 2018 voluntary national review of the high-level political forum on sustainable development, which represents a good opportunity to include achieving Target 3.a on strengthening the implementation of the WHO FCTC of the SDGs as a target in the national SDGs implementation plan.

#### **Gaps:**

1. Currently there is no national tobacco control strategy or action plan in place that highlights implementation of the WHO FCTC.
2. The implementation of the WHO FCTC and achieving target 3.a of the SDGs is not mentioned in the current national action plans that are concerned with public health.

*It is recommended that the Government include the WHO FCTC implementation in the national development and health strategy and plans, as well as in all relevant policy documents, in line with the forthcoming regional action plan that will be adopted in 2018 Regional Committee Meeting. It is also recommended that any National Action Plans concerned with health, including NCD Action Plans, highlight the implementation of the WHO FCTC. It is recommended that the Ministry of Health works closely with relevant Ministries to improve the indicators of the national target in the national SDG implementation report, taking advantage of the indicator of the 3.a of the SDG and the available*

*tobacco control surveillance data. It is further recommended that the Government utilize the needs assessment report as a reference in developing these documents.*

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

Sudan has established a multisectoral committee for tobacco control in 2010 according to the Tobacco Control Law of 2005, Article 12. There is a formal mechanism that includes members with necessary expertise and technical competence in tobacco control, so that its formulation consists of focal persons from relevant ministries and civil society. The responsibilities of this committee are to follow up on law enforcement, prepare needed studies to inform tobacco control and monitor the trend of its use; coordination with other relevant agencies to create the appropriate means for tobacco cessation; and provide advice about tobacco control policies. The committee used to meet on a quarterly basis, however it did not meet on a regular basis in the past few years, but has met recently to re-activate their role. There is high turnover of staff in governmental posts, which may have affected the continuity of tobacco control activities in Sudan.

At present, tobacco control activities fall under the Health Promotion Directorate in the Ministry of Health as a part of the prevention sector, which is a priority strategy of the Ministry of Health. Currently, the Health Promotion Directorate is an umbrella for five programmes, namely monitoring and evaluation, school health, health environments, health communication, and tobacco control. A separate department for NCDs was established within the Primary Health Care directorate. The tobacco control technical unit within the Ministry of Health was originally established in 1983 and had formerly one part-time tobacco control focal point, but has recently appointed one full-time focal point for tobacco control with another 4 part-time equivalent staff. There are focal points for tobacco control in 18 different states of Sudan. Therefore, there are two administrative levels for tobacco control, one at federal level and another one at state level, however, there seems to be lack of coordination between the two levels.

There is no dedicated budget line for tobacco control activities and for implementation of the Convention. Government’s expenditures reported by Sudan on tobacco control were 960,000 SDG in 2008.<sup>11</sup> Some private funds were raised in the past for selected tobacco control activities. Funds for conducting tobacco control activities are supported by the JPRM joint budget as well. There are many activities related to tobacco control conducted by many parties; however, the activities are scattered and not coordinated. These activities mostly focused on awareness raising, surveillance, and advocacy. Comprehensive implementation of the WHO FCTC needs a whole of government approach, which entails dedicated and solid resources, structures and processes.

Gaps:

1. The multisectoral coordinating committee for tobacco control does not have clear terms of reference and assigned responsibilities for each of the member focal points.
2. The multisectoral coordinating committee for tobacco control does not meet on regular basis on the national and states level.
3. There is no budget line for implementation of national tobacco control strategies, action plans, or the Convention.
4. There is high turnover of staff in governmental posts, which may have affected the continuity of tobacco control activities in Sudan.

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<sup>11</sup> Country profile in the WHO report on the global tobacco epidemic 2017:  
[http://www.who.int/tobacco/surveillance/policy/country\\_profile/sdn.pdf?ua=1](http://www.who.int/tobacco/surveillance/policy/country_profile/sdn.pdf?ua=1)

*It is recommended to explore the possibility of the establishment of a “High authority for tobacco control” under the presidential authority in substitution of the existing national multisectoral committee for tobacco control to strengthen multisectoral cooperation in tobacco control in Sudan. If the high authority is not created, then the national multisectoral committee for tobacco control needs re-activation with terms of reference for clear roles and structured actions to better implement the WHO FCTC. It is also recommended that the Ministry of Health and Ministry of Finance include a budget line on the implementation of the WHO FCTC for the adoption by the Parliament. In addition to the Ministry of Health, other relevant ministries and government agencies need to allocate staff time and budget for the implementation of relevant provisions of the Convention as well. It is further recommended that the Government re-activate the multisectoral coordination mechanism and convene regular coordination meetings at the national and state levels to better implement the WHO FCTC.*

*It will be useful to have a sensitization and capacity building workshop for the designated focal persons from different ministries and governmental agencies on the obligations of the Government under the WHO FCTC. The needs assessment report can serve as a useful baseline for the workshop. It would be useful also to initiate a focal point group or a think tank network for tobacco control for moving forward the agenda of tobacco control in collaboration with different stakeholders and the civil society. This initiative may be a good entry point for coordination of tobacco control activities among different sectors, especially among different administrations within the Ministry of Health.*

**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”.

A national law was adopted in 2005 by the National Assembly; modifications to it in line with the WHO FCTC obligations were introduced in 2009 followed by another attempt in 2014 but unfortunately were not successful. A sub national law was adopted end of 2012 in Khartoum; progress has been registered in enforcement and implementation with the new sub-national tobacco control law adopted in 2012. However, the existing legislations did not fully address the provisions of the WHO FCTC. Therefore, a new comprehensive national tobacco control bill was developed and discussed with WHO EMRO in December 2017. Furthermore, the representative of Ministry of Justice has informed the mission that legislation is usually developed on the state law, but due to the importance of the new bill, it was taken at the federal level we decided to take it at a national level — for reflecting an international agreement. This new bill is based on the WHO FCTC.

The draft bill requires pictorial health warnings and increase in size of health warning labels from 30% to 70%. It bans all misleading descriptors, flavors and figurative signs. It introduces a wider definition of tobacco products to encompass any new products. The new bill explicitly indicates a tracing and tracking system of tobacco products. It prohibits single stick sale and free distribution and internet advertising of tobacco products. The new bill prohibits sales of tobacco products by or to minors and sales near educational or health care facilities. It requires a fund for tobacco control based on the budget line for tobacco control activities and 50% of tobacco tax revenues and other contributions. The Federal Ministry of Health has confirmed it has been sent to the Cabinet of Ministers for approval. The mission has met with Members of the Parliament who promised positive endorsement of the new bill.

Inspection and enforcement of the tobacco control law is under the authority of Ministry of Health, Municipalities, Officers from the Ministry of Finance and Ministry of Interior. Lack of coordination between the responsible government sectors may have contributed to the weakened compliance. Also, the function of enforcement agencies is not detailed in the current legislation. Moreover, there are some technical difficulties to enforce the provisions of smoke-free places, as the mechanism of the control is

not described in the legislation. The new bill inserted a general phrasing of the reporting mechanism that may be easy to implement and is seen to fix the issue of enforcement of the legislation.

Gaps:

1. The tobacco control law is not in line with the WHO FCTC in a few areas, particularly the time-bound provisions in Articles 8, 11 and 13 of the Convention, and other areas that are further discussed in this report.
2. The tobacco control law is not fully enforced.
3. The draft bill needs revision of two articles.
4. The draft new bill is pending for review and adoption by the Parliament.

*It is recommended to revise two draft articles in the new bill to be in line the WHO FCTC (Article 10 about smoke-free public places to delete text on enclosed and ventilated designated smoking areas and Article 6.6 to include ban on sponsorship and in-kind contributions by tobacco companies and not only ban on advertising of their activities) and accelerate the process so that the law is passed as soon as possible. It is recommended that the revised legislation stipulates the roles and responsibility of the enforcement agencies and ensures that the authority to enforce the law and conduct investigation as needed. It is also recommended that the Government strengthen the coordination of the work of enforcement officers, with provision of training to officials in all relevant ministries and agencies. Enforcement of the legislation needs to be strengthened and better coordinated among different governmental agencies. It is recommended that the Minister of Health seek support from the President of Sudan to engage with key members of the Parliament and seek the support from as many Parliament members as possible to speed up the tobacco control legislation. It is also recommended that the Minister of Health works closely with the Minister of Finance, Cabinet of Ministers and members of the Parliament to move the legislation process forward.*

*It is further recommended to prepare in advance for the entry into force of the new law by relevant governmental agencies and stakeholders (e.g. raising public awareness, training, clear responsibilities in enforcement) before its official adoption to ensure smooth and successful implementation.*

**Article 5.3** stipulates that in setting “public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”. The guidelines for implementation of Article 5.3 recommend that “all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible”.

The tobacco industry in Sudan was dominated by one main local operator, Haggar Cigarette & Tobacco Factory, that controlled 80% of the tobacco market. There are 2 other local tobacco companies (Alafrah and Alnile Alazrak) Recently, a multinational company has bought the local tobacco company (Japan Tobacco International). There is no provision in the laws of Sudan that protect public health policies from the tobacco industry’s interests. However, some activities of the tobacco industry have been circulated through different media means and in general lectures.

The international team took note during discussions with stakeholders that there may be indirect interference of the tobacco industry in weakening the enforcement of the current legislation and in postponing the adoption of the new bill. There are some actions and events that witness the tobacco industry interference in Sudan: In 2012, the Khartoum regulation on pictorial health warnings allowed a period of grace of 1 year for the companies to adopt them, but the industry has not implemented this

measure until February 2016<sup>12</sup> and the Government extended the grace period to another 4 months after that date. Some governmental officials meet with the tobacco industry and visit the tobacco factories for environmental friendly incinerators. Tobacco companies are building houses for the public that were inaugurated by a governmental authority. The industry has sent letters to a ministry in Sudan to exempt them from certain tax measures. There is also a union for Tobacco collaborates with the Trade Chamber and in support of their significant contribution to the governmental revenues.

Gaps:

1. There is no specific code of conduct for civil servants in relation to the implementation of Article 5.3 and its guidelines.
2. There are no measures in place requiring that all interactions with the tobacco industry deemed necessary are conducted in a transparent manner. For example, there is no obligation to record meetings with persons affiliated with the industry or to inform the public about them.
3. The current tobacco control law does not fully serve to protect public health policies from negative influences of the tobacco industry and its affiliates; does not fully ensure preferential treatment is not given to the tobacco industry; and does not fully prevent interference from tobacco industry in the national tobacco control legislation process.

***It is recommended that the Ministry of Health works together with concerned agencies and implement a code of conduct for government officials and civil servants for their interactions with the tobacco industry, in line with Article 5.3 and its guidelines. Also, it is recommended that the Regulations Committee of the Parliament develop a regulation on the same line for the elected officials.***

***It is further recommended that any meetings that may occur between government officials and the tobacco industry be made transparent and that any relevant information or notes for record be made available to the public. It is further recommended that the Government of Sudan, in collaboration with civil society raise awareness on protection of public health policy from the vested interests of the tobacco industry among all government agencies and public officials.***

**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”.

Sudan has attended sessions of the COP. Sudan has participated in a regional multisectoral workshop for entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products in Amman, Jordan, 16-18 May 2017. Sudan is encouraged to ratify to the Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible. Further cooperation and participation in intergovernmental processes in this regard will facilitate implementation of the Convention, its Protocol, and other instruments adopted by the COP.

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

**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”.

Sudan regularly cooperates with international organizations and other development partners, such as the WHO, World Bank, UNDP, UNICEF, the European Union, and previously with the International Union

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<sup>12</sup> <https://www.altareeq.info/ar/tobacco/>

Against Tuberculosis and Lung Disease. However, not all have supported Sudan in the particular area of tobacco control. Sudan is encouraged to work in line with Articles 5.5 and 5.6 of the Convention. Sudan has received technical and financial assistance from these bodies. The support from some of the aforementioned organizations included advocacy for the tobacco control law, policy development, capacity building, health education material and curricula, awareness raising campaigns, and surveillance activities. Sudan is encouraged to mobilize additional resources for effective implementation of the Convention and enforcement of the tobacco control law.

#### **Article 6: Price and tax measures to reduce the demand for tobacco**

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*”.

The taxation system on tobacco products in Sudan is a complex one. Most of the tobacco consumed in Sudan is of local origin; only 5% is imported. Tobacco tax is recognized as an important financial mean to enable the countries to implement the SDGs including the target 3.a. Lack of financial resources remains one of the major obstacles for Sudan in implementing the WHO FCTC. A recent report stated that approximately 60% of revenues for Sudan were from taxes. The government has managed to increase the revenue due to its progressive increase in cigarette tax and price. During the mission, the total tax revenues from all tobacco products were not declared, however, in 2013 they were 6.4 billion SDG from excise taxes.<sup>13</sup> Currently, tax revenues from tobacco are not funding any health cause, nor any tobacco control activity that aims to reduce tobacco consumption.

The Sudanese Government has been increasing taxes on tobacco products, so that currently total taxes were 74.1% of the retail price of a pack of cigarettes. In 2015, the Cabinet of Ministers approved an increase in the value added tax and additional fees. The Ministerial Order for 2017 to amend the 1998 regulation of additional fees<sup>14</sup> has issued an increase in the additional fees for waterpipe tobacco and tombac (from 150 to 230%). Yet, for many reasons, the Government has recently reduced the additional fee on manufactured tobacco for cigarettes from 150% to 40%. For instance, one of the reasons was an attempt to control illicit trade to close the gap of taxation with neighboring countries as many officers from customs unit in the Ministry of Finance lost their lives while fighting organized groups of armed smugglers. Also, as Sudan joined the WTO, this has contributed to the reduction of taxes on manufactured tobacco. Moreover, there was a mistake in not including the article 2403 that lead to tobacco industry interference in requesting reduction of the additional fees from 40 to 20%.

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<sup>13</sup> WHO report on the global tobacco epidemic, 2017. Country profile, Sudan

[http://www.who.int/tobacco/surveillance/policy/country\\_profile/sdn.pdf?ua=1](http://www.who.int/tobacco/surveillance/policy/country_profile/sdn.pdf?ua=1)

<sup>14</sup> <https://sudafax.com/67564/%D8%A7%D9%84%D8%B3%D9%88%D8%AF%D8%A7%D9%86-%D8%B1%D8%B3%D9%85-%D8%A7%D9%84%D9%82%D9%8A%D9%85%D8%A9-%D8%A7%D9%84%D9%85%D8%B6%D8%A7%D9%81%D8%A9-%D8%A7%D9%84%D8%AC%D8%AF%D9%8A%D8%AF-%D9%88%D8%AA%D8%AE/>

The WHO estimate of taxes on the most sold brand of cigarettes as a percentage of retail price in 2016 was as follows:

<b>Total taxes (cigarettes) as % of retail price</b>	<b>74.1%</b>
Specific excise	0%
Ad valorem excise	59.6%
Value added tax	14.5%
Import duty	0%
Other taxes	0%

The mission was informed of the following tax structure for different tobacco products:

<b>Product</b>	<b>Type of tax</b>	<b>% or amount</b>	<b>Base of tax</b>
Imported tobacco for cigarettes	Import fee	40%	Per carton
	Additional fee	230%	
	Value added	17%	
	Business profit	3	
Raw and manufactured tobacco	Import fee	40%	1 kg
	Additional fee	40%	
	Value added	175	
	Business profit	3%	
Locally produced cigarettes	Production	2305	Per carton
	Value added	30%	
	Business profit	30%	
All	State fees	75 SDG	NA

Waterpipe is treated with a similar tax structure as that for cigarettes, except state fees do not apply.

#### Prices of tobacco products

The retail price of the most sold brand (Bringi) of 20 cigarettes was 20 SDG and 32.5 SDG for the most premium brand (Marlboro). Sudan does not prohibit or restrict sales to and import by international travelers of tax- and duty-free tobacco products.

During the mission, the representative of the Ministry of Finance, expressed that there is awareness about different arguments that are used by the tobacco industry to block tobacco tax increases and that the Tax Authority has seen in practice that these allegations are not true. These arguments were such as revenues will decrease due to the high elasticity, if prices and tax rates of tobacco products increase, illicit trade and sale will increase.

The UNDP is proposing to conduct an investment case that considers the economics of tobacco in the case of Sudan, and models the effect of implementation of tobacco taxation on decreasing the burden associated with of tobacco use in the country.

Sudan has provided this information partially in the reports submitted in 2009 and 2012 and is encouraged to work in line with the obligations under Article 6.3.

#### Gaps:

1. Complicated taxation system. Taxes are not increased periodically to compensate for inflation and decrease affordability.
2. Taxation income is not earmarked for funding any national plan or strategy on tobacco control.
3. Sales to international travelers of tax- and duty-free tobacco products is not prohibited or restricted, but imports are.

*It is recommended the Government of Sudan continue to implement the tobacco taxation policy and increase tobacco taxes to reduce affordability and use of tobacco products. It is also recommended that the Government periodically evaluates the processes of tobacco tax increases and adjusts it in accordance with the guidelines of the Convention, taking inflation and income growth developments into account in order to reduce consumption of tobacco products. This should be accompanied by strong tax administration such as strengthening enforcement agencies to minimize tax evasion by manufacturers and criminal organizations.*

*It is recommended that the current taxation system be simplified to be in line with the WHO recommended guidelines for tobacco taxation. It is also recommended that officers from the Ministry of Finance join an orientation and training mission in Cairo where expertise could be exchanged in regard to the possibilities and challenges in applying tobacco taxation.*

*It is recommended to earmark some revenues from tobacco to fund tobacco control activity or other health programmes.*

*It is also recommended to consider restrictions on the sale to international travelers, of tax-free or duty-free tobacco products.*

#### **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 Convention’s entry into force for that Party”.

Sudan is legally bound to provide universal protection to prevent exposure to tobacco smoke in all indoor public places. The guidelines for the implementation of Article 8 included a five-year deadline, which for Sudan was reached in 2011.

The Tobacco Control Law of 1983 had addressed the prohibition of smoking in closed public spaces in its Article 5. In its Article 2, the definition of public places included public transportation, closed cinemas and any other closed place attended by the public. Violations were punished according to Article 7.3 by imprisonment for a period no more than 7 days or a fine no more than 20 SDG or both punishments together. After the Government ratified the Convention in 2005, the guidelines for implementation of

Article 8 of the WHO FCTC were partially utilized when developing or implementing policies in this area.

The new national Tobacco Control Law of 2005 nullified the 1983 law. In its Article I.3, the definition of public places included any closed place attended by the public without discrimination, but detailed these as follows: places of worship, learning, public means of transportation, places providing health care, government libraries, sporting facilities, gardens, public parks and any other public places identified by regulations. The Article I.3 further defined closed places as follows: closed rooms intended for public use including ports, airports, transit stops, cinemas, theaters, museums, restaurants, hotels, commercial locations, electrical lifts, closed ladders to buildings, workshops, laboratories, closed warehouses, libraries, halls, rooms intended for use by more than one person at a single time, and any other closed place identified by regulations.

Article III.9 (1) stated that it is prohibited to use tobacco in public and closed places, and in Article III.9 (2) specified that it is not permitted for workers to use tobacco during the performance of the following functions: (a) workers in the field of manufacturing, preparing, or providing food meant for human consumption during service delivery; (b) physicians working in a place where health services are provided and treatment during service delivery; (c) workers during delivery of lessons or other educational activities; and (d) workers in the public or private sector during service delivery to the public. However, Article III.10 (1) allowed designated smoking areas in closed public places closed location for the purpose of tobacco use only provided it provides highly efficient ventilation equipment; prohibits admittance to children of less than 18 years old; clearly displays a sign indicating the location is for tobacco use only; and provides a separate place for non-tobacco users for the same purpose.

The system of reporting violations was indicated in Article IV.13 (1) -(3) of the national Tobacco Control Law of 2005 in general terms, as it is permitted for any person to notify the nearest prosecutor or policeman of any violation. It is permitted for any policeman to arrest any person committing a violation and to present them immediately to the nearest prosecutor, just as it is permitted for any prosecutor to order the arrest of the violator and to present them in court. In Article IV.13 (3), managers of places and locations where tobacco use is prohibited are required to prevent violations and notify suitable authorities thereof. Specific roles and responsibilities amongst enforcement agencies were not clearly stated, which have led to weakened enforcement and objections from violators.

According to Article IV.14 and 15, violations are punished with imprisonment for a period not to exceed three years or a fine set by the court, or both punishments together. In cases of repeat violations, it is permitted to rule that the location be closed and its business permit be revoked. The law did not distinguish between managers or owners of establishments and individuals in this case.

The new draft bill seeks to be more comprehensive in terms of smoke free places to be in line with Article 8 and its Guidelines. However, the mission noted that Article 10 of the new bill still allowed designated smoking places in some closed public spaces.

#### Gaps:

1. Designated smoking areas are still allowed in some public and private places.
2. Compliance with smoke-free policies still needs stronger enforcement in public places.
3. There is no official complaint system dedicated for violations of the tobacco control law with open access to public that requires an investigation after a complaint and tracks the process.
4. Clear signs should be posted at entrances and other appropriate locations indicating that smoking is not permitted.

*It is recommended that the new legislation bans designated smoking areas or rooms in indoor public places and be adopted as soon as possible in order to strengthen the implementation of Article 8. It is further recommended that all levels of government do not construct nor pay for the construction of designated smoking rooms. Enforcement of the legislation needs to be strengthened and better coordinated among different governmental agencies. The civil society may play a role in monitoring smoke free places.*

#### **Articles 9 and 10: Regulation of the contents and disclosures of tobacco products**

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

**Article 10** requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities’ information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

The guidelines for the implementation of Articles 9 and 10 recommend a range of measures in relation to Article 9, including that Parties should prohibit or restrict ingredients that may be used to increase palatability in tobacco products, that have coloring properties, that may cause tobacco products to be perceived as having health benefits, and that are associated with energy and vitality such as stimulant compounds.

Sudan is working towards the implementation of Articles 9 and 10 of the Convention. Sudan has adopted measures to test and measure emissions of cigarette and waterpipe tobacco but not other forms of tobacco, such as tombac. Tombac, a type of smokeless tobacco, is particularly challenging to regulate in Sudan. Currently, Tombac is produced in its raw form in West Sudan and is used mainly in East Sudan, where it is sold in small shops in large containers by weight as a mix of tobacco, coffee and spices. There are no standard concentrations for mixing these constituents and there is no information available on the type of additives of this local product.

Article II.5 of the Tobacco Control Law of 2005 indicates that “All persons involved with producing and importing tobacco products must be committed to the specifications imposed by responsible agencies related to maximum levels of tar, nicotine, scent, and others identified by the regulations.” However, the regulations and list of harmful components in tobacco products was not publicized. Every manufacturer or importer of tobacco products should submit a report on product’s composition to the appropriate authority, the Ministry of Health. The information of testing has not been regularly updated. The guidelines of article 9 and 10 were not utilized when developing or implementing policies in this area.

#### **Gaps:**

1. There is no laboratory that is accredited in accordance with the International Organization for Standardization (ISO) Standard and that can conduct comprehensive testing of contents and emissions of tobacco products.
2. There are no standard measures that require testing, measuring, and regulation the emissions of tobacco products.
3. Some non-cigarette tobacco products are not regulated by the tobacco control law such as tombac, electronic nicotine delivery systems, and heat-not-burn products.
4. Flavors are not regulated by the law.

5. There are no measures on public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

*It is recommended that the Ministry of Health and the enforcement agencies assess and strengthen the arrangements for testing, by utilizing capable laboratories in the region through bilateral arrangements. The tobacco company should bear all the costs of such testing requirements. The mission recommends to develop specifications and standardize the regulation of tobacco production by the Federal Ministry of Health and require specific licenses for selling non-cigarette tobacco products. It is also recommended that Sudan draft standards to require only relevant qualitative statements about the constituents and emissions on tobacco product packaging in accordance with Article 11 and its guidelines. It is recommended that non-cigarette tobacco products and the definition of tobacco products be revised and to regulate these products in the draft bill to work towards the implementation of the Convention and guidelines of Articles 9 and 10. It is also recommended to ban flavoured tobacco products including tobacco and waterpipes from the market to better protect children and youth. It is further recommended that Sudan require manufacturers and importers of tobacco products disclose to the government authorities information on the content and emissions by product type and brand at specified intervals. It is also recommended that Sudan enable public access to information submitted by the tobacco industry.*

#### **Article 11: Packaging and labelling of tobacco products**

Article 11 requires that: “Each Party shall, within a period of three years after entry into force of the Convention for the Party to adopt and implement, in accordance with its national law, effective measures...” for tobacco packaging and labelling. Guidelines on implementation of Article 11 require measures that Parties can use to increase the effectiveness of their packaging and labelling measures, such as prohibit misleading tobacco packaging and labelling; ensure that tobacco product packages carry large health warnings and messages describing the harmful effects of tobacco use; ensure that such warnings cover 50% or more, but not less than 30%, of principal display areas and that they are in the Parties’ principal language(s); and ensure that packages contain prescribed information on the tobacco products’ constituents and emissions. Article 11 of the Convention on packaging and labelling has a three-year deadline, which was reached by Sudan in 2009.

Health warnings were first introduced by the Smoking Regulating Law of 1983 in its Article 3.1. The article required that all manufacturers and importers of cigarettes to insert the textual warning “Smoking is dangerous to health” on every locally produced or imported pack of cigarettes. In its Article 3.2, the concerned court may hold all cigarette packs that do not comply with carrying this textual warning until the mandate of Article 3.1 is implemented. According to its Article 7.1, violations are punished with imprisonment for a period not to exceed three months or a fine not more than 500 SDGs, or both punishments together.

The Tobacco Control Law of 2005 nullified the 1983 law. In its Article 4.1 and 2, every producer, importer, and distributor of tobacco and its products must warn from the harm caused by tobacco by writing on each package of cigarettes or tobacco product regardless of whether it is intended for smoking or not and in front of every place where it is sold, there must be a rotating health warning in clear and comprehensible form and identifies its harms. The warning size was specified to not occupy less than 30% of the display area the product and specifying the textual message by regulations. To date, regulations are pending.

According to Article IV.14 and 15, violations are punished with imprisonment for a period not to exceed three years or a fine set by the court, or both punishments together. In cases of repeat violations, it is permitted to rule that the location be closed and its business permit be revoked.

In 2012, the Khartoum subnational law adopted pictorials in its provision on health warnings. It allowed a period of grace of 1 year for the companies to adopt them, but the industry has not implemented this measure until February 2016<sup>15</sup> and the Government extended the grace period to another 4 months after that date.

The draft bill requires pictorial health warnings and increase in size of health warning labels from 30% to 70%. It requires this on all outside and inside packaging and bans all misleading descriptors, flavors and figurative signs on all forms of tobacco.

#### Gaps:

1. The current law does not prohibit the use figurative or other signs, including colours or numbers, as substitutes for prohibited misleading terms and descriptors, nor the use of descriptors depicting flavours.
2. The law does not require that health warnings appear on each unit packet and package of tobacco products and any outside packaging.
3. The law does not require pictorials in addition to textual health warnings.
4. The law does not state that warnings on packages do not remove or diminish the liability of the tobacco industry.
5. Even though the law stipulates the rotation of the warnings only one warning has been specified and rotation was not implemented.

***It is recommended that the Parliament adopt the draft new bill as soon as possible. It is also recommended that the regulations concerning packaging and labelling of tobacco products be revised to be in line with the Convention and guidelines of Article 11, specifically taking into consideration to ban misleading descriptors and flavors. It is further recommended that the Government consider the international best practice and explore the possibility of adopting plain packaging, to maximize the effectiveness of the health warning policy.***

#### **Article 12: Education, communication, training and public awareness**

Article 12 requires that “Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools...” Article 12 guidelines require 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.

Sudan has adopted and implemented measures for educational and public awareness programmes directed to adults or the public, as well as to university students. These programmes cover the health risks of tobacco consumption, health risks of exposure to tobacco smoke, benefits of the cessation of tobacco use and tobacco-free lifestyles. The mission took note that education and awareness campaigns were run in some states and was considered in some the main tobacco control activity that was carried out by the local Ministry of Health. In one state, tobacco control campaigns were run by the health insurance authority, which supported by printing out 5000 pamphlets to raise awareness of harms of tobacco use among youth. In another state. An educational video was produced and distributed by seven municipalities. It was noted

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<sup>15</sup> <https://www.altareeq.info/ar/tobacco/>

that there is great need for raising awareness about the cases of oral cancers that have developed due to Tombac use.

The Tobacco Control Law of Sudan of 2005 in its Article 11.1 requires the concerned national agencies (health, education, occupation, information) include activities of raising public awareness on the harms of tobacco use. However, the activities of different ministries and agencies were conducted separately without an overarching clear strategy and plan. Some ministries like Ministry of Youth and Sports, and Ministry of Education and agencies like the Union of Youth have run raising awareness activities about tobacco control but not in collaboration with the Ministry of Health. The Ministry of Information runs some seasonal campaigns on tobacco control such as those aired in Ramadan on national television, but does not perform pre-and post-testing of campaign materials, and suggested longer term plans for such campaigns. There Ministry of Agriculture raised the need for raising awareness of tobacco farmers about the hazards of tobacco growing including all aspects (health, financial, environmental), and the importance of alternative livelihoods.

The Ministry of Health carried out an educational campaign in 2015 in accordance with the World No Tobacco Day, but did not run any in the past two years, mainly due to lack of resources to produce the educational films and materials. The Government can provide air-free time on the national TV channels because of the obligation towards health, but may not be in prime time and not in earned media. The Government could also request air-free time from the commercial channels but this will be a matter for their internal consideration. In 2016, an awareness raising campaign about tobacco control was aired through the radio but in the periods for free airing only. By May 1, 2018 there will be warnings in shops for not buying tobacco.

During the stakeholders meeting, the fact that Tombac use was the main cause of oral cancers in Sudan, was thought to be a good entry point for raising public awareness on the harms of tobacco use, especially that rates of its use are high among both males and females. It was seen that developing messages through the media to encourage behavioral change is challenging due to the social and cultural acceptability of Tombac use in some areas of Sudan; in some states female start using Tombac at the age of 7 years old. Therefore, it was suggested to invent new methods for health message communication about dangers of tobacco use for this young age group, such as interactive theaters. Also, it was suggested to seek support in awareness raising from influential community leaders.

Public agencies and NGOs were aware of these activities and have participated in some. Coinciding with the needs assessment mission, the NGO “Physicians Across Continents” lead an initiative “one day without smoking” for 28 days till April 12, 2018 under the patronage of HE President of Sudan and supervised by the Federal Ministry of Health. The initiative raised awareness about hazards of tobacco use and prevention from its addiction and targeted youth and universities in five states across Sudan (Nahr Alnile, Alnile Alabyad, Albahr Alahmar, Algazeera, and Khartoum states). The NGO arranged with religious leaders in different states to raise awareness during Friday prayers. The initiative included a training at the airport of Sudan for raising awareness about dangers of smoking in enclosed places and organized and exhibition in the airport and in other public areas. Also, special lectures for women were given about the implementation of the tobacco control law in a model village to expand the experience in similar settings.

Other NGOs in Sudan like “Ana Asudan” have played roles in raising awareness about unhealthy lifestyle behaviours and has trained 550 individuals in primary health care centers across the country, and has an agreement with the School Health Directorate in Khartoum state to train 24 teachers on prevention of drug abuse and tobacco control. “Basma” is an initiative by dentists who provide psychological and financial help to patients who suffer from oral cancer. “AbdAlaal Aledreesy” is another NGO that works in psychological rehabilitation and treatment of tobacco dependence of smokers and were involved in

campaigns for raising awareness on smoking hazards in universities. During the stakeholders meeting, the NGOs suggested stronger partnerships with concerned civil society and ministries for producing innovative campaign material and for producing documentary films for youth featuring oral cancer patients.

Also, the mission took note during the stakeholders meeting that health professionals are not sufficiently trained on tobacco control or cessation advice. However, some states indicated that tobacco control is included in the training package in noncommunicable diseases workshops for health professionals. There were also efforts to change educational curricula for nursing students and health professionals, but further efforts are needed to facilitate this process by the national multisectoral committee and be developed according to the WHO guidelines. There are no statistics available on whether tobacco users who visited a health care provider were asked by a health care provider about their tobacco use or on the status of exposure to second hand smoke.

In preparation of the launch of the new tobacco control legislation after its approval by the parliament, it was suggested to conduct a campaign to raise public awareness about the new law. The new bill requires in its Article 12.3 that the Ministry of Information dedicates free airing on dangers of tobacco in collaboration with the Ministry of Health for the education messages and use the high viewing times.

Gaps:

1. The public does not have access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository.
2. The adverse economic and environmental consequences of tobacco production and consumption are not addressed in the educational programmes and campaigns.
3. Some elaboration, management and implementation of communication, education, training and public awareness programmes are not guided by research and do not undergo pre-testing, monitoring and evaluation.
4. There is no special training or sensitization programmes on tobacco control addressed to health, community, social workers, media professionals, educators, and decision-makers.

***It is recommended that the Federal Ministry of Health works closely with other relevant Ministries based on the recently adopted “Health in All Policies” strategy, and partner with non-governmental organizations to develop effective strategies and coordinate awareness raising plans to reach both urban and rural communities in all states. It is also recommended that effective strategies and coordinate plans using earned media and modern approaches such as social marketing be developed and allow free airing of advocacy material. It is further recommended to generating evidence based national data by conducting economic studies or investment case studies on direct and indirect consequences of tobacco use and use this information in communicating with different stakeholders. Training programmes should be provided to social workers, health care workers, educators, and decision makers. It is further recommended that the Ministry of Health strengthen the practice of brief advice on tobacco use for health care workers through providing more training programmes that cover different states of Sudan, and develop evidence-based tobacco control curricula for future health care professionals.***

**Article 13: Tobacco advertising, promotion and sponsorship**

Article 13 of the Convention stipulates that the Parties “recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products”. Guidelines of Article 13 require the ban should cover all types of tobacco advertising and promotion as well as any

sponsorship conducted by the tobacco industry. The comprehensive ban must be put into effect within five years of entry into force of the Convention for each Party, including of a cross-border advertising ban originating from the Party's territory. Parties that are not in a position to provide for a comprehensive ban due to their constitutional principles must apply restrictions.

Article 4 of the Tobacco Control Law of 1983 prohibited advertising cigarettes in the all media means or in special billboards or in cinema or theaters or verbal advertisements or by any other mean of the new communication means in Sudan or originally prepared for its publishing. Fines on violations according to Article 7.2 included imprisonment for a period no more than 3 months or a fine no more than 300 SDG or both punishments together. Article 6 of the Tobacco Control Law of 2005 introduced a more comprehensive ban of any direct or indirect form of advertising and promotion of all tobacco products, and included in the ban free distribution of tobacco products. According to Article IV.14 and 15, violations are punished with imprisonment for a period not to exceed three years or a fine set by the court, or both punishments together. In cases of repeat violations, it is permitted to rule that the location be closed and its business permit be revoked.

Currently, the direct advertising ban covers national and international TV and radio, local and international magazines and newspapers, billboards and outdoor advertising. Advertising at points of sales is not explicitly prohibited by law, so the tobacco industry uses the existing loopholes to use special forms of promotion with product displays. For example, there are cars that sell tobacco in streets which carry some advertisement of the tobacco product. The indirect advertising ban covers free distribution of tobacco products, promotional discounts, and bans tobacco vending machines. However, the law does not currently prohibit sponsorship and corporate social responsibility activities of tobacco companies by direct or in-kind contributions.

The new bill aimed to address more comprehensively Article 13 of the WHO FCTC. However, the mission noted that Article 6.6 of the draft legislations bans only advertising of tobacco companies' activities and did not prohibit all sponsorship and in-kind contributions by tobacco companies.

#### Gaps:

The ban does not cover:

1. Explicit ban of display and visibility of tobacco products at points of sale
2. Sponsorship and corporate social responsibility activities of tobacco companies by direct or in-kind contributions and clear enforcement mechanisms to prevent corporate social responsibility and promotional activities.
3. Explicit ban on depiction of tobacco or tobacco use in entertainment media products produced abroad and
4. Explicit ban on advertising, promotion, and sponsorship through the internet.
5. Explicit ban on brand sharing and brand extension such as in toys or candies for children that mimic tobacco products.

***It is recommended the legislation should explicitly ban advertising at point of sales and ban any form of sponsorship or corporate social responsibility by tobacco companies. Therefore, it is recommended to revise the draft article 6.6 about advertising, promotion and sponsorship in the new bill to be in line with guidelines of Article 13 of the WHO FCTC. It is also recommended to review the draft bill to also include other elements in the gaps under Article 13 that are mentioned here above, to work in line with the guidelines of Article 13. It is further recommended that the draft bill should be adopted as soon as possible.***

#### **Article 14: Demand reduction measures concerning tobacco dependence and cessation**

Article 14 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”. Guidelines of Article 14 require each Party shall endeavor to include counselling, psychological support, nicotine replacement, and education programmes. Parties are required to develop and disseminate national guidelines on tobacco cessation and are encouraged to establish sustainable infrastructure for such services.

Article 11.3 of the Tobacco Control Law of 2005 Sudan required that the Ministry of Health provides diagnosis and cessation advice and prevention from tobacco addiction. However, comprehensive evidence based strategies for tobacco cessation activities were not developed. There were some activities related to awareness raising campaigns addressing the importance of tobacco cessation that were conducted by the different state directorates of health or by NGOs. Tobacco cessation services are not currently included in the national plan for tobacco control and not incorporated in primary health care. Sudan does not have a national quit line service. Some civil society facilities and rehabilitation centers provide smoking cessation support. Nicotine replacement therapy is not legally sold in the country. There are no special curricula for training of future or practicing health professionals on treating tobacco dependence.

Gaps:

1. There are no programmes to promote cessation of tobacco use such as media campaigns emphasizing the importance of quitting that are specially designed for young women.
2. There is no design and implementation of programmes aimed at promoting the cessation of tobacco use in educational institutions, healthcare facilities, workplaces, sporting environments.
3. The diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use is not integrated in national programmes, plans and strategies for tobacco control, health, education, or health-care system.
4. The primary, secondary and tertiary health care, and specialist health-care systems do not have programmes for the diagnosis and treatment of tobacco dependence.
5. There are few specialized centers for cessation counselling and treatment of tobacco dependence.
6. Health and other professionals are not regularly involved in training programmes offering treatment for tobacco dependence and counselling services.
7. Tobacco dependence treatment is not fully incorporated into the curricula of health professional training at pre- and post-qualification levels at the medical, dental, nursing, and pharmacy schools.
8. There are no tobacco cessation medications included under public funding or reimbursement.

***It is recommended that the Ministry of Health adopt and implement programmes that develop and disseminate appropriate, comprehensive and integrated guidelines for tobacco dependence and cessation based on scientific evidence and best practices. It is also recommended to develop evidence-based tobacco control curricula for training of future health care professionals. The mission recommends that medical societies and the Ministry of Health engage in preparing national consensus guidelines for cessation as baseline information to be further used in governmental policies and training. It is also recommended that the Ministry of Health integrate it into the national tobacco control programme and allocate budget and fund to run the quit line nationwide. Activation and training of national health networks such as the midwives who have access and reach remote and closed communities in giving advice on tobacco control. It is further recommended to integrate cessation services in primary health care centers, publicize their activities and strengthen the practice of brief advice on tobacco use for healthcare workers through providing more training programmes in different federal states.***

### **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”*.

Sudan has signed the Protocol to Eliminate Illicit Trade in Tobacco Products in 2013. Sudan adopted and implemented measures that require marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product, and to assist in determining whether the product is legally sold on the domestic market. Marking is required to be presented in legible form and/or appears in the principal language of the country. The country has been conducting efforts in combatting illicit trade through the specialized unit in Customs, Ministry of Finance. The Government of Sudan has established a tracking system to distinguish locally produced brands and has imported special equipment from the UK to produce unique stamps on tobacco products that resemble those included in money bills.

Tobacco is legally sold in the country according to the agreements with the World Trade Organization. The Ministry of Trade has a list of goods where each is put under certain code category. During the meeting with the representative from Ministry of Trade, she suggested a technical team studies the possibility of increasing the coding of tobacco in this harmonized code list from 15 to 40, which may in turn increase the price of tobacco product and decrease their affordability. The ministry of Finance is responsible for providing tobacco importers with importation licences. Chamber of Commerce, municipalities and local authorities are responsible for providing retailers. However, there is no special licence produced to sell tobacco. Shops which sell tobacco among other food goods may have a general license from health authorities. The Ministry of Industry is the responsible for providing establishment licenses for selling tobacco. A representative from Ministry of Finance is at the focal point for “Health in All Policies”, yet there was no awareness about the Protocol to Eliminate Illicit Trade in Tobacco Products. The focal point suggested to have a small committee from relevant ministries to follow up with the corresponding parliamentary committees and consult inside the parliament for moving the process of ratification of the Protocol forward.

Sudan has also adopted measures for monitoring and collection of data on cross-border trade in tobacco products, including illicit trade, requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law, and enabling the confiscation of proceeds derived from illicit trade in tobacco products. Many officers from customs unit in the Ministry of Finance lost their lives while fighting organized groups of armed smugglers.

The Consumer Protection Department conducts market supervision for sales of illegal tobacco products and confiscation campaigns. A team from smuggling customs department collect information on illegal products sold in the market and confiscates these from stores not from streets. The confiscated products are not resold but by law they are held for 3 months or longer if the convicted person prosecutes by filing a law suite. Confiscated products are destroyed by incineration in the presence of representatives from all relevant ministries. However, no accurate statistics were provided about the size of illegal trade during the mission. Other enforcement agencies include customs directorate in the Ministry of Finance, Economic Safety Department, Community Safety Police and local authorities. During the meeting with the representative of Customs Directorate, it was noted that the tobacco industry helped formerly in

providing information on and transporting confiscated products. Currently, tobacco companies help in and destroying confiscated products only. Incinerators are mainly inside the tobacco companies. The existing incinerators are small and sometimes do not serve well for destruction of large quantities of confiscated tobacco products. The representative of Customs Directorate raised the need for technical support and training of officers and research to inform about implementation of Article 15 in the light of experiences from neighbouring countries.

The new bill requires in its Article 5.3 that all manufacturers of tobacco and its products must insert an indelible mark on each pack or package of tobacco products specified by the Ministry of Health for use in the local market to identify the source, trace the product and distinguish imitated and prohibited products and write in Arabic the words " Not for sale except in Sudan ".

Gaps:

1. Sudan did not yet ratify the Protocol to Eliminate Illicit Trade in Tobacco Products
2. There are no adopting and implementing measures in place to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties.
3. The measures applied do not fully facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements.

***The mission recommends that the Cabinet of the Ministers and the Parliament ratify the Protocol to Eliminate Illicit Trade in Tobacco Products to enable Sudan to become Party to the Protocol as soon as possible and become one of the first 40 Parties to contribute to its entry into force. It is also recommended that the Government ensure that the National Strategy to combat illicit trade in Sudan is materialized with effective measures, including the development of the tracking and tracing system for tobacco products in line with the Protocol requirements to secure the distribution system and facilitate the investigation of illicit trade.***

The Convention Secretariat together with WHO and other intergovernmental organizations 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.

**Sales to and by minors (Article 16)**

**Article 16.1** requires that "Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen."

Article 8 of the Tobacco Control Law of 2005 prohibit sales of tobacco products in or near schools, educational or therapeutic facilities, houses of worship and their subsidiaries. It is also prohibited to use children (less than 18 years of age) in the production, storage, transport, sale, or purchase of tobacco products. Any child performing any of these actions will be considered in violation of the provision of this law. It is prohibited to use automatic tobacco vending machines in distributing tobacco products. According to 2011 GYTS, 56.3% of youth aged 13–15 years old were able to buy cigarettes in a store.

Gaps:

1. Minors are still able to purchase cigarettes in a store and were not refused because of their age.
2. Minors could freely purchase Tombac or electronic nicotine delivery systems that are sold without any regulations.

***It is therefore recommended that the Government strengthen enforcement of the law for respecting age restrictions for purchasing tobacco products. It is also recommended to regulate all tobacco products including Tombac and electronic nicotine delivery systems.***

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*”.

Gap

1. The Tobacco Control Law of 2005 does not require that a seller of tobacco products is obligated to obtain from the buyer, who is buying the tobacco products, a passport or other documents that confirm the age of the buyer, if the seller has doubts that the buyer is 18 years old.
2. There is no provision in the tobacco control law that requires the sellers of tobacco products to place a notice at points of sale about the prohibition of tobacco sales to minors.

***It is therefore recommended that Sudan include a legal provision that requires sellers of tobacco products to place a notice at points of sale indicating that no tobacco products shall be sold to persons under the age of 18 years.***

Sudan has worked towards the implementation of the requirements of Article 16.1 b-d as follows:

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...*”.

Gap - The Tobacco Control Law of 2005 does not explicitly require ban at points of sale. However all forms of direct and indirect advertising are addressed under Article 6 of the Tobacco Control Law of 2005.

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*”.

Gap - The Tobacco Control Law of 2005 does not ban the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.

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*”.

Article 8 of the Tobacco Control Law of 2005 prohibit the use of automatic tobacco vending machines in distributing tobacco products.

Article 16.2 “*Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.*”

Article 6 of the Tobacco Control Law of 2005 prohibits the free distribution of tobacco products.

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*”.

Gap - the Tobacco Control Law of 2005 does not prohibit the sale of tobacco products by piece or in small packets.

Article 16.5 *“When signing, ratifying, accepting, approving or acceding to the Convention or at any time thereafter, a Party may, by means of a binding written declaration, indicate its commitment to prohibit the introduction of tobacco vending machines within its jurisdiction or, as appropriate, to a total ban on tobacco vending machines. The declaration made pursuant to this Article shall be circulated by the Depositary to all Parties to the Convention”*

Article 8 of the Tobacco Control Law of 2005 prohibit the use of automatic tobacco vending machines in distributing tobacco products.

Gap -there is no explicit provision to prohibit the introduction of tobacco vending machines.

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

Article 15 of the Tobacco Control Law of 2005 provide penalties for violations with imprisonment for a period not to exceed three years or a fine set by the court, or both punishments together. In cases of repeat violations it is permitted to rule that the location be closed and its business permit be revoked.

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.”*

Article 8 of the Tobacco Control Law of 2005 prohibits to use children (less than 18 years of age) in the production, storage, transport, sale, or purchase of tobacco products. Any child performing any of these actions will be considered in violation of the provision of this law.

However, the new draft bill seekd to cover some of the gaps in its article 8, where it prohibits sales of tobacco near educational or health care facilities or places of worship for at least one kilometre in all directions. The new bill also requires that all sellers of tobacco have a clear sign about ban of sales to minors younger than 18 years old and demand in case of doubt to present documents to confirm the age of the buyer. Also, the new bill prohibits single stick sale of cigarettes or in small packs (less than 20 cigarettes).

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

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

Article 7 of the Tobacco Control Law of 2005 does not permit expansion of tobacco production by increasing the area reserved for its farming, or increasing the number of factories producing it, or providing any support of any type which would encourage an increase of its production, importing, circulation, or use.

Tobacco growing is taking place in some states of Sudan, especially in North Darfur state. Some states have forbidden local growing of tobacco. However, there is no country profile identifying the situation of tobacco agriculture in the country (e.g. the surface area of land grown and the number of farmers involved). This is because tobacco is listed among a category of “other” crops (e.g. sesame) with no further details on each specific one.

The mission was informed that there were trials to grow alternative crops such as Guwar in North Darfur, but the trial was not successful. Guwar is used in legume powder for producing bread and as an alternative for potassium bromide in medicinal drugs. However, farmers complained of the bug infestations they suffered when harvesting the crop and caused itching, so they stopped growing Guwar. Also, several oppositions to alternative crop growing were raised in the past few years claiming it will affect the livelihoods of thousands of farmers. The opposers see that tobacco seed does not need much water to grow in this state of Sudan's with hot and dry climate and minimal water resources. In addition, Tobacco does not need insecticides. A tobacco company had made an agreement with the farmers for growing Tobacco, supply them with their needs, and helps them in its distribution. Any contractual planting goes through the relevant ministries (Ministry of Agriculture or Industry); the companies cannot have direct access to farmers.

The mission has met with representatives from the Federal Ministry of Agriculture to identify research needs and discussed future plans and options for alternative livelihoods. One representative from Ministry of Agriculture, the Director for Agricultural statistics, is the focal point for collaboration with FAO and the other is the focal point for the multisectoral committee for tobacco control. There is a need to conduct a detailed study about production areas of tobacco including experts in agricultural land, water resources, and economics to address all concerns of local farmers. The representatives raised the need for raising awareness of farmers about the hazards of tobacco growing from all aspects. It would be important to share successful experiences from other places. Also, there is a need for training of farmers on modern techniques of farming. For North Darfur they also suggested research on sources of underground water for alternative crop growing. There is a research station in West Sudan in Alfasher University that may help in research that empowers youth for farming together with the FAO or the African Development Bank. It was suggested that the national week for agriculture be used to start working on these suggestions in collaboration with the Federal Ministry of Health and the WHO.

***It is recommended that Sudan continues to promote economically viable alternative livelihood and carry on with the Agriculture policy in not promoting tobacco growing and working in line with the Article 17 and 18 of the Convention. It is also recommended to develop a proposal that includes in its first phase mapping the country profile of tobacco agriculture in Sudan by the Federal Ministry of Health together with the Federal Ministry of Agriculture and FAO. In its second phase, the proposal may include research on growing alternative crops and providing alternative livelihoods to tobacco farmers. It is further recommended to developing a comprehensive long-term plan for raising farmers' awareness of hazards of tobacco use and growing, training on modern techniques of cultivation, supply of needs, marketing and distribution of alternative crops.***

### **Protection of the environment and the health of persons (Article 18)**

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

#### **Gaps:**

1. The Tobacco Control Law of 2005 does not have any provisions related to the Article 18.
2. There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco manufacturing.
3. The law does not contain measures regarding tobacco manufacturing that take into consideration the protection of the environment or health of persons in relation to the environment.

***It is therefore recommended that the Ministry of Health and the Ministry of Environment work together to implement this treaty obligation, and to require tobacco factories to pass an environmental impact assessment and to have an environmental protection plan in place.***

### **Liability (Article 19)**

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

There are several provisions in the tobacco control law of Sudan and its amendments that contain measures regarding administrative liability for any violations of regulations related to:

- smoke-free places (Article 7.3 of the Tobacco Control Law of 1983 and Article IV. 14 and 15 of the Tobacco Control Law of 2005)
- packaging and labelling (Article 7.1 of the Tobacco Control Law of 1983 and Article IV. 14 and 15 of the Tobacco Control Law of 2005)
- advertising and sales to minors (Article 7.2 of the Tobacco Control Law of 1983 and Article IV. 14 and 15 of the Tobacco Control Law of 2005)

#### **Gaps:**

1. These articles did not address measures that provide for compensation for adverse health effects.
2. There are no provisions for reimbursement of medical, social or other relevant costs.
3. There are no civil liability measures that are specific to tobacco control.

***It is recommended that Sudan improve its tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate.***

### **Research, surveillance and exchange of information (Article 20)**

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

There has been research and surveillance in the field of tobacco control conducted in Sudan. Some were conducted by the Ministry of Health and some by universities.

These studies include:

- Global Youth Tobacco Control Survey (GYTS) in 2001, 2005, 2009 and 2014<sup>16</sup>
- Global School Personnel Survey in 2001<sup>17</sup>
- Global Health Professions Student Survey (GHPSS) in 2007 for dental students,<sup>18</sup> medical students,<sup>19</sup> pharmacy students<sup>20</sup>
- WHO STEPs survey in 2005<sup>21</sup> and 2017

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<sup>16</sup> [http://www.emro.who.int/images/stories/tfi/documents/GYTS\\_FS\\_SUD\\_2014.pdf](http://www.emro.who.int/images/stories/tfi/documents/GYTS_FS_SUD_2014.pdf)

<sup>17</sup> <http://www.emro.who.int/tfi/statistics/gspss-sud.html> ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563538/>

<sup>18</sup> [http://www.emro.who.int/images/stories/tfi/documents/GHPSS\\_FS\\_DEN\\_SUD\\_2007.pdf?ua=1&ua=1](http://www.emro.who.int/images/stories/tfi/documents/GHPSS_FS_DEN_SUD_2007.pdf?ua=1&ua=1)

<sup>19</sup> [http://www.emro.who.int/images/stories/tfi/documents/GHPSS\\_FS\\_MED\\_SUD\\_2007.pdf?ua=1&ua=1](http://www.emro.who.int/images/stories/tfi/documents/GHPSS_FS_MED_SUD_2007.pdf?ua=1&ua=1)

<sup>20</sup> [http://www.emro.who.int/images/stories/tfi/documents/GHPSS\\_FS\\_PHARMA\\_SUD\\_2007.pdf?ua=1&ua=1](http://www.emro.who.int/images/stories/tfi/documents/GHPSS_FS_PHARMA_SUD_2007.pdf?ua=1&ua=1)

<sup>21</sup> [http://www.who.int/ncds/surveillance/steps/STEPS\\_FactSheet\\_Sudan.pdf?ua=1](http://www.who.int/ncds/surveillance/steps/STEPS_FactSheet_Sudan.pdf?ua=1)

- Surveys by the Federal Ministry of Health in 2012, 2016
- Other studies and surveys such as:
  - 2017 study: School workers' knowledge, attitude and behaviour related to use of Toombak: a cross sectional study from Khartoum state, Sudan<sup>22</sup>
  - 2017 study: Oral cancer awareness among dental patients in Omdurman, Sudan: a cross sectional study<sup>23</sup>
  - 2017 study: Snuff Dipping Sudanese Tombak Keratosis - A Case Report<sup>24</sup>
  - 2017: Attribution of oral cancer in the Sudan to Toombak dipping<sup>25</sup>
  - 2014 study: Gender differences in the prevalence and determinants of tobacco use among school-aged adolescents (11 – 17 years) in Sudan and South Sudan<sup>26</sup>
  - 2012 study: Prevalence of smoking among school adolescents in Khartoum State<sup>27</sup>
  - 1998 study: Toombak Use and Cigarette Smoking in the Sudan: Estimates of Prevalence in the Nile State<sup>28</sup>
  - 1991 study: Unusually high levels of carcinogenic tobacco-specific nitrosamines in Sudan snuff (toombak)<sup>29</sup>

The new bill requires that the Ministry of Health establishes a national surveillance system that conducts regular surveys among different age categories on the national scale in collaboration with relevant agencies. Also, it requires that the results of these surveys be announced to the Cabinet of Ministers and policy makers in regular written reports on the tobacco epidemic.

#### Gaps:

1. There is no stable financial support of the Government for scientific research in this field.
2. There are no research programmes that identify the determinants of tobacco consumption, tobacco use among women, with special regard to pregnant women, identification of effective programmes for the treatment of tobacco dependence, and identification of alternative livelihoods.
3. There is no support from the government budget for persons engaged in tobacco control activities, including research, implementation and evaluation
4. There is no national system for epidemiological surveillance of determinants of tobacco consumption, consequences of tobacco consumption, social, economic and health indicators related to tobacco consumption, exposure to tobacco smoke.
5. There are no databases of information about the enforcement of laws on tobacco control, or pertinent jurisprudence. There is no research on the consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence
6. There is no research on evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

<sup>22</sup> <https://bmcoralhealth.biomedcentral.com/track/pdf/10.1186/s12903-017-0460-8?site=bmcoralhealth.biomedcentral.com>

<sup>23</sup> <https://bmcoralhealth.biomedcentral.com/track/pdf/10.1186/s12903-017-0351-z?site=bmcoralhealth.biomedcentral.com>

<sup>24</sup> <http://medical-case-reports.imedpub.com/snuff-dipping-sudanese-tombak-keratosis--a-case-report.php?aid=18784>

<sup>25</sup> <http://journals.sagepub.com/doi/full/10.1177/2057178X16685729>

<sup>26</sup> <http://www.panafrican-med-journal.com/content/article/18/118/full/>

<sup>27</sup> <https://pdfs.semanticscholar.org/156e/ea41928f8e64a2f7dcb2e725e8f8a1de7d8b.pdf>

<sup>28</sup> <https://www.sciencedirect.com/science/article/pii/S0091743598903310>

<sup>29</sup> <https://academic.oup.com/carcin/article-abstract/12/6/1115/420988?redirectedFrom=fulltext>

*It is therefore recommended that the Government allocate more resources to establish national tobacco control surveillance system, to support personnel, and conduct applied research in tobacco control. It is also recommended that a national database on national tobacco control legislation be established. It is further recommended that the Government conduct research on consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence, and evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence. It is recommended to continue implementing the Global Tobacco Surveillance System on a regular basis and integrate tobacco questions TQS integration in any on going surveys to bridge the gap in adult tobacco prevalence and consumption data.*

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO and other intergovernmental organizations are committed to facilitating provision of expertise and technical support.

### **Reporting and exchange of information (Article 21)**

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

Sudan has provided two implementation reports in 2009 and 2012. Implementation reports were not been submitted in the past few years due to high turnover of staff in the tobacco control unit at the Ministry of Health.

*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 the next report well in advance to meet the deadline in 2018, and to ensure complete and accurate reports. 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.*<sup>30</sup>

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

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

International cooperation plays a key role in supporting Parties to implement the WHO FCTC and achieving the SDG Target 3.a. The Convention Secretariat and WHO have been actively supporting Sudan in implementation of the WHO FCTC or tobacco control activities in the country. Other agencies of the United Nations work in Sudan encompasses development cooperation, humanitarian assistance and peacekeeping operations. A total of 18 resident and two non-resident agencies, which form the UNCT, collaborate with the Government of Sudan in implementing development programming in the country and

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<sup>30</sup>One 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.

are part of the UNDAF. Resident agencies implementing development programming are: FAO, IFAD, IOM, UN-Habitat, UN Women, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNIDO, UNMAS, UNOPS, UNV, WFP, and WHO. Non-resident agencies are: IAEA and ILO.

The country cooperation strategy agenda for WHO and Sudan 2008-2013 has been extended to 2017. It highlights tobacco control under “lifestyle and health promotion”, where the issue of high and rising rates of tobacco use among women and youth were addressed.<sup>31</sup> In the extension of the strategy till 2017, the strategic priority 5 to “reduce the burden of noncommunicable diseases, mental health and unhealthy lifestyles” addresses the need to develop a strategic plan and programme for tobacco control.<sup>32</sup>

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)<sup>33</sup> the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level. The United Nations Economic and Social Council adopted resolution E/RES/2012/4 in August 2012 on United Nations system-wide coherence on tobacco control. The resolution highlights the need to strengthen the multisectoral and interagency response for the full implementation of the WHO FCTC in order to address the health, social, economic and environmental consequences of tobacco use.

The current UNDAF in Sudan 2018-2021<sup>34</sup> supports tobacco control under UNDAF Focus Area 4 “Governance, Rule of Law and Institutional Capacity Development”. It is mentioned that the UN will promote and support efforts towards legal reforms including implementation of the WHO FCTC. However, Target 3.a of the Sustainable Development Goals on the implementation of the Convention has not been mentioned. During the mission, the international team met the UN resident coordinator and brought to their attention these areas of interest.

***It is recommended that the Government of Sudan mobilize support from the United Nation system, bilateral development agencies and other partners and engages them in the multisectoral coordination mechanism as appropriate in advancing the implementation of the WHO FCTC. It is therefore recommended that the Ministry of Health actively follow up with the United Nations Residence Coordinator to work on implementation of the Convention as addressed under Focus Area 4 of the 2018-2021 UNDAF. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Sudan actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.***

## **Financial resources (Article 26)**

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<sup>31</sup> : [http://apps.who.int/iris/bitstream/10665/113233/1/CCS\\_Sudan\\_2010\\_EN\\_14477.pdf](http://apps.who.int/iris/bitstream/10665/113233/1/CCS_Sudan_2010_EN_14477.pdf)

<sup>32</sup> [http://apps.who.int/iris/bitstream/10665/136885/1/ccsbrief\\_sdn\\_en.pdf](http://apps.who.int/iris/bitstream/10665/136885/1/ccsbrief_sdn_en.pdf)

<sup>33</sup> See FCTC/COP4/REC/1, Decisions and ancillary documents, available at: [http://apps.who.int/gb/fctc/E/E\\_cop4.htm](http://apps.who.int/gb/fctc/E/E_cop4.htm).

<sup>34</sup> [http://sd.one.un.org/content/dam/unct/sudan/UNDAF/Sudan\\_UNDAF\\_En\\_2018-2021-E-Ver.pdf](http://sd.one.un.org/content/dam/unct/sudan/UNDAF/Sudan_UNDAF_En_2018-2021-E-Ver.pdf)

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

The Government of Sudan fully recognizes the importance of financial resources in implementation of the Convention. The tobacco control law did not set out the guiding principle to secure sustainable financing of tobacco control and health promotion activities through tax increases.

Gap: There is lack of sustainable funding for support of the needed tobacco control activities.

***It is therefore recommended that the Government of Sudan secure funds for the tobacco control activities and reinstate its budget as soon as possible.***

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”.

To date, tobacco-related surveys and campaigns that have been conducted in Sudan were supported in part by international donors; minimal supportive governmental funds were available. Sudan is encouraged to further mobilize financial assistance from international organizations and development partners; current efforts are not enough to obtain sufficient funds. Sudan has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

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

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

***Sudan is encouraged to further utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. The Ministry of Foreign Affairs, the Ministry of Health, Ministry of Finance when representing Sudan in other regional and global forums, are encouraged to urge regional and international organizations and financial institutions to provide financial assistance to support implementation of the Convention.***

## Annex I. Programme of the mission

Day/Time	Meeting	Objectives	Hall
<b>Day 1: Monday - 19 March 2018</b>			
9:00 - 9:30 am	Briefing meeting with WR	1.To brief WR/ Minister the purpose of the needs assessment and seek support for the whole process	WHO - WR office
9:30 - 10:00 am	Briefing meeting with Minister of health	2.To brief the WR/Minister the importance of meeting the obligations under the Convention and explain how the needs assessment can help the country to further promote the sustainable implementation of the Convention 3.To listen to the WR/Minister's view as what are the priorities and major challenges in implementing the Convention in the country	Minister / Undersecretary office
10:00 -11:00 pm	FCTC/EMRO presentation	1. To exchange and update on the information collected and still required	FMOH/ Grand Hall
11:00 - 12:00 pm	Focal point presentation	1. To update the team on the implementation of the Convention in the country. 2.Explain methodology of the needs assessment	
1:00 - 2 :00 pm	Discussion with focal point and relative program in FMOH	To learn from other programmes in the Ministry of Health on their work contributing to the implementation of the Convention such as NCD, health promotion, surveillance, research, etc.	FMOH/Grand Hall
2:15 - 2 :00 pm	Continue the discussion with focal point and relative program in FMOH	To learn from other programmes in the Ministry of Health on their work contributing to the implementation of the Convention such as NCD, health promotion, surveillance, research, etc.	FMOH/Grand Hall

Day 2: Tuesday - 20 March 2018 (Stakeholders and agencies meeting)		
9:00 - 9:15 am	Welcoming remarks	Minister FMOH or high level official from FMOH WHO Representative FCTC Secretariat
9:15-9:35 am	The WHO FCTC and objectives of the mission	FCTC Secretariat
9:35 – 9:55 am	Tobacco control in Sudan: achievements and challenges	Focal point FMOH
9:55-10:10	Implementation of the WHO FCTC from a Regional perspective	Representative WHO Regional Office
10: 10 - 10:30	Discussion	
10:30-12:00	Panel discussion on the role of different government sectors in the implementation of the WHO FCTC	4-5 ministries that will make a short 5-7 minute presentation on what their role followed by discussion from the floor of other Ministries involved in the implementation of the WHO FCTC
13:00 - 14:30	Panel discussion on the role of Non-government organizations, UN agencies and donors in the implementation of the WHO FCTC	4-5 NGOs, UN agencies, representative from an international development agency, etc. to make a short 5-7 minute presentation on what their role is followed by discussion from the floor of other institutions involved in the implementation of the WHO FCTC
14:45 -15:15	Recommendations and way forward	Discussion by all
15:15 - 15:30	Meeting adjourn	

<b>Day 3: Wednesday - 21 March 2018</b>			
8:00-16:00	Bilateral meetings with selected ministries	<p>Awareness about the need to support the country to meet the obligations under the Convention and how that will contribute to the improved health outcome of the country.</p> <p>2. Brief about the generated recommendations from Stakeholders meeting.</p> <p>3. Get their commitments and support in implementing the convention.</p>	
<b>Day 4: Thursday - 22 March 2018</b>			
9:00-10:00	Meeting with Members of Parliament	<p>1. To learn about the status of tobacco control legislation in the country, protocol ratification and about any on-going legislative process</p> <p>2. To raise awareness of the country's obligation to take further necessary legislative and executive measures, if necessary, to align national legislation with the requirements of the Convention</p> <p>3. To offer assistance, if needed, in the future legislation process.</p>	Parliament
10:30- 11:30	Meeting with UN Resident Coordinator	To engage the Un agencies in Sudan in the work of the WHO FCTC. Promote the inclusion of tobacco control in UNDAF and promote the idea of a thematic group.	UNRC building
13:00-14:00	Debriefing to WR		WHO
14:00-15:00	Debriefing meeting with Minister of Health or Undersecretary		FMOH

**Annex II. List of representatives from Ministries, Government agencies, Legislative bodies, Nongovernmental organizations, and the international team participating in the needs assessment**

**Federal Ministry of Health**

Dr. Isameldin Mohammed Abdalla, Undersecretary

**Federal Ministry of Health**

***Directorate of Health Promotion***

Ahmad Zakaria, Program Director

Sara Elmalik, Tobacco Control Focal Point

Elyageen Abdelrazig Elhag, Tobacco Control

Amira Ibrahim, Tobacco Control

Habab Nagmeldin, Tobacco Control

Esraa Buzaid

Amal Hassan Osman

Salma Omar Elsaheed

Sara Babiker

Kholood Alsheikh

Baraa Salah Elden, Tobacco control

Ali Mikail Hassan

Sawasan Omar

Amira Mohamed, Partnership coordinator

Khadeega Hamada Mustafa, Planning

Bakheet Abdalla, MoH, Oader

Abdulrahman Mohamed, MoH, Kassala

Mohamed Hassan, MoH, Khartoum

Nashwa Abdelhaleem, MoH, Khartoum

Awad Mohammed, MoH, Khartoum

Seham Sabed Bushar, MoH, Khartoum

Huwaida Awad, MoH, Khartoum

Amira Abubaker Yahya, MoH, North Darfur

Abumedian Omar, MoH, Gazera

Abd Arraheem Salah Serr Alkhetm, MoH, Red Sea

Altayeb Basheer, MoH, MoH, Blue Nile

Azza Bakri Bala, MoH, River Nile

***Directorate of Health in All Policies***

Salwa Muddhir Ismail

Nagat Ahmed Mohamed

***Directorate of Diagnosis and Treatment***

Manal Abd Allah Alemam

Fatimah Alhasan Eissa

***Directorate of Electronic Information***

Rayan Ibrahim

Nawal Hasan Mohammed

***Directorate of Research***

Mariam Alhag Saber, IT, MoH, River Nile  
Anbdo Alrhiem Slah, IT

***Training Unit***

Islam Abdelrahman, Head

***Directortate of Environment***

Atifa Ali Ahmed, Monitoring and Evaluation  
Tamadur Moamed Salih, Quality  
Adaweya Hasan Albasheer, Environment

***Public Health Officers***

Salama Mohamed Eid, North state  
Azza Bakmi Bala  
Wadah Ali Swalkhtem  
Ebtehag Ahmed Adam, North Korofan  
Redwan Mohamed Elligar  
Ali Abdalla Ali  
Afraha Hamza Salih  
Ali Ahmed Adam  
Alaa Alhady Adam

**Parliament**

MP Emtasal Erayah Taha Eltrafee, Chairwomen of the Health, Environment, and Population Committee  
MP Altayeb Mohamed Elghazaly, Head of the Federal Affairs Committee  
MP Saleh Goma Mohamed, Vice Chair of the Health, Environment, and Population Committee  
MP Noora Abdalla Hasan, Member of Health Committee  
MP Nemat Mahdy Alsharif, Member of Health Committee  
MP Tarek Mohamed Elsheekh Saeed, Member of Health Committee  
MP Mohamed Alameen Ibrahim, Member of Health Committee  
MP Salah Hashem, Member of Health Committee  
MP Zuheir Ayoub Alfalaky, Member of Health Committee  
MP Bodoor Ibrahim Alwad  
MP Abd Arrahman Makki, Member of Health Committee  
MP Sameera Almalek, Member of Health Committee  
MP Altaher Abu Eissa, Member of Health, Environment, and Population Committee  
MP Abd Alla Mahmood Mohamed, Member of Industry, Trade, and Investment Committee  
MP Gadeen Good Allah, Member of Economic Committee

**Ministry of Finance**

Intesar Hamed Mohamed Othman

**Ministry of Interior**

Malek Ali  
Yasser Ali Hassan Ali

**Ministry of Development**

Ayat Ali Abd Allah  
Hadiha Abd Allah

**Ministry of Foreign Trade**

Layla Mohammed Bakir, Director of Trade Polciy

**Ministry of Education**

Amal Fath Allah Mabrook

**Ministry of Industry**

Ibtesam Othman Saleh

**Ministry of Justice**

Abd Arrahman Shawky Hussein Mohamed, Legal Consultant

**Ministry of Communication**

Babakr Ibrahim Altorabi

**Ministry of Agriculture**

?, Director of Statistics Unit and focal point of FAO

Mahasin Mohamed Saad, Director of Food Security Department

**Ministry of Youth and Sports**

Fakheldinn Fadlalla Ahmed

**Ministry of Cooperation**

Elham Ahmed , Director of Planning, Polices and Research

**Ministry of Information**

Alaa Adden Mohamed Aldiy

Samia Alsirag Ahmed

Widad Ahmed, Director of Scientific Development

**Measurements and Specifications Agency**

Salama Abd Alaziz

**Media**

Elnour Manny, Sudan TV

Elhassan Abdel Karim Abdalla, Sudan Radio and TV corporation

Amany Ismail Mahmood

Mohamed Mostafa Ali

Nawal Hussein Mohamed

Hafeya Elyas

**Institutions and academia**

Kamal Qasem Ashia, Associate Professor

Muna Abbas, Professor National University

Fatheyah Othman Makki, Nursing

**Nongovernmental organizations and civil society organizations**

Musa Awad, Health Promotion Society

Khateme Mohamed, Chest Specialists Society

Osama Mostafa, Red Crescent

Imam Adden Mohamed, Unioun of Nursing Specialists

Ibrahim Mohamed Hussein, Sudanese Council of Civil Society Organizations

Ahmed Badawi  
Somaya  
Salah Daak, Cancer control  
Mootaz Hassan Mohamed, Basma  
Soheir Ahmed, Hayah  
Amenah Sayed Ahmed, Psyciatry Society  
Mohamed Ahmed, Ana Sudan  
Azhari Abd Arrahim Abd Alkareem, Physcians Across Continents  
Rokia Aledressy, And Alaal Aledreesy Psychological Rehabilitation Society  
Ahmed Abd Allah Alhassan, Cessation specialist  
Marwa Abd Arrahman, Zain CSR coordinator  
Mona Abd Alla, Sudantel CSR

**UN Organizations and International Bodies**

Ms. Marta Ruedas, Un Resident and Humanitarian Coordinator

**Needs Assessment Mission Team**

**Convention Secretariat**

Dr. Carmen Audera-Lopez, Programme Manager  
Dr. Aya Mostafa, Consultant

**WHO Regional Office for the Eastern Meditteranean**

Dr. Fatimah El-Awa, Regional Advisor, Tobacco Free Initiative, Department of Prevention of Noncommunicable Diseases

**UNDP**

Elfatih Abdelraheem, Policy Specialist; HIV, Health and Development, UNDP Regional Office, Istanbul

**WHO Country Office in Sudan**

Dr. Naeema Algasseer, WHO Representative  
Dr. Kamran, Nutrition Program Director  
Dr. Sanaa Abdalaziz, National Professional Officer  
Dr. Mai Eltigani, National Professional Officer