

Joint needs assessment for implementation of the WHO Framework Convention on Tobacco Control in Suriname



Convention Secretariat

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Acknowledgements

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Table of Abbreviations and acronyms

BAVP	Buitengewoon Agent van Politie (Extraordinary Police officer)
BGVS	Bedrijf Geneesmiddelen Voorziening Suriname (Medicine Supply Company Suriname)
COP	Conference of the Parties
ECD	Economische Controle Dienst
EML	Essential Medicines List (NGK- Nationale Geneesmiddelen Klapper)
ENDS	Electronic Nicotine Delivery Systems
ENNDS	Electronic Non-Nicotine Delivery Systems
GSHS	Global School-based Health Survey
GYTS	Global Youth Tobacco Survey
IADB	Inter-American Development Bank
MOH	Ministry of Health
NCD	Noncommunicable diseases
NGO	Non-governmental organizations
NRT	Nicotine Replacement Therapy
PAHO	Pan American Health Organization ¹
PZS	Particuliere Ziektekostenverzekering Self Reliance (Private Health Insurance Self Reliance)
RGD	Regionale Gezondheids Dienst (Regional Health Services)
SZF	Staats Zieken Fonds (State Health Insurance)
TAPS	Tobacco advertising, promotion and sponsorship
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNMSDF	United Nations Multi-Country Sustainable Development Framework
UNRC	United Nations Resident Coordinator
VAT	Value Added Tax (Omzet belasting)
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

¹ The Pan American Health Organization is the international health agency for the Americas and the WHO Regional Office for the Americas. The abbreviation PAHO will be used throughout this report to refer to the WHO Regional Office for the Americas.

The WHO FCTC

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

The needs assessment exercise

- The first session of the COP (COP1) in February 2006 called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).²
- 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 for implementation, and any gaps in this regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- An initial step of the FCTC 2030 project, in which Suriname is a participant, is to conduct a needs assessment exercise which will serve as the basis for the identification of the priority areas of work for the country. The Convention Secretariat of the Framework Convention on Tobacco Control together with PAHO and UNDP had planned to conduct a joint needs assessment exercise during the FCTC 2030 inception mission to Suriname which was to take place in the week of the 30th of March 2020. Given the COVID19 pandemic the mission had to be cancelled. This needs assessment report has been prepared virtually with information gathered from different sources and conversations held with different actors.

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

Impact of tobacco use in Public Health

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

Prevalence of tobacco use from latest survey completed by 31 December 2020:

	Tobacco use		Tobacco smoking		Cigarette Smoking		Smokeless		E-cigs	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
ADULT (1)										
Male			34.0	25.5	34.0					
Female			6.5	4.4	6.5					
Total			20.1	14.9	20.0					

YOUTH (2)										
Male	17.1		16.1		12.8		1.7		7.4	
Female	7.3		7.0		5.3		0.6		4.6	
Total	11.7		11.1		8.7		1.1		5.9	

(1) Survey: STEPS Survey, 2013; National, ages 25-65³

(2) Survey: Global Youth Tobacco Survey, 2016; National, ages 13-15⁴

Exposure to tobacco smoke:

GYTS 2016, among children from 13-15 years found:

- 33.5% of boys and 36.5% of girls reported being exposed to tobacco smoke at home.
- 41.0% of boys and 44.0% of girls reported being exposed to tobacco smoke inside any enclosed public place.
- 36.6% of boys and 37.1% of girls reported being exposed to tobacco smoke at any outdoor public place.
- Some 47.1% boys and 38.5% girls reported seeing anyone smoking inside the school building or outside on school property.

Tobacco-related mortality:

Global Burden of Disease 2019:

In 2019, tobacco use caused an estimated 526 deaths in the country, or 12.04% of all deaths.⁵

³ <https://www.who.int/publications/m/item/2013-steps-country-report-suriname>

⁴ <https://www.who.int/publications/m/item/2016-gshs-fact-sheet-suriname> and <https://extranet.who.int/ncdsmicrodata/index.php/catalog/458/download/3605>

⁵ <https://vizhub.healthdata.org/gbd-compare/>

Milestones of tobacco control in Suriname

2006	ACT dated July 18, 2006, including further amendment of the Excise Duty on Tobacco and/or Cigarettes Act, 1967 (Bulletin of Acts and Decrees 1967, nr. 84, such as lastly amended by Bulletin of Acts and Decrees 2000, no.128) ⁶ .
2008	Suriname Ratified the WHO FCTC on 16 December 2008
2011	Law amendment S.B. 2011 no.130 regarding tobacco product excise duty ⁷
2013	State Gazette 2013 No. 39 Law of 20th February 2013, Containing Rules for Limiting the Use of Tobacco and Tobacco Products (Tobacco Law) (SB 2013 no. 39) ⁸
2013	Ministerial Order Regulations Smoke Free Environments and Restricting Sales to and by minors (S.B .2013 No. 82) ⁹
2013	Ministry of Health established a multisectoral Tobacco Control Bureau in 2013
2013	Ministerial Order Regulations Packaging and Labelling (S.B.2013 No. 207) (December 9, 2013 No. 4061/13) ¹⁰
2014	Order of the Attorney General, a list of fines defined for the violations of the Tobacco Law - paragraphs 1 to 4 of Article 22 (January 9, 2014 -No. SPG 42/14). ¹¹
2018	Ministerial Order of 03 May 2018 no. 1391, determining the adoption of a new set of health warnings ¹²

⁶ <http://fi-admin.bvsalud.org/document/view/z7tga>

⁷ <https://www.dna.sr/media/44883/S.B. 2011 no. 130 wijz. wet accijns tabaksprodukten.pdf>

⁸ <https://www.tobaccocontrollaws.org/files/live/Suriname/Suriname%20-%20Tobacco%20Act%202013.pdf>

⁹ <https://www.tobaccocontrollaws.org/files/live/Suriname/Suriname%20-%20Decision%20No.%201189%20%282013%29%20-%20national.pdf>

¹⁰ <https://www.tobaccocontrollaws.org/files/live/Suriname/Suriname%20-%20P%26L%20Rules.pdf>

¹¹ <https://www.tobaccocontrollaws.org/files/live/Suriname/Suriname%20-%20AG%20Decision%20on%20Fines%20-%20national.pdf>

¹² <https://assets.tobaccocontrollaws.org/uploads/legislation/Suriname/Suriname-Decree-No.-1391-2018.pdf>

	New set of health warnings included Dutch and English texts went into effect December 2018 (S.B. 2018 no.144) ¹³
	Suriname joined the FCTC 2030 project

¹³ <https://www.tobaccocontrolaws.org/files/live/Suriname/Suriname%20-%20Decree%20No.%201391%20%282018%29%20-%20national.pdf>

Executive summary

including key findings and recommendations

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is an international treaty negotiated under the auspices of WHO, which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. Since its adoption it has become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 182 Parties to date.¹⁴

Suriname signed the WHO FCTC on 24 June 2004 and ratified the WHO FCTC on 16 December 2008¹⁵.

Suriname has made good progress implementing tobacco control since becoming a Party in 2008. However, as identified during the needs assessment process, enforcement remains one of the main gaps. Also, some existing measures require strengthening to bring Suriname into full alignment with obligations under the Convention.

In 2020, Suriname became a participant in phase 2 of the FCTC 2030 project.¹⁶ As a first step in the FCTC 2030 project, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Suriname, the WHO FCTC Secretariat, PAHO and UNDP. The exercise consisted of an initial analysis of the country's status in relation to the implementation of the WHO FCTC which encompassed the country's most recent WHO FCTC implementation report, surveys, and other sources of information. Next, a joint team held a series of virtual meetings with the Ministry of Health, other relevant government ministries and agencies, international organizations, and representatives from civil society to identify their roles as well as perceived gaps and challenges faced in the implementation of the WHO FCTC in Suriname.

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

First, the WHO FCTC is an international treaty and therefore international law. Having ratified the WHO FCTC, Suriname is obliged to implement its provisions through national legislation, or other measures. 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 support internationally where appropriate to fully implement the Convention.

Second, the Convention requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. With support from the FCTC 2030 project, Suriname is developing a national strategy for tobacco control which has not yet been finalized or approved. It is recommended that Suriname finalizes the development the comprehensive national tobacco

¹⁴<https://fctc.who.int/who-fctc/overview/parties>

¹⁵ https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en

¹⁶ In 2016, the Government of the United Kingdom initiated the FCTC 2030 project to support low- and middle-income countries in implementing the FCTC to accelerate progress as part of the 2030 Agenda for Sustainable Development. Further support has since been provided by the Governments of Australia and Norway.

control strategy in line with the *Global Strategy to Accelerate Tobacco Control 2019-2025* and the recommendations of the needs assessment.

Third, the Convention requires the establishment of a focal point or a national multisectoral coordinating mechanism to coordinate its implementation. Suriname has previously instituted a coordination mechanism, but this is no longer active. Through support from the FCTC 2030 project, Terms of Reference for a new multisectoral coordination mechanism are currently under development. It is recommended that Suriname strengthens multisectoral cooperation for the implementation of the WHO FCTC by establishing a multisectoral coordination mechanism with a clear mandate, terms of reference, and operational procedures. Sustainable resources should be identified for its functioning. The participation of civil society participation in support of tobacco control in Suriname is also recommended, in line with WHO FCTC Article 4.7.

Fourth, Parties are required to adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. Tobacco control in Suriname is primarily regulated by the Tobacco Law (2013) which provides a strong regulatory basis. Although the Tobacco Law (2013) could be further strengthened to fully comply with the articles and guidelines of the WHO FCTC, the enforcement of existing tobacco control measures remains a major problem. It is recommended that Suriname review its legislation, make necessary amendments, and develop regulations where applicable to ensure full compliance with its obligations under the WHO FCTC, and recommendations made in relevant decisions of the COP, including to:

- Introduce requirements for licensing of manufacturers, wholesale distributors, importers, and retailers (or giving jurisdiction to the customs and revenue agencies to undertake work on this) in line with WHO FCTC Article 15.
- Include requirements to protect public health policies from commercial and other vested interests of the tobacco industry in line with WHO FCTC Article 5.3.
- Regulate the contents and emissions of tobacco products and related disclosures in line with WHO FCTC Articles 9 and 10.

It is also recommended that effective enforcement mechanisms are put in place. This would require finalizing administrative procedures for enforcement, building capacity among enforcement officers, and undertaking compliance building activities among stakeholders including retailers.

Fifth, 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 Tobacco Law (2013) does not include any measures on this issue and there are no additional regulations or ongoing programmes to address tobacco industry interference in the country. Suriname is encouraged to review current policies and legislation in light of the *Guidelines for the implementation of WHO FCTC Article 5.3*, and then address outstanding gaps by implementing the recommendations made in those guidelines. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

Sixth, increasing the price of tobacco through taxes is one of the most policy effective policy measures to decrease tobacco consumption, especially amongst young people. Excise tax rates in Suriname have remained unchanged since 2011, and total taxes currently represent just 26.53% of the retail price of the most-sold brand of cigarettes in Suriname (according to WHO, high level

implementation is for total taxes to represent at least 75% of retail price). It is recommended that Suriname increase specific excise tax on tobacco products at regular intervals, taking into account increases in both consumer prices (i.e., inflation) and household incomes, to lead to a reduction in the affordability of tobacco products. Suriname should aim to ensure that excise taxes account for 70% of retail price, as recommended in the *WHO Technical Manual on Tobacco Tax Administration* and reflected in the *Guidelines for Implementation of WHO FCTC Article 6*.

Seventh, Parties are required to develop and disseminate appropriate comprehensive, and integrated guidelines for tobacco dependence treatment and to implement effective tobacco cessation programmes. Suriname does not have a national cessation strategy or national treatment guidelines. Cessation support is not widely available in Suriname, and where it can be accessed, it is not cost-covered. NRT, while available without a prescription at most pharmacies, is not covered by many national insurance plans. It is recommended that Suriname design and implement a national programme to promote the cessation of tobacco use by integrating tobacco dependence treatment into primary healthcare, and by training all health professionals to provide brief advice on quitting to tobacco users. The Government of Suriname could also work to ensure broad access to low-cost medications for cessation, including by considering the bulk purchase of proven, cost-effective medicines for this purpose.

Eighth, illicit trade is a known problem in Suriname. It is recommended that Suriname joins the Protocol to Eliminate Illicit Trade in Tobacco Products and implements its provisions such as the implementation of a tracking and tracing system to secure the supply chain. In addition, cooperation and coordination on matters related to illicit trade both among governmental agencies in Suriname and through bilateral and multilateral channels should be enhanced.

Ninth, Parties are required to establish, as appropriate, programmes for national, regional, and global surveillance of tobacco consumption and exposure to tobacco smoke. The needs assessment found limited capacity for epidemiological surveillance of tobacco consumption and related social, economic, and health indicators in Suriname. Suriname should implement regular surveillance surveys. It is also recommended that Suriname strengthen national research capacity in coordination with competent regional and international organizations and conduct research that (a) investigates the determinants and consequences of tobacco use and exposure to smoke and (b) evaluates the effectiveness of existing tobacco control interventions to reduce tobacco use prevalence.

Tenth, Parties are encouraged to achieve the highest attainable standard of health through public education, communication, and training on tobacco control issues. While some public awareness-raising activities have occurred in the past, no significant media campaigns have been recently run and there is no strategy or long-term plan for such activity. Suriname is encouraged to include education, communication, and training on tobacco control issues in future national tobacco control strategies, such as including tobacco awareness and prevention in school curricula and through the use of digital technologies to maximize outreach across the country.

Eleventh, the United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly called the United Nations Development Assistance Framework (UNDAF), is the strategic planning and implementation instrument for UN development activities within countries. The current UNDAF Action Plan (2012-2016) does not address WHO FCTC implementation, despite evidence that WHO FCTC implementation is an accelerator for sustainable development. It is recommended that the Ministry of Health work with the WHO and other UN organizations at country-level, as well as other relevant government ministries to ensure that tobacco control is included in future UNSDCFs and other national sustainable development strategies.

Twelfth, each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes. The needs assessment found that current resources are insufficient to fully implement the Convention, and that resources are particularly lacking in the areas of compliance-building, inspection, and enforcement. It is recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control, possibly funded through tobacco tax.

Thirteenth, the Conference of the Parties has adopted eight sets of implementation guidelines, covering WHO FCTC Articles 5.3, 6, 8, 9 and 10, 11, 12, 13 and 14. The aim of the guidelines is to assist Parties in the implementation of the WHO FCTC and, therefore, in meeting the obligations under the Convention. The guidelines draw on the scientific evidence and the experience that Parties have with implementation. The COP also adopted a set of policy options and recommendations in relation to Articles 17 and 18 of the WHO FCTC. Suriname is strongly encouraged to follow these guidelines and policy options and recommendations in order to fully implement the Convention. Suriname should also give careful consideration to decisions made by COP and MOP relating to the implementation of the Convention at country-level.

Status of implementation, gaps, and recommendations

This section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, offers a review of the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Suriname. Recommendations on how the gaps identified can be addressed are also offered, with a view to supporting the country in meeting its obligations under the Convention.

Suriname ratified the WHO FCTC in 2008.

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

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

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

The Government of Suriname is encouraged to ambitiously implement effective, evidence-based tobacco control measures to protect present and future generations from the consequences of tobacco consumption and exposure to tobacco smoke.

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

No other agreements that might have an influence on implementation of the Convention were reported to the needs assessment team.

It is recommended that the Ministry of Foreign Affairs, International Business and International Cooperation, the Ministry of Finance and Planning, the Ministry of Economic Affairs, Entrepreneurship and Technological Innovation and relevant government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements are identified, it is recommended that the Government of Suriname communicate these agreements to the Convention Secretariat either as part of their next WHO FCTC implementation report or separately.

Article 4. Guiding Principles

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

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

Civil society organisations have played a role in tobacco control progress in Suriname. According to a report by the Healthy Caribbean Coalition on civil-society-led tobacco control advocacy in the Caribbean,¹⁷ inter-sectoral partnerships between key stakeholders, including civil society, were critical to the development and passage of Suriname’s tobacco control legislation in 2013. Civil society groups are reported to have advocated for the passage of the law by organizing and conducting media campaigns, community marches, press conferences, and parliamentary briefings, and prevented eleventh-hour interference by the tobacco industry and hospitality industry and attempts to halt passage of the legislation.

During the needs assessment team’s discussions with civil society organisations, it became clear that they were keen to continue to actively support the Government to further WHO FCTC implementation in the future.

Gap: Since the passage of the Tobacco Law (2013), civil society involvement in tobacco control has not been sustained.

It is recommended that the Government continues to foster the engagement and participation of civil society and academia in tobacco control policy development and implementation, given that the participation of civil society is essential in achieving the objective of the Convention and its protocols.

The establishment of a civil society coalition is also encouraged to mobilise and coordinate support for tobacco control. Civil society should be encouraged to promote implementation of the WHO FCTC in a comprehensive manner through offering technical expertise, monitoring the tobacco industry, cooperating in enforcement, raising awareness, and assisting in the development and delivery of educational programmes, as relevant.

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”*.

As part of the FCTC 2030 project, Suriname has undertaken to develop a new national multisectoral tobacco control strategy, accompanied by a two-year multisectoral action plan.

Suriname has integrated WHO FCTC implementation into other relevant national and sectoral plans and strategies. Tobacco control was included in the now-expired *National Action Plan for the Prevention and Control of Noncommunicable Diseases 2015-2020*.¹⁸ This plan called for a collective effort to prevent and control NCDs through the establishment of structured intersectoral cooperation with other ministries, private sector, and civil society. Addressing risk factors, including tobacco use, is one of the objectives of the plan. Under Objective 2.1, specific activities included:

¹⁷ <http://www.healthycaribbean.org/wp-content/uploads/2016/12/Civil-Society-Led-Tobacco-Control-Advocacy-in-the-Caribbean-Dec-2016.pdf>

¹⁸ https://www.iccp-portal.org/system/files/plans/SUR_B3_Document%201_NCD%20Action%20Plan.pdf

- Reduce tobacco use through implementation and enforcement of WHO FCTC compliant legislation
- Develop and implement tobacco-related public education programs.

At the time of the needs assessment, the Government was not able to confirm whether another NCD strategy plan would be developed.

Tobacco control is also included in the *National Cancer Control Plan 2019-2028*.¹⁹ Goal 1 of this Plan is to “reduce the incidence of cancer through primary prevention”, with an objective to reduce the number of people who develop cancer due to tobacco use and exposure to second-hand smoke. The following actions are set out to achieve this goal:

- 1.1.1. Monitor and evaluate tobacco-control legislation.
- 1.1.2. Develop a National Program for implementation and enforcement of tobacco control legislation.
- 1.1.3. Increase taxation on tobacco import and sales.
- 1.1.4. Increase health promotion activities, advocacy, smoking cessation services.

The *National Strategic Plan for Health and Wellbeing 2019-2028*²⁰ also addresses NCD risk factors including tobacco use.

Finally, *Suriname’s Development Plan 2017-2021*²¹ mentions that the country’s disease prevention policy will pay special attention to continuing information campaigns and other measures to promote healthy lifestyles and discourage risky behavior. The plan promotes a healthy population and emphasises encouraging behavioral change with regard to these risk factors: a) lack of exercise, b) unhealthy diet and c) smoking and excessive alcohol consumption.

Gap: While the Government has undertaken to publish a new comprehensive national tobacco control strategy, it has not yet been developed.

It is recommended that Suriname undertake the development of a comprehensive national tobacco control strategy in line with the WHO FCTC, Global Strategy to Accelerate Tobacco Control 2019-2025 and the recommendations of the needs assessment.

Suriname is also encouraged to move ahead with implementing the activities relating to tobacco control that are set out in the National Cancer Control Plan 2019-2028 and National Strategic Plan for Health and Wellbeing, and that tobacco control is included in future plans and strategies relating to health and sustainable development.

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

A national focal point for tobacco control has been established by the MOH within the NCD programme. Although most of the responsibilities of the tobacco control focal point relate to tobacco control, the official has other responsibilities within the NCD program including health promotion.

¹⁹ https://www.iccp-portal.org/system/files/plans/SUR_B5_s21_NCCP%20Suriname%202019-2028.pdf

²⁰ <https://gov.sr/wp-content/uploads/2022/08/strategisch-plan.pdf>

²¹ <http://www.planningofficesuriname.com/wp-content/uploads/2018/02/2017-2021-DEVELOPMENT-PLAN.pdf>

A national multisectoral coordinating mechanism was also established in the past, but it is no longer active. Support is being provided to Suriname as part of the FCTC 2030 project to reinvigorate the National Coordination Mechanism with clear Terms of Reference.

Gap: Suriname currently does not have a multisectoral coordinating mechanism to guide the implementation of the Convention.

It is recommended that a national coordinating mechanism, involving all relevant stakeholders is established with a clear mandate and sustainable funding. While the MOH should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff, time, and budget to support implementation of the Convention. Consideration should also be given to how civil society can contribute to the work of the national coordinating mechanism.

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”.

Suriname’s first tobacco control legislation was made in 1967, titled Law 84 of 1967, which imposes an excise duty on tobacco and/or cigarettes. This law has been amended numerous times, including in 2011 to increase excise duty on tobacco products by 50%.

Today, the primary law governing tobacco control in Suriname is the Law of 20 February 2013, Containing Rules for Limiting the Use of Tobacco and Tobacco Products (known as the Tobacco Law).²² The law contains provisions on:

- smoking in public places and workplaces;
- tobacco packaging and labelling;
- tobacco advertising, promotion and sponsorship (including corporate social responsibility activities);
- age of sale of tobacco to and by minors; and
- tobacco packaging (including a ban on the sale of cigarettes from open packs or packs containing less than 20 units).

The Tobacco Law also prohibits the import, distribution, and sale of electronic cigarettes and other products which are similar to or meant to be similar to tobacco and or tobacco products.

The current requirements for health warnings on tobacco packages are set out in the Decision of the Minister of Health of 9 December 2013 No. 4061/13.²³ Further decrees have been issued that introduce additional pictorial warnings.

Regarding enforcement, the law specifies that the Director of Health Services at the MOH is responsible for the enforcement of the Tobacco Law and is authorized to designate other people to do so when necessary. There is a system in place to increase enforcement capacity comprised of different ministries and government organizations (the Ministry of Justice, the districts commissioners, the Ministry of Economic Affairs, (Department of Economic Control (ECD) and Ministry of Labor (the labor inspectorate). The implementation of the “fast-law” system for the enforcement of the Tobacco Law was planned to be conducted in a similar way to the

²² <https://assets.tobaccocontrollaws.org/uploads/legislation/Suriname/Suriname-Tobacco-Act-2013.pdf>

²³ <https://assets.tobaccocontrollaws.org/uploads/legislation/Suriname/Suriname-PL-Rules.pdf>

enforcement of traffic law offences. However, the forms for the “fast-law” system on tobacco offences (‘snelrecht formulieren’) had yet to be approved by the Public Prosecutor’s Office at the time the needs assessment was conducted.

In addition to the police, other organisations that have responsibility for enforcement as ‘extraordinary police officers’ (“Buitengewoon Agent van Politie “BAVP’ers”) include the Customs Agency (for the control on the imports), District Commissioners (for overseeing permits and enforcement of articles of the Tobacco Law), Ministry of Economic Affairs (specifically, officers from the Department of Economic Control), and Ministry of Labor (specifically, labor inspectors). To increase the enforcement capacity, the MOH Bureau of Public Health’s environmental inspectors are also appointed as extraordinary police officers and have been trained in enforcement of tobacco control legislation.

Gaps:

1. The 2013 Tobacco Law is not fully compliant with the WHO FCTC in a number of areas, including:
 - regulation of contents and disclosure of tobacco products and their emissions (Articles 9 and 10);
 - licensing of tobacco manufacturers, distributors, importers, and retailers (Article 15); and
 - measures to prevent tobacco industry interference in tobacco control policies (WHO FCTC Article 5.3 and implementation guidelines).
2. There is insufficient enforcement of the ban on tobacco industry sponsorship, and smoking in enclosed public spaces, workplaces, and public transportation. Additionally, there was limited enforcement of smoke-free signage requirements at the time the needs assessment was conducted.
3. Enforcement arrangements, including the “Snelrecht formulier” proforma that needs to be used by enforcement officers, and the specification of levels of fines for offences were pending at the time of the needs assessment.

It is recommended that Suriname reviews its tobacco control legislation and considers amendments to bring its legislation into full compliance with obligations under the WHO FCTC. Amendments to be considered include:

- ***Licensing of tobacco manufacturers, wholesale distributors, importers and retailers, or giving jurisdiction to the Customs and Revenue Agencies to implement these measures.***
- ***Implementation of WHO FCTC Article 5.3 to protect public health from commercial and other vested interests of the tobacco industry, including recommendations in the Article 5.3 implementation guidelines.***
- ***Regulation of contents and disclosure of tobacco products and their emissions as set out in WHO FCTC Articles 9 and 10 and implementation guidelines.***

It is also recommended that compliance-building and enforcement of the Tobacco Law be strengthened, and that sufficient human and financial resources are allocated to these critical tasks.

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*”.

A resolution made by the World Health Assembly in 2001, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that “the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic”.²⁴ The Preamble of the WHO FCTC recognizes that Parties “need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts”.

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*”.

Suriname has a law called the Personeelswet (1962)²⁵ that currently serves as a code of conduct for civil servants. In 2009, a new code of conduct for Civil Servants was drafted²⁶ but not yet adopted as part of a project conducted by the Government of Suriname, with support from UNDP and civil society entitled “Support for Implementing the Policy Plan for Protection of Legal Rights and Safety”. No mention was made in this 2009 plan of the obligations in Article 5.3 of the WHO FCTC. The 2009 code of conduct for civil servants was similarly drafted but not yet adopted.

A workshop took place from 9-10 November 2017 to sensitize government officials on tobacco industry interference and implementation and enforcement of WHO FCTC Article 5.3.²⁷ Participants included representatives from government ministries including Health, Finance, Trade, Industry, Justice and Police, Education, and Labour. The workshop aimed to assist participants to identify tobacco industry interference, discuss the role of different government agencies and ministries in implementing Article 5.3, and promote the development of a code of conduct or ethics for public officials to foster transparency and prevent tobacco industry interference in policymaking and implementation. The workshop resulted in a number of recommendations, including that the Personeelswet should be examined by the Ministry of Home Affairs to assess whether it could serve as the basis for a code of conduct in line with Article 5.3, propose any amendments needed, and to elaborate a process for making the amendments. However, at the time of the needs assessment, no further progress had been made in this respect.

Gaps:

1. Article 5.3 is not covered in national legislation
2. There are no policies in place to limit interactions between government stakeholders and the tobacco industry, or to ensure transparency where interactions occur.

It is recommended that Suriname scales up action to protect the country’s public health policies from the commercial and other vested interests of the tobacco industry. Suriname is encouraged to review current policies and legislation in light of the Guidelines for

²⁴ 54th World Health Assembly resolution WHA54.18 ‘Transparency in tobacco control process’ made in 2001:

https://apps.who.int/gb/archive/pdf_files/WHA54/ea54r18.pdf

²⁵ <https://www.dna.sr/media/15979/Personeelswet.pdf>

²⁶ https://untobaccocontrol.org/impldb/wp-content/uploads/suriname_2018_annex-5_Code_of_conduct_for_government_officials.pdf

²⁷ https://untobaccocontrol.org/impldb/wp-content/uploads/suriname_2018_annex-4_Report_on_sensitization_workshop_on_tobacco_industry_interference_art_5.3_2017.pdf

implementation Article 5.3 of the WHO FCTC and the report of the 2017 tobacco industry interference workshop, and then address outstanding gaps by implementing the recommendations made. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

Suriname should consider developing a national plan for implementation of Article 5.3, as which could form an element within a new comprehensive national tobacco control strategy.

Further, the development of programs by MOH to regularly raise awareness among public officials and agencies on how to comply with WHO FCTC Article 5.3 in practical terms is also recommended.

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

Suriname did not participate in third or seventh sessions of the COP. Suriname has not participated in any the working groups established by the COP.

It is recommended that Suriname continue to cooperate and participate actively in intergovernmental processes that will support the global and national implementation of the Convention, the Protocol to Eliminate Illicit Trade in Tobacco Products, and other instruments adopted by the COP. Suriname could also consider participation in relevant working or expert groups when established 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”.

PAHO has provided technical cooperation and financial support for tobacco control activities and capacity building initiatives. Suriname has not received bilateral funding specifically for the implementation of the WHO FCTC.

The Health Services Improvement Project, SU-L1054²⁸ is currently underway in Suriname, financed by the IADB. The project aims to contribute to the reduction of the burden of both non- and communicable disease in Suriname by improving access to high quality, integrated primary care services (that includes the control of risk factors) and enhancing the effectiveness of the health sector to address priority epidemiological challenges.

Suriname is also currently receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as an FCTC 2030 project country.²⁹

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”.

Suriname has received funding from the Convention Secretariat (through the FCTC 2030 project).

²⁸ <https://www.iadb.org/en/news/suriname-improve-health-services-delivery-idb-support>

²⁹ <https://fctc.who.int/who-fctc/development-assistance/fctc-2030>

The needs assessment mission will provide an overview of gaps and recommendations for priority actions for WHO FCTC implementation. The needs assessment can serve as the basis for future requests to international and regional intergovernmental organizations for technical or financial assistance towards tobacco control.

It is recommended that Suriname continue to seek opportunities for expanded support for tobacco control measures and implementation of the Convention in line with Suriname's obligations under Article 5.6.

Article 6: Price and tax measures

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

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

The price of the most sold brand of cigarettes (standardized to a pack of 20) is SRD 45.00 (WHO's estimate for 2020).³⁰ This is equivalent to 10.10 international dollars (purchasing power parity adjusted). In US dollars (at official exchange rates at the time of the needs assessment), the price was US\$ 6.03.

Suriname has a uniform specific excise tax system. The excise tax on tobacco products is set in US dollars, rather than in Surinamese dollars, and the level of excise tax has remained unchanged since 2011. The Law S.B. 2011 no. 130 (Art.I.1) sets the amount-specific excise tax rates as follows:

- US\$ 66 per 1000 cigarettes,
- US\$ 66 per 500 cigars and cigarillos,
- US\$ 66 per kg of other tobacco products

The fact that Suriname sets the excise tax in terms of U.S. dollars rather than in terms of local currency is unique. Given that Suriname has experienced bouts of high inflation, this is an appropriate strategy to adopt if the excise tax structure is a specific tax. The underlying presumably assumption is that the SRD will depreciate against the US dollar when there is relatively high inflation. Over an extended period of time this is correct. Specifically, 66 USD was equivalent to 218 SRD in 2014, 476 SRD in 2016, 493 SRD in 2018, and 493 SRD in 2020.

However, there are periods when the exchange rate is kept artificially stable, even though there is high inflation. In such situations, as happened during 2018 and 2019, the real value of the excise tax in SRD terms decreases. Expressed in constant 2020 prices, the real value of excise tax was 665 SRD in 2014, 875 SRD in 2010, 693 SRD in 2018 and 492 SRD in 2020 (all numbers refer to 1000 cigarettes).

High inflation and a volatile exchange rate have resulted in substantial volatility in the real value of cigarette taxes in Suriname. Between 2010 and 2016 the real value of the excise tax has generally increased with the result that the retail price of cigarettes was increasing as well. In 2018

³⁰ https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_suriname.pdf?sfvrsn=ee3d16f4_5&download=true

and 2020 the real value of the excise tax has decreased. However, the tobacco industry has substantially increased the net of tax price after 2016 with the result that the real retail price of cigarettes kept increasing. It is clear that the tobacco industry was increasing its profit per cigarette stick. While this may be good for public health, because higher prices depress the demand for the product, it is bad for the fiscus because the government is receiving less revenue than it could have received.

The nominal price of the most sold brand of cigarettes has increased substantially in the period under observation (9 SRD in 2014, 17 SRD in 2016, 25 SRD in 2018, and 45 SRD in 2020). The most sold brand of cigarettes in Suriname is imported from Trinidad and Tobago and therefore its price is linked to the SRD-TTD exchange rate. During this period, the SRD devaluated with respect to TTD. In 2014, 1 TTD was equivalent to approximately 0.5 SRD and in 2020, 1 TTD was approximately 1.97 SRD. While the depreciating SRD clearly impacted on the retail price of cigarettes in Suriname, the actions of the industry increased the retail price of cigarettes even more. Expressed in constant 2020 prices, the retail price of the most sold brand (i.e., the real retail price) increased from 27.50 SRD in 2014, to 31.26 SRD in 2016, to 35.24 SRD in 2018, and to 45.00 SRD in 2020.

Total taxes, expressed as a percentage of the retail price of the most sold brand, comprised 26.53% in 2020. The specific excise accounts for 21.88% of the price, and the value-added tax (VAT) for 4.65%. This percentage is substantially below the 75% total tax burden that is proposed as the minimum by the WHO. The total tax burden percentage has decreased sharply since 2012 when it comprised more than 60% of the retail price. The reason for the sharp decrease in the excise tax burden is because the tobacco industry in Suriname has substantially increased the net of tax price during this period. The tobacco industry pricing strategy has been more dynamic than the government's excise tax strategy over the past decade, and especially since 2016.

Taxes are not automatically adjusted for inflation in Suriname and there is no minimum price policy implemented.

No earmarking of tobacco taxes for health has been reported.

Tax stamps are required for cigarettes but not for other tobacco products.

Gaps:

1. The tax share of retail price is currently 26.53%, which falls well below the 75% level recognized as a high level of achievement in the *WHO Report on the Global Tobacco Epidemic*. Excise taxes comprise just 21.88% of price, which also falls below WHO's recommendation that governments have an excise tax that represents at least 70% of the retail price of tobacco products.
2. Other best practices remain to be implemented, such as automatically adjusting taxes for income growth and inflation.

It is recommended that Suriname increase the amount of specific excise tax on tobacco products at regular intervals, considering increases in both consumer prices (i.e., inflation) and household incomes, thereby decreasing the affordability of tobacco products. Suriname should aim to ensure that excise taxes account for 70% of retail price, as recommended in the WHO Technical Manual on Tobacco Tax Administration and reflected in the Guidelines for Implementation of WHO FCTC Article 6. The Government could consider earmarking revenues from excise taxes to fund health promotion and prevention programmes.

Given prevailing economic factors, Suriname should maintain its policy of setting tobacco excise tax in terms of U.S. dollars rather than in terms of local currency.

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”.

As reflected in Appendix IV of the Order of the Minister of Finance of 15 July 1998 (La.B.no. 1739) establishing "Conditions and Provisions for Total or Partial Exemption from Import Duty" (S.B. 1998 no. 60), Suriname has restricted the importation by international travelers entering Suriname to 200 cigarettes or 20 cigars or 200 cigarillos or 500 grams of tobacco products.

Gap: Tobacco products can be purchased duty-free at shops in airports in Suriname.

It is recommended that Suriname considers further prohibiting or restricting, as appropriate, duty-free allowances of tobacco products for international travellers.

Article 6.3 requires that Parties shall “provide rates of taxation for tobacco products ... in their periodic reports to the Conference of the Parties, in accordance with Article 21”.

Suriname has provided this information in its regular WHO FCTC implementation reports and has therefore met the obligations under Article 6.3.

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

Article 8: Protection from exposure to tobacco smoke

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

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

In Suriname, according to Article 3 of the Tobacco Law, smoking is prohibited in:

- Public and private working spaces, offices, and office buildings.
- Government grounds, including all government buildings and offices used for the executions of proceedings or activities, directly or indirectly, in connection with governments functioning.
- Cafés, discotheques, clubs, cafeterias, pubs, bars, lounges, and restaurants including all spaces that are contributing and/or part of these facilities functioning.
- Buildings and spaces of educational institutions of all levels and childcare institutions.
- Elderly homes and all other spaces that are part of or operate in conjunction with the facility.

- Industrial estates, including all public and private facilities which are in use by any kind of industrial or commercial activity or services.
- Factories, storage areas and warehouses.
- Health care facilities, clinics, and hospitals.
- Hotels, motels, guesthouses, and all other accommodation facilities.
- Public transport terminals, including seaports, river ports, airports, train- and bus stations and waiting rooms.
- Airplanes, helicopters, busses, trains, taxis, boats, and all other means of public transportation.
- Small commercial establishments, including shops, markets, market squares, and shopping malls.
- Public and private owned spaces rented for public events.
- Cinemas, theatres, concert halls, casinos, and all other places meant for indoor amusements.
- Museums, libraries, district centres, recreation centres, and halls.
- Spaces for sport, education, and recreation.

Article 4 of the Tobacco Law states that employers are obligated to take the necessary actions which result in making smoke-free spaces where employees can work. The same obligation applies to the owners of public transportation services to undertake actions resulting in smoke-free public transportation services.

Both employers and owners of public transportation services are responsible for compliance with the smoke-free requirements, including placement of signs in visible locations where the smoking is prohibited, and for ensuring that no ashtrays are provided in smoke-free places.

Level of Enforcement:

Despite the requirement for smoke-free public and workspaces, the 2016 Global Youth Tobacco Survey (GYTS) indicated that among young people aged 13-15 years, some 41% of boys and 44% of girls reported being exposed to tobacco smoke inside an enclosed public place. This high percentage of young people being exposed to tobacco smoke is an indication that gaps remain in the implementation of WHO FCTC Article 8. The *WHO report on the global tobacco epidemic 2021*³¹ found that compliance with smoke-free laws in Suriname was somewhat low, with poor compliance especially in hospitality venues, indoor offices and government facilities.

Environmental inspectors from the MOH Bureau of Public Health are responsible for enforcement of the smoke-free law. These inspectors are sworn in as extraordinary police officers (Buitengewoon Agent Van Politie, or BAVPers). At the point the needs assessment was conducted, official forms used to register offences and impose fines for violations ('snelrecht formulieren') have not been approved and must be finalised before any enforcement activity can be effectively conducted. Likewise, levels of fines for smoke-free offences are under review. At the time of the needs assessment, people who are found to not be complying with the smoke-free law receive a written warning as fines cannot yet be issued.

Gaps: Some key enforcement arrangements, including specification of levels of fines and necessary forms, require finalization. The current list of fines only includes offences by individuals and not by those in control of smoke-free premises, such as owners of businesses, restaurants, or

³¹ <https://apps.who.int/iris/rest/bitstreams/1359088/retrieve>

operators of public transport. Enforcement will be more effective if responsibility for ensuring that enclosed work and public places is widened.

It is recommended that Suriname continue to undertake compliance building activities to raise awareness about which work and public places are required to be smoke-free. Enforcement arrangements also need to be finalized, including levels of fines for offences and the specification of necessary forms.

It would also be useful to continue to undertake communications activities to remind people about the risks of secondhand smoke, particularly from smoking in the home.

Article 9 on Regulation of the contents of tobacco products and Article 10 on Regulation of tobacco product disclosures

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

The partial guidelines for the implementation of Articles 9 and 10³² adopted by the COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

Gaps:

1. Currently, there are no measures in place in Suriname that regulate the contents and emissions of tobacco products.
2. There are no requirements for the testing and measuring of contents and emissions of tobacco products. No laboratories have been designated for testing tobacco products.

It is recommended that Suriname implements measures for the testing and measuring of the contents and emissions of tobacco products, and for the regulation of these contents and emissions. The partial guidelines for the implementation of Articles 9 and 10 should be reviewed, and implementation gaps addressed.

Suriname should regulate, by prohibiting or restricting, ingredients that may be used to increase palatability in tobacco products, such as menthol.

It is also recommended that Suriname assesses the arrangements for testing, either by developing domestic testing capacity or utilizing capable laboratories in the region. The tobacco industry should bear the costs of meeting testing requirements.

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

³² https://fctc.who.int/docs/librariesprovider12/meeting-reports/partial-guidelines-for-implementation-article-9-10-en.pdf?sfvrsn=1ee182e4_31&download=true

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”.

Currently, there are no policy or legislative measures related to this Article of the Convention in Suriname.

Suriname should legally require manufacturers and importers of tobacco products to disclose information about the contents and emissions of tobacco products, in accordance with the recommendations made in the partial guidelines for the implementation of Articles 9 and 10. It is further recommended that Suriname enables public access to information submitted by the tobacco industry.

Article 11: Packaging and labelling of tobacco products

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

Article 11 is one of the time-bound articles of the Convention, which carries with it a deadline of three years for implementation of specific measures.

The Tobacco Law requires that smoked tobacco product packaging have combined picture and text warnings that cover at least 50% of the front and back of the packaging, on the upper portion of the package.

For conical packages, warnings must cover at least 50% of the surface area, in a rectangular format. Warnings must also be printed on any inserts or onserts, and warnings must be placed in such a manner, that the reading of health warnings and messages is not obstructed.

The Tobacco Law also prohibits the:

- a) display of qualitative or quantitative statements on tobacco and/or tobacco product packaging and labeling on tobacco constituents and emissions that might imply that one brand is less harmful than another, including but not limited to the quantitative amounts of tar, nicotine, and carbon monoxide of which tobacco or tobacco product exists, nor qualitative statements of this nature;
- b) display of figures on emission yields including tar, nicotine and carbon monoxide on packages of tobacco and/or tobacco products; and
- c) promotion of tobacco and/or tobacco products by any means which can give a misleading or wrong impression about the product characteristics, health effects, dangers, or emissions, including graphical indications, description or other sign which directly or indirectly raises a wrong impression that tobacco and/or a particular tobacco product is less harmful than another.

The Tobacco Law specifies that the cost of implementing these requirements regarding tobacco product labelling and packaging must be borne by the tobacco industry. Powers exist for the Government to make further regulations concerning health warnings on the packaging, labelling of tobacco products and the way tobacco products are offered. Accordingly, the Minister of Health approved decision No. 4061/13 in 2013, providing detailed rules on the packaging and labelling of cigarettes. Specifications for six graphic health warning to be used, and the size, placement of the warning depending on the type of package, and rotation time of 18 months for

the health warnings are also set out.

The Minister of Health approved decree no. 1391 in 2018, adopting a new set of six health warnings. In December 2018, Suriname implemented a second round of health warnings in English and Dutch languages.

Gaps:

1. There are no requirements for tobacco packaging to contain information about relevant constituents and emissions of tobacco products.
2. Pictorial health warnings did not undergo any significant pre-market testing prior to their introduction.

Given the evidence that the effectiveness of health warnings and messaging can increase with their size, consideration should be given to further increasing the size of the health warnings on tobacco packaging.

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

It is also recommended that Suriname undertakes pre-market testing and evaluation prior to the implementation of new health warnings in the future to identify warnings with maximum impact and salience.

Additionally, the government should consider requiring the inclusion of qualitative information about tobacco constituents and emissions on tobacco packaging.

Information about tobacco cessation could also be included on tobacco packaging, such as the contact details for a national quit line once it is established.

Article 12: Education, communication, training and public awareness

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

The Tobacco Law, in Article 19, entrusts a bureau to be established by order of the Minister of Health with responsibility for developing and implementing projects, programs and trainings aimed at discouraging smoking, supporting smokers where necessary, and increasing public awareness of the risks associated with tobacco consumption and exposure to tobacco smoke. The bureau was not in operation at the time of the needs assessment.

Suriname has not recently aired a national mass-media campaign warning about the dangers of tobacco use or to promote quitting. At the time of the needs assessment no campaigns are planned, nor has any form of communication strategy been developed.

Some awareness-raising activities have occurred in the past. According to the most recent GYTS in 2016, 62% of students reported noticing anti-tobacco messages in the media and 40% of students who went to a sporting or community event noticed anti-tobacco messages at these places. Over 50% of students indicated that they were taught about the dangers of tobacco use in school in the past 12 months.

Gaps:

1. Action plans for the implementation of education, communication, and training activities as part of a comprehensive multisectoral tobacco control strategy have not been established and the mandates of relevant ministries, government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined.
2. There are only limited training, sensitization, and media awareness programmes on tobacco control for the general population and programmes for key target groups, such as healthcare professionals and the media could be established.
3. There is no systematic collection of information on the tobacco industry and no public access to such information.

It is recommended that education, communication, and training are included in any future national tobacco control strategy and that adequate resources are allocated to implement effective education and public awareness on the consequences of tobacco use and to promote quitting. Consideration should be given to include tobacco-related education, communication, and training as part of school curricula, and through the use of digital technologies to raise health literacy about tobacco use. Free airtime should be sought from national radio and television stations for the broadcasting of messages aimed at raising awareness of the Tobacco Law and preventing tobacco use, exposure to tobacco smoke and quitting.

It is also recommended that the Ministry of Health and all stakeholders involved in education, communication, and training make efforts to pre-test and rigorously research and evaluate the impact of their activities to achieve best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the Ministry of Health works closely with other stakeholders to implement media campaigns and increase its effectiveness.

Action to further increasing public awareness of the law will contribute to better compliance with the tobacco control legislation, especially programmes focussed on increasing knowledge among retail and hospitality stakeholders.

Article 13: Tobacco advertising, promotion and sponsorship

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

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

of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21”.

At Article 5, the Tobacco Law comprehensively bans TAPS including:

- a. Audio, visual and audio-visual means;
- b. Any printed forms including newspapers, magazines, pamphlets, folders, flyers, letters, billboards, posters, marker boards or any other printed publications;
- c. All television broadcasts or broadcasts existing of land- or satellite- transmissions, all games including computer games, video games or online games;
- d. All other digital communication platforms, including computers and mobile phones;
- e. Stage arts and music performances;
- f. The use of brand elements in amusement venues, small commercial establishments or on vehicles or equipment;
- g. Exposition of tobacco and or tobacco products or tobacco elements at all tobacco selling points, by using for example marker boards, displays, or other promotion equipment;
- h. Internet or any other digital medium;
- i. Promotion including informative material, as direct mail, telemarketing, surveys for customers or research; and
- j. Any other form of direct or indirect tobacco advertisement, promotion or sponsoring.

Article 6 of the Tobacco Law deals with product placement, brand stretching and brand sharing, setting out that it is prohibited for anyone to:

1. Promote or advertise tobacco and/or tobacco products, directly or indirectly, irrespectively if these products have a brand name, in any broadcast program, television program, film, video or digital recording, television broadcast or other electronic medium for which the producer or any other person related to the broadcast, transmission or any other electronic medium, receives payment or any other compensation in exchange for advertisement or promotion for tobacco and/or tobacco products or tobacco elements;
2. Use or let use any tobacco trademark, logo, brand name or other tobacco element with the aim of advertising, promoting, selling or disseminating any tobacco product, service, activity or event; and
3. Use or let the use of any brand element, emblem, trademark, logo or trade name or any other distinctive characteristic, including distinctive color combinations, graphical design, symbols, mottos, selling message, prints, fonts or any other symbol or product identification of any non-tobacco product or service with the aim of advertising or promoting tobacco and/or tobacco products, or producers of tobacco and/or tobacco products.

Article 7 of the Law prohibits free distribution, the distribution of tobacco products at a reduced price or as part of a promotion, and prohibits the provision of products, discounts, or other kinds of rewards to people who purchase tobacco products.

Article 8 of the Law covers ‘socially responsible entrepreneurship’ and prohibits tobacco companies from providing any contribution, financial or other, to any individual or organization, or a campaign, service, activity, action, program, project or any other happening in the name of tobacco and/or a specific tobacco product.

Level of Enforcement

While the 2021 WHO Report on the Global Tobacco Epidemic gives Suriname a high score for enforcement of its tobacco control legislation (9 out of 10, where 10 is the highest level of compliance), data from the 2016 GYTS suggests that youth exposure to TAPS remains an issue with 35.3% of students reporting that they noticed tobacco advertisements or promotions when visiting points of sale and 16.2% of students reporting owning something with a tobacco brand logo on it. Furthermore, 5.8% of students reported that they have been offered a free tobacco product from a tobacco company representative before (7.2% of boys and 4.7% of girls).

Gaps:

1. The depiction of tobacco use or tobacco products in the media is not currently prohibited by the Tobacco Law.
2. Monitoring and enforcement of the Tobacco Law needs to be improved. The needs assessment identified that there are very limited resources for enforcement, and enforcement processes and arrangements are not yet finalized.
3. There are no requirements for disclosure to the Government by the tobacco industry of their advertising, promotion and sponsorship activities or expenditures.

It is recommended that Suriname review the current Tobacco Law against the recommendations made in the Implementation Guidelines for WHO FCTC Article 13 and close any remaining gaps for TAPS, including on the depiction of tobacco in the entertainment media.

Additional resources should be dedicated for compliance building and enforcement activities, and clear processes and arrangements must be finalised to allow enforcement activities to take place.

Consideration should also be given to establishing requirements for the tobacco industry to disclose to the Government its activities and expenditures related to TAPS.

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

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

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

Suriname has not yet implemented any measures to ban cross-border TAPS entering its territory or controlling internet sales of tobacco.

Gaps – The Tobacco Law does not explicitly prohibit cross-border TAPS in international media such as TV, radio, magazines or newspapers that enter the country.

It is recommended that Suriname closely monitor the implementation of the Tobacco Law to ensure a complete ban on TAPS including internet tobacco sales, contributions from the tobacco

industry and importers in the form of “socially responsible” activities. It is further recommended to review legislation and consider amendments to explicitly ban cross-border TAPS entering into or originating from Suriname.

Article 14: Measures concerning tobacco dependence and cessation

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

Gaps: Suriname has not developed national guidelines to promote cessation of tobacco use. There are plans to develop cessation guidelines as part of the support offered from the FCTC 2030 project.

It is recommended that Suriname develop and disseminate national guidelines on tobacco dependence treatment, including a national cessation strategy and national treatment guidelines. Suriname should refer to the recommendations in the implementation guidelines for WHO FCTC Article 14 when designing and developing its own guidelines, while also taking into account national circumstances and priorities.

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

Suriname does not have any ongoing programmes for tobacco dependence treatment. Cessation services are available at some community locations throughout Suriname, though not in hospitals, health clinics or the offices of other health professionals. What support is available is not cost-covered.

In 2019, a PAHO “train the trainer” workshop was conducted to strengthen programs for supporting cessation of tobacco use at the primary healthcare level. Participants were from Regional Health Services, Medical Mission and the addiction care unit of the Psychiatric Centre Suriname. However, no subsequent trainings have been conducted to follow-up and increase the capacities of healthcare professions in primary care settings to provide cessation advice or support.

NRT (including nicotine patches, gum, lozenges, sprays, or inhalers) are available in pharmacies without a prescription. However, it is reported that supply can sometimes be intermittent. NRT is not on the country's essential drugs list and not on the list of the main insurance companies such as the State Health Insurance (SZF), PZS or Assuria and, therefore are not cost-covered for people making a quit attempt. The PZS insurance company's highest-priced insurance package did not cover the cost of NRTs at the time of the needs assessment. Other stop smoking medicines including Bupropion (brand names including Zyban and Wellbutrin) and Varenicline (brand names Champix and Chantix) are not available in Suriname.

Among young people, according to the GYTS 2016, some 39.5% of current tobacco smokers (41.9% of boys and 35.5% of girls) reported that they had received help and/or advice from a program or professional to stop smoking.

Gaps:

1. Suriname currently lacks a comprehensive and integrated national program on tobacco dependence treatment.
2. It is not mandatory to record tobacco use in medical history notes.
3. Health workers at primary health care level have not been trained and mobilized to provide cessation counselling and brief cessation advice.
4. Tobacco dependence treatment is not included in the academic curriculum at medical, dental, nursing and pharmacy schools.
5. There is no established national quit line for tobacco.
6. NRT, while available, is not cost-covered.
7. NRT is not on the country's essential drugs list

It is recommended that the Ministry establish a national tobacco cessation programme in line with Article 14 of the WHO FCTC and its guidelines for implementation. A national programme to promote the cessation of tobacco use should seek to integrate tobacco dependence treatment into Suriname's primary healthcare system. Establishing a national quit line and offering web-based cessation support should be considered.

Effective NRT and other pharmacotherapies should be made available in Suriname free or at an affordable cost. The WHO Model List of Essential Medicines includes pharmacotherapies for tobacco cessation that should be considered.³³ Medical insurance companies should also be encouraged to promote quitting, including by reimbursing quitting medicines.

It is recommended that Suriname capacity for those who will provide cessation support and brief advice to quit through provision of training. Tobacco control and tobacco cessation should be incorporated into the curricula of all healthcare professionals and other relevant occupations, and the Ministry of Health could also consider collaborating with relevant professional organizations to develop and offer training modules for cessation.

It is further recommended that the Ministry of Health, in collaboration with relevant stakeholders, ensure that the recording of tobacco use status is mandatory in all medical and patient other notes.

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”.

³³ <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02>

Illicit trade in tobacco is reported to be a problem in Suriname. While industry estimates have suggested illicit tobacco represents as much as 80% of the market, rough estimates by independent academics suggest it could be as high as 50%.³⁴ Counterfeit and contraband cigarettes can enter the country through clandestine ports in locations unknown to customs authorities and police, as well as through the country's main port in Paramaribo.³⁵ To date, other than newspaper reports, there is no documented evidence of the extent of the illicit tobacco trade in Suriname.

Article 15 of the Tobacco Law deals with Illicit Trade in tobacco and/or tobacco products and classifies engaging in illicit trade as a crime in Suriname that is punishable by law. In addition, the Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol) provides an additional legal instrument to reduce supply of illicit tobacco. Suriname has not become a Party to the Protocol to date.

Suriname requires that all packets and packages of tobacco products and any outside packaging of such products are marked to assist in determining the origin of tobacco products. This requirement is achieved through the use of special excise stamps. According to the Regulations made under Suriname's economic crimes law (*Wet Economische Delicten, S.B. 1986 no. 20*) and anti-smuggling law (*Wet tegengaan smokkelen, S.B. 1990 no. 54*), illicit tobacco products must be confiscated.

Entities responsible for implementing measures to address illicit trade include a cross-government Special Excise Stamp Control Unit comprised of the Ministry of Finance (Customs Agency); Ministry of Economic Affairs, Entrepreneurship and Technological Innovation (Department of Economic Control); the Ministry of Justice and Police (Anti-fraud Division). In addition, a prosecutor from the Public Prosecution Office is appointed for cases relating to illicit tobacco.

Gaps:

1. Suriname is not yet a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products.
2. Suriname does not have a tracking and tracing system in place to secure the tobacco supply chain and assist in the investigation of illicit tobacco.
3. There is no licensing system for the manufacture, import, distribution and retail of tobacco products.

It is recommended that Suriname considers joining the Protocol to Eliminate Illicit Trade in Tobacco Products and move ahead with the implementation of the measures in the Protocol.

Regardless of whether Suriname joins the Protocol, consideration should be given to introducing legislative and administrative measures to address gaps and fulfil obligations under Article 15 of the WHO FCTC, including development of a practical tracking and tracing system, and a licensing system for manufacturers, importers, distributors, and retailers of tobacco products, among other measures.

³⁴ <https://commerce.uct.ac.za/reep/articles/2022-09-23-knowledge-hub-supports-officials-suriname-tobacco-taxation>

³⁵ <https://www.undp.org/sites/g/files/zskgke326/files/migration/sr/Suriname-FCTC-Investment-Case.pdf>

Suriname is encouraged to strengthen coordination among all government ministries and agencies that have a role in eliminating illicit trade in tobacco products. Suriname is also encouraged to engage in bilateral and multilateral international cooperation to curb illicit trade in tobacco products.

Article 16: Sales to and by minors

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

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

Article 10 of the Tobacco Law sets an age of sale by prohibiting the sale of tobacco and/or tobacco products to persons under the age of 18 years (at Section 1) and requires signage in places where tobacco products are sold indicating that persons younger than 18 years cannot obtain tobacco and/or tobacco products (at Section 3).

Level of enforcement

According to the 2016 GYTS survey, around 36.1% of current cigarette smokers aged 13-15 bought cigarettes in a shop or shop, 5.0% bought them from a street vendor and around 42.8% got them from somewhere else.

Gaps:

Despite the existence of age-of-sale requirements, the results of the GYTS 2016 indicate that young people can still easily obtain tobacco products.

Where violations of age of sale requirements are identified, compliance building and/or enforcement action should be taken. Environmental Officers of the Bureau of Public Health are appointed as extraordinary police officers and have received training in utilizing the “fast-law” judicial system (“Snelrecht”). However, they have not been able to issue fines because, at the time of the needs assessment, the form to register the fines (“boeteformulier”) was awaiting approval. The list of fines, which dates from 2014, is in need of review and adjustment. In practice, there had been little enforcement of age of sale requirements at the time the needs assessment was undertaken.

It is recommended to ensure that enforcement arrangements are finalised, including the relevant forms to be used and penalties to be applied.

It is also recommended that the Ministry of Health and other relevant ministries (including the Ministry of Economic Affairs, Entrepreneurship and Technological Innovation) undertakes activities to build compliance through communicating legal responsibilities to retailers about responsibilities to prevent underage sale of tobacco, including the need to display signage indicating that tobacco products cannot be sold to persons below 18 years. Regular checks of

points of sale of tobacco need to be undertaken, with necessary enforcement action for retailers found to be selling tobacco products to young people.

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;*”.

Article 5 of the Tobacco Law bans the exposition of tobacco and or tobacco products or tobacco elements at all tobacco selling points, by using for example marker boards, displays, or other promotional equipment (at Section 2g).

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

Article 13 of the Tobacco Law, Article 13, prohibits everyone to represent, imitate, import, sell or let sell products which are like, or meant to be similar to, tobacco and tobacco products. This includes sweets, snacks, toys, or any other objects in the form of tobacco products.

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 9 of the Tobacco Law states that it is forbidden for everyone to use vending machines, or any other mechanically operated equipment for the distribution or selling of tobacco and/or tobacco products. Vending machines are therefore not to be used to sell tobacco products in Suriname.

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*”.

Article 14 of the Tobacco Law prohibits the import of cigarettes in packages consisting of less than 20 cigarettes; the production, packaging, distribution, and sale of cigarettes in packages consisting of less than 20 cigarettes; and the sale of cigarettes in any form other than a closed package.

Nevertheless, the sale of single cigarettes still takes place in Suriname. The 2016 GYTS found that 41.9% of respondents aged 13-15 years reported purchasing single cigarettes. As single cigarette sticks are more affordable and lack health warnings, their availability can encourage youth uptake and use of tobacco.

It is recommended that Suriname undertake necessary action to enforce the prohibition on the sale of single cigarettes.

Article 17: Provision of support for economically viable alternative activities

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

The needs assessment team was informed that tobacco is not commercially grown in Suriname. However, two companies manufacture tobacco products in Suriname using imported leaf. Tobacco products manufactured in Suriname are for the export market.

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

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

Suriname is encouraged to maintain knowledge and understanding of the evidence of tobacco’s substantial environmental toll, including litter, and its negative impact on sustainable development at country and global levels. Suriname is encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

Article 19: Liability

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

No activities have been implemented in relation to this article of the Convention. There are also no policy or legislative measures in place related to this article.

Gap: there is no provision in national legislation that addresses potential criminal and civil liability of the tobacco industry

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

Article 20: Research, surveillance and exchange of information

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

At the time the needs assessment was undertaken, the latest data on adult tobacco use (ages 25-65) at national level was from the STEPS survey conducted in 2013.³⁶ In addition, the National Household Drug Prevalence Survey, which was conducted in 2007 and in 2013, provides data on adult tobacco use.³⁷

Data on youth related tobacco use are included in 2 surveys:

- the GYTS (ages 13-15) conducted in 2000, 2004, 2009 and 2016, and
- the GSHS which measures alcohol use, dietary behaviors, drug use, hygiene, mental health, physical activity, protective factors, sexual behaviors, tobacco use, and violence and unintentional injuries (ages 13-17 years) conducted in 2009 and 2016.³⁸

At the time of the needs assessment, Suriname is working with PAHO to build a public database on NCDs and their risk factors, including tobacco use.

³⁶ <https://www.who.int/publications/m/item/2013-steps-country-report-suriname>

³⁷ <http://www.nar.gov.sr/onderzoekingen/huishoudonderzoek>

³⁸ <https://www.who.int/ncds/surveillance/gshs/suriname/en/>

Gaps:

1. There is limited epidemiological surveillance of tobacco consumption and its related impact on public health as well as social, economic and environmental development.
2. There is a lack of analysis of the demand for tobacco products and evaluation of the effectiveness of interventions to reduce tobacco use prevalence, especially relating to young people.
3. There is a lack of capacity and resources to conduct research.

It is recommended that Suriname:

- 1. Develop and promote national research capacity in coordination with competent international and regional organizations.***
- 2. Identify a set of standard questions related to tobacco use that can be included in all future national household surveys and other relevant surveys to allow for the standardization of data and the tracking of trends over time.***
- 3. Collect data on mortality and morbidity related to tobacco use.***
- 4. Conduct research addressing the determinants and consequences of tobacco use and exposure to tobacco smoke, and the impacts on sustainable development.***
- 5. Conduct evaluation studies of the effectiveness of interventions to reduce tobacco use prevalence and utilize findings and surveillance results when developing national tobacco control strategies, policies and interventions.***

Article 21: Reporting and exchange of information

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

Suriname has provided reports in 2012, 2014, 2016, 2018 and 2020.

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

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

At its fourth session, in decision FCTC/COP4 (17)³⁹ the COP acknowledged the importance of implementation of the Convention under the as a strategic approach to ensure long-term and

³⁹ See FCTC/COP/4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm

sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF)⁴⁰ 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.

Suriname cooperates with and has received assistance from the PAHO/WHO country office in Suriname and the WHO Regional Office for the Americas to implement tobacco control activities. Technical support for the implementation of the Global Youth Tobacco Survey was also received from US Centres for Disease Prevention and Control.

In the UNDAF 2012-2016 there was no specific mention of the implementation of the WHO FCTC, although the UNDAF Action Plan 2012-2016 mentioned the development of a national strategy on the prevention and control of NCDs (that inherently includes preventing risk factors as tobacco use).⁴¹ The United Nations Multi-Country Sustainable Development Framework in the Caribbean (MSDF) 2017-2021 mentions the support for NCD control to draft the legislation required to address tobacco among other risk factors.⁴²

The last PAHO/WHO Country Cooperation Strategy Suriname 2012-2016 includes WHO FCTC implementation.⁴³

Suriname is receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as a FCTC 2030 project country.

Gap: Despite the strong evidence that WHO FCTC implementation is an accelerator for sustainable development, supporting implementation of the Convention has not been specifically included as a priority in the last UNSCDF or UNMSDF.

It is recommended that the Ministry of Health actively follow up with the UNRC and relevant government ministries to propose that implementation the WHO FCTC are included in future UNSDCF and other country cooperation strategies with the UN. The activities proposed could include priorities identified based on this joint need assessment report.

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

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

Article 26: Financial resources

In **Article 26**, Parties recognize “the important role that financial resources play in achieving the objective of this Convention”. Furthermore, **Article 26.2** calls on each Party to “provide financial

⁴⁰ <https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance>

⁴¹ https://www.latinamerica.undp.org/content/dam/rblac/docs/United-Nations-Development-Assistance-Framework/Suriname%20UNDAF_2012_2016.pdf

⁴² <https://caribbean.un.org/sites/default/files/2022-12/UN%20MSDCF%202022-2026.pdf>

⁴³ https://apps.who.int/iris/bitstream/handle/10665/168802/ccs_sur_en.pdf?sequence=1&isAllowed=y

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 has no dedicated resources assigned to the implementation of the WHO FCTC. Structures to plan and oversee the implementation of tobacco control activities, such as the Tobacco Bureau were mandated for one year and dissolved thereafter. There were no other resources (financial or human) invested in setting up multisectoral mechanisms to continue tobacco control activities. Some investments were made in scaling-up overall tobacco control and enforcement capacity, but these were achieved with funding from PAHO.

The full implementation of the Tobacco Law has been hampered due to low awareness levels across various sectors and among the population at large, and from insufficient enforcement (including a lack of enforcement processes). Particular articles of the Tobacco Law that need resourcing include: Article 19 (body to discourage the use of tobacco and/or tobacco products), Article 20 (supervision), Article 21 (detection) and Article 22 (sanctions).

Gaps:

1. Current funding is not sufficient to fully implement and enforce the Tobacco Law and relevant regulations.
2. Other ministries that have a role to play in the implementation of the WHO FCTC have not allocated staff time for this work.
3. Current tax levels fall well below recommended levels, representing a lost potential opportunity to increase government revenues.
4. There is insufficient funding to conduct studies and surveys on tobacco control and monitoring tobacco use and prevention policies, as well as for and increasing awareness about the health risks of tobacco use and exposure to secondhand tobacco smoke.

It is recommended that the government allocate sufficient financial and human resources to the implementation and enforcement of the Tobacco Law and relevant regulations, and to the implementation of the WHO FCTC. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

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

Some international organizations and development partners are active in Suriname. PAHO has provided technical and financial support and promoted and implemented capacity-strengthening initiatives. The MOH indicated that PAHO was the main development partner supporting the health sector in Suriname. Some of the international organizations have a potential role to play in supporting the country to meet its obligations under the Convention, though cooperation has not been explored at this time.

Gap: Suriname has not fully utilized the bilateral, regional, sub regional and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes. While there might be opportunities for funding the

program, there was not an active scouting for funding so opportunities that exist may have been missed in the past.

It is recommended in line with Article 26.3 of the Convention that the Government of Suriname 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”.

The MOH is committed to ensuring that Suriname will promote implementation of the Convention in relevant bilateral and multilateral forums. No information is available regarding other government agencies promoting the implementation of the Convention.

It is recommended that Suriname utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, that represent Suriname in other regional and global forums also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries to support them in the implementing of the Convention.

ANNEX 1

List of government ministries and agencies, legislative bodies, non-governmental organizations and UN organizations at country-level participating in the joint needs assessment for Suriname

Ministry of Health:

Minister of Health - Hon Amar Ramadhin,
Director - Rakesh Gajadhar Sukul
Deputy Director - Ritesh Dhanpat
Policy Advisor - Johanna Lakhisaran

Bureau of Public Health:

Tobacco control focal point - Farisha Sheombar Sing
NCD Department - Cheshta Sewtahal

Participating Government agencies:

Ministry of Foreign Affairs, International Business, and International Collaboration
Ministry of Finance and Planning (Indirect Taxes)
Ministry of Economic Affairs, Entrepreneurship and Technological Innovation
Ministry of Agriculture, Animal husbandry and Fisheries
Ministry of Education, Science and Culture

Parliament (De Nationale Assemblée):

Vice-Chairman - Dew Sharman

Civil Society:

Stichting Projekta - Sharda Ganga

Academia:

Medical Research Institute (MWI)
Head of the Public Health Department - Ingrid Krishanadath

Suriname Trade and Industry Association (Vereniging Surinaams Bedrijfsleven, VSB):

Policy Officer – Kamlesh Ganesh

UN Suriname:

PAHO/WHO Representative –Karen Lewis-Bell
UNDP Deputy Resident Representative - Margaret Jones Williams
PAHO NCD and Mental Health consultant - Wendy Emanuelson-Telgt
Consultant (Project coordinator) for the FCTC 2030 Project - Esha Marhé