

Needs assessment for the implementation of the WHO Framework Convention on Tobacco Control in the United Republic of Tanzania



Participants at the stakeholders meeting

Secretariat of the WHO FCTC

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Acknowledgements

The Secretariat of the WHO FCTC (Convention Secretariat) thanks the Government of the United Republic of Tanzania for the invitation to undertake a joint needs assessment exercise for implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), which was completed through collaborative efforts of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCGEC) of the United Republic of Tanzania, the United Nations Development Programme (UNDP) and the World Health Organization (WHO).

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Table of Abbreviations and Acronyms

AFRO	World Health Organization Regional Office for Africa
ATCA	Africa Tobacco Control Alliance
COP	Conference of the Parties
CSR	Corporate Social Responsibility
DSA	Designated Smoking Area
EAC	East African Community
FCA	Framework Convention Alliance
FYDP	Five Year Development Plan
GATS	Global Adult Tobacco Survey
GTII	Global Tobacco Industry Interference Index
GYTS	Global Youth Tobacco Survey
ICESCR	International Covenant on Economic, Social and Cultural Rights
MoHCGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NCD	Noncommunicable Disease
NGO	Nongovernmental organization
PPP	Public-private partnership
STEPS	STEPwise approach to NCD risk factor surveillance
SCR	Social Corporate Responsibility
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
TANCDAA	Tanzania Non-Communicable Diseases Alliance
TCC	Tanzania Cigarette Company
TCI	Tanzania Confederation of Industries
TMDA	Tanzania Medicines and Medical Devices Authority
TRIPS	Trade Related Aspects of Intellectual Property Rights
TSUA	Tanzania Start Up Association
TTCF	Tanzania Tobacco Control Forum
UN	United Nations
UNDAP	United Nations Development Assistance Plan
UNDP	United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNRC	United Nations Resident Coordinator
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
Z-NCDA	Zanzibar NCD Alliance

INTRODUCTION

The WHO Framework Convention on Tobacco Control

- The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic.
- 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 Treaty in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- The first session of the COP (COP 1) in February 2006, called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- A WHO FCTC needs assessment was requested by the Government of The United Republic of Tanzania, through the MHCSEC.
- In response, the Convention Secretariat led an international team to conduct a joint needs assessment with the Government of the United Republic of Tanzania from 28 to 30 June 2021. Meetings with local stakeholders, including representatives of the government agencies and nongovernmental organizations took place virtually to jointly review the status of implementation of the Convention and identify the main challenges in the implementation of tobacco control measures.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified. For Tanzania, post-needs assessment support is being provided through the FCTC 2030 project which is generously funded by the Governments of Australia, Norway and the United Kingdom (UK).

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

UNITED REPUBLIC OF TANZANIA: KEY DATA

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality: Key Facts Prevalence of tobacco use among adults aged 15 years and older (GATS, 2018)²

	Current ³ tobacco use (smoked and/or smokeless)	Current tobacco smoking	Current smokeless tobacco use
Male	14.6%	12.9%	2.1%
Female	8.7%	1.1%	2.3%
Total	8.7%	6.8%	2.2%

- Overall, 5.2% of surveyed adults aged 15 years and older were daily tobacco smokers, 1.6% were occasional tobacco smokers, and 93.2% were non-smokers (2.6% were former daily smokers and 90.7% were never daily smokers).⁴

Adult exposure to secondhand smoke (aged 15 years and older)

According to GATS, 2018:

- 32.9% of adults who worked indoors reported exposure to tobacco smoke in the workplace (28.5% of women and 37% of men)
- 13.8% reported exposure to tobacco smoke in the home (11.9% of women and 15.9% of men)
- 31.1% of respondents reported exposure to tobacco smoke inside restaurants
- 77% of respondents reported exposure to tobacco smoke inside bars and nightclubs

Exposure to secondhand tobacco smoke among youth (aged 13-15 years)

According to GYTS, 2016:

- 17.3% of youth reported exposure to tobacco smoke at home
- 34.1% of youth reported exposure to tobacco smoke inside enclosed public places.

Tobacco-related mortality

In 2019, tobacco use led to 21, 200 deaths (according to Global Burden of Disease Study, 2019).⁵ Tobacco-related illness accounts for nearly 6% of all deaths in the country.

² Global Adult Tobacco Use Survey (GATS), 2018. Available here:

<https://extranet.who.int/ncdsmicrodata/index.php/catalog/804/related-materials>

³ Current tobacco use refers to both daily and less-than-daily use of tobacco products (GATS, 2018).

⁴ GATS, 2018

⁵ Data available at Global Burden of Disease VizHub: <https://vizhub.healthdata.org/gbd-compare/>

Tobacco Control Milestones in Tanzania

	The Tobacco Products (Regulation) Act 2003 is passed
	The United Republic of Tanzania ratifies the WHO FCTC on 30 April 2007
	The National Tobacco Control Strategy 2010-2015 is adopted
	Zanzibar Public and Environmental Health Act 11 of 2012 is passed
	The United Republic of Tanzania signs the Protocol to Eliminate Illicit Trade in Tobacco products (The Protocol) on 24 September 2013
	Tobacco Products Regulations (2014) were issued by the Minister for Health and Social Welfare under powers in the Tobacco Products (Regulation) Act 2003.
	Tobacco Products (Regulations) (Designation of Inspectors) Notice (2021) made, designating the Tanzania Medicines and Medical Devices Authority as the responsible authority for carrying out the duties and functions of inspector under the Tobacco Products (Regulation) Act 2003
	The United Republic of Tanzania joined the FCTC 2030 project

Executive summary **including Key Findings & Recommendations**

The WHO FCTC is an international treaty negotiated under the auspices of WHO which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. To date, the Convention counts 183 Parties.⁶

The United Republic of Tanzania signed the WHO FCTC on 27 January 2004 and ratified it on 30 April 2007.

For the United Republic of Tanzania to fully meet its obligations, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the Convention Secretariat from 28 to 30 June 2021. The Needs Assessment includes an initial analysis of the status, challenges and potential needs deriving from the country's WHO FCTC implementation reports and other sources of information, as well as an international mission involving meetings with various tobacco control stakeholders in the country. An international team led by the Convention Secretariat along with representatives of the WHO (Regional and Country Offices) and UNDP (Headquarters and Country Office) conducted a hybrid mission⁷ in Tanzania (see Annex 1 for mission programme). The needs assessment mission team met (virtually for international participants and in person for country participants) with relevant government departments, NGOs, and other stakeholders who convened at Kibo Palace Hotel in Morogoro from 28 to 30 June 2021 (see Annex 2).

This needs assessment report presents an article-by-article analysis of the progress Tanzania has made in the implementation of the WHO FCTC, the gaps that may exist, and the subsequent possible actions that can be taken to fill those gaps. The key elements that need to be put in place to enable the United Republic of Tanzania 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 Convention, Tanzania is obliged to implement its provisions through national laws, regulations, or other measures, submit periodic reports and implement its financial obligations such as paying its share of the assessed contribution in a timely manner. 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. Currently, in Tanzania there is no national tobacco control strategy or action plan. It is recommended that the Government of United Republic of Tanzania adopts new national strategy for tobacco control that aligns with the Global Strategy for Tobacco Control, as recommended by COP8 through its decision FCTC/COP8(16).

⁶ [UNTC](#)

⁷ Due to the COVID-19 pandemic, it was not possible for the international team to travel to Tanzania, to conduct a face-to-face mission. Therefore, a hybrid approach was chosen, allowing the international team to connect via the Zoom platform to participate in bilateral and multilateral meetings with key stakeholders to support the needs assessment process.

Third, the Convention proposes a national multisectoral coordinating mechanism to be established to coordinate its implementation. The coordination mechanism in the United Republic of Tanzania is not currently functional. It is recommended to strengthen multisectoral cooperation for the implementation of the WHO FCTC in Tanzania, including through the establishment of a multisectoral coordination mechanism for tobacco control and capacity building for key stakeholders (Article 5.2(a) of the WHO FCTC). It is also recommended to ensure clear responsibilities for compliance building and the enforcement of all tobacco control legislation at national and local levels and promote effective coordination between inspection bodies and the police (Article 5.2(b) of the WHO FCTC) and encourage the engagement and participation of civil society in tobacco control policy development and implementation (Article 4.7 of the WHO FCTC).

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. The United Republic of Tanzania has the Tobacco Products (Regulation) Act 2003, although the law was made prior to the country's ratification of the WHO FCTC, meaning that it lacks some of the provisions set out in the WHO FCTC. As such, it is recommended to review current tobacco control legislation and make necessary amendments. This means that the United Republic of Tanzania would be able to fully comply with the obligations of the WHO FCTC, in light of recommendations made in relevant implementation guidelines and COP decisions. Key areas to consider for legislative amendment include:

- Removing the current allowances for indoor "designated smoking areas" within current legislation relating to protection from second-hand tobacco smoke (in line with Article 8 of the WHO FCTC and its implementation guidelines).
- Ensuring the inclusion of large graphic health warnings on all tobacco packs and consider the benefits of introducing requirements for plain packaging of tobacco (in line with Article 11 of the WHO FCTC and its implementation guidelines).
- Implementing a comprehensive ban on tobacco advertising, promotion, sponsorship, and tobacco industry CSR activities (Guidelines for implementation of Article 13 of the WHO FCTC).
- Implementing measures to prevent youth access to tobacco products, including amending legislation to explicitly ban the sale of tobacco products to minors, and banning the sale of small cigarette packs (less than 20) which can increase the affordability of tobacco, including to minors (in line with Article 16 of the WHO FCTC).
- Implementing measures to protect public health policies from the vested interests of the tobacco industry (in line with Article 5.3 of the WHO FCTC and its implementation guidelines).
- Regulating ENDS and ENNDS in line with relevant COP decisions.

Fifth, Parties are required to develop and disseminate appropriate, comprehensive, and integrated guidelines for tobacco dependence treatment and to implement effective tobacco cessation programmes. Currently there is no national strategy or programme for tobacco cessation. Tobacco dependence treatment is not included in the country's Essential Health Service Minimal Package. It is recommended to design and implement a national programme to promote the cessation of tobacco use, including developing cessation guidelines, integrating training on tobacco cessation in healthcare degree curricula, ensuring that primary care providers are regularly trained in brief tobacco interventions, putting in place a toll-free quit lines and integrating tobacco cessation services, including counselling and provision of pharmacotherapy, in the national health care system to help tobacco users to quit.

Tanzania should also consider including nicotine dependence treatment medication in the Essential Medicine List and tobacco cessation into the Essential Health Service Minimal Package (in line with Article 14 of the WHO FCTC and its implementation guidelines).

Sixth, increasing the price of tobacco through taxes is the most cost-effective measure to decrease tobacco consumption, especially among young people. The price of tobacco products in the United Republic of Tanzania is low and total taxes represent only 29.95% of the retail price of the most sold brand of cigarettes (according to WHO, high level implementation is for total taxes to represent 75% of retail price). It is recommended that Tanzania reforms its current taxation of tobacco products to remove tiers and significantly increase specific excise tax rates on all tobacco products with regular increases, at least in line with inflation and income growth, to maximize the benefit to public health and wider public finances.

Seventh, Guidelines for the implementation of Article 8 of the Convention state that Parties should strive to provide universal protection within five years of the treaty entry into force for the Party. Universal protection includes effective measures to protect all citizens from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places. Designated smoking areas or rooms are allowed in all indoor public places, workplaces and on public transport in the United Republic of Tanzania. It is recommended to review and make amendments to the existing legislation to ensure the closure of all designated smoking areas and to remove current exemptions so that all enclosed work and public places would become fully smoke-free.

Eighth, under Article 11 of the Convention, each Party is obliged to adopt and implement effective measures on the packaging and labelling of tobacco products within three years after entry into force of the Convention. According to the Tobacco Products Regulations (2014), authorized text-only health messages must be displayed on 30 percent of the front and back surfaces of tobacco product packaging while in Zanzibar, the Tobacco Control Regulations (2016) require that tobacco products must display on 70% of the surface area of each side of the package. It is recommended that the United Republic of Tanzania strengthen its legislation by ensuring the inclusion of large health warnings with pictures on all tobacco packs in line with Article 11 of the WHO FCTC and its implementation guidelines. It also suggested that the Government consider the benefits of introducing requirements for plain/standardized packaging of tobacco products.

Ninth, the United Republic of Tanzania has signed but not yet ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. It is recommended that Tanzania ratify and implement the Protocol, with a focus on the implementation of an effective tracking and tracing system and strengthening national, regional, and global coordination to address illicit trade.

Tenth, Parties are required to establish, as appropriate, programmes for national, regional, and global surveillance of tobacco consumption and exposure to tobacco smoke. Although Tanzania has conducted several tobacco surveys there is no national system for routine epidemiological surveillance. It is recommended to establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies.

Eleventh, Parties are required to act to protect public health policies from commercial and other vested interests of the tobacco industry. The United Republic of Tanzania lacks a WHO FCTC compliant tobacco control law or policy specifically implementing the obligations at WHO FCTC Article 5.3. Furthermore, in

the Global Tobacco Industry Interference Index (GTII) (2019), the United Republic of Tanzania was among the top 10 countries (out of 33 surveyed) with the highest documented levels of tobacco industry interference. It is recommended that the United Republic of Tanzania implement measures to protect public health policies from the commercial and other vested interests of the tobacco industry, including by banning tobacco industry Corporate Social Responsibility (CSR) activities, developing a code of conduct for all government officials with clear guideline on dealing with the tobacco industry only when strictly necessary under the conditions of maximum transparency, other recommendations made in the Guidelines for implementation of Article 5.3 WHO FCTC.

Twelfth, Parties are encouraged to achieve the highest attainable standard of health through education, communication, and training. No communication strategy or programme exists in the United Republic of Tanzania, and no national mass media campaign has been conducted recently. It is recommended to undertake educational and public awareness programmes on the health risks of tobacco, including as part of school curricula, and through the use of digital technologies to raise health literacy on tobacco (in line with Article 12 of the WHO FCTC and its implementation guidelines).

Thirteenth, Tanzania is recommended to include WHO FCTC implementation in the United Nations Sustainable Development Cooperation Framework (UNSDCF), the strategic planning and implementation instrument for UN development activities. Implementation of the WHO FCTC is included in the SDGs at target 3.a. “Implementation of the Convention” was not included in the last United Nations Development Assistance Plan (UNDAP) 2016-2021 or in the current United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2027. It is recommended to promote the inclusion of tobacco control in the United Republic of Tanzania’s wider development policies and frameworks to realize benefits of the WHO FCTC as an accelerator of sustainable development.

Fourteenth, Parties are encouraged to take measures to reduce tobacco consumption by children. Despite having a legal age of sale of 18 years, in the United Republic of Tanzania minors can easily purchase tobacco products in stores and have access to buy single cigarette sticks. It is recommended to review current tobacco control legislation to end the sale of single cigarettes, in line with Article 16 of the WHO FCTC. Existing age of sale rules should also be strictly implemented and enforced.

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

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

Status of implementation, gaps, and recommendations

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

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

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

The United Republic of Tanzania does not currently have measures that go beyond those provided for by the Convention.

The Government is encouraged to ambitiously implement effective, evidence-based tobacco measures to protect present and future generations from the harms of tobacco.

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

The United Republic of Tanzania is a party to other international conventions and agreements such as the Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement and the International Covenant on Economic, Social and Cultural Rights (ICESCR), which both address the right to health and require or mandate state parties to take measures to protect public health including those relating to tobacco control.

The United Republic of Tanzania also has a particular regional relationship under the African Continental Free Trade Area (AfCFTA) Agreement of 2018, a Treaty Establishing the East African Community (EAC) of 1999, and a Treaty establishing the Southern African Development Community (SADC).

Gap:

There is a lack of awareness of the obligations under this Article and the relevant proactive role that all relevant ministries need to play in the reporting process.

It is recommended that all relevant government ministries 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 the United Republic of Tanzania communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Article 4 Guiding Principles

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

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

In the United Republic of Tanzania there are some NGOs that are active in the areas of advocacy and in raising awareness of the adverse health effects of tobacco use (including within the context of tackling NCDs) including: Tanzania Tobacco Control Forum (TTCF); Community of People Living with NCDs; Tanzania Non-Communicable Diseases Association (TANCDAs) and the Alliance of NCD Zanzibar (Z-NCDAs). TTCF is an active member of the Africa Tobacco Control Alliance (ATCA) and the Framework Convention Alliance (FCA). As the major NGO focusing on tobacco control in the mainland, TTCF advocates for tobacco control measures and, in particular, works closely with tobacco farmers. TTCF’s work has emphasized to farmers and Members of Parliament that the profit margin for tobacco growing is very low in comparison to other crops and has stressed the need for farmers to transition to more economically viable crops.

It was further noted that there are other NGOs active in Tanzania that deal with issues related to health, human rights, and sustainable development which are relevant to the tobacco control and could potentially be engaged in support of the implementation of these measures.

Tobacco industry front groups claiming to be independent NGOs are also active in the country, including the International Tobacco Growers Association (ITGA) and the Eliminating Child Labour in Tobacco-Growing Foundation (ECLT).⁸

Gaps:

1. There is only few NGOs, such as TTCF, that have a sole focus on tobacco control in Mainland Tanzania. Other existing NGOs work on NCDs and substance use more generally.
2. There is no mechanism to coordinate work among NGOs.
3. There is no coordination between the government and NGOs on tobacco control efforts beyond World No Tobacco Day.
4. There is very limited funding to support NGOs working on tobacco control.
5. A major barrier to NGO involvement in tobacco control work is sustainability of funding.

It is recommended that the engagement and participation of NGOs in tobacco control policy development and implementation continue to be encouraged and that collaboration between NGOs and government be strengthened. It is also recommended that NGOs active in tobacco control or claiming to work in this area declare their sources of funding and ensure that there are no direct or indirect conflicts of interest. It is further recommended that NGOs coordinate their efforts to mobilize more resources together.

⁸ University of Bath, 2021. *Tobacco Tactics: Tanzania Country Profile*. Available at: <https://tobaccotactics.org/article/tanzania-country-profile>

Article 5: General Obligations

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

Currently the United Republic of Tanzania has no national tobacco control strategy or action plan in place. However, the needs assessment mission team noted that there was a National Tobacco Control Strategy in place from 2010-2015 which was not renewed when it expired. As such, mainland Tanzania has been without a National Tobacco Strategy for the past six years.

The Ministry of Health is working with the support of the WHO Country Office in the United Republic of Tanzania to develop the National Prevention and Control of Non-Communicable Diseases (NCDs) Action Plan.

Gap:

There is currently no national tobacco control strategy or action plan for the implementation of the WHO FCTC.

It is recommended that the Government of the United Republic of Tanzania develop the next comprehensive tobacco control strategy to implement the Convention as soon as possible. This needs assessment report, as well as the Global Strategy to Accelerate Tobacco Control (2019-2025), can guide the prioritization of actions in a new national strategy. It is further recommended that the Government include WHO FCTC implementation in relevant national health and sustainable development strategies and plans, including in the national NCD Action Plan.

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

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCGEC) is designated in Mainland Tanzania as the lead Ministry responsible for implementation of the WHO FCTC. In Zanzibar the Ministry of Health is designated as the lead.

The Tobacco Products (Regulations) Act 2003 established the Tobacco Products (Regulation) Committee to provide advice to the Minister of Health on issues related to the administration of the Act, as well as to advise on and develop regulations subsequent to the Act. According to the Act the committee should consist of:

- a. the Director of Preventive Services or his representative;
- b. the Head of the Health Education Unit or his representative;
- c. a legally qualified person nominated by the Attorney-General;
- d. a representative of the Ministry of Industries and Trade;
- e. a representative of the Ministry of Finance;
- f. a representative of the Tanzania Bureau of Standards;
- g. a representative of the Tanzania Chamber of Commerce, Industry and Agriculture (TCCIA);
- h. a representative of the Department responsible for information;
- i. a representative of the Ministry of Agriculture and Food Security; and
- j. a representative from the private sector who is conversant and active in tobacco regulation matters appointed by the Minister.

The Minister of Health is responsible for appointing the chair of this committee. The committee is not currently active.

The needs assessment mission team noted that there was no stand-alone national programme specifically dedicated to tobacco control within the MoHCGEC. Tobacco control activities fall under the Noncommunicable Diseases Department where the Tobacco control focal point is situated.

Gaps:

1. There is no active multi-sectoral coordination mechanism for tobacco control.
2. The Tobacco Products (Regulation) Act 2003 provides for the inclusion of a private sector representative and a representative of the Tanzania Chamber of Commerce, Industry and Agriculture (TCCIA), which could open the door to the tobacco industry interference in tobacco control policy development and implementation.
3. There are no regular financial resources that have been designated for the WHO FCTC focal point in the 2021-22 budget.

It is recommended to strengthen multisectoral cooperation for the implementation of the WHO FCTC by reinvigorating the appropriate legislative or executive means to secure the mechanism's political mandate and ensure sustainability. The mechanism should also be financed and include relevant representatives from civil society.

It is further recommended that while the MoHCGEC should take the lead in implementing the Convention, given the benefits across the government from WHO FCTC implementation, other relevant ministries should also allocate staff time and resources in support.

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

The United Republic of Tanzania adopted the Tobacco Products (Regulation) Act 2003, prior to the country's ratification of the WHO FCTC. The Act is the primary tobacco control legislation in the country and covers, *inter alia*, controls smoking in public places, tobacco advertising, promotion and sponsorship (TAPS), and tobacco packaging and labelling.

The United Republic of Tanzania has also adopted regulations under the Act, including the Tobacco Products Regulations (2014), which, *inter alia*, specify requirements for smoke-free places, prohibit some forms of TAPS, and outline requirements for tobacco product packaging and labelling. The Tobacco Products (Regulations) (Designation of Inspectors) Notice, issued in in 2021, designates the Tanzania Medicines and Medical Devices Authority (TMPD) to carry out the duties and functions of inspector, as provided by the Tobacco Products (Regulation) Act.

In Zanzibar, the Public and Environmental Health Act 11 of 2012 includes several tobacco control provisions. These include requirements relating to the prohibition of smoking in public places, signage requirements for places where smoking is prohibited, rules on importation of tobacco products, definitions of required warning statements in both English and Kiswahili languages (covering not less than 25% of tobacco packages), prohibition of the sale of tobacco product to people under the age of 18 and TAPS requirements.

In 2016, the Tobacco Control Regulations for Zanzibar were implemented, which provide additional requirements for these tobacco control measures.

Gaps:

The Tobacco Products (Regulation) Act 2003 is not in line with the WHO FCTC in some areas, particularly the time-bound provisions (Articles 8, 11 and 13) of the Convention, and other areas that are further outlined in this report. For instance, smoking is allowed in designated smoking areas in indoor work and public places, health warnings should be increased in size and include images, and TAPS is only partially prohibited.

It is recommended that the United Republic of Tanzania reviews the current Tobacco Products (Regulation) Act 2003 for mainland Tanzania, and amend it to close gaps, including by:

- ***Ensuring that the WHO FCTC is implemented consistently for all forms of tobacco.***
- ***Removing current exemptions that allow indoor designated smoking areas, in line with Article 8 of the WHO FCTC and its implementation guidelines.***
- ***Ensuring the inclusion of large graphic health warnings on all tobacco packs***
- ***Considering the benefits of introducing requirements for plain packaging of tobacco***
- ***Implementing a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS), including by ending advertising at point-of-sale and ensuring robust enforcement of rules to prohibit “corporate social responsibility” activities of the tobacco industry, in line with WHO FCTC Article 13 and its implementation guidelines.***
- ***Implementing measures to prevent youth access to tobacco products, including banning the sale of single cigarettes and small cigarette packs (of less than 20 sticks), both of which can increase the affordability of tobacco for minors (in line with Article 16 of the WHO FCTC).***
- ***Implementing measures to protect public health policies from the vested interests of the tobacco industry (in line with Article 5.3 of the WHO FCTC and its implementation guidelines).***
- ***Ban or regulate ENDS and ENNDS in line with relevant COP decisions.***

It is also recommended to undertake compliance-building activities and to ensure the enforcement of all tobacco control legislation at the national, regional and local levels, this should include developing more effective coordination between police and authorized inspection bodies.

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

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”.

All Parties to the WHO FCTC should take action to protect public health policies from the 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”⁹ [a].

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 *2021 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control* reported that the most frequently mentioned barrier to the implementation of the Convention by Parties is the interference by the tobacco industry, including the industries producing novel and emerging tobacco products and nicotine products¹⁰.

The largest producer of cigarettes in Tanzania is the Tanzania Cigarette Company (TCC), which is a subsidiary of Japan Tobacco International (JTI) and claims some 96.1% of the national tobacco market.¹¹ British American Tobacco (BAT) and Philip Morris International (PMI) possess 1.3% and 1.2% of the market, respectively.¹²

The Tobacco Products (Regulation) Act 2003 does not specifically address the issue of tobacco industry interference. In fact, this Act establishes a multisectoral coordination committee that includes a private sector representative and a representative of the Tanzania Chamber of Commerce, Industry and Agriculture (TCCIA), which could easily open the door to tobacco industry interference.

In the 2019 *Global Tobacco Industry Interference Index* (GTIII),¹³ the United Republic of Tanzania was listed as one of the top 10 countries with the highest documented levels of tobacco industry interference (out of 33 surveyed).

Tobacco industry “corporate social responsibility” (CSR) activities are banned in the United Republic of Tanzania, although this has not been well enforced. The GTIII documents instances of government officials and Members of Parliament participating in these CSR activities. The WHO FCTC implementation guidelines for Article 5.3 recommends that *Parties denormalize and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”*. Nevertheless, the GTII notes that the Tanzania Cigarette Company (TCC) attributes its “good performance” partly to continued public-private partnership between the government and the tobacco industry, and the TCC commended the government for “holding regular private-public dialogue to discuss private sector concerns”.¹⁴

The needs assessment mission team did not identify any policies or laws in the country to prevent conflicts of interest between the tobacco industry and government officials. While tobacco companies are required to register with the TMDA, there is no registry for tobacco industry affiliated organizations, and individuals acting on their behalf such as lobbyists.

⁹ 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

¹⁰ 2021 global progress report on implementation of the WHO Framework Convention on Tobacco Control: <https://fctc.who.int/who-fctc/reporting/global-progress-reports>

¹¹ University of Bath, 2021. *Tobacco Tactics: Tanzania Country Profile*. Available at: <https://tobaccotactics.org/article/tanzania-country-profile>

¹² *ibid*

¹³ Stopping Tobacco Organizations and Products (STOP), 2021. *Global Tobacco Industry Interference Index, 2021*. Available at: <https://globaltobaccoindex.org/country/TZ>

Gaps:

1. The current Tobacco control (Regulations) Act 2003 does not include measures related to WHO FCTC Article 5.3 and its guidelines.
2. There is no specific code of conduct to guide the interactions between government officials or members of parliament with the tobacco industry, although there is a general code of conduct for civil servants.
3. There are no policies defining procedures for maximising transparency in the government's interaction with the tobacco industry, for instance disclosing interactions or meetings held between the government and the tobacco industry.
4. There is also no plan or program to regularly create awareness across government ministries, departments and agencies, including enforcement bodies, on tobacco industry interference and implementation of WHO FCTC Article 5.3 and its Guidelines.

It is recommended that the United Republic of Tanzania scales up action to protect the country's public health policies from the commercial and other vested interests of the tobacco industry. The United Republic of Tanzania is encouraged to review current policies and legislation in light of the Implementation Guidelines for 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 prioritize public health and WHO FCTC implementation.

The Government of the United Republic of Tanzania should develop a national plan for implementation of Article 5.3, which could be included as part of a new multisectoral tobacco control strategy. In addition, it is strongly recommended that the Government develop and adopt a Code of Conduct for public officials to limit interaction between the tobacco industry and public officials and ensure the transparency of interactions that do occur.

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”.

The United Republic of Tanzania has attended all sessions of COP.

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

Article 5.5 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”.

The Government of the United Republic of Tanzania also hosted the *Global Meeting on the implementation of Articles 17 and 18 of the WHO FCTC: Taking action to protect tobacco farmers and the environment*, which took place in Dar es Salaam from 12 to 14 June 2017.

It is recommended that the United Republic of Tanzania continue fostering close cooperation, as appropriate, with competent international and regional intergovernmental organizations to fully implement the WHO FCTC.

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”.

The United Republic of Tanzania regularly cooperates with international organizations and other development partners, such as the WHO, World Bank, UNICEF, the European Union, Campaign for Tobacco-Free Kids, the International Union against Tuberculosis and Lung Disease, and Bloomberg Philanthropies. The United Republic of Tanzania has received technical and/or financial assistance from these bodies. Support has included advocacy for making tobacco control legislation and policy development, capacity building, health education materials and curricula, awareness-raising campaigns, and surveillance activities.

The United Republic of Tanzania is also receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as a FCTC 2030 project country.¹⁵

It is recommended that the United Republic of Tanzania continue seeking opportunities for expanded support for tobacco control measures and implementation of the Convention in line with WHO FCTC Article 5.6.

Article 6: Price and tax measures

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

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

Tobacco taxation policy and prices as of 31 July 2020

Price of lowest cost brand and premium brand of cigarette (Tax inclusive, 20 cigarettes)	
Price of lowest cost brand of cigarettes	TZS 2 000
Price of premium brand cigarettes	TZS 5 000
Price of most sold brand of cigarettes (standardized to a pack of 20)	
In currency reported by country	TZS 4 000
In international dollars (purchasing power parity adjusted)	4.46
In US dollars at official exchange rates	1.74
Taxes on this brand (% of retail price)	
Total taxes	29.97%
Specific excise	14.71%
Ad valorem excise	0.00%
Value added tax (VAT) or sales tax	15.25%
Import duty	0.00%
Other taxes	0.00%

Source: WHO Report on the Global Tobacco Epidemic 2021, Country Profile for the United Republic of Tanzania¹⁶

¹⁵ <https://fctc.who.int/who-fctc/development-assistance/fctc-2030>

The Excise (Management and Tariff) Act, Cap 147, Revised Edition of 2019¹⁷ governs the excise taxes on tobacco products in Tanzania. According to this Act, the country imposes a tiered specific excise tax structure as shown below:

1. Cigarettes of length not exceeding 72mm length without filter tip and containing domestic tobacco exceeding 75%	TZS 12,447.00 per million pieces of cigarettes
2. Cigarettes of length not exceeding 72mm length with filter tip and containing domestic tobacco exceeding 75%	TZS 29,425.00 per million pieces of cigarettes
3. Other cigarettes containing tobacco of length not exceeding 72mm	TZS 55,896.75 per million pieces of cigarettes

Other taxes imposed on tobacco products include a value added tax (VAT) at 18% of the pre-VAT retail price and a customs duty rate for imported products at 30% of the cost, insurance, and freight (CIF) value. There are some nuances in the system that impact tax levels, such as an infrastructure tax on goods transferred from the Mainland to Zanzibar levied at a rate of 10% of CIF or ex-factory price. VAT in Zanzibar is also slightly lower at 15% of the pre-VAT retail price.

The country does not currently earmark any of these taxes for tobacco control.

The percentage of per capita GDP required to purchase 2000 cigarettes decreased from 24.2% in 2010 to 15.6% in 2020¹⁸, suggesting that cigarettes have become more affordable over this time period.

Gaps:

1. Not all tobacco products are taxed
2. Taxes are not increased periodically to reduce affordability due to inflation and income growth, and tobacco products have become more affordable over time.
3. Tanzania's overall tax share of the retail price of cigarettes is 29.97%, falling far below the 75% level considered in the WHO Report on the Global Tobacco Epidemic as the highest level of achievement.
4. Excise taxes are particularly low. The WHO recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. In Tanzania, excise taxes account for only 14.71% of the retail price of the most sold brand of cigarette.

It is recommended that the Republic of Tanzania:

1. ***Reform its tobacco tax structure to make it simpler by removing tiers and raise the specific excise tax in accordance with recommendations made in the WHO FCTC implementation***

¹⁶ Available at: https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_united_republic_of_tanzania.pdf?sfvrsn=e437eb0c_5&download=true

¹⁷ Available at: https://www.tra.go.tz/Images/CHAPTER_147-THE_EXCISE_MANAGEMENT_AND_TARIFF_ACT.pdf

¹⁸ WHO Report on the Global Tobacco Epidemic, 2021: Addressing New and Emerging Products. World Health Organization 2021. <https://www.who.int/publications/i/item/9789240032095>

guidelines for Article 6¹⁹ and in the WHO Technical Manual on Tobacco Tax Policy and Administration²⁰.

2. *Regularly raise tobacco excise taxes in line with inflation and income growth to decrease affordability across all tobacco products, preventing substitution and maximising benefits for public health and public finances.*
3. *Apply tobacco tax on all tobacco products.*
4. *Consider innovative funding or earmarking revenues collected from excise taxes to fund tobacco control, health promotion or any other specific governmental programme.*

Article 6.2(b) requires Parties to prohibit or restrict, “as appropriate, sales to and/or importations by international travelers of tax- and duty-free tobacco products”.

The Tanzania Customs, Currency & Airport Tax Regulations provide for free import for persons of 18 years or older as follows: 250 grams of tobacco or 200 cigarettes.²¹

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

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

The United Republic of Tanzania has provided this information in its two-year reports and has therefore met the obligations under Article 6.3.

It is recommended that the United Republic of Tanzania continues 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 guidelines** emphasize that “there is no safe level of exposure to tobacco smoke” and call on each Party to “strive to provide universal protection within five years of the Convention’s entry into force for that Party”.

According to the Tobacco Products (Regulation) Act 2003 (applicable to Tanzania mainland), smoking is prohibited in public places such as health care establishments, libraries, places of worship, enclosed premises intended for socio-cultural meetings, areas where sporting or recreational activities take place,

¹⁹ <https://fctc.who.int/publications/m/item/price-and-tax-measures-to-reduce-the-demand-for-tobacco>

²⁰ WHO technical manual on tobacco tax policy and administration. Geneva: World Health Organization; 2021. <https://iris.who.int/bitstream/handle/10665/340659/9789240019188-eng.pdf?sequence=1>

²¹ Tanzania Customs, Currency & Airport Tax regulations details (<https://www.iatatravelcentre.com/TZ-Tanzania-customs-currency-airport-tax-regulations-details.htm> Accessed up to 11th August, 2021.)

public eating places, office buildings, public transport on air, land or sea, pavilions, enclosed environments such as markets, malls and any other enclosed place to which the public has admittance. However, designated smoking areas (DSAs) are allowed in higher educational establishment, office buildings, hotels, bars or restaurants, and any other entertainment venues (such as clubs).

In Zanzibar, the Tobacco Control Regulations (2016) completely ban smoking in public places.

Adults and youth in Tanzania report exposure to secondhand tobacco smoke. According to GATS 2018, 32.9% of adults aged 15 and over who worked indoors reported exposure to tobacco smoke in the workplace. Some 31.1% of all adult respondents also reported exposure to secondhand smoke in restaurants, and 77% in nightclubs and bars. Among youth aged 13-15, the 2016 GYTS found that 34.1% of youth reported exposure to tobacco smoke in enclosed public spaces.

Gaps:

1. Smoking is allowed in designated smoking rooms in some indoor public places and workplaces.
2. Enforcement of smoke-free laws is weak.

It is recommended that the United Republic of Tanzania amend current legislation to eliminate all designated smoking areas in enclosed public and workplaces, to maximize protection from the harms of second-hand smoke and to comply with Article 8 of the WHO FCTC and its Guidelines. It is recommended that the Government requires Occupational Safety and Health Authority (OSHA) Committees in all government institutions (established under the Occupational Safety and Health Act 2003) for monitoring smoke free workplaces.

It is also recommended that the United Republic of Tanzania strengthen capacity for inspection and enforcement of smoke-free laws, including by clearly identifying the responsible enforcement authority at national and local levels, and coordinating work between police and inspection authorities. Civil Society could be empowered to play a role in monitoring compliance with smoke-free laws in public places.

The United Republic of Tanzania should also consider raising public awareness about the harms that result from exposure to tobacco smoke and the requirements of the country's smoke-free laws and fines for violations to build compliance.

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

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

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

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

The Tobacco Products (Regulations) Act 2003 provides that “No person shall manufacture or import a tobacco product that does not conform with the standards prescribed by Tanzania Bureau of Standards established by the Standards Act 1975”. However, the Bureau of Standards has not issued regulations for the contents or ingredients of cigarettes. The Act further requires that “every manufacturer of a tobacco product shall provide to the Minister information about the product and its emissions in the manner and within the prescribed time”. The Tobacco Product Regulations (2014) in Regulation 5 and in the First Schedule makes clear that the only information required is the amount of tar and nicotine. Disclosed information is not readily available to the public. Violations of the disclosure requirements are subject to a fine of not less than five million shillings, but not exceeding twenty million shillings, according to the Act.

The United Republic of Tanzania has not adopted or implemented any further measures including programmes in respect of the following: testing and measuring the contents of tobacco products; testing and measuring the emissions of tobacco products; regulating the emissions or contents of tobacco products.

Gap:

Current legislation does not cover all aspects of tobacco contents and emissions, in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10, however, the law gives the mandate to the Minister for Health to appoint an inspector to implement measures relating to ingredients and emissions.

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

It is also recommended that relevant legislation should be developed that includes testing and measurement of the contents and emissions of tobacco products to implement the Articles 9 and 10 of the WHO FCTC, ensuring that the tobacco companies bear all the costs of such testing requirements.

It is also recommended that the United Republic of Tanzania ensure that the tobacco industry provides comprehensive information to Government authorities about the contents and emissions of tobacco products in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10, and that the government enforces the requirement for the industry to submit reports disclosing this information, as well as general company information (including the name, street address and contact information) of the principal place of business and of each manufacturing and importing facility.

It is further recommended that the United Republic of Tanzania enable public access to the information on contents and emissions that is submitted by the tobacco industry.

Article 11: Packaging and labelling of tobacco products

This is one of the articles of the Convention with a deadline of three years for implementation of the specific measures set out.

According to the Tobacco Products Regulations (2014), no person shall sell tobacco products unless the

packet containing it displays a health warning. The Regulations specify that these health warning messages shall be clear, visible, and legible, cover 30% of the principal display areas (front and back), and shall be in bold, black color, on a white background, with a font size of 17-point. The health warnings are only text as the law does not require the use of graphic health warnings or plain packaging.

In Zanzibar, the Tobacco Control Regulations (2016) require that tobacco products must display on each side of the package one of 12 readable health warnings specified in the Second Schedule of the Regulations. English language warnings must be displayed on the rear of the package and Kiswahili language warnings on the front, and the warnings must occupy 70% of the surface area of each side of the package. The Regulations also require that warning messages must be printed on both the package and wrapper where warnings are likely to be obscured or obliterated by the wrapper, and that they rotate according to a specific schedule.

With respect to the current requirements for health warnings in Tanzania, the implementation guidelines for Article 11 of the WHO FCTC²² provide the following advice:

In comparison with small, text-only health warnings, larger warnings with pictures are more likely to be noticed, better communicate health risks, provoke a greater emotional response and increase the motivation of tobacco users to quit and decrease their tobacco consumption. Larger picture warnings are also more likely to retain their effectiveness over time and are particularly effective in communicating health effects to low-literacy populations, children and young people.

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

The Tobacco Products (Regulation) Act 2003 prohibits the promotion a tobacco product by any means including packaging that is likely to create an erroneous impression about the characteristics or health hazards of the tobacco product or its emissions.

In Zanzibar, the Tobacco Control Regulations (2016) ban the use of terms such as “light”, “mild”, or “low tar” that could create the impression that a particular tobacco product is less harmful than any other.

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

According to the Tobacco Products Regulations (2014), every pack of cigarette shall specify tar and nicotine levels as may be specified by Tanzania Bureau of Standards.

²² <https://fctc.who.int/publications/m/item/packaging-and-labelling-of-tobacco-products>

Gaps:

1. Graphic health warnings are not required.
2. The size of warning labels (30%) should be increased in size in line with the specifications in Article 11 of the WHO FCTC and its Guidelines.
3. There is no rotation of health warnings in Mainland Tanzania.
4. Quantitative information, including levels of nicotine and tar, is required to be displayed on packs, when the WHO FCTC implementation guidelines for Article 11 recommend that qualitative statements should instead be displayed about the emissions of the tobacco product.
5. It is not mandatory for the quit line number to appear on packaging of tobacco products.
6. Plain packaging has not yet been considered a tobacco control policy.

it is recommended that Tanzania strengthen its legislation by ensuring the inclusion of large health warnings with pictures on all tobacco packs.

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

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

Article 12: Education, communication, training and public awareness

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

The United Republic of Tanzania does not have a tobacco control-related communication strategy or programme. No national mass media campaign has been conducted recently.

The Government is conducting some activities to raise awareness on the harms of tobacco use and exposure to tobacco smoke in collaboration with Tanzania Tobacco Control Forum, Pediatric Association of Tanzania, Medical Women Association of Tanzania and Tanzania Non-Communicable Diseases Association.

A few NGOs are also involved in education, communication, and public awareness activities. In Zanzibar, some work is done through newspaper articles and school health programs.

Gaps:

1. Action plans for the implementation of education, communication, and training activities within a comprehensive multisectoral tobacco control programme have not been established and the

mandates of relevant ministries, Government agencies, and other key stakeholders in implementing Article 12 have not yet been clearly defined.

2. There are limited training, sensitization, and media awareness programmes on tobacco control among the population at large and especially in key target groups, such as health educators and media professionals.
3. Currently there is no free airtime allocated to broadcast tobacco control campaigns or messages.
4. Education and communication materials are not pre-tested to ensure impact
5. There is a lack of systematic evaluation of the effectiveness of the conducted activities regarding education, communication and training programmes aimed at raising awareness of tobacco control issues.

It is recommended that a multisectoral national action plan on education, communication, and training be developed as part of an multisectoral national tobacco control strategy. Resources should be allocated to implementation of this plan to strengthen education and public awareness on the consequences of tobacco use and how to quit. Consideration should be given to popular, accessible and low-cost media, including the use of digital technologies, to raise health literacy about tobacco use.

It is also recommended that the MoHCGEC, and all other organizations involved in communications, make efforts to pre-test and rigorously research and evaluate the impact of education and awareness raising activities to achieve the best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

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”.

The Tobacco Products (Regulations) Act 2003 and the Tobacco Products Regulations (2014) prohibit tobacco advertising on TV, radio, newspapers, magazines, and internet communications. However, some forms of advertising are permitted, such as advertising at point-of-sale, advertising in some print media, particular forms of outdoor advertising, and advertising by phone and mail.

There are bans on promotional discounts and product placements in TV and/or films, but many other forms of promotion, including CSR activities, are not prohibited. The Act and Regulations also prohibit direct and indirect sponsorship to persons below the age of 18 years that is associated with tobacco

products or brands, but allows sponsorship in relation to adults, as well as donations to institutions and organizations made with no promotional interest.

The Act also requires that all permitted advertising contain one of the ten health warnings stipulated in the Tobacco Products Regulations (2014).

Level of enforcement

According to GATS 2018, 21.1% of adults noticed cigarette advertisements in stores where cigarettes are sold and 35.3% of adults said that they noticed any cigarette advertisement, sponsorship, or promotion.

According to GYTS 2016, 39.1% of students noticed tobacco advertisements or promotions at points of sale and 55.6% of students saw anyone using tobacco on television, videos, or movies. Some 4.7% of students said they were ever offered a free tobacco product from a tobacco company representative and 6.9% of students had something with a tobacco brand logo on it.

Gaps:

1. Point of sale advertising and tobacco products display on open shelves at point of sale are not banned.
2. Many forms of promotion and sponsorship are allowed, and CSR activities are not prohibited.
3. Sampling of tobacco products and promotional discounts are not banned.
4. Youth exposure to tobacco advertisement is still high.
5. There are limited resources for inspection and enforcement.

It is recommended that the Government review and amend current legislation to implement a comprehensive ban on tobacco advertising, promotion, and sponsorship. Once the legislation is passed, it is recommended to establish a monitoring system to routinely monitor (i) compliance at point of sale, (ii) compliance in print and electronic media, and (iii) compliance with the ban on tobacco sponsorship.

It is recommended to dedicate more resources for inspection and enforcement activities by relevant authorities. It is also recommended that the public and government departments be made more aware of the need to eliminate tobacco advertising, promotion and sponsorship.

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

Currently the United Republic of Tanzania has not implemented any measures beyond the obligations set out in WHO FCTC paragraph 13.4.

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

The United Republic of Tanzania has not yet implemented any measures to ban cross-border tobacco advertising, promotion and sponsorship entering its territory.

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

Article: 14 Measures concerning tobacco dependence and cessation

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

The United Republic of Tanzania has not yet developed national guidelines for tobacco dependence treatment.

It is recommended that Tanzania make full use of the guidelines for implementation of Article 14 of the WHO FCTC in designing and developing its own national guidelines concerning tobacco dependence and cessation, taking into account national circumstances and priorities.

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

The United Republic of Tanzania does not have a national tobacco cessation strategy. Tobacco dependence treatment is very limited and is not integrated into the national health system. There are no national toll-free quit lines. Nicotine replacement treatment or other drugs used for dependence treatment are not available in the country.

Training in tobacco cessation is not included in the curricula for healthcare professionals, and there is very limited capacity amongst health professionals to provide cessation support.

Gaps:

1. The United Republic of Tanzania currently lacks a comprehensive and integrated program on tobacco dependence treatment.
2. Tobacco dependence treatment has not been integrated into the primary health care system.
3. Pharmaceutical products for treatment of tobacco dependence are not available and also not covered by the National Health Insurance.
4. It is not mandatory to record tobacco use in medical history notes.
5. Health workers at primary health care level have not been trained and mobilized to provide cessation counselling and brief cessation advice.
6. There is no established national toll-free quit line for tobacco.
7. Tobacco dependence treatment is not included in the academic curriculum at medical, dental, nursing and pharmacy schools.

It is recommended that Tanzania design and implement a national programme to promote and support the cessation of tobacco use, including developing cessation guidelines, integrating training in tobacco

cessation in healthcare degree curricula, ensuring that primary care providers are regularly trained in brief tobacco interventions, putting in place a toll-free quit line, and integrating tobacco cessation services, including counselling and provision of pharmacotherapy, in the national health care system to help tobacco users to quit.

Article 15. Illicit trade in tobacco products

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

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

The United Republic of Tanzania signed the Protocol on 24 September 2013 but has not yet ratified it. The needs assessment mission team were told that the Government has started the process to ratify the Protocol.

The United Republic of Tanzania has made some progress in controlling illicit tobacco, including:

- facilitating the exchange of information on illicit trade in tobacco products among customs, tax and other authorities.
- Confiscating and, if necessary, destroying illicit tobacco products and equipment used to manufacture illicit tobacco products.
- Implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties.
- Enabling the confiscation of proceeds derived from illicit trade in tobacco products.
- Requiring official approvals for the importation, production and distribution.

It is recommended that the United Republic of Tanzania ratify and implement the Protocol to Eliminate Illicit Trade in Tobacco Products, with a focus on the implementation of an effective tracking and tracing system and the transposition of the Protocol requirements into national laws.

It is further recommended that the United Republic of Tanzania strengthen national, regional, and global coordination/cooperation in combating illicit trade in tobacco products. It is also recommended to increase resources to authorities responsible for tackling illicit tobacco, including for border control.

Article 16. Sales to and by minors

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

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

The Tobacco Products (Regulation) Act 2003 prohibits the sale of smokeless tobacco and the sale of tobacco products to persons under the age of 18.

Gaps:

1. Minors are still able to purchase cigarettes in stores and many are not refused sale because of their age.
2. Enforcement of the law is low.

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

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

There is no law prohibiting the accessibility of tobacco products.

It is recommended to amend tobacco legislation to explicitly ban the sale of tobacco products on store shelves and in other manners that may be directly accessible to young people.

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

There is no law prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors

It is recommended to amend tobacco legislation to explicitly prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.

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

The Tobacco Products (Regulation) Act 2003 prohibits the sale of tobacco products via vending machines and in schools, playgrounds, healthcare facilities and other specified places. However, there are no restrictions on the sale of tobacco products via the internet.

It is recommended that Tanzania prohibit the sales of tobacco products via the internet, which can promote youth access.

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”.

The Tobacco Products (Regulation) Act, 2003 prohibits the sale of smokeless tobacco and the sale of tobacco products to persons under the age of 18. However, there are no restrictions on the sale of single sticks is not banned.

It is recommended to amend tobacco legislation to explicitly ban the sale of cigarettes in packs containing less than 20 sticks. Compliance building among retailers and stronger enforcement of age of sale requirements is needed.

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 report of the 2018 GATS for Tanzania addresses tobacco growing. Tobacco production in the United Republic of Tanzania is mainly carried out by rural peasants in various parts of the country. Over 90% of tobacco grown is exported to foreign markets while the remaining 10% is for the domestic market, purchased by Tanzania Cigarette Company (TCC) and Mastermind Cigarette Company, both located in Dar es Salaam. Between 2010 and 2016, tobacco production increased from 94,200 tonnes to 105,900 tonnes. In 2011/12 the tobacco industry in the United Republic of Tanzania recorded the highest levels of production (126,600 tones) since tobacco growing was introduced in the country in the early 1930s.²³

In 2018, it was reported that tobacco farming contributed just 0.006931 to the country's GDP, and 6.3% of the total value of Tanzania's exports. There were an estimated 60,000 tobacco farmers in the country that year, with the share of tobacco farmers to overall employment at just 0.2327625% . These figures are at odds with the narrative promoted by the tobacco industry and its front groups in Tanzania, which paints tobacco as an indispensable economic commodity and a major source of employment.²⁴

Concern is expressed about the health conditions that tobacco growers can face, as well as evidence about the involvement of child labor in tobacco growing in Tanzania.²⁵

To date, the government has not taken action to explore or promote alternative livelihoods for those engaged in tobacco growing, working, and selling in the country.

Gap:

Inadequate promotion of viable alternative livelihoods for tobacco workers.

With reference to the Policy options and recommendations: Article 17 and 18 of the WHO FCTC²⁶, it is recommended that the the United Republic of Tanzania promotes economically viable alternative livelihoods for tobacco workers.

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

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

Tanzania has not implemented any measures in respect of tobacco cultivation within its territory which take into consideration the protection of the environment or health of persons in relation to the environment. Moreover, Tanzania has not taken any measures in respect of tobacco manufacturing

²³Government of Tanzania (2020). Global Adult Tobacco Survey 2018: Country Report for Tanzania. Available at: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/804/download/6558>

²⁴ Lencucha R, Drope J, Magati P, et al. Tobacco farming: overcoming an understated impediment to comprehensive tobacco control. *Tobacco Control* 2022;31:308-312.

²⁵ <https://www.theguardian.com/world/2018/jun/25/revealed-child-labor-rampant-in-tobacco-industry>

²⁶ [Policy options and recommendations: Article 17 and 18 \(who.int\)](#)

which take into consideration the protection of the environment or health of persons in relation to environment.

The report of the 2018 GATS for Tanzania addresses environmental concerns relating to tobacco growing, describing research on the environmental impact of tobacco farming in Tanzania. The research found that 15% of arable land is cleared for tobacco each year. This has resulted in an average of 3.5% deforestation annually for growing, and another 3% for curing (barn construction and fuel), as farmers require new land to increase yields, because agrochemical means can be too expensive.²⁷

The United Republic of Tanzania is encouraged to maintain knowledge and understanding of the evidence of tobacco's substantial environmental toll, including through tobacco growing, and its negative impact on sustainable development. Tanzania is encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

It is further recommended that the Ministry of Health and the Ministry of Environment work together to coordinate their efforts and put in place an environmental protection plan that addresses the problems of tobacco, particularly from growing.

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”.

Tanzania does not have criminal liability legislation provisions in relation to tobacco or civil liability measures that are specific to tobacco control.

The Workers Compensation Act 2008 and general common law principles may be used to address liabilities resulting from the use of tobacco products. Such provisions and principles may be utilized to effect compensation in appropriate cases for injuries resulting from tobacco use or for reimbursement from medical, social or other relevant costs, although these provisions and principles have not been tested in the United Republic of Tanzania.

The Government has not taken any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

Gaps:

1. There is no provision in tobacco control legislation to deal with criminal and civil liability.
2. Public awareness of the potential utilization of the General Law with regard to cases of liability relating to tobacco consumption is almost non-existent.

It is recommended that the United Republic of Tanzania review and promote the options of implementing Article 19 in its national context, including by utilizing the WHO FCTC Article 19 Civil Liability Toolkit to further understand options relating to liability.

²⁷ Government of Tanzania (2020). Global Adult Tobacco Survey 2018: Country Report for Tanzania. Available at: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/804/download/6558>

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”.

The United Republic of Tanzania has no national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators.

To date, The United Republic of Tanzania has conducted:

- three rounds of the Global Youth Tobacco Survey (GYTS) in 2003, 2008 and 2016;
- two rounds of the Global School-Based Student Health Survey (GSHS) in 2006 and 2014;
- one round of Global Adult Tobacco Survey (GATS) in 2018, and
- two rounds of STEPwise approach to NCD risk factor surveillance (STEPS), one in 2012 for the United Republic of Tanzania, and one in 2011 for Zanzibar.

For each survey, international partners provided financial and technical assistance, including training for key country personnel on survey methodology, implementation, and analysis through international funding.

Gaps:

1. There is no national system for epidemiological surveillance of determinants of tobacco consumption, consequences of tobacco consumption, social, economic and health indicators related to tobacco consumption, and exposure to tobacco smoke.
2. There is scarcity of recent data on prevalence of tobacco use and the role played by demographic and socioeconomic change in the country.
3. There is no research capacity or financial support from the Government to conduct scientific research in this field.

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

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

The United Republic of Tanzania can seek support from the WHO FCTC Knowledge Hub in surveillance to advance implementation of WHO FCTC Article 20.

Article 21. Reporting and exchange of information

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

The United Republic of Tanzania has provided five implementation reports in 2012, 2014, 2016, 2018 and 2020.

The United Republic of Tanzania is encouraged to continue to provide reports on time.

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

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

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

The United Nations Development Assistance Plan (UNDAP) in the United Republic of Tanzania is designed to strengthen the co-ordination and effectiveness of the UN system at national level, as a contribution to Tanzania’s efforts to achieve sustainable poverty reduction and the implementation of human rights.²⁸ Within the UNDAP II (2016-2021), non-communicable diseases (NCD) are mentioned under the ‘Health Nation’ thematic area²⁹ without any specific mention of tobacco control.

The United Nations Sustainable Development Cooperation Framework (UNSDCF), previously named the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. The United Nations Sustainable Development Cooperation Framework for the United Republic of Tanzania 2022- 2027 does not include WHO FCTC implementation.

The Country Cooperation Strategy (CCS) is a document to guide WHO’s work at country-level. The CCS is a medium-term vision for WHO’s technical cooperation with a given Member State, and supports the country’s national health policy, strategy or plan. The WHO Tanzania Country Cooperation Strategy 2022-2027 includes action to “Strengthen the capacity to implement the WHO Framework Convention on Tobacco Control” as a strategic priority.

²⁸ Ibid.

²⁹ United Nations Development Assistance Plan | 2016-2021 (UNDAP II), pgs 71 and 72.

Gaps:

Despite the evidence of the WHO FCTC acting as an accelerator for sustainable development, supporting implementation of the Convention was not identified as a priority in the last UNSDCF.

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

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

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

Article 26. Financial resources

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

Financial resources are necessary for the full implementation of the WHO FCTC. The Government is encouraged to identify sufficient resources for national tobacco control activities.

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

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, which could be funded through tobacco taxes.

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

To date, all tobacco-related surveys and campaigns that have been conducted in the United Republic of Tanzania were supported by international donors. The United Republic of Tanzania is encouraged to fully utilize the bilateral, regional, subregional and other multilateral channels available to secure funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

It is recommended in line with Article 26.3 of the Convention that the Government of the United Republic of Tanzania 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 United Republic of Tanzania is encouraged to further utilize the potential of Article 26.4 to harness the potential of the WHO FCTC as an accelerator for sustainable development. When representing the country in other regional and global forums, the Ministry of Foreign Affairs, the Ministry of Health, Ministry of Finance, and other relevant ministries are encouraged to urge regional and international organizations and financial institutions to provide assistance to LMICs to support the implementation of the Convention.

ANNEX 1
Mission Programme

Joint WHO FCTC Needs Assessment Mission in Tanzania
28 - 30 June 2021

<i>Date: 28 June 2021</i>	
STAKEHOLDERS MEETING	
TIME in Dar es Salaam	ACTIVITY
09:00 - 09:20	Arrival and Registration
09:20 - 09:50	Opening Remarks
09:50 - 10:20	Round of Introductions
10:20 - 10:30	Overview of the WHO FCTC and mission objectives
10:30 - 10:45	The WHO FCTC in the 2030 development agenda
10:45 - 11:00	Tobacco control in the African Region
11:00 - 11:30	Brief report on progress of tobacco control & priorities in Tanzania mainland and Zanzibar
11:30 - 12:00	HEALTH BREAK
12:00 - 12:20	Open forum for Q&A
12:20 - 13:00	Interventions from stakeholders on their roles in tobacco control
13:00 - 13:30	Conclusion and closure of the meeting
13:30 - 14:30	LUNCH BREAK
BILATERAL MEETING #1	
15:00 - 16:00	Meeting with MoHCDGEC, Tanzania Medical and Drugs Authority (TMDA), Ministry of Constitution and Legal Affairs, President's Office, Regional Administration and Local Government Tanzania (PO-RALG) and Prime Minister's Office (PMO)

<i>Date: 29 June 2021</i>	
BILATERAL MEETING #2	
TIME in Dar es Salaam	ACTIVITY
10:00 - 11:00	Ministry of Agriculture and Ministry of Education
11:00 - 11:30	HEALTH BREAK
BILATERAL MEETING #3	
12:00 - 13:00	Ministry of Information, Culture, Arts and Sports, Ministry of Labor, Employment and Youth Development
13:00 - 14:00	LUNCH BREAK

BILATERAL MEETING #4	
14:30 - 15:30	Meeting with Ministry of Finance and Planning, Tanzania Revenue Authority (TRA), Ministry of Trade and Industry, National Bureau of Statistics
BILATERAL MEETING #5	
16:00 - 17:00	Meeting with the Civil Society Organizations: • Community of People Living with NCDs • Tanzania Tobacco Control Forum • Tanzania Non-Communicable Diseases Association (TANCDAs) • TTCF
Date: 30 June 2021	
TIME in Dar es Salaam	ACTIVITY
BILATERAL MEETING #6	
10:00 - 11:00	Meeting with UNRC, UNDP and FAO
11:00 - 11:30	HEALTH BREAK
BILATERAL MEETING #7	
12:00 - 13:00	Debriefing with the WHO Representative
13:00 - 14:00	LUNCH BREAK
BILATERAL MEETING #8	
14:30 - 15:30	Debriefing with the Director of Curative Services or his representative

ANNEX 2

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

NAME	INSTITUTION
Burtona A. Mwasomola	Ministry of Constitutional and Legal Affairs
Emanuel J. Ndolosi	Ministry of Education, Mainland
Veronica Erio	Ministry of Finance and Planning, Mainland
Omary Ubuyu	Ministry of Health, Community Development, Gender, Elderly and Children
James C. Kiologwe	Ministry of Health, Community Development, Gender, Elderly and Children
Rahibu Mashombo	Ministry of Health, Community Development, Gender, Elderly and Children, Legal Unit
Shedrack Buswelu	Ministry of Health, Community Development, Gender, Elderly and Children, NCD Unit
Freddy Kavula	Ministry of Industry and Trade, Mainland
Christopher J. Mgifi	Ministry of Industry and Trade - Mainland
Lucy S. Minungu	Ministry of Information, Mainland
Mary August	National Bureau of Statistics
Grace K. Kazoba	National Consultant
James T. Kengia	President's Office, Regional Administration and Local Government Tanzania (PO-RALG)
Octavian Rutta	Prime Minister's Office (PMO) - Mainland
Alex Juma	Tanzania Medicines & Medical Devices Authority Home (TMDA)
Saada Omary Msuo	Ministry of Education - Zanzibar
Asha Iddi Aslan	Ministry of Information - Zanzibar
Faki H. Faki	Ministry of Health, Zanzibar
Bakari H. Bakar Magarawa	Ministry of Health, Zanzibar
Omar Abdulla Ali	Ministry of Health, NCD Unit, Zanzibar
Rabia Ali Makame	Ministry of Health, NCD Unit, Zanzibar
Abdulrahmani Mwinyipembe	Ministry of Industry and Trade, Zanzibar
Khadija Hamdah Omary	President's Office, Finance and Planning, Zanzibar
Mahmoud Ibrahim Mussa	1st Vice President's Office - Zanzibar
Ashraf Mohammed Abdalla	2nd Vice President's Office - Zanzibar
Bimkubwa S. Mohammed	Zanzibar Bureau of Statistics
Andrew Black	WHO FCTC Secretariat
Patrick Musavuli	WHO FCTC Secretariat
Tih Ntiabang	WHO FCTC Secretariat

Neema Kileo	WHO Country Office
Nivo Ramandraibe	WHO Regional Office for Africa
Dudley Tarlton	UNDP
Deogratius Mkembela	UNDP
Saumya Arora	UNDP
Jeff Drope	Professor at the School of Public Health, University of Illinois Chicago
Rachael Stanton	UNDP
Roman Chestnov	UNDP
Luis D'Souza	UNDP
Amitrajit Saha	UNDP