

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

**Convention Secretariat**

**April 2015**

## **The WHO FCTC**

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

## **The needs assessment exercise**

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).<sup>1</sup>
- The needs assessment is an exercise undertaken jointly with a Government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- Post-needs assessment assistance has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

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

## Executive summary

Togo ratified the WHO FCTC on 15 November 2005. The Convention entered into force for Togo on 13 February 2006. To date, there are 180 Parties to the Convention. Togo also signed the Protocol on Illicit Trade in Tobacco Products on 9 January 2014.

An assessment of the needs for implementation of the WHO FCTC in Togo was conducted jointly by the Government of Togo and the Convention Secretariat on 25 to 29 August 2014, following an initial analysis of the status of implementation, and the challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team led by the Convention Secretariat, which included representatives of the WHO Regional Office for Africa, the WHO Country Office in Togo conducted the mission in Togo together with representatives of the Government. The assessment involved relevant ministries and agencies of the Government, Togo National Assembly and relevant development partners.

The needs assessment report presents an article-by-article analysis of the progress Togo has made in implementation of the Convention, the gaps that may exist and the subsequent possible actions that can be undertaken to fill those gaps. The 15 key elements that need to be put in place to enable Togo to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

1. The WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Togo is obliged to implement its provisions through national laws, regulations or other measures in line with the Convention. There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.
2. Togo adopted Tobacco Control Act in 2010 (the Act). Pursuant to the Act, five Decrees and three bylaws to implement the Act were adopted and promulgated in 2012. The Act domesticates the provisions of the Convention in a comprehensive way. The Act and Decrees together have strong provisions to set up National Tobacco Control Committee, ban tobacco advertising, promotion and sponsorship comprehensively, ban sales to and by minors. The Act also has provisions on the regulation of the contents of tobacco products and disclosures. [The process to set up this Committee is ongoing.](#)
3. The provisions related to smoke free policies in the Act still allow designated smoking areas in a few public places. Togo is obliged to provide universal protection to prevent exposure to tobacco smoke in indoor public places, work places, public transport and as appropriate, other places within five years of the Convention entered into force in Togo 2011. It is recommended that Togo amend the Act and relevant regulations in due course to be fully compliant with the obligations under the Convention.
4. While the Act and the regulations have provided full legal basis for Togo to introduce pictorial health warnings and plain packaging. Togo has so far launched textual health warnings with 65% of principal display areas of tobacco packaging to be implemented from 1 September 2014. It is therefore recommended that the Ministry of Health implement large size pictorial health warnings at the earliest.

5. Most importantly, the Act and regulations have not been fully implemented and enforced. The need for putting enforcement training has been identified by various ministries. It is recommended that the Ministry of Health work very closely with the Ministry of Security and Civil Protection to develop a circular to inform all police officers and other law enforcement personnel on the Act and the regulations. Ministry of Health shall similarly provide the Ministry of Justice copies of the Act and regulations to be distributed among the judicial authorities countrywide. It is recommended that training should be provided to law enforcement officials and judges under the judicial system with the technical support and guidance from the Ministry of Health, in near future.

6. 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. Togo's National Health Development Plan (2012-15) identifies Noncommunicable disease prevention including tobacco control as a priority. A multisectoral Integrated Strategic Plan on Noncommunicable Diseases (2012-2015) also exists. The specific indicator is to reduce smoking prevalence from 8.5% to 6.4%. Although activities have been budgeted, funds to implement them have not been allocated. Further, it is encouraging to notice that the UNDAF (2014-18) already includes the support of the NCD including WHO FCTC and tobacco control as a priority. It is therefore recommended that Togo, after the needs assessment mission, while making an effort to implement the existing strategic plan on NCDs and to align it with the National NCD programme action plan 2013 to 2020, develop a multisectoral action plan for the implementation of the Convention with clear timeline, objectives and expected outcomes. Resources of implementation of the plan should also be clearly identified and allocated.

7. The tobacco control focal point is within the Noncommunicable disease programme. Currently there is no full time staff for tobacco control. There is also no separate budget line for tobacco control and no office space allocated for the focal point. A NCD working group has been functional for more than two years with focal points on NCD designated in all ministries. This group is also involved in the implementation of the Convention. The Act has a provision to establish a National Tobacco Control Committee under the chairmanship of the Minister of Health. However, the Committee has not been nominated yet. It is therefore recommended that the National Tobacco Control Committee be established as soon as possible and continue to utilize the NCD working group as a technical body to support its day to day implementation. It is also recommended that a separate budget line in the Ministry of Health should be established for tobacco control which should include funds to support the full time national tobacco control focal point and necessary staff and facilities and to periodically convene the National Committee and the working group.

8. It was reported that there was a lot of interference from tobacco industry during the process of adoption of the national legislation and now during implementation of the Act and the regulations/Decrees. In particular, it was reported that the Act has been weakened in some key provisions such as 100% smoke free public places and increasing tobacco taxation at both national and regional level, etc. A Decree on code of conduct for civil servants in implementation of Article 5.3 and its guidelines has been drafted. It is therefore recommended that the Decree be adopted and promulgated without any further delay.

9. The Government of Togo fully recognizes the price and tax measures as effective and important means of reducing tobacco consumption and achieving better health outcome. Togo applies WAEMU's (West African Economic and Monetary Union) Regional Directive on Taxation. The current maximum ad valorem tax ceiling is 45%. This is a result of gradual increase from 35% in 2010 to 40% in 2012 and to 45% in 2013. WHO Regional Office for Africa (WHO AFRO) has been working with the Government of Togo and WAEMU on tobacco price and tax policies for a couple of years. It is therefore recommended that the Government of Togo continue to work closely with WHO AFRO in increasing tobacco price and taxation and act as a strong advocate to promote the policy change at the WAEMU level.

10. Education, communication, training and public awareness are important provision of the Convention. The Ministry of Health together with other ministries, NGOs and media group have conducted a lot of activities to educate the public, conduct campaigns and train different groups. The international team has constructive meetings with the Secretary General of the Ministry of Communication, Culture, Art and Civil Training and the directors of the National radio, TV stations and print media, in particular those owned by the public. They fully recognize the important role that the Ministry and the media can play and free air time should be provided for future audio/video spots to raise awareness of the harmful effect of tobacco control. The Ministry of Health will continue to work closely with the Ministry of Communication Culture, Art and Civil Training and all the media. The Secretary General of the Ministry of Agriculture, Animal Livestock and Fishery is committed to utilize the communication network of the Ministry to sensitize the rural population on tobacco control issues in conjunction with their existing activities such as on HIV/AIDS. The Ministry of Health is committed to provide relevant materials. The Ministry of Primary and Secondary Education is committed to review and include tobacco control in the curricula. It is recommended that all relevant ministries work together to develop multisectoral education and communication strategy.

11. Togo shall develop and disseminate appropriate, comprehensive and integrated guidelines and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence. Togo included tobacco treatment drugs in national essential drugs lists. Togo has not yet developed the guidelines and provided cessation and treatment of tobacco dependence. Training of experts for cessation support and counselling has not been conducted. Upon request, WHO AFRO shall provide support in developing national cessation guidelines for tobacco dependence and treatment and training of trainers to strengthen primary health care systems to support cessation and treatment of tobacco dependence.

12. United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The current UNDAF (2014-2018) has included the implementation of the WHO FCTC. The international team met the UN Resident Coordinator (UNRC), the Representative of UNFPA, and the Representative of WHO and brought this to their attention. It is therefore recommended that the Ministry of Health follow this up with the WHO and the UNRC to ensure that supporting implementation of the Convention is included in the programme activities of the current UNDAF.

13. Addressing the issues raised in this report, including particular attention given to treaty provisions with a deadline (Articles 8, 11 and 13 and corresponding implementation guidelines) will make a substantial contribution to meeting the obligations under the WHO FCTC and improvement of the health status and quality of life in Togo.

14. 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. Togo is strongly encouraged to follow these guidelines in order to fully implement the Convention.

15. The fifth session of the Conference of the Parties adopted the Protocol on illicit trade in tobacco products. Currently 54 Parties of Convention signed the Protocol. Togo signed the Protocol on 9 January 2014. The Ministry of Health and the Ministry of Foreign Affairs and Cooperation are planning to speed up the approval process of accession to the Protocol. It is recommended that the Government speed up the procedure in acceding to the Protocol.

Addressing the issues raised will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life in Togo. As Togo addresses these areas, the Convention Secretariat in cooperation with WHO and other relevant international partners is available and committed to providing technical assistance in the above areas and to facilitating the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. The Convention Secretariat is also committed to providing the following assistance upon the request of the Ministry of Health : (1) to support and facilitate the national multisectoral stakeholder workshop to consider the needs assessment report and develop the multisectoral National Tobacco Control Strategic/Action Plan, (2) to provide support for the establishment of a multisectoral National Tobacco Control Committee, (3) to provide immediate support for any priorities identified by the Ministry of Health and any other relevant ministries, (4) to provide support for law enforcement training, and (5) to provide expert and technical assistance to develop media strategy and materials (audio-visuals) for state radio and television.

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

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

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

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

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

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

***It is recommended that the Government, while working on meeting the obligations under the Convention, also identifies areas in which measures going beyond the minimum requirements of the Convention can be implemented.***

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

Togo has not reported bilateral or multilateral agreement in the most recent implementation report submitted in 2014. During the mission some stakeholders mentioned agreements between Togo and the WAEMU on external trade at sub-regional level were relevant.

#### **Gaps –**

1. There is a lack of awareness of the obligation under this Article and the proactive role that all relevant ministries need to play in the reporting process.
2. No agreement has been reported to date.

***It is recommended that Government of Togo raise awareness about this obligation, and take more proactive role in identifying any kind of bilateral or multilateral trade agreements signed by Togo, and report them through the WHO FCTC implementation report or at any appropriate time.***

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

The Preamble of the Convention emphasizes *“the special contribution of nongovernmental organizations and other members of civil society not affiliated with the*

*tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts”.*

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

Togo recognises the work achieved by the civil society and their continuous support and collaboration with the Government. The Decree establishing the national coordination mechanisms (see Art 5.2.(a) hereafter) includes one nongovernmental organization working for tobacco control as one of its nine members. Some other Decree, such as Decree No. 2012-046 / PR (concerning the prohibition of smoking in public places), also stipulates that “organizations of civil society and religious leaders, not affiliated with the tobacco industry or with institutions or persons defending the interests of the tobacco industry, have a role to promote health, particularly through information, education and communication to change behaviour” (also see related Art 12 in this report).

In Togo there are not many NGOs active in tobacco control, and the main actors are the National Alliance of Consumers and Environment Togo (ANCE-Togo), the Alliance for Tobacco Control in Africa (ATCA) and REJAT-Togo, a network of journalists involved in communication on tobacco control created in 2009, which have played a good part throughout the whole process of the implementation of tobacco control in the country. The NGOs are working closely with MOH, and are also considered by other actors such as the National Assembly which invites civil society together with MOH to submit tobacco control bills.

The members of ANCE-Togo led actions and events to raise awareness and inform States Actors and the civil society on socio-economic and health impacts of smoking, to advocate for funding for the tobacco control at national scale, to develop with MOH and disseminate the content of the law and its implementing regulations, and for their effective implementation, to strengthening the capacities of actors on the legislation on labelling of tobacco production the ban of smoking in public places, for which they have sensitized hotels. CSOs also supported MOH to develop the order related to Article 5.3. to ensure that a legal provision exists and is integrated, and confirmed their commitment to work with MOH to accelerate ratification process of the Protocol. The monitoring of the industry will also be part of their future activities. Some of these interventions are directly budgeted from the budget line of the MOH. In this context, CSOs are still working closely in coordination with the Government.

The REJAT is composed of people from the private and public media (printed and audio-visual). It has conducted sensitization sessions for young students and bus drivers, has encouraged the nomination of tobacco control focal points in the schools, and organized talk shows on channels, various blogs to educate our readers. Some projects could not be implemented for lack of resources.

This obligation has been met by Togo.



## **General obligations (Article 5)**

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

Togo adopted a National Health Development Plan (2012-2015) composed of five programmes, which programme number 4 aims at fighting against NCD (Noncommunicable Diseases). Togo has an Integrated Strategic Plan Disease Control on NCD (2012-2015), and an “integrated tobacco control strategic plan” into the main NCD plan. The tobacco control objectives are to: 1° reduce the supply and affordability of tobacco products and of alcohol, 2° develops tobacco control regulations and implement the 2010 tobacco control Law passed by the National Assembly. There is no isolated “tobacco control Programme” as such, as it could not be financed separately.

MOH is now in a new process to develop a national NCD strategic plan including tobacco control until 2020.

Gaps – Despite the fact that NCD and tobacco control are prioritized in all national strategic document, there is no more tobacco control programme, and the country does not have a sectoral tobacco control plan under the Integrated Strategic Plan Disease Control on NCD.

***It is therefore recommended that Togo highlight implementation of the WHO FCTC in the National Health Development Plan as an effective tool in prevention and control of Noncommunicable diseases in order to achieve its public health objectives. It is also recommended that a multisectoral strategy and plan of action for implementation of the Convention be developed and implemented. The needs assessment report can serve as a base and a reference document in developing such a strategy and action plan. It is further recommended that the MOH should organize a high-level workshop with the relevant stakeholders, including representatives from the 5 Regions, in order to launch and disseminate both the needs assessment report the National Tobacco Control Strategy and the Action Plan, and launch them once they are finalized and officially approved.***

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

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

A national focal point for tobacco control has been established and financed, is working part time on tobacco control and work as a clinician the rest of the time. Togo has also technical NCD focal points in several Ministries.

Togo have established a National Committee for Tobacco Control (CNLT) through the 2010 ACT in its chapter VII (in Art 32, 33 and 34), and in the Decree No. 2012 – 050 / PR taken by the Council of Ministers. This committee is a higher level political committee for tobacco control only. The above technical committee composed of NCD

focal points of relevant ministries. According to the legislations, the CNLT is placed under the supervision of the Ministry of Health. Its mandates include developing major strategic approaches, organizing and coordinating tobacco control activities in Togo.

The composition and operational process of the CNLT for the Campaign against Tobacco have been determined by the above Decree of the council of ministers. The CNLT is to be composed of nine members, who are representatives of several Ministries (Health, Communication, Commerce, Agriculture, Territorial Administration and Decentralization, Tourism), but also of the universities of Togo, of the WHO, and of NGOs, for a term of three years. Next step for Togo is to designate the members.

Gaps –

1. The members of the CNLT have not been designated yet.
2. The funds for the operational functioning of the CNLT have not been allocated (while the Decree related to CNLT stipulates that the means for its operation are to be provided by the budget of the State and from the contributions of its technical and financial partners).

***It is therefore recommended that the national coordinating mechanism involving all key stakeholders be urgently established, with clear mandate and funding to meet the obligations under the Convention. While the MOH should take the lead in implementing the Convention, other relevant ministries should allocate staff time (e.g. to NCD or health focal points) and budget to support implementation of the Convention. It is recommended that the Health Commission of the National Commission of Togo be represented as well in the CNLT. To allow the operationalization of the committee, and as an obligation related to the FCTC, it is important that Togo provides a separate budget line for these mechanisms and programmes.***

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”.

Togo adopted its tobacco control Act in 2010 (the Act). In 2012, five Decrees and two bylaws to implement the Act were adopted and promulgated. The Act domesticates the provisions of the Convention in a comprehensive way. The Act and Decrees together have strong provisions to set up National Tobacco Control Committee (CNLT), ban tobacco advertising, promotion and sponsorship comprehensively, ban sales to and by minors, and establishes smoke-free public places, rules for the packaging and labelling of tobacco products. The Act also has provisions on the regulation of the contents of tobacco products and disclosures, but need a Decree to implement these provisions.

Togo adopted five enforcement Decrees of the 2010 Tobacco control Act: 1° the Decree No. 2012-046/PR concerning the prohibition of smoking in public places; 2° the Decree No. 2012-047/PR concerning modalities for the implementation of rules concerning packaging and labelling of tobacco and its derivative products; 3° the Decree No. 2012-050/PR concerning the composition, attributions and functioning of the National Committee for Tobacco Control; 4° the Decree No. 2012-071/PR Concerning regulation

of points of sale of tobacco and its derivative products; 5° the Decree No. 2012-072/PR concerning the prohibition of advertising, promotion and sponsorship of tobacco and its derivative products in Togo. The related orders of these Decrees were published in the Official Journal in August 2013.

Four administrative orders were issued by the Ministry of Health in August 2013: 1° Administrative Order No. 136/2013 of August 20, 2013 Concerning the List and Rotation of Health Warnings to Be Printed on Packaging Units of Tobacco and its Derivative Products; 2° Administrative Order No. 137/2013 of August 20, 2013 Determining the Procedures for the Printing and Formatting of the Borders of Health Warnings and Other Specifications; 3° Administrative Order No. 138/2013 of August 20, 2013 Determining the Procedures for the Establishment of Smoking Areas in Public Places Where Smoking is Prohibited; and 4° Administrative Order No. 139/2013 of August 20, 2013 Determining the Templates for Signs Banning Smoking in Public Places and Indicating Areas Set Aside for Smokers (For instance, 12 health warnings will exist, and each two years 4 warning will be used (see related rotation information), from 1st September 2014 to December 2015).

The international team provided detailed comments on the Act during the mission. Further details are also included in the relevant sections of the report on specific articles that follow.

#### Gaps –

1. The Act still needs further improvement, as certain provisions such as smoke free policies and packaging and labelling are still not fully in line with the obligations under the Convention.
2. Although Product regulation and emission are in the law, there is no Decree to implement such provision.
3. Enforcement of the tobacco control legislation is still weak.

***It is therefore recommended that the Act be amended to better implement Article 8 on smoke free places and its guidelines. It is recommended that Togo develop and introduce a Decree on pictorial health warnings and another Decree on product regulation and emission.***

Article 5.3 stipulates that in setting “public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”.

The guidelines for implementation of Article 5.3 recommend that “all branches of Government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible”.

The Togolese tobacco control Act totally ban to grant any subsidies or offer any incentives from the State in favor of the growth or processing of tobacco (in Art 16), ban sponsorship by tobacco industry or any entity (in Art 9) and provides code of conduct for any employee or representative of the State regarding the violation of the Act by becoming an accomplice of tobacco industries or by participating or accepting illicit trade, with related imprisonments and fines or both (in Art 28). The related Decree 2012/50

prevent having members of the CNLT having an association or direct or indirect interest with the tobacco industry, or with any other person or entity that manufactures, imports, supplies or distributes tobacco and its derivative products (in its Article 6). The same Decree on the code of conduct stipulates that *“Prior to assuming their duties, all members of the CNLT must sign a declaration of no conflict of interest with the tobacco industry and all those who defend its interests”*.

The signed, Code of conduct, taking the form of a Ministerial order was developed on the basis of Art 28 of the 2010 Act, and was also developed because Togo suffer from tobacco industry interferences. This order will be soon issued by the secretariat of the MOH. Only MOH will sign it but it will apply for all the civil servants of the State, and stipulates by the Act.

The current Togo legislations contain gaps because of tobacco industries interferences before enactment of the texts (i.e. some decrees were cancelled and had to be to reintroduce). For example, the MOH wanted pictorial warnings (images) to be contained for the large illiterate part of the Togolese population.

Regarding subsidies from Tobacco industries, Art 16, chapter V, of the 2010 Act stipulates that *“the State may not grant any subsidies or offer any incentives in favour of the growth or processing of tobacco”*.

#### Gaps –

1. There is no law or policy that explicitly requires public officials to comply with the requirements of Article 5.3 and its guidelines.
2. There is no regulation to ban those activities described as “socially responsible” by the tobacco industry and importers.
3. There is a lack of awareness of Article 5.3 of the Convention and its guidelines among public officials.

***It is therefore recommended that Togo include the obligations under Article 5.3 in tobacco control legislation. It is also recommended that Togo implement the Decree that were adopted to implement the 2010 Act. It is further recommended that Togo raise awareness on protection of public health policy from the vested interests of the tobacco industry and importers among all Government agencies, public officials including from the parliamentarians and the government officials.***

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

Togo participated in almost all sessions of the COP and of the INB sessions. Togo has also participated in the working group on Articles 12 established by the Conference of the Parties.

Further cooperation and participation in intergovernmental processes in this regard will be highly appreciated and will facilitate Togo’s 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*”.

There are very few of examples of cooperation between Togo and international organizations. Togo has however cooperated with WHO.

Togo has not broadly met its obligations under Article 5.5 of the Convention. Further details on international cooperation are given under Article 22.

Article 5.6 calls on Parties to “*within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms*”.

Togo has not sought and received funding from bilateral and international agencies.

***Togo is encouraged to seek further support for tobacco control measures and implementation of the Convention in line with Togo’s obligations under Article 5.6.***

### **Price and tax measures (Article 6)**

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

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

The Guidelines for the implementation of Article 6 emphasize that “tax and price policies are widely recognized to be one of the most effective means of influencing the demand for and thus the consumption of tobacco products. Consequently, implementation of Article 6 of the WHO FCTC is an essential element of tobacco-control policies and thereby efforts to improve public health.” It also identifies that “Determining tobacco taxation policies is a sovereign right of the Parties” and “Tobacco tax policies should be protected from vested interests” as two important guiding principles among others which underpin the implementation of Article 6.

In the 2010 Act, under chapter V “financial and tax provisions”, Art 18 stipulates that “*the rate of taxation for tobacco and its derivative products must be set in accordance with the general tax code and the community legislation in force*”.

In Togo, the excise duty on manufactured and imported tobacco products is composed of only ad valorem tax. As defined by the law, the statutory rate of 45% applied on the Cost Insurance Freight value (CIF, value declared at customs, when the product is imported). The rate increased from 35% in 2010, to 40% in 2012 and to 45% in 2013. Belonging to the West African Economic And Monetary Union (WAEMU), together with seven other African States using the common CFA currency (African Financial Community currency), Togo is bound by WAEMU’s policies and fiscal directives. The current tax regulation for

Togo follows the WAEMU directive, which requires countries to have an Excise tax (Ad Valorem tax) with a bracket of 15 to 45% (the maximum rate level). Currently Togo is among the leading countries of the WAEMU region who has reached the maximum level for the ad valorem tax (in 2014, the other WAEMU countries who applied also the 45% rate were Benin, Guinea-Bissau, Niger and Senegal). In effect, the 45% rate is very low because it is based on the value of imports, which is a value set at the discretion of the importer, and usually declared at a very low value. When converted into a proportion of the price of a common brand of cigarettes sold in the retail market, the actual proportion of the excise tax is only 8.3% (WHO estimates for July 2014). Togo and other countries from both ECOWAS and WAEMU are developing a new policy on taxation for the region.

Several custom officers involved in the legal division of tax issues attended training on tobacco control. The customs are also in direct contact with MOH and have been invited to trainings or information sessions.

The MOH of Togo is following for the preparations for the revision of the WAEMU directive to see how they can provide input to it, but they are encouraging the WAEMU reflections for a higher taxation. Togo was advised by WHO AFRO to take the lead in the process of removing the maximum limit for the excise ad valorem taxes.

#### Gaps –

1. Currently the tobacco product taxation level is still very low.
2. The government is currently limited in action with regards to tax policy development given that they have reached the maximum excise tax rate as set by the Directive of the WAEMU. Therefore, taxes cannot increase unless the WAEMU Directive is revised.
3. Current tax rates do not take into account changes in household incomes and have not kept up with inflation in the past 2 years.
4. There is no retail tax for tobacco products.

***Because of the restrictions imposed by the WAEMU Directive, it is recommended that the Government works with other WAEMU Member States to revise the current Directive and remove the cap on the tax rate imposed on tobacco products. Additionally, in order to avoid the problem of under-reporting of the value of tobacco products by importers and the tobacco industry in general, it is recommended that the Government actively proposes in the revised WAEMU Directive to impose an ad valorem on the retail price rather than the CIF value or producer price and to introduce either a specific excise in addition to the ad valorem or a minimum specific excise tax to the ad valorem rate. The specific component of the excise tax should also be automatically adjusted to inflation to ensure a real increase in taxes and prices that would lead to a reduction in tobacco consumption. It is also recommended that tobacco products other than cigarettes be taxed in a comparable way to limit substitution among products.***

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

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

In the 2010 Act, under chapter V “financial and tax provisions”, Art 17 stipulates that *“tobacco and its derivative products may not benefit from tax exemptions”* prohibiting the sales of “duty free” tobacco products in the country. MOH trained the staff of these shops on Art 17 of the Act.

There is no clear regulation about imported quantity that international travellers can bring into in the country. Customs officers have the right to seize cigarettes packs based on the daily consumption, and face difficulties in seizing the packs in the absence of a clear regulation.

Gaps – There is no clearly defined duty-free allowance of a certain number of packets of cigarettes for each international traveller

***It is recommended that the Government of Togo put in place measures to prohibit or restrict, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products”.***

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

Togo has provided this information in its implementation reports submitted in 2011 and 2014, and has therefore met the obligations under Article 6.3.

### **Protection from exposure to tobacco smoke (Article 8)**

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

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

Togo enacted its tobacco control Law in 2010 which includes Articles on smoke free policies in public places (Art 2 and 11). The implementing Decree No. 2012-046 / PR was then approved in 2012, showing the specificity technical requirements.

After a sensitisation time of 9 month after the validation of the Decree, and despite a real commitment from MOH and Civil society, the enforcement and monitoring are still weak.

Art 3 of the Decree No. 2012-046 / PR is about enforcement of the legislation and stipulates that *“all services of regulatory inspection, such as general inspections by health authorities, labor inspectors, as well as inspections by the police and constabulary, are concerned with the enforcement of the measures promulgated”*. Currently in Togo, the

trade inspectors are the Law enforcement agents. During the mission the General Secretary of the Ministry of Trade and Private Sector Promotion was committed to make sure to set up a brigade to enforce the application of the Convention with support of the CSOs directly in contact with MOH. And Article 7 of the same Decree stipulates *“Persons subject to the provisions of this Decree are given a period of nine (9) months counting from its publication to enter into compliance with it”*.

Art 26 of Chapter VI of the Act stipulates the fines in case of offence related to smoke free places, for individuals and an institution. Art 6 of the implementing Decree No. 2012-046 stipulates the criminal penalties in case of violations of the provisions of this Decree, including that operating licenses may be withdrawn. But before seizing and arresting people, MOH first wants to sensitize the public on the legislations, then will penalise according to the provision of the Law. The sensitizations will take place until Togo set up the National tobacco control Committee, at the political level to involve all the officials of relevant ministries.

Currently, public health advocacy materials are not widely spread in Togo as the MOH does not have the appropriate financial means yet. MOH had to ask an NGO to print series of thousands of warning messages for hotels and restaurants. The civil society is indeed also monitoring the implementation of the law by moving from an hotel to another to check if the law is respected, distribute the printed stickers to hotels, and they informed the people what are the challenges and make recommendations. MOH had a meetings at national and decentralized level, with opinion leaders, hotels, and local television and radio to sensitize them for the law and related punishments. MOH has already printed the material on the ban of public places, and disseminated in the country, and conducted a workshop for the focal points at the local level.

In General, smoking ban in hotels and restaurants is enforced (smoking ban on doors / windows and/or circular note displayed on indoor walls). Staff of the hotel were attentive and quickly react to invite people who tried to smoke inside to go outside. In educational institutions, and before 1980, there was already a circular note from the Ministry of Education that had banned smoking in school places, and Togo currently has smoking bans in schools including in the play grounds.

However, the Act is not yet 100% smoke-free, as its Art 12 made an exemption stipulating that *“In the following public places, places or spaces must be provided for smokers: maritime transport vehicles; public bus stations, ferry terminals, ship terminals, railroad stations, air terminals; hotels, restaurants and bars”*, and that *“the areas provided for smokers are to be prominently indicated by signs”*. Art 4 of the related Decree makes the same exemption.

However, the 2013 year Global Youth Tobacco Survey (GYTS) indicated that 25.9% of youth aged age 13 to 15 years (28.9% of boys and 21.6% of girls) have been exposed to tobacco smoke inside any enclosed public place, and 26.6% of them (28.8% of boys and 23.4% of girls) have been exposed to tobacco smoke at any outdoor public place. This high percentage of young people who have been exposed to tobacco smoke indicated that much work remained to be done in implementing Article 8 and its guidelines.

Gaps –



1. Togo is not 100% smoke free, loopholes still exist in the legislations.
2. Exposure to tobacco smoke among the youth remains high.
3. Togo has not met the 5 year deadline.

***It is recommended that Togo amend the Act and the Decree to be fully in line with Article 8 and its guidelines and implement 100 % smoke free policies in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.***

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

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

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

Article 3 of the Act<sup>1</sup> aims to regulate the contents and emissions of tobacco products. But Togo has not developed the related regulations yet.

#### **Gaps –**

1. No implementing Decree has been developed and validated yet to implement this section of the Act, and the Government has not yet provided measures to ensure that tobacco industries complies.
2. The competent authority has not designated a laboratory for the testing of tobacco products.

***It is recommended that relevant legislation and regulations be developed that include testing and measurement of the contents and emissions of tobacco products in order to implement the guidelines on Articles 9. It is further recommended that the government require that the tobacco industry should bear all the costs of these testing requirements. It is also recommended that the MOH assess the arrangements for testing, utilizing a capable laboratory in the region through bilateral arrangements.***

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”.

Art 3 of the 2010 is about tobacco products disclosure and stipulates, in compliance with Art 10 of the Convention, that “Any manufacturer or importer of tobacco products has an obligation to notify the competent authorities of the Government of Togo of information concerning the composition and emissions of tobacco products in accordance with the

test methods approved by the World Health Organization (WHO), and that “this information is available and accessible to everyone”. The MOH has organized meetings with manufacturers inform their obligation under the law. But Togo has not developed the related regulations yet.

Gaps –

1. No implementing Decree has been developed and validated yet to implement this section of the Act.
2. The testing, submitting of reports and disclosing of contents and emissions of tobacco products have not been enforced.

***It is therefore recommended that Togo take action to ensure that the manufacturers and importers disclose to Government authorities the contents and emissions of tobacco products. It is also recommended that Togo enforce the requirement to submit reports. It is further recommended that Togo enable public access to information submitted by the tobacco industry.***

**Packaging and labelling of tobacco products (Article 11)**

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

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The three-year deadline from the date of entry into force of the Convention for the Party, of 13 February 2006 for Togo, has not been met. The measures for which a deadline applies are given in **Table 1**, below.

Articles 4, 5, 6, 7 of Part II of the 2010 Act and Decree No. 2012 – 047 / PR refer to measures covered by Article 11 of the treaty. The Act stipulates requirements on the size, content of health warnings and requires information on relevant constituents and destination of the tobacco products of health warnings, plus the number of cigarette per pack. Currently, Togo already has health warnings in cigarette packs, and will soon implement the prohibition of the sale of cigarettes individually.

Plain packaging is required in the Act, requiring that each 2 years the packaging is renewed from 2014, and is compliant with the size of the health warnings on cigarette packs (and intend to have a 65% health warnings on cigarette packs), but only textual warning have been implemented. And although the related implementing Decree No. 2012 – 047 / PR is comprehensive regarding health messages, aligned with the guidelines for implementation of Art 11, and has been implemented since September 2014, it does not cover neither the images nor pictograms.

**Table 1. Comparison of the treaty requirements and level of compliance with these requirements in Togo, concerning measures under Article 11.**

| Paragraph in Art. 11 | Content  | Level of compliance | Comments and identified Gap(s)                |
|----------------------|--|---------------------|---|
| 1(a)                 | tobacco product packaging and labelling do not promote a | OBLIGATION MET      | Article 7 of the ACT exactly provides for the |

|           |   |                    |   |
|-----------|---|--------------------|---|
|           | 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”. |                    | implementation of this measure, and is since September 2014 implemented in Togo.  |
| 1(b)      | Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.   | IMPLEMENTED        | Article 6 of the Act, and related Decree, requires packaging and labelling to contain information on health hazards in kind of messages. Textual warnings have been implemented (since August 2014, during the mission).  |
| 1(b)(i)   | [The warning] shall be approved by the competent national authority.  | IMPLEMENTED        | Decree has been developed based on Art 6 of the Act stipulating that “ <i>a Decree of the Council of Ministers determines the list of health warnings, their policies, dimensions and colors</i> ”.   |
| 1(b)(ii)  | [The warnings] shall be rotating.   | IMPLEMENTED        | Togo has 12 warnings and four are currently used at the same time for a period of 2 years   |
| 1(b)(iii) | [The warning] shall be large, clear, visible and legible.   | IMPLEMENTED        |   |
| 1(b)(iv)  | [The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.  | IMPLEMENTED        |   |
| 1(b)(v)   | [The warning] may be in the form of or include pictures or pictograms   | OBLIGATION NOT MET | Health warnings are textual only  |
| 2         | Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.  | IMPLEMENTED        | The implementation Decree No. 2012 – 047 / PR stipulates that apart from health warnings, packs and cartons of cigarettes must include information on ingredients and emissions, and this must appear on packs and cartons on the sides that do not include health warnings. (Also see Art 3 of the Act stating that it is mandatory to disclose information on the composition and emissions of tobacco products to Togo Government in accordance with the test methods approved |

|   |  |             |   |
|---|--|-------------|---|
|   |  |             | by the World Health Organization (WHO), and that this information is available and accessible to everyone). |
| 3 | Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages. | IMPLEMENTED | Well described in the related Decree.   |

Gaps – The warnings do not include picture and pictograms.

***It is therefore recommended that the Government of Togo implement effective pictorial health warnings. It is also recommended that the MOH develop a new Decree to introduce pictorial health warnings in line with the Article 11 and its guidelines. It is further recommended once a national quit line is operational, its number be included on tobacco packaging.***

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

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

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

The Ministry of Health has conducted several tobacco control activities such as: i) public awareness-raising sessions with the population showing the harmful effects of smoking on the body, ii) sensitization sessions through the media, iii) talks on tobacco to the radio in the north of Togo with opinion, religious (imams) and traditional leaders, the police, and women's groups. The MOH also launched a campaign on NCDs (Noncommunicable Diseases), including a spot on tobacco ready to be distributed by the media, which was shared with communication specialists of the Ministry of Communication, Culture, Arts and Civic Education (MOC).

The MOC have regular request from different Ministries to make a feature and/or spot on a topic and to disseminate it through the national radio and the community radio.” Togo has three national public service channels: a national television (TVT Television Togo), two public radio stations (radio Lomé and Kara radio), covering the entire territory, supplemented by proximity community radio in each prefecture, and manage electronic media. Togo also created rural radio stations, and have another radio based in other main cities, which covers the entire country.

The Ministry of Social Action and the Promotion of Women and Literacy use the national language, and began in 1962 to include tobacco control in the curriculum of the training of social workers, organize educational talks, integrate tobacco control in their educational brochures, and in their traditional education stating that smoking kills. TV and radio also uses the focal point of the Ministry of Social Action as a resource person. This is part of their program of Youth Protection to protect youth against drugs and tobacco. They provide preventive information on all diseases.

Before 1980, there was already a circular note from the Ministry of Primary and Secondary Education (MPSE) that banned smoking in school place, which is also stated in the rules of the schools. The Tobacco control Act has recently ban smoking in schools including in the play grounds. But, according to the MPSE, while it is forbidden to sell cigarettes to under 18 y/o, and around schools; and the students, and teachers, are already informed about tobacco harm. The GYTS and the study on the use of drug and alcohol revealed the importance of tobacco in Togo schools and the MPSE is committed to fight against all these topics educating people through a specific health programme. For the secondary schools, the MPSE will have the curricula including tobacco control for the end of 2014. The ministry still need to elaborate the content of the trainers' curricula and intend to have a specific manual for the students, but need financial support to implement it and trained them.

The Ministry of Agriculture, Husbandry and Fisheries (MOA) has also good network of community workers on the ground who are already mainstreaming HIV/AIDS (and currently on the Ebola virus) with their target groups and peasant associations. MOA is committed to use this network to mainstreaming the fight against tobacco, particularly on the basis of leaflet, to be distributed that would be produced by the MOH, to the Communities.

As mentioned under article 4.7. of this report, CSOs have supported the establishment of the network of journalists involved in communication on tobacco control to inform the public on what has been done until today. CSOs have also led actions and events to raise awareness on different tobacco control issues and have sensitized the hotels.

Article 32 of Chapter VII of the 2010 Act mandates the National Committee on tobacco control to strengthen information, education and communication activities concerning the harms associated with tobacco consumption and the benefits of cessation.

Gaps –

1. Action plans for the implementation of an 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 is no sustained mass media campaign targeting all relevant segments of the society and limited training, on tobacco control among key target groups, such as media professionals, health professionals.
3. Currently there is no free air time allocated to broadcast tobacco control campaign messages.

*It is recommended that Togo develop a comprehensive, multisectoral, national action plan on education, communication and training in the overall national action plan, indicating the mandate of relevant ministries, and resources allocated to its implementation. It is also recommended that Togo has a nationwide campaign which can be via short radio spots or television clips. It is recommended that the Ministry of communication Culture, Arts and Civic Education support the multisectoral implementation of the Convention making free air time available for the MOH via an official note. It is recommended that the MOC work with Ministry of Health to disseminate tobacco control legislation throughout the country through official media, and continue to support MOH in education the public about the harmful effect of tobacco consumption and explore to tobacco smoke. It is recommended that MOH together with MOC to conduct training with the journalists on all legislative gaps. It is also recommended that the 243 Magistrates from the Ministry of Justice and Institutional Relations of the Republic, as well as the enforcement agents of the judiciary system, are trained on the new Act and Decrees.*

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

### **Tobacco advertising, promotion and sponsorship (Article 13)**

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

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

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The five year deadline from the date of entry into force of the Convention for the Party was 13 February 2011 in the case of Togo. Togo has met the deadline.

In Chapter III of the 2010 ACT, Article 8, 9 and 10 undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship, as required by Art13 of the Convention. Togo has also taken two Decrees to implement it. The Decree No. 2012 – 072 / PR concerning the prohibition of advertising, promotion and sponsorship of tobacco and its derivative products and the Decree No. 2012 – 071 / PR concerning regulation of points of sale of tobacco and its derivative products. Currently in Togo, all advertisement is forbidden, as well as displays the points of sales. Togo has recently depicted cars, point of sales, umbrellas with advertising above, prohibits exposing cigarettes, and the mission

have not observed tobacco advertising. MOH has also circulated in Togo to educate opinion leaders about the ban on advertising and sponsorship in the context of no tobacco days in many cities.

Art 7 of the Decree No. 2012-071/PR concerning regulation of points of sale of tobacco products, also stipulates that the operator of a point of sale of tobacco and its derivative products may not display tobacco or its packaging or an image of its packaging in public view. Only a text list of products indicating their prices and a health warning in accordance with legal provisions are authorized.

The Ministry of Sport and Leisure informed the mission that tobacco industries were their main sponsors (sponsoring cultural weeks, football tournament) before, and since 2013, after the 2010 Act was implemented, they stopped any sponsorship from tobacco industry.

The last GYTS dated 2013 reflected that young people are exposed to tobacco. 2 in 10 students noticed tobacco advertisements or promotions when visiting points of sale; and 1 in 10 students own something with a tobacco brand logo on it.

Gap – enforcement of the legislation is still weak and youth are still exposed to tobacco advertisement.

***It is recommended that the Ministry of Health work with relevant enforcement agencies to enhance enforcement of tobacco advertising ban.***

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

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

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

Art 8 to 12 of the Act and Decree No. 2012-072/PR has provisions to implement measures to ban cross-border tobacco advertising, promotion and sponsorship entering into its territory, which have not been implemented yet.

### **Measures concerning tobacco dependence and cessation (Article 14)**

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

Gaps – Togo has not developed national guidelines to promote cessation of tobacco use.

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

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

Based on the observation that there is a lack of specific programme for tobacco prevention and unavailability of specialized health workers in the management of smoking cessation drugs, the MOH’s 2012-2015 integrated national strategy programme to combat NCDs provided to promote the creation of medical support structures for smoking cessation, substance abuse, and harmful use of alcohol. However, there is no medical structure in Togo specialised in tobacco cessation yet.

Togo conducted a STEPS study (WHO STEPwise Approach to Surveillance) in 2010 which reveals that there is a good level of advice in relation to the cessation of risk factors. However, doctors, does not systematically ask the question about tobacco smoking. Since recently, the list of essential medicines includes treatments for smoking cessation, and the related treatment algorithms have been developed. The MOH also intend to develop a tool to trace the related information from the health facility level.

Gaps –

1. There is no comprehensive and integrated programme concerning tobacco dependence and cessation in Togo.
2. There are no cessation clinics or specialized services in Togo.
3. A limited number of health workers at primary health care level have been trained and mobilized to provide cessation counselling and brief cessation advice but this is not routinely implemented.
4. There is no national quit line for tobacco cessation.
5. Pharmaceutical products for treatment of tobacco dependence are not freely available in the public health service.
6. Curriculum on tobacco dependence treatment at medical, dental, nursing and pharmacy schools is limited.

***It is therefore recommended that (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and promoted in different settings (e.g. educational institutions, health care facilities, primary health care centres, workplaces and sporting environments). Community-based counselling and cessation programmes should be a primary approach; (ii) all health care workers be trained to give brief advice and encourage quit attempts; (iii) MOH remind recording of tobacco use in medical history notes mandatory; (iv) Togo collaborate with other Parties to facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence; (v) Togo***



*establish a national toll-free quit line; and (vi) curriculum on tobacco dependence treatment is enhanced at medical, dental, nursing and pharmacy schools. These services should be integrated into the national health and education systems.*

The Convention Secretariat is committed to support the MOH in developing a national guideline and organize a training of trainers for smoking cessation.

### **Illicit trade in tobacco products (Article 15)**

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

The Commissioner of Customs and Taxes of the Togolese Resources Office collect information on the volumes of legally imported tobacco products; their information shows significant increase in the imported volumes between 2009 and 2013 (in 2009 there were about 1.575 million kg of fine imported tobacco, 1.471 million kg in 2010, 2.025 million kg in 2011, 2.474 million kg in 2012 3,091,000 kg in 2013). These are huge amount of imported tobacco compared to the population size of nearly 7 million people. However, exact information on the amounts of illicit tobacco products, including seizures or the share of illicit tobacco products in the overall tobacco market is not available.

The Protocol to Eliminate Illicit Trade in Tobacco Products was adopted at COP5 in November 2012, but it has not yet come into force. Togo is one of 54 pioneer’s countries that have signed the Protocol, (signature date: January 9, 2014). The mission team met together with the Ministry of Foreign Affairs and Cooperation, the Ministry of Justice and Institutional Relations, and the Health Committee of the National Assembly and discussed the importance to take necessary actions to ratify the Protocol. ,

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 2** below.

**Table 2. Overview of measures taken against illicit trade in tobacco products in Togo**

| <b>Paragraph in Art. 15</b> | <b>Content</b>  | <b>Level of compliance</b> | <b>Comments and identified Gap(s)</b>   |
|-----------------------------|---|----------------------------|---|
| 2                           | Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products. | IMPLEMENTED                | Moreover, the origin of tobacco products is recorded in the customs entry form.                                   |
| 2(a) and 3                  | require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry  | OBLIGATION MET             | Since September 2014, new packs are compliant according to the legislation on packaging and labeling requirements |

|            |  |                     |   |
|------------|--|---------------------|---|
|            | the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market. |                     | contributing in determining the origin of the products. (Art 5 of the Act mandates displaying “Sale authorized only in Togo”).  |
| 2(b) and 3 | consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.   | OBLIGATION NOT MET  |   |
| 4(a)       | monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.                          | NOT YET IMPLEMENTED | Togo is a member of the WTO , which assists in several areas, and the UEMOA and ECOWAS in the customs area.   |
| 4(b)       | enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.  | IMPLEMENTED         | Under Chapter VI “penal provisions” of the 2010 Act, Art 28 and 29 precise the penalties in case of illicit trade and smuggling or counterfeiting. The MOH has trained customs on the verification of information to be included cigarette packs (such as the indication "sale only allowed in Togo", the 65% health warning and the 3 mm margins). |
| 4(c)       | take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.                                      | IMPLEMENTED         | Contraband products, as for drugs, are confiscated and destroyed, and shown on television. A burning site away from the city has been chosen by the Ministry of Environment. MOH is considering having an incinerator.  |
| 4(d)       | adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.   | IMPLEMENTED         | Products are stored in customs warehouse before collecting the duties. (The goods cannot be stored in the city, and are stored at the port where they mainly arrive).   |
| 4(e)       | adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.   | IMPLEMENTED         | Togo has a unit (CENTIF) which handles seizures and manages related money matters upstream, as importer need a license for import.  |
| 5          | Information collected pursuant to subparagraphs 4(a) and 4(d) of   | IMPLEMENTED         | (See Art 21 hereafter).   |

|   |  |                     |   |
|---|--|---------------------|---|
|   | this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.  |                     |   |
| 6 | Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products. | NOT YET IMPLEMENTED |   |
| 7 | Each Party shall endeavor to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.  | IMPLEMENTED         | Togo has a new Customs Code dating from 2014, stipulating the kind of product that must be cleared, contributing to the fight against illegal products tobacco products. To date there were no license for importing industries tobacco, though these importers will have to pay a quittance to obtain a license, which must be renewed every year. The importer will not have its accreditation will be sanctioned by the State. |

Gaps –

1. There is no tracking and tracing system to combat illicit trade.
2. Monitoring and data collection on cross-border tobacco trade, including the movement of illicit products, is insufficient. Coordination among the agencies responsible for combatting illicit trade in tobacco products is not yet sufficient.

***It is recommended that Togo establish an effective tracking and tracing system, including, inter alia, the placement of tracing tools such as thumbnails on the packs and licensing of importers, to secure the distribution system and support the investigation of illicit trade, learning from the experience of other countries in the region that already apply such system.***

***It is recommended that MOH continues to provide, on a regular basis, training for the all Customs officers and Gendarmerie Agents, including on applicable legislation and measures to track illicit tobacco or the products that are not in compliance with the current packaging and labelling requirements. Cooperation between customs, tax, law enforcement agencies and the Ministry of Health should also be strengthened.***

***Togo is also encouraged to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, and promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products.***

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

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

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;*”.

According to the 2013 GYTS, 54.2 % of current cigarette smokers aged 13-15 obtained cigarettes by buying them from a store, shop, street vendor, or kiosk, and among current cigarette smokers who bought cigarettes, 66.0 % were not prevented from buying them because of their age.

The Act prohibits (in its Art 13, 14, and 15) the sale and free distribution of tobacco product to any child and by any child (defined as someone aged less than 18 years), and stipulates that any party selling tobacco must display the ban at point of sale.

And Art 2 of the Decree No. 2012-046/PR banning smoking in public places includes, inter alia, “*schools, universities and learning centres*”; its Art 3 states that the operator must display a ban of sale to minors and a warning ban on the harmful health effects of tobacco; and Art 4 of the Decree No. 2012-071/PR further prohibit the sale of tobacco to children and the obligation for any seller to request an identity document card to ensure the age of the seller, and indicates the related penalties.

Until now, Togo has not implemented the legislations, as MOH was in a process of informing the public about the law. The public campaign is aimed at sensitizing the provision of the law on sales to end by minors.

#### **Gaps –**

1. Cigarettes are easily available to minors.
2. Implementation and enforcement of the law remains a challenge.

***It is therefore recommended that the Government require all sellers of tobacco products to place a clear and prominent display inside their point of sale about the prohibition of tobacco sales to minors. It is also recommended that Togo step up enforcement of the provision prohibiting sale of tobacco products to persons under the age of 18 years.***

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

Currently, Togo has not yet implemented the regulations, but all arrangements are made. It has already been observed during the mission that all parasol and small stall where cigarettes were sold have been removed in the capital (Lomé).

Gaps – Implementation and enforcement of the law remains a challenge.

***It is therefore recommended that the Government step up enforcement of the provision prohibiting the display of tobacco products at point of sale.***

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

Art 7 of the Decree No. 2012-072/PR prohibits the sale or distribution of toys or candies resembling tobacco products.

Togo has met the obligations under Article 16.

Article 16.1(d) calls on each Party to ensure “*that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors*”. Section 16 of the Act prohibits the sale of tobacco products by self-service vending machines. There are no vending machines currently being used in Togo.

Art 2 of the Decree No. 2012-072/PR prohibits the advertising, promotion and sponsorship of tobacco through vending machines, on the Internet and phone phones. And Art 24 of the Act stipulates the related penalties (imprisonment) and fines for non-compliance with the provisions of Articles 8, 9 and 10 of the Act on advertising, promotion and sponsorship. There are no vending machines currently being used in Togo.

Togo has met the obligations under Article 16.1(d).

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 2010 Act, in its Art 4 of Chapter II, Section 2 on “rules concerning packaging and labelling stipulates that “*cigarettes must be sold to consumers in packages containing twenty (20) cigarettes*”, and that “*the content of a box of finely cut cigarettes may not be less than ten (10) grams*”.

Togo has met the obligations under Article 16.1(d).

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

As mentioned under Art 16.(a) of this report, Art 13 of the 2010 Act prohibits the sale and supply of tobacco products by people under 18 years of age, and Art 25 indicates the fines for violations.

Togo has met the obligations under Article 16.7.

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

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

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

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

Art 16, chapter V, of the 2010 Act stipulates that “*the State may not grant any subsidies or offer any incentives in favour of the growth or processing of tobacco*”. And Decree No. 2012-050/PR stipulates that future National Committee on tobacco control includes a representative of the Ministry of Agriculture in its 9 members.

The agricultural sector consists of the majority of the population in Togo, but Tobacco is not grown on a commercial scale in Togo. Only a few seedlings of traditional tobacco remain, for domestic consumption, and is not necessarily identified or quantified. But this practice tends to disappear.

Currently, the Government does not promote tobacco growing and production of tobacco products. And the strategic agriculture plants in Togo are those that ensure their food security (corn, tubers, yams) and to export crops (mainly coffee, cocoa, cotton), which does not include tobacco. In terms of substitution crops, arable land is already saturated and Togo and the land belong to each producer who manages its own production. Togo has also one of the highest deforestation rates in the world (16,000 hectares deforested per year, mostly for livelihoods crops, and for charcoal cooking) not for tobacco cultivation.

The General Secretary of Ministry of Agriculture, Husbandry and Fisheries (MOA) met the international team during the mission and shown his commitment to contribute to tobacco control.

Gaps – There is no policy and mechanism in place to support the small scale tobacco farmers to adjust to shift to alternative livelihood.

***It is therefore recommended that the Ministry of Agriculture, Husbandry and Fisheries should take the lead in promoting economically viable alternatives to smaller scale tobacco farmers and integrating its support into the Government’s overall food and agriculture programme.***

There is no cultivation and manufacturing of tobacco in Togo. All tobacco and tobacco products are imported.

***It is recommended that Togo follow the COP6 policy options in implementing Article 17 and 18.***

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

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

Art 21 of the 2010 Act stipulates that « *non-compliance with the provisions of this law does not in any way impair the right of persons who are victims of damages caused by tobacco and its derivative products or by exposure to the smoke of such products, to pursue redress through civil liability for proven offenses against manufacturers and distributors of such products* ».

However, tobacco companies must be held liable for tobacco-related deaths of smokers and related to second-hand smoke. No individual or the State can pursue for offenses against a tobacco industry thought this regulation.

The mission was not informed of any court cases seeking compensation in relation to any adverse health effects caused by tobacco use, including any action against the tobacco industry or the tobacco importers for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

Togo participated in the expert group on Article 19 established by the COP5.

Gaps – There is no strong provision dealing with criminal and civil liability of the tobacco industry in the Act.

***It is recommended that Art 21 of the 2010 Act be amended to address the issues in Article 19 of the Convention, and that provisions be included in other relevant law(s). Togo is encouraged to take into account the recommendations of the expert group on Article 19 that has been presented to the COP6 while amending and developing these provisions.***

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

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

Art 32 of the 2010 Act, and its related implementing Decree, address Article 20 of the Convention, and stipulates that one of the objectives of the National Tobacco control Committee is “*to develop and put into practice programs of training and applied research and medical-social care*”.

In Togo, GYTS (Global Youth Tobacco Survey) surveys were conducted in 2002, 2007 and 2013, and a STEPS survey in 2011, which revealed the changes in smoking prevalence in the population. A 2014 STEPS survey will be implemented. The national

system for epidemiological surveillance on tobacco of patterns and determinants of tobacco consumption and social, economic and health indicators related to tobacco consumption, and exposure to tobacco smoke also includes comorbidities with the consumption of alcohol.

The 2013 GYTS indicates that 11.2% of boys and 3.6% of girls aged 13–15 years were current smokers; while 14.4% of boys and 6.6% of girls used other tobacco products, compared to the 2007 data with 17.7% of boys and 7.9% of girls aged 13–15 years were currently using any tobacco products. And the 2011 STEPS indicate that 6.8% of adults (men and women) were currently smoking tobacco (12.4% for men, and 1.8% for women). In terms of monitoring, statistical data on tobacco control in Togo were sent to WAEMU and ECOWAS and reporting to the Secretariat of the Convention has been conducted every two years (the most recent was that of March 2014, as described under Art 21 hereafter).

Gaps – There is a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

*It is therefore recommended that the Government of Togo: 1° develop and promote more coordination and cooperation between national research capacity and competent international and regional organizations; 2° identify a set of questions related to tobacco use to be included in future national household surveys and other relevant surveys so that trends can be monitored; 3° conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use; 4° strengthen national surveillance and collection of data, and utilize research findings and surveillance results in developing the national tobacco control programme and interventions.*

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

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

Togo has provided all of the required implementation reports on time. The two-year (first) report was submitted on 24 February 2011, second report on 30 April 2012 and the third report on 2 April 2014. )

Togo has met the obligation under Article 21 of the Convention.

*It is recommended that while the Ministry of Health take the lead in reporting, all relevant ministries and agencies proactively contribute to the process by sharing data and reporting relevant bilateral or multilateral agreements as required by Article 2.2. The COP established a new two year cycle of Parties implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the Government start the preparation of next report well in advance in 2015/2016 to meet the deadline in 2016 and thereafter.*



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

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

MOH already has strong partners, such as WHO Country Office and Regional office for the African Region and NGOs such as CRES (for guidance for taxation in Central Africa), ANCE-Togo (supported them to accelerate protocol ratification process), ATCA-Togo.

The MOH has already identified the implementation of the Convention as a priority for Public Health, and Art 2 of the Decree No. 2012-050/PR stipulates that the National tobacco control committee is “*a structure encompassing multiple sectors and various disciplines that ensures the oversight and implementation of bilateral or multilateral cooperation agreements signed by Togo on tobacco control*”. The MOH is committed to continue to play a major role to attract the necessary support.

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. At its fourth session, in decision FCTC/COP4 (17)<sup>1</sup> the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The current UNDAF in Togo covers the period 2014-2018 and directly include NCD and work related to implementation of the Convention. WHO has advocated for its inclusion into the UNDAF to make sure that the UN system can support the implementation of the NCD Programme. (One month prior the joint needs assessment mission took place, there was a workshop on the financing of health mechanism, supported by WHO and by the presence of Prime Minister, acting as Minister of Health, aiming at founding innovative financial mechanism. UNDP was committed to advocate for its effective integration and for its funding).

UNDP is in support of implementation of the Convention in the country. The UN General Secretary supports Togo with a small funding, so that the UN system can join together and carry out some tobacco control activities. MOH was requested to prepare a small project, and each of the UN agencies would like to have their own action. MOH decided

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

to retain an awareness raising campaign on the harm of tobacco. When each chief of agency will decide the retained project, then they'll work together with the MOH to implement this topic of the action plan.

***It is recommended that the Government of Togo should proactively seek opportunities to cooperate with other Parties, competent International Organizations and development partners present in the country to support implementation of the Convention.***

The Convention secretariat is committed to support and facilitate a national multisectoral workshop involving all stakeholders to consider the needs assessment report and develop the multisectoral National Tobacco Control Strategic/Action Plan.

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

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

Togo recognizes the important role that financial resources play in achieving the objective of the Convention. However, it has been 10 years since the tobacco programme has no allocated budget line, and activities implemented so far were done thanks to technical and financial support from WHO AFRO and WHO country office. And although Art 17 and 18 of the 2010 Act include provisions for the implementation of Art 6.2.(a) of the convention, the Act do not provides that a percentage of the taxation income on tobacco control should be earmarked to the health sector for funding national plan or strategy on tobacco control in their jurisdiction.

### **Gaps –**

1. Since 10 years, the Ministry of Health do not have a budget line for tobacco control activities.
2. Art 17 and 18 of the Act on allocation revenue from taxes to the health sector have not been implemented.
3. Other relevant ministries that have obligations to implement the Convention have not allocated staff time and budget to implementation of the Convention.

***It is therefore recommended that the Government allocate more budget and staff time to implementation of the Convention and enforcement of the Act and the Regulations, and could take the following actions: i) Establish within the budget of the Ministry of Health and relevant agencies, a dedicated line for implementation of the Convention. The Minister of Health (as also Prime Minister) could take the lead in advocating for dedicated sectoral budget ii) Urge the other relevant ministries to provide in their budgets, funds to support implementation of the relevant provisions of the Convention as their responsibility towards meeting obligations of the treaty; iii) Collate the sums in the various Ministry budgets to estimate the total Government financing of implementation of the Convention; and iv) Consider the establishment of a specific***

***earmarked fund for tobacco control, using a determined part of the collected tobacco tax.***

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

Some international organizations and development partners are active in Togo including ATCA, WAEMU, ECOWAS, and WHO. Now that tobacco control is integrated, under the NDC component, and into the current UNDAF this will facilitate the resource mobilisation.

Gaps – Togo has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes.

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

Article 26.3 specifically points out that projects promoting “*economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development*”.

Togo does not produce tobacco on commercial scale and there is no local manufacturing of tobacco products. This provision of the Convention is therefore is not applicable to Togo. Some recommendations have been submitted under Art 17 and 18 of this report.

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*”.

Togo has promoted implementation of the Convention in the context of prevention and control of NCDs in the United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

***It is therefore recommended that Togo utilize the potential of Article 26.4 to continue to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, representing Togo in other regional and global forums, proactively urge regional and international organizations and financial institutions to provide financial assistance.***

## **ANNEX**

### **List of Government agencies and their representatives, legislative bodies, members of the international team and NGOs participating in the joint needs assessment**

#### Ministry of Health

- General Secretary, Gado (Agrarassi) NAPO-KOURA
- Noncommunicable Disease Programme coordinator, Dr Happy K. AGOUDAVI
- Coordinator of the National Tobacco Control, Dr Vinyo K. KUMAKO
- Communication officer, Noncommunicable Disease Programme

#### Participating Government agencies

- Ministry of Trade and Private Sector Promotion (General Secretary)
- Ministry of Foreign Affairs and cooperation (General Secretary / Head of legal affairs in charge of internalization of Treaties and Conventions, NCD focal point),
- Minister of Planning, Development and Regional Planning (focal point)
- Ministry of Communication, Culture, Arts and Civic Education (General Secretary and NCD Focal point)
- Ministry of Primary and Secondary Education (General Secretary, & Health focal point)
- Ministry of Agriculture, Livestock and Fisheries (General Secretary, & focal point)
- Ministry of Social Action and the Promotion of Women and Literacy
- Ministry of Sport and Leisure (NCD focal point)
- Ministry of Environment and Forest Resources (General Secretary, and eco-toxicology : management of chemicals & dangerous products for environment Officer)
- Ministry of Territorial Administration, Decentralization and Local Government (NCD focal point)
- Ministry of Security and Civil Protection (NCD focal point)
- Minister of Public work and transportation (NCD focal point)
- Ministry of Public Work (acting as NCD focal point)
- Ministry of Post and Digital Economy

#### National Congress/Parliament

- Health commission of the General Assembly (Members)

#### Convention Secretariat

- Vijay TRIVEDI, Coordinator, Convention Secretariat
- Guangyuan LIU, Technical Officer, Convention Secretariat
- Fanny GRULOOS, Technical Officer, Convention Secretariat

#### WHO

- Dr. Lucile Marie P. IMBOUA-NIAVA, WHO Representative, WHO Togo Office
- Dr Sidi MOHAMMED, Consultant WHO Regional Office for Africa
- Dr Komla (Mawuvi) TAMAKLOE, National Programme Officer, WHO Togo Office
- Dr. Minzah (Etienne) PEKELE, National Professional Officer, WHO Togo Office

In addition, the international team met Mr. Siaka COULIBALY, UNDP Deputy Resident Representative