WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

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

Photo: Participants at the WHO FCTC needs assessment stakeholder meeting with the Hon Dr Chitalu Chilufya MP, Minister of Health of Zambia

The Framework Convention Secretariat for Tobacco Control would like to thank the Government of Zambia for inviting the WHO FCTC Secretariat to conduct this needs assessment jointly with the Ministry of Health of Zambia

Secretariat of the WHO Framework Convention of Tobacco Control
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Table of abbreviations

AFRO	WHO Regional Office for Africa
COP	Conference of Parties
FAO	Food and Agriculture Organization
GHPSS	Global Health Professions Student Health Survey
GSHS	Global School-based Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
HiAP	Health in All Policies
ITC	International Tobacco Control Policy Evaluation Project
MoH	Ministry of Health
NGO	Nongovernmental organizations
NHSP	*Zambia National Health Strategic Plan 2017-2021*
SDGs	Sustainable Development Goals
STEPS	WHO STEPwise Approach to Surveillance
TAPS	Tobacco advertising, promotion and sponsorship
TIRSP	Tax inclusive retail sales price
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
ZEMA	Zambia Environmental Management Agency
ZRA	Zambia Revenue Authority

The WHO FCTC

- The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.

- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

- The objective of the Convention is "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke", The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.

- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in the light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).[1]

- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.

- The Government of Zambia, through the Ministry of Health (MoH), requested the WHO FCTC needs assessment to be undertaken as part of the country's participation in the FCTC 2030 project. The Convention Secretariat led an international team to conduct a joint needs assessment with the host government from 21 to 24 November 2017. Meetings with local stakeholders took place to jointly review the status of implementation of the Convention. The needs assessment team met with representatives of relevant government ministries and

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

agencies, as well as representatives of the Zambian Parliament, and non-governmental organizations to identify the achievements made and challenges faced in full implementation of the WHO FCTC in the country.

- **Post-needs assessment assistance** will be provided as part of Zambia's participation in the FCTC 2030 project, generously provided by the United Kingdom.

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

Adult tobacco prevalence:

Demographic and Health Survey: This national survey of persons aged 15-49 years was conducted in 2013-14 and found:

- Current adult current smoking prevalence[2] was 20.2% among men and 1.6% among women.
- Current smokeless tobacco use was 0.2% among men and 1.2% among women
- Tobacco use is significantly more common among men. Data show that one in five men aged 15-49 use tobacco, with the majority smoking cigarettes (19% of all males aged 15-49 years). The proportion of male cigarette smokers increases with age, from 3 percent in the 15-19 age group to 36 percent in the 45-49 age group.

STEPS: Zambia conducted a sub-national STEPS survey (in the Lusaka district) in 2008 to determine prevalence rates of the common non-communicable diseases and their risk factors. The rate for current tobacco smoking was 6.8% (17.5% for males and 1.5% for females).

GSPS and GATS: These surveys have not been conducted in Zambia.

ITC Zambia Survey: The ITC Zambia Survey[3] is a nationally representative survey conducted in 2012 that found:

- Almost all male tobacco users smoke cigarettes (of males using tobacco, 97% smoke cigarettes while 3% use smokeless tobacco products only).
- The majority of female tobacco users use smokeless tobacco products (of females using tobacco, 70% use smokeless tobacco, 28% smoke cigarettes and 2% use both cigarettes and smokeless tobacco products).
- The survey findings revealed high use of menthol flavored cigarettes compared to other countries that have undertaken the ITC study.

Youth tobacco prevalence:

GYTS: The GYTS was conducted in Zambia in 2011 and found that among students aged 13-15 years of age:

- 19.3% of students had ever smoked cigarettes (Boys = 20.2%, Girls = 17.7%)

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2 All tobacco use reported in lieu of tobacco smoking

3 ITC Zambia Survey: http://www.itcproject.org/files/ITC_ZambiaNR-ENG-FINAL-web_May2014.pdf , "smokers" include those who use any smoked product, including cigarettes, bidis, or pipes and "mixed users" (those who use both smoked and smokeless products), unless otherwise stated. "Smokeless users" include those who only use smokeless tobacco products, as well as mixed users, unless otherwise stated.

- 25.6% currently use any tobacco product (Boys = 24.9%, Girls = 25.8%)
- 6.2% currently smoke cigarettes (Boys = 6.2%, Girls = 5.7%)
- 24.0% currently use other tobacco products (Boys = 23.7%, Girls = 24.2%)

Exposure to tobacco smoke:

GYTS: The GYTS conducted in 2011 found that among students aged 13-15 years of age, three in students live in homes where others smoke in their presence; four in 10 are exposed to smoke in enclosed public places and over two in 10 have at least one parent who smokes.

Tobacco-related mortality:

Tobacco Atlas: The *Tobacco Atlas*[4] reports that in Zambia:

- Some 26.5% of males and 4.6% of females use tobacco daily in Zambia (2015 data).
- More than 9,000 children (10-14 years old) and 693,000 adults (aged 15+ years old) continue to use tobacco each day in Zambia.
- Every year more than 7,900 people are killed by tobacco-caused diseases (107 men and 45 women every week).
- In 2016, some 6.56% of deaths among men and 3.57% of deaths among women are caused by tobacco in Zambia.

[4] *Tobacco Atlas* fact sheet on Zambia: https://tobaccoatlas.org/wp-content/uploads/pdf/zambia-country-facts.pdf

Milestones of tobacco control legislation in Zambia (1992-2017)

1992

Public Health Act 1992
Requires people to '*refrain from smoking, snuffing, chewing or using tobacco in any form in areas where food is, or food ingredients are, exposed or in areas used for washing equipment or utensils'.*

1992

Public health regulations introduce (a) a ban on smoking in nine categories of public place, (b) one textual health warning on cigarette packs (in English language), (c) a ban on direct and indirect commercial tobacco advertising with exceptions for direct advertising to general public, and (d) a ban on selling tobacco products to minors under the age of 16.

2008

Zambia's accession to the WHO FCTC on 23 May 2008

2008

Prohibition of smoking in all indoor public places, except offices, introduced. Single textual health warning required on both sides of main surfaces of tobacco packs.

2009

Fines set for non-compliance with smokefree law.

2017

In the *National Health Strategic Plan 2017-2021*, the Government of Zambia commits to strengthening tobacco control legislation.

2017

Zambia selected as a FCTC 2030 project country

Executive Summary including key recommendations

The WHO Framework Convention on Tobacco Control is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become a widely embraced treaty, with 181 Parties to date.[5] Today, the WHO FCTC protects over 90% of the world's population. Zambia became a Party to the WHO Framework Convention on 23 May 2008. Zambia has not yet ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

At the request of the Government of Zambia, a needs assessment exercise relating to the implementation of the WHO FCTC was conducted jointly by the Ministry of Health of Zambia with an international team that comprised the WHO FCTC Secretariat, AFRO, WHO Country Office for Zambia and UNDP. This needs assessment process included an initial analysis of the status, challenges and potential needs deriving from the country's most recent WHO FCTC implementation report and other relevant sources of information. The needs assessment mission was undertaken in Zambia over 21-24 November 2017. During the needs assessment, relevant government ministries and agencies in Zambia were engaged, as well as the Parliament of Zambia's Health Committee, academics, and representatives from civil society. The needs assessment in Zambia was noteworthy as it represented the 50th WHO FCTC needs assessment undertaken.

This report presents an article-by-article analysis of the progress the country has made in implementing the WHO FCTC, the gaps that exist and the subsequent recommended action that can be taken to fill those gaps. The 14 key recommendations from the WHO FCTC Needs Assessment to enable Zambia to meet its obligations under the Convention are presented in this section. Further details are contained in the main section of the report.

Fully implement the WHO FCTC in Zambia

First, the WHO FCTC is an international treaty with international legal obligations for Zambia. By becoming a Party to the WHO FCTC, Zambia is obliged to implement the provisions of the treaty through domestic legislation and other measures. There is, therefore, a need for the Government of Zambia to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and, move head with the full implementation of the obligations of the WHO FCTC. Zambia may wish to seek technical and financial assistance from international organisations and donors to undertake tasks associated with implementation.

[5] http://www.who.int/fctc/signatories_parties/en/

Introduce a comprehensive multisectoral tobacco control strategy for Zambia

Second, Article 5.1 of 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 and the protocols to which it is a Party.

The Government of Zambia's *National Health Strategic Plan 2017-2021* (NHSP) includes several commitments that are directly relevant to the implementation of the WHO FCTC. Nevertheless, since becoming a Party to the WHO FCTC in May 2008, Zambia has not yet introduced a *specific* multisectoral tobacco control strategy. It is recommended that Zambia implement a costed and funded national multisectoral tobacco control strategy that is developed in collaboration with other government ministries, civil society and academia. Furthermore, Zambia should consider the inclusion of SDG target 3.a[6] in all national development plans, given that effective tobacco control can accelerate sustainable development across its social, economic and environmental dimensions.

Strengthen government capacity and coordination for WHO FCTC implementation

Third, under Article 5.2(a) of the WHO FCTC, Parties have an obligation to establish a national multisectoral coordinating mechanism or focal point for tobacco control. Zambia has appointed a focal point for the WHO FCTC within the Ministry of Health, although this official also has additional responsibilities. While a national multisectoral committee for the implementation of WHO FCTC, led by the Minister of Health, has been established, it has met in the past only on an irregular basis. The Government's NHSP commits to building *"organizational structures and coordination mechanisms that support regular interaction for comprehensive community health".* It is recommended to fully implement an effective mechanism for the coordination of government-wide action for the implementation of the WHO FCTC under the leadership of the Ministry of Health, and to enable the active participation of key government ministries, civil society and parliament, as appropriate. A reinvigorated national multisectoral committee for the implementation of WHO FCTC with clear terms of reference, membership and a regular meeting schedule would serve this purpose well. This committee can play a key role in ensuring that a "health in all policies" approach is taken to the implementation of the WHO FCTC across the whole government. The Government's NHSP commitments are directly compatible with Zambia's obligations under WHO FCTC Article 5 and reinvigorating the national multisectoral committee for the implementation of WHO FCTC would also contribute to delivering the NHSP. The operation of a national multisectoral coordinating committee must be protected from vested and commercial interests of the tobacco industry (in accordance with WHO FCTC Article 5.3) and the committee could be enabled to create technical working groups to plan and deliver priority work, as necessary.

[6] SGD target 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate

New comprehensive tobacco control legislation is needed in Zambia

Fourth, both before and after becoming a Party to the WHO FCTC, Zambia has enacted some tobacco control legislation covering areas including smokefree environments, packaging and labelling of tobacco, and tobacco taxation. More recently, the Ministry of Health has been developing a new comprehensive tobacco control bill in accordance with WHO FCTC treaty obligations. The NHSP commits to *"strengthen legislation/regulation that supports prevention and control of NCDs"* and that the *"…strategic plan will be backed by… various health-related pieces of legislation for addressing specific aspects of health which are expected to be enacted by Parliament. These include… tobacco control…"*. The Needs Assessment team was informed of activity underway to develop a new comprehensive tobacco control bill for Zambia. It is recommended that the draft tobacco control bill is comprehensive to enable Zambia to meet its WHO FCTC treaty obligations and that it be made available for parliamentary consideration as soon as possible.

Protect public health from the commercial and other vested interests of the tobacco industry

Fifth, in accordance with Article 5.3 of the WHO FCTC, in setting and implementing public health policies with respect to tobacco control, Zambia has an obligation to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law. Feedback from many stakeholders described concerns about the ability of the tobacco industry to adversely influence WHO FCTC implementation in the country. It is recommended that Zambia examine the measures that other Parties have taken to implement Article 5.3 obligations, including considering whether preventing tobacco industry interference should be included in tobacco control legislation. Opportunities to include Article 5.3 in "codes of conduct" for government officials and the development of a government-wide policy to maximise transparency in any government interactions with the tobacco industry should also be considered. Statutory organizations in Zambia that deal with the prevention of corruption should also be involved in the implementation and monitoring of WHO FCTC Article 5.3. The Ministry of Health could undertake awareness raising of the requirements of WHO FCTC Article 5.3 across the whole government. Civil society and academics are encouraged to play a role in monitoring tobacco industry interference in accordance with the WHO FCTC and its implementation guidelines.

Strengthen tobacco taxation

Sixth, as a Party to the WHO FCTC, Zambia recognizes that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, especially young persons. Tobacco products remain very affordable in Zambia compared to many other consumer products and tobacco prices are also very affordable compared to many other countries in Africa. Strengthened tobacco taxation will greatly assist Zambia to achieving its health objectives while also generating government revenues. It is recommended that Zambia considers changing the current tax

structure and instead apply an excise tax that is either entirely specific-based or mixed (a combination of *ad valorem* and specific taxes) with a more significant specific component. The implementation guidelines for Article 6 of the WHO FCTC refer to the *WHO Technical Manual on Tobacco Tax Administration* which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. Currently, rates of tobacco taxation fall well short of the WHO recommendations. Taxes should be uniform across brands, and preferably, also across all tobacco products. Currently, there are no taxes imposed on snuff tobacco and smokeless tobacco. Readily available roll-your-own tobacco, often available at lower cost than cigarettes, remains an issue in Zambia because tobacco users can substitute with these less expensive tobacco products. It is recommended that Zambia sets out improving public health as an objective of its tobacco tax policy. The Government of Zambia is encouraged to work closely with experts on tobacco taxation, including the WHO FCTC Knowledge Hub on Tobacco Tax to monitor, increase and/or adjust tobacco tax rates for all tobacco products on a regular basis, potentially annually, with the objective of significantly reducing affordability. Typically, this requires an initial increase that will cause a sufficiently large price increase to affect consumption, and thereafter raising taxes regularly to outpace inflation and income growth. It is also recommended that Zambia consider implementing a tobacco levy on all tobacco products or explore other options for directing funds to tobacco control activities in the country.

Make all enclosed work and public places smokefree

Seventh, as a Party to the WHO FCTC, Zambia has obligations to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. The implementation guidelines for Article 8 of the WHO FCTC include a five-year deadline for the introduction of smokefree work and public places (this deadline for Zambia was reached on 21 August 2013). The current law in Zambia relating to smokefree work and public places is not comprehensive and not fully compliant with the WHO FCTC and its implementation guidelines. It is recommended to strengthen smokefree laws in Zambia in line with Article 8 of the WHO FCTC and its guidelines, and to ensure that robust monitoring and enforcement arrangements are introduced. Furthermore, it is recommended that public awareness is raised about the health harms relating to secondhand smoke exposure.

Effective health warnings on tobacco packs and ending misleading packaging and labelling

Eighth, Article 11 of the WHO FCTC relating to packaging and labelling of tobacco products is a timebound measure with a three-year deadline to introduce the effective measures set out in the Convention (this deadline for Zambia was reached on 21 August 2011). At present, health warnings on tobacco products consist of a warning in small typeface on both sides of the packs that reads *"Warning: Tobacco is harmful to your health".* It is recommended that action be taken to implement the obligations of Article 11 of the WHO FCTC, including the adoption of large health warnings for all tobacco products. The implementation of picture health warnings would maximise effectiveness.

In addition, to meet WHO FCTC treaty obligations, any tobacco product packaging and labelling that may promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions should no longer be permitted, including the use of terms of such as “low tar”, “light”, “ultra-light” and “mild”.

Education, communication, training and public awareness

Ninth, given research showing that comparatively lower rates of awareness among Zambian smokers about the range of diseases that are attributable to tobacco use, as well as dramatically rising rates of tobacco use among girls, Zambia is encouraged to promote and strengthen public awareness of the risks of tobacco use using all available communication tools, as appropriate. This could include public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, about the benefits of tobacco cessation and tobacco-free lifestyles. Furthermore, consideration should be given to effective and appropriate training and awareness programmes on tobacco control for people in community facing roles such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons.

Ban all tobacco advertising, promotion and sponsorship

Tenth, Zambia’s law to prohibit tobacco advertising, promotion and sponsorship is not comprehensive and does not meet the obligations of Article 13 of the WHO FCTC. For example, tobacco advertising to the general public is still permitted through direct sources such as newspapers, radio, television, cinemas, billboards, posters, magazines and videos. Research suggests that tobacco advertising in Zambia is highest in the entertainment media. Tobacco products continue to be promoted at visible point of sale displays and tobacco vending machines are not prohibited. There is no restriction in Zambia on contributions from tobacco companies to any other entity for purposes described as "corporate social responsibility" (CSR). It is recommended that the existing law on tobacco advertising, promotion and sponsorship (including CSR activities), be strengthened in line with Article 13 of the WHO FCTC and its guidelines.

Stop illicit tobacco

Eleventh, there is no comprehensive strategy in Zambia to address illicit trade in tobacco products. It is therefore recommended that Zambia introduces legislative and administrative measures to meet the obligations under WHO FCTC Article 15. Zambia is also encouraged to move ahead with ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products.

Protect young people from tobacco

Twelfth, the age of sale for tobacco products in Zambia is 16 years. Many young people under the age of sale in Zambia report being able to purchase tobacco and many young people say that they usually smoke at home. The sale of sweets, snacks, toys, or any other objects in the form of tobacco products which appeal to minors is not prohibited. Single stick sales are still permitted in Zambia. It is recommended to introduce legal requirements relating to the sale of tobacco to and by minors in Zambia to be fully in line with Article 16 of the WHO FCTC, to include increasing the age of sale to at least 18 years, introducing a ban on tobacco vending machines, stopping sale of single cigarette sticks and other evidence-based measures to protect children from tobacco.

Support Zambian tobacco farmers who wish to move to viable alternative livelihoods

Thirteenth, Zambia is a significant global grower of tobacco leaf. There has not yet been any activity in Zambia to address the implementation of Article 17 of the WHO FCTC. In recent years, Zambia has become one of the fastest growing tobacco leaf-cultivating countries in the region, yet research suggests that most smallholder tobacco farmers are not making any money from this form of agriculture. Most tobacco leaf is exported, and the major tobacco leaf companies and multinational tobacco companies will benefit the most from tobacco growing in the country. It is recommended that action be taken to support tobacco farmers who wish to move to economically viable alternative livelihoods, and no part of the government should offer incentives for tobacco farming. In tobacco-growing regions, the government can take low-cost proactive steps to help those farmers who wish to find alternative livelihoods. Recent research demonstrates a range of different alternatives for farmers that might to more economically lucrative than continuing to grow tobacco. Provision of support for economically viable alternative activities would include greater investment in agricultural extension services so that farmers are better informed about how to grow other viable cash crops in their region. Possibilities should be explored by the government to improve access to small loans for smallholder tobacco farmers who wish to try growing other crops. The government could also examine the possibility of developing improved supply chains for non-tobacco crops so that farmers have more opportunity to sell their products.

More research and better surveillance

Fourteenth, given the lack of current evidence relating to tobacco use in Zambia, it is recommended that regular surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke be undertaken. Such tobacco surveillance can be incorporated into existing national surveillance programmes and possibilities for the inclusion of questions relating to tobacco in future demographic and health surveys should be explored. Research to provide more information to guide the development of public health policies and the implementation of the WHO FCTC in Zambia would also be useful. In addition, through the FCTC 2030 project, Zambia will receive an Investment Case analysis, which will present the

economic costs of tobacco in the country and the economic benefits of implementing the WHO FCTC.

The needs identified in these key recommendations represent priority areas that require immediate attention, particularly treaty provisions with deadlines (WHO FCTC Articles 8, 11 and 13). Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and well-being of Zambian people. As Zambia addresses these areas, the Convention Secretariat, in cooperation with WHO and other relevant international partners, is available and committed to providing technical assistance 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 assistance upon the request of the Ministry of Health, including through the FCTC 2030 project in areas including: (1) assistance in raising awareness of the need for WHO FCTC implementation in Zambia, (2) support for the development of a new tobacco control law for Zambia to implement WHO FCTC obligations; (3) support for the establishment of a national coordinating mechanism to promote multisectoral action for WHO FCTC implementation; (4) a WHO FCTC Investment Case to establish the economic costs of tobacco use in Zambia; and (5) technical assistance and capacity building to support strengthening tobacco taxes.

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 Zambia in meeting its obligations under the Convention.

The joint needs assessment was generously funded by the Government of the United Kingdom and Northern Ireland under the FCTC 2030 project.[7] The Ministry of Health and the WHO Country Office provided resources and logistic support to the needs assessment exercise, including organizing the meetings during the mission.

[7] This report has been prepared by the Needs Assessment mission team and do not necessarily reflect the views of the donor.

Needs assessment mission for implementation of the WHO Framework Convention on Tobacco Control in Zambia 21-24 November 2017

Mission Agenda

- **Day 1:** Meeting with the Ministry of Health.

- **Day 2:** Launching of FCTC 2030 Project by the Honorable Minister of Health followed by WHO FCTC needs assessment engagement workshop with WHO FCTC stakeholders in Zambia from government, civil society, academia and relevant United Nations organizations.

- **Day 3:** Bilateral meetings with:

    - Health Committee of the Zambian National Assembly
    - Key government ministries and agencies including Ministry of Finance, Ministry of Commerce, Trade and Industry, Ministry of Finance and Zambia Environmental Management Agency
    - United Nations Country Team

- **Day 4:** Bilateral meetings with:

    - Ministry of Agriculture
    - Civil society representatives
    - Academia
    - Ministry of Health

The WHO FCTC needs assessment mission international team was comprised of:

Convention Secretariat:

Andrew Black
Team Leader - Development Assistance

Dr Mohamed Ould Sidi Mohamed,
Consultant to Convention Secretariat (FCTC 2030 Project)

WHO Regional Office for Africa:

Dr William Maina
Senior Project Officer, Tobacco Control Programme

WHO Country Office in Zambia:

Dr Nora Mweemba
Health Information and Promotion Officer

United Nations Development Programme:

Mr Dudley Tarlton
Programme Specialist, Health and Development

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

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

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

Zambia was found to have several gaps in the implementation of the WHO FCTC. In addition, Zambia was not found to have tobacco control measures that go beyond those included in the Convention.

It is recommended that the Government, to take action to meet the obligations under the Convention. The Government is also encouraged to implement additional tobacco control measures that go beyond the minimum requirements of the Convention to protect public health, especially to reduce the uptake of tobacco use by young people.

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

The Needs Assessment team identified 13 bilateral Investment Treaties (BITs) and 5 Treaties with Investment Provisions (TIPs) that have been concluded by Zambia, and none of these ostensibly deal with matters that might be contrary to the Convention or its Protocol.

Gap: The Ministry of Foreign Affairs is encouraged to fully analyze existing and future agreements, including those relating to regional and international cooperation, to ensure such agreements are fully compatible with obligations under the Convention and Protocol. In addition, Zambia has not yet provided information on bilateral or multilateral agreements to the Conference of the Parties through the Convention Secretariat, in accordance with WHO FCTC Article 2.2.

It is recommended that the Government identifies the agreements that may fall under the scope of Article 2.2 of the Convention and report these to the Conference of the

Parties through the Convention Secretariat (this can be done through the next regular WHO FCTC reporting instrument that Zambia submits).

Guiding Principles (Article 4)

According to the Government's *National Health Strategic Plan 2017-2021:*

> *"The burden of NCDs in Zambia is increasing, with significant consequences on morbidity and mortality levels. The most common NCDs in the country include chronic respiratory diseases, CVDs, diabetes mellitus (Type II), cancers, epilepsy, mental illnesses, oral diseases, eye diseases, trauma (mostly due to road traffic accidents and burns), and sickle cell anaemia. In 2016, it was estimated that NCDs caused 23% of all deaths in the country, with nearly one in five people dying prematurely from these conditions. It was further reviewed that 24% of men smoke…"*

Article 4 of the WHO FCTC sets out the principles to guide Parties to achieve the objective of the Convention and to implement its provisions.

It is recommended that the Government carefully review the guiding principles in WHO FCTC Article 4 as part of the development and implementation of future strategies and policies relating to tobacco control.

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

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".*

The Needs Assessment team identified several non-governmental organizations (NGOs) conducting work on tobacco control, including the Tobacco Free Association of Zambia, Zambia Consumer Association, Zambia Heart and Stroke Foundation, Zambia Non-Communicable Diseases Alliance and Anti-Alcohol and Drug Abuse (Zambia). There is also a Non-Communicable Disease Alliance that comprises the aforementioned organizations as well as the Zambia Cancer Association, Cardiac Trust of Zambia, Diabetes Association of Zambia, Beat Rheumatic Heart Diseases Zambia, Asthma Association of Zambia, Epilepsy Association of Zambia, Mental Health Users Association of Zambia and Bwalo Youth Development Trust. Academic institutions, such as the University of Zambia, are also active and support research into tobacco control. This Alliance would be strengthened with the (a) involvement of a greater number of civil society organizations with an interest in tobacco control issues from outside the health sphere and (b) from more regular coordination among members.

The Needs Assessment team recognized that support for tobacco control in Zambia is being provided from international civil society organisation including the American Cancer Society and the Campaign for Tobacco Free Kids. In addition, Zambia is included in the *International Tobacco Control Policy Evaluation Project*, which evaluates the impact of WHO FCTC policies in more than 20 countries, which is coordinated by the University of Zambia and the University of Waterloo (Canada).

There does not appear to be regular opportunities for civil society to engage with the Government and Parliament on WHO FCTC implementation issues. The Needs Assessment team met with representatives of NGOs during the stakeholder meeting on 22 November 2017 and at a meeting convened at the University of Zambia on 23 November 2017. The Government would benefit from more regular engagement with civil society, and civil society should be given the opportunity to contribute to the development and implementation of action to implement the WHO FCTC in accordance with WHO FCTC Article 4.7.

Gap: Irregular engagement between civil society groups and both the Government and Parliament on WHO FCTC implementation.

It is recommended that the Government and Parliament create more regular opportunities to engage with civil society on WHO FCTC implementation, possibly through formally including civil society representatives in the suggested multisectoral coordinating mechanism for WHO FCTC implementation (further details below under Article 5).

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"*.

The Government has published the *Zambia National Health Strategic Plan 2017-2021* (NHSP) that includes a commitment that:

> *More attention will be paid to preventing and treating non-communicable diseases, health promotion, social determinants of health, disease surveillance, and enhancing good governance.*

Article 5.1 of 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 and the protocols to which it is a Party. In the NHSP, *"the Government has committed itself to establish and strengthen multi-sectoral plans and policies and plans for the prevention and control of NCDs"* as well as several specific actions that are directly relevant to the implementation of the WHO FCTC in Zambia. Nevertheless, since becoming a Party to the WHO FCTC in May 2008, Zambia has not yet introduced a *specific* multisectoral tobacco control strategy.

As part of wider national strategic planning, the Government could consider how to harness the benefits of WHO FCTC implementation (as set out in SDG target 3.a[8]) to advance sustainable development. Long considered a priority primarily for the health sector, tobacco control can accelerate wider sustainable development across its social, economic and environmental dimensions, as set out in *The WHO Framework Convention on Tobacco Control: An Accelerator for Sustainable Development* that was jointly published by the Convention Secretariat and UNDP.[9]

***Gap**:* Zambia has not yet introduced a *specific* multisectoral tobacco control strategy.

It is recommended that Zambia implement a costed and fully funded national multisectoral tobacco control strategy that is developed in collaboration with all relevant government ministries, civil society and academics. Furthermore, Zambia should consider the inclusion of SDG target 3.a in all national development plans, given that effective tobacco control can accelerate sustainable development across its social, economic and environmental dimensions.

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

The Ministry of Health (MoH) has set up an NCD Unit. In addition, the Chief Mental Health Officer at the MoH has been designated at the focal point for the WHO FCTC and has two additional members of staff working on tobacco control matters. At MoH, the tobacco control activities budget is part of the overall drug and substance abuse control and de-addiction programme in the MoH's annual activity plans. The latest reported government expenditure on tobacco control was 37,257 USD.[10]

Under Article 5.2(a) of the WHO FCTC, Parties have an obligation to establish and finance a national multisectoral coordinating mechanism or focal point for tobacco control. While a national multisectoral committee for the implementation of WHO FCTC, led by the Minister of Health, has been established, it has met in the past only on an irregular basis.

In the NHSP, the Government sets out the importance of inter-sectoral action, coordination mechanisms and its commitment to a 'Health in All Policies' governance framework. To strengthen healthy public policies, the NHSP says that the Government will create a platform for multi-sectoral collaboration, build capacity for the MoH to

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8 SGD target 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate

9 Publication available on the Convention Secretariat's website at: https://www.who.int/fctc/implementation/publications/who-fctc-accelerator-for-sustainable-development/en/

10 From the *WHO report on the global tobacco epidemic 2017: Country Profile for Zambia*.

assume leadership for Health in All Policies (HiAP) and will collaborate with key stakeholders to implement HiAP. More specifically, the Government sets out that:

> *This NHSP aims to promote and ensure harmonized and strengthened inter-sectoral action on health using a Whole Government and Whole Society approach within the Health in All Policies framework. This shall be achieved through organizational structures and coordination mechanisms that support regular interaction for comprehensive community health. This is in line with the Ouagadougou Declaration (2008), the key values of which are equity, solidarity, social justice, principles of multi-sectoral action, community participation, and unconditional enjoyment of health as a human right by all. It also fosters the adoption of healthier lifestyles.*

***Gap**:* The national coordinating mechanism for WHO FCTC implementation is not fully functional, meaning that relevant government ministries, civil society and parliament do not have a formal method of contributing to the planning and delivery WHO FCTC implementation in Zambia.

It is recommended to fully implement an effective mechanism for the coordination of government-wide action for the implementation of the WHO FCTC, under the leadership of the Ministry of Health, to enable the active participation of relevant government ministries, civil society and parliament, as appropriate. A reinvigorated national multisectoral committee for the implementation of WHO FCTC with clear terms of reference, membership and a regular meeting schedule would serve this purpose well. This committee can play a key role in ensuring that a 'health in all policies' approach is taken to the implementation of the WHO FCTC across the whole government. The NHSP commitments in this respect are directly compatible with Zambia's obligations under WHO FCTC Article 5 and reinvigorating the national multisectoral committee for the implementation of WHO FCTC would also contribute to delivering the NHSP. The operation of a national multisectoral coordinating committee must be protected from vested and commercial interests of the tobacco industry (in accordance with WHO FCTC Article 5.3). The Committee could create technical working groups to plan and deliver priority work, as necessary. To ensure sustainability, Zambia could follow the lead of other WHO FCTC Parties and create the Committee through legislation.

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".*

Both before and after becoming a Party to the WHO FCTC, Zambia has enacted some tobacco control legislation covering areas including particular aspects of smokefree indoor environments, packaging and labelling of tobacco, and tobacco taxation. Zambia's tobacco-related legislation is included in statute that includes the Public Health Act 1992, the Public Health Tobacco Regulations 1992 and the Local Government Act

2008. Tobacco-related legislation is not contained in a single comprehensive Act and existing tobacco control legislation in Zambia falls short of what is required to fully implement the WHO FCTC. Further details are included in this report under relevant WHO FCTC Articles.

The Government's NHSP sets out the importance of using legislation to protect the constitutional rights that Zambians have to life and health:

> *This strategic plan is closely linked to the Zambian Constitution, which is the supreme law of the land. The Constitution guarantees the right to life and right to health. It also guarantees other fundamental human, social, and economic rights to the population, which have direct and/or indirect impacts on health. The strategic plan will be backed by… various health-related pieces of legislation for addressing specific aspects of health which are expected to be enacted by Parliament. These include… tobacco control… The Government will continuously review the needs and gaps for specific health-related legislation and develop appropriate legislation necessary for the enforcement of particular aspects of health.*

In the NHSP, the Government has committed to improve the policy/legal framework for NCDs, including to (a) strengthen legislation/regulation that supports prevention and control of NCDs and (b) strengthen policies/legislation targeted at mental health, alcohol, tobacco use, and healthy diets. There is a specific goal to *"develop an accountable, transparent, and equitable health sector that will respond to the needs of the Zambian people by the year 2021"* with one of the key strategies to formulate and enact appropriate health-related bills into law, including a tobacco control bill.

The Needs Assessment team was informed by the MoH of activity that is underway to develop a new comprehensive tobacco control law for Zambia. New legislative plans should seek to fully implement all of Zambia's WHO FCTC treaty obligations. Many of these are detailed in this report. The Needs Assessment team met the Health Committee of the National Assembly of Zambia on 23 November 2017 and discussed the need for a stronger and more comprehensive tobacco control law for Zambia, to promote public health and sustainable development, and to protect future generations of Zambians from addiction and the significant harms that come from tobacco use.

***Gap**:* Existing tobacco control legislation in Zambia is limited and contained in different Acts and Regulations. Existing legislation falls short of implementing Zambia's WHO FCTC treaty obligations.

It is recommended that a comprehensive draft tobacco control bill be developed to enable Zambia to fully meet its WHO FCTC treaty obligations and be provided for parliamentary consideration as soon as possible. The legislation should include clear enforcement provisions.

Article 5.3 sets out the obligation that in "*setting public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry"*. Further, the guidelines for implementation of Article 5.3 set out 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 Needs Assessment team found limited awareness of the treaty obligations in WHO FCTC Article 5.3 among civil servants. There are also no measures to prevent so-called socially responsible activities by the tobacco industry.

***Gap**:* Feedback from many stakeholders described concerns about the potential for the tobacco industry to adversely influence WHO FCTC implementation in the Zambia.

It is recommended that Zambia examine the WHO FCTC Implementation Guidelines for Article 5.3 as well as measures that other Parties have taken to implement Article 5.3 obligations, including considering whether preventing tobacco industry interference should be included in tobacco control legislation. Opportunities to include Article 5.3 in "codes of conduct" for government employees and the development of a government-wide policy of maximising transparency in any government interactions with the tobacco industry should also be considered. Statutory organizations in Zambia that deal with the prevention of corruption should also be involved in the implementation and monitoring of WHO FCTC Article 5.3. The MoH could undertake awareness raising of the requirements of WHO FCTC Article 5.3 across the whole government. Civil society and academics are encouraged to monitor tobacco industry interference in accordance with the WHO FCTC and its implementation guidelines.

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"*.

Zambia participated in negotiations of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products. Zambia has participated in Sessions of the WHO FCTC Conference of the Parties since its accession to the treaty. Zambia has not been involved in the development of any of the agreed WHO FCTC implementation guidelines.

Zambia is encouraged to continue to participate in Sessions of the Conference of the Parties and in the future to consider actively participating in the formulation of measures, procedures and guidelines for the implementation of the Convention and the protocol to which it is a Party.

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"*.

Zambia actively cooperates with the Convention Secretariat, WHO and UNDP to implement the treaty at country level. The UN Interagency Taskforce on Non-Communicable Diseases is also undertaking work in Zambia which will address WHO FCTC implementation.

Gap: There are a range of international and regional intergovernmental organizations that Zambia could cooperate with, to further the implementation of the WHO FCTC domestically, regionally and internationally.

It is recommended that Zambia undertake a review of which international and regional intergovernmental organizations could work in cooperation to support the further the implementation of the WHO FCTC. A specific recommendation is for the Government to consider work with the UN Food and Agriculture Organization and the UN Development Programme to promote economically viable alternatives for tobacco growers in accordance with WHO FCTC Article 17.

Article 5.6 sets out that *"Parties shall, within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms".*

Zambia receives technical and financial support for WHO FCTC implementation from the Convention Secretariat through the FCTC 2030 project which is generously funded by the Government of the United Kingdom, Norway and Australia. In addition, Zambia receives support from the WHO and UNDP for the implementation of WHO FCTC measures. Other organizations and donors also provide support to the country on tobacco control.

Gap: Zambia would benefit from additional financial resources for the implementation of the WHO FCTC.

It is recommended that Zambia seek financial resources through bilateral and multilateral funding mechanisms, including those related to supporting sustainable development. The Government should also look to raise financial resources for WHO FCTC implementation domestically, such as through taxation of tobacco products.

Price and tax measures (Article 6)

In Article 6.1, WHO FCTC 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) states that WHO FCTC Parties should take account of national health objectives concerning tobacco control, which may include "*implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption"*.

Under Article 6.2(b), WHO FCTC Parties should also consider *"prohibiting or restricting, 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 and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21"*.

In becoming a Party to the WHO FCTC, the Government of Zambia acknowledges the importance of price and tax measures as an effective and important means of reducing tobacco consumption. The Needs Assessment team noted that because of low tobacco taxes, tobacco products are highly affordable in Zambia compared to many other consumer products. Tobacco prices are also highly affordable compared to many other countries in Africa. This means that the benefits of reduced tobacco consumption and higher government revenues are not currently being realised in Zambia.

The current situation relating to prices and taxes of tobacco in Zambia is reported in research by Stoklosa, Goma, Nargis *et al* that was brought to the attention of the Needs Assessment team:

> *A primary reason for the rise in tobacco use in Zambia is the low price of cigarettes. When adjusted for inflation, the price of factory-made (FM) cigarettes has been falling. In addition, cigarette prices have not kept pace with rising disposable incomes in Zambia. These price dynamics have led to significantly greater affordability of cigarettes. With only 12.9% of per capita gross domestic product needed to purchase 100 packs of the most popular brand in 2016, the affordability of cigarettes in Zambia was greater than in the average African country (13.5%)…*
>
> *The most effective way to increase cigarette prices and thus decrease cigarette consumption and prevalence is through tobacco tax increases. Despite high, often double-digit, inflation and rapid income growth, tobacco taxes have rarely increased in Zambia. The country's cigarette excise tax is an ad valorem tax, with a specific tax floor. The current ad valorem excise tax rate, at 145% of the Cost, Insurance and Freight value for imported cigarettes or the Producer Price value for domestically produced cigarettes, was introduced in 2007 but has not changed since. The 2016 budget increased the specific tax floor from 90 kwacha (US$8.72) to 200 kwacha (US$19.37) per 1000 sticks, but this represents a mere adjustment for inflation back to the tax levels at introduction in 2007. Consequently, Zambia has one of the lowest tax shares in the world. In 2016, tax comprised only 37% of the retail price of cigarettes of the most popular brand, compared with 56% globally. WHO recommends a tax share of 75%.*[11]

The *WHO report on the global tobacco epidemic 2017: Country Profile for Zambia* states

[11] Stoklosa, M., Goma, F., Naris, N. *et al.* (2018). "Price, tax and tobacco substitution in Zambia" in *Tobacco Control.* Available at; https://tobaccocontrol.bmj.com/content/early/2019/01/05/tobaccocontrol-2017-054037

that the tax inclusive retail sales price (TIRSP) for a packet of 20 of the lowest cost brand of cigarettes in Zambia ("Life") was ZMW6.00. The cost of a common premium brand of cigarettes in Zambia ("Camel") was ZMW 27.00. The collection of tobacco taxes provides the following revenues to government:

Total excise (specific and ad valorem components)	ZMK 82.9 bn
Value added tax (VAT) and other sales tax	ZMK 19.4 bn
Import duties and all other taxes (excluding corporate taxes on tobacco companies	ZMK 462.6 m

According to Zambia's duty-free allowances, people aged 18 and over can import 400 cigarettes or 500g of cigars of 500g of tobacco, meaning that Zambia meets obligations under Article 6.2(b). Nevertheless, Zambia may wish to consider prohibiting duty-free imports of tobacco in the future, as some other Parties have done.

***Gap**:* The 37.3% rate in the most sold brand of cigarettes falls short of the WHO recommendation on tobacco tax. The implementation guidelines for Article 6 refer to the *WHO Technical Manual on Tobacco Tax Administration* which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. Currently, rates of tobacco taxation fall short of the WHO's recommendations. Currently, there are no taxes imposed on snuff tobacco and smokeless tobacco. Readily available roll-your-own tobacco, often available at lower cost than cigarettes, remains an issue in Zambia because tobacco users can substitute with these less expensive tobacco products.

Zambia has amended tobacco tax rates upwards recently but did not introduce a regular adjustment mechanism or periodic re-evaluation procedures for the level of the tobacco tax. There are no taxes imposed on snuff tobacco and smokeless tobacco.

Tobacco products remain very affordable in Zambia compared to many other consumer products and tobacco prices are also very affordable compared to many other countries in Africa. Strengthened tobacco taxation will greatly assist Zambia to achieving its health objectives while also generating government revenues.

It is recommended that Zambia considers changing the current tax structure and instead apply an excise tax that is either entirely specific-based or mixed (a combination of ad valorem and specific taxes) with a more significant specific component. The implementation guidelines for Article 6 of the WHO FCTC refer to the WHO Technical Manual on Tobacco Tax Administration which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. Currently, rates of tobacco taxation fall well short of the WHO recommendations. Taxes should be uniform across brands, and preferably, also across all tobacco products. Currently, there are no taxes imposed on snuff tobacco and smokeless tobacco. Readily available roll-your-own tobacco, often available at lower cost than cigarettes, remains an issue in Zambia because tobacco users can substitute with these

less expensive tobacco products. It is recommended that Zambia sets out improving public health as an objective of its tobacco tax policy. The Government of Zambia is encouraged to work closely with experts on tobacco taxation, including the WHO FCTC Knowledge Hub on Tobacco Tax to monitor, increase and/or adjust tobacco tax rates for all tobacco products on a regular basis, potentially annually, with the objective of significantly reducing affordability. Typically, this requires an initial increase that will cause a sufficiently large price increase to affect consumption, and thereafter raising taxes regularly to outpace inflation and income growth. It is also recommended that Zambia consider implementing a tobacco levy on all tobacco products or explore other options for directing funds to tobacco control activities in the country.

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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*."

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

The guidelines for the implementation of WHO FCTC Article 8 included a five-year deadline for the introduction of smokefree work and public places (this deadline for Zambia was reached on 21 August 2013).
According to the ITC wave 2 study for Zambia,[12] cigarette consumption has increased steadily.

Zambia's Public Health Act (section 422) requires that management of certain venues shall take all reasonable measures and precautions to ensure disease control, including requiring persons to refrain from smoking, snuffing, chewing or using tobacco in any

[12] Zambian research published online at: www.itcproject.org/countries/zambia

form in areas where food is, or food ingredients are or in areas used for washing equipment or utensils.

According to the Public Health Tobacco Regulations (Statutory Instrument No. 163, 1992), smoking is prohibited in the following places: (a) hospitals, (b) health centres, (c) nursing homes, (d) kindergartens, (e) cinema halls, (f) theatres, (g) elevators (lifts), (h) public transport, and (i) schools for adolescents up to 21 years of age.

In addition, according to the Local Government Act (Prohibition of Smoking in Public Places) Regulations, 2008, smoking is prohibited in public places. In these regulations, "public place" means: any building, premises, conveyance or other place to which the public has access.

The enforcement structure for smokefree requirements is:

- Ministry of Health: Responsible ministry for public health legislation, including that related to tobacco control
- Ministry of Local Government: Delegated authority to enforce the tobacco control legislation
- Ministry of Justice: Responsible for court system and sentencing

The country reported in the latest WHO FCTC reporting submitted that some progress had been made in implementing WHO FCTC Article 8 by developing and implementing a smoke free manual as well as some enforcement action. It is also reported that implementation and enforcement is still awaiting more human, logistics and financial resources.

According to GYTS 2007 data, 23% of youth were exposed to second-hand smoke, living in homes where others smoke in their presence and 45.5% are around others who smoke in places outside their home. Awareness about the harms of second-hand smoke was reasonably high among youth. GYTS 2007 found that 42% of youth aged 13-15 years old thought that secondhand smoke is harmful to them and 40% of youth aged 13-15 years old thought that think that smoking should be banned from public places

Gap: The current law in Zambia relating to smokefree work and public places is not comprehensive and not fully compliant with WHO FCTC obligations. Additional requirements need to be enacted and implemented for Zambia to meet WHO FCTC obligations relating to protection from exposure to tobacco smoke.

The Human Resources at the Ministry of Health and at Ministry of Local Government responsible for enforcement and monitoring appears inadequate. There are no dedicated funds for enforcement.

As a Party to the WHO FCTC, Zambia has obligations to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. The implementation guidelines for Article 8 of the WHO FCTC include a five-year deadline for the introduction of smokefree work and public places (this deadline for Zambia was reached on 21 August 2013). The

current law in Zambia relating to smokefree work and public places is not comprehensive and not fully compliant with the WHO FCTC and its implementation guidelines.

It is recommended to strengthen smokefree laws in Zambia in line with Article 8 of the WHO FCTC and its guidelines, and to ensure that robust monitoring and enforcement arrangements are introduced. Furthermore, it is recommended that public awareness is raised about the health harms relating to secondhand smoke exposure.

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

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

The partial guidelines encourage Parties to reduce the likelihood of fires caused by cigarettes by:

(a) defining a performance standard which is at least the same as current international practice as regards the percentage of cigarettes which cannot burn over their entire length when tested according to the method; (b) requiring tobacco manufacturers to test the ignition force, report the results to the responsible authority and pay for the implementation of the measures; (c) requiring all cigarettes to comply with an RIP standard and establishing the necessary enforcement mechanisms; (d) Avoid any claim that RIP cigarettes are incapable of igniting fires.

In the latest report submitted to the Convention Secretariat in 2016, Zambia has stated that they regulated the content of tobacco product. The report also said that they are requiring public disclosure of information about the content of tobacco products. On cigarettes packs it is mentioned level of tar and nicotine. The Zambia Bureau of Standards of (ZBOS) has list of compulsory standards. These requirements could include design, material, performance, manufacturing and testing requirements, including packaging and labeling.

Gap: To our knowledge the country does not have a laboratory capable of analyzing components of tobacco products (or access to a laboratory competent in this field in another country). Currently Zambia has also no guidelines for testing, measuring and standards to check the composition and emissions of tobacco products and electronic nicotine delivery systems, including in particular the prohibition of additives in accordance with Articles 9 and 10 and the partial directives for their application adopted by the Conference of the Parties. There are no measures on public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce. Zambia currently has no ignition propensity reduction (IPR) standards.

The Ministry of Health is recommended to implement Articles 9 and 10 as well as partial guidelines in conjunction with Zambia Bureau of Standards or other relevant bodies and capable laboratories in the region through bilateral arrangements. Laws and regulations need to be introduced to provide for the testing and analysis of the composition and emissions of tobacco products in accordance with guidance provided in the WHO FCTC Implementation Guidelines on Articles 9 and 10.

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.

WHO FCTC Article 11 relating to on packaging and labelling of tobacco products is a timebound measure with a three-year deadline to introduce the effective measures set out in the Convention (this deadline for Zambia was reached on 21 August 2011).

According to the Public Health (Tobacco) Regulations, 1992 no manufacturer, importer, distributor or retailer shall sell any tobacco products in a package unless that package is labelled in a clear, legible and conspicuous manner with a warning as follows: "WARNING: TOBACCO IS HARMUFUL TO YOUR HEALTH". The warning shall appear on both sides of the large surface area of the package printed in bold letters against a contrasting background, be in a place where there is no risk of being damaged when the package is opened, and not be place on a transparent wrapping paper used outside the packaging.

Gap*:* Many tobacco products on the market are bearing misleading, deceptive or likely to create an erroneous impression about the characteristics, health effects, hazards or emissions. For example, the popular cigarette brand "Life" is likely to give misleading impressions. Health warnings do not rotate. The current tobacco control law and regulations are not compliant with minimum standards required by the WHO FCTC and Implementation Guidelines for WHO FCTC Article 11.

Article 11 of the WHO FCTC relating to packaging and labelling of tobacco products is a timebound measure with a three-year deadline to introduce the effective measures

set out in the Convention (this deadline for Zambia was reached on 21 August 2011). At present, health warnings on tobacco products consist of a warning in small typeface on both sides of the packs that reads "Warning: Tobacco is harmful to your health". It is recommended that action be taken to implement the obligations of Article 11 of the WHO FCTC, including the adoption of large health warnings for all tobacco products. The implementation of picture health warnings would maximise effectiveness. Graphic health warnings will contribute to raise health literacy by helping people to understand the consequences of tobacco use.

In addition, to meet WHO FCTC treaty obligations, any tobacco product packaging and labelling that may promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions should no longer be permitted, including the use of terms of such as "low tar", "light", "ultra-light" and "mild".

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.

Zambia has trained law enforcement agents, utilizing a manual on current smokefree laws. Learning materials for schools targeting prevention to tobacco use are under development for use with younger pupils. The country's civil society organizations have been active in conjunction with the Ministry of health in marking World No Tobacco Day each year.

Gap: Research suggests that levels of awareness of the risks of tobacco use are not as high in Zambia as in other countries. According to the last report to parties the country stated that they do not have a formal communication plan on tobacco control to promote education, communication and public awareness of the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of smoking cessation and tobacco-free lifestyles.

Given research showing that comparatively lower rates of awareness among Zambian smokers about the range of diseases that are attributable to tobacco use, as well as dramatically rising rates of tobacco use among girls, Zambia is encouraged to promote and strengthen public awareness of the risks of tobacco use using all available communication tools, as appropriate. This could include public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, about the benefits of tobacco cessation and tobacco-free lifestyles. Furthermore, consideration should be given to effective and appropriate training and awareness programmes on tobacco control for people in community facing roles such as health workers, community

workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons.

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"*.

As a Party to the WHO FCTC, Zambia, has obligations to introduce a comprehensive prohibition on TAPS. This obligation is a timebound measure in the Convention with a three-year deadline to introduce the necessary measures. This deadline for Zambia was reached on 21 August 2011.

Prior to ratification of the WHO FCTC, Zambia introduced Regulations made under powers in the Public Health Act 1992 that banned tobacco advertising in the media. Limited restrictions are imposed relating to TAPS at points of sale. Advertisements on giant billboards, posters and other written forms are not banned, as long as certain conditions are met.

According to the 2011 GYTS, 73% of young people aged 13-15 years old said that they saw anti-smoking media messages in the past 30 days, 59% saw pro-cigarette on billboards, in newspapers or magazines in the past 30 days, 20% have an object with a cigarette brand logo and 20% were offered free cigarettes by a tobacco company representative.

In Zambia, restrictions on TAPS are only partial and compliance is weak. In addition to the only limited prohibitions set out above, the law on TAPS does not cover the display of tobacco products at point of sale, tobacco vending machines are allowed, there is no ban direct and indirect funds or in-kind of financial contributions by tobacco companies and there are no limitations on activities described by the tobacco industry as "socially responsible".

Gap: Zambia's law on TAPS is limited and does not meet the timebound obligations in WHO FCTC Article 13 and the WHO FCTC Implementation Guidelines for Article 13.

Zambia's law to prohibit tobacco advertising, promotion and sponsorship is not comprehensive and does not meet the obligations of Article 13 of the WHO FCTC. For

example, tobacco advertising to the general public is still permitted through direct sources such as newspapers, radio, television, cinemas, billboards, posters, magazines and videos. Research suggests that tobacco advertising in Zambia is highest in the entertainment media. Tobacco products continue to be promoted at visible point of sale displays and tobacco vending machines are not prohibited. There is no restriction in Zambia on contributions from tobacco companies to any other entity for purposes described as "corporate social responsibility" (CSR). It is recommended that the existing law on tobacco advertising, promotion and sponsorship (including CSR activities), be strengthened in line with Article 13 of the WHO FCTC and its guidelines.

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".*

It is recommended that Zambia enforce this provision.

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"*.

Zambia has trained health care workers on management of tobacco cessation and dependence. The Chainama Hills College Hospital is a government run that provides counselling for tobacco and other drugs cessation. Services provided in all public services are fully reimbursed according to the last Party's report.

Gap: The Zambia has not developed national guidelines on tobacco dependence and smoking cessation.

It is therefore recommended that Zambia develops guidelines for the implementation of Article 14 of the Convention that take into account the context and priorities of the country

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

In events to mark World No Tobacco Day in the past, there has been sensitization events to promote cessation.

Gap: The national health care system does not integrate cessation into primary health care services and there is no programme for treatment of tobacco dependence. Cessation medications are not on the country's essential drug list. Pharmaceutical products for treatment of tobacco dependence (e.g. bupropion and varenicline) are not readily available through the national health care system. There is no national quit line.

It is therefore recommended that Zambia develop national tobacco cessation guidelines, as well as establishing and promoting a national cessation programme, as set out in WHO FCTC Article 14. Zambia should consider providing brief advice to tobacco users in primary care settings. It is also recommended that Zambia facilitates accessibility and affordability of pharmaceutical products for treatment of tobacco dependence and set up a national toll-free quit line or similar web-based services to support tobacco users who want to quit.

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"*.

Zambia participated in all negotiating sessions of the Protocol to Eliminate Illicit Trade in Tobacco Products until its adoption in November 2012. To date, the country has not become a Party to the Protocol.

Zambia, like many African countries, has porous borders that can allow the circulation of illicit products. There are no known studies to measure the magnitude of what share of the Zambian tobacco market is illicit.

To identify tobacco products that have had taxes paid, the ZRA requires tobacco products to carry tax stamps in accordance with the Customs and Excise Act and the Customs and Excise (Cigarette Tax Stamp) Rules. Zambia has not introduced a tracking and tracing system for tobacco products.

There are licensing requirements in place to regulate production and distribution of tobacco products. The Customs and Excise Act sets out these licensing requirements in section 93, including that no person shall manufacture otherwise than in accordance with the conditions of a license issued. A license to manufacture tobacco shall entitle the licensee to manufacture cigarettes, cigarette tobacco, pipe tobacco, cigars and snuff.

Zambian customs officials have seized illicit tobacco products on many occasions. When seized, products are incinerated under the supervision of the Zambia Environment Management Agency (ZEMA).

Gaps: Zambia is not a Party to the Protocol. There is not a comprehensive multisectoral strategy in Zambia to address illicit trade in tobacco products, and there is no tracking and tracing regime.

It is therefore recommended that Zambia introduces a comprehensive multisectoral strategy to address illicit trade in tobacco products, including the legislative and administrative measures needed to meet the obligations under WHO FCTC Article 15. Zambia is also encouraged to move ahead with ratification of the Protocol to Eliminate 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*".

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

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

Article16.1(d) calls on each Party to ensure *"that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors"*.

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

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

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*."

In Zambia, the legal age of sale of tobacco is 16 years of age. Single stick sales are still permitted in Zambia. In the latest report WHO FCTC implementation report submitted by Zambia, there are some measures implemented to prohibit the sales of tobacco products to minors.

The distribution of free tobacco products is prohibited in Zambia, and smoking is banned in schools for adolescents up to 21 years of age. The sale of sweets, snacks, toys or any other objects that resemble tobacco products and can appeal to minors is not prohibited.

According to 2011 GYTS survey, 23% of young people aged 13-15 years of age said they were able to buy cigarettes from a store and 27% said that they usually smoke at home.

***Gap**:* Current legislation does not prohibit the manufacture of candies, toys and other non-tobacco products imitating tobacco products. The use of tobacco trademarks, trade names and logos on goods, clothes and consumer items is not prohibited.

The current tobacco control law does not prohibit the import, export, manufacture and trade of tobacco products that have less than 20 sticks of cigarettes in a pack. Many young people said that they were able to purchase cigarettes in stores and were not refused because of their age. Sale of tobacco from vending machines and Internet selling is current permitted.

It is recommended to introduce legal requirements relating to the sale of tobacco to and by minors in Zambia to be fully in line with Article 16 of the WHO FCTC, to include increasing the age of sale to at least 18 years, introducing a ban on tobacco vending machines, stopping sale of single cigarette sticks and other evidence-based measures to protect children from tobacco.

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"*.

Zambia is a significant global grower of tobacco leaf. There has not yet been any activity in Zambia to address the implementation of WHO FCTC Article 17 to support economically viable alternative activities for tobacco growers and workers.

In recent years, it has become one of the fastest growing tobacco leaf-cultivating countries in the region, yet research suggests that most smallholder tobacco farmers are not making any money from this form of agriculture. Almost all tobacco leaf grown in Zambia is exported.

The latest WHO FCTC implementation report submitted by Zambia reports that following a baseline study conducted by Zambia Agriculture Research Institute and Tobacco Free Association of Zambia on identification on alternative crops to tobacco cultivation in tobacco growing regions in Zambia, a series of consultative meetings with small scale tobacco farmers on Alternative Crops were held. Informal reports suggest that tobacco growers are often unhappy about the price they receive from leaf buyers for their crops.

Gap: Research suggests that tobacco farming is not a lucrative economic livelihood for most farmers compared to other economically viable activities. There is no national policy for the promotion of economically viable and sustainable alternatives for tobacco growers and workers.

It is therefore recommended that Zambia adopts and implements policy and programmes promoting economically viable and sustainable alternatives for tobacco growers, workers, and individual sellers. Action can be taken to support tobacco farmers who wish to move to economically viable alternative livelihoods, and no part of the government should offer incentives for tobacco farming. In tobacco-growing regions, the government can take low-cost proactive steps to help farmers find alternative livelihoods, which recent research demonstrates is typically more economically lucrative for farmers than continuing to grow tobacco. Provision of support for economically viable alternative activities would including greater investment in agricultural extension services so that farmers are better informed about how to grow other viable cash crops in their region. Possibilities should be explored by the government to improve access to small loans for smallholder tobacco farmers to try other crops. The government could also examine the possibility of developing improved supply chains for non-tobacco crops so that farmers have more opportunity to sell their products. It is recommended that Zambia works with WHO, UNDP and FAO to investigate options for projects on alternative livelihood to tobacco farming that could be introduced.

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".

Green tobacco sickness is a type of nicotine poisoning that occurs while handling tobacco plants. Workers, including tobacco growers, are at especially high risk for developing this illness when their clothing becomes saturated from tobacco that is wet from rain or morning dew, or perspiration. Data on the number of cases of green tobacco sickness in Zambia was not available.

Zambia is encouraged to maintain knowledge and understanding of the evidence of tobacco's substantial environmental toll (including litter) and its negative impact on sustainable development. The Ministry of Health should consider engaging with ZEMA and the Ministry Agriculture on the issue of protection of the environment and the health of persons, including tobacco growers. Zambia is encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

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".

No policy or legislative measures were identified in Zambia in relation to this article.

Gap: There is no provision in tobacco control legislation to deal with criminal and civil liability.

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

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"*.

Zambia has benefited from research relating to tobacco, including tobacco growing, in recent years. The ITC has undertaken research in Zambia.[13]

Gap: Regular and representative surveys to determine tobacco use among adults and young people, in accordance with WHO methodologies. Data relating to tobacco use by young people is out of date, with the last GYTS survey being undertaken in 2011. Further research in Zambia, including on the burden of tobacco and costs of tobacco use, economically viable alternative measures, tobacco industry interference, support tobacco cessation and tobacco taxation would be beneficial.

It is recommended that regular surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke be undertaken. Such tobacco surveillance can be incorporated into existing national surveillance programmes and possibilities for the inclusion of questions relating to tobacco in future demographic and health surveys should be explored. Research to provide more information to guide the development of public health policies and the implementation of the WHO FCTC in Zambia would also be useful. In addition, through the FCTC 2030 project, Zambia will receive an Investment Case analysis, which will present the economic costs of tobacco in the country and the economic benefits of implementing the WHO FCTC.

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*".

[13] Zambian research published online at: www.itcproject.org/countries/zambia

Zambia has provided the 2016 implementation report. Zambia currently meets the obligations under Article 21 and is encouraged to continue to do so.

The COP has established a new biennial cycle for the submission of implementation reports starting in 2012, providing for the submission of reports no later than six months before each session of the Conference.

It is therefore recommended that the Government begin preparing the next report sufficiently in advance in order to meet the 2018 deadline. The same should be done for future reporting cycles.

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"*.

At its fourth session, in decision FCTC/COP4 (17), the COP fully acknowledged the importance of implementation of the Convention 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 requested the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, to strengthen implementation of the Convention at country level.

Zambia also receives technical and financial assistance for implementation of the WHO FCTC through the Convention Secretariat's FCTC 2030 project. Zambia cooperates with and has received assistance from the WHO Country Office and AFRO to implement tobacco control activities and from UNDP on linking sustainable development and the WHO FCTC.

It is therefore recommended that the Ministry of Health engages with the UN Resident Coordinator and governmental authorities with responsibility for national planning to ensure that the implementation of the WHO FCTC in included in future UNDAFs. The activities proposed may include priorities identified based on this joint need assessment report.

It is further recommended that Zambia actively seeks opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention. Zambia is also encouraged to collaborate and share knowledge, skills and successful initiatives in the

implementation of the Convention with other WHO FCTC Parties, including through South-South Cooperation.

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"*.

The Government of Zambia recognizes the importance of financial resources in implementation of the Convention. But there is no specific budget for tobacco control identified in Ministry of Health budgets. Other relevant agencies and ministries involved in the implementation of the Convention also do not have a budget.

Gap: The Ministry of Health has not devoted a budget to the implementation of the Convention. Other ministries concerned, required to implement the Convention, have not allocated any budget.

It is recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Consideration should be given to identifying innovative funding, such as the creation of a dedicated levy and/or fund to support tobacco control.

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"*.

Zambia has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Zambia 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. This process should involve the Ministry of foreign affairs through cooperation for effective implementation of the Convention.

Article 26.4 stipulates that *"Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations*

under the Convention, without limiting the rights of participation within these organizations".

It is recommended that Zambia utilizes the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Trade, etc., representing Zambia in other regional and global forums, also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.