



Implementation of the
Framework Convention on Tobacco Control
(FCTC)
in Mauritius

A Shadow Report
prepared by
VISA

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PREFACE

The Shadow Report assesses the implementation of the Framework Convention on Tobacco Control of the World Health Organization (WHO-FCTC) in Mauritius. It highlights what has been achieved in the area of tobacco control from the time the treaty came into force for Mauritius in February 2005. It also proposes actions required to consolidate the national tobacco control programme in view of reducing tobacco use and its devastating health, social and economic impact on society.

VISA wishes to place on record the tremendous efforts and bold steps taken by the Government of Mauritius and in particular the Ministry of Health and Quality of Life- the focal Ministry for the implementation of the FCTC- to meet our national obligations under the treaty. Mauritius has made significant progress on most of the key pledges under the treaty and is often cited in international fora as a model for other developing countries with regards to tobacco control.

However, further actions are required for Mauritius to remain a regional and international leader in tobacco control. On the local front, the battle against tobacco use and its impact on the Mauritian population is far from being won. The prevalence of smoking is still high with two out of five adult males being smokers. In 2008, 28.4 % of young people aged 13-15 years had ever smoked cigarettes and 13.7 % were current cigarette smokers. Non-communicable diseases, of which tobacco use is a major risk factor, have assumed epidemic proportions. According to the WHO Global Report on Tobacco Attributable Mortality, released in 2011, in Mauritius tobacco accounts for 64% of deaths linked to cancers of the trachea, bronchus and lung and 17% of deaths linked to respiratory diseases. The report also states that 8% of deaths due to cardiovascular diseases and 7% of deaths due to cerebrovascular diseases are attributed to the use of tobacco. Furthermore, tobacco use is responsible for 11% of deaths for men, 4% of deaths for women and 8% of all deaths attributed to non-communicable diseases.

These data highlight the importance of renewed efforts and a sustained and comprehensive strategy to confront the tobacco epidemic. VISA will continue to support government's initiatives aimed at promoting the health of Mauritians. Tobacco control is one of those areas where action now would contribute significantly to improving public health and reducing the burden of disease in the years to come.

Deowan Mohee

President

VISA

ARTICLE 5

General Obligations

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What does Article 5 say?

Parties shall:

- develop, implement, periodically update and review comprehensive multisectoral tobacco control strategies, plans and programmes.
- establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.
- adopt and implement effective measures in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke
- protect public health policies on tobacco control from the commercial and other vested interests of the tobacco industry.
- cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

WHO has prepared guidelines on Article 5.3 of the FCTC relating to the protection of public health policies on tobacco control from the commercial and other vested interests of the tobacco industry with a view to assisting Parties in the implementation of the Article.

What has been achieved?

- ✓ An FCTC-compliant tobacco legislation - The Public Health (Restrictions on Tobacco Products) Regulations 2008 - has been adopted.
- ✓ A National Action Plan for Tobacco Control (2008-2012) was developed and implemented. The Action Plan provided a comprehensive approach to tobacco control

in Mauritius and many of the activities proposed in the Action Plan have been implemented.

- ✓ A National Tobacco Control Steering Committee comprising all major stakeholders has been established since long.
- ✓ The Ministry of Health and Quality of Life has a desk officer dedicated to tobacco control on a full-time basis.
- ✓ A draft National Action Plan for Tobacco Control 2013-2017 has been prepared and circulated among stakeholders. Its implementation will allow maintaining a comprehensive national strategy for tobacco control in the years to come and contribute to achieving our vision to create a smoke-free society in the long term.
- ✓ Attempts of the tobacco industry to weaken the pictorial health warnings introduced by Mauritius and delay its implementation was effectively contained mostly due to strong political commitment and advocacy from tobacco control stakeholders, including ViSa.

What additional measures are required?

- ❖ **Ban the importation and sale of smokeless tobacco products (e.g. chewing tobacco, snuff, snus)**

Although the Public Health (Restrictions on Tobacco Products) Regulations 1999 banned the importation and sale of chewing tobacco in Mauritius, the present legislation, the Public Health (Restrictions on Tobacco Products) Regulations 2008, make no provision for prohibiting its importation and sale as well as of other smokeless tobacco products like snuff and snus. There are indications that the importation of chewing tobacco and its availability in retail shops have increased. It is evident that the tobacco industry will take advantage of this gap in the law to encourage their use and especially in places where the use of smoking tobacco is not allowed by law.

❖ **Ban the importation and sale of waterpipes**

The Public Health (Restrictions on Tobacco Products) Regulations 2008 ban the manufacture, importation or sale of tobacco products for use in connection with a water pipe. However, waterpipes, commonly known as hookahs or shishas, can still be manufactured, imported and sold in Mauritius. Their very presence on the local market encourages the illicit importation of tobacco products used in waterpipes. A more coherent strategy is required whereby both waterpipes and products used in waterpipes are banned for manufacture, importation and sale.

❖ **Ban the importation and sale of flavoured tobacco products**

The Public Health (Restrictions on Tobacco Products) Regulations 2008 make no provision for prohibiting the importation and sale of flavoured tobacco products. Flavours added to tobacco increase the palatability of tobacco products, encourages consumption and initiation among young people. In many countries, the introduction of flavoured tobacco has also dramatically increased the use of waterpipes.

❖ **Ensure no importation and sale of electronic nicotine delivery systems.**

Electronic nicotine delivery systems, commonly known as e-cigarettes, are becoming increasingly popular in many countries and the tobacco industry is getting more and more engaged in their production and distribution. The existing legislation in Mauritius already bans the sale of these products. Section 4 (f) of the Public Health (Restrictions on Tobacco Products) Regulations 2008 states "No person shall sell, offer to sell or distribute sweets, snacks, toys or any other object in the form of, or which are likely to create an association with, cigarettes or cigars." Under this provision of the law, all electronic nicotine delivery systems are to be considered as tobacco imitation products and therefore banned for

sale. Singapore and Seychelles are examples of countries where electronic nicotine delivery devices are banned using legal provision similar to that in Mauritius.

❖ **Dedicate adequate funds to tobacco control.**

The availability of funds is one of the key elements in the successful implementation of the strategies spelt out in the National Action Plan for Tobacco Control 2013-2017

❖ **The National Tobacco Control Steering Committee should meet regularly.**

It is essential that national stakeholders be kept informed, motivated and committed to national tobacco control policies and programmes.

❖ **Strengthen the multi-sectoral strategy in the fight against tobacco.**

Government sectors other than the Ministry of Health and Quality of Life should take more initiatives with regards to prevention control in order to reach a wider population. These include other Ministries as well as local governments and civil society groups.

❖ **Interact transparently with the tobacco industry and only when necessary.**

In conformity with the guidelines of WHO on FCTC Article 5.3, interactions with the tobacco industry should take place transparently and only when required, and to the extent strictly necessary to enable Parties to effectively regulate the tobacco industry and tobacco products.

❖ **Adopt and implement a code of conduct for public officials.**

The code of conduct should set out the standards which public officials should observe when dealing with the tobacco industry.

ARTICLE 6

Price and tax measures to reduce the demand for tobacco

What does Article 6 say?

Each Party shall:

- adopt or maintain, as appropriate, measures which may include implementing tax and, where appropriate, price policies on tobacco products so as to contribute to the health policies aimed at reducing tobacco consumption.
- adopt or maintain, as appropriate, measures which may include prohibiting or restricting, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.

The 5th Session of the Conference of Parties of the Framework Conference on Tobacco Control held in November 2012, unanimously adopted guiding principles and recommendations on Article 6. On the issue of tax levels, the recommendation reads:

- Parties should establish coherent long-term policies on their tobacco taxation structure and monitor on a regular basis including targets for their tax rates, in order to achieve their public health and fiscal objectives within a certain period of time.
- Tax rates should be monitored, increased or adjusted on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products.

What has been achieved?

- ✓ WHO reports that in 2010 taxes on the most sold brand of cigarettes in Mauritius was 72% of the retail price. According to the Ministry of Finance and Economic Development, in 2011, taxes represented 55 to 87% of the retail price of tobacco products. The World Bank recommends that taxes should account for two-thirds to four-fifths of the retail price of cigarettes.

- ✓ An excise duty of Rs 2,750 (\$92 USD) was applied per thousand cigarette sticks in year 2011 as well as a Value Added Tax (VAT) of 15% prior to sale. Taxes on tobacco are globally acknowledged as the most effective way to reduce tobacco use, especially among young and poor people.

What additional measures are required?

- ❖ **Adopt a policy of indexing the price of tobacco products to income growth and inflation in view of reducing demand and affordability.**

In Mauritius, although taxes on cigarettes meet the recommendation of the World Bank, there has been no significant reduction in their affordability. The International Tobacco Control (ITC) Report of 2011 indicates that cigarettes became only slightly less affordable (by less than 1%) between 2010 and 2011. Furthermore, smokers do not consider the price of cigarettes as a primary reason to quit and money spent on cigarettes does not divert spending from essential household expenditures - indicators that cigarettes are still highly affordable in Mauritius. The tax rates should therefore be reviewed and adjusted regularly to reflect not just inflation but also income growth in order to curb the affordability of tobacco products.

- ❖ **Adopt a policy of imposing taxes on tobacco products as a public health measure.**

Taxation of tobacco products should primarily aim at reducing tobacco consumption and improving health rather than being considered merely as an income-generating/public finance measure. The Ministry of Finance should consult the Ministry of Health and Quality of Life on this issue during the annual budgetary exercise so that health authorities could address and advise on tobacco taxation from a health perspective.

❖ **Reduce and eventually ban the duty-free sales of tobacco products.**

The present duty-free import quota allowed in Mauritius is 250gm of tobacco (including cigarettes and cigars). The quota should initially be reduced to 125gm of tobacco and eventually banned.

An increasing number of countries have already taken steps to reduce or ban the duty-free sales of tobacco products. Singapore, Barbados and Sri Lanka have banned duty-free imports by travelers; Nepal and Rumania have banned duty-free sales; Hong Kong has a duty-free limit of 25g of tobacco product; and the European Union has banned duty-free sales to individuals travelling within its territory.

❖ **Earmark 2% of the tax on tobacco for funding health promotion programmes, including tobacco control.**

Financial resources are often inadequate to mount, conduct, sustain and evaluate prevention programmes on health issues of national concern. Intensive media campaigns aimed at reaching large sections of the population for sustained periods of time on major health issues are rare because of the high costs involved. Face-to-face communication should be supported by a wide variety of communication tools and visual aids. In 2011, the revenue collected from taxes on tobacco products in Mauritius was Rs 3.04 billion. Dedicating 2% of the tax on tobacco to health promotion programmes could generate an average of Rs 200 million for mounting prevention programmes on a wide array of health issues presently afflicting the Mauritian population, including but not limited to limited to tobacco use, alcoholism, drug addiction, malnutrition, HIV/AIDS and teenage pregnancies. Earmarking will thus secure funds for health promotion and allow the setting up of comprehensive programmes leading eventually to desired behavioural changes in the population. Authorities could also look into the possibility of using the funds available to set up a National Health Promotion Authority as is the case in certain countries including Thailand.

❖ **Ensure training for tobacco tax administrators.**

It is essential that officers of the Ministry of Finance and the Customs Department have the training and technical capacity to optimize taxation of tobacco products and prevent tax evasion.

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ARTICLE 8

Protection from exposure to tobacco smoke

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What does Article 8 say?

- ❖ Each Party shall adopt, implement and actively promote measures providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

WHO has prepared guidelines on Article 8 of the FCTC to assist Parties in meeting their obligations under the Convention.

What has been achieved?

- ✓ The Public Health (Restrictions on Tobacco Products) Regulations 2008 prohibit smoking in public places, including but not limited to indoor public areas, public transport, bus stands and bus stations, private vehicles carrying passengers, recreational places (except public beaches), cafés, bars, restaurants and nightclubs.
- ✓ Owners/managers of public places are legally bound to display prescribed signage prohibiting smoking and sale of tobacco products to minors.
- ✓ Smoking is also not allowed while driving or travelling in a private vehicle carrying passengers.
- ✓ The owner or responsible person of a public place is required to take the following steps to prevent smoking:
 - ask the person to stop smoking;
 - ask him to leave if he does not stop smoking;
 - call the police if he does not stop smoking or leave the place.

- ✓ Inspections have increased leading to higher level of compliance with the smoke-free regulations although non-compliance is still noted in certain sectors like nightclubs.
- ✓ Media campaigns have been carried out on TV and radio.
- ✓ Educational materials have been produced and disseminated.
- ✓ Trainings have been organized for enforcement officers of the Ministry of Health and Quality of Life and the Police.
- ✓ An Enforcement Protocol has been developed in view of harmonizing enforcement procedures.

What additional measures are required?

- ❖ **Amend the Occupational Safety and Health Act 2005 to ban smoking in demarcated smoking areas in the workplace.**

The Occupational Safety and Health Act 2005 states: "Every employee shall, while at work, not smoke at the place of work, except in an area demarcated for that purpose". An amendment to this clause will harmonize the above law with the Public Health (Restrictions on Tobacco Products) Regulations 2008 which already ban smoking in workplaces. This is a measure long overdue to make the workplace 100% smoke-free.

According to the World Health Organization, demarcated smoking areas are not effective as they do not protect from second-hand smoke. There is also no safe level of tobacco smoke and the elimination of smoking from indoor environments is the only science-based measure that adequately protects a population's health. WHO guidelines on Article 8 of the FCTC clearly state that "protection should be provided in all indoor or enclosed workplaces."

❖ **Increase enforcement of the smoke-free legislation to increase compliance.**

According to the ITC Report of 2011 there is very strong support among smokers and non-smokers for comprehensive smoke-free policies in all public places. However, it is noted that certain public places are not complying with the smoke-free regulations, for example:

- certain businesses, shopping malls, nightclubs, public parks and other recreational places do not display the no-smoking signs or display signs which do not conform to the law;
- smoking still continues in places like nightclubs and private cars carrying passengers;
- an increasing number of people smoke in public transport like buses.

❖ **Ban the free distribution of cigarettes in prisons.**

This practice encourages smoking and represents a serious health hazard to the other prison inmates who do not smoke. It is contrary to the policy of Government to reduce consumption of tobacco. Health authorities should urgently set up a committee comprising all partners concerned to work out a strategy to make the prison 100% tobacco-smoke free.

❖ **Monitor compliance with the smoke-free regulations.**

The Enforcement Protocol developed by the Ministry of Health and Quality of Life in the context of the Bloomberg Project provides standard procedures and tools allowing the systematic collection of data and assessment of the level of compliance. A regular monitoring report should be prepared and circulated among stakeholders to assess compliance level and improve enforcement.

- ❖ **Penalties for non-compliance with the smoke-free legislation should be according to the gravity of the offence and the category of the offender.**

Presently, penalties are the same for all categories of offenders, irrespective of the gravity of the offence. Amendments to the law are necessary to impose penalties which are commensurate with the degree of the offence and the category of the offender.

- ❖ **Reinforce sensitization campaigns to discourage smoking in homes.**

The Global Youth Tobacco Survey (GYTS) 2008 shows that young people in Mauritius and Rodrigues continue to be exposed to environmental tobacco smoke in homes. In 2008, 42.7% of students in Mauritius and 36.0% in Rodrigues lived in homes where others smoke in their presence. Smoke-free homes are also associated with reduced tobacco use among teenagers. As no coercive measures could be taken against family members smoking in the presence of others in their homes, persuasion through information and education remains the best strategy to prevent smoking in such places. Sensitization activities targeting family members and using face-to-face and media communication channels should be carried out.

ARTICLES 9 AND 10

Regulations on the contents and disclosures of tobacco products

What does Articles 9 and 10 say?

Each Party shall:

- adopt and implement effective measures for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions.
- adopt and implement effective measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products.
- 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.

WHO has prepared guidelines to assist Parties in meeting their obligations under Articles 9 and 10 of the FCTC.

What has been achieved?

- ✓ The Public Health (Restrictions on Tobacco Products) Regulations of 2008 ban the display of the numerical values of the tar and nicotine content or carbon monoxide yield of cigarettes.

No other provision exists in the law to regulate the contents and emissions of tobacco products on sale in Mauritius as well for the disclosure of information by the tobacco industry to national authorities and by national authorities to the public. In other words, the tobacco industry is not legally bound to disclose to government authorities information on, for example, the ingredients used in the manufacture of tobacco products including those that increase palatability like herbs, spices and colouring and flavouring agents, the characteristics of the

tobacco leaves used, the level of toxicity and addictiveness of tobacco products and their design features.

What additional measures are required?

- ❖ **Introduce legislation to regulate the contents and disclosures of tobacco products.**

In conformity with Articles 9 and 10 of the FCTC, the legislation should address the testing and measuring of the contents and emissions of tobacco products and the disclosure of information on these contents and emissions by the tobacco industry to government authorities and by government authorities to the public.

- ❖ **Introduce a pictorial health warning on the contents and emissions of tobacco products.**

The new set of pictorial health warnings which is being developed to replace the existing ones should include one on the harmful substances contained in tobacco products. Some countries like Uruguay have vividly conveyed information on the toxic elements of tobacco products through graphic health warnings on tobacco packages.

- ❖ **Establish regional and international partnership for the testing and measuring of the contents and emissions of tobacco products.**

Mauritius should seek technical assistance from WHO or other regional or international agencies for the identification of and collaboration with accredited laboratories for the testing and measuring the contents and emissions of tobacco products.

FCTC ARTICLE 11

Packaging and labelling of tobacco products

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What does Article 11 say?

Each Party shall:

- ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions.
- ensure that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages shall be rotating, large, clear, visible and legible, should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas and may be in the form of or include pictures or pictograms.
- ensure that each unit packet and package of tobacco products and any outside packaging and labelling of such products shall contain information on relevant constituents and emissions of tobacco products as defined by national authorities.
- require that the warnings and other textual information will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.

WHO has prepared guidelines to assist Parties in meeting their obligations under Article 11 of the FCTC.

What has been achieved?

- ✓ Legislation compliant with Article 11 of the FCTC has been adopted.

- ✓ The sale of cigarettes in packages of less than 20 sticks is banned.
- ✓ Packages of cigarettes display pictorial health warnings as mandated by law.

In 2009, Mauritius became the first country in Africa to introduce a set of 8 pictorial health warnings on cigarette packages.

- ✓ The pictorial health warnings occupy an average of 65% of the principal surface areas of the cigarette pack, with 60% of the front display area and 70% of the back display area. At the time of introduction in 2009, the pictorial health warnings were the biggest in the world.
- ✓ Text messages accompanying the pictorial health warnings are displayed in French on the front principal display area and in English on the back display area.
- ✓ A text warning is displayed on 65% of the side panels of cigarette packages, in English and French respectively.
- ✓ The display of tar and nicotine content or the carbon monoxide yield of tobacco products is not allowed by law.
- ✓ Packages of cigars and pipe tobacco display text warnings as mandated by law. The font size of the text warnings is prescribed by law.
- ✓ The use of false, misleading or deceptive terms on tobacco packages is prohibited.
- ✓ The replacement of text-only warning labels with pictorial health warnings has led to significant increase in smokers' awareness of health warnings on cigarette packages. The pictorial warnings have also dramatically increased thinking about the health risks and quitting, and knowledge of the various health effects addressed in the labels (Source: ITC Report 2011).

What additional measures are required?

Although much has been achieved in terms of packaging and labeling of tobacco products in Mauritius, the following additional measures are necessary to consolidate implementation of Article 11 of the FCTC:

❖ **Ensure rotation of the pictorial health warnings every two years.**

The ITC Report 2011 shows that the set of eight pictorial health warnings introduced in Mauritius as from 2009 appears to be having less impact on smoking behaviour at 21 to 22 months of implementation. There is evidence of a wear-out (decline in effectiveness) as the majority of warning label effectiveness indicators showed either a decline or no further improvement from the ITC Report of 2010. This suggests the need to revise and strengthen the pictorial warnings to prevent further declines in label effectiveness.

❖ **Increase the size of the pictorial health warnings.**

The size of the pictorial health warnings should be increased from 60% to 76% in front and from 70% to 100% at the back of cigarette packages, thus covering an average of 88% of the total surface area of the cigarette package compared to 65% presently. It is to be noted that at the global level, Mauritius has moved from first to seventh position regarding the size of the pictorial health warnings on cigarette packages. Thailand has now the largest pictorial health warning in the world, covering an average of 85% of the principal surface areas of the tobacco pack, followed by Australia (82.5%), Uruguay (80%), Sri Lanka (80%), Brunei (75%), Canada (75%) and Mauritius (65%).

❖ **Introduce pictorial health warnings on packages of all tobacco products.**

Presently, only cigarette packages in Mauritius carry pictorial health warnings. Legislation should be passed to mandate the display of pictorial health warnings on all

tobacco packages, including but not limited to cigars, pipe tobacco and chewing tobacco packages. Some importers might claim to be importing too small quantities of these products to be able to print the graphic health warnings on the packages. In such cases the display of glued graphic health warnings should be prescribed. Users of all tobacco products should be informed on the dangers of tobacco use and tobacco smoke and not only those using cigarettes as is the case at present.

❖ **Introduce plain packaging of tobacco products.**

Plain packaging prohibits the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style. It increases the noticeability and effectiveness of health warnings and messages, prevents the package from detracting attention from them, and addresses industry package design techniques that may suggest that some products are less harmful than others. Australia is the first country in the world to have adopted legislation for plain packaging and a number of other countries are now moving in this direction. Just as for the pictorial health warnings, Mauritius should take the lead in the region with regards to plain packaging.

ARTICLE 12

Education, communication, training and public awareness

What does Article 12 say?

Each Party shall:

- promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate.
- promote broad access to effective and comprehensive educational and public awareness programmes on the health risks of tobacco consumption and exposure to tobacco smoke, benefits of cessation of tobacco use and tobacco-free lifestyles.
- promote public access to a wide range of information on the tobacco industry.
- promote awareness and participation of public and private agencies and non-governmental organizations not associated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control.
- promote public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

Guidelines on Article 12 of the FCTC have been prepared by WHO to assist Parties in meeting their obligations under this Article.

What has been achieved?

- ✓ Awareness on the health hazards of tobacco use has increased in the population.

The ITC Report 2011 states that "efforts to promote public awareness on the dangers of smoking and the benefits of cessation in Mauritius have been effective. Anti-smoking messages are highly visible in Mauritius,

with cigarette packs being reported as the most common source of anti-smoking information by nearly all smokers in 2011."

In 2008, awareness on the harmful effects of tobacco among youth aged 13-15 years was 88.9% among never smokers and 64.3% among current smokers. In Rodrigues, it was 90.7% among never smokers and 76.9% among current smokers. (Source: GYTS 2008)

- ✓ Media campaigns on NDCs, including tobacco use and its harmful effects on health, have been carried out.

The ITC Report 2011 indicates that the latest national anti-smoking "Sponge" mass media campaign held in 2011 was highly successful in reaching smokers and non-smokers in Mauritius. Nearly all (94%) respondents reported being exposed to the campaign at least once. The campaign increased smokers' awareness of the risks of smoking and exposure to secondhand smoke, in addition to motivating smokers to quit.

In 2008, 84.9% of students in Mauritius and 81.4% in Rodrigues saw anti-smoking media messages. In Mauritius, exposure to anti-smoking messages was highest from the TV and radio (70.4% and 69.9% respectively) followed by messages from newspapers/magazines and posters (64.1% and 61.5% respectively). (Source: GYTS 2008)

- ✓ The school curriculum both at primary and secondary levels includes anti-tobacco lessons.

In 2008, 62.9% of students in Mauritius and 52.4% in Rodrigues were taught in class about the dangers of smoking. (Source: GYTS 2008)

What additional measures are required?

❖ **Strengthen awareness campaigns/programmes.**

There is a need to keep the population continuously informed on the adverse effects of tobacco use and tobacco smoke in order to influence knowledge, perceptions and attitudes which are well known determinants of behaviour.

❖ **Conduct regular mass media campaigns.**

These campaigns help to reach a wide section of the population, create public awareness on the dangers of smoking and encourage smokers to quit. However, mass media campaigns are increasingly prohibitive due to the high cost involved, especially when they are repeated over time for desired impact. Dedicating 2% of taxes on tobacco products and alcohol to health promotion programmes remain the best strategy to secure funding for such campaigns.

❖ **Strengthen the anti-smoking school curriculum.**

The number of anti-tobacco lessons should be increased and these should be taught throughout the school life of students to enable them to be repeatedly exposed to anti-tobacco messages.

Schools in Mauritius provide the most appropriate venue for sensitizing young people against smoking as the vast majority of them attend school from childhood to the age of around 18 years. The integration of health education, including anti-smoking education, in the school curriculum could prove to be highly cost-effective in the long term, the more so with the increasing cost of conducting regular mass media campaigns to outreach young people and the public with health messages.

❖ **Conduct regular extra-curricular activities in schools.**

The school anti-smoking programme should be supplemented by extra-curricular activities relating to tobacco use and its dangers. These activities could be carried out jointly by the Ministry of Education, Ministry of Health and Quality of Life and other sectors including NGOs. The celebration of World No-Tobacco Day and

the organization of poster and drawing competitions are good examples of activities that could be carried out in common with a view to sustaining the interest of young people on the issue and motivating them not to smoke.

❖ **Reinforce training of teachers on the anti-tobacco school programme.**

The Global School Personnel Survey of 2008 states that a low percentage of teachers (7.2% in Mauritius and 12.1% in Rodrigues) have ever received training to prevent young people from using tobacco. In addition, only around one in three teachers in Mauritius and Rodrigues have access to teaching materials to support the tobacco reduction and prevention curriculum.

❖ **Develop and conduct specific prevention programmes for the young female population.**

In 2008, the percentage of current female smokers in the age group 13-15 years was 7.7% in Mauritius and 8.4% in Rodrigues. However, the percentage of young females who had ever tried smoking was 19.9% in Mauritius and 27.3% in Rodrigues. If no action is taken now, prevalence of smoking among young females will no doubt increase in the years to come. It is therefore essential that they are sufficiently exposed to anti-tobacco education to be able to cope effectively with social influences, liberal lifestyle and the influence of tobacco advertising on the internet or foreign media associating smoking women with independence, stylishness, weight control, sophistication and power. It is no secret that the tobacco industry is increasingly targeting young women via diverse channels because they represent an important pool of potential smokers.

❖ **Conduct training on Behavioural Change Communication for health educators and teachers.**

The training will allow health educators, teachers and others to deliver more effective messages and facilitate the process of adopting healthy behaviours among young people and other population groups. It will also help to better understand and fight the strategy of the tobacco industry of promoting tobacco use by associating smoking with adulthood, beauty, success and pleasure and modeling the attitudes and behaviour of people by using actors, musicians, singers and other celebrities in campaigns promoting tobacco use.

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ARTICLE 13

Tobacco advertising, promotion and sponsorship

VISA

What does Article 13 say?

- Each Party shall undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship, including restrictions or a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory with cross-border effects.

Guidelines on Article 11 of the FCTC have been prepared by WHO to assist Parties in meeting their obligations under this Article.

What has been achieved?

- ✓ The Public Health (Restrictions on Tobacco Products) Regulations 2008 prohibit advertising, promotion and sponsorship.

The ITC Report 2012 states that the regulations have been effective in reducing, and in some cases virtually eliminating, tobacco marketing and promotion in Mauritius via TV, radio, advertising campaigns, industry sponsored events, and brand stretching.

- ✓ The display of tobacco products in retail outlets is banned.

Before the ban, tobacco products were prominently displayed in retail shops, mainly on display racks provided by the tobacco industry. This was a major form of advertising which encouraged the purchase and consumption of tobacco products.

Banning display of tobacco products required an amendment of the Consumer Protection (Price and Supplies Control) Act of 1998 which mandated the display of consumer products, including tobacco products, at the point of sale. The amendment helped to harmonize the above Act with the Public Health (Restrictions on Tobacco Products)

Regulations of 2008 which already banned the display of tobacco products.

What additional measures are required?

❖ **Ban display of tobacco products in duty free shops.**

Display of tobacco products in duty-free shops in Mauritius is highly visible. Their strategic placement promotes sale and increases consumption.

❖ **Display anti-tobacco messages at the beginning of entertainment media products.**

Although advertising of tobacco products in television, radio and print media is banned in Mauritius, the depiction of tobacco use or products in the entertainment media like films and games is still permitted. Cigarette smoking continues to be highly visible in films. The GYTS 2008 reports that 97.6% of students in Mauritius and 92.7% in Rodrigues have seen actors smoking when watching TV. In Mauritius, one in two students has seen or heard cigarette brands on the TV or radio. In Rodrigues, one in three students saw cigarette brands on the TV and one in two heard cigarette brands on the radio. A report of the U.S. Surgeon General released in 2012 concluded that there was a causal relationship between depictions of smoking in the movies and the initiation of smoking among youth.

In conformity with WHO guidelines on FCTC Article 13, ViSa recommends that prescribed anti-tobacco advertisements be displayed at the beginning of any entertainment media product that depicts tobacco product, use or images.

❖ **Regulate cross-border advertising, promotion and sponsorship.**

In order to meet its obligations under Article 13, Mauritius should also take measures to control tobacco advertising, promotion and sponsorship either originating from or entering its territory by communication channels such as TV,

radio, films, internet or other cross-border communication technology. The GYTS 2008 indicates that one in two students in Mauritius and more than one in three students in Rodrigues had seen advertisements or promotion on smoking in foreign magazines and newspapers or the internet. There is need to protect the population of Mauritius and those in other countries from the increasing exposure to pro-tobacco messages being communicated through cross-border communication technologies. A multi-sectoral committee should be set up to look at all aspects of the problem and make recommendations to government. As the issue is broad, a step-by-step strategy for regulating cross-border advertising, promotion and sponsorship could be envisaged.

❖ **Closely monitor the tobacco industry**

This will ensure that no underground advertising, promotion or sponsorship is being carried out by the tobacco industry as is the case in many other countries.

ARTICLE 14

Demand reduction measures concerning tobacco dependence and cessation

What does Article 14 say?

- Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

WHO has prepared guidelines to assist Parties in meeting their obligations under Article 14 of the FCTC.

What has been achieved?

- ✓ A Training of Trainers workshop on smoking cessation techniques for health professionals has been conducted by the Ministry of Health and Quality of Life with the technical assistance of the World Health Organization. A similar workshop has been held in Rodrigues with resource persons from Mauritius.
- ✓ A training workshop for 25 health professionals from the Ministry of Health and Quality of Life and another one for 25 Youth/Senior Youth Officers of the Ministry of Youth and Sports have been organized in Mauritius by ViSa in collaboration with Global Bridges, an international alliance for tobacco dependence treatment. A similar training workshop has been held for health professionals and members of the civil society in Rodrigues by ViSa in collaboration with the Commission for Health. The workshops focused on the use of behavioural therapy for smoking cessation.
- ✓ Seven (7) smoking cessation clinics are operational in the public sector in Mauritius where trained personnel is providing cessation services to smokers, including counseling and drugs. The setting up of such clinics is a milestone in the tobacco control programme in Mauritius

as it addresses one of the areas where intervention was up to now almost inexistent.

- ✓ A toll-free information line which provides counseling to smokers is run by the Ministry of Health and Quality of Life during working hours on weekdays.
- ✓ An intensive media campaign on TV and radio has been carried out to mark the launching of the smoking cessation clinics in Mauritius.

What additional measures are required?

❖ Build capacity on smoking cessation techniques.

More health professionals, youth cadres and civil society groups should be trained on behavioural and drug therapy for smoking cessation. Furthermore, refresher training should be held regularly.

❖ Increase the number of smoking cessation clinics in the public health sector.

The ITC survey 2011 indicates that the majority of smokers in Mauritius has very negative views on smoking and the vast majority wants to quit. Increasing the number of cessation clinics would meet the needs of a wider public. Furthermore, with the limitation of the cessation clinics to seven, presently smokers often have to travel to other health service delivery points to receive the cessation facilities. The opening of more cessation clinics will bring the cessation service closer to the community and increase the likelihood of smokers joining the cessation programme.

❖ Open cessation clinics in Rodrigues.

No smoking cessation service is operational in Rodrigues and with the high prevalence of smoking, the need for such clinics is deeply felt. The trainings carried out by the Ministry of Health and Quality of Life and ViSa on smoking cessation therapies have empowered the

personnel of the public health sector in Rodrigues with the necessary knowledge and skills to run such clinics.

❖ **Monitor the performance of the smoking cessation clinics.**

This should be done regularly with a view to identifying gaps and improving the services being offered.

❖ **Encourage NGOs and other civil society groups to run smoking cessation programmes.**

It will allow counseling to be carried out in community settings such as Youth Centres and Social Welfare Centres, thus increasing accessibility to such programmes in the population. This could only be achieved by increasing the pool of trainers among civil society groups.

❖ **Train teachers to provide counseling support to students who smoke.**

In 2008, 12.1 % of current smokers aged 13-15 years in Mauritius were dependent on cigarettes and reported always having or feeling like having a cigarette first thing in the morning. Again, in 2008, 62.3% of young current smokers in Mauritius and 67.9% in Rodrigues wanted to stop smoking. These figures highlight the importance of targeting young smokers with appropriate smoking cessation programmes. (Source: GYTS 2008)

❖ **Advertise the information line on tobacco packages.**

With the introduction of the second set of pictorial health warnings, the toll-free information line should be advertised on packages of tobacco products on sale in Mauritius.

❖ **Produce and disseminate appropriate educational materials on smoking cessation.**

Such materials should be easily available to smokers who wish to be informed on smoking cessation techniques and services.

ARTICLE 15

Illicit trade in tobacco products

VISA

What does Article 15 say?

Each Party shall:

- adopt and implement measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist in determining the origin of tobacco products.
- require that Unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: "Sales only allowed in (insert name of the country)".
- develop a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.
- require that the packaging information or marking shall be presented in legible form and/or appear in its principal language or languages.
- monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities.
- enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.
- adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties.
- adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.
- promote cooperation between national agencies, as well as relevant regional and international intergovernmental

organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products.

- adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.

The 5th session of the Conference of Parties (COP 5) on the FCTC adopted a Protocol on Illicit Trade which provides a comprehensive set of measures to address the growing problem of illicit trade of tobacco products.

What has been achieved?

- ✓ Cigarette packs on sale in Mauritius mention the country of origin and carry the statement: "Sale allowed in Mauritius only", in English and in legible form.
- ✓ Cigarette packs on sale in Mauritius bear an excise stamp.

The report of 2011 of the International Tobacco Control Policy Evaluation Project states that the measures taken by Mauritius to limit illicit trade by requiring an official excise stamp and health warning labels on packs are effective. However, it also points out that there is some evidence of illicit packs, although, overall, the prevalence is very low.

What additional measures are required?

- ❖ **Ratify and implement the Protocol on Illicit Trade adopted by the 5th Session of the Conference of Parties (COP 5).**

The Protocol is open for ratification at the United Nations Headquarters in New York until 9 January 2014. Although the prevalence of illicit trade seems to be low in Mauritius, the true extent of the problem is not known. Adoption and implementation of the Protocol will allow Mauritius to address the problem in a holistic manner and with the collaboration of regional and global partners.

❖ **Introduce licensing for the sale of tobacco products.**

While helping in the control of illicit trade of tobacco products, licensing will also reduce the number of sale outlets for tobacco and its accessibility. It should include the sale of tobacco products by mail, through the internet or any other technology-based mode in view of controlling sale.

❖ **Build capacity of the enforcement team.**

The capacity of the law enforcement team should be enhanced to combat illicit trade of tobacco products. Training in international investigation, border examination, the use of advanced detection and surveillance technologies and other relevant areas should be carried out.

❖ **Strengthen the tracking and tracing mechanism.**

Authorities should ensure that the tracking and tracing mechanism in place effectively discourages illicit trade of tobacco products.

❖ **Strengthen regional and international cooperation.**

This should be achieved through intelligence gathering, tracking and tracing and electronic surveillance.

ARTICLE 16

Sales to and by minors

VISA

What does Article 16 say?

Each Party shall:

- adopt and implement effective measures to prohibit the sale of tobacco products to persons under the age of eighteen.
- require that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sale to minors and, in case of doubt, request that each tobacco purchaser provides appropriate evidence of having reached full legal age. *
- ban the sale of tobacco products in any manner by which they are directly accessible, such as store shelves.
- prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.
- ensure that tobacco vending machines are not accessible to minors and do not promote the sale of tobacco products to minors.
- prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.
- prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.
- prohibit the introduction of tobacco vending machines or, as appropriate, impose a total ban on tobacco vending machines.
- prohibit the sale of tobacco products by persons under the age of eighteen.

What has been achieved?

The Public Health (Restrictions on Tobacco Products) Regulations 2008 include the following provisions to reduce accessibility of tobacco products to minors:

- ✓ Prohibition of sale of tobacco products to and by minors.
- ✓ Prohibition of sale of cigarettes in packages containing less than 20 sticks; in other words, the sale of single or loose cigarettes and in packets of 10 is not allowed.
- ✓ Prohibition of sale of tobacco products through automatic vending machines.
- ✓ Prohibition of display of tobacco products.
- ✓ Prohibition of free distribution of tobacco products.
- ✓ Prohibition of sale of sweets, toys and other items in the form of tobacco products.
- ✓ Shops are required to affix an indicator that the sale of tobacco products is prohibited to minors.
- ✓ Sellers of tobacco products are required to seek evidence of age of buyer in case of doubt.

What additional measures are required?

- ❖ **Increase enforcement of the legislation banning sale of tobacco products to minors.**

The sale of tobacco products to minors is still common practice in many retail outlets. According to the Global Youth Tobacco Survey (GYTS), in 2008, 60.0 % of current smokers aged 13-15 years in Mauritius and 84.7% in Rodrigues purchased their cigarettes in shops and were not refused sale on grounds of age.

- ❖ **Increase enforcement of the legislation banning sale of single or loose cigarettes.**

The GYTS shows that, in 2008, 68.7% of current smokers aged 13-15 years in Mauritius and 78.5% in

Rodrigues purchased loose cigarettes. The same situation prevails among adults. The ITC Report 2011 indicates that compliance with the ban on the sale of single cigarettes is low as almost one-third of smokers reported purchasing single cigarettes and half of smokers reported it is easy to buy single cigarettes in Mauritius.

❖ **Increase penalties for non-compliance with the legislation banning sale to and by minors.**

The sale of cigarettes to minors is one of the key factors fuelling the use of tobacco products among young people. Yet the penalty for non-compliance is low, a fine of Rs 2,000 being imposed on persons who contravene the law on a first conviction. This does not serve as a strong deterrent to retailers. Exemplary penalties should be the norm to make retailers abide by the law.

❖ **Ban the use of signage other than those prescribed by law.**

The ban will prevent the tobacco industry from affixing publicity materials in highly visible display areas in retail outlets which seemingly aim to support the anti-tobacco campaign and prevent smoking when the real intention is just the contrary. The industry is known to invest intensively in market research to develop messages intended to encourage initiation to tobacco among young people.

ARTICLE 17

Provision of support for economically viable alternative activities

What does Article 17 say?

- Parties shall promote economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.

What has been achieved?

- ✓ Tobacco farming has ceased completely in Mauritius. An agreement signed in 2008 between the Tobacco Board and the British American Tobacco (BAT) guaranteed the purchase of tobacco leaves from tobacco growers up to year 2014. However, BAT terminated its activities in Mauritius in 2012. According to press reports, farmers engaged till recently in tobacco cultivation have shifted to alternative economic activities like vegetable or flower cultivation.

What additional measures are required?

- ❖ The number of registered tobacco growers in Mauritius was 278, cultivating 300 hectares and the number of full-time and part-time workers employed in tobacco cultivation was approximately 1,400. Although it is reported that they are now engaged in other farming activities, there is need for authorities to look into the alternative economic activities and means of livelihood they have adopted and provide assistance if necessary.

ARTICLE 20

Research, surveillance and exchange of information

What does Article 20 say?

Each Party shall:

- promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops.
- promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.
- establish programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.
- establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators.
- cooperate with competent international and regional intergovernmental organizations and other bodies in regional and global tobacco surveillance and exchange of information.
- establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their WHO Framework Convention on Tobacco Control enforcement.

- cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.

What has been achieved?

- ✓ Mauritius has been participating in the Global Tobacco Surveillance System (GTSS) since 2003 and has so far conducted the Global Youth Tobacco Survey (GYTS) in 2003 and 2008 and the Global School Personnel Survey (GPSS) in 2008, both in Mauritius and Rodrigues.

The surveys have been carried out with the technical and financial assistance of the World Health Organization (WHO) and the Centres for Disease Prevention and Control (CDC). These surveys have provided valuable data on all aspects of tobacco control, including prevalence, exposure to second hand smoke, cessation, tobacco product accessibility and exposure to media messages and education. The GYTS remains the major and only comprehensive source of tobacco-related data among youth in Mauritius and Rodrigues.

- ✓ The Non-Communicable Diseases Survey is carried out at the interval of every five years and includes prevalence data on smoking among adults. It provides trends in smoking in Mauritius since 1987 and in Rodrigues since 1992.

- ✓ The International Tobacco Control Policy Evaluation Project (the ITC Project) has been conducting a yearly study since 2009 with the main objective of measuring the psychological and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control. The ITC Project in Mauritius is a collaboration among the Mauritius Institute of Health, the University of Waterloo, Canada, and other local stakeholders, including ViSa. The major difference between the NCD survey and the ITC Project is that the former looks at the trends

in tobacco use whereas the latter focuses on tobacco control policy implementation.

- ✓ In the context of a project supported by the International Development Research Centre (IDRC) and the Bill and Melinda Gates Foundation, the Mauritius Institute of Health carried out in 2010 a study on strengthening the Health Information System (HIS) regarding tobacco use among NCD patients attending public health institutions. The recommendations of the study relate to addressing the data gaps on tobacco use, establishing HIS networks at service points and regional levels and utilizing tobacco use data for tobacco control programme and evaluation.
- ✓ In 2010 the Mauritius Institute of Health conducted the "Health Professionals Survey in Mauritius: Knowledge, Attitudes, Beliefs and Practices with respect to tobacco use and smoking cessation". Findings from the study could help in empowering health professionals providing smoking cessation services.
- ✓ In 2011, the ITC Project Wave 3 included an evaluation of a media campaign conducted in the context of a project to increase compliance with the smoke-free legislation in Mauritius and which was funded by the Bloomberg Grants Initiative.
- ✓ In 2011, WHO released the first Global Report on Tobacco Attributable Mortality which provides data on tobacco-related mortality for individual countries, including Mauritius.
- ✓ Mauritius contributes to global efforts to monitor FCTC implementation and tobacco control programme implementation by contributing to the annual WHO Global Tobacco Control Report (GTCR) and submitting data to the FCTC Secretariat on FCTC implementation as and when required.

What additional measures are required?

- ❖ **Make timely use of the findings and recommendations of studies.**

Reports of surveys should be fully utilized to guide tobacco control policies and programme in Mauritius. A multi-sectoral committee should be set up to ensure that the findings are disseminated and used in a timely and effective manner.

- ❖ **Conduct studies to assess the economic impact of tobacco consumption.**

Studies on the health and economic cost of tobacco consumption will allow quantifying its serious and adverse impact on society and support advocacy and policy formulation.

- ❖ **Strengthen the infrastructure for research and surveillance.**

The budget and manpower capacity for research and surveillance should be increased.

- ❖ **Seek technical assistance for building capacity.**

The Ministry of Health and Quality of Life should seek technical assistance from WHO for building capacity of its staff for calculating tobacco-related mortality data for Mauritius. Such data would then be available in a more timely and regular basis to guide policy decisions.