

*Report card  
on the WHO  
Framework  
Convention  
on Tobacco  
Control*



# Tanzania

## Introduction

Tobacco use is the single most preventable cause of death in the world today, and is estimated to kill more than five million people every year – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year, unless urgent action is taken. Implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) can reverse this devastating epidemic if it becomes a top public health priority especially for countries' political leaders.

The Tanzania Report Card on the WHO FCTC provides descriptive analysis of country-level data that reflect the status and progress on some key articles of the WHO FCTC. This is one of a series of Report Cards for countries in the WHO African Region.

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Tanzania entry into force of  
the WHO FCTC



29 July 2007

WHO Framework Convention on Tobacco Control  
*Compliance dates for Tanzania*

29 July 2010 Article 11: Health warnings on tobacco products and packaging  
29 July 2012 Article 13: Bans on tobacco advertising, promotion & sponsorship  
29 July 2012 Article 21: Next Report to the Conference of the Parties

## Background

### 1. WHO Framework

#### Convention on Tobacco Control (WHO FCTC)

The WHO FCTC is an evidence-based treaty that was developed in response to the globalization of the tobacco epidemic. It was adopted by the World Health Assembly in 2003 and became international law on 27 February 2005. The treaty contains articles aimed at both reducing the supply of and demand for tobacco. This Report describes country progress on the following key WHO FCTC Articles and relevant Guidelines:

- ☞ Article 5.3: Protect public health policies from tobacco industry interference;
- ☞ Article 6: Price and tax measures to reduce the demand for tobacco;
- ☞ Article 8 provisions and Guidelines: Protection from exposure to tobacco smoke;
- ☞ Article 11 and Guidelines: Packaging and labelling of tobacco products;
- ☞ Article 13 and Guidelines: Tobacco advertising, promotion and sponsorship;
- ☞ Article 20: Research, surveillance and exchange of information.

### 2. Reporting Instrument of the WHO FCTC

The WHO FCTC requires countries that are Parties to the Convention (Parties) to submit periodic reports to the Conference of the Parties (COP). The objective of these reports is to “enable Parties to understand and learn from one another’s experiences in implementing the WHO FCTC.”

In accordance with WHO FCTC Article 21, Parties report initially 2 years after entry into force of the WHO FCTC for that Party, and then every 3 years, i.e.:

- ☞ Phase 1 (Group 1 questions): within 2 years of entry into force;
- ☞ Phase 2 (Group 2 questions): within 5 years of entry into force;
- ☞ Phase 3 (Group 3 questions): within 8 years of entry into force.

Reporting tools are provided at the WHO FCTC COP website: [www.who.int/fctc/reporting/reporting\\_instrument/en/index.html](http://www.who.int/fctc/reporting/reporting_instrument/en/index.html)

#### Acronyms

AFRO	WHO Regional Office for Africa
CDC	United States Centers for Disease Control and Prevention
COP	WHO FCTC Conference of the Parties
FCTC	[WHO] Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GHPS	Global Health Professional Students Survey
GSPS	Global School Personnel Survey
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
GTCR	WHO Report on the Global Tobacco Epidemic
NRT	Nicotine replacement therapy
TFI	WHO Tobacco Free Initiative
WHO	The World Health Organization

#### Definitions

**Ad valorem tax:** Tax applied on the value of items (i.e. a percentage of the price)

**Current smoker:** Anyone who currently smokes any tobacco product on some or all days

**Public place:** A place which the public is entitled to use or which is open to, or used by the public or a section of the public

**Public place, indoor:** Public places that are covered by a roof and one or more walls/sides

**Public transport:** Any vehicle used at any time by members of the public

**Second-hand smoke:** Both smoke from the burning end of a cigarette or other tobacco product and smoke exhaled by the smoker

**Smoke-free air:** Air that is 100% smoke-free and that cannot be sensed or measured

**Specific tax:** Tax applied on unit quantities of items (e.g. \$1 per pack of 20 cigarettes)

**Tobacco advertising & promotion:** Commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use directly or indirectly

**Tobacco industry:** Manufacturers, wholesale distributors and importers of tobacco products

**Tobacco sponsorship:** Contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use directly or indirectly

**Workplace:** Place used by people during their employment or work, including vehicles

### 3. Global Tobacco Surveillance System (GTSS)

WHO, the US Centers for Disease Control and Prevention (CDC), and others began development of the GTSS in 1999 with the purpose of enhancing the capacity of countries to design, implement, and evaluate their national comprehensive tobacco control action plan and to monitor some key articles of the WHO FCTC. The GTSS includes four surveys:

- ☞ **Global Youth Tobacco Survey (GYTS):** school-based survey of students aged 13–15 years that provides information on demographics, tobacco use prevalence, and knowledge and attitudes.
- ☞ **Global School Personnel Survey (GSPS):** provides demographics, tobacco use prevalence, knowledge and attitudes information, as well as information on school policy and curriculum.
- ☞ **Global Health Professional Students Survey (GHPS):** school-based survey of 3rd-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy.
- ☞ **Global Adult Tobacco Survey (GATS):** household survey that tracks tobacco use prevalence, exposure to risk, second-hand smoke, cessation, risk perceptions, knowledge and attitudes, exposure to media and price as well as taxation issues.

### 4. WHO Reports on the Global Tobacco Epidemic, 2008 and 2009

These WHO reports detail information on internationally comparable prevalence estimates and data that allows assessment of country compliance with policies on smoke-free environments, treatment of tobacco dependence, health warnings and packaging, advertising, promotion and sponsorship bans, price and taxation levels, and key national capacity indices.

## Status of WHO FCTC in Tanzania

Article	Requirement	Tanzania status
<p><b>Article 5.1</b> National strategies, plans, programmes and coordinating mechanism</p>	<p>Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes, establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.</p>	<p>Does not comply with Article 5.1.</p>
<p><b>Article 6</b> Price and tax measures to reduce demand for tobacco products</p>	<p>Take account of national health objectives concerning tobacco control and adopt or maintain measures which may include implementing tax and price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and prohibiting or restricting tax- and duty-free tobacco products.</p>	<p>Total tax on the most sold brand is 35%.</p>
<p><b>Article 8</b> Protection from exposure to tobacco smoke</p>	<p>Adopt and implement measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.</p>	<p>Partial protection from exposure to tobacco smoke in public places.</p>
<p><b>Article 11</b> Packaging and labelling of tobacco products</p>	<p>Adopt measures within 3 years of entry into force that require display of rotated series of health warnings and other messages on tobacco product packaging that cover at least 30% of the principle display areas--ideally 50% or more, and include pictures or pictograms---and that prevent false, misleading or deceptive packaging and labelling.</p>	<p>Regulations banning deceitful terms and mandating specific health warnings.</p>
<p><b>Article 13</b> Tobacco advertising, promotion and sponsorship</p>	<p>Undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship within 5 years of entry into force.</p>	<p>Advertising ban on TV and radio, on magazines and newspapers, on billboards and outdoor advertising, on internet. Ban on promotion and sponsorship.</p>

<h1>Tanzania</h1> <p>National action is critical in order to achieve the vision embodied in the WHO FCTC.</p>	<h2>National strategies, plans and programmes on tobacco control</h2>	<h2>National agency on tobacco control</h2>	<h2>National budget for tobacco control</h2>
	<p>The United Republic of Tanzania has no national strategies, plans and programmes on tobacco control.</p> <p>—</p>	<p>There is no national agency for tobacco control.</p> <p>—</p>	<p>The overall national budget for tobacco control activities was US \$35 219 in 2009 (at official exchange rate).</p> <p>\$\$\$\$</p> <p>\$ = \$10,000</p>

In Tanzania, smoking cessation support is available in some health-care facilities.

### National action

Building national capacity to carry out effective and sustainable national tobacco control programmes is one of the most significant measures required to combat the tobacco epidemic. Successful implementation of the WHO FCTC requires establishing a national coordinating mechanism with an official government mandate for developing and coordinating a plan of action as well as for building a national infrastructure to implement and evaluate the plan.

AFRO recommends that Tanzania develop an effective national action plan and invest in building national tobacco control capacity.

### Cessation

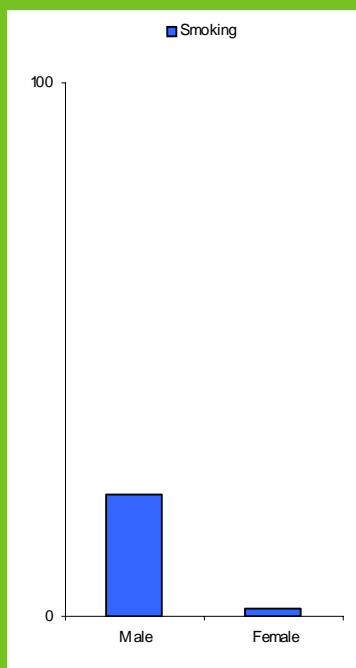
The Tanzanian population does not have access to a toll-free quitline. Pharmacologic treatments for cessation (nicotine replacement therapy and bupropion) are not easily accessible in the country. Smoking cessation support is available in some hospitals, offices of health professionals, primary care facilities and community centres.

# Tobacco use prevalence

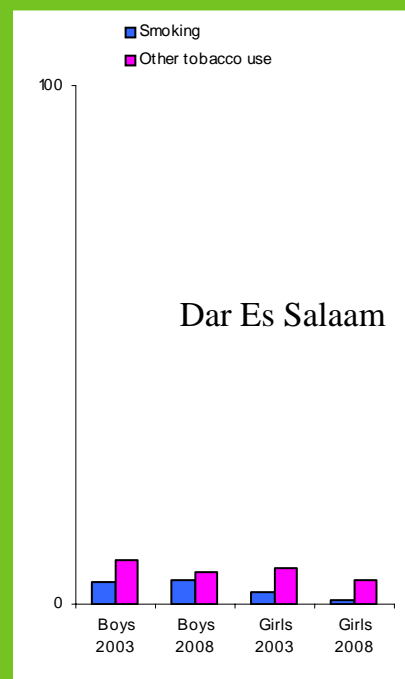
Article 20 WHO FCTC on research, surveillance and exchange of information requires Parties to establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

AFRO recommends that countries obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults. AFRO also recommends that countries continue to successfully participate in the GYTS, expand participation in the GSPS, GHPS and GATS as well as other representative national surveys. Countries are also encouraged to report the findings widely and utilize them to inform tobacco control policy development, programme planning and evaluation.

## Adult (1999)



## Youth (2003/2008)



### Adult tobacco use

Among adults of 25-64 years old prevalence of daily cigarette smoking in 1999, was 23.0% among males and 1.3% among females.

### Youth tobacco use

In Arusha, between 2003 and 2008, 13-15 years old students reported an increase in prevalence of current use of other tobacco products. In 2003, 1.8% of students (boys=3.8%; girls=0.4%) currently smoked cigarettes and 5% (boys=5.5%; girls=4.5%) currently used other tobacco products. In 2008, 1.7% of students (boys=2.2%; girls=1.1%) currently smoked cigarettes and 9.5% (boys=10.8%; girls=8.2%) currently used other tobacco products.

In Dar Es Salaam, in 2003, 2.9% of students (boys=4.3%; girls=2.4%) currently smoked cigarettes and 7.3% (boys=8.4%; girls=7%) currently used

other tobacco products. In 2008, 2.6% of students (boys=4.6%; girls=0.7%) currently smoked cigarettes and 5.7% (boys=6.2%; girls=4.7%) currently used other tobacco products.

In Kilimanjaro, between 2003 and 2008, 13-15 year old students reported an increase in prevalence of current cigarette smoking and use of other tobacco products. In 2003, 1.6% of students (boys=3.2%; girls=1.3%) currently smoked cigarettes and 7.3% (boys=7.9%; girls=7.7%) currently used other tobacco products. In 2008, 3.6% of students (boys=3.3%; girls=3.8%) currently smoked cigarettes and 8.7% (boys=10.4%; girls=6.9%) currently used other tobacco products.

In Arusha and Kilimanjaro, use of tobacco products increased among youth between 2003 and 2008.

# Smoke-free policies

Countries should protect people from tobacco smoke

Every person has a right to breathe air free of tobacco smoke.

In addition to protecting the health of non-smokers, smoke-free environments encourage smokers to quit.

Evidence from pioneering countries shows that smoke-free laws do not harm businesses and are popular with the public.

Permitting smoking in designated areas undermines the benefit of smoke-free environments.



## Tanzania law

Article 8 of the WHO FCTC mandates protection from exposure to tobacco smoke in indoor workplaces, public transport and indoor and other public places. Guidelines for this Article were unanimously adopted by the Conference of the Parties in July 2007.

AFRO recommends that countries enact and enforce completely smoke-free environments in all indoor public places including workplaces, restaurants and bars. AFRO further recommends that all countries should become compliant with the requirements of Article 8 guidelines, and that 100% smoke-free environments should become the norm in all societies.

The United Republic of Tanzania have partial protection from tobacco smoke exposure in health-care facilities, educational facilities, universities, governmental facilities, indoor offices, restaurants, pubs & bars and public transport. There are subnational jurisdictions that have authority to adopt and implement laws that ban tobacco smoking in such places.

## Youth exposure to second-hand smoke

In Arusha, between 2003 and 2008, students reported an increase in exposure to tobacco smoke outside their homes. In 2003, exposure was high with nearly one in five students (18.1%) living in homes where others smoked in their presence and approximately one-quarter of the students (23.1%) were exposed to smoke in public places. In 2008, 15.7% of students lived in homes where others smoked in their presence and one-third of the students (34.7%) were exposed to smoke in public places.

In Dar Es Salaam, between 2003 and 2008, students reported a decrease in exposure to tobacco smoke inside their homes. In 2001, nearly three in ten students (28.3%) lived in homes where others smoked in their presence and more than one-third of the students (37.1%) were exposed to smoke in public places. In 2008, 19.4% of students lived in homes where others smoked in their presence and nearly two in five students (39.4%) were exposed to smoke in public places.

In Kilimanjaro, between 2003 and 2008, students reported an increase in exposure to tobacco smoke outside their homes. In 2001, nearly one in five students (19%) lived in homes where others smoked in their presence and more than one-quarter of the students (26%) were exposed to smoke in public places. In 2008, 17.6% of students lived in homes where others smoked in their presence and nearly one-third students (32.3%) were exposed to smoke in public places.

# Health warnings and education

Countries should warn about the dangers of tobacco use and exposure to tobacco smoke

## Tanzania warning

- TEN specific warnings but **NOT** rotating
- **NO** mandate for principal display surface
- **NO** pictures or pictograms
- **BAN** false, misleading or deceptive packaging and labelling

## Best practice warning



*Mauritius health warning*

- Rotating, specific warnings and large, clear text
- 65% of display surface
- Pictures or pictograms
- Ban false, misleading or deceptive packaging and labelling

## Best practice

Article 11 WHO FCTC requires Parties to implement clear health warnings and measures that remove false or misleading promotion of tobacco products.

Relatively few tobacco users fully grasp the health dangers. Hard-hitting anti-tobacco advertising and graphic pack warnings reduce the number of children who begin smoking and increase the number of smokers who quit.

Pictures are more powerful deterrents than words on tobacco packaging warnings, but globally, only 15 countries mandate pictorial warnings. Just five countries meet the highest standards for pack warnings.

Countries should also promote and strengthen public awareness of tobacco control issues, using all available communication tools.

## Tanzania labelling

Tanzania has a ban on use of deceitful terms, such as 'low tar', 'light' or 'mild' on tobacco product packaging. The law mandates ten specific warnings on tobacco product packages, written in the principal language of the country and describing the harmful effects of tobacco use. The country does not mandate that a certain percentage of the principal display area on tobacco product packaging be covered by a health warning. Warnings are not rotating, and do not include a photograph or graphic.

## Tanzania education

Education on tobacco-related issues in schools increased in Arusha, Dar Es Salaam and Kilimanjaro between 2003 and 2008.



## Bans in Tanzania

Tanzania has national bans on direct tobacco advertising on national and international TV & radio; local and international magazines & newspapers; billboard and outdoor advertising and internet advertising. There is no ban on direct tobacco advertising at point of sale. There is a ban on free distribution of tobacco products in mail or by other means; appearance of tobacco brands in TV and/or films, non-tobacco products identified with tobacco brand names. There is no ban on promotional discounts.

## Youth exposure

There is a high exposure of students to tobacco advertising in Arusha, Dar Es Salaam and Kilimanjaro.

In Arusha in 2008, 73% of students saw these advertising on billboards and 55.4% in newspapers and magazines. The proportion of students with an object with a cigarette brand logo was 11.2% in 2008.

In Dar Es Salaam in 2008, 79.8% of students saw these advertising on billboards and 51.9% in newspapers and magazines. The proportion of students with an object with a cigarette brand logo was 13.7% in 2008.

In Kilimanjaro in 2008, 62.1% of students saw these advertising on billboards and 47% in newspapers and magazines. The proportion of students with an object with a cigarette brand logo was 14.5% in 2008.

# Advertising, promotion & sponsorship

Countries should enforce comprehensive bans on tobacco advertising, promotion and sponsorship

- Widespread advertising falsely associates tobacco with desirable qualities.
- Studies have found that advertising bans can lower tobacco consumption.
- About half the children of the world live in countries that do not ban free distribution of tobacco products.





## Best practices

Tobacco taxes are the most effective way to reduce tobacco use, especially among young people and the poor.

Tobacco tax increases also increase government revenues. Only four countries, representing 2% of the world's population, have tax rates greater than 75% of the retail price.

In countries with available information, tobacco tax revenues are more than 500 times higher than spending on tobacco control. In low- and middle-income countries, tobacco tax revenues are more than 9000 and 4000 times higher than spending on tobacco control, respectively.

\*20-cigarette pack of most sold brand

## Tanzania taxes

In 2009 the price of the most sold brand of cigarettes in local currency was about US \$1.09. The total taxes on most sold brand are 35%; total excise on most sold brand is 18%.

Increasing tobacco taxes by 10% generally decreases tobacco consumption by about 8% in low- and middle-income countries.

# Tanzania policy recommendations

## National action

AFRO recommends that successful implementation of the WHO FCTC requires establishing a national coordinating mechanism with an official government mandate for developing and coordinating a plan of action as well as for building a national infrastructure to implement and evaluate the plan.

Tanzania should establish a tobacco control national strategies, plans and programmes and coordinating mechanism.

## Smoke-free policies

AFRO recommends that countries become compliant WHO FCTC Article 8 requirements and its guidelines and enact and enforce completely smoke-free environments in all indoor public places including workplaces, restaurants and bars.

Tanzania should become fully compliant with Article 8 requirements and its guidelines.

## Health warnings and education

AFRO recommends that countries fully comply with WHO FCTC Article 11 requirements and its guidelines and implement large, prominent, strong and effective graphic health warnings on packages, require effective package warning labels, implement counter-tobacco advertising, and obtain free media coverage of anti-tobacco activities.

Tanzania should comply with requirements for principal display areas, appearance on all packaging and

labelling, rotation, font style, size and colour, and require pictures or pictograms.

## Bans on advertising, promotion and sponsorship

AFRO recommends that countries enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship; also, enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship in line with WHO FCTC Article 13.

Tanzania should ban advertising at point of sale, and ban promotional discounts and use of brand names on non-tobacco products.

## Tobacco prices and taxes

AFRO recommends that countries increase tax rates for tobacco products to be at least 70% of retail prices and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power. It is also recommended that countries strengthen tax administration to reduce the illicit trade in tobacco products.

In addition, countries should protect public health policies from tobacco industry interference.

Tanzania should raise tobacco taxes, ensure tax rates are adjusted periodically to keep pace with inflation, strengthen tax administration and protect public health policies from tobacco industry interference.

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