

**National Action Plan  
on  
Tobacco Control**

**2008 – 2012**

**Republic of Mauritius**

**Ministry of Health and Quality of Life**

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## Table of contents

	Page
Introduction	(ii)
Executive Summary	(iii) - (v)
1. Guiding Principles	1
2. Situation analysis	2-6
3. Vision, Mission, Goal and Objectives	7-8
4. Justification	9-14
5. Institutional framework	15
6. Strategic plan	16-32
7. Framework Convention on Tobacco Control	33-40
8. Surveillance and evaluation	41-46
9. Implementation calendar and budget	47-57
10. Annex	58-59
11. Abbreviations	60
12. References	61

## **Introduction**

The National Action Plan on Tobacco Control sets out the objectives of the Government of the Republic of Mauritius regarding tobacco control for the period 2008-2012. It is the first attempt of the Ministry of Health and Quality of Life to develop a comprehensive, long-term Action Plan to confront the tobacco problem in a sustained and concerted manner. It is the product of a wide consultative process that involved all stakeholders and reflects the views and suggestions of as many partners as possible. It has been worked out to conform to the Millenium Development Goals and the Framework Convention on Tobacco Control of the World Health Organization. The Action Plan addresses all the major areas of tobacco control and proposes actions that could have a positive impact on non-smokers and smokers alike and change the tobacco landscape in Mauritius for the betterment of society in general. The stage is thus set for effective action during a five-year period to combat the scourge of tobacco use on individuals, families and the Mauritian community at large and contribute to the global efforts to curb the growing epidemic of tobacco use.

We are thankful to the following for their valuable comments and suggestions on the draft Action Plan:

- the Tobacco Free Initiative (TFI), WHO Headquarters, Geneva;
- the WHO Regional Office for Africa (WHO/AFRO), Brazzaville;
- members of the Steering Committee on Tobacco Control;
- all other local stakeholders.

## **Executive Summary**

### **Introduction**

There is unequivocal scientific evidence that tobacco use is injurious to health and causes disease, death and disability. Tobacco use is a major public health problem and there is an urgent need for comprehensive action to circumscribe the growing epidemic and save present and future generations from its health, social and economic consequences.

### **Purpose**

The National Action Plan on Tobacco Control aims to reduce mortality and morbidity related to tobacco use by preventing the use of tobacco products, promoting cessation and protecting from exposure to environmental tobacco smoke.

### **Situation analysis**

The Action Plan on Tobacco Control is based on an analysis of the situation regarding tobacco control in Mauritius and builds up on the experiences gained in tobacco control at the global and national levels.

Figures available from the World Health Organization indicate that the epidemic of tobacco use is spreading at an alarming rate. It is estimated that more than 1.3 billion people smoke, representing almost one-third of the adult population of the world and living mostly in low-income countries. Tobacco use is the second major cause of death in the world, killing more than AIDS, legal drugs, illegal drugs, road accident, murder and suicide taken together.

In Mauritius, the NCD surveys and the Global Youth Tobacco Survey of 2003 provide valuable data on tobacco use in the population. The latest NCD Survey, held in 2004, reveals that prevalence of tobacco use among males aged 20 years and above is 35.9% compared to 57.9% in 1988. Although a significant decline in the prevalence of smoking has been noted among Mauritian males, we still face a situation where one in three adult males in Mauritius is a smoker. Among females, prevalence is 5.1% compared to 7.0% in 1988. The Global Youth Tobacco Survey of 2003 shows that 31.3% of adolescents have ever tried cigarettes and 14.8% of them are regular smokers. These data have been essential in the formulation of appropriate policies and strategies regarding tobacco control in Mauritius.

The domestic production of leaf tobacco has gone down but the sale of cigarettes on the local market has gone up. Taxes on tobacco products are imposed almost annually, leading to a regular rise in price.

The tobacco regulations of 1999 govern the sale of cigarettes to minors, advertising, promotion and sponsorship, smoking in public places and packaging and labelling. However, the contents and emissions of tobacco products are not regulated. Compliance is satisfactory in certain areas and needs to be strengthened in others.

There is a single fixed message on packets of cigarettes and sale of single or loose cigarettes is allowed. Young people have easy access to tobacco products and no proper counselling and drug treatment is available in the public health sector and very limited in the private sector.

### **Institutional Framework**

The Steering Committee on tobacco Control will be renamed the National Committee on Tobacco Control and will be representative of all the stakeholders on tobacco control in Mauritius. It will guide the Government of Mauritius on tobacco control policies and coordinate and monitor the implementation of the National Action Plan on Tobacco Control.

### **Strategic Plan**

This section of the Action Plan details out the strategies, activities, outputs and collaborating agencies for achieving the desired goal and objectives regarding tobacco control in Mauritius.

The prevention of tobacco use requires a combination of measures to reduce both the demand and the supply of tobacco products. Information and public awareness is a key element in confronting the epidemic of tobacco use. This will be achieved through community- and media-based activities targeting the general public and specific population groups. School programmes at the primary and secondary levels will be strengthened so that children are more exposed to anti-tobacco education. Taxes and the price of tobacco products will be increased regularly to reduce consumption. Advocacy will be carried out for earmarking 2 % of tobacco-generated revenues for health promotion activities. The influence of the tobacco industry will be reduced by amending the existing regulations in conformity with the WHO FCTC. Thus further restrictions will be imposed on tobacco advertising, promotion and sponsorship and packaging and labeling. Access of tobacco products to minors will be reduced and enforcement and compliance will be addressed more effectively.

Exposure to environmental tobacco smoke will be reduced by banning smoking in more indoor and public places.

The provision of cessation services to smokers will be another important strategy of the Action Plan. It is essential that such services be provided to those smokers who want to quit and who cannot do so on their own. Initially behavioural therapy based on intensive counselling will be carried out by trained health professionals and other people. At a later stage, pharmacological therapy will be introduced in the public health sector.

### **The Framework Convention on Tobacco Control**

Mauritius has pledged its international solidarity and commitment regarding tobacco control by signing the FCTC on 17 June 2003 and ratifying it on 17 May 2004. The Convention came into force for Mauritius on 27 February 2005 and the first report on the FCTC was submitted to the WHO in February 2007.

The Action Plan on Tobacco Control embodies the spirit of the FCTC and considers it as an essential tool to guide its actions to circumscribe the use of tobacco and its devastating effects in the Mauritian population. The Action Plan outlines the measures that will be taken to review the existing regulations on tobacco to make them compliant with the FCTC.

### **Surveillance and Evaluation**

Indicators have been established to measure progress in the implementation of the Action Plan. Surveillance of tobacco consumption and tobacco-related knowledge, attitudes and behaviours in the Mauritian population will be carried out. The economic burden of tobacco use will be assessed and used as an advocacy tool to influence policy decisions. Prevalence surveys will be carried out to establish trends in tobacco use. It is expected that the surveillance and evaluation system put in place will allow to determine the success of the Action Plan and guide in the reformulation of policies and programmes.

## **1. Guiding Principles**

**The following principles will guide the implementation of the Action Plan:**

- i) Every individual in society has the right to be adequately informed on tobacco, its use and consequences.**
- ii) Every individual in society has the right to live in a tobacco smoke-free environment.**
- iii) Partnership with all sectors will be promoted based on a clear definition of the roles and responsibilities of each partner.**
- iv) Community involvement and community empowerment will be encouraged in all tobacco control activities.**
- v) Vulnerable groups like young people and women will receive particular attention in the tobacco control programme.**
- vi) Collaboration with international and regional organisations will be consolidated to attract expertise and control illicit trade in tobacco.**
- vii) Accessibility to tobacco products especially to minors will be reduced.**
- viii) Cessation facilities will be made available to smokers who want to quit.**
- ix) The influence of the tobacco industry will be considerably reduced by adopting the appropriate regulatory measures**
- x) Monitoring and evaluation mechanism will be set up to assess the effectiveness of interventions.**
- xi) Political support will be maintained by continued allocation of resources from the national budgets and donors and promoting the policy agenda on tobacco control.**

# **SITUATION ANALYSIS**



## **2. Situation Analysis**

### **2.1. The global burden of tobacco use**

The world is witnessing an unprecedented rise in the use of tobacco and tobacco-related diseases. According to the World Health Organization, around 1.3 billion people in the world are current smokers and most of them are in developing countries. Tobacco kills. Every cigarette reduces the life of a smoker by 7 minutes. Every day more than 13,000 people die from tobacco use, adding up to about 5 million deaths annually. Tobacco kills 50 % of lifetime smokers and half of these deaths occur among people in their middle age (35-69 years), thus depriving nations of the productive manpower they need for their economic development. It is the only consumer product that kills half of its regular users. With the exception of high blood pressure, tobacco use is responsible for more deaths in the world than any other risk factor. Tobacco kills more than AIDS, road accidents, suicide, murder, legal drugs and illegal drugs combined. It is believed that with the current smoking patterns, tobacco use will be responsible for 10 million deaths per year by 2020, 70 percent of which will occur in developing countries. According to estimates, one hundred million people died from tobacco use in the 20<sup>th</sup> century and if present trends continue, it will kill one billion people in the 21<sup>st</sup> century.

### **2.2. Tobacco use in Mauritius**

The NCD surveys carried out since 1987 in the population aged 20 – 74 years shows a definite decline in prevalence of tobacco use among males. In 2004 prevalence was 35.9 % compared to 57.9 % in 1987. Among females, the prevalence was 5.1 % in 2004 compared to 7.0 % in 1987 and 3.3% in 1998.

The diseases most strongly linked with tobacco use are lung cancer, cancer of the mouth, oesophagus, larynx, and pharynx, ischaemic heart disease, cerebrovascular disease, bronchitis, emphysema and other chronic obstructive lung diseases. In 2005, in the island of Mauritius, 2,269 deaths were registered due to the above causes. Death rate due to the above causes was 44 for every 10,000 males aged 30 years and above and 30 for every 10,000 females aged 30 years and above. The age specific death rate for both sexes aged 30 years and above was 37 deaths per 10,000.

### **2.3. The Global Youth Tobacco Survey 2003**

The Global Youth Tobacco Survey is the only source of data on tobacco use among adolescents. It is a school-based, tobacco-specific survey for students aged 13-15 years and was carried out in 2003 with the technical assistance of the World Health Organization and the Centers for Disease Control, Atlanta, USA. It shows that 31.3 % of students in Mauritius and 54.5% in Rodrigues have ever smoked cigarettes. The rate of current smokers is 14.8% in Mauritius and 19.7% in Rodrigues. 60.5% of students in Mauritius and 72.8% in Rodrigues buy loose cigarettes. Students are exposed to environmental tobacco smoke both in their homes and in public places. Two-third of

current smokers in Mauritius and Rodrigues want to quit smoking and have made unsuccessful cessation attempts in the past.

#### **2.4. Tobacco cultivation**

Data available from the Tobacco Board show that the area under cultivation of tobacco in Mauritius was 291 hectares in 2005-2006 compared to 395 hectares in 2000-2001. A gradual decline has been noted in the area under tobacco cultivation from 2000 to 2006. The number of planters and workers engaged in tobacco cultivation is estimated at 800, but overall some 1,000 persons depend on leaf tobacco production for their living. The domestic production of leaf tobacco has also declined, from 556 tonnes in 2001-2002 to 296 tonnes in 2005-2006. However, the sale of cigarettes on the local market has gone up from 998 million sticks in 2001 to 1014 million sticks in 2006.

#### **2.5. Steering Committee on Tobacco Control**

A Steering Committee on Tobacco Control exists that comprises of representatives of Ministries and organizations concerned with tobacco prevention and control. The Steering Committee serves as a consultative body on tobacco issues of national concern and makes recommendations to push forward the tobacco agenda at a national level. The Committee is chaired by the Principal Medical Officer (NCD/Health Promotion) of the Ministry of Health and Quality of Life.

#### **2.6. Taxation and pricing**

Three types of taxes are imposed on tobacco products in Mauritius: the excise duty, the Value Added Tax and the import duty (on imported tobacco products). The rate of excise duty for cigarettes varies from Rs 1,770 to Rs 2,370 per thousand units, depending on category; for cigars, the excise duty is Rs 7,500 per kg. The rate for the Value Added Tax is 15 % for both cigarettes and cigars. The import duty on cigarettes and cigars is 30 %. Usually the tax on tobacco is imposed annually and is announced by the Minister of Finance during the annual budget speech. In the financial year 2005-2006, the government of Mauritius derived a total revenue of Rs 2.02 billion from taxes on tobacco products. In Mauritius the price of tobacco products is not controlled and is fixed by the manufacturing industry and the importers.

#### **2.7. Tobacco regulations**

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 govern the following aspects of tobacco in Mauritius:

- advertising, promotion and sponsorship;
- sale to minors;
- smoking in enclosed public places; and
- packaging and labelling.

Further details on these regulations are given in the sub-sections that follow. No

regulations exist on the contents and emissions of tobacco products and their disclosures to government authorities and to the public.

## **2.8. Exposure to Environmental Tobacco Smoke (ETS)**

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 bans smoking in institutions of learning and health care, places used for the practice of sports, public transport, office premises, other places of work intended for use by the public and in public places like pharmacy, drugstore, museum, nursery, post office, police station and reading and lending library (refer to annex for details).

The Global Youth Tobacco Survey of 2003 indicates that young people too are exposed to environmental tobacco smoke both at home and in public places. In Mauritius, 33.9 % of never smokers and 69.6 % of current smokers are exposed to tobacco smoke in their homes. In public places, 60.4 % of never smokers and 88.8% of current smokers are exposed to tobacco smoke. In Rodrigues, 33.1 % of never smokers and 55.7 % of current smokers are exposed to tobacco smoke in their homes. Exposure to tobacco smoke in public places is 55.4 % among never smokers and 80.7 % among current smokers.

Although compliance to these regulations is satisfactory in places like public transport, offices and health care institutions, non-compliance is quite common in places like sport complexes and work premises. Smoking in restaurants and night clubs and outdoor public places is allowed.

## **2.9. Contents and emissions of tobacco products**

The contents and emissions of tobacco products are not regulated in Mauritius and therefore tobacco manufacturers and importers are not legally bound to disclose such information to government authorities. The level of tar, nicotine, carbon monoxide and other chemical substances in tobacco products is not printed on tobacco packets and packages and are not known to the public.

## **2.10. Packaging and labelling**

Packaging and labelling of tobacco products in Mauritius is governed by the Public Health (Restrictions on Tobacco Products) Regulations of 1999. It is mandatory for packets of cigarettes to carry the warning: *“Smoking causes cancer, heart disease and bronchitis.”* However, the message is printed in small letters, on the side and at times in colours that do not contrast sharply with the background colour, thus making reading difficult;

Furthermore, terms such as “light” and “mild” on cigarette packets are commonly used on packets of cigarettes.

Imported brands are governed by The Tobacco Production and Marketing (Import Licence) Regulations of 1998 which make it mandatory for every packet of imported

cigarettes to bear the health warning prescribed by the Public Health (Restrictions on Tobacco Products) Regulations 1999. However, the Tobacco Production and Marketing (Import Licence) Regulations 1998 also confers to the Tobacco Board the power to approve other health warnings on cigarette packets. To date, 17 such warnings have been approved by the Board.

### **2.11. Advertising, promotion and sponsorship**

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 prohibits advertising and promotion of tobacco products in any manner and sponsorship of such products in any form. As a result, there is no direct tobacco advertising on the radio, television, billboards, newspapers, magazines and other publications in Mauritius.

However, pro-tobacco messages are still reaching Mauritians in various ways. According to the Global Youth Tobacco Survey of 2003, the main sources for pro-tobacco messages for school adolescents aged 13-15 years are the television, radio, foreign magazines, newspapers and the internet. For example, 97.3% of respondents in Mauritius and 97.1% in Rodrigues said that they had seen actors smoking in films.

Compliance with the regulation against sponsorship is inadequate. In the name of corporate social responsibility, the local tobacco industry is involved in a number of sponsorship activities.

### **2.12. Accessibility of cigarettes to minors**

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 prohibits the sale of cigarettes to minors. However, young people can easily buy cigarettes in most of the shops in Mauritius. In other words, enforcement of and compliance to this section of the tobacco regulations is low. The Global Youth Tobacco Survey of 2003 reveals that 56.3% of the current smokers aged 13-15 years in Mauritius and 33.5% in Rodrigues buy their cigarettes in a shop. Furthermore, the survey mentions the some other factors that facilitate accessibility and availability of cigarettes to minors in Mauritius. These are:

- sale of loose cigarettes;
- proximity of points of sale to their place of residence; and
- offer of free cigarettes by tobacco representatives.

### **2.13. Information, education and communication**

Information and education activities aiming to sensitise the different population groups on the various aspects of tobacco are held throughout the year by the staff of the Ministry of Health. Health education materials on smoking are produced for the general public or targeted groups and distributed extensively. Smoking has also received a place of prominence in media campaigns on non-communicable diseases carried out by the Ministry of Health and Quality of Life. Educational and media materials produced on smoking include pamphlets, posters, stickers and radio and television spots.

Sensitization and advocacy activities against smoking are also carried out by VISA, a non-governmental organization that is dedicated solely to tobacco prevention and control.

#### **2.14. Cessation and treatment**

The public health sector in Mauritius does not provide pharmacological treatment to smokers. Behavioural intervention is limited to short counseling by health care providers like doctors and nurses during routine visits of patients to hospitals, AHCs and CHCs. Health professionals have no formal training on counseling for smoking cessation and do not have the necessary skills and knowledge to support smokers who want to quit.

However, both pharmacotherapy and behavioural therapy for tobacco cessation exist in the private sector. Private pharmacies make available the different drugs prescribed by private doctors for the treatment of tobacco use and dependence. However, their use is not widespread and the price prohibitive. The only group behavioural therapy for tobacco cessation available in Mauritius is run by the Adventist Church and is known as “Le Plan de 5 Jours”.

The Global Youth Tobacco Survey 2003 shows that around 11.0% of current smokers in Mauritius, aged 13-15 years, have developed dependence on tobacco as they always have or feel like having a cigarette first thing in the morning. In addition, two-third of current smokers in Mauritius and Rodrigues want to quit smoking and have made previous unsuccessful attempts.

#### **2.15. Surveillance and evaluation**

The present surveillance system on tobacco use consists mainly of the following:

- the conduct of the NCD survey every five years since 1987, the latest being held in 2004, among adults aged 20 years and above. These surveys provide the prevalence rates on tobacco consumption.
- the conduct of the Global Youth Tobacco Survey in 2003 among school youth aged 13-15 years. It provides the prevalence rate in the target population and other details relating to knowledge, attitudes and behaviours.

The other sources of data on tobacco are:

- Mauritius Revenue authority which collects data on seizures and illegal tobacco trade;
- Ministry of Finance which provides data on revenue from and taxation of tobacco products;
- Tobacco Board which has data on tobacco cultivation, tobacco-related employment and production and sale;
- Police department and the Health Inspectorate of the Ministry of Health which are

concerned with enforcement.

Mortality and morbidity directly attributable to tobacco use is not available. Data collected on the smoking habits of NCD patients attending outpatient clinics are not readily available.

Since 2006 Mauritius is contributing to the annual Global Tobacco Control Report of the WHO which is an instrument for tobacco surveillance and monitoring at a global level. It also submitted to the WHO the First Country Report on the FCTC in 2007.