



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



Photo: Team with his Excellency the Minister of Health Hon. Dr. Saia Ma'u Piukala

The WHO Framework Convention Secretariat would like to thank the Ministry of Health of Tonga for the invitation to conduct this needs assessment mission.

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Supported by:



Table of abbreviations

COP	Conference of Parties
FAO	Food and Agriculture Organization
GHPSS	Global Health Professional Student Health Survey
GSHS	Global School-based Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
MOA	Ministry of Agriculture, Food, Forests and Fisheries
MCTL	Ministry of Commerce, Tourism and Labour
MOECS	Ministry of Education, Culture and Science
MOF	Ministry of Finance and National Planning
MOFA	Ministry of Foreign Affairs and Trade
MOI	Ministry of Internal Affairs
MOJ	Ministry of Justice
MRC	Ministry of Revenue and Customs
NGO	Nongovernmental organizations
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise Approach to Surveillance
THPF	Tonga Health Promotion Foundation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNIATF	United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases
UNICEF	United Nations Children's Fund
US CDC	United States Center for Disease Control and Prevention

The WHO FCTC

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

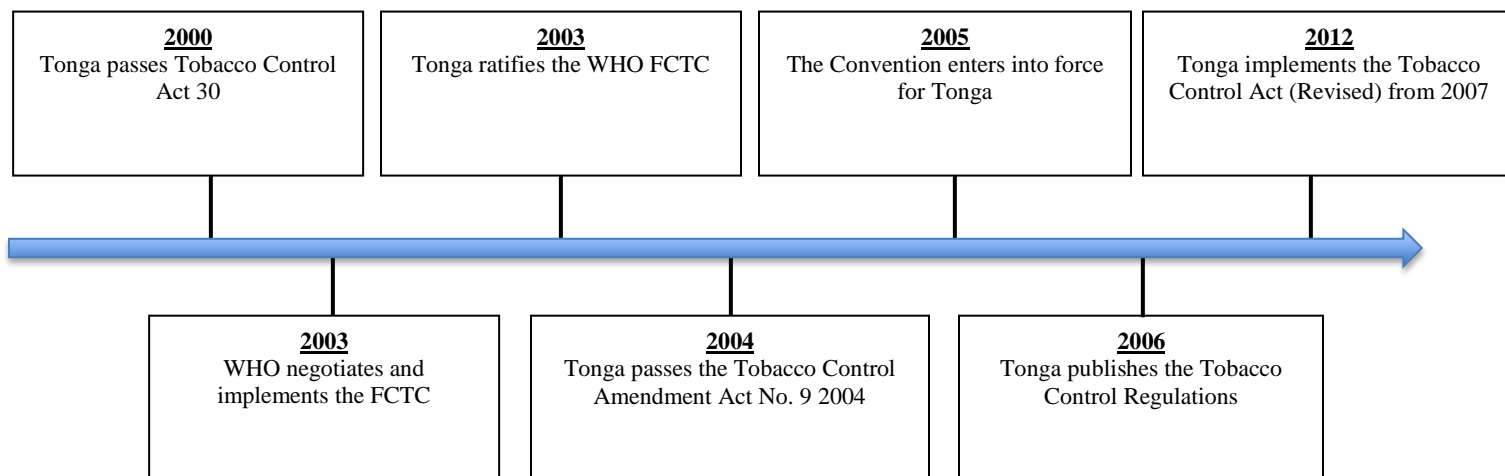
The needs assessment exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- Post-needs assessment assistance has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.
- A joint needs assessment mission to Tonga was conducted from 20 to 25 November 2015. The needs assessment team was composed of Dr Ofa Sanft Tukia and Mr Tupou Naipuka Tuilautala, Tobacco Control office in the Ministry of Health, Dr Li Dan CLO WHO Tonga, Mr Kelvin Khaw TFI WPRO, Dr Harley Stanton, consultant, Dr Carmen Audera-Lopez, WHO FCTC Secretariat, and led by the Head of the Convention Secretariat, Dr Vera Luiza da Costa e Silva.

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

Executive summary

Tonga ratified the WHO FCTC on 25 September 2003. The Convention entered into force for Tonga on 8 April 2005.



Tonga took action early in 2000 with tobacco control legislation, but challenges remain in order for Tonga to be fully compliant with the WHO Framework Convention on Tobacco Control. With this in mind, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Tonga and the WHO FCTC Secretariat including the initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team, led by the Convention Secretariat and the tobacco focal point from WPRO conducted a needs assessment exercise in Tonga together with the Tongan Ministry of Health and in collaboration with the Tonga CLO. The mission took place from 19-24 November 2015. The assessment involved relevant ministries and agencies of Tonga (see Annex 1).

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

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Tonga is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, Article 5.1 of the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. Tonga has a National Strategy to Prevent and Control Non Communicable Diseases 2010 – 2015 (Hala Fononga) that aims to reduce the prevalence of current tobacco smokers in Tonga.

Tonga is currently developing the next National Strategy 2015-2020. It is recommended that the Government include implementation of the WHO FCTC in all relevant policy documents. It is also recommended that Tonga utilize the needs assessment report as a reference in finalizing these documents.

Third, Tonga has established a national coordination under the National Strategy for the Control and Prevention of Non Communicable Diseases with a sub-committee having responsibility for tobacco control activities in compliance with Article 5.2(a). Tonga has established a focal point for tobacco control within the Ministry of Health.

Fourth, Notable achievements have been made in legislation, including efforts to increase taxes and fully implement smoke-free policy. Tonga adopted the Tobacco Control Act 30 in 2000. This was revised in the Tobacco Control (Amendment) Act No. 9 of 2004. A further revision took place in 2007 with passage in 2012. Further amendments have been made to the Tobacco Control (Amendment Bill 2014) have been passed but have not received Royal Assent. The latest amendment has strong provisions in some key areas. However, to fully implement the requirements of the Convention, the TC Act and proposed Bill (2014) needs to be further strengthened in several areas as outlined in this assessment.

Fifth, Tonga established Tonga Health as the Health Promotion Foundation to promote healthy lifestyles including action to reduce tobacco consumption. The Government makes direct grants from core budget for its operation. It is recommended that the Government consider a review of different models including earmarked tobacco taxes for funding Tonga Health to ensure that is sustainable, accountable and effective.

Sixth, The tobacco industry has substantial influence at high levels of Government and has sought to weaken legislation and influence amendments. This has adversely impacted legislation on smoke-free bans. It is recommended that the Public Service Commission include explicit provisions for interaction with the tobacco industry in the civil servant code of practice. It is recommended that Tonga enforce these provisions to ensure adherence to Article 5.3 of the Convention and the implementation guidelines.

Seventh, tax policies on cigarettes, pipe tobacco and other tobacco products are in place in Tonga. Tonga imposes specific excise and value-added tax. The Government increased the excise tax in 2014 by 19%. There is 15% value-added tax on all tobacco products. It is recommended that Tonga continue to increase taxes in order to achieve its health objectives and decrease the affordability of tobacco products in line with Article 6 of the WHO FCTC and the relevant guidelines adopted by COP6.¹

Eighth, there is significant cultivation of local tobacco in Tonga, particularly on some of the outer islands. Little information is available concerning this production and only limited information is available on constituents and emissions. It is recommended that Tonga MOH in collaboration with Ministry of Agriculture undertake research to determine the current growth, distribution and use of local tobacco and consider supporting those who currently grow tobacco to diversify to other sustainable crops. It is also recommended that testing of tobacco products be undertaken regularly with the results being widely disseminated to the public.

¹ See http://apps.who.int/gb/fctc/E/E_cop6.htm

Ninth, the TC Act 2000 (Section 11) has provisions to create smoke-free environments in public places. However, in the Revised Act 2007 the legislation (Section 12) allows designated smoking areas and rooms in licensed premises and restaurants which still allows smoking in these locations. The FCTC calls for 100% smoke-free indoor environments. Tonga is legally bound to provide universal protection to prevent exposure to tobacco smoke in all indoor public places. The proposed Tobacco Control (Amendment) Bill 2014 removes these designated areas. The amendment was passed by parliament but Royal Assent has been withheld until consultation with complainants (tobacco and associated industry) was held. The guidelines for the implementation of Article 8 include a five-year deadline, which for Tonga was reached on 8 April 2010. It is recommended that the Tobacco Control (Amendment) Bill 2014 is passed to be fully compliant with the obligations under the Convention and the recommendations contained in the guidelines.

Tenth, Article 11 of the Convention on packaging and labelling has a three-year deadline, which was reached on 8 April 2008. The present TC Act (Section 7) requires manufacturers, importers and distributors to adhere to the standards on labeling and health warnings. However, the Amendment Act 2004 requires the obligation to print the amount of tar and nicotine on the tobacco product packaging. Local tobacco and other nicotine delivery systems, such as electronic cigarettes are not currently included in the legislation and regulation. It is recommended that a requirement for pictorial warning and increasing the size of the pack warning be implemented preferably to more than 50% of the major pack surfaces. It is recommended that the Government of Tonga revise the TC Act and Regulations to be in line with the recommendations of the guidelines for implementation of Article 11. It is also recommended that local tobacco and electronic nicotine delivery systems are included in the regulation.

Eleventh, Tonga has a comprehensive ban on tobacco advertising, promotion and sponsorship as outlined in the TC Act 2000 (Section 3-5). Section 5A (2)b appears to allow advertising in buildings such as “club, restaurant, stadium or other place which is not primarily a business that manufactures or sells tobacco”. This appears to compromise Section 3.1(a) which prohibits such promotion. Article 13 of the Convention has a five-year deadline which took place for Tonga on 8 April 2010. It is recommended that the Government amend the TC Act to be in accordance with Article 13 of the Convention and the guidelines for its implementation.

Twelfth, the TC Act is currently not fully enforced, and this weakens the effectiveness of the legislation. It is recommended that the MOH, together with the Police, Customs and other relevant enforcement agencies, be expanded as recommended to Parliament and that the agencies work closely together to implement the TC Bill. It is also recommended that training in enforcement be provided to MOH and law enforcement officials in all relevant ministries and agencies and for local government where this is required.

Thirteenth, the Government recognizes the importance of nongovernmental organizations (NGOs) and civil society in mobilizing public support for comprehensive TC legislation, for disseminating and raising awareness of the legislation and for full implementation of the Convention. It is recommended that the Ministry of Health and relevant NGOs continue to collaborate and improve the synergy and efficiency of the

action undertaken by civil society. It is also recommended that the Ministry of Health work closely with the Ministry of Internal Affairs to ensure ongoing support from the Tonga National Forum of Church Leaders whose influence is pivotal.

Fourteenth, the current United Nations Development Assistance Framework (UNDAF) (2013–2017) includes the prevention and control of noncommunicable diseases (NCDs), but does not include the implementation of the WHO FCTC. As implementation of the Convention is central to reducing NCDs and their burden, it is important to include support to the implementation of the WHO FCTC in the next UNDAF, which is currently being developed. It is recommended that the MOH follow up with the Ministry of Foreign Affairs, WHO and the UNRC to ensure that supporting implementation of the Convention is included in the programme activities of the next UNDAF.

Fifteenth, the needs identified in this report represent priority areas that require immediate attention, particularly treaty provisions with deadlines (i.e. Articles 8, 11 and 13). Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life of Tonga people. As Tonga addresses these areas, the Convention Secretariat in cooperation with WHO Headquarters, Regional and Country Offices and other relevant international partners are available and committed to providing technical assistance in the above areas, and to engaging potential partners and identifying internationally available resources for implementation of the Convention. The Convention Secretariat is also committed to providing the following assistance upon the request of the Ministry of Health: (1) to support submission for a study to obtain information on the cultivation, sale and use of local tobacco; (2) to support the implementation of the mass media campaign; (3) to support enforcement training for MOH and Police Department; (4) to strengthen the legal capacity within the Ministry of Health; (5) to provide assistance and information through the McCabe Centre on Law and Cancer knowledge hub; and (6) support the revision and adoption of the new regulations to the Tobacco Act.

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

This joint needs assessment mission was financially supported by the European Union*¹. The MOH and the WHO/WPRO Country Office provided resources and logistic support to the needs assessment exercise, including organizing the meetings during the mission.

¹ This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Ministry of Health of the Kingdom of Tonga and the WHO FCTC Convention Secretariat and can in no way be taken to reflect the views of the European Union.

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

Adult tobacco prevalence:

Current tobacco smokers	STEPS 2004	STEPS 2012
Total	31.0%	29.3%
Male aged 15–64	46.2%	48.0%
Female aged 15–64	16.3%	6.9%
Daily tobacco smokers	STEPS 2005	STEPS 2012
Total	27.6%	24.3%
Male aged 15–64	41.9%	43.0%
Female aged 15–64	13.8%	5.2%
Average no. of cigarettes smoked per day by daily smokers	STEPS 2005	STEPS 2012
Total	12.4	
Male aged 15–64	13.1	8.9
Female aged 15–64	10.3	7.0

Tonga Global School-based Student Health Survey 2010

	Total	Boys	Girls
Percent smoked in past 30 days	21.6	19.2	23.8
Tried cigarette before 14 among ever smokers	81.2	82.1	80.5
Percent of students exposed to smoke in last 7 days	65.4	64.9	66.1

- [STEPS 2011-12] 85% of smokers use manufactured cigarettes
- [STEPS 2011-12] Average age of starting smoking was 18 years with males starting earlier (17.5 years) and females later (22.2 years).¹
- [CENSUS 2011] Highest prevalence was in 25-34 aged males with 52.0% smoking. For females of the same age prevalence was 16.7%.
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¹ This data appears to differ significantly from the GYTS findings showing significant percentages of starting smoking at earlier ages.

Youth tobacco prevalence:

Current any tobacco product users	GYTS 2010
Total	35.7%
Boys aged 13–15	44.9%
Girls aged 13–15	28.0%
Current cigarette smokers	GYTS 2010
Total	27.1%
Boys aged 13–15	37.5%
Girls aged 13–15	18.9%
Current other tobacco products	GYTS 2010
Total	21.6%
Boys	24.3%
Girls	18.2%

Exposure to tobacco smoke	GYTS 2010
Total in homes (aged 13-15)	56.8%
Smokers wanting to stop	GYTS 2010
Total (aged 13-15)	75.9%

Tobacco-related mortality:

- According to the STEPS Report [2014] NCD's accounted for four out of five leading causes of mortality in Tonga, for 10% of the hospitalization and 20% of government health spending.

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Tonga. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

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

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

Tonga does not currently have measures that go beyond those provided for by the Convention.

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

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

Tonga has not provided information on bilateral or multilateral agreements relevant to the Convention and its Protocols. The Ministry of Foreign Affairs, in consultation with the relevant line ministries including Ministry of Finance and National Planning and the Ministry of Internal Affairs should identify these agreements and report them as appropriate.

Gap – There is a lack of awareness of the obligations under this Article and the proactive role that all relevant ministries need to play in the reporting process.

It is recommended that the Ministry of Foreign Affairs and Trade and relevant Government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Tonga communicate them to the Secretariat either as part of its next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

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

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

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

Following the establishment of TongaHealth there have been numerous tobacco control projects that have been supported in civil society.

Members of the international team met with representatives of National Forum of Church Leaders, the Tongan Red Cross and members of the non-Government schools association. There are several members of the Tobacco Subcommittee of the Tongan NCD Strategy from civil society. However, there is opportunity to expand the participation of civil society and thus enable the Government to benefit from a stronger relationship with civil society.

Gaps –

1. There is limited participation of civil society in the current coordinating mechanism.

It is therefore recommended that the Government expand civil society participation as members in the coordination mechanism that seeks to address NCDs or tobacco use. It is also recommended that the Government mobilize civil society organizations and improve collaboration to support implementation of the Convention.

General obligations (Article 5)

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

Tonga has been active in limited implementation of tobacco control strategies in line with the Convention. There is still much that needs to be done. The 10 year Tonga Strategic Development Framework (July 2015 – June 2025) has indicated under Operational Outcome 2.6 the need for ‘stronger integrated approaches to address both communicable and non-communicable diseases’. While the strategic concepts do not specify tobacco the framework aims to strengthen the collaboration between TongaHealth and partners to promote and strengthen primary and secondary prevention of NCD risk factors through whole of government and whole of society approaches.

The target of this Strategic Development Framework is to increase life expectancy for men from 65 in 2011 to 70 by 2018 and 75 in 2025. This ambitious target is currently heading in the opposite direction with life expectancy between 2001 and 2009 falling from 69 to 65 in men and 72 to 69 years of age in women.

Tonga has met the obligation under Article 5.1 of the Convention. It is recommended that Tonga together with all relevant stakeholders implement the measures in the tobacco control strategic plan. It is also recommended that Tonga include the need to fully implement the WHO FCTC in its development and health strategic plans.

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

Tonga has designated a focal point for tobacco control in the Ministry of Health (MOH). Further, Tonga was the first country in the Pacific to launch a National Strategy to Prevent and Control NCD’s in 2004. In 2009 Tonga formalized NCD’s as one of six priority areas for the government.

According to the tobacco control component of the Tonga National Strategy from 2010 – 2015 there were 14 strategies in the implementation plan. The first of these was to enhance the functioning of the Tobacco Control Subcommittee and the third was to provide appropriate reporting for international and national purposes. These plans to strengthen the national coordination mechanism for implementation of the TC Law in line with the obligations under the Convention are encouraged.

The health promotion foundation TongaHealth (THPF) was established as the agency responsible for disbursing available funds to promote healthy lifestyles and reduce tobacco consumption. TongaHealth receives directly allocated funding of 400,000 paanga per annum from the Government as well as limited funding from other sources.

Gaps:

1. The TongaHealth funding appears not to be in a guaranteed manner and appears likely to be diminished by other priorities within the Ministry of Health.

It is therefore recommended that the Ministry of Health review the current multisectoral Health Committee to ensure implementation of the WHO FCTC. It is further recommended that funds from the Tonga Health Promotion Foundation are dedicated to health promotion activities including tobacco control tobacco to ensure sustainability of actions.

The Convention Secretariat can assist with practices and experiences from other Parties to the Convention in strengthening the intersectoral coordinating mechanism and can participate, in coordination with WHO Regional and Country Offices, in the finalization of the terms of reference of such a mechanism.

Article 5.2(b) calls on Parties to “adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke”.

The Government of Tonga is committed to fully implementing the Convention and notable achievements have been made in legislation. In 2000 Tonga introduced the first comprehensive legislation Act 30 of 2000. This was amended in 2004 by the Tobacco Control (Amendment) Act, No. 9 of 2004. A further act (CAP 28.36) was drafted in 2007 that was finally passed in 2012. Some sections of the act weakened earlier legislation such as Section 12 that provided designated smoke-free zones in licensed premises rather than fully smokefree areas. Tonga currently has the Tobacco Control (Amendment) Bill 2014 that would rectify the earlier changes that weakened the Act but this awaits Royal Assent. If implemented the legislation would make Tonga compliant with obligations under the substantive articles of Convention.

The 2014 TC (Amendment) Bill includes provisions that: remove any display of products to be visible from outside the retailer’s place of business; requires pictogram health warnings with a minimum of 50%; extend the prohibition on smoking to all workplaces and restaurants as well as facilities where kava is being served; and provide greater enforcement powers for authorized officers including issue notices of infringement.

The international team notes that the enforcement agencies are committed to ensuring compliance with the TC Law and to protecting the welfare of the Tongan people.

Gaps –

1. The current TC Law is not fully WHO FCTC-compliant in a few areas, particularly the time-bound provisions in Articles 8 and 11 of the Convention, and other areas discussed in this report.

It is therefore recommended that the Government revise the TC Law and regulations to ensure full compliance with the Convention and the guidelines for its implementation. It is also recommended that the Government strengthen law enforcement in order to implement the current legislation, including through the provision of expanded resources and training to officials in all relevant ministries and agencies.

The Convention Secretariat, in coordination with WHO Headquarters, Regional and Country Offices, can provide assistance to Tonga in reviewing the 2014 draft legislation and for expanded accreditation and training of enforcement officials to ensure full implementation of the Convention.

Article 5.3 stipulates that in setting “*public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*”. Further, the guidelines for implementation of Article 5.3 recommend that “*all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible*”.

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

There are currently no provisions in place to ensure that public officials are not influenced by the tobacco industry. The Public Service Act 2010 Section 19 on Code of Ethics and Conduct for the Public Service 2010 outlines the principles that are required of all public servants. The requirements under Section 7 (1) require all employees to “not consume alcohol or smoke on Government work premises or property”. However, nothing in this current code of ethics meets the obligations of Article 5.3 and the international team was informed that there have been instances whereby the tobacco industry has sought to influence senior government officials and elected officials. Evidence was given of occasions where senior Government officials have directed staff to meet with the tobacco industry in direct contravention of Article 5.3. Any personnel involved with setting and implementing public health or education policies and activities are to avoid partnerships with the tobacco industry and its affiliates; reject offers, contributions or partnerships when there is a conflict of interest.

Gaps –

1. Awareness of Article 5.3 and its guidelines among relevant ministries is limited.
2. There is no principle or obligation in the specific code of ethics and conduct for civil servants in relation to the implementation of Article 5.3 and its guidelines. In addition, there are no measures in place requiring that all interactions with the tobacco industry deemed necessary are conducted in a transparent manner.

It is therefore recommended that the Government of Tonga amend the Code of Ethics and Conduct for the Public Service 2010 including principle and guidelines for Government officials and civil servants covering their interactions with the tobacco industry, in line with Article 5.3 and its guidelines. It is also recommended that any meetings that may occur between Government officials and the tobacco industry be made transparent and that any relevant information or notes for record be made available to the public. It is further recommended that the Government of Tonga, in collaboration with civil society, continue to raise awareness on protection of public health policy from the vested interests of the tobacco industry among all government agencies and public officials.

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

Tonga has participated in three sessions of the Intergovernmental Negotiating Body (INB - 1, INB-3 and INB-40 on a Protocol to Eliminate Illicit Trade in Tobacco Products; and attended four sessions of the COP (COP – 1 to 4). Tonga is encouraged to participate in existing and future working or expert groups. Further cooperation and participation in intergovernmental processes in this regard will facilitate implementation of the Convention, its Protocol, and other instruments adopted by the COP.

Article 5.5 calls on Parties to “*cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties*”.

Tonga regularly cooperates with international organizations and other development partners, such as the WHO and the SPC. Further details on international cooperation are provided under Article 22.

Tonga has met its obligations under Article 5.5 of the Convention, and is encouraged to continue to do so.

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

Tonga has received funding from international agencies including Australian Government DFAT, NZ Aid and WHO. Funds continue to support legislation, policy development, capacity building, advocacy and surveillance activities. Tonga currently has three full-time staff working on tobacco control. Tonga is encouraged to mobilize additional resources for sustained funding to full-time tobacco control staff, and for effective implementation of the Convention and enforcement of the TC Law.

Tonga has met its obligations under Article 5.6.

Price and tax measures (Article 6)

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

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

Tonga implemented an increase in tax on tobacco products in 2013 by 19%. While no direct figures were available the Ministry of Customs and Finance indicated that there had been a subsequent increase of income following this tax rise.

There is currently no specific licence required for retail sale of tobacco products. A minimal cost licence is required for general retail covering import and operation of importing, wholesale and retail operation with a \$115 once off fee and an annual licence of \$57.50. This licence covers both import and manufacturing of tobacco products. The agency responsible for issuing these licences is the Ministry for Commerce, Tourism and Labour. The Ministry of Revenue and Customs is responsible for collection of duties on imported cigarettes.

Taxation of tobacco products:

Tonga has a two tier excise tax system. Excise and value-added taxes are imposed on local and imported tobacco products. The rate for imported cigarettes is \$255 per 1000 cigarettes and for local manufacture is \$240 per 1000. There is only one local manufacturer who uses all imported products for production. The VAT in Tonga is 15%.

Source	Type of tax	Product	Rate or Amount	Base of tax
Excise Tax Law Amended by law 2015.	Excise tax	Cigarettes and similar tobacco – domestic production	\$240.00	1000 pieces
		Cigarettes and similar tobacco – not manufactured in Tonga	\$255.00	1000 pieces
		Pipe tobacco and similar bulk tobacco – domestic production		1 kg
		Pipe tobacco and similar bulk tobacco – imported		1 kg
		Snuff tobacco & other tobacco for export	Free	
Law on Value-added Tax	Value-added tax	Tobacco products – imported, manufactured or sold	15%	Retail value

During the mission, many ministries expressed the belief that if prices and tax rates of tobacco products increase, there will be a problem with illicit trade and sale. The international team clarified that this is a myth perpetuated by the tobacco industry. Illicit trade thrives when governance is weak, when customs and excise administration is lacking, and when there is corruption.

Prices of tobacco products

The retail price of cigarette packs ranged from \$7.00 for locally produced cigarette to \$10.00 for imported brands.

The locally grown tobacco costs around \$5.00 (Paanga) for 30 grams and while there is no official data on the local tobacco it is readily available in various markets, retail stores and

local shops and even at the weekend flea-markets. This local production is currently not taxed, tested or labeled.

Cigarette production and tobacco import:

There is only one local manufacturer and one major importer. The most popular domestic brands in Tonga are Palataisi and Halo manufactured by the locally based International Metropole Corporation. For the imported brands the most popular are Pall Mall, Longbeach and Winfield, which are imported from Fiji and Australia and are manufactured by both British American Tobacco and Philip Morris.

Government revenue from tobacco taxes and expenditure on tobacco control:

No information is available on the revenue from tobacco tax. Customs and Finance indicated that revenue has not diminished since the introduction of the 19% increase in tax. The National NCD Strategy 2015-2020 estimated that tobacco tax now accounts for 58% of the retail price of manufactured tobacco which is an indication of progress towards the recommendation of 70%. The Government contributed \$400,000 to the operations of the TongaHealth in 2014-15.

Gaps –

1. Currently tobacco products tax could be considerably higher.
2. Currently tobacco tax is increased for revenue purposes rather than health benefits.
3. There is currently no tax on local tobacco

It is therefore recommended that the Government undertake analysis of previous tax changes on revenue and tobacco imports and monitor, increase or adjust tobacco tax rates on a regular basis, potentially annually and covering local tobacco, taking into account inflation and income growth developments in order to reduce consumption of tobacco products. To this end, Tonga should consider having regular adjustment processes or periodic reevaluation of tobacco tax levels. This should be accompanied by strong tax administration such as strengthening enforcement agencies to minimize tax evasion. .

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

Current legislation allows for importations of two cartons of cigarettes of not more than 500 gms of tobacco.

Tonga has met the requirements of the Convention in relation to Article 6.2(b). However it is recommended that consideration be given to further limiting or restricting the sale to and/or importation by international travelers, of tax-free or duty-free tobacco products.

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

Tonga has provided this information in the reports submitted in 2012 and 2014, and has therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

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

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

The five-year time line to provide universal protection from exposure to second-hand smoke in indoor public and work places, as provided for by the Guidelines for the implementation of Article 8 concluded on 8 April 2010.

The TC Act (2000) has a ban on smoking in public places such as amusement centres, theatre and sports complexes when open to the public, hospitals or clinics, schools during school hours, public transportation stations and vehicles, airplanes and ships except in designated sections, airport terminals, offices, workplace or smoke-free zones in licensed premises or restaurants. In licensed premises or restaurants the proprietor currently has to designate not less than half of the area as a smokefree zone.

The 2014 legislation removes the option for smokefree zone in licensed premises and restaurants and implements a complete ban including in kava bars. It is recommended that this legislation be implemented promptly.

Current legislation requires business entities and organizations to enforce the smoking ban and to display the ‘no-smoking’ signs where appropriate. The legislation requires that the design of the warning sign has to be endorsed by the Ministry of Health and must contain necessary contact information.

According to GYTS 2010 data, 58.6% of youth were exposed to second-hand smoke at homes and 67.9% in enclosed public places. The Ministry of Health conducted a KAP study on 2,262 persons in 2011-2012 looking at knowledge, attitude and practice in relation to health behaviours (Non-communicable diseases, what do we know in Tonga: Knowledge, Attitudes and Practices on NCD’s in Tonga). This study found more females (43.7%) were exposed to smoking at home than men (33.8%). 96.3% of the population thought smoking should be banned in all public places including night clubs and kava clubs.

A visit to the Police Department building in Nuku’alofa indicated a lack of enforcement of smokefree policy within this facility.

Gaps:

1. The 2007 amended TC Act permits designated smoking rooms or areas in licensed premises and restaurants

It is therefore recommended that Tonga amend the TC Act in line with Article 8 and its guidelines, implement 100% smoke-free policies in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

In support of the Government's efforts to implement 100% smoke free policies and enforce the tobacco control legislation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support.

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

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

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

The TC Amendment Act 2004 (Section 8B(3)) requires yearly testing for tobacco products by any manufacturer or importer. This testing is to cover additives or constituents of brands and the quantities. If intended to be smoked then the constituents of the smoke are also to be tested for each brand of the products sold. One batch of cigarettes and tobacco was sent for testing to the WHO nominated laboratory in Singapore and the results have recently become available.

The Act also indicates that “the level of tar in any cigarette shall not exceed 15 milligrams and the level of nicotine shall not exceed 1.5 milligrams.

Gaps –

1. Only one report has been provided concerning the product testing of cigarettes and tobacco from Tonga.
2. The information in the report has not been made available to the public.
3. Current legislation limits the right to request further testing in the laboratory nominated by the Ministry to not more than 10% of the brands in any one year.

It is recommended that the MOH and the enforcement agencies review the current arrangements for testing and ensure regular follow up and require regular testing. The tobacco company should bear all the costs of such testing requirements. It is further recommended that the legislation be amended so as not to limit the range of product to be tested. It is further recommended that the information from the reports be widely disseminated.

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

According to TC Act 8C(1) of the Amendment Act 2004, “Every manufacturer, importer and exporter of tobacco products shall submit to the Ministry annual reports and returns related to product testing”. While testing of one batch of products has been done several years ago, this report has only recently been provided to the Ministry of Health. As a result there has been no public disclosure of this information.

Gaps:

1. The TC Act requires annual testing of tobacco products and this has not been implemented.
2. There has been no public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

It is therefore recommended that Tonga implement the TC Act to require relevant annual testing to take place in accordance with Article 11 and its guidelines. It is also recommended that Tonga require manufacturers and importers of tobacco products disclose to the government authorities information on the content and emissions by product type and brand at specified intervals. It is further recommended that MOH in Tonga disclose for the public the information obtained from the testing of the tobacco products.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of tobacco products.

Packaging and labelling of tobacco products (Article 11)

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

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The three-year deadline for Tonga was 8 April 2008.

The TC Act (Section 7B(1) Amendment Act 2004) meets the obligations of the Convention.

According to the Tobacco Control Act Section 25) the Minister may make regulations consistent with the Act. Under the Tobacco Control Regulations 2006 (Part II) each packet sold in Tonga and any outside packaging and labeling is required to carry health warnings that are large, clear, visible and legible and that cover a minimum of 50% of the principal display areas and be rotating. The Ministry of Health has indicated six warnings to be used in Schedule 1 of the Regulations. The current law and regulations do not require pictorial warnings. The TC Act also lists the penalties for violations.

Tobacco products do carry information on the level of tar and nicotine on the pack. The Article 11 Guidelines for implementation indicate that Parties should not require packaging and labeling that requires tar, nicotine and carbon monoxide figures that may be misleading or deceptive.

Table 2. Comparison of the treaty requirements and level of compliance with these requirements in Tonga, concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	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, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”.	OBLIGATION MET	Addressed in the TC Act (Amendment) Act 2004 Section 7B (1) prohibits tobacco packaging containing terms that may mislead people into thinking its characteristics, properties, toxicity, composition, merit or safety.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	PARTIALLY IMPLEMENTED	Addressed in the TC Act Section 6 of the Principal Act and Part II and Schedule 1 of the Tobacco Control Regulations 2006. The legislation Section 6(3) indicates that packages “may” carry health warnings in the form of pictures or pictograms.
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	Section 25 of the Principal Act indicates that the Ministry of Health determines the health warnings.
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Section 12 (1) of the Regulations requires this.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION MET	Section 10 of the Regulations requires this.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	OBLIGATION MET	Section 10 requires at least 50% of the principal display surfaces.

1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	NOT YET IMPLEMENTED	Under Section 6(3) of the (Amendment) Act 2004 the pack or packages “may carry health warnings in the form of, or include, pictures or pictograms”.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	NOT YET IMPLEMENTED	Currently tobacco products are required to indicate the amount of tar and nicotine. According to the guidelines for implementation of Article 11, only relevant qualitative statements are to be displayed on the packet about the emissions of the tobacco products.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	OBLIGATION MET	Addressed in the Regulations Part II, 8(a) requires the health warning and other written information to be written in Tongan and English.

Gaps:

1. The 2006 regulations require tobacco products to indicate the amount of tar and nicotine to be printed on the pack.
2. There is no requirement for picture health warnings or pictograms on packs and packaging.

It is therefore recommended that Tonga revise the TC Act and the Regulations for cigarettes, pipe tobacco and other tobacco products including the possible future introduction of e-cigarettes to be in line with recommendations of the Article 11 guidelines. It is further recommended that Tonga require the use of pictorial health warnings covering more than 50% of the major pack surfaces.

In support of the Government’s efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Office are committed to facilitating provision of expertise and technical support upon request from the Government. The Convention Secretariat is planning to develop specific resources to assist Pacific countries in implementing Article 11 and its guidelines.

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

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

Tonga has integrated tobacco control into the broader NCD strategy for the country. Much work has been done to enhance public awareness concerning the risks of tobacco consumption and exposure to tobacco smoke. This has included:

- Training of public health workers concerning the adverse health, economic and environmental impact of tobacco consumption and passive smoking.
- Raising awareness of the risks of tobacco consumption in the community
- Implementation of smokefree schools and hospitals programs in at least five schools and in the major hospitals
- Training and raising awareness in village settings for tobacco free villages with some seven villages implementing such policy
- Raising awareness on tobacco free workplaces.

A review of data from STEPS, GYTS and the KAP survey shows a considerable gap in knowledge and practice aimed at reducing tobacco use and exposure to tobacco smoke.

The KAP survey found that 79% of males and 70% of females believed there is a safe level of cigarette consumption. More than one third of men (33.8%) and women (43.7%) were exposed to tobacco smoke at home. There is a significant gap in the knowledge and behavior of males on the impact of passive smoking. A similar situation applies in the workplace though with more men than women working the exposure is higher among males (38%) than among females (26.7%). Awareness of the harm from smoke from others in GYTS (2010) indicated 54% think that smoke from others is harmful.

The KAP survey found that 47.3% of males had been advised to quit smoking and 63.6% of females. Older people were more likely to have been advised to quit.

Particularly useful research has been undertaken to review the impact of graphic imagery in testing potential for mass media and for potential health warnings on packages (Tongan Anti-Smoking Television Advertising Study: Quantitative Analysis and Summary Report, Centre for Behavioural Research in Cancer, May 2015).

TongaHealth and MOH need to focus on evidence-based research in promoting and strengthening public awareness of tobacco control issues. Rigorous pretesting, monitoring and evaluation is required to enhance the effectiveness of awareness-raising efforts.

Gaps –

1. Limited financing mechanism for implementation of education, communication and training activities with the involvement of all stakeholders.
2. There has been no sustained mass media campaign targeting all relevant segments of the society.

3. Participation of the civil society such as Health Promoting Church Partnership has been limited
4. The awareness of the harms of second-hand smoke among youth aged 13–15 is limited
5. Funding for projects such as tobacco free schools and hospitals have not been integrated into the tobacco control strategy nor evaluated.

It is therefore recommended that (i) the Government ensure sustainable funding and support Tonga Health and the tobacco control strategy of the NCD strategy; (ii) Tonga Health and MOH work closely with other ministries, parliamentarians and civil society organizations to finalise development of a sustained mass media campaign targeting all relevant stakeholders; (iii) MOH work together with the civil society organizations to strengthen awareness of tobacco use and of exposure to tobacco smoke; and (iv) that Tonga collaborate with plans for a smoke-free Pacific.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

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

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

This is one of the articles of the Convention that contains a five-year deadline for implementation of specific measures. The deadline for Tonga was 8 April 2010.

The TC Act (Section 3.1) has a comprehensive ban on tobacco advertising, promotion and sponsorship. The Act including a ban on “brand stretching”, “brand sharing” and contributions for “socially responsible causes”. This was amended in 2004 to enable displays within the retailer's business and placement of price notices (Section 3.2 (c),(d)).

Section 7B. (Amendment) 2004 bans misleading terms on tobacco packaging that might mislead or deceive people regarding its “characteristics, properties, toxicity, composition, merit or safety”. Promotional use of tobacco or cigarettes, including free distribution in any form is banned. Advertising, sponsorship and promotion of tobacco through the internet is currently permitted. There is currently no legislation or regulation that would cover the sale and use of e-cigarettes.

Gaps –

1. The five-year deadline to implement 100% ban on tobacco advertising has not been met.
2. There is no requirement for disclosure by relevant authorities of expenditure by tobacco companies on advertising, promotion and sponsorship that are currently not prohibited, including those for “socially responsible” causes.

It is therefore recommended that the Government revise the TC Act to be fully in line with Article 13 and its guidelines, ban tobacco product display at point of sale. It is also recommended that the MOH and other relevant stakeholders prohibit contributions by the tobacco industry for “socially responsible” causes.

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

Tonga has not implemented any measures beyond the obligations set out in paragraph 4.

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

Section 3.2(b) of the Principal Act prohibits tobacco product advertisements included in media originating from outside Tonga only if the principal purpose is the promotion of use of a tobacco product, primarily for sale, distribution or exhibition in the Kingdom and in the case of radio or television, if the product advertisement is targeted primarily at a Tongan audience.

Gaps

1. There is currently no provision in the legislation to ban all forms of cross border advertising, promotion and sponsorship.

It is recommended that Tonga amend legislation to ban all forms of advertising, promotion and sponsorship including cross border and ensure enforcement of this provision.

Measures concerning tobacco dependence and cessation (Article 14)

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

The KAP survey showed Tonga has 79% of current smokers who have tried to stop smoking. The figure is slightly higher in women (82.5%) compared to males (77.9%). There is little difference in these figures from 25-64 years. In the GYTS survey some 27.1%

of youth currently smoke with double the number of boys compared to girls (37.5% compared to 18.9% respectively). 76% of the young people surveyed would like to quit smoking and 82.4% have tried. The need for assistance in quitting and the provision of media messaging to promote quitting intentions and attempts is high.

Tonga has not yet developed and disseminated appropriate, comprehensive, and integrated guidelines to emphasize the importance of quitting.

It is therefore recommended that Tonga adapt and/or draft guidelines on cessation counseling as soon as possible, taking into account the recommendations of the guidelines for the implementation of Article 14 of the Convention.

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

Tonga currently provides counseling on cessation through the Ministry of Health and limited support through other health care facilities. 120 staff members have been trained in brief intervention. There is currently no national quit line. Tonga has participated in Regional training on dependence and cessation with Quitline in Victoria and is planning to implement a Quitline in 2016.

One of the key strategies in the 2015-2020 Strategic Plan is to “establish a tobacco cessation system” within the country. This includes plans to train more health care workers in cessation and to deliver more widely the available services.

Nicotine replacement therapy is not on the country’s essential drugs list.

Gaps –

- 1.
2. There is no comprehensive and integrated tobacco cessation programme.
3. There is no national quit line for substance abuse.
4. Recording of tobacco use in medical history notes is not mandatory.
5. Curriculum on tobacco dependence treatment in nurse training is limited.

It is therefore recommended that (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and promoted in different settings, as required under Article 14 of the Convention (e.g. educational institutions, health care facilities, primary health care centres, workplaces and sporting environments); (ii) the adapted guidelines for cessation counselling be implemented; (iii) a national toll-free quit line for substance abuse be established; (iv) the recording of tobacco use in medical history notes be made mandatory; (v) the training of health care workers to give brief advice and encourage quit attempts be strengthened; and (vi) tobacco dependence treatment be incorporated into the health care curriculum.

Illicit trade in tobacco products (Article 15)

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

Tonga has not signed the Protocol to Eliminate Illicit Trade in Tobacco Products.

The TC Act (Section 6(4)) requires all tobacco products sold in Tonga to “carry a statement that the product is intended for sale in Tonga”. Tonga does not currently have a tracking and tracing mechanism for distribution.

The international team was informed that illicit tobacco had been imported into Tonga, but due to internal issues the container load of tobacco is still on the wharf approximately one year after import. There are unsubstantiated reports of fishing trawlers carrying counterfeit or illicit tobacco to island ports.

Licensing for both import and retail is handled by the Ministry of Commerce, Tourism and Labour. There is currently limited knowledge of the WHO FCTC in the Ministry and its role in collaboration with the Ministry of Revenue and Customs needs to be more clearly defined. There is no separate licensing required for the retail sale of tobacco products. Many jurisdictions allocate the funding from licensing towards ensuring enforcement.

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 3** below.

Table 3. Overview of measures taken against illicit trade in tobacco products in Tonga

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products.	OBLIGATION MET	According to the 2009 and the 2014 reports packets and packages are required to indicate the place of manufacture.

2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	OBLIGATION MET	Addressed in TC Act Revised 2007 (Section 6 (4)) that requires tobacco product packaging to have “a statement that the product is intended for sale in Tonga”.
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	OBLIGATION NOT MET	There is currently no tracking and tracing mechanism in Tonga..
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION PARTIALLY MET	The Customs Department collects information on import volume of tobacco products. Apart from one shipment the illicit trade appears to be small.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION NOT MET	There does not appear to be clear mechanism for confiscating and disposing of illicit tobacco products.
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.	OBLIGATION NOT MET	
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	OBLIGATION MET	
4(e)	adopt measures as appropriate to enable the confiscation of	NOT YET IMPLEMENTED	

	proceeds derived from the illicit trade in tobacco products.		
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	OBLIGATION MET	Tonga has indicated that in the reporting period there was no illicit trade practiced over the two year period.
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Tonga is a member of the Oceania Customs Organization. There is ongoing cooperation on border control issues.
7	Each Party shall endeavor to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	OBLIGATION MET	Tonga requires licensing for the importation, production and manufacture of tobacco products.

Gaps –

1. There is limited information on illicit trade.
2. The ministry providing licensing has little knowledge and information on the responsibilities in relation to the WHO FCTC.
3. There is no separate licensing required for retailing of tobacco products.
4. Tonga has not ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

It is therefore recommended that the ministry with the authority to issue tobacco import and manufacturing licenses be suitably informed of their responsibilities in relation to implementation of the WHO FCTC. It is recommended that a separate licensing system for retailing tobacco products be introduced and that the license for importing of tobacco products be significantly increased. It is also recommended that Tonga establish an effective tracking and tracing system for tobacco products to secure the distribution system and facilitate the investigation of illicit trade. It is further recommended that Tonga ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support training

in enforcement, and to coordinate any assistance needed to combat illicit trade in tobacco products.

Sales to and by minors (Article 16)

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

The TC Act (Section 9 (1) prohibits the sale of tobacco to a person under the age of 18 years and prohibits anyone from purchasing a tobacco product for a person under 18 years. The Act also prohibits vending machine sales to those less than 18 years.

According to 2010 GYTS, 29.0% of current cigarette smokers aged 13–15 were able to buy cigarettes from a store and 59.3% were not prevented from buying cigarettes because of their age.

The MOH indicated a need for further training on enforcement. Additionally, the Police Department indicated a willingness to appoint a specific officer to assist with the legal aspects of enforcement.

Gaps –

1. Minors are still able to purchase cigarettes in stores particularly on outer islands; and.
2. Further training on enforcement is required as a priority.

It is therefore recommended that the Government expand resource provision and strengthen enforcement of the law. It is also recommended that MOH collaborate with the Police Department to ensure effective enforcement.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to support training in enforcement.

Article 16.1.(a) requires Parties to ensure that “*all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

The Amendment Act (Section 9(3) 2004) requires all retailers to display a notice stating that the sale of tobacco products to those who are younger than 18 years is prohibited. The sign is also required to indicate in large words, “Smoking Kills”.

Tonga has met its obligations under Article 16.1.(a) of the Convention.

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

The legislation awaiting Royal Assent will ban retail display. In practice there are no stores in Tonga allow direct access to tobacco products.

It is therefore recommended in revising legislation that Tonga include a provision that explicitly bans the sale of tobacco products in any manner by which they are directly accessible, such as store shelves.

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

The TC Act (Section 9B) prohibits the manufacture and sale of candies, toys and other non-tobacco products likely to evoke an association with a tobacco product or brand imitating tobacco products.

Tonga has met the obligations under Article 16.1(c) of the Convention.

Article 16.1(d) calls on each Party to ensure “*that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors*”.

The TC Act (Section 10) prohibits the placement of tobacco vending machines in any location where access by those less than 18 years would be permitted. There is no legislation for a total ban on vending machines as expressed in Article 16.5. There are currently no tobacco vending machines in Tonga, but the possibility of their introduction is inferred in the Act.

Tonga has met the obligations under Article 16.1(d) of the Convention.

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

The Amendment Act (Section 9C 2004) prohibits the sale of loose cigarettes or tobacco or in packs of less than 20 cigarettes or in a package that contains less than 30 grams of tobacco.

In many areas of Tonga local tobacco is grown and sold in the local market. This is an unregulated market that accounts for significant tobacco use, though it was reported that there has been a decrease recently. The Act under Section 9(1)(b)(ii) bans sale of “loose tobacco”. This section of the Act is not implemented in relation to local tobacco.

Tonga has met its obligations under Article 16.3 of the Convention. However Tonga is facing a new challenge from the growth and sale of local unmanufactured tobacco products. This will require concerted cooperation and action across several ministries to ensure suitable regulation and control.

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

The TC Act imposes penalties for violations of Section 9(4) on sale to minors. The FCTC Report indicates there have been prosecutions under this Section of the Act.

Tonga has met the obligations under Article 16.6 of the Convention.

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

There is no provision in current legislation that prohibits the sale of tobacco by persons under the age of 18. During the needs assessment there were a number of examples where village stores had children not more than 15 years of age selling tobacco over the counter.

Gaps

1. Minors under 18 years are able to sell tobacco.

It is recommended that legislation be revised to ensure a ban on sales by minors.

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

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

Tobacco is not cultivated for large commercial production in Tonga. A number of islands cultivate local tobacco and sale in the village markets. The Ministry of Agriculture, Food, Forests and Fisheries expressed interest in undertaking surveillance and monitoring of the local tobacco to obtain information on the extent of this production and sale. Currently local tobacco is sold without any tax on production or sale, with no health warnings and no knowledge of the contents or emissions of the product.

There is no promotion of economically viable and sustainable alternatives for tobacco growers or individual tobacco sellers.

Gaps –

1. There is no reliable information on the extent of local tobacco production and sale.
2. There is no plan to identify economically viable alternatives for tobacco sellers.

It is recommended that Tonga: i) Undertake a study to identify the current extent and nature of local tobacco production; and ii) identify and promote economically viable alternatives for local tobacco growers and local tobacco sellers.

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

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

Tonga has one company manufacturing two brands of tobacco in Tonga. All ingredients for the production are imported and there is no information on the current operation of the processing plant.

Gap – There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco manufacturing.

It is therefore recommended that the MOH, Ministry of Commerce, Tourism and Labour, and the Ministry of Environment, Energy and Climate Change work together to meet this treaty obligation, and to require the tobacco factory to pass an environmental impact assessment and to have an environmental protection plan in place.

Liability (Article 19)

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

There is no legislation in Tonga regarding criminal or civil liability for measures specifically related to tobacco control. No cases for compensation or reimbursement for health, medical or social costs or consequences have been taken.

It is recommended that Tonga consider tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate.

Research, surveillance and exchange of information (Article 20)

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

Considerable research and surveillance in the field of tobacco control have been conducted in Tonga with some provision for training of personnel involved.

The tobacco control-related studies that have been conducted in Tonga include:

- WHO STEPwise approach to Surveillance (WHO STEPS) – 2004, 2012;
- WHO and US CDC – GYTS in 2010; and GSPS in 20;
- MOH and Australian Government, Department of Foreign Affairs and Trade – Non-communicable diseases, what do we know in Tonga: Knowledge, Attitudes and Practices on NCD’s in Tonga 2012.
- Statistics Department, Tonga - Census of Population and Housing 2006

MOH requested support to build skills and mechanisms for strengthened reporting by various relevant agencies. Such support could be provided by the McCabe Centre on Law and Cancer knowledge.

The international team discussed the possibility of a study on local tobacco use and cost-benefit analysis of tobacco control measures with MOH and MOF; and has committed to

supporting the endeavor.

The 2012 FCTC Report estimated that the cost of tobacco related diseases was 9.1% of the total cost of treating NCD's and 3.1% of the treatment of all diseases. This was based on 2001 data on hospital admissions and sorted by ICD-10 code and using WHO estimates of attributable risk.

Gaps –

1. There is no recent research on the burden of tobacco-related deaths and diseases, the economic costs of tobacco use and the costs and benefits of tobacco control measures.
2. There is no research on alternative livelihoods and a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.
3. There is limited capacity and mechanisms for reporting in many of the relevant agencies.

It is therefore recommended that the Government conduct research on the burden of tobacco-related deaths and diseases, economic costs of tobacco use, on the costs and benefits of tobacco control measures, on alternative livelihoods and on the effectiveness of interventions to reduce tobacco use prevalence. Further, it is recommended that assistance be sought for capacity building to enhance reporting mechanisms.

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices and the WHO hubs are committed to facilitating provision of expertise and technical support.

Reporting and exchange of information (Article 21)

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

Tonga has provided three implementation reports. The first report was submitted on 30 June 2009, the second report on 15 November 2011, and the third report on 15 April 2014. The next report is due 1 January – 15 April 2016.

Tonga has met the obligations under Article 21, and is encouraged to continue to do so.

As the COP established a new two-year cycle of Parties' implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the Government start the preparation of the next report well in advance in 2015/2016 to meet the deadline in 2016 and thereafter, and to ensure complete and accurate reports.

It is also recommended that the relevant Government departments contribute to the preparation of country reports by providing data as requested in the reporting instrument of the WHO FCTC in a timely manner.¹

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

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

Tonga has received assistance from WHO through the Country Cooperation Strategy, specifically in developing and implementing policies and strategies for the prevention and control of tobacco. Support has also been provided to promote healthy cities and settings for risk factor reduction. WHO has also provided some support to the national multi-sectoral mechanism for NCD’s.

Tonga has also received support from the Australian Government Department of Foreign Affairs and Trade towards the health system with a ten year span for the support program and involving \$7.5 million in the period from 2009-2013. This includes specific allocations to support Tonga Health and NCD initiatives.

Tonga has also received support from the Secretariat of the Pacific Community for the development of the tobacco control plan, programme and legislation.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)² the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level. The United Nations Economic and Social Council adopted resolution E/RES/2012/4 in August 2012 on United Nations system-wide coherence on tobacco control. The resolution highlights the need to strengthen the multisectoral and interagency response for the full implementation of the WHO FCTC in order to address the health, social, economic and environmental consequences of tobacco use.

¹ One of the approaches found efficient in other countries is to coordinate with the government agencies and other stakeholders who have the necessary information to contribute with to the preparation of the national implementation report, for example through requesting initiation of data collection by such entities in a circular note sent by the Ministry of Health focal point and later, once data have been collected by the relevant entities, to organize a meeting for the finalization of the implementation report.

² See FCTC/COP4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

The current UNDAF for the Pacific Region (2013 – 2017) covering the Outcome Area 4 of Basic Services especially in health and education has several strategies that are key to reducing NCDs and their burden: i) Improved health of the people, by promoting healthy lifestyle choices with particular focus on addressing non-communicable diseases, and ii) the development of multi-sectoral response to NCD's. It is important for implementation of the Convention to be reflected in the next UNDAF for the Pacific.

Gap – Implementation of the Convention was not included in the current UNDAF.

It is therefore recommended that the MOH actively follow up with the UNRC and the Ministry of Foreign Affairs and Trade to include implementation of the Convention under the programme activities of the next UNDAF. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Tonga actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Financial resources (Article 26)

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

The Government of Tonga recognizes the importance of financial resources in implementation of the Convention. The Government has sought to secure sustainable financing of tobacco control and health promotion activities through tax increases.

TongaHealth was established as the Health Promotion Foundation for Tonga with the aim to promote healthy lifestyles including to reduce tobacco use. Currently funding for Tonga Health is maintained by allocations from the Government in the health budget and direct assistance from the Australian Government bilateral support program. It is hoped that these sources of funding will continue with possible increases and that funding for disease prevention not be diverted to medical and health care budgets.

Tonga has met its obligations under Article 26 of the Convention.

The Convention Secretariat together with WHO Headquarters, Regional and Country Offices can assist with supporting visits to other health promotion foundations or equivalent to learn about their models and governance practices.

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

As described in Article 22, Tonga has received funding through bilateral aid from the Australian Government, from SPC, US CDC and from WHO. The funds have supported the development of national strategic plans in health including tobacco control legislation and policies, the implementation of education, communication and training activities, conduct of research and development and testing of effective media and communication strategies in line with the Convention.

The UNDP and other United Nations and country agencies present in the country could play a more active role under the UNDAF in various programmes including education of children and young people, and promotion of economically viable alternatives to selling tobacco products.

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

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

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

Tonga does not produce tobacco for commercial manufacturing, but local tobacco is grown and sold in the village and town markets. This has been covered under Article 16 with a recommendation for further study to ascertain the extent of the growth, the problems associated with the undeclared trade in local tobacco and the challenge of sale and use of an unregulated product within the economy. The Ministry of Agriculture indicated that a study was necessary and support for this project appeared to be available from existing resources.

Gap

Tonga has not looked at the extent of local tobacco production and sale.

It is recommended that Tonga MOH in collaboration with Ministry of Agriculture undertake research to determine the current growth, distribution and use of local tobacco and consider supporting those who currently grow tobacco to diversify to other sustainable crops.

Article 26.4 stipulates that “*Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations*”.

Tonga has been successful in mobilizing financial assistance from international organizations and development partners (listed under Article 22 of this report), thus meeting the obligation under Article 26.4 of the Convention.

Tonga is encouraged to further utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. Ministries such as the MOFA, Ministry of Customs and Revenue and Ministry of Information and Communications, when representing Tonga in other regional and global forums, are encouraged to urge regional and international organizations and financial institutions to provide financial assistance to support implementation of the Convention.

ANNEX 1

List of Government agencies and their representatives, legislative bodies, members of the international team and nongovernmental organizations participating in the joint needs assessment

Parliament

Minister for Health – Hon. Dr. Saia Ma'u Piukala

Participating Government agencies

1. Ministry of Agriculture, Food, Forests and Fisheries
2. Ministry of Commerce, Tourism and Labour
3. Ministry of Customs and Revenue
4. Ministry of Finance and National Planning
5. Ministry of Health
6. Ministry for Infrastructure (Water Board and Public Service Commission)
7. Ministry of Information and Communications (Radio and TV)

Convention Secretariat

1. Dr Vera da Costa e Silva, Head of the WHO FCTC
2. Dr Carmen Audera-Lopez, Technical Officer
3. Dr Harley Stanton, Consultant

WHO Regional Office for the Western Pacific

1. Mr Kelvin Khoo, Acting Team Leader, Tobacco Free Initiative

WHO Country Office in Tonga

1. Dr Li Dan, WHO Country Liaison Officer to Tonga

Foreign government organizations

1. High commission of New Zealand
2. Department of Foreign Affairs, Government of Australia

Nongovernmental organizations and civil society organizations

1. Association of nongovernment schools
2. National Forum of Church Leaders
3. Tonga Red Cross Society - Chairperson of the Tobacco Advisory Committee
4. Tonga Family Health Association
5. Girl Guides – Tonga