

REPUBLIC OF MAURITIUS

NATIONAL ACTION PLAN FOR TOBACCO CONTROL

2022-2026

FOREWORD



Smoking is a major modifiable risk factor to Non-Communicable Diseases (NCD) which kills about 8 million people worldwide annually and the World Health Organisation projects an increase in the number of smokers to about 1.7 billion smokers by 2025.

Mauritius is the first African country to have ratified the Framework Convention on Tobacco Control, which is viewed as the blueprint in achieving tobacco smoke free environments. We have, since then,

achieved a number of milestones in anti-tobacco lobbying, such as "8 rotating pictorial warnings" on cigarette packs, successful imposing of bans on advertisement, sponsorship and promotion of tobacco products in the Mauritian landscape, further supported by the introduction of cost-free tobacco cessation clinics. Yet, more intensive action from anti-tobacco advocates and pro-health organisations is warranted to address pressing tobacco-related issues such as, tobacco use in minors, retail selling of cigarette sticks and reinforcement mechanisms by authorities to tackle offenders.

In line with the strong commitment of Government to considerably reduce the smoking habits of the population, my Ministry is coming forward with the National Action Plan for Tobacco Control 2022-2026 in order to propose new strategies to further improve on what has already been achieved in the anti-tobacco battle. These interventions have been devised through consultation with stakeholders from various Ministries and organisations. In the first instance, bottlenecks and loopholes have been identified and bold remedial measures to encourage peer-review, reduce consumption of tobacco products, plain-packaging project and global networking on sensitive issues like tobacco taxation policies, have been proposed. An extensive revision of the Public Health (Restrictions on Tobacco Products) Regulations 2008 will complement the National Action Plan for Tobacco Control 2022-2026.

The interventions in the National Action Plan for Tobacco Control 2022-2026 are strongly supported by experiences of countries in other parts of the world that have significantly advanced in certain areas of tobacco control. The strategies have been adapted to the local context to ensure smooth implementation and subsequent progress.

Dr the Hon. Kailesh Kumar Singh Jagutpal

Boyane

Minister of Health and Wellness

Contents

TABLE OF FIGURES	4
LIST OF TABLES	5
ABBREVIATIONS	ε
ACKNOWLEDGEMENTS	7
EXECUTIVE SUMMARY	8
1. INTRODUCTION	10
2. LITERATURE REVIEW & BACKGROUND	10
2.1 Historical landmarks	10
2.2. SITUATIONAL ANALYSIS IN SMOKING TRENDS IN MAURITIUS	11
2.3. YOUTH AND TOBACCO	12
2.4 Global Youth Tobacco Survey 2017 report (WHO C. M., 2017)	14
2.5. IMPORTATION OF CIGARETTES IN MAURITIUS	14
2.6. FISCAL REVENUES WITH REGARDS TO SALES AND BUDGETARY REVISION OF TOBACCO PRODUCTS	14
2.7 The Public Health (Restrictions on Tobacco Products) Regulations 2008	15
2.8 Contraventions and Fines due to Tobacco-Related offences in Mauritius	15
3. JUSTIFICATION	17
3.1 WHY DO WE NEED A NATIONAL TOBACCO CONTROL ACTION PLAN	17
4 VISION, MISSION, GOALS AND OBJECTIVES	18
4.1 VISION	18
4.2 MISSION	18
4.3 GOALS	18
4.4 OBJECTIVES	18
5. GUIDING PRINCIPLES	19
6. DEVELOPMENT OF THE NATIONAL ACTION PLAN FOR TOBACCO CONTROL	20
6.1 Methodology	20
6.2 Study Design	20
6.3 Priority Areas of Action	20
6.4 Indicators for Assessment (Monitoring Indicators)	21
7. STRATEGIES AND MEASURES PROPOSED BY THE NATIONAL ACTION PLAN FOR TOBACCO	
CONTROL 2022-2026	22
8 ORIECTIVES OF FOLID DOMAINS	23

	9. STF	RATEGIC MASTER PLAN OF POLICIES/ STRATEGIES LISTED IN NATIONAL ACTION PLAN FOR	
	TOBAG	CCO CONTROL 2022-2026	24
	0.1	CHAMPIONING THE CAUSE OF THE ANTI-TOBACCO FIGHT IN MAURITIUS	24
	9.1	CHAMPIONING THE CAUSE OF THE ANTI-TOBACCO FIGHT IN MAURITIUS	24
	9.2 RE	EDUCING CONSUMPTION OF TOBACCO PRODUCTS	35
	9.3	REDUCING ENVIRONMENTAL TOBACCO SMOKE	41
	9.4	REVISING EXISTING LEGISLATIVE FRAMEWORKS AND ANTI-TOBACCO POLICING	46
	10.	MASTER CHART OF PREDICTED COSTS FOR IMPLEMENTATION OF THE NATIONAL ACTION F	PLAN
	FOR T	OBACCO CONTROL 2022-2026	50
W	ORKS (CITED	53
			

TABLE OF FIGURES

Figure 1. Smoking trends as per NCD Surveys	11
Figure 2. Disease evolution pattern with respect to tobacco trends in Mauritius	12
Figure 3. GYTS Survey results in Mauritius	13
Figure 4. Contraventions/ Inspections in relation to tobacco by the Public Health Inspectorate,	
MOHW	15

LIS	$\mathbf{m} \circ$	1	TTI A	DI	TC
118		ш	1 A	кі	н 🔪
LIJ	1 0			\mathbf{p}	

Table 1. Main Importers of tobacco for Mauritius14

ABBREVIATIONS

AGO Attorney General's Office

CPU Consumers Protection Unit

DSN Diabetes Specialised Nurse

FCTC Framework Convention on Tobacco

Control

GYTS Global Youth Tobacco Survey

HIECHealth Information and Education Unit

HPU Health Promotion Unit

LMICs Low- and middle-income countries

MIE Mauritius Institute of Education

MOETR Ministry of Education, Tertiary Education,

Science and Technology

MOHW Ministry of Health and Wellness

MPF Mauritius Police Force

MRA Mauritius Revenue Authority

MRIC Mauritius Research and Innovation

Council

MYS Ministry of Youth Empowerment, Sports

and Recreation

TCC Tobacco Cessation Clinics

WHO World Health Organization

ACKNOWLEDGEMENTS

Foremost, I would like to express my heartfelt thanks to Dr the Hon. K.K.S Jagutpal, Minister of Health and Wellness, for having entrusted me the task of preparing *The National Action Plan for Tobacco Control 2022-2026.*

I would also like to put on record the continuous guidance provided to me by the former Senior Chief Executive, Mrs D. Allagapen, the incumbent Senior Chief Executive, Mrs C.R. Seewooruthun and Permanent Secretary, Mrs Z.B. Lallmahomed in the writing of the National Action Plan for Tobacco Control 2022-2026

I convey my sincere thanks to Dr B. Ori, Director General Health Services, for his valuable contribution and supervision in the preparation of the Action Plan.

I am also grateful to Mrs R.D. Bissessur, Deputy Permanent Secretary, for her support during the initial stages of the project and her valuable insights.

A special word of thanks to Mrs S. Kalasoptan-Chellen, Ag. Deputy Permanent Secretary, and her dedicated team, for their meaningful suggestions and unflinching support for completion of the Action Plan.

Lastly, I convey my appreciation to the Director Health Promotion and Research, Dr S. Kowlessur and the Chief Health Information, Education and Communication Officer, Mr R.N. Bedassur, for their precious contribution.

Dr. B.N. BEEDASSY

Ag. NCD Coordinator
National Focal Point for Tobacco Cessation
Ministry of Health and Wellness

EXECUTIVE SUMMARY

The tobacco epidemic is responsible for approximately 8 million deaths annually with 1.2 million deaths occurring only due to passive smoking/ environmental tobacco smoke. (WHO, WHO Global Report on trends in prevalence of tobacco smoking 2000-2025 second edition, 2000-2025).

With rising trends in tobacco consumption throughout the world, the need to protect the future generations, on top of protecting the health of people, is more than ever felt. The social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke are also to be addressed as matters of utmost importance. The fact that there is an estimated 1 billion smokers globally, around 80% of whom live in Low and Middle-Income Countries (LMICs), it is most certain that the health and related social repercussions of the tobacco epidemic will be observed in these countries first (Emily Stone, 2017).

The Republic of Mauritius as the one of the first African countries to be signatory of the Framework Convention on Tobacco Control (FCTC) on 17 May 2004, has implemented most of the FCTC Articles and is in alignment with benchmarked goals on an international level. Some milestones attained by the Republic of Mauritius include:

- i. establishment of "8 rotating pictorial warnings" in consistence with Article 11 of the FCTC with regard to packaging and labeling of tobacco packages;
- ii. implementation of cost-free Tobacco Cessation Clinics (TCC) as a pilot project in 2008 at Odette Leal Community Health Centre with subsequent sprouting of additional 7 clinics over the years as a supportive framework to MPOWER¹ with emphasis on the "offer-to-quit service";
- iii. the Public Health (Restrictions on Tobacco Products) Regulations 2008, which enlists the banning of promotion, sponsorship and advertisement of tobacco products and also banning retail selling of cigarette sticks (Article 13 FCTC);
- iv. yearly pricing revision mechanism to deter the sale of cigarettes in the country (Article 6 FCTC); and
- v. a compliance of 6 out of 10 achieved by Mauritius with regard to smoke-free policies as per the WHO report on the global tobacco epidemic, 2019 (Article 8 FCTC).

Protect people from tobacco use
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion and sponsorship

¹ **MPOWER -** Monitor tobacco use and prevention policies

Additional measures that are now being introduced in the new National Action Plan for Tobacco Control 2022-2026 include:

- i. Plain packaging in Mauritius;
- ii. tackling of the rising problem of e-cigarettes through internet sales/local outlets;
- iii. after implementation of the Public Health (Restrictions on Tobacco Products) Regulations 2022, no new tobacco-vending licenses will be issued to retailers located within a perimeter of 200m of educational institutions, sports and leisure facilities, as per international standards; and
- iv. setting up of a Monitoring Committee with concerned stakeholders for enactment and strategies included in the **National Action Plan for Tobacco Control 2022-2026.**

The National Action Plan for Tobacco Control 2022-2026 has been devised to list forthcoming strategies that could enhance the actual position of Mauritius as a typical antitobacco lobbying country. The main features included in the Action Plan relate to four main domains:

- i. championing the cause of the anti-tobacco fight in Mauritius;
- ii. reducing consumption of tobacco products;
- iii. reducing environmental tobacco smoke; and
- iv. revising existing legislative frameworks and anti-tobacco policing.

1. INTRODUCTION

Smoking kills about 8 million people annually worldwide and increase in the number of smokers to about 1.7 billion smokers is predicted by 2025. To coordinate global action, a roadmapping framework has been devised through the Framework Convention on Tobacco Control with specific policies and legislation to support the anti-tobacco fight. Though national adaptations are required, the common goal is to curb the rising trends in tobacco use, especially among the younger generation.

Various policies, already in place, at an international and national level are being reviewed, refined to gauge maximum efficacy and as a matter of fact, the theme and campaign of World No Tobacco Day 2021 was "Commit to Quit". (Marita Hefler, 2021). Smoking has strong association with disease entities accounting for 90% of all lung cancer deaths, 80% of all deaths from Chronic Obstructive Pulmonary Disease (COPD) and with a 2 to 4 times relative increase in coronary heart disease and stroke. Smoking is also a significant risk factor in the development of abdominal aortic aneurysm in 7% of men aged 65-75 years with a smoking history. (Phyllis Gordon, 2016)

The effect of the tobacco epidemic has been magnified due to the COVID-19 pandemic. The scourge of the COVID-19 pandemic, with significant impact on respiratory health, has further emphasized smoking as being modifiable risk factor to both communicable and non-communicable diseases. The COVID-19 pandemic has unfortunately led to rising trends in tobacco consumption due to domiciliary restrictive patterns as a result of repeated lockdowns, confinement to closed spaces, restricted moving, strict sanitary precautions for endless periods, and the fear of the unknown – COVID-19 (Chipo Makoni, 2021). As a result, to this rising trend in tobacco consumption patterns in the general public, the need for leveraging existing global – both international and national- constructs for encouraging disuse of tobacco products is more than ever needed.

2. LITERATURE REVIEW & BACKGROUND

2.1 Historical landmarks

This report highlights the link between smoking and lung cancer, other lung diseases, heart disease and gastrointestinal problems. Smoking has been declared as a lifestyle choice and "soft addiction" by sentient adults. One of the landmark publications on tobacco control is the publication on tobacco control by the Royal College of Surgeons of London in 1962 whereby the article is the first of its kind to be condemning the harmful effects of smoking. (Hill, 1962). In response to the anti-smoking/ tobacco movement, the tobacco industry employed various "dilutional" means and delaying tactics to halt the introduction of health warnings on cigarette packs. Further, the tobacco lobby industry in its reactive stance produced many articles "boasting" the health benefits thereof. One of the most criticized scientific papers include Public Finance Balance of Smoking in the Czech Republic (2001) by Philip Morris's Czech Division in which the concept of "death benefit" from tobacco is related

to increase in fiscal revenues and diminishing the burden of health costs i.e. saving \$ 1,227 on pensions, health care costs and housing (Ross, 2004).

Abraham Arden Brill, a psychoanalyst, introduced the concept of "torches of freedom" and hired women to march with "torches of freedom" in the Easter Sunday Parade of 31 March 1929 (Amos & Haglund, 2000). It was major movement in encouraging smoking among the female population, in spite of social taboo, as a token to women emancipation. Again in 1990s, there was a resurgence of the "torches of freedom" as a feature of gender mainstreaming equality and ascent.

2.2. SITUATIONAL ANALYSIS IN SMOKING TRENDS IN MAURITIUS

In Mauritius, indicators of health such as prevalence rates regarding non-communicable diseases, are examined on a 5-yearly basis through publication of the Non-Communicable Disease Survey (NCD survey). With regards to tobacco as a modifiable risk factor, the smoking trend has fortunately decreased from NCD survey 2009 to NCD Survey 2015, with a marked decline in the percentage of active female smokers, as depicted in the figure.

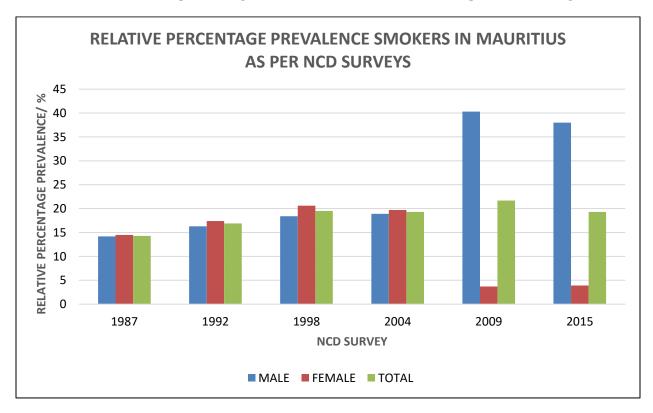


Figure 1. Smoking trends as per NCD Surveys

In addition to analyzing smoking trends in Mauritius, the causative links to diseases such as diabetes, cardiovascular diseases (hypertension) and lung cancer in the first stance is an important aspect of correlating risk factor and disease. The graph below shows a declining

tendency regarding hypertensive diseases and lung cancer from 2015 to 2020. Diabetes prevalence rates, were at a peak in 2009 and have declined from 2009 to 2015.

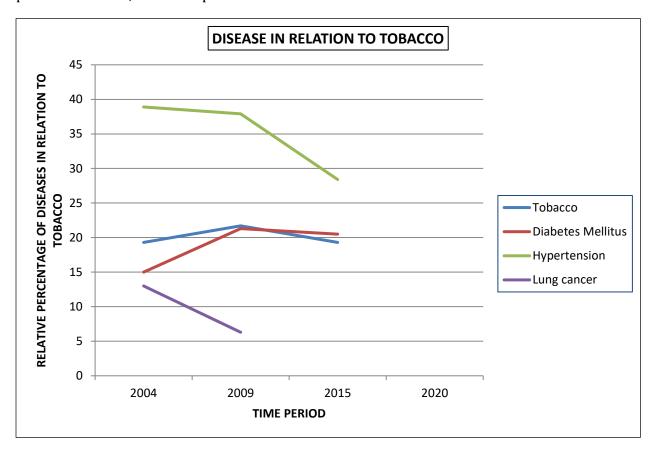


Figure 2. Disease evolution pattern with respect to tobacco trends in Mauritius

2.3. YOUTH AND TOBACCO

The tobacco trends among youth, unfortunately reflects the other side of the coin regarding access to minors, retail selling and behavioural addictive patterns. In Mauritius, the Global Youth Tobacco Survey (GYTS) is a means of reporting trends concerning youth. The GYTS is a school-based survey which uses a self-administered questionnaire to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes. GYTS has as target students in Grade 8-10 aged 13-15 years. GYTS is composed of 56 "core" questions designed to gather data on the following seven domains:

- i. knowledge and attitudes of young people towards cigarette smoking;
- ii. prevalence of cigarette smoking and other tobacco use among young people;
- iii. role of the media and advertising in young people's use of cigarettes;
- iv. access to cigarettes;
- v. tobacco-related school curriculum;
- vi. environmental tobacco smoke (ETS); and
- vii. cessation of cigarette smoking.

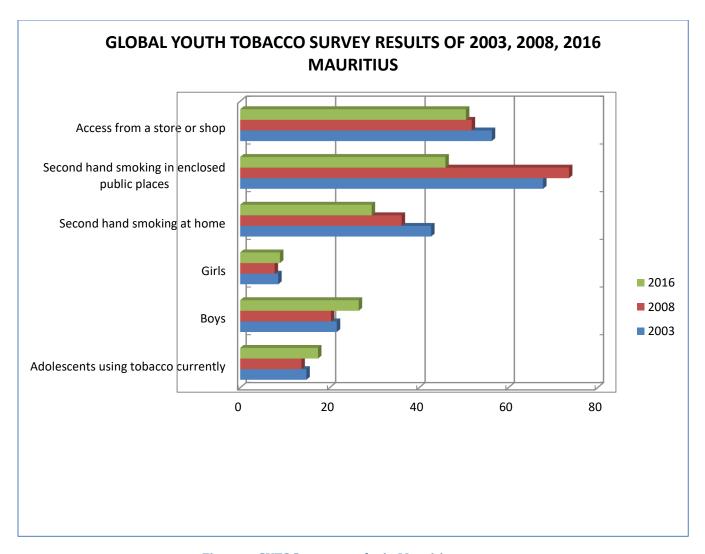


Figure 3. GYTS Survey results in Mauritius

INFERENCES

- i. both males and females comprising the adolescent population have increasing trends regarding smoking over the years;
- ii. there is marked non-compliance regarding free access to shops and stores and also passive smoking in enclosed public premises;
- iii. second hand smoking in homes is the only decreasing trend when analyzing passive smoking in adolescents; and
- iv. conducting regular GYTS should be effected primarily to gauge efficacy of targeted interventions concerning youth and also as an indicator to compliance to legislation regarding access and free availability.

2.4 Global Youth Tobacco Survey 2017 report (WHO C. M., 2017)

The GYTS 2017 as a recent report has also stated that among its main features that:

- i. among those who have ever smoked a cigarette, 30.7% initiated smoking before reaching their 12th birthday;
- ii. 12.5% of students owned an object with a cigarette brand logo on it, while 3.9% of students were offered free cigarettes by a tobacco company representative; and
- iii. 10.9% had access to an electronic cigarette/device through local purchase or internet sales.

2.5. IMPORTATION OF CIGARETTES IN MAURITIUS

In Mauritius, cigarettes are imported from other countries and introduced in local retail markets. Countries which are involved in catering for the Mauritian market include Kenya, South Africa, Serbia/ Montenegro, Jordan, Germany, Poland and Lithuania, among main ones. (Fong, May 2010). The Public Health Act 1925 makes clear mention of the fact that importation of snus and chewing tobacco is strictly prohibited in Mauritius. Though the Public Health (Restrictions on tobacco products) Regulations 2008 does not include such a clause, appropriate amendments are being proposed in the forthcoming Regulations.

COUNTRY	TRADE VALUE (1000 USD)	QUANTITY IN KG
		UNIT
KENYA	33 952	1 021 310
SOUTH AFRICA	19 364	231 194
SERBIA/	2 033	55 234
MONTENEGRO		
JORDAN	1 217	53 431

Table 1. Main Importers of tobacco for Mauritius

2.6. FISCAL REVENUES WITH REGARDS TO SALES AND BUDGETARY REVISION OF TOBACCO PRODUCTS

Taxation policies have been listed as the most cost-effective and efficient measure in curbing tobacco consumption, especially among the youth. However, it is to be noted that tobacco taxation is highly regressive i.e. it hits the "poor" and consequently reduces productivity (Remler, 2004). The main aspects which are to be taken into consideration by governments, when applying/reviewing tobacco taxes are:

i. devising specific tax structures and options with a view to increasing average retail prices for tobacco;

- ii. regular revision of taxation policies commensurate to inflation rates and standards of living to reduce affordability;
- iii. liberal taxation policies should be applied to all existing tobacco products in that particular country to deter "switching" to less costlier tobacco alternatives; and
- iv. taxation frameworks should be complemented by regular checks by concerned authorities to reduce opportunities for tax avoidance and tax evasion.

There is strong evidence that a rise of tobacco taxation of 10% reduces consumption by 4% in high income countries and 5 % in LMICs. Another important feature to be noted is that tobacco taxation, in reference to Article 6 of the FCTC, is most effectively implemented only if considered as part of a comprehensive package that MPOWER encompass (Barkans M, 2013).

Mauritius is much in alignment with benchmarked international goals regarding taxation. Following its implementation in 2008, the nominal excise tax has increased by 6 times till date and between the time period of 2011 till 2017, the excise tax increased by 47%.(JB Valdois, 2021).

2.7 The Public Health (Restrictions on Tobacco Products) Regulations 2008

The Public Health (Restrictions on Tobacco Products) Regulations 2008 are being extensively revised by the Tobacco Control Unit, MOHW and the Attorney General's Office. In this context, a multi-stakeholder meeting over a workshop of 3 days in April 2021 was conducted to examine the new amendments being proposed to the aforementioned Regulations to gather views and perspectives. The basic amendments introduced in the new set of regulations were about redefining terminologies included, extending definitions and making provisions for the future, in alignment with FCTC.

2.8 Contraventions and Fines due to Tobacco-Related offences in Mauritius

The Public Health (Restrictions on Tobacco Products) Regulations 2008 already makes provision for penalties in case of offences related to cigarettes. The most relevant excerpts from the Regulations in relation to fines and contraventions are as follows:

Regulation 7: "Any person who contravenes these regulations shall commit an offence and shall, on conviction, be liable –

- (a) To a fine of not less than 5,000 rupees and not more than 8,000 rupees, on a first conviction;
- (b) To a fine of not less than 8,000 rupees and not more than 10,000 on a second conviction;

(c) To imprisonment for a term not exceeding 12 months, on a third or subsequent conviction."

The mainstay of the existing legislation mainly purports to:

- i. ban advertisement, promotion and sponsorship;
- ii. protect from tobacco smoke;
- iii. reduce access to tobacco products;
- iv. control packaging and labeling; and
- v. control illicit trade.

The Public Health Inspectorate of the MOHW in collaboration with the Mauritius Police Force (MPF) operate as law enforcement authorities which regulate compliance of tobacco sellers to existing legislations. The activities of the Public Health Inspectorate are shown below with the number of inspections and contraventions given.

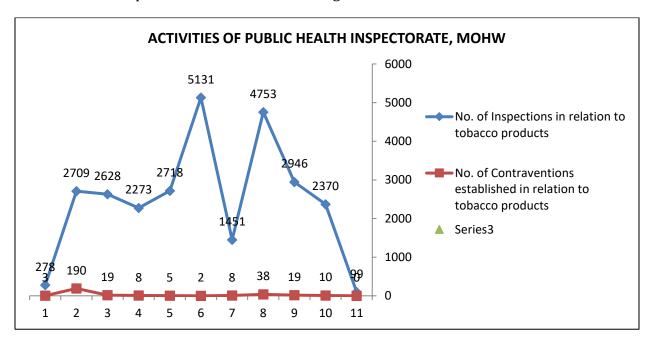


Figure 4. Contraventions/ Inspections in relation to tobacco by the Public Health Inspectorate, MOHW

3. JUSTIFICATION

3.1 WHY DO WE NEED A NATIONAL TOBACCO CONTROL ACTION PLAN

The previous Action Plan spanning from 2015 to 2018 has succeeded in its quest of empowering the community to discourage tobacco use among the general population, including the youth. Anti-tobacco lobby through raising awareness and sensitization campaigns has effectively contributed to the dissemination of health messages in the community.

The NATIONAL ACTION PLAN FOR TOBACCO CONTROL 2022-2026 is a consolidated report taking into consideration:

- recommendations and novel technologies that can assist both smokers and nonsmokers exposed involuntarily to environmental tobacco smoke;
- ii. the need to review the existing Public Health (Restrictions on Tobacco Products)
 Regulations 2008 in line with FCTC recommendations;
- iii. the replacement of the existing 8 rotating pictorial warnings in alignment with the WAVE 3 of the International Tobacco Control (ITC) Survey 2011 to prevent habituation to existing pictorial warnings (ITC Mauritius National Report: Results of the Wave 3, 2011);
- iv. the broadening of the concept of smoke-free places and emphasizing the definition of public health places;
- v. devising a communication mode with the tobacco importers to enhance implementation of policies at national level;
- vi. modalities of conducting peer-reviews and participating in international conferences to share knowledge acquired;
- vii. advertising TCC as an effective health complement of NCD health care package in the first instance and facilitating access to the general population; and
- viii. identifying local policy drivers and establishing a network with multiple stakeholders with common interest in combating the tobacco epidemic.

4 VISION, MISSION, GOALS AND OBJECTIVES

4.1 VISION

The strategic direction of MOHW, as the most important authoritative body, responsible for protecting the health of the population, is oriented mainly towards making Mauritius an example of the typical smoke free country in perfect alignment with the articles listed in the FCTC.

However, in the first place the concern of the National Action Plan is to inculcate a culture among citizens of having the right of not being exposed to any form of environmental tobacco smoke strongly and unconditionally supported by revised set of legislations included in the Public Health Act.

4.2 MISSION

The main mission of MOHW through the National Action Plan for Tobacco Control 2022-2026 is to raise awareness in the community and collaborate with the anti-tobacco lobbying movement through elaborating partnerships with key stakeholders and the civil society.

4.3 GOALS

The overall target of the National Action Plan for Tobacco Control 2022-2026, is in alignment with goal 3 of the United Nations' resolution entitled Transforming our World: the 2030 Agenda for Sustainable Development i.e. "A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025" (Nations).

4.4 OBJECTIVES

The objectives of the National Action Plan for Tobacco Control 2022-2026 are to:

- i. strongly support the initiative of implementation of plain-packaging in Mauritius as a signatory of the FCTC;
- ii. lay emphasis on the importance of introduction of a new set of pictorial warnings to inform the public of ill-effects of tobacco;
- iii. act as a preamble to the proposed Public Health (Restrictions on Tobacco Products) Regulations 2022;
- iv. include the community in decision-making and in the planning of policies;
- v. halt illicit trades/emerging novel markets not currently regulated;
- vi. tackle the urgent scourge of tobacco epidemic in youth;
- vii. encourage dialogue between MOHW and tobacco importers through a well devised platform;

- viii. creating partnerships with stakeholders to ensure project ownership and sustainability;
- ix. introduce the novel concept of fundraising and creating a contributory funding mechanism derived from taxation on tobacco products and tobacco markets (Domestic Revenue for universal health systems, 2019); and
- x. encourage evidenced based policy formulation appropriate to contextual subtleties of Mauritius; and
- xi. restrict tobacco vending licenses to new retailers located within a perimeter of 200m of educational institutions, sports and leisure facilities. New restrictions will not be applicable to existing retailers operating within a perimeter of 200m of the abovementioned sites.

5. GUIDING PRINCIPLES

- i. Every individual has the right to a smoke free environment which should be strongly supported by existing legislation (WHO, Clean Air a basic human right).
- ii. Sensitization and the access to information about the harm caused by cigarette smoking should be liberal and include all strata of societies including vulnerable groups.
- iii. There will be a platform which will try to arbitrate un-reconciled conflicts between MOHW and the tobacco industry (WHO, Tobacco Industry Interference A global brief, 2012).
- iv. Along with multi-ministerial stakeholdership, non-governmental organisations and the community will convey their views, perspectives, opinion through a societal dialogue.
- v. Well-crafted tobacco interventions and legislations will be implemented through 4 main domain and will be done in alignment with norms of practice and cultural acceptance.
- vi. There will be establishment of a strong reinforcement framework to ensure proper compliance to newly amended legislation with regular reporting and gazetting of offences.
- vii. Supportive mechanisms such as innovative contributory funds by the tobacco industry to finance health activities will be put into place.
- viii. Focused activities concerning youth and smoking through social networks and school health clubs will be created (Schaeffer, 2015).
 - ix. Motivational campaigning to encourage quitting with an appropriate fully functional quit line will improve access to tobacco cessation clinics.

6. DEVELOPMENT OF THE NATIONAL ACTION PLAN FOR TOBACCO CONTROL

6.1 Methodology

The methodology adopted for the National Action Plan for Tobacco Control 2022-2026 is based on mixed research techniques employing, in the first instance, systematic review of articles, action plans, studies/ fact files, public health acts, WHO articles and published recommendations. Quantitative research methodology was then used to depict local trends and benchmark progress made by Mauritius from data gathered from local and international sources.

Another aspect of the methodology was to gather apprehensions, views and opinions dealing with tobacco legislation and law enforcement to identify loopholes/ bottlenecks in the currently operating system to draft the strategic direction of the action.

The chapter will further discuss in detail the various stages of developing the methodology of the current Action Plan.

6.2 Study Design

The elaboration of the Action Plan has been guided by the review of 86 articles published in medically-supported international journals, four International Action Plans (Australia, United Kingdom, New Zealand and South Africa), three national NCD Surveys (2004, 2009 and 2015), three Global Youth Tobacco Survey Reports for Mauritius (2003, 2008 and 2016), the Public Health Act 1925, the Public Health (Restrictions on Tobacco Products) Regulations 2008 and the newly proposed regulations. Extensive review of literature with inclusion of historical backgrounds and landmarks was necessary to initiate discussions on the tobacco epidemic in Mauritius.

6.3 Priority Areas of Action

The overall policy formulation was based on adopted strategies with maximum yield and results at international level. Four domains of action were prioritised to initiate strategies and policies at a national level namely:

- i. championing the cause of the anti-tobacco fight in Mauritius;
- ii. reducing consumption of tobacco products;
- iii. reducing environmental tobacco smoke; and
- iv. revising existing legislative frameworks and anti-tobacco policing.

Some actions e.g. plain packaging, extension of Tobacco Cessation Clinics (TCC), revision of existing pamphlets, are already under consideration or have reached completion status.

6.4 Indicators for Assessment (Monitoring Indicators)

In relation to all strategies and policies listed in the Action Plan, a set of indicators will be established for individual domains. These indicators will be employed for assessment of both short term and long-term goals. Mid-term reviews will be conducted by a Monitoring Committee to gauge progress and efficacy of interventions implemented.

7. STRATEGIES AND MEASURES PROPOSED BY THE NATIONAL ACTION PLAN FOR TOBACCO CONTROL 2022-2026

The following are the salient features that are being proposed in this Action Plan to be implemented for the coming five years:

- i. **multi-stakeholdership:** The engagement of all parties, Government, civil society, private sector and Non-Governmental Organisations (NGOs) will greatly enhance the smooth implementation of policies and strategies;
- ii. **project/ programme sustainability:** there is a need for appropriate legislation in line with WHO standards along with the required institutional setup including project implementation, monitoring and evaluation and enforcement mechanisms;
- iii. **the importance of having a contributory fund-raising account:** through sourcing of funds from tobacco taxation to finance anti-tobacco centric health activities in Mauritius. This novel concept in Mauritius will be the first of its kind in health project design;
- iv. **designing sensitization to permeate all societal strata and socio-economic levels:** the strategies have been devised to be user-friendly, holistic, informative, easily accessible to the community at large;
- v. "The voice of the public" (Renée Bouwman, 2015): views, perspectives and opinions of the public will be taken into consideration to render the policies acceptable to all communities with specific focus on vulnerable groups;
- vi. **building on what we already have:** Rather than starting afresh, cost-reduction through revamping of existing institutional frameworks has been a major factor in drafting of policies;
- vii. intent of **solving un-reconciled conflicts** with the tobacco industry through dialoguing, is yet another critical step listed in this action plan;

viii. curbing smoking trends and access to retail selling for minors;

- ix. electing community champions and role models (medical, paramedical staff, police officers, sportsmen) as anti-tobacco advocates; and
- x. making the Republic of Mauritius a healthier tobacco smoke-free nation.

8. OBJECTIVES OF FOUR DOMAINS

Domain 1: CHA	MPIONING THE CAUSE OF THE ANTI-TOBACCO FIGHT IN MAURITIUS						
Objective 1.1	To counter the tobacco epidemic through preventing citizens from						
	smoking tobacco as an addiction or recreation						
Objective 1.2							
	stakeholders committee to design policies and facilitate implementat process						
Objective 1.3	Promulgating an innovative approach in the anti-tobacco fight through						
	encouraging international peer reviews among experts and encourag research in the anti-tobacco fight						
	research in the anti-tobacco fight						
Objective 1.4 Encouraging dialogue in local committees through election of local							
	champions/ representative to disseminate messages against smoking						
Objective 1.5	Involving the population and NGOs in the tobacco fight						
Objective 1.6	Aligning strategies in accordance to the Framework Convention on						
	Tobacco Control (FCTC) for benchmarking progress internationally						
Objective 1.7 Gearing a mechanism to incorporate tobacco cessation an integral part							
D : 2 DED	of NCD treatment						
Domain 2: REDUCING CONSUMPTION OF TOBACCO PRODUCTS							
Objective 2.1	Introducing plain- packaging and labelling policies (WHO FCTC Article						
Objective 2.2	Devices pricing and togetion policies reduce affordability and						
Objective 2.2	Review pricing and taxation policies reduce affordability and consumption by the general public (WHO FCTC Article 6)						
Objective 2.3	Ban emerging tobacco products and novel markets, such as ENDS/						
Objective 2.3	heated tobacco products						
Objective 2.4	Increasing sensitization and awareness campaigning to discourage						
Objective 2.1	tobacco consumption in Mauritius						
Domain 3: RED	UCING ENVIRONMENTAL TOBACCO SMOKE						
Objective 3.1	Conducting spot checks to ensure conformity to present legislation with						
	regards to passive smoking						
Objective 3.2	Strategies to reduce children's exposure to tobacco smoke						
Objective 3.3	ETS exposure counseling procedures for smokers						
Objective 3.4	Designing new policies to render Mauritius a smoke-free country						
	ISING EXISTING LEGISLATIVE FRAMEWORKS AND ANTI-TOBACCO						
POLICING							
Objective 4.1	Reviewing the legislative framework and anti-tobacco policies.						
Objective 4.2	Conducting a midterm review to assess effectiveness of implemented						
	strategies.						
Objective 4.3	Creating platform for dialogue to solve un-reconciled conflicts between						
	MOHW and the tobacco industry						

Table 2. Objectives of four domains

9. STRATEGIC MASTER PLAN OF POLICIES/ STRATEGIES LISTED IN NATIONAL ACTION PLAN FOR TOBACCO CONTROL 2022-2026

9.1 CHAMPIONING THE CAUSE OF THE ANTI-TOBACCO FIGHT IN MAURITIUS

Mauritius has ratified the Framework Convention on Tobacco Control on 17 May 2004 and has implemented many policies in alignment with the articles included in the convention e.g. implementation of 8 pictorial warnings on cigarette packs, banning promotion/advertisement/ sponsorship of tobacco products, opening of tobacco cessation clinics. However, much is yet to be accomplished to counter the tobacco epidemic in Mauritius. In view of findings of the GYTS 2016, the significant percentage of adolescents having access to tobacco products both as retail and in form of packs is alarming.

Some policies have validated the implementation process but unfortunately were not monitored and were not backed by a strong legislative and reinforcement framework. The policies though very commendable did not include inputs from the general public through local champions. Domain 1 has as task to collect the opinions, views, perspectives of the public on pressing issues like youth and smoking, ecological interests pertaining to environmental pollution and in raising awareness and sensitising the public at large on the ill-effects of smoking.

This domain will strengthen the tobacco anti-lobbying advocacy movement to counter multimodal persuasive strategies from tobacco industry to penetrate local markets. The evaluation of newly crafted policies will undergo vetting by multi-ministerial committees including NGOS and local champions. The progress of this domain has many indicators for evaluation and monitoring. Peer review will also be an aspect of collecting best practices and open an international discussion forum.

Tobacco cessation services which are free of cost in Mauritius need to be used to full capacity to encourage registration and successful completion of cessation treatment course from smokers wishing to quit. With 8 clinics operating at national level in individual health regions, attendance rates need to be boosted to improve the service and hence decrease the prevalence rates of smokers in Mauritius.

DOMAIN 1: CHAMPIONING THE CAUSE OF THE ANTI-TOBACCO FIGHT IN MAURITIUS

Objective 1.1 To counter the tobacco epidemic through preventing citizens from smoking tobacco as an addiction or recreation

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
Raising awareness and sensitization among the population at large on social, economic and medical hazards linked to tobacco	Creating activities at the community level with community champions to advocate against tobacco with a general target of 80 000 persons/year.	2022-2026	HPU, MOHW HIEC, MOHW Multi-ministerial collaboration	Number of activities conducted on 3 monthly basis Number of activities focusing on tobacco in the community	MUR 150,000/ year
Informing the public through visual aids, aidememoires about the ill-effects of tobacco	Publication of 2 additional sets of pamphlets focusing on youth and also tobacco cessation services to market this cost-free service Tobacco & youth - 50 000/ year Tobacco cessation services- 5 000/ year.	2022-2026	HIEC, MOHW Ministry of Education, Tertiary Education, Science and Technology (MOE) Ministry of Youth Empowerment, Sports and Recreation (MYS)	The number of pamphlets distributed at health promoting venues	MUR 100,000/year

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
To ensure welfare of preconceptional, conceptional and post-partum women with a view to reducing their exposure to ETS in these very critical periods for better outcomes in the newborn	Mounting counselling sessions and establishing a calendar for identified venues of Maternal and Child Health Care Unit, MOHW to promote smokefree environments in pregnancy.	2022-2026	Maternal and Child Health Care Unit, MOHW Ministry of Gender, Equality and Child Welfare	The number of counselling/informative sessions oriented towards health protection through achieving smoke free environments	MUR 50,000/year
Instruction videos at health care points, transport facilities and sites of work	1 instructional video which will be used in mobile campaigns in sensitising people about ill-effects of environmental tobacco smoke in the community.	2022-2024	HIEC, MOHW Ministry of Land Transport and Light Rail Ministry of Public Service, Administrative and Institutional Reforms	The number of workplaces, transport facilities able to play the instructional video	MUR 50,000/year

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
Creating the paradigm shift of making healthy life choices through campaigning in the media and supporting media advocacy	Regular (at least 4 TV programmes/ yr. and 4 radio programmes/ yr.) media programmes to sensitise the public Regularly broadcasting consented patients' testimonials as TV spots during primetime events and health programmes	2022 - 2026	HIEC, MOHW Mauritius Broadcasting Cooperation (MBC) Role-models as spokesperson/ advocates	The number of TV and radio programs/ year The broadcasting frequency of spots containing patient testimonials in a year	Not applicable (Cost included in the Memorandum of Understanding with Mauritius Broadcasting Corporation)

Objective 1.2 Widening the scope of authorities through election of a national multi-stakeholders committee to design

policies and facilitate the implementation process

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
Facilitate the formulation of policies and implementation of strategies in an effective, culturally acceptable way	Design policies in the context of tobacco with revision of existing policies and creating partnerships with ministries and civil society	2022-2026	 MPF AGO Other ministries and stakeholders in relation with specific policies 	Number of policies approved.	Not applicable

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
Gauging progress of policies in the immediate and long-term after their implementation	Regular meetings by the National Multi- Stakeholders Committee to assess input, progress and output indicators	2022-2026 A midterm review will be planned to assess progress	 Ministries/ Departments Civil Society NGOs 	Documented set of meetings/ Notes of Policies reviewed and approved on a yearly basis	NIL
Empowering policy enforcers in a way to ensure that the scope of activities under their purview has no restrictions and constraints	Revising scheme of duties of technical and administrative staff to widen their scope of activities Electing a member in each ministry to act as a focal point for tobacco to facilitate interministerial dialogue and policy formulation	2022-2023	Ministry of Public Service, Administrative and Institutional Reforms	Number of additional Officers designated for tobacco control	NIL

Objective 1.3 Promulgating an innovative approach in the anti-tobacco fight through encouraging international peer reviews among experts and encouraging research in the anti-tobacco fight Monitoring Outcome **Activities** Time frame **Collaborators/ Estimated Cost** stakeholders indicators To share Video-2022-2026 **MOHW** Number of MUR 50,000/year Videoacquired conferencing knowledge and activities/ conferencing gather opinions seminars/ activities/ of peers through workshops to seminars/ a communicating share knowledge workshops platform and experiences organized and at an assisted by focal international point tobacco, MOHW/ year level To create an Submission of 2022-2026 Tobacco Control Unit, Number of MUR 50,000/year observatory of local reports and **MOHW** submitted local factsheets to experiences and reports and perspectives international factsheets with health international organisations to collaborators reflect progress of Mauritius in terms of antitobacco initiatives and policies

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
Development of an atmosphere conducive to research on tobacco in Mauritius	Applications from various institutions seeking ethical clearance from Director Health Services (Research), MOHW for studies on tobacco Promote publications in joint ownership with MOHW on tobacco	2022 - 2026	 Tertiary Educational Institutions MOHW MIE Mauritius Research and Innovation Council (MRIC) 	Number of applications for ethics clearance having as topic tobacco Number of publications centering on tobacco at national or	MUR 200,000/year
				international levels	
To outsource consultation and assessment of planned policies/ projects by international experts as per their norms of practice	Encouraging more validation by experts in tobacco to assess projects/ policies as per their level of expertise and vice versa	2022-2026	International Health organisations	Number of meetings involving experts from other international health organizations/year	MUR 75,000/year

Objective 1.4 Encouraging dialogue in local committees through election of local champions/representatives to disseminate messages against smoking **Activities** Time frame **Collaborators/ Monitoring Estimated Cost** Outcome stakeholders indicators To facilitate Organizing an 2022-2026 MOHW Number of Not applicable communication interface with Civil society community with individuals local NGOs champions/ from various community moderators per socioeconomic champions defined background and acting as catchment levels of education moderators for areas/target health-oriented groups activities specially tobacco Revamping of Number of the local health meetings with committees' local health concept to be in committees close proximity with community To signify HPU. MOHW 2022-2026 Number of Not applicable Activities on representativenes health health activities s in communities promotion will in the of activities on include tobacco community tobacco planned and tobacco containing by MOHW cessation with tobacco/ tobacco registering of cessation as smokers willing health subject to quit tobacco

Objective 1.5 Invol	Objective 1.5 Involving the population and NGOs in the tobacco fight							
Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost			
population, civil society and NGOS with specific interests in tobacco important parties in decision making concerning tobacco To incorporate and include NGOS and civil society through partial funding of projects	Organisation of Community Forums with tobacco as main theme e.g. cigarette butt- picking campaign, health walks, health fairs. Identification of tobacco centered projects per year to give incentives to NGOS for their ecological and health interests	2022-2026	MOHW MYS Ministry of Public Service, Administrative and Institutional Reforms Ministry of Environment, Solid Waste Management and Climate Change MOHW MYS Ministry of Public Service, Administrative and Institutional Reforms Ministry of Environment, Solid Waste Management and Climate Change National Social Inclusion Foundation	2 planned community activities per year involving concerned parties 3 projects submitted per NGOs reaching status of completion per year	MUR 150,000/year			

Outcome	Activities		•	Monitoring indicators	Estimated Cost
To ensure that	Representatives	2022-2026	MOHW	Number of	NIL
societal	from local		• NGOs	Representatives	
dialoguing has	community and		 Civil Society 	from local	
been effected at	NGOs attending			community and	
community level	stakeholders'			NGOs included	
and concepts	meeting			stakeholders'	
derived have				meeting	
been included in					
decision making					
"Voice of the					
public"					
Objective 1.6 Align	ing strategies in acc	ordance to the Fra	mework Convention	n On Tobacco Contro	l (FCTC) for
benchmarking pro	gress internationall	y			•
Outcome	Activities	Time frame	Collaborators/	Monitoring	Estimated Cost
			stakeholders	indicators	
Projecting	Production of	2022-2026	Tobacco control	Number of	NIL
Mauritius as a	reports at national	(yearly basis)	Unit, MOHW	indicators	
typical anti-	and international			achieving above	
tobacco lobbying	levels using WHO			average figures in	
country on an	standards			reporting system	
international				as compared to	
level and				international	
platform				standards.	
Objective 1.7 Geari	ng a mechanism to i	ncorporate tobacc	o cessation an integ	ral part of NCD treat	ment
Outcome	Activities	Time frame	Collaborators/	Monitoring	Estimated Cost
			stakeholders	indicators	
To ensure that	Devising a	2022-2026	Health care	Number of	NIL
			workers at health	referrals on a	
smokers	standardised				
	referral		care points	monthly basis	
attending health	referral		care points	monthly basis obtained from	
			care points	obtained from	
attending health care points	referral mechanism system		care points	_	

services

services

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated Cost
To stress on the importance of regular treatment/ appointments to TCCs services	Implementation of (mCessation) or equivalent software application for TCC attendees to ensure compliance to treatment	2022-2026	MOHW Ministry of Information Technology, Communication and Innovation	Successful implementation and launching of mCessation or software application	MUR 300,000 (one-off) + MUR 50,000/year
A proper network, both infrastructural and concerning staffing, for TCC services across the island	Providing adequate infrastructure, logistics and staffing.	2022-2026	WHO	Number of venues satisfying ideal criteria of operational for TCC services	Not applicable

9.2 REDUCING CONSUMPTION OF TOBACCO PRODUCTS

The introduction of plain packaging is long overdue in Mauritius as the benefits reaped from it in other countries are favourable. Plain packaging essentially pertains to a homogeneous packaging modality ideally olive drab colour (Pantone 448 C), with the brand name printed in a standard font and size – no logo, other colour or branding allowed. In Australia, plain packaging showed that the amount of excise and customs duty on cigarettes fell by 3.4% in Australia in 2013 compared to 2012 when plain packaging was introduced.

Plain packaging has 3 important purposes:

- i. Increasing the effectiveness of health warnings as it becomes more relevant with a background of Pantone 448C with no gold or relief lettering
- ii. Reducing false health conceptions about cigarettes
- iii. Reducing brand appeal especially among youth

Though there is regular pricing mechanism reviews at a national level, tobacco products as goods with negative externality should have bigger margin of ad-valorem taxation associated to them. The necessity of gauging tobacco markets trends in relation to taxation policies need to be studied judiciously to forecast future policies. The only circumventing factor to increasing taxation on tobacco products remains retail selling and this remains a very hard and damning task for the Public Health Inspectorate.

Novel markets of tobacco products have illegally emerged in the Mauritian landscape selling products such as e-cigarettes and other devices. Unfortunately, these shops have gained much popularity through social networks and are benefiting free advertising through these networks. The Tobacco Control Unit regularly gets official requests from tobacco importers not in alignment with the prescribed norms of product structure as per the Public Health Act. These requests need careful vetting as they remain potential gateways to new potential markets.

Domain 2

REDUCING CONSUMPTION OF TOBACCO PRODUCTS

Objective 2.1 Introducing plain- packaging and labeling policies (WHO FCTC Article 11)

Objective 2.1 Introducing plain- packaging and labeling policies (WHO FC1C Article 11)					
Outcome	Activities	Time frame	Collaborators/	Monitoring	Costing
			stakeholders	indicators	
Aligning with	Making of	2022-2026	MOHW	Meeting deadlines	Cost to be incurred
Article 11 of the	appropriate		Mauritius Revenue	(tentatively March	by tobacco
FCTC regarding	regulations for		Authority (MRA)	2022)	importers
effective	implementing		Consumers		
packaging and	plain packaging		Protection Unit		
labeling	with new set of		(CPU)		
measures	pictorial warnings		Civil society		
	with an extended				
	moratorium				
	period of 6				
	months for				
	tobacco importers				
Smooth and	To organise	2022-2026	MOHW	Implementation of	
effective	meetings with		Mauritius Revenue	plain packaging by	
Implementation	tobacco importers		Authority (MRA)	end of 2022.	
of plain	to ensure smooth		Consumers	Regulations	
packaging at	implementation of		Protection Unit	promulgated by	
national level	plain packaging		(CPU)	March 2022	
with			Civil society		
collaboration of			Tobacco industry		
tobacco					
importers					

Objective 2.2 Review pricing and taxation policies to reduce affordability and consumption by the general public (WHO FCTC Article 6)

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Incremental rise in taxation to reduce affordability and consumption by the general public	Revision of taxation policy on a yearly basis (budget presentation) by local/international experts to avoid a regressive effect on consumers (David Hilla, 1998)	2022-2026	MOHW The Ministry of Finance and Economic Development Mauritius Revenue Authority (MRA) Consumers Protection Unit (CPU)	Frequency of review of taxation and pricing policies	NIL
Analysis of trends and responses in the general population vis-a-vis increasing price of cigarettes on local markets	Giving incentives, through ethical clearance and funding, to researchers to conduct studies and make publications on tobacco taxation policies	2022-2026	MOHW MIE Mauritius Research and Innovation Council (MRIC)	Number of local studies and publications from local authors/year	MUR 100, 000/year

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Anticipating behavioural economics tactics to decrease sales	Elimination of nudges/choice architecture alterations (expenses tailored to basic needs in the grocery shop e.g. yellow bordering to indirectly indicate promotional sales	2022-2026	Ministry of Commerce and Consumer Protection MOHW (Public Health inspectorate) MRA/ AGO	Implementation of appropriate display measures by June 2022	Not applicable
Compliance of tobacco vendors through spot visits by enforcement squads	Conduct of visits by squads on a regular basis	2022-2026	MOHWMRAMPFAGO	Number of visits and contraventions established	Not applicable

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Respecting the norms of practice regarding sales of tobacco products with banning of sponsorship, advertisement and promotion of tobacco products	Reinforcing compliance to legislation at point of sales by Inspectorate of the Ministry and other enforcement officers	2022-2026	Public Health Inspectorate, MOHW Tobacco Control Unit, MOHW MRA MPF	A yearly report detailing: The number of offences established per health region related to tobacco	Not applicable
Banning the sales of ENDS/ heated tobacco products in conformity to stipulated clauses of the Public Health Act 2008/ 2022	Establishing a system for detection of internet sales and Facebook pages on free advertisement of ENDS/ heated tobacco products	To be periodically effected by tobacco control unit and Public Health Inspectorate and other lawenforcement bodies over 2022-2026	MOHWMRAMPFMITCI	Number of cases detected and offences established	Not applicable
To set standards for processing of requests from tobacco importers concerning novel products/markets	Consultative meetings to study novel markets/ novel products to be launched by tobacco importers by Tobacco Control Board	2022-2026	MOHW MRA MPF	Number of requests cleared as a percentage of the total number of requests received from tobacco importers on a yearly basis	NIL

Objective 2.4. Increasing sensitization and awareness campaigns to discourage tobacco consumption in Mauritius Note: activities under sensitization and awareness already detailed in objectives 1.1, 1.5, 1.7 with approximate costing

9.3 REDUCING ENVIRONMENTAL TOBACCO SMOKE

Though the Public Health (Restrictions on Tobacco Products) Regulations 2008 make more than adequate provision with regard to passive smoking, there is marked non-compliance to these provisions. Cigarette butts are frequently seen in premises of institutions where smoking is generally not allowed. In this context, initiatives such as Campaign #FillTheBottle pertaining to picking up of cigarettes butts in public places are necessary.

The importance of having more workplace smoking bans is more than ever felt in Mauritius. To complement such practices, the National Action Plan for Tobacco Control 2022-2026 has also included an additional component in the form of ETS counselling in Tobacco Cessation Clinics. Many attendees of the tobacco cessation still believe that smoking in their residences is a permitted practice. The concept of third hand smoking was much unknown to them.

Another crucial impact of ETS remains exposure of children and youth to tobacco smoke in public places. Besides the ill effects of passive smoking, smoking in public places arouses interest of youth with regard to this addiction. The relative exposure of adults smoking in front of them creates the sense of curiosity and experimentation in that particular age group.

The only remedial measure to reducing ETS exposure is through education and conducting spot checks and crackdown/ patrolling operations at public places to assess compliance to legislation. These interventions should be effected in collaboration with Mauritius Police Force and outcomes of such operations will be published to evaluate progress. Mapping and geocoding of "red zones" will be done to identify hotspots namely e.g. schools, hospitals, government institutions, amongst others.

REDUCING ENVIRONMENTAL TOBACCO SMOKE Objective 3.1 Conducting spot checks to ensure conformity to present legislation with regards to passive smoking Outcome **Activities** Time frame **Collaborators/ Monitoring Estimated cost** stakeholders indicators To prevent Spot checks at 2022-2026 • MOHW Number of spot Not applicable checks with offences exposure at public places, public work sites. committed with MRA places to educational/ regard to passive **ETS** health smoking per year MPF institutions and in transport AGO facilities with regard to passive smoking. Smoke-free This measure 2022 **MOHW** Smoke free Not applicable workplace has been shown worksites by June policy Ministry of Labour, 2022 to: (i) reduce Industrial smoking Relations. prevalence by **Employment** and 3.8% among **Training** employees who smoke: **MPF** (ii) reduce daily AGO smoking by 3.1 cigarettes (per person) among employees who continue to smoke; and

(iii) increase			
productivity,			
better morale	,		
and lower			
cleaning costs	5		

Objective 3.2	Strategies to red	luce children's	exposure to tobacco	smoke	
Outcome	Activities	Time frame	Collaborators/	Monitoring	Estimated cost
			stakeholders	indicators	
Ensuring	In line with	2022	MOHW	No new tobacco	MUR 100,000/year
that school	forthcoming			vendors within	
goers are	legislations,		MOETR	200m of educational	
not	compliance of			institutions, sports	
exposed to	new tobacco		Private Secondary	and leisure facilities	
ETS at	vendors to be		Education	by June 2022	
educational	located outside		Authority (PSEA)		
institutions	a perimeter of				
	200m from				
	educational				
	institutions,				
	sports and				
	leisure				
	facilities.				
	Existing				
	licensed				
	tobacco				
	retailers within				
	a perimeter of				
	200m will				
	continue				
	operating on				
	their existing				
	terms of				
	business.				

Outcome	Activities	Time frame	Collaborators/	Monitoring	Estimated cost
			stakeholders	indicators	
	Administration of GYTS to adolescent with focused questions on exposure to ETS	2023		(i) Percentage of students claiming exposure to ETS at school; and (ii) Percentage of students claiming exposure to ETS at home	MUR 50,000 per GYTS administered (2 GYTS over timeframe 2022-2026)
	Introducing tobacco as a taught curricular topic in holistic health in educational institutions at all levels		MOETR MOHW MIE	Established tobacco modules in teaching curriculum	MUR 80,000/year (costs to be incurred by MOETR)
Building a culture of healthy lifestyle among school goers	Developing activities like Fresque Mural, painting and intercollegiate debating competitions at national level to hone interests of students about ill-effects of tobacco in both active and passive smoking	2022-2026	MOHW MOETR Private Secondary Education Authority (PSEA)	Number of school activities conducted per year	MUR 75,000/ year

Objective 3.3	Objective 3.3 ETS exposure counseling procedures for smokers							
Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Estimated cost			
Educating TCC attendees about the importance of ETS and bringing about change in their attitudes and behaviors	Provision of Intensive counselling on different component of smoking (ETS)	2022-2026	MOHW	Number of TCC attendees having successfully completed their TCC course as per WHO definition.	Nil			
Educating NCD attendees about the importance of ETS and bringing about change in their attitudes and behaviors	Health education sessions by DSN and NCD nurses on smoking and ETS	2022-2026	MOHW	Number of NCD attendees sensitised				

Objective 3.4 Designing new policies to render Mauritius a smoke-free country
Note: Policies cut across in all 4 domains with listed strategies and goals with monitoring indicators

9.4 REVISING EXISTING LEGISLATIVE FRAMEWORKS AND ANTI-TOBACCO POLICING

The new policies included in the National Action Plan for Tobacco Control 2022-2026 have been designed to incorporate indicators of progress associated in order to evaluate effectiveness of such policies. The Public Health (Restrictions on Tobacco Products) Regulations 2022 is currently under preparation and will review licensing practices for new tobacco vendors with respect to prohibition of sale of tobacco products in the vicinity (perimeter of 200 m) of educational institutions, sports and leisure facilities and implementation of plain packaging amongst others. Validation workshops concerning the new set of legislative clauses have been conducted in 2021 with multi-stakeholder participation.

Reinforcement of monitoring mechanism with joint responsibility and dedicated commitment towards the cause of strong legislative structures is imperative. Linking tobacco legislation to human rights is the only driver addressing tobacco control at grassroot level. The human rights protected by the WHO FCTC include, then, the rights to life, to health, to work, and to live in a healthy environment, and the right of boys and girls to live and grow in such an environment, among others.

Trade agreements need reinforcement with the tobacco industry in order to ensure compliance to the national legislative plans. Past trade disputes and unresolved cases with the tobacco industry have indeed shown the importance of trade agreements. These should particularly focus on:

- i. increasing tobacco tariffs;
- ii. mandatory disclosure of ingredients and warning labels of tobacco products; and
- iii. regulating sale and distribution of tobacco products.

Domain 4 of the National Action Plan will ensure that health takes priority over commercial interests with regard to tobacco products and in supporting commitments to advancing population health.

Domain 4

REVISING EXISTING LEGISLATIVE FRAMEWORKS AND ANTI-TOBACCO POLICING

Objective 4.1 Revision of the Public Health (Restrictions on Tobacco Products) Regulations 2008

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Amending the existing regulations with a view to encapsulating new health policies in relation to tobacco.	Fine-tuning the proposed draft with AGO	2022	AGO	Seeking of Government approval by March 2022	NIL
Strengthening the institutional framework supporting the forthcoming regulations.	Strengthening the enforcement mechanism in collaboration with various lawenforcement institution to ensure compliance	2022	MOHW MRA MPF AGO	Number of routine and crackdown operations	NIL
Assessing and reviewing the impacts of new legal provisions	Holding a yearly workshop/ videoconference to discuss emerging loopholes,	2023 - 2025	MPF MRA Other Ministries/Departments	Number of remedial measures proposed	MUR 50 000/ year

Domain 4					
REVISING EXISTIN	G LEGISLATIVE FRAME	WORKS AND ANT	I-TOBACCO POLICING		
Objective 4.1 Re	evision of the Public I	lealth (Restrict	ions on Tobacco Products)	Regulations 2008	
Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Objective 4.2.Co	bottlenecks in the post-implementation phase of The Public Health (Restrictions on Tobacco Products) Regulations 2022		NGOs Civil society	nto districtioni	
Objective 4.2 Co	Activities	Time frame	ss effectiveness of impleme Collaborators/	Monitoring	Costing
	110011101	1	stakeholders	indicators	g
Assessing effective strategies and interventions	Conduct mid-term review	2024	Other Ministries/Departments NGOs	Areas of improvement in the Report of the Mid-Term Review	MUR 25 000
			Civil society		

Outcome	Activities	Time frame	Collaborators/ stakeholders	Monitoring indicators	Costing
Allowing tobacco industry players	Setting up of an official platform to	2022	MOHW	Recommendations made by the	NIL
to voice out their apprehensions	discuss, gather and collate		AGO	tobacco industry	
and suggestions.	opinions and perspectives from		MRA		
	tobacco importers and sellers.				

10.MASTER CHART OF PREDICTED COSTS FOR IMPLEMENTATION OF THE NATIONAL ACTION PLAN FOR TOBACCO CONTROL 2022-2026

DOMAIN	OBJECTIVE	PROGRAMS/ ACTIVITIES	YEARLY COST (MUR)	TOTAL COST (MUR)
CHAMPIONING THE CAUSE OF THE ANTI- TOBACCO FIGHT IN	1.1	Creating community-based activities with annual target of 80 000/ year	100 000	500 000
MAURITIUS		2 additional pamphlets for tobacco sensitization directed to youth and prospective TCC attendees	100 000	500 000
		MCH activities to promote smoke- free environments in preconceptional, intrapartum and post-natal periods	50 000	250 000
		1 instructional video as media advocacy at health care points, in transport facilities and sites of work	50 000	250 000
	1.2	Policy-revision and initiating joint partnerships against tobaccolobbying industry Election of a multinational stakeholder panel for decision making Revising scheme of officers of law-enforcing bodies to broaden their perpectives of action	planning and reforms on of	
	1.3	Video-conferencing seminars/ workshops to enhance knowledge	Costs to be incurred by	hosting organization

DOMAIN	OBJECTIVE	PROGRAMS/ ACTIVITIES	YEARLY COST (MUR)	TOTAL COST (MUR)
		on strategies employed to counter actions of the tobacco industry		
		Local data collection, collation and reporting pertaining to tobacco indicators for further transmission	50 000	250 000
		Entertaining applications from various institutions seeking ethical clearance from DHS (Research), MOHW for studies on tobacco & encouraging publications	200 000	1000 000
		Outsourcing services to local/ international experts in tobacco to assess projects/ policies	75 000	375 000
	1.5	Planning of 2 activities per year with tobacco as main theme	100 000	500 000
		Shortlisting of at least 3 tobacco centered projects per year to gives incentives to NGOS for their ecological and health interests	100 000	500 000
	1.7	Implementation of mCessation or equivalent App for TCC attendees	MUR 300 000 (one-off) + MUR 50 000/year	500 000
REDUCING CONSUMPTION OF TOBACCO PRODUCTS	2.1	Implementing plain packaging with an extended moratorium period of 6 months for tobacco importers	Costs to be incurred by the tobacco industry	
	2.2	Studying trends and responses in the general population vis-a-vis increasing price of cigarettes	50 000	250 000

DOMAIN	OBJECTIVE	PROGRAMS/ ACTIVITIES	YEARLY COST (MUR)	TOTAL COST (MUR)
	3.2	Ensuring that school goers are not exposed to ETS at educational institutions	100 000	500 000
	3.3	Administration of GYTS to adolescent with focused questions on exposure to ETS	50 000	250 000
	3.4	Introducing tobacco as a taught curricular topic in holistic health in educational institutions at all levels/ fresque mural project	Cost to be incurred by MOETR	
REVISING EXISTING LEGISLATIVE FRAMEWORKS AND ANTI-TOBACCO POLICING	4.1	Holding a yearly workshop/ videoconference to discuss emerging loopholes, bottlenecks in the post-implementation phase of The Public Health (Restrictions on Tobacco Products) Regulations 2022	50 000 in 2023	50 000
	4.3	Publishing a yearly report on the website of all concerned stakeholders	25 000 (one-off)	25 000
TOTAL COST FOR IMPL CONTROL 2022-2026	6 625 000 with an additional 1 325 000 (20%) for unplanned activities			

WORKS CITED

- ITC Mauritius National Report: Results of the Wave 3. (2011). *International Tobacco Control Policy Evaluation Project*.
- Dosmetic Revenue for universal health systems. (2019). EQUINET.
- Amos, A., & Haglund, M. (2000). From Social Taboo to "Torch of Freedom": the Marketing of Cigarettes to Women.
- Barkans M, L. K. (2013). Contraband tobacco on post-secondary campuses in Ontaria, Canada.
- CDC. (2015). https://www.cdc.gov/media/releases/2015/p0707-tobacco-age.html.
- Chipo Makoni, H. K. (2021). TOBACCO USE, TRENDS, AND PUBLIC HEALTH IMPLICATIONS DURING THE COVID-19 PANDEMIC. *European Journal of Biomedical and Pharmaceutical Sciences*, 60-63.
- David Hilla, S. C. (1998). The return of scare tactics.
- Emily Stone, P. M. (2017). Young low and middle-income country smokers- implications for global tobacco control.
- Fong, G. (May 2010). International Tobacco Control Mauritius National Report Wave 1.
- Hill, S. R. (1962). Smoking and health (1962).
- JB Valdois, C. V. (2021). Tobacco industry tactics in response to cigarette excise tax increases in Mauritius. *BMJ-Tobacco control*.
- Levy, D. T. (22 October 2019). Tobacco 21 Laws in Europe: A Policy Whose Time Has Come.
- Marita Hefler, C. B. (2021). 'Commit to quit': a goal for all, not only individual tobacco users. *Tobacco Control*.
- Nations, U. (n.d.). Transforming our world: the 2030 Agenda for Sustainable Development.
- Phyllis Gordon, P. F. (2016). Smoking: A risk factor for vascular disease. *National Library of Medicine*.
- Remler, D. K. (2004). Poor Smokers, Poor Quitters, and Cigarette Tax Regressivity. NCBI.
- Renée Bouwman, M. B. (2015). The public's voice about healthcare quality regulation policies. A population-based survey. *BMC Health Services Research*.
- Ross, H. (2004). Critique of the Philip Morris study of the cost of smoking in the Czech Republic. *Nicotine & Tobacco Research*, 181–189.

- Schaeffer, D. (2015). Social Networks and Smoking: Exploring the effects of influence and smoker popularity through simulations.
- WHO. (2000-2025). WHO global report on trends in prevalence of tobacco smoking 2000-2025 second edition.
- WHO. (2012). Tobacco Industry Interference A global brief.
- WHO. (n.d.). Clean Air a basic human right.
- WHO, C. M. (2017). COUNTRY REPORT Global Youth Tobacco Survey 2017.

