Government of Samoa

SAMOA NATIONAL TOBACCO CONTROL POLICY & PLAN OF ACTION

2019 - 2024

Foreword

Leausa Samau T. Dr. Take Naseri
DIRECTOR GENERAL OF HEALTH

This National Tobacco Control Policy and Plan of Action for 2019-2024 sets out what we as a sector must undertake to improve the necessary control measures to combat the prevalence of tobacco use and its effects in Samoa.

With the enactment of the Tobacco Control Act 2008 and Regulations 2013 and the implementation of other measures under the previous National Tobacco Control Policy and Strategy 2010-2015, Samoa has made positive progress in putting into place the policy and legislative foundation for tobacco control. There is a reduction in the prevalence of tobacco.

However, tobacco use prevalence remains high. NCDs and tobacco-related diseases are on the rise. As such, the tobacco control system in Samoa will need further strengthening. There are significant areas of tobacco control that require further reconsideration, refinement, and enforcement. The support of all implementing agencies and partners in the sector is needed to ensure that there is a comprehensive coverage of all tobacco control requirements. Enforcement mechanisms will be put into place and implemented by dedicated staff. The strategic priorities of this National Tobacco Control Plan of Action for 2019-2024 are:

- Leadership and governance for a multi-sector approach on tobacco control strengthened;
- Samoa has a strong and comprehensive tobacco control policy and regulatory system in place;
- Implementation, enforcement, monitoring and evaluation of tobacco control improved; and
- Capacity and knowledge building, awareness and civic education in tobacco control strengthened.

Leadership and resourcing commitments are needed for the implementation of activities identified under the above four strategic priorities or outputs of this National Tobacco Control Policy and its Plan of Action for the next 5 years.

The continuous support and collaboration of all member organisations of the sector, through the role of the National Tobacco Control Committee, as well as our implementing and development partners are needed for the effective and efficient implementation of this National Tobacco Control Policy's Plan of Action for the next 5 years.

We look forward to working with you on this initiative.

Leausa Samau T. Dr Take Naseri
Director General/Chief Executive Officer
Ministry of Health

Acknowledgement

We acknowledge with appreciation the support provided by the World Health Organisation towards the development of this Samoa National Tobacco Control Policy and Plan of Action 2019-2024.

Faafetai tele lava to all our sector partners - the organisations and individuals who shared with us their views about tobacco control. Thank you to those who were able to provide comments on the drafts of the policy and plan of action. We acknowledge with appreciation the critiques provided by the technical team of the WHO.

Special *faafetai tele* to the various representatives of the civil society organisations, private sector and community who were able to make time available to talk with our team on the development of this initiative. Your views on tobacco control and support for ongoing improvements strengthen the evidence basis of this policy and plan of action for Samoa.

We also acknowledge the collaborative work undertaken by the MOH team, WHO Samoa office, and the technical assistance provided by Muliagatele Dr Potoae Roberts Aiafi in putting together this national policy and its plan of action.

Faafetai tele ava! Ia faamanuia tele le Atua!

SAMOA NATIONAL TOBACCO CONTROL POLICY AND ACTION PLAN, JULY 2019 – JUNE 2024

Summary

Vision: *"A smoke-free Samoa"*

Mission: *"Samoa to attain the lowest possible prevalence of tobacco use"*

Targets: *15% reduction in the smoking rate for 15 years and over.*

15% reduction in the smoking rate for aged 13-15 years.

70% is the percentage of the retail price of tobacco is excise tax.

30% increase in the compliance rate with the smoke-free policy in public places

Consideration of the introduction of an environmental tax on tobacco.

Outputs:

1. *Leadership and governance for a multi-sectoral approach on tobacco control strengthened.*
2. *Samoa has a strong and comprehensive tobacco control policy and regulatory system in place.*
3. *Implementation, enforcement, monitoring and evaluation of tobacco control improved.*
4. *Capacity and knowledge building, awareness and civic education in Tobacco control strengthened.*

Resourcing: *Government of Samoa, WHO, Other Development Partners*

Governance Structure: *National Tobacco Control Committee Member Organisations*
Ministry of Health and NTCC members & Tobacco Control Focal Points

Implementing Partners: *Government agencies, non-governmental organisations & community-based organisations*

Table of contents

Acronyms

ACEO	Assistant Chief Executive Officer
AOG	Assembly of God
BAT	British American Tobacco
CBO	Community based organisation
CSO	Civil society organisation
DHS	Demographic and Health Survey
EFKS	Ekalesia Faalapotopotoga o Samoa (Congregational Church in Samoa)
FCTC	Framework Convention on Tobacco Control
GoS	Government of Samoa
GSHS	Global School-based Health Survey
GYTS	Global Youth Tobacco Survey
HPED	Health Protection and Enforcement Division
HPSNC	Health Promoting School Network Committee
HSPQA	Health Service Performance and Quality Assurance
ICHAP	Integrated Community Health Awareness Program
ILO	International Labour Organisation
LDS	Latter Day Saints
LMICs	Low-and middle-income countries
LTA	Land Transport Authority
M&E	Monitoring and Evaluation
MAF	Ministry of Agriculture and Fisheries
MCIL	Ministry of Commerce, Industry and Labour
MESC	Ministry of Education, Sport and Culture
MFAT	Ministry of Foreign Affairs and Trade
MJCA	Ministry of Justice and Court Administration
MNRE	Ministry of Natural Resources and Environment
MOF	Ministry of Finance
MOH	Ministry of Health
MOR	Ministry for Revenue
MPOWER	Monitoring, Protecting, Offering, Warning, Enforcing and Raising
MWCSD	Ministry of Women, Community and Social Development
NCD	Non-Communicable Diseases
NGO	Non-governmental organisation
NHS	National Health Services
NTCC	National Tobacco Control Committee
NTCP	National Tobacco Control Policy
NTCP&PA	National Tobacco Control Policy & Plan of Action
NTCP&S	National Tobacco Control Policy & Strategy
SBS	Samoa Bureau of Statistics
SDA	Seventh Day Adventist
SDG	Sustainable Development Goal
SDS	Strategy for the Development of Samoa
SPAGHL	Parliamentary Advocacy Group for Healthy Living
SPS	Samoa Police Service
SWAp	Samoa Health Sector Wide Approach Program
TC	Tobacco Control
TCA	Tobacco Control Act
TCFP	Tobacco Control Focal Point
TTM	Tupua Tamasese Meaole
WHO	World Health Organisation
YFC	Youth for Christ

List of tables and figures

1. SITUATIONAL ANALYSIS

1.1. Introduction

This 'National Tobacco Control Policy' & 'Plan of Action 2019–2024' sets out Samoa's strategic direction and commitment for tobacco control. It builds on the progress made and lessons learnt from the implementation of the first National Tobacco Control Policy & Strategy 2010-2015. Tobacco control is a public policy attempt aimed at addressing the tobacco epidemic and its effects on the Samoan people, community, economy and environment.

The formulation process of this national policy and plan of action involved the conducting of a review of the relevant literature, consultations (with relevant authorities, organisations and individuals involved in tobacco control as well as the community), an assessment of progress made on tobacco control and key gaps to address, as well as the identification of relevant strategies and actions to address existing gaps. People consulted and key points raised during the consultations are outlined in **Appendix D** and **Appendix E**.

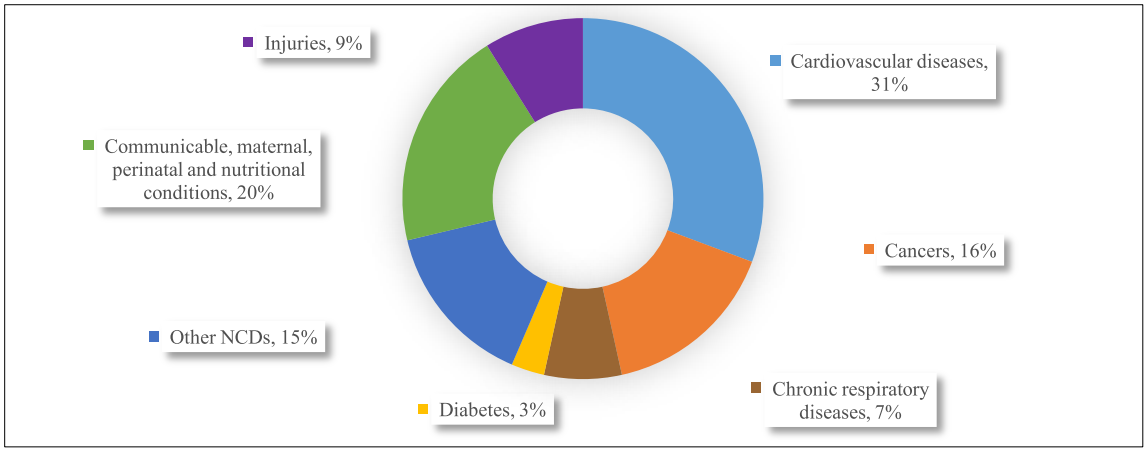
1.2. Tobacco use and its effects

1.2.1. Global trends on the effects of tobacco use

Tobacco use is the world's leading preventable cause of death. It affects everyone – whether a smoker or non-smoker. Health and environmental problems resulting from tobacco use are not only caused by direct smoking, but also by exposure of non-smokers to second-hand and third-hand smoke. "One in 10 deaths around the world is caused by tobacco use" (WHO, 2017b, p. 14). Tobacco use is lethal, killing more than 7 million people each year. If current trends persist, it is estimated that, by 2030, tobacco will kill more than 8 million people worldwide each year (WHO, 2009, p. 8).

Tobacco use is one of the underlying risk factors for premature deaths from non-communicable diseases (NCDs). NCDs are the leading cause of deaths globally, responsible for 71% (or 40 million) of the deaths each year (WHO, 2018). They are also the leading cause of premature adult deaths (those aged 30-70 years old), where 75% of all deaths are premature adult deaths. Of all global deaths, 31% are caused by cardiovascular diseases, 16% by cancers, 7% by chronic respiratory diseases, and 3% by diabetes (see Figure 1).

Figure 1: Global deaths caused by NCDs



Source: WHO (2018, p. 11)

The four major NCDs (of cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes) are casually linked with tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet. These are the leading preventable behavioural risks of overweight and obesity as well as raised blood pressure, blood glucose and blood lipids - which are the causes of NCDs (WHO, 2018). Tobacco use is the leading behavioural risk factor of cancer, heart and lung diseases. "Smoking is estimated to cause about 71% of lung cancer, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease" (WHO, 2010, p. 17).

In 2016, 78% of global NCD deaths, and 85% of global premature adult NCD deaths, occurred in low-and middle-income countries (LMICs) (WHO, 2018, p. 11). This signifies a clear relationship between NCD mortality and country national income levels. NCDs accounts for 67% of all deaths in LMICs (WHO, 2017b, p. 15). An analysis of the NCD profile of the 182 member countries[i] of the WHO presented in Figures 31-36 in **Appendix A** situates Samoa's mortality rates in terms of global deaths from the four major NCDs. Figures 31-36 depict the following trends for Samoa on a global comparison:

- Samoa's proportionality mortality due to **cardiovascular diseases** is **34%**, which is above the global average of ***30%*** based on the profiles of 182 countries worldwide (see Figure 31);

- Samoa's proportionality mortality due to **cancer** is **15%**, which is the same as the global average of ***15%*** based on the profiles of 182 countries worldwide (see Figure 32);

- Samoa's proportionality mortality due to **chronic respiratory diseases** is **5%**, which is the same as the global average of ***5%*** based on the profiles of 182 countries worldwide (see Figure 33);

- Samoa's proportionality mortality due to **diabetes** is **9%,** which is above the global average of ***4%*** based on the profiles of 182 countries worldwide (see Figure 34);

- Samoa's proportionality mortality due to **other NCDs** is **22%**, which is above the global average of ***15%*** based on the profiles of 182 countries worldwide (see Figure 35); and

- Samoa's risk of **premature death** (aged 30-70 years) is **21%,** which is above the global average of ***19%*** based on the profiles of 182 countries (see Figure 36).

The proportionality mortality for Samoa due to cancer and chronic respiratory diseases is on the same level as the global average. However, the proportionality mortality for Samoa due to cardiovascular diseases, diabetes and other NCDs is way above the global average, with diabetes remaining as the highest when compared to the other types of NCDs. Samoa's risk of premature death is also above the global average. This shows that the risk of people in Samoa dying from NCDs at premature and young ages is a serious concern; that risk is way beyond the global average of people dying prematurely from NCDs.

[i] There are 193 countries in total but the profiles or data for the other 11 countries were unavailable.

1.2.2. Regional trends and the effects of tobacco use

One third (or 36%) of the world's smokers live in the Western Pacific Region, which is home to 26% (or one quarter) of the world's population. In the Region, it is estimated that two people die every minute from a tobacco-related disease (WHO, 2015). NCDs are the leading causes of death and disability, responsible for 80% of all deaths in the region. Given relatively high rates of population growth and fertility as well as low contraceptive prevalence rates in Pacific countries, NCDs is expected to rise substantially in the Pacific in the coming decades (Hou, Anderson, & Burton-Mckenzie, 2016). Table 1 ranks the 21 countries in the Western Pacific Region (WHO defined) using the latest 2018 WHO NCDs country profiles. Samoa's NCDs situation on a regional comparison is as follows:

- Samoa is the top **4th country** (out of the 21 countries) in the Western Pacific **Region** with the highest proportional mortality due to **diabetes**;
- Samoa is the top **5th country** (out of the 21 countries) in the Western Pacific **Region** with the highest proportional mortality due to **cardiovascular diseases** and **other NCDs**;
- Samoa is the top **12th country** (out of the 21 countries) in the Western Pacific **Region** with the highest proportional mortality due to **cancer**; and
- Samoa's risk of premature death is 21%, placing it in the top **12th country** (out of the 21 countries) in the Western Pacific **Region** with the highest **risk of premature death**.

Table 1: Proportionality mortality (PM) and Risk of Premature Death (%) from NCDs

Cardiovascular Diseases			Cancers			Diabetes			Other NCDs			Risk of Premature death		
	Countries	**PM**		**Countries**	**PM**		**Countries**	**PM**		**Countries**	**PM**		**Countries**	**PM**
1	China	43	1	NZ	30	1	Fiji	22	1	Australia	23	1	Fiji	31
2	Mongolia	40	2	Singapore	30	2	Tonga	13	2	Tonga	20	2	PNG	30
3	Malaysia	35	3	Japan	30	3	Kiribati	10	3	Cambodia	20	3	Mongolia	30
4	Philippines	35	4	RK	30	**4**	**Samoa**	**9**	4	NZ	19	4	Kiribati	28
5	**Samoa**	**34**	5	Australia	29	5	FSM	9	**5**	**Samoa**	**18**	5	Philippines	27
6	Fiji	34	6	BD	25	6	BD	9	6	Viet Nam	18	6	LRDR	27
7	Vanuatu	33	7	China	23	7	SIs	7	7	BD	17	7	FSM	26
8	FSM	32	8	Mongolia	21	8	Vanuatu	6	8	RK	17	8	SIs	24
9	NZ	31	9	Viet Nam	19	9	Philippines	4	9	Mongolia	16	9	Tonga	23
10	Viet Nam	31	10	Tonga	19	10	Viet Nam	4	10	Malaysia	16	10	Vanuatu	23
11	Singapore	29	11	Malaysia	16	11	LRDR	4	11	FSM	16	11	Cambodia	21
12	BD	29	**12**	**Samoa**	**15**	12	PNG	4	12	Japan	15	**12**	**Samoa**	**21**
13	SIs	29	13	Vanuatu	15	13	RK	4	13	Kiribati	15	13	Viet Nam	17
14	Australia	28	14	Cambodia	14	14	Malaysia	3	14	Fiji	14	14	Malaysia	17
15	Japan	27	15	SIs	13	15	NZ	3	15	China	13	15	China	17
16	LRDR	27	16	FSM	12	16	Australia	3	16	Vanuatu	13	16	BD	17
17	Tonga	24	17	LRDR	12	17	China	2	17	SIs	13	17	NZ	10
18	Cambodia	24	18	PNG	12	18	Cambodia	2	18	Philippines	12	18	Singapore	9
19	PNG	24	19	Philippines	10	19	Mongolia	1	19	LRDR	12	19	Australia	9
20	RK	23	20	Fiji	9	20	Singapore	1	20	Singapore	11	20	RK	8
21	Kiribati	23	21	Kiribati	9	21	Japan	1	21	PNG	10	21	Japan	8

PM – Proportional Mortality, FSM – Federated State of Micronesia, LRDR - Lao People's Democratic Republic, PNG – Papua New Guinea, RK – Republic of Korea, BD - Brunei Darussalam, SIs – Solomon Islands, NZ - New Zealand

Source: WHO (2018)

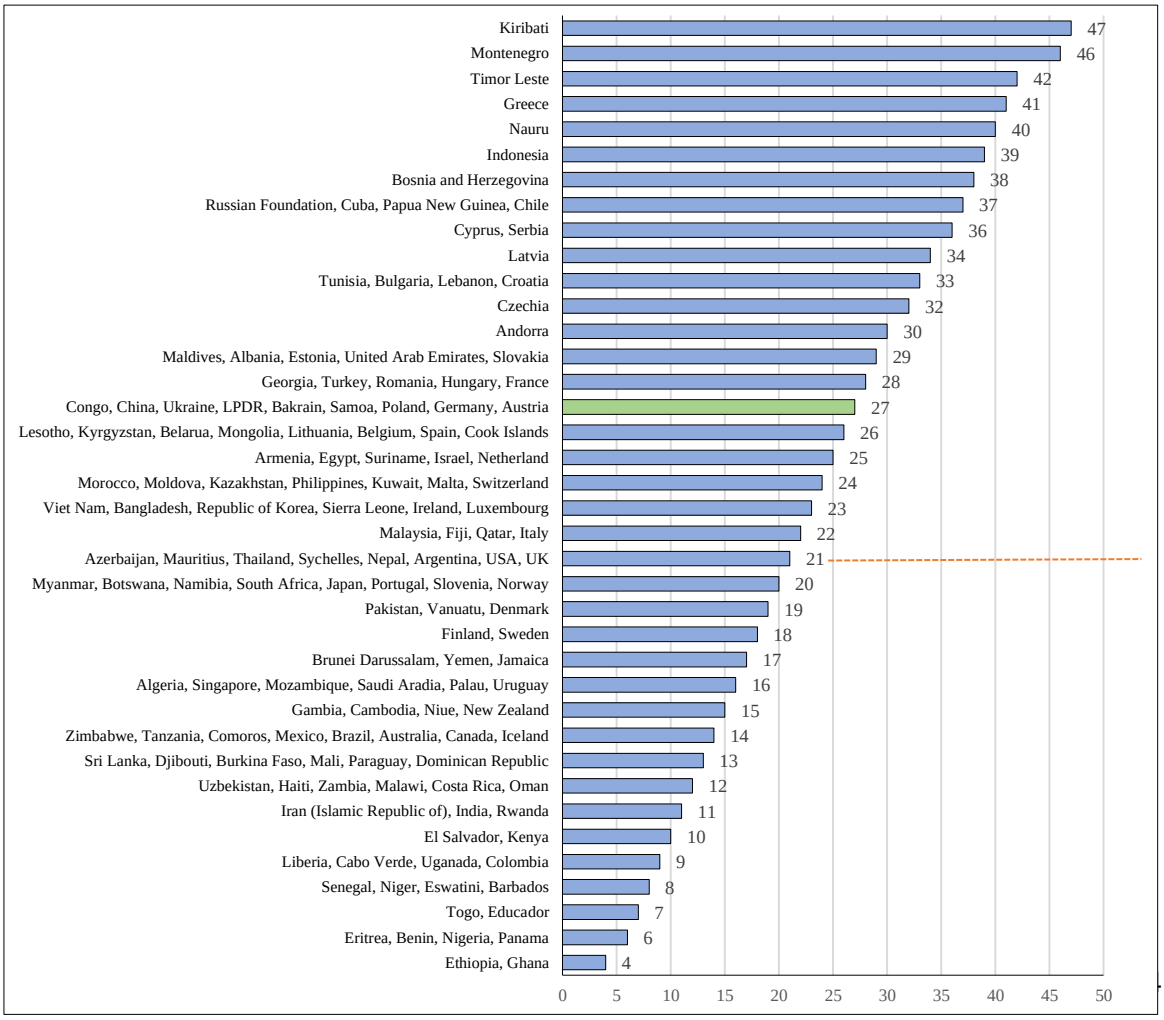
1.2.3. Tobacco use in Samoa

Samoa is part of the Western Pacific Region of the WHO, and as a middle-income level country, it is no exception to the problems and issues concerning tobacco use and its effects. As presented in Section 1.2.1, Samoa's proportionality mortality due to cardiovascular diseases, diabetes and other NCDs and the risk of premature death due to NCDs are way above the global average. NCDs accounts for 81% of all deaths in Samoa (WHO, 2018, p. 175). In the 2014 Samoa NCD Risk Factors STEPS survey, half (50.1%) of the adults aged 18-64 years involved in the study were at high risk of developing an NCD, which increases with age. Only 0.4% were at low risk of developing an NCD (MOH, 2014e). Samoa's NCDs profile presented in Section 1.2.2 shows that tobacco use in addition to the harmful use of alcohol, physical inactivity and unhealthy diet are ongoing challenges that Samoan people need to confront and address. Tobacco use and other NCDs risk factors are acquired behavioural factors and are therefore preventable. Reducing tobacco use through behavioural and lifestyle changes will mitigate the NCDs crisis and the high risk of premature deaths.

1.2.3.1. Tobacco use – global comparisons

Figure 2 shows that Samoa's current tobacco smoking rate (using the latest 2016 data) is 27% for those aged 15 years and over, which is above the global average tobacco smoking rate of 21%. There are more people who smoke in Samoa than those who smoke on the global level. Samoa is ranked 16th (out of 37 countries) in the world with the highest current tobacco smoking rate.

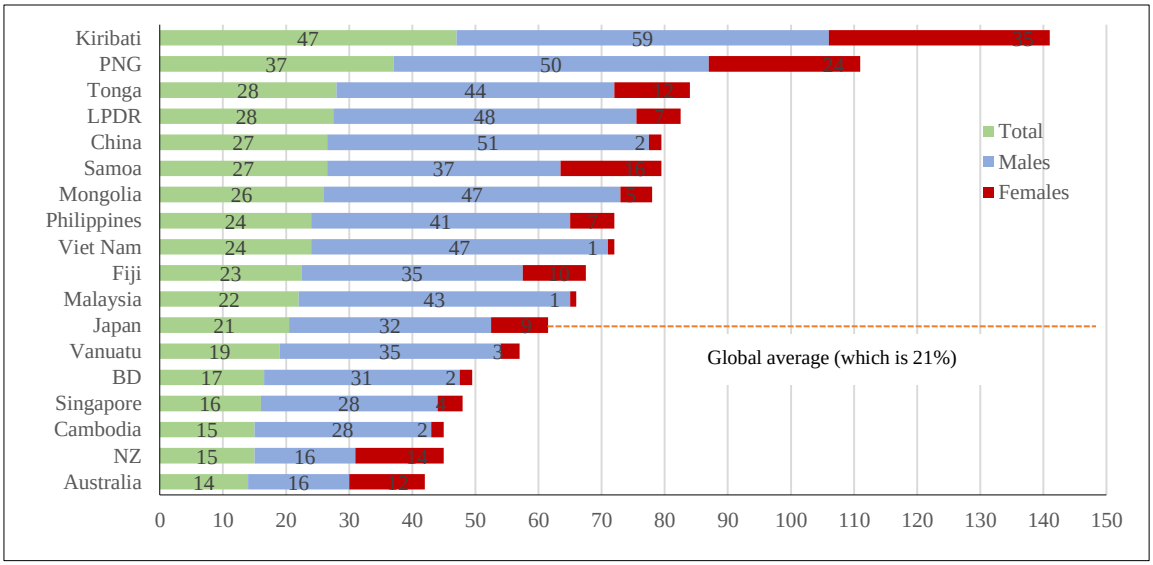
Figure 2: Current tobacco smoking, aged 15+ (%) for 144 countries, 2016 [ii]



Source: WHO (2018)

While Figure 2 situates Samoa on a global level, Figure 3 is a comparison of Samoa on the regional level. Samoa is ranked 5th country (out of 18th countries) in the Western Pacific Region with the highest current tobacco smoking rate (using 2016 data). The tobacco smoking rate in all other countries in the Pacific island region (Kiribati, PNG, Tonga and Fiji) including Samoa, and except Vanuatu, is higher than the global average tobacco smoking rate of 21%.

Figure 3: Current tobacco smoking rate, aged 15+ (%) for Western Pacific countries, 2016



Source: WHO (2018)

1.2.3.2. Tobacco use – local trends

Cigarette smoking is the most common type of tobacco use in Samoa. Samoan people also use other forms of tobacco such as the pipe and *Tapaa* Samoa. Table 2 outlines existing key research surveys/studies on tobacco in Samoa, providing empirical evidence about tobacco use in Samoa. Each survey targeted a different aged group and adopted a slightly different definition of 'current smoker', hence results are not strictly comparable. Nevertheless, overall trends shown by the four existing key studies in Table 2 are as follows:

- The rate of cigarette smoking over the years is declining;
- Men smoke more than women; and
- While cigarette smoking amongst the adults and girls/young females is declining, cigarette smoking amongst young males/boys is increasing.

Table 2: Existing evidence about the prevalence of cigarette smoking in Samoa

Survey / study	Year	Aged group (Years)	Current Smokers		
			Total (%)	Males (%)	Females (%)
Demographic and Health Survey (DHS)	2009	15-54	20.9	32.2	15.3
	2014		18.1	16.9	12.4
NCD STEPS Survey	2008	25-64	40.3	56.9	21.8
	2013	18-64	25.6	36.5	13.7
Global School-based Student Health Survey (GSSHS)	2011	13-15	33.8	42.2	25.3

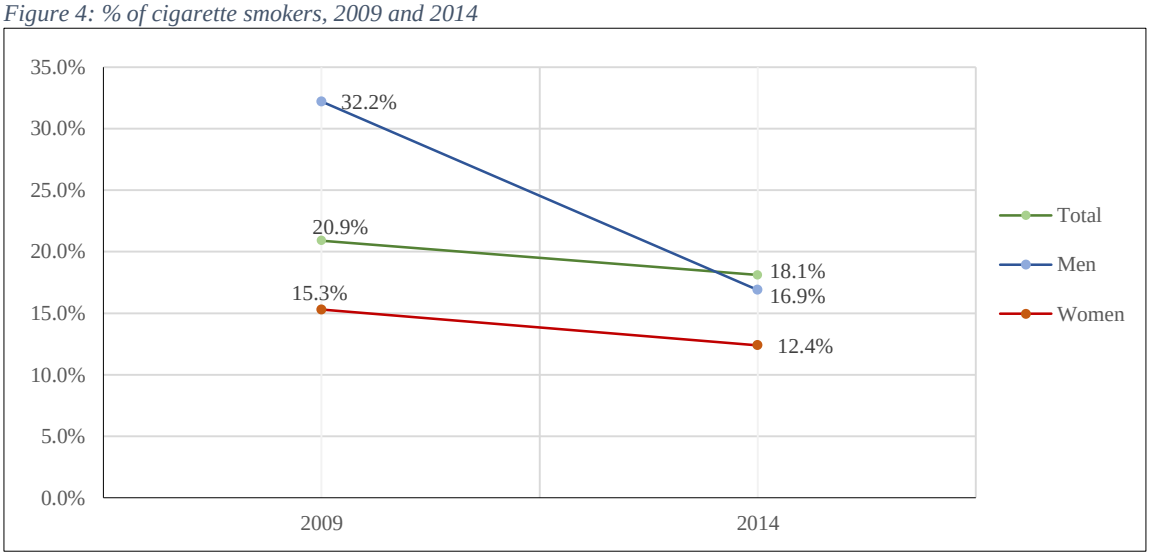
Global Youth Tobacco Survey (GYTS)	2007	13-15	15.2	16.0	12.7
	2017		15.0	23.7	7.2

Source: SBS (2009, 2014); MOH (2007, 2008, 2011, 2014e, 2017b); Linhart et al. (2017)

a) Tobacco use amongst Samoan people aged 15-54 years

Figure 4 gives the rate of current cigarette smokers aged 15-49 in Samoa using the 2009 and 2014 Demographic and Health Surveys (DHS). It shows that in 2014, the rate of current cigarette smokers (using the 2014 DHS results) was 18.1%, which was a decline from the 20.9% rate in 2009. Cigarette smoking remains higher amongst men compared to women. However, during the 5-year period of 2009 – 2014, the decrease in current smokers was much higher amongst men (from 32.2% to 16.9%) than amongst the women (from 15.3% to 12.4%).

Figure 4: % of cigarette smokers, 2009 and 2014

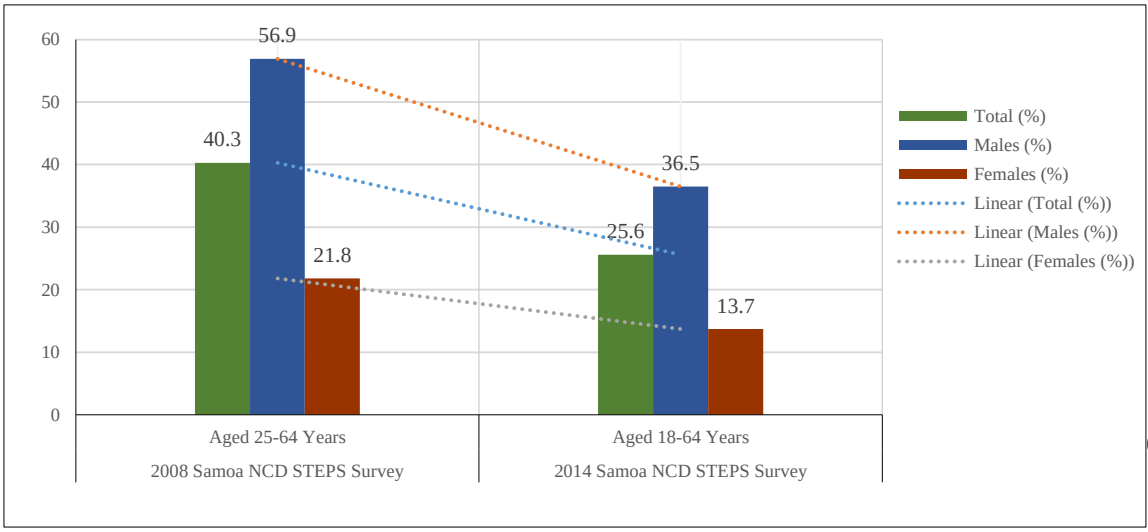


Source: SBS (2009, 2014)

b) Tobacco use amongst Samoan people aged 18-64 and 25-64 years

As shown in Figure 5, the 2014 Samoa NCD Risk Factors STEPS survey identified that 25.6% adults aged 18-64 years currently smoke tobacco; the majority were men (36.5%), compared to 13.7% of women. Compared to the previous 2008 STEPs survey, it identified that 40.3% of adults aged 25-64 years smoked, 56.9% were men compared to only 21.8% of women. The prevalence of smoking amongst men and women is declining.

Figure 5: Tobacco use amongst 25-64 and 16-64 aged groups



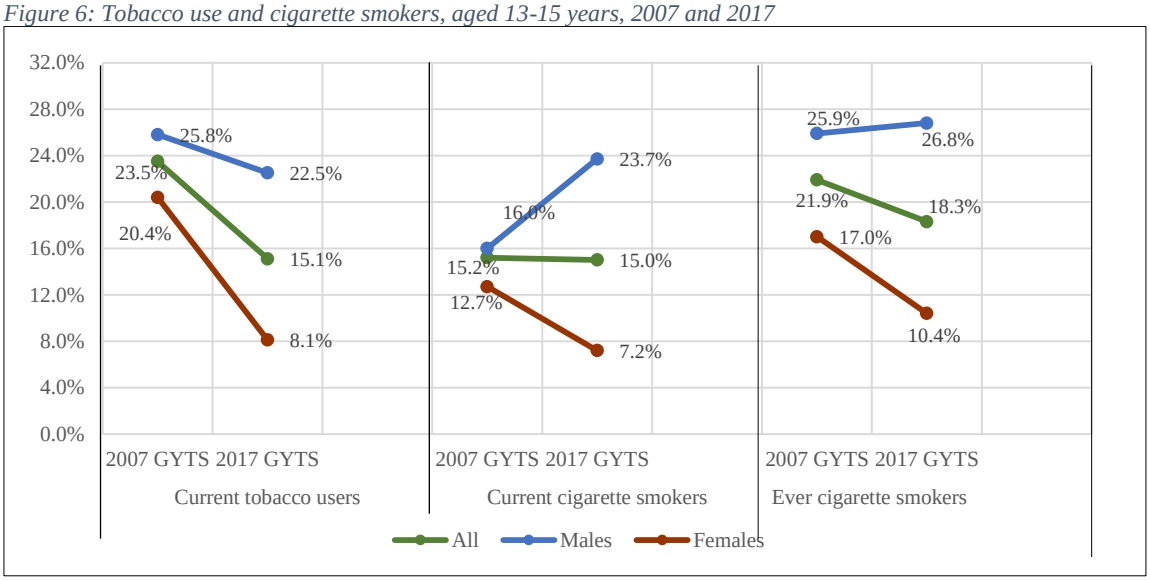
Source: MOH (2008, 2014e)

c) Tobacco use amongst Samoan boys and girls aged 13-15 years

The Global Youth Tobacco Survey (GYTS) conducted every ten years by the Ministry of Health (MOH) to determine the smoking status amongst people aged 13-15 years gave the results in Figure 6 for the two GYTS conducted in 2007 and in 2017. In 2007, 23.5% of those who were surveyed were current tobacco users – those who smoked tobacco during the past 30 days. In 2017, the rate of 'current tobacco users' dropped to 15.1%. The same declining trend is evident in the 'ever cigarette smokers' where the prevalent rate decreased from 21.9% in 2007 to 18.3% in 2017. However, the prevalent rate of 'current cigarette smokers' remained the same since 2007; 15.2% in 2007 and 15.0% in 2017.

While the rate of 'current tobacco users' for both boys and girls declined in 2017 compared to 2007, tobacco use remains prevalent amongst boys than girls. However, while the rate of 'current tobacco users' declined for both boys and girls, the degree of the decrease was much higher among the girls than the boys. Also, while the rates of 'current cigarette smokers' and 'ever cigarette smokers' amongst girls declined during the same period, the rates for boys increased for both categories of 'current cigarette smokers' and 'ever cigarette smokers'.

Figure 6: Tobacco use and cigarette smokers, aged 13-15 years, 2007 and 2017



Source: MOH (2007, 2017b)

The 2011 Global School-based Health Survey (GSHS) further shows that of the total 2,418 students aged 13-15 who were surveyed, **33.8%** were 'students who smoked cigarettes on one or more days during the past 30 days'; 42.2% were boys and 25.3% were girls. Also, 'among students who ever smoked cigarettes', **86.7 %** 'first tried a cigarette before age 14 years'. These results highlight that smoking is not only prevalent amongst adults but also amongst young people in Samoa. Students are already smoking at adolescent ages while at school.

d) Quantity and types of smoke

Samoan men smoke higher quantities of cigarettes than women. The 2014 DHS recorded that 67% of men smoked 10 or more cigarettes per day compared to 40% of women. The 2014 NCD STEPS Survey further found that the average starting age for male daily smokers is 20.3

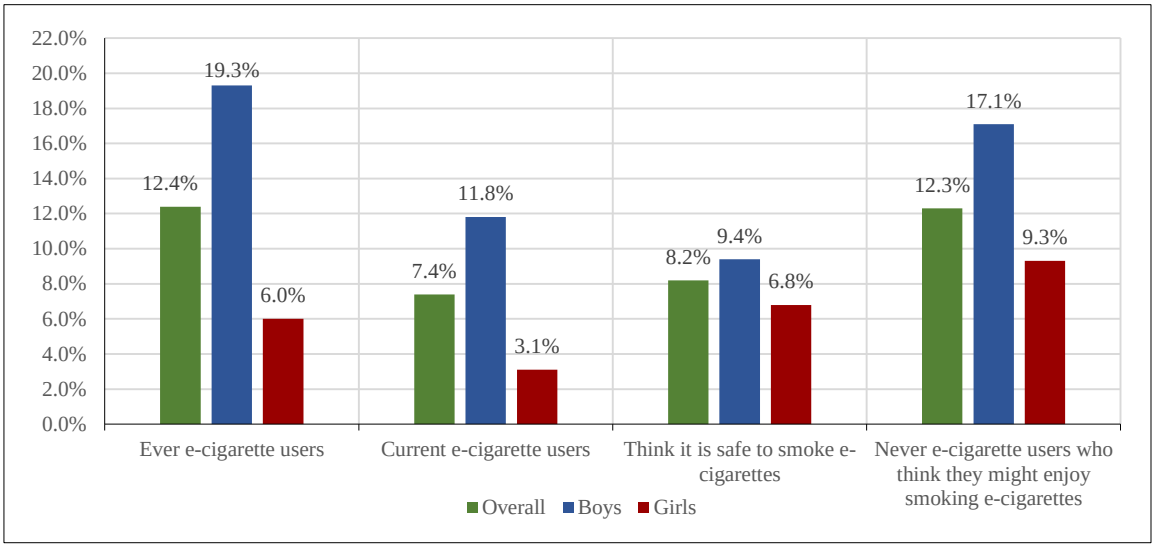
years and 22.3 years for women. However, as shown in the GYTS and GSHS, boys and girls are also smoking at young ages of 13-15 years.

Daily smokers prefer manufactured cigarettes which is increasingly their tobacco of choice.[iii] According to the 2014 NCD STEPS Survey, "daily smokers in the study population have smoked for an average of 16 years and smoke an average of 9.4 cigarettes a day… Around 9 in 10 daily smokers (90.3%) in the 18-44 years age group smoke manufactured cigarettes compared to 85.6% in the 45-64 years age group" (MOH, 2014, p. 7).

Sticks are the most frequently purchased unit. An individual stick costs around 0.80 cents. Selling and buying in sticks is a common practice amongst vendors and buyers in response to issues of affordability. Vendors respond to demand for cigarettes from people with low income (who cannot afford a whole pack) by selling them sticks (MOH, 2017b).

The 2017 GYTS further explored the prevalence and awareness of electronic cigarettes or e-cigarettes[iv] among the Samoan youths, given the recent global rise of this form of tobacco, targeting mostly the youth. Although retail sources of e-cigarettes did not exist in Samoa during the GYTS, the GYTS results (in Figure 7) show that 12.4% of youth or students were reported as "ever e-cigarettes users" and 7.4% were "current e-cigarette users". Positively, only 8.2% thought that e-cigarettes smoking was safe, however a significant proportion (12.4%) thought that they would enjoy e-cigarette smoking. These results, together with the global rise in e-cigarettes, and the recent promotion of e-cigarettes in Samoa (Samoa Observer, 2019) indicate that there is a high susceptibility of Samoan youth and children to further tobacco use.

Figure 7: Prevalence and awareness of e-cigarettes, aged 13-15 years, 2017



Source: MOH (2017b)

[iii] The British American Tobacco Ltd (BAT) has been the main tobacco manufacturer in Samoa for over 40 years, producing the Pall Mall and Rothman cigarettes. In 2017, a Chinese-owned tobacco company/factor, named Super Wing Samoa Tobacco Ltd started its operation in Samoa. While the Pall Mall remains the popular brand, anecdotal evidence and consultations (see **Appendix D**) indicate that more and more people are smoking the Super Wing Samoa Tobacco Ltd.'s produced cigarettes because of lower prices. Research is needed to capture behavioural tobacco smoking changes due to this recently introduced additional tobacco manufacturer in Samoa.

[iv] E-cigarettes, also refer to as the Electronic Nicotine Delivery Systems (ENDS) and Electronic Non-Nicotine Delivery Systems (ENNDS) are "devices containing a battery that heats a coil to vaporise a liquid matrix (e-liquid) which main contain nicotine, delivering an aerosol to the user" (WHO, 2017a, p. 28). There are other forms of e-cigarettes such as the Heat Not Burn (HNB) and vapor products (e.g. Juul, Vape Pens, Mods, Suorin Drop and Tank Systems).

e) Second-hand and third-hand smoke

Cigarette smoking is the main source of second-hand smoke because it is the most prevalent form of tobacco use. "Tobacco smoke contains thousands of chemicals released during burning as gases, vapours and particles" (Mattias, Woodward, Jaakkola, Perugad, & Prüss-Ustüne, 2010, p. 2). It is estimated that second-hand smoke exposure contributes to more than 600,000 of global deaths each year due to tobacco-related diseases (WHO, 2010, p. 17). These include deaths from lower respiratory infections, asthma, lung cancer, and ischaemic heart disease. "Of all deaths attributable to second-hand smoking, 28% occur in children, and 47% in women" (Mattias et al., 2010, p. viii).

When non-smokers get exposed to second-hand smoke, they have a 25 to 35% increased risk of suffering acute coronary diseases, and increased frequency of chronic respiratory conditions (He et al., 1999). Small children whose parents smoke at home often faced an increased risk of suffering lower tract respiratory infections, middle ear infection, and Sudden Infant Death Syndrome (California Environmental Protection Agency, 1997). Children's exposure to smoking increases their chances of becoming smokers at early ages, having the potential to develop a smoking habit from their young ages up to their adult lives.

Table 3 shows the prevalence of exposure to second-hand smoke based on existing research. The 2014 NCD STEPS Survey shows that 46.5% were exposed to second-hand smoke in the home, while 34% were exposed in the workplace. In the 2011 GSHS, 67.3% students aged 13-15 reported that people smoked in their presence. Further, in the 2017 GYTS, 49.7% of those surveyed responded that they were exposed to second-hand smoke in the home, while 55.4% were exposed in an enclosed public place.

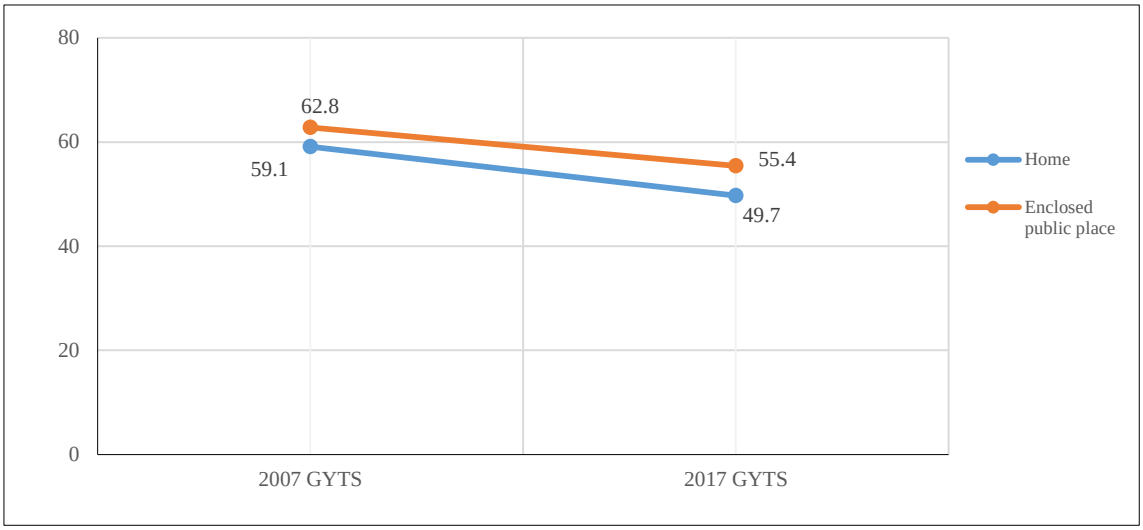
The rate of exposure to second-hand smoke based on the GYTS results is declining, when comparing the prevalence rates of the 2017 GYTS and that of the 2007 GYTS (also see Figure 8). The GYTS results indicate that Samoan people get more exposure to second-smoke in enclosed public places than at their homes. This shows that smoking in enclosed public places remains commonplace in Samoa.

Table 3: Prevalence of exposure to second-hand smoke

Survey / study	Year	Aged group	Prevalence of second-hand smoke (past 7 days)
NCD STEPS Survey	2014	18-64 years	• 46.5% were exposed in the *home*. • 34% were exposed in the *workplace*.
Global School-based Student Health Survey (GSSHS)	2011	13-15 years	• 67.3% reported people *smoked in their presence*.
Global Youth Tobacco Survey (GYTS)	2007	13-15 years	• 59.1% were exposed in the *home*. • 62.8% were exposed in any *enclosed public place.*
	2017	13-15 years	• 49.7% were exposed in the *home*. • 55.4% were exposed in any *enclosed public place*.

Source: MOH (2007, 2008, 2011, 2014e, 2017b)

Figure 8: GYTS results on second-hand smoke prevalent rates (%), 2007& 2017



Source: MOH (2007, 2017)

In addition, third-hand smoke is being identified as another form and effect of tobacco use. Third-hand smoke is "the long-lasting residue resulting from second-hand smoke that accumulates in dust, in objects, and on surface environments where tobacco has been smoked, and which can end up in landfills and waste" (WHO, 2017a, p. 22). There is limited evidence about the prevalence and effects of third-hand smoke in Samoa, Pacific countries, and other countries. However, at the global level, while scientific evidence regarding third-hand smoke is relatively new, it has shown that third-hand smoke contributes to indoors (cars, homes, offices, hotel rooms, etc.) and outdoor environmental pollutions. Regular smoking over longer periods leads to a significant mass of emitted tobacco smoke pollutants to accumulate in dust, on surfaces, and in objects and materials, which affect the environment and air quality. Compounds found in third-hand (and second-hand) smoke include "highly mutagenic and carcinogenic tobacco-specific nitrosamines", "toxic metal, alkaloids (e.g. nicotine)", and others, which are created and formed as a result of the reactions of chemicals from the long-lasting residue retained on surfaces, in objects, and in the air (WHO, 2017a, p.22).

Residual chemicals on clothes, surfaces and objects, and in the air are toxic, posing health and environmental risks. Very young children are particularly vulnerable to the effects of third-hand smoke because of the immaturity of their immune systems, under-developed organs and behaviours, and given the longer periods of time they spent indoors. Because of the massive consumption of tobacco products worldwide, tobacco by-products (e.g. cotinine, cigarettes and cigarette buts) enter the soil, water system, and landfills through waste products (WHO, 2017a). The environmental effects of tobacco are further discussed in Section 1.2.4.

f) Cessation

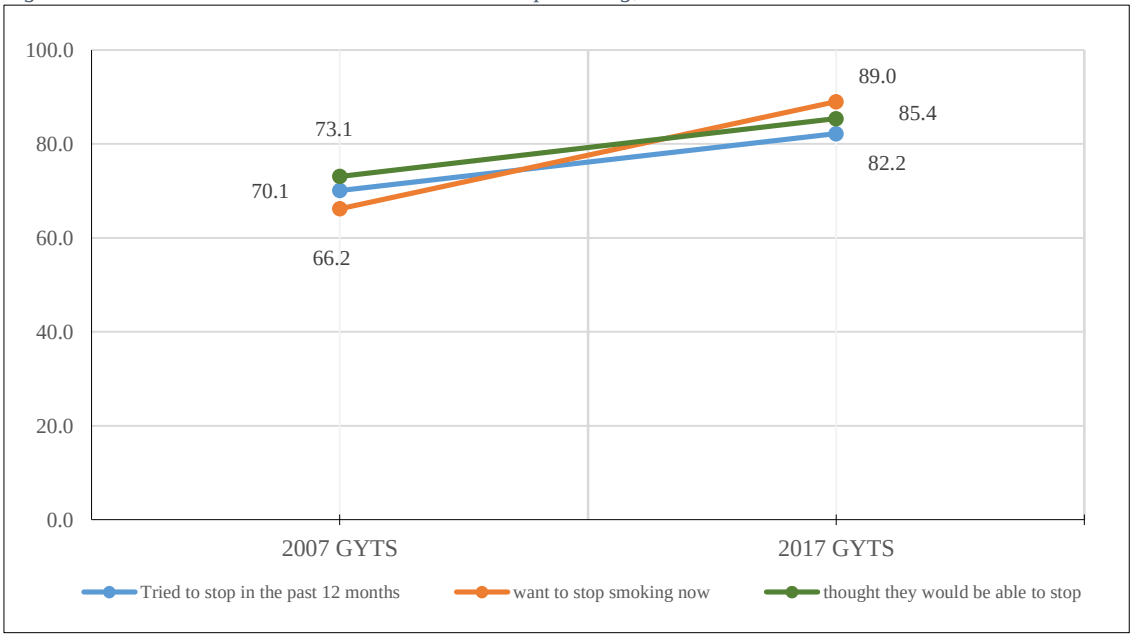
The above-mentioned research surveys further attempted to find out people's willingness to quit smoking. In the 2014 NCD STEPS Survey, 64.5% of current smokers aged 18-64 years who were surveyed responded that they tried to stop smoking during the past months (see Table 4). Similarly in the 2017 GYTS, 82.2% of current smokers aged 13-15 years tried to stop smoking, while 89.0% want to stop smoking now. A total of 85.4% thought they would be able to stop smoking. In comparing the GYTS results for 2007 and 2017, there is an increased desire and capacity amongst current smokers, and in particular the young boys and girls who are smoking, to give up smoking, and they should be able to do so (see Figure 9).

Table 4: Percentage of current smokers who tried to stop smoking

Survey / study	Year	Aged group	% of current smokers who tried to stop smoking
NCD STEPS Survey	2014	18-64 years	• 64.5% tried to stop smoking during the past 12 months • 35.7% were advised by a doctor/health worker in the past 12 months to quit smoking.
Global Youth Tobacco Survey (GYTS)	2007	13-15 years	• 70.1% tried to stop smoking in the past 12 months. • 66.2% want to stop smoking now. • 73.1% thought they would be able to stop.
	2017	13-15 years	• 82.2% tried to stop smoking in the past 12 months. • 89.0% want to stop smoking now. • 85.4% thought they would be able to stop smoking.

Source: MOH (2007, 2008, 2014e, 2017b)

Figure 9: Current smokers who tried and wanted to stop smoking, 2007-2017



Source: MOH (2007, 2017)

g) Access and availability

Measures of access and availability to tobacco products give an indication of changes in smoking behaviours as well as existing gaps in current tobacco control measures. Table 5 and Figure 10 give a comparison of the level of access that smokers have to cigarettes based on the 2007 and 2017 GYTS results.

In the 2017 GYTS, 44.2% of smokers bought cigarettes from a store or retail source. Amongst current smokers who tried to buy cigarettes, 34.7% were not prevented from buying cigarettes because of their age. Smokers' access and availability rates based on the 2017 GYTS were higher than those obtained from the 2007 GYTS, which show that more young people (aged 13-15 years) were buying cigarettes from stores or retail sources in 2017 compared to 2007. This means that more students at this age group were not prevented from buying cigarettes given they were minors and are therefore not allow to buy cigarettes under current law. These findings further indicate an increase in the number of unlicensed tobacco sales in Samoa. More young people are able to access cigarettes at their young school ages in

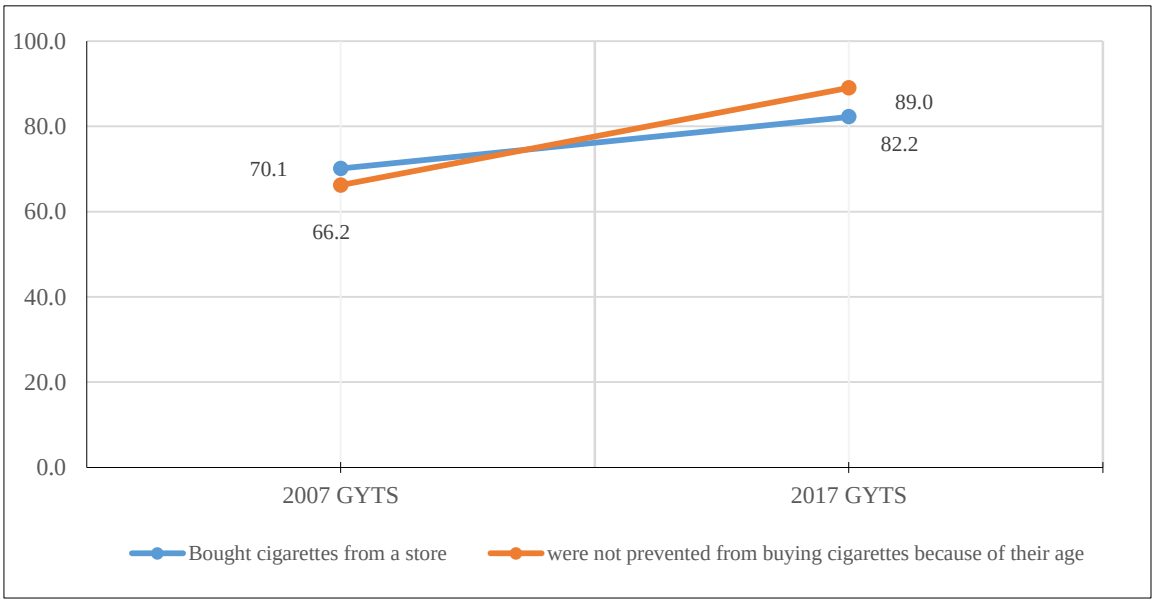
recent years than in previous years. Access and affordability especially amongst young and low-income people are also encouraged by the current practice of selling cigarettes in individual sticks.

Table 5: Access level of young people aged 13-15 years to cigarettes

Survey / study	Year	Aged group	Access and availability
Global Youth Tobacco Survey (GYTS)	2007	13-15 years	• 36.3% bought cigarettes from a store or retail sources. • 27.7% were not prevented from buying cigarettes because of their age.
	2017	13-15 years	• 44.2% bought cigarettes from a store or retail sources. • 34.7% were not prevented from buying cigarettes because of their age

Source: MOH (2007, 2017)

Figure 10: Access level of young people aged 13-15 years to cigarettes



Source: MOH (2007, 2017)

h) Anti-tobacco information, awareness and education

People need to know about tobacco use and its effects so that they are able to make the right choices. Finding out people's level of awareness and informed understanding about tobacco will assist with educational and awareness strategies, programs and services. People's awareness and understanding about tobacco can be strengthened through various means such as using the media (TV, newspaper, social media, radio, etc.) and through awareness programs. Table 6 and Figure 11 reiterated the results of the 2007 and 2017 GYTS about anti-tobacco information, awareness and education amongst young people aged 13-15 years in Samoa. Overall, the results of the two GYTS shows that exposure to tobacco industry advertising has declined in the past 10 years. However, current exposure amongst young people still remains significantly high. In 2017, 75.4% of students noticing tobacco use on film media, and approximately one (Joossens) out of 10 students were being offered free cigarettes by a tobacco company or had owned items with a tobacco branding.

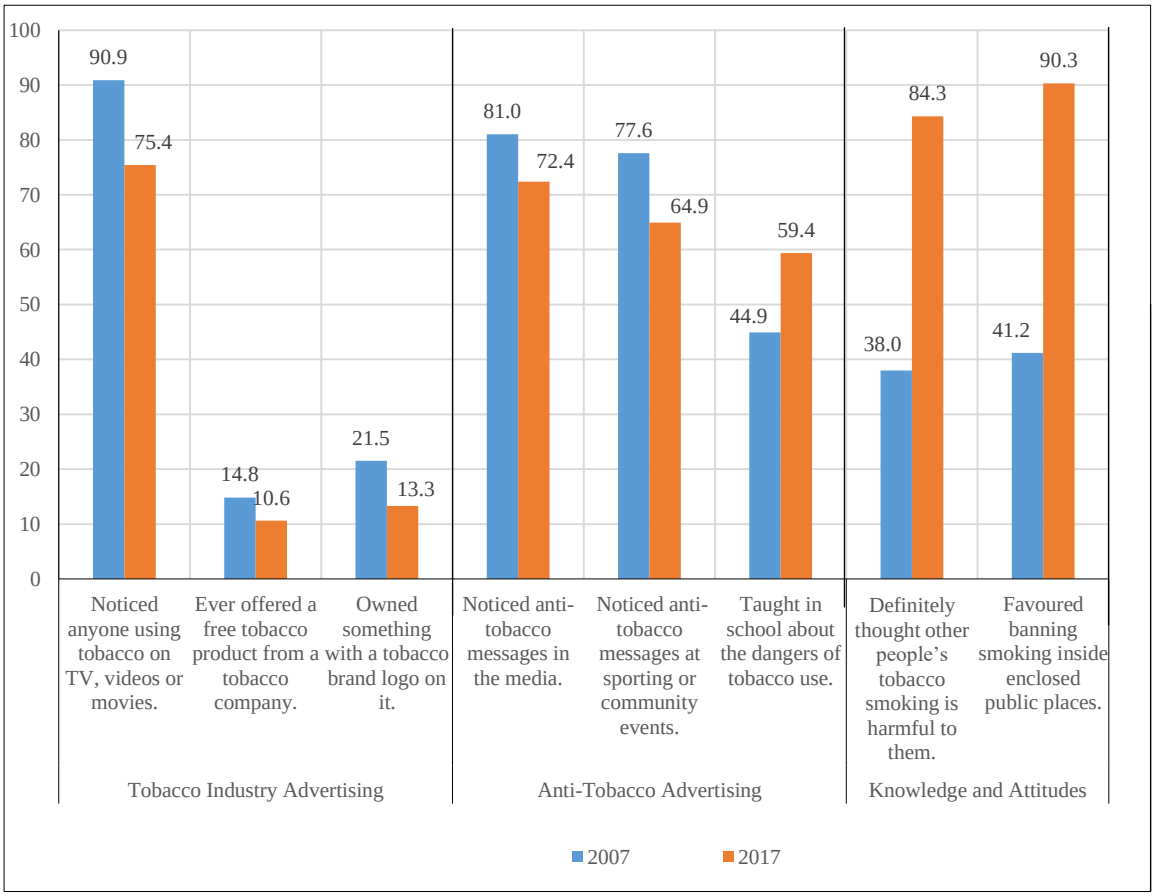
Further, young people's awareness about anti-tobacco through the media, and sporting and community events has not changed over the 10-year period of 2007 to 2017; from 81.0% to 72.4% and from 77.6% to 64.9% respectively. There is however an increase in the number of students who were taught in school about the dangers of smoking. Over the 10-years period, there is also a significant shift in knowledge and attitudes of young people or students about the harmful effects of tobacco and that an increased majority were favouring a ban on smoking in enclosed public places.

Table 6: Anti-tobacco awareness amongst students aged 13-15 years, 2007 & 2017

Anti-tobacco information, awareness and education		GYTS results (%)	
		2007	2017
Tobacco Industry Advertising	• Noticed anyone using tobacco on TV, videos or movies.	90.9	75.4
	• Ever offered a free tobacco product from a tobacco company.	14.8	10.6
	• Owned something with a tobacco brand logo on it.	21.5	13.3
Anti-Tobacco Advertising	• Noticed anti-tobacco messages in the media.	81.0	72.4
	• Noticed anti-tobacco messages at sporting or community events.	77.6	64.9
	• Taught in school about the dangers of tobacco use.	44.9	59.4
Knowledge and Attitudes	• Definitely thought other people's tobacco smoking is harmful to them.	38.0	84.3
	• Favoured banning smoking inside enclosed public places.	41.2	90.3

Source: MOH (2007, 2017)

Figure 11: Anti-tobacco information, awareness and education, 2007 & 2017 GYTS

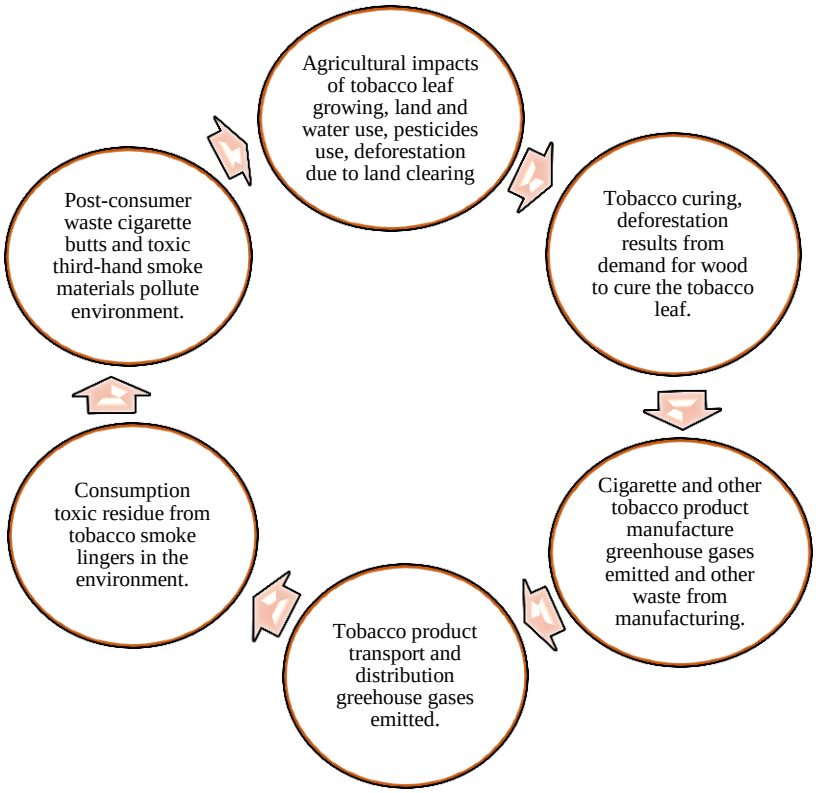


Source: MOH (2007, 2017)

1.2.4. Effects of tobacco use

Tobacco creates and inflicts damages, costs and wastes across its entire life cycle, "from cradle to grave" (WHO, 2017a, p. 2). That life cycle of tobacco impacts involved five stages: growing and curbing; product manufacture; distribution and transportation; product consumption, including second-hand and third-hand smoke exposure; and post-consumption tobacco product waste disposal (see Figure 12). The effects of tobacco is therefore multi-dimensional across these stages - ranging from its effects on agriculture and vegetation, land use, environment, economy and income inequality, poverty, food security and people's livelihoods, public health and curative care, public expenditure, and waste management.

Figure 12: Life cycle of tobacco – from cultivation to customer waste



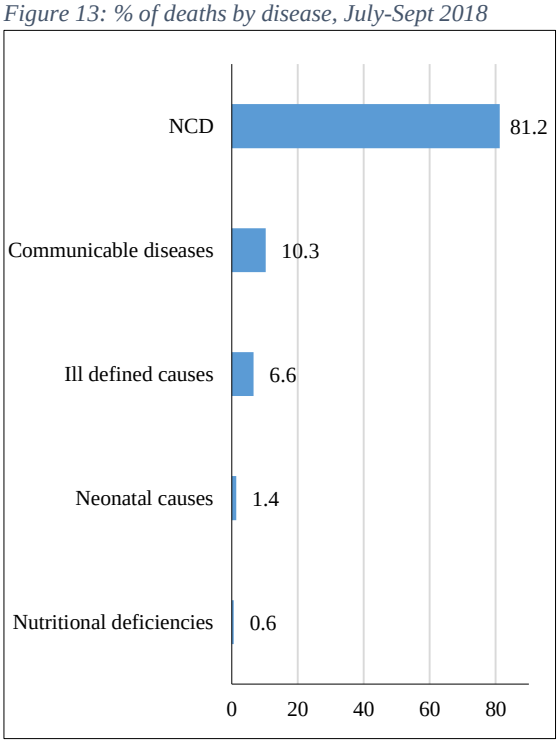
Source: WHO (2017a, p. 3)

The (health, social, economic and environmental) effects and impact of tobacco use in Samoa have not been examined. However, there is an abundance of international evidence, including scientific evidence supporting the notion that tobacco causes more harm than good to a society and country, despite claims from the tobacco industry of their economic and monetary contributions (Drope et al., 2018b). As a harmful product, the high costs and negative consequences (past, now and in the long-term) of tobacco which will exceed any economic benefits. Hence countries worldwide are adopting efforts to combat tobacco use - with the support of development agencies such as the WHO - and with advanced countries taking the lead in adopting and implementing tobacco control efforts (WHO, 2017a).

1.2.4.1. Health implications

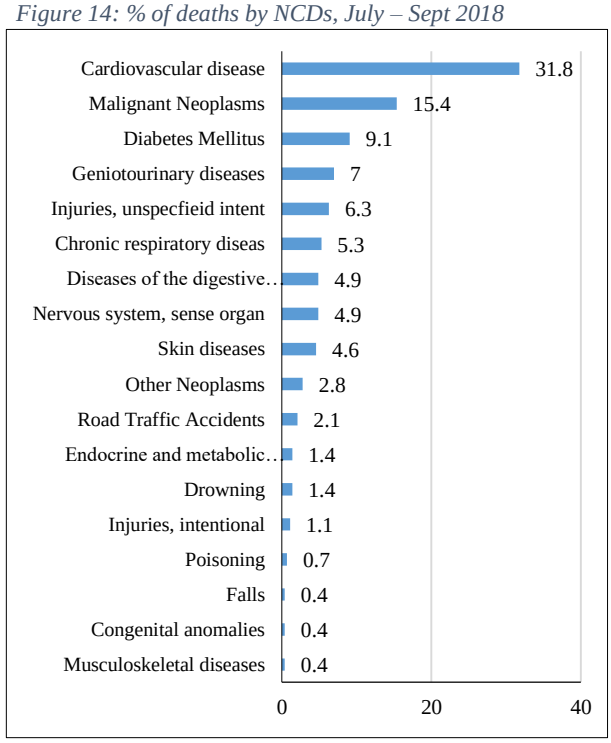
Section 1.2 above provides a situational analysis about Samoa's proportional mortality due to the major NCDs on a global and regional comparison. Samoa continues to face an increasing burden of NCDs. Risk factors for NCDs are increasing. Figure 13 shows the percentage of deaths with an issued medical death certificate recorded at the Tupua Tamasese Meaole (TTM) Hospital between July to December 2018 disaggregated by diseases. NCDs contribute to 81.2% of deaths while only 10.3% for communicable diseases. NCDs contribute to the highest number of deaths at the main TTM hospital; NCDs are Samoa's biggest killers. Figure 14 further shows a breakdown of deaths by the types of NCDs. Cardiovascular diseases contribute to the highest proportion (31.9%) of deaths. Malignant neoplasms are the second highest contributor, and diabetes mellitus is the third contributor, of deaths at TTM hospital.

Figure 13: % of deaths by disease, July-Sept 2018



Source: MOH (2018a)

Figure 14: % of deaths by NCDs, July – Sept 2018



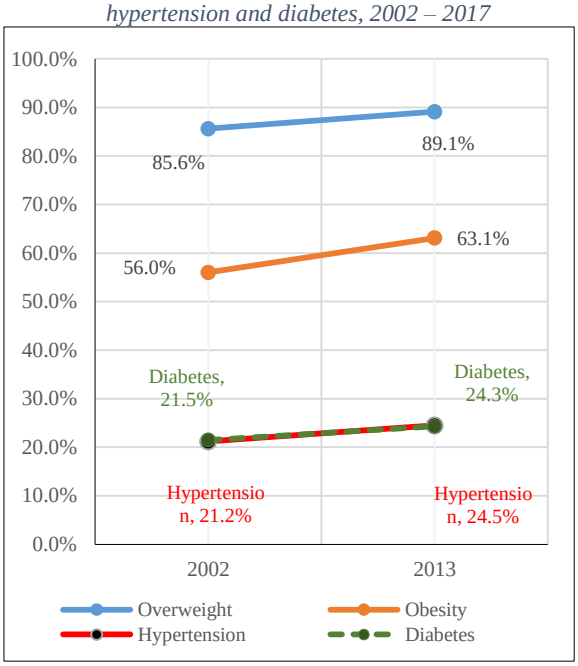
Source: MOH (2018a)

Data collected from the 2002 and 2013 NCDs STEP Surveys show that the number of people in Samoa who are overweight and have obesity, hypertension and diabetes is increasing, not declining (see Figure 15), and this is worrying for a country. People who are overweight has the highest number recorded, followed by those with obesity. However, comparing the trends over the 2002-2013 period, the top highest increase is noted in the number of people with obesity, which increased from 56.0% in 2002 to 63.1%; an increase of 13%. The second highest increase is noted in those who are overweight and with hypertension, which increased from 85.6% to 89.1% for overweight, and from 21.2% to 24.5% for hypertension.

Those with diabetes increased from 21.5% in 2002 to 24.3% in 2013. Figure 16 further show admissions to public health facilities for NCDs and tobacco-related diseases. The most common cancers (lung, breast and stomach) increased within a one-year period (from 2016 to 2017). For instance, there were 26 new cases of lung cancer admissions in 2017 compared to

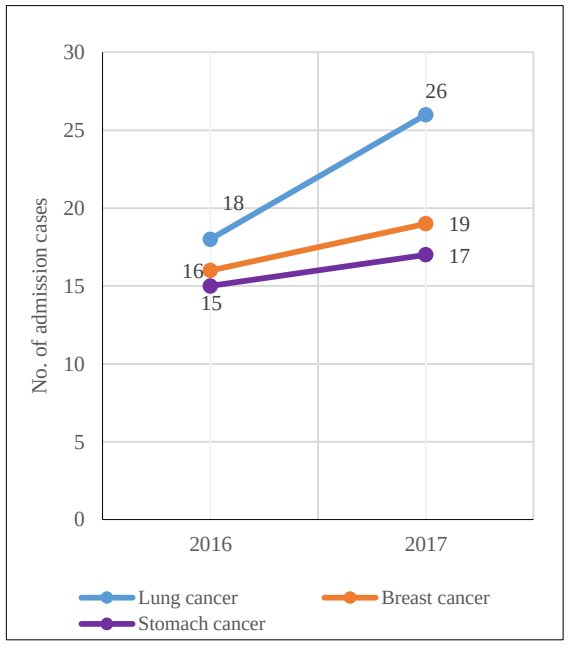
18 new cases in 2016. Tobacco consumption is scientifically proven to have contributed to lung diseases.

Figure 15: Prevalence of overweight, obesity, hypertension and diabetes, 2002 – 2017



Source: MOH (2002, 2014e)

Figure 16: Admission cases of cancer, TTM Hospital 2016-2017



Source: MOH (2018c)

Figure 17 shows that the largest proportion of the health expenditure during the 2014-2015 financial year went to the treatment of NCDs, amounting to 36.4% (or ST$40.3million) of total health expenditure. NCDs are undeniably the financial burden on public expenditure and health services, absorbing the largest share of taxpayer money allocated to health. Figure 18 further shows that a large proportion of health expenditure went to curative care (71.4%), while only 3.0% was spent on preventive care. Curative care includes inpatient curative care, day curative care, and outpatient care, mostly for the treatment of patients with chronic NCDs. While there is so much planning efforts aimed at preventive health, resource allocation for the preventive side of health is very minimal.

Figure 17: Health expenditure by diseases, 2014/2015

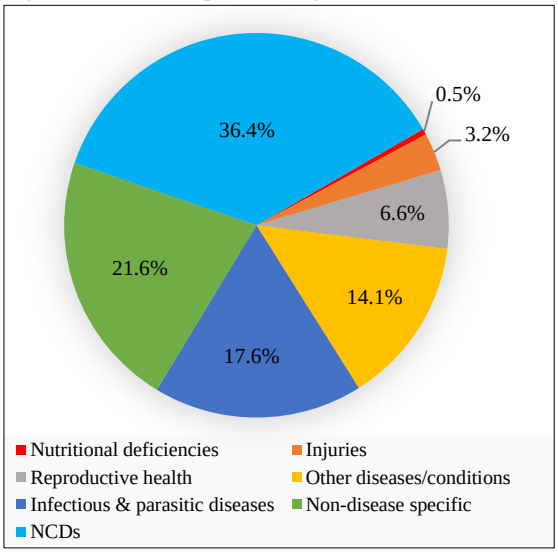
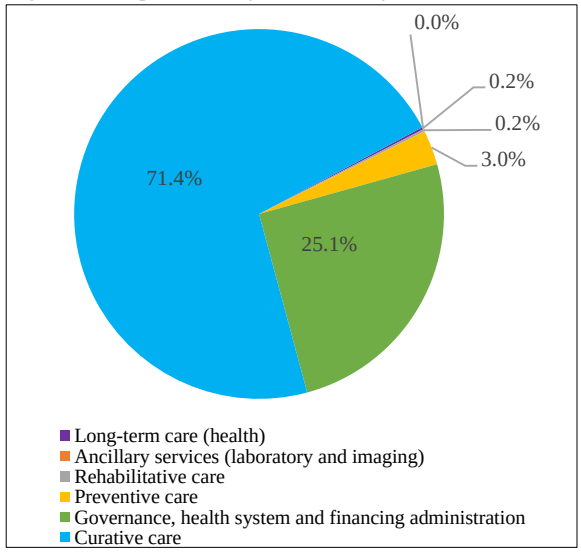


Figure 18: Expenditure by health care functions, 2014/2015



Source: MOH (2015) Source: MOH (2015)

1.2.4.1. Economic implications

Those who support tobacco (often the tobacco industry itself) often claim that tobacco control measures (e.g. increasing tobacco price and tax) will cause economic problems such as reducing revenue, employment and livelihoods. However, several research and assessments show the opposite. The poor are more likely to reduce tobacco consumption as a result of higher prices, thereby increases their chances for better health. The money they save by not spending on tobacco can be spent on better economic/financial choices such as buying more healthy items such as food, and to support their families and children. Also, increasing tobacco prices leads to more government revenue. Further, the proportion of employment in the tobacco industry worldwide is decreasing and employment in the tobacco industry is relatively small (F. J Chaloupka & Grossman, 1996; Frank J Chaloupka, Yurekli, & Fong, 2011; David, Frank, & Joseph, 2006; Jha & Chaloupka, 2000).

Over the years, "transnational industry corporations have lowered production costs by shifting tobacco leaf production from high-income to low-income countries, where around 90% of tobacco farming now takes place" (WHO, 2017a, p. 4). Avoiding corporate responsibility and cheap labour are some reasons for the move away from countries with strong environmental and tobacco control regulatory systems to those with weak systems. As such, "tobacco use is concentrated among the poor and other vulnerable groups", attributing to health disparities between rich and poor. Several countries that are large tobacco producers faced food security and poverty concerns, as growing tobacco diverts land that could otherwise use to grow food. Tobacco farming and curing are labour intensive and tobacco farmers generally earn very litte considering their efforts (WHO, 2017a).

The small employment in the tobacco industry[v] does not equate to the economic effects of tobacco such as the high public health expenditure for the treatment and cure of the high prevalence of NCDs and tobacco-related diseases (see Section 1.2.4.1). In 2016, the total global economic cost of smoking was 2 trillion dollars. However, the combined revenue of the world's six largest tobacco companies was more than USD346 billion, which is 44,961% larger than Samoa's Gross National Income (Drope et al., 2018a). This means that further investment in the tobacco industry or maintaining the tobacco industry in Samoa will continue to contribute to some economic gains, but those gains will not equate to the long-term economic, health and environmental costs of tobacco use.

1.2.4.1. Environmental implications

The environmental effects of tobacco is overwhelming given its massive production and consumption globally. Tobacco cultivation and forests is a significant cause, particularly for LMICs, where 90% of tobacco farming takes place. In 2012, "commercial tobacco farming produced 7.5 million metric tonnes of tobacco leaf on 4.3 million hectares of agricultural land in at least 24 countries". The massive scale of land use for tobacco contributed to the lost of "1.5 billion hectares of forests" since the 1970s, and "up to 20% of annual greenhouse gas increases" worldwide (WHO, 2017a, pp. 4-5). "For every 300 cigarettes (about 1.5 cartoons), one tree is required to cure the tobacco leaf alone" (WHO, 2017a, p. 14).

[v] Representatives of the British American Tobacco Industry in Samoa during consultations stated that the industry currently employs around 50 workers in Samoa.

Given the high and increased tobacoo cultivation in LMICs, tobacco framing is one of the most environmentally destructive agricultural practices - contributing to deforestation (one of the largest contributors to cardon dioxide emissions and climate change), lost of biodiversity, land degradation or desertification, reduced soil fertility and productivity, vegetation lost, and disruption of the water cycles. As well, tobacco manufacturing is being identified as the most environmentally damaging stage in the tobacco production cycle. There are "560 cigarette manufacturing facilities in the world, producing more than 6 trillion cigarettes every year". The highest environmental costs of cigarettes result from the large amount of energy, water and other resources[vi] used in manufacturing, as well as the waste generated during the production process and from post-consumer use. (WHO, 2017a, p. 13).

Tobacco waste ends up everywhere. Clean-up and disposal costs are not borne by the tobacco indsutry manufacturers, distributors or users, and waste management responsbility is often expected to take up by government. "With up to two-third of every smoked cigarette discared in the ground, between 340 and 680 million kilograms of waste tobacco product litters the world every year" (WHO, 2017a, p. 24). Tobacco product waste contains over 7,000 chemicals leaching into and accumulating in the environment during the tobacco production life cycle. This is toxic waste that ends up on the streets, and in drains, water and soil - killing acquatic organisms such as fish, as well as damaging fresh water systems and organic crops.[vii] "Cigarette butts are by far the largest single type of litter by count", comprising "30-40% of all items consistenly picked up in annual international coastal and urban clean-ups" since the 1980s. Cigarette filters may break into small plastic pieces containing and eventually leaching out some of the many chemicals contained in cigarettes (WHO, 2017a, p. 26).

1.3. Current approaches and gaps on tobacco control

1.3.1. The Framework Convention on Tobacco Control

The WHO Framework Convention on Tobacco Control (FCTC Secretariat) is a policy instrument attempted at the international inter-governmental level to try and address the global epidemic of tobacco use and its impact on public health. The Convention is an international treaty and is therefore international law. By providing "a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels", the Convention calls for countries to implement policies, strategies, legislation, education and other measures to "protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" (FCTC, 2003, p. 5).

The FCTC was adopted in 2003 and a total of 181 countries have ratified it. Samoa ratified it on 3 November 2005. It entered force for Samoa on 1 February 2006. As a party, Samoa is obligated to implement the FCTC provisions through national policy and regulatory measures, programs, services and other means. Realisation of the benefits of the Convention

[vi] Examples of environmental costs include chemicals used in the preparation and treatment of tobacco leaf; metals and energy (coal, gas, etc.) used in the manufacturing, shipping and distribution of cigarette-making machines and tobacco products, and for the extraction, extrusion and processing of cellulose acetate filters; thousands of chemical additives including flavouring and modifiers used; all effluent from the cigarette-making process; and use of papers, foil, plastics, and other materials for rolling and packaging.

[vii] A recent study (Slaughter E, Gersberg RM, Watanabe K, *et al.* (2011), cited in WHO, 2017a, p. 26) shows that "cigarette butts soaked in either fresh or salted water for 96 hours have a lethal concentration that killed half the exposed test fish".

requires political commitment not to undermine the objectives set out in the Convention but to have the support and energy to implement it.

The Convention has 38 Articles. The core provisions are the tobacco 'demand reductions' obligations under Articles 6-14 and tobacco 'supply reduction' obligations under Articles 15-17. Under Article 21, parties are required to regularly submit to the Conference of the Parties reports on the convention implementation. Samoa submitted its first report in 2008 and the second one in 2016. The next report was due to be submitted in 2018. Samoa did not submit its five-year implementation report due in 2010.

Samoa has made positive progress in meeting its obligations under the Convention. With the strategic direction provided by the National Tobacco Control Policy & Strategy (NTCP&S) 2010-2015 and the legislative framework provided by the Tobacco Control Act (TCA) 2008 and Tobacco Regulations 2013, Samoa now has the basic policy and regulatory foundation for tobacco control. Further, the MOH has been working collaboratively with other government agencies and civil society organisations (CSOs) in implementing health promotion, awareness and educational programs on tobacco control.

However, there are significant gaps that Samoa must consider and address in order to make further progress towards meeting all the obligations under the Convention. Samoa needs to have a strong and comprehensive policy and regulatory foundation for tobacco control. Enforcement and implementation of the legislation and regulations remain critical areas for strengthening in the medium and long terms. Reducing tobacco use is about changing behaviours; hence ongoing training, awareness, education and service provisions on tobacco are needed. Based on the consultation conducted (see **Appendix D** and **Appendix E**), literature review, and the 2012 and 2018 Needs Assessment for the implementation of the Convention in Samoa, the specific gaps in Samoa's tobacco control system are summarised in Table 7. These are the gaps Samoa needs to address in order to fully meet its obligations under the Convention and to strengthen its tobacco control system:

Table 7: Gaps in Samoa's implementation of the FCTC

Areas	Gaps
Universal protection.	– Samoa has yet to adopt a 100% smoke-free policy for universal protection from tobacco smoke. – Exemptions to the smoke-free policy include bars and clubs and persons smoking during a performance in a theatre or in a public space
Advertising, distribution, sales and sponsorship.	– No bans on the display of tobacco products at point of sale, internet sale, tobacco sponsorship, depiction of tobacco products or smoking in television and films, cross-border tobacco advertising, promotion and sponsorship, and sales of tobacco products by minors. – Legislation still allows for the sale of cigarettes in small packs. – Lack of measures to determine current age with respect to prohibiting tobacco sales to and by minors. – No provision in the TC Act that prohibits the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco. – There is no provision in the Tobacco Control Act that prohibits sale of tobacco products by persons under 18 years. The amendment of the Tobacco Control Act in January 2019 allows for the sale of tobacco by persons of 15 years and over.
Packaging and labelling.	– Legislation are not explicit in prohibiting the use of figurative or other signs as substitutes for prohibited misleading terms and descriptors and the use descriptors describing flavours. – Legislation do not require warning messages and graphics on a retail

	packaging not to be obscured or obliterated in any way, including by required markings. – Need to further increase the size of the pictorial health warnings and introduce guidelines to ban quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another.
Conflict of interest, tobacco industry influence and environmental protection and liability.	– No law or policy that explicitly protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry – e.g. public officials to comply with the requirements of the Convention under Article 5.3. – No policy measures on the protection of the environment and the health of persons with respect to tobacco cultivation and manufacturing. – Unclear policy measures on dealing with criminal and civil liability for the purpose of tobacco control.
Tobacco products and illicit trade.	– No comprehensive provision in the Tobacco Control Act and Regulations to tackle illicit trade in tobacco products. There is no tracking and tracing system, tax stamp system or a retailer licensing system. – Lack of measures for effective disclosure to the public of toxic constituents and emissions. – Lack of measures to regulate electronic nicotine delivery systems and illicit trade in tobacco products
Tobacco pricing and taxation.	– Public health is not considered as an objective of the tobacco tax policy – e.g. tobacco excise tax is not driven by health reasons. – Tobacco has been removed from the price control list. – Local tobacco products (*tipi*, *tapaa*) not regulated and subject to taxes. – Tobacco product taxation level is still below the WHO recommended level of 70% of the retail price of tobacco.
Tobacco dependence and cessation.	– No guidelines concerning tobacco dependence and cessation. – Limited programs and services on tobacco dependence and cessation.
Implementation, enforcement, monitoring and evaluation (M&E), and reporting.	– Lack of monitoring and enforcement of smoke-free policies. – Lack compliance with the existing legislation and regulations on tobacco control, including reporting on the implementation and enforcement of tobacco control measures. – Lack of information on testing required of tobacco manufacturers to date and making such information available to the public. – Lack surveillance and exchange of information on tobacco use. – Lack of systematic evaluation of the effectiveness of educational, communication and training activities. – There is a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.
Training, research, awareness, education, information and services.	– Identification of training and research needs has yet to be undertaken. – Limited training and research provisions on tobacco use – e.g. no research on the burden of tobacco-related deaths and diseases, social, economic and environmental costs of tobacco use and the costs and benefits of tobacco control measures. – Action plans for the implementation of education, communication and training activities with a comprehensive multi-sectoral tobacco control program have not been developed. – Education and communication materials are not always pre-tested. – Lack of research on the determinants and consequences of tobacco consumption and exposure to tobacco smoke. – Need to establish a database on morbidity attributable to tobacco use.
Coordination, roles and responsibilities.	– Limited awareness across government agencies about the Convention. – Roles and mandates of key stakeholders in implementing the Convention have not yet been clearly defined.

	– Limited recognition by Ministries about their mandates and roles in implementing the Convention including reporting responsibilities. – Limited multi-sectoral coordination mechanisms on tobacco control measures. For example, the Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL) has been inactive over recent years. – No systematic engagement of CSOs in implementing the Convention. – Need to revitalise the National Tobacco Control Committee (NTCC).
Financing and resourcing.	– Limited budget and full-time staff dedicated to the implementation of the Convention or tobacco control measures by the MOH and across other key implementing Ministries. – Lack of established bilateral and multi-lateral funding mechanisms and support for the implementation of the Convention.
Economically viable alternative activities.	– No policy and mechanisms promoting and supporting tobacco workers and sellers to move to economically viable alternative livelihoods.
General	– Lack of measures that go beyond the minimum requirements of the Convention concerning tobacco control.

Source: FCTC Secretariat (2012, 2018)

1.3.2. Samoa National Tobacco Control Policy & Strategy 2010-2015

This NTCP&S 2010-2015 provided the overarching philosophy and strategic framework for a comprehensive approach to tobacco control in Samoa for the implementation of planned actions identified for the 2010-2015 period. Its vision was "*a healthy Samoa with people, communities and environments that are tobacco-free*". Its mission was "*to attain the lowest possible tobacco use prevalence and the highest level of protection from second-hand smoke*".

The goals were to: "reduce use of tobacco products in Samoa"; "reduce exposure to environmental tobacco smoke in Samoa"; "change social norms such that exposing people to environmental tobacco smoke becomes regarded as unacceptable in Samoan society"; and "track progress against policy objectives and use evaluation data to guide tobacco control program and planning".

Six key strategic areas were identified: "governance and leadership"; "legislation and enforcement"; "financing and tobacco taxation"; "alliances and partnerships"; "public awareness, education and communication"; and "treatment and cessation". A total of 49 activities were listed under these six strategic areas to be implemented within the timeframe of this national policy and strategy, all aimed at: reducing the sales of tobacco and prevalence of smoking; increasing smoking cessation rates and the (defer) age at which people start smoking; enforcing restrictions on smoking in public places; developing partnerships and collaboration for tobacco control; and implementing sound M&E mechanisms.

Table 8 outlines the indicators on tobacco control as stated in health policies during the 2010-2015 period of the National Tobacco Control policy and strategy, and compare those indicators with the current situation based on available studies discussed in Section 1.2.3:

Table 8: Previous indicator relating to tobacco control under health policies

Indicator relating to tobacco control	Baseline	Target	Current situation
Samoa Health Sector Plan (2008-2018)			
Prevalence of current adult smokers.	40.3% (2008)	44.33% (2018)	25.6% (2013)
Incidence of cardiovascular diseases and hypertension.	21.2% (2002)	29.68% (2018)	34% (2016)
Samoa NCD Policy 2010-2015			
Promote positive social interactions and enhanced networks that discourage tobacco use.	Not stated	Not stated	Not stated
Provide individuals and communities with the correct tools and information to make the right choices.	Not stated	Not stated	
Engage in multimedia as alternative communication tools to reach target groups.	Not stated	Not stated	
Samoa National Health Prevention Policy, 2013-2018			
Increasing the age at which people start smoking.	Not stated	Not stated	Not stated
Tobacco prevalence among students.	Not stated	Not stated	
Reduction in male and female tobacco prevalence, obesity in children, prevalence of death mortality, and deaths from heart diseases.	Not stated	Not stated	
Samoa National Tobacco Control Policy and Strategy 2010-2015			
Incidence of lung cancer, asthma, COPD, hypertension, heart attack, stroke, diabetes.	Not stated	Not stated	Not stated
Prevalence of all types of diabetes.	Not stated	Not stated	
Incidence of invasive cancer.	Not stated	Not stated	
Mortality due to lung cancer, asthma, COPD, hypertension, heart attack, stroke, diabetes.	Not stated	Not stated	
Annual retail sales of manufactured cigarettes.	Not stated	Not stated	
Prevalence of smoking among adult men and women.	Not stated	Not stated	
Prevalence of smoking among male and female youth.	Not stated	Not stated	
Decrease in proportion of adults who are daily smokers.	Not stated	Not stated	
Number of people who have quit smoking since previous survey and are non- smokers at time of current survey.	Not stated	Not stated	
Number of people participating in smoking cessation programs.	Not stated	Not stated	
Age at uptake of smoking in males and females.	Not stated	Not stated	
Number of breaches of smoke-free policies reported.	Not stated	Not stated	
Number of *Pulenu'u* conducting smoke-free village meetings.	Not stated	Not stated	
Number of households reporting they do not smoke in the house.	Not stated	Not stated	
Number of households reporting they do not smoke around children.	Not stated	Not stated	
Number of stakeholders actively implementing tobacco control activities.	Not stated	Not stated	
Number of districts and community groups that collaborate in health promotion and prevention programs, specifically tobacco control activities.	Not stated	Not stated	
Number of breaches of restrictions on sales to minors and sale of single units reported.	Not stated	Not stated	
Number of Pulenu'u conducting smoke-free village meetings.	Not stated	Not stated	

Source: MOH (2010)

Given the lack of reporting on the M&E of the NTCP&S 2010-2015, it is difficult to map out what was actually implemented of the 49 activities outlined under this national policy/strategy as well as identifying the lessons learnt for follow-up plans and strategies. There had not been any formal evaluation of this national policy/strategy. Hence while the survey results discussed under Section 1.2 show a reduction in the prevalence of tobacco use in Samoa, it is difficult to relate those results to any strategies and activities implemented under the NTCP&S 2010-2015. It is also problematic to ascertain key achievements and implementing efforts and progress made as well as where momentum can be built upon from previous efforts. Nevertheless, based on available quarterly and sixth monthly reports of the MOH's

Health Protection and Enforcement Division (HPED) during the year 2013/2014,[viii] and discussions with staff (see **Appendix D**), key activities there were implemented during the NTCP&S 2010-2015 period can be summarised as follows:

- Implementation of the 2010/2011 Village Health Fair program (SWAp and WHO funded), which involved NCDs screening (inclusive of smoking prevalence), village advocacy for healthy living, and health promotion and prevention activities; [ix]
- Development of a Facilitation Package Manual which guided the implementation of advocacy programs by MOH and CSOs (Samoan Cancer Society, churches, etc.);
- Revival of the Health Promoting School Network Committee (HPSNC) in 2011;
- SPAGHL and HPSNC's advocacy through the Village Health Fair program;
- Health Promoting School Programs promoting students' awareness about the effects of smoking tobacco as well as schools' compliance with tobacco legislation requirements [x]
- Advocacy on smoke-free homes as a component of the *Aiga ma Nuu Manuia* community-based program focusing on primary health care and health promotion; [xi]
- Awareness programs through sponsored commemoration days and events (e.g. World No Tobacco Day), integrated programs (e.g. SNAP), mass multi-media campaigns, and public events (e.g. rugby tournaments);
- Drafting of the Tobacco Control Regulations which was approved in 2013;
- Absorption by the MOH's Health Protection and Enforcement Division (HPED) of the monitoring and enforcement functions for tobacco control under the legislation; and
- Revival of the NTCC in 2012 to monitor implementation of the FCTC through programs and activities under the NTCP&S 2010-2015. (MOH, 2014a, 2014b, 2014c, 2014d)

Table 9 further outlines the actions and indicators for tobacco control under the National NCD Policy 2018-2030. These actions and indicators do not address the comprehensive gaps in Samoa's tobacco control systems as identified by the FCTC Secretariat in its 2012 and 2018 Needs Assessment Reports. An analysis of the MOH budget (see Section 1.3.8) further shows that only $120,000 per annual is allocated for tobacco control, which does not at all equate to the budget provided for tobacco control actions outlined under the approved National NCD Policy 2018-2030.

Table 9: Tobacco controls actions, indicators and estimated budget

Indicators	Baseline	Target	Budget (ST$)
Action: Conduct NTCCC Meetings			
• # of meetings convened	4 meetings per financial year	4 meetings per financial year	10,000 (WHO, GoS)
Action: Enforce implementation of the Tobacco Control Act 2008 and Regulations			
• % of manufacturers and retails complying with the law.	40% (2017)	At least 72%	1,250,000 (GoS)
• % of public places (workplaces, nightclubs, etc.) complying with the smoke-free area.	100% (2017	At least 80%	
• % of schools complying with the smoke-free area.	79% (2017	At least 80%	
• # of manufactures, importers, distributors, hotel owners, and nightclub owners complying with licensing.		100% of fees paid	
Action: Assess the tax structure and impact of increase in excise and tax on tobacco products			
• Evaluation of impact of tobacco taxes on consumption.		Study	120,000 (GoS)

[viii] Only quarterly M&E reports for 2014 were made available.
[ix] The total cost of the Village Fair Program was ST$2.8 million.
[x] For example, school compounds to have in place smoke-free signs and billboards and cigarette butts and packages not to be found on school compounds. A total of 203 schools participated in these programs, 137 in Upolu and 66 in Savaii.
[xi] Part of the Village Fair Program implemented through the MWCSD and in collaboration with other agencies such as MESC, MNRE, Samoa Water Authority and Samoa Tourism Authority.

Action: Increase coverage of multi-media campaigns for NCDs and risk factors including smoking			
• % of people that understand NCDs and its detrimental effects on health.	41 community participants	minimum of 600 participants	1,250,000 (WHO, GoS)
• Number of TV, Radio, Newspaper Spots, and Print Media.			

Source: MOH (2018b)

The document review and consultations feedback identify the following areas as critical in strengthening the effective and efficient implementation of tobacco control measures in Samoa.

1.3.3. Governance and leadership

The governance and leadership authority for tobacco control rests with two bodies – one at the political level, and one at the multi-sectoral and administrative level. At the political level, the SPAGHL, established in 2009, and consisted of the Speaker of the House, Leader of the Opposition, four Cabinet Ministers, 10 other Members of Parliament, and CEOs of the MOH Ministry of Education Sports and Culture (MESC), and Ministry of Women, Community and Social Development (MWCSD), had been advocating and promoting health within a "Whole of Government/Whole of Society Approach", within the theme of "*Avea Faipule ma Taimua*". However, the SPAGHL had been inactive in recent years and was subsequently dissolved. There are plans to try and revive this political level advocacy for health through the work of the Social Parliamentary Committee.

At the sector level, the NTCC is the body responsible for multi-sectoral governance and leadership for tobacco control in Samoa. It was established in 1993 to consult on tobacco control measures and since then operated as the governance committee for tobacco control. The NTCC consisted of representatives of the MOH, Ministry of Finance (MOF), Ministry of Commerce, Industry and Labour (MCIL); Ministry of Agriculture, Forestry and Fisheries (MAFF); MESC; MWCSD; Ministry for Revenue (MOR) and Ministry of Foreign Affairs and Trade (MFAT); Samoa Police Service (SPS); Land Transport Authority (LTA); Samoa Family Health Association (SFHA); National Council of Churches (NCC); Samoa Association of Sports and National Olympic Committee (SASNOC); Samoa Cancer Society; and Samoa National Youth Council. The NTCC is now legally established under the Tobacco Control Act since the Act's amendment in January 2019. Its mandate as identified under the Act are to:

- "develop a multi-sectoral work plan to assist the implementation of the Tobacco Control Act 2008, international obligations to the FCTC and the protocol to eliminate illicit trade in tobacco products and any other related tobacco laws;
- be an advisory committee to lead communication and advocacy within their organisation or ministry about the importance of tobacco control;
- support the coordination of input from their agency on tobacco control activities as appropriate;
- liaise within their agency as appropriate to strengthen the effective implementation of tobacco control laws; and
- support advocacy, strategies to promote tobacco control activities". (GoS, 2019)

The TC Act 2008 requires the NTCC to meet quarterly and to provide reports to the Minister of Health on its work. However, the NTCC had met only twice a year and the last time it met was at the beginning of 2018. There is a need to strengthen the NTCC and its role in providing leadership and governance oversight for tobacco control in Samoa. Cooperation

and strong leadership amongst members of the NTCC leadership are needed so that they are able to embrace the irreconcilable conflict between the tobacco industry's interests and public policy interests. Their role is critical in protecting public policies from the vested interests of the tobacco industry. The strong manoeuvring of the tobacco industry on public policy making is noted in the July 2016 MOH's submission to the MOF, where it is noted that the British American Tobacco (BAT) (as the major manufacturer of tobacco in Samoa) drafted its own version of the Tobacco Control (Licensing) Regulations and provided them to the MOH and the Attorney General's Office for consideration.

1.3.4. Legislative and regulatory system

While the basic legislative and regulatory framework is now in place, there are several gaps and loopholes with the existing legislation and regulations that need addressing so that Samoa has a strong policy and regulatory system for tobacco control. These gaps and loopholes are identified under Table 7, with the details provided in the 2018 Convention Secretariat's Needs assessment for implementation of the FCTC in Samoa. Amendments of the existing legislation and regulations are required in order to ensure that Samoa fully complies with the Convention requirements and to ensure that all aspects of tobacco control are regulated for the purpose of reducing tobacco consumption and its effects. Amendments are to ensure a 100% smoke-free policy for Samoa and that tobacco advertising, distribution, sales, and sponsorship are fully regulated. There is also a need for provisions to regulate illicit trade in tobacco products; to ensure the right packaging and labelling of tobacco products; to have environmental and personal protection; and how to deal with conflicts of interests and liability.

1.3.5. Tobacco taxation and pricing

Raising tobacco taxes and prices is proven as the most effective measures to reduce tobacco use, particularly amongst the young population (Secretariat of the Pacific Community (SPC), DFAT, NZ Aid Programme, World Bank, & WHO, 2014; WHO, 2017). However, Samoa does not yet have an explicit policy on tobacco taxation and pricing. There is no formal statement in existing government policies and plans about projections on tobacco taxation and pricing in relation to further changes in tobacco prices and taxes. The government has been increasing the excise tax by 5% over the years and this continues up to July 2019 (GoS, 1984, 2015, 2016, 2017, 2018). There might be increases beyond 2019, however, a formal position on any further increases after 2019 is not yet being announced.

Public health or health reasons, particularly the prevalence of NCDs (80% of people in Samoa died from NCDs), are not yet taken into consideration in tobacco taxation and pricing policies. The main rationale behind tobacco taxation is revenue generation. Also, the tobacco industry in Samoa has a strong influence on the setting of tobacco taxation and pricing. It was gathered from the consultations (see **Appendix D** and **Appendix E**) that the tobacco industry's production costs are taken into consideration in determining tobacco taxation and prices. NCDs prevalence, the effects of tobacco use, and the high public expenditure on health (second largest share of the government's budget), particularly for the curative care of sick people from NCD or tobacco-related diseases, are reasons not yet fully comprehended by NTCC members, as the multi-sector governance body for tobacco control. These factors need holistic consideration in the equation of determining tobacco taxation and pricing. The negative effects of tobacco use will offset any economic or revenue gains from tobacco use because of the large amount of taxpayer money that is going back to health for NCDs or tobacco-related diseases and considering the environmental effects of tobacco. For instance,

ST$40.3million (or 36.4%) of total health expenditure went to NCDs during the 2014/2015 financial year (see Section 1.2.4).

1.3.5.2. Prices of tobacco products in Samoa

a) Prices of the existing cigarettes in the retails shops

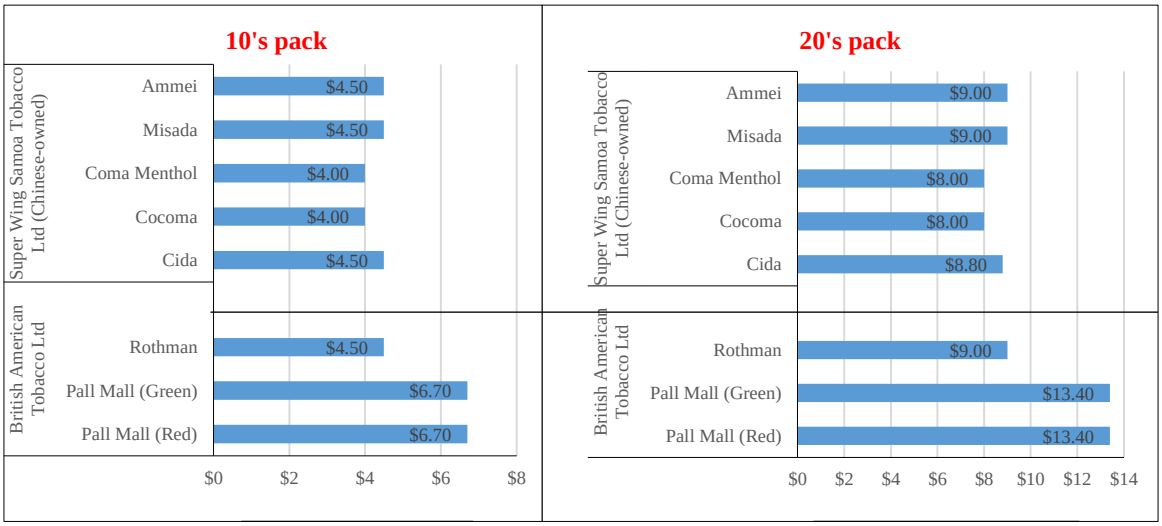
Table 10 and Figure 19 give the retail prices of the manufactured cigarettes in Samoa during the month of May 2019. The cigarettes produced by the newly introduced Chinese-owned Super Wing Samoa Tobacco (SWST) company are relatively cheaper than those produced by the British American Tobacco (BAT) Ltd, the oldest tobacco industry in Samoa. In May 2019, BAT lowered its Rothman cigarette from ST$6.50 to ST$4.50 for the 10-cigarettes pack as well as the price of the 20-cigarette pack from ST$13.00 to ST$9.00. Information about the differences in these cigarettes in terms of their contents or chemicals as well as consumer tobacco choices and preferences are not yet available.

Table 10: Retail prices of manufactured cigarettes in Samoa, May 2019

Tobacco manufacturer	Brand	10-cigarettes pack (ST$)	20-cigarettes pack (ST$)
British American Tobacco Ltd	Pall Mall (Red)	6.70	13.40
	Pall Mall (Green)	6.70	13.40
	Rothman	4.50	9.00
	Winfield Pouch (15g)	8.00	8.00
Super Wing Samoa Tobacco Ltd (Chinese-owned)	Cida	4.50	8.80
	Cocoma	4.00	8.00
	Coma Menthol	4.00	8.00
	Misada	4.50	9.00
	Ammei	4.50	9.00

Source: Visits to four local retail shops in May 2019

Figure 19: Retail prices of manufactured cigarettes in Samoa, May 2019



Source: Visits to four local retail shops in May 2019

b) Prices and prices increases of the most popular cigarette

The 2017 GYTS shows that the Pall Mall cigarettes remain the most popular brand in Samoa. However, it must be noted that this survey was conducted before the establishment of the

SWST in Samoa. Hence a follow-up survey/research is needed to confirm or disconfirm consumers' preferences given the newly introduced SWST tobacco products in the local market.

Table 11 shows the prices of the most popular tobacco brand, the Pall Mall cigarettes for a pack of 20 sticks. The current set maximum price for a 20-cigarettes pack Pall Mall is ST$12.60. This current price was set in January 2018, and there has not been an increase in the prices set by MCIL since then, given the removal of price controls and the enforcement of the Competition and Consumer Act 2016. In May 2019, the retail price of the Pall Mall 20-cigarettes pack was ST$13.40. MCIL during consultations stated it is conducting a review of tobacco prices together with other similar items and a change in prices is expected in July 2019.

Table 11: Price increase of Pall Mall 20s, 2013 – 2018

Price increase of Pall Mall 20s, 2013 – 2018			
Date	**Price ($)**	**Increase ($)**	**Increase (%)**
02/05/2013	9.00		
4/02/2014	9.50	0.50	5.56%
27/11/2014	10.00	0.50	5.26%
02/11/2015	10.50	0.50	5.00%
01/08/2016	11.50	1.00	9.52%
28/03/2017	12.00	0.50	4.35%
26/06/2017	12.20	0.20	1.67%
01/01/2018	12.60	0.40	3.28%
1/01/2019 (Retail price)	13.40	0.80	6.35%
Average increase	11.19	0.55	4.10%

Source: MCIL (2018)

Table 11, Figure 20 and Figure 21 show the changes in the retail price of the 20-cigarettes pack Pall Mall since the year 2013. The price increase remained constant from 2013 to 2015 at 50 sene. In 2016, there was an increase of ST$1.00. However, in 2017 the price increase dropped by 50 sene in March 2017 and then by 20 sene in June 2017. An increase of 40 sene was made in January 2018. Over the 2013-2018 (6-year) period, the average increase in the price of the 20-cigarettes pack Pall Mall was only 55 sene or 4.10%.

Figure 20: Price increase of Pall Mall 20s, 2013 – 2018

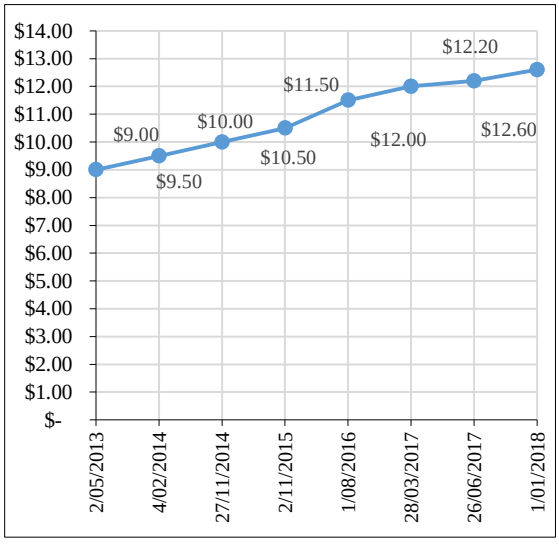
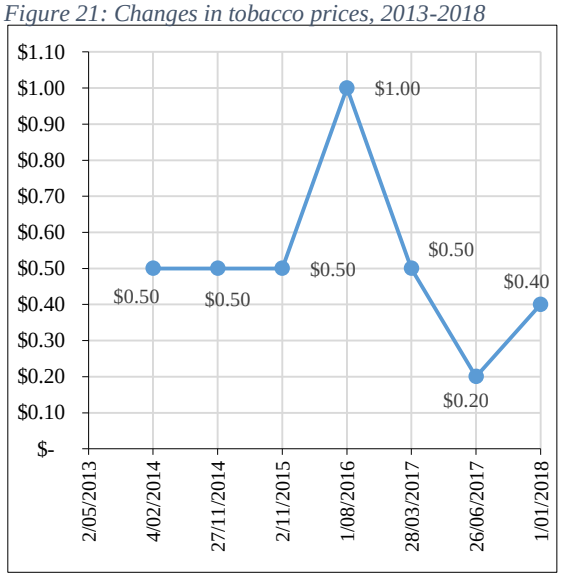


Figure 21: Changes in tobacco prices, 2013-2018

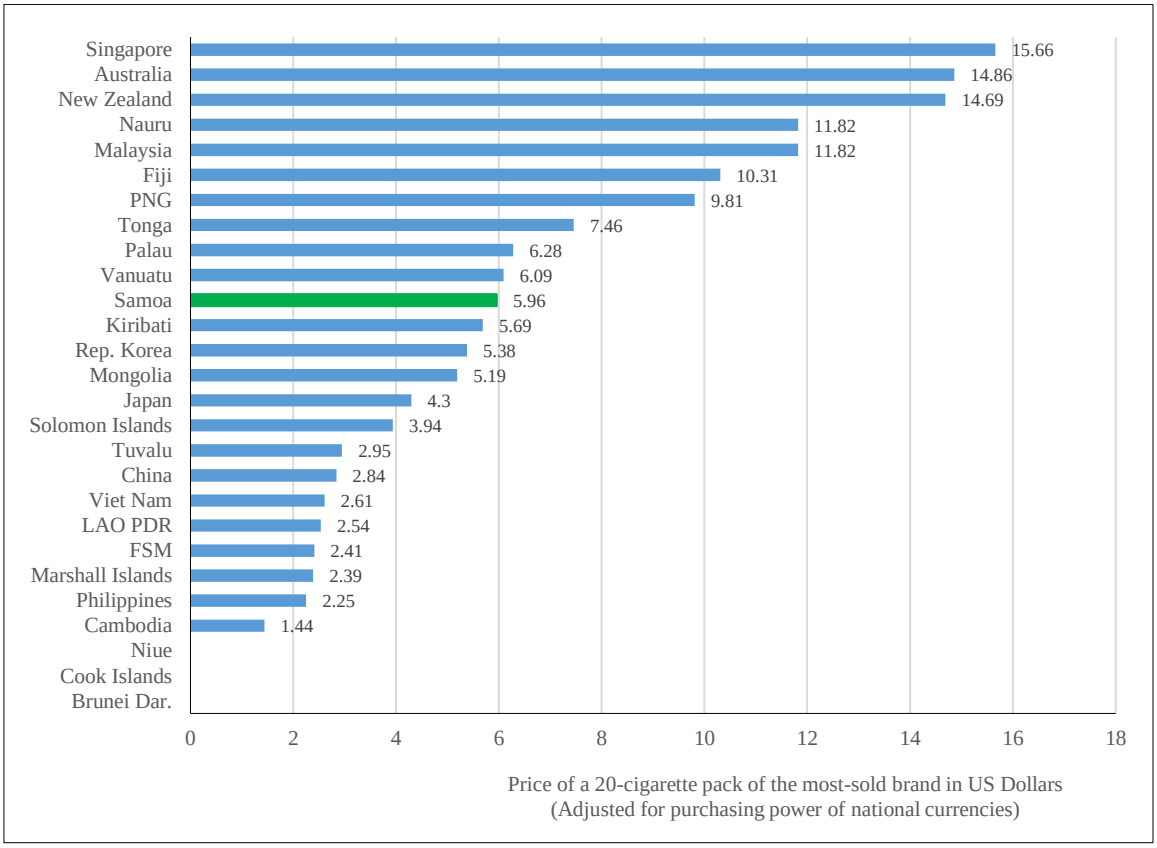


Source: MCIL (2018)

c) Prices of a 20-cigarette in the Western Pacific Region countries

Figure 22 gives a comparison of the price of a 20-cigarette pack of the most-sold brand in the Western Pacific Region countries in the year 2018 (comparison data is not yet available for 2019). The prices, converted in US dollars (for comparison purposes) and adjusted for the purchasing power of national currencies show that Singapore, Australia and New Zealand got the highest prices in the region, followed by Nauru, Malaysia and Fiji. It is noted based on on-line information that some of these countries such as Australia and New Zealand have already further adjusted their tobacco prices in May 2019. Samoa's current tobacco price for the most popular brand, the Pall Mall is US$5.96 which remains relevant for the year 2019 given that has not been any increase in prices since 2018. That current price is considerably very low when compared to many other countries in the region.

Figure 22: Prices of a 20-cigarette pack of the most-sold brand, Western Pacific Region, 2018



Source: Drope et al. (2018a)

1.3.5.2. Excise tax of tobacco products in Samoa

Table 12 show the excise tax of tobacco products in Samoa over the six years, from 2012 to 2019. The excise rate increased at a constant annual rate of 5%. The current excise tax for cigars, cheroots and cigarillos containing tobacco, cigarettes containing tobacco, or other cigarettes is ST$244.31 per 1,000 sticks or ST$4.09 per one stick. On 1 July 2019, the rate of the excise tax for the same items will be ST$256.52 per 1,000 sticks or ST$3.90 per one stick.

Table 12: Excise tax in Samoa, 2012-2019

	Tobacco excise tax (ST$)						Per stick (2018)		
Tariff Item	**2012**	**2015**	**2016**	**2017**	**July 2018**	**July 2019**	**2017**	**July 2018**	**July 2019**
Cigars, cheroots and cigarillos containing tobacco (per 1000 sticks)	201.00	211.05	221.60	232.68	244.31	256.52	4.30	4.09	3.90
Cigarettes containing tobacco (per 1000 sticks)	201.00	211.05	221.60	232.68	244.31	256.52	4.30	4.09	3.90
Other cigarettes (per 1000 sticks)	201.00	211.05	221.60	232.68	244.31	256.52	4.30	4.09	3.90
Twist or Stick Tobacco (per kg)	214.00	224.70	235.94	247.74	260.12	273.12	4.04	3.84	3.66
Other tobacco (per kg)	214.00	224.70	235.94	247.74	260.12	273.12	4.04	3.84	3.66

Source: GoS (1984, 2015, 2016, 2017, 2018)

1.3.5.2. Excise tax of tobacco as a percentage of the retail price

Table 13 and Figure 23 show the calculated excise tax of tobacco as a percentage of the retail price of the 20 pack of the popular brand of Pall Mall cigarettes. Based on the current excise tax (see Table 9), the current excise tax as a percentage of the retail price of the Pall Mall cigarettes is ***38.3%***. Compared to the previous years, such a percentage was ***38.1%*** in 2017 and ***38.5%*** in 2016. The increase in the excise tax as a percentage of the retail price of the Pall Mall cigarettes between 2017 and 2018 was only 2%, compared to a decrease of 1% between 2016 and 2017.

If the price of cigarette remains at $13.40 by July 2019 and taking into account the new excise tax rates already set to become effective in July 2019, then the excise tax as a percentage of the retail price of the Pall Mall cigarettes in July 2019 will be ***38.3%***. Therefore if the price of tobacco does not change by July 2019, then that excise tax as a percentage of the retail price of the Pall Mall cigarettes in July 2019 will decrease by 1%.

Since 2016, the excise tax as a percentage of the retail price of the Pall Mall cigarettes has not had any real increase; it has fluctuated by only a few percentages of -1% and 2% over the four-year period of 2016 to 2019.

Table 13: Price and % of excise tax of the 20 pack of Pall Mall Cigarettes, 2017-2019

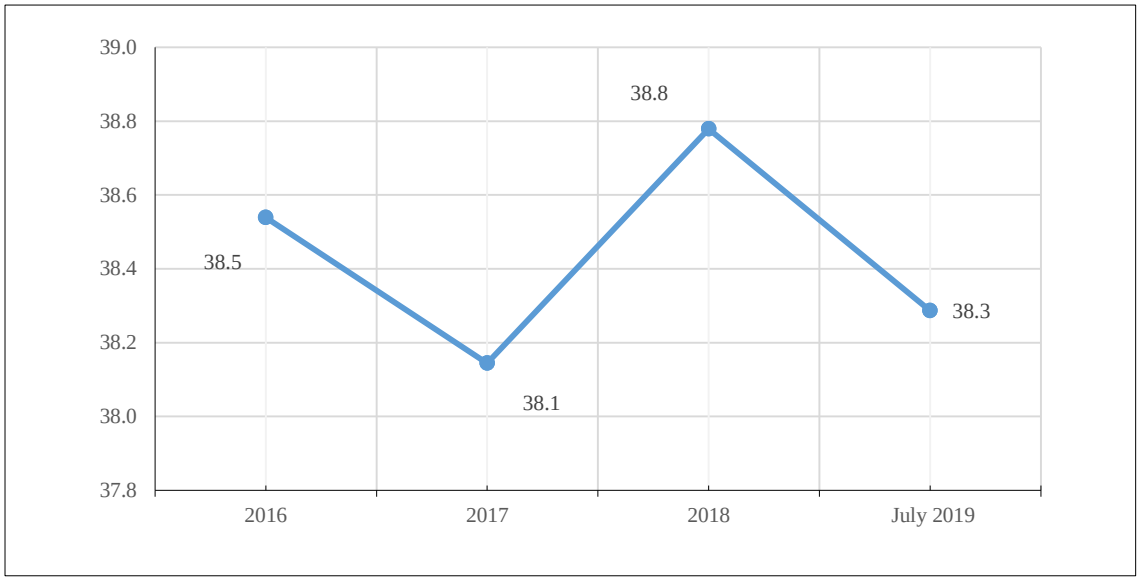
Retail price of the 20 pack of Pall Mall and % of excise tax is the retail price of tobacco							
Price of tobacco (ST$)				**% of Excise Tax****			
2016	**2017**	**2018**	**2019**	**2016**	**2017**	**2018**	**July 2019**
$11.50	$12.20	$12.60	$13.40*	38.5%	38.1%	38.8	38.3
Change in % of excise tax					-0.4	0.6	-0.5
					-1%	2%	0.0%

* *Retail price*

** Formula is $\frac{\textit{Specific excise amount (\$) / cost per pack (\$)}}{\textit{Denominator for specific excise / number of cigarettes per pack}}$

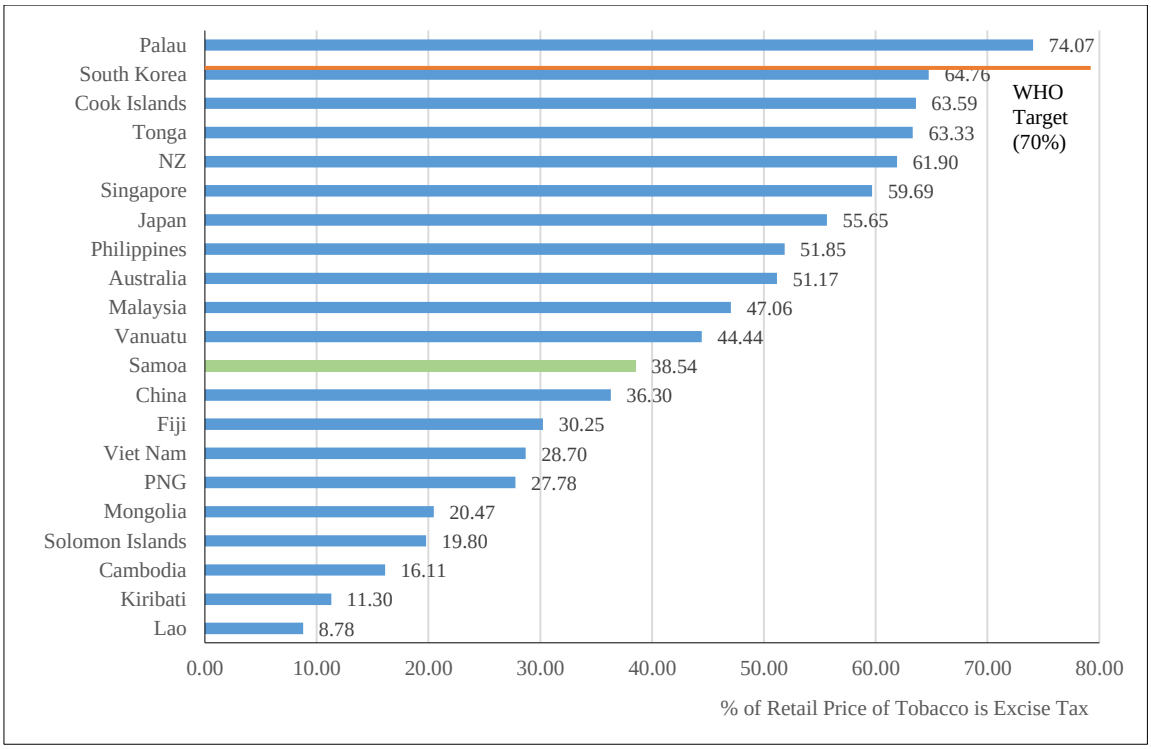
Source: MCIL (2018)

Figure 23: Percentage of the price of cigarette is the excise tax



The WHO's global target or standard for the tobacco excise tax as a percentage of the retail price of tobacco is 70%, which is the ideal level that all WHO member countries should achieved in terms of tobacco tax. Using data collected by the Tobacco Atlas in 2016, Figure 24 compares Samoa's percentage of tobacco's excise tax as a percentage of the retail price to other Pacific island countries and Western Pacific Region countries. Samoa's level of 38.54% is way below the ideal target of 70%, and is also below the percentages for other countries in the region such as Palau (74.07%), Cook Islands (63.59%), Tonga (63.33%), New Zealand (61.90%), Australia (51.17%), Vanuatu (44.44%), and others.

Figure 24: % of Tobacco Retail Price is Excise Tax, Western Pacific Region, 2016



Source: Drope et al. (2018a)

Samoa has not examined the social-political, economic and environmental costs of tobacco use. In going forward, Samoa needs to consider the effects of tobacco and this includes taking into consideration health reasons, particularly the crisis of rising NCDs in the setting of Samoa's policy on tobacco taxation and pricing. As part of this policy, a projection of the expected increases in taxes and prices must be made for the next 5 up to 20 or more years so that Samoa is able to reach the target of 70% of the excise tax as a percentage of the retail price. This commitment will be made if Samoa is serious about combating the effects of tobacco use on the health of its people, environment, economy and the huge amount of the public expenditure that is going into tobacco-related diseases or NCDs. At the same time, it is important that Samoa starts looking at the introduction of an environmental tax to combat the environmental damage and effects of tobacco use. It is the government and the people of Samoa that will face and borne the effects and long-term consequences of tobacco. Therefore, it is important that corporate responsibility/accountability for externalities of tobacco are considered and enforced.

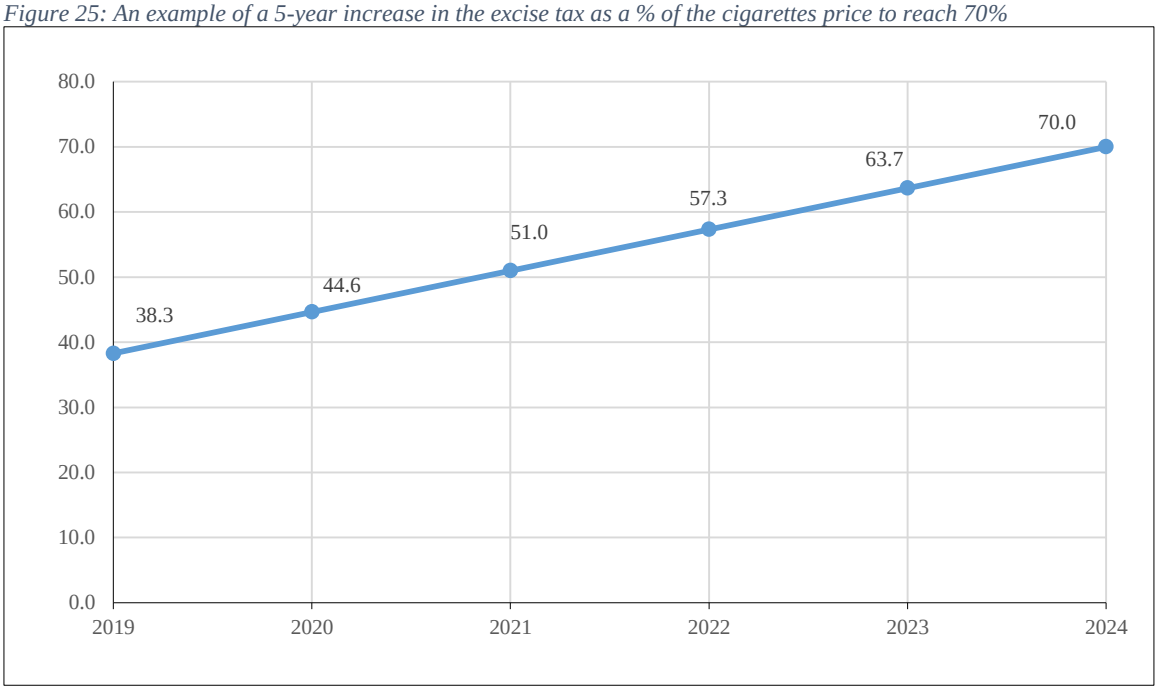
To reach the 70% target by 2024 as envisioned under the Samoa Health Sector Plan (HSP) 2019-203, Samoa's excise tax as a percentage of the retail price of cigarettes will need to increase by a total of 31.7% by 2024 (if a 5-year period is adopted) given that the current percentage is 38.3%. Table 14 and Figure 25 give an example of the projections in the excise tax as a percentage of the retail price of cigarettes that is needed over a 5-year period. If Samoa is going to adopt a constant rate of increase, then the 31% equates to an annual rate of 6.3% increase in the percentage of the retail price is the excise tax of cigarettes. Based on this constant rate of 6.3%,[xii] Table 14 gives a sample of the percentage/proportion of the retail price is the excise tax that is needed each year in order to reach 70% by 2024. Both the increases in the tobacco excise tax rates and prices will need to be configured in order to reach the projected annual increase in the percentage of the retail price is excise tax. Technical know-how is needed to assist with the setting of tobacco taxation and pricing and advising on projections that are suitable for Samoa in order to reach the 70% target, taking into account Samoa's situation and best practices from other advanced jurisdictions on these tobacco control measures.

Table 14: An example of a 5-year increase in the excise tax as a % of the cigarettes price to reach the 70% target

Target - % of Retail Price is Excise Tax:		70.0%				
Current % of Retail Price is Excise Tax (July 2019):		38.3%				
Needed increase to reach 70%:		31.7%				
Per year for a 5-year period:		6.3%				
	Baseline	**Projected over a 5-year period**				
	2019	**2020**	**2021**	**2022**	**2023**	**2024**
% of Retail Price is Excise Tax (July 2019-July 2023)	***38.3%***	***44.6 %***	***51.0 %***	***57.3 %***	***63.7 %***	***70.0 %***
Needed increase in tobacco excise taxes and prices		***TBD***	***TBD***	***TBD***	***TBD***	***TBD***
TBC – To be determined by government (MCIL, MOR, MOF with MOH inputs						

[xii] Alternatively, the 70% can be achieved by using a flexible rate, and not a constant rate.

Figure 25: An example of a 5-year increase in the excise tax as a % of the cigarettes price to reach 70%



Increasing tobacco taxes and prices will be a quick win-win measure for Samoa in mitigating the high prevalence of tobacco use and its effects on the rising crisis of NCDs. The Samoa HSP 2019-2030 has already identified increasing "the excise tax on tobacco, alcohol and other unhealthy products, and allocating that additional revenue to health promotion and disease prevention", as one of the five strategic ways to finance and resource the sector plan and to improve health services. "Taxing tobacco remains as "the single best health policy in the world" for reducing prevalence of tobacco use and its contribution to the NCDs crisis, while at the same time raises additional tax revenue for the government. The HSP announces that it "will increase the excise duty on tobacco to 70% of the retail price of cigarettes by the mid-term review in 2024" (MOH, 2019b). Consumer self-organising behaviours to switch to alternative forms of tobacco (e.g. *tipi*, *tapaa*, marijuana) in response to increases in cigarette prices will need consideration in the setting of tobacco taxation and pricing as well as in other tobacco control measures (e.g. regulate those other forms of tobacco such as tipi, tapaa and e-cigarettes).

1.3.6. Tobacco licensing

One of the positive changes that Samoa has adopted is the introduction of licensing for the tobacco industry. MOH lobbied for this as an additional measure to enhance the regulatory control of tobacco use in Samoa. In a July 2016 MOH's submission to the MOF, a request was made for amending the tobacco legislation to introduce annual licensing provisions for the trade of tobacco products involving manufacturers, importers, distributors and retailers. This policy move is consistent with those of many other Pacific islands who had already imposed tobacco industry's license fees. In the same submission, MOH's proposed annual license fees as outlined in Table 14. It was further proposed for the revenue from tobacco license fees to be injected directly to the health programs under the management of the Health Promotion Foundation. However this proposal is not yet being considered.

In the January 2019 amendment of the TCA, provisions were incorporated for tobacco licenses for manufacturers, importers, distributors, hotels and nightclubs, but not for retailers. Current approved annual licenses (since 2016) are outlined in Table 15. License fees are

proposed and administered by the MOH, prescribed by regulations, but subject to the prior approval of the National Revenue Board under the Public Finance Management Act 2001.

Table 15: License fees for the tobacco industry, 2016

Tobacco industry	Proposed (ST$)	Approved (ST$)
Manufacturer/importer	1 million[xiii]	500,000.00 [xiv]
Food and beverages (e.g. hotels, motels and restaurants)	500.00	500.00
Nightclubs/bars	500.00	500.00
Distributors	300.00	300.00
Retail outlets (shops, supermarkets)	100.00	Exempt

Source: Ministry of Finance (2016); MOH (2016)

Consultations indicated a strong support amongst NTCC members and stakeholders to impose a license on tobacco retailers as an effective measure to control and reduce tobacco sale and consumption. Compared to public places (hotels, restaurants, schools, etc.), retailers have the lowest level of compliance with the regulated tobacco control measures (see Section 1.3.9) but are being exempted from tobacco licensing. There is also a proposal from those who were consulted to relook at increasing the manufacturer/importer license fee to be on par with those of other Pacific islands. The revenue and profit that the tobacco industry generates every year from tobacco consumption (see Section 1.2.4) do not in way match the price impositions on the tobacco industry, the harmful effects caused by tobacco use, public expenditure that is going into the treatment of NCDs and tobacco-related diseases, and high mortality due to those diseases. Persistent lobbying by the MOH and NTCC, backed with strong evidence-based and sound reasoning, are needed in order to continuously push for progressive changes in these tobacco control measures. It was also recommended during the consultations (see **Appendix D**) that the government should consider putting the authority to issue tobacco license together with the authority to issue liquor license, for practical administration, enforcement and cost-effective reasons. Before considering such a recommendation, it is important to consider the pros and cons of such a proposed arrangement from a health perspective, only not from a revenue or economic perspective.

1.3.7. Coordination, partnerships and alliances

Tobacco control is a national issue, it concerns everyone. Reducing the prevalence of smoking use requires a multi-sector approach, where all key Ministries and relevant actors in the non-government sector work in collaboration in the performance of their roles in tobacco control measures. Those fundamental roles include law enforcement, promoting and advocating for anti-smoking, lobbying for policy changes, and implementing required those changes.

However, the needs assessments in Table 7 show that there remains a great need to strengthen multi-sectoral coordination mechanisms on tobacco control measures. Discussions with NTCC members (see **Appendix D**) indicated that they have not yet have a shared understanding of the FCTC as well as a collective ownership of the national tobacco control policies, legislation and developmental initiatives. A review of the current policies and plans of Ministries that are members of NTCC (which are the key public sector's stakeholders in

[xiii] This was compared to manufacturer fee of FJD250,000 in Fiji and SBD2,000,000 in the Solomon Islands. Solomon Islands' distribution licences (2 classes) are SBD50,000 or SBD30,000. Its retail licenses (2 classes) are SBD20,000 or SBD5,000. MOH proposed a manufacturer/importer license of ST$1million in order for Samoa to have a stronger standard than other Pacific island countries.

[xiv] The ST$500,000 license fee for manufacturers/importers equates to the rate proposed by BAT at the time.

tobacco control) further highlighted the absence of any linkages to tobacco control initiatives in these ministries' policies and plans. This signifies a great need to build a multi-sector corporate culture and shared ownership for tobacco control.

While MOH takes the lead in developing tobacco policy, legislation and regulations, as well as health promotion and prevention, the effective implementation of all tobacco control measures require all key agencies (MOF MCIL, MOR, MAFF, etc.) to play their respective roles in mitigating tobacco use and its effects. For instance, reducing tobacco use through a higher increase in tobacco taxes and prices cannot be achieved without MCIL, MOR and MOF agreeing on a higher increase; these ministries hold the authorities in determining and advising on taxation and pricing. MAFF also needs to consider the effects of tobacco on the agriculture sector due to the increased number of local tobacco growers.

MOF, MCIL, MOR, LTA, MAFF and other relevant authorities must play a key role in determining tobacco control measures and hence they need to have a strategic and holistic perspective of tobacco control. A clear definition of those roles/mandates of the different agents of change is needed. Stakeholders need to understand those roles/mandates and where they come in as partners. Policy and regulatory, advocacy, enforcement, monitoring and evaluation roles need to be explicitly specified for the different agencies. This includes formally recognising the roles of non-government actors in the tobacco control process.

1.3.8. Financing and resourcing

For MOH, its budget for tobacco control is mostly classified under the health promotion and prevention of NCDs which falls under the responsibility of the MOH's HPED. The HPED's budget allocation for the 2018/2019 financial year was ST$1.4 million (see Table 16). The annual allocation for tobacco control activities usually amounts to ST$120,000, which equate to 8.6% of the HPED's overall budget allocation for 2018/2019.

Table 16 further shows the MOH's performance measures and indicators for tobacco control measured performed by the HPED alone. It shows that during the 5 years of the NTCP&S 2010-2015 and subsequent years of 2016 to 2018, most budgeted activities were visitations to public places to check compliance with tobacco legislation. Noted in the changes of tobacco control activities over the years is the identification of formalised health promotion programs (e.g. *Aiga ma Fanau Manuia*, Facilitation Package, smoke free stickers and billboards, multi-media programs, and school health promoting programs) during 2010/2011. During this 2010/2011 FINANCIAL YEAR, additional fundings were made available under the 2005-2011 Samoa Health Sector Wide Approach Program (SWAp) which enabled the implementation of these additional programs in collaboration with other ministries and CSOs.

Table 16: Budget allocation of the Health Promotion and Education Division

Budget	Performance measures and indicators	Current Budget Target	Estimated Actual (Previous year)	Preventive Divisional budget
2018-2019	Inspected public places – that comply with Tobacco Control Act during biannual monitoring.	80%	80%	$1.4 million
	Annual testing of tobacco products to determine level of constituents required by Tobacco control Act.	100%	100%	
2018-2017	Inspected public places – that comply with Tobacco Control Act during biannual monitoring.	80%	60%	
	Annual testing of tobacco products to determine level of constituents as required by Tobacco control Act.	80%	80%	$1.4 million
2016-2017	Number of public places inspected that complied with	250	210	$1.7

Budget	Performance measures and indicators	Current Budget Target	Estimated Actual (Previous year)	Preventive Divisional budget
	Smoke Free legislation requirements			million
	Number of tobacco outlets monitored during FINANCIAL YEAR complying with Tobacco Regulations (selling in small quantities, selling to minor, advertisement)	70%	50%	
	Annual testing of tobacco products to determine the level of constituents of Pall Mall	100%		
2015-2016	Number of tobacco outlets monitored during FINANCIAL YEAR complying with Tobacco Regulations (selling in small quantities, selling to minor, advertisement).	60%	50%	$1.7million
	Number of public places inspected that complied with Smoke Free legislation requirements.	210	205	
2014-2015	Quarterly monitoring visits to smoke free schools with plans of actions to ensure students and teachers are protected from the ill effects of smoking.	100%	20%	$1.7million
	Monitoring visit of tobacco outlets complying with TC Act.	200	200	
2013-2014	Quarterly monitoring visits to smoke free schools with plans of actions to ensure students and teachers are protected from the ill effects of smoking	200	200	$1.7 million
	Quarterly monitoring visit to schools achieving at least one activity of the six key factors for health promoting	75%	75%	
	Monitoring visit of tobacco outlets complying with Tobacco Control Act.	90%	80%	
2012-2013	Number of smoke free schools with plans of actions to ensure students and teachers are protected from the ill effects of smoking.	210	200	$2.3 million
	Increase in the number of smoke free homes promoted under the Aiga ma Nuu Manuia Program.	4,500	4,112	
	Percentage of the public that is aware of key health messages on all current areas of health based on multimedia (STEPS) Programs.	80%	80%	
2011-2012	Number of schools achieving at least one activity of the six key factors for heath promoting schools	2010	70	$2.0 million
	Number of smoke free schools with plans of actions to ensure students and teachers are protected from the ill effects of smoking.	100%	20%	
2010-2011	Health promotion facilitation package on alcohol abuse, tobacco use, and other social concerns.			$1.9million + SWAp & WHO funding
	Tobacco control and prevention programs in schools and public transport (e.g. smoke free stickers and billboards).			
	Aiga ma Nuu Manuia Program in particular smoke free homes, nutrition.			
	Multi-media awareness programmes – tobacco.			
	World No Tobacco Day.			

Source: Legislative Assembly of Samoa (2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018)

In matching the strategies and activities under the 2010-2015 NTCP&S against the annual budget, it is not clear whether the 49 activities outlined in this policy was taken into account during the health annual planning and budgetary preparation processes. It is also unclear what were the multi-lateral and bi-lateral arrangements that were in place to support the implementation of tobacco control measures including those under the FCTC.

Table 17 further outlines tobacco control's agreed activities for implementation by MOH with allocated funding under the '2018-2023 Health Sector Program Plan of Work'. A total of ST$620,000 is being allocated during the 2018-2023 five-year period for tobacco related activities, which equates to ST$124,000 per year. Agreed activities for tobacco control include surveys on the prevalence of tobacco, NCDs surveillance, administrative costs (e.g. NTCC meetings), and advocacy activities (of SPAGHL if it will be revived). Other developmental activities (e.g. policy and legislative work and cessation initiatives) not yet identified in the '2018-2023 Health Sector Program Plan of Work' booklet may be covered directly by health development partners such as the WHO.

Table 16: Agreed activities for tobacco control, 2018-2023

Agreed activities	Allocated funds	Partner
Undertake GYTS	ST$250,000	WHO
Undertake GSHS	ST$250,000	WHO
World No Tobacco Day May 30th	ST$10,000	WHO
Review the NCD Surveillance*	US$20,000	WHO
Conduct NTCC meetings (Need TOR)	ST$10,000	WHO/GOS
Revive SPAGHL (Decline by Cabinet)	ST$50,000	WHO/GOS
TA to review and develop the 2019-2014 NTCP		WHO
Conduct Health Program Advisory Committee Meetings		
Total for 5 years	ST$620,000	
Estimated annual allocation	ST$124,000	
** Not sure how much is the surveillance of tobacco use that is being covered.*		

Source: MOH (September 2018)

Not yet reflected in the '2018-2023 Health Sector Program Plan of Work' is the developmental work that is being planned and progressed under the 2018-2021 four-year WHO FCTC 2030 Project. According to the WHO local office, a total budget of US$154,000 per year is being allocated under this project targeting the strategic priorities, outputs and processes outlined in Table 18. The FCTC 2030 priority areas included the development of a follow-up national tobacco control policy; raising of tobacco taxes; protection of women, youth and children from tobacco and electronic cigarettes; and a national smoking cessation program. Initiatives already in progress in 2019 included initial work to assess potential and options for a tobacco cessation, and the consideration of a tax model and an investment case for Samoa for the purpose of strengthening increases in tobacco tax and pricing.

Table 17: FCTC 2030 project priorities, outputs and processes

Outputs	Processes
a)National Tobacco control strategy and development planning.	
• National tobacco control strategy for 2017-2021 developed and implemented. • Inclusion of FCTC into national development plans (such as SDGs, UNDFs, and CCSs) where appropriate.	− FCTC Needs Assessment completed. − National tobacco control strategy and policy document drafted. − National consultations with relevant stakeholders including youth and women. − Role of different stakeholders in strategy implementation defined. − Strategy approved, implementation and monitored. − Opportunities for inclusion of FCTC in national development plans identified in line with national priorities. − Policy makers sensitised on importance of tobacco control for achieving SDGs.
b)National multi-sectoral coordination of FCTC implementation	
• NTCC established and active.	− Review and update terms of reference, membership with defined roles and arrangements for NTCC. − Role and importance of NTCC promoted across government. − Capacity Building and training for NTCC. − NTCC to meet on a regular basis, at least quarterly meetings

Outputs	Processes
c) Legislation and policy environment	
• Tobacco Control Amendment Bill approved. • Capacity of parliamentarians to advance FCTC implementation enhanced. • Compliance building and enforcement for tobacco control legislation.	− Tobacco Control Amendment Bill drafted and submitted to Cabinet. − Public awareness generated to gain support for legislation. − Capacity building program for parliamentarians designed and implemented, including SPAGHL. − Compliance building and enforcement plan for tobacco legislation development and implemented. − Policy development and possible new bill drafted to regulate e-cigarettes.
d) Protection from tobacco industry interference	
• Guidelines on Article 5.3 of FCTC developed and implemented through the Public Service Code of Conduct.	− National guidelines for Article 5.3 drafted and approved. − Public Service Commission engaged to negotiate implementation of guidelines through Public Service Code of Conduct. − Guidelines disseminated across government. − NTCC to agree plans to maximise transparency on interactions with tobacco industry. − Civil society and academics encouraged to monitor the activities of the tobacco industry.
e) Raising tobacco taxes and innovative financial for development	
• Tobacco taxes strengthened to reduce affordability.	− Investment case undertaken. − Tobacco taxation plan developed and implemented. − Inequity analysis on tobacco taxation undertaken. − Capacity building of MOF on tax policy and tax administration through support from experts. − Advocate for strengthened tobacco taxation across Pacific islands.
f) Smoke-free policies	
• Strengthen compliance with existing smoke free policies.	− Penalties increased for smoke free offences. − Enforcement of smoke free laws included in enforcement pan and relevant capacity building work, including role for community stakeholders in promoting compliance. − Public awareness of the harms from second-hand smoke exposure and need for smoke free laws undertaken.
g) Packaging and labelling	
• Review tobacco packing and, if decided, develop plans to implement plain packaging and strengthen labelling requirements.	− Capacity development and technical assistance received. − Policy review of tobacco packaging undertaken, including plain packaging and labelling requirement sand if decided, develop plans to implement plan packaging and labelling requirements.
h) Education, communication, training and public awareness	
• Communications strategy developed and implemented. • Collaboration with public and private agencies and NGOs to promote FCTC implementation.	• Stakeholder mapping undertaken to identify partners. • Build alliance of partners to promote FCTC implementation. • Research undertaken to inform development of effective communication. • Consider public awareness on themes including second-hand smoke, benefits of quitting and the tobacco industry.
i) Bans on tobacco advertising, promotion and sponsorship	
• Prohibit display of tobacco at retail points of sale.	− Capacity development and technical assistance received. − Policy development and legal drafting undertaken.
j) Cessation	
• Tobacco cessation program developed and implemented, with integration into primary care.	− Capacity development and technical assistance received. − National cessation plan drafted and implemented, to include integration into primary healthcare and exploration of m-cessation. − Inclusion of brief advice into specialised services relating to co-morbidities including TB and HIV.
k) Alternative livelihoods	
• Reduce tobacco growing by small scale farmers	− Encouragement relating to alternative livelihoods for tobacco farmers developed and implemented. − Policy options for regulation of small-scale tobacco farming developed and considered.

Outputs	Processes
l) Cooperation	
• Experience and evidence on FCTC implementation exchanged	– Involvement in South-South and Triangular cooperation

Source: MOH (2017a, 2019a)

1.3.9. Implementation, enforcement, and evidenced-based monitoring and evaluation

Implementation and enforcement of tobacco law are ongoing responsibilities requiring continuing leadership support and resourcing commitments. As a newly established policy and legislated area (since the passing of the Tobacco Control Act in 2008 and regulations in 2013), strengthening enforcement mechanisms will be a critical and ongoing task. Through the performance of their enforcement duties, implementing staff are testing the practical, effective and efficient application of existing tobacco control measures. Continuous refinement of those measures will be needed.

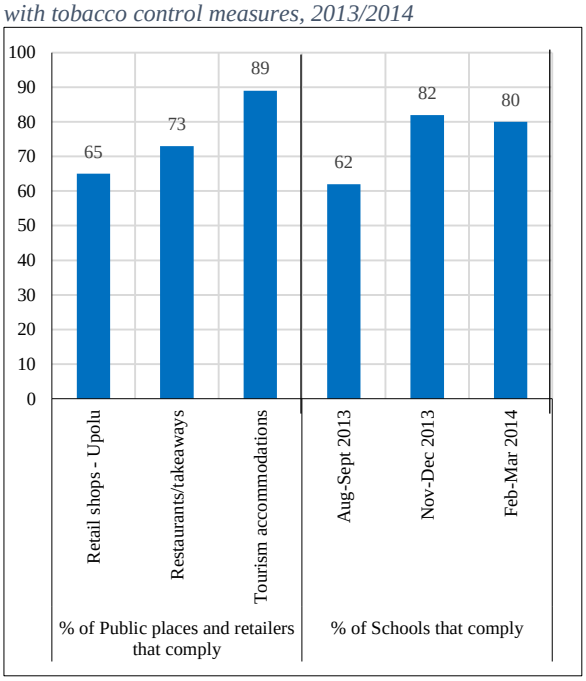
However, at the implementing agency level, MOH and other key Ministries (MOR, MCIL, MJCA, Police, etc.) with mandated core roles in tobacco control have not yet identify responsible staff who will be fully dedicated to the enforcement of tobacco control measures under the legislation. In MOH, that enforcement role is undertaken by the HPED which has a scope of work involving education, promotion and prevention functions on all health-related matters on food safety, nutrition, environment, waste management, tobacco and other areas.

There are only two staff who are allocated to perform tobacco enforcement roles, however about 90% of those staff's time is dedicated to the execution of enforcement duties for other areas (e.g. food security) other than tobacco control. Other implementing agencies (MCIL, MOR, MAFF, etc.) have not yet explicitly identified their implementing and enforcement roles in tobacco control, including key staff who will be directly involved in those roles. WHO (2017b, p. 45) noted that "high-level political commitment to monitor the tobacco epidemic is still lacking in many countries". This is also an issue for Samoa to address.

Through the monitoring and enforcement work performed by MOH there is positive progress in compliance with existing tobacco control measures. However, the extent of that monitoring and evaluation work in terms of wider coverage across Samoa remains limited because of inadequate staff allocated to perform that work. Figures 26 and 27 give an analysis of the data collected by the MOH's HPED staff during their inspections in 2013-2014. Figure 26 shows an improved level of compliance with the smoke-free provisions among schools, retail shops and public places (restaurants, takeaways and tourism accommodation). Figure 27 also shows an increased number of smoke-free homes recorded during the monitoring period in 2013.

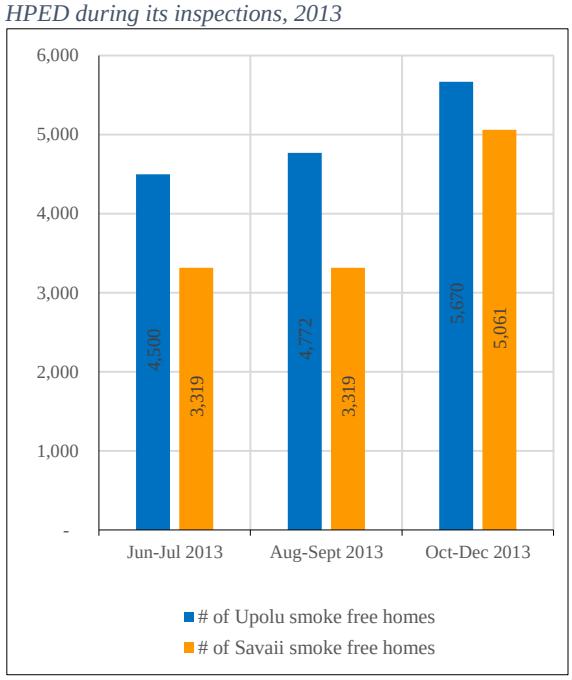
The lowest level of compliance is noted with the retail shops. Tourism accommodation has the highest level of compliance compared to the retailer shops, restaurants and takeaways. Given this low level of compliance amongst retail shops (and their direct distribution and sale of cigarette) compared to the other public places, stricter enforcement and monitoring of the retailers is needed in order improve their compliance level and to reduce tobacco use.

Figure 26: Public places, retailers & schools compliance with tobacco control measures, 2013/2014



Source: MOH (2014d)

Figure 27: Number of smoke-free homes recorded by HPED during its inspections, 2013

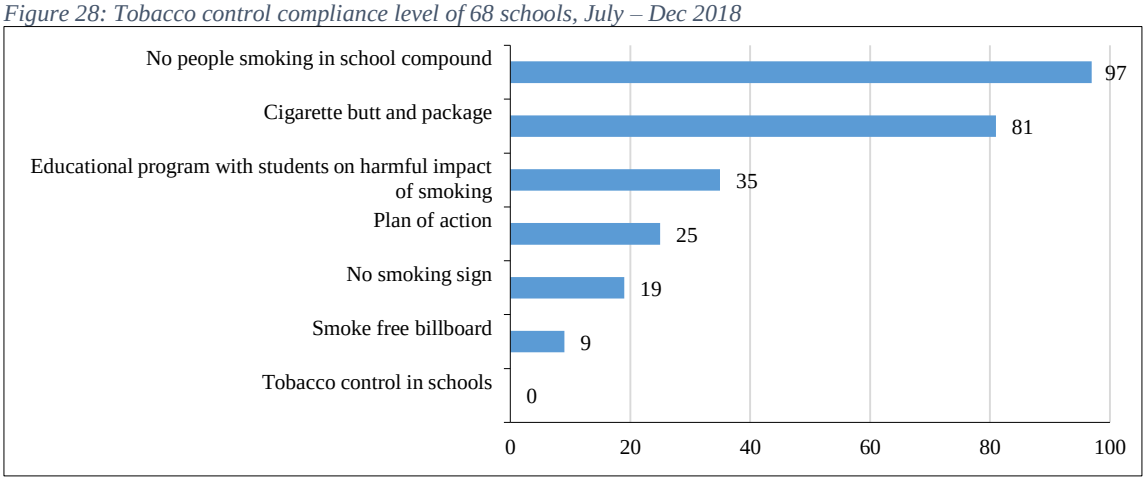


Source: MOH (2014d)

Further, given the high prevalence of adolescent and youth smoking (see Section 1.2.3), as well as the vulnerability of children and young people to smoking, there is a need for a stricter monitoring of schools' compliance as well as promoting students' awareness about the effects of tobacco. Figure 28 shows the compliance levels with different tobacco control measures of some 68 schools in Samoa that were monitored and assessed during the July – December 2018 period.

The highest compliance is noted with 'no people smoking in school compound'. Not having 'cigarette butt and package' around the school compound is where the second highest compliance is recorded. Low compliance is noted in the areas of having 'smoke-free billboards', 'no smoking signs', having a 'plan of action', and having 'educational programs with students about the harmful impact of smoking'. No compliance is noted in schools having their own 'tobacco control in schools' mechanisms. These findings highlighted a real need to strengthen the enforcement, monitoring and evaluation roles of tobacco control measures across Samoa.

Figure 28: Tobacco control compliance level of 68 schools, July – Dec 2018



Source: MOH (2018a)

To strengthen the enforcement and M&E role, there is a need to build the operational mechanisms in terms of the operating system and procedures that staff used to monitor, assess and evaluate compliance, to make referrals for non-compliance cases. Discussions (see **Appendix D** and **Appendix E**) and document reviews further indicated a lack of having in place well-documented standard operating procedures and guidelines about the 'how' part of implementing and enforcing the legislation across key implementing agencies, not just MOH.

For instance, while the tobacco legislation now imposed penalties on non-compliance, and there have been cases of non-compliance identified through monitoring visitations of the HPED, none of the penalty provisions under the legislation have been carried out. User friendly and detailed operating policies and procedures on how staff at MOH should work with the police, MJCA, Attorney General and other relevant agencies need to be established on how staff carry out enforcement provisions under the law. These include procedures and guidelines on how various authorities exercise their enforcement responsibilities – MOH (e.g. smoke-free public places), police and LTA staff (e.g. smoke-free public transport and confiscating tobacco products if found illegal), MCIL (e.g. tobacco price controls) and MOR (tobacco taxes). Guided by the broad legislative provisions that are already in place, detailed procedures and guidelines on how to make referrals to the police and MJCA on non-compliance cases and how to impose penalties must be developed. As well, enforcement staff need to have a complete and consistent understanding about the application of those procedures once they are in place.

1.3.10. Research, training, education, awareness and communication

The lack of research for robust and strong evidence-based information about the effects of tobacco in Samoa is a gap already identified under the FCTC Convention's needs assessment (see Section 1.3.1). Tobacco control is a new developmental area of reform or change for Samoa, hence there is a need for strong evidence-based analyses to inform policy decisions and programming through the provisions of research, reviews and assessments. Discussions with members of the NTCC at the ministry/organisational and individual levels indicate that they would like to see a well-founded and evidence-based analysis and recommendations about the social (including health), economic and environmental impact of tobacco in Samoa in order to justify further policy changes in taxation, pricing and resource allocation/commitment. In addition to health, moral and normative reasoning, a strong evidence-based argument (combining social, economic, environmental and political perspectives) together with persistent lobbying, are needed for progressing major changes that are required in tobacco control measures such as a taxation, pricing and leadership support for change.

Capacity building and training in the area of tobacco control is needed. Training and capacity building needs in all tobacco control areas such as determining tobacco taxation and pricing, establishing a cessation support system, and performing monitoring and evaluation functions have not yet been identified. Tobacco control is a specialised and technical area. Hence on-the-job training on the implementation and enforcement of the various provisions of the law is an immediate need for implementing staff in order to improving the performances of their functional responsibilities and roles. Ongoing monitoring and evaluation is critical for ongoing improvement in tobacco control measures.

The evidence presented under Section 1.2.4 about the reduction in the overall prevalence of tobacco consumption is encouraging and it signifies the importance of people becoming

sensitised to the harmful effects of tobacco use. However, there remains a high rate of people who smoked and exposed to second-and and third-hand smoke, especially the children and young people. Hence ongoing education, awareness, and communication on tobacco use and its effects are long-term tobacco control measures that need continuous planning and implementation. There is a need to build an informed understanding and awareness across the community and including the leadership across the government, private sector, civil society and community. Civil education and awareness programs and services need to have a wider community outreach. Consultations and views obtained through the promotion and prevention programs of the MOH show a strong public support for a smoke-free society with more tobacco control measures to be considered and enforced (MOH, 2014d).

Some of the key programs that are currently in progress to raise awareness about the effects of tobacco use include the PEN *Fa'aSamoa*, Health Promoting Schools, and Integrated Community Health Awareness Program (ICHAP). However, the evidence under Section 1.2.4 further shows an increase of smoking amongst young boys aged 13-15 years and this trend is worrying. Children, youth and women are those who are most vulnerable to the effects of tobacco consumption and hence need a specific target in tobacco control strategies and programs. No-smoking campaigns that deliberately target young people and children as vulnerable groups are needed to complement technical tobacco control measures provided under the legislations.

2. NATIONAL TOBACCO CONTROL POLICY & PLAN OF ACTION, 2019 – 2024

2.1. National Tobacco Control Policy

Based on the situation analysis provided under Section 1, the Samoa National Tobacco Control Policy and Plan for Action, 2019-2024 further identify key strategic policy areas for actions in the next five years. It takes into account the gaps and lessons learnt from the implementation of the first National Tobacco Control Policy & Strategy 2010-2015 as discussed under Section 1 of this follow-up policy and plan of action.

2.1.1. Strategic policy areas

The strategic policy areas of this National Tobacco Control Policy and Plan for Action, 2019-2024 are identified as: leadership and governance for a multi-sector approach; policy and regulatory system; supporting strategies and standard operating procedures; implementation and enforcement; and capacity building, civic education and awareness.

- **Leadership and governance for a multi-sector approach:** The National Tobacco Policy is a national strategy; hence a multi-sector governance and leadership is needed for the effective implementation and enforcement of tobacco control measures. The leadership efforts of all authorities with a role and mandate in national tobacco control is an essential component of reducing tobacco use and its effects on the health and well-being of Samoan people. Leadership efforts are also needed to strengthen partnerships, alliances and collaboration in tobacco control efforts.

- **Policy and regulatory system for stronger tobacco control measures:** The policy and regulatory system needs further strengthening so that Samoa has a comprehensive and robust policy and regulatory framework and platform for tobacco control. There are several policy and regulatory gaps that need further consideration for policy analysis and legislative changes.

- **Supporting strategies and standard operating procedures for consistent, effective and efficient tobacco control enforcement, monitoring and evaluation:** Enforcement of tobacco control measures required detailed strategies and operating procedures supporting and guiding staff and partners in the performance of their enforcement and M&E roles. Those strategies and procedures need to be developed and well-understood by all tobacco control's authorities and staff.

- **Implementation and enforcement through sufficient resourcing commitments and robust monitoring and evaluation:** The implementation and enforcement of tobacco control measures require adequate resourcing and proper monitoring and evaluation. With its own legislation and mechanisms, tobacco control needs to have its own unit and staff dedicated to the performance of implementation and enforcement roles and functions not only in health, but also in all other key agencies of the sector.

- **Capacity building, civic education and awareness to support efforts for tobacco use reduction, evidence-based policy, and appreciation of the harmful effects of tobacco use:** Identification of capacity building needs and providing training and other capacity building in tobacco control will strengthen Samoa's compliance with the FCTC as well as

building understanding about local tobacco control measures. Evidenced-based research, analysis and M&E will inform further policy changes as well as sensitisation about tobacco use and its effects. Compliance with the law, reducing prevalence of tobacco use, and protecting the public interest from the vested interests of the tobacco industry require ongoing knowledge building, civic education and awareness.

2.1.2. Guiding principles

The following principles guide this Samoa National Tobacco Control Policy and Plan for Action, 2019-2024:

Guiding Principles

Empowerment: Empowerment of individuals to work together can make health gains for their communities. Individuals, families and communities are to take control of their own healthy lifestyles.

Partnerships, alliances and collaboration: Partnerships, alliances and collaboration are essential for effective tobacco control.

Shared Responsibility: Shared responsibility involves the health system to be equally committed to health promotion to sustain positive change.

Multi-Sectoral Approach: A comprehensive multi-sectoral approach is needed to reduce tobacco consumption and protect people from exposure to tobacco smoke.

Public Policy duty: Government has a responsibility to protect public health and to protect people from exposure to tobacco smoke as well as the environment from the harmful effects of tobacco use.

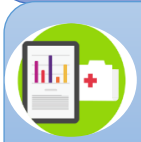
Civic understanding and awareness: Controlling tobacco use and protecting people from exposure to environmental tobacco smoke requires changing social norms. Communities are an essential partner in this endeavour.

Rights to Health: All people have the right to the highest attainable standard of physical and mental health, regardless of race, religion, political belief, economic or social status.

Equality: Women, youth, children and other vulnerable groups have special needs that should be reflected in tobacco control initiatives specifically targeting these groups.

Protection and prevention: Health promotion and primordial prevention of tobacco use prevent and protect future generations from the devastating consequences of tobacco use.

Health Argument/Reasoning: The healthy setting approach is an effective entry point for health promotion including tobacco control.



Rights to information: Every Samoan should be informed of the health consequences, addictive nature and mortal threat posed by tobacco use and exposure to tobacco smoke.

Samoanisation: Tobacco control initiatives should respect the *fa'a-Samoa*, the *aiga* and cultural and religious differences.

2.1.3. Overarching policy statements

Guided by the guiding principles outlined under Section 2.1.2, the policy statements outlined below signify the collective commitments required for tobacco control in Samoa. They provide broad policy guidelines on the development and enforcement of Samoa's tobacco control system:

- The government has a duty of care to protect the public interest and its citizens from the harmful effects of tobacco. The protection of public policy from the commercial and vested interests of the tobacco industry is protecting the public interest or the collective interest of the people of Samoa.

- Economic, financial or political interests must not undermine all efforts aimed at mitigating tobacco use and its effects given the long-term and enormous impact that tobacco use has on health and public expenditure.

- All relevant sectors of government, civil society and nongovernmental organisations, must engage in tobacco control initiatives and take action within their social, cultural, occupational and political networks and spheres of influence.

- As part of the regional and international community, the government and its partners and people are committed to the implementation of all measures to combat the use and effects of tobacco.

- The government and its partners are committed to allocate sufficient resources towards the implementation and further strengthening of tobacco control measures, as well as to demonstrate accountability for addressing the harmful effects of tobacco.

- **M**onitoring tobacco use and prevention policies; **P**rotecting people from tobacco smoke; Offering help to quit tobacco use; **W**arning about the danger of tobacco; **E**nforcing ban on tobacco advertising, promotion and sponsorship; and **R**aising tobacco taxes (MPOWER), are all measures that must be put into place, implement and enforce to promote a smoke-free society and to reduce the harmful effects of tobacco.

- People are entitled to know about the health, social-political, economic and environmental effects and consequences of smoking including informing them about tobacco constituents, emissions, addictive nature and mortal threat.

- While people can claim about their individual rights to smoke, they also have a right and moral obligation as citizens to protect their fellow non-smoking citizens, families, children and communities from the harmful effects of second-hand smoke.

- People in addition to the government must play their part in protecting everyone from the effects of tobacco use and to take ownership of the risk factors affecting their health.

- The international development community must play their part in assisting countries in combating the effects of tobacco.

2.1.4. Commitments for tobacco control

The Tobacco Control Policy and action plan are premised on a number of national, regional and global policy platforms and law which endorse and support the principles and commitments for tobacco control in Samoa. These commitments include: international laws (charters, conventions, protocols and others); regional declarations, policy documents, action plans, as well as national policies, plans and legislation for health promotion and healthy islands.

a) Commitments and governing legislation

Samoa's policy and regulatory framework for tobacco control include but are not limited to the following policies, legislation, declarations and action plans at the global, regional and national levels:

- **National**
  - Strategy for the Development of Samoa, 2016-2020
  - Health Sector Plan, 2019-2030
  - NCD Control Policy, 2018-2023
  - Child and Adolescent Health Policy
  - National Tobacco Control Policy, 2019-2024

  - Tobacco Control Act 2008
  - Tobacco Control Regulations 2013
  - Food and Drugs Act 1967
  - Occupational Safety and Health Act 2002
  - Excise Tax Act 1984
  - Competition and Consumer Act 2016
  - Public Finance Management Act 2001

- **Regional**
  - 2015-2019 Regional Action Plan for Tobacco Free Initiative
  - Declarations for Health Promotion and Healthy Islands
  - Alma Ata Declaration on Primary Health Care,1978
  - Ottawa Charter for Health Promotion,1986
  - New Horizons in Health,1995
  - Yanuca Islands Declaration on Healthy Islands by the Pacific Islands Ministers of Health in the 21st Century,1995

- **International/global**
  - SDG 3: Good Health and Well-being:
  - SDG Target 3A: "Strengthen the implementation of the WHO FTC".
  - FCTC, 2003
  - Protocol to Eliminate Illicit Trade in Tobacco Products, 2012
  - 2013-2020 Global Action Plan on NCD:
  - Universal Declaration of Human Rights
  - Conventional on the Rights of the Child
  - Convention on the Elimination of All Forms of Discrimination Against Women

b) Linkages in national, regional and global commitments

Table 19 summarises the linkages of global, regional and national commitments that are already made and announced on tobacco control.

Table 18: Linkages in global, regional and national commitments on tobacco control

National	Regional	Global
• *SDS 2016-2020 - "Quality of Life for All":* – A healthy Samoa and well-being promoted. – An inclusive, people centred health service. – Emphasis on health prevention, protection and compliance. – NCD control and management. – Excise duties on tobacco. – Smokers prevalence reduced by 5%. • *HSP 2019-2030: "A healthy Samoa":* – Increase the excise tax on tobacco to 70% of the retail price of cigarettes by 2024. – PEN Fa'aSamoa. • *NCD Control Policy 2018-2023:* – Health promotion, advocacy and risk reduction. – Health system strengthening to address NCDs. – Surveillance, M&E. – Disaster preparedness and NCDs. • *National Tobacco Control Policy 2019-2024: "A Tobacco-Free Samoa"*	• *2015-2019 Regional Action Plan for Tobacco Free Initiative:* – All countries have strengthened sustainability of their national tobacco-control programs and systems. – All parties in the Western Pacific region have successfully complied with the FCTC Articles 5.3, 8, 11 & 13. – All countries have government-funded surveillance systems in place for reliable data on adult and adolescent tobacco as well as ENDS use. – A 10% relative reduction in prevalence of current tobacco use (smoked and smokeless) among adults and adolescents from the estimated baseline of 2014.	• *SDG 3: Good Health and Well-being*: – SDG Target 3A: "Strengthen the implementation of the WHO FTC". • *FCTC, 2003* • *Protocol to Eliminate Illicit Trade in Tobacco Products, 2012* • *2013-2020 Global Action Plan on NCD:* – A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years. – A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.

2.1.5. Roles and responsibilities

Table 20 provides a definition of the roles and responsibilities of the different authorities and actors in the government and non-government sectors for tobacco control in Samoa. These roles and responsibilities provided are indicative and reflect those that are directly relate to tobacco control:

Table 19: Roles and responsibilities for tobacco control

Actor/Authority	Mandate	Roles and responsibilities in tobacco control
Parliament		
Legislative Assembly of Samoa	Law maker	• Make the law of Samoa on tobacco control in alignment with international laws and obligations. • Provide leadership support for the implementation and enforcement of tobacco control law.
Members of Parliament (MPs)		
Elected constituency members. Elected national leaders.	Act in the public interest.	• Voice constituents or community views on tobacco issues. • Provide leadership support on tobacco control initiatives.

Actor/Authority	Mandate	Roles and responsibilities in tobacco control
Cabinet		
Policy makers. Ministers.	Act in the public interest.	• Provide strategic policy positions on tobacco control measures. • Make policy decisions on tobacco control measures. • Provide executive leadership support for the implementation and enforcement of tobacco control measures. • Avoid or manage conflict of interest with the tobacco industry on tobacco control measures.
Multi-sector		
NTCC	Tobacco Control Act 2008 and Regulations 2013.	• Develop multi-sectoral work plans to implement the TCA 2008, TC regulations, FCTC obligations, protocols to eliminate illicit trade in tobacco products, and other related tobacco laws. • Lead communication and advocacy about the importance of tobacco control. • Support the coordination of inputs from different agencies on tobacco control initiatives, programs and activities. • Liaise within agency on effective implementation of tobacco control law and initiatives. • Support advocacy, strategies and programs to promote tobacco control activities. • Ensure that the National Tobacco Control Policy and Plan of Action are implemented.
Administrative authority		
MOH	Tobacco Control Act 2008 and Regulations 2013.	• Administration of the Tobacco Control Act 2008 and Regulations 2013. • Enforcement of Tobacco Control Act 2008 and Regulations 2013. • Lead agency on health sector and tobacco control. • Take a strategic approach on issues of tobacco control.
MOF	Public Finance Management Act 2001	• Advise on tobacco taxes and pricing through the role of the National Revenue Board. • Advise on economic and financial policies inclusive of taxation, licensing and other price control measures. • Lead agency of the finance sector. • Take a strategic approach on issues of tobacco control.
MOR	Excise Tax Rates Act 1983. Customs Act 2014. Excise Tax (Importation Administration) Act 1984. Excise Tax (Domestic Administration) 1984.	• Examine and advise on taxation and other revenue opportunities. • Ensure effective collection of revenue. • Conduct M&E of taxation and revenue trends. • Ensure effective customs and board control management and administration. • Take a strategic approach on issues of tobacco control.
MJCA	Criminal Procedure Act 1972. Supreme Court Rules 1980. District Courts Act 1969.	• Administration of the formal justice system. • Ensure effective and efficient court administration. • Support for litigation and prosecution matters on tobacco control non-compliance cases. • Provide judicial support on tobacco control enforcement matters.
SPS	Tobacco Control Act 2008 and Regulations 2013. Samoa Police Powers Act. Crimes Act 2014. All laws.	• Law enforcement on tobacco control as enforcement officers under the TC Act and Regulations. • Work with the NTCC on tobacco control enforcement matters via litigation and prosecution cases on non-compliance with tobacco law.

Actor/Authority	Mandate	Roles and responsibilities in tobacco control
AGO	All laws. Constitution of Samoa	• Provide litigation services on cases of non-compliance with the tobacco control law. • Prosecution of cases of non-compliance with the tobacco control law. • Provide effective and efficient legal advice, legislative drafting and other legal services on tobacco control matters. • Lead agency on the Law and Justice Sector.
MCIL	Competition and Consumer Commission Act 2016. Trade, Commerce and Industry Act 1990. Occupational Safety and Health Act 2002.	• Ensure consumer protection by supporting tobacco pricing and taxation. • Ensure that a full minimum pricing is set for tobacco products. • Ensure consumer protection through competition and anti-competitive measures. • Consider labour and employment relations as well workers' rights and conditions in relation to tobacco use and effects. • Ensure the Occupational Safety and Health of workers and employees. • Monitor tobacco industry development and effects on businesses, consumers and environment. • Lead agency on the Trade, Commerce and Industry Sector - ensures that tobacco control measures are incorporated and addressed in the sector development initiatives.
LTA	Land Transport Authority Act 2007.	• Enforcement of land transportation laws. • Development of public transport policies.
MFAT	Foreign Affairs Act 1976. Trade, Commerce and Industry Act 1991. Trade Agreements.	• Ensure that tobacco control measures are addressed through the linkages of foreign or global policies, diplomacy and trade. • As Chair of the Samoa SDGs Taskforce, address tobacco control under the SDGs through role of the taskforce.
MAF	Agriculture and Fisheries Ordinance 1959. Quarantine (Biosecurity) Act 2005.	• Work with the MOR (e.g. Customs) and other agencies to ensure the quarantine of Samoa from the harmful effects of tobacco products. • Facilitate the development of alternative livelihoods for tobacco farmers and workers, as to ensure food security and income support for tobacco farmers and workers and their families. • Develop and implement policies, legislation and programs to protect and conserve Samoa's agriculture and environment from the harmful effects of tobacco farming and curing. • Monitor tobacco farming and curing in Samoa including their impact on Samoa's economy, people's livelihoods, agriculture and environment.
MWCSD	Village Fono Act 1990. Ministry of Internal Affairs Act 1995. Ministry of Women Affairs Act 1990. Ministry of Youth, Sports and Cultural Affairs Act 1993.	• Support tobacco control measures through its community and social development role. • Coordinate and facilitate tobacco control implementation and enforcement through the governance and administrative role of the village institutions, committees and representatives (e.g. Sui o Nuu and Sui Tamaitai o Nuu) • Consider and advise on women and children issues and their connection with tobacco use. • As member of the NTCS, ensures that tobacco control measures incorporate gender issues. • Incorporate the implementation and enforcement of

Actor/Authority	Mandate	Roles and responsibilities in tobacco control
		tobacco control laws and programs through the district development planning and implementation.
MESC	Education Act 2009.	• Ensure incorporation of tobacco control education materials into the curriculum for all levels of the education system. • Facilitating tobacco control measures through education policies, programs and initiatives at the sector, ministry, sector partner and school levels. • Ensure that all schools in Samoa adopt the tobacco smoke-free policy and that their implement and comply with that policy. • Ensure the effective and efficient implementation of the TC Act and regulations in all schools and other educational facilities. • Conduct educational programs to educate and strengthen teachers/educators, students, and other staff about the effects of tobacco use. • Support advocacy and campaigns on tobacco.
CSOs - NGOs		
Samoa Cancer Society, Samoa Family Health Association, Samoa Nurses Association, Samoa Medical Association, Samoa Chamber of Commerce, Samoa National Youth Council, Samoa Umbrella of NGOs, Salvation Army, etc.,	The Samoa Incorporated Societies Ordinance 1952. Own constitution and legislation.	• Provide advocacy, awareness and educational programs on tobacco. • Promote anti-tobacco and no-smoking behaviours through advocacy and awareness programs. • Through partnerships with government and other agencies working in the sector, provide tobacco control programs (e.g. cessation support programs on tobacco, smoke quit line, media campaigns on the impact of tobacco smoking on cancer and other related diseases). • Act as advocates and promoters of tobacco control in the community through the roles their organisations play in tobacco control. • Adopt the no-smoking policy - leading by example (e.g. no-smoking in offices and compounds).
CSOs - CBOs		
Village fono, faith-based or church organisations, village-based organisations.	Village Fono Act 1990. Samoa Incorporated Societies Ordinance 1952. Charitable Trusts Act 1965. Cooperative Societies Ordinance 1962.	• Promote and control tobacco use through local village law and order and use of authority to put into place bylaws on tobacco control (e.g. smoke-free village fono) • Implement in villages and churches advocacy, awareness and educational programs on tobacco. • Promote anti-tobacco and no-smoking behaviours through advocacy and awareness programs in villages and churches (e.g. spiritual programs and pastors' speeches, talks and counselling). • Act as advocates and promoters of tobacco control in the community through the roles their organisations play in tobacco control.
Development partners		
WHO, DFAT, MFAT, World Bank ADB, UN, etc.	Bi-lateral and multi-lateral agreements	• Support tobacco control strengthening in Samoa through donor policies, programs and development assistances – financial, technical, assets, etc. • Facilitate timely access to assistances for the effective and efficient implementation of tobacco control programs and activities that are supported by development partners.

2.2. A Five-year National Plan of Action: July 2019 – June 2024

2.2.1. Vision and mission

Vision:	***A tobacco-free Samoa.***

Mission:	***Samoa to attain the lowest possible prevalence of tobacco use.***

2.2.2. Outputs and activity result areas

To achieve the above vision and mission, the specific outputs and activity results (AR) under this National Tobacco Control Plan of Action for 2019-2024 are as follows:

Output 1: Leadership and governance for a multi-sector approach on tobacco control strengthened.

AR 1.1: Multi-sector governance and leadership for tobacco control revived and enhanced.

AR 1.1 focuses on strengthening the governance and leadership for a multi-sector approach for tobacco control in Samoa. As per assessment provided under Section 1, tobacco control requires a collaborative approach from all relevant actors in the government and non-government sectors. Activities will include efforts aimed at strengthening the NTCC to take ownership and leadership of tobacco control as the authority mandated under the Tobacco Act to provide strategic policy direction, coordination, communication, advocacy and promotion for tobacco control. The NTCC needs to comply with their mandate, to meet on a quarterly basis, and to perform its roles and responsibilities as set out under the legislation.

AR 1.2: Political leadership for tobacco control in Samoa enhanced.

Strengthening political leadership for tobacco control is needed. Political will for tobacco control is needed for the full realisation of ongoing and further tobacco control initiatives. Through their roles as elected community representatives and national leaders, parliamentarians through their collaborative efforts through the SPAGHL had been active in advocating for health promotion and prevention. This needs to be revived; political leadership for health promotion and prevention inclusive of tobacco control. Activities under AR 1.2 will aim at re-sensitising political leaders to the needs for improved tobacco control and about the harmful effects of tobacco. Activities will include customised training and other relevant capacity building initiatives for Members of Parliament in the areas of tobacco control.

AR 1.3: Partnerships and alliances for tobacco control in Samoa enhanced.

Building partnerships and alliances between the government and non-government/non-state sectors for tobacco control is being identified as an area that needs further consideration and development. The non-government sector includes civil society and community actors as well as development partners. Civil society has a critical role in development and service delivery and this is being recognised worldwide and in Samoa. The role they play in health and tobacco control need specific identification. This is the same for those in the village

governance setting. Activities under AR 1.3 will therefore aimed at building partnerships and alliances amongst government and non-government entities for the implementation of tobacco control initiatives.

Output 2: Samoa has a strong and comprehensive tobacco control policy and regulatory system in place.

AR 2.1: Meso, agency and organisational level policies and strategies are in place for the operationalisation of the tobacco control system.

Samoa still lacks robust and in-depth analysis of the different key areas of tobacco control, as well as to have in place responding policies/strategies in those different areas. These areas as identified in Table 7 include the need to have in place policies/strategies to operationalise: disclosure of toxic constituents and emissions to the public; dealing with illicit trade in tobacco products and electronic nicotine delivery systems; protecting the environment, health of persons and children from tobacco use; protecting public policy from the vested interests of the tobacco industry; tobacco dependence and cessation support mechanisms; monitoring and evaluation of tobacco control measures; dealing with liability; capacity development for tobacco control; economically viable alternative livelihoods supporting tobacco workers and sellers; and so on. Activities under AR 2.1 will therefore aimed at putting into place key operational policies and strategies within the timeframe of this national plan of action.

AR 2.2: Tobacco control law providing a comprehensive and stronger legal foundation and coverage for all tobacco control requirements as specified under the WHO FCTC.

AR 2.2 coincides with the policy development areas proposed under AR 2.1. AR 2.2 however focuses on the remaining legislative and regulatory work that is needed to strengthen the legislative basis for tobacco control. As identified under Section 1.2.3, there are several gaps in the existing legislation and regulations that must be addressed as a matter of priority in order for Samoa to have a stronger legal foundation and comprehensive coverage of all tobacco control requirements. Table 7 provides a summary of the required amendments of the legislation and regulations.

AR 2.3: Tobacco taxation, pricing and licensing enhanced in order to reduce affordability and use of tobacco products.

Taxing tobacco has been identified as a very effective measure for reducing prevalence of tobacco use and its contribution to the NCDs crisis, while at the same time raises additional tax revenue for the government. Samoa's current tobacco taxation and price are the lowest in the Western Pacific Region. This National Tobacco Control Policy and its Plan of Action 2019-2024 supports and operationalises the Health Sector Plan's (HSP) mission/objective to "increase the excise duty on tobacco to 70% of the retail price of cigarettes" by 2024. AR 2.3 targets the achievement of that mission/objective through the development of a tobacco taxation policy and pricing under the leadership of the NTCC and in collaboration with the MOR and MCIL as members of the NTCC. This includes considering the introduction of an environmental tax on tobacco given the multi-dimensional effects of tobacco on the environment in the medium and long terms. The National Tobacco Control National Tobacco Control's Plan of Action 2019-2024 will consider operationalising tobacco licensing and revisiting the consideration to implement tobacco retail licensing, as well as regulating locally grown tobacco such as *tipi* and *tapaa*. As part of AR 1.1 and AR 1.2, there is a need for the political buy-ins and collective support of the NTCC on these tobacco control policy areas.

Output 3: Implementation, enforcement, monitoring and evaluation of tobacco control improved.

AR 3.1: Tobacco control implementation, enforcement, monitoring and evaluation mechanisms across all responsible agencies enhanced.

AR 3.1 focuses on building the implementation, enforcement, monitoring and evaluation mechanisms for tobacco control, not only in the MOH, but across all relevant agencies responsible for tobacco control measures. Activities will include the development of tobacco control standard operating procedures (in connection with AR 2.1) across the sector and to cover and integrate all required enforcement and monitoring requirements across the different areas of tobacco control. This includes a referral system between MOH and MJCA and the Police on litigation cases for non-compliance with the tobacco control law. Enforcement mechanisms for compliance with the protection of vulnerable people (e.g. mothers, children, and youth) need special attention. Enforcement mechanisms established at the organisational and institutional level of the different workplaces, schools, public places, village institutions, faith-based organisations, etc., will facilitate a smoke-free culture and compliance.

AR 3.2: Tobacco control implementation, enforcement, monitoring and evaluation adequately resourced.

AR 3.2 focuses on activities and initiatives aimed at resourcing the implementation, monitoring and evaluation functions of tobacco control. A dedicated unit for tobacco control in the MOH should be established with staff directly responsible for these functions. Similarly, each NTCC agency should established a focal point of contact to collaborate amongst agencies on tobacco control matters. Sufficient funding under the GoS budget should be allocated for tobacco control enforcement, monitoring and evaluation activities. Revenue from tobacco licensing should be allocated for the implementation of these activities.

Output 4: Capacity and knowledge building, awareness and civic education in tobacco control strengthened.

AR 4.1: Capacity and evidence-based knowledge about tobacco use and tobacco control enhanced.

AR 4.1 focuses on activities aimed at building local capacity and knowledge. An immediate developmental need is the identification of training and capacity development priority needs across the sector in different agencies, non-government partners and the community. Identifying the strategies or ways to deliver the needed training and capacity development initiatives for different target groups, organisations and individuals and the specific roles they play are also needed. Further, the identification of needed research to provide for evidence-based M&E and policy changes as well as to build knowledge about tobacco control systems is needed. For instance, research specific on Samoa on the determinants and consequences of tobacco consumption and exposure to tobacco smoke in Samoa is an area of great need, in order to justify and support policy proposals made under AR 2.3. As well, research will be conducted about the prevalence and effects of the use of locally grown products (e.g. *tipi* and *tapaa*) including an expected shift in customers' behaviours to use these products if there are further increases in the prices of manufactured cigarettes.

AR 4.2: Awareness and civic education on tobacco use and its effects improved.

Educating and sensitising people about the dangers of tobacco and tobacco smoke through effective health warnings, civic awareness programs and mass media campaigns is an ongoing tobacco control need. It is not sufficient to just put in place tobacco policies, legislation and regulations. Changing compliance mindsets requires people to know and understand the purpose of those policies and legislation. Expectation for compliance required people to become well-informed about the law. The positive progress with the reduction in tobacco use prevalence needs to be sustained through further awareness and civic education initiatives. Awareness is needed for everyone, not only the community but also those in the government (across different agencies) as well as those in the non-government settings. Educational programs will target the youth and children so that they understand the implications of smoking - on their health, family, the environment and the economy.

The Results and Resourcing Framework in Table 21 identifies the activities that will be implemented to contribute to the achievement of each of the four outputs and their key result areas as outlined above.

The Theory of Change presented in Figure 29 shows the linkages between the vision, mission, outputs and activities as well as the assumptions about what will be required to achieve the vision, mission and outputs through the implementation of the activities. It presents a logical framework about the change expected to happen if this National Tobacco Control Plan of Action is implemented within its 5-year period of 2019-2024.

Appendix B provides the detailed Implementation Plan of the National Tobacco Control Plan of Action 2019-2024.

2.2.3. Results and resourcing framework

Table 20: Results and resourcing framework, tobacco control action plan, 2019-2024

[Refer to Appendix B for the detailed activity implementation plan]

Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**					
Outcome indicators: • 15% reduction in the smoking rate for 15 years and over. • 15% reduction in the smoking rate for aged 13-15 years. • 70% is the percentage of the retail price of tobacco is excise tax. • 30% increase in the compliance rate with the smoke-free policy in public places.					
Activity Result	***Activity***	***Modality***	***Responsible***	***Partners***	***Inputs (ST$)***
Output 1: Leadership and governance for a multi-sector approach on tobacco control strengthened.					
1.1. Multi-sector governance and leadership for tobacco control revived and enhanced.	1.1.1. Formalise the structure and operation of the NTCC Secretariat through the MOH Tobacco Control focal point.	Direct implementation	MOH Management	NTCC, PSC	110,000
	1.1.2. Ensure that the NTCC meets on a quarterly basis.		MOH TC focal point	NTCC	WHO supported programs
	1.1.3. Conduct an overview workshop for the NTCC on the tobacco control policy & Plan of Action.				
	1.1.4. Provide relevant training and capacity building opportunities for NTCC members on annual basis.				
	1.1.5. Ensure the submission of regular reports to the Minister on the progress of the work of the NTCC.				
	1.1.6. Provide regular cabinet papers (briefs) to Cabinet on the work of the NTCC.				
1.2. Political leadership for tobacco control in Samoa enhanced.	1.2.1. Formalise agreement with the Social Parliamentary Committee to take up the role previously performed by SPAGHL.	Direct implementation	MOH Management	NTCC, OCLA	300,000
	1.2.2. Ensure budget support for the Parliamentary Committee, Social to enable the performance of their health promotion, prevention and advocacy role.	Direct implementation	MOH TC focal point	NTCC, WHO	FCTC Secretariat support
	1.2.3. Facilitate political support for tobacco control system through other ministerial and political committees/ bodies (e.g. *Komiti Faufautua a le Minisita*).	Direct implementation	MOH TC focal point	NTCC	
	1.2.4. Incorporate tobacco control into MPs capacity building programs seminars for MPs.	Direct implementation	MOH TC focal point	NTCC, OCLA	

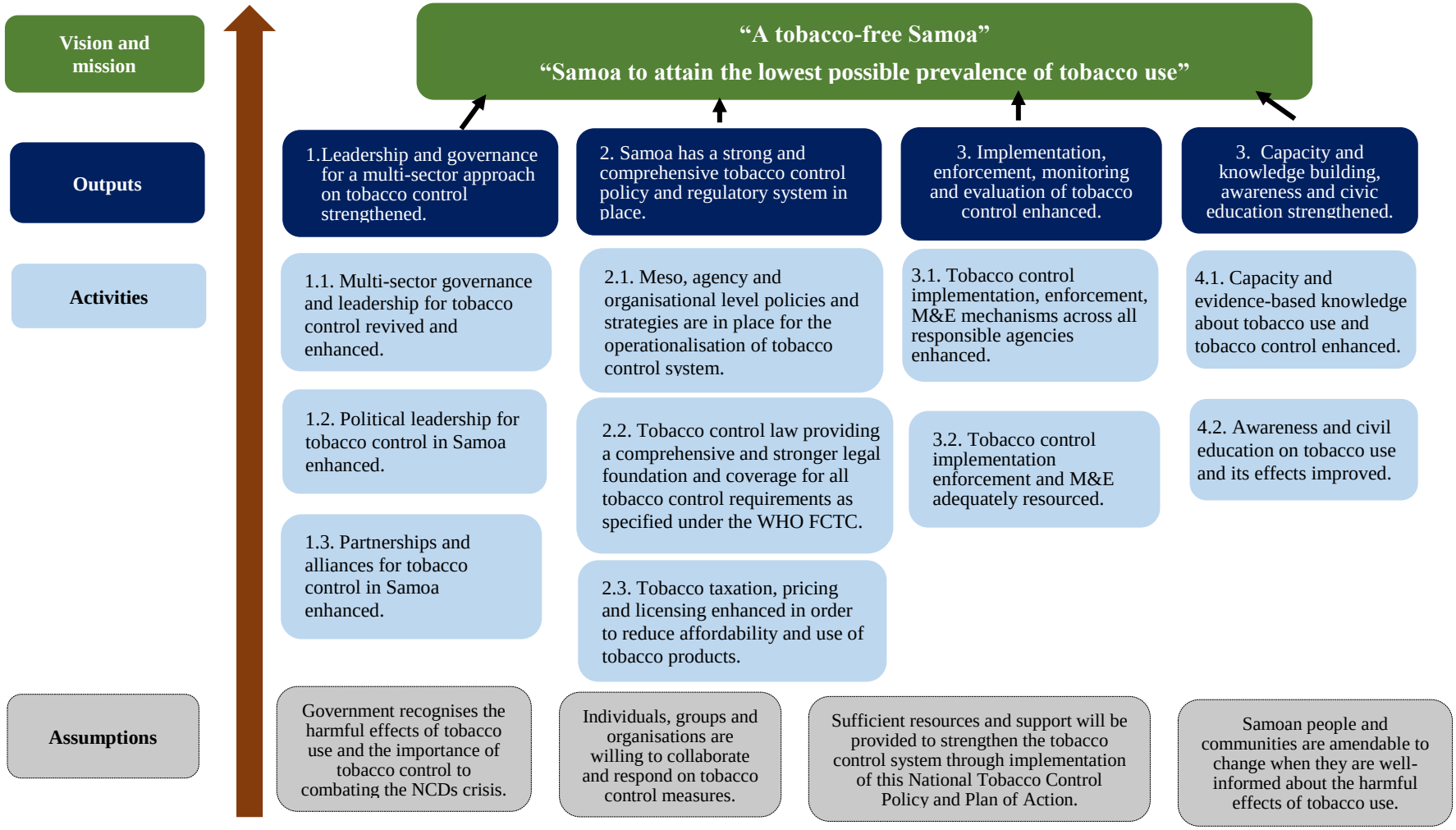
1.3. Partnerships and alliances for tobacco control in Samoa enhanced.	1.3.1. Clarify and communicate the roles of each key agency and partner in tobacco control.	Direct implementation	MOH TC focal point	NTCC, non-government actors	50,000
	1.3.2. Formalise the role of non-government actors in tobacco control.	Direct implementation	MOH TC focal point	NTCC, non-government actors	
	1.3.3. Formalise partnerships and alliances between government and non-government actors on tobacco control work to be undertaken by the non-government actors.	Direct implementation	MOH TC focal point	NTCC, non-government actors	
Output 2: Samoa has a strong and comprehensive tobacco control policy and regulatory system in place.					
2.1. Meso, agency and organisational level policies and strategies are in place for the operationalisation of tobacco control system.	2.1.1. Explicitly articulate tobacco control roles and responsibilities of sectors and agencies into their policies and plans.	Direct implementation	MOH TC focal point	NTCC	355,000 WHO and FCTC support
	2.1.2. Establish agency and organisational based policy to reinforce compliance with tobacco control measures (e.g. all schools and workplaces to have in place a tobacco-free policy, village bylaws).	Direct implementation	MOH TC focal point, Enforcement teams	NTCC member organisations	
	2.1.3. Develop a policy to tackle illicit trade in tobacco products inclusive of a tracking and tracing system.	Direct implementation	MOH TC focal point, MOR, TA	NTCC, WHO	
	2.1.4. Develop a tobacco control manual of operational policies and procedures incorporating procedures and guidelines on how to: • acquire testing reports of tobacco products. • publicly disclose tobacco constituents and emissions. • protect people, children and environment from tobacco use. • enforcement, surveillance and M&E mechanisms. • deal with liability. • Exchange of information amongst tobacco control agencies. • Tobacco dependence and cessation system.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	
	2.1.5. Formalise an agreement with PSC and obtain a directive from Cabinet on a code or protocol on the protection of public health policies from vested interests of the tobacco industry.	Direct implementation	MOH TC focal point, TA	NTCC	
	2.1.6. Develop a policy/strategy promoting and supporting economically viable alternative livelihoods for tobacco workers, farmers and sellers.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	

2.2. Tobacco control law providing a comprehensive and stronger legal foundation and coverage for all tobacco control requirements as specified under the WHO FCTC.	2.2.1. Based on the needs/gaps analysis, carry out a full policy stocktake/review for the purpose of making legislative amendments for a comprehensive coverage of all tobacco control measures.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	100,000 WHO and FCTC support
	2.2.2. Advocate for policy consideration to address existing gaps/anomalies in the tobacco control legislation.	Direct implementation	MOH TC focal point	NTCC, WHO	
	2.2.3. Facilitate legislative changes through the role of the NTCC and its Secretariat.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	
2.3. Tobacco taxation, pricing and licensing enhanced in order to reduce affordability and use of tobacco products.	2.3.1. Develop the tobacco taxation and pricing policy and investment case: • Adopting public health as the basis of the policy. • Include a 5-10-year projection on increasing tobacco taxes and prices in order to reach the 70% of retail price of tobacco being the excise tax on tobacco. • Consideration of an environmental tax on tobacco.	Direct implementation	MOH TC focal point, TA	NTCC. WHO	
	2.3.2. Advocate for a reconsideration of tobacco licensing for retailers.	Direct implementation	MOH TC focal point	NTCC	
	2.3.3. Consider the option of tobacco licensing enforcement by the Liquor Board.	Direct implementation	MOH TC focal point	NTCC	
	2.3.4. Advocate for strengthening tobacco control in other intersecting legislation (e.g. Excise Tax Rate, Competition and Consumer Commission Act 2016) on tobacco control measures.	Direct implementation	MOH TC focal point	NTCC, WHO	
Output 3: Implementation, enforcement, monitoring and evaluation of tobacco control improved.					
3.1. Tobacco control implementation, enforcement, M&E mechanisms across all responsible agencies enhanced.	3.1.1. In connection with 2.1.4, incorporate operational policies and procedures on inter-agency enforcement, surveillance and M&E system across the sector.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	180,000 WHO and FCTC support
	3.1.2. As part of 3.1.1, establish focal point in each responsible tobacco control agency (MOH, LTA, MAFFM, MOR, MCIL, MOF, Police, MESC, MWCSD, PSC, MFAT, SUNGO (civil society).	Direct implementation	MOH TC focal point, NTCC	WHO	
	3.1.3. Conduct training and awareness programs on tobacco control operational policies and procedures.	Direct implementation	MOH TC focal point, WHO	NTCC	
	3.1.4. Conduct M&E of the performance of on inter-agency enforcement, surveillance and M&E system.	Direct implementation	MOH TC focal point, TA	NTCC, MOH Policy and M&E team, WHO	

3.2. Tobacco control implementation, enforcement and M&E adequately resourced.	3.2.1. Review existing organisational structure of MOH to consider incorporation of "enforcement officers" for tobacco control.	Direct implementation	MOH Management, NTCC	PSC	815,000 WHO and FCTC support
	3.2.2. Incorporate activities and indicators in this National Tobacco Control's Plan of Action in corporate and annual planning and budgetary process of NTCC ministries.	Direct implementation	MOH TC focal point, MOH management	NTCC, WHO	
	3.2.3. Establish bi-lateral and multi-lateral arrangements based on this National Tobacco Control Policy and Plan of Action.	Direct implementation	MOH TC focal point, MOH management	NTCC, WHO, Other development partners – WB, DFAT, MFAT	
Output 4: Capacity and knowledge building, awareness and civic education in tobacco control strengthened.					
4.1. Capacity and evidence-based knowledge building about tobacco use and tobacco control enhanced.	4.1.1. Develop a capacity building, training and research needs analysis and strategy on tobacco control.	Direct implementation	MOH TC focal point, TA	NTCC, WHO	300,000 WHO and FCTC support
	4.1.2. Based on the strategy develop under 3.2.4, provide capacity building and training opportunities on tobacco control.	Mixed (direct and indirect) implementation	MOH TC focal point, TA	NTCC, WHO, Other development partners – WB, DFAT, MFAT	
	4.1.3. Conduct a research on the determinants and consequences of tobacco consumption and exposure to tobacco smoke in Samoa.	Mixed (direct and indirect) implementation	MOH TC focal point, TA	NTCC, WHO, Other development partners – WB, DFAT, MFAT	
4.2. Awareness and civic education on tobacco use and its effects improved.	4.2.1. Develop an education, communication an awareness strategy and action plan for tobacco control inclusive of, but limited to the following: • Awareness/civic education programs • Multi-media campaigns • Seminar series for different targeted groups – MPs, public servants, CSOs, schools, public places, etc.,	Direct or indirect implementation	MOH TC focal point, TA	NTCC, WHO	570,000 WHO and FCTC support
	4.2.2. Source funding through Activity 3.2.3 to implement Activity 4.2.1.	Direct implementation	MOH TC focal point, TA	NTCC, WHO, Other development partners – WB, DFAT, MFAT	
	4.2.3. Establish partnerships (with CSOs and Ministries) as part of AR 1.3 on implementation of education, communication an awareness activities/programs following the strategy developed under 4.2.1.	Mixed (direct and indirect) implementation	MOH TC focal point, TA	NTCC, WHO, Other development partners – WB, DFAT, MFAT	
				TOTAL BUDGET	**2,880,000**

2.2.4. Theory of change

Figure 29: Theory of change



3. IMPLEMENTATION

3.1. Governance and implementation arrangements

Under the Tobacco Control Act 2008, the National Tobacco Control Committee (NTCC) is responsible for providing strategic direction, policy advice, and coordination of multi-sectoral work plans to assist the implementation of tobacco control in Samoa. With this mandated function under the legislation, the NTCC has the overall leadership and governance oversight for the implementation of this National Tobacco Control Policy's Plan of Action 2019-2024.

The MOH Tobacco Control Focal Point (TCFP) will be the Secretariat to the NTCC and will be the key leading facilitator of the implementation of this National Tobacco Control Policy and Plan of Action 2019-2024. The NTCC together with the MOH TCFP will be the leading agents of change for the implementation of this National Tobacco Control Policy's Plan of Action 2019-2024.

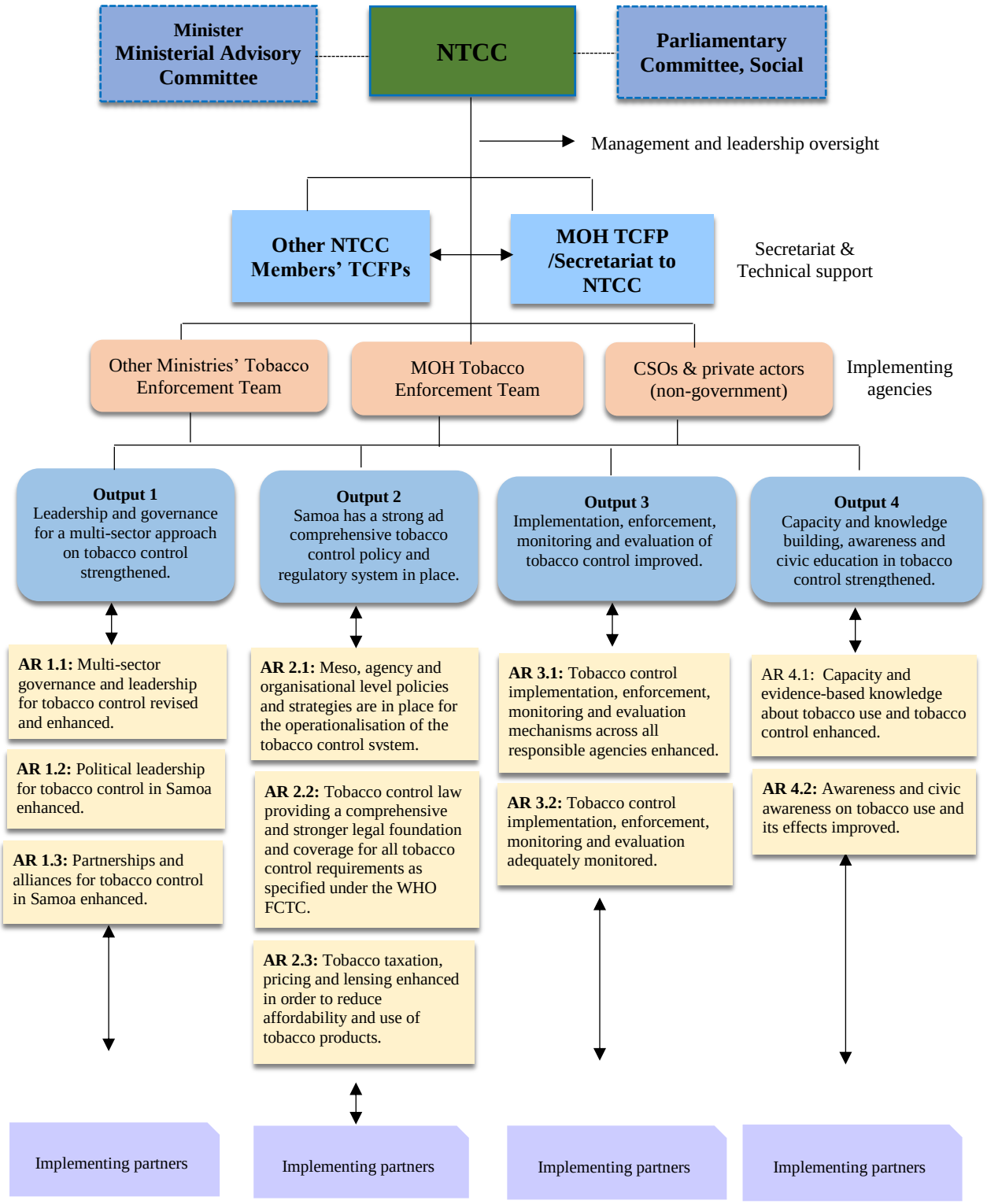
Included in the National Tobacco Control's Plan of Action for 2019-2024 (see the Results and Resourcing Framework in Section 2.2.3) are specific activities aimed at resourcing the MOH with additional staff to lead the performance of implementing and enforcement roles for tobacco control functions under the tobacco legislation. Similarly, each NTCC member organisation needs to identify a tobacco focal point within their ministry/agency/organisation to work with the other NTCC members in coordinating the implementation of this National Tobacco Control Policy's Plan of Action 2019-2024.

Further outlined under the Results and Resourcing Framework (Section 2.2.3) are activities aimed at the establishment of partnership arrangements between relevant government and non-government partners on the implementation of tobacco control activities/measures. An identification of the roles and responsibilities of the different actors in the tobacco control system is provided under Section 2.1.5.

Technical and financial support are to be made available to all implementing partners/organisations so that they are able to implement tobacco control activities and programs. The implementation of the major activities under each output requires the development of specific policies and strategies to guide the implementation of the different tobacco control measures. As such, technical and financial support through bilateral and multilateral assistances are required to enable the development and implementation of different specific strategies and activities.

Incorporating all of the above, the implementation governance structure of this National Tobacco Control Policy's Plan of Action 2019-2024 is presented as Figure 30:

Figure 30: NTCP's Plan of Action 2019-2024 Implementation Governance Structure



3.2. Activity implementation plan and costing

The National Tobacco Control's Plan of Action 2019-2024's Activity Implementation Plan and Costs are provided in **Appendix B**. Given that the NTCC will take the lead with the implementation of this National Tobacco Control Policy's Plan of Action, detailed annual work plans implementing this 5-year National Tobacco Control Policy's Plan of Action must be integrated within the MOH and other NTCC member organisations' annual work plans and budget preparations, reviews and evaluation processes and mechanisms.

It is important to maintain flexibility with the implementation of the Tobacco Control's Plan of Action - it should be a rolling plan, that is regularly reviewed and revised to ensure relevancy and taking into consideration lessons learnt from previous years' implementation progress.

3.3. Resourcing and funding

The GoS's leadership support and budget allocation should be sought on the implementation of this National Tobacco Control Policy's Plan of Action. Financing options available to the government through the NTCC to implement the National Tobacco Control's Plan of Action include:

- Reallocation of existing ministries' funded outputs and activities;

- Allocation of funding collected from tobacco taxation and licensing into tobacco control measures on the basis of revenue generated from tobacco taxation and licensing. This will provide incentives for MOH and its partners to strengthen tobacco control policy, regulatory, advocacy and awareness functions; and

- Financial and technical assistances sought from bilateral and multi-lateral arrangements with development partners – at the national, regional and global levels.

The NTCC and MOH should also seek financial support from development partners (WHO, DFAT, MFAT, UN agencies, etc.) and relevant regional and global organisations (SPC, PIFS, etc.) for the implementation of this 5-year National Tobacco Control Plan of Action.

3.4. Monitoring and evaluation framework

The Monitoring and Evaluation (M&E) framework of this National Tobacco Control Plan of Action 2019-2024 is provided as **Appendix C-1** and **Appendix C-2**. M&E activities are subject to the GoS and contributing development partners' policies and guidelines on M&E.

Improvement in implementation and in the development of follow-up or subsequent action plans (beyond this 2019-2024 Plan of Action) require the sharing of information on the progress of implementation and lessons learned with relevant partners and stakeholders.

M&E will be led by the MOH as the key leading ministry responsible for tobacco control. The NTCC and agencies' TCFPs provide the coordination and technical support in the performance of this role. Such support is needed for the production of reliable data and information for M&E, such as for the preparation of required reports documenting implementation progress on the National Tobacco Control's Plan of Action 2019-2024.

Annual work plan and budget: the annual work plan and budget will serve as the primary reference documents for the purpose of monitoring the achievement of results. The NTCC with support of its member organisations and TCFPs are tasked with the responsibility of ensuring implementation of the National Tobacco Control's Plan of Action 2019-2024 in accordance with these documents. Alignment of the annual work plan and budget for this National Tobacco Control's Plan of Action 2019-2024 to NTCC member organisations and other implementing partners' policy, planning and budgetary processes is important.

Sixth monthly and annual reporting: Sixth monthly and annual reports need preparation by the NTCC Secretariat with the assistance of TCFPs. Reports also need to be submitted to Cabinet on a regular basis to inform leaders about achievements made. Reports should include updated information and narrative summary of results achieved against the National Tobacco Control's Plan of Action 2019-2024, lessons learnt and way forward.

Annual reviews: Based on the above reports, annual reviews should be conducted in the fourth quarter of the year or shortly after, to assess progress made against the National Tobacco Control's Plan of Action 2019-2024 and to review the annual plan for the following year. In the last year of the Plan of Action, this review will also be a final assessment. This review is driven by the NTCC and should involve all key stakeholders for feedback. The review must focus on the extent to which progress is being on the National Tobacco Control's Plan of Action 2019-2024. Any changes to the Result & Resourcing Framework (under Section 3.3) based on available resources and lessons learnt should be considered at annual review meetings of the NTCC.

Mid-term and completion reviews/evaluation: Ongoing improvements and maintaining momentum in the implementation of the National Tobacco Control's Plan of Action 2019-2024 require regular independent evaluation to assess progress and to map the way forward. The enforcement of tobacco control is a complex area because of the required attitudinal changes for controlling and reducing tobacco consumption or smoking. As such, ongoing reflections through reviews and evaluations are critical for feedback and ongoing improvements.

References

California Environmental Protection Agency. (1997). Health Effects of Exposure to Environmental Tobacco Smoke. *Tobacco Control, 6*(4), 346-353.

Chaloupka, F. J., & Grossman, M. (1996) Price, tobacco control policies and youth smoking. *NBER Working Paper Series*. Cambridge: National Bureau of Economic Research.

Chaloupka, F. J., Yurekli, A., & Fong, G. T. (2011). Tobacco taxes as a tobacco control strategy. *tobacco Control, 21*, 172-180. doi:. doi:10.1136/tobaccocontrol-2011-050417

David, T. L., Frank, C., & Joseph, G. (2006). The Effects of Tobacco Control Policies on Smoking Rates: A Tobacco Control Scorecard. *Journal of Public Health Management and Practice, 10*(4), 338-353.

Drope, J., Schluger, N., Cahn, Z., Hamill, S., Islami, F., Liber, A., . . . Stoklosa, M. (2018a). The Tobacco Atlas: Country facts. from American Cancer Society and Vital Strategies https://tobaccoatlas.org/

Drope, J., Schluger, N., Cahn, Z., Hamill, S., Islami, F., Liber, A., . . . Stoklosa, M. (Eds.). (2018b). *The Tobacoo Atlas* Atlanta: American Cancer Society and Vital Strategies.

FCTC Secretariat. (2012). *Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in Samoa*. Retrieved from Apia:

FCTC Secretariat. (2018). *Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in Samoa*. Apia Office: WHO.

GoS. (1984). *Excise Tax Rates Act 1984*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2008). *Tobacco Control Act 2008*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2013). *Tobacco Control Regulations 2013*. Apia: Ministry of Health.

GoS. (2015). *Excise Tax Rates Amendment Act 2015*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2016). *Excise Tax Rates Amendment Act 2016*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2017). *Excise Tax Rates Amendment Act 2017*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2018). *Excise Tax Rates Amendment Act 2018*. Apia: Office of the Clerk of the Legislative Assembly.

GoS. (2019). *Tobacco Control Amendment Act 2019*. Apia: Office of the Clerk of the Legislative Assembly.

He, J., Vupputuri, S., Allen, K., Prerost, M. R., Hughes, J., & Whelton, P. K. (1999). Passive smoking and the risk of coronary heart disease-a meta-analysis of epidemiologic studies. *Journal of Medicine, 340*(12).

Hou, X., Anderson, I., & Burton-Mckenzie, E.-J. (2016). *Pacific Possible: Health & Non-Communicable Diseases*. Retrieved from http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf

Jha, P., & Chaloupka, F. J. (2000). The economics of global tobacco control. *BMJ (Clinical research ed.), 321*(7257), 358-361.

Joossens, L., & Raw, M. (2006). The Tobacco Control Scale: a new scale to measure country activity. Tobacco control, 15(3), 247-53.

Legislative Assembly of Samoa. (2010). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2011*. Apia: Ministry of Finance.

Legislative Assembly of Samoa. (2011). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2012*. Apia: Ministry of Finance.

Legislative Assembly of Samoa. (2012). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2013*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2013). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2014*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2014). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2015*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2015). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2016*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2016). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2017*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2017). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2018*. Apia: Ministry of Finance.
Legislative Assembly of Samoa. (2018). *Approved Estimates of Receipts and Payments of the Government of Samoa for the Financial Year Ending 30th June 2019*. Apia: Ministry of Finance.
Linhart, C., Naseri, T., Lin, S., Taylor, R., Morrell, S., McGarvey, S. T., . . . Zimmet, P. (2017). Tobacco smoking trends in Samoa over four decades: can continued globalization rectify that which it has wrought? *Linhart et al. Globalization and Health, 13*(31), 1-9.
Mattias, Ö., Woodward, A., Jaakkola, M. S., Perugad, A., & Prüss-Ustüne, A. (2010). *Global estimate of the burden of disease from second-hand smoke*. Switzerland: WHO.
MCIL. (2018). *Price Trends: Price Increase of Pall Mall 20s, 2013 – 2018*. Apia: MCIL.
Ministry of Finance. (2016). *Tobacco Annual Licensing Fee*. Apia: Ministry of Finance.
MOH. (2002). *Samoa STEPS Survey Report*. Apia: Ministry of Health.
MOH. (2007). *Global Youth Tobacco Survey: Samoa Country Report 2007*. Apia: Ministry of Health.
MOH. (2008). *Samoa NCD Risk Factors STEPS Report*. Apia: Ministry of Health.
MOH. (2010). *National Tobacco Control Policy & Strategy 2010 - 2015*. Apia: Government of Samoa.
MOH. (2011). *Global School-based Student Health Survey Results: Samoa Survey Summary Tables*. Apia: Government of Samoa.
MOH. (2014a). *April - June 2014 M&E Report for the National Health Promotion Policy 2010-2015*. Retrieved from Apia:
MOH. (2014b). *January - March 2014 M&E Report for the National Health Promotion Policy 2010-2015*. Retrieved from Apia:
MOH. (2014c). *January - March 2014 M&E Report for the NCD Policy 2010-2015*. Retrieved from Apia:
MOH. (2014d). *July - December 2014 M&E Report for the National Tobacco Control Policy 2010-2015*. Retrieved from Apia:
MOH. (2014e). *Samoa NCD Risk Factors STEPS Report*. Apia: Ministry of Health.
MOH. (2015). *Samoa Health National Accounts Financial Year 2014/2015*. Apia: MOH.
MOH. (2016). *Proposal for Tobacco Annual Licensing Fees*. Apia: MOH.
MOH. (2017a). *FCTC 2030 Strategy Samoa*. Apia: Ministry of Health.
MOH. (2017b). *Global Youth Tobacco Survey: Samoa Country Report 2017*. Retrieved from Apia:
MOH. (2018a). *Health Information Bulletin, July-Dec 2018*. Apia: MOH.

MOH. (2018b). *National Noncommunicable Disease Control Policy*. Apia: Government of Samoa.
MOH. (2018c). *Samoa Health Sector Plan 2008-2018 Full Review Report*. Apia: MOH.
MOH. (2019a). *FCTC Progress Report*. Apia: MOH.
MOH. (2019b). *Samoa Health Sector Plan, 2019/20 - 2029/30*. Apia: Government of Samoa.
MOH. (September 2018). *2018-2023 Health Sector Program Plan of Work*. Apia: MOH.
Samoa Observer. (2019). *Kiwi firm on a mission to break smoking habits in Samoa*. Reported by Ivamere Nataro in Samoa Observer Newspaper, 24 May 2019.
SBS. (2009). *Samoa Demography and Health Survey*. Apia: Government of Samoa.
SBS. (2014). *Samoa Demographic and Health Survey*. Retrieved from Apia:
Secretariat of the Pacific Community (SPC), DFAT, NZ Aid Programme, World Bank, & WHO. (2014). *NCD Roadmap Report: A background document on preventing and controlling NCDs in the Pacific, circulated June 2014 for consideration by the Joint Forum Economic and Pacific Health Ministers' Meeting, July 2014*.
Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky C, Novotny TE. (2011). Toxicity ofcigarette butts, and their chemical components, to marine and freshwater fish. *Tobacco Control* 20 (Suppl1):i25–i29, available at https://tobaccocontrol.bmj.com/content/tobaccocontrol/20/Suppl_1/i25.full.pdf, accessed 31/05/2019
WHO. (2003). *Framework Convention on Tobacco Control*. Geneva: WHO
WHO. (2009). *WHO Report on the Global Tobacco Epidemic* France: WHO.
WHO. (2010). *Global status report on noncommunicable diseases*. Italy: WHO.
WHO. (2015). *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015-2019)*. Manila: WHO Regional Office for the Western Pacific.
WHO. (2017a). *Tobacco and its environmental impact: an overview*. Geneva: WHO.
WHO. (2017b). *WHO Report on the Global Tobacco Epidemic*. Switzerland: WHO.
WHO. (2018). *Noncommunicable diseases country profiles 2018*. Switzerland: WHO.

Appendices

A: NCDs Proportional mortality on a global level

Figure 31:Proportional mortality (%) of cardiovascular diseases for 182 countries

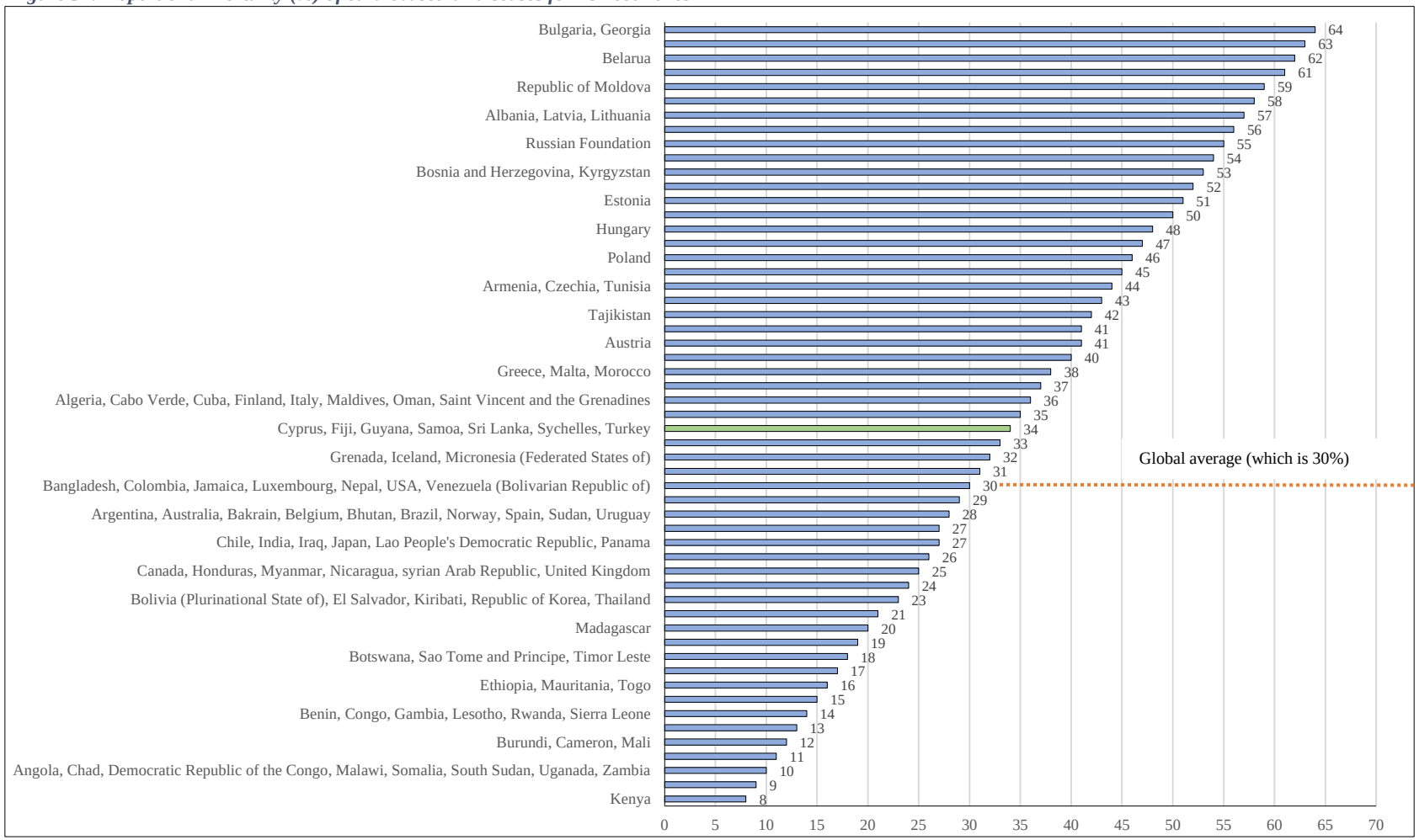


Figure 32: Proportional mortality (%) of cancer for 182 countries

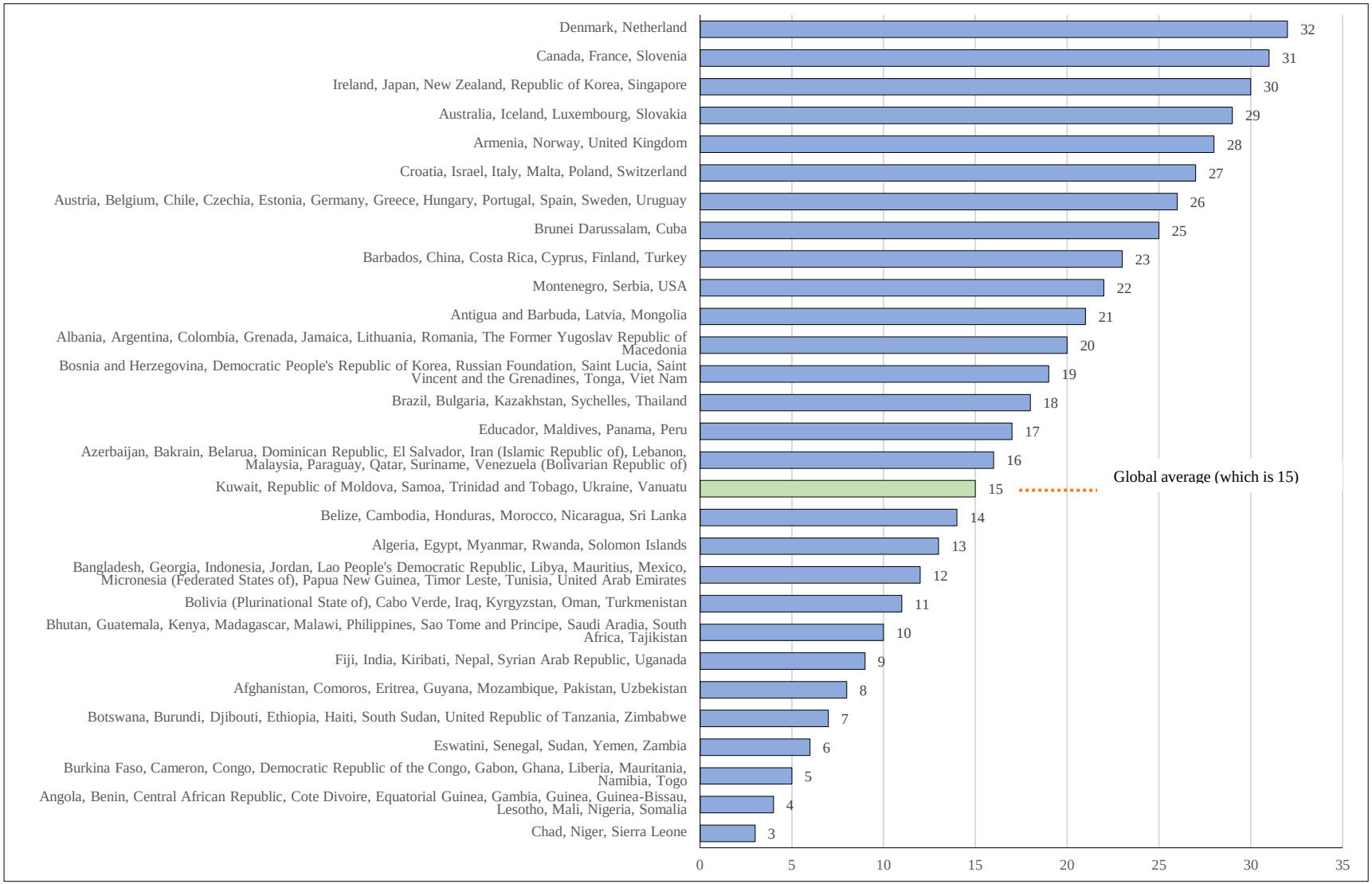


Figure 33: ***Proportional mortality (%) of chronic respiratory diseases for 182 countries***

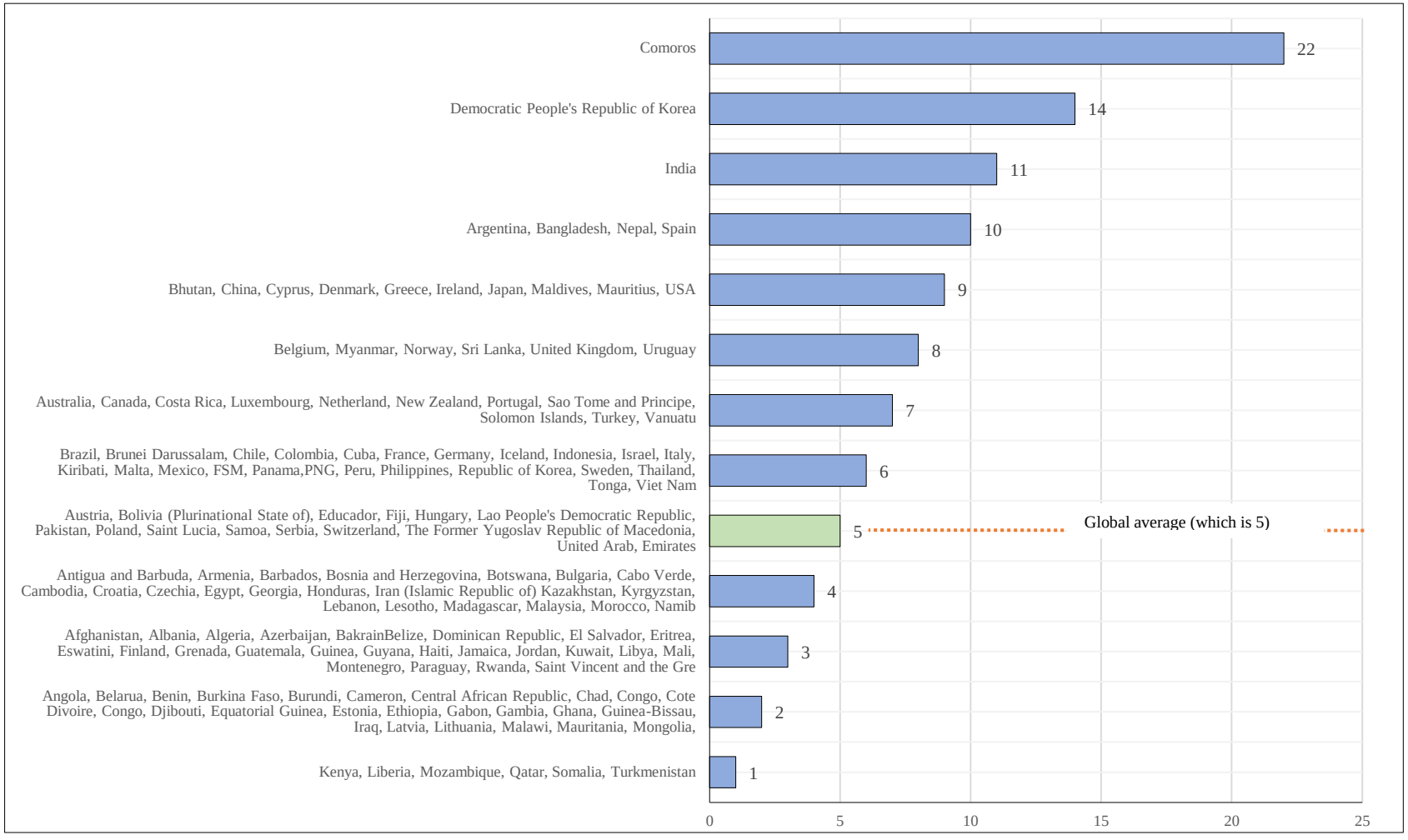


Figure 34: Proportional mortality (%) of diabetes for 182 countries

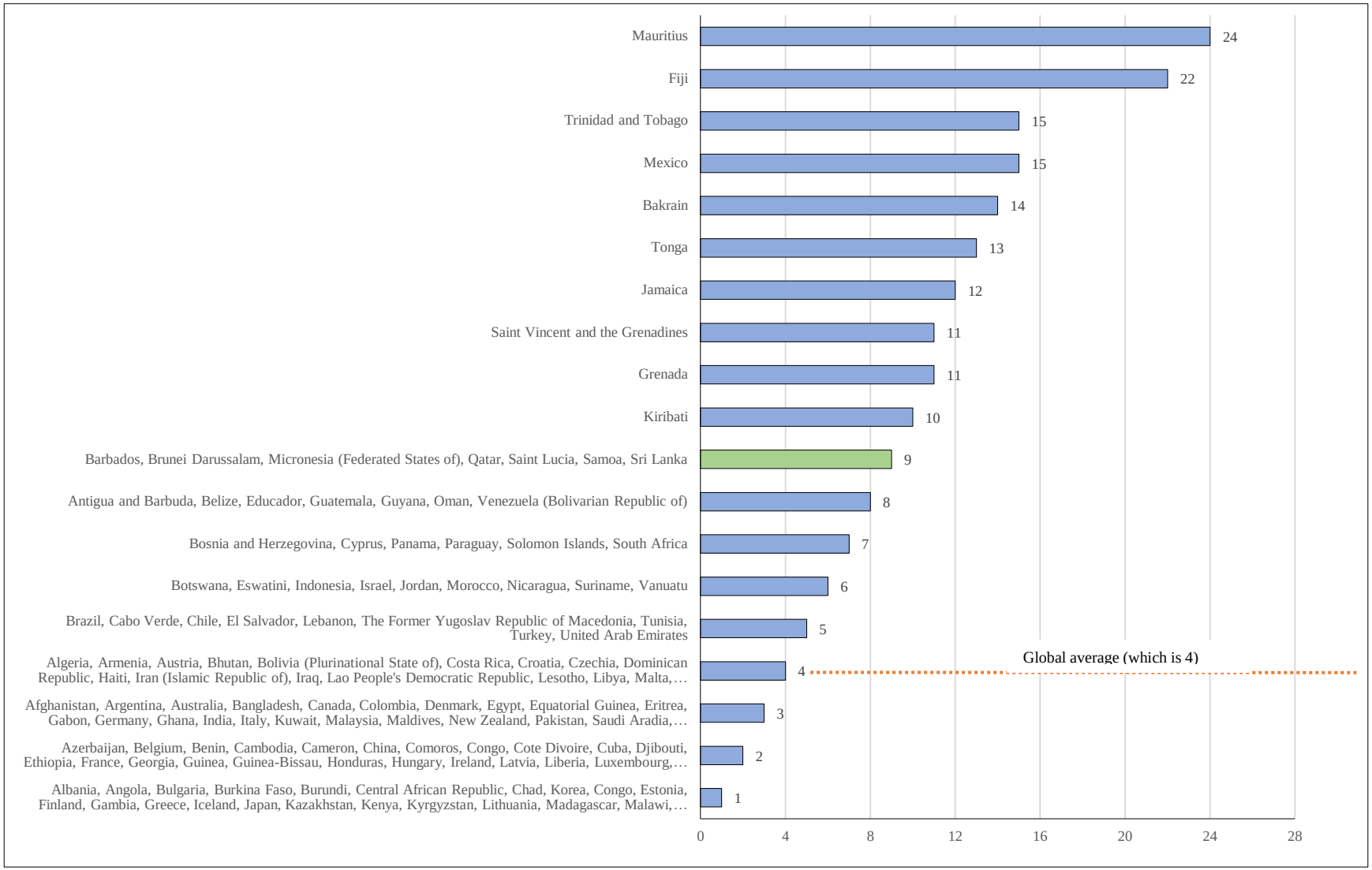


Figure 35: ***Proportional mortality (%) of other NCDs for 182 countries***

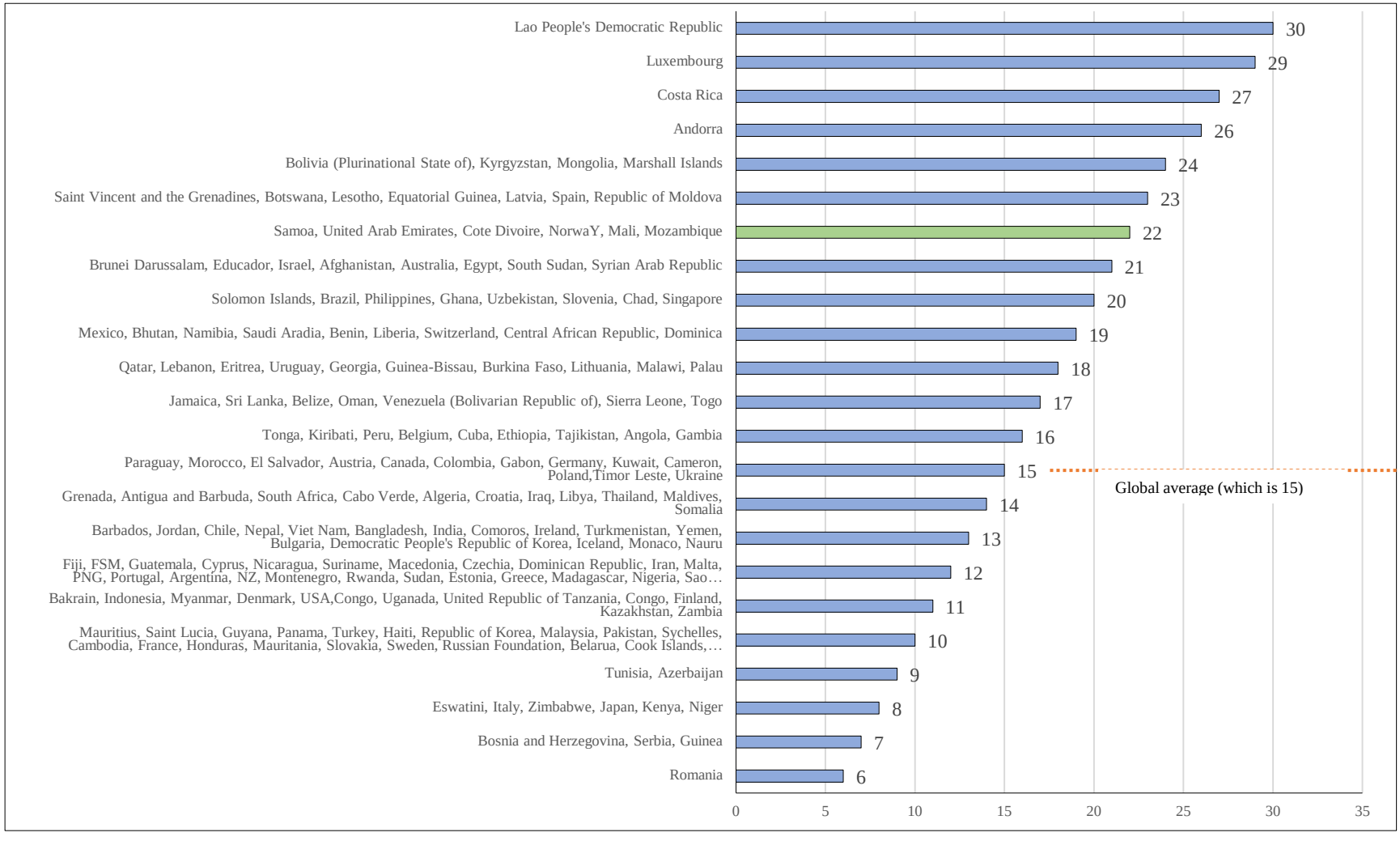
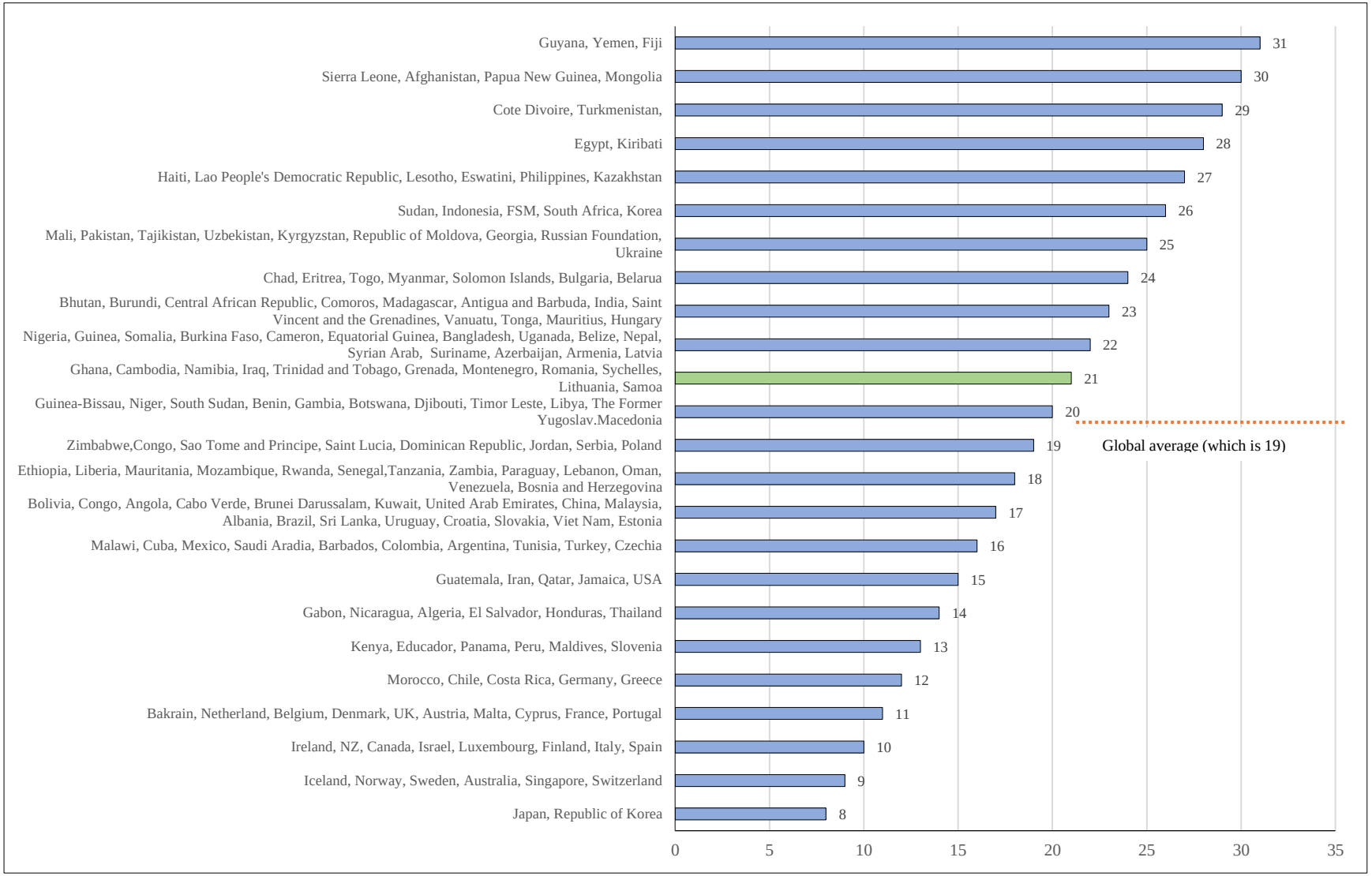


Figure 36: Risk of Premature deaths (aged 30-70) in % for 182 countries



B: Activity implementation plan and costing

Vision: A tobacco-free Samoa.																		
Mission: Samoa to attain the lowest possible prevalence of tobacco use.																		
Activity	**2020-2021**				**2021 - 2022**				**2022-2023**				**2023-2024**				**Modality**	**Budget (ST$)**	**Budget Descriptions & Assumptions**
	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun			
Output 1: Leadership and governance for a multi-sector approach on tobacco control strengthened.																			
Activity Result 1.1. Multi-sector governance and leadership for tobacco control revived and enhanced.																			
1.1.1. Formalise the structure and operation of the NTCC Secretariat through the MOH Tobacco Control focal point.	x																MOH TCFP/NTCC Secretariat		
1.1.2. Ensure that the NTCC meets on a quarterly basis.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP/NTCC Secretariat	10,000	Meeting costs ($500 per mtg) cover logistics.
1.1.3. Conduct an overview workshop for the NTCC on the tobacco control policy & Plan of Action.		x				x				x				x			FCTC Secretariat, MOH TCFP	40,000	8,000 for 1 training per year, to be provided by WHO technical team and MOH TCFP.
1.1.4. Provide relevant training and capacity building opportunities for NTCC members on annual basis.			x				x				x				x		FCTC Secretariat, MOH TCFP	50,000	Through south-south exchange programs, WHO supported programs. $50k to cover other costs.
1.1.5. Ensure the submission of regular reports to the Minister on the progress of the work of the NTCC.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP/ NTCC Secretariat	10,000	Administrative costs of 500 per year.
1.1.6. Provide regular cabinet papers (briefs) to Cabinet on the work of the NTCC.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP /NTCC Secretariat		
Total Budget for AR 1.1																		**110,000**	
Activity Result 1.2. Political leadership for tobacco control in Samoa enhanced.																			
1.2.1. Formalise agreement with the Social Parliamentary Committee to take up the role previously performed by SPAGHL.	x																MOH TCFP and Management, NTCC.		

1.2.2. Ensure budget support for the Parliamentary Committee, Social to enable the performance of their health promotion, prevention and advocacy role.			x	x			x	x			x	x			x	x		250,000	50,000 per year x 5 years
1.2.3. Facilitate political support for tobacco control system through other ministerial and political committees/ bodies (e.g. *Komiti Faufautua a le Soifua Maloloina*).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP and Management, NTCC.		
1.2.4. Incorporate tobacco control into MPs capacity building programs (e.g. seminars for MPs).		x			x				x				x				FCTC Secretariat, MOH TCFP.	50,000	10,000 training costs per year to cover logistics. to be provided by WHO technical team and MOH TCFP.
Total Budget for AR 1.2																		**300,000**	
Activity Result 1.3. Partnerships and alliances for tobacco control in Samoa enhanced.																			
1.3.1. Clarify and communicate the roles of each key agency and partner in tobacco control.	x																MOH TCFP/NTCC Secretariat	50,000	$5k per year administrative and meeting costs
1.3.2. Formalise the role of non-government actors in tobacco control.	x																MOH TCFP/NTCC Secretariat		
1.1.3. Formalise partnerships and alliances between government and non-government actors on tobacco control work to be undertaken by the non-government actors.	x																MOH TCFP/NTCC Secretariat		
Total Budget for AR 1.3																		**50,000**	
Total for Output 1																		**460,000**	
Output 2: Samoa has a strong and comprehensive tobacco control policy and regulatory system in place.																			
Activity Result 2.1. Meso, agency and organisational level policies and strategies are in place for the operationalisation of tobacco control system.																			

2.1.1. Explicitly articulate tobacco control roles and responsibilities of sectors and agencies into their policies and plans.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP, NTCC Secretariat.		
2.1.2. Establish agency and organisational based policy to reinforce compliance with tobacco control measures (e.g. all schools and workplaces to have in place a tobacco-free policy, village bylaws).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP, NTCC, Tobacco Enforcement team.	105,000	1 TCFP in each NTCC member organisation. 3 Additional TC Enforcement Officers with $30k salary + $5 overhead costs each.
2.1.3. Develop a policy to tackle illicit trade in tobacco products inclusive of a tracking and tracing system.		x																MOH TCFP, MR, TA	70,000	WHO Technical Team, $70k local costs for formulation costs
2.1.4. Develop a tobacco control manual of operational policies and procedures incorporating procedures and guidelines on how to: • acquire testing reports of tobacco products. • publicly disclose tobacco constituents and emissions. • protect people, children and environment from tobacco use. • enforcement, surveillance and M&E mechanisms. • deal with liability. • Exchange of information amongst tobacco control agencies. • Tobacco dependence and cessation system			x															FCTC Secretariat, MOH TCFP	70,000	WHO Technical Team, $70k local costs for formulation costs
2.1.5. Formalise an agreement with PSC and obtain a directive from Cabinet on a code or protocol on the protection of public health policies from vested interests of the tobacco industry.		x																MOH TCFP, NTCC, Tobacco Enforcement team.	10,000	10k meeting and administrative costs

2.1.6. Develop a policy/strategy promoting and supporting economically viable alternative livelihoods for tobacco workers and sellers.				x													FCTC Secretariat, MOH TCFP	100,000	WHO Technical Team, $100k local costs for formulation costs
Total Budget for AR 2.1																		**355,000**	
Activity Result 2.2. Tobacco control law providing a comprehensive and stronger legal foundation and coverage for all tobacco control requirements as specified under the WHO FCTC.																			
2.2.1. Based on the needs/gaps analysis, carry out a full policy stocktake/review for the purpose of making legislative amendments for a comprehensive coverage of all tobacco control measures.		x	x	x													FCTC Secretariat, MOH TCFP	100,000	WHO Technical Team, $100k local costs for formulation and facilitation costs
2.2.2. Advocate for policy consideration to address existing gaps/anomalies in the tobacco control legislation.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
2.2.3. Facilitate legislative changes through the role of the NTCC and its Secretariat.		x	x	x	x	x	x												
Total Budget for AR 2.2																		**100,000**	
Activity Result 2.3. Tobacco taxation, pricing and licensing enhanced in order to reduce affordability and use of tobacco products.																			
2.3.1. Develop the tobacco taxation and pricing policy and investment case: · Adopting public health as the basis of the policy. · Include a 5-year 10 projection on increasing tobacco taxes and prices in order to reach the 70% target of the retail price as a % of the excise tax on tobacco products. · Consideration of an environmental tax on tobacco	x																FCTC Secretariat, MOH TCFP, NTCC	100,000	WHO Technical Team, $100k local costs for policy formulation, facilitation and legislative drafting costs.
2.3.2. Advocate for a reconsideration of tobacco licensing for retailers.	x	x															NTCC		
2.3.3. Consider the option of tobacco licensing enforcement by the Liquor Board.	x																		

2.3.4. Advocate for strengthening tobacco control in other intersecting legislation (e.g. Excise Tax Rate, Competition and Consumer Commission Act 2016) on tobacco control measures.		x	x	x	x	x	x												
Total Budget for AR 2.3																		**100,000**	
Total for Output 2																		**555,000**	
Output 3: Implementation, enforcement, monitoring and evaluation of tobacco control improved.																			
Activity Result 3.1. Tobacco control implementation, enforcement, M&E mechanisms across all responsible agencies enhanced.																			
3.1.1. In connection with 2.1.4, incorporate operational policies and procedures on inter-agency enforcement, surveillance and M&E system across the sector.			x														FCTC Secretariat, MOH TCFP	70,000	WHO Technical Team, $70k local costs for formulation costs
3.1.2. As part of 3.1.1, establish focal point in each responsible tobacco control agency (MOH, LTA, MAFFM, MOR, MCIL, MOF, Police, MESC, MWCSD, PSC, MFAT, SUNGO (civil society).	x	x																10,000	Meeting costs ($500 per mtg) cover logistics. Training to be provided by WHO technical team/ MOH TCFP.
3.1.3. Conduct training and awareness programs on tobacco control operational policies and procedures.				x			x			x				x			FCTC Secretariat, MOH TCFP, Independent Evaluator	50,000	10k per year x 5 years
3.1.4. Conduct M&E of the performance of on inter-agency enforcement, surveillance and M&E system.		x		x		x		x		x		x		x		x	FCTC Secretariat, MOH TCFP	50,000	M&E administrative costs plus mid-term evaluation of the NTCP&PA.
Total Budget for AR 3.1																		**180,000**	
Activity Result 3.2. Tobacco control implementation, enforcement and M&E adequately resourced.																			
3.2.1. Review existing organisational structure of MOH to consider incorporation of "enforcement officers" for tobacco control.	x																Working Group, TA (if needed), consultations	65,000	$1,000/day for 45 days. $10k consultations, $10,000 administrative costs (printing, meeting costs, logistics, etc.)

3.2.2. Incorporate activities and indicators in this National Tobacco Control's Plan of Action in corporate and annual planning and budgetary process of NTCC ministries.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	A mixture of direct and indirect implementation	500,000	100,000 per year x 5 years
3.2.3. Establish bi-lateral and multi-lateral arrangements based on this National Tobacco Control Policy and Plan of Action.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MWCSD, NCCRC and CRCP	250,000	50,000 per year x 5 years
Total Budget for AR 3.2																	-	**815,000**	
Total for Output 3																		**995,000**	
Output 4: Capacity and knowledge building, awareness and civic education in tobacco control strengthened.																			
Activity Result 4.1. Capacity and evidence-based knowledge building about tobacco use and tobacco control enhanced.																			
4.1.1. Develop a capacity building, training and research needs analysis and strategy on tobacco control.		x															FCTC Secretariat, MOH TCFP	70,000	WHO Technical Team, $70k local costs for formulation costs
4.1.2. Based on the strategy develop under 3.2.4, provide capacity building and training opportunities on tobacco control.			x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOH TCFP, NTCC, Tobacco Enforcement team.	80,000	8,000 training costs per year to cover logistics (2 training per year). Training to be provided by WHO technical team, NTFC and NTCC.
4.1.3. Conduct a research on the determinants and consequences of tobacco consumption and exposure to tobacco smoke in Samoa.			x				x				x				x		WHO Team, Researcher, TCFP	150,000	30k for 1 research per year
Total Budget for AR 4.1																		**300,000**	
AR 4.2. Awareness and civic education on tobacco use and its effects improved.																			
4.1.1. Develop an education, communication an awareness strategy and action plan for tobacco control inclusive of, but limited to the following: · Awareness/civic education programs. · Multi-media campaigns		x															FCTC Secretariat, MOH TCFP	70,000	WHO Technical Team, $70k local costs for formulation costs

4.1.1. Source funding through Activity 3.2.3 to implement Activity 4.2.1.			x	x	x	x	x	x	x	x	x	x	x	x	x	x	FCTC Secretariat, MOH TCFP	500,000	10000 per year for public awareness and multi-media campaigns
4.1.2. Establish partnerships (with CSOs and Ministries) as part of AR 1.3 on implementation of education, communication an awareness activities/programs following the strategy developed under 4.2.1.			x	x	x	x	x	x	x	x	x	x	x	x	x	x	FCTC Secretariat, MOH TCFP		costs cover 4.1.1 (if activities/programs will be outsourced to CSOs to deliver).
Total Budget for AR 4.2																		**570,000**	
Total for Output 4																		**870,000**	
Grand Total																		**2,880,000**	

C-1: Monitoring and evaluation framework

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
1. Prevalence of current tobacco use (smoked and smokeless) amongst Samoans across all ages and gender.	*27% smoking rate for 15 years and over (2016)*	23% *smoking rate for 15 years and over (2024)*	Surveys	Enforcement on tobacco effects and awareness on tobacco use continued and strengthened.	Lack of resources dedicated to enforcement and public awareness initiatives/programs	Ongoing dialogue with government and development partners for funding and technical support.
	15% smoking rate for aged 13-15 (2017)	*13% smoking rate for 13-15 aged group (2017)*	Surveys			
2. Percentage of the retail price of tobacco is the excise tax on tobacco.	*39.1% (2019)*	*70% (2024)*	Tax and pricing information	There is political leadership support for increases in taxes and prices.	Strong manoeuvring by the tobacco industry.	Strong lobby and support through the NTCC and MOH Ministerial level.
3. Compliance rate with tobacco control measures	*Retailers 65% (2014)*	*Retailers 30% increase (2024)*	M&E Reports			
	Restaurants 73% (2014)	*Restaurants 30% increase (2024)*	M&E Reports			
	Tourist accommodation 89% (2014)	*Tourist accommodation 30% increase (2024)*	M&E Reports			
	Schools 44% (2018)	*Tourist accommodation 30% increase (2024)*	M&E Reports			
	Smoke-free homes 10,731 (2013)	*Smoke-free homes 30% increase (2024)*	M&E Reports	There is strong leadership at the bureaucracy level for tobacco control enforcement	Lack of commitments for tobacco control	Ongoing advocacy and lobby through the NTCC, MOH tobacco agents and FCTC Secretariat.
4. Consideration of an environmental tax on tobacco.	*None*	*10% of the cost of the environmental effects*	Proposals to Government	There is political leadership support for increases in taxes and prices.	Strong manoeuvring by the tobacco industry.	
Output 1: Leadership and governance for a multi-sector approach on tobacco control strengthened.						
1.1. Multi-sector governance and leadership for tobacco control revived and enhanced.						
• MOH TCFP established and is providing Secretariat for the NTCC	No TCFP (April 2019)	TCFP established (December 2019)	MOH Records	There is leadership support to strengthen tobacco control structure and staffing requirements.	Lack of resourcing commitments and priorities given to tobacco control	Strong lobby and support provided through brokering mechanisms such as the NTCC, TCFPs,

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
• # of NTCC meetings on a quarterly basis.	6 monthly or annual meetings (2018)	Quarterly meetings held (2019-2024)	MOH Records	There is commitment from NTCC members.	governance and leadership issues.	WHO FCTC Secretariat and local office.
• # and quality of training and capacity building opportunities available to NTCC members.		1 training per year provided to all NTCC members (2019-2024)	MOH Records	Training and capacity building opportunities supported through bi-lateral and multi-lateral arrangements.		
• Reports submitted on NTCC and Secretariat work on tobacco control.		Quarterly reports to Ministers and Cabinets (2019-2024)	MOH Records NTCC minutes	Secretariat for NTCC strengthened through the establishment of a TCFP.		
1.2. Political leadership for tobacco control in Samoa enhanced.						
• # of tobacco control measures led by MPs or with MPs involvement.		2 programs/measures led by MPs or with MPs involvement on an annual basis (2019-2024)	MOH Records	Willingness amongst MPs to revive political support for health promotion and prevention,	Lack of resourcing commitments and priorities given to tobacco control governance and leadership issues	Strong lobby and support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• # of seminars for MPs on tobacco control.		1-2 seminar per year (2019-2024)	MOH Records			
1.3. Partnerships and alliances for tobacco control in Samoa enhanced.						
• # of formal agreements between government and CSOs on CSOs as implementing partners.	None (May 2019)	6 Agreements	MOH Records	Government officials willing to work and cooperate with CSOs on the implementation tobacco control measures.	Tobacco control system not given priority because of completing sector priorities.	Strong lobby and support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• # of CSOs implementing tobacco control programs.	3 CSOs (May 2019)	6 CSOs (2024)	MOH Records			
Output 2: Samoa has a strong and comprehensive tobacco control policy and regulatory system in place.						
2.1. Meso, agency and organisational level policies and strategies are in place for the operationalisation of tobacco control system.						
• Linkages explicitly made in NTCC member organisations 'policies/ plans about tobacco control.		Explicit mention of TC measures in NTCC member organisations policies/plans (2024)	NTCC member organisations policies/plans	NTCC members commitment made on a multi-sector approach to tobacco control.	Tobacco control system not given priority because of completing sector priorities.	Strong lobby and support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
• # of organisations with organisational and workplace-based smoke-free policy.		30% increase in the # of organisations with organisational and workplace-based smoke-free policy.(2024)	Inspections (M&E) reports Research	Individuals, groups, organisations and communities become more aware about the danger of tobacco use. Enforcement on tobacco effects and awareness on tobacco use continued and strengthened.		and local office.
• # of villages with bylaws on smoke-free policy.		20% # of villages with bylaws on smoke-free policy (2024)	Inspections (M&E) reports Research			
• Policy on illicit trade in tobacco products (inclusive of a tracking & tracing system) is in place.		Policy disseminated (2020)	MOH Documents/ records	Government officials and leaders fully comprehended the need for these policies and mechanisms. Funding and technical assistance made available to assist in the completion of this initiative.		
• TC manual of operational policies and procedures is in place.		Manual disseminated (2021)	MOH Documents/ records			
• Agreement with PSC established and a code/protocol on the protection of public health policies from the vested interests of the tobacco industry.		Agreement and protocol disseminated (2021)	MOH Documents/ records	Public servants/officials comprehend the purpose and need to protect public health policies from the vested interests of the tobacco industry.	Strong manoeuvring by the tobacco industry through political affiliations.	Strong lobby and support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• A policy/strategy promoting and supporting economically viable alternative livelihoods for tobacco workers and sellers.		Policy/strategy disseminated (2022)	MOH Documents/ records.	Willingness on part of the NTCC to push for this policy/strategy.	Lack of economically viable alternative livelihoods in Samoa's small island economy.	Discussions with MAFFM, MCIL and other authorities and partners on ways to address this tobacco control measure.
2.2. Tobacco control law providing a comprehensive and stronger legal foundation and coverage for all tobacco control requirements.						
• A full policy stocktake/review for the purpose of making legislative amendments		Full review paper discussed with recommendations for changes approved	MOH Documents/ records.	Willingness on part of the NTCC and TCFPs to continue to push for policy and legislative changes and	Tobacco control system not given priority because of completing sector priorities.	Support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
for a comprehensive coverage of all tobacco control measures.		(2021).		improvements to strengthen the tobacco control system. Funding, staff, and technical assistance provided to support further policy and legislative reviews and amendments.		and local office.
• # and quality of submissions on policy consideration made.		1 submission per quarter (2019-2024)	MOH Documents/ records			
• Policy and legislative changes noted in discussion papers and minutes of the NTCC.		2 policy papers per NTCC meetings (2019-2024)	MOH Documents/ records.			
• Amendments in the TC law (addressing gaps) approved.		Comprehensive amendments made (2021)	GoS Documents/ records.			
2.3. Tobacco taxation, pricing and licensing enhanced in order to reduce affordability and use of tobacco products.						
• The tobacco taxation and pricing policy is in place.		Tobacco taxation and pricing policy approved and disseminated (October 2019)	GoS Documents/ records.	There is leadership support to further strengthen tobacco control measures through pricing measures. NTCC members commitment made for a multi-sector approach to tobacco control. Funding, staff, and technical assistance provided to support further policy and legislative reviews and amendments.	Strong manoeuvring by the tobacco industry through political affiliations.	Support provided through brokering mechanisms such as the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• Investment case completed and presented for consideration and approval.		Investment case approved (October 2019)	GoS Documents/ records.			
• Tobacco licensing for retailers approved.		Retailer tobacco license approved (December 2019)	GoS Documents/ records.			
• Changes in other intersecting legislations (e.g. Excise Tax Rate, Competition & Consumer Commission Act) made to reinforce tobacco control measures.		Amendments made (2020-2024)	GoS Documents/ records.			

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
Output 3: Implementation, enforcement, monitoring and evaluation of tobacco control improved.						
3.1. Tobacco control implementation, enforcement, M&E mechanisms across all responsible agencies enhanced.						
• Operational policies and procedures on inter-agency enforcement, surveillance and M&E system across the sector incorporated as part of the manual developed under 2.1.4.		Operational policies and procedures disseminated (2021)	GoS Documents/ records.	There is leadership support to further strengthen tobacco control enforcement mechanism. Technical assistance provided when needed to support development of enforcement mechanisms.	Activity not given priority because of completing priorities.	Support provided through the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• TCFPs established in each responsible control agency (MOH, LTA, MAFFM, MOR, MCIL, MOF, Police, MESC, MWCSD, PSC, MFAT, SUNGO (civil society).		TCFPs established (December 2019)	GoS Documents/ records.	NTCC members commitment made for a multi-sector approach to tobacco control.	TCFPs not recognised and given priority.	
• # and quality of training and awareness programs on tobacco control operational policies and procedures conducted.		2 trainings per year (2021-2024)	GoS Documents/ records.	Funding and technical assistance provided for training and awareness program on policies and procedures.	Activity not given priority because of completing priorities.	
• M&E of the performance of on inter-agency enforcement, surveillance and M&E system completed.		6 monthly M&E reports Annual Review/Evaluation Reports (2019-2024)	MOH records/ documents	M&E mechanisms and capacities strengthened.		
3.3. Tobacco control implementation, enforcement and M&E adequately resourced.						
• A dedicated tobacco control enforcement unit reflected on the approved MOH organisational structure.		Enforcement Unit established (December 2019)	NTCC member organisations' organisational structure.	NTCC members commitment made for a multi-sector approach to tobacco control.	TCFPs not recognised and given priority.	Support provided through the NTCC, TCFPs, WHO FCTC Secretariat and local office.

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
• Activities and indicators in this National Tobacco Control's Plan of Action incorporated in corporate and annual planning and budgetary process of NTCC ministries.		Explicit linkages in NTCC member organisations corporate plans and budgets of activities and indicators on tobacco control measures as per this National Policy and Plan of Action (2024)	NTCC member organisations plan and budget documents.			
• # of bi-lateral and multi-lateral arrangements based on this National Tobacco Control Policy and Plan of Action are in place.	1 with WHO (2019)	3 bilateral and multi-lateral arrangements secured (2022)	Development partners and NTCC member organisations documents.	Development partners willing to support tobacco control measures in their development assistance agenda and programs.	Tobacco control not within development partners development assistance agenda and programs.	
Output 4: Capacity and knowledge building, awareness and civic education in tobacco control strengthened.						
4.1. Capacity and evidence-based knowledge building about tobacco use and tobacco control enhanced.						
• Capacity building, training and research needs analysis and strategy on tobacco control is in place.		Strategy approved and disseminated (2020)	MOH records/ documents	Funding and technical assistance provided to support research, knowledge building, awareness and civil education initiatives.	Research, knowledge building, awareness and civil education initiatives on tobacco control given priority.	Support provided through the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• # and quality of capacity building and training opportunities on tobacco control provided.		2 trainings per year. Positive feedback on trainings (2019-2024)	Training reports			
• # of research on the determinants and consequences of tobacco consumption and exposure to tobacco smoke in Samoa.		1 research report per year approved and disseminated (2020-2024)	Research reports MOH records/ documents			

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: A tobacco-free Samoa. **Mission: Samoa to attain the lowest possible prevalence of tobacco use.**						
4.2. Awareness and civic education on tobacco use and its effects improved.						
• Education, communication an awareness strategy and action plan for tobacco control is in place.		Strategy approved and disseminated (2020)	MOH documents / records.	Funding and technical assistance provided to support research, knowledge building, awareness and civil education initiatives.	Research, knowledge building, awareness and civil education initiatives on tobacco control given priority.	Support provided through the NTCC, TCFPs, WHO FCTC Secretariat and local office.
• # of awareness/civil education program		1 community-wide program per year completed and evaluated (2019-2024)				
• # of multi-media campaigns		1 multi-media campaign per year that is run during the year (2019-2024)				
• # of seminars on tobacco control for MPs, public servants, CSOs, schools, public places, etc.,		2 seminars per year completed and evaluated (2019-2024)				

C-2: Evaluation matrix

Evaluation Title	Purpose and criteria	Starting Date	Completion Date	Key Evaluation Stakeholders	Resources and Sources of Funding
Mid-term review of the National Tobacco Control Policy's Plan of Action 2019-2024					
Other evaluation - e.g. effectiveness of tobacco control measures.					
Other evaluation - e.g. effectiveness, efficiency and responsiveness of the tobacco cessation system.					
Other evaluation - E.g. Impact of Increase of tobacco control measures.					
Other evaluation - E.g. Compliance with different tobacco measures.					
Other evaluation					
End of the Plan of Action 2019-2024 Completion Evaluation					

D: Key points from the consultations - participant narratives

One-one-one discussions

MOR

- MOH need to lead by example. They can't go out to encourage people to smoke but they smoke.
- It was the MOH's push for the funds from tobacco taxation and other unhealthy products to come to MOH that led to some frictions among members of the NTCC. MOF were against that push/proposal.
- The removal of the price controls under the consumer and competition Act led to the tobacco industry to self-determine their own prices, with Cocoma lowering their prices.
- MCIL sets a maximum price for cigarettes but that price is determined based on BAT costs.
- This is the last year of the three-year approved increases in excise tax for tobacco products. Any further increase for the subsequent years is not yet announced/determined but there is an expectation that there will further increases or for the 5% to continue.
- The Revenue Board also raised the issue of how to regular the *Tipi/Tapaa* Samoa.
- Suggested that effective enforcement of tobacco licensing will required its same treatment as the alcohol licensing - easier for MOR to administer and enforce the tobacco licensing rather than leaving it to MOH. This includes the licensing for the sale of the tipi if we are going to regulate it. But MOH would need to agree with transferring that authority from MOH to MOR. Monitoring tobacco at retailers/manufacturers level can be done together with alcohol, this will improve the collection of taxes as well as enforcement of the law for both types of products given MOR is monitoring licensing for retailers to operate as businesses.
- Why is there a difference in the packaging and labelling of the BAT packs and Chinese tobacco packs as the only two major manufacturers in Samoa. The labelling/packaging should be the same regardless of the manufacturer.
- What is good for health is not good for revenue – that is how MOR looks at taxation.

LTA

- LTA as a member of NTCC. But never heard of a meeting of the NTCC, being in the post of CEO for over a year now and has not been informed of a meeting of the NTCC and has not attended one. The NTCC needs to revive itself and invite LTA as a member of the committee.
- LTA's role is ensuring that the non-smoking law is enforced in public transportation. But was not aware of the TC Act and regulations coming into force in 2008 and 2013 and how they are to be enforced for public transport (e.g. busses and taxis) and how LTA plays a role in enforcement.
- There is a need to clearly define the role of LTA in TC if LTA has an enforcement role for TC – e.g. authority to stop the bus when found someone smoking in the car and issue a charge or fine.
- Consultations with bus and taxi drivers will help with enforcement. They can warn people not to smoke and they can inform different authorities about non-compliance with non-smoking measures. Police and LTA and MOH can react to do something about that.
- Enforcement issues with tobacco are similar to littering (e.g. rubbish thrown from inside a bus by a passenger) – how do you find that person and charge him/her.
- Enforcement is the teeth of the law. So we need to work on that. MOH need to spell out the enforcement procedures – the detailed procedures for tobacco control.
- If LTA is engaged to help out with the TC enforcement for public transport, it needs a specific mentioned in the relevant legislation that applies to LTA. For examples, fine for smoking in public transport can be put into the LTA legislative schedule of fines for them to enforce and fully execute.
- MOH did contact us to help out with putting no smoking stickers in vehicles – back in 2016/2017.
- LTA deal with minor offences only. For instance fines, is there a need for these to enforce TC?
- MNRE has Rangers for the enforcement of its environment law, but it was good in the beginning but LTA don't know how effective the use of those Rangers are at the moment. Their enforcement was effective when they went together with the police but no sure about the situation now. LTA suggests that its more effective when the police are involved in the enforcement.

WHO and MCIL meetings

- Use information (e.g. costs) from the manufacturers to determine wholesale and retail prices.
- Fair Trading replaced by the Competition Act, which resulted in the Price Controls made redundant. The promotion of competition under the law is to reduce the price hence why the controls are being removed. MCIL views price fixing as anti-competitive.
- Contradictions in policy rationales behind the price determinants of tobacco and other unhealthy products. For instance under the MCIL legislation, the only factors that are taken into account for the protection of consumers is ineffective pricing. There is nothing mention about health. So here arises the contradiction in the legislation that MCIL administers and those administered by MOH.
- MCIL and MOH and all other key players in government need to come together to reduce tobacco use. There are different perspectives of different ministries on TC – but because the whole of government ratified the FCTC, then when it comes to issues that affect public health (e.g. unhealthy products), that take precedent. Because this product (tobacco) is so dangerous we need to look at it a bit different than other kinds of products. So when it comes to this product, health takes precedent.
- Under the FCTC, the government needs to have the ability to tax tobacco products that both imports and exports so that there are less affordable. There is a need to increase tax on unhealthy products.
- We need to look at how that is going to government, how much are the consumers paying, and how much that is going into the industry. The industry can increase prices and that is going to the consumers but sometimes that is not coming to government. That is why the government does taxing because that is money coming in for government.
- The unhealthy products are taken out of the trade agreements.
- In Australia and NZ, there are no price controls but the reasons why prices are increasing is because the government is taking actions to increase taxes. In Fiji and Tonga they let free market, but what is not happening is that they don't say that this is the maximum amount you could charge because they want the product to be less affordable and more expensive. If the industry decides to increase prices, they can do that. But the government can act to protect the consumers by increasing taxes. In this way, the prices of tobacco will not go down.
- In Australia and NZ they have free market and there is natural competition because they do a lot of importing. But in Samoa, there is not a lot of competition, there is not a lot in the industry and there is not a lot of people doing importing. And because it is tobacco, we do not care.
- So you remove the price controls, but you maintain a minimum full pricing because of lack of competition in the market. So if you have open competition and Cocoma comes in and say I can sell my pack at $5 and BAT can say we cannot afford that, that is where the minimum pricing comes in. We need to do that because of unfair competition.
- In Cook Islands, they got really serious and they increased excise tax by 35% in three years in row (2012-2015), and the products got very expensive and lot of people quit smoking. In Palau they did a 42% increase. So the 5% every year is too small and that is the case in Samoa, Fiji, Solomon Islands.
- In Samoa, we could start with a 12% increase in the initial year, that will get us under trajectory to meet the 70% target of the % of tobacco price is excise tax.
- MCIL know that there is an increase in tobacco price but it's not that much. They can't increase without any evidence. They determine the price based on their operating expenses – e.g. production costs we get from BAT. BAT submit to us all their operating expenses.
- To release the industry from influencing is to let the free market and set a minimum pricing but increase the excise taxes. The price increase will following the tax increases.
- MCIL are awaiting a TA to relook at the pricing of products given the transition from the Fair Trade Act to the Competition Act. MCIL needs assistances with how to do taxation and pricing.

MCIL

- MCIL acknowledged their lack of awareness about mortality and morbidity information for Samoa.
- Currently looking at a review of the price order system and to put forward a recommendation to the Competition and Consumer Commission. This Commission, established under the Competition and Consumer Commission Act replaces the Price Board under the Fair Trading Act 1998.
- The formula used for the mark-up calculations of tobacco prices takes into account the cost information (overheads, production costs, taxes, etc.) from BAT. But there has not been any major

increases over the years. MCIL cannot increase prices without evidence but is supportive of further increases.

- MCIL is guided by its own legislation. MOH needs to put forward to Cabinet a proposal on how to increase tobacco prices. Once we get a decision from Cabinet, then MCIL follow. Because MCIL only looks at prices from a competition position. MOR looks at taxation. MOH needs to fight for that based on TC arguments/reasoning. They have not really push for any increases in tobacco products and that needs a buy-in from the Commission and other relevant bodies.
- Given that the price of tobacco is too low in terms of the ceiling price, the prices have not actually gone up since the removal of the price control list compared to when MCIL had the price control list.
- We consider the current prices of tobacco and other unhealthy products as too low and out of dates and need further consideration for increases – if compared to NZ and Australia too.
- We do not have a minimum pricing, only a ceiling or maximum pricing.
- When the Commission meets, business inclusive of BAT, Vailima Brewery are also invited. Government usually looks at how to balance two sides – e.g. BAT employees – where do they go if the industry is closed.
- The public no-smoking law is not really enforced, MCIL still sees people smoking in public places.
- It's being a long time since the NTCC met and MCIL came to the other meetings but there were not minutes. There was a lack of reporting on progress of resolutions from previous meetings. Usually CEOs don't attend and most who often attend are those at the principal officer level. In some meetings, only three members attended – and are often MOH, MCIL and MOR.
- Fully supportive of the tobacco licensing for retailers.
- Monitoring and enforcement of the ban on the sale of cigarettes as sticks is lacking. People in Samoa are countering the high cost of the pack of cigarettes by selling cigarettes in sticks.

MOF

- 3 things they look at in terms of taxation increase for tobacco – revenue increase, smoking cessation and social burden on the family (e.g. faamuamua le sikaleki ae aafia ai priorities ole aiga). This is where MOF with MOR and MOH.
- All we want is the scenario where people in the world all don't smoke.
- World Bank (working with MOH Thailand (Centre of the Asia Pacific) and WHO) team here this week – looking at case investment for unhealthy products including tobacco – those contributing to the rise in NCDs. One of the issues the team encountered was the lack of information about who is Samoa's focal point on particular areas which then affects the consistency in information.
- There is a chance that people will switch to Tipi and Tapaa Samoa and marijuana (which is currently unregulated) when there is a major increase in the prices of manufactured cigarettes. So we need to look into that as well. Tipi is people's Plan B, need to regulate tipi, it's worse because it's unfiltered.
- MOH has been pushing for money from tobacco licensing and taxation to go into health and they use the need to reduce smoking and NCDs as the basis for the Health Promotion Foundation. We don't want to set a precedent where the money goes directly into health, we want to still remain with the current process that all revenue comes to Treasury because there is a lot of priorities we need to looking into. For example, the OVT where there is always an overspending every year and we always look at supplementary budgets to cover more expenses.
- We are looking at whether there is a need for one board to issue licensing for liquor and tobacco as well. We can use the business licensing to tie their obligations to comply with the tobacco license as well. If they do not pay the tobacco license, we can remove their license to operate as a retailer. E mafai ona alo mai ii o ile MOH but a faasea se isi, ia e mafai ona act le MOR e faafaigofie ona sei le laisene ole retailer. E magaia le tuufaatasi ole Liquor and TC Licensing Board e malosi ai le latou mandate. We can use the retail licensing as a leverage to enforce tobacco and liquor licensing.
- I would support a gradual increase in taxation in order to reach the 70% target of the WHO FCTC for the excise tax as a % of the retail price. We need to consider the impact of the increases on tourism as well as on the revenue from tourism. We would support a 4-5 year increase in tobacco taxation – a gradual increase. For Samoa to reach the 70% an annual increase in the excise tax of 20% is required.
- We support an increase in prices of tobacco products in order to reduce consumption, but we need to address the issue of the tipi switch.

- We also need to look at that Chinese Tobacco Industry and why are they charging ½ pricing compared to BAT. We need to look into their profits (hidden) if there is an increase in the prices. We need to learn from the increase in chicken prices because people reacted by selling turkey tails illegally. The turkey tail is still expensive because of the high tax but people still buy them.
- We may need to look into other initiatives – e.g. ban smoking in the whole of Apia areas. Also we need to look at a health insurance in order to improve health.
- The policy will need to go to the policy committee of government at the Ministry of the Prime Minister and Cabinet.

MOH

- No review or formal M&E of previous/former tobacco control policy was undertaken – a gap. There is a required reporting on the sector and organisational level. But the M&E function is a bit unclear. Evaluation of policies is the role of the policy, planning and research unit of the MOH. They need to go out and consult on progress about achievement of tobacco control indicators. There is no evaluation of the former policy – we need to look at the M&E functions of division to see who does the M&E of every policy and area.
- HPED has these units – nutrition, health promotion and education, health care waste, food safety & tobacco control, water and sanitation (under surveillance).
- Integrated community health approach program (ICHP) – implemented by HPED – focus on sexual reproductive health, TB, NCDs and CDs, Fever Typhoid, Dengue, etc. ICHP cost about $92,000 - $12,500 from WHO and the rest from the Global Fund. Carried out presentations to build awareness about the impact of tobacco.
- PEN (Package for Essential NCDs) – they go and train people in the village committees on how to monitor diabetes, so the women in the committees can do the test of the risk factors of NCDs instead of people coming to the hospitals. The women then carry out educational programs on how to prevent and address risk factors. ICHP followed the Village Fair program. Its integrated because we pull in other organisations to go with HPED to the villages to also do awareness on what they are doing.
- ICHP started in 2017 – funded by the Global Fund – the program aimed to ensure wide coverage of all village and communities in Samoa. Phase 1 if where we are taking out the programs. The next phase targets the community people for them to run these programs themselves.
- HPED conduct school monitoring – sanitation, nutrition, health islands – there are standards that are used for these monitoring.
- 11 staff in the health promotion area, nutrition – 9 staff, food and tobacco – 5 staff, waste – 2 staff.
- Asked for minutes of NTCC meetings but staff could not provide them.
- Cost of using the media for awareness is too high - $5,000 for a 20 minutes TV roundtable.
- Need for health promotion programs to relook at healthy settings – e.g. non-smoking workplaces, healthy schools, health hospitals.
- Parliament changed the minimum age of a person who is allowed to sell cigarettes to 15 years. This is counterproductive to all the work MOH is doing on tobacco control. Also people were commented negatively on why the age limit was reduced to 15 years. Delphina did a paper for the Minister to respond to the article in the paper, but the Minister did not use that paper for his response to the 15 years change but he is a medical doctor. There was also no resistance from the Minister of MWCSD given the are responsible for the CRC obligations. It's because of the politics – some MPs are also thinking about their business and the impact of the tobacco control measures on their business.
- The small sizes of the no-smoking signs are not under the legislation, BAT lobbied for the big size only to be considered by government.
- Tobacco is too affordable in Samoa. BAT is actually asking for an increase in the prices.
- We should look at plain packaging – would be nice to look at any change in consumer behaviours due to the changes in the packaging and labelling.
- Need to look at strengthening the NTCC and its Secretariat.
- A team from NZ is here to assist with the development of a tobacco cessation program for Samoa.
- TC – need to include the police e faamalosia le tulafono.
- About 5% of villages have banned smoking in their meeting houses. This includes Malua Theological College - villages where LDS is strongly represented are very supportive of the TC measures.

- For ICHA, HPED collaborate with Family Health, MWCSD, Red Cross, Cancer Society, Teen Challenge, and other organisations.
- HPED's role is implementation and that also applies to other organisations in the sector – MOR, MOF, MCIL, NGOs, etc.
- Our enforcement and monitoring approach is that we are doing it through a packaging where we do that for nutrition, waste, tobacco, sanitation, food safety, etc. because of the limited number of staff.
- Investment case – based at MOF – determine economic impact of tobacco - funded under FCTC 2030.
- Increasing tobacco taxation will be a priority for Samoa, and given the evidence worldwide, increase in taxation will increase prices and lower the prevalence of smoking. We are far away from the 70% target. The reason why the tobacco prices are low is because the tax is low.
- We are also worry about the tipi Samoa because it is unregulated in terms of measurement of grams for sale and whether they should be taxed – ia tatau ona afifi lelei ona tusi lea iai ma le mamafa faatulagaina i lalo ole tulafono. Also how do we enforce this for the tipi producers and sellers.
- Because that is what people will opt to if the price of cigarettes will increase. Fefe e fasia ai matou pe a matou oatu e regulate le tipi.
- Tipi is included in the definition of tobacco in the legislation.
- I am seeing that the prices of tipi are going up but the quantity of tipi has gone down. And local people are saying that the tipi is better than the manufacturer cigarettes.
- The chemical in the tipi is the same as those in the cigarettes, the only difference is that the chemicals in the cigarettes are preserved. It's the same leaf. O a la e feitai ia BAT ile au faitipi because ua tau le taulia ai latou cigarettes.
- There has not been any research done on tobacco, the only research done is on the consumption. We are relying on the research done in other countries. The Cabinet need that evidence rather than us pepese e leaga ma leaga le Tapaa but we need the evidence to support our lobby for tobacco control measures. That is why we are looking at the investment case research.
- Prepared a revised structure for new staff for tobacco control but it was put on hold because of the MOH/NHS merger, which is still ongoing. Only 4 people do the food and tobacco enforcement.
- Our monitoring data indicates that compliance is high among mission and private schools compared to government schools. One teacher almost got terminated because he was found smoking in front of students. We wrote to MESC and they did an investigation.
- We were advocating to ban smoking in all public places, but when the legislation was passed, we noted that they put a provision for bars to have designated areas for smoking.
- TC Bill started in 1995 during Misa Telefoni's time but got thrown out by Cabinet. Siafausa did not support it.
- Pall Mall is the popular brand. MCIL put the tobacco price under the Competition Act so it is now up to the tobacco industry and retailers to do their own pricing. We have been asking MCIL to look into this but it has not happen. Faalogo atu foi ile MOF e matele lava ile sue ole tupe maua.
- According to the World Bank, the 5% increase in tobacco excise tax is nothing. MOH also think it is too low.
- What MCIL has done is set the maximum for tobacco pricing and open it up for competition, deregulated under the Consumer and Competition Act – they should set a minimum pricing. Therefore ua pule lava le fale sikaleti ia ile price e alu I lalo, this is the case with the Cocoma Tobacco Factory – they got 3-4 brands.
- We did went down to MCIL and requested MCIL to look into a minimum pricing for tobacco before their put up their Consumer and Competition Act ae leai a se consideration of our position. This issue need to be re-submitted to the Cabinet for reconsideration and approval.
- The Cocoma 10s pack is $4.00 – retail price. The Pall Mall 10s pack is $6.70 – retail price. Because na fiu le au saina e tulei le latou sikaleki e le taulia so that is why they lowered the price and now people are starting to switch to that brand. Pall Mall is still popular but people are starting to increased their consumption of Cocoma. If you add the tax, it's very small and the price is very small. For a period of 7 years – 2012-2019 – the tobacco price (of Pall Mall) has increased by only 50 sene.
- We said to MCIL what is the benefit of tobacco to the person, if it is food then it's okay. MCIL has requested for assistance on how to determine the tobacco pricing and taxation in order to reach the 70% excise tax as a % of retail price of tobacco.

- Price and tax need to be looked at as a priority.
- O lea foi ua aumai le Cocoma e ave e test le sikaleti.
- There is now a new thing called the third-second smoking – the effects that are retained with clothes, carpets, etc.
- BAT is sponsoring some of the activities of those key ministries under the NTCC.
- Sinei is the FCTC 2030 Country Coordinator – make sure that the action plan is achieved for to TC measures.
- For tobacco and food safety, there are only 4 staff, so I don't know how we are going to improve the enforcement side. They are huge areas. Only 2 of the 4 staff has direct responsibility for tobacco enforcement because the other 2 staff are quite knew to the area of TC.
- We need to develop a manual on TC to assist with the enforcement responsibility by different agents and especially the HPED. We also need to do some training for the staff with the process of TC including the legal process – the litigation. There are a lot of requirements that are done being done and met – e.g. enforcement officers need to have a uniform or badges when going out to enforce/inspect – but e lei faia a.
- The TC enforcement team of the HPED has rarely get involved in the NTCC meetings. We only get called in when needed to present on issues and to provide any updates.
- There is a need for a national focal point for TC under MOH. Because perhaps only 5% of the HPED is spent on the TC area but TC is a huge and specialised area. So the focal point looks at facilitating TC across the sector including providing secretariat and facilitating role for the NTCC.
- The proposal for the tobacco licensing (TL) to remain with MOH and not to be given to MOR is the 'health' argument, for TL to be considered for health promotion purposes of TC and for health reasons, not so much for revenue generation purposes. This is what the Minister of Finance agreed to. The issue now with MOH with TC is the lack of staff to focus on TC activities including licensing.
- The HPED team is also responsible for the enforcement of the TL.
- The CSOs has a huge role in TC areas such as advocacy, cessation and education. The SNs and STNs also have a role to play in enforcement and regulatory roles through the village fono rules and directions.
- We need to so a stocktake and analysis of all the policy areas that need to feed into the further amendments of the TC legislation.
- There is a need to seek more fundings/resources to support the TC especially for the implementation of key activities under the TC policy and plan of action.
- Addressing the workforce issues is a priority concern in order to ensure improvement in enforcement and monitoring of TC.

WHO

- Potential to work with Salvation Army (SA) on a tobacco smoking cessation program. It's part of the heath working together with others (e.g. NGOs) on addressing tobacco consumption because MOH would not be able to do it on its own. SA were saying there is not a lot of awareness around addiction to smoking. They just smoke because SA deals with people who are affected by drugs, smoking, etc.
- Salvation Army, Samoa Cancer Society and other CSOs can apply for fundings to do programs for tobacco control programs to deliver at the community level.
- Does the MOH have a budget for tobacco control campaigns – it's only about 120,000 per year.
- We have capacity issues at this point in time for legislative amendments – because until you get your legislation in order there are some things you cannot do legally. We need to get that fixed first.
- During the whole times they said they have been doing media campaigns and things like that - but in talking with health promotion and education unit there are not targeted campaigns, they are not strategic health education, most of what they are doing is awareness. They are usually WHO campaigns which are supposed to be general anyway. But In terms of targeted campaigns for people who want to quit, this has not happen yet.
- So there is a potential to work with the HPED team and Sinei to develop a targeted campaign for tobacco users who want to quit. There is a need to support some people to come in and support the tobacco control team here because they are stretched with the workloads they are carrying out. Once the research base is in place, the campaigns can happen. We can look at experts to come and help.

- We are looking at something to support the upcoming games in terms of tobacco control campaign and in the absence of any research or educational and communication strategy, so we are looking at drawing some resources from the free brand NZ in terms of the mass media campaigns and social marketing we did in NZ for tobacco control.
- So it's not evidence-based reforms but we do know children are a trigger, they smoke because their parents do… So I suggest to the HPED team for the games to focus on the children because we want the future generations to not smoke. It's all about the children – to have free smoking for the future generations. We will be testing some key messages and concepts with this campaign for the games.
- The translation of concepts and terminology to the local and cultural context is very important.
- There is a need for a program for people to talk about tobacco dependency because they have lost control.
- Countries have a lot of reporting to do – to the international level and to the regional level. So we were thinking about WHO doing the report on behalf on the countries. But WHO does not have the mandate to follow up on tobacco control measures and their implementation because that mandate is now with the FCTC Secretariat. But the WHO focuses on the programs.
- FCTC 2030 – 154,000 (USD) a year is available to MHO to support implementation of tobacco control measures. 2 more years is left of the life of this project. It's a 5 year project – started in 2018 (March – Feb).
- Samoa's budget for tobacco alone is about $50,000 USD (annual) inclusive of donor funding. Plus perhaps $40k (USD) from the Fiji WHO office for 2 years – for program money, not for human resources.
- Sinei is paying from the FCTC 2030 so when the project finishes, it finishes including Sinei's salary. But there is no team dedicated to tobacco control enforcement alone. So there are environmental officer in Savaii MOH office but tobacco control is not their core function. So you wonder that is perhaps why there is very slow implementation of the tobacco control measures.
- There is no way of doing a consistent monitoring of tobacco control. The only way that they are doing it is through visitation inspections to the public places.
- There was no M&E of the former policy on tobacco control. There is quarterly activity reporting in 2014 but no NCDs and not tobacco control itself.
- You can't lump together the tobacco control and other areas because TC got its own legislation.
- There is no M&E for tobacco control in all its layers. There is enforcement on the side in terms of the retail shops and public places. But in terms of fully monitoring and evaluating the compliance with TC measures, there is not comprehensive package in place.
- Have they talked to you about why we have had this TC since 2008 but still have not sort out the penalty and the referrals of penalty, what happen to the penalties and to the justice process. For example, issuing instance fine and ticketing such as the one done by LTA for transport. So that is where we are stuck, so maybe ask them about what is needed as part of this TC Strategy to do in order to do the enforcement of the legislation.
- No one has been penalised for non-compliance (e.g. bus owners with no signage) and often they say it's the justice that is not doing it. We should mimic the instance fine done for traffic offences – the ticketing - but MOH don't have it yet. They have no form of reporting because they say they have no form of power to do the ticketing and all that. So there is not much done on enforcement requirements. Thus in terms of strategy, what should we do. The procedures are not yet there.
- We have given them some mock procedures from Sis and Fiji – but e lei faia lava, e leiloa poo e ono mei iai. We do not know what is MOH's position with working on the enforcement side of TC.
- MOH needs to be prompted on the need to develop TC enforcement procedures and guidelines. WHO assisted with the development of an M&E form that HPED can use for monitoring – e.g. protection of officers working with the confiscation of tobacco products and other illegal products...
- Technical partners can come to assist the MOH with TC enforcement procedures and guidelines.
- The other gap that needs addressing is how does the different partners work on enforcement and what are their powers/mandates with enforcement. They want police to enforce it, but they have not yet sat down with police and work out how police should do it, because the police are saying so what is it that we are enforcing and under what powers and how should we enforce that.
- We need to ask MOH how police should work on TC and the need to develop SOPs to guide them on that. What is the power of police and LTA traffic officers to penalise people for non-compliance with

the TC laws. What level of enforcement are we talking about – e.g. what happen to school principals when they do not comply with the no smoking laws and how do we then support them to comply.

- For the police, their other concern is who gets the money. O fea le referral system e maua ai le penalty. Unless we iron that out, there are a lot of limitations with the TC laws. They are only doing through verbal enforcement – aua le faia le a ma le a. I am hoping through this Strategy that they get their hands dirty. That will help the technical partners to look at designs of pathways and options for the referral system as to how do we carry out the penalties.
- HPED mentioned that they did proposed additional posts for TC enforcement but ua taofi mai e le PSC. What justify the need for staff that focuses on TC itself is the legislation now in place and with its policy framework. Currently, there are three staff with HPED that looks at TC, but their role is not just for TC, they also look at food security. Savaii does not have a TC and Environmental Health Officer/staff. There is a lot of areas to enforce, monitor and evaluate – licensing, smoke-free, packaging and labelling, advertising, awareness, penalty, etc.
- The TC enforcement officers need to have a uniform when going out to do enforcement.
- Pacific NCD Roadmap. FCTC 2030 is looking at a tax modelling and case investment for Samoa on tobacco with support from the FCTC. We don't have a formula on how taxation is determined. Basically they are using data/information from the businesses.
- MCIL sits on the NTCC but they don't have a lot to say about their role in TC.
- Tobacco cessation needs to be included in the TC policy and strategy.
- There is a need for specific actions on kids. The FCTC has a specific section about the protection of children and the young people.
- At the meeting we went to, FCTC has asked what Samoa has done in this space. We know that little has been done in this area. We need a specific focus on children and youth, not to lump with the adults – e.g. tobacco free kids and youth. No action that has been devoted to the kids on tobacco. Ua atili ai ile sui mai ole tulafono ua tuu i alo ile 15 tausaga e faataga ona faatau le sikaleti.
- We need a strategy to address tobacco-free children. What are programs at schools, home, etc.
- UK is the only country that is advanced with illicit trade for tobacco. A lot of countries are behind.
- HPED staff not aware of the former/previous TC National Policy. None of the HPED Food Security and TC enforcement staff knew there was a National TC Policy 2010-2015.
- HPED enforcement staff coverage of tobacco remains limited because the priority is given to food security and given limited staff. HPED (enforcement team) recommend that there should be a dedicated team for TC enforcement, separate from food security.
- HPED food security and TC team cover inspections for compliance of public places such as restaurants, bars, nights, etc., but for schools, they are covered by the health education and promotion (HEAP) team – they cover inspections during their education and awareness programs.
- There has been a penalty case for TC non-compliance.
- NTCC is dead at the moment, they only meet once a year and the last time they met was the beginning of last year. Maee usually chaired the meetings.
- Workers, businesses and everybody have a right to enforce the law as well for TC.
- Compliance levels among hotels and restaurants are very high. But low in other places like markets, bus stop areas, etc.,
- Lack of regular reporting to monitor compliance levels on TC.
- Lape ole implementation and enforcement is to do with staff capacity – limited staff, high staff turnover. In the enforcement team, 2 staff are new (being in the job for less than 2 years) and two staff have been in the MOH of 5-7 years but only been with the Food Security & TC area of 2 years.
- There is limited training on TC areas.
- HPED receives complaint cases on TC non-compliances averaging to about 20 cases per year.
- For enforcement, we need the help of police for our safety and protection from the public.
- If there have been prosecutions on TC non-compliance it will add to further public compliance.
- HPED staff admit that there are no written procedures and guidelines on how to do enforcement – the enforcement mechanisms.
- Customs is working on tracking illicit trade in tobacco products that are imported to Samoa, given now we have signed the Illicit Trade Protocol.
- There is some compliance level with the non-display of tobacco products in retail prices.

- Request data on admissions to the hospitals from MOH staff but were not provided in time for the policy development.
- M&E of the previous NTC policy – not much because e lei tele tele se mea ole policy lea sa implement. The only thing we have achieved under this policy is the TC legislation – up till now. And a lot of other activities were awaiting the passing of that legislation.
- There are lot of gaps with TC in terms of legislation, procedures and enforcement mechanisms.
- Most health policies – e le o lelei le fai ole follow-ups… There is a lack of policy, planning, M&E and reporting capacity in the MOH. It is the policy of the SPPD e make sure e collect mai le data and analyse them for M&E and reporting purpose to see progress on the policy implementation.
- There is a need to strengthen the SPPD units in those areas of policy.
- E tofu a le policy and lana M&E, so e scatter solo le M&E and we are currently trying to pull together those through the sector plan and sector M&E under the merger.
- Its divisional responsibilities to make sure that their M&E reporting at the activity and output levels align with the high level M&E (outcome levels) at the ministry and sector levels. With the current policies and annual plans, it is hard to see the linkages to the activities to be taken to achieve the indicators at the output and outcome level.
- The current M&E is too high level and there is a need for a cascading from the high level to the meso and then micro levels that there is clear and easier tracking and M&E as well as reporting.
- Australia is the leading Pacific country that is doing so well in terms of TC, so we need to learn from them in how they are doing it for benchmarking.
- Australia has moved to plain packaging to discourage you from smoking – all grey and plain for any brand – there is no label at all – no label of any brand, the font is very small - only 1 colour, only 1 size, you can't display them even at the airport. At the duty free and bars, etc., you don't see it so you don't buy it. Australia goes beyond the measures stated in the FCTC. Because of the scientific evidence that smoking causes harm.
- Australia has taken a radical approach and the tobacco industry has taken them to court many times.
- Australia says e leai se uiga o ga ata auleaga e tuu ai I luga. It does not deter anyone. For the tobacco companies that is a lot of work in terms of labelling and packaging and also when it cost a lot too when they change the packaging and labelling. So with the plain packaging there is no marketing whatsoever for the tobacco industry.
- The M&E framework for TC needs to focus also on the legislative requirements so that there is more controls on tobacco consumption. The NTCC needs to play an active role in pushing for more TC.
- The only committee that is active is the Ministerial committee because they are getting allowances. Not the NTCC. The Ministerial Committee needs to be used to strengthen the political support for TC including enforcement and M&E at the district and village levels.
- E tele ina le o nai tamaiti ia e faia le TC enforcement ile tele o fono a le FCTC and TC. They are bombard with food security, waste management, TC, etc but only 2-3 staff.
- There is not much in the higher level M&E indicators about tobacco control.
- The exemptions they did to the TC was political – to accommodate the Chinese Tobacco Factory.
- The 10% increase in the tobacco excise tax stipulated in the draft Health Sector Plan is too conservation, it's nothing, compared to the high prevalence of NCDs in Samoa.
- BAT is still sponsoring events in Samoa. But in Australia they can't even with alcohol advertising.
- We need to come up a detailed TOR and guidelines for the NTCC now its legislated under the TC Act. The Secretariat needs to provide guidelines to the NTCC. The last time they met was October 2018 and there should be a meeting of the Committee this NTCC this April.
- MOH sits on the national trade committee chaired and lead by MFAT, which is also the Secretariat. MFAT deals with trade issues concerning tobacco trade including those under WTO requirements.
- MCIL needs to allow competition but there must be a minimum pricing for tobacco because it's a harmful good.
- The policy needs to address the areas of cessation and dependency (there is absolutely nothing on this), taxation and pricing, and enforcement. There is nothing much on enforcement
- There is also a need to focus on research and assessments for evidence.

- Cape town university is the knowledge hub on tobacco. FCTC Secretariat can assist in these areas because it is their technical area and they have the technical expertise. People from Cape Town will be coming over to help out on the above areas for Samoa.
- I recommend separating the TC and food security under the HPED so that the TC enforcement team got dedicated to TC ae aua nei taotaomia le TC with food security. Food security is the priority and that is important because of food poisoning but that means e le o lava le attention to TC.
- Hoping and wishing that MOH role modelling with adopting a policy that it can't hire anyone who smokes, that will set an example for everyone else. All employees are not allow to smoke. In WHO that is the policy – e faasa ona work ai seisi e smoke.
- Amending the legislation to address the gaps identified by the FCTC Secretariat is a priority for the next 2 years.
- One reason why Cabinet dismantled the SPAGHL because they wanted to pay allowances and Cabinet did not agree with their proposal. But SPAGHL was very good because when our work gets to parliament, MPs understand it. And SPAGHL became so powerful and they had an impact at the community level in terms of M&E and enforcement. Ama wants to revive it but she is asking e sue se mea e toe revive atu ai.
- The Samoa Cancer Society is one of our active partner in TC. So our engagement with Shelly is quite good. We need youth champions for TC.
- The little money going into public health and a lot on treatment and curative care has been the ongoing issue for health for over the last 30 years. Changing this is the justification for the merger and also trying to focus more on community health.
- We also need to address tobacco through the trade areas.
- It has taken here for us from heath to get TC to where we are in Samoa. One of the areas where we are still struggling and have not made much progress and we are fighting for it is stopping tobacco industry interference – right across the government and agencies.
- In the past, the government used to own shares in the Tobacco Industry, the Rothman at the time, but e le tatau ona toe iai se relationship between government and the industry. With the finance sector, they are talking to the industry in relation to taxes and prices, those in the sector in government are consulting the industry on areas of tobacco control – they seek the opinions of the industry on areas of regulatory policy.
- The industry involved multi-billion companies worldwide, Samoa's economy and its GDP and the tobacco licensing in total is peanuts, nothing compared to the industry's revenue and profits.
- The industry still has a big influence in the finance sector. The industry has a strong lobbying. Because the industry is claiming we are employing 40 people and we are supply millions to help with the annual revenue of government… we are saying this is the health bill and this is the levels of NCDs and they said (the finance people) e provide atu le evidence o lea e feoti tgt ile sikaleti…
- The Revenue Board is chaired by MOF but usually by an ACEO role. We proposed a 1million for licensing but we know they went with what BAT proposed which was 1/2 million. So the industry infiltrates the public policy arena and they even have to fly people in when they know there is a change in TC policy and legislation. They think that they need to consult the industry and we are saying under the FCTC you do not need or require to consult them, you can't. BAT is packed by SAME and Chamber of Commerce.
- BAT also stopped our submission to ban the 10s pack which we proposed to Cabinet to remove. Our proposal was thrown out. The industry has so many tactics and tricks – so we have to regulate the weight of the cigarettes not just the quantity because they can make cigarettes thinner.
- The tourists are having a lot of influence on introducing and encouraging the e-cigarettes to become more and more common in Samoa. they are bringing it with them here. Because there is so many manufactured cigarettes the industry is now moving into e-cigarettes and heated tobacco products. We have now defined it under the TC Act as a tobacco product but we need to amend the regulations to add further provisions to cover e-cigarettes enforcement and M&E.
- The tipi and Tapaa Samoa probably accounts for 2% of all tobacco products, but given its increased production and consumption we are looking at regulating those locally produced tobacco products. We are working with UNDP on alternative livelihoods for tobacco growers and employers. We have to give them options because we can't just cut.

Partners consultation workshop

- Believed that the prevalence rate of tobacco smoking in Samoa is still high despite the tobacco control law now in place including awareness programs. There is a lot of policies, but their monitoring and evaluation is limited. An example of where M&E and enforcement is seen as effective is at the Bingo place in Apia where non-smoking is strictly enforced.
- Lack of enforcement – the policy and law makers are the ones who are smoking – they do not practised what they preached – they are role modelling smoking but go around the country and say smoking is bad.
- Lack of understanding about the FCTC - What is the treaty really is and including our obligations to that treatment and its enforcement.
- One participant pointed out her disappointment with walking into the room and found the tobacco control representatives here, but happy to see that they were sent out before the meeting started, otherwise she would have left the meeting. This is a health partners consultation and the tobacco industry should be part of this health partners consultation. They are part of the public consultations. Having them here means that we are portraying that it is okay for them to say something about health public policies which they do not and this is in the Treaty. We do not engage with the tobacco industry in these types of consultations.
- We look forward to this policy and we need to educate every single one of us (whether government, NGO, community members) about what is the Treaty. We are here as health partners to uphold it.
- There is not much that is being said about the environmental impact of cigarette butts. What do we do about that.
- Awareness about tobacco effects is limited – e.g. about the environmental impact of tobacco products such as the cigarettes butts – it is scientifically proven as toxic. Butts have micro plastic in them and they do not break down for years and years. This is where MNRE , Tourism, etc need to play their roles in cleaning up the cigarette butts. MNRE and Agriculture need to become more aware of the environmental impact of tobacco products.
- Cigarette butts go into our soil, fresh water system, our fish, the vegetables - the food we eat.
- There is need to look at the environmental effects of smoking but also the environmental effects of the after-products – the cigarette butts.
- There is a need to consider the environmental effects of tobacco products such as introducing a environmental tax on tobacco products.
- Like to proposed to the table the introduction of an environmental tax on the tobacco industry. That is the biggest issue that needs to be addressed in this policy.
- MOH have proposed tobacco control measures but some of them were not considered by our leaders – e.g. age limitation of those selling cigarettes – 21 years of age was in the TC Bill but it got changed Parliament to 15 years old without consulting the MOH. The public consultations on the Bill before it was tabled showed that everyone support the 21 years old of age. This is an issue of leadership for tobacco control.
- People in the room very disappointed with this change – it does not make sense – because now you have a 15 year old asking a 21 year old for ID to buy cigarettes. It's ridiculous. We have move forward and progress slowly with the TC Act. But with that one thing that Parliament did moved/gone backward. It just does not make sense. The change in the 15 years age limit is all called tobacco interference. MOH was shocked with the change to 15 years of age because tobacco is a harmful product.
- But MOH will put forward another proposal to reconsider the age limit given that there is a huge gap between the 21 years and 15 years old. Need to push to change the age limit (from 15 years to 21 years) for tobacco sale as an area of priority.
- We are talking about high level policy at the government level – but have we gone down to the community and got the involved – teach them that they have a right to help monitor and enforce tobacco control. We have to let them know that they have a right to do that – so stop smoking. We need to involve the community as well, not just here – the government and partners. We need the community to enforce the law.
- How can we look at health approaches on how to change behaviours.
- The TYES shows that the majority of children or young people got cigarettes from illegal sale, they got the cigarettes as sticks, not as a package. So in terms of children's access to cigarettes, most of it

is mostly under the table. They are illegal transactions. Because of those loopholes, there is a strong need for the interventions to be enforcement and health promotion.

- HPED currently carry out health promotion programs, - e.g. education programs. Sometimes it's hard to get evidence to show who is really smoking in schools and who should be held accountable – e.g. sometimes school compounds are used for after-school sports. Generally there is a strong support for non-smoking in schools and other public places. We have heathy school awards which are awarded at the end of the year.
- MESC – Education Act amendment now prohibited tobacco in schools. The curriculum includes a strand on alcohol and tobacco substances. MESC gets the data of schools that do not comply with this non-smoking law.
- The statistics for Samoa on health NCD look scary. They are very high.
- I'm sceptical about government looking at increasing taxation on tobacco. I mean how can they look at taxation increases when the age limit for selling tobacco was lowered from 21 to 15 years of age. So how can they listen and consider these issues as well as the measures proposed in this policy.
- MOH needs to lead by example – to ban tobacco across all health facilities. The truth is that doctors are smoking and also MOH staff. So how can MOH encourages non-smoking. Non-smoking should be made an employment condition for MOH staff because it is now done for schools and by MESC for educational facilities. Other Ministries will follow if MOH takes the lead
- We need to go to the villages, if the government is not combating this issue.
- Enforcement, monitoring and evaluation measures are ongoing challenges with tobacco control. Tobacco is a very hard area to regulate and enforce, also especially when the interference of the tobacco industry is very strong.
- Worry about lack of money allocation to tobacco control (given the $2.8 million cost identified for the implementation of the tobacco control action plan) and whether this policy will influence the people who are making the decisions on tobacco control measures.
- Taxing of tobacco is not health related - there is need for that to come back to health for health promotion.
- E-cigarettes are also seen in Samoa and they are new forms of cigarettes on the global level. There is a push for scientific evidence to support the push policy and law initiatives on e-cigarettes. The manufactured cigarette has over 40,000 chemicals but only 4,000 can be named.
- In Samoa, only three chemicals can be tested – carbon monoxide, tar and nicotine. Samoa does not have the capacity to locally test tobacco products for these chemicals, so we are using a Singapore laboratory services for testing.
- E-cigarettes were introduced claiming that they do not contained all the 4,000 chemicals. In some countries they see e-cigarettes as a drug, they see it as a therapeutically device, not necessarily a tobacco product.
- But some countries like Samoa have defined e-cigarettes as a tobacco product because we recognised it's the same.
- E-cigarettes have all the chemicals as a cigarette but in liquid form, but also added flavours.
- The January 2019 TC amendments regulate e-cigarettes but there is a need to have regulations on that.
- There is now a drive especially in European countries to look at the pollution caused by cigarette butts.
- There is a need to focus on teaching the next generations about the harmful effects of tobacco use – to teach children about the benefits of not smoking.
- Need to teach the community about what smoking involved – for monitoring and enforcement purposes.
- Billboards, tobacco signs, etc appeared superficial and so we need to instil in the minds of children the harmful effects of smoking. There is a need to start looking at introducing tobacco control into the education system – into the curriculum, e.g. introduce it as part of the Biology subject. There are many ways for children and students to become awareness of tobacco smoking.
- Careful to consider the *faaSamoa* in tobacco control measures – so it does not conflict with efforts to combat tobacco use.
- Samoa Cancer Society – starting an awareness program on the health effects of tobacco. They are amazed with students reactions to presentations on the harmful effects of tobacco to their bodies.

- Only three countries in the Pacific that allows the sale of cigarettes in the pack – Samoa, Fiji, and ???. We need to relook at banning the sale of the 10 pack in Samoa.
- Some countries with the highest statistics in tobacco consumption and NCD are in the region, hence the regional approach to tobacco control is also important. It is important to pass this policy and plan of action and then look for development partners for financial support to implement the policy and the plan of action.
- There is a huge scientific evidence to show the effects of second-hand smoking. Need to consider introducing non-smoking criteria into the recruitment and selection processes of government – MOH to take the lead as role models for non-smoking practices in the workplaces – e.g. WHO do not employ smokers.
- Interpretation of workplaces is an issue – but workplaces include building, car park, grounds, etc
- Primordial prevention has always been the focus since the last 1500 years since our forefathers - but most of the money coming to MOH goes into curative care – e.g. NKF. Now this is a policy for the merge – to go back and focus on primordial prevention at the community level – across the board – food, alcohol, tobacco, etc. Budget for primordial prevention is right at the bottom.
- the Western Pacific has the highest prevalence of tobacco consumption in the world. This fight has been for 50 years. It is 20 years and we just had our TC Act in 2008. Every time we try to amend the act, there is always a strong opposition from the tobacco industry. The January 2019 amendment took us 2 years – we had to re-submit it 3 times to Cabinet and we also get called in many times.
- We need incentives for healthy products instead of just disincentives for harmful products.
- We need to have a lot more education and awareness across the community, perhaps it will get our top people to listen to these issues.
- We really need to seriously look at enforcement of the laws now in place.

Upolu community consultation workshop

- We need to understand more about the environmental, social and economic impact of tobacco use, not just health reasons – e.g. using money to smoke but kids are hungry and are not going to school, family violence and abuse, use by parents of kids to go to other neighbouring families to find *Tapaa* for the parent/father.
- Leadership is needed for tobacco control.
- Support tobacco control measures in Samoa.
    - Reasons – 1) the body is the temple of God, 2) tobacco consumption contributes to poverty and economic inequality, 3) heath implications, 4) add to family problems including domestic violence, 5) Environmental impact/effects, 6) impact on social problems and crimes (e.g. theft), impact on government expenditure on NCDs treatment (e.g. overseas treatment), 7) impact on relationships.
- There is a need to enforce tobacco control laws – this needs to start from national leadership down to leadership in churches, villages and families. This includes workplaces.
- Recommend to ban the importation of products to manufacture tobacco in Samoa, or to limit the supply of the tobacco products, reduce the percentage of tobacco products being imported.
- Need to increase taxes on tobacco products as well prices of cigarettes.
- Need to enforce the ban of tobacco advertising.
- Enforce the law on the ban of selling cigarettes as sticks, especially among children and youth.
- Ministry of Health needs to strengthen its enforcement role.
- Needs for strengthening by-laws and rules at village levels – e.g. $1,000 for selling cigarette as sticks.
- There is a need to enforce a law to sanction identification cards when purchasing and selling tobacco.
- Need for collaboration to enforce the law from everyone.
- Need for awareness and education programs in villages and churches. Need to educate the young children on smoking and its implications. Using spiritual and church-based messages to sell tobacco control messages are needed.
- Establish village programs for youth and children who are not attending schools to enforce non-smoking amongst youth and children.
- We need to seek support of church leaderships for them to help with tobacco reduction and control. For example, *faifeau* to preach on tobacco effects and the need to ban it.

- Needs to ban smoking in village fono meeting
- Ban smoking amongst children and youth.
- Needs for more campaigns via the media – e.g. TV and radio regardless of the costs involved.
- Currently, there is more advertisement of bad stuffs (e.g. alcohol, foodstuffs) than on the good stuffs (not drinking or smoking).
- Need to enforce non-smoking in schools and churches. If the teachers smoke than that has a huge effect on the students. Need for a strong educational law or rule on non-smoking.
- Leaders need to lead by examples – e.g. a lot of *faifeau* and *matai* smoke and also during meetings.
- Effects of marijuana smoking compared to cigarettes – community wanted to know more about those effects and comparisons of smoking amongst different tobacco products.
- Request close of tobacco industry in Samoa.
- Hope that more tighter tobacco control measures will lead to a closure of the tobacco industry in Samoa.
- Community want to know more about e-cigarettes and its effects.

Savaii community consultation workshop

- Why is smoking increased among the youth?
- What are the effects of the tipi compared to cigarettes? Some at the consultation believed that tipi is healthier than cigarettes.
- Scepticisms about whether the increases in cigarettes will help people to quit smoking.
- Need to look at the Chinese tobacco factory – seen the increase in sale and consumption of this tobacco product in Samoa.
- Request for a closure of the tobacco industry in Samoa – ask for government to do this. Believe that this is the only way to achieve a tobacco-free Samoa.
- There is a need to test the tipi and compare it to other tobacco products in Samoa.
- A lot of people in Samoa want to stop smoking and also support the ban of smoking completely in Samoa.
- There is a need to enforce the non-smoking policy in public places including village fono houses, schools and churches.
- Seen that the Ministry of Health need to lead by example – advocate for people to quit smoking but seen staff of the Ministry smoking all the times. Cannot preach about non-smoking and do the opposite. Ask for penalties to introduced for MOH staff.
- Fully support the raise in tobacco taxes and prices in order to combat tobacco use. Cigarettes is too affordable in Samoa. Why has other countries increased their prices of tobacco, but not in Samoa?
- Need to address the current practice of selling cigarettes in sticks.
- Need for village by-laws to support the policy and legislative framework on TC in Samoa.
- Need for all key institutions and organisations to work together to reduce prevalence of tobacco use.
- Request to look at controlling the supply of tobacco products.
- Thankful for this program which also reminder them about the harmful effects of tobacco.
- Blamed the government for the prevalence of tobacco use in Samoa – for allowing the tobacco industry to operate in Samoa.
- The tobacco control law have not been enforced in Samoa – e.g. no one has been prosecuted on non-compliance with the law. Enforcement capacity of the MOH is an issue. Hence there is a need for everyone to work together – including church and village leaders.
- Worry about the effects of the Chinese tobacco factory – believed that this factory is producing more than 1 types of cigarette which are very affordable ($6 per 10 pack) and this is the pack that most people buy especially the youth.
- MCIL has removed price controls which also contribute to tobacco manufacturers lowering their prices. Prices of tobacco are determined based on information (e.g. costs of production) submitted by tobacco industry.
- There is also a lack of awareness about tobacco control measures under the TC Act and regulations – e.g. ban on the sale of cigarettes as sticks.

- Believe that Sui o Nuu and Sui o Tamaitai also have a key role in enforcement of tobacco control measures at the village level. Tobacco control measures need to become part of their duties and responsibilities. MOH cannot enforce TC measures on its own.
- Ask about more information about the economic and environmental effects of tobacco – need for people to know more about those effects.
- There is no evidence to say that tobacco has any use to you and your body. There is a clear connection between smoking and cancer.
- A lot of people are smoking the locally produced cigarettes – the Pall Mall and the Chinese manufactured cigarettes (kamela).
- At the local level, the teachers, church and village leaders as well as parents need to work together to reduce the prevalence of tobacco smoking.
- Understanding whether you smoke or do not smoke, tobacco affects everyone.

E. People and organisations consulted

One-on-one discussions		
Name	**Designation**	**Organisation**
1. Ms Delphina Kerslake	Legal Consultant	MOH
2. Ms Rumanusina Maua	ACEO, Health Information System	
3. Ms Maee Ualesi Silva	ACEO, HPED	
4. Mr Seve Sinei Fili	2030 FCTC Project Coordinator	
5. Mr Faaifoaso Moala	Senior Adolescent Health Officer	
6. Mr Asoiva Leaana	Health Advocator	
7. Mr Edward Brown	Senior Environmental Health Officer	
8. Ms Angela Stanley	Food Security Officer	
9. Mr Tomasi Sapau	Environmental Health Officer	
10. Ms Perenise Iupeli	Environmental Health Officer	
11. Ms Quandolita Reid-Enari	ACEO, Policy, Planning and Research	
12. Ms Josephine Afuamua	Principal Policy Officer	
13. Mr Christian Atoa	Policy Officer	
14. Ms Sina Faaiuga	Principal Planning Officer	
15. Mr Robert Carney	Health M&E Officer	
16. Mr Solia Tauvasa Kalolo	ACEO, Client Services	MOR
17. Ms Valasi Iosefa	ACEO, Corporate Services	
18. Mr Fepuleai Roger Toleafoa	ACEO, Fair Trading & Codex	MCIL
19. Ms Karen Niumata	Principal Fair Trading Officer	
20. Mr Ulisese Rimoni	Senior Fair Trading Officer	
21. Max Lee Lo	Senior Fair Trading Officer	
22. Mr Leasiosiofaasisina Oscar Malielegaoi	CEO	MOF
23. Ms Galumalemana Taatialeoitiiti T-Schwalger	CEO	LTA
24. Mr Muagututia Mark Tominiko	Manager Traffic	
25. Ms Kolisi Apelu	Technical Officer, Samoa	WHO
26. Ms Marija Vidoich	Tobacco Control Consultant	
27. Ms Ada Moadsiri	Technical Officer, Fiji	
28. Ms Michelle McDonald	General Manager	BAT
29. Mr Ashwin Lal	Area External Affairs Manager	

Samoa Health Partners, 2 May 2019, 10.00am – 12.00pm		
Name	**Designation**	**Organisation**
1. Mose Aitauletuli	Officer	Teen Challenge
2. Solialofa Papalii	Nurse Manager	Samoa Nurse Association
3. Maaauga Moli	Secretary	Samoa Council Churches
4. Shelly Burich	CEO	Samoa Cancer Society
5. Nicki Perese	Senior Officer, School Performance	MESC
6. Sailele Aimaasu Mataafa	Principal M&E Officer	MNRE
7. Fuimaono Lima	CEO	SUNGO
8. Sheliza Tapuai	Executive Legal Officer	SLRC
9. Lizatalei Stanley	Principal Legal Analyst	SLRC
10. Mandy Keil	Principal Policy and Planning Officer	MOP
11. Rosalina Ah Sue	Princiapl Program and Training Officer	MWCSD
12. Tuiala Tiotio	ACEO, Radiology	MOH
13. Hinauri Leaupepe	ACEO, Laboratory Servcies	MOH
14. Nella Levy	ACEO, Trade	MFAT
15. Louis Lene	Principal Foreign Services Officer	MFAT
16. Sisavaii Tagata	Principal Information Officer	MOH

17. Victoria Iesoria		MOH
18. Agnes Stowers	Internal Auditor	MOH
19. Sefulu Sakopo	Health Promotion Officer	MOH
20. Funefeai Tuoufia		MOF
21. Faaifoaso Moala	Senior Adolescent Health Officer	MOH
22. Asoiva Young		MOH
23. Alex Stanley	Princial HRM Officer	PSC
24. Siatua Loau	Principal Officer, HSPQA	MOH
25. Seumalo Lee Cheng	ACEO, Envnironment Conservation	MNRE
26. Angela Stanley	Food Safety Officer	MOH
27. Perenise Iupeli	Food Safety Officer	MOH
28. Sale Fau	Manager, Dental Services	MOH
29. Bernadette Tuiletufuga	Communication Officer	MAF
30. Jun Ho Kim	Principal NCD Coordinator	MOH
31. Lagaaau V	Principal Officer, HSPQA	MOH
32. Fuatai Maiava	ACEO, Nursing	MOH
33. Bobby Carney	M&E Officer	MOH
34. Malienafau Tupai	Health Educator	MOH
35. Acquin Time		MOH
36. Faalagilagi Dean	Principal Nursing Officer	MOH
37. Karen Niumata	Princiapl Fair Trading Officer	MCIL
38. Max Lee Lo	Senior Fair Trading Officer	MCIL
39. Mr Seve Sinei Fili	2030 FCTC Project Coordinator	MOH
40. Mr Edward Brown	Senior Environmental Health Officer	MOH
41. Ms Angela Stanley	Food Security Officer	MOH
42. Mr Tomasi Sapau	Environmental Health Officer	MOH
43. Ms Perenise Iupeli	Environmental Health Officer	MOH
44. Ms Quandolita Reid-Enari	ACEO, Policy, Planning and Research	MOH
45. Ms Josephine Afuamua	Principal Policy Officer	MOH
46. Mr Christian Atoa	Policy Officer	MOH
47. Ms Delphina Kerslake	Legal Consultant	MOH
48. Muliagatele Potoae R-Aiafi	TA, Tobacco Control Policy	Oceania SMART Consult

Upolu Community, 7 May 2019, 9.00am – 1.00pm		
Name	**Village**	**Church**
1. Filipo Puaa	Satapuala	Methodist
2. Vasene Faataunui	Tiavea	Mormon
3. Tamua Ifopo	Tiavea	Mormon
4. Efaraima Fiu	Tiavea	Mormon
5. Paivaioletama Iulio	Tiavea	Latter Day Saint
6. Ma'a Uga	Satapuala	Methodist
7. Kalameli Simi	Leulumoega Tuai	Catholic
8. Felaugaina Aiono	Leulumoega	Catholic
9. Faimata Taufetei	Satapuala	Methodist
10. Talavou Livingstone	Satapuala	LDS
11. Faimalo Teo	Magiagi	Methodist
12. Paieni'a Viki	Magiagi	Methodist
13. Alii Faapaia	Magiagi	Methodist
14. Suailua Molimau	Magiagi	Methodist
15. Sera Ga Saili	Satapuala	Methodist
16. Leuma Iosefa	Satapuala	Methodist
17. Livingsitone Paese	Satapuala	Methodist
18. Faamelea Savaise	Falefa	Methodist

19. Rev. Tapoki Savaise	Falefa	Catholic
20. Misipati Fatu	Falefa	Catholic
21. Sulufau Paulo	Leulumoega	Catholic
22. Fesolai Toalua	Faleasiu	EFKS
23. Timo Tapelu	Faleasiu	EFKS
24. Ilasa Tapelu	Faleasiu	EFKS
25. Covenant Tapelu	Faleasiu	EFKS
26. Folo Telu	Tiavea	LDS
27. Imoasina Soonalole	Alamagoto	Seventh Day Adventist
28. Violet Tana	Faleasiu	EFKS
29. Taei Siaki	Lalovaea	SDA
30. Pa ODean	Vailele	SDA
31. Julie Dean	Laulii	SDA
32. Joseph Junior	Laulii	SDA
33. Maria Viki	Magiagi	Methodist
34. Ms Maee Ualesi Silva	ACEO, HPED	MOH
35. Mr Seve Sinei Fili	2030 FCTC Project Coordinator	MOH
36. Mr Edward Brown	Senior Environmental Health Officer	MOH
37. Ms Angela Stanley	Food Security Officer	MOH
38. Ms Perenise Iupeli	Environmental Health Officer	MOH
39. Ms Josephine Afuamua	Principal Policy Officer	MOH
40. Mr Christian Atoa	Policy Officer	MOH
41. Muliagatele Potoae R-Aiafi	TA, Tobacco Control Policy	Oceania SMART Consult

Savaii Community, 9 May, 9.30am – 12.00pm		
Name	**Village**	**Church**
1. Bishop Aumalaga	Neiafu	LDS
2. Leasi Apineru	Neiafu	LDS
3. Nive Curry	Auala	Catholic
4. Lati Nuva	Fogapoa	Catholic
5. Junior Uilisone	Neiafu	LDS
6. Ofisa Maielopa	Auala	Catholic
7. Loraine Pokati	Taga	AOG
8. Manaima Manaima	Taga	AOG
9. Matamu Sione	Taga	Methodist
10. Bishop Aumalaga	Neiafu(Failotu)	LDS
11. Faulau Toafa	Auala	LDS
12. Manono Faugau	Taga	AOG
13. Petaua So'onafai	Neiafu	LDS
14. Samoa Sio	Tuasivi	EFKS
15. Finaualu Lino	Taga	AOG
16. Salafai Leasi	Neiafu	LDS
17. Tusipepa Laulu	Neiafu	LDS
18. Paratiso Leautuli	Salelologa	Methodist
19. Leasa Pouvi	`Sapula	Methodist
20. Faiva Tiotala	Salelologa	LDS
21. Lawrence Mani	Maota/Faaala	EFKS
22. Fusi Kolia	Sili	Methodist
23. Sosene Aviata	Sili	Methodist
24. Pekina Uele Fiu	Sili	Methodist
25. Faaaliga Aneterosa	Taga	EFKS
26. Aiolupotea Fatatu	Falelima	EFKS

27. Sunia Sulu	Satuiatua	Methodist
28. Notise Faialaga	Siutu	EFKS
29. Elena Taatiti	Vaipua	Methodist
30. Leota Peleseauma	Sili	Methodist
31. Peia Aeau	Falealupo	EFKS
32. Solia Matamu	Gautavai	Methodist
33. Tauileete Gaoseono	Manase	EFKS
34. Luafaletele Pulu	Tuasivi	EFKS
35. Vaofetu Afa	Saleleloga	Methodist
36. Pilako Pauli	Saleleoga	Methodist
37. Simon	Taga	AOG
38. Falaula	Sapulu	Methodist
39. Silia	Sapulu	Methodist
40. Talamoa	Neiafu	Methodist
41. Tuilagi Vaefoga	Fatausi	YFC.
42. Faatafaine T	Fatausi	YFC.
43. Ana Leilua	Fatausi	Catholic
44. Saamolu Matau	Faala	LDS
45. Juliana Uili	Faala	LDS
46. Naotala Paula	Vaitoomuli	EFKS
47. Eseese Kolia	Sili	EFKS
48. Telesia Fiu	Sili	Methodist
49. Fatuaupolu Kolia	Sili	EFKS
50. Opetaia Tuilagi	Fusi	AOG
51. Miriama Toluono	Faala	LDS
52. Mele Samasoni	Sili	Catholic
53. Susana Iele	Sili	Catholic
54. Miriama Fiu	Sili	Catholic
55. Kelemete Tapuloa	Sili	Catholic
56. Fiu-Faasasao	Sili(Lafo)	Catholic
57. Musika Faaene	Taga	AOG
58. Poulei Tonise	Sapulu	Methodist
59. Numi Tonise	Sapulu	Methodist
60. Moti Tuavae	Neiafu	LDS
61. Aliimalemanu Polu	Neiafu	LDS
62. Salesa Tusitala	Sili	LDS
63. Moatuga Fulu	Sapulu	AOG
64. Tala Aloese	Manase	AOG
65. Ruta Faleseu	Salelologa	Methodist
66. Pili Ioane	Salelologa	Methodist
67. Motusaga Seumanu	Saloga	Methodist
68. Lauaki Tilo	Fogapoa	EFKS
69. Samuelu Lelevaga	Iva	AOG
70. Lelevaga Sione	Vaiafai Iva	EFKS
71. Tofilau Una	Iva	AOG
72. Mr Seve Sinei Fili	2030 FCTC Project Coordinator	MOH
73. Ms Quandolita Reid-Enari	ACEO, Policy, Planning and Research	MOH
74. Ms Josephine Afuamua	Principal Policy Officer	MOH
75. Mr Christian Atoa	Policy Officer	MOH
76. Mr Edward Brown	Senior Environmental Health Officer	MOH
77. Muliagatele Potoae R-Aiafi	TA, Tobacco Control Policy	Oceania SMART Consult