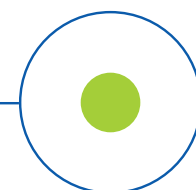


Botswana



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SUMMARY OF FINDINGS

1. Industry Participation in Policy Development

The 2021 Tobacco Control Act (TCA) (Sections 58–59) bars tobacco industry (TI) involvement in policy development, including partnerships and draft submissions. In 2025, the Ministry of Health demonstrated this by rejecting a proposal from African Global Health, a tobacco-affiliated group promoting e-cigarettes and vapes under the banner of “harm reduction.”

The TCA also bars TI affiliates (e.g., owners, shareholders) from serving on key bodies, including the Tobacco Control Committee (Section 8), as confirmed by public CIPA records. The database shows no current officials or MPs hold ties to TI businesses. Internationally, Botswana excludes industry representatives from WHO FCTC COP delegations.

2. Industry CSR Activities

The TCA prohibits all TI corporate social responsibility (CSR) activities, including donations and partnerships. This provision was breached in 2025 when Business Botswana, which includes British American Tobacco Botswana, made a flood relief donation potentially funded by the TI. Although Section 57 of the Act requires transparency and disclosure of such interactions, enforcement is pending final regulations. Despite this gap, the government has continued to reject industry-linked initiatives, reaffirming its commitment to public health.

3. Benefits to the Industry

The TCA bans direct benefits, including subsidies and tax breaks for the TI (Section 60). However, companies may still access general manufacturing incentives, such as reduced tax rates in the Special Economic Zones or the SPEDU Region.

The government enforces tobacco control laws without delay, imposing penalties for violations (Sections 42–50). While general incentives support economic growth, the TCA grants no exemptions to tobacco businesses, aligning with Article 5.3 of the WHO FCTC to protect public health.

4. Unnecessary Interaction

The TCA strictly limits interactions with the TI, banning collaborations, partnerships, gifts, and non-binding agreements (Sections 58–59), while requiring transparency and disclosure of necessary engagements (Section 57). Although enforcement is delayed pending final regulations, Botswana continues to reject industry-linked initiatives, aligning with Article 5.3 of the WHO FCTC.

5. Transparency

The TCA (Section 57) requires public disclosure of TI interactions, including meeting agendas, attendees, and outcomes, unless doing so compromises enforcement. While the Act promotes transparency, it lacks a formal registry of industry affiliates or lobbyists. Section 57(3) implies disclosure by requiring identification of meeting participants. Final regulations under Section 67 could close these gaps and strengthen alignment with Article 5.3 of the WHO FCTC.



6. Conflict of Interest

The TCA addresses conflicts of interest by prohibiting political contributions from the TI to political parties, candidates, or campaigns (Section 59(2)), ensuring compliance with WHO FCTC guidelines. The TCA also mandates disclosure of interests (Section 19), requiring officials to abstain from decisions involving private or familial ties to the tobacco sector.

Despite these safeguards, gaps persist. Retired senior officials, including former ministers, are not subject to a cooling-off period, allowing them to join the TI after government service, which risks indirect influence. The TCA also does not explicitly prohibit relatives of officials from holding roles in the TI, though no such cases have been documented.

7. Preventive Measures

The TCA lays a strong foundation to limit TI influence but falls short of fully meeting WHO FCTC standards. It mandates transparency in interactions (Section 57), bans political contributions (Section 59), and prohibits conflicts of interest (Section 19), as demonstrated by the Ministry of Health's 2025 rejection of a tobacco-linked proposal.

However, enforcement is incomplete. There is no central registry for industry data, and key regulations under Sections 44 and 67, covering reporting and penalties, are still pending. As a result, accountability and compliance remain limited.

Awareness of Article 5.3 of the WHO FCTC is reflected in government actions, including rejection of industry proposals, though formal training and guidelines are lacking. Botswana's framework emphasizes transparency and conflict prevention but requires finalized regulations, a central database, and training programs to fully meet WHO FCTC standards and strengthen protections against industry interference.

RECOMMENDATIONS

1. Expedite the finalization of regulations under Section 67 to enforce penalties for non-compliance, mandate TI reporting (e.g., production, lobbying, CSR), and operationalize transparency measures.
2. Establish a centralized public repository through regulations to consolidate and publish TI data, ensuring public access to disclosures on government–industry interactions, marketing expenditures, market share, CSR/EPR activities, and production volumes.
3. Introduce a Code of Conduct for public officials through regulations, including a two-year cooling-off period for senior officials joining the TI and prohibiting relatives of officials from holding roles in the TI.
4. Mandate annual training programs for government departments on Article 5.3 of the WHO FCTC, focusing on identifying and rejecting TI interference, using regulatory powers under Section 67.
5. Clarify bans on CSR and political contributions through regulatory guidelines, explicitly defining prohibited contributions and requiring public disclosure of rejected TI offers.