

A CRITICAL ROLE OF PARLIAMENTARIANS TO PREVENT AND CONTROL NCDs THROUGH PROMOTING HEALTHY DIETS AND PHYSICAL ACTIVITY IN TANZANIA

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ABSTRACT

This article provides a critical analysis of the non-communicable diseases (NCDs). It is premised on the general perception that NCDs prevention and control is vested in the state and its institutions. The analysis focuses on the role of the Parliamentarians, one of the pillars of the state organs vested with *inter alia* legislative powers. The article brings to the fore the two NCD risk factors *to wit*; unhealthy diets and physical inactivity. It evokes legal lacuna and how the same can be cured through legislation to strengthen NCD prevention and control mechanisms on areas of unhealthy diets and physical inactivity since healthy diet is critical to preventing malnutrition and a range of non communicable diseases (NCDs), such as diabetes, cardiovascular disease and cancer. The article further underscores human rights and gender-based approaches as cornerstones upon which NCD legal regime should be premised.

The main conclusions made from this critical analysis are that the law on NCDs has not been harmonized to reflect international principles of NCD prevention and control. Further, there is a glaring shortage of enforcement mechanism of the right to health in Tanzania for lack of constitutional base. Also, there is no comprehensive legal regime that address all issues relating to unhealthy diets and physical inactivity, specifically, the existing legislations are short of provision that restrict marketing, advertisement and promotion of unhealthy foodstuffs to underage children nor does the existing law articulate for mandatory nutritional profiling and food labelling to guide consumers on the accepted sugar contents in sugar sweetened beverages

(SSBs) sodium content and fats contents resulting to un lessened cases of diabetes, cardiovascular diseases, obesity and cancers.ⁱ

Also, the desk review leading to this article evidences little success of the Tanzania's implementation of the WHO's best buys in NCD prevention and control on areas of healthy diets and physical activity-the gaps that remains unknown to most of consumers and lawmakers.

This article recommends prompt actions to be taken by the government and Parliament to strengthen the laws so as to sustain preventive and responsive measures to NCDs with view to ensure effective protection of the Populace against NCDs burden It also recommends a multi-sectoral response to NCDs by a wide range of stakeholders ranging from stakeholders in the public sector and Private sector.

Keywords: *NCDs, healthy diets, physical activity, Human rights-based approach, Parliament, Tanzania.*

CONTEXTUAL BACKGROUND: NON-COMMUNICABLE DISEASES (NCDS)

“Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development”ⁱⁱⁱ

Kalpa Sharma *et al* defines non-communicable diseases (NCDs) as diseases of long duration, and are generally slow in progression.ⁱⁱⁱ Literally, NCDs are those diseases other than infectious diseases. According to WHO factsheet^{iv}, NCDs tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors.^v The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.^{vi}

NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCDs deaths – 31.4 million occur. NCDs kill 41 million people each

year, equivalent to 71% of all deaths globally. Each year, more than 15 million people die from NCD between the ages of 30 and 69 years; 85% of these "premature" deaths occur in low- and middle-income countries. 77% of all NCDs deaths are in low- and middle-income countries. Cardiovascular diseases account for most NCDs deaths, or 17.9 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million). These four groups of diseases account for over 80% of all premature NCD deaths. Tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets all increase the risk of dying from NCDs. 41M annual deaths have been attributed to excess salt/sodium intake while 1.6M death annually die for insufficient physical activity.^{vii} Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs. These responses require evidence-based and comprehensive legislation that recognize health as a human rights and gender issue to bring in place intervention measures and enforcement mechanisms that are human rights and gender sensitive.

This article focuses on two NCDs risk factors. These include; unhealthy diets and physical inactivity. It fortifies the role of the legislators in addressing those two risk factors with view to prevent, control and mitigate NCD burden in Tanzania.

NCDS PROFILE IN TANZANIA

In Tanzania, NCDs account for 33% of all deaths.^{viii} Cardiovascular diseases (CVD) account for 13% of deaths, cancer's account for 7%, chronic respiratory diseases account for 2%, diabetes 2% while other NCDs account for 10%.^{ix} The risk of premature deaths between 30-70 years is 18% across the population, whereas less than 25% of primary health care centers reported offering cardiovascular diseases treatment.^x Additionally, only 6 of the 10 essential NCDs medicines are generally available to the population, while only 4 of 6 essential NCDs technologies are generally available.^{xi} This situation does not correspond with the existing data on users of NCDs-related products. According to Tanzania National survey of 2012, 26% of the population was marked with overweight and obese, 26% with raised cholesterol incidences whereas 33.8% with raised triglycerides.^{xii} Last but not least, 9.1% of the population revealed a high prevalence of diabetes and 25.9% were hypertension patients.^{xiii}

The survey conducted in Tanzania, 31.7% of women aged 15-49 years were found to be overweight and 11.5% were obese.^{xiv} There is high prevalence of physical inactivity. Among the adolescent's physical inactivity is as high as 82% (both sex), males account for 78.2% while females account for 86%. In all cases, the probability percent of dying prematurely (between 30-70 years of age) from NCDs for both sexes are 17.9%. Males account for 18.5% whereas females account for 17.4%.^{xv} Additionally, Tanzania is now facing the double burden of malnutrition, with the effects of over nutrition. Studies show that unhealthy diets constituted the highest proportion of all risk factors for NCDs followed by physical inactivity.^{xvi}

In Zanzibar, the other part of the union^{xvii} 36.6% (30.5% males and 42.6% females) of adults aged 25-64 are overweight.^{xviii} 14.3% of adults of same age groups were obese (7.7 males: 20.9 females). 33.0% had raised blood pressure whereby 37.0% were male and 29.4% were female.^{xix} The contributing factors for these poor health records proved to be among others; unhealthy diets and physical inactivity. From the data on record^{xx} fruit and vegetable consumption among adults (25-64 years of age) was very minimal so too is physical activities. Adults who consumed minimum acceptable fruits and veggies per day was 1.1% (males were 1.1% while women were 1.0%). 0.7% consumed veggies per day (0.6% were men while 0.7% were women). 97.9% (97.6% men vs 98.1% women) consumed less than 5 servings of fruit and (or) veggies on average per day. With physical activity, there is low levels of activity.^{xxi} Physical activity accounts for 17.6% (men 7.4%, women 26.8%).

In Tanzania, NCDs are caused by a combination of many factors; the knowledge of risk factors for NCDs such as unhealthy diets and physical inactivity among adolescents and youths is poor. What they care about is to fill the stomach-quench the hunger. In Tanzania, particularly those who live in urban areas where the problem of NCDs is mostly present, have moved from the consumption of healthy, traditional, and unprocessed foods, to cheap, unhealthy, and processed foods which contain high amounts of salt, sugar, animal fat (that contains a high amount of saturated fatty acids) and artificial food additives.

NCDs burden in Tanzania is further compounded by current labelling practices of commercially produced complementary foods sold that are not optimal and often do not follow national legislative requirements or best-practice^{xxii} For example, foods like pizza, burgers etc., which are the kind of foods that children aged between 5 and 17 like the most, contain imported ingredients and must be kept frozen, with consequent deterioration of their quality. Another

group of unhealthy foods includes snacks such as crispy, which are mainly consumed by children under 5 years of age. The snacks contain high levels of salts and oil that contribute to NCDs, especially cancer, diabetes, and CVDs. Some beverages, especially juices, carbonated drinks like soda are particularly unhealthy as these are manufactured using artificial food additives which are likely to contribute to the insurgence of NCDs. Tanzania Bureau of Standards (TBS) has a key role to play in this framework as it is empowered to set standards for key aspects of food products, including ingredients and constituents, packaging, marketing and use of marks^{xxiii}. However, in exercising this function, TBS is limited by the fact that it has no regulations to this effect. Formerly, the regulation of food stuffs was a function of Tanzania Foods and Drugs authority (TFDA) but after this role was shifted to TBS, no enforcing regulations have been enacted under the Standards Act.^{xxiv} Also, bizarre as it sounds, in the Tanzanian culture as it is the case in most of developing and least developed countries, obesity is often confused with wealth and prosperity. Low levels of education are associated with higher occurrence and risk factors of NCDs, like eating unhealthy foods.

Another factor which can significantly reduce NCDs is to practice physical activity. Physical activity has never been given attention to in Tanzania save for the sports courses provided in the primary, secondary schools and colleges' curricula. The poor design of infrastructure, especially roads (i.e., the absence of walkways for pedestrians and exclusive lanes for cyclists also contributes to this problem. The improvement of infrastructures, particularly in urban areas, could enhance physical activity. Open spaces for physical activity are largely missing particularly in urban areas. Children and grown-up lack open spaces where they can practice physical activity. Many Tanzanians cannot access available fitness centers as user fees are too high. Maintenance of open spaces and construction of affordable community fitness centers for public use could improve community interest in physical activities. In addition, public education and awareness campaigns and programs on physical activities are missing in the country. Most facilities hosting offices for government and private sector does not facilitate physical activities while at work.^{xxv}



Figure Source: WHO; Global country NCD profile. 2018

OVERVIEW OF THE INTERNATIONAL AND REGIONAL LAWS GOVERNING NCD PREVENTION AND CONTROL

There are various regional and international legal instruments that govern NCDs prevention and control at the international and regional level. While some of these instruments are binding upon Tanzania, others are merely persuasive. For those binding, it means Tanzania has ratified or acceded to them.^{xxvi} by virtue of Article 63(3)(e) of the Constitution of the United Republic of Tanzania.^{xxvii} Tanzania is a dualistic state. Once an international law has been enacted, for it to apply in Tanzania the Parliament must table it for discussion, deliberate upon it and enact a local statute to operationalize the instrument. Thus, an international instrument becomes binding after its ratification/accession but the same is consummated upon enactment of a local statute to operationalize it. With persuasive instruments, those are international laws that Tanzania has not ratified/acceded but are a good guide. Their principles may be borrowed by the state in course of administration of justice. Since they are merely persuasive, they are normally cited as guides or best practice as opposed to binding upon the state.

International instruments and Policy framework on NCD Prevention and Control

There is a number of international laws that regulate issues of NCDs on aspects of healthy diets and physical activities.

The Moscow declaration^{xxviii} endorsed by Ministers of health in 2011, and the **UN Political declaration on NCDs**^{xxix} endorsed by heads of states and government in September, 2011 seized an opportunity for global action to control NCDs. In view thereof, heads of states and government committed themselves to establish and strengthen by 2013 multi-sectoral policies and plans for NCDs prevention and control and consider the development of national targets and indicators based on national peculiarities. To realize this commitment, the WHO endorsed the **WHO Global Action Plan for the NCDs prevention and control**.^{xxx} In May 2013, the GAP provides member states, international partners and WHO with a number of policy options which if implemented collectively between 2013-2020 will contribute to progress on 9 overarching NCDs targets to be attained by 2025 including a 25% relative reduction in premature mortality from NCDs by 2025. These policy options are provided under appendix III of the WHO's GAP. The best buys^{xxxi} is a menu of cost-effective policy recommendations for policy options to prevent and control NCDs. With unhealthy diets risk factor, the best buys recommend the following initiatives^{xxxii};

- I. Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals. This should include reducing salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided; reduce salt intake through a behavior change communication and mass media campaign; reduce salt intake through the implementation of front of pack labelling.
- II. Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain.
- III. Reduce sugar consumption through effective taxation on sugar-sweetened beverages.
- IV. Promote and support exclusive breastfeeding of infants for the first 6 months of life, including promotion of breastfeeding.
- V. Implement subsidies to increase the intake of fruits and vegetables.
- VI. Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies, or agricultural policies.
- VII. Limiting portion and package size to reduce energy drinks intake and the risk of overweight/obesity.

- VIII. Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables.
- IX. Implement nutrition labelling to reduce total energy drinks intake (kcal), sugars, sodium and fats
- X. Implement mass media campaign on healthy diets, including social marketing to reduce intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables.

In addressing physical inactivity, the best buys urges states and partners to pursue the following initiatives^{xxxiii};

- I. Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programs aimed at supporting behavioral change of physical activity levels.
- II. Provide physical activity counselling and referral as part of routine primary health care services through the use of a brief intervention.
- III. Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport.
- IV. Implement whole-of-school programme that includes quality physical education, availability of adequate facilities and programs to support physical activity for all children
- V. Provide convenient and safe access to quality public open space and adequate infrastructure to support walking and cycling.
- VI. Implement multi-component workplace physical activity programmes
- VII. Promotion of physical activity through organized sport groups and clubs, programmes and events.^{xxxiv}

Along with the best buys, the international community has enacted the **global strategy on diet, physical activity and health**.^{xxxv} This strategy strives to control NCDs by encouraging and promoting healthy feeding and physical activity. The strategy underscores the following ideals;

- I. Reduce risk factors for chronic diseases that stem from unhealthy diets and physical inactivity through public health actions.
- II. Increase awareness and understanding of the influences of diet and physical activity on health and the positive impact of preventive interventions.
- III. Develop, strengthen and implement global, regional, national policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive and actively engage all sectors.
- IV. Monitor science and promote research on diet and physical activity.

The strategy has recommendations to assist countries develop integrated action plans that cover three levels: the host (individual), the agent (such as the food and drink consumed), and the environment (changes in national policies, legislation, and the creation of an enabling environment for healthy diet and physical activity)^{xxxvi} the strategy provides the following policy recommendations to states that wish to control and prevent NCDs. These *include inter alia*;

- I. Formulation of multi sectoral and multi stakeholder policies and strategies.
- II. Formulation of national dietary and physical activity guidelines.
- III. Promotion of food products consistent with a healthy diet, including the provision of market incentives, to promote the development, production, and marketing of food products that contribute to a healthy diet.
- IV. Introduction of fiscal policies to influence food choices.
- V. Modify foods to limit fat, especially saturated fat and trans-fatty acids, salt, and sugar.
- VI. Introduction and provision of incentives for new products with better nutritional value.
- VII. Modify marketing practices of foods that contribute to an unhealthy diet.
- VIII. Encourage environmental planning that allows increased walking, cycling, and other physical activities.

Sustainable Development goals (SDGs), 2015. The United Nations General Assembly (UNGA) adopted the SDGs 2030 in 2015. The SDGs came into force on 1st January 2016. They include 17 SDGs, and 169 related targets. The SDGs constitute what is globally known as '*shared blueprint for peace and prosperity for people and planet now and in the future*'. Regarding health aspect, SDGs introduces for the first time a target on NCDs.^{xxxvii} Under Goal 3, states vow to ensure healthy lives and promote well-being for all at all ages.

The meter-standard for states is that by 2030, they shall “reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.” How far has the states achieved this goal remains a question to be gauged from the implementation measures devised by the states and the achievements obtained.

Regional legal and Policy framework on NCDs control

International instruments and Policy documents have given rise to a number of regional legal and policy benchmarks geared at NCDs prevention and control. Some of the policies and laws are just soft laws while others are treaties imposing treaty obligations on member states such as Tanzania. The following are some key instruments and Policies;

At the African union level, the AU adopted the **Constitutive Act of the African Union (C.A).**^{xxxviii} Article 3(n) of the C.A provides objectives of the AU and one of such objectives is to ‘*work with relevant partners to eradicate preventable diseases and the promotion of good health in the continent*’ further, Article 14 of the C.A establishes among others, ‘a committee on health, labour and social affairs. This is a technical committee charged with *inter alia* duty to prevent and control NCDs., the power to prepare projects and programs, to supervise actions taken by AU organs and to submit recommendations and reports on implementation of the C.A.’^{xxxix} these vested powers can be exercised to initiate projects and programs aimed at preventing and controlling NCDs through health diets and physical activity programs.

The African Charter on human and peoples’ rights^{xl} this is one of the notable African human rights instruments that states including Tanzania are obliged to respect and follow^{xli}. Under this instrument health has been made a fundamental right.^{xlii} it imposes a duty to state parties to take the necessary measures to protect the health of their people and to ensure that those people receive medical attention when they are sick.^{xliii} the charter further imposes a duty upon states to protect families and take care of their physical and moral health.^{xliv} it also mandates states to guarantee their peoples’ right to general satisfactory environment favorable to their development.^{xlv} Development is a holistic issue that should embrace health and wellbeing of the people. The AU commission on human and Peoples’ rights^{xlvi} evokes the principle of inseparability of the right to health from other rights. other set of rights such as right to food, human dignity, health, education, work and political participation has been provided for. This charter is supplemented by, ‘**Protocol to the African charter on human**

and People's rights on the rights of Women in Africa. This protocol requires states to take actions to eliminate discrimination against women and girls and to extend special protection to women because of their vulnerability status. States parties are required to adopt a gender-based approach in their policy instruments, legislations, development plans, programs, activities and all other spheres of life.^{xlvi} The protocol requires that women's rights to health is recognized, promoted and protected.^{xlviii} States are obliged to take measures to provide adequate, affordable and accessible health services.^{xliv} Moreover, the protocol also requires states to establish and strengthen existing pre-natal, deliver, and postnatal and nutritional services for women during pregnancy and when they are breastfeeding.¹

These benchmarks that underscore the right to health with specifics to NCDs prevention and control are further amplified under the '**African Charter on the rights and welfare of the Child**'.^{li} The charter imposes a duty upon all state parties to ensure that every Child enjoys their right to the highest attainable state of physical, mental and spiritual health.^{lii} it specifically obligates states to provide adequate nutrition to children with view to combat malnutrition, protection of expectant and nursing mothers. These rights that a child is entitled are inseparable with other set of rights including but not limited to; the right to food, water, and development- the social determinants of health.^{liii}

Agenda 2063-The Africa we want. This is AU's policy instrument that uncovers several aspirations that defines the kind of African we want. It is a blueprint chef-d'oeuvre of changing the continent into a powerhouse of the future. The agenda aspires to achieve *inter alia*; an Africa whose development is people driven, relying on the potential of African people, especially its women and youth and caring for children.^{liv}, a prosperous Africa based on inclusive growth and sustainable development.^{lv}, as well as an Africa that embrace good governance, democracy, respect for human rights, justice and the rule of law.^{lvi} if these aspirations are achieved by 2063, this means we will have a continent whose people has high standard of living, quality life, sound health, and wellbeing. With such achievements, Africa will be a continent free from NCDs by 2063.^{lvii}

At the sub-regional level, the **East African Community (EAC)**, the EAC treaty^{lviii} is a masterplan document. EAC treaty calls upon member states to cooperate in health activities and to take joint actions to eliminate both communicable and non-communicable diseases, pandemics and epidemics...^{lix} the Act further recalls for the obligation of member states to;

promote the management of health delivery systems and better planning mechanisms to enhance efficiency of health care services within the Partner States^{lx}; harmonise national health policies and regulations and promote the exchange of information on health issues in order to achieve quality health within the Community^{lxi}; co-operate in the development of specialised health training, health research, reproductive health, the pharmaceutical products and preventive medicine^{lxii}; promote the development of good nutritional standards and the popularisation of indigenous foods.^{lxiii} Member states are bound to promote standards of living of their peoples through reduction of unnecessary variety of products, the facilitation of interchangeability of products, the promotion of trade and investment, consumer protection, the enhancement of savings in public and private purchasing, improved productivity, the facilitation of information exchange, the promotion of health as well as the protection of life, property, and the environment.^{lxiv}

Some of these standards from international, regional and sub-regional level have been adopted by Tanzania in its legal and policy documents that promote health diets and physical activity. The next paragraphs will provide a snapshot of domestic legal and policy framework, gaps and legislative remedies. It will highlight on the role of parliamentarians in promotion of healthy diets and physical activity with view to prevent and control non-communicable diseases.

A snapshot of Tanzania's law and policy framework that lessen non-communicable diseases

- **Critical analysis of laws and policies that regulate healthy diets/nutrition.**

Nutrition and food sector is governed by the 'National Food and nutrition Policy.'^{lxv} This policy includes as an Action Area, 'Promotion of healthy diet and prevention of obesity and diet-related NCDs', including in relation to: Dietary guidelines, Food labelling, Nutrient declaration (i.e., back-of-pack labelling), Front of pack labelling, Menu labelling, regulating marketing of unhealthy foods and beverages to children. However, this policy throws an accusing finger towards poor nutrition as a cause for malnutrition. It does not directly talk about NCDs. In that case, though this policy is about food and nutrition, it does not address the issue of food and nutrition with a view of curbing NDCs, but rather curbing malnutrition. Therefore, there is a need to review this policy to address food and nutrition from both a malnutrition and NCDs perspective.

Again, we have the Tanzania Food, Drugs and Cosmetics Act, 2003 (TFDA Act). The Tanzania Food and Drugs authority (TFDA) has been repelled and replaced by the Tanzania Medicines and Medical devices authority (TMMDA). This kind of change resulted to the shifting of food products and cosmetics regulation to the mandate of Tanzania Bureau of standards (TBS).^{lxvi} The Act contains under part vii a provision regulating the advertisement of food, drugs and cosmetic.^{lxvii} The section restricts among other things advertisements that are misleading and false, in regard to products. This part falls short of a section that restrict and criminalize the advertisement, via radio or TV, of any advertisement of unhealthy non-alcoholic beverage and unhealthy foods that may have a negative impact on children's health during watershed periods and especially during programs for children. Thus, the new regulations to be made under the standards Act ought to contain a provision that makes it mandatory for food and cosmetic companies to do corporate social responsibility (CSR), since the TFDA Act has no such provision. But, in addition to that, the law should also entail restrictions on how the CSR should be conducted and prohibit companies from sponsoring unhealthy non-alcoholic beverages and foods during sports tournaments and other events in primary and secondary schools. The TFDA Act also evokes food hygiene ^{lxviii} where it gives power to the minister to provide for the enactment of such regulations. For that reason, a regulation to regulate hygiene can be enacted under section 44 to detail or further regulate hygiene in the food production and supply industry. The TFDA Act contains a provision for the restriction of sale of unhealthy food.^{lxix} For that reason, a similar provision should be included in the new regulations under the standards Act to forbid to any secondary or primary school or person to sell unhealthy food or non-alcoholic beverages to students.

Tanzania Food, Drugs and Cosmetics (Control of Food Promotions) Regulations, 2010. This regulation embraces provisions that restrict advertisement.^{lxx} This provision restricts misleading advertisement in relation to all food consumable by infants. However, it falls short of specific provisions on time of advertisement on alcoholic beverages and unhealthy foods. Thus, this part should be detailed and include specific restrictions such as the time of advertisement of non-alcoholic beverages and unhealthy food during watershed and during program sessions for children. On the other hand, **Food, drugs and cosmetic (labelling) Regulation**^{lxxi} pinpoints a provision that restricts false, misleading, or deceptive food labelling.^{lxxii} Regulation 13, lists the requirements that all packages should have, including a label displaying artificial nutritive sweeteners. and regulation 10 provides for the label to

display all ingredients. The law, however, does not include the requirement to declare the specific amount of ingredients to be declared. This should be considered during reform.

In addition, the regulation does not regulate and provide for declaration, presentation and calculation of nutrition content which should be added under the lists of declaration under regulation 5. From which guidelines or regulation to detail the provision can be enacted to regulate; tolerance limit, presentation of nutrients and periodic review of nutrients among others.

Further, issues of food quality are regulated by Tanzania Bureau of Standard Act.^{lxxiii} This is the principal legislation that establishes Tanzania bureau of standards. The bureau is the overseer of the standards of products and commodities in Tanzania mainland.^{lxxiv} The standards Act was enacted to establish the Tanzania Bureau of Standards (TBS) and provide for its function and other matter thereto. Section 20 of the TBS Act allows the minister on recommendation of the TBS; to declare the standards of commodity or for manufacturing to be a compulsory standard. Section 36 of the Act, provides for formation of regulations under the TBS Act. The section gives power to the minister of industries and trade to make regulation in relation to matter regulated under the Act. *in that case although the law does not give any standard requirement of the content of fat acids, salt, and other contents of products to be specific food products and beverages. The law allows the regulation of such content by giving the discretionary power to the minister. In that case a regulation should be enacted under the Act to limit and prescribe the standard of sugar, Fatty acids, salt to be contained in a product. In addition, the regulation should ban the production of different foods that are highly dangerous. The regulation should go further and regulate also the measurement standard of package size of different commodities that contain trans-fat or this must be implemented through a guideline that will provide for different measurement standard for package size of different category of food products.* In that case no need of a new law, a regulation will suffice. In relation to law regulating the importation of food and beverages, the TFDA Act contains provisions under section 36-38 that provides for mandatory registration of food importers. The law gives condition in which if met the minister can grant permission. Section 37(2)(a) provides that the minister can grant such permission if he/she is satisfied that the food is not of quality below the specification provided under the TFDA. Secondly, if it will enhance the effort of the government in improving nutrition. In other words, this law allows the minister to refuse

importation of foods that are below the standards prescribed by the Act and which are unhealthy and do not contribute to the nutrition development of the citizens.

In that case if a regulation is enacted under the TFDA Act that will prescribe the standard of food content especially trans-fat, sugar, protein, food preservatives and other content together with the standards on package size.

Then this will regulate the importation of such foods in Tanzania. So the law is there that regulates importation of food in Tanzania, but here the problem is lack of a specific regulation to detail and implement the law. Again, in place is the food Drugs and Cosmetics (Registration of food) Regulation,^{lxxv} Regulation 4 of the Act restrict the sale and import or exportation of unregistered food. But not because they are below standard but simply because they are not registered. Regulation 21 makes it compulsory for manufacturers to label food and the regulation at this point gives reference to the food labelling regulation as a standard. The law does not prescribe further the content of the label. The law also directs the authority to only register food that has reached the safety and quality standards under the Tanzania laws. In relation to hygiene the law vested to any person dealing with non- packaged food to ensure that he observes all parameters in accordance with the food hygiene regulation that may be in force and recognized under the TFDA Act.^{lxxvi} *This regulation supports the legal need to have a regulation on hygiene although the regulation uses the word may be. It is very clear that even the drafters of the regulation saw the need to have the regulation, hence referred to it in the provision.* The Tanzania Food, Drugs and Cosmetics (Importation and Exportation) Regulations, 2006. The regulation restricts importation of food without permit from a competent authority,^{lxxvii}. This regulation provides for several requirement and restriction that during the importation of food in Tanzania among others the fee and other restrictions. *Regulation 4 of the regulation should be reviewed to include the restriction of importation of food which is unhealthy and that has high level of fatty acids, salt and sugar content. This will help to reduce the problem of NCDs in Tanzania.*

Other laws whose provisions has bearing with promoting healthy diets are the Fair competition Act (FCA)^{lxxviii} and the public health Act.^{lxxix} The former imposes liability to persons in respect of ‘false descriptions’. where a manufacturer of goods supplies goods to another person who acquires the goods for resupply, if a consumer or a person who acquires the goods suffers loss or damage by reason that the goods do not correspond with the description, the manufacturer

is liable to compensate the consumer or that other person for the loss or damage and the consumer or that other person may recover the amount of the compensation by action against him in a court of competent jurisdiction.^{lxxx}The Act also imposes liability to a manufacturer of products of unmerchantable quality.^{lxxxii}the law generally regulates quality of goods manufactured by the manufacturer, lessens unfair competition which would arise from sale of counterfeit and unfit products, evokes sanctions to the foul prayer and provides remedies to the party (s) affected by unfit products consumed by an innocent purchaser.

The latter provide provisions for public health. Part VI has provisions under section 163, of this Act provides for the requirement that are essential to be met by person operating schools and section 162 prohibit operation of schools which are not in compliance to the standards under section 163. Section 163 has a requirement of play grounds and recreational grounds as one of the mandatory requirements. And other public health requirements and regulations laid down by the minister to have been compiled with. Similarly, this provision although it gives reference to all other regulations on public health it is not exhaustive since it does not ban provision of unhealthy food in schools. Therefore, it needs to be amended relating to public health requirement prescribe by ministers to be compiled with. This means if the minister prescribes the minimum standard of diet to be provided to student especially in boarding schools and prohibits selling of unhealthy food non/alcoholic beverages to children in secondary and primary school these can automatically be covered under 142 and 163.

- **Laws that regulate physical activity**

There is a number of legislations and regulations that in one way or another promote physical activities in Tanzania. This is a core part of NCD prevention and control because if there are good laws and regulations on urban planning, on road safety laws, on compulsory sports in schools and colleges, universities and work places, there will be a culture of physical activity which will ultimately defeat NCDs. This is so because, the laws will create enabling environment for cyclists to ride rather than driving^{lxxxii}, safe road systems will enable pedestrians to walk rather than driving or commuter, law that establish ample open spaces and recreation areas also create an enabling environment for people to exercise and remain fit. Lastly, good education policies that support a wide range of sport activities in school also enables the country to defeat NCDs that arise from physical inactivity such as cardio vascular diseases.

The national Sports council of Tanzania Act.^{lxxxiii} This Act vests the council with the role to make policies for promotion of sports in Tanzania which could include introducing a National Youth sport strategy as one of the ways to promote interest in sport and ensure youth grow in sport spirit for a healthy future. So, this can be as one of the policies of the council in course of promotion of sports.^{lxxxiv} However, this law has clear shortcomings in promoting physical activity. From the spirit of the law, it is clear from the wording of the section that the law does not make it mandatory for sports and physical activities. It leaves participation in sports activities in the discretion of people's interest. This Act should be amended first to include a provision that makes it mandatory for sports in primary and secondary schools, Universities and in working places. Then, section 4 of the Act should be amended to add up to the function of the council, the role to ensure that the law-making mandatory of sport activities in this institution is strictly implemented. The law may also vest such power to other institutions such as the local government since it is near to the people and will be easy to follow up the implementation of the law but the overall supervisory power should be left with the National council for sports.

The urban planning Act^{lxxxv} This Act provides *inter alia*, sustainable development of Urban areas. It provides for procedures and conditions to be met by developers when conducting development projects in Urban areas. Its objective is to promote the provision of infrastructures to the people.^{lxxxvi} This law does not prescribe any mandatory requirement that road constructed in Tanzania should have exclusive lanes for pedestrians and cyclists hence making walking and cycling hazardous.^{lxxxvii} However, the law gives the minister the power to make regulation in relation to the width of the roads, carriage ways, footways, and other ways.^{lxxxviii} It also gives the minister power to make regulations in relation to minimum portion of land to be devoted to roads and open spaces.^{lxxxix} *The law uses the word may, for that reason the enactment of the regulations is not mandatory it is in the discretion of the minister. In this case this law should contain a part that provide for a list of mandatory planning requirement to be considered by any planning urban authority under which, the law should make mandatory that all plans for construction of roads should consider putting exclusive lanes. The law should also designate enough open spaces and recreational grounds to encourage sports.*

Road traffic Act^{xc} The law was enacted to regulate road users when using the roads. It provides for offences and penalty for road users to ensure that all users are safe when using the road.

However, it is short of provisions restricting distracted driving. Thus, in order to control road traffic injuries (RTI) and road traffic fatalities, *this law should be amended and a provision that criminalize distracted driving. This should be added under the offences under part IV the Act. It is important to revise the Act and include other offences and restrictions that will and will help to ensure safety of pedestrian and people who exercise.*

This law should also include provision that makes it mandatory to use child seat for children of a specific age. This is a common practice in many European states. According to the WHO it helps to reduce injury and death of children in case of accident and other health issues that may result from the accident. Hence this should be included in the road traffic Act. Furthermore, both the urban planning Act and Road Traffic Act should be amended to criminalize the use of the road sections reserved special for pedestrians and cyclist by those using vehicles.^{xci}

The National Education Act,^{xcii} The provision of education from lower levels to advanced level secondary school is guided by this law. This Act provides for the central administration of national schools, local administration of national schools, establishment, and registration of schools, as well as management and control of schools. A review of the part of the Act relating to the establishment and registration of schools does not show having sports grounds where students can play is one of the requirements for registering a school. Moreover, the Act is silent on the aspect of health diets or health issues in general. Regulations made under this act, as well, do not reflect anything on health diets and physical activities in schools. Thus, this Act should be amended and include provision that provide for the standard of food nutrition requirement a school should offer especially boarding school but also a provision making mandatory for any school to give physical education both practical and theoretical.

The Roads Act^{xciii} The Act provides for financing, development, maintenance, and management of roads. It also provides for the institutional framework for management of roads. Two authorities are responsible for development, maintenance, and management of roads: The National Roads Agency (TANROADS) and the Rural and Urban Roads Agency (TARURA). The former is under the Ministry of Works while the latter is under the President's Office-Local Government and Regional Administration. Both TANROADS and TARURA are governed by the Roads Act and its regulations. Part Five of the Act addresses road safety. It makes it an offence to interfere with road furniture. It also requires the road authority to ensure

the safety of road users during the design, construction, maintenance, and operation of public roads by providing side-walks, overhead bridges, zebra crossings, and other related matters. Although this requirement exists in Tanzania there is a number of roads constructed before and after the coming into force of this Act which do not have side-walks. For that reason, the amendment of the urban planning Act to include the requirement of side-walks will bring this provision in to life rather than being an implementable statutory provision or a dormant law.

CRITICAL ROLE OF LEGISLATORS TO PREVENT AND CONTROL NCDs IN TANZANIA

From the preceding paragraphs, it is apparent that, there are obvious legal and policy lacuna that fuel the occurrence of non-communicable diseases. In this part, authors shall discuss the role of legislators in relation to the manifested loopholes, the nexus between law and NCDs and the recommended interventions for legislators.

The nexus between law and NCDs

As highlighted in the best-buys, the law can play a critical role in ensuring healthy diets. Some legal measures which can be used to promote healthy diets include: Fiscal measures such as taxes on sugar sweetened beverages, regulating the marketing of foods and beverages, enactment of laws requiring reformulation of processed food by a manufacturer, such as maximum salt levels or trans-fat bans, Labelling measures such as front of pack nutrition labelling, Laws can also play a role in promoting physical activity.^{xciv} Measures to promote physical activity include those such as the non-imposition of import tax on imported second-hand equipment for the gym, or policies to promote active transport and safe outdoor spaces for exercise.^{xcv}

Overarching roles of Parliamentarians

The constitution of the United Republic of Tanzania,^{xcvi} the Interpretation of Laws Act,^{xcvii}, the Laws Revision Act,^{xcviii} and the Office of the Attorney General (Discharge of Duties) Act,^{xcix} provides for the legislative process in Tanzania. The Standing Orders of the Parliament of the United Republic of Tanzania, 2016 though subsidiary legislation (consisting of finer details), also form an integral part of the legislative framework that regulates the drafting of legislation

in Tanzania. The Standing Orders are made by the Parliament under the authority of the Constitution.^c

The parliament has the duty to enact the law,^{ci} amend partially the outdated provisions of the law and repeal the law.^{cii} The processes for amendment and repeal of written law are provided under the Interpretation of Laws Act.^{ciii} Thus, the statutes on healthy diets and physical activity can be holistically amended in line with law requirements as stipulated under Part V Cap 1 of Tanzanian laws, Parliamentary Standing Orders and the Constitution of the United Republic of Tanzania.

Thus, considering legislative powers of the Parliament, it is pertinent that the parliamentarians in Tanzania exercise these sacred powers to protect Citizens against non-communicable diseases. Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and pollution are all key risk factors for NCDs. The following are evidence based, effective and feasible legislative and/ or regulatory measures that legislators should promote and enforce^{civ};

- (i) Amend the existing laws to strengthen legal framework on healthy diets and physical activities. Focus should be on;
 - The fiscal law relating to sugar sweetened beverages exists but the rates need to be updated to so as to further reduce over consumption of sugars.^{cv} Though there are conspiracy theories that indicate that, taxes on health-harming products are regressive and hurt the poorest the most, they are not and do not. Across the world NCDs burden the poor most. Tobacco, alcohol and food companies target poorer countries and lower income populations. The poor are also more likely to live in environments which make the healthy choice the difficult choice. Taxes can reduce inequities. Their multiple benefits – in health, poverty reduction, education and opportunity – accrue mostly to the poor. Meanwhile, wealthier users, who typically still consume despite price increases, end up paying the majority portion of the tax increases. Revenue from these taxes can then be reinvested into social service programmes that benefit the poor, increasing their progressive nature.^{cvi}

- Reduce population-level salt intake through the reformulation of food products to contain less salt, and the setting of target levels for the amount of salt in foods and meals.
- Reduce salt intake through the implementation of front-of-pack labelling
- Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain
- Regulate the advertising, promotion, and sponsorship of ultra-processed foods and beverages, particularly where young people gather and across all types of media
- Implement clear nutrition labelling on processed foods and beverages such as front-of-package traffic light labelling
- There is a dire need to expedite the making of new regulations under the amended Standards Act to as to protect the population from unhealthy diets
- Amend regulations made under the Electronic and Postal Communications Act and the Fair Competition Act, can help to restrict marketing of HFSS foods to children.
- Need to have a law in place that compels physical activities for children and young persons in pre-primary, primary schools, and secondary schools
- Ensure that urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport
- Universal health coverage that should extend to NCDs patients to ensure there is equal, accessible, affordable and inclusive preventive and curative NCD health service. The law should make it mandatory to have enough, and well-equipped hospitals to provide screening services, palliative care and holistic treatment that is human rights and gender centered.

Adopting a human rights-based approach in NCD prevention and control

As a debate for the new constitutional drafting is underway in Tanzania, it is the right time that health is made a constitutional right. This is so important for a number of reasons;

Under a human rights-based approach, development efforts are anchored in a system of rights and corresponding State obligations established by international law and national Civil, cultural, economic, political and social rights provide a guiding framework for development plans, policies and processes. A HRBA to health aims to realise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (right to health) and other health-related human rights.

A HRBA makes explicit reference to human rights from the onset of programmes, policies, and projects, as a way to prevent violations from happening in the first place. This means that, if health is made a justiciable constitutional matter, duty bearers will be held accountable in case of any breach. According to the constitution of the United Republic of Tanzania, any person whose right has been or is about to be violated is entitled to institute a case in the High Court of Tanzania for redress.^{cvii} Again, the constitution provides an avenue for public interest litigation^{cviii} such that, any person including those with no direct interest can initiate a suit against the state (duty-bearers) to hold it accountable in cases of breach of or imminent danger for breach of any of the human right provided under the constitution. Although, enforcement under the second limb has been abolished through a miscellaneous amendment,^{cix} still there is a chance under Article 30(3). The amended law stipulates that, a litigant who files a petition before the court challenging the constitutional validity of an act of the executive or an Act of Parliament states in his/her affidavit accompanying the petition the extent to which the contravention of a fundamental right “has affected such person personally.”^{cx} According to Prof. Issa Shivji^{cxii} the amendment conflicts with the constitution and it arbitrarily curtail the rights of the members of the community to protect the constitution from non-infringement.^{cxiii} The bottom line is to have justiciable and enforceable right to ensure the duty bearer is held accountable for failure to do its obligation. There have been previous attempts to protect public health through environment and tort actions. In the case of *Festo Balegele and 794 Others v. Dar es Salaam City Council*^{cxiii} This was an application by residents of Kunduchi Mtongani for Orders of Certiorari, prohibition, Mandamus and costs thereto, to quash the decision of the Dar es Salaam City Council to dump the city's waste and refuse, to prohibit the

respondent from continuing to carry out its decision; and to compel the respondent to discharge its function properly by establishing an appropriate refuse dumping site and use it. The dumping of waste by the DCC constituted a health hazard **The Court held** that the respondent's decision to disposing refuse and waste at Kunduchi Mtongani was ultra vires the Local Government (Urban Authorities) Act, 1982. Firstly, it was contrary to the City's Master plan; and secondly, it was not a statutory duty of the respondent to create nuisance but to stop it. Nor is it to create sources of danger to the residents' health. And that; It was not proper for a public authority, or an individual to pollute and thereby endanger people's lives. To do so would be contrary to article 14 of the constitution which guarantees the right to life and its protection by the society. Also, in the case of *Joseph D. Kessy and Others v. The City Council of Dar es Salaam High Court of Tanzania at Dar es Salaam*^{cxiv} In this case the Dar es Salaam city Council used to dump garbage, waste and refuse collected from all over at Tabata area for quit sometime before 1988; when the residents of that area decided to take up the matter to the High Court on the ground, inter- alia, that they continued dumping activity posed a danger to life. The Court ordered the city council to cease dumping waste at Tabata

In the case of *Winfred Mkumbwa vs SCB Tanzania Limited*^{cxv} In this case, the appellant had consumed adulterated Pepsi Cola drink manufactured by the respondent upon which he suffered nervous shock, psychological injury, emotional distress, and loss of appetite. In his judgement, the justice of appeal stated at Page 9 inter alia that;

“The principle of duty of care in the tort of negligence has thrived long in the most of the common wealth jurisdiction and the principle propounded in the case of Donoghue despite being old, reigning about 87 years now, is still good law and undoubtedly very much applicable in our jurisdiction.”

Also, in the case of *Christina Mrimi vs Cocacola Kwanza Bottlers*^{cxvi} The case was about a contaminated drink (sprite bottle manufactured by the respondent which caused him harm) The appellant bought a sprite soft drink at a local restaurant in Dar es salaam. While drinking he found a contaminated substance at the bottom of the drink. As a result of drinking it, the appellant fell sick and went to hospital for treatment. Held the manufacturer did not exercise due care and diligence in bottling the drink to prevent injury. The respondent should have foreseen possibility of harm to the consumers.

From the foregoing court decisions, it is apparent that, healthy rights are protected partially from an environmental or tortuous point of view. From the environment point of view, the enforcement is very narrow as it cannot extend from outside the ambits of the environment arena which is a very narrow case in NCD incidents. With the tort actions, this is purely private action. It involves causes between individuals *inter se*. It does not give room for the duty-bearer (the state) to be held accountable.

From the strength of the foregoing, it is pertinent that, when amending the Constitution, the legislators^{cxvii} should incorporate the right to health as a justiciable right.

Legislators should be aware of potential biases linked to the vested interests of industry that manufacture unhealthy diets.^{cxviii}

In most cases you find that, a legislator has proprietary interests in the beer, soda, sugar, fats, and tobacco industries. They either own shares in the franchise or are board members and therefore, earning a fortune out of their memberships. On the other hand, you find which is a very common case in Tanzania that, bus owners are also members of Parliament. When an agenda of regulating speed, and when proposal for imposing severe fines for drivers who drive under influence of alcohol, they always resist to protect their personal interests. Therefore, for NCDs to be effectively prevented and controlled, it is important that the legislators shun away from conflict of interests. It is up to legislators to listen to legitimate concerns, make evidence-based decisions and, above all, protect and improve the lives of constituents. Experiences prove that, contrary to industry-biased forecasts, NCD action can raise government revenue, help businesses, improve livelihoods and increase employment overall.

To get started, the Parliament's HIV/AIDS and NCDs committee should ensure that: - allow for scrutiny of key reports on NCDs from government and others; - act as a repository to compile incidents of conflicts of interest and provide a platform to discuss such issues; - restrict or prohibit lobbying in parliamentary premises from representatives of Soda, tobacco, alcohol and other companies profiting from health-harming products or processes; - review experiences from local action on NCDs; and - hold government to account.^{cxix}

CONCLUSION

From the foregoing discussion, Tanzania is one of the countries that is striving to end non-communicable diseases. It requires a multi-sectoral approach to curb this scourge. Stakeholders ranging from manufactures of products, regulators, legislators and the state must take action to lessen the consumption of commodities that trigger the NCDs. On the same note, the legislators and policy makers must work together to ensure laws on urban planning, road safety, school physical activities are strengthened. Sports, cycling, walking and use of public transport should be promoted so as to firstly, encourage a culture of people to engage in physical activities and secondly to change peoples' habits to ensure they live a healthy life style. Also, awareness raising programs through informative debates and direct public opinions, community outreach programs, academic and scientific researches should be conducted in as much as possible to ensure people are aware of not only the risk factors of the NCDs, but also the mitigation measures to NCD risks.

ENDNOTES

ⁱ He FJ, MacGregor GA. How Far Should Salt Intake Be Reduced? *Hypertension* 2003;**42**(6):1093-1099.

ⁱⁱ Article 2 of the Political declaration of the third high level meeting of the general assembly of the prevention and control of Non-Communicable Diseases. A resolution adopted by UN general assembly on 10th October, 2018.

ⁱⁱⁱ Burden of Non-Communicable Diseases in India. Institute of Health Management Research (IHMR), Jaipur, India

^{iv} Available on <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>. Accessed on 08th February, 2022 at 12:47.

^v *Ibid.*

^{vi} *ibid*

^{vii} WHO; NCD factsheet, 2021.

^{viii} World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018. See Page 212 of the report.

^{ix} *Ibid.*

^x *ibid*

^{xi} *ibid*

^{xii} Mayige, M and Kagaruki, G (2013). Tanzania steps survey report ministry of health and social welfare. National Institute for Medical Research, NIMR.

^{xiii} *ibid*

^{xiv} The United Republic of Tanzania (2008). National noncommunicable disease strategy, July 2008-June 2018. Ministry of Health and Social Welfare

^{xv} WHO: Global Health Observatory data repository| Total NCD Mortality, Available at: <http://apps.who.int/gho/data/node.main.A860?lang=en> Accessed 09th February, 2022

^{xvi} *ibid*

^{xvii} Tanzania is made up of the former Tanganyika (now Tanzania mainland) and Zanzibar. Through articles of union, In 1964 both Tanganyika and Zanzibar surrendered their sovereignty to the United Republic of Tanzania.

^{xviii} See Zanzibar STEPS report, 2011 Ministry of health, NCD survey report-main findings from the National Non-communicable diseases Risk factor survey, 2011.

^{xix} *Ibid.*

^{xx} *ibid*

^{xxi} Physical activity is gauged by <600 MET-Minutes per week).

^{xxii} Sweet, L., Pereira, C., Ford, R., Feeley, A. B., Badham, J., Mengkheang, K., Adhikary, I., Gueye, N. Y. S., Coly, A. N., Makafu, C and Zehner, E (2016). Assessment of corporate compliance with guidance and regulations on labels of commercially produced complementary foods sold in Cambodia, Nepal, Senegal and Tanzania

^{xxiii} WHO, 2019. NCDs and the Law Global Regulatory & Fiscal Capacity Building Programme (Global RECAP): Tanzania Capacity Needs Assessment Report. June, 2019

^{xxiv} Cap. 130 R.E. 2009

^{xxv} TANCDA & TAWLA advocacy strategy against Non-Communicable Diseases, 2021.

^{xxvi} Article 26 of the Vienna Convention on law of treaties evokes the principle of *Pacta sunt servanda* meaning that, once the state becomes a party to international treaty, it is bound and is obliged to obey and comply with state obligations in good faith

^{xxvii} Cap 2, 1977 (R.E. 2008)

^{xxviii} First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control Moscow, 28-29 April 2011

^{xxix} Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. UNGA 24th January, 2012.

^{xxx} Global Action Plan for the Prevention and Control of Non-Communicable Diseases-2011-2020

^{xxxi} 'BEST BUYS' AND OTHER RECOMMENDED INTERVENTIONS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES UPDATED (2017) APPENDIX 3 OF THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2013-2020

^{xxxii} *Ibid.* at Page 8.

^{xxxiii} In pursuit of these initiatives, multi-sectoral approach is needed. The state and the private sector *to wit*; CSOs, academia, FBOs and other stakeholders must cooperate to achieve them.

^{xxxiv} *Ibid.* at Page 9.

^{xxxv} World Health Assembly Resolution WHA57.17. Global strategy on diet, physical activity and health. World Health Organization, Geneva: May 22, 2004.

^{xxxvi} See Waxman A. Who Global Strategy on Diet, Physical Activity and Health. Food and Nutrition Bulletin. 2004;25(3):292-302. doi:10.1177/156482650402500310

^{xxxvii} See Goal 3 of the Sustainable Development Goals, 2015.

^{xxxviii} Adopted in Lomé, Togo, on 11 July 2000 and entered into force on 26 May 2001.

^{xxxix} See Article 15 of the C.A.

^{xl} (Adopted 27 June 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force 21 October 1986)

^{xli} The African court on human and peoples' rights which is one of the enforcement organs of the charter binds upon member states to the Protocol made under the charter.

^{xlii} See Article 16 of the Charter.

^{xliiii} Article 16(2) of the Charter.

^{xliv} *Ibid.* at Article 18.

^{xlv} *Ibid.* at Article 24

^{xlvi} This is an implementing organ of the Banjul charter. It is charged with duty to protect human and people's rights, promote human and People's rights, and interpretation of the Banjul charter.

^{xlvii} See article 1(c) of the Protocol.

^{xlviii} Article 14(1).

^{xlix} Article 14(2).

^l Article 14(2)(c).

^{li} Adopted on July 01, 1990 entered into force on November 29, 1999

^{lii} Article 14(1).

^{liii} See comments by the African Committee of experts on the rights and welfare of the Child. The ACERWC is the body charged with interpretation and implementation of the charter.

^{liv} See aspiration No. 6.

^{lv} Aspiration No.1

^{lvi} Aspiration No.3

^{lvii} This is amplified under Para 10 of the agenda document.

^{lviii} The treaty establishes the East African Community.

- lix See Article 118 of the Act establishing EAC.
- lx Article 118(b).
- lxi Article 118 (e).
- lxii Article 118(g).
- lxiii Article 118(h).
- lxiv See Article 81(2).
- lxv National food and Nutrition Policy, 2016-2021
- lxvi See section 17 of the Finance Act, 2019
- lxvii See section 96.
- lxviii See Section 44 of the Act.
- lix Section 32.
- lxx See regulation 8.
- lxxi GN. No 115 of 2005
- lxxii See regulation 9
- lxxiii Cap. 130 of 2009.
- lxxiv See section 3(2) of the Standards Act.
- lxxv GN no 207 of 2011
- lxxvi See Regulation 14(3)
- lxxvii regulation 4
- lxxviii 2003.
- lxxix 2009.
- lxxx See section 39(1). Cited in Mramba S.J., & Mugambila E.A., Law of torts in Tanzania; Text and Cases. Juris Publishers, India. 2021.
- lxxxi Section 40(1).
- lxxxii Netherlands is the leading country where more than 90% of people locomote by cycling, followed by Denmark whose cyclists ratio account to 80% and Germany 75%. This is because of safer roads system, and good urban planning.
- lxxxiii Cap 49 of 1967.
- lxxxiv See section 4(d & f) of the Act.
- lxxxv Act No. 8 of 2007.
- lxxxvi See section 3.
- lxxxvii Walking and cycling in cities requires highest degree of carefulness. It puts a trekker and cyclist on risk of road clash.
- lxxxviii See Section 77 (k).
- lxxxix Section 77(d).
- xc Cap 168 R.E. 2002.
- xcI In Tanzania most of roadsides that could otherwise be used by pedestrians and cyclists are invaded by hawkers and roadside sellers who display their commodities for sale. This makes it difficult for pedestrians and cyclists to use.
- xcii No. 25 of 1978
- xciii No. 13 of 2007.
- xciv Dalal S, Beunza JJ, Volmink J, Adebamowo C, Bajunirwe F, Njelekela M, et al. non-communicable diseases in sub-Saharan Africa: what we know now. *Int J Epidemiol* 2011;**40**(4):885-901.
- xcv Daar AS, Singer PA, Persad DL, Pramming SK, Matthews DR, Beaglehole R, et al. Grand challenges in chronic non-communicable diseases. *Nature* 2007; **450**:494 - 496.
- xcvi 1977 (Cap. 2 R.E. 2002)
- xcvii Cap. 1
- xcviii Cap. 4
- xcix Cap. 268
- c See Article 89(1) of the standing orders.
- ci See Article 63(1)(d) and 64 of the constitution.
- cii See part V of the Interpretation of Laws Act Cap. 1 R.E 2002
- ciii *Ibid.*
- civ WHO (2013). Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1; WHO (2017). 'Best Buys' and other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. http://who.int/ncds/management/WHO_Appendix_BestBuys.pdf

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- ^{cv} Chauvel, C. Commonwealth parliamentarians discuss tobacco control and effective parliamentary oversight. *Journal of the Parliamentarians of the Commonwealth* 2017; 98(1).
- ^{cvi} Powell, LM, et al. Employment Impact of Sugar-Sweetened Beverage Taxes. *American Journal of Public Health* 2014, 104(4): 672-677
- ^{cvi} See Article 30(3) of the constitution 1977, Cap 2. Of Tanzanian Laws.
- ^{cvi} *Ibid.* at Article 26.
- ^{cix} See Written Laws (Miscellaneous Amendments Act (No. 3) of 2020
- ^{cx} *Ibid* at Section 4(2).
- ^{cx} Issa Shivji is an emeritus Professor of law at the University of Dar es salaam
- ^{cxii} Shivji I., Tanzania abolishes Public Interest Litigation (A Comment on the Amendment of Basic Rights and Duties (Enforcement) Act (Cap. 3 of the Revised Laws of Tanzania).
- ^{cxiii} Miscellaneous Civil Cause No. 90 of 1991
- ^{cxiv} *civil Case No 299 of 1988 (Unreported)*
- ^{cxv} Civil appeal No. 150 of 2018 Court of Appeal of Tanzania at Mbeya. (Unreported)
- ^{cxvi} Civil appeal no.112 of 2008 Court of Appeal of Tanzania, Dar es salaam (unreported)
- ^{cxvii} Members of parliament are part of constituent assembly that seats to amend the constitution.
- ^{cxviii} World Health Organization and United Nations Development Programme: What legislators need to know, 2018.
- ^{cxix} Inter-Parliamentary Union and UNDP (2017). Parliamentary oversight: Parliament's power to hold government to account.
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