


IMPLEMENTATION OF THE WHO FCTC IN THE AFRICAN REGION

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Current AFRO status on FCTC


- 31 countries had ratified or acceded to the FCTC
- 9 countries had signed
- 6 countries didn't sign.

Impact of tobacco

Burden of disease

- Death from chronic diseases amounted in 2005 around 2.4 million deaths representing 23% of all deaths in the WHO Region for Africa.

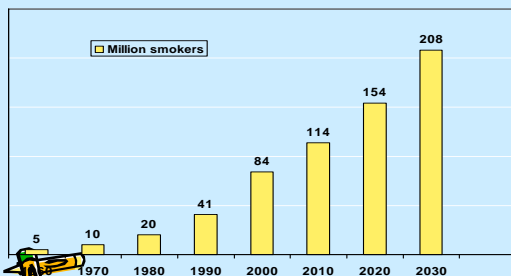
Projection show that, over 2005 to 2010 period the cumulative number of deaths will reach 28 million.

 Tobacco major risk factor for NCD morbidity and mortality.

CONSUMPTION AND EXPOSURE

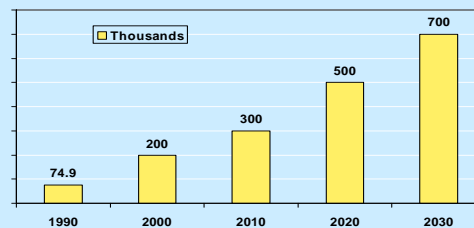
- Projections estimate that the number of smokers will increase by 148% from 84 million smokers in 2000 to 208 million smokers in 2030. Exception of South Africa.

The number of smokers is increasing in Sub-Saharan Africa



Source: The World Bank Report Data by Peto Lopez Estimations

And the number of tobacco attributable deaths



Source: The World Bank Report Data by Peto Lopez Estimations

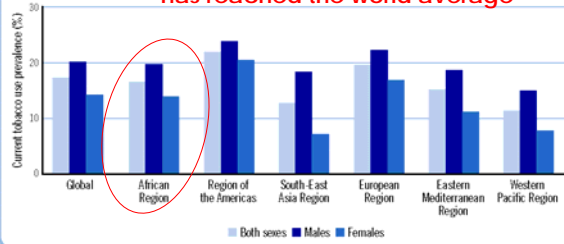
Key messages from this analysis

- Unique opportunity in SSA
- Act now to prevent, not manage a tobacco epidemic in SSA
- Before these countries become high burden

1. Exposure to tobacco

Tobacco use among youth

Current tobacco use among students aged 13–15 years, WHO regions
has reached the world average



(Source: Warren CW et al, 2006)

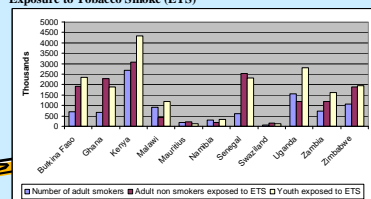
Country	Current smoking among adults (%)	
	Males	Females
Namibia	41	11
Gambia	33	3
Mauritania	30	5
Kenya	28	2
Comoros	28	17
Zimbabwe	27	5
Malawi	25	6
South Africa	25	9
United Republic of Tanzania	25	3
Mali	25	3
Burkina Faso	23	10
Zambia	21	5
Uganda	21	3
Senegal	20	2
Seychelles	17	2
Eritrea	17	1
Chad	17	3
Swaziland	16	3
Côte d'Ivoire	16	3
Cameroon	16	2
Congo	16	2

Source: WHO Global InfoBase (2005)

Exposure to tobacco smoke is also a problem where measures banning smoking in public places are generally weak.

- The graph below compares the number of adults and children exposed to tobacco smoke in selected countries.

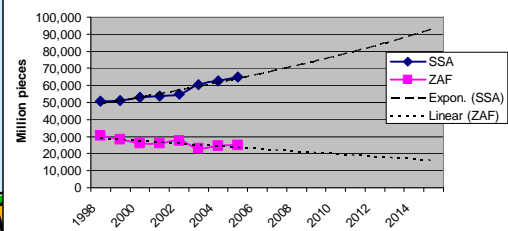
Exposure to Tobacco Smoke (ETS)



Source: WHO's calculation based on data from GYTS, UN Population and

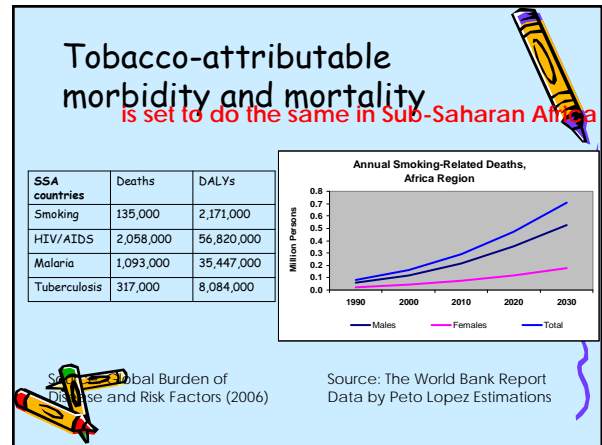
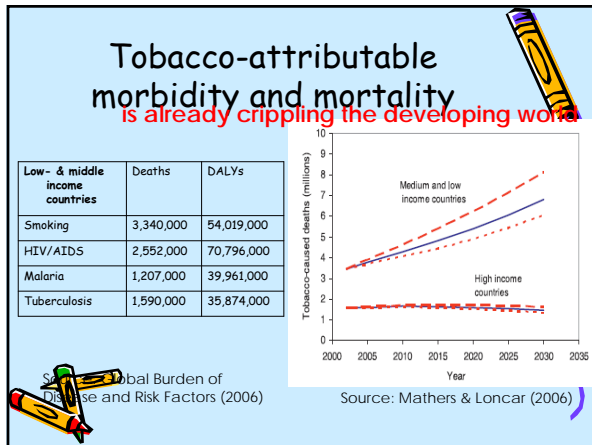
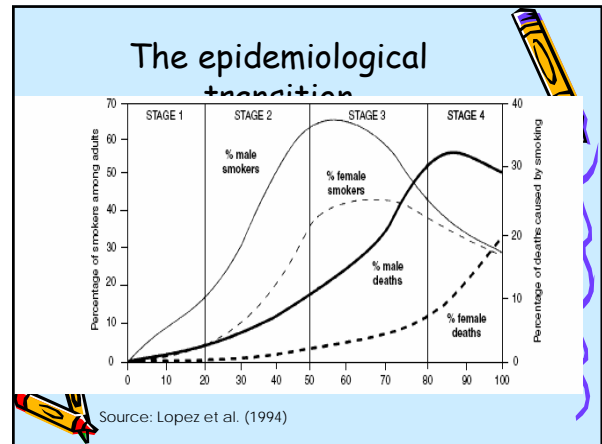
Tobacco consumption is rising exponentially

Cigarette Consumption, 17 SSA countries and South Africa



Source: Author's calculations based on ERC Group data

2. Health Outcomes



Tobacco use is underestimated

- Data from Sub-Saharan Africa is not comparable to data from the developed world
 - Consumption is vastly underestimated, due to the high level of illicit trade. There is limited data from most countries on respiratory, circulatory diseases like ischemic disease, stroke and other diseases of the circulatory system.

- "The willingness of African countries to tackle non-communicable diseases has been demonstrated by the manner in which African countries have responded to the WHO FCTC. 39 of 46 countries have signed the Convention and 31 countries have already ratified or acceded to it."

- "Unfortunately, effective tobacco control policies based on scientific, epidemiological and economic evidence still lack in the region. Less than 30% of members have had the required technical and financial resources to put into place a tobacco control plan of action."

The double burden

Over the next 10 years, Africans will experience:

- Increased deaths from chronic diseases (up 28%)
- Increased deaths from communicable diseases (up 6%)
- Decreased deaths from infectious diseases, maternal and perinatal conditions, and nutritional deficiencies combined (down 3%)

HEALTH OUTCOME

- "We cannot afford to say, "we must tackle other diseases first - HIV/AIDS, malaria, tuberculosis- then we will deal with chronic diseases": If we wait even 10 years, we will find that the problem is even larger and more expensive to address."

Olusegun Obasanjo, President
Federal Republic of Nigeria.

3. Industry

- The combined economic burden of high HIV/TB/Malaria, hoisted on a continent already crippled by chronic poverty, has pushed Sub-Saharan economies to the point of failure and put the governments meant to steer them in a vulnerable position vis-à-vis the tobacco industry.

The tobacco industry

is finding significant profit opportunities

British American Tobacco's performance in Africa & Middle East

Volume (billions of cigarettes)	2004	2003	2002
Africa & Middle East	105.3	98.2	92.2
Europe	268.1	249.8	232.6
Net margin	2004	2003	2002
Africa & Middle East	27%	26%	21%
Europe	15%	15%	20%
Profit per 1000 cigarettes	2004	2003	2002
Africa & Middle East	£3.48	£3.43	£2.37
Europe	£2.71	£2.15	£2.16

Source: www.bat.com (accessed 2006)

Tobacco manufacturing

Cigarette Production by Country, 2004	
South Africa	28930
Nigeria	10700
Kenya	8402
Cameroon	5250
Senegal	5000
Tanzania	4500
Zimbabwe	4000
Angola	3500
DR Congo	3500
Madagascar	2737
Ethiopia	2500
Côte d'Ivoire	2350
Sudan	2170
Ghana	1700
Mozambique	1200
Mauritius	820
Zambia	675

Sources: UNIDO, ERC (2006)

Tobacco employment

Country	Year	Employment in full-time positions
Tanzania	1999	568
Zimbabwe	1996	3031
Nigeria	2005	2500
South Africa	2002	2110
Kenya	2003	1240
Sudan	2001	1209
Ethiopia	2002	792
Uganda	2000	644
Cameroon	2002	390
Côte d'Ivoire	2001	300
Senegal	2002	270
Ghana	2004	247
Madagascar	2003	215
Mozambique	2000	209
Burkina Faso	1998	195
Guinea	2003	49
Senegal	1997	41
Senegal	1997	0
Malawi	2001	0

Sources: UNIDO and ERC Group

Tobacco and illicit trade

Country	Contraband as % of domestic market
Cameroon	20%
Ghana	10%
Ivory Coast	13%
Nigeria	25%
Sudan	25%
Zambia	25%

Knowledge gaps

- In spite of what we know, there is still much that we do not know
 - Lack of national epidemiological and economic surveys makes it difficult for local NGOs to advance the tobacco control agenda
- What we do not know, but need to know in order to help implement effective tobacco control policies
 - The concentration of smoking prevalence in certain segments of the population, particularly those with HIV/AIDS and TB

Prospect of Implementation of the WHO FCTC

- The first logical step in the process of implementing the obligations of the FCTC is to put in place the legal and institutional framework that is required under the provisions of the Convention or to adapt the existing framework to the requirements of the Convention.

LEGAL MEASURES

- .Adoption policies, Enacting legislation, action to regulate issues of pricing and taxation
- .Protection from exposure
- .Restricting or prohibiting advertising
- .Prevention illicite trade.

INSTITUTIONAL MEASURES

- Establish national institutions that will implement the legal measures, undertake the duties of communication and cooperation.



Role of Countries

- Legal and institutional framework
- National plan of action
- Situation analysis
- Communication and public awareness
- Partnerships
- Monitoring, surveillance, evaluation, reporting
- Mobilisation of resources.



WHO AFRO roles and responsibilities

- Technical support for legislation and policy
- Continue support to countries in building national capacity
- Resource mobilisation
- Advocacy
- Collaboration



Support from WHO TFI/HQ and Convention Secretariat

- As decided by WHA resolution 59.17
- Decision of COP under 26 of the Convention
- Strengthening NGOs' capacity
- Funds for crops substitution



Tobacco Control in 6 Countries of African Region

Preliminary Results of the Global Tobacco Control Report



Tobacco Taxation

- Price of pack of most popular local brand of cigarette (in USD)
 - Ethiopia: \$0.46
 - Mozambique: \$1.08
 - South Africa: \$1.57
 - Uganda: \$1.40
 - Tanzania: \$0.89



Policy on Packaging and Labeling of cigarettes

- Are there any laws or regulations requiring that packaging and labeling do not use terms such as "low tar", "light", "ultra-light", or "mild" in any language?
 - Only in South Africa

Policy on Packaging and Labeling of cigarettes

- What percentage of the principal display areas of the cigarette package is legally mandated to be covered by the health warnings?
 - None

Tobacco Advertising, Promotion and Sponsorship

Country	National TV	International TV	Local Mag	International Mag	Billboards	Point of Sale	Internet
Ethiopia	Yes	Yes	Yes	No	Yes	Yes	No
Malawi	No	No	No	No	No	No	No
Mozambique	No	No	No	No	No	No	No
South Africa	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Uganda	No	No	No	No	No	No	No
Tanzania	Yes	Yes	Yes	Yes	Yes	Yes	No

Tobacco Advertising, Promotion and Sponsorship

- Are there laws or regulations that ban indirect advertising (i.e., promotion of tobacco products or tobacco brand names through non-tobacco goods, services or activities (e.g., "Marlboro Racing", "Camel Clothing"))?
 - Yes, in Ethiopia, South Africa, Tanzania

Tobacco Advertising, Promotion and Sponsorship

Country	Distribution	Discounts	Non-tobacco	Brand Name	Appearances	Sponsored
Ethiopia	No	No	No	No	Yes	Yes
Malawi	No	No	No	No	No	No
Mozambique	No	No	No	No	No	No
South Africa	Yes	Yes	Yes	Yes	Yes	Yes
Uganda	No	No	No	No	No	No
Tanzania	Yes	No	No	No	No	No

Smoke-free Environments

Country	Health Care	Educational	Universities	Government	Indoor	Restaurant	Pubs and Bars	Other indoor
Ethiopia	No	No	No	No	No	No	No	No
Malawi	No	Yes	No		No	No	No	
Mozambique	No	No	No	No	No	No	No	No
South Africa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Uganda	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Tanzania	Yes	Yes		No	No	No	No	NA

Tobacco Dependence Treatment

- Is there a toll-free telephone quit line / help line with a live person available to discuss with callers (i.e., not solely a pre-recorded message or a system based on such messages) in your country?
 - Only in South Africa



Tobacco Dependence Treatment

- Provide the following information on the availability of pharmacotherapy for tobacco dependence in your country:
 - Is NRT sold legally in your country?
 - Not sold



Tobacco Dependence Treatment

- Is smoking cessation support available in the following places in your country?
 - None of the following:
 - Health clinics or other primary care facilities
 - Hospitals
 - Office of a health professional (e.g., doctor, nurse, etc.)
 - In the community



Governmental Programs and Agencies

- Are there written, specific government national / federal objectives on tobacco control in your country?
 - Only in South Africa



Governmental Programs and Agencies

- Is there a government national / federal agency or technical unit with responsibility for tobacco control?
 - In Ethiopia and South Africa



Governmental Programs and Agencies

- If Yes, please indicate the number of full time equivalent staff (e.g., two half-time staff count as one full-time equivalent) devoted to tobacco control
 - 4 in Ethiopia



CONCLUSION

- The burden of tobacco use is relatively limited in Africa but obviously growing at a strong pace. Therefore, it is urgent to
- Act now to prevent, not manage a tobacco epidemic in Sub-Saharan Africa,



CONCLUSION

- The response of WHO to the Tobacco epidemic: the WHO FCTC and effective measures exist to curb the epidemic
- Implement the FCTC is a long and difficult process and we need to start now. Our Region has to be in the first line on tobacco control.
- Ratification or accession, implementation.



Thank you.

