IMPLEMENTING TOBACCO CONTROL POLICIES IN AFRICA

Prof. Gerald Yonga
NCD research to Policy Unit,
Aga Khan University, Nairobi, Kenya
OUTLINE

• Global NCD and CVD burden and strategic plans
• Environmental determinant of Behavioural risk factors
• Tobacco consumption in Africa
• Policy regulatory frameworks and implementation in Africa
• Successes and Challenges
• Way Forward
Who we are

WORLD HEART FEDERATION

International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

UICC
Global cancer control

International Diabetes Federation

Management Sciences for Health

FRAMEWORK CONVENTION ALLIANCE

Alzheimer's Disease International

NCD Alliance
NCDs and their risk factors

- Chronic Respiratory Diseases
  - Unhealthy diet
  - Alcohol
  - Physical inactivity
  - Air pollution
- Cardiovascular Disease
- Cancer
  - Tobacco
- Oral health
- Disability
- Blindness
- Mental /neurological disorders
- Osteoporosis
- Osteoarthritis
- Psoriasis
- Oral health
- Diabetes
- Renal Disease
- Cancer
- Physical activity
- Tobacco
The Global Context

• NCDs cause **39.5 million** deaths annually - **70%** of all deaths and **50%** disability

• NCDs are a **development issue** – **31 million** of these deaths are in low and middle income countries (**66%** of LMIC deaths)

• NCDs to **cost world economy $47 trillion** from 2011 to 2030 (equivalent to **75%** of global GDP in 2010)

• Margaret Chan: “The worldwide increase of NCDs is a **slow-motion disaster**”
In 2014, the outcome document of the HLM of the GA Reiterated the same roadmap of national commitments, including four time-bound commitments:

- **By 2015:** Set national NCD targets for 2025 or 2030 and monitor results
- **By 2015:** Develop a national multi-sectoral action plan
- **By 2016:** Implement the "best buy" interventions to reduce NCD risk factors
- **By 2016:** Implement the "best buy" interventions to strengthen health systems to address NCDs
In 2013, the WHA adopted a comprehensive global monitoring framework with 25 indicators and **Nine Voluntary Global Targets** for 2025 to accelerate national efforts to address NCDs:

- A **25%** relative reduction in risk of premature death from cardiovascular disease, cancer, diabetes or chronic respiratory diseases
- A **30%** relative reduction in prevalence of current tobacco use
- Halt the rise in diabetes and obesity
- A **30%** relative reduction in mean population intake of salt/sodium
- **At least a 10%** relative reduction in the harmful use of alcohol
- A **10%** relative reduction in prevalence of insufficient physical activity
- An **80%** availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs
- A **25%** relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure
- **At least 50%** of eligible people receive drug therapy and counselling to prevent heart attacks and strokes
THE NCD 25 BY 25 GOALS

1. **Overall mortality** from NCDs - 25% reduction
   - BEHAVIOURAL RISK FACTORS

2. **Salt/Sodium intake** – 30% reduction in mean population intake (aim <5gm/day)

3. **Tobacco consumption** – 30% reduction in prevalence

4. **Alcohol consumption** - 10% reduction in overall consumption

5. **Physical inactivity** - 10% reduction in prevalence of insufficient activity
   - BIOLOGICAL RISK FACTORS

6. **Raised BP** – 25% reduction in prevalence

7. **Diabetes & Obesity** – halt the rise (0% increase)
   - NATIONAL SYSTEM RESPONSE

8. **Essential NCD medicines & technologies** – 80% availability

9. Treatment & counselling to prevent heart attack & stroke – 50% of eligible
Agenda 2030 for Sustainable Development

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation, and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals

3. Good Health and Well-being
3.4 NCD Mortality
Reduce by 1/3 NCD premature mortality & promote mental health & well-being.

3.5 Substance Abuse
Strengthen prevention and treatment of substance abuse, including harmful use of alcohol.

3.6 Road Traffic Accidents
Reduce by 1/2 number of global deaths and injuries from road traffic accidents.

3.9 FCTC Implementation
Strengthen implementation of WHO Framework Convention on Tobacco Control.
### WHO Progress Monitor on NCDs

<table>
<thead>
<tr>
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<th>2015</th>
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<tbody>
<tr>
<td>Countries with national NCD policies/plans</td>
<td><strong>33%</strong></td>
</tr>
<tr>
<td>Countries with national NCD targets</td>
<td><strong>31%</strong></td>
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</tbody>
</table>

“Progress at the national level on NCDs has been insufficient and highly uneven”
4 Focus areas of WHO NCD Monitoring Framework with indicators

- **Governance** – multi-sectoral action plan, NCDs include in UNDAF, time-bound targets, increase budgetary allocation tacked by on health expenditures by source and per capita

- **Prevention of risk factors** – 3 demand – reduction measures (MPOWER) in WHO FCTC, WHO code for marketing of breastmailk substitutes & marketing of foods & drinks to children, eliminate industrially produced trans-fats, at least one nation public awareness programme on diet and/or physical activity, 3 measures to reduce harmful use of alcohol

- **MX of NCDs** – essential diagnostics and drugs provision for NCDs, evidence based national guide-lines, protocols, standards for major NCDs of primary care approach, access to palliative care

- **Surveillance Monitoring and evaluation** – functioning system for generating reliable cause specific mortality data routinely, operational population based cancer registry, STEPs survey every five 5yrs, strengthen NCD surveilinence capcity
SOCIO-ECONOMIC DETERMINANTS OF HEALTH

- Broad social, economic, cultural, health, and environmental conditions and policies
- Living and working conditions
- Social, family, and community networks
- Individual behavior
  - Innate individual traits: age, sex, race, and biological factors
  - The biology of disease

Over the life span

Living and working conditions may include:
- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built environments
- Public health services
- Health care services
Health Behaviours
- Tobacco use
- Alcohol consumption (heavy)
- Alcohol abstainers
- Physical inactivity
- Fruit/vegetable intake

Physiological Factors
- Obesity/overweight (& mean BMI)
- Raised blood pressure (& mean systolic blood pressure)
- Raised lipids (& mean total cholesterol)
- Diabetes (& mean blood glucose)

Disease outcomes
- Heart disease
- Stroke
- Cancers
- Diabetes
STRATEGIC APPROACH TO NCDs IN AFRICA

- Broad **multi-sectoral/trans-sectoral** approach to NCDs
- Whole government, whole society, Life course approach
- Need for NCD-ICC (Inter-sectoral Coordinating Committee)
- Integrated approach to prevention & primary care of NCDs.
- Integration of NCDs prevention & care into existing CD programmes & activities (HIV, TB, MCH/FP, Malaria)
- Sharing of EAC policies/legislations & action plans (tobacco, alcohol, foods, environmental regulations, security, health systems....)
- Coordination of regional stake holders (both state & non-state actors) activities to achieve synergy
STRATEGIC APPROACH TO NCDs AT NATIONAL LEVEL

- NCD primordial prevention and control is not Ministry of Health agenda (behavioural risk factors solutions are predominantly outside MOH)
- Governance of NCD trans-sectoral strategy and action plan needs to an inter-cabinet whole government level (unit in office of the President)
- NCD at level of primary prevention (control of HTN, diabetes, dyslipaedia, obesity, asthma, chronic pain, epilepsy etc) must be an integrated chronic care model that is carefully designed, tested and found feasible, cost-effective, and sustainable. Community & Primary care HCP & facilities.
- NCD at level of treatment of established disease and secondary prevention need secondary care facilities
- A healthcare system re-alignment and strengthening strategy is required in most LMIC with robust sustainable healthcare financing strategy.
4 by 4

- 4 diseases contribute to over 2/3 morbidity & mortality from NCDs
  Namely - Cardiovascular disease, diabetes, cancer and chronic lung disease

- 4 “simple”, modifiable behavioural risk factors account for vast majority of the cases of Cardiovascular disease, Diabetes, cancer & chronic lung disease
  Namely – **Tobacco Consumption**, Unhealthy diets, inadequate physical activity, & excessive alcohol consumption
A key property of tobacco

"... tobacco is the only legal product that maims and kills half of its users when used exactly as intended by the manufacturer"
Tobacco use in the African Region

• Prevalence amongst adults ⇒ Males 21% (94M); 3 (13M)%;
• Youth prevalence – 18% (21% boys; 13% girls) use a tobacco product; (GYTS)
• 1 in every 10 adolescents use OTHER tobacco products;
• Cigarette smoking is higher among boys than girls (9.2% to 3.2%);
• Small difference with OTHER tobacco products (12.8% to 10.1%);
• Half of adolescents (48%) are exposed to secondhand smoke.
High Prevalence

Any form of tobacco use
Any form of tobacco other than cigarette
Current Tobacco Use (Kenya STEPS Survey 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Female</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>23</td>
<td>4,1</td>
<td>13,3</td>
</tr>
<tr>
<td>Tobacco Smokers</td>
<td>19,7</td>
<td>0,9</td>
<td>10,1</td>
</tr>
<tr>
<td>Smokeless Use</td>
<td>4</td>
<td>3,6</td>
<td>3,3</td>
</tr>
</tbody>
</table>

Men
Female
Overall
<table>
<thead>
<tr>
<th>Tobacco Consumption (STEPS SURVEY)</th>
<th>Percentage/Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco consumption (all forms)</td>
<td>13% (M=23, F=4)</td>
</tr>
<tr>
<td>Percentage of daily tobacco smokers</td>
<td>8.3%</td>
</tr>
<tr>
<td>Average age started smoking (years)</td>
<td>20.8</td>
</tr>
<tr>
<td>Percentage of daily smokers smoking manufactured cigarettes</td>
<td>93.1%</td>
</tr>
<tr>
<td>Mean # cigarettes smoked per day</td>
<td>7.1</td>
</tr>
<tr>
<td>Tried to stop smoking last past 12mths</td>
<td>35.1%</td>
</tr>
</tbody>
</table>
Exposure to Second Hand Smoke

Exposure to SHS at Home

- Yes: 24%
- No: 76%

Exposure to SHS at Work

- Yes: 21%
- No: 79%
TOBACCO CONTROL POLICY
ENVIRONMENT IN AFRICA
The Dynamic of Policy Enactment & Implementation

• Types of “Policy” (Comprehensive Tobacco Control Bill, aggregates pieces of legislation, social & cultural norms etc)

• Stake-holders, ownership, collaboration/coordination and leadership

• Trans-sectoral mechanisms of policy process

• State actors – Trade, agriculture, economic planning, education, security & law enforcement.

• Non-state actors (private sector, health sectors actors, non-health sector actors, NGOs – e.g. Academia, health profession associations, legal profession associations, healthcare & insurance providers, women and youth groups, retail traders/outlets,

• Evidence based strategic population segment approaches (women, pregnancy, youth, “public places”, healthcare facility attendees)

• Policy Coherency – taxation, local & foreign trade, agricultural policies/tobacco farming, labour & employment
Evidence based policy & Evidence for Policy

• Smoke free legislation increases cessation rates & reduces consumption, SHS exposure & brings health benefits (e.g. Scotland study on salivary cotinine content in school children 30% drop after legislation)

• No safe level of tobacco exposure

• More research needed on the economics of tobacco control (exercise tax, VAT, import duty, Ad valorem sales tax – ear-marked levies) – economic costs of tobacco on health & impact of interventions

• Role of media and entertainment industry in Tobacco control

• Direction of revenue from tobacco taxation to support the tobacco control programs including cessation programs and treatment of NCDs (CVD, Cancer, COPD etc)
TOBACCO ADVERTISING & WARNINGS

• NO advertising and prominent display of written and pictorial warnings
• Consumer information, education and empowerment
• Sales restrictions - Vulnerable populations (illegal product marketing & positioning practices, deterrent sales packaging and sales restrictions)
Warning messages on Packages

It is prohibited by federal law to provide tobacco products to persons under 19 years of age.

Il est interdit par la loi fédérale de fournir des produits du tabac aux personnes âgées de moins de 19 ans.
Smoking in Public Places

**WARNING**
Smoking is prohibited in these premises

Penalty: Ksh. 50,000/- or imprisonment for a term of six (6) Months or both

Tobacco Control Act 2007, (See. 34)
EXPOSURE TO SHS, TAXATION & “REGRESSION EFFECT”

- Environmental concerns and individual **risks, rights** and liberties
- **Horizontal equity** (all individuals identical except for their smoking status have a right to equal societal treatment)
- **Vertical equity** (rich individuals should pay proportionately higher taxes)
- In LMIC where most smokers are poor taxes are seen to be violate vertical equity and therefore “**Regressive**”
• Regression has been used as argument for differential taxations of various tobacco brands
• Analysis of supply and demand suggests inverse relationship between elasticity and income and thus no regression effect of tobacco taxation
• Due to reduced tobacco consumption and savings, health benefits befalls more on the poor
• Differences in tobacco taxes lead to casual and organized smuggling and other forms of tax evasion

• This argues case for “uniform taxation” across tobacco products and regional coordination of tax policies across countries in Africa as contained in multi-lateral agreements (WHO FCTC Treaty)
TOBACCO PRODUCTION IN AFRICA - EMPLOYMENT

• Tobacco industry is a significant source of employment and foreign trade for some African countries
• Several studies have been commissioned by tobacco industry and distort the picture
• More objective and detailed economic studies are needed that balance the incomes from tobacco against the health risks (to farmers and consumers), economic cost of the adverse effects on health to individuals, tobacco growing community and the state accruing from loss of alternative; and the opportunity cost of for not growing a more profitable crop
TOBACCO ECONOMY IN AFRICA -

- Gradually expenditure is directed to other areas of economy that create or bolster employment.
- Over medium term and long-term, taxation have minimum effect on overall economic growth (GDP), unemployment and foreign trade balance.
OPPORTUNITIES FOR REGIONAL APPROACH TO NCDs

• Regionally share strategies, successes, laws & implementation framework for tobacco control, alcohol regulation, and unhealthy foods.

• EAC Drug regulatory body (high caliber regional quality control lab for generic drugs importation).

• Regional Procurement agency (bulk purchase & cost reduction on NCD drug, HPV vaccines etc).

• Regional centres of excellence (economies of scale/avoid duplication of efforts) for tertiary services HRH capacity building and research.
Recommendations

• Learn from each other:
  – Gambia
  – Kenya

• Capacity building and Cooperation
  • More sub regional and national workshops
  • Study tour
  • Build capacity – Pool of experts in the Region

• Increase awareness on the importance and impact of tobacco tax

• Strengthen Collaboration & Partnership
  • Health with other Gvt departments and CSO

• Each country to implement the highest possible standard for tobacco tax
ACKNOWLEDGEMENTS

• Global NCD Alliance
• East Africa NCD Alliance
• WHO Framework Convention for Tobacco Control
• Framework Convention Alliance Africa Regional Office
• APHRC ANPA Project (Mechanisms for NCD multi-sectoral action in Africa)
• MOH Kenya
Asante sana!

Shukran!

Thank you!

Merci !