IMPLEMENTING TOBACCO CONTROL POLICIES IN AFRICA

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NCD Alliance
PUTTING NON-COMMUNICABLE DISEASES ON THE GLOBAL AGENDA

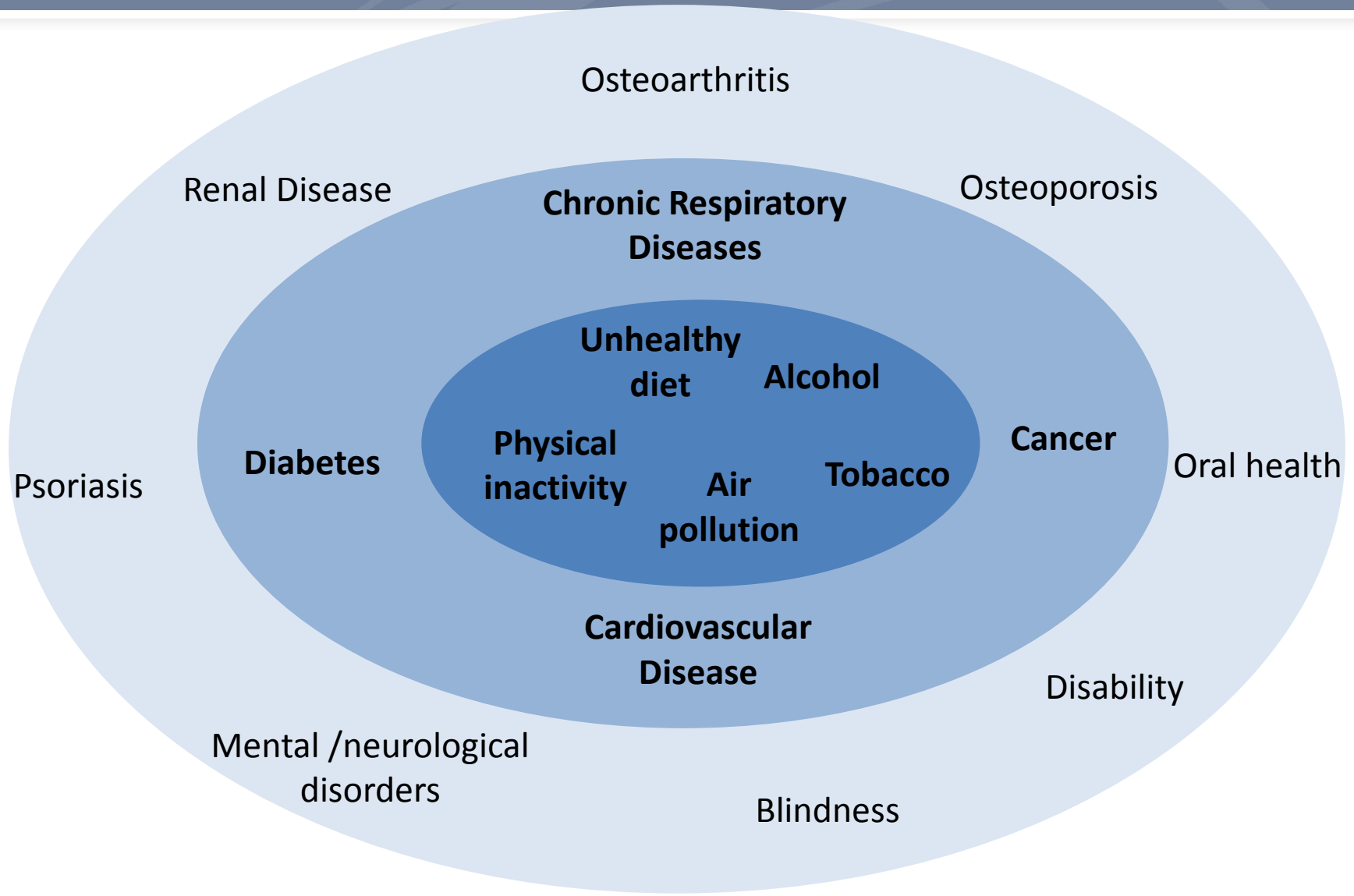
OUTLINE

- 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®
UICC
global cancer control
A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER
International Union Against Tuberculosis and Lung Disease
Health solutions for the poor
International Diabetes Federation
msh
Management Sciences for Health
FRAMEWORK CONVENTION ALLIANCE
Alzheimer's Disease International
NCD Alliance

NCDs and their risk factors



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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**"

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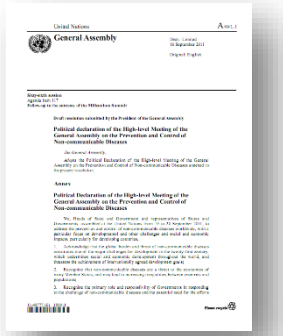
Galvanised Political Commitments

1

Global Commitment

UN High-Level Summit on NCDs and adoption of UN Political Declaration on NCDs



2011

2

Global Action & Accountability

"25 by 25" NCD targets and Global Action Plan 2013-2020

2013

3

Global Coordination

UN Task Force on NCDs

2014

4

National Commitment

UN High-Level Review & time-bound national commitments

2014

5

2030 Agenda

UN Sustainable Development Goals

2015

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

At least a 10% relative reduction in the harmful use of alcohol

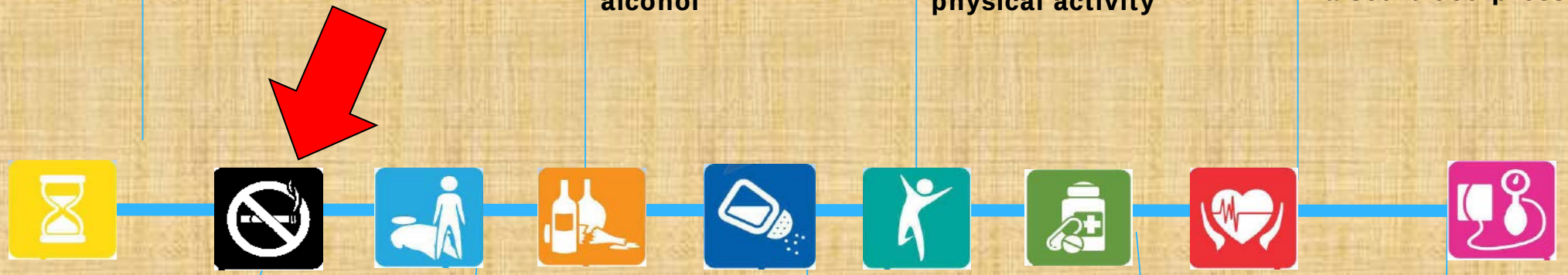
A 30% relative reduction in mean population intake of salt/sodium

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 inprevalence
4. **Alcohol consumption** - 10% reduction in overall consumption
5. **Physical inactivity** - 10% reduction in prevalence of insufficient activity

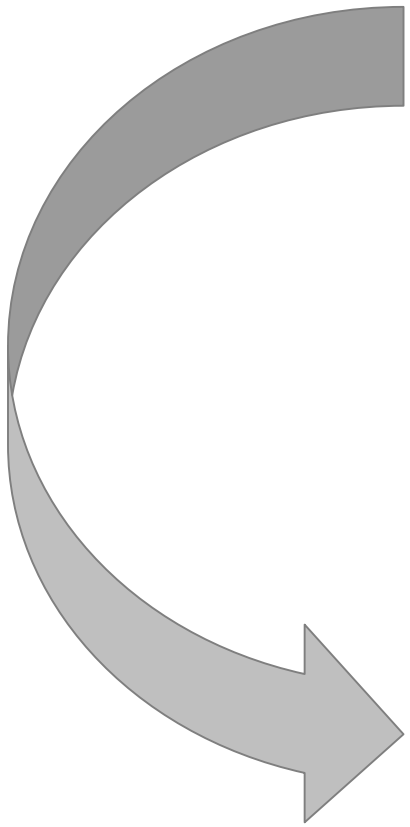
- BIOLOGICAL RISK FACTORS

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



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WHO Progress Monitor on NCDs

	2015
Countries with national NCD policies/plans	33%
Countries with national NCD targets	31%

http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/

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“Progress at the national level on NCDs has been insufficient and highly uneven”

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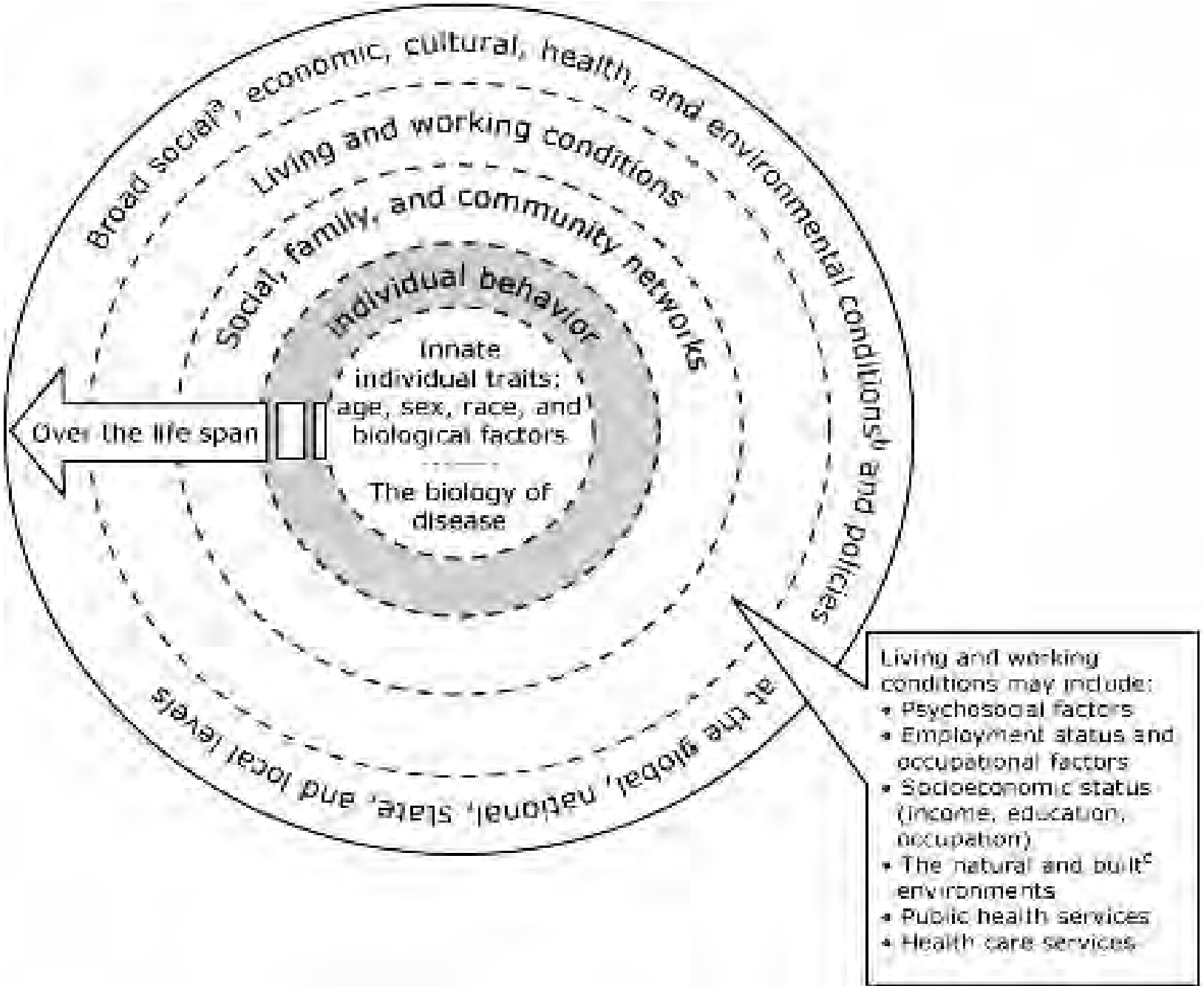
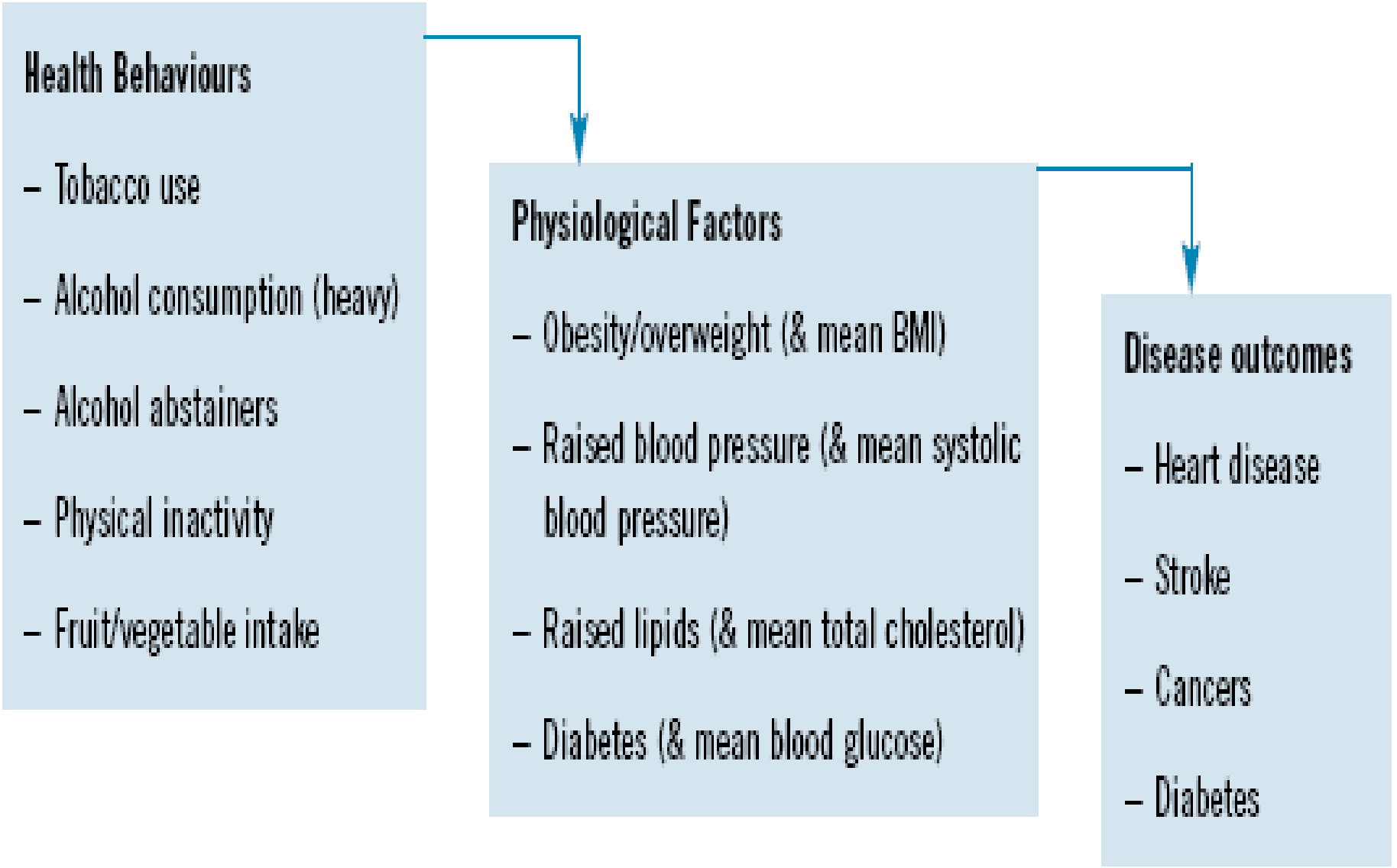
4 Focus areas of WHO NCD Monitoring Framework with indicators

- **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 provison for NCDs, evidence based national guide-lines, protcols, 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 surveliinance capcity

SOCIO-ECONOMIC DETERMNANTS OF HEALTH




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-sectora** 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 NATIONALLEVEL

- 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, dyslipaedemia, 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"

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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.**

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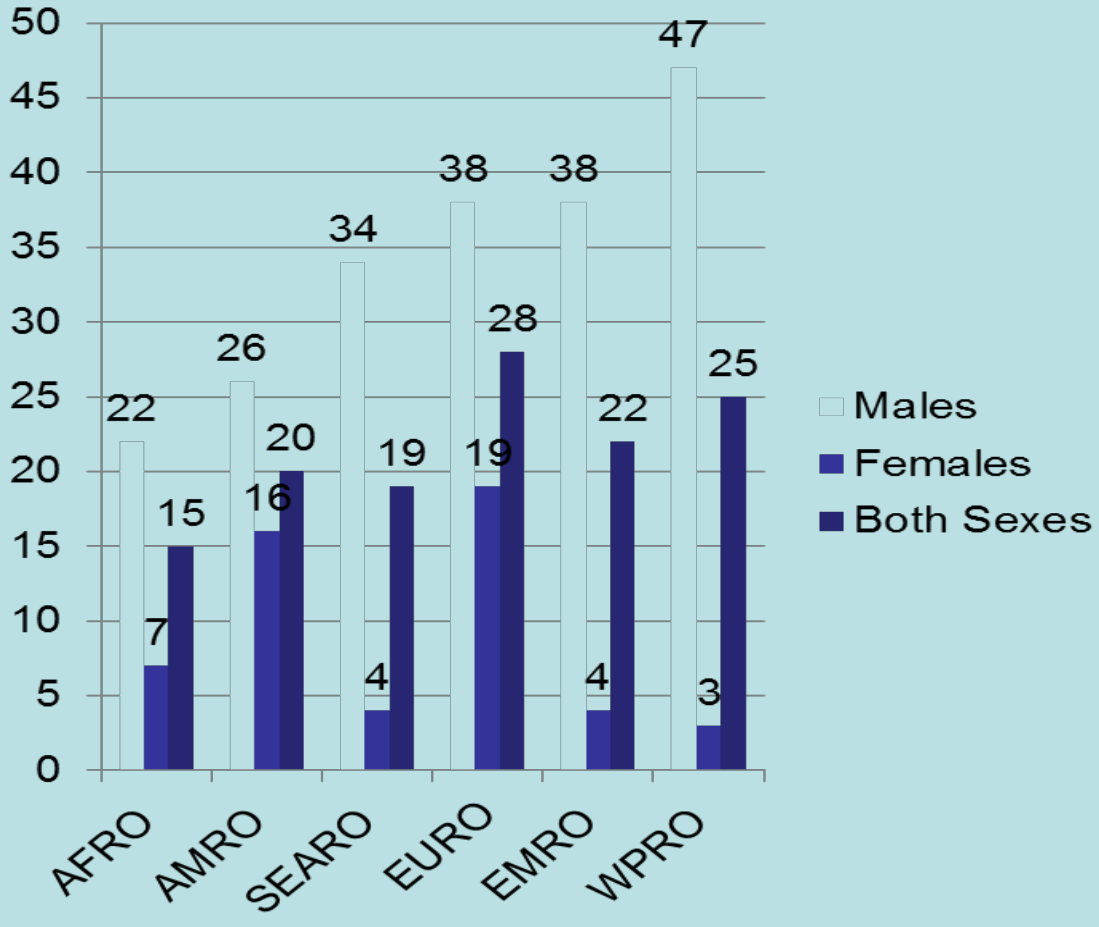
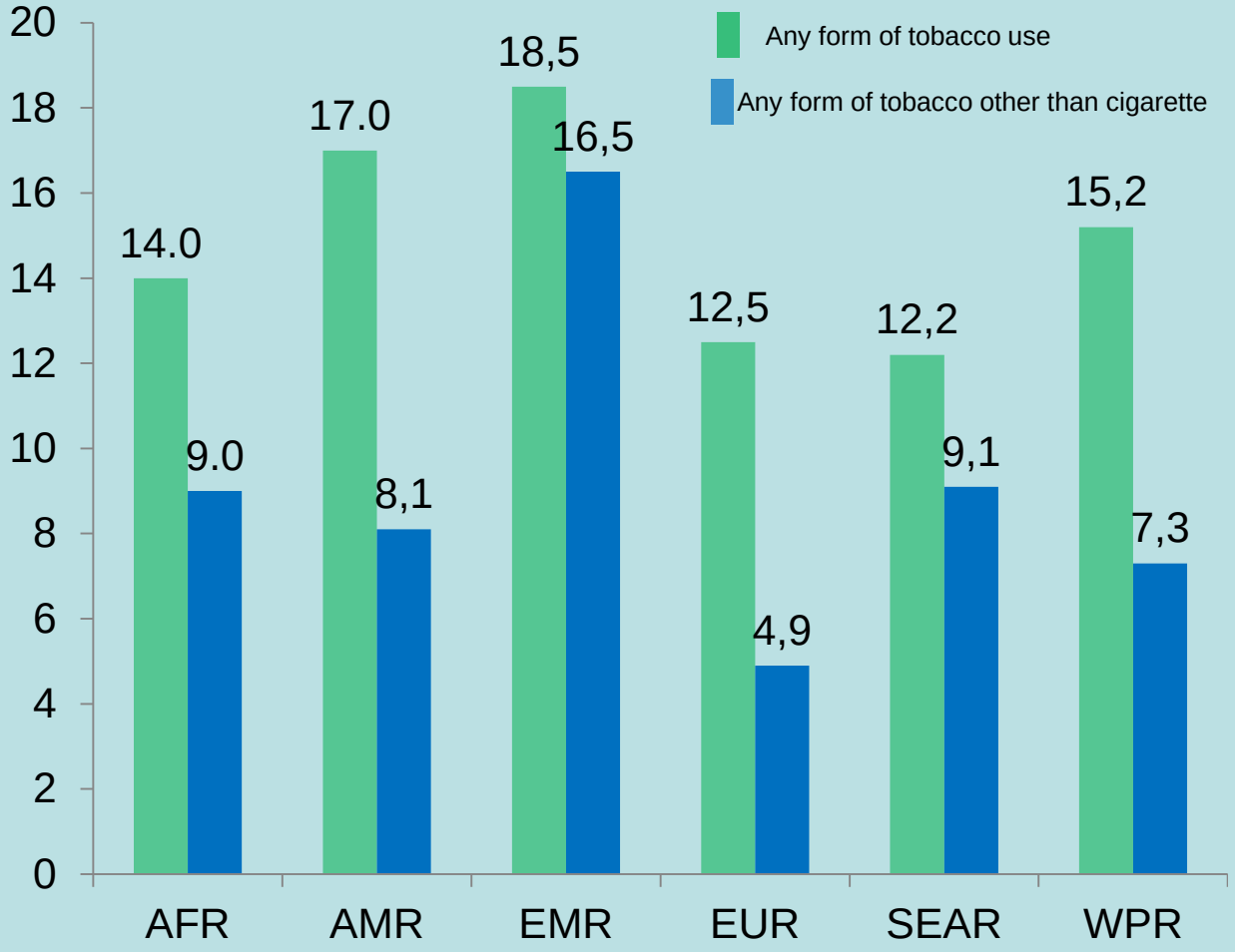
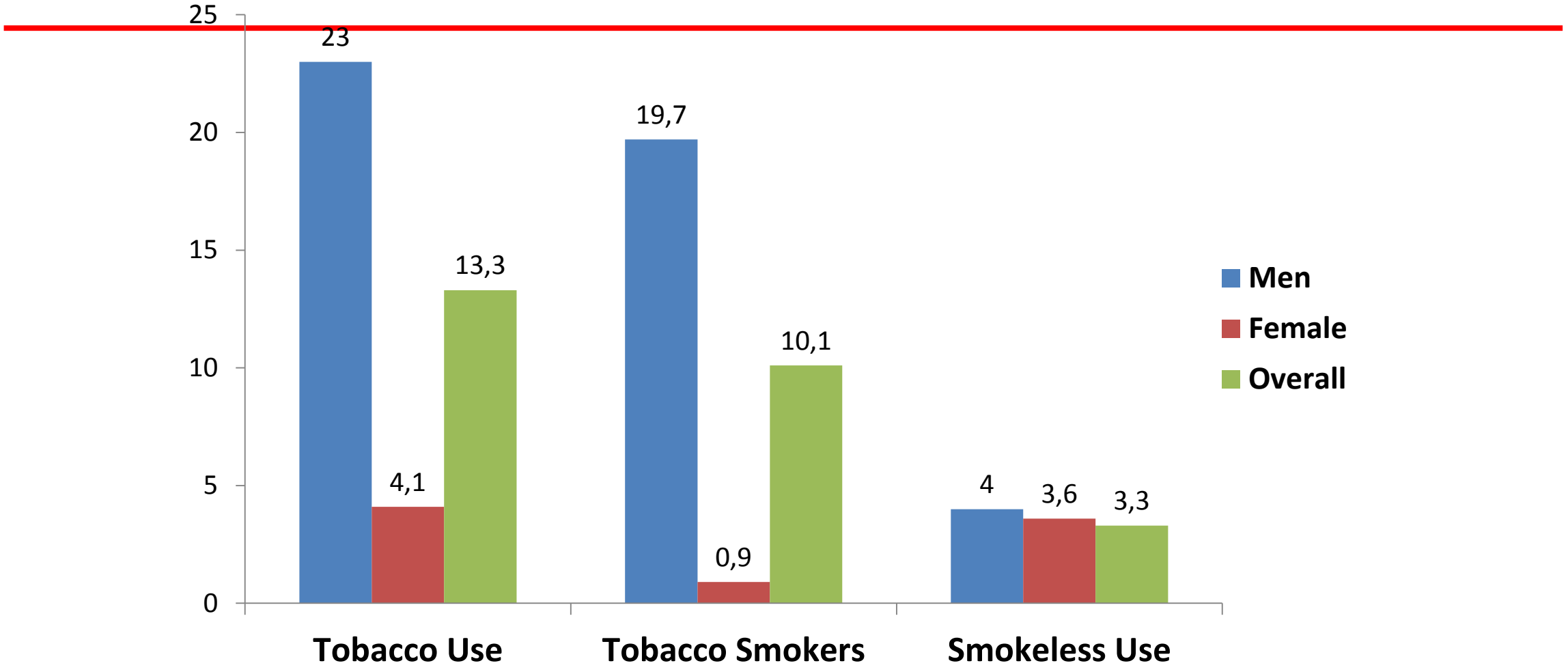
High Prevalence





Current Tobacco Use (Kenya STEPS Survey 2015)



DIVISION OF NON-COMMUNICABLE DISEASES

KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

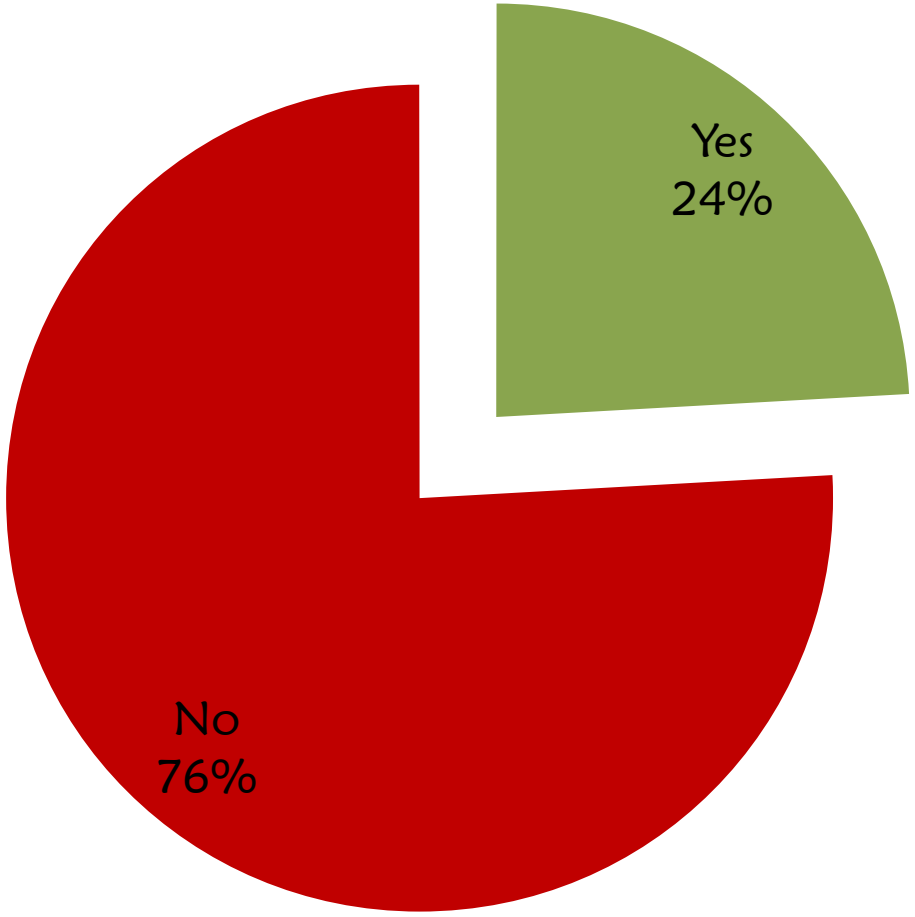
World Health Organization

Tobacco Consumption (STEPS SURVEY)

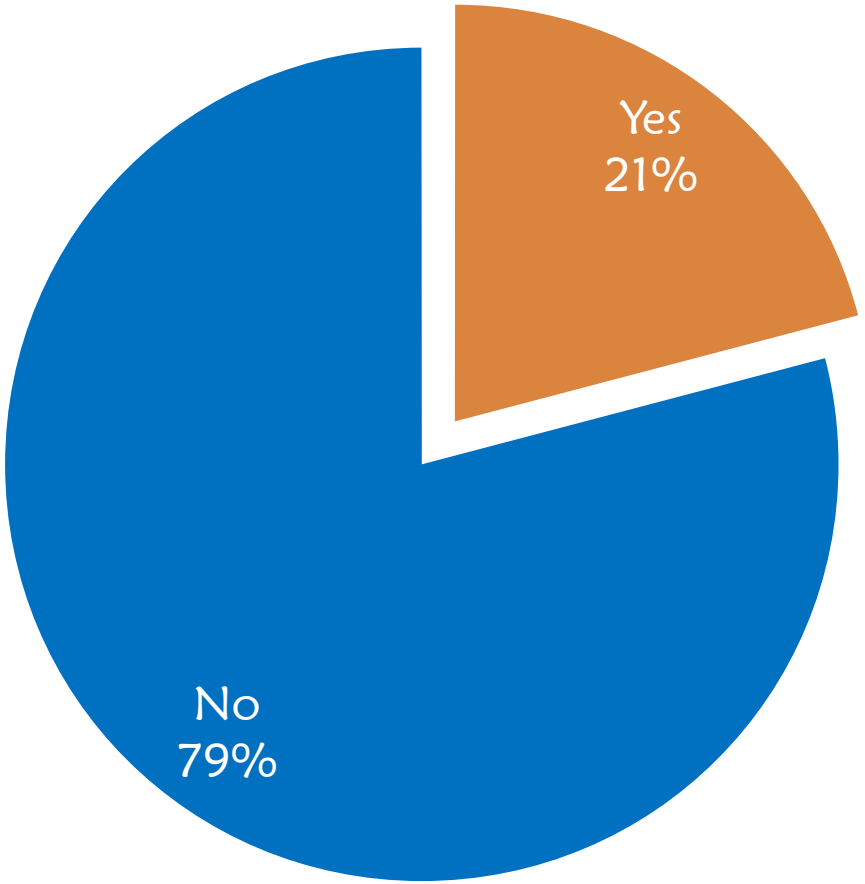
	Percentage/Number
Tobacco consumption (all forms)	13% (M=23, F=4)
Percentage of daily tobacco smokers	8.3%
Average age started smoking (years)	20.8
Percentage of daily smokers smoking manufactured cigarettes	93.1%
Mean # cigarettes smoked per day	7.1
Tried to stop smoking last past 12mths	35.1%

Exposure to Second Hand Smoke

Exposure to SHS at Home

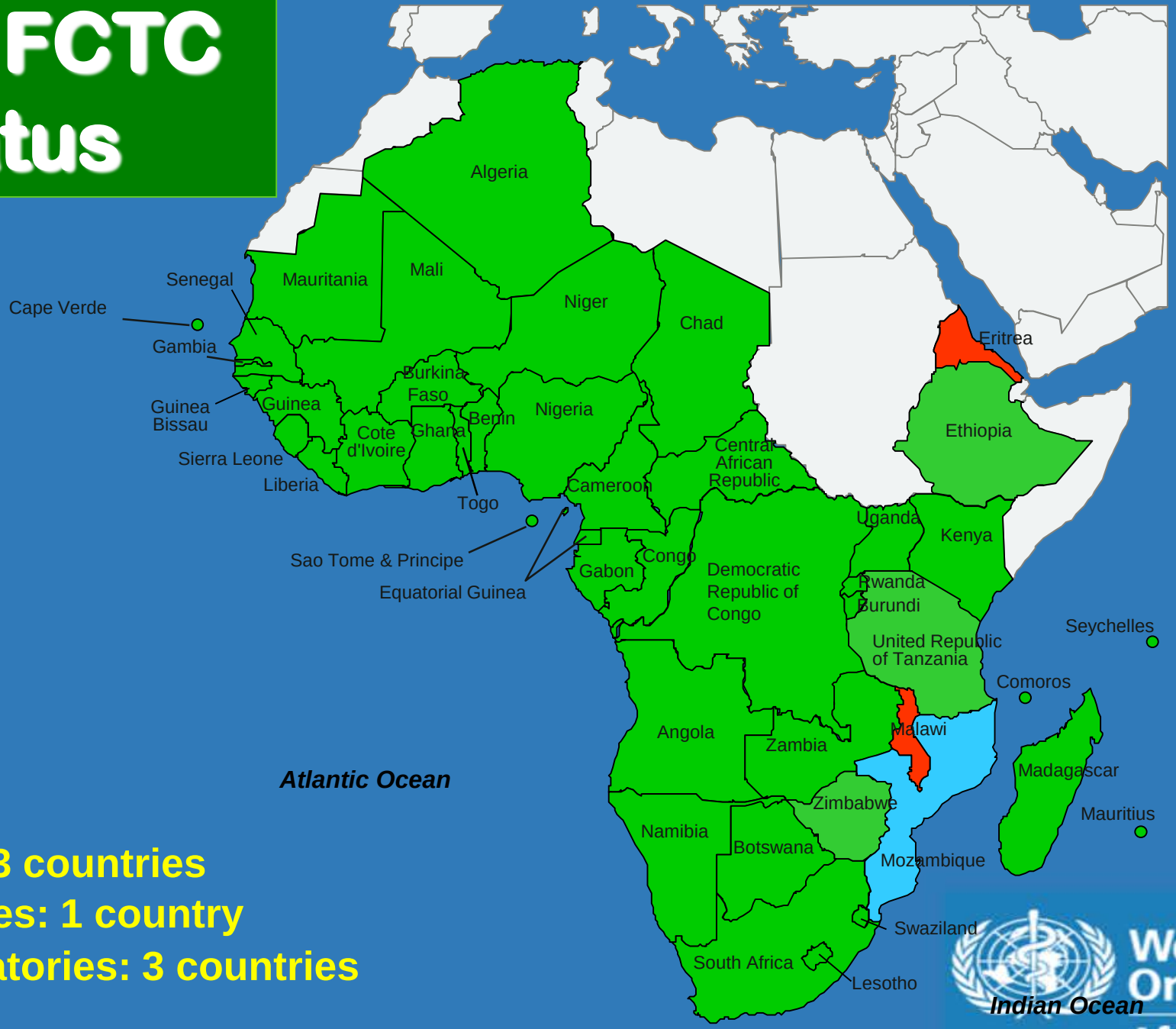


Exposure to SHS at Work



TOBACCO CONTROL POLICY ENVIRONMENT IN AFRICA

WHO FCTC status



- Parties: 43 countries
- Signatories: 1 country
- Non signatories: 3 countries

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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)

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Warning messages on Packages

Smoking in Public Places

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 treatement
- **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”**

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TOBACCO TAXATION IN AFRICA - REGRESSION

- 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

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TOBACCO TAXATION IN AFRICA – THREAT OF SMUGGLING & TAX EVATION

- 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)

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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

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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

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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**

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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

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Asante sana!

Shukran!

Thank you!

Merci !