Report card on the WHO Framework Convention on Tobacco Control

Zimbabwe

Introduction

Tobacco use is the single most preventable cause of death in the world today, and is estimated to kill more than five million people every year – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year, unless urgent action is taken. Implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) can reverse this devastating epidemic if it becomes a top public health priority especially for countries' political leaders.

The Zimbabwe Report Card on the WHO FCTC provides descriptive analysis of country-level data that reflect the status and progress on some key articles of the WHO FCTC. This is one of a series of Report Cards for countries in the WHO African Region.

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Zimbabwe has not signed and has not ratified the WHO FCTC

Background

1. WHO Framework Convention on Tobacco Control (WHO FCTC)

The WHO FCTC is an evidence-based treaty that was developed in response to the globalization of the tobacco epidemic. It was adopted by the World Health Assembly in 2003 and became international law on 27 February 2005. The treaty contains articles aimed at both reducing the supply of and demand for tobacco. This Report describes country progress on the following key WHO FCTC Articles and relevant Guidelines:

- Article 5.3: Protect public health policies from tobacco industry interference;
- Article 6: Price and tax measures to reduce the demand for tobacco;
- Article 8 provisions and Guidelines: Protection from exposure to tobacco smoke;
- Article 11 and Guidelines: Packaging and labelling of tobacco products;
- Article 13 and Guidelines: Tobacco advertising, promotion and sponsorship;
- Article 20: Research, surveillance and exchange of information.

2. Reporting Instrument of the WHO FCTC

The WHO FCTC requires countries that are Parties to the Convention (Parties) to submit periodic reports to the Conference of the Parties (COP). The objective of these reports is to "enable Parties to understand and learn from one another's experiences in implementing the WHO FCTC."

In accordance with WHO FCTC Article 21, Parties report initially 2 years after entry into force of the WHO FCTC for that Party, and then every 3 years, i.e.:

1. Phase 1 (Group 1 questions): within 2 years of entry into force;
2. Phase 2 (Group 2 questions): within 5 years of entry into force;
3. Phase 3 (Group 3 questions): within 8 years of entry into force.

Reporting tools are provided at the WHO FCTC COP website: www.who.int/fctc/reporting/reporting_instrument/en/index.html

Acronyms

AFRO	WHO Regional Office for Africa
CDC	United States Centers for Disease Control and Prevention
COP	WHO FCTC Conference of the Parties
FCTC	[WHO] Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GHPS	Global Health Professional Students Survey
GSPS	Global School Personnel Survey
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
GTCR	WHO Report on the Global Tobacco Epidemic
NRT	Nicotine replacement therapy
TFI	WHO Tobacco Free Initiative
WHO	The World Health Organization

Definitions

Ad valorem tax: Tax applied on the value of items (i.e. a percentage of the price)

Current smoker: Anyone who currently smokes any tobacco product on some or all days

Public place: A place which the public is entitled to use or which is open to, or used by the public or a section of the public

Public place, indoor: Public places that are covered by a roof and one or more walls/sides

Public transport: Any vehicle used at any time by members of the public

Second-hand smoke: Both smoke from the burning end of a cigarette or other tobacco product and smoke exhaled by the smoker

Smoke-free air: Air that is 100% smoke-free and that cannot be sensed or measured

Specific tax: Tax applied on unit quantities of items (e.g. $1 per pack of 20 cigarettes)

Tobacco advertising & promotion: Commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use directly or indirectly

Tobacco industry: Manufacturers, wholesale distributors and importers of tobacco products

Tobacco sponsorship: Contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use directly or indirectly

Workplace: Place used by people during their employment or work, including vehicles

3. Global Tobacco Surveillance System (GTSS)

WHO, the US Centers for Disease Control and Prevention (CDC), and others began development of the GTSS in 1999 with the purpose of enhancing the capacity of countries to design, implement, and evaluate their national comprehensive tobacco control action plan and to monitor some key articles of the WHO FCTC. The GTSS includes four surveys:

- **Global Youth Tobacco Survey (GYTS):** school-based survey of students aged 13–15 years that provides information on demographics, tobacco use prevalence, and knowledge and attitudes.
- **Global School Personnel Survey (GSPS):** provides demographics, tobacco use prevalence, knowledge and attitudes information, as well as information on school policy and curriculum.
- **Global Health Professional Students Survey (GHPS):** school-based survey of 3rd-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy.
- **Global Adult Tobacco Survey (GATS):** household survey that tracks tobacco use prevalence, exposure to risk, second-hand smoke, cessation, risk perceptions, knowledge and attitudes, exposure to media and price as well as taxation issues.

4. WHO Reports on the Global Tobacco Epidemic, 2008 and 2009

These WHO reports detail information on internationally comparable prevalence estimates and data that allows assessment of country compliance with policies on smoke-free environments, treatment of tobacco dependence, health warnings and packaging, advertising, promotion and sponsorship bans, price and taxation levels, and key national capacity indices.

Status of WHO FCTC in Zimbabwe
Zimbabwe has not ratified the WHO FCTC

Article	Requirement	Zimbabwe status
Article 5.1 National strategies, plans, programmes and coordinating mechanism	Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes, establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.	National agency with staff.
Article 6 Price and tax measures to reduce demand for tobacco products	Take account of national health objectives concerning tobacco control and adopt or maintain measures which may include implementing tax and price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and prohibiting or restricting tax- and duty-free tobacco products.	Total tax on the most sold brand is 43%.
Article 8 Protection from exposure to tobacco smoke	Adopt and implement measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Ban on smoking in public transport.
Article 11 Packaging and labelling of tobacco products	Adopt measures within 3 years of entry into force that require display of rotated series of health warnings and other messages on tobacco product packaging that cover at least 30% of the principle display areas--ideally 50% or more, and include pictures or pictograms---and that prevent false, misleading or deceptive packaging and labelling.	Regulations mandating specific health warning on display area describing health harms, with font style, size and colour.
Article 13 Tobacco advertising, promotion and sponsorship	Undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship within 5 years of entry into force.	Does not comply with Article 13.

Zimbabwe	National strategies, plans and programmes on tobacco control	National agency on tobacco control	National budget for tobacco control
National action is critical in order to achieve the vision embodied in the WHO FCTC.	Zimbabwe does not have national strategies, plans and programmes on tobacco control. —	There is a national agency on tobacco control with one full-time equivalent employee.	No national budget for tobacco control activities in 2009. —

The accession to the WHO FCTC is crucial for Zimbabwe to allow the country to have a legal framework for effective and timely implementation of its provisions.

National action

Building national capacity to carry out effective and sustainable national tobacco control programmes is one of the most significant measures required to combat the tobacco epidemic. Successful implementation of the WHO FCTC requires establishing a national coordinating mechanism with an official government mandate for developing and coordinating a plan of action as well as for building a national infrastructure to implement and evaluate the plan.

AFRO recommends that Zimbabwe develop an effective national action plan and invest in building national tobacco control capacity.

Cessation

The population in Zimbabwe does not have access to a toll-free quitline. Nicotine replacement therapy is legally sold in the country, but not bupropion or vareniclin. Smoking cessation support is not available in hospitals, offices of health professionals, primary care facilities or community centres.

In Harare, in 1999, 66.7% of the currently smoking students expressed a desire to stop, and 67.6% reported ever receiving help to stop smoking. In 2003, 68.5% currently smoking students reported ever receiving help to stop smoking.

In Manicaland, between 1999 and 2003, proportion of currently smoking students that had ever received help to stop smoking decreased.

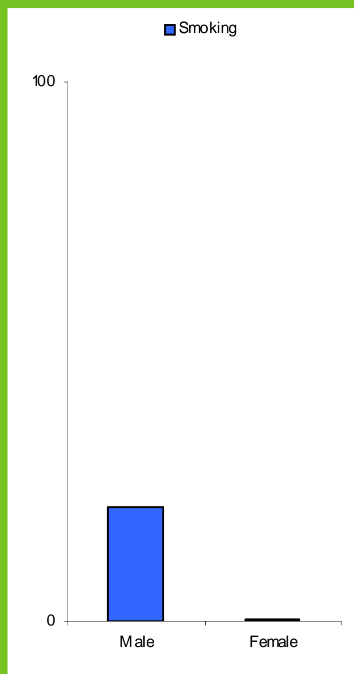
In 1999, 64.6% of the currently smoking students expressed a desire to stop, and 86.7% reported ever receiving help to stop smoking. In 2003, 61.7% of the currently smoking students expressed a desire to stop, and 78.8% students reported ever receiving help to stop smoking.

Tobacco use prevalence

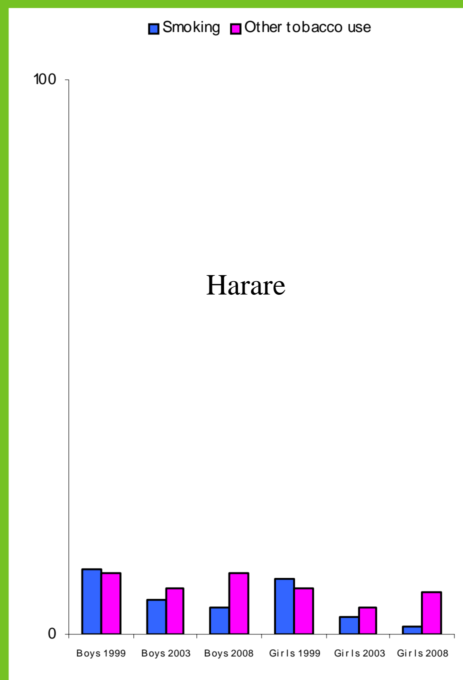
Article 20 WHO FCTC on research, surveillance and exchange of information requires Parties to establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

AFRO recommends that countries obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults. AFRO also recommends that countries continue to successfully participate in the GYTS, expand participation in the GSPS, GHPS and GATS as well as other representative national surveys. Countries are also encouraged to report the findings widely and utilize them to inform tobacco control policy development, programme planning and evaluation.

Adult (2006)



Youth (1999/2003/2008)



Adult tobacco use

Among adults of 15-49 years old, in 2006, prevalence of current cigarette smoking was 21.3% among males and 0.4% among females.

Youth tobacco use

In Harare, between 1999 and 2008, 13-15 years old students reported a decrease in prevalence of current cigarette smoking but the prevalence of current use of other tobacco products remained similar.

In 1999, 10.7% of students (boys=11.6%; girls=9.9%) currently smoked cigarettes and 9.5% (boys=11%; girls=8.4%) currently used other tobacco products. In 2003, 4.7% of students (boys=6.1%; girls=3.2%) currently smoked cigarettes and 6.6% (boys=8.4%; girls=4.8%) currently used other tobacco products. In 2008, 3.2% of students (boys=4.8%; girls=1.5%) currently smoked cigarettes and 9.6% (boys=10.9%; girls=7.5%) currently used other tobacco products.

In Manicaland, between 1999 and 2008, 13-15 years old students reported a decrease in prevalence of current cigarette smoking but the prevalence of current use of other tobacco products remained similar.

In 1999, 10% of students (boys=10.3%; girls=8.7%) currently smoked cigarettes and 13.2% (boys=11.6%; girls=13.9%) currently used other tobacco products. In 2003, 9.3% of students (boys=14.1%; girls=5.3%) currently smoked cigarettes and 12.3% (boys=14.6%; girls=9.1%) currently used other tobacco products. In 2008, 3.2% of students (boys=2.8%; girls=2.3%) currently smoked cigarettes and 12.7% (boys=13.2%; girls=10.6%) currently used other tobacco products.

In Matebeleland & Bulawayo in 2003, 8.4% of students (boys=12.4%; girls=4.5%) currently smoked cigarettes and 8% (boys=10%; girls=6.1%) currently used other tobacco products.

In Bulawayo in 2008, 2.3% of students (boys=3.7%; girls=1.1%) currently smoked cigarettes and 9.9% (boys=12.3%; girls=7.7%) currently used other tobacco products.

Cigarette smoking among youth has decreased in Harare and Manicaland.

Smoke-free policies

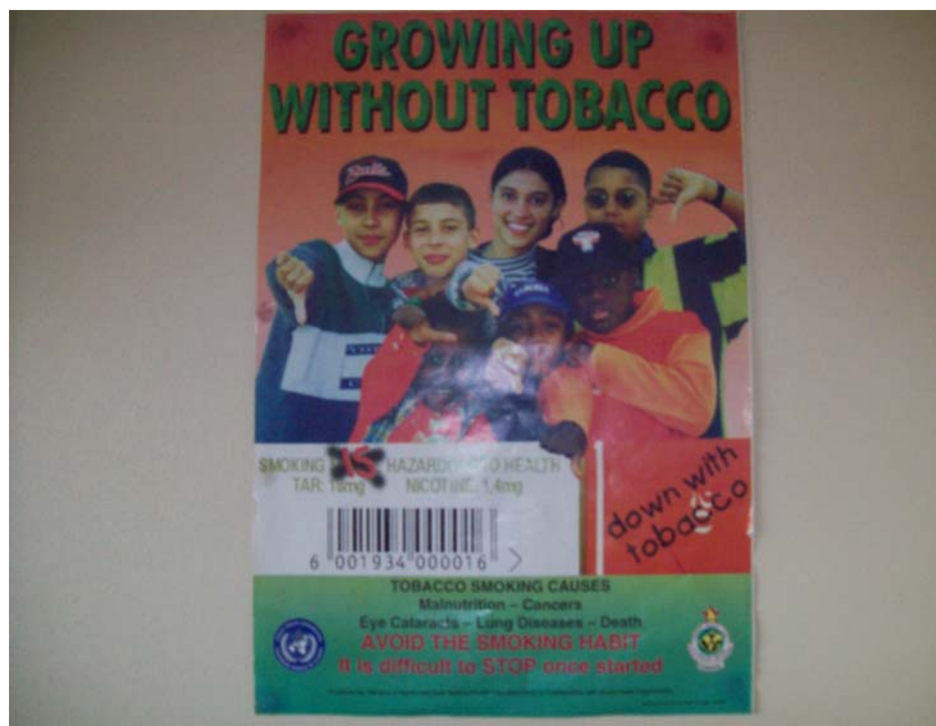
Countries should protect people from tobacco smoke

- Every person has a right to breathe air free of tobacco smoke.

- In addition to protecting the health of non-smokers, smoke-free environments encourage smokers to quit.

- Evidence from pioneering countries shows that smoke-free laws do not harm businesses and are popular with the public.

- Permitting smoking in designated areas undermines the benefit of smoke-free environments.



Zimbabwe law

Article 8 of the WHO FCTC mandates protection from exposure to tobacco smoke in indoor workplaces, public transport and indoor and other public places. Guidelines for this Article were unanimously adopted by the Conference of the Parties in July 2007.

AFRO recommends that countries enact and enforce completely smoke-free environments in all indoor public places including workplaces, restaurants and bars. AFRO further recommends that all countries should become compliant with the requirements of Article 8 guidelines, and that 100% smoke-free environments should become the norm in all societies.

Zimbabwe has national regulation banning smoking indoors in public transport. There are no laws that ban smoking indoors in governmental facilities, indoor offices, other indoor workplaces, restaurants, pubs & bars. There are subnational jurisdictions with authority to adopt and implement laws that ban tobacco smoking in such places.

Youth exposure to second-hand smoke

In Harare, between 1999 and 2008, students reported a decrease in exposure to tobacco smoke inside and outside their homes.

In 1999, exposure was very high with over one-third students (36.2%) living in homes where others smoked in their presence and more than six in ten (62.4%) exposed to smoke in public places. In 2003, over one-quarter (27.4%) students lived in homes where others smoked in their presence and more than half the students (56.4%) were exposed to smoke in public places. By 2008, this exposure had decreased as one in five students (20.9%) lived in homes where others smoked in their presence and two in five students (40.1%) were exposed to smoke in public places. Support for banning smoking in public places increased; it was 43.2% in 1999, 43.7% in 2003 and 72.4% in 2008.

In Manicaland, between 1999 and 2008, students reported a decrease in exposure to tobacco smoke inside and outside their homes.

In 1999, exposure was high with over one-third students (35%) lived in homes where others smoked in their presence and over half of the students (51.6%) were exposed to smoke in public places. In 2003, close to one-third (31.2%) students lived in homes where others smoked in their presence and nearly half of the students (50.3%) were exposed to smoke in public places. By 2008, this exposure had decreased as one in five students (22.7%) lived in homes where others smoked in their presence and three in ten students (29.8%) were exposed to smoke in public places. Support for banning smoking in public places increased; it was 31.6% in 1999, 34.8% in 2003 and 70.5% in 2008.

Health warnings and education

Countries should warn about the dangers of tobacco use and exposure to tobacco smoke

Zimbabwe warning	Best practice warning
	 Mauritius health warning
NOT rotating BUT specific warning, large and clear text	Rotating, specific warnings and large, clear text
20% of display surface	65% of display surface
NO pictures or pictograms	Pictures or pictograms
NO ban on false, misleading or deceptive packaging and labelling	Ban on false, misleading or deceptive packaging and labelling

Best practice

Article 11 WHO FCTC requires Parties to implement clear health warnings and measures that remove false or misleading promotion of tobacco products.

Relatively few tobacco users fully grasp the health dangers. Hard-hitting anti-tobacco advertising and graphic pack warnings reduce the number of children who begin smoking and increase the number of smokers who quit.

Pictures are more powerful deterrents than words on tobacco packaging warnings, but globally, only 15 countries mandate pictorial warnings. Just five countries meet the highest standards for pack warnings.

Countries should also promote and strengthen public awareness of tobacco control issues, using all available communication tools.

Zimbabwe labeling

The country mandates that 20% of the principal display area (front and rear combined) on tobacco products packaging be covered by a health warning. The law mandates one specific warning. Warnings describe harmful effects of tobacco and are large, clear, legible and visible. The law mandates font size, style and colour of the warnings. There is no ban on use of deceitful terms, such as ‘low tar’, ‘light’ or ‘mild’ on tobacco product packaging in Zimbabwe. The warnings are not rotating, do not include a picture and are not written in the principal language of the country.

Zimbabwe education

Education on tobacco-related issues in schools increased in Harare and Manicaland between 1999 and 2008.

In 2008 in Harare, 47.5% and 45.5% of students had been taught in school about dangers of smoking and effects of tobacco use, respectively.

In 2008 in Manicaland, 56% and 55% of students had been taught in school about dangers of smoking and effects of tobacco use, respectively.

Bans in Zimbabwe

Zimbabwe does not have national bans of direct tobacco advertising. There are no bans on tobacco promotion or sponsored events.

Youth exposure

In Harare, between 1999 and 2008, there was a decrease in exposure of students to tobacco advertising.

In 1999, 76.6% of students saw pro-cigarette advertising on billboards and 74.7% in newspapers and magazines. In 2003, 75.7% of students saw these advertising on billboards and 70.3% in newspapers and magazines. In 2008, 66.2% of students saw these advertising on billboards and 58.2% in newspapers and magazines.

Between 1999 and 2008, the proportion of students with an object with a cigarette brand logo increased; it was 10% in 1999, 8.3% in 2003 and 14.8% in 2008.

In Manicaland, between 1999 and 2008, there was a decrease in exposure of students to tobacco advertising.

In 1999, 64.6% of students saw pro-cigarette advertising on billboards and 66.7% in newspapers and magazines. In 2003, 61.3% of students saw these advertising on billboards and 59.7% in newspapers and magazines. In 2008, 45.6% of students saw these advertising on billboards and 46.7% in newspapers and magazines.

Between 1999 and 2008, the proportion of students with an object with a cigarette brand logo increased; it was 13.2% in 1999, 17.4% in 2003 and 16.7% in 2008.

Advertising, promotion & sponsorship

Countries should enforce comprehensive bans on tobacco advertising, promotion and sponsorship

- Widespread advertising falsely associates tobacco with desirable qualities.
- Studies have found that advertising bans can lower tobacco consumption.
- About half the children of the world live in countries that do not ban free distribution of tobacco products.

Best practices

Tobacco taxes are the most effective way to reduce tobacco use, especially among young people and the poor.

Tobacco tax increases also increase government revenues. Only four countries, representing 2% of the world's population have tax rates greater than 75% of the retail price.

In countries with available information, tobacco tax revenues are more than 500 times higher than spending on tobacco control. In low- and middle-income countries, tobacco tax revenues are more than 9000 and 4000 times higher than spending on tobacco control, respectively.

Zimbabwe taxes

In 2009 the price of the most sold brand of cigarettes in local currency was about US $0.40. The total taxes on most sold brand are 43%; total excise on most sold brand is 34%.

Increasing tobacco taxes by 10% generally decreases tobacco consumption by about 8% in low- and middle-income countries

*20-cigarette pack of most sold brand

Zimbabwe policy recommendations

Zimbabwe should accede to the WHO FCTC

National plan of action

AFRO recommends that successful implementation of the WHO FCTC requires establishing a national coordinating mechanism with an official government mandate for developing and coordinating a plan of action as well as for building a national infrastructure to implement and evaluate the plan.

Zimbabwe should establish national strategies, plans and programmes for tobacco control.

Smoke-free policies

AFRO recommends that countries become compliant with WHO FCTC Article 8 requirements and its guidelines and enact and enforce completely smoke-free environments in all indoor public places including workplaces, restaurants and bars.

Zimbabwe should become fully compliant with Article 8 requirements and its guidelines regardless of whether or not it ratifies the WHO FCTC.

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Health warnings and education

AFRO recommends that countries fully comply with WHO FCTC Article 11 requirements and its guidelines and implement large, prominent, strong and effective graphic health warnings on packages, require effective package warning labels, implement counter-tobacco advertising, and obtain free media coverage of anti-tobacco activities.

Zimbabwe should become fully compliant with Article 11 requirements and its guidelines regardless of whether or not it ratifies the WHO FCTC.

Bans on advertising, promotion and sponsorship

AFRO recommends that countries enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship; also, enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship in line with WHO FCTC Article 13.

Zimbabwe should become fully compliant with Article 13 requirements and its guidelines regardless of whether or not it ratifies the WHO FCTC.

Tobacco prices and taxes

AFRO recommends that countries increase tax rates for tobacco products to be at least 70% of retail prices and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power. It is also recommended that countries strengthen tax administration to reduce the illicit trade in tobacco products.

In addition, countries should protect public health policies from tobacco industry interference.

Zimbabwe should raise tobacco taxes, strengthen tax administration and protect public health policies from tobacco industry interference regardless of whether or not it ratifies the WHO FCTC.

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