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**IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO
CONTROL IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. Recognizing that tobacco use is the most preventable cause of noncommunicable diseases and responding to the globalization of the tobacco epidemic, the Fifty-sixth World Health Assembly adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. The Convention, which is the first-ever public health treaty, provides a comprehensive framework for tobacco control.¹
2. In 2005, the Fifty-fifth session of the Regional Committee reviewed the first report² on implementation of the WHO FCTC in the Region and endorsed the proposed actions. The Regional Committee also recommended that Member States ratify the WHO FCTC, develop and implement comprehensive tobacco control legislation, and adopt national plans of action in accordance with the Convention.
3. The annual summary reports^{3, 4, 5, 6, 7} on progress made globally in the implementation of the Convention show significant improvements in the African Region. This information document assesses the progress made since the first report² of 2005 and proposes the next steps to accelerate implementation of the Convention.

PROGRESS MADE

4. As at July 2013, 41 Member States⁸ in the Region had ratified or acceded to the WHO FCTC compared with only nine in 2005, and are referred to as Parties to the Convention. These 41 Parties⁸ have national focal points and 23 of them have national tobacco control programmes. Progress in implementing key provisions of the WHO FCTC is set out below.
5. **Taxation:** The 41 Parties levy taxes on tobacco products at rates ranging from 11% to 76% of the retail price. Madagascar has the highest tax rate of 76%. Six Parties⁹ have earmarked a proportion of this tax to benefit health promotion, youth or sport.
6. **Protection from exposure to tobacco smoke:** Twenty-nine Parties,¹⁰ up from 12 in 2005, have measures to protect people in public places. Five of these have comprehensive smoke-free legislation.¹¹

¹ WHO Framework Convention on Tobacco Control, Geneva, World Health Organization, 2003.

² Implementation of the Framework Convention on Tobacco Control in the African Region: Current Status and the Way Forward; (AFR/RC55/13); 17 June 2005.

³ Implementation of the WHO FCTC: Summary report 2007: http://www.who.int/fctc/reporting/summary_2007_document_cop_2_6.pdf (accessed on 28 September 2011).

⁴ Implementation of the WHO FCTC: Summary report 2008: http://www.who.int/fctc/reporting/summary_2008_document_cop_3_14.pdf (accessed on 28 September 2011).

⁵ Implementation of the WHO FCTC: Summary report 2009: <http://www.who.int/fctc/FCTC-2009-1-en.pdf> (accessed on 28 September 2011).

⁶ Implementation of the WHO FCTC: Summary report 2010: <http://www.who.int/fctc/FCTC-2009-1-en.pdf> (accessed on 28 September 2011).

⁷ Implementation of the WHO FCTC: Summary report 2012: http://who.int/entity/fctc/reporting/2012_global_progress_report_en.pdf (accessed on 11 July 2013).

⁸ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Cote d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda and Zambia.

⁹ Algeria, Comoros, Congo, Madagascar, Namibia and Swaziland.

7. **Packaging and labelling of tobacco products:** Twenty Parties¹² require health warnings on packages of tobacco products. Madagascar and Mauritius have mandated pictorial health warnings on the packages.
8. **Education and communication:** The 41 Parties⁸ are implementing education and public awareness programmes on the health risks of tobacco. This includes the benefits of smoking cessation, a tobacco-free lifestyle and the harm tobacco does to the environment.
9. **Tobacco advertising, promotion and sponsorship:** Twenty-nine Parties,¹³ up from 12 in 2005, have laws restricting tobacco advertising, promotion and sponsorship. Ghana, Kenya and Namibia have imposed a comprehensive advertising ban.
10. **Tobacco cessation:** Twenty-seven Parties¹⁴ are implementing tobacco cessation through education and health promotion programmes set up in health-care facilities.
11. **Illicit trade:** According to recent studies, between 9% and 11% of the global cigarette market is illicit. The Protocol to Eliminate Illicit Trade in Tobacco Products which is the first protocol to the WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted on 12 November 2012 by the Conference of the Parties (COP) to the WHO FCTC at its fifth session in Seoul, Republic of Korea. To date, 21 States, of which three are in the African Region, have signed the Protocol.¹⁵ No State has ratified it, and the Protocol is not yet in force. However, nine Parties¹⁶ have reported seizures of illegal tobacco products.
12. **Sale to and by minors:** Sixteen Parties¹⁷ are implementing measures prohibiting the sale and free distribution of tobacco products to minors. Prohibition of tobacco sale by minors is reported by fifteen Parties.¹⁸
13. **Economically viable alternative activities:** Five Parties¹⁹ report promoting environmental protection and providing alternatives for tobacco workers, growers and sellers. To accelerate response a working group to draw up policy options and recommendations on alternative livelihoods was established by the Conference of Parties at its Third Session in 2010.

¹⁰ Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Chad, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Uganda and Zambia.

¹¹ Burkina Faso, Chad, Ghana, Namibia and Seychelles.

¹² Algeria, Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Gambia, Ghana, Guinea, Kenya, Madagascar, Mali, Mauritius, Niger, Nigeria, Rwanda, Senegal, South Africa, Tanzania and Zambia.

¹³ Algeria, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Gambia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mali, Mauritius, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Swaziland and Tanzania.

¹⁴ Algeria, Angola, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Congo, Democratic Republic of Congo, Côte d'Ivoire, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritius, Nigeria, Senegal, Seychelles, South Africa, Swaziland, Tanzania, Togo, Uganda and Zambia.

¹⁵ Belgium, Burkina Faso, China, Colombia, Costa Rica, France, Gabon, Greece, Kenya, Libya, Montenegro, Myanmar, Nicaragua, Panama, Qatar, Republic of Korea, South Africa, Syrian Arab Republic, Tunisia, Turkey and Uruguay.

¹⁶ Botswana, Burkina Faso, Kenya, Mali, Mauritius, Namibia, Nigeria, Senegal and South Africa.

¹⁷ Algeria, Benin, Botswana, Burkina Faso, Democratic Republic of Congo, Gambia, Kenya, Madagascar, Mauritius, Namibia, Niger, Rwanda, Senegal, Seychelles, South Africa and Swaziland.

¹⁸ Algeria, Benin, Botswana, Burkina Faso, Democratic Republic of Congo, Kenya, Madagascar, Mauritius, Namibia, Niger, Rwanda, Senegal, Seychelles, South Africa and Swaziland.

¹⁹ Botswana, Cameroon, Kenya, Namibia and Niger.

14. **Research and surveillance:** Thirty-nine Parties²⁰ have documented the magnitude, determinants and consequences of tobacco use and exposure. Thirty-seven conduct periodic surveys on tobacco use.²¹

15. Despite significant progress in implementation some challenges remain:
- (a) Slow uptake in domesticating the WHO FCTC through national laws.
 - (b) Intensified marketing by the tobacco industry and interference with policy making.
 - (c) Suboptimal enforcement of existing laws.
 - (d) Inadequate resource allocation to tobacco control.
 - (e) Insufficient human capacity to fully implement the WHO FCTC.

NEXT STEPS

16. Considering that the provisions of the WHO FCTC are interrelated and their implementation has synergistic effects, Member States should take the following measures to accelerate implementation of the Convention:

- (a) strengthen country level mechanisms including comprehensive legislation and plan of action, and a formal multisectoral coordination mechanism;
- (b) protect public health policies from interference by vested interests of the tobacco industry;
- (c) prioritise enforcement of existing laws;
- (d) allocate adequate resources commensurate with the burden of tobacco including intensifying South–South collaboration;
- (e) build human capacity for implementation of the Convention;
- (f) meet obligations to the time-bound provisions of the Convention in articles eleven²² and thirteen²³ as well as in the guidelines for article eight;²⁴
- (g) ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

17. The Regional Committee is requested to take note of this progress report and endorse the next steps.

²⁰ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda and Zambia.

²¹ Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Democratic Republic of Congo, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda and Zambia.

²² Article 11: Packaging and labelling of tobacco products “1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that...”

²³ Article 13: Tobacco advertising, promotion and sponsorship “...In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly...”

²⁴ Guidelines for Article 8 on protection from exposure to tobacco smoke: “...Each Party should strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party.”