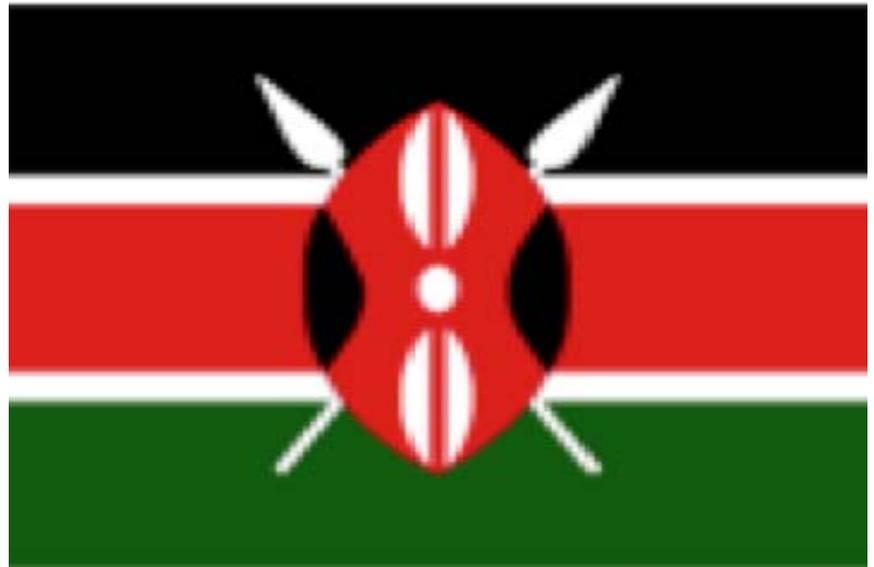


*Report card
on the WHO
Framework
Convention
on Tobacco
Control*



Kenya

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 Kenya 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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Kenya entry into force of the
WHO FCTC



27 February
2005

WHO Framework Convention on Tobacco Control
Compliance dates for Kenya

27 February 2008 Article 11: Health warnings on tobacco products and packaging
27 February 2010 Article 13: Bans on tobacco advertising, promotion & sponsorship
27 February 2010 Article 21: Next Report to the Conference of the Parties

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.:

- ☞ Phase 1 (Group 1 questions): within 2 years of entry into force;
- ☞ Phase 2 (Group 2 questions): within 5 years of entry into force;
- ☞ 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 FCTFC in Kenya

Article	Requirement	Kenya status
<p>Article 5.1 National strategies, plans, programmes and coordinating mechanism</p>	<p>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.</p>	<p>National agency with staff as well as national strategies, plans and programmes on tobacco control.</p>
<p>Article 6 Price and tax measures to reduce demand for tobacco products</p>	<p>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.</p>	<p>The total tax on the most sold brand is 55%.</p>
<p>Article 8 Protection from exposure to tobacco smoke</p>	<p>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.</p>	<p>Completely smoke-free in government buildings and public transport. Partial protection from exposure to tobacco smoke in other public places.</p>
<p>Article 11 Packaging and labelling of tobacco products</p>	<p>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.</p>	<p>Complies with Article 11 requirements except for pictures or pictograms.</p>
<p>Article 13 Tobacco advertising, promotion and sponsorship</p>	<p>Undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship within 5 years of entry into force.</p>	<p>Complies with Article 13 requirements.</p>

Kenya

National action is critical in order to achieve the vision embodied in the WHO FCTC.

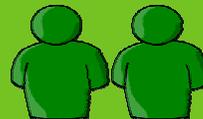
National strategies, plans and programmes on tobacco control

Kenya has national strategies, plans and programmes on tobacco control.



National agency on tobacco control

There is a national agency on tobacco control with two full-time equivalent employees.



National budget for tobacco control

The overall national budget for tobacco control activities was US \$45 000 in 2009 (official exchange rate).

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\$ = \$10,000

In Kenya over 80% of youth smokers express a desire to quit.

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.

Kenya has identified a need to develop national capacity especially for implementation of legislation.

Cessation

The Kenyan population does not have access to a toll-free quitline. Nicotine replacement therapy and bupropion are legally sold in Kenya,

but not vareniclin. Smoking cessation support is available in some hospitals, offices of health professionals, health clinics or primary care facilities, and community centres.

Between 2001 and 2007, the proportion of currently smoking students who wanted to stop smoking increased.

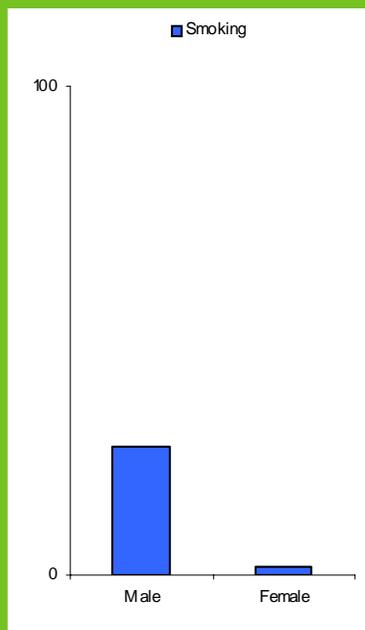
In 2001, 80% of currently smoking students expressed a desire to stop smoking and 84.6% of students reported ever receiving help to stop smoking. In 2007, 85.3% of currently smoking students expressed a desire to stop smoking and 86.9% of students reported ever receiving help to stop smoking.

Tobacco use prevalence

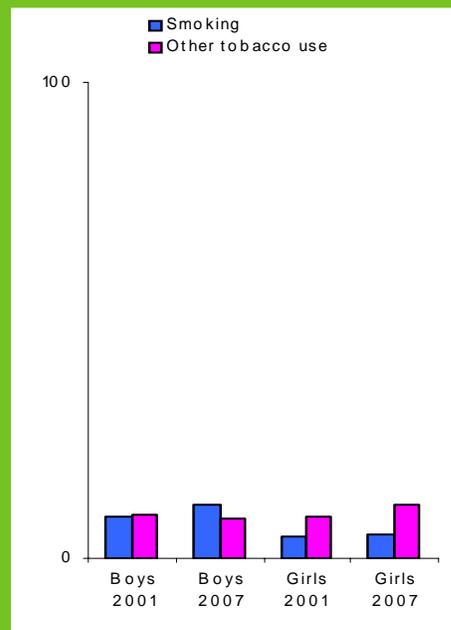
Article 20 WHO FCTC on research, surveillance and exchange of information requires Parties to establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

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 (2004)



Youth (2001/2007)



Adult tobacco use

Among adults of 18 years and above, prevalence of current tobacco smoking was 13.7% in 2004 with 26.2% males and 1.9% females.

Youth tobacco use

Between 2001 and 2007, 13-15 years old students reported an increase in prevalence of current cigarette smoking and current use of other tobacco products.

In 2001, 6.6% of students (boys=8.7%; girls=4.7%)

currently smoked cigarettes and 8.9% (boys=9%; girls=8.9%) currently used other tobacco products.

In 2007, 8.2% of students (boys=11.2%; girls=5.2%) currently smoked cigarettes and 10.1% (boys=8.2%; girls=11.4%) currently used other tobacco products.

In Kenya youth tobacco use prevalence is increasing significantly.

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.



Kenya 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.

Kenya has national legislation that completely ban smoking indoors in governmental facilities and public transport. There is partial protection from exposure to tobacco smoke in educational and health-care facilities, universities, indoor offices, other indoor workplaces, restaurants, pubs & bars. There is no subnational jurisdiction with authority to adopt and implement laws that ban tobacco smoking in such places. Some private institutions have declared their buildings to be smoke-free.

Youth exposure to second-hand smoke

In 2001, almost three in ten students (27.2%) lived in homes where others smoked in their presence and over four in ten students (43.2%) were exposed to tobacco smoke outside their homes. In 2007, 24.7% of students lived in homes where others smoked in their presence and 48.2% were exposed to tobacco smoke outside their homes. Students supporting bans on smoking in public places increased from 39.8% in 2001 to 52% in 2007.

Health warnings and education

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

Current warning

- **FOURTEEN** rotating, specific health warnings with large, clear text
- **40%** of display surface
- **NO** pictures or pictograms
- **BAN** on false, misleading or deceptive packaging and labelling

Best practice warning



Mauritius health warning

- Rotating, specific warnings and large, clear text
- **65%** of display surface
- Pictures or pictograms
- 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.

Kenya labelling

Kenya has a ban on use of deceitful terms, such as 'low tar', 'light' or 'mild' on tobacco product packaging. The country legally mandates that 40% of the principal display area (front and rear combined) on tobacco product packaging should be covered by a health warning. The law mandates 14 specific warnings on tobacco product packages. These warnings appear on each package and any outside packaging and labelling used in retail sale; describe the harmful effects of tobacco use on health; are rotating and written in the principal language of the country. The law also mandates font style, size and colour of the warnings. The warnings do not include a photograph or graphic.

Kenya education

Between 2001 and 2007, there was an increase in the proportion of students that were taught about tobacco in school. In 2001, 78.5% of students were taught about dangers of smoking and 80.8% about the effects of tobacco use. In 2007, 84.8% of students were taught about dangers of smoking during the past year and 86.5% about the effects of tobacco use.



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.

Kenya bans

Kenya has national bans on direct advertising of tobacco products in national TV and radio; international TV and radio; local and international magazines and newspapers; billboards and outdoor advertising; at point of sale and through the internet. Further, there is a ban on free distribution of tobacco products in the mail or through other means; promotional discounts; non-tobacco goods identified by tobacco brand names; tobacco products being identified by brand name of non-tobacco products; tobacco product placement in TV and/or films and tobacco sponsorship at events.

Youth exposure

In Kenya, exposure of 13-15 years old students to tobacco advertising on billboards increased between 2001 and 2007. In 2001, 69.8% of students had seen pro-cigarette advertising on billboards and 73.8% in newspapers or magazines. In 2007, 82.2% of students had seen pro-cigarette advertising on billboards and 69% in newspapers or magazines. Whereas in 2001, 21.6% of students reported having an object with a cigarette brand logo, by 2007 this proportion had decreased to 17.6%.



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.

Kenya taxes

In 2009 the price of the most sold brand of cigarettes was about US \$1.54. The total taxes on most sold brand are 55%; total excise on most sold brand is 42%.

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

Kenya policy recommendations

National 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.

Kenya should periodically update and review their strategies, plans and programmes.

Smoke-free policies

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

Kenya should become fully compliant with Article 8 requirements and its guidelines.

Health warnings and education

AFRO recommends that countries fully comply with WHO FCTC Article 11 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.

Kenya should consider requiring pictures or pictograms on packaging and labelling.

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.

Kenya should ensure effective enforcement of the bans on advertising, promotion and sponsorship.

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.

Kenya should consider increasing tax rates, ensure that they are adjusted periodically, strengthen tax administration and protect public health policies from tobacco industry interference.

References

1. Global Youth Tobacco Survey (GYTS) 2001 Fact Sheet: Kenya (Ages 13-15)
2. Global Youth Tobacco Survey (GYTS) 2007: Kenya (Ages 13-15)
3. MPOWER: A policy package to reverse the tobacco epidemic, WHO 2008
4. WHO report on the global tobacco epidemic, 2008 - The MPOWER package, WHO 2008
5. WHO report on the global tobacco epidemic, 2009: implementing smoke-free environments, WHO 2009
6. WHO Framework Convention on Tobacco Control, WHO 2003
7. Parties' reports on WHO FCTC implementation: http://www.who.int/fctc/reporting/part_y_report/en/ (accessed July 2010)