

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



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 Uganda 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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Uganda entry into force of
the WHO FCTC



18 September
2007

WHO Framework Convention on Tobacco Control
Compliance dates for Uganda

18 September 2010 Article 11: Health warnings on tobacco products and packaging
18 September 2012 Article 13: Bans on tobacco advertising, promotion & sponsorship
18 September 2012 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 FCTC in Uganda

Article	Requirement	Uganda 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 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>Total tax on the most sold brand is 63%.</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>Protection from exposure to tobacco smoke in indoor 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>Does not comply with Article 11 requirements.</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>Restrictions on tobacco advertising.</p>

<h1>Uganda</h1> <p>National action is critical in order to achieve the vision embodied in the WHO FCTC.</p>	<h2>National strategies, plans and programmes on tobacco control</h2>	<h2>National agency on tobacco control</h2>	<h2>National budget for tobacco control</h2>
	<p>Uganda has national strategies, plans and programmes on tobacco control.</p> <p style="text-align: center;">✓</p>	<p>Uganda does not have a national agency for tobacco control.</p> <p style="text-align: center;">—</p>	<p>The overall national budget for tobacco control activities was US \$1 092 in 2009 (at official exchange rate).</p> <p style="text-align: center;">\$</p> <p style="text-align: center;">\$ = \$10,000</p>

In Uganda, there is a high proportion of students that have received help to stop smoking.

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 Uganda invest in building national tobacco control capacity.

Cessation

The Ugandan population does not have access to a toll-free quitline, and pharmacologic treatment for cessation (nicotine replacement therapy or bupropion) is not legally sold in the country. Smoking cessation support is available in some hospitals. No cessation support is available through channels such as offices of health professionals or community centers.

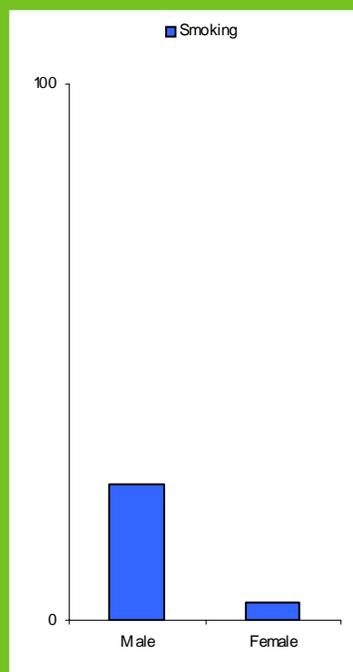
In 2007, 83.4% of students reported ever receiving help to stop smoking and 70.3% of the currently smoking students expressed a desire to stop smoking.

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 (2001)



Youth (2007)



Adult tobacco use

Among adults of 15-54 years old, prevalence of current tobacco smoking in 2001 was 25.2% among males and 3.3% among females.

Youth tobacco use

The national GYTS conducted in 2007 among 13-15 years old found that 5.5% of students (boys=6.6%; girls=4%) currently smoked cigarettes and 13.9% (boys=13.8%; girls=13.5%) currently used other tobacco products.

The GYTS conducted in 2002 in Mpigi region of Uganda found that 5.4% of students (boys=9.2%; girls=3.5%) currently smoked cigarettes and 10% (boys=10.9%; girls=9.3%) currently used other tobacco products.

The GYTS conducted in 2002 in Arua region of Uganda found that 17.4% of students (boys=18.8%; girls=15%) currently smoked cigarettes and 22.1% (boys=23.8%; girls=20%) currently used other tobacco products.

The GYTS conducted in 2002 in Kampala found that 3.2% of students (boys=3.7%; girls=2.6%) currently smoked cigarettes and 9.7% (boys=9.7%; girls=9.8%) currently used other tobacco products.

In Uganda, use of other tobacco products among youth is higher than cigarette smoking.

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.



Uganda 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.

Uganda has regulation on smoke-free environments in health-care facilities, educational facilities, universities, governmental facilities and indoor offices. Uganda allows separate, completely enclosed smoking rooms in restaurants, pubs & bars, public transport and other indoor workplaces and also reported having subnational authority to adopt and implement laws on smoke-free environments.

Youth exposure to second-hand smoke

In 2007, one in every five students (20%) lived in homes where others smoked, and nearly half (45.6%) of the students were exposed to second-hand tobacco smoke outside their homes. Nearly half of the students (48.3%) support smoke-free environments stating that smoking should be banned from public places.

Health warnings and education

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

Uganda warning

- **NO** rotating, specific health warnings or large, clear text
- **NO** mandate for principal display surface
- **NO** pictures or pictograms
- **NO** 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 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.

Uganda labelling

Uganda does not have a ban on use of deceitful terms, such as 'low tar', 'light' or 'mild' on tobacco product packaging. The country does not mandate that a certain percentage of the principal display area on tobacco product packaging be covered by a health warning. No specific warnings are mandated by law.

Uganda education

In the 2007 report nearly seven in ten students had been taught in school about the dangers of smoking (70.5%) and effects of tobacco use (69.4%).



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.

Bans in Uganda

Uganda does not have a national ban on direct tobacco advertising (including TV, radio, magazines, newspapers, billboards, point of sale, internet). Also, there is no national ban on tobacco promotion or sponsorship.

Youth exposure

In 2007 over half of surveyed students (54.7%) reported seeing pro-cigarette advertising on billboards and nearly half (48.3%) had seen such advertising in newspapers or magazines. One in eight students (12.3%) had an object with a cigarette brand logo on it.



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.

Uganda taxes

In 2009 the price of the most sold brand of cigarettes was about US \$0.51. The total taxes on most sold brand are 63%; total excise on most sold brand is 44%.

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

Uganda 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.

Uganda should establish a tobacco control national coordinating mechanism.

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.

Uganda should ban designated smoking rooms and 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 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.

Uganda should become fully compliant with Article 11 requirements and its guidelines.

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.

Uganda should become fully compliant with Article 13 requirements and its guidelines.

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.

Uganda should ensure tax rates are adjusted periodically to keep pace with inflation, strengthen tax administration to reduce the illicit trade in tobacco products, and protect public health policies from tobacco industry interference.

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