

A light blue map of the African continent with country borders outlined in a slightly darker blue. The map is centered on the continent and includes Madagascar to the east. The text is overlaid on the central part of the map.

Policies for tobacco control in the African Region, 2013



**World Health
Organization**

REGIONAL OFFICE FOR

Africa

Foreword

The main goal of the WHO Framework Convention on Tobacco Control (WHO FCTC) is reducing the prevalence of tobacco use and exposure to tobacco smoke. This goal cannot be attained without effective enforcement of the measures in the WHO FCTC.

Countries in the African Region are making great effort to develop comprehensive tobacco control policies and programmes and are trying to enforce these measures despite the challenges they are faced with, in particular tobacco industry interference and limited resources.

This document provides some key measures in the WHO FCTC and its guidelines that countries should implement for effective tobacco control. It also features the status of some tobacco control policies in the Region.

This document aims to promote tobacco control based on current and relevant evidence. The following tobacco control areas are covered:

- national tobacco control programmes (Article 5.2 of the WHO FCTC);
- price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC);
- protection from exposure to tobacco smoke (Article 8 of the WHO FCTC);
- packaging and labelling of tobacco products (Article 11 of the WHO FCTC);
- tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC);
- tobacco cessation and treatment of tobacco dependence (Article 14 of the WHO FCTC);
- surveillance and monitoring for tobacco control (Article 20 of the WHO FCTC).

The information presented in this document is useful to policy-makers, governments and tobacco control advocates for countries in the African region in order to prevent people from starting to use tobacco; help current tobacco users to quit and; protect people from exposure to second-hand smoke.

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I. National tobacco control programmes

Creating a national tobacco control programme and establishing the infrastructure and capacity to implement the interventions are key to reversing the tobacco epidemic. In the African Region, which has 47 Member States, more than half have national objectives on tobacco control (cf. Figure 1), and three quarter have a national agency for tobacco control (cf. Figure 2). Countries have reported lack of human and financial resources as the main obstacles to the implementation of tobacco control activities.

1. Build national capacity to carry out an effective and sustainable national tobacco control programme

Article 5.1 of the WHO FCTC requires countries to develop, implement, update and review comprehensive multisectoral national tobacco control strategies, plans and programmes. Article 5.2 requires countries to establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.

While the WHO FCTC addresses global tobacco control interventions and provides a roadmap for country-level tobacco control, specific actions against the tobacco epidemic must be taken at the national level. The success of the WHO FCTC will depend almost entirely on the ability of countries to implement and enforce its provisions.

Thus, building national capacity to carry out effective and sustainable national tobacco control programmes is critical. Moreover, understanding the mechanisms that link the WHO FCTC at the international level with work that needs to be carried out at the country level is crucial to counteracting this public health threat.

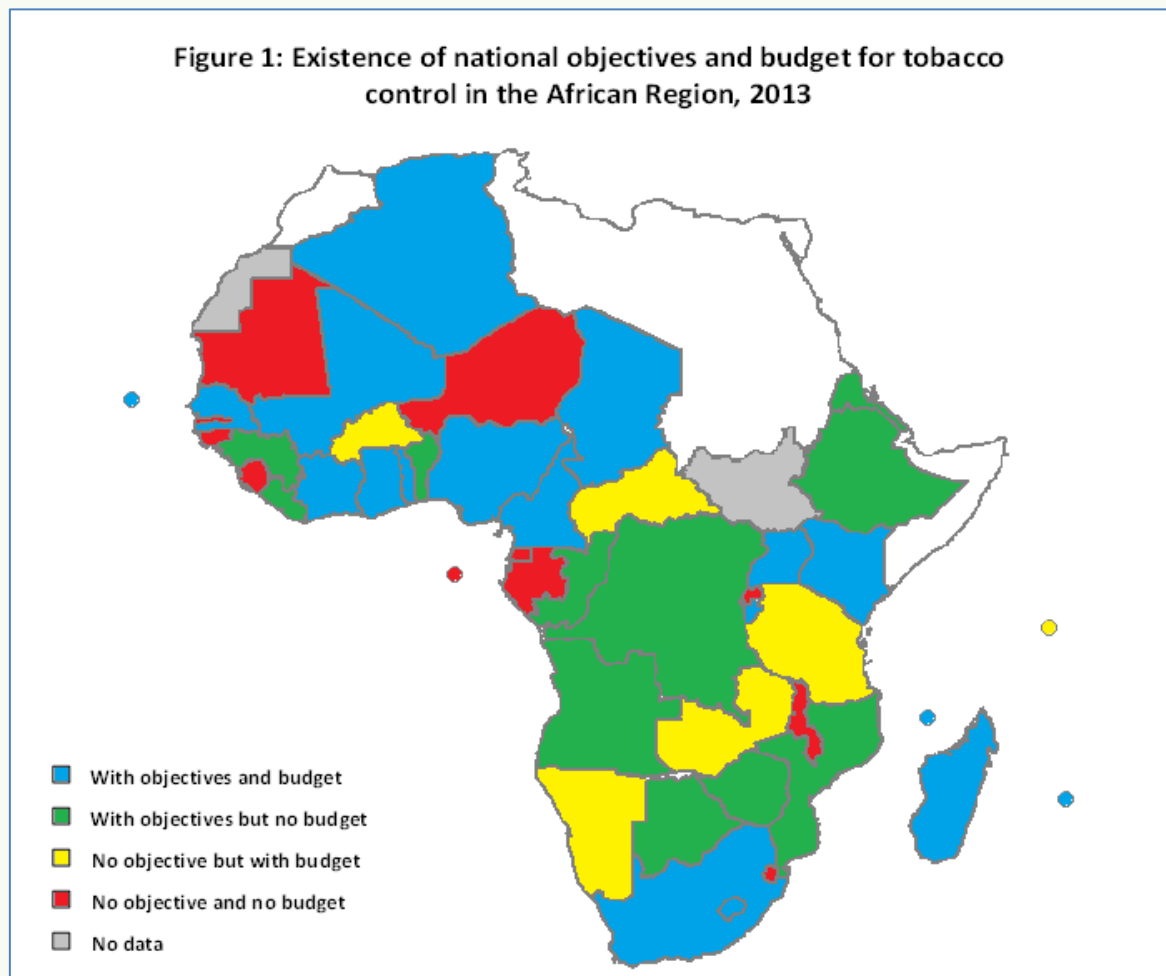
The WHO FCTC requires countries to establish a tobacco control focal point and infrastructure, and leads them to identify and activate mechanisms for multisectoral coordination of tobacco control efforts. The WHO FCTC also outlines the key elements of a national plan of action for tobacco control, and provides evidence-based interventions that should guide the development and implementation of national tobacco control activities.

2. Develop national tobacco control programme to lead tobacco control efforts

Strategic planning and leadership for the national tobacco control programme should occur centrally within the ministry of health. A national coordinating mechanism at a high level of government should be convened with an official mandate to develop tobacco control infrastructure and coordinate policy implementation.

In larger countries, the national tobacco control programme should be designed for flexible implementation by decentralizing authority to subnational levels so that interventions can more effectively reach the entire country. Since most tobacco control interventions are carried out at the local level, success depends on adequate resources and capacity building for local public health professionals and government leaders.

Tobacco use prevalence often differs across income, age, ethnic groups and by gender. Efforts to ensure that population subgroups with disproportionately high rates of tobacco use are reached by policies and programmes are essential.



Source: WHO Report on the global tobacco epidemic, 2013

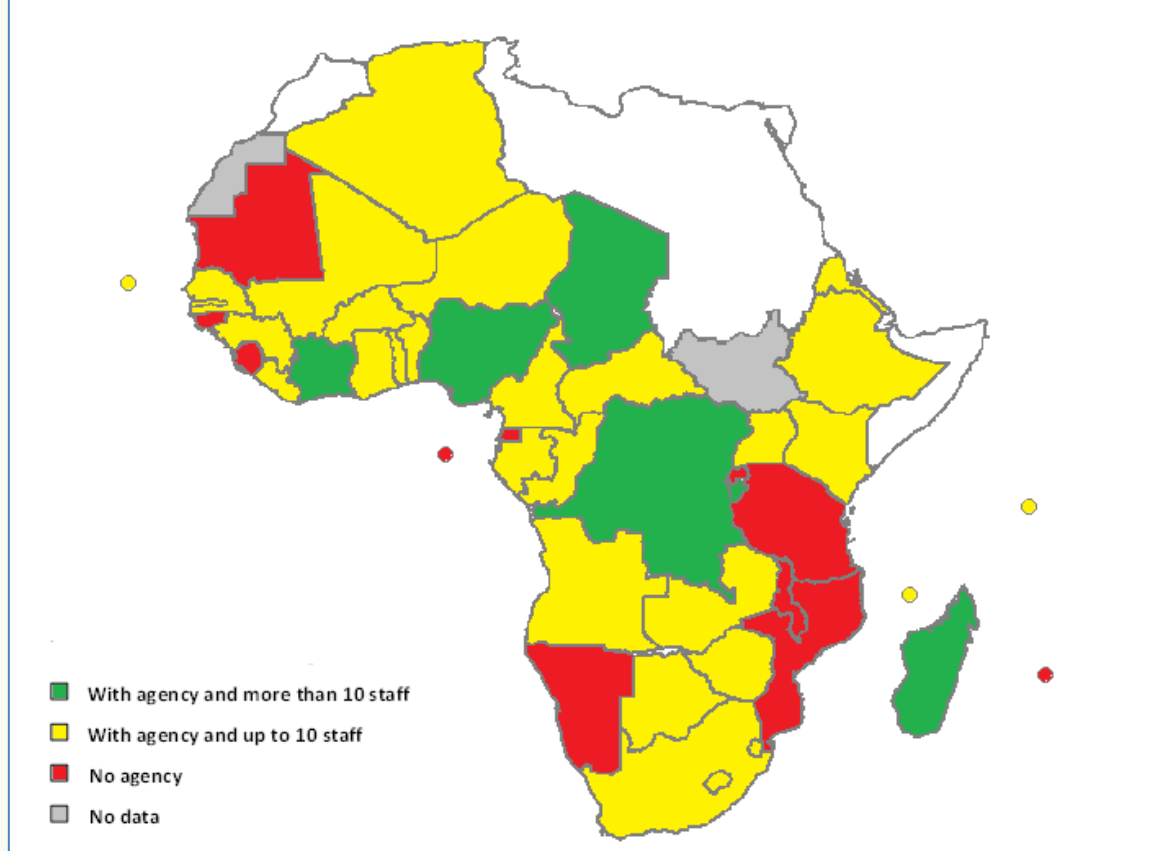
3. Establish effective infrastructure for national tobacco control programme

It requires human, logistic and financial resources to establish a viable national tobacco control programme, and to create and sustain national networks to support the implementation of tobacco control interventions country-wide.

Funding for tobacco control should be adequate. Each government must provide its national tobacco control programme with a steady source of funding at national and, where appropriate, subnational levels. Most countries have sufficient financial resources available and should allocate funding to expand and strengthen national tobacco control programme (cf. Figure 1).

Tobacco control programmes need also sufficient staffing. A national tobacco control programme with full-time, dedicated staff at both central and subnational levels can provide highly effective leadership and administration of all programme initiatives. Most countries have developed tobacco control programmes or strategies, although staffing levels are low (cf. Figure 2).

Figure 2: Existence of national agency for tobacco control in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

Key strategies for strengthening national capacity for tobacco control are as follows:

- Analyse the national tobacco control situation: impact of use, political willingness, public awareness;
- Outline national tobacco control strategies considering the national profile, socio-political environment and global evidence;
- Establish national coordination: a multisectoral committee for tobacco control policy and programme development and a focal point;
- Build a comprehensive national plan of action reflecting national priorities and realities;
- Establish and implement comprehensive educational, communications, public awareness and training programmes to ensure sustained public support;
- Develop consensus and political commitment for tobacco control in the country;
- Establish through national regulation sustained funding mechanisms for tobacco control programmes;
- Incorporate national tobacco control efforts into existing national, state and district level health structures to ensure sustainability;
- Broaden the domestic infrastructure for implementation of tobacco control at national and local levels and guarantee outreach of program activities;
- Establish a system of monitoring and evaluation of tobacco control policies and Implementation.

4. Involve the civil society on tobacco control efforts

A national tobacco control programme requires logistic support and effective partnerships both within government and with all relevant segments of civil society. Many nongovernmental organizations and other civil society groups have made great contributions to national, regional and global tobacco control efforts; their continued involvement is essential to continued progress. Care must be taken to ensure that involving civil society is in line with Article 5.3 of the WHO FCTC by protecting the process from interference by the tobacco industry and their sympathisers.

5. The benefit of comprehensive national tobacco control programme

Critical foundations for complying with the WHO FCTC obligations are to have a national tobacco control agency with sufficient staff at a level that adequately supports tobacco control policy implementation; and to establish national objectives for tobacco control. National action is the only way to achieve the vision of a tobacco-free world.

II. Price and tax measures to reduce the demand for tobacco

Increasing the retail price of tobacco products through higher taxes is a most effective and cost-effective intervention for reducing tobacco use. When taxes on tobacco products go up, tobacco prices also go up and tobacco consumption subsequently goes down; fewer people use tobacco, people who continue to use tobacco consume less, people who have quit are less likely to start again and the young are less likely to start using tobacco.

The main goal of tobacco taxation is to reduce consumption by making tobacco products progressively less affordable. At the same time, increases in tobacco taxes generate significant increases in the revenues which can then be used to fund programmes.

1. Raise prices and taxes on tobacco products

Article 6 of the WHO FCTC recognizes that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, and requires countries to implementing tax and price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption.

Raising tobacco taxes so that they account for at least 70% of retail prices would lead to significant price increases, induce many current users to quit, and deter numerous youth from taking up tobacco use, leading to large reductions in the death and disease caused by tobacco use. Only few countries in the Region comply with this requirement (cf. Figure 3). At the same time, such tax increases will generate significant increases in tobacco tax revenues. Taxing all tobacco products consistently reduces the potential for substitution from one tobacco product to another.

A growing number of governments use the revenues generated by tobacco excise tax increases to fund a variety of tobacco control activities and other health promotion efforts, while others have used these revenues to finance parts of their health-care systems. Governments need also to establish a mechanism for adjusting specific taxes to keep pace with inflation and increases in real income.

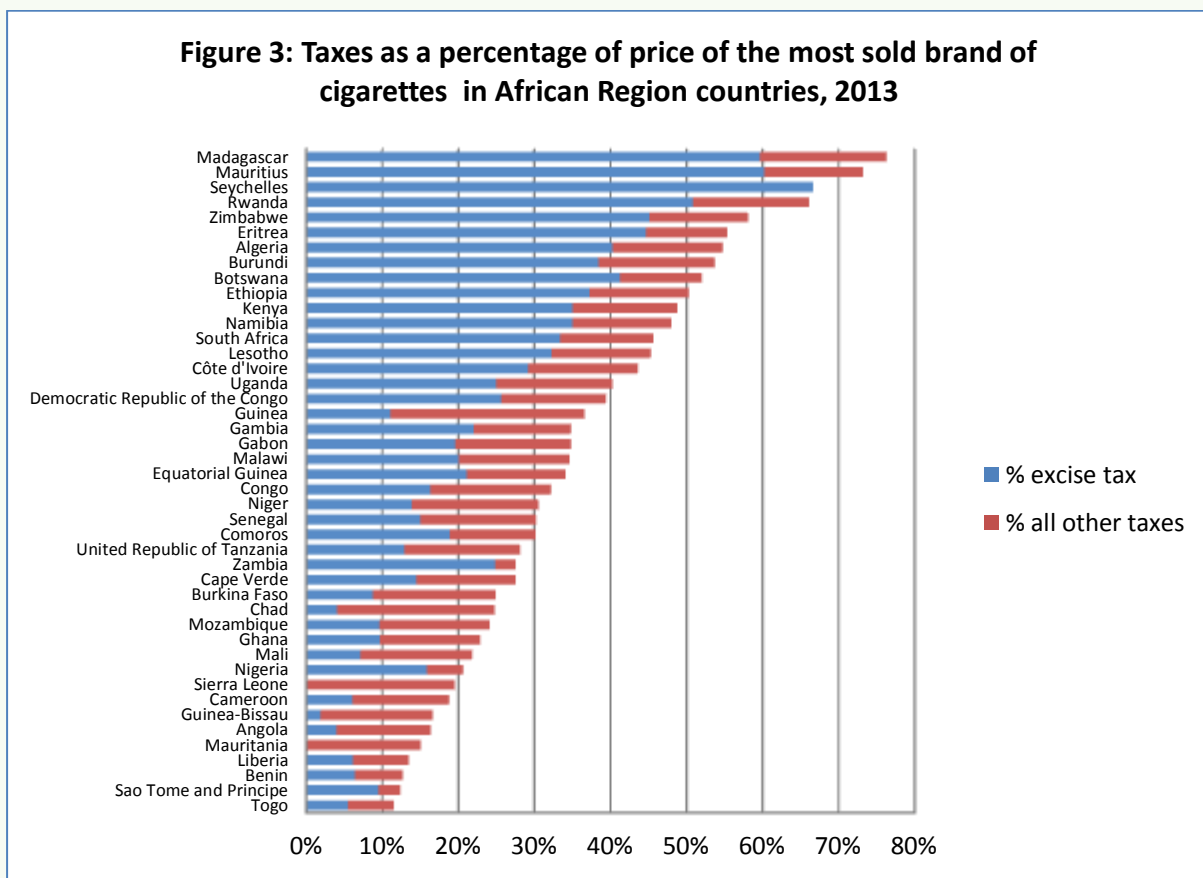
2. Apply simple and efficient approaches to tobacco taxation

There are different types of taxes levied on tobacco products:

- Excise taxes:
 - A specific excise tax is levied on a given quantity of tobacco products. It provides more predictable revenue and makes it harder for the tobacco industry to influence retail prices.
 - An ad valorem excise tax is levied as a percentage of the value of tobacco products. It helps tobacco prices maintain pace with inflation.
- Value Added Taxes: VAT is a widely adopted tax applied as a single rate and on a broad range of goods and services. It minimizes the amount of detailed information needed for tax administration.
- Import duties: An import duty is a tax on a selected commodity imported in a country and destined for domestic consumption.

- Other taxes:
 - Consumption taxes are named differently in different countries
 - Most other taxes are additional taxes on tobacco products to finance various programmes through earmarking.

The labels given to these taxes vary from country to country, but the forms they take have similarities. Of all tobacco-product taxes, excises are the most important for achieving the health objective, since they are uniquely applied to tobacco products. It would lead to higher price increases, causing price sensitive consumers to reduce their consumption; and reducing consumers' incentives to substitute higher-priced brands for lower-priced ones. About 90% of countries in the African Region levy excises on cigarettes (cf. Figure 3).



The overall tax structure should be simple and easy for countries to implement. There is no single rule; governments may prefer one instrument over the other depending on industry characteristics, public choice issues, and the level of health awareness at the time.

In general, governments want to improve public health without compromising tax revenues. Raising extra revenues will also take care of the funding gap for tobacco control. Tobacco tax revenues can be used to subsidize tobacco cessation products, tobacco control media campaigns and other tobacco control efforts. This win-win situation of reducing consumption and increasing revenues is an opportunity for governments to find new ways to fund expenses, particularly for health care.

Tobacco taxation is a simple and effective means of increasing revenues without adverse effects on the economy. Some countries have fears that tax increases are difficult to implement and will lead to negative consequences as portrayed by the tobacco industry such as illicit market, increased unemployment and reduced revenue. Evidence shows that a well-administered tobacco tax system leads to the desired result of reducing consumption and its crippling health consequences.

3. Ensure effective tobacco tax administration

A well-designed tax system is not enough if the tax administration agency is lacking the technical and human capacity needed to enforce and reassess it. Simplicity and transparency in tax structure and administration reduce administrative and compliance costs, as well as opportunities for tax avoidance and tax evasion, leading to higher and sustainable tax revenues.

Tax administration should be effective in the sense of ensuring high compliance by taxpayers, and efficient in the sense that administrative costs are low relative to revenue collected. Good tax administration requires strong technical capacity by the administrative agency supported by a well-designed tax.

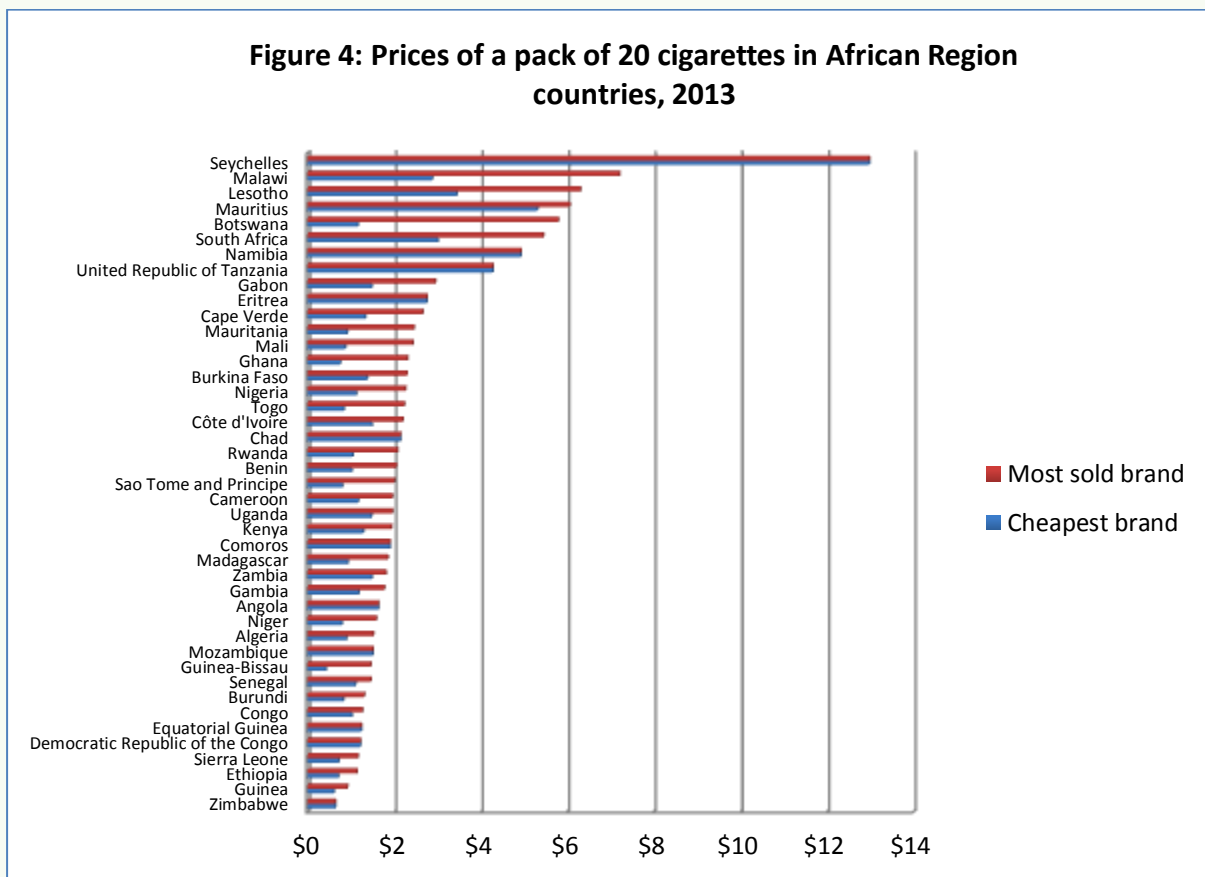
The administrative agency should be able to identify and evaluate the effects of tax policies, be able to simplify the current tax system if needed, be aware of any law changes and emerging avoidance practices. Administrative agencies should be aware of the market conditions and the factors affecting tobacco sales and hence their impact on the revenue stream. Tax should increase more than the inflation rate and the increases in per capita income level. That would reduce the affordability of cigarettes by increasing retail prices while achieving higher revenues.

Compliance with the tax system can be ensured in various ways, including adopting monitoring, tracking and tracing system; and supported by an increased number of enforcement officers/investigators on the ground. New emerging technologies should be used as tools to enhance enforcement and reduce the size of the illicit market.

4. Implement effective and efficient tobacco taxation

- *Have a simple and effective tax structure*
- *Increase taxes regularly* so that real prices increase faster than the combined effects of inflation and increased consumer purchasing power.
- *Prevent product substitution* with less expensive products by increasing taxes on the most commonly used and lowest-cost products.
- *Higher taxes do not mean more smuggling* as tax evasion correlates more closely with criminal activity than it does with high levels of taxation
- *Implement measures to reduce tax evasion and smuggling* through:
 - Effective government record keeping
 - Improved border security and inspection procedures
 - Banking controls to reduce money laundering

- Better communication among finance, customs and other agencies involved in tax collection and enforcement
- *Use tobacco taxes to pay for better health:*
 - Tobacco tax revenues are thousands of times higher than tobacco control expenditures in most countries.
 - To maximize the health impact of higher taxes, some revenues should be earmarked for tobacco control and other public health programmes.
 - It is also ethically appropriate for governments to use some of the tobacco tax revenue to help tobacco users quit through comprehensive tobacco control programmes.



5. The benefit of high tobacco prices and taxation

Overall demand for tobacco products is significantly affected by changes in tobacco product taxes and prices. Higher taxes lead to reductions in tobacco use, with larger impact on vulnerable populations. Higher price affects all aspects of tobacco consumption, preventing initiation among potential users, inducing cessation among current users, and reducing the frequency of consumption and amount consumed by continuing users (cf. Figure 4). Tobacco users who quit could reallocate their money to essential goods, including food, shelter, education and health-care. Countries must increase tobacco taxes to reduce tobacco use, raise funds for tobacco control activities, pay for other public health and social programmes, and decrease tobacco-related illness and death.

III. Protection from exposure to tobacco smoke

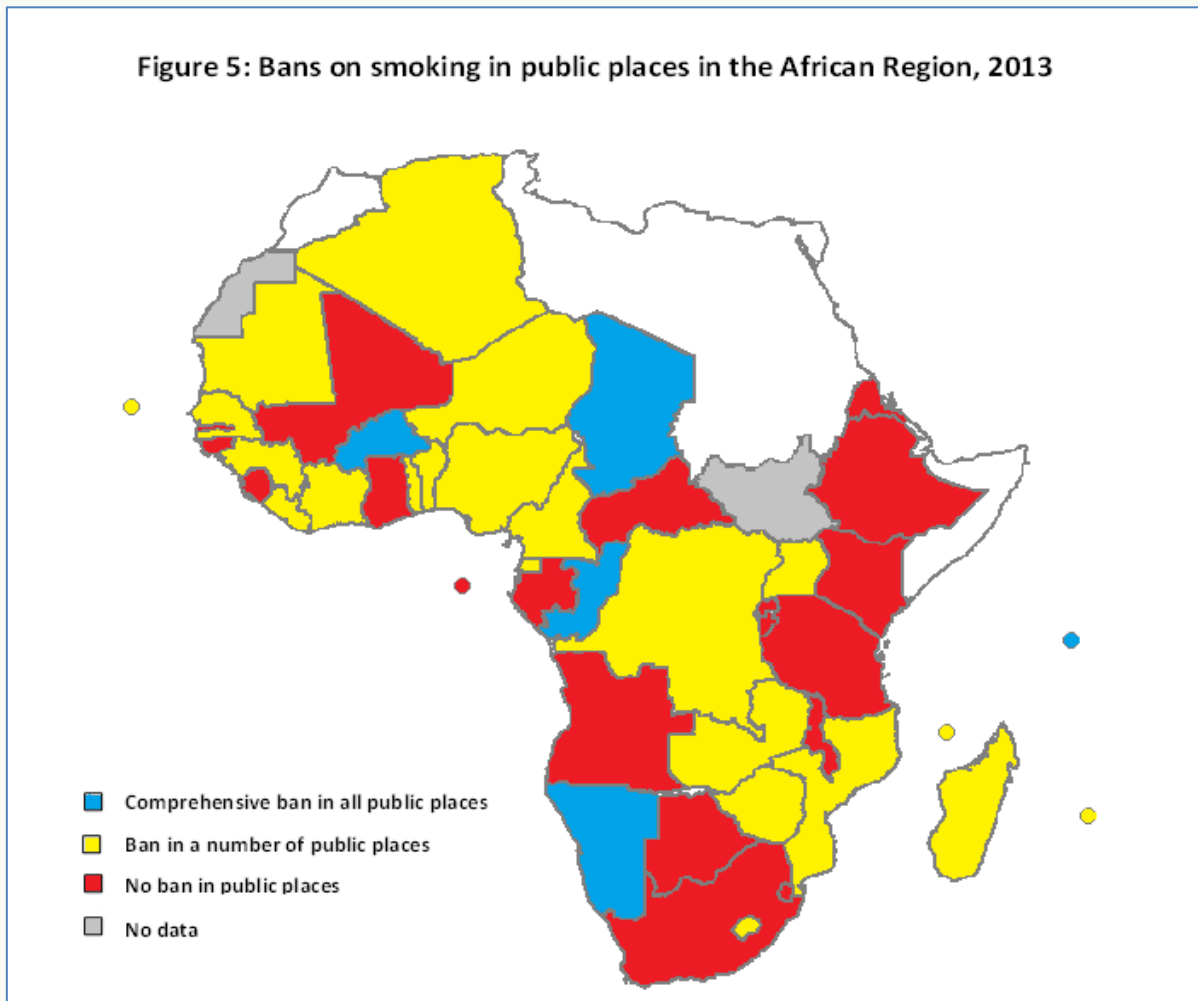
Scientific evidence has unequivocally established that exposure to second-hand tobacco smoke causes disease, disability and death. Second-hand tobacco smoke can be defined as “the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker”. The duty to protect individuals from tobacco smoke is an obligation to governments. This obligation extends to all persons, and not merely to certain parts of the populations.

1. Ban smoking in public places to create a 100% smoke-free environment.

Article 8 of the WHO FCTC requires countries to adopt and implement effective measures to protect people from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

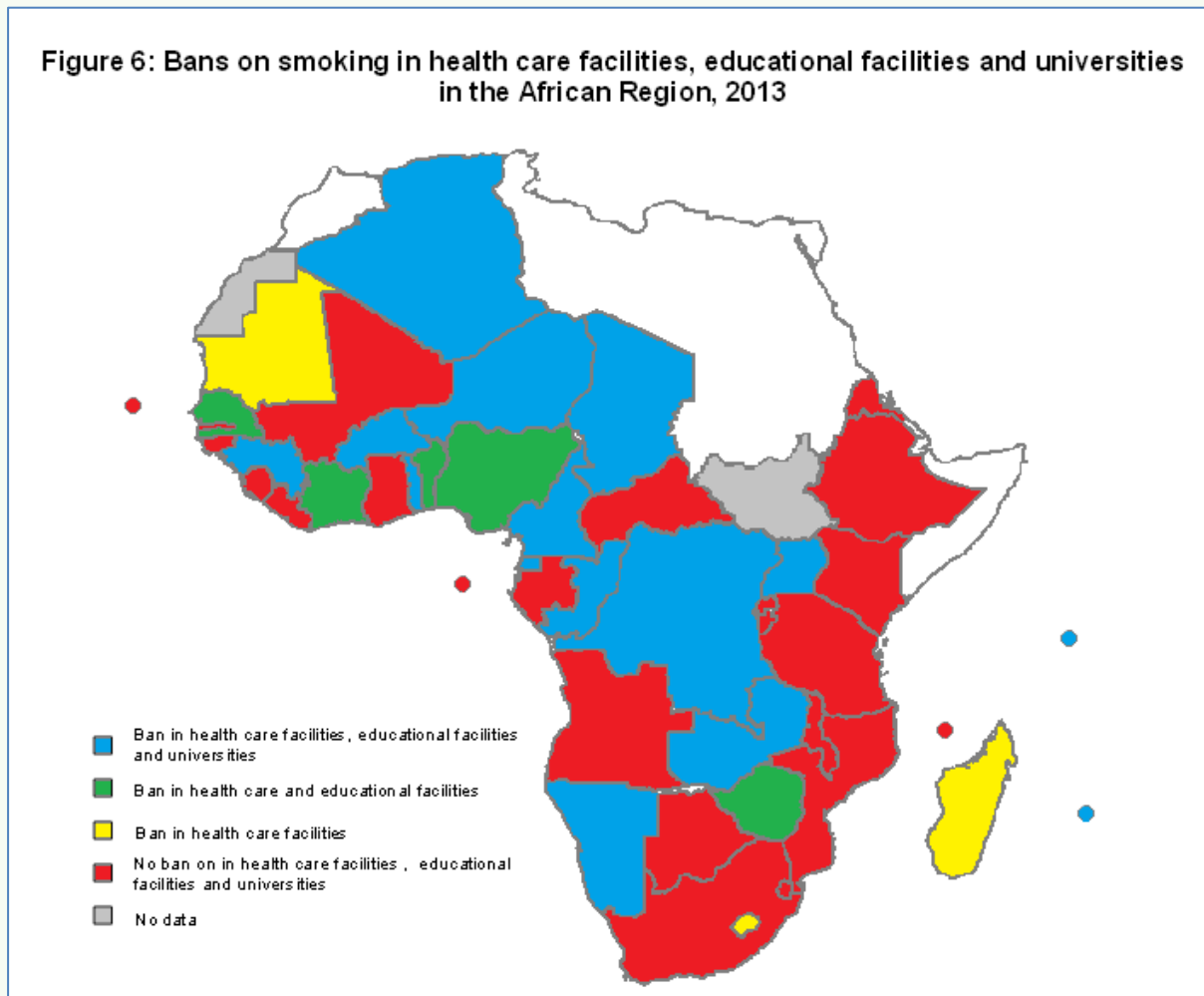
This creates an obligation to provide comprehensive protection by ensuring that all indoor public places, all indoor workplaces, all public transport and other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke with no exemptions. Each Party to the WHO FCTC should provide comprehensive protection within five years of the WHO FCTC’s entry into force for that Party.

Figure 5: Bans on smoking in public places in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

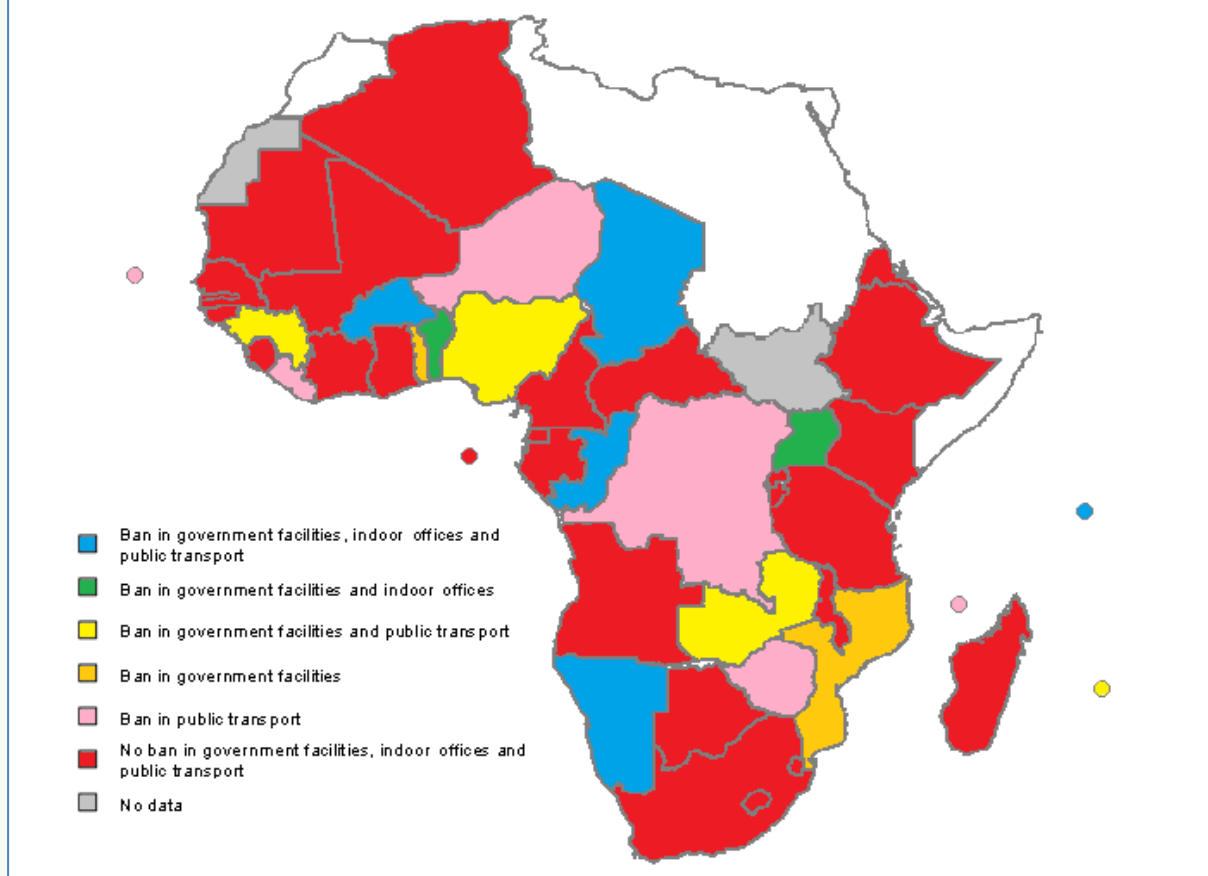
Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO FCTC, require the total elimination of smoking and tobacco smoke in order to create a 100% smoke free environment. In the African region, few countries have comprehensive ban on smoking in public places (cf. Figure 5). Protection should be provided in all indoor or enclosed workplaces used as places of work including motor vehicles. The majority of countries in the Region have bans in several public places (cf. Figures 6 and 7).



There is no safe level of exposure to tobacco smoke. Therefore, the elimination of smoking from indoor environments is the only proven measure that adequately protects the public from the dangerous effects of second-hand tobacco smoke.

Approaches other than 100% smoke free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not) are ineffective. Only a total ban protects effectively.

Figure 7: Bans on smoking in government facilities, indoor offices and public transport in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

2. Enact a comprehensive smoke free legislation requiring all indoor workplaces and public places to be 100% smoke free.

Legislation protects people from exposure to tobacco smoke. Voluntary smoke free policies are not enforceable and therefore ineffective. In order to be effective, legislation should be simple, clear and enforceable.

Laws should ensure universal and equal protection for all. The principle of universal, effective protection may require specific quasi-outdoor and outdoor workplaces like a stadium to be smoke-free.

The legislation should specify fines or other monetary penalties for violations. In addition to monetary penalties, the legislation may also allow for administrative sanctions, such as the suspension of business licences, consistent with the country's practice and legal system.

3. Implement and enforce national legislation

Passing smoke free legislation is not enough. Good planning and adequate resources are essential for successful implementation and enforcement of smoke free legislation. Implementation if well planned does not have to be expensive.

Effective legislation should impose legal responsibilities for compliance on both affected business establishments and individual smokers, and should provide penalties for violations, which should apply to businesses and smokers. In the African Region, 29 countries have established fines for violations and five¹ of these have dedicated funds for enforcement.

The legislation should place the responsibility for compliance on the owner, manager or person in charge of the premises, and should clearly identify the actions he or she is required to take. These duties should include posting “no smoking” signs, removing any ashtrays, supervising the observance of rules; and taking reasonable specified steps to discourage individuals from smoking on the premises.

4. Mobilize and involve the community

Raising awareness among the public and opinion leaders about the risks of exposure to second-hand tobacco smoke is an important role for government agencies, in partnership with civil society. To ensure that the public understands and supports legislative action, these information campaigns should be on-going.

Key messages should focus on the harm caused by second-hand tobacco smoke; that elimination of smoke indoors is the only science-based solution to ensure complete protection from exposure; that all workers have a right to be equally protected by law; and that there is no trade-off between health and economics, because experience shows that smoke free environments benefit both. It is also recognized that smoke-free workplace legislation increases the likelihood that people (both smokers and non-smokers) will voluntarily make their homes smoke-free.

Once legislation is adopted, there should be an education campaign leading up to implementation of the law which provides information to business owners and building managers outlining the law and their responsibilities. Relevant resources, such as signage, should also be made accessible.

5. The benefit of 100% smoke-free environments.

Implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to second-hand tobacco smoke. It is also the only effective strategy to reduce exposure to tobacco smoke to safe levels in indoor environments. All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be 100% smoke free.

¹ Burkina Faso, Cape Verde, Congo, Kenya and Namibia

IV. Packaging and labelling of tobacco products

Many people are not fully aware of, misunderstand or underestimate the risks for morbidity and premature mortality due to tobacco use and exposure to tobacco smoke. Governments have the obligation to increase the effectiveness of their packaging and labelling measures.

1. Require effective health warnings and messages

Article 11 of the WHO FCTC requires countries to adopt and implement effective measures to ensure that tobacco product packaging and labelling do not promote a tobacco product and that each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use. There should be no exemptions for companies or brands or for different types of tobacco products.

Article 11.2 of the WHO FCTC specifies that each unit packet and package of tobacco products, and any outside packaging and labelling of such products, shall, in addition to the warnings specified previously, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

Effective health warnings and messages and other tobacco product packaging and labelling measures are key components of a comprehensive approach to tobacco control. Each Party should adopt and implement effective packaging and labelling measures, within a period of three years after entry into force of the Convention for that Party.

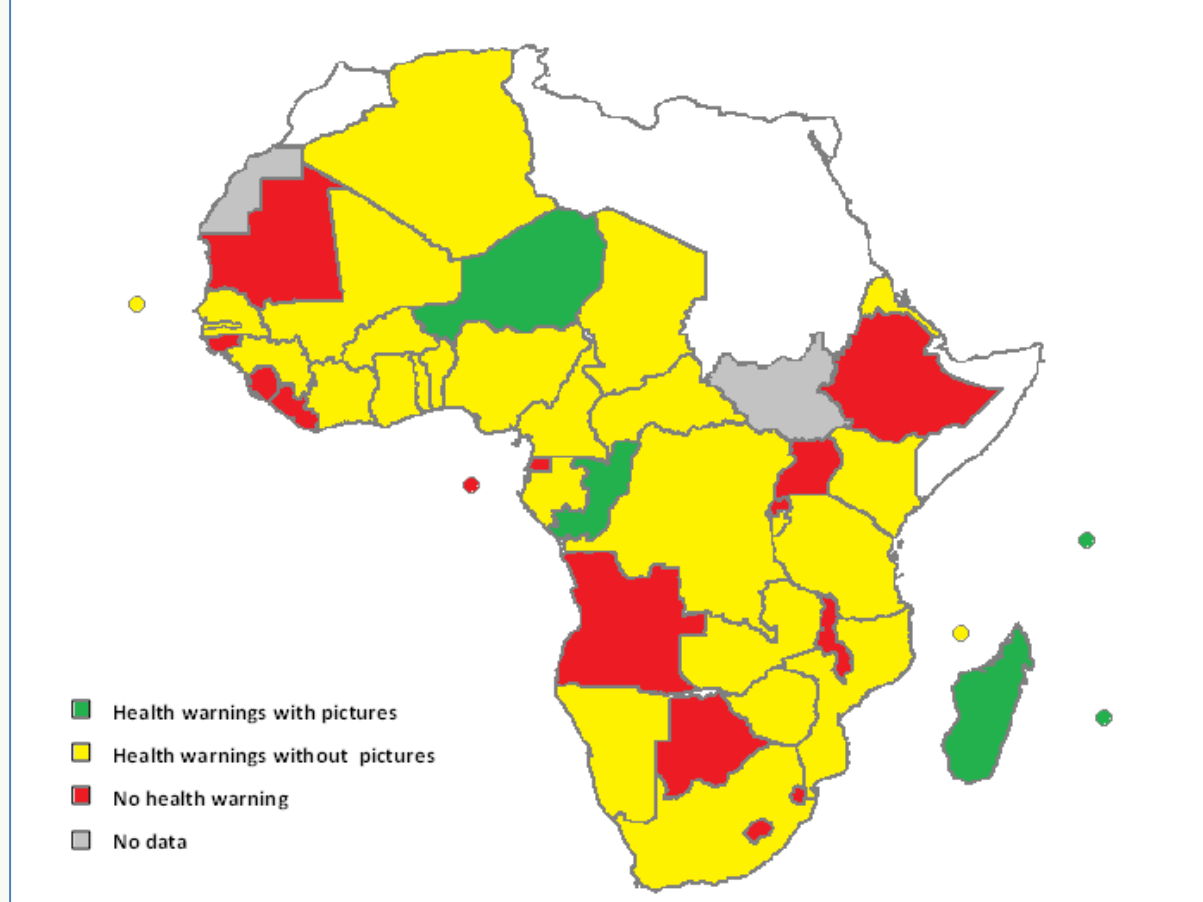
2. Enact a comprehensive packaging and labelling measures.

Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and to reduce tobacco use. Evidence demonstrates that the effectiveness of health warnings and messages increases with their prominence. The location and layout of health warnings and messages on a package should ensure maximum visibility.

Larger warnings with pictures are more likely to be noticed, provoke a greater emotional response and increase the motivation of tobacco users to quit and to decrease their tobacco consumption. Larger health warnings including pictures or pictograms are particularly effective in communicating health effects to low-literacy populations, children and young people.

Pictorial health warnings and messages are rated more effective by tobacco users; are more likely to remain salient over time; better communicate the health risks of tobacco use; provoke more thought about the health risks of tobacco use and about cessation; increase motivation and intention to quit; and are associated with more attempts to quit. Very few countries in the African Region have required pictorial health warnings on tobacco packages (cf Figures 8 and 9).

Figure 8: Health warnings on cigarettes packages in the African Region, 2013



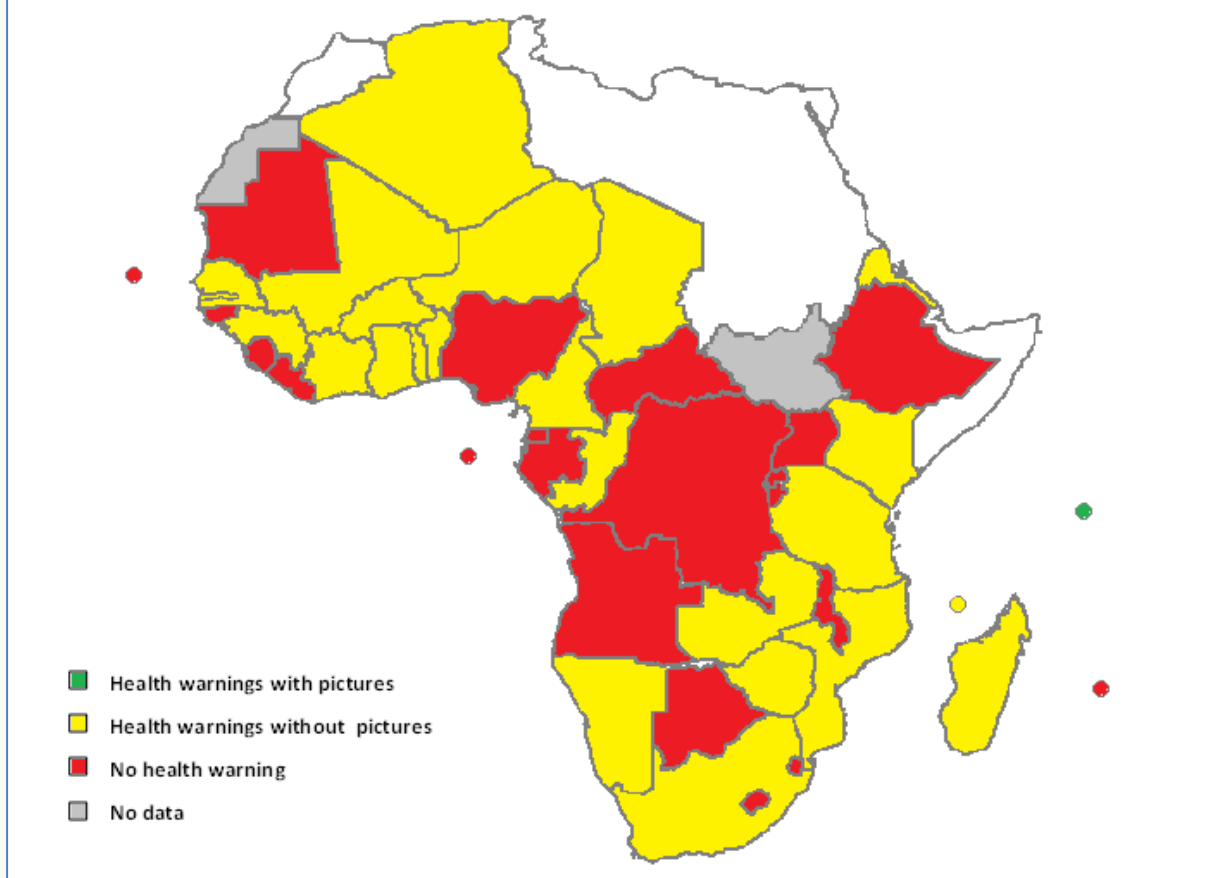
Source: WHO Report on the global tobacco epidemic, 2013

Other elements that enhance effectiveness include locating health warnings and messages on principal display areas, and at the top of these principal display areas; the use of colour; requiring that multiple health warnings and messages appear concurrently; and periodic revision of health warnings and messages. Rotation can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change.

Health warnings and messages on tobacco product packaging and labelling should be 50% or more, but no less than 30%, of the principal display areas. Several countries in the region comply with this requirement (cf Figure 10). The text of health warnings and messages should be in bold print in an easily legible font size and in a specified style and colour(s) that enhance overall visibility and legibility. The bigger the health warning, the better the effect.

Health warnings and messages should address different issues related to tobacco use, in addition to harmful health effects and the impact of exposure to tobacco smoke, such as advice on cessation; the addictive nature of tobacco; adverse economic and social outcomes; and the impact of tobacco use on people around you. Health warnings and messages should also be authoritative and informative; be presented in simple, clear and concise language and that is culturally appropriate.

Figure 9: Health warnings on smokeless tobacco packages in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

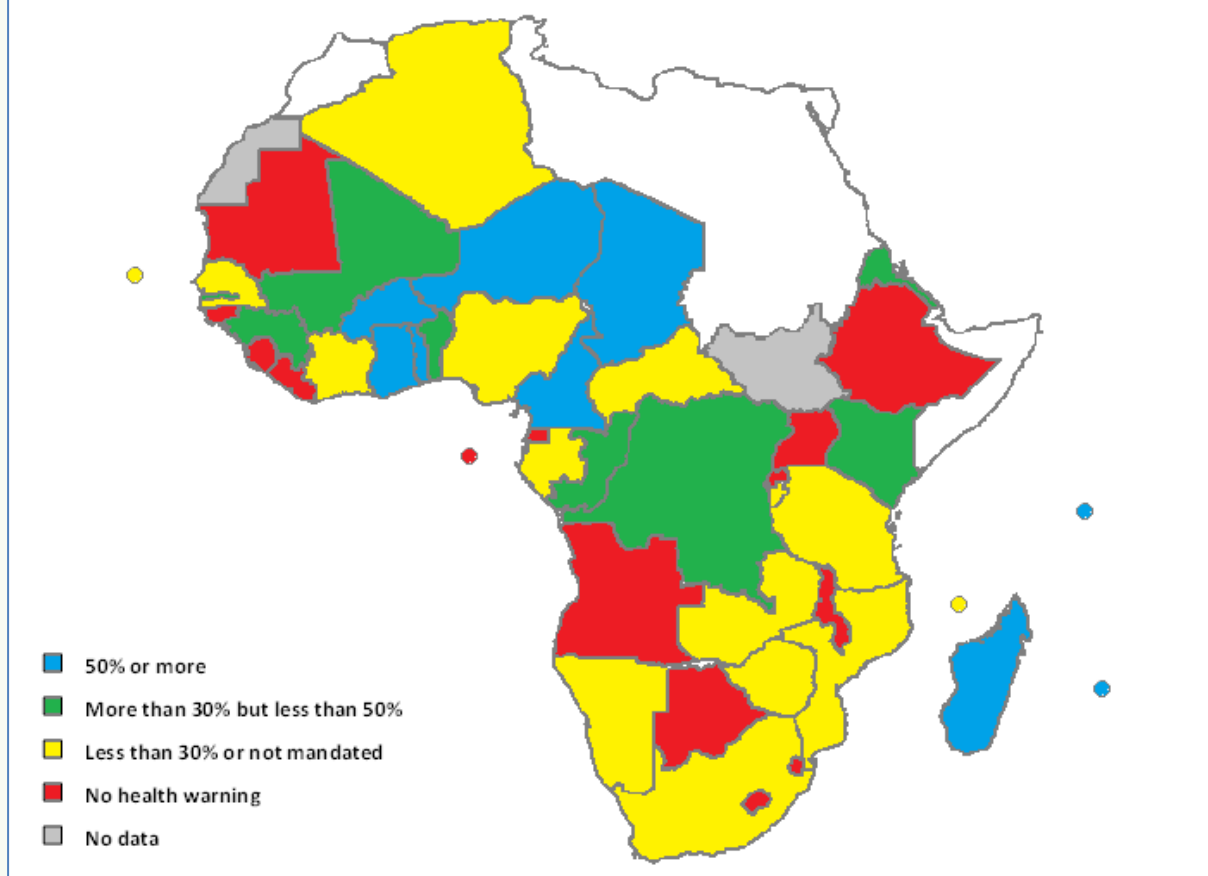
3. Implement and enforce national legislation

Countries should identify the authority or authorities responsible for overseeing implementation of tobacco product packaging and labelling measures, ensuring that the infrastructure necessary for compliance and enforcement activities exists. In order to deter non-compliance with the law, countries should specify a range of fines or other penalties commensurate with the severity of the violation and whether it is a repeat violation.

Countries should ensure that the cost of placing health warnings and messages, as well as information on constituents and emissions, on tobacco product packaging is borne by the tobacco industry. Countries should specify that tobacco product manufacturers, importers, wholesalers and retail establishments that sell tobacco products bear legal responsibility for compliance with packaging and labelling measures.

In order to ensure the timely introduction of health warnings and messages, legal measures should specify a single deadline by which manufacturers, importers, wholesalers and retailers must only supply tobacco products that comply with the new requirements. The time allocated need only be enough to allow manufacturers and importers to organize the printing of new packages.

Figure 10: Display areas of cigarette packages covered by health warnings in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

4. Monitoring compliance and involving the community

To enhance compliance, Countries should inform stakeholders of the requirements of the law before it comes into force. Different strategies might be required for different stakeholders, such as tobacco manufacturers, importers and retailers.

Countries should consider using inspectors or enforcement agents to conduct regular spot checks of tobacco products at manufacturing and importing facilities, as well as at points of sale, to ensure that packaging and labelling comply with the law. Countries should ensure that their enforcement authorities are prepared to respond quickly and decisively to instances of non-compliance.

Countries should consider encouraging the public to report violations in order to further promote compliance with the law.

4. The benefit of effective packaging and labelling measures.

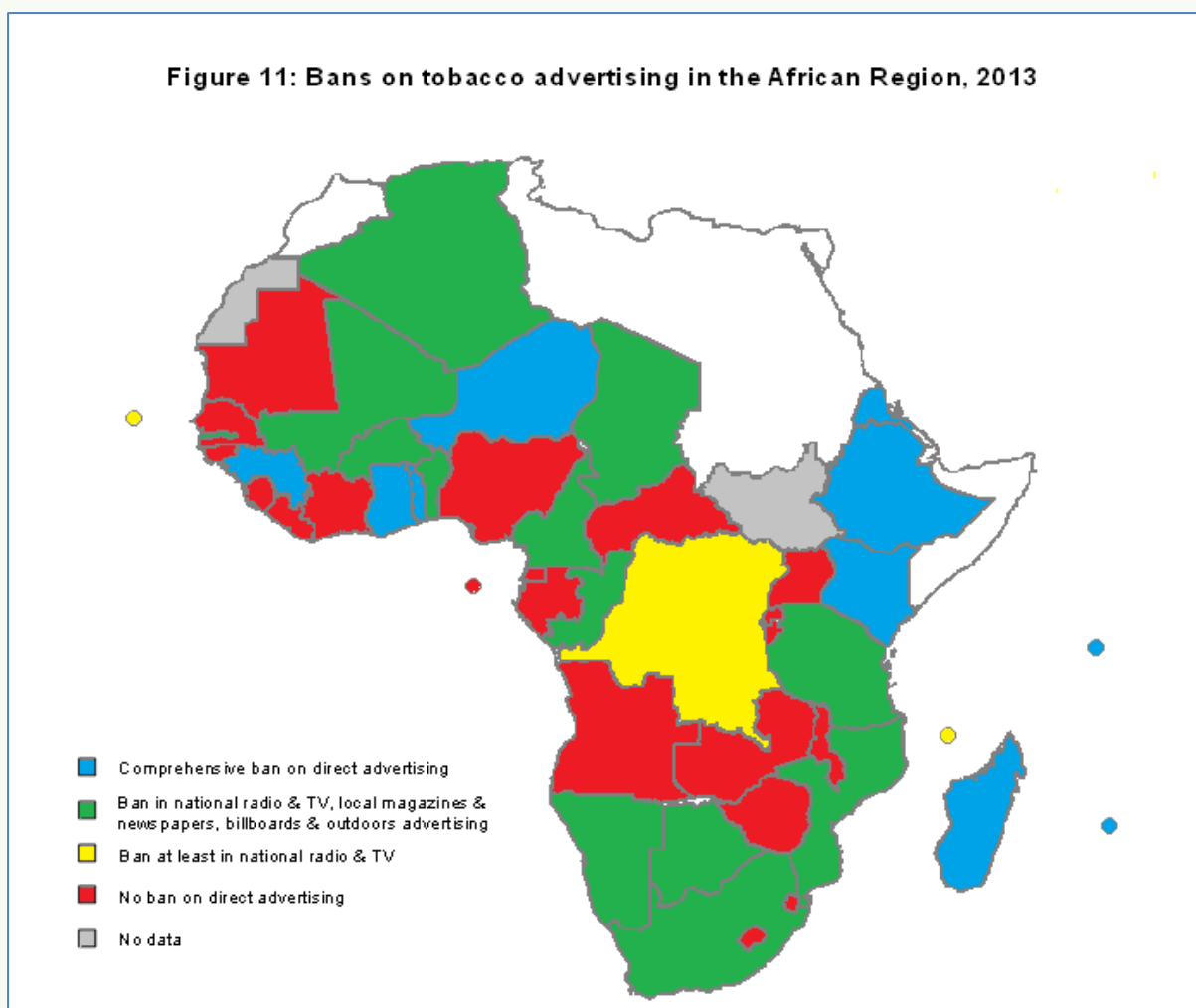
Well-designed health warnings and messages on tobacco product packages are cost-effective means to increase public awareness of the health effects of tobacco use and effective in reducing tobacco consumption.

V. Tobacco advertising, promotion and sponsorship

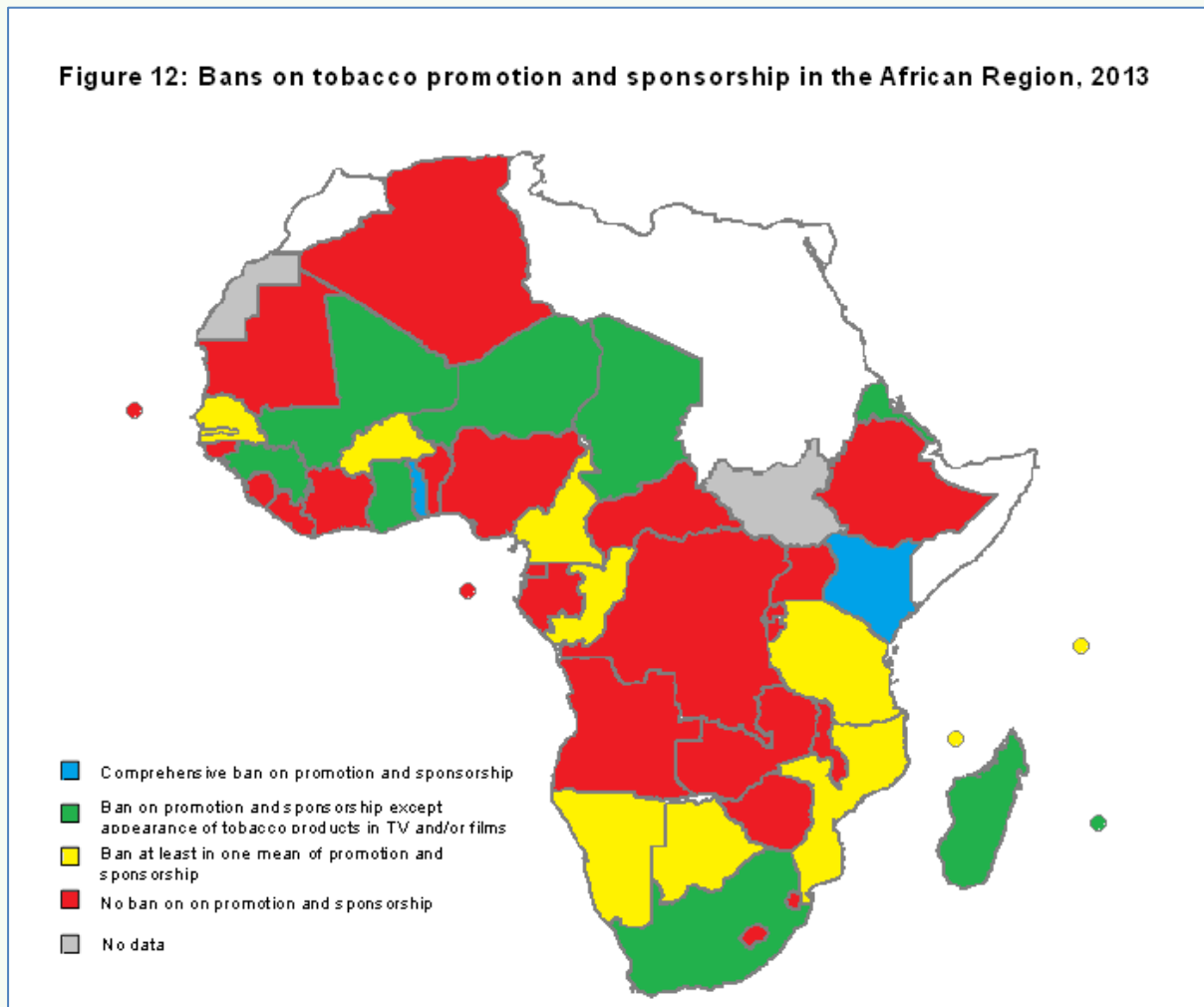
Tobacco advertising, promotion and sponsorship leads to increased tobacco consumption and initiation. The primary purpose of tobacco advertising, promotion and sponsorship is to increase tobacco sales, which encourages current smokers to smoke more and decreasing their motivation to quit. Tobacco advertising, promotion and sponsorship activities also lead potential users to try tobacco and become long-term customers leading to more diseases, disabilities and deaths. Countries have the obligation to develop and enforce a comprehensive ban on tobacco advertising, promotion and sponsorship.

1. Undertake comprehensive ban on advertising, promotion and sponsorship

Article 13 of the WHO FCTC requires countries to undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship including *cross-border advertising, promotion and sponsorship*. This includes both out-flowing advertising, promotion and sponsorship (originating from a country's territory) and in-flowing advertising, promotion and sponsorship (entering a country's territory).



Countries should implement comprehensive measures in order to eliminate tobacco advertising, promotion and sponsorship at both domestic and international levels. Each Party should undertake appropriate measures to ban tobacco advertising, promotion and sponsorship within five years after entry into force of the Convention for that Party. Twenty six countries in the African Region have a ban on tobacco advertising (cf Figure 11) while 22 have a ban on tobacco promotion and sponsorship (cf Figure 12).



Source: WHO Report on the global tobacco epidemic, 2013

2. Enact a comprehensive ban on advertising, promotion and sponsorship

A comprehensive ban on all tobacco advertising, promotion and sponsorship applies to *all* forms of *commercial communication, recommendation or action* and all forms of *contribution* to any event, activity or individual with the *aim, effect, or likely effect* of promoting a tobacco product or tobacco use either *directly or indirectly*.

It is proven that a ban on tobacco advertising, promotion and sponsorship is effective only if it has a broad scope. An effective ban should therefore be *comprehensive* and applicable to *all* tobacco advertising, promotion and sponsorship.

A comprehensive ban on tobacco advertising, promotion and sponsorship, should cover:

- all advertising and promotion, as well as sponsorship, without exemption;
- direct and indirect advertising, promotion and sponsorship;
- acts that aim at promotion and acts that have or are likely to have a promotional effect;
- promotion of tobacco products and the use of tobacco;
- commercial communications and commercial recommendations and actions;
- contribution of any kind to any event, activity or individual;
- advertising and promotion of tobacco brand names and all corporate promotion; and
- traditional media (print, television and radio) and all media platforms, including Internet, mobile telephones and other new technologies as well as films.

3. Enforce national legislation on tobacco advertising, promotion and sponsorship

To be effective, a comprehensive ban should address *all persons or entities* involved in the production, placement and/or dissemination of tobacco advertising, promotion and sponsorship. The entities responsible for tobacco advertising, promotion and sponsorship should be defined widely, and the way in which they are held responsible should depend on their role. Primary responsibility should lie with the initiator of advertising, promotion or sponsorship, usually tobacco manufacturers, wholesale distributors, importers, retailers and their agents and associations.

Countries with a comprehensive ban or restrictions on tobacco advertising, promotion and sponsorship should ensure that any cross-border tobacco advertising, promotion and sponsorship originating from their territory is banned or restricted in the same manner as domestic tobacco advertising, promotion and sponsorship.

Countries should introduce and apply effective, proportionate and dissuasive penalties (including fines, corrective advertising remedies and licence suspension or cancellation). In order that the penalties imposed be effective deterrents they should be graded and commensurate with the nature and seriousness of the offence(s).

Countries should designate a competent, independent authority to monitor and enforce the laws and entrust it with the necessary powers and resources. This agency should have the power to investigate complaints, seize unlawful advertising or promotion, and initiate appropriate legal proceedings.

4. Implement public education and community awareness

Effective *monitoring, enforcement and sanctions* supported and facilitated by strong *public education and community awareness programmes* are essential for implementation of a comprehensive ban on tobacco advertising, promotion and sponsorship.

Countries should implement public education and awareness programmes, inform members of the community about existing laws on tobacco advertising, promotion and sponsorship,

the steps that can be taken to inform the relevant government agency of any advertising, promotion or sponsorship, and the steps that can be taken against a person who has engaged in tobacco advertising, promotion or sponsorship in breach of the law.

Engaging the support of the community to monitor compliance and report violations of laws against tobacco advertising, promotion and sponsorship is an essential element of enforcement. In order for members of the community to perform this role, they must be made aware of the problem and understand the law and the ways in which they can act on breaches.

4. The benefit of effective comprehensive ban on advertising, promotion and sponsorship

A comprehensive ban on advertising, promotion and sponsorship is highly effective in reducing tobacco use and initiation. To be effective in reducing tobacco consumption, bans must be complete and apply to all types of advertising in all media, as well as to all promotion and sponsorship activities, both direct and indirect. Countries should act to ban tobacco advertising, promotion and sponsorship through well-drafted and well-enforced laws. The right of people to live a healthy life free of addiction is crucial.

VI. Tobacco cessation and treatment of tobacco dependence

Tobacco use is highly addictive. The use of tobacco and exposure to tobacco smoke have severe negative health, economic, environmental and social consequences, and people should be educated about these negative consequences and the benefits of cessation. Knowledge of these negative consequences is a powerful component of most tobacco users' motivation to quit, and therefore it is important to ensure that they are fully understood by the public and policy-makers.

1. Promote cessation of tobacco use and adequate treatment for tobacco dependence

Article 14 of the WHO FCTC requires countries to develop and disseminate comprehensive and integrated guidelines based on scientific evidence and best practices, and to take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

There is clear scientific evidence that tobacco dependence treatment is effective and a cost-effective health-care intervention, and thus that it is a worthwhile investment for health-care systems. Support for tobacco users in their cessation efforts and successful treatment of their tobacco dependence will also reinforce other tobacco control policies, by increasing social support for them and increasing their acceptability.

Tobacco dependence treatment should be widely available, accessible and affordable, and should include education on the range of cessation options available. Tobacco cessation strategies and tobacco dependence treatment should also take into account factors such as gender, culture, religion, age, educational background, literacy, socioeconomic status, disability, and the needs of groups with high rates of tobacco use. Strengthening existing health-care systems to promote tobacco cessation and tobacco dependence treatment is as well essential.

2. Develop an infrastructure to support tobacco cessation and treatment of tobacco dependence

In order to promote tobacco cessation and provide effective tobacco dependence treatment as rapidly as possible and at as low a cost as possible, countries should use existing resources and infrastructure as much as they can, and ensure that tobacco users at least receive brief advice.

Countries should implement the following actions in order to strengthen or create the infrastructure needed to promote cessation of tobacco use effectively and provide adequate treatment for tobacco dependence:

- *Conduct a national situation analysis* on tobacco control policies and their impact, as well on available resources including training capacity and health-care infrastructure
- *Create or strengthen national coordination* of a programme to promote tobacco cessation, to provide tobacco dependence treatment and to maintain information

system on tobacco cessation services and qualified service providers for tobacco users

- *Develop and disseminate comprehensive guidelines* including the followings:
 - A national cessation strategy aimed at those responsible for funding and implementing policies and programmes; and
 - National tobacco dependence treatment guidelines aimed at those who will develop, manage and provide cessation support to tobacco users.
- *Address tobacco use by health-care workers and others involved in tobacco cessation:* Specific programmes promoting cessation of tobacco use and offering tobacco dependence treatment should therefore be provided for health-care workers and any other groups involved in helping tobacco users to quit.
- *Develop training capacity:*
 - Health-care workers should be trained to record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate;
 - Tobacco control and tobacco cessation should be incorporated into the training curricula of health professionals and other relevant occupations both at pre- and post-qualification levels, and in continuous professional development.
- *Use existing systems and resources to ensure the greatest possible access to services*
- *Make the recording of tobacco use status in medical notes mandatory*
- *Encourage collaborative working* between governmental and nongovernmental organizations
- *Establish a sustainable source of funding for cessation help*

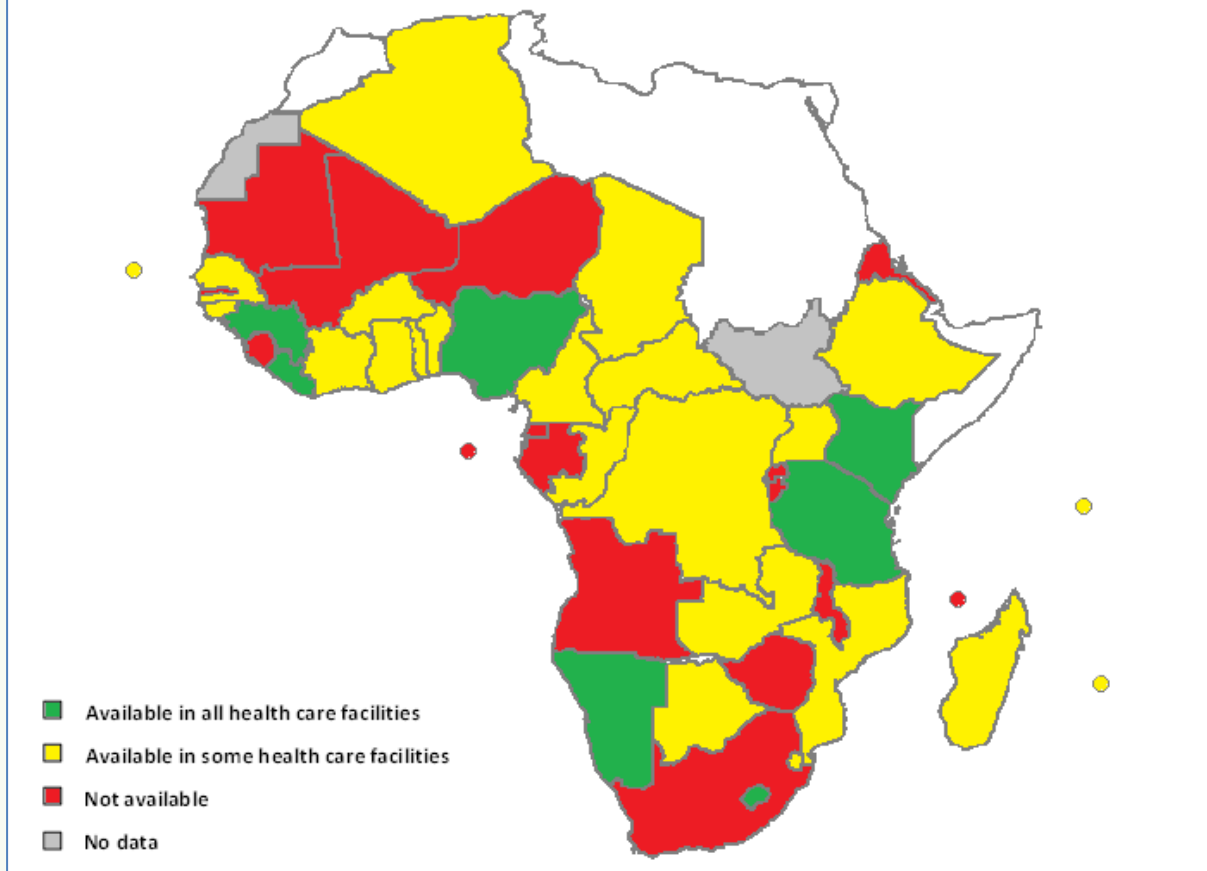
3. Provide cessation and treatment system to help tobacco users quit

Countries should provide cessation support and treatment in all health-care settings and by all health-care providers. Most of countries in the African Region comply with this requirement (cf Figure 13). Countries should additionally consider providing cessation support and treatment in non-health-care settings and by suitably trained non-health-care providers.

In designing national cessation and treatment systems for health-care and other settings, countries should include the following components, taking into account national circumstances and priorities:

- *Establish population-level approaches*
 - Mass communication and education programmes
 - Brief advice integrated into all health-care systems.
 - Quitlines in which callers can receive advice from trained cessation specialists.
- *Establish more intensive individual approaches:* Specialized tobacco dependence treatment services delivered by specially trained practitioners.
- *Make medications available* to tobacco users wanting to quit and where possible be provided free or at an affordable cost; as the case in the majority of African region countries (cf Figure 14).

Figure 13: Availability of smoking cessation support in the African Region, 2013



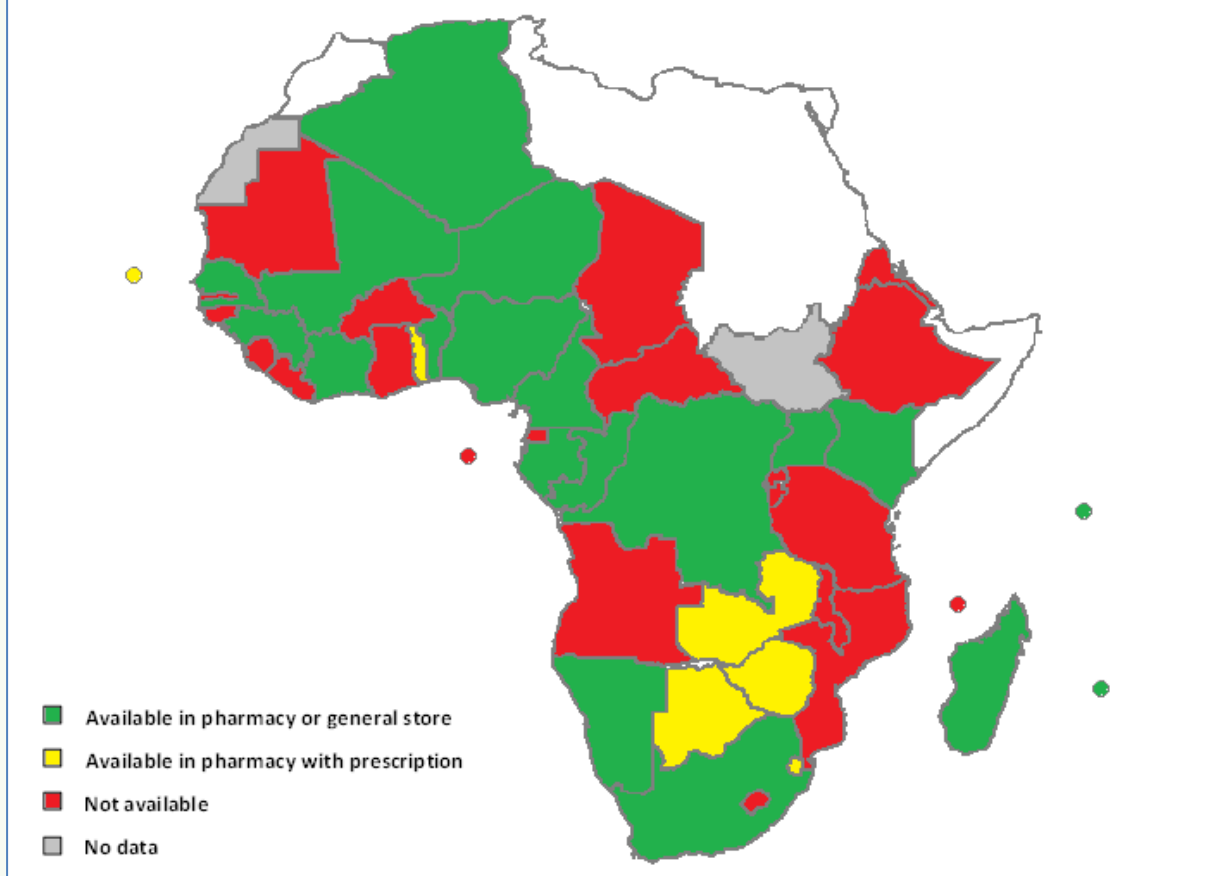
Source: WHO Report on the global tobacco epidemic, 2013

4. Implement cessation support through a stepwise approach

Tobacco control policies which reduce the demand for tobacco, and which are covered in other articles of the WHO FCTC, promote tobacco cessation by encouraging quitting and creating a supportive environment for the implementation of measures that support cessation. Implementing tobacco cessation and tobacco dependence treatment measures in conjunction with such policies will have a synergistic effect and thus maximize the impact on public health.

Introduction of the different components of a comprehensive, integrated system to promote tobacco cessation and treat tobacco dependence can be simultaneous or stepwise, according to each country's circumstances and priorities. All countries should aim to provide the fullest complement of interventions for tobacco cessation and treatment of tobacco dependence. Countries should use existing infrastructure, in both health-care and other settings, to ensure that all tobacco users are identified and provided with at least brief advice.

Figure 14: Availability of nicotine replacement therapy in the African Region, 2013



Source: WHO Report on the global tobacco epidemic, 2013

5. The benefit of cost-effective cessation services

A cost-effective cessation services, adapted to local conditions and tailored to individual needs, which includes a tobacco cessation advice incorporated into primary and routine health-care services; an easily accessible and free telephone help lines and an access to free or low-cost cessation medicines will significantly reduce the risks of developing a tobacco-related illness and have a great impact on individual health.

VII. Surveillance and monitoring for tobacco control

Surveillance of tobacco use and monitoring of tobacco control policy achievements are critical to understanding and reversing the tobacco epidemic. Progress is particularly needed in low and middle-income countries, where tobacco use is rising fastest. Surveillance, monitoring and evaluation form the foundation of well-informed tobacco control policy development and enforcement.

1. Monitor tobacco use and tobacco policies

Article 20 of the WHO Framework Convention on Tobacco Control requires countries to establish programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke; and integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels.

Surveillance and monitoring activities provide critical evidence to sustain the case for stronger tobacco control policies, which should be widely disseminated to enable governments, country leadership, and civil society to use them to develop tobacco control policies and build capacity for effective enforcement of the WHO FCTC provisions.

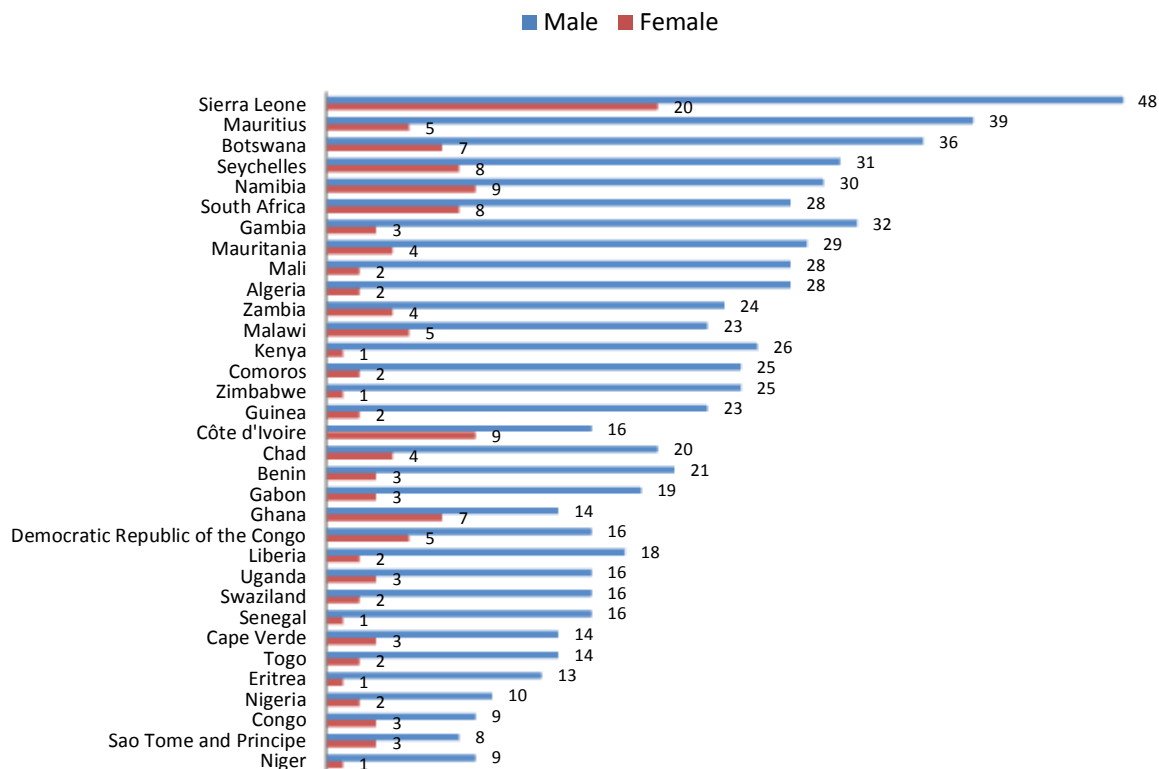
Accurate data from surveillance and monitoring are therefore necessary to ensure the success of implementation of the WHO FCTC. It is only through accurate measurement that problems caused by tobacco can be understood and interventions can be effectively managed and improved. This will result in appropriate policy implementation, efficient impact measurement and timely adjustment when necessary, all which greatly improve the likelihood of success.

2. Ensure that tobacco data be representative and repeated regularly

Tobacco use surveillance and monitoring requires recent and representative data for both adults and youth (cf Figures 15 and 16). Comparable data across different survey periods are also required to accurately monitor and evaluate the impact of tobacco control interventions over time. Countries have to conduct on-going periodic surveys that collect these data at least every five years. Without periodic data, it is difficult to accurately track trends in tobacco use. The Global Youth Tobacco Survey (GYTS) provided countries in the African region with recent, representative and periodically repeated data (cf Figures 17).

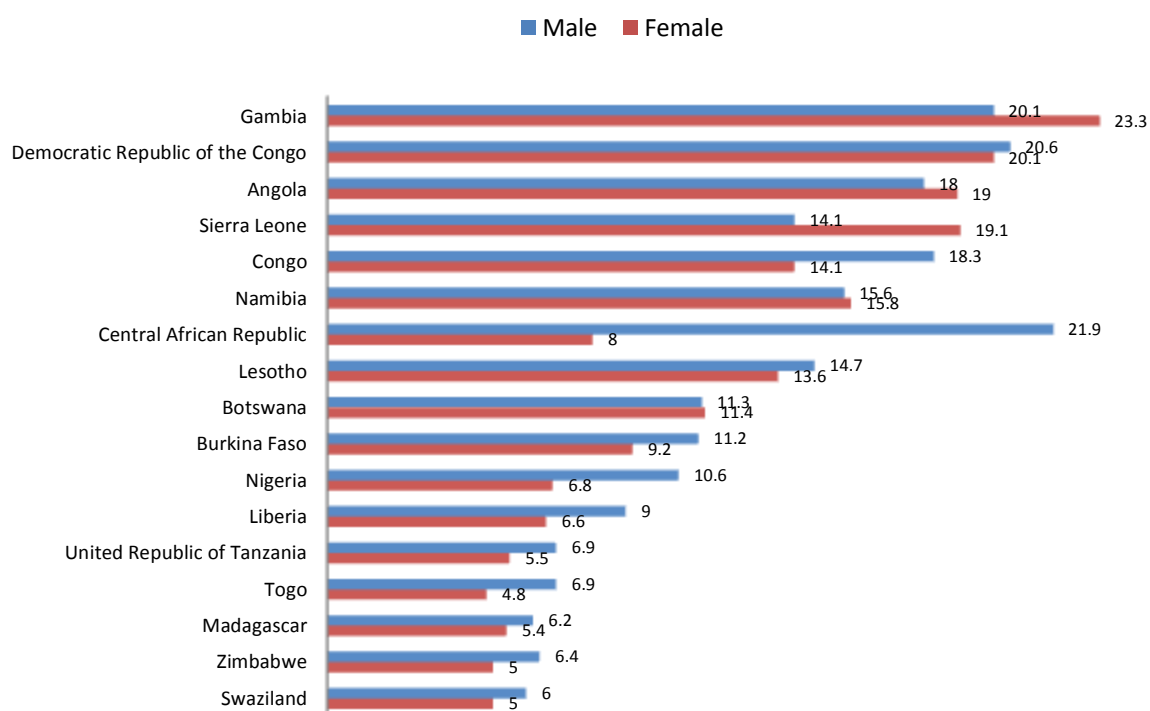
Surveillance, monitoring and evaluation systems must use standardized and scientifically valid data collection and analysis practices. Population surveys using a representative, randomly selected sample of sufficiently large size can provide the needed estimates, and can be conducted on tobacco use alone or combined with surveys of other priority health issues. Such surveys should be repeated at regular intervals using the same questions, sampling, data analysis and reporting techniques.

Figure 15: Prevalence of tobacco smoking among adults in African region countries, 2013



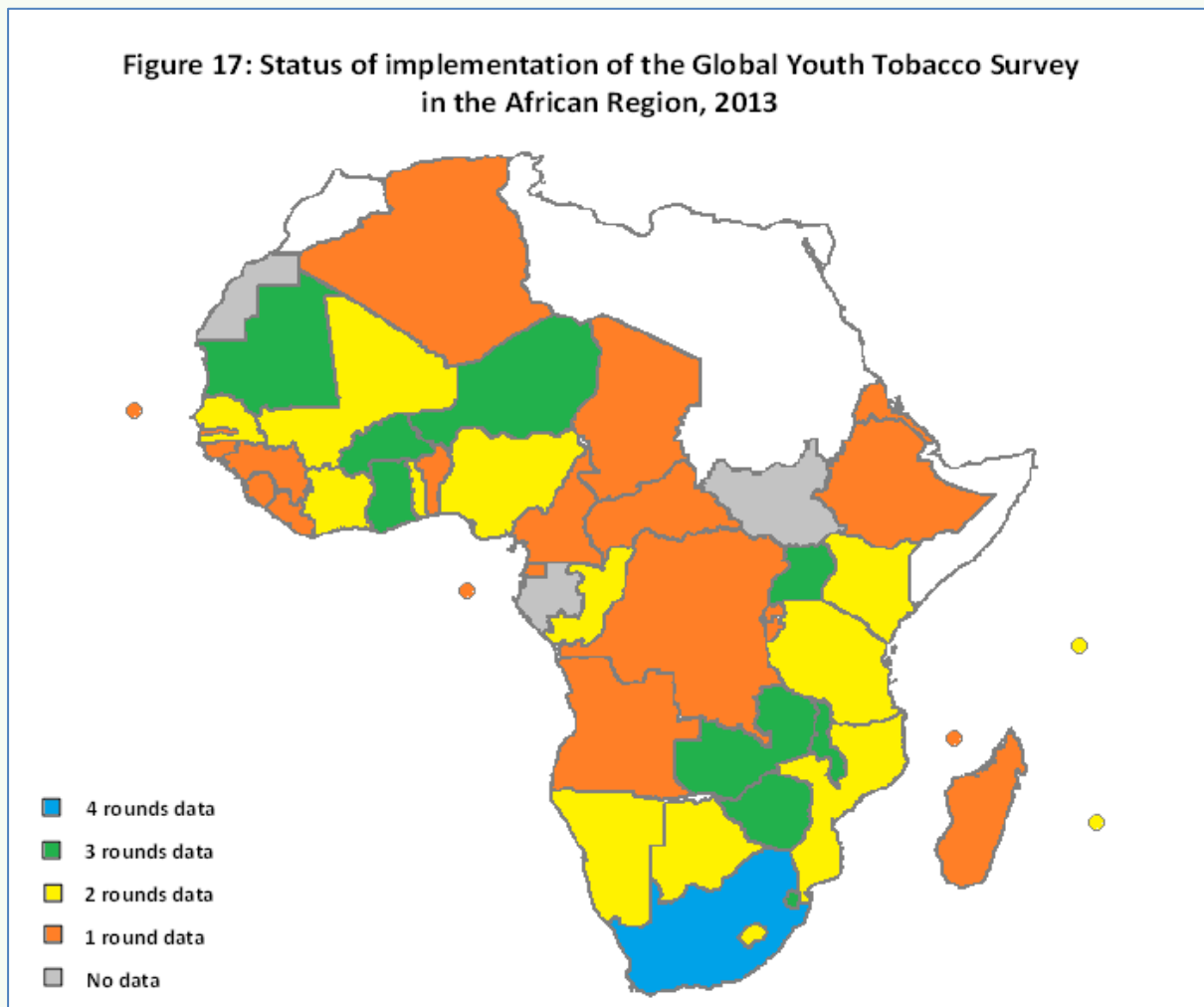
Source: WHO Report on the global tobacco epidemic, 2013

Figure 16: Prevalence of smokeless tobacco use among youth in African region countries, 2013



Source: WHO Report on the global tobacco epidemic, 2013

It is important that countries develop and conduct surveys on tobacco use and tobacco control policy implementation, either as part of general health surveys or as stand-alone tobacco surveys, to provide the data needed to effectively control the tobacco epidemic. Standardized questions about tobacco use can be embedded in existing population-based surveys or censuses. The Global Adult Tobacco Survey (GATS) is an important tool that has strengthened surveillance of tobacco use and can serve as a model for conducting high-quality monitoring. Tobacco Questions for Surveys (TQS) can be inserted into existing national surveys to minimize surveillance system and survey costs.



3. Require comprehensive surveillance and monitoring systems

Surveillance and monitoring programmes need to provide overarching as well as specific information on the tobacco epidemic and good systems should track several indicators, comprising (i) prevalence of tobacco use; (ii) impact of tobacco control policy interventions; and (iii) tobacco industry marketing, promotion and lobbying.

Surveillance and monitoring systems should track tobacco use indicators, including use of alternative forms of smoked tobacco (e.g. water pipe), smokeless tobacco products (e.g. snus) and new types of cigarette substitutes and new emerging forms of tobacco (e.g. electronic cigarettes). These include surveys on tobacco use prevalence and consumption

levels by age group, sex, income and other demographic subdivisions, both nationally and by province or region.

Tobacco industry activities should also be monitored including the extent and type of tobacco advertising, marketing and promotional activities, as well as tobacco industry sponsorship of public and private events.

The effectiveness of local and national tobacco prevention programmes must also be closely assessed including assessments of government enforcement of and societal compliance with tobacco control policies, including tax collection and tax evasion, smoke-free places, and advertising and marketing bans.

Timely and accurate data facilitate appropriate policy implementation, accurate measurement of policy impact and adjustment of strategies as indicated, all of which greatly improve the probability of success.

4. Ensure effective surveillance and monitoring systems

To maintain an effective surveillance and monitoring system, collaboration is needed among health practitioners, economists, epidemiologists, data managers, government officials and many others. Good management and coordination are also necessary, which requires stable and sustained funding.

Findings must be effectively disseminated so that governments, country leadership and civil society can use them to develop tobacco control policies and build capacity for effective policy implementation and enforcement. Data from surveillance and monitoring become the most important evidence for advocates of stronger policies.

5. The benefit of an effective surveillance and monitoring system

Surveillance and monitoring of tobacco use and tobacco control measures is critical to effectively addressing the tobacco epidemic and assessing the effects of tobacco control. Comprehensive monitoring informs the leaders of governments and civil society how the tobacco epidemic harms their countries, and helps them allocate tobacco control resources where they are most needed and will be most effective. Monitoring also shows whether policies are working and how they should be tailored to the needs of different countries, and to different groups within countries. Monitoring is therefore critical to tobacco control efforts.