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Agenda item 17.4

**PROGRESS REPORT ON THE GLOBAL STRATEGY TO ACCELERATE TOBACCO  
CONTROL 2019–2025: IMPLEMENTATION IN THE AFRICAN REGION**

**Information Document**

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## BACKGROUND

1. Tobacco use poses significant threats to the health and well-being of every society. Tobacco kills half its users and smokers face a higher risk of severe disease and death if infected with COVID-19.<sup>1</sup> More than 75 million people in the African Region use some form of tobacco.<sup>2</sup> Tobacco is a major cause of preventable death and illnesses. Tobacco-attributable diseases, including cardiovascular and chronic respiratory diseases, cancers, and diabetes, have been associated with increased severity of COVID-19 illness.

2. To tackle tobacco's harmful impact, the WHO Framework Convention on Tobacco Control (WHO FCTC)<sup>3</sup> was adopted by Member States in 2003. The WHO FCTC is an internationally negotiated, legally binding package of evidence-based measures proven to reduce the harms of tobacco. Sustainable Development Goal (SDG) 3 target 3.a calls for strengthening the implementation of the WHO FCTC.

3. The Global Strategy to accelerate tobacco control: Advancing sustainable development through the implementation of the WHO FCTC 2019–2025<sup>4</sup> was adopted in 2018 by the Conference of the Parties (COP8) to the WHO FCTC. It is intended to guide accelerated attainment of the overall target of a 30% relative reduction in tobacco use by 2025.<sup>4</sup> The Strategy sets clear priorities and targets effective means of reducing tobacco use and harm, by building alliances and partnerships and by protecting the integrity of, and building on the achievements of the WHO FCTC.

4. This is the first report on the implementation of the Strategy in the African Region since its adoption. The report highlights progress made against the indicators<sup>4</sup> in the Strategy and proposes the next steps.

## PROGRESS MADE/ACTIONS TAKEN

5. The Region is on track to achieve a 30% relative reduction in the prevalence of tobacco use by 2025 among people aged 15 years and above. Twenty-five (53%) Member States are on track to achieve this target, while 15 (32%) have recorded a reduction in tobacco use prevalence but are unlikely to meet the target.<sup>5</sup>

6. Member States of the Region have taken actions towards reducing tobacco use. Sixteen (34%) Member States<sup>6</sup> have developed and implemented multisectoral tobacco control strategic plans aligned with the WHO FCTC. Twenty-two (47%) Member States<sup>7</sup> have improved tax and price measures through policy reform, using the WHO Tax Simulation Model (WHO TaxSim) tool for data analysis and modelling to provide the scientific basis for reforms.

<sup>1</sup> <https://www.afro.who.int/regional-director/speeches-messages/world-no-tobacco-day-2020>

<sup>2</sup> <https://www.afro.who.int/regional-director/speeches-messages/world-no-tobacco-day-2021>

<sup>3</sup> WHO Framework Convention on Tobacco Control, World Health Organization; 2003.

<sup>4</sup> Global Strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019-2025. Geneva: World Health Organization; 2019.

<sup>5</sup> WHO global report on trends in the prevalence of tobacco use 2000-2025, fourth edition. Geneva: World Health Organization; 2021.

<sup>6</sup> Botswana, Cabo Verde, Chad, Côte d'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mauritius, Nigeria, Rwanda, Senegal, Seychelles, and Uganda.

<sup>7</sup> Benin, Burkina Faso, Cabo Verde, Cameroon, Chad, Congo, Côte d'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mauritania, Mauritius, Niger, Nigeria, Rwanda, Senegal, Seychelles, Togo, and Uganda.

7. Thirty-six (77%) Member States<sup>8</sup> have tobacco control laws and regulations in force. Fifteen (32%) Member States<sup>9</sup> are implementing large graphic health warnings about tobacco harm.

8. The Knowledge Hub at the University of Cape Town has continued to develop competencies in the Region on tobacco taxation and illicit trade in tobacco products. The Knowledge Hub at the McCabe Centre for Law and Cancer in Melbourne has built the capacity of 36 government legal advisors from 21 (45%) Member States<sup>10</sup>. Eleven (23%) Member States<sup>11</sup> in the Region and three countries from Asia<sup>12</sup> have made study tours to Kenya to learn about the implementation of digital track and trace systems to prevent illicit trade in tobacco products.

9. The Economic Community of Central African States (ECCAS), the Economic Community of West African States (ECOWAS) and the West African Economic and Monetary Union (WAEMU) have adopted tobacco tax directives. The Italian Agency for Development Cooperation (IADC) and the Norwegian Agency for Development Cooperation (NORAD) are supporting tobacco control interventions in Ethiopia and Ghana.

10. Thirty-two (68%) WHO country offices (WCOs) in the Region included tobacco control in their country support plans in 2020–2021, as have 34 (72%) WCOs<sup>13</sup> for the biennium 2022–2023. A multisectoral approach to tobacco control has been adopted in countries that have legislation aligned with the WHO FCTC and where coordinating mechanisms with civil society involvement are enshrined in legislation.

11. Civil society organizations are increasingly active in supporting tobacco control. The African Tobacco Control Alliance (ATCA), a regional network of civil society organizations in Africa, was admitted as an observer to the COP at the Ninth session of the Conference of the Parties (COP9) to the WHO FCTC.<sup>14</sup>

12. Tobacco industry interference has remained a significant challenge for tobacco control in the Region. Some Member States have reported cases of interference, including litigation against tobacco control laws and regulations in Burkina Faso, Kenya, South Africa and Uganda.

13. In the face of COVID-19, the tobacco industry has intensified its interference through so-called corporate social responsibility initiatives, largely in the form of donations of medical equipment or

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<sup>8</sup> Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Eritrea, Gabon, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Africa, United Republic of Tanzania, Togo, and Uganda.

<sup>9</sup> Burkina Faso, Cameroon, Chad, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Mauritania, Mauritius, Namibia, Nigeria, Senegal, Seychelles, Uganda.

<sup>10</sup> Botswana, Cameroon, Eswatini, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Uganda and Zambia.

<sup>11</sup> Côte d'Ivoire, Congo, Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Nigeria, Senegal, South Africa, Togo and Uganda.

<sup>12</sup> India, Malaysia, and Sri Lanka.

<sup>13</sup> Benin, Burkina Faso, Botswana, Cameroon, Central African Republic, Cabo Verde, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, Nigeria, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe.

<sup>14</sup> COP Decision: FCTC/COP9(3) Applications for the status of observer to the Conference of the Parties.

cash.<sup>15</sup> During lockdowns, industry actors also persistently lobbied to have their products listed as essential goods.

## **NEXT STEPS**

14. Member States should:

- (a) ensure that the implementation of the WHO FCTC is identified as a development priority, including in their United Nations Development Assistance Framework (UNDAF) and WHO country cooperation strategies;
- (b) include implementation of the WHO FCTC in the voluntary reports on country progress towards SDG 3.a, which calls for strengthening the enforcement of the Convention;
- (c) establish mechanisms for domestic financing of tobacco control by creating tobacco control funds and allocating national budgets;
- (d) adopt and implement comprehensive laws and regulations including on the control of emerging and novel nicotine and tobacco products;
- (e) raise taxes and allocate tax revenues to fund tobacco control and other universal health coverage initiatives;
- (f) forge partnerships with various sectors to counter industry interference and foster policy coherence.

15. WHO and partners should:

- (a) continue to support and strengthen Member States' capacity for tobacco control through policy reforms, enforcement and compliance;
- (b) work with Member States to strengthen multisectoral collaboration, partnerships and coordination for effective implementation of the WHO FCTC;
- (c) promote the visibility of the WHO FCTC to respond effectively to the threat of tobacco to health, economic and social development and the environment;
- (d) take the necessary steps to increase Member States' access to international financing mechanisms for tobacco control.

16. The Regional Committee noted the progress report and endorsed the proposed next steps.

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<sup>15</sup> Tobacco Industry capitalizes on the COVID pandemic. The Lancet Respiratory Medicine Volume 9, Issue 10, October 2021 Pages 1097-1098.