

Regional Summary for the African Region

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Introduction

Africa was first introduced to tobacco in 1560. That year, Portuguese and Spanish merchants shipped the leaves to East Africa from where it spread to Central and West Africa. By the 1650's, European settlers were already growing tobacco in South Africa.¹ Though the history of tobacco dates back well over five centuries, the use of tobacco has been relatively uncommon on the continent until about a decade ago when Africa became a prime target for transnational tobacco companies' market expansion activities. With half of its over 800 million population comprising young impressionable minds, Africa offers the tobacco industry limitless opportunities and prospects for redeeming its doomed fortunes in the West. *'Taste of Adventure,' 'Houston,' 'Authentic USA,' 'Wet & Wild,' 'Taste Success,' 'Excellence: Passionate about Football'* are a few of the tobacco advertisement slogans that dot billboards across Africa. A tobacco industry chieftain once said, "It would be stupid to ignore a growing market. I can't answer the moral dilemma. We are in the business of pleasing our shareholders. We have a very strong feeling that if no one had heard of cigarettes in Timbuktu, then a Rothmans billboard would not mean anything. All we are doing is responding to a demand."²

Two out of three of the world's poorest nations are in Africa. Of the 46 countries in the WHO African region, 36 (78%) are classified as low-income, five (11%) are lower-middle income, and five (11%) are upper middle-income countries, according to the World Bank. In 1996, the average Gross National Product (GNP) per capita for Sub-Saharan Africa (SSA) was US\$481. Ethiopia has a population of 58 million and a GNP per capita of US\$110. Mozambique's 17 million people have a GNP per capita of US\$90 – the lowest in the region. In the decade from 1986-1996, sub-Saharan Africa experienced a 1% decrease in GNP.³

Africa has been a theater for wars. Poverty is widespread. A number of African countries are battling with HIV and AIDS and numerous other communicable and non-communicable diseases. The additional burden of tobacco-related diseases creates an unprecedented calamity for public health.

The question is thus, how are African youths, women and children responding to the suffocating marketing and promotional activities of the tobacco transnationals? What are the implications for rising tobacco consumption in a continent pilloried by poverty, diseases and wars? What is the

response of African governments and civil society organizations to this 'tobacco invasion'?

Since the last edition of the *Tobacco Control Country Profiles* (the *Profiles*), there have been shifts in tobacco prevalence as well as tobacco control activities in some countries. There have been noticeable changes in the demographic and political profiles of African countries. This review, among others, will highlight those shifts, Africa's leadership position in the Framework Convention on Tobacco Control (FCTC) process, as well as challenges facing tobacco control in Africa.

Smoking Prevalence

With the exception of South Africa, cigarette consumption is on an alarming increase in most African countries. Though a comprehensive and periodic tobacco consumption and prevalence survey is lacking, available data provide enough evidence to substantiate the rising smoking trend in the continent, particularly among the youth. In 1995, the total cigarette consumption in the region stood at 131,181 million sticks. This figure rose to 212,788 million in 2000. This represents an alarming 38.4 % increase in five years.⁴ Current data put youth smoking rate in Burkina Faso 36.7%, Ghana 16.8%; Malawi 16.9%, Nigeria 18.1% (13-15 years); Rwanda 16.7% (11-15 years); South Africa 24.3% (13-15 years); Uganda 58.1% (14-18 years) and Zimbabwe 18.5% (13-15 years). These data show an alarming trend when compared with figures in the last edition of the *Profiles*.

Rising youth smoking prevalence may be partly attributable to the volume of tobacco advertisements that dot the African public space, one element of the industry's overwhelming promotional and sponsorship presence. Marketing research conducted in Nigeria and submitted on July 25, 1991 to BAT UK and Export Limited, London by Market Behavior Limited, London, found that "new smokers enter the market at a very early age, in many cases as young as 8 or 9 seems to be quite common."⁵

The use of pipes, snuff, and rolled tobacco leaves is widespread among Africans. "The full extent of tobacco use will be grossly underestimated in every African country if only manufactured cigarettes are used to measure consumption patterns. About 90% of men and 11% of women in Senegal use some form of tobacco. In Kenya, the equivalent figures are 67% and 32% for men and women, respectively."⁶

Barring effective interventions to reverse the current trend, the adverse health impact of the tobacco epidemic is clinically predictable in Africa, sooner rather than later.

Tobacco Industry Activities

Transnational tobacco companies are exploring every part of Africa for market expansion prospects. They have recently increased the acquisition of local plants. Advertisements “to maintain loyalty and attract new recruits” are increasing. They are also exploring non-traditional means like concerts, cinema tours and brand stretching to maintain visibility in public space. The British American Tobacco Company (BAT) remains a dominant player in the region. It controls over 90% of the market share in 11 countries (Democratic Republic of Congo 94%, Ghana 99%, Kenya 92%, Malawi 91%, Mauritius 99%, Nigeria 92%, Sierra Leone 99%, South Africa 94%, Uganda 90%, Zambia 100% and Zimbabwe 100%). In September 2001, BAT bought over the Nigerian Tobacco Company (NTC) and immediately announced its plan to build a \$150 million ultra-modern cigarette plant in Ibadan, Oyo State, South West Nigeria. The plant expected to come on stream in the first quarter of 2003, will produce BAT’s “international brands” for Nigeria and other markets in West Africa.

Imperial Tobacco of London has openly celebrated how its African operations have “significantly improved performance.” In March 2001, Imperial Tobacco acquired controlling shares in Tobaccor, the second biggest manufacturer and distributor of cigarette in Sub Saharan Africa. Imperial Tobacco credited Tobaccor’s African operation for the 11% growth in the latter’s operating profit for the year ending September 2001.⁷

Expectedly, the tobacco industry has opposed tobacco control initiatives with zest. They are quick to point out nebulous economic benefits, employment and social responsibility programmes to justify the continued recruitment of youths and children to tobacco addiction. In Malawi, BAT organised a fund raising concert in aid of the national team’s preparations for the Nation’s Cup qualifier match against Nigeria in February 2003. Across Africa, the company has made ‘Trojan Horse’ gifts to disaster relief and afforestation programmes. Industry documents have revealed how in the 1990s, BAT tried to undermine the works of health experts advancing tobacco control in South Africa by organizing “media junkets” for journalists. A Nigerian lawmaker has also blamed the non-passage of a bill seeking total ban of tobacco advertisement in that country on the “unparliamentary lobbying” by BAT.⁸ Evidence abounds also that the tobacco company has been promoting its International Marketing

Standard as an alternative to more effective measures to reduce tobacco consumption and its associated harms.

Apart from the activities of transnational cigarette companies, tobacco cultivation is also an important problem in Africa. In 2001, Zimbabwe produced 175 metric tons of leaves and Malawi 120 metric tons. Tobacco accounts for over 30% of Zimbabwe’s export revenue and 75% in Malawi. Tobacco is also cultivated in Tanzania, Nigeria and Kenya. Industry lobbyists have touted tobacco farming and manufacturing as a great employer and a revenue-generating machine for governments. In its second intervention into Nigeria, BAT made much media fuss about its capacity to create 1000 new jobs. The company also said it would be developing 1000 model farmers for massive cultivation of tobacco.

Tobacco Control Sketch

Overall, the continent has not made much progress towards effectively curbing the spread of tobacco use. Only South Africa, Botswana, Mali, and Mauritius have comprehensive anti-tobacco laws that draw strength from key principles like taxation, advertising bans, smoking restrictions, and effective cessation and education programmes. A quick look at the status of some provisions or policies necessary to curb the growing tobacco prevalence in the region explains why tobacco companies currently enjoy some advantages. For instance, only five countries (Algeria, Cape Verde, Mozambique, Niger, and South Africa) have banned tobacco advertising in certain media. This is a mere 10.8% of the region’s 46 countries. On the flipside, 23 (50%) of the countries in Africa (Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Eritrea, Ethiopia, Gabon, Gambia, Guinea Bissau, Kenya, Madagascar, Malawi, Mauritania, Rwanda, Sao Tome and Principe, Togo, Uganda, Zambia) have no form of regulation on tobacco advertising in the media.

In 27 countries (58.7%), the contents or designs of tobacco advertisements are not regulated. While only three countries (6.5%) have banned tobacco transnationals from sponsorship of events, it is unfettered in 29 countries (63%). Sales of tobacco to minors are not regulated in 29 countries (63%). In fact, age verification at the point of sale is not enforced in any African country.

Single stick sales of tobacco products has been one of the reasons for increasing youth access to tobacco. This practice is not regulated in 32 countries (70%). Other provisions that are not regulated in a majority of countries in the region include, sale by minors in 32 countries, (70%); free products in 31 countries (67.3%), brand stretching in 27 countries

(58.7%); misleading information on packaging in 32 countries (70%); smoking in private worksites in 25 countries, (54%); smoking on buses in 25 countries (54.3%); place of sale in 31 countries (67%); advertising health warnings and messages in 25 countries (54.3%) and printing of amount of content /constituents apart from tar and nicotine in 32 countries (69%).

In addition, none of the African countries is known to have constituted a National Tobacco Control Committee, none requires constituent disclosures for public or confidential use, and none has litigation-enabling provisions or measures to reduce tobacco smuggling.

However, almost all countries have banned smoking on international flights. Five countries (Algeria, Cape Verde, Mauritius, Niger, Senegal) have prohibited brand stretching. Smoking in educational facilities is outlawed in six countries (Burkina Faso, democratic Republic of Congo, Guinea, Mali, Nigeria, and Zimbabwe), and is restricted in 14 others. Six (13%) countries have also banned cigarette sale to minors while 20 (43%) require health warnings and messages on packs.

Victories

Tobacco control is nonetheless gaining more attention across the region. The FCTC process and recent tobacco control activities in the West have engendered a new wave of consciousness and political commitment to address the tobacco menace on the continent. A good number of African countries are currently at various stages of reviewing their tobacco control laws. Some are debating draft legislations on specific aspects of tobacco control. In East Africa, the Tanzania parliament in February 2003 passed a Tobacco Control Law. It requires health warnings and prohibits the sale of tobacco products near schools and to people under the age of 18. It also outlaws smoking in public places, such as hotels and offices and requires restaurateurs to designate smoking areas and to put up no smoking signs. Kenya has a draft bill awaiting parliamentary approval while Uganda is in the early stages of preparing draft legislation.

In Nigeria, a bill seeking total ban of tobacco advertisements has been passed by the House of Representatives and is awaiting concurrent debate and passage at the Senate. In South Africa, where tobacco had been rated the second health concern after HIV/AIDS, smoking rate has been on a downward slide since it reinforced the Tobacco Control Act. Between 1993 and 1999, average cigarette consumption fell in South Africa by 20%. Average packs consumed per smoker slid downwards from 223 to 176. The smoking rate in South Africa is falling by 0.5-0.75% every year. It has

plunged among all age groups particularly among 16 to 24 years.⁹

South Africa's effervescent anti-tobacco lobby played a significant role in the attainment of the victories. The anti-tobacco lobby comprising non-governmental organizations (NGOs) and health experts mounted persistent pressure on government in the wake of opposition from the industry. Similar pressure points are emerging across Africa. From Malawi, Zambia, Kenya, Mali, Niger, Nigeria, Senegal to Algeria, more groups have taken up the tobacco campaign. They have raised the level of public debate around tobacco. They are putting policy makers on their toes through advocacy and litigation. In Uganda, a local NGO filed a public interest suit seeking declarations from the High Court that smoking in public places was a violation of the rights of non-smokers to a clean and healthy life. After many industry-sponsored interruptions of the case, the court issued the declarations and ordered the Environmental Management Authority to put in place measures to control smoking in public places within one year. In Nigeria, local NGOs working in collaboration with foreign partners led a campaign against BAT's Experience IT, Hollywood Cinema Tour. The show involved a temporary cinema that traveled in six Nigerian cities to screen top Hollywood films in an event where cigarettes are freely distributed. Following the campaign by the activists, Warner Bros, owner of the films screened at the cinema tour, sent a "cease and desist" letter to BAT. The NGOs have also been instrumental to the passage of the tobacco advertisement bill by the House of Representatives. More NGOs across Africa are mounting similar pressures on their governments and keeping vigil on the tobacco industry's activities.

Africa's Leadership Role in the FCTC Process

Although lagging in national tobacco control activities, a vanguard of African nations were strongly represented in crafting a strong and effective Framework Convention for Tobacco Control (FCTC) during the negotiations of the treaty texts. The region was also exemplary in working with NGOs for the success of FCTC negotiations, WHO's first treaty. The region's performance during FCTC negotiations foreshadows a determined march towards a "tobacco-free Africa."

Efforts towards stimulating continent-wide resistance to tobacco use started with the "First Intercountry Meeting on the Contribution of Parliamentarians to Tobacco Control in the African Region" held in Lome, Togo in October 1999. African parliamentarians at the meeting expressed concern that "various forms of tobacco use in the African Region are increasing faster than other parts of the developing world"

and requested African governments to formulate or update their tobacco control laws and “to support WHO’s efforts for the preparation and adoption of the international Framework Convention on Tobacco Control.”¹⁰

A year after the Lome meeting, the policy focus of the African region on tobacco control became clearly formulated at the “Intercountry Meeting on Tobacco Control Policy and Programming in the African Region” held in Nairobi, Kenya in October 2000. The Kenya meeting, apart from recommending to African governments to “advocate and mobilize support for the negotiation and ratification of an evidence-based FCTC,” listed specific provisions for national tobacco control policies, including:

- Increasing taxation above inflation rate;
- Banning advertising, sponsorship, and promotion;
- Banning or restricting smoking in public places;
- Requiring prominent health warnings and messages on tobacco packages;
- Requiring constituent labels and addictive levels and testing methods;
- Prohibiting sales and distribution of tobacco products to and by minors.¹¹

These key principles, in addition to the quest for financial resources to aid alternative source of income to economies dependent on tobacco control, a litigation regime that makes tobacco companies pay for the harm caused by their products, and provisions to curb illicit trade in tobacco products, formed the hub of Afro region’s negotiating platform at the intergovernmental negotiating body (INB). Rather than having a divided Africa along the line of tobacco producers and non-producers, the region’s commitment to the international tobacco control initiative reverberated in all the ‘declarations’ made at preparatory meetings held before each INB. The Johannesburg, Algiers, Abidjan, Lilongwe, and Dakar declarations are a testament to the will of the African nations to decisively tackle the looming tobacco epidemic.

This position of African delegates to the INB is a direct reflection of public opinion in the region. In a survey conducted in Nigeria in October 2001, 81% of respondents strongly support overall international initiatives for tobacco control; 88% support restrictions against advertising and promotion, visible messages on tobacco products, and tougher laws to stop smuggling of tobacco; 82% support government measures to monitor and regulate tobacco contents; and 79% support the imposition of smoking restrictions.¹² Although this survey was conducted in only one African country, it is, however, beyond anecdotal

evidence that public support for tobacco control is high in the continent.

The negotiation of the FCTC stimulated a new assertiveness and reawakening in the African continent. It is the era of ‘a united Africa’, the era of the Africa Union (AU). Indeed, African delegates were the first to negotiate the FCTC as a bloc with clear principles. Other WHO regions later duplicated this approach. Among the delegates were senior government officials like Ministers and Permanent Representatives to the United Nations (UN) giving political weight to the delegates’ positions. Throughout the negotiations, the African region stood firmly for public health.

Future Challenges

A week before the final negotiations of the FCTC, African delegates met in Dakar, Senegal where they restated their commitment to a strong treaty and also called “upon the African Union to place tobacco control high on its public health agenda and to take positive steps towards the achievement of a tobacco free Africa.”¹³ There is no doubting the existence of the political will to deal with the tobacco menace. Expectations are high that African governments will translate the political will to policies and affirmative initiatives.

To effectively confront tobacco, hurdles to surmount include building institutional capacities and human resources, generating accurate data, and providing financial support for tobacco control, as well as blocking political influence peddling by transnational tobacco corporations.

NGOs played a prominent role in shaping the African region’s position on the FCTC. With the adoption of the FCTC text, more work lies in consolidating the experience and partnership. Though more groups have added tobacco control to their projects, only a fraction work solely on tobacco. African NGOs are in dire need of capacity enhancement so they can sustain the tempo already attained. The NGO community must be equipped to effectively pressure African governments to sign and ratify the treaty. They should also have the capacity to monitor the implementation of the FCTC in the region.

Effective tobacco control policies are based on scientific behavioral, epidemiological, and economic surveys. This is lacking in the continent. There are limited data from most countries in the region on respiratory and circulatory diseases like ischemic heart disease, stroke or other diseases of the circulatory system. This makes it difficult for activists to advance the tobacco control cause through the use of mortality figures associated with tobacco use.

Two of Africa's economies (Malawi and Zimbabwe) earn a significant percentage of their revenue from tobacco. Their genuine fears about possible dislocation to their economies deserve the attention of funding agencies and the international community. These tobacco-dependent countries desperately need technical and financial support to aid their transition from tobacco cultivation to other income generating crops.

Tobacco control will also do battle with the tobacco transnational's political leverage in some African countries. Lately, the tobacco industry has focused more on corporate responsibility issues, so they now donate to government projects, contribute to disasters relief projects, as well as sporting activities, all in an attempt to win sympathy from governments. President Yoweri Museveni of Uganda has been quoted as expressing readiness to open the country for more tobacco investments. His Minister of Tourism, Trade and Industry, has also invited Ugandans to smoke more, saying it brings additional revenue to government. Museveni's Media Advisor, Javino Akaki is on the board of BAT. Transnational tobacco companies are becoming a threat on Africa's fragile democracies by deceiving and compromising a few politicians to spread untruths about the benefit of tobacco cultivation and manufacturing. A rising African Union with a clear agenda about good governance might however, quickly nip this in the bud. A detailed study of the economics of tobacco in African countries and provision of alternative sources of income will also assist in removing the tobacco industry's blindfolds from a few African leaders.

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