

Part One

INTRODUCTION



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 20: Research, surveillance and exchange of information

Parties should 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, as appropriate.

1 Tobacco Use in the African Region

Tobacco use is a major cause of preventable disease, death, and disability worldwide.^{1,2} About 7 million people die from tobacco use each year worldwide, including more than 890,000 from exposure to secondhand smoke.³ Because tobacco use is declining in most developed countries, most tobacco-related deaths are projected to be in the developing world.³ This is due, in part, to tobacco industry efforts to promote their products in African markets.⁴ Without comprehensive tobacco prevention and control efforts,

the prevalence of tobacco smoking in sub-Saharan Africa is estimated to rise from 15.8% in 2010 to 21.9% in 2030.⁵

To help improve public health across the world, awareness of new tobacco products and changing markets is critical. The list of tobacco products in this report is meant to be inclusive, not specific to the African Region. Products and product names may vary both between and within countries.

TOBACCO PRODUCTS OR OTHER NICOTINE DELIVERY SYSTEMS⁶⁻¹⁸

Chewing tobacco includes betel quid, chimo, gul, gutkha, loose-leaf, pan masala, plug, toombak, twist, and zarda. These products are placed in the mouth, cheek, or inner lip and chewed or sucked, or, in the case of powders, applied to the gums or teeth. Tobacco-containing juices and saliva build up and must be spit out.



Dry snuff is fire-cured tobacco in powder form that is inhaled through the nose, or a pinch is put in the mouth; it may require spitting.



Moist snuff is cured (aged) and fermented tobacco, processed into fine particles and often packaged in round cans. A pinch or "dip" is placed between the cheek or lip and gums; spitting is required. An alternative is available in the form of a pouch (like a tea bag), where moist snuff is packed into porous paper-like material; spitting is not required.



Dissolvables are finely ground tobacco pressed into shapes such as tablets, sticks, or strips that contain many other ingredients that slowly dissolve in the mouth.



Snus is moist snuff packaged in ready-to-use pouches that resemble small tea bags that are placed between cheek or teeth and gums; it does not require spitting.



Manufactured cigarettes are the most common form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors, and machine-rolled into a paper.



Pipes are smoking devices made of briar, slate, or clay. Tobacco flakes are placed in the wider opening of the pipe and burned. The smoke passes through the stem and is inhaled through the narrower opening.



Kreteks are clove-flavored cigarettes. The clove contains eugenol, an anesthetic that reduces the harshness of tobacco. Kreteks also contain special flavoring called sauces, which are unique to each brand.



Electronic nicotine delivery systems (ENDS) or electronic non-nicotine delivery systems (ENNDS) are battery-operated devices that produce an aerosol, which users inhale, typically by heating a liquid that usually contains nicotine. Electronic cigarettes are also known as vape pens, vape pipes, hookah pens, electronic hookah, tank systems, and mods. Another main component of the liquid, in addition to nicotine when nicotine is present, can be propylene glycol. Many of these products also contain flavorings and other additives. ENDS and ENNDS liquids and emissions contain other harmful and potentially harmful chemicals, some of which are toxic.



Roll-your-own cigarettes are typically hand-rolled with loose tobacco and a cigarette paper.



Bidis are small, thin, hand-rolled cigarettes consisting of sun-dried tobacco flakes rolled in a temburni or tendu leaf and tied with a string at one end.



Waterpipes, also known as shisha, hookah, narghile, or hubble-bubble, are smoking devices that contain a smoking bowl, basin of water, hose, and mouthpiece. Flavored tobacco is heated on a charcoal in the smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

Heated tobacco products (HTP) are devices that heat tobacco to produce emissions containing nicotine and other chemicals, which are inhaled by the user. HTPs can also contain non-tobacco additives that are sometimes flavored.

Cigars are rolls of tobacco, wrapped in leaf tobacco or in a substance that contains tobacco. Cigars are available in many sizes and shapes, including cigarette-sized cigarillos, double coronas, cheroots, stumphen, chuttas, and dhumtis.

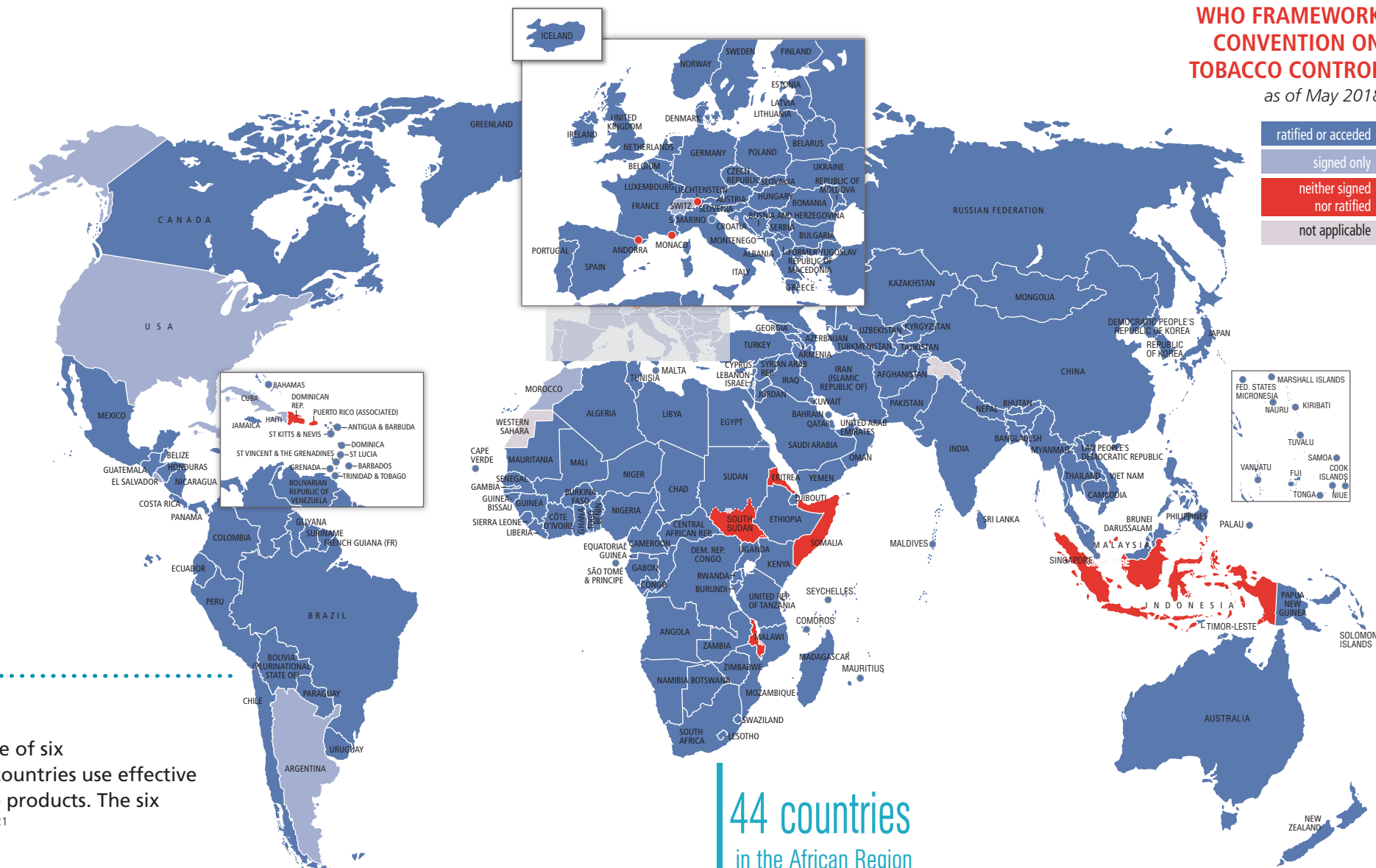


2 The WHO FCTC and MPOWER

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first global public health treaty.¹⁹ It was developed in response to the global tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to enjoy the highest standard of health. The WHO FCTC works to address the causes of the tobacco epidemic, including complex factors with cross-border effects, such as trade; tobacco advertising, promotion, and sponsorship; and illegal trade. As of May 2018, a total of 181 WHO member states are parties to the WHO FCTC, of which 44 member states are in the African Region.²⁰

The WHO Report on the Global Tobacco Epidemic, 2017, which provides updated information about the status of the epidemic and interventions to address it, notes the importance of monitoring global tobacco use:³

Monitoring systems for tobacco use and exposure to tobacco smoke are essential components of any tobacco control program and are critical to understanding and reversing the tobacco epidemic. ... To date, almost 2.9 billion people in 76 countries—39% of the world's population—are protected by strong, full-scale monitoring systems that incorporate recent, representative and periodic surveys for both adults and youth.

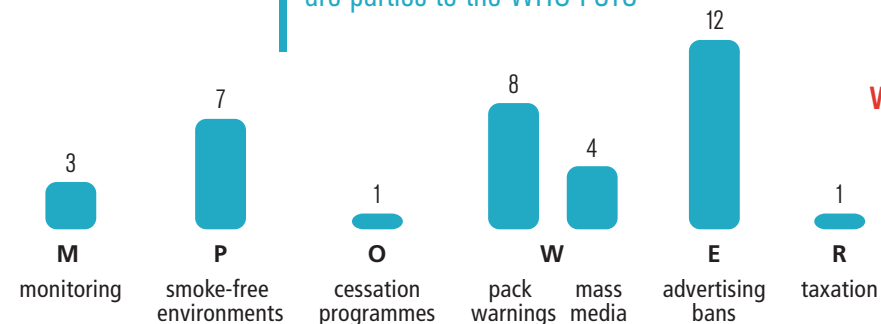


MPOWER

In 2008, WHO developed a technical package of six evidence-based measures intended to help countries use effective interventions to reduce demand for tobacco products. The six measures, which are in the WHO FCTC, are:²¹

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion, and sponsorship
- R**aise taxes on tobacco

44 countries in the African Region are parties to the WHO FCTC



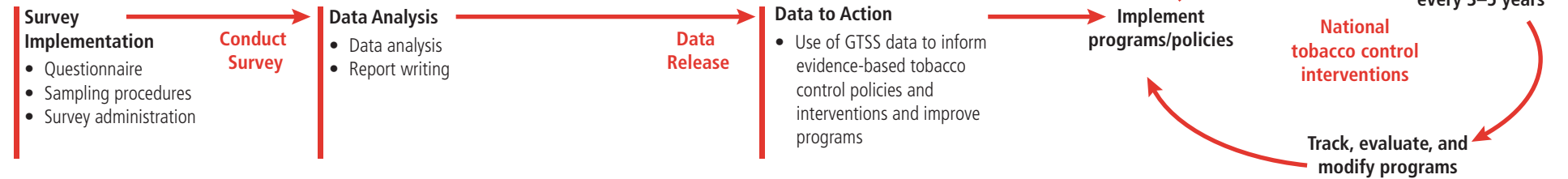
HIGHEST ACHIEVING COUNTRIES IN THE WHO AFRICAN REGION
Number of countries with highest level of achievement by MPOWER strategy 2016

Source: WHO report on the global tobacco epidemic, 2017

3 GTSS Overview

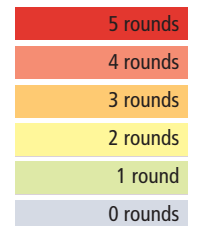
The Global Tobacco Surveillance System (GTSS) provides globally standardized data to track adult and youth tobacco use and key tobacco control measures outlined in the WHO FCTC and MPOWER package.²² The goal is to collect data that can be compared within and across countries. GTSS includes the following three active components: Global Adult Tobacco Survey (GATS), Global Youth Tobacco Survey (GYTS), Tobacco Questions for Surveys (TQS). Some countries have established independent, national monitoring systems and therefore may not have adopted GTSS surveys or components.

GTSS Process



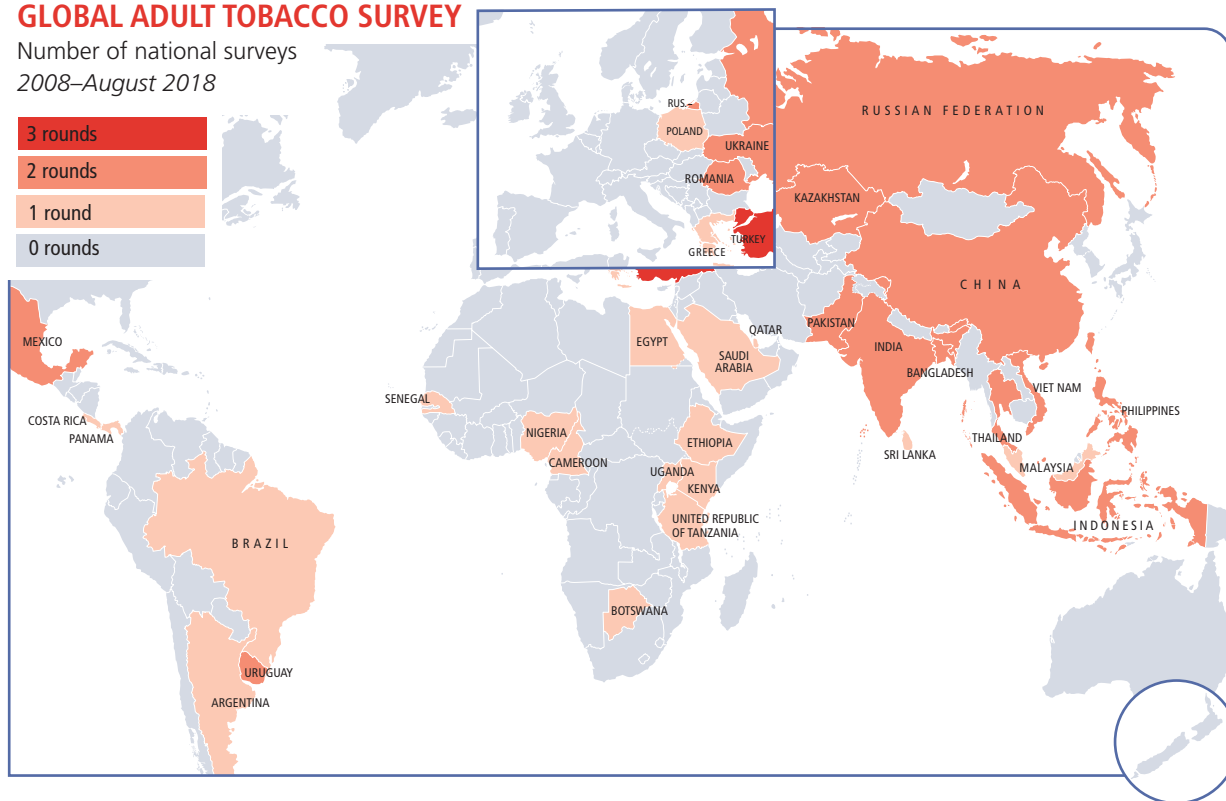
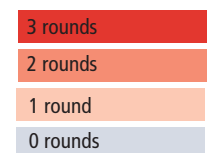
GATS	Questionnaire Topics	GYTS
Methods Nationally representative household survey of people age 15 or older. Multistage, geographically clustered, probability-based sample design for cross-sectional estimates by gender and residence. Face-to-face electronic data collection.	Limitations Self-reported. Samples restricted to people living in noninstitutionalized households (military barracks, dormitories excluded).	Methods Nationally representative school-based survey of students age 13 to 15 years. Multistage sample design with schools selected proportional to enrollment size. Self-administered and anonymous.
	Questionnaire Topics <ul style="list-style-type: none"> • Background characteristics • Tobacco use (smoking and smokeless) • Cessation • Secondhand smoke • Media • Knowledge, attitudes, and perceptions • Economics • School policy (GYTS only) 	Limitations Self-reported. Samples restricted to students in schools.

GLOBAL YOUTH TOBACCO SURVEY
 Number of national or subnational surveys 1999–August 2018



GLOBAL ADULT TOBACCO SURVEY

Number of national surveys 2008–August 2018



4 GATS in the African Region

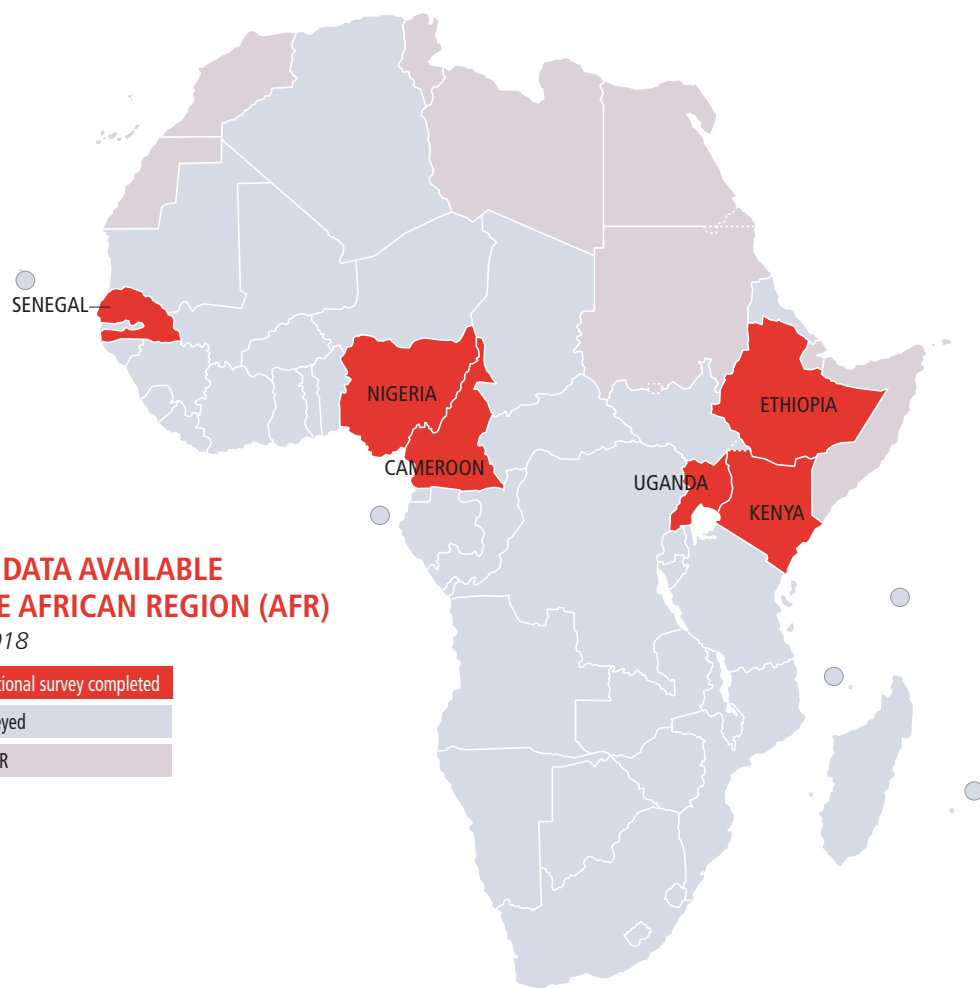
The Global Adult Tobacco Survey (GATS) collects data to monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators.²²

GATS is a nationally representative household survey of people age 15 or older. It uses a standard protocol across all countries.

As of May 2018:

- 6 countries in the African Region have completed GATS and have data publicly available.

This report presents selected tobacco control indicators from GATS countries in the African Region. For a description of GATS measures presented in this report, see the table on page 19.



GATS DATA AVAILABLE IN THE AFRICAN REGION (AFR)

May 2018

- GATS national survey completed
- not surveyed
- not in AFR

TABLE 1: WHAT GATS MEASURES AND IS PRESENTED IN THIS REPORT

What is measured	Description	N°
Part 2: Monitor Tobacco Use and Prevention Policies		
Current Tobacco Use	Adults age 15 years or older who used any tobacco product, smoking or smokeless, on either a daily or less than daily basis.	26
Current Tobacco Smoking	Adults age 15 years or older who used any smoked tobacco product on either a daily or less than daily basis.	28
Current Smokeless Tobacco Use	Adults age 15 years or older who used any smokeless tobacco product on either a daily or less than daily basis.	30
Average Age of Initiation	The average age that adults age 20–34 who have ever smoked daily started to smoke on a daily basis.	32
Quit Ratio	The percentage of former daily smokers among ever daily smokers.	34
Part 3: Protect People from Tobacco Smoke		
Exposure to Secondhand Smoke in Public Places	Adults age 15 years or older who visited and were exposed to secondhand smoke at four major locations in the past 30 days: government buildings, health care facilities, restaurants, and public transportation.	38
Exposure to Secondhand Smoke at the Workplace	Adults age 15 years or older who worked indoors and were exposed to secondhand smoke at work in the past 30 days.	40
Exposure to Secondhand Smoke at Home	Adults age 15 years or older who were exposed to tobacco smoke at home in the past 30 days at least monthly.	42
Part 4: Offer Help to Quit Tobacco Use		
Showing Signs of Nicotine Dependence	Adults age 15 years or older who currently used tobacco and used tobacco within 30 minutes of waking.	46
Intention to Quit	Adults age 15 years or older who currently smoked tobacco and were intending to quit smoking tobacco in the future.	48
Quit Attempts	Adults age 15 years or older who currently smoked tobacco and attempted to quit smoking in the past 12 months, or formerly smoked tobacco and were abstinent for less than 12 months.	50
Use of Cessation Aids	Adults age 15 years or older who currently smoked tobacco, made a quit attempt in the past 12 months, and used pharmacotherapy and/or sought counseling or advice.	50
Asking about Smoking Status	Adults age 15 years or older who currently smoked tobacco, visited a health care provider in the past 12 months, and were asked about their smoking status by a health care provider in the past 12 months.	52
Advice from a Health Care Provider	Adults age 15 years or older who currently smoked tobacco, visited a health care provider in the past 12 months, and were advised by a health care provider to quit in the past 12 months.	52
Part 5: Warn about the Dangers of Tobacco		
Beliefs about Dangers of Smoking	Adults age 15 years or older who believed smoking causes specific conditions including stroke, heart attack, and lung cancer.	56
Beliefs about Dangers of Secondhand Smoke	Adults age 15 years or older who believed secondhand smoke causes serious illness among non-smokers.	56
Impact of Health Warnings	Adults age 15 years or older who currently smoked tobacco, noticed health warnings on cigarette packaging in the past 30 days, and were considering quitting because of health warnings on cigarette packaging.	58
Awareness of Anti-cigarette Information in the Media	Adults age 15 years or older who noticed anti-cigarette information in/on: newspapers or magazines, billboards, television, or radio in the past 30 days.	60
Part 6: Enforce Bans on Tobacco Advertising, Promotion, and Sponsorship		
Awareness of Cigarette Advertisement in the Media	Adults age 15 years or older who noticed cigarette advertisements in the media in the past 30 days. The media channels presented include: newspapers/magazines, billboards, television, and stores; additional data were collected on posters, public transportation, and public walls.	64
Awareness of Cigarette Promotion	Adults age 15 years or older who noticed cigarette promotion in the following promotion types: branded clothing, free cigarette samples, and sponsorship of sporting events in the past 30 days.	66
Part 7: Raise Taxes on Tobacco		
Price of Cigarettes	The average cost of a pack of 20 manufactured cigarettes that adults age 15 years or older who currently smoked manufactured cigarettes paid during their last purchase of cigarettes.	70
Spending on Cigarettes	The average monthly expenditure that adults age 15 years or older who currently smoked manufactured cigarettes spend on manufactured cigarettes.	70
Relative Price of Cigarettes	The average cost of 2000 manufactured cigarettes (100 packs of 20 cigarettes) as percentage of GDP per capita.	70
Relative Spending on Cigarettes	The average monthly expenditure on manufactured cigarettes by manufactured cigarette smokers as percentage of monthly GDP per capita.	70

5 GYTS in the African Region

The Global Youth Tobacco Survey (GYTS) collects data to monitor tobacco use (smoking and smokeless) among young people and to track key tobacco control indicators.²²

GYTS is a cross-sectional, nationally representative, school-based survey of students in grades associated with ages 13 to 15 years.

As of May 2018:

- 46 countries in the African Region have completed at least one GYTS.
 - o 34 countries completed GYTS nationally and have data publicly available.
 - o 12 countries completed GYTS below the national level (subnationally) in 19 regions and have data publicly available.



This report presents selected tobacco control indicators from the latest round of GYTS completed for countries in the African Region.

In 2012, the GYTS protocol was revised to change the definition of several indicators and to add some new indicators. For a description of GYTS measures presented in this report, see the table on pages 21–22.

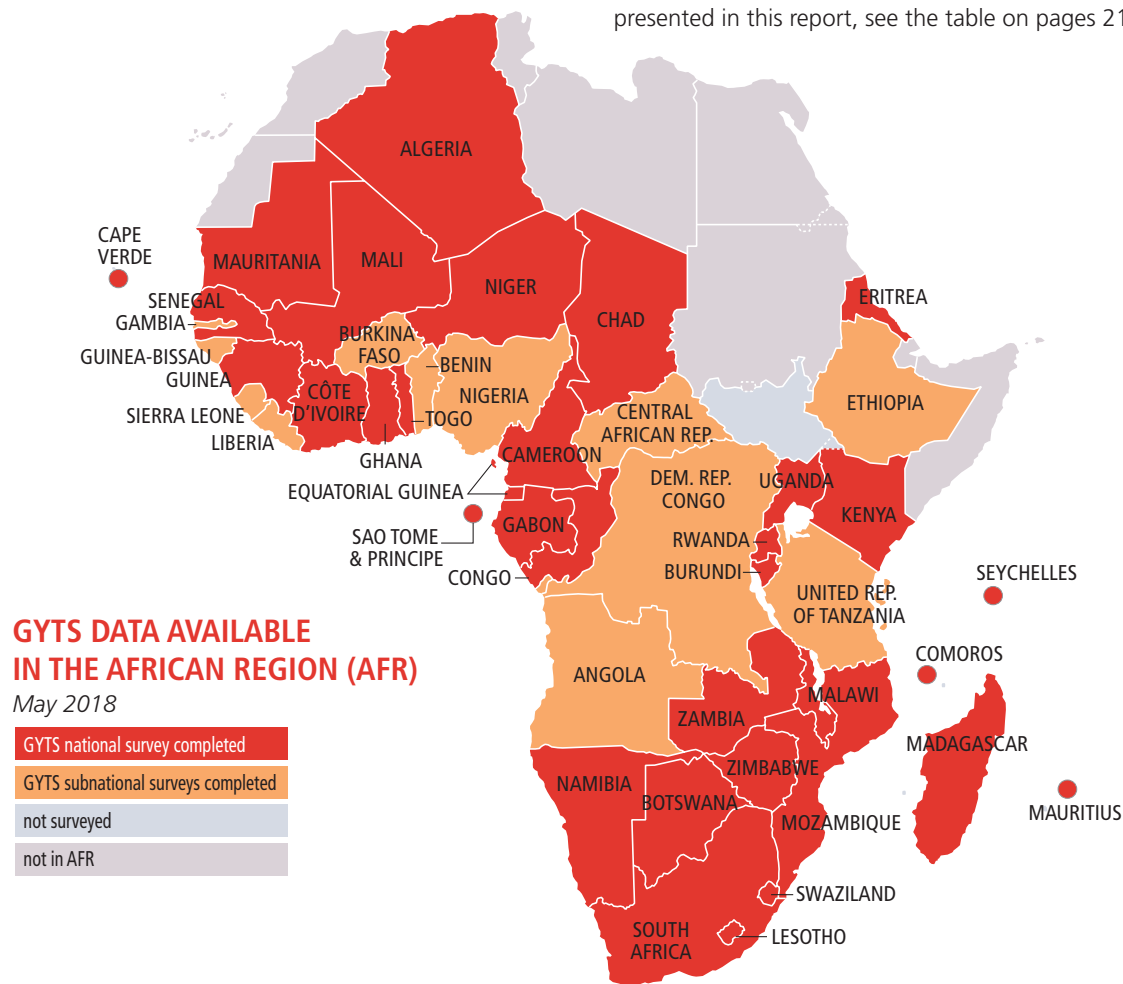


TABLE 2: WHAT GYTS MEASURES AND IS PRESENTED IN THIS REPORT

What is measured	Description		N°
	Before GYTS Protocol Revision in 2012	After GYTS Protocol Revision in 2012	
Part 2: Monitor Tobacco Use and Prevention Policies			
Current Tobacco Use	Students age 13–15 who used any form of tobacco in the past 30 days.	No change	27
Current Tobacco Smoking	Students age 13–15 who have smoked cigarettes on 1 or more days in the past 30 days and/or smoked any tobacco products other than cigarettes in the past 30 days.	No change	29
Current Smokeless Tobacco Use	Students age 13–15 who used any smokeless tobacco products in the past 30 days.	No change	31
Early Initiation of Cigarette Smoking	Students age 13–15 who have ever smoked a cigarette and first tried a cigarette before the age of 10.	No change	33
Susceptibility	Students age 13–15 who have never smoked a cigarette, and would smoke a cigarette if one of their best friends offered it to them and/or planned to smoke a cigarette in the next 12 months.	Students age 13–15 who have never used tobacco and would use tobacco if one of their best friends offered it to them and/or planned to use tobacco in the next 12 months.	35
Part 3: Protect People from Tobacco Smoke			
Exposure to Secondhand Smoke in Public Places	Students age 13–15 who were around others who smoke in places outside their home in the past 7 days.	Students age 13–15 who were exposed to secondhand smoke in enclosed public places including schools, shops, restaurants, shopping malls, and movie theaters in the past 7 days.	39
Exposure to Secondhand Smoke at School	NA	Students age 13–15 who saw anyone smoke inside the school building or outside on school property in the past 30 days.	41
Exposure to Secondhand Smoke at Home	Students age 13–15 exposed to tobacco smoke at home in the past 7 days.	No Change	43
Part 4: Offer Help to Quit Tobacco Use			
Smoking Dependency	Students age 13–15 who currently smoked cigarettes and showed signs of smoking dependence, such as feeling like smoking tobacco first thing in the morning.	Students age 13–15 who currently smoked tobacco and showed signs of smoking dependence such as feeling like smoking tobacco first thing in the morning, or feeling a strong desire to smoke again within one full day after smoking.	47
Desire to Quit	Students age 13–15 who currently smoked cigarettes and wanted to stop smoking.	Students age 13–15 who currently smoked tobacco and wanted to stop smoking.	49
Quit Attempt	Students age 13–15 who currently smoked cigarettes and tried to stop smoking in the past 12 months.	Students age 13–15 who currently smoked tobacco and tried to stop smoking in the past 12 months.	51
Received Help to Stop Smoking	Students age 13–15 who currently smoked cigarettes and received help or advice to stop smoking.	Students age 13–15 who currently smoked tobacco and received help or advice to stop smoking from a program or professional.	53

