

Tobacco Control Efforts in Ghana - Drafting of Tobacco Control Bill and Plan of Action for Tobacco Control

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Overview

- ◆ Drafting of Ghana's Tobacco Control Bill
 - Background
 - Process – Stakeholders involved in consultations
 - Issues/arguments raised about various sections of the bill
 - Ghana's draft bill and the FCTC
 - What is missing in the bill?
 - Research evidence to support the Draft Bill
- ◆ 5 years Plan of Action on Tobacco Control



How the Draft Bill was developed

- ◆ Global Youth Tobacco Survey - 1999/2000: Dissemination (Education/Health/Media)
- ◆ World No Tobacco Days
- ◆ BAT (2001) Painted our biggest market in Accra with their products (immediate past DG - a pathologist) commented strongly against it which generated a lot of discussions for almost two to four weeks. Market was repainted.
- ◆ During the World No Tobacco Day Chair of Health Select Committee made a statement on the floor of parliament. Many MPs made contributes about regulating the tobacco industry.
- ◆ Some MPs made statements that there should be a complete ban on tobacco in public places.





Research Evidence to support inclusion in the Bill?

- ◆ Yes - GYTS data was used (Memorandum)
- ◆ School-based survey of students in JSS1,2,3 grades
- ◆ 1,917 students interviewed (2000)
- ◆ 9,990 students in 2005
- ◆ Demographic and Health Survey - 2003
- ◆ We also used some international information on the effects and WHO figures for the World.

QUIT & WIN 2002/2004/2006

- ◆ Ghana joined the Quit & Win International smoking cessation program in 2002, designed to encourage people to stop smoking with the aid of a positive incentive
- ◆ With mass media support, about **3,000** adult smokers in 2002 & 2004 successfully registered and entered into a draw; 2006 registered **3,063** (6 women)
- ◆ Press conference held to announce the local winners
- ◆ Counselling sessions were held over the period
- ◆ Stayed Tobacco Free: **Year 2003 – 29%; Year 2005 – 43.4%**



Program Interventions





How the Draft Bill was developed

- ◆ January 2002 – National Steering Committee on Tobacco Control was inaugurated by the Minister of Health
- ◆ First meeting just after the inauguration and selected the chair, deputy and secretariat with the non-communicable & HRU as coordinator.
- ◆ Our main mandate was to draft the Tobacco control Bill
 - Draft a policy on tobacco control for Ghana and coordinate all tobacco control activities.
- ◆ Had a few meetings and a subcommittee (six members - Attorney General's Dept. Parliament House, WHO, MOH – NCD & Research Unit, NGO Rep.) was tasked to draft the bill.

Process

- ◆ Briefings on the effects of smoking and some statistics from the GYTS. Attorney Gen. also gave us some brief information on the Legal system
- ◆ Examine samples from other countries as a guide – South Africa, Canada, Finland and Sweden etc. and the FCTC
- ◆ Who was involved in the initial development of the Bill?
- ◆ Sub-committee:
 - MOH/GHS – NCD & HRU (2)
 - Attorney Generals Dept. (2)
 - Parliament House – Research Dept.
 - WHO – Health and Information Officer
 - Rep. NGO (Pharmacist)
- ◆ Where necessary people with technical know how were co-opted to assist.
- ◆ Presentation to the Steering Committee and gave copies for comments.



National Steering Committee (17)

- ◆ Ministry of Health/ Ghana Health Service (x 4)*
- ◆ Developmental Partners
- ◆ Health Select Committee - Parliament House, (2)*
- ◆ Food and Drugs Board
- ◆ Ghana Standards Board
- ◆ National Media Commission
- ◆ Ministry of Trade and Industry
- ◆ Ghana Tourist Board
- ◆ Attorney-General's Office (2)*
- ◆ Ministry of Women and Children's Affairs
- ◆ Ministry of Information
- ◆ Ministry of Finance
- ◆ Customs, Excise and Preventive Service
- ◆ Ministry of Education, Youth and Sports
- ◆ Ghana Education Service
- ◆ Ministry of Food and Agriculture and
- ◆ Rep. Coalition of NGOs in Health (2)*





Stakeholders Issues/Discussions

- ◆ Customs, Excise and Preventive Service – Loss of Revenue
- ◆ Ministry of Food and Agric – Employees and farmers jobless
- ◆ Ministry of Finance – Loss of Revenue for Government
- ◆ Information Services – Lack of Resources to educate the public
- ◆ Tourist Board – Lack of Patronage and loss of revenue for public places especially Hotels, Restaurants, nite-clubs etc.
- ◆ Food and Drugs Board & Ghana Standards Board – Who was to do what? eg. Permitted tar and Nicotine level of tobacco product (..... shall be determined by Food and Drugs administration)
- ◆ Under Offences and Penalties – the penalty units were increased.
- ◆ Under Regulation – The FDB in consultation with the Minister may by legislative instrument make regulations
- ◆ Originally, there was no retaining fines for the Health Minister but now the Minister may in consultation with the Finance Minister retain 30% of the fines imposed and other proceeds for the benefits of the functions of the Food and Drugs Administration under this Bill.
- ◆ BAT – Packaging (meeting with BAT)



The FCTC and Ghana's Draft Bill

- ◆ Drafted in line with the FCTC articles/provision
- ◆ It covers all the elements of the FCTC
- ◆ “ ... shall not be less than 30% of the principal displays panels.
- ◆ WHO FCTC allowed us to strengthen our packing text (had weak packaging messages). Rotation and pictorial – Leave it with the authority of the Health Minister in the legislative instrument.



No Provision for Tax Increases

- ◆ In Ghana the legal system does not allow anybody or agency increase or bring about new taxes.
- ◆ It is the Ministry of Finance which brings to Parliament for debate and ratification.
- ◆ If the bill needs increase in taxes the Health Minister has to suggest to Minister Finance then he will bring it to parliament.
- ◆ It is only parliament that increases taxes.
- ◆ ***The legislative powers of Parliament are also limited in certain financial matters. Under article 108 of the Constitution, unless a Bill or a Motion is introduced by or on behalf of the President, Parliament cannot enact legislation for the imposition of taxation, a charge on the Consolidated Fund of the composition or remission of any debt due to the Government of Ghana – ref. A guide to the parliament GH***



HOW A BILL BECOMES A LAW

- ◆ **There are four stages through which a Bill must pass in the House:**
 - First Reading
 - Second Reading
 - Consideration stage, and
 - Third Reading (*more debate)
- ◆ **Presidential Assent**
- ◆ When a Bill has been passed, final version, must be authenticated by the Clerk to Parliament, presented to the President for assent. If the President gives his assent it becomes law. Article 106(11) of the Constitution provides that without prejudice to the power of Parliament to postpone the operation of a law, a Bill shall not come into force unless it has been published in the Gazette.



5 years Plan of Action on Tobacco Control (2007 -2011)

- ◆ First ever action plan on tobacco control designed specifically for Ghana. Outlines a framework for a comprehensive, multifaceted public health approach to tobacco control.
- ◆ Primary purpose of the plan is to guide interventions
- ◆ It focuses on action in three main areas: prevention, cessation and protection.
- ◆ Implementing the actions of this plan would require cooperation across all levels of government and strong effective partnerships with all stakeholders.

RATIONALE


- ◆ Ghana's ratification of the WHO Framework Convention on Tobacco Control (FCTC) imposes a legal requirement on her to comply with all mandatory aspects of the convention. It is therefore imperative to have a document that would inform and guide actions and strategies in the fight against tobacco use.






Challenges

- ◆ Lack of policies and legislation to regulate environmental tobacco smoke, tobacco advertising and marketing, and the use of tobacco in public and private schools.
- ◆ Inadequate knowledge about the health effects of tobacco use and cessation programs.
- ◆ No budget line for tobacco control in Ghana
- ◆ No institutional arrangement for tobacco control
- ◆ Need for proper institutional arrangements for tobacco control



Difference of Process of approval for Bill and Action Plan

- ◆ Discussion with Policy Makers
- ◆ Draft a Proposal
- ◆ Draft document with help of major implementers for the approval of the Minister and the Director General.
- ◆ Advocate well and make sure you have the support of the Directors so they can support with resources & commitment when it comes to implementation.



Process with various Ministries and other stakeholders

- ◆ A small committee was formed following discussions with the Director General, Director of PPME and the Head of NCD Unit.
- ◆ A proposal was submitted to GHS & WHO. GHS approved with some resources for two phases.
 - Expected that the second draft be disseminated for views from all stakeholders same as rep. of the Bill for suggestions and comments.
 - Because there is no Budget line – another proposal will have to be written for further resources esp. funds for the final part and some seed money for first items to be implemented
 - Some are members of the National Steering Committee with some technical experience and has the capacity to invite experts to contribute.



Phases of the Plan of Action

◆ Initial Stage:

- Rep. of PPME
- Rep. of HRU
- Rep. Health Promotion– National, Regions and Districts x 3
- WHO – Development Partners

◆ Second Stage:

- Ghana Health Service (GHS), Ministry of Health (MOH), FDB, Ghana Education Service (GES) - School Health Education Program (SHEP), NGOs, Stakeholders – Other Health Partners

◆ Third Stage:

- Dissemination at various levels with stakeholders (at this stage the media is even allowed to participate)



Obstacles to get POA approved

- ◆ Establishment of a focal point and staff e.g. Malaria Control, TB, HIV/AIDS etc.
- ◆ Will give recognition and authority to the work being done on tobacco control
- ◆ Needs commitment – someone who loves to work on tobacco control no matter the challenges
- ◆ Challenges - resources including funds-
 - No Budget line for Tobacco Control



Resources available for Implementation

- ◆ National Steering Committee already in place
- ◆ Lots of Good Will – There is policy makers support (DG/ Dir. PPME/ Dir Public Health)
- ◆ FDB has set up an office (Tobacco and Substances of Abuse) for regulation of the bill when passed and comes into force
- ◆ FDB has starting planning to draft the regulations for the Bill
- ◆ Final Integrated Communication Plan
- ◆ Final Documentations and extensive Dissemination
- ◆ There will be support. Policy Makers will buy into it hopefully.



Integrated Communication Plan

- ◆ **LEVELS:**
 - NATIONAL/ REGIONAL/ DISTRICT
- ◆ **3 MAIN AREAS:**
- ◆ **ADVOCACY –**
 - Problem Behavior *
 - Target Audience *
 - Communication Objectives *
 - Strategies *
 - Activities *
 - Message *
 - Monitoring & Evaluation *
- ◆ **SOCIAL MOBILIZATION ***
- ◆ **PROGRAM COMMUNICATION***

The Way Forward

- ◆ Finalize and Implement National Tobacco Control Action Plan and the WHO FCTC
- ◆ Work with MPs to pass the tobacco control bill into law (Pre and Post Passage of the tobacco control bill)
- ◆ Set up Counseling Units for smokers
- ◆ Train teachers and develop a comprehensive education program; Develop Booklet; Printing of Smokers Body
- ◆ Production of “No Smoking Signs for Owners/ Managers of Public Places in collaboration with Tourist Board
- ◆ Finalize a draft manual for counselors (tobacco cessation)
- ◆ Prevalence Study for Adult Population in Ghana (Urgent) with a Nation wide educational campaign
- ◆ Institutional arrangements in tobacco control
 - There is the need for an institutional arrangement that will detail relevant structures for the smooth coordination of intervention.

