

FINAL PROGRESS REPORT

PROJECT TITLE: **DOMESTICATING THE FCTC IN KENYA
– PROVIDING THE EVIDENCE**

FILE #: **1000-024-148**

COUNTRY UNDER STUDY: **KENYA**

RESEARCH INSTITUTION: **ORAL AND CRANIOFACIAL RESEARCH
ASSOCIATES (OCRA)**

TOTAL BUDGET: **CANADIAN DOLLARS 10,000**

PROJECT COMMENCEMENT DATE: **OCTOBER 2005**

PROJECT COMPLETION DATE: **OCTOBER 2006**

DATE REPORT SUBMITTED TO RITC: **AUGUST 2007**

REPORT PREPARED BY: **Dr A.E.O. OGWELL**

The Project's Overall Purpose

The overall purpose was to assess the economic burden that tobacco imposes at the household level and estimate the healthcare costs of major illnesses due to tobacco use in Kenya. This will provide part of the economic evidence to support domestication of the FCTC in Kenya.

Achievements of the Objectives

1. To determine the economic impact of tobacco use on the Kenyan household's expenditure.

Expenditure on tobacco is a significant proportion of the budget in households that have a tobacco user in this sample. The average monthly budget dedicated to buying tobacco is KShs. 1,206 (US\$ 18.5) which is 8.8% of their income as shown in the table below.

	Shelter	Clothing	Education	Transport	Health	Food	Tobacco	Others
Tobacco User	1,397 (\$21.5) [10.2%]	1,028 (\$15.8) [7.5%]	836 (\$13) [6.1%]	1329 (\$20.5) [9.7%]	754 (\$11.6) [5.5%]	5,644 (\$86.8) [41.2%]	1,206 (\$18.5) [8.8%]	1,507 (\$23.2) [11%]
Non user	1713 (\$26.4) [12.5%]	1,069 (\$16.5) [7.8%]	1,110 (\$17.1) [8.1%]	1,356 (\$21) [9.9%]	438 (\$6.8) [3.2%]	5,727 (\$88.1) [41.8%]	Nil	2,726 (\$42) [19.9%]

Health expenditure is significantly higher in households with a tobacco user than with non-users (5.5% and 3.2%). Expenditure for shelter (10.2% and 12.5%) and education (6.1% and 8.1%) on the other hand is significantly lower in households of tobacco users. This suggests that:

- Tobacco users spend more on healthcare – tobacco users and their households get sick more often.
- Tobacco users spend less on shelter – they live in housing that is less desirable for their income.
- Tobacco users spend much less on education – expenditure on education is restricted by the pressure on income from tobacco use and healthcare costs.

It is clear that in this sample, tobacco users spend less on important social obligations like shelter and education, while spending more on health.

2. To estimate the healthcare costs of major tobacco-related illnesses in Kenya.

This part of the study was difficult to achieve because records kept at public hospitals were incomplete. Very few files had any information on whether their owners had used or were using tobacco products. Financial data was also scanty in public hospitals as this was not regularly part of the data in the files. Financial data was not easy to access from private hospitals as patient privacy issues were very often cited. Tobacco use status was also not regularly recorded in the files. The amount of data that was therefore collected was not adequate for any meaningful analysis and reporting. There is need to expand the pool of health facilities to a

countrywide set and do it prospectively especially in public hospitals to ensure correct data is collected.

3. To use the information so derived to inform policy formulation and implementation.

The results of this study were made part of the policy briefs that have been developed and made available to the Kenyan Cabinet through the Minister for Health; relevant Government officials; Kenyan Parliamentarians and the public through the media. All this is an effort to provide alternative and credible data and household expenditure information relating to tobacco use. The meetings at which this information was disseminated include:

- A policy brief to the Hon Minister for Health covering the main findings of the study.
- Two workshops organised for civil society involved in tobacco control.
- Meeting with the Parliamentary Health Committee to share various information on the effects of tobacco use in Kenya and the region and lobby for enactment of the Tobacco Control Bill 2006 and 2007.
- Two meetings with different groups of parliamentarians lobbying for the passing of the Tobacco Control Bill 2006 and now 2007.
- Training of young volunteers to visit religious institutions to drum up support for the Tobacco Bill 2007.
- Religious leaders' meeting to drum up support for the Tobacco Control Bill 2007.
- Media breakfast to disseminate the results of an opinion poll on public perception for need for tobacco control.

Methodology

This was a cross-sectional community-based survey with the household as the unit of interest. The expenditure data on the basic needs of two groups were compared i.e. those with no tobacco expenditure and households with at least one member who uses a tobacco product. Households that participated in the recently concluded National Baseline Survey on Risk Factors for Noncommunicable Diseases were used as the sampling frame. Only the two districts of Mombasa and Nairobi participated. Fifty (50) households in each district took part in this study, half of whom had a smoking member. One household member presumed to have the most knowledge on expenditure was asked to answer questions related to basic expenditure like shelter, food, clothing, education, medical etc. This data was compared and contrasted with the expenditure related to tobacco use, from the actual purchase of the tobacco to monies spent related illness.

The second part of the study targeted major hospitals in the same two districts. Data was collected from the in-patient files and their smoking or non-smoking status established. Patients seen in the months of January to June 2005 were included in the study. The illnesses that were covered are major complications

of smoking including cancer, heart diseases, major surgery (e.g. amputations). Estimates of the cost of treating these smoking related illnesses were estimated from hospital visits, admissions, medication and procedures that were done.

Impact and Utilisation of Results

These results have formed part of various briefs that have been presented before government officials and parliamentarians. This has resulted in the passing of the Tobacco Control Bill 2007, on Thursday 9th April 2007. This was the biggest impact that the results of this study has had yet.

These results offer the very first insight into the effect that tobacco expenditure has on household budgets in Kenya. It will form a very good basis for future research into this area and improve the understanding that we have on the economic effects of tobacco use.

One major barrier that we have seen with the results is that it is not representative of the whole country and so opponents of tobacco control have resisted generalisation of the results. There is need to do a similar study but cover the whole country so that results can be truly representative of the Kenyan situation.

Dissemination

The meetings at which this information was disseminated include:

- A policy brief to the Hon Minister for Health covering the main findings of the study.
- Two workshops organised for civil society involved in tobacco control.
- Meeting with the Parliamentary Health Committee to share various information on the effects of tobacco use in Kenya and the region.
- Two meetings with different groups of parliamentarians lobbying for the passing of the Tobacco Control Bill 2006 and now 2007.
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Capacity Building

- ⇒ This study enabled the training of four (4) research assistants in research methodology, public relation and interpreting results of analysis. The assistants also had the opportunity to better understand issues on tobacco control and one has actually formally joined the tobacco control advocacy group.
- ⇒ The Government officials engaged in this process also had an opportunity to understand the issues surrounding tobacco control and

especially the economic implications of tobacco use and exposure to tobacco smoke.

- ⇒ The Parliamentarians also had many issues clarified and reported back that they had a much better understanding since what they knew till then was information largely from industry.
- ⇒ Tobacco control advocates that this information has been shared with had their knowledge on tobacco and economics improved and are now better equipped to tackle this angle of the tobacco problem.

Involvement with Stakeholders

The stakeholders that were involved in the process of data collection, analysis and dissemination include:

- ⇒ The Ministry of Health – Kenya
- ⇒ University of Nairobi
- ⇒ Institute for legislative Affairs
- ⇒ Kenya Tobacco Control Alliance
- ⇒ National Tobacco-Free Initiative Committee

Project Management

The project encountered a few difficulties that delayed its completion. These included:

- ⇒ Of the initial research assistants that were trained, one became expectant and took time off to deliver. It necessitated the training of another assistant to take her place. Before data collection could be complete, another assistant had to join family out of the country and so another assistant had to be trained to take his place. This resulted in a significant delay in completion of the study.
- ⇒ The principal researcher also joined government in a senior position and his new role made it difficult to coordinate activities with the desired and planned for speed.
- ⇒ Re-visits had to be made in many households as adults were generally away during the day earning a living. Special appointments had to be made so that an adult with a good understanding of the finances in a household was interviewed.

This necessitated further investment in time and budget to cover the delays and repeat visits.

Future Research

There is need to do a similar survey countrywide so that a truly representative sample is involved for the results to be generalisable.