



2020
**TOBACCO INDUSTRY
INTERFERENCE INDEX
GHANA**

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Abbreviations

AGD	Attorney General Department
BAT	British American Tobacco
COP	Conference of Parties
CSOs	Civil society organisations
CSR	Corporate Social Responsibility
EPA	Environmental Protection Agency
FDA	Food and Drug Authority
GES	Ghana Education Service
GHS	Ghana Health Service
GRA	Ghana Revenue Authority
HICs	High Income Countries
HTIs	Health Training Institutions
LG	Local Government
LMICs	Low and Middle-Income Countries
MOF	Ministry of Finance
MOH	Ministry of Health
MOTI	Ministry of Trade and Industry
PHW	Pictorial Health Warning
TC-IACC	Tobacco Control Inter-Agency Coordinating committee
THs	Teaching Hospitals
TI	Tobacco Industry
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control



Introduction

Worldwide, the use of tobacco is a major public health threat, contributing to about 8 million premature deaths annually. The debilitating effects of second-hand smoke to non-smoking population is also a notable concern killing over 600,000 annually. Though the high burden of tobacco use is a global concern, and historically perceived as a public health problem for high-income countries (HICs), recent evidence suggests low- and middle-income countries (LMICs) are now disproportionately affected by high tobacco-related morbidity and mortality¹. In Africa, a rise in the prevalence of tobacco is projected and this is anticipated to cause millions of unwanted deaths from both non-communicable diseases (e.g. cardiovascular disease, chronic respiratory diseases and cancers) to infectious conditions such as tuberculosis if concerted preventive and control policy measures are not taken. To tackle the global burden of tobacco use, in 2003, the World Health Assembly adopted the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and this has since been widely implemented in most countries although implementation is context specific. Despite adoption of this framework, effective implementation across countries remains a formidable challenge and the burden of tobacco use continue to affect economies, societies, families and individuals'. This challenge of poor implementation of the WHO FCTC is largely attributed to the interference or undercutting by the tobacco industry against effective implementation by governments'.

Ghana has made pivotal contributions at the global level to control the harmful use of tobacco. For example, it was the first country in the annals of world history to have ban tobacco advertising as early as 1982. It is also reported that policy interventions to control the harmful use of

tobacco was noted as early as 1993 with the establishment of the Ghana Committee on Tobacco Control⁹. Ghana signed and ratified the WHO FCTC in 2004 and was among the earliest (39th) countries to do so, and have since participated in all the Conferences of Parties (COPs) of the WHO FCTC. The country has also adopted or enacted specific protocols for FCTC implementation. For example, the passage of the Public Health Act 2012 (851) was a major singular policy action which made significant provisions on tobacco control following Ghana's ratification of the WHO FCTC. Part 6 of the Public Health Act was on tobacco control which outlined measures including control of smoking in public places; advertisement of tobacco and tobacco products, promotion and marketing of tobacco products, tobacco packaging and labelling. Since then, despite major push by CSOs and public health advocates on the need for further regulation of tobacco and tobacco products following growing concerns about the rising tobacco use and the devastating effects thereof, little policy action was taken until 2016 with the enactment of a Legislative Instrument 2247 on tobacco regulation in 2016. This regulation was among others, primarily on compliance with pictorial warnings and smoke-free laws in Ghana, sales of tobacco and offences and penalties for contravening this new regulation. There is also laxity on the part of Ghana's government to raise taxation on tobacco and tobacco products despite incessant push and clarion calls made by CSOs in Ghana. For example, as outlined in a Ghanaian CSO (VALD) policy on the need to increase taxes on tobacco products, it has been observed that government has not made any policy attempt to increase taxes on tobacco for the past 5 years (2015-2019), a situation which serves as an incentive to promote the business of the tobacco industry.

Notwithstanding the above strides, implementation of the WHO FCTC is a fundamental challenge and the use of tobacco is a critical public health concern in the country. There is growing evidence of high burden of tobacco use among adults and youth with implications for socio-economic development. Reports have shown that over 5000 mortalities are associated with tobacco use. Illicit trade in tobacco products has also undermined policy efforts to regulate access and use of tobacco products. Arguably, the high burden of morbidity and mortality associated with tobacco use is attributed to the tobacco industry. It is noted that Ghana and other African countries are major potential markets for the tobacco industry and as a result have increased their trade and industry activities in these countries'. Although a number of tobacco companies exist in Ghana with many different brands, the most notable tobacco company in the country is BAT, which controls about 95% of the tobacco trade. The activities of the tobacco

industry in the country have acted in diverse ways which has the potential to undermine the development and implementation of local guidelines, protocols as well as overall implementation of the WHO FCTC. Evidence in other jurisdictions have pointed to the nefarious activities of the tobacco industry aimed at preventing or occasion a delay in the implementation of the WHO FCTC and local laws and policies in individual countries. However, in the Ghanaian context, no comprehensive assessment has been undertaken on the tobacco industry's interference in policies and legislations towards tobacco control. This survey is the first to catalogue evidence about the TI interference in policy making and with the public against efforts to control the use of tobacco and its products. This report reviews the government's efforts in implementing WHO FCTC Article 5.3 guidelines adopted in 2008.

Methods

To evaluate the extent of the tobacco industry's influence in Ghana's policy efforts to control the use of tobacco, the team gathered and analyzed information from different sources including journal publications, grey literature such as government reports on tobacco control, media and CSOs reports. We also collected and analyzed data from legislations and policy documents on tobacco control such as the Public Health Act and other tobacco control laws.

This report is prepared based on publicly available information. The scoring applied to the evidence ranges from 0 -5, where 5 indicates highest level of industry interference, and 0 indicates absence of evidence or non-applicable. Where multiple pieces of evidence is found, the score reflects an average. Hence the lower the score, the better.

In the next section, this report presents findings on the tobacco industry interference of Ghana government attempt to develop tobacco control policies, strengthen measures to control tobacco use and overall implementation of the WHO FCTC and its protocols. The report highlights issues of transparency in dealing with the tobacco industry in Ghana, conflict of interest situations among government appointees or officials with the tobacco industry, the potential of tobacco industry CSR initiatives to interference with government policy regulation or implementation to control the use of tobacco in the country, the role of the tobacco industry actors in policy development, the potential of government policies to facilitate the tobacco industry trade or market activities. Also included in this report are potential situations of unnecessary interaction between government officials and tobacco industry players and finally existing preventive measures by the government to control the tobacco industry.



— Summary of key findings —

Ghana has an overall total score of 58 points

1 INDUSTRY PARTICIPATION IN POLICY DEVELOPMENT

The Ministry of Health is the mandatory statutory institution responsible for the formulation of public health policies including policies related to tobacco control. The policies are executed by the agencies of the ministry such as the Food and Drugs Authority, Ghana Standards Authority and the Ghana Health Service. Per the membership of the Tobacco Control Inter-Agency Coordinating committee, government does not allow tobacco industry actors to sit in or be part of its interagency-multi-sectoral committee or advisory body to formulate policies to promote public health or control the activities of the tobacco industry in Ghana. The Public Health Act (Tobacco Control Measures) deters the tobacco industry from sponsoring government or organizations or for government to endorse the activities of the tobacco industry. However, the LI.2247 lacks clarity on provisions made to regulate the interference of industry actors or their participation in the tobacco industry in policy development.

2 INDUSTRY CSR ACTIVITIES

There is no clear evidence that government and other public sector institutions benefit from the CSR activities of the tobacco industry. On that front, since tobacco related CSR activities are not banned by law, it is unlikely the TI does not use its corporate social responsibility initiatives or activities to interfere in government's efforts to implement tobacco control measures.

3 BENEFITS TO THE INDUSTRY

Existing evidence suggest about the friendly nature of government policy and regulatory context, which serves as an incentive to promote the tobacco industry trade. For example, in the wake of the Tobacco Control Regulation, 2016 (LI 2247) where health warnings and messages for tobacco and tobacco products were now required, the tobacco industry were allowed a maximum period of eighteen months (540 days) to implement the pictorial health warnings as compared to 180 days in most countries. This demonstrates some level of laxity in enforcing compliance with the industry, hence a benefit to the industry. It is mandatory that all tobacco products imported into the country bear health warnings (pictorial health warning) approved by Food and Drugs Authority (FDA) per the national tobacco control law. However, even though the use of shisha is being regulated as any other tobacco product, there are no health warning labels on them, making it easier to be marketed and highly patronised by the youth especially. Government made a declaration in June 2018 to ban the use of Shisha but this is yet to take effect. In addition, an appeal from the Ghana Health Service to ban the use of tobacco products in Ghanaian movies is also yet to take effect. Interestingly travellers are permitted large quantities of duty free tobacco products in the country. These are indications that government policies support or benefit the trade activities of the tobacco industry in the country.

4 UNNECESSARY INTERACTION

Our documentations have so far not revealed any close affinity between top government officials and the tobacco industry in terms of participating in their social functions or events organized or sponsored by the tobacco industry. There is no evidence of contributions from the tobacco industry in terms of offering assistance to government or government accepting offers from the tobacco industry. However, in the past there was a Memorandum of Understanding (MoU) between the government and the tobacco industry to support enforcement of illicit tobacco products through the provisions of motorbikes.

5 TRANSPARENCY

Government does not disclose its meetings with the tobacco industry or any other form of engagement with the tobacco industry. This is possibly because there is no specific regulation that specifies the disclosure of meetings. However, the TC regulation LI2247 under industry interferences stipulates that any interaction between the industry and the regulator must be strictly limited to tobacco control and enforcement. There is also no register of lobbyist acting on behalf of the tobacco industry.

6 CONFLICT OF INTEREST

There is no strict prohibition of contributions from the tobacco industry to governments and its agencies even though the 2012 Public Health Act under sponsorship indicates that a person shall not initiate or engage in any form of tobacco sponsorship. Since the passage of the Act 851, Ghana has not developed a code of conduct to guide public officers in their conduct in dealing with the tobacco industry in line with the Article 5.3. These gaps in the existing policies and legislations has the potential to actively promote tobacco industry interference.

7 PREVENTIVE MEASURES

There are no explicit preventive measures by way of laws, policies or regulations in relation to the tobacco industry. For instance, there are no available records outlining procedures for disclosing interactions or meetings between government and the tobacco industry. The tobacco control regulations have given an indication of developing a code of conduct by the Minister of Health which is yet to be drafted and operationalized. There is also no written plan/programme by government to regularly create awareness within its departments and agencies on policies relating to FCTC Article 5.3 Guidelines. However, the Ministry of Health, Health Sector Medium Term Development Plan (HSMTDP) has a section on the implementation of the WHO FCTC without specifics to Article 5.3. The absence of these legal and administrative provisions and procedures have the potential to undermine efforts to strictly enforce tobacco control measures in Ghana and this creates an incentive for tobacco companies interfering in efforts to implement tobacco control measures.



Recommendations

Globally, interference by the tobacco industry has been copiously demonstrated to be a major affront to governments' attempt to implement the WHO FCTC Article 5.3. Following an assessment of the extent of tobacco industry interference to weaken, delay, undercut or distract government from policy development and implementation of the Article 5.3 Guidelines to control the use of tobacco products in Ghana through the Tobacco Industry Interference Index, this study highlighted policy strengths, potential situations of tobacco industry interference, gaps in government capacity to regulate the tobacco industry in the country or weakness in the government's ability to effectively enforce the WHO FCTC Article 5.3 Guidelines. We present herewith, clear policy recommendations to mitigate the tobacco industry interferences in Ghana or government's efforts to implement to the latter the WHO FCTC Article 5.3.

1. Whilst commending the government for establishing an interagency-multi-sectoral committee or advisory body under the auspices of the Ministry of Health to formulate policies to promote public health or control the activities of the tobacco industry in Ghana, of which the tobacco industry is not a member or party to, we recommend this body to be further strengthened and capacitated with the requisite resources to be active, able to develop, implement and help enforce policies and local protocols to control tobacco use in the country. They should play an active surveillance and monitoring role of the tobacco industry activities in the country to facilitate evidence-based policy making. A major policy or legislative deficit is the lack of explicit provisions in the LI 2247 and Public Health Act 2012 to regulate the tobacco industry interference. Such provisions will provide the policy and legal basis to monitor and where necessary enforce policies and interventions to mitigate the interference of the tobacco industry in policy development.

2. Although no evidence suggests the tobacco industry employs its CRS initiatives to interfere in tobacco control in the country, we recommend that the government bans tobacco related CSR activities as stipulated in Article 13 and Article 5.3 guidelines of the WHO FCTC. In the interim, we recommend the government mandate the tobacco industry through development of policies to publicly report or declare its CSR initiatives in the country as this is not currently available in the public domain. Additionally, we recommend full disclosure in the media or website of all activities including revenue and profits, tax exceptions or any privileges the tobacco industry receives

3. A more strengthened and robust policy, legislative and regulatory space is recommended despite the enactment of key protocols and laws to control tobacco in the country. For example delay in tax increment on tobacco products and implementation of pictorial health warns appear to promote the nefarious trade activities of tobacco industry. Further recommend a directive which mandates the Ministry of Finance to regularly review the price of tobacco products, tax regimes and propose an appropriate measure to effectively regulate the affordability and access to tobacco products. Strict and swift enforcement of such regulations are critical to obviate the continuous harm to public health caused by tobacco use in the country.

4. The activities of the tobacco industry or their engagement with the government or its agencies or officials are not made known to the public. We strongly recommend steps should be taken to improve transparency in government engagement with the tobacco industry including making known any records of lobbyists in the country acting in the interest of the tobacco industry.



5. Another critical recommendation is the need for government to develop a code of conduct to guide its agencies or officials in engaging the tobacco industry. Although the Public Health Act 851 prohibits sponsorship to government by the tobacco industry, this has not been followed with an attendant code of conduct to regulate this, despite it being mentioned in the Tobacco Control Regulation of 2016. This is evidently a weakness and a crack which can be exploited by the tobacco industry to engage government officials or interfere in efforts to control tobacco in the country. This can be complemented with training of government officials on the clever, manoeuvring and interfering ways of the tobacco industry.

6. The role of the media to augment the activities of the few CSOs, notably, the Vision for Alternative Development, to project and spotlight the activities of the tobacco industry, their interference and overall adverse harm to population need to be heightened. The media need to widely cover, timeously report efforts and

activities of the tobacco industry to undermine tobacco control in the country, frequent monitoring and publicization of the tobacco industry interference and misconduct. The media should act to pressure governments to fully implement the WHO FCTC guidelines or support the enforcement of existing local legislation for tobacco control such as the tax increment, among others. Our review and analysis of the evidence does suggest the media is not actively engaged in this regard, and only a handful of CSOs are largely complementing government's efforts to control tobacco.

7. Lastly, it is important government develops programmes to regularly train or educate its officials and agencies in relation to FCTC Article 5.3. These programmes and activities will equip them with the requisite knowledge to avoid falling prey to the activities of the tobacco industry or inadvertently facilitating the activities of the tobacco to undermine tobacco control policies in the country.



Results of Tobacco Industry Interference in Ghana

QUESTIONNAIRE

INDICATORS	0	1	2	3	4	5
Level of Industry Participation in Policy-Development						
1. The government ²⁰ accepts, supports or endorses any offer for assistance by or in collaboration with the tobacco industry ²¹ in setting or implementing public health policies in relation to tobacco control ²² (Rec 3.1)				3		
The Ministry of Health is the statutory body mandated to design public health policies for tobacco control for implementation by its implementing agencies including the Ghana Health Service, Food and Drugs Authority and Ghana Standards Authority. There is no documented evidence to suggest the Ministry of Health and any of its implementing agencies or other government entities have accepted, endorsed or act in any way to support or partner with existing tobacco companies in Ghana.						
In compliance with the FCTC Article 13 ²³ , the current Ghana Public Health Act (Tobacco Control Measures) ²⁴ deters the tobacco industry to sponsor government or organizations or for government to endorse the activities of the tobacco industry, thus underscoring this response.						
This notwithstanding, the Act did not consider provisions of Article 5.3 (tobacco industry interferences in public health policies). The lack of clarity in the Legislative Instruments (LI 2247) ²⁵ under the code of conduct may give way to government or their agencies to accept support from the tobacco industry.						
2. The government accepts, supports or endorses <u>policies or legislation drafted</u> by or in collaboration with the tobacco industry. (Rec 3.4)		1				
No available evidence exists to show the government of Ghana accepts, supports or endorses joint drafting of policies or legislation with tobacco companies in the country.						
3. The government allows/invites the tobacco industry to sit in government interagency/ multi-sectoral committee/ advisory group body that sets public health policy. (Rec 4.8) 1 Never 5 Yes		1				

As evident in the latest WHO-FCTC reporting Instrument submitted by the Government of Ghana in 2018²⁶, the Tobacco Control Inter-Agency Coordinating committee (TC-IACC) set up at the Ministry of Health and Chaired by The Minister of Health includes the following: Ministry of Finance (MOF) and Ghana Revenue Authority (GRA) Customs Division, Ministry of Justice, Attorney General (AG) Department, Ghana Education Service (GES), Ministry of Trade and Industry (MOTI), Food and Drug Authority (FDA), Civil Society Organizations (CSO), World Health Organization (WHO) country office, Ghana Health Service (GHS) Public Health and Family Health Divisions, Ministry of Interior (Ghana Police Service), Ghana Immigration Service, the Media, Teaching Hospitals (THs) and Health Training Institutions (HTI). Environmental Protection Agency (EPA), Ghana Tourism Authority, Local Government (LG). On the basis of the above, it is clear from the set-up of the TC-IACC that government does not allow tobacco industry to sit in or be part of its interagency/multi-sectoral committee/advisory group body to formulate policies to promote public health or control the activities of the tobacco industry in Ghana.

4. The government nominates or allows representatives from the tobacco industry (including State-owned) in the delegation to the COP or other subsidiary bodies or accepts their sponsorship for delegates. (i.e. COP 4 & 5, INB 4 5, WG) ²⁷ (Rec 4.9 & 8.3)		1				
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There is no documented evidence of government nominating or allowing representations from the tobacco industry as part of delegation to the COP or other subsidiary bodies.

So-called CSR activities

5. A. The government agencies or its officials endorses, supports, forms partnerships with or participates in so-called CSR activities organized by the tobacco industry. (Rec 6.2) B. The government (its agencies and officials) receives contributions ²⁸ (monetary or otherwise) from the tobacco industry (including so-called CSR contributions). (Rec 6.4) <i>NOTE: exclude enforcement activities as this is covered in another question</i>				3		
A. There is lack of evidence to suggest government officials endorses or supports any partnership with or participates in the CSR activities of the tobacco industry						
B. There is no evidence that government officials receive contributions, monetary or otherwise from the tobacco industry including so-called CSR contributions. There is no legislation banning tobacco related CSR activities.						

Benefits to the Tobacco Industry

6. The government accommodates requests from the tobacco industry for a longer time frame for implementation or postponement of tobacco control law. (e.g. 180 days is common for PHW, Tax increase can be implemented within 1 month) (Rec 7.1)				2				
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Even though there was no adequate evidence to support the fact that government accommodates requests from the tobacco industry for a longer timeframe,... the Tobacco Control Regulation, 2016 (LI 2247)²⁹ under health warnings and messages for tobacco and tobacco products allow the tobacco industry a maximum periods of eighteen months (540 days) to implement the pictorial health warnings. In effect this is a benefit to the industry. However the British American Tobacco (BAT), which controls about 95 percent of the market, has applied pictorial warning in a much shorter time in other countries where it operates.

Despite the ban on sale of single sticks of cigarettes, it is still allowed, and this escapes the health warnings. Sales by single sticks make cigarettes more affordable and accessible to the poor and minors³⁰.

7. The government gives privileges, incentives, exemptions or benefits to the tobacco industry (Rec 7.3)					4			
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All tobacco products imported into the country are to bear health warnings (pictorial and text) and approved by Food and Drugs Authority (FDA) according to the national tobacco control law. However, water-pipe tobacco smoking or shisha is being regulated as any other tobacco product without health warning labels on them, and this could be considered as a benefit to the tobacco industry³¹.

Also, as a result of the proliferation of shisha and the available evidence of its health implications, government made a declaration to ban it in the country by June 2018 following the footsteps of other countries in Africa such as Rwanda, Kenya and Tanzania. This however, never happened and could be that the tobacco industry lobbied for the delay to protect their vested interest³².

In a related development, the Ghana Health Service called for a ban on tobacco use in Ghanaian movies, but this is still not implemented³³.

International travellers aged 18 years and over are allowed to bring in duty free 200 sticks of cigarettes, 100 cigarillos, 50 cigars and 250gms of tobacco³⁴.

Although most goods and services have witnessed an upsurge or increment in taxes, tobacco products have not received tax increment for over 5years (2015-2019), and thus, tobacco products sold cheaply in the country³⁵, inevitably influencing high usage levels by the populace.

Forms of Unnecessary Interaction						
8. Top level government officials (such as President/ Prime Minister or Minister ³⁶) meet with/ foster relations with the tobacco companies such as attending social functions and other events sponsored or organized by the tobacco companies or those furthering its interests. (Rec 2.1)	1					
There is no evidence to suggest that top level government officials meet with/foster relations with the tobacco companies such as attending social functions and other events sponsored or organized by the tobacco companies or those furthering its interests.						
9. The government accepts assistance/ offers of assistance from the tobacco industry on enforcement such as conducting raids on tobacco smuggling or enforcing smoke free policies or no sales to minors. (including monetary contribution for these activities) (Rec 4.3)	1					
There is not such contribution from the Tobacco Industry currently. However, in the past, there has been partnerships and MoU's between government and British America Tobacco (BAT) Ghana to combat illicit tobacco products, the MoU indicated that the Custom Excise and Preventive Service (CEPS) received number of motor bikes from the tobacco industry to support their monitoring activities ³⁷ .						
Efforts to get confirmation from the Custom Division of Ghana Revenue Authority whether or not the MoU is still valid prove futile.						
10. The government accepts, supports, endorses, or enters into partnerships or agreements with the tobacco industry. (Rec 3.1) <i>NOTE: This must <u>not</u> involve CSR, enforcement activity, or tobacco control policy development since these are already covered in the previous questions.</i>	1					
There is no documented evidence to ascertain this claim.						

that any interaction between the industry and the regulator must be strictly limited to tobacco control and enforcement

12. The government requires rules for the disclosure or registration of tobacco industry entities, affiliated organizations, and individuals acting on their behalf including lobbyists

5

Although government does not officially have a register of lobbyist acting on behalf of Tobacco Industry, events and activities of some private organizations such as Imani Ghana, Centre for Policy and Education, a policy Think Tank, clearly demonstrates that they act as tobacco industry front group in Ghana.^{39 40}

Conflict of Interest

13. The government does not prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns or to require full disclosure of such contributions. (Rec 4.11)
1 Never 5 Yes

4

The current national tobacco control law does not specifically prohibit contributions from the tobacco industry to governments and its agencies and departments. However, the Public Health Act under sponsorship states that a person shall not initiate or engage in any form of tobacco sponsorship⁴¹.

Similarly, Ghana is yet to develop a code of conduct for public officers as stipulated in the Tobacco Control Regulations⁴².

14. Retired senior government officials form part of the tobacco industry (former Prime Minister, Minister, Attorney General) (Rec 4.4)

1

No evidence exists to suggest retired senior government officials form part of the tobacco industry.

15. Current government officials and relatives hold positions in the tobacco business including consultancy positions. (Rec 4.5, 4.8, 4.10)

2

Currently, there is no government officials and relatives holding positions in the tobacco business. However there are evidences indicating that appointees of the current government including the Minister for Information⁴³, the current Managing Director of the New Times Corporation⁴⁴, the District Chief Executive in one of the districts in western region⁴⁵ and the Ghana post MD appointed WAPCO⁴⁶ previously held positions with BAT.

Preventive Measures						
SCORING for this section: 1. Yes, 2. Yes but partial only, 3. Policy/ Program being developed 4. Committed to develop such a policy/ program 5. None						
16. The government has put in place a procedure for disclosing the records of the interaction (such as agenda, attendees, minutes and outcome) with the tobacco industry and its representatives. (Rec 5.1)						5
No available records or evidence exist outlining a procedure for disclosing interaction with the tobacco industry and its representatives.						
17. The government has formulated, adopted or implemented a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry. (Rec 4.2)					4	
No code of conduct has been developed and implemented by the government to ensure public officials comply with a specified standard in dealing with the Tobacco Industry. However, the Tobacco Control Regulations (L.I 2247) ⁴⁷ has given an indication of developing a code of conducts by the Minister of Health. This is however yet to be drafted and operationalized.						
18. The government requires the tobacco industry to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, political contributions and all other activities. (5.2)						5
There have not been any procedure in place for transparency in submitting and receiving periodical reports such as market shares, marketing expenditures revenues and other activities including CSR which is accessible to the general public as stated in Article 5.3. The other major challenge has to do with the tobacco industries' official website which does not post any information for the general public to access.						
19. The government has a program / system/ plan to consistently ⁴⁸ raise awareness within its departments on policies relating to FCTC Article 5.3 Guidelines. (Rec 1.1, 1.2)					4	
There is no written plan or program to consistently raise awareness within government departments and agencies however, the Ministry of Health, Health Sector Medium Term Development ⁴⁹ has a section on the implementation of the WHO FCTC without specifics to Article 5.3.						
20. The government has put in place a policy to disallow the acceptance of all forms of contributions/ gifts from the tobacco industry (monetary or otherwise) including offers of assistance, policy drafts, or study visit invitations given or offered to the government, its agencies, officials and their relatives. (3.4)						5



There is no such policy document binding government, its agencies, officials and their relatives to disallow gift or contribution from the tobacco industry.

TOTAL 58	7	4	6	16	25
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SOURCES OF DATA:

Newspaper articles

Online publications

Tobacco Control Measures of Public Health Act of 2012, (Act 851)

Tobacco Control Regulations of 2016 (LI 2247)

Ministry of Health's Sector Medium Term Development Plan

Official website of the Ministry of Health

Official website of Food and Drugs Authority

Email communications

Tobacco Industry Monitoring and Mapping Report

One on one interactions

WHO reports and publications



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