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A

CIVIL SOCIETY SHADOW REPORT

on Ghana's implementation of the

FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

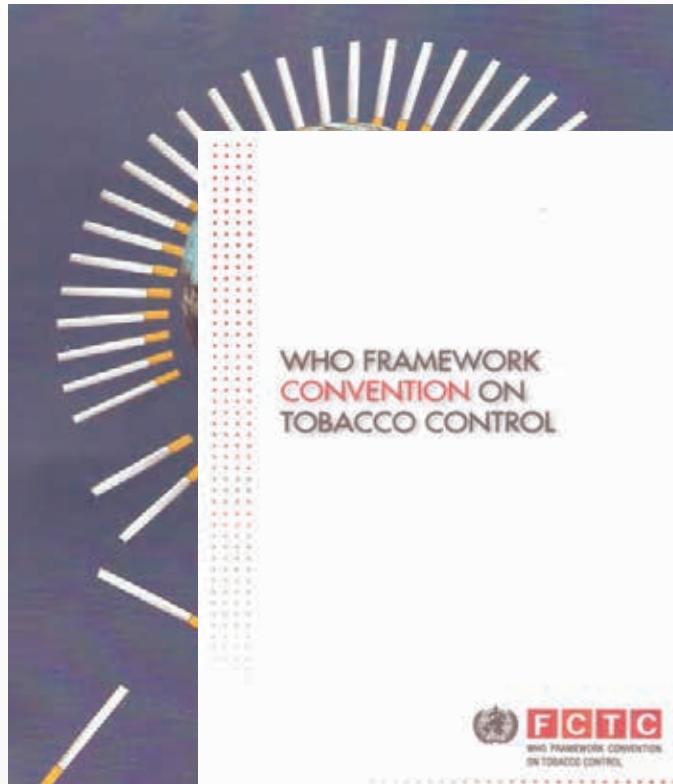


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Abbreviations

- AG:.....Attorney-General's Department
AID:.....Action for Integrated Development
APS:.....Advertising, Promotion and Sponsorship
CEPS:.....Customs Excise and Preventive Service
CHEST:.....Community Health Support Team (CHEST)
COP:Conference Of the Parties
CIF:Customs Insurance Freight
CNTC:.....Coalition of NGOs in Tobacco Control
CNTG:.....Coalition of NGOs in Tobacco, Ghana
EPA:Environmental Protection Agency
FCA:Framework Convention Alliance
FCTC:.....Framework Convention on Tobacco Control
FDB:.....Food and Drugs Board
GES:.....Ghana Education Service
GHS:.....Ghana Health Service
GH¢:.....Ghana Cedi
GoG:.....Government of Ghana
MATCO:.....Media Alliance in Tobacco Control
MoFA:.....Ministry of Food and Agriculture
MoH:.....Ministry of Health
MoFEP:.....Ministry of Finance and Economic Planning
MoMYE:.....Ministry of Manpower, Youth and Employment
MoWAC:.....Ministry of Women and Children's Affairs
MoJ:.....Ministry of Justice
MPs:.....Members of Parliament
NGOs:.....Non-Governmental Organizations
TPU:Tax Policy Unit
TC:.....Tobacco Control
TCB:Tobacco Control Bill
USD:United State Dollars
VALD:.....Vision for Alternative Development
VAT:.....Value Added Tax
WHA:.....World Health Assembly
WHO:.....World Health Organization

Acknowledgement

Vision for Alternative Development (VALD) as the Coordinating Organisation of the 2010 Civil Society Shadow Report on the FCTC is grateful for the participation, material and technical support of the following Departments and Agencies:

- i. Ghana Health Service (GHS)
- ii. Customs Excise and Preventive Service (CEPS),
- iii. Tax Policy Unit of the Ministry of Finance and Economic Planning (TPU-MoFEP),
- iv. Media Alliance in Tobacco Control (MATCO)
- v. Coalition of NGOs in Tobacco Control (CNTC)
- vi. Ghana Coalition of NGOs in Health (Health Coalition)
- vii. Community Health Support Team (CHEST)
- viii. Framework Convention Alliance (FCA)
- ix. Media Houses (Newspapers, Television Stations, Radio Stations, Internet News Services, etc.)

Vision for Alternative Development (VALD) expresses its appreciation to Mr. Jeorge Wilson Kingson; a Journalist and 1st Vice President of Media Alliance in Tobacco Control (MATCO) and Mr Sulley Suman; A Social Worker, Executive Director of Action for Integrated Development (AID) and General Secretary of Coalition of NGOs in Tobacco Control (CNTC) for their commitment to the editing of this report.

Executive Summary

Governments of Ghana (GoG) has taken steps to implement the Framework Convention on Tobacco Control (FCTC) through the Ministry of Health's Tobacco Control Directives of 2007 while the Tobacco Control Bill (TCB) passes through due process.

Ghana became the first country in West Africa to have ratified the FCTC in 2004. The Tobacco Control Bill drafted in 2005 is currently with Cabinet for approval. The reasons for the delay include lack of political will and inadequate stakeholder involvement.

Civil Society Organizations have been collaborating with the Ghana Health Service, Food and Drugs Board and other government agencies in the implementation of the Framework Convention on Tobacco Control. Government supports the work of civil society organizations technically and materially, while civil society organizations support the work of government departments through information sharing and monitoring compliance.

This Civil Society Shadow Report on Ghana's Implementation of the FCTC is aimed at assessing the country's compliance to the key provisions of the Framework Convention on Tobacco Control since Ghana is a party to the Convention. The key articles for review include articles 5(2b), 6, 11 and 13.

The report is targeted, firstly, at the Government of Ghana through the Ministry of Health, Members of Parliament, Food and Drugs Board, the Ghana Health Service and the Ministry of Finance and Economic Planning (MoFEP). Secondly, it targets CSOs including the CNTC, MATCO, Health Coalition, Consumer Associations, Members of CHEST and the Media. Thirdly, it targets professionals in the areas of health, environment, and tax and members of the public.

The report recommends that the Government of Ghana swiftly passes the Tobacco Control Bill into Law (Article 5.2b) with strong provisions on pictorial health warnings covering over 80% of the principal display areas (Article 11). The report further urges government to ban indirect and indirect advertising, promotion and sponsorship (Article 13) covering additional areas such as ban the point of sale display of tobacco products. ban tobacco promotions on international Television, radio, internet, magazines and newspapers. As well as Banning outdoor tobacco advertising on Tee-shirts.

Despite the present taxes on tobacco products, cigarettes sold in Ghana are still cheap, affordable and easily accessible (Article 6). The Government is being urged to increase taxes on tobacco products to make them expensive and to raise revenue to finance health related ailment as a result of tobacco use and exposures to tobacco smoke in accordance with the Framework Convention on Tobacco Control (FCTC).

The Government of Ghana and Ghanaians stand to gain in health improvement and poverty reduction if the FCTC is strongly domesticated in Ghana.



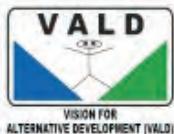
VALD

VISION FOR ALTERNATIVE DEVELOPMENT

PASS THE TOBACCO CONTROL BILL INTO LAW

To save the lives of
Present and future Generations
from The dangers of Tobacco use
And Tobacco smoke

**TO IMPLEMENT THE WHO
FRAMEWORK CONVENTION ON
TOBACCO CONTROL (FCTC)**



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Introduction

Tobacco and Tobacco Products are silent killers; they have harshly been responsible for the death of millions of people worldwide in an unrelenting fashion. The World Health Organisation estimates that some 10 million people are likely to die out of tobacco related causes by 2030, and of this number, 70% is expected to come from developing countries including Ghana.

On account of the disturbing situation, the World Health Assembly (WHA) called governments to action to draft an international tobacco control treaty. The Framework Convention on Tobacco Control (FCTC) was then negotiated under the auspices of the World Health Organisation, the FCTC was approved by the assembly and opened for signatures from member countries in 2003.

On June 20, 2003, Ambassador Fritz Opoku, then based in Geneva, signed for Ghana. On November 29, 2004 Ghana became the 39th country to ratify the FCTC which currently boasts of 171 parties as at November 1, 2010, representing 87.29% of the world's population.

This means that Ghana, like the other member countries, committed itself to

“adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.”



In doing so, Ghana would be fulfilling the objective of the convention, which is

“...to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke...”



In accordance with Article 5.2b of the FCTC, Ghana commenced the processes for the full domestication of the FCTC through a Draft National Tobacco Control Bill. The draft bill was completed in 2005. However, five years after the draft bill was developed, it is yet to be presented to Parliament for passage into law.

Thus, the single most disconcerting challenge to tobacco control in Ghana today is the continued delay in the passage of a law that would put in place the legal and institutional frameworks for effective tobacco control. A number of reasons have been adduced as the cause for the five years delay in the passage of the law.

Chief among these reasons are the low level of awareness among stakeholders about tobacco control and FCTC issues. Another reason is the inadequate involvement of the media, key law makers and public opinion to support the bill and more importantly is the tobacco industry's interference in tobacco control policy issues in the country.

It is, however, imperative to point out that even as the bill is yet to be presented to parliament; government has put in place administrative measures.

Civil Society Organizations have also been involved in a number of activities aimed at sensitizing the public about the health dangers of tobacco smoking and exposures to tobacco smoke.

This shadow report, produced by the Vision for Alternative Development (VALD) and supported by Media Alliance in Tobacco Control (MATCO), Coalition of NGOs in Tobacco Control (CNTC) and Community Health Support Team (CHEST), frontline NGOs in tobacco control activism in Ghana and with the technical support of the Framework Convention Alliance (FCA), the international umbrella alliance of tobacco control NGOs, is therefore aimed at highlighting Ghana's efforts and challenges in the implementation of the FCTC and making recommendations where necessary.



Articles for Review

Below are the four (4) key FCTC articles selected for analysis and review. Strong recommendations are made after each review:

Article 5 (2b): General obligations

Article 6: Pricing and Taxation of Tobacco Products

Article 11: Packaging and Labeling of Tobacco Products

Article 13: Tobacco Advertising, Promotion and Sponsorship



Article 5.2b: General Obligations

Tobacco Control Bill

Each party shall

"adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke."

Analyses of current situation

Since 2005, Ghana has drafted Tobacco Control Bill since 2005; its passage into law would ensure the country's compliance with the FCTC provision. In reality however, the bill is yet to be passed into law. Latest information is that the bill is currently with Cabinet.

A National Steering Committee on Tobacco Control was established to evaluate the incidence of tobacco smoking and make proposals to address the issue. Members of the committee included representations from Government Departments and Agencies, NGOs and UN Bodies. The Committee in consultation with other major stakeholders made proposals which formed the basis for the Draft Bill. The bill drafting process involved the formation of a technical committee from amongst the steering committee members, reviewing of documents



including tobacco control laws from other countries, meetings with stakeholders and submission of initial draft bill for legal inputs and final meeting with all stakeholders for a consensus on the draft.¹ It is, however, worth pointing out that a number of administrative measures, even as the law is yet to be passed, have been put in place. Government has issued a number of directives aimed at curbing the spread of tobacco.

Directives for the Registration of Tobacco and Tobacco Product(s)

In October 2007, the Ministry of Health issued a directive compelling all existing and prospective importers of tobacco products to have their products registered with the Food and Drugs Board.

¹Mrs Akua Owusu Amartey, M.Pharm, Tobacco and Substances of Abuse Department of the Food and Drugs Board (FDB)

The directive spelt out the following:

- i) The company must be registered with the Food and Drugs Board (FDB) as an importer of tobacco or tobacco products
- ii) The company must comply with all the regulatory requirements specified by the FDB as well as statutory requirements of the Customs Excise and preventive Service (CEPS)
- iii) Tobacco and tobacco products should be registered with the FDB
- iv) The labeling on the tobacco and tobacco products must conform to the approved format as specified by the FDB.

- v) In the interest of public health and safety, all companies are to comply with these interim regulatory measures on tobacco control.
- vi) The FDB will take the necessary regulatory action against any company that fails to comply with these interim regulatory measures

This directive is in line with the WHO Framework Convention on Tobacco Control (FCTC) and is being observed as such.

Daily Graphic, Thursday November 1, 2007



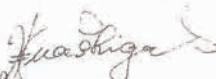
DIRECTIVES FOR THE REGISTRATION OF TOBACCO AND TOBACCO PRODUCT(S)

In view of the fact that the National Tobacco Control Bill is still pending passage into Law, there is an increased need to protect the public from the risks associated with the uses of tobacco and tobacco product(s).

It has become imperative to communicate to all stakeholders and the general public, the regulatory requirements in the interim for the importation of tobacco and tobacco product(s).

The Ministry of Health would like to bring to the notice of all current and prospective importers of tobacco and tobacco product(s) the following requirements for the importation of tobacco and tobacco product(s):

1. The company must be registered with the Food and Drugs Board (FDB) as an importer of tobacco and or tobacco product(s).
2. The tobacco and tobacco product(s) should be registered with the FDB.
3. The labeling on the tobacco and or tobacco product(s) must conform to the approved format as specified by the FDB.
4. The company must comply with all other regulatory requirements specified by the FDB as well as statutory requirements of the Custom, Excise and Preventive Service (CEPS).
5. In the interest of the public health and safety, all companies are to comply with these interim regulatory measures on tobacco control.
6. The FDB will take the necessary regulatory action against any company that fails to comply with these interim regulatory measures.


MAJOR COURAGE E.K. QUASHIGAH (RTD.)
MINISTER OF HEALTH

¹Major Courage E.K. Quashigah (RTD.) Minister of Health, Directives for the Registration of Tobacco and Tobacco Product(s), October 2007



Minister of Health represented by Mr Ben Botwe making a presentation at the Public Forum on Ghana's Tobacco Control Bill



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VALD wants tobacco bill in Parliament

Vision for Alternative Development (VALD), a civil society organization (CSO) advocating for the speedy passage of Ghana's tobacco control bill, has called on the Ministry of Health (MOH) to present the bill to Parliament by end of November this year.

Work on the bill has been completed. Stakeholders have made inputs and it has also received cabinet endorsement. However, the ministry has been tasked to iron out some rough edges before it is sent to Parliament for passage.

But, according to VALD, there seems to be some sort of feet dragging by government over the bill.

"The enthusiasm to push the bill forward is fading and we don't understand," an official of VALD stated last week.

A public forum on the tobacco control bill was held last week in Accra to gather the support of Ghanaians towards the passage of a single law that will control tobacco use in the country.

It was facilitated by VALD, Coalition of Non-Governmental Organisations (NGOs) in Health (CNTC) and the Media Alliance in Tobacco Control (MATCO).

The forum was also meant to assure government of popular support for the tobacco bill and offer the public an opportunity to express their views by calling on policy makers to deepen their commitment in protecting the lives of the people. According to the executive director of VALD, Issah Ali, there is no safe level to the use of tobacco and it has been linked to dreadful diseases.

recruiting children and youth into tobacco addiction.

This, according to him, can be verified by observing the alarming youth addiction rate to the use of hard drugs after being introduced to tobacco use.

"Tobacco, according to the Narcotic Control Board (NCB), is a gateway to the use of hard drugs. May I use this opportunity to call on BAT Ghana to stop deceiving governments with secret letters and weak arguments to interfere with public health policies, knowing that what they are doing contravene international laws. The tobacco industry has no right to interfere in public health issues," the VALD director stated.

Ghana played a crucial role in ensuring that the Framework Convention on Tobacco Control (FCTC) came into force in 2005. Ghana was also the first West African country to ratify the FCTC and the 39th party to the FCTC in the world.

Few months into office, President Barack Obama appended his signature while lauding the commitment of the to the American Tobacco Control Bill to leadership and membership of put it into law.

Parliament for their readiness to work. Developed countries such as Canada, and ensure that Ghana gets a strong Ireland, Thailand, Brazil and the United tobacco control law. Ali stressed that Kingdoms are all putting in place Ghana cannot afford to lose its necessary legislature strategies to leadership role in tobacco control in the protect their citizens against major sub region and on the continent cancer related sicknesses.

He said he has information to the effect Niger, Mauritius and Kenya all have that tobacco manufacturing giants, national tobacco control laws and British American Tobacco (BAT) Nigeria has also commenced the Ghana, is using surreptitious process to get a national tobacco control communication strategies into bill.

Civil Society Efforts

The Vision for Alternative Development (VALD) has over 5 years played a frontal role in pushing for the passage of the Tobacco Control Law. The NGO has organized workshops, review meetings, meeting with parliamentarians among others. It also spearheaded the formation of the Media Alliance in Tobacco Control (MATCO)

Other vocal Civil Society Organizations have been the Coalition of NGOs in Tobacco Control and the Coalition of NGOs in Health. These groups have been mounting pressure on government in an attempt to regularly know the status of the bill. On July 5, 2010, in reaction to media reports suggesting that by delaying the passage of the law Ghana was breaching its obligations under the FCTC, the Ministry of Health issued a press statement to the effect that the bill had been presented to Cabinet for consideration and onward submission to parliament.

The media houses supported the campaign with regular stories and tobacco control articles. These were published in the newspapers, over the internet, aired on radio stations and screened on television stations across the country.

To have ratified the FCTC and gone ahead to prepare a draft bill for the consideration of Parliament means the government of Ghana has demonstrated some level of commitment towards tobacco control.

Daily Graphic (GHANA'S BIGGEST SELLING NEWSPAPER SINCE 1950)

SATURDAY, DECEMBER 5, 2009. NO. 18092. PRICE: GH¢1.00

2009 NATIONAL FARMERS DAY 2009 NATIONAL FARMERS DAY 2009 NATIONAL FARMERS DAY 2009 NATIONAL FARMERS DAY 2009 NATIONAL FARMERS DAY

Daily Graphic, Saturday, December 5, 2009

Pass Tobacco Control Bill

• *Speakers urge govt*

Story: Musah Yahaya Jafaru

SPEAKERS at a public forum in Accra have urged the government to, as a matter of urgency, pass the Tobacco Control Bill into law.

They said tobacco smoking caused diseases such as hypertension, diabetes, stroke, cataract, hearing impairment, pregnancy and birth complications.

The Programmes Director of Doctors for Right to Health (DRH), Ghana, Dr P. E. Sefogah, and the Executive Director of Vision for Alternative Development (VALD), Mr Issah Ali, said the passage of the bill would impose restrictions on the use and advertisement of tobacco.

The forum was organised by VALD to create the platform for participants to discuss the effects of tobacco smoking and the need for the country to have a Tobacco Control Law.

Dr Sefogah said tobacco was a poisonous social drug used for non-medicinal reasons and lead to "physical and mental damage, addiction and other serious problems".

He said tobacco was the leading cause of preventable death world-wide and referred to the World Health Organisation (WHO) report which indicated that someone died from tobacco use every 6.5 seconds.

He said 87 per cent of all lung cancer deaths were preventable by eliminating tobacco use, while women were at a greater risk of suffering the health effects of tobacco.

Dr Sefogah said tobacco contained harmful substances such as carbon monoxide, nicotine, arsenic, formaldehyde, lead and ammonia.

Mr Ali reminded the government of its responsibility to protect citizens against preventable diseases, disability, death and poverty.

He, therefore, asked it to present the Tobacco Control Bill to Parliament by the end of the year for passage into law.

He noted that Niger, Mauritius and Kenya had national tobacco control laws, while Canada, Ireland, Thailand, Brazil and the United Kingdom had put in place the necessary legislative strategies to protect their citizens against the harmful effects of tobacco smoking.

Therefore, he said, "Ghana cannot afford to lose its leadership role in tobacco control in the sub-region and on the continent".

The Minister of Health, Dr Benjamin Kunbuor, said his ministry had already taken steps to ban smoking in health facilities and prohibited tobacco advertisement through various administrative directives.

He urged VALD, the Coalition of Non-governmental organisations in Tobacco Control (CNTC) and the Media Alliance in Tobacco Control (MATCO) to partner the Ministry of Health, the Food and Drugs Board and the Ghana Health Service to educate the youth on the hazardous effects of tobacco use and exposure to tobacco smoke.

in the country. But the fight against the spread of the use of tobacco and its products can only be vigorously pursued and won when the Tobacco Control Bill is passed into law. It is therefore imperative for the Government to consider it as a matter of need to fast track the passage of the law. As experience has shown, the mere passage of a law does not automatically result in the achievement of the goals for which it was passed. Clear cut measures for the effective implementation of the law such as a Strategic Plan and funding have to be put in place. It is therefore important that even as government works towards the passage of the law, measures are put in place to ensure its effective implementation.



Dr Stephen K. Opuni; Chief Executive of Food and Drugs Board making a presentation at a meeting on Tobacco Control activities in Ghana

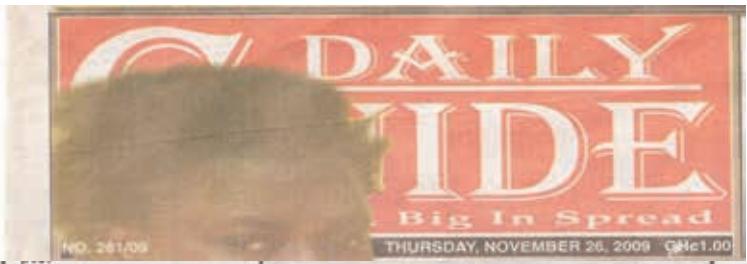


Mr Solomon Onubugou; Vice Chairman of Ghana Coalition of NGOs in Health speaking in support of Ghana's Tobacco Control Bill



Recommendation

Government must swiftly pass the Tobacco Control Bill into Law with strong provisions and in full compliance with the Framework Convention on Tobacco Control (FCTC).



'Prioritize Ghanaians' Protection'

By Emma Finch

ISSAH ALI, Executive Director of Vision for Alternative Development (VALD) has called on policy makers to prove their commitment to protecting Ghanaians through appropriate anti-tobacco laws.

"Business giant British American Tobacco (BAT) is using 'surreptitious communication strategies' to lure youths into smoking cigarettes," he said.

Mr. Ali was addressing about 200 participants at a forum on Ghana's Tobacco Control Bill, currently pending passage into law at the British Council Thursday.

According to Ghana Narcotic Control Board (GNCB), early tobacco use is a gateway to the use of hard drugs, addiction which is rising at an alarming rate.

Victor Sackey, Secretary of Ghana Cancer society further condemned BAT. "American Tobacco is rich from Ghanaians' money, they could pay all our salaries for ten years and they will continue to get rich from our ill health until we eliminate smoking," he states. The duo called on BAT to "stop deceiving government with weak arguments that interfere with public health policies," such as the Tobacco Bill.

Among other measures, the Bill seeks to ban smoking in public places, confiscate illicit tobacco, prohibit tobacco advertisements and introduce pictorial warning labels on cigarette packets.

Ali also questions why government is finding it so difficult to protect us from these corporate practices. Citing legislative measures put in place by Niger, Mauritius and Kenya; he believes there is no excuse. Ultimately he stressed government is responsible for protecting its citizens. "There is no safe way to use tobacco and we humbly urge the

Minister of Health to ensure government presents the Tobacco Control Bill to parliament by the end of this month."

Minister for Health Benjamin Kumboor who was the Guest of Honor did not turn up but his statement was appreciative of the forum which he described as "a life saving initiative." He saw the Tobacco Controls Bill as "in the interest of all our people," calling for its provisions to be even stronger.

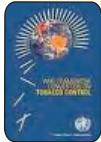
Dr. Promise Sefogah, of Doctors for the Right to Health Ghana (DRH) followed Mr. Ali's address with a lesson on exactly why tobacco is so harmful. Sefogah exposed tobacco as the leading cause of preventable death worldwide, projected to kill 1/6th of the population this century. This means every 6.5 seconds, someone will die from tobacco related illness. "Smoking is a sure way of committing suicide," the doctor states. 87% of our countries lung cancer deaths could be prevented by eliminating smoking; it is a wicked, evil, killer." Sefogah detailed several toxic cigarette components that contribute to these damning statistics. Some include: Nicotine, a pesticide ingredient and highly addictive, carbon monoxide, found in vehicle exhaust fumes, arsenic, present in rat poison, and formaldehyde, a chemical that preserves dead bodies. Over 40 chemicals in cigarettes cause cancer, while others contribute to heart diseases, retinal problems, skin disease, tooth decay and gynaecological problems such as infertility and pregnancy complications.

The Chairman spoke exclusively to *DAILY GUIDE* about the battle to pass the current Bill as it stands. "The problem is, when the Bill stands alone, it takes only a little noise by tobacco companies for it to be thrown out," he explains. However, new tactics to incorporate the provisions of the Bill into a broader "Public Health Bill" holds promise.



Ms Sophia Twum-Barimah; Country Advisor on Health Promotion and Information, World Health Organization (WHO), Ghana Office

Price and Tax Measures to Reduce the Demand for Tobacco



- 1. *The parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.***
- 2. *... each party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include:***
 - (a) *Implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and***
 - (b) *Prohibiting or restricting, as appropriate, sales to and/or importations by international travelers of tax- and duty-free tobacco products.***
- 3. *The parties shall provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21.***

According to the World Health Organization (WHO), “a significant increase in tobacco product taxes and prices has been demonstrated to be the single most effective and cost-effective intervention for reducing tobacco use, this is due to the inelasticity of demand for tobacco products in most countries, significant increases in tobacco taxes generate significant increases in the revenues generated by these taxes” Of the various types of taxes applied to tobacco products, excise taxes are of the most importance when considering health objectives. These taxes will raise the price of tobacco products relative to the prices of other goods and services, unlike taxes that apply to a wide variety of goods, such as value added taxes and general consumption taxes. Moreover, relative to other products also subject to some form of excise, it is the excess over the average excise tax rate that increases the effectiveness of the tobacco excise.³

The WHO favours tax on tobacco to constitute within the region of 2/3 and 4/5 of the retail price.

Ghana has, over the years, introduced various tax measures to discourage the spread of tobacco consumption in the country. Indeed, currently, there is no tobacco company manufacturing in the country; they have relocated to other countries.

Taxes on tobacco products have been raised. Excise duty on tobacco products is about 140% of the Customs Insurance Freight (CIF), Value Added Tax (VAT). Import duty is 20% for a pack of cigarette, This is to make it expensive to buy.

³<http://www.escholarship.org/uc/item/8tn2317v#page-8>

The current levels of taxes on tobacco are as follows:

This is currently the levels of taxes on tobacco:⁴

Price of most sold brand, Pack of 20 cigarettes	Taxes on most sold brand (% of retail price)	
Ghana Cedis (GH¢) 1.50	Total taxes	29%
US Dollars (USD) 1.16	Total excise (specific and ad valorem)	13%
	Value Added Tax (VAT)	16%

The prices of cigarettes and other tobacco products have been increased in recent times but it does not appear to be deterring enough.

The prices of cigarettes are regularly rising to improve revenue. A Legislative Instrument (L.I) has been passed to make prices of tobacco products high.

Tobacco and Manufactured Tobacco Substitutes

Heading (1)	H.S Code (2)	Commodity Description (3)	RATES					Standard unit of Quantity (10)
			IMPORT				Export Duty (9)	
Import Duty	VAT (5)	(6)	Import Excise (7)	Overage Penalty (8)				
24.01 (*)	24 01.10.00.10	Unmanufactured tobacco; tobacco refuse						
		- Tobacco, not stemmed/stripped:	10%	12.5%			0%	Kg
		- For the manufacturing industry	20%	12.5%			0%	Kg
		- Other	20%	12.5%			0%	Kg
	24 01.20.00.00	Tobacco, partly or wholly stemmed/stripped	20%	12.5%	140%		0%	Kg
	24 01.30.00.00	Tobacco refuse						

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Tobacco and manufactured tobacco substitutes

Heading (1)	H.S Code (2)	Commodity Description (3)	RATES					Stand- ard unit of Quant i-ty (10)	
			IMPORT				Export Duty (9)		
			Import Duty (4)	VAT (5)	(6)	Import Excise (7)	Overage Penalty (8)		
(*)	24 01.10.00.10	Unmanufactured tobacco; tobacco refuse	10%	12.5%		140%		0% Kg	
	24 01.10.00.90	- Tobacco, not stemmed/stripped:	20%	12.5%				0% Kg	
	24 01.20.00.00	- For the manufacturing industry	20%	12.5%		GH¢		0% Kg	
	24 01.30.00.00	- Other	20%	12.5%		0.0275/		0% Kg	
		Tobacco, partly or wholly stemmed/stripped				stick			
		Tobacco refuse	20%	12.5%		0.0235		0% Kg	
(*)	24 02.10.00.00	Cigars, cheroots, cigarillos and cigarettes, of tobacco or of tobacco substitutes.				GH¢			
			20%	12.5%		0.0175			
						GH¢		0% Kg	
	24 02.20.00.10	Cigars, cheroots and cigarillos, containing tobacco	20%	12.5%		0.0100		0% Kg	
		-- Cigarettes containing tobacco	20%	12.5%			140%	0% Kg	
	24 02.20.00.20	--Premium	20%	12.5%				0% Kg	
	24 02.20.00.30	--High		12.5%				0% Kg	

(*) For manufacturers approved by the Commissioner (*) Example: Premium: - State Express, Rothmans Kingsize High: - Embassy, Diplomat Mid: - London, Bond, Capital Low: - Tusker, Pall Mall, Gold Seal

Analysis of import taxes/levis paid on tobacco products – (Jan – Jul, 2010 imports)

Year	Hs header	Hs code	Hs description	Net mass (kg)	Cif Gh€	I/Duty paid	I/VAT paid	I/Excise paid	Proc. Fee paid	Eco levy paid	EDIF paid	I/NHIL paid	Total Tax paid Gh€
2010	2401	2402200010	Premium Cigarettes, eg State Express, Rothmans, Kingsize	119,134	856,606.84	0.00	265,905.54	1,270,637.05	8,566.04	0.00	4,283.04	52,662.64	1,602,054.31
	2402	2402200030	Medium quality cigarettes eg London King Size, London Menthol	759,413	5,458,684.13	0.00	1,644,203.77	7,721,797.64	54,586.85		27,293.41	325,621.69	9,773,503.36
		2402200040	Low quality cigarettes eg. Pall Mall King Size/Menthol, Tusker King Size,	465,685	2,544,369.40	148,347.43	781,754.24	3,561,317.02	18,026.35	3,708.69	12,721.83	156,114.97	4,681,990.53
	2403	2402900000	Cigars, cigarillos, cigarettes etc., not containing tobacco	1,560	6,034.88	251.22	365,20	1,922.56	0.00	6.28	6.28	73.05	2,624.59
		2403100000	Smoking tobacco with or without tobacco substitutes	8	259.94	51.99	38.99	0.00	0.00	1.30	1.30	7.80	101.38
		2403910000	Homogenised or reconstituted tobacco	220	520.94	104.19	78.14	0.00	0.00	2.61	2.61	15.63	203.18
		2403990000	Other manufactured tobacco, nes	661 661	762.93	152.59	114.44	0.00	0.00	3.81	3.81	22.89	297.54
Grand Total				1,346,906	8,867,387.32	148,937.07	2,692,482.56	12,555,674.27	81,179.24 3,723.43	44,313.02	534,523.12		16,060,832.71

Note:

- Cif: Cost +Insurance + Freight** – the Cif is the basis for all Customs Revenue Tax calculation on Tobacco products except Import Excise, Import VAT, Import NHIL
- **Import Duty:** With the exception of tobacco, not stemmed/stripped for manufacturing industry which attracts 10% Import Duty, all tobacco products attract 20% Import Duty
- **Import Value Added Tax: (VAT)** attracts 12.5% on the (Cif + Import Duty)
- **Import National Health Insurance Levy (NHIL),** attracts 2.5% on the (Cif + Import Duty)
- **Import Excise,** is either an advalerum tax calculated on (Cif + Import Duty), or a specific tax calculated on the number of sticks.
- **ECOWAS (Eco) Levy** attracts 0.5% of the Cif
- **Export Development and Investment Fund (EDIF)** attracts 0.5% of the Cif
- **Processing Fee (Proc.Fee):** this is a 1% fee charged when the product (Tobacco) is exempted from the payment of Import Duty⁵

Public AGENDA

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GHANA'S ONLY ADVOCACY & DEVELOPMENT NEWSPAPER

GHANA'S CHEAP CIGARETTES

... even children can buy

By Basiru Adam

Anti-tobacco Activists are worried that cigarette, in spite of its well-known health hazards, is so cheap in Ghana that children can buy, especially because it is sold in single sticks instead of packs.

At the Mallam Attah Market in Accra's New Town where Public Agenda made enquiries, traders said a stick of some of the well-known brands went for as low as five Ghana pesewas whilst a pack went for between Ghs1.00 and Ghs1.50. Most

while, in the United States, a pack could go for as much as \$5.00, the equivalent of over Ghs700.

In Ghana, smoking parents often send their children to buy sticks of cigarettes for them and in some cases the children are asked to light the stick before bringing it. In their curiosity or in a bid to keep the 'stick' alight, such children are tempted to take a puff. The nicotine ingredient then does the rest of the job



Smoking can cause a slow and painful death

Continued on Pg. 9

⁵Prepared by the Customs Division of Ghana Revenue Authority (GRA) 9/1/2010

Government Commitment

Despite the current taxes on tobacco products, cigarette remains a cheap commodity and affordable to even minors. Funds raised from tobacco products cannot match government's health expenditure on treating tobacco related diseases.

Through the Health Minister; Hon Dr Benjamin Kumbour, and Women and Children's Affairs Minister; Hon Juliana Azuman Mensah government has expressed commitment to adopt tax and price measures to reduce tobacco use and raise revenue for health financing.

During the National launch of World No Tobacco Day (WNTD) 2010 celebrations on May 31, 2010, the Minister of Health;

Hon Dr Benjamin Kumbour in his address stated "I will like to emphasize that the Ministry of Health recommends that Tobacco products be made less affordable by raising prices through tax measures and applying the revenue raised to specific tobacco control activities benefiting women, young people and the disadvantaged".⁶

Hon Juliana Azumah Mensah; on her part assured Ghanaians that "government will encourage not only Legislative and tax interventions to reduce smoking rates alone but also the promotion of public awareness and supporting tobacco control interventions in the country".⁷

Recommendation

Government should increase taxes on tobacco products to make it expensive, unaffordable and unattractive for minors and people to buy.



⁶Hon Dr Benjamin Kumbour, Ministry of Health, speech on World No-Tobacco Day 2010 National launch, 31st May 2010

⁷Hon Juliana Azumah Mensah (MP), Minister for Women and Children's Affairs, keynote address at the World No-Tobacco Day 2010 National Launch, 31st May 2010.

Pass The TOBACCO CONTROL BILL into Law



Tobacco Use and Tobacco Smoke Causes*

Lung Cancer, Mouth Cancer, Throat Cancer,
Neck Cancer, Heart Diseases, Stroke,
Heart Attack, Blindness, Premature Death,
Poverty, Infertility, Death...



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Article 11:

Packaging and Labeling of Tobacco Products

Tobacco Health Warnings:

1] *Each party shall, within a period of three years after entry into force of this convention for that party, adopt and implement, in accordance with its national law, effective measures to ensure that:*

(a) *tobacco product packaging and labeling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar,” “light,” “ultra-light,” or “mild;” and*

(b) *each unit packet and package of tobacco products and any outside packaging and labeling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:*

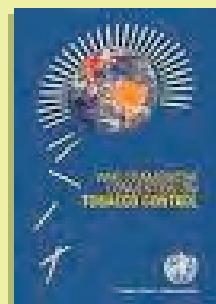
- (I) *shall be approved by the competent national authority,*
- (ii) *shall be rotating,*
- (iii) *shall be large, clear, visible and legible,*

(iv) *should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,*
(v) *may be in the form of or include pictures or pictograms.*

2] *Each unit packet and package of tobacco products and any outside packaging and labeling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.*

3] *Each party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labeling of such products in its principal language or languages.*

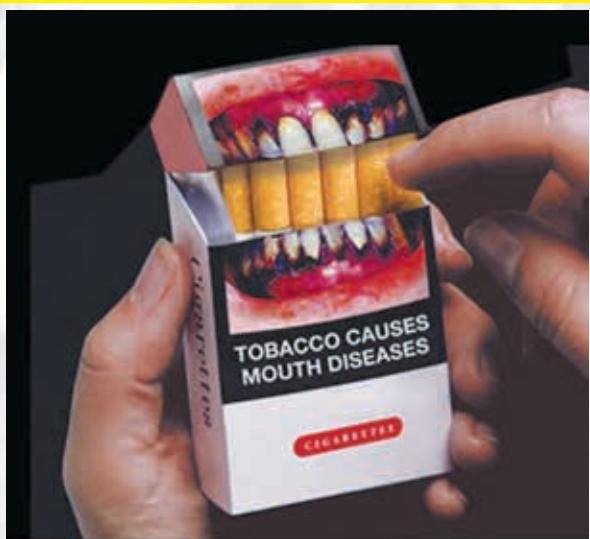
4] *For the purposes of this Article, the term “outside packaging and labeling” in relation to tobacco products applies to any packaging and labeling used in the real sale of the product.*



Guidelines for the Implementation of Article 11 of the WHO Framework Convention on Tobacco Control:

Use of pictorials

'14. Article 11.1(b)(v) of the Convention specifies that health warnings and messages on tobacco product packaging and labelling may be in the form of or include pictures or pictograms. Evidence shows that health warnings and messages that contain both pictures and text are far more effective than those that are text-only. They also have the added benefit of potentially reaching people with low levels of literacy and those who cannot read the language(s) in which the text of the health warning or message is written. Parties should mandate culturally appropriate pictures or pictograms, in full colour, in their packaging and labelling requirements. Parties should consider the use of pictorial health warnings on both principal display areas (or on all main faces if there are more than two) of the tobacco products packaging'.



Analysis of current situation:

It is agreed all over the world that textual warnings alone on packs of tobacco products as a deterrent measure are not enough in any tobacco control effort. This is more so in the case of developing countries like Ghana where it has been proven that majority of illiterate smokers are poor people who can neither read nor write. As such any effort aimed at educating such groups of smokers about the hazards associated with the choice they are making cannot be limited to the written word or it is sure to achieve very little. If the maxim that 'a picture is worth more than a thousand words' is a valid one, then having appropriate pictorial warnings to match textual warnings would be better not only for illiterate smokers but the literate too.

Article 11 deems the following imperative:

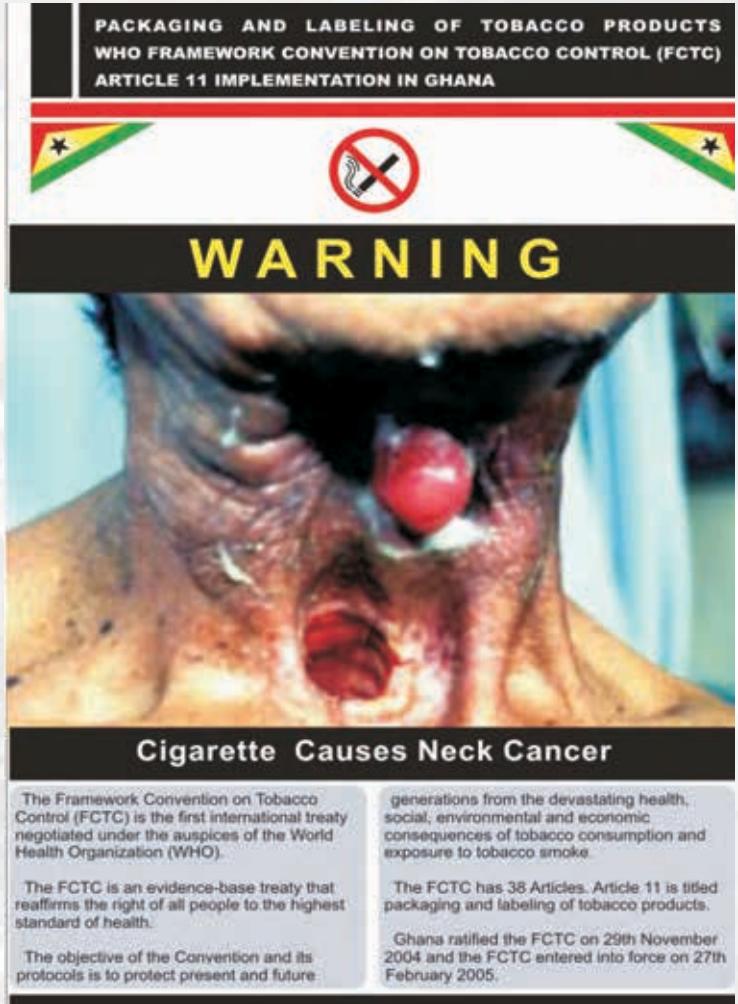
- i. Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and to reduce tobacco use.
- ii. Effectiveness of health warnings and messages increases with their prominence.
- iii. Larger picture warnings depict health effects to low-literacy populations, children and young people.
- iv. Effectiveness includes locating health warnings and messages on principal display areas on tobacco packages.

⁵WHO FCTC Guidelines for Implementation of Article 11

- v. Larger health warnings with pictures are more likely to be noticed in comparison with small text only.
- vi. It communicates better the health risks, provokes a greater emotional response and increases the motivation of tobacco users to quit and to decrease the tobacco consumption

Also, the use of colour, as opposed to black and white, affects the overall noticeability of pictorial elements of health warnings and messages

But Ghana is yet to include pictorial health warnings on the packs of cigarettes as recommended by the FCTC and the guidelines for the implementation of Article 11. The Food and Drugs Board is working on an appropriate pictorial health warnings as declared by the Health Minister on May 31, 2010.



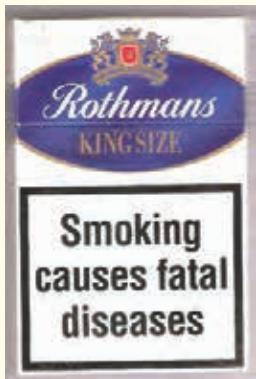
Achievement:

Before 2010, the health warnings on tobacco packages in Ghana covered only 5%. The Food and Drugs Board (FDB), the agency responsible for tobacco regulation in Ghana, has since come out with three pairs of rotational messages covering 50% of the front and back panels of the principal display surfaces and one Ministry of Health warning at the point of sale covering its specifications.

The FDB directed the tobacco companies that by August 1, 2009 all tobacco product packs would have had the approved health messages.

The health warnings developed by a National Steering Committee on Tobacco Control to be regulated by FDB are as follows:

Front of pack
“Smoking seriously harms you and
others around you”



Front of pack
“Smoking causes fatal
diseases”



Back of pack
“Smokers die young”

Back of pack
“Smoking damage the health of those
around you”



Front of pack
“Smoking causes cancer”



Back of pack
“Stopping smoking
reduces the risk of
fatal heart and lung
diseases”

The warning below is to be placed at all points
of sale of tobacco products;

Cigarette smoking
IS
HARMFUL
to your health.

Civil Society efforts

In collaboration with the Coalition of NGOs in Tobacco Control (CNTC) and Media Alliance in Tobacco Control (MATCO) a stakeholder's strategy meeting was organized by VALD on November 24, 2009 in Accra.

Participants were taken through FCTC article 11, Guidelines on Implementation of Article 11, Model pictorial health warnings on tobacco packs and Ghana's current situation.

Participants to the meeting were drawn from the National Development Planning Commission (NDPC), Ghana Coalition of NGOs in Health, Ghana Education Service (GES), Ministry of Women and Children's Affairs, Environmental Protection Agency (EPA), Accra Metropolitan Assembly (AMA), Legal Resources Centre (LRC), World Health Organisations (WHO), Disability Christians Fellowship (DCF), Ghana Muslim Mission (GMM), Public Agenda, National Youth Council (NYC), Ghana Health Service (GHS), Public Health Nurses School, Customs Excise and Preventive Service (CEPS), Parliament of Ghana, Food and Drugs Board (FDB), Ghana Red Cross Society (GRCS), MATCO and CNTC

In strengthening the capacity of the media and NGOs on the implementation and enforcement of the FCTC article 11 guidelines in Ghana,

VALD also organized a training workshop for members of Coalition of NGOs in Tobacco Control, Ghana Coalition of NGOs in Health and Media Alliance in Tobacco Control. Participants were taken through article 11 guidelines and model successful pictures from around the world were discussed.

New advocates from the media and NGOs were introduced into tobacco control.

A technical paper titled: 'Packing and Labeling of Tobacco Products WHO Framework Convention on Tobacco Control (FCTC) Article 11 Implementation in Ghana' was developed, and produced. The 4 page paper introduced Ghanaians to FCTC Article 11, Article 11 implementation guidelines, facts and international experiences on article 11 implementation. The areas the paper analyzed included impact of health warnings on tobacco packs, frightening pictures, implementation of Article 11 in Ghana and recommendations to government and the population. The paper has pictorial health warnings from Singapore, New Zealand, Egypt and Mauritius. Ghana's text health warnings were also furthered.¹⁰

Copies of the technical paper were distributed to Members of Parliament (MPs), Government Ministries, Departments and Agencies, the Media, NGOs and Members of the public. Copies were also distributed to five regions.



¹⁰Vision for Alternative Development (VALD), Technical paper on Packaging and Labeling of Tobacco Products WHO Framework Convention on Tobacco Control (FCTC) Article 11 Implementation in Ghana. 2010.



A representative of the Director - General of the Ghana health Services at the stakeholders meeting on
Ghana's implementation of the FCTC



Recommendation

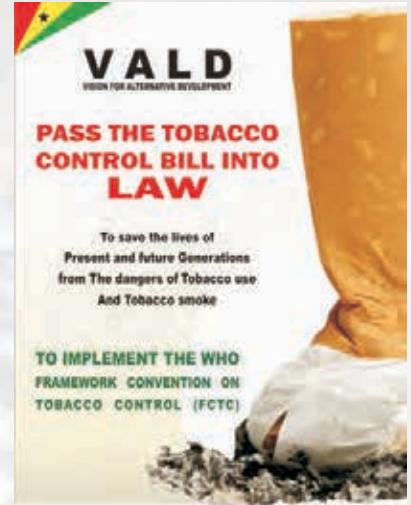
Government should pass the Tobacco Control Bill into law with strong provisions on

'Labeling of Tobacco Products' and to ensure the enforcement of pictorial health warnings covering 80% of the main surfaces of tobacco pack.

The Food and Drugs Board should comprehensively enforce the Ministry of Health's (MoH) Tobacco Control Directives of October 2007 by introducing pictorial health warnings on tobacco products .



Stakeholders meeting on Ghana's implementation of the FCTC and Article 11



Ms Lariba Nabila; Legislative Consultant and Programmes Director of Legal Resource Centre (LRC)



Group photograph of stakeholders at the FCTC and article 11 meeting

Ban On Tobacco Advertising, Promotions And Sponsorship

- 1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.**
- 2. Each party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship...**



FDBDirectives

The application form for registration of importers of tobacco products issued by the FDB requires of them to, among other things, abide by the following:

1. Advertising, Sponsorship, Promotion and Required Information

1. The advertising of tobacco products including indirect tobacco advertising is prohibited
2. A person shall not
 - a) advertise using tobacco trademarks, logos, brand names or company names used on tobacco products; or
 - b) use tobacco trademarks, logos, brand names or company names used on tobacco products for the purposes of advertising an organization, a service activity or an event; or
 - c) advertise tobacco or a tobacco product or a tobacco related product on a billboard, wall mural, vehicle, transport stop or station including airports and seaports.

2. Prohibition on Organized Activity

- 1) A manufacturer, importer, distributor or retailer of a tobacco product shall not
 - a) organize or promote an organized activity that is to take place in whole or in part in the country
 - b) make a financial contribution to an organized activity that is to take place, or is taking place, or has taken place in whole or in part in the country or make a financial contribution to a person in respect of
 - i) the organization or promotion of an organized activity in the country by that person, or
 - ii) the participation by that person in an organized activity that is to take place, or is taking place in whole or in part in the country.

3. Promotional Offers

A manufacturer, an importer, a distributor or retailer of a tobacco product shall not publish a promotional offer; or a programme for a

specific brand of a tobacco product whether by retail sale, by mail or through any other means of communication unless;

- a) the publication is directed only at adults who are smokers of tobacco products;
- b) reasonable measures are taken to ensure that the youth and non-smokers are excluded from the publication;
- c) the participants in the promotional offer are not less than eighteen years of age and are smokers of tobacco products

4. Promotional Items

1) An advertisement shall not be placed

- a) on an item where that particular item is directed to or intended to be used by the youth
- b) on a shopping bag

2) An item of clothing which is offered for sale or distribution by or on behalf of participants shall only be offered in an adult size

3) A company or person shall not manufacture, import, distribute or offer for sale or sell sweets, snacks, toys or any other objects in the form of tobacco or a tobacco product which appeals to persons under the age of eighteen years.¹¹

Analysis of current situation:

For a long time in Ghana, direct advertisement of tobacco on TV, in newspapers and other forms of mass media has not been seen. The tobacco industry adhered to administrative directives banning such advertisements.

Unfortunately however, subtle forms of advertisement

by the major players in the tobacco industry continue to pour cold water on efforts at tobacco control in Ghana.

In July 2010, Vision for Alternative Development (VALD) undertook an exercise in 3 cities of Ghana namely; Accra, Tamale and Obuasi as well as in two major daily newspapers to monitor the compliance level on the ban of tobacco advertisements and the following was observed:

- I. Direct tobacco advertisement in the media is non-existent Ghana.
- ii. Direct billboard advertisements are also non-existent in Ghana.
- iii. Sponsorship and promotional activities have also died away in the main.



Tamale

¹¹ Republic of Ghana, Food and Drugs Board, Application for Registration as an Importer of Tobacco Products

Violations:

The tobacco companies are resorting to the use of subtle means of advertisement and the following examples bear testimony:

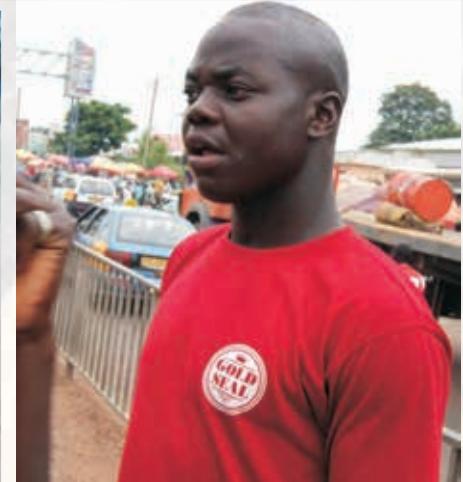
British America Tobacco (BAT) is using its corporate colours to adorn signboards of non-tobacco related establishments in various parts of the country. In Accra, typical examples are found with BUS STOP restaurant and PALOMA HOTEL both located on the Ring Road as well as BOOMERANG nightclub at Caprice. Examples in Tamale include GARIBAL LODGE...

Gold Seal, a tobacco brand, has a lot of T-shirts branded in their red and white corporate colours with the inscription, 'The Seal of Good Taste', 'Interestingly enough', most of the people seen wearing these T-shirts were teenagers and young people.

In Tamale, the monitoring team also sighted a bunch of polythene shopping bags branded in Gold Seal being sold in kiosks.

Delivery vans painted in wine and white colours have also been sighted variously as they go about their delivery duties.¹²

Another very subtle means of tobacco advertisement is the shaping and branding of candies and other confectionaries in the similitude of cigarettes.



¹² Global Shadow Reporting on Article 13, Ghana Report July 2010 (draft).

Civil Society Efforts

VALD monitoring Team visits communities periodically in looking out for violation. Previous violations cited included the Pall Mall posters, tables and umbrellas. Capital and Gold Seal Salla dance competitions. These violations were reported to FDB and resolved. The most recent regional monitoring tour took place in July 2010. Places toured included Tamale in the Northern Region, Obuasi in the Ashanti Region and Accra in the Greater Accra



Hon Dr Mustapha Ahmed; Chairman of Parliamentary Health Committee chairing the civil society meeting on Ghana's Tobacco Control Bill

Monitoring feedbacks were presented to the Food and Drugs Board and Ghana Health Service. Upon receiving feedbacks, the Food and Drugs Board ensured the removal of the Pall Mall posters and stoppage of Capital and Gold Seal Dance Competition. Though the FDB has successes in stopping the distribution of the Gold Seal T-shirts, the company has intensified the T-shirt distribution in remote areas where due to mobility and resources FDB and NGOs cannot reach.



Rev Victor Sackey; General Secretary of Cancer Society of Ghana calling on government to implement the Framework Convention on Tobacco Control to reduce tobacco use in Ghana

Recommendation

Government should enforce a comprehensive ban on indirect and direct and indirect advertising, promotion and sponsorship to cover additional areas such as point of sale of tobacco products/display of tobacco products, International TV and Radio, International Magazine and Newspapers, Outdoor Advertising/Tee-shirt Advertising, Internet Advertising.

Pass the Tobacco Control Bill into law with strong provisions on '**Advertising, Sponsorship and Promotion**'.

What Next?

Ghana's population is expected to benefit massively and rapidly from effective implementation of the Tobacco Control Directives, Framework Convention on Tobacco Control and the Tobacco Control Bill when passed into law.

Structures have been established within the public and private sectors to implement the FCTC and laws emanating from it.



Government level:

The Ministry of Health being the government agency responsible for the implementation of the FCTC and related laws has key roles in tobacco control. It has two departments overseeing tobacco regulations and health related services, namely the Food and Drugs Board and Ghana Health Service. Government needs to take full advantage of the existing tobacco control structures within governmental agencies, the media and non-governmental organisations.



Mr. G.N.T. Tagoe (CEPS)

The Food and Drugs Board (FDB)

FDB has since 2007 established the Tobacco and Substances of Abuse Department. The department oversees tobacco control issues within the Board. The Board with partnership of other agencies is expected to see to the effective implementation of laws emanating from the FCTC. The Department is enforcing the Ministry of Health's Tobacco Control Directives.

The Ghana Health Service (GHS)

GHS has the Tobacco Control Focal Point within its department. The Focal Person is responsible for tobacco control programmes and coordination. The Focal Point is responsive to the needs of the population.



Ms. Humu Annie Seini, EPA

Customs Excise and Preventive Service (CEPS)

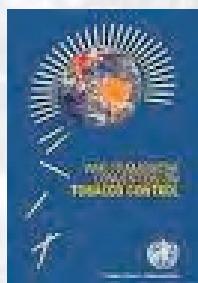
CEPS has a Deputy Commissioner coordinating tobacco related issues within the service. CEPS participated in the FCTC negotiations.

Environmental Protection Agency

EPA has been involved in tobacco control initiatives. The agency is playing a very important role on the FCTC article 8 (Public Smoking).

The Ministry of Women and Children's Affairs (MoWAC)

The Minister in May 2010 at the national launch of World No Tobacco Day strongly supported the implementation of FCTC provision and enforcement of tobacco control measures that will protect the health of women and children.



The Ghana Education Service (GES)

GES through its School Health Education Programme (SHEP) is coordinating tobacco control programmes within the schools. Other Government agencies such as the Ministry of Food and Agriculture (MoFA), Ministry of Manpower, Youth and Employment (MoMYE) and the Ghana Police Service (GPS) are highly urged to be active in tobacco control to complement the work of other government departments.



Mrs. Marvi Colerangle Ashun. School Health Education Programme, GES (Middle)



Ms. Efua Anyanfu, Ministry for Women and Children Affairs

Civil Society level:

'Emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts'



Group photograph of a section of participants at the Coalition of NGOs in Tobacco Control (CNTC) coordinated capacity building workshop in Accra

Coalition of NGOs in Tobacco Control (CNTC)

To assist in the implementation of the FCTC and to ensure government compliance to the provisions of the FCTC, the Coalition of NGOs in Tobacco, Ghana (CNTG) was registered in June 2008 with registration number: G-24,477. The Coalition was later re-constituted and renamed Coalition of NGOs in Tobacco Control (CNTC). The name was officially changed in December 2009. CNTC has been active in tobacco control to date. CNTC hosted The West Africa Tobacco Control Workshop in Accra in 2007. CNTC is expected to establish regional branches for the purpose of monitoring the implementation of the Tobacco Control Bill when passed into law.

The Chronicle
Lokhandwala News Service
VOL. 18 NO. 296 MONDAY, NOVEMBER 30, 2009 UK £ 0.75 GH¢1.00

Coalition of NGOs holds strategic meeting

... Towards passage of Tobacco Control Bill into law

THE COALITION of Non-Governmental Organisations (NGOs) over the weekend held a meeting to put in place strategic measures towards the passage of the Tobacco Control Bill into law.

The bill, when passed into law, would mainly reduce tobacco consumption and exposure to tobacco, thereby improving the health of Ghanaians and guests.

The bill seeks to ban smoking in public places, prohibit the sale or offer for sale of tobacco products in health and educational institutions, theatres, sports stadia, and other public places.

The Tobacco Control Bill has therefore been developed to implement the provisions of the Framework Convention on Tobacco Control (FCTC).

Briefing the press in Accra, on the need for a strong Tobacco Control Law and Art 11 of the FCTC, the President of Vision for Alternative Development (VALD), Mr. Issah Ali, said the FCTC's objective was to "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke."

According to him the FCTC provisions and recommendations included large health warning labels required, text and pictorial warnings thus 30%-50%.

He said FCTC's Article 13 states that tobacco advertising, promotion and sponsorship, recommends that there should be comprehensive ban on advertising, promotion and sponsorships, including donations.

He said Ghana was using directives to ban tobacco advertisement, which has been very successful.

He pointed out that certain countries had discovered the main causes of smoking tobacco, including countries like Thailand, which has discovered that smoking tobacco causes lung cancer, Egypt discovered that tobacco causes diseases of the heart, and the UK discovered that tobacco destroys the arteries.

Media Alliance in Tobacco Control (MATCO)

Due to the low level of media interest and skills in tobacco control, VALD established the Media Alliance in Tobacco Control (MATCO). MATCO was officially resisted on November 25, 2009 with registration Number: G-30,441. MATCO is currently supporting the ongoing tobacco control initiatives towards the implementation of the



Group photograph of section of participants at the Media Alliance in Tobacco Control (MATCO) capacity building workshop on media advocacy held in Accra

Tobacco Control Directives. MATCO is building and strengthening the capacity of its members to effectively communicate the contents of the Tobacco Control Bill and any related law that may emanate from the FCTC. MATCO plans to undertake regional training programmes and to establish focal points in all the ten regions of Ghana.



Community Health Support Team (CHEST)

The main purpose of CHEST is to build local capacity at the community level for tobacco control and poverty reduction through the reduction of tobacco use.

The formation of CHEST at community level forms part of the responses to the next step after the passage of the Tobacco Control Bill into law. Among the groups that raised concerns on the next stage is the Members of Parliamentary Health Committee. Strengthening local capacity is a factor to a successful policy intervention in improving health and reducing poverty.



The National Coordinator of Community Health Support Team (CHEST) and VALD's Programmes Director

CHEST will from November 2010 start to monitor the compliance of the Ministry of Health's Tobacco Control Directives. The Directives will be considered as the policy document whiles awaiting a strong law to implement the FCTC.

CHEST has put in place measures to educate the communities on the content of the Tobacco Control Bill when it is made public. Community education on FCTC provisions is ongoing. Communities will be sensitized on any FCTC related legislation.

Monitoring of the legislation and tobacco industry activities is core to the work of CHEST.



Community Health Support Team (CHEST), A.g, Deputy Chief Executive Officer (Drugs) of FDB, Programme Director of Doctors for Right to Health and VALD' Executive Director in a group photograph



CHEST member receiving a certificate of participation after a three-day workshop



Mr Issah Ali; Executive Director of VALD taking leaders of NGOs through the Framework Convention on Tobacco Control and Article 11



Coordinating organization: **Vision for Alternative Development (VALD)**

Vision for Alternative Development (VALD) is a Non-Governmental Organisation established to promote alternative initiatives and development at all levels of the society.

VALD working objectives include:

- Policy advocacy and sensitization on tobacco control and health improvement
- Promotion of cultural diversity, conflict prevention and peace
- Advocacy for community participation in governance

Structure:

- Board of Directors
- Executive Director
- Programmes Director
- Administrative Officer
- Finance Officer
- Communications and Research Officer
- Support Staff/Consultant(s)
- Volunteers

Contact:

Vision for Alternative Development (VALD)
P.O. Box AN12126
Accra-North

Tel: +233-(0)30-2224217
Fax: +233-(0)30-2224217

E-mail: info@valdghana.org
Website: www.valdghana.org

Location: House No. C628/12 Pig Farm-Accra, GHANA



The Media Alliance in Tobacco Control (MATCO)

is a voluntary, non-profit alliance of media practitioners focusing on tobacco control, cancer and health related issues.

The overall goal of MATCO is **to increase the quality of journalists' and media coverage of tobacco control, cancer and related issues.**

The ways to achieve this are to:

- ✓ **Increase** the understanding of journalists and the media on tobacco control and cancer.
- ✓ **Improve** the technical capacity of journalists to effectively report and analyze tobacco control and related issues.
- ✓ **Provide** a platform for members to play their watchdog role of holding government and other relevant stakeholders accountable in the discharge of their responsibilities, particularly the implementation of the Framework Convention on Tobacco Control (FCTC), National Tobacco Control Act, etc.

- ✓ **Ensure** the continuous education of members by facilitating their participation in relevant local and international meetings, conferences and workshops as well as field visits.
- ✓ **Educate** the Ghanaian public on their rights, roles and responsibilities in tobacco control and cancer prevention and control:

Governing and Administrative Structure:

- General Assembly
- Executive Council
- Secretariat

Contact:

Media Alliance in Tobacco Control (MATCO)

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Supporting organization: → Coalition of NGOs in Tobacco Control (CNTC)

Coalition of NGOs in Tobacco Control (CNTC) is an umbrella network of tobacco control NGOs in Ghana.

Its Vision is 'A Tobacco-Free Ghana' with the mission 'to contribute to the elimination of the use of tobacco and tobacco-related products in Ghana'.

Mission:

To contribute to the elimination of the use of tobacco and tobacco-related products in Ghana.

The aims and Objectives of CNTC are:

- a. To prevent people from taking to the use of tobacco and tobacco-related products.
- b. To get users of tobacco and tobacco-related products to quit the habit.

- c. To minimize, where possible, the effects of creating a tobacco-free Ghana on former dependents of the tobacco industry.
- d. To collaborate with government and its agencies/departments to make Ghana tobacco-free.
- e. To collaborate with other stakeholders in Ghana and abroad to make Ghana, in particular, and the world, in general, tobacco-free.
- f. To create a forum for networking among members.
- g. To build capacity of members in the area of tobacco control.
- h. To co-ordinate activities of members.

Contact:

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Coalition of NGOs
in Tobacco Control

Supporting organization: → Community Health Support Team (CHEST)

The Community Health Support Team (CHEST) is a nationwide network of community based organizations established by Vision for Alternative Development (VALD) with the support of the Norwegian Cancer Society (NCS). It was launched by the Food and Drugs Board (FDB) in October 2010. In the long term, CHEST will be working as a module for implementing health policies at the local level. Tobacco control would serve as the pilot phase; other health topics would be added. CHEST is headquartered in Accra.

Goal:

To strengthen tobacco control at the local level in Ghana, to improve health and reduce poverty through the establishment and strengthening of community based structures, and to reduce tobacco consumption and exposure to tobacco smoke.

Objectives:

- To establish a reliable and sustainable community based structures to address tobacco control issues
- To build the capacity and strengthen CHEST and community members to effectively control and reduce tobacco use

- To create awareness on the hazardous effects of tobacco use and tobacco smoke and share information on tobacco control regulations at community levels
- To promote the exchange of ideas, experiences and best practice on local interventions in tobacco control programmes
- To influence national tobacco control policy through loCommunity Health Support Team (CHEST)cal structures

Structure:

- General Forum
- Representatives Forum
- Management

Contact:

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Pin-up

The Smoker's Body

Every 6.5 seconds someone dies from tobacco use, says the World Health Organization. Research suggests that people who start smoking in their teens (as more than 70 percent do) and continue for two decades or more will die 20 to 25 years earlier than those who never light up. It is not just lung cancer or heart disease that cause serious health problems and death. Below, some of smoking's less publicized side effects - from head to toe.

1. Psoriasis

Smoking makes smokers twice as likely to have psoriasis, a chronic skin condition that leaves itchy, scaling red patches all over the body.

2. Cataracts

Smokers have double the risk of developing cataracts (that blurriness and fog that hinders vision). Smokers' cataracts are often more advanced and develop at a younger age than non-smokers'. They last longer than those caused by heredity.

3. Wrinkling

Smoking makes wrinkles worse. The nicotine in cigarette smoke speeds up the loss of collagen, the protein that keeps skin plump and smooth. Non-smokers' skin ages more slowly than smokers' skin.

4. Hearing loss

Smoking causes hearing loss, particularly in smokers under 60. Decreasing blood flow to the inner ear makes it harder for smokers to hear. The risk of hearing loss increases with age, so smokers are at greater risk of hearing loss than non-smokers.

5. Cancer

More than half of the cancers in the United States are caused by smoking. Smoking causes about 90% of lung cancers and nearly all of oral cancers. In addition, smoking causes about 50% of all cancers of the esophagus, bladder, kidney, liver, pancreas, and cervix. Smoking causes 10% of breast cancer cases.

6. Tooth decay

Smoking increases tooth decay. The nicotine in cigarette smoke weakens teeth and gums, making them more susceptible to decay. Smoking also increases the amount of plaque on teeth and lowers their resistance to decay.

7. Emphysema

Smoking causes emphysema, a lung disease that causes shortness of breath and coughing. It is the leading cause of death in smokers. About 10% of smokers develop emphysema. The disease is more common in men than women. It is more common in smokers who have smoked for a long time.

8. Osteoporosis

Smoking causes osteoporosis, a bone disease that causes bones to become brittle and break easily. Smoking causes bone loss in both men and women. Women who smoke are more likely to experience bone loss after menopause.

9. Heart disease

More smokers die of heart disease than any other cause. Smoking causes heart disease because it narrows the arteries that supply blood to the heart. This causes the heart to work harder to pump blood through the arteries. This can lead to heart attacks and strokes.

10. Stomach ulcers

Smoking causes stomach ulcers, which are sores that cause stomach ulcers. It also irritates the lining of the stomach. Smoking causes stomach ulcers because it stimulates the stomach to release more acid. Smoking can also cause stomach ulcers by reducing the amount of mucus that protects the stomach lining.

11. Deformed fingers

Smoking causes deformed fingers. These are fingers that are bent and curved. They are caused by smoking.

12. Cervical cancer and miscarriage

Smoking causes cervical cancer and miscarriage. These are diseases that affect the cervix and uterus. Smoking causes cervical cancer because it damages the cervix and uterus. Smoking causes miscarriage because it damages the cervix and uterus.

13. Deformed spine

Smoking causes deformed spine and back pain. These are diseases that affect the spine and back. Smoking causes deformed spine and back pain because it damages the spine and back.

14. Buerger's disease

Buerger's disease is a disease that affects the arteries, veins, and nerves in the legs. Some smokers have had the disease, but it is not clear why. Buerger's disease is caused by smoking. It is a rare disease, but it can be fatal. Buerger's disease can lead to gangrene (death of tissue) in the legs and feet.

15. Impaired sperm

Smoking causes impaired sperm. This is a disease that affects the sperm. Smoking causes impaired sperm because it damages the sperm.

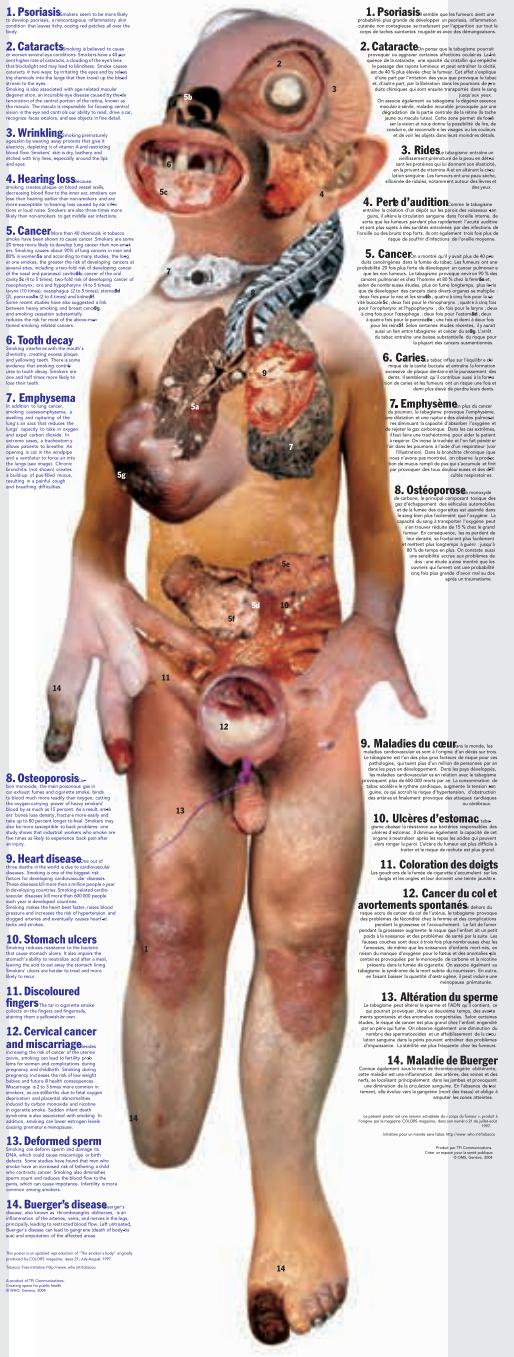
16. Malaise de Buerger

Malaise de Buerger is a disease that affects the arteries, veins, and nerves in the legs. Some smokers have had the disease, but it is not clear why. Malaise de Buerger is caused by smoking. It is a rare disease, but it can be fatal. Malaise de Buerger can lead to gangrene (death of tissue) in the legs and feet.

Le corps du fumeur

Selon l'Organisation mondiale de la Santé, le tabagisme provoque plus de 6 millions de morts par an dans le monde. Les chercheurs estiment que ceux qui commencent à fumer à l'adolescence (c'est le cas de plus de 70 % des fumeurs) et continuent pendant 20 ans ou plus ont une espérance de vie réduite de 20 à 25 ans par rapport à ceux qui n'ont jamais touché une cigarette. Il n'y a pas que le cancer qui entraîne la mort et les maladies de cœur qui entraînent de graves problèmes de santé. Voici ci-dessous une description des effets nocifs occasionnés par le tabagisme moins connus et affligeants du corps humain, de la tête aux pieds.

Pin up



Pin up

1. Psoriasis
Selon l'OMS, les personnes qui fument sont deux fois plus susceptibles d'avoir une psoriasis que celles qui ne fument pas. La cigarette contient des substances qui peuvent entraîner une croissance excessive de la peau.

2. Cataracte
Les personnes qui fument ont deux fois plus de risques de développer des cataractes que celles qui ne fument pas. La cigarette contient des substances qui peuvent entraîner une croissance excessive de la peau.

3. Rides
Le tabagisme entraîne des rides et des rides sur le visage. Les personnes qui fument ont deux fois plus de risques de développer des rides que celles qui ne fument pas.

4. Pert d'audition
Le tabagisme entraîne une perte d'audition. Les personnes qui fument ont deux fois plus de risques de développer une perte d'audition que celles qui ne fument pas.

5. Cancer
Selon l'OMS, plus de 70 % des cancers sont causés par le tabagisme. Les personnes qui fument ont deux fois plus de risques de développer un cancer que celles qui ne fument pas.

6. Caries
Le tabagisme entraîne des caries. Les personnes qui fument ont deux fois plus de risques de développer des caries que celles qui ne fument pas.

7. Emphysema
Le tabagisme entraîne l'emphysème. Les personnes qui fument ont deux fois plus de risques de développer l'emphysème que celles qui ne fument pas.

8. Osteoporose
Le tabagisme entraîne l'ostéoporose. Les personnes qui fument ont deux fois plus de risques de développer l'ostéoporose que celles qui ne fument pas.

9. Maladies du cœur
Le tabagisme entraîne des maladies du cœur. Les personnes qui fument ont deux fois plus de risques de développer des maladies du cœur que celles qui ne fument pas.

10. Ulcères d'estomac
Le tabagisme entraîne des ulcères d'estomac. Les personnes qui fument ont deux fois plus de risques de développer des ulcères d'estomac que celles qui ne fument pas.

11. Colitis et diverticulite
Le tabagisme entraîne la colite et la diverticulite. Les personnes qui fument ont deux fois plus de risques de développer la colite et la diverticulite que celles qui ne fument pas.

12. Cancer du col et avortement spontané
Le tabagisme entraîne le cancer du col et l'avortement spontané. Les personnes qui fument ont deux fois plus de risques de développer le cancer du col et d'avorter spontanément que celles qui ne fument pas.

13. Alteration du sperme
Le tabagisme entraîne une altération du sperme. Les personnes qui fument ont deux fois plus de risques d'avoir un sperme altéré que celles qui ne fument pas.

14. Maladie de Buerger
La maladie de Buerger est une maladie qui affecte les artères et les veines des membres inférieurs. Les personnes qui fument ont deux fois plus de risques de développer la maladie de Buerger que celles qui ne fument pas.

15. Production de vitamine C
Le tabagisme entraîne une production de vitamine C réduite. Les personnes qui fument ont deux fois moins de vitamine C que celles qui ne fument pas.

16. Décoloration des dents
Le tabagisme entraîne une décoloration des dents. Les personnes qui fument ont deux fois plus de risques de développer une décoloration des dents que celles qui ne fument pas.

17. Cancer du rectum
Le tabagisme entraîne le cancer du rectum. Les personnes qui fument ont deux fois plus de risques de développer le cancer du rectum que celles qui ne fument pas.

18. Cancer de la vessie
Le tabagisme entraîne le cancer de la vessie. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la vessie que celles qui ne fument pas.

19. Cancer de l'ovaire
Le tabagisme entraîne le cancer de l'ovaire. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'ovaire que celles qui ne fument pas.

20. Cancer de la prostate
Le tabagisme entraîne le cancer de la prostate. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la prostate que celles qui ne fument pas.

21. Cancer de la thyroïde
Le tabagisme entraîne le cancer de la thyroïde. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la thyroïde que celles qui ne fument pas.

22. Cancer de la peau
Le tabagisme entraîne le cancer de la peau. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la peau que celles qui ne fument pas.

23. Cancer de l'endométrium
Le tabagisme entraîne le cancer de l'endométrium. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'endométrium que celles qui ne fument pas.

24. Cancer de l'utérus
Le tabagisme entraîne le cancer de l'utérus. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'utérus que celles qui ne fument pas.

25. Cancer de la vessie
Le tabagisme entraîne le cancer de la vessie. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la vessie que celles qui ne fument pas.

26. Cancer de la thyroïde
Le tabagisme entraîne le cancer de la thyroïde. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la thyroïde que celles qui ne fument pas.

27. Cancer de l'ovaire
Le tabagisme entraîne le cancer de l'ovaire. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'ovaire que celles qui ne fument pas.

28. Cancer de la peau
Le tabagisme entraîne le cancer de la peau. Les personnes qui fument ont deux fois plus de risques de développer le cancer de la peau que celles qui ne fument pas.

29. Cancer de l'endométrium
Le tabagisme entraîne le cancer de l'endométrium. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'endométrium que celles qui ne fument pas.

30. Cancer de l'utérus
Le tabagisme entraîne le cancer de l'utérus. Les personnes qui fument ont deux fois plus de risques de développer le cancer de l'utérus que celles qui ne fument pas.

World Health Organisations Framework Convention on Tobacco Control (WHO FCTC)

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The WHO FCTC is a evidence-based treaty that reaffirms the right of all people to the highest standard of health.

The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

From the first preambular paragraph, which states that the “Parties to this Convention [are] determined to give priority to their right to protect public health”, the WHO FCTC is a global trend-setter.

The core demand reduction provisions in the WHO FCTC are contained in articles 6-14:

Price and tax measures to reduce the demand for tobacco, and

Non-price measures to reduce the demand for tobacco, namely;

- ❖ Protection from exposure to tobacco smoke;
- ❖ Regulation of the contents of tobacco products;
- ❖ Regulation of tobacco product disclosures;
- ❖ Packaging and labelling of tobacco products;
- ❖ Education, communication, training and public awareness;
- ❖ Tobacco advertising, promotion and sponsorship; and,
- ❖ Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15-17:

Illicit trade in tobacco products;
Sales to and by minors; and,
Provision of support for economically viable alternative activities.

Another novel feature of the Convention is the inclusion of a provision that addresses liability. Mechanisms for scientific and technical cooperation and exchange of information are set out in Articles 20-22.

The WHO FCTC opened for signature on 16 June to 22 June 2003 in Geneva, and thereafter at the United Nations Headquarters in New York, the Depositary of the treaty, from 30 June 2003 to 29 June 2004. The treaty, which is now closed for signature, has 168 Signatories, including the European Community, which makes it one of the most widely embraced treaties in UN history.

Member States that have signed the Convention indicate that they will strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it. Countries wishing to become a Party, but that did not sign the Convention by 29 June 2004, may do so by means of accession, which is a one-step process equivalent to ratification.

The Convention entered into force on 27 February 2005 -- 90 days after it has been acceded to, ratified, accepted, or approved by 40 States. Beginning on that date, the forty Contracting Parties are legally bound by the treaty's provisions. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of Article 36 for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day

following the date of deposit of its instrument of ratification, acceptance, approval or accession. For regional economic integration organizations, the Convention enters into force on the ninetieth day following the date of deposit of its instrument of formal confirmation or accession.

The global network developed over the period of the negotiations of the WHO FCTC will be important in preparing for the implementation of the Convention at country level. In the words of WHO's Director General, Dr Jong-wook LEE:

"The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all."

For this to materialize, the drive and commitment, which was so evident during the negotiations, will need to spread to national and local levels so that the WHO FCTC becomes a concrete reality where it counts most, in countries.