

Index for Tobacco Control Sustainability

BURKINA FASO

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	P	9	0
2	National tobacco control budget (annual)	A	7	0
3	National tobacco control law	P	6	6
4	National budget allocation for tobacco control capacity building	A	6	0
5	Tobacco taxation >75% of retail sales price	A	6	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	A	6	0
7	National tobacco control unit	P	5	5
8	Civil society tobacco control network	P	5	5
9	Civil society representation in national tobacco control advisory committees	P	5	5
10	Health promotion fund for, or including, tobacco control	A	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	A	5	0
14	Evaluation built into all major policy implementation plans	P	5	5
15	National tobacco control strategy	P	4	4
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4
17	Tobacco control forms part of national development plan	A	4	0
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	A	3	0
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	P	3	3
23	Code of conduct for government officials and staff	A	3	0
24	Ministry of health WHO FCTC Article 5.3 policy	A	3	0
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	P	3	3
27	National focal point post	P	3	3
28	National advisory committee	P	2	2
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	A	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0
Total Score			130	53

Explanation of the scores:

1. According to GTCR 2021, only P and W (health warnings) have met the highest level of achievements.
2. The finance laws in Burkina Faso, as well as the fiscal year 2023 budget, have not allocated any funds towards tobacco control efforts. Nevertheless, there is a provision in Article 32 of Law 040-2010 AN, enacted on November 25, 2010, which mandates the establishment of a fund to finance tobacco control activities within the country.
3. Burkina Faso joined the WHO FCTC in 2006 and adopted Law 040-2010 AN in 2010 to implement the MPOWER measures. This law addresses awareness, prevention, advertising bans, protection from tobacco smoke, and taxation. It is complemented by Law N°080-2015/CNT on advertising regulation and Decree N°2011-1052 on smoking prohibition in enclosed public places and public transport.
4. The state budget does not include a designated budget line for tobacco control, resulting in a lack of budget allocation for the development of tobacco control stakeholders' capabilities.
5. Tobacco taxation in Burkina Faso amounts to only 26.3% of the average retail price, lower than the 75% recommended by WHO.
6. Tobacco taxation is not increasing faster than inflation and GDP growth.
7. In Burkina Faso, a technical secretariat for the National Committee for Tobacco Control was established by Decree No. 2011- /PRES/PM/MS/MEF BURKINA FASO 1050, provided by the Directorate for the Promotion of Health Education (DEPS). Its membership is made up of executives from the Ministry of Health and Public Hygiene.
8. Burkina Faso has a Union of Tobacco Control Associations, of which Africa Against Tobacco (ACONTA) is a member. There is also a network of anti-tobacco journalists called REJAT-BF.
9. The civil society is a member of the National Committee for Tobacco Control. See Article 5 of Decree No. 2011- /PRES/PM/MS/MEF BURKINA FASO 1050 on the creation, responsibilities, composition and functioning of the National Committee for Tobacco Control.
10. In Burkina Faso, there is no health promotion fund or organization mandated by law to receive funds (taxes, fines, or other levies) from the state budget to finance activities that promote health.
11. Burkina Faso does not have a national policy against tobacco industry CSR. However, Articles 17 and 21 of Law 040-2010 AN of November 25, 2010, on tobacco control in Burkina Faso prohibit tobacco companies from sponsorship and require them to provide information to competent authorities on their activities to promote tobacco and tobacco products.
12. No national system exists for collecting data on tobacco-related mortality and morbidity. The Ministry of Health and Public Hygiene has a General Directorate for Studies and Sector Statistics, but this directorate does not have statistics on mortality and morbidity related to tobacco use.
13. No plans exist to evaluate tobacco control policies and their implementation in Burkina Faso.
14. Tobacco control evaluation is included in the 2022–2026 tobacco control strategic plan.
15. Burkina Faso has a tobacco control strategic plan for 2022–2026.
16. Burkina Faso has an integrated strategic plan for the control of noncommunicable diseases that includes

tobacco control activities.

17. It is important to note that tobacco control is not currently listed as one of the strategic objectives outlined in the National Economic and Social Development Plan (PNDES). However, it is crucial to acknowledge that the pressing issue of insecurity, caused by the threat of terrorism, takes precedence over other priorities at this time.
18. Sufficient human resources exist in the ministerial departments and in civil society to contribute effectively to tobacco control. However, these human resources must be trained to adapt to the wide-ranging context and aspects of tobacco control.
19. Yes, Burkina Faso submits to the GATS/GYTS surveys and has tobacco statistics available in accordance with these survey methods.
20. No coordination mechanism exists for communication and collaboration among ministries on tobacco control issues.
21. Burkina Faso does not have a capacity building plan with a budget allocation for training and skill development for personnel involved in tobacco control.
22. Burkina Faso receives assistance from some bilateral and multilateral partners, such as the Bill and Melinda Gates Foundation for tobacco control and through WHO as a technical partner.
23. Burkina Faso does not have a code of conduct regarding government interactions with the tobacco industry.
24. The implementation of FCTC Article 5.3 has been hindered by tobacco industry interference, which weakens existing legislation and engages in public relations and social responsibility activities, particularly in rural areas, to maintain influence.
25. A policy based on the application of Article 5.3 of the FCTC has not been developed, validated, and implemented in Burkina Faso in the various ministerial departments.
26. As part of the FCTC 2030 project, a study on an investment model for tobacco control in Burkina Faso was undertaken to assess the socioeconomic costs of tobacco use in the country. The study was based on data available to WHO on tobacco control in Burkina Faso.
27. In Burkina Faso, the tobacco control focal point is the director of health education promotion, who is under the Ministry of Health and Public Hygiene.
28. The National Advisory Committee in Burkina Faso was established by Decree N° 2011- /PRES/PM/MS/MEF BURKINA FASO 1050 on the creation, responsibilities, composition and functioning of the National Committee for Tobacco Control.
29. The government of Burkina Faso has not established capacity building plans for research and evaluation in tobacco control.
30. Previous and current budget laws have not specifically provided financial resources for mass media campaigns on tobacco control.
31. A capacity building plan for personnel whose role is not focused on tobacco control has not been developed and implemented in Burkina Faso. No budget has been allocated for this purpose.

Main conclusions

General description of current status or “major achievements in tobacco control sustainability

The key achievements in tobacco control sustainability are commendable. Notable accomplishments include the establishment of a legal framework for tobacco control, which includes the implementation of various laws and regulations in Burkina Faso in accordance with WHO FCTC. The existence and implementation of six MPOWER measures and the presence of a tobacco cessation unit in Burkina Faso are also noteworthy. Furthermore, the law mandates the establishment of a fund for tobacco control in Burkina Faso, which is an excellent example of sustainable financing for tobacco control efforts. The existence of a civil society and network of journalists actively involved in the fight against tobacco further demonstrates the country’s commitment to tobacco control. However, it is essential to use the country’s human resources effectively to combat the tobacco industry and tobacco products’ negative impact on health, economic, social, and legal levels.

Detailed gap analysis and priorities identified for tobacco control sustainability

The current state of tobacco control in Burkina Faso is hindered by a lack of government prioritization and funding. Despite the existence of article 32 of the anti-smoking law, which mandates the creation of a fund to finance tobacco control activities, the government has not allocated sufficient resources to support these efforts. This has resulted in a shortage of human resources and limited coverage of tobacco control activities throughout the country, allowing the tobacco industry to continue deceptive practices and recruit new smokers, particularly in rural areas.

To address these gaps, tobacco control must be made a strategic objective of the national economic and social development plan. This can be achieved through advocacy efforts directed towards the Prime Ministry and the Ministry of Finance. Additionally, the creation and operationalization of a national tobacco control fund must be facilitated through the adoption of a joint order that clarifies the procedure for feeding the fund and the activities that will be covered.

Furthermore, a national capacity building plan must be developed and implemented to strengthen the skills and knowledge of all actors involved in tobacco control, including health professionals, researchers, and civil society. This plan should also extend to personnel nonspecific to tobacco control to engage all social and professional layers in tobacco control.

Finally, a regulatory text must be adopted to govern the corporate social responsibility (CSR) activities of the tobacco industry in Burkina Faso. This will help to prevent interference from the tobacco industry and prohibit political and administrative authorities from collaborating with the industry under the guise of socially responsible activities.

In conclusion, addressing these four priorities will be crucial in improving tobacco control efforts in Burkina Faso and reducing the harmful effects of tobacco on the population.