

Index for Tobacco Control Sustainability

ETHIOPIA

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	P	9	9
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	P	6	6
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	P	5	5
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	P	5	5
14	Evaluation built into all major policy implementation plans	A	5	0
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	P	4	4
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	A	4	0
20	Intergovernmental coordination mechanism	P	3	3
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	P	3	3
24	Ministry of health WHO FCTC Article 5.3 policy	P	3	3
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	A	3	0
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	P	1	1
31	Capacity building plan for non tobacco control specific personnel	P	1	1
Total Score			130	81

Explanation of the scores:

1. Pre-requisite indicator: >4 MPOWER policies in place: Ethiopia has successfully implemented all six MPOWER components, with health warnings, mass media, tax, smoke-free environments, and TAPS achieving the highest level of accomplishment.
2. National tobacco control budget (annual): Limited budget allocated for tobacco control activities.
3. National tobacco control law: Ethiopia ratified a comprehensive FCTC-compliant tobacco control law on February 5, 2019, enforceable across all regional governments. On March 17, 2020, a mixed-type excise tax policy was passed, requiring a 30% ad valorem and 8 birr specific tax on cigarette packets.
4. National budget allocation for tobacco control capacity building: Budgetary limitations caused constraints in implementing capacity building activities for TC. Budget allocations do exist for capacity building in the wider MPOWER activities.
5. Tobacco taxation >75% of retail sales price: current tax stands at 51.2% of retail price.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: No price adjustments for inflation and GDP have been made since the 2020 excise tax reform, despite a 77% inflation increase from 2020 to 2021.
7. National tobacco control unit: A specific unit has been designated for the purpose of tobacco control, and there are also staff members within the EFDA who work toward this goal.
8. Civil society tobacco control network: A coalition of civil society organizations is actively collaborating on TC initiatives.
9. Civil society representation in national tobacco control advisory committees: The National Tobacco Control Coordinating Committee (NTCCC) includes representation from civil societies such as MWECS, HDAMA, Mekuamia, Ethiopian Public Health Association, and other CSOs. These organizations serve as formal advisors for national tobacco control efforts.
10. Health promotion fund for, or including, tobacco control: N/A.
11. National policy against tobacco industry CSR: A national policy has been implemented to prohibit any tobacco industry involvement in Corporate Social Responsibility (CSR) initiatives.
12. Tobacco-related mortality and morbidity recording system: N/A.
13. National evaluation framework in place: At the national level, a framework exists for the periodic evaluation of annual plan tobacco control activities. These evaluations occur on a quarterly, biannual, and annual basis.
14. Evaluation built into all major policy implementation plans: There is currently a lack of significant evaluation mechanisms in place to assess the progress and effectiveness of key TC areas. However, some advancements have been made in evaluating SFE and TIMR.
15. National tobacco control strategy: The NTC strategy is created through cooperation with important parties and is incorporated into the Health Sector Transformational Plan II (HSTPII).
16. Tobacco control and noncommunicable diseases (NCD) form part of national health policy: Both NCD and tobacco control and reduction strategies are incorporated in the National Health Policy.
17. Tobacco control forms part of national development plan: Tobacco control is incorporated in several healthcare plans, including HSTP II, the National NCD plan, and the five-year Health Regulatory Transformation Plan.
18. Human resource for implementation (national): A permanent worker is designated who assumes responsibility of providing direction for the implementation of TC at the national level.
19. Global Tobacco Surveillance System surveys: Only one assessment was conducted for GYTS in 2003 and GATS 2016, but it was not completed within the designated time frame.
20. Intergovernmental coordination mechanism: The National Tobacco Control Coordinating Committee (NTCCC) is a permanent intergovernmental coordination mechanism that has been approved by higher governmental bodies. It is an inclusive structure within the government, as outlined in the TC directive.
21. Capacity building plan for tobacco control personnel: N/A.

22. Developmental assistance funding includes tobacco control: Global financial aid from multiple benefactors exists to support various initiatives. Although most TC endeavors have been financed through developmental assistance funds to aid in accomplishing the SDGs, the monetary resources are restricted.
23. Code of conduct for government officials and staff: The EFDA has established a code of conduct that outlines guidelines for interacting with external organizations, including those in the tobacco industry. This code of conduct serves as a framework for communication and sets forth terms and conditions to be followed.
24. Ministry of Health WHO FCTC Article 5.3 policy: The policy 1112/2019 by EFDA under MOH comprehensively addresses Article 5.3.
25. WHO FCTC Article 5.3 policy across all ministries: It has been observed that certain ministries are not complying with the country's law regarding Article 5.3, and that the tobacco industry is exerting its influence on other government departments. Additionally, a lack of transparency is apparent in their dealings with the industry.
26. Economic and social tobacco costs data: N/A.
27. National focal point post: EFDA has designated a focal person to oversee and manage national tobacco control activities. This individual is responsible for leading and coordinating TC efforts.
28. National advisory committee: The NTCCC has established ad hoc committees that serve in an advisory capacity.
29. Capacity building plans on research and evaluation: N/A.
30. Mass media campaigns funded: The government has allocated budgets for mass media campaigns.
31. Capacity building plan for personnel not specific to tobacco control: The government and CSOs allocate budget for the national TC strategy's capacity building plan, even if their primary role is not focused on TC, but they still hold significance in TC.

Main findings:

The current achievements in sustaining tobacco control are noteworthy and demonstrate significant progress in this area. These achievements include the implementation of more than four MPOWER policies, the establishment of a comprehensive national tobacco control law, and the inclusion of civil society representation in national tobacco control advisory committees. Additionally, a national policy against tobacco industry corporate social responsibility has been put in place, along with a national tobacco control strategy. Tobacco control and noncommunicable diseases have also been incorporated into the national health policy, and tobacco control is now a part of the national development plan. An intergovernmental coordination mechanism has been established, and developmental assistance funding now includes tobacco control. A code of conduct has been set by the EFDA, and the Ministry of Health has implemented a 5.3 policy. These achievements demonstrate a strong commitment to tobacco control and provide a solid foundation for continued progress in this area.

The following are areas where improvements can be made in tobacco control efforts:

1. The national budget for tobacco control needs to be substantially increased on an annual basis.
2. Tobacco taxation should be at least 75% of the retail sales price (RSP).
3. Tobacco taxation should increase faster than the rate of inflation plus GDP growth.
4. A health promotion fund specifically allocated for tobacco control is needed.
5. A recording system for tobacco-related mortality and morbidity needs to be implemented.
6. Evaluation should be incorporated into all major policy implementation plans.
7. The Global Tobacco Surveillance System (GTSS) survey (GATS/GYTS) should be utilized.
8. There should be a capacity building plan for personnel specifically focused on tobacco control.
9. Article 5.3 Policy should be implemented across all ministries.
10. Data on economic and social costs associated with tobacco control efforts should be collected.

11. There should be a capacity building plan for research and evaluation in the field of tobacco control.

Priorities identified for Tobacco Control sustainability:

The recommendations for improving tobacco control sustainability have been identified and prioritized based on various factors. One of the most effective and cost-efficient measures for reducing demand is taxation; however, Ethiopia's excise tax is currently below the recommended 75% of retail sales price (RSP). It is suggested that the government should increase the tax rate to meet the recommended threshold and adjust it faster than the current market inflation and GDP growth. Additionally, the government should ensure an adequate annual budget for the tobacco control program that meets the per capita threshold. Timely GTSS surveys (GATS/GYTS) should be conducted regularly, and data on the economic and social costs of tobacco use should be collected. Finally, it is crucial to prevent industry interference, and the implementation of Article 5.3 policy should be enforced across all ministries and government bodies.