



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
S E C R E T A R I A T



World Health
Organization

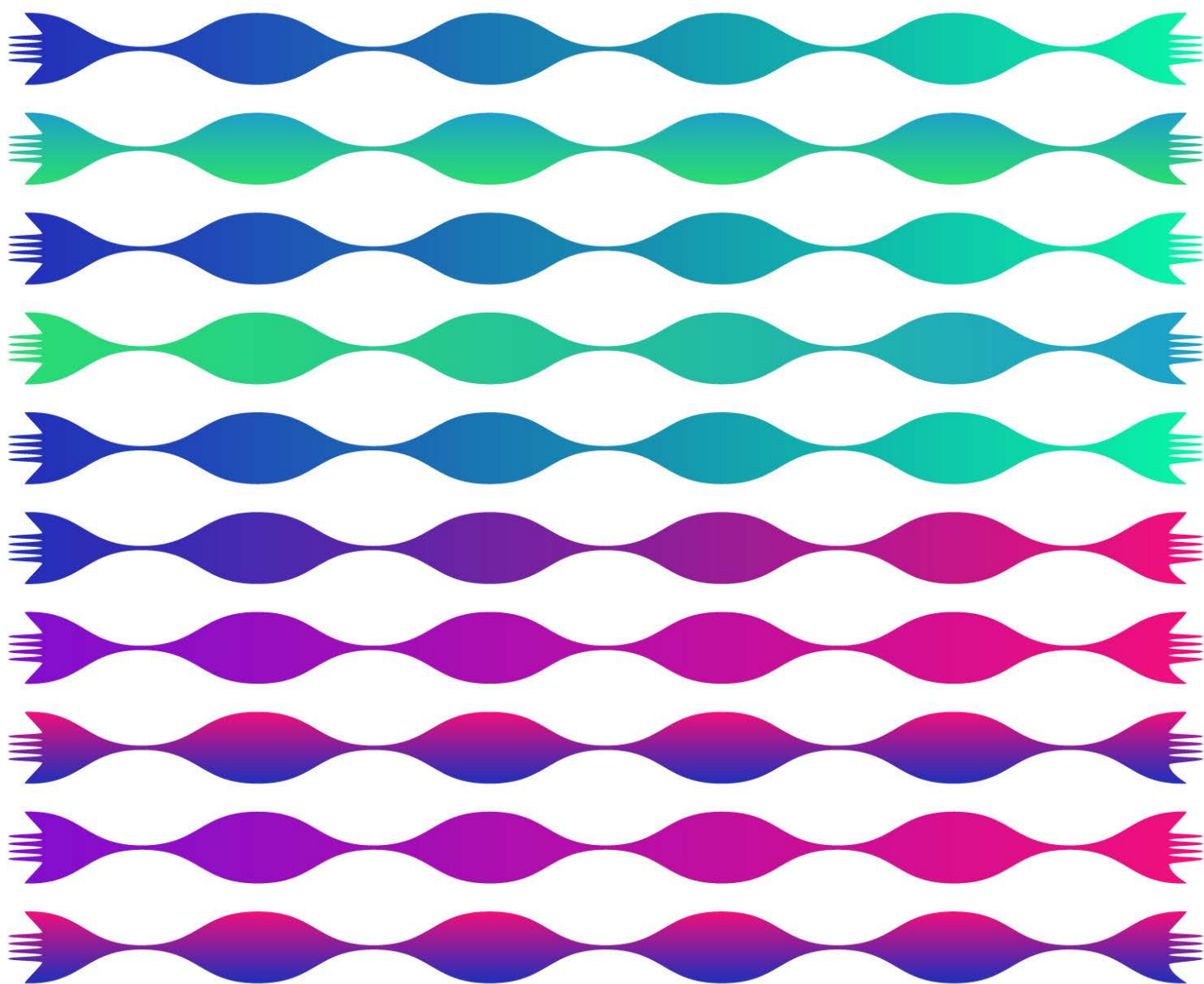
MINISTÉRIO DA
SAÚDE E DA
SEGURANÇA SOCIAL

GOVERNO DE
**CABO
VERDE**
A TRABALHAR PARA TODOS.



TOBACCO CONTROL AS AN ACCELERATOR FOR THE SUSTAINABLE DEVELOPMENT GOALS

CABO VERDE



KEY MESSAGES

Tobacco impedes the 2030 Agenda for Sustainable Development and Cabo Verde's Strategic Plan for Sustainable Development 2017-2021, including priorities to foster economic development and diversification, conserve and promote the sustainable use of marine and land ecosystems, and reduce inequalities, leaving no one behind.

Each year tobacco use kills more than 100 Cabo Verdeans, with 60 percent of those deaths before age 70. Tobacco use also causes widespread illness and disability, and costs the national health system CVE 122.4 million annually, undermining efforts towards universal health coverage. Tobacco use is associated with increased severity of disease and death in hospitalized COVID-19 patients.

Cabo Verde faces high rates of tobacco use among younger, less-educated and lower-income populations. Smokeless tobacco use is high among older women with low education in rural settings. Out-of-pocket healthcare expenditures on tobacco-attributable diseases were CVE 31.7 million in 2017, impacting poverty and inequalities. Of major concern is growing appeal of electronic cigarettes and shisha among youth.

Tobacco use costs Cabo Verde's economy CVE 1.62 billion (approximately US\$ 17 million) each year, or 1.1 percent of its 2017 GDP. These enormous avoidable losses are from premature death, disease and disability from tobacco use which are sapping workforce productivity and government budgets.

Cigarette butt littering damages beaches and marine life, threatening Cabo Verde's strong and growing tourism attractiveness. Seventy tonnes of cigarette butts and packaging waste end up as toxic rubbish each year in Cabo Verde.

Cabo Verde became a Party to the WHO FCTC in 2005 and has made progress in treaty implementation. Recently it established the Comissão para a Implementação da Convenção Quadro, developed the 2019-2023 National Strategic Plan for Tobacco Control and advanced new legislation on smoke-free places and the protection of minors from smoking. However, progress on FCTC implementation is needed in other key areas including tobacco taxes and health warnings on tobacco products.

KEY MESSAGES

The FCTC 2030 project is an opportunity for Cabo Verde to partner with the Secretariat of the WHO FCTC, UNDP and WHO to build on progress and strengthen treaty implementation in line with Agenda 2030 and national priorities. The Ministry of Health and Social Security is committed but effective tobacco control requires whole-of-government and whole-of-society support.

To assist in these collaborative efforts, this brief details how tobacco control intersects with each of the 17 SDGs. Specifically, for the Cabo Verdean context, it provides key facts as well as recommendations to deliver shared gains across sectors and actors.

Cabo Verde should consider these recommendations as it seeks to “eliminate the domestic tobacco epidemic by 2030” and advance broader development efforts. The Comissão para a Implementação da Convenção Quadro and 2019-2023 National Strategic Plan for Tobacco Control can help set priorities, responsibilities and resources.

Immediate priorities for Cabo Verde are to (1) urgently adopt the comprehensive tobacco control legislation under consideration by the National Assembly, (2) continue to increase tobacco taxes, and (3) engage the tourism sector as a leader in tobacco control. Additionally, Cabo Verde should consider taking other measures in line with the WHO FCTC Investment Case recommendations.

“

Strengthening WHO FCTC implementation is a specific target (3.a) under Sustainable Development Goal 3 (SDG 3) on health and wellbeing. Its implementation in Cabo Verde would help save the lives of the over 100 Cabo Verdeans lost to tobacco-related diseases each year, mostly from non-communicable diseases (NCDs).

”

1. BACKGROUND AND CONTEXT

The 2030 Agenda for Sustainable Development and the pledge to leave no one behind are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Both Agenda 2030 and Cabo Verde's Strategic Plan for Sustainable Development 2017-2021 are comprehensive and ambitious, requiring integrated or "accelerator" approaches which can advance multiple development objectives simultaneously [1]. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the international and legally-binding treaty to which Cabo Verde became a Party in 2005, is one such approach.

Strengthening WHO FCTC implementation is a specific target (3.a) under Sustainable Development Goal 3 (SDG 3) on health and wellbeing. Its implementation in Cabo Verde would help save the lives of the over 100 Cabo Verdeans lost to tobacco-related diseases each year, mostly from non-communicable diseases (NCDs) which include cardiovascular disease, cancer, diabetes and chronic respiratory disease, and prevent a significant source of illness and disability. Tobacco control would also mitigate Human Immunodeficiency Virus (HIV) and tuberculosis (TB) burdens, strengthen maternal and child health, and advance Universal Health Coverage (UHC). Whole-of-government FCTC implementation aligns with Cabo Verde's health-in-all policies approach adopted in the 2017-2021 Health Plan and its emphasis on disease prevention in the face of growing NCD burdens [2]. Emerging global evidence also indicates the potential of WHO FCTC implementation to address COVID-19 (**Box 1**).

Box 1. COVID-19 and tobacco use – rapid scoping review¹

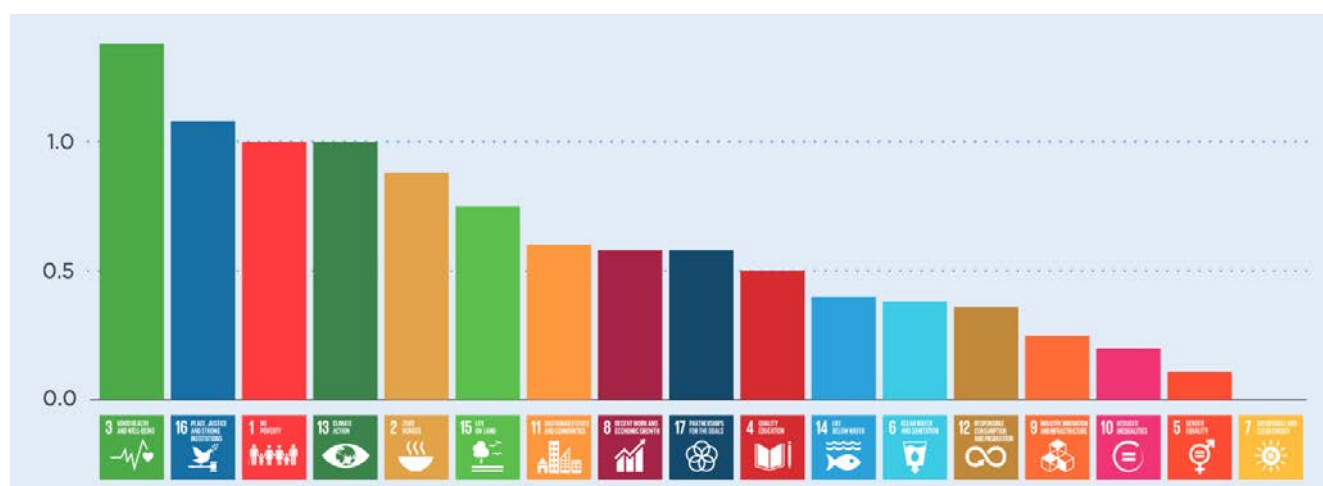
People living with pre-existing NCDs, including those caused by tobacco use, are more vulnerable to becoming severely ill with COVID-19 [3]. According to the WHO, smokers have up to a 50 percent higher risk of developing severe disease and death from COVID-19 [4]. Although likely related to severity [5]–[7], there is currently no evidence to quantify the risk to smokers of infection by SARS-CoV-2 or of hospitalization with COVID-19 in the peer-reviewed literature [8]. More generally, tobacco smoking is detrimental to the respiratory immune system, and leads to increased vulnerability to respiratory infectious diseases including Middle East respiratory syndrome [9]–[11]. Well-designed population-based studies are, however, necessary to address questions about hospitalization, COVID-19 severity and the risk of infection by SARS-CoV-2² among smokers [8].

¹ This box is based on the WHO, UNDP and UN NCD Task Force brief, 'Responding to non-communicable diseases during and beyond COVID-19'. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable_diseases-Policy_brief-2020.1

² SARS-CoV-2 refers to the novel coronavirus, COVID-19 refers to SARS-CoV-2-associated disease.

The WHO FCTC is not just a primary means to improve health and well-being; it is a major tool to advance broader sustainable development. In 2017, UNDP and the Secretariat of the WHO FCTC used an SDG interaction modelling framework published in *Nature* to map how WHO FCTC implementation interacts with the SDG targets. Through desk review of empirical literature and consultation with technical experts, linkages were documented. The study found that WHO FCTC implementation interacts positively with 67 targets (35 enabling, 30 reinforcing and 2 indivisible), neutrally with 99 targets (99 consistent), and negatively with only 3 targets (3 constraining).³

Figure 1. WHO FCTC interaction scores (averages) for all 17 goals⁴



This brief undertakes a similar analysis specifically for Cabo Verde, building on the WHO FCTC investment case for the country (**Box 2**) to consider how tobacco control can advance Cabo Verde's Strategic Plan for Sustainable Development 2017-2021 and longer-term efforts to achieve the SDGs. This includes Cabo Verde's commitment to improve quality of life, develop human capital, achieve full employment, drive growth through the sustainable use of ocean resources, strengthen governance, pursue new mechanisms for development financing and leave no one behind.

³ In the model, negative, neutral and positive interactions are assigned numerical scores based on a seven-point ordinal scale (ranging from -3 to 3 and including zero) to capture the relationship, including magnitude and direction, of interaction. For example, a score of 3 denotes that two targets are inextricable such that achievement of one itself leads to achievement of the other ('indivisible'), whereas a score of -3 represents targets for which progress on one renders it impossible to achieve the other ('cancelling'). Meanwhile, a score of 0 depicts targets which are 'consistent', meaning that one objective does not significantly interact with the other.

⁴ The average interaction scores were calculated to produce a high-level sense of WHO FCTC-SDG interactions; they are not meant to be prescriptive in terms of where to devote efforts.

Box 2. Key findings from the WHO FCTC Investment Case for Cabo Verde

- Over 100 lives are lost annually due to tobacco-related diseases, with 60 percent of deaths occurring under the age 70.
- Tobacco use costs Cabo Verde CVE 1.62 billion each year (approximately US\$ 17 million), equivalent to 1.1 percent of its 2017 GDP. This includes: CVE 122.4 million in healthcare expenditures and CVE 1.5 billion in lost productivity from premature mortality, disability and workplace smoking breaks.
- Investing six proven WHO FCTC interventions⁵ can save more than 570 lives and avert CVE 6.9 billion in economic losses by 2033. For every CVE 1 invested in tobacco control, Cabo Verde would receive CVE 8 in economic returns.

The brief provides narratives and key facts on how tobacco threatens sustainable development in Cabo Verde. It also offers recommendations for what many “non-health sectors” can do in response, in collaboration with the Ministry of Health and Social Security, each other, parliamentarians, the UN system, civil society and other partners. Tobacco taxation (WHO FCTC Article 6) is an example. It generates government revenue for development financing, which can include increased healthcare financing in Small Island Developing States, in addition to improving health equity⁶ and reducing burdens on health systems and economies. The WHO FCTC Investment Case for Cabo Verde demonstrated that improved tobacco taxation would deliver 16 CVE in economic returns for every CVE invested [12].

Box 3. Tobacco control in the Addis Ababa Action Agenda

Paragraph 32: “...We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, **price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries.**”

5 Increase tobacco taxation to reduce the affordability of tobacco products (WHO FCTC Article 6); Enforce bans on smoking in all public places to protect people from tobacco smoke (WHO FCTC Article 8); Mandate that tobacco products carry health warnings that cover 50 percent of the packaging, and regularly rotate warning labels to maintain the warning’s salience (WHO FCTC Article 11); Implement plain packaging of tobacco products (WHO FCTC Article 11: Guidelines for implementation); Increase the frequency and coverage of mass media campaigns (WHO FCTC Article 12); and Implement and enforce a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship (WHO FCTC Article 13).

6 Because poorer populations and youth are most sensitive to price changes in tobacco products, and thus most likely to reduce consumption, quit or never start in response to them, tobacco taxes improve equity and protect vulnerable populations.

Presently, Cabo Verde contends with a comparatively low disease burden from tobacco, but significant gaps in tobacco control make it vulnerable to tobacco-related harms. For example, tobacco taxes, smoke-free bans, and tobacco product packaging regulations in Cabo Verde are below WHO FCTC standards, and specific measures, including a code of conduct for government officials, are needed to combat tobacco industry interference in policymaking. The legal monopoly once afforded to State-owned Sociedade Caboverdiana de Tabacos will expire in 2021, opening the door for multinational tobacco companies to increase their presence in Cabo Verde [13]. Rising tourism, a growing urban population with new consumption patterns, and the urgent need for fiscal resources to resolve government debt, make Cabo Verde a prime target for Big Tobacco [14].

In light of these impending challenges and clear opportunities for prevention, Cabo Verde applied and was selected for the FCTC 2030 project and is one of 24 countries worldwide receiving intensive support from the Secretariat of the WHO FCTC, UNDP and WHO to accelerate treaty implementation to advance the SDGs. Cabo Verde has demonstrated recent concrete progress which can and must be built upon. Specifically, it has:

- Already adopted a range of WHO FCTC measures including a ban on smoking in schools, healthcare facilities, public transportation and other public places, as well as restrictions on tobacco advertising, promotion, and sponsorship.⁷
- Drafted and submitted to the national assembly an impressive update to its existing tobacco control legislation. If the proposed law is approved already in its current state, Cabo Verde will achieve full compliance to virtually all WHO FCTC benchmarks [15]. The bill stipulates:
 - » A blanket ban on smoking in all closed or semi-closed public places.
 - » A prohibition on the sale of tobacco products to and by anyone under 18.
 - » Limits on and mandatory disclosure of the ingredients of tobacco products and their emissions.
 - » Mandatory licenses, issued by the government, for any establishment wishing to sell tobacco products. Moreover, the bill proposes a ban on online sales.

⁷ With Law No. 119/IV/95 and the 2007 Advertising Code in Cabo Verde, smoking is prohibited in certain public places – although smoking-allowed spaces are permitted – and most tobacco advertisements, sponsorship, and promotion are banned. Warning messages are mandated but are small and text-only. Shisha and e-cigarettes are not yet covered by the regulations.

- Adopted a 50 percent ad-valorem, and a CVE 20 specific excise tax (equivalent to 11 percent of the retail price⁸ for the most popular brand of cigarettes) on tobacco products in 2019 [16]. Advancing further towards the WHO FCTC benchmark of at least a 75 percent overall tax inclusive of at least a 70 percent specific excise component would save additional lives and boost government revenue.
- Launched its 2019-2023 National Plan for Tobacco Control, led by the *Comissão para a Implementação da Convenção-Quadro* (CICQ) [13]. Eradicating the domestic tobacco epidemic by 2030 through annual reductions of 0.5 percentage points in tobacco consumption, as set out in the plan, requires urgent scale up of tobacco control measures [13].
- Developed and launched a new website for tobacco control monitoring and messaging, *Observatório do Controlo do Tabaco* [17].

Cabo Verde should use this brief to build on this progress and advance treaty implementation urgently. Priorities are to adopt the comprehensive tobacco control legislation under consideration by the National Assembly, continue to raise taxes on tobacco (smoked and smokeless) to reduce affordability of tobacco products, and engage the tourism sector as a leader in tobacco control. The *Comissão para a Implementação da Convenção-Quadro* and the 2019-2023 National Strategic Plan for Tobacco Control can help set additional priorities, responsibilities and resources in line with the recommendations in this brief.

8 See footnote 9 on page 13



2. IDENTIFYING LINKS ACROSS THE SUSTAINABLE DEVELOPMENT GOALS

Accelerating progress on SDG target 3.a demands integrated tobacco control efforts which consider interactions with other SDGs and targets to deliver mutual benefits. For this, ‘non-health’ sectors of government must be provided evidence on the relevance of tobacco control not just to health, but to their own sector-specific accountabilities as well as overarching national priorities.

For Cabo Verde, a summary of relevant WHO FCTC interactions across the 2030 Agenda is presented in **Table 1** (positive WHO FCTC interactions with the SDGs - summary narrative, key facts and recommendations*). The purpose of this table and analysis is to provide insights for national SDG planning and policies, and for strengthening partnerships across sectors where there are mutually beneficial gains to be had. The Table is also useful for Cabo Verde to consider as it prepares for, responds to and mitigates the impacts of COVID-19, given interactions between tobacco use and the pandemic.

* SDG summary narratives have been adapted from: UNDP (2017) WHO Framework Convention on Tobacco Control (An Accelerator for Sustainable Development) (2017). Available at: <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/-the-who-framework-convention-on-tobacco-control-an-accelerator-.html>



“

Cabo Verde should use this brief to build on this progress and advance treaty implementation urgently. Priorities are to adopt the comprehensive tobacco control legislation under consideration by the National Assembly, continue to raise taxes on tobacco (smoked and smokeless) to reduce affordability of tobacco products, and engage the tourism sector as a leader in tobacco control.

”



Table 1. Positive WHO FCTC interactions with the SDGs - summary narrative, key facts and recommendations

GOAL 1:
END EXTREME POVERTY IN ALL FORMS BY 2030.

**TOBACCO CONTROL CAN HELP
ACCELERATE POVERTY ALLEVIATION
EFFORTS.**

This is because tobacco use results in premature death and disability, with breadwinners exiting the labour market in the prime of their lives, thus disrupting productive employment and schooling of caregivers - often women and girls. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures, trapping families in a 'vicious cycle' of poverty and poor health. Throughout the world, the poor are those most likely to use tobacco, have reduced access to critical prevention and treatment services, and endure lower levels of access to education and other health messaging opportunities. Meanwhile, spending on tobacco can divert a significant percentage of household resources from food, education, healthcare, housing, agricultural inputs and other productive investments, which can help keep and lift people out of poverty [18].

KEY FACTS

- The national poverty rate in Cabo Verde is 26.6 percent and 44.3 percent in rural areas. Poverty is particularly high among households headed by women, the demographic with the highest rates of smokeless tobacco consumption [19], [20].
- Tobacco consumption in Cabo Verde is most prevalent among people of working age (25 to 64), posing a double threat of ill-health and reduced productivity, and driving income losses [21].
- Smokeless tobacco use is higher among rural, less educated, and elderly populations, which are already prone to income vulnerability [22].
- Buying tobacco robs families of resources to rise out of poverty. A typical smoker in Cabo Verde must spend ten percent of their average income each year to purchase ten of the most popular cigarettes daily [23].
- The WHO FCTC Investment Case for Cabo Verde shows that in 2017 Cabo Verdeans spent CVE 31.7 million in out-of-pocket (OOP) healthcare expenditures in response to tobacco-attributable diseases. In Cabo Verde, between 2000 and 2017, OOP healthcare expenditures as a share of overall healthcare expenditures has increased from 25 to 29 percent while the share of government expenditure on healthcare has dropped from 71 to 60 percent [24].
- Total taxes on the most sold brand of cigarettes are around 41 percent of retail price, comprising a 50 percent ad-valorem tax component (30 percent of retail price) and a CVD 20 specific excise tax component (11 percent of retail price)⁹[16], [25].

⁹ The tax share was obtained by calculating the pre-tax price of the most-sold cigarette (SG Gigante) from its retail price (estimated at CVE 182, based on a WHO-reported value from 2018 corrected by 2019 inflation/consumer-prices), and reapplying the tax rates. For the aforementioned WHO-report retail price, see the Cabo Verde Country Profile from the Report on the Global Tobacco Epidemic, 2019.

RECOMMENDATIONS

- Include tobacco control in national poverty reduction and development strategies.
- Ensure that tobacco cessation services are included in efforts to advance universal health coverage, to alleviate the burden of health expenditure on the poor [18].
- Continue to raise taxes on tobacco products. Research shows that increases in cigarette prices are particularly effective at curbing consumption in lower-income households (and younger populations).
- Allocate the additional revenue from tobacco tax increases to pro-poor policies and programmes, including UHC, tobacco cessation support, and other social protections.
- Design and apply specific interventions for smokeless tobacco consumption, especially in rural areas.
- Ensure graphic warnings and other information on packaging and labelling of tobacco products are clear to those with lower literacy, in line with WHO FCTC Article 11.



GOAL 2:

END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE.

TOBACCO CONTROL HELPS TACKLE THE PROBLEM OF HUNGER. HOUSEHOLD EXPENDITURE ON TOBACCO PRODUCTS, AND OUT-OF-POCKET MEDICAL COSTS FOR TOBACCO-RELATED ILL-HEALTH, IS MONEY NOT INVESTED IN FOOD AND NUTRITION.

Current smokers are more likely to be food insecure than non-smokers, including in wealthier countries [26], [27]. Moreover, tobacco cultivation eats up large swaths of land, which could otherwise support sustainable food production systems. About 90 percent of commercial tobacco leaf is grown in the Global South, often in countries where undernourishment and child labour continue to pose challenges [28].

KEY FACTS

- Malnutrition and other dietary risks, particularly anaemia, are widespread in Cabo Verde [29]. These conditions are likely exacerbated in households with smokers, as the money spent on cigarettes can rob families of funds that could help secure nourishment. For example, for the cost of one pack of cigarettes (CVE 300), Cabo Verdeans could purchase 18 packed eggs (CVE 228 for eggs in 12-pack) [30].
- Tobacco farming poses a significant threat to food and nutrition security as well as sustainable agriculture and livelihoods. With limited arable land (only ten percent of the country's land area [31]), sparse rainfall and low agricultural productivity from traditional farming systems, Cabo Verde must focus cultivation on nutritious crops.

RECOMMENDATIONS

- Examine and promote the impact of tobacco control on increasing household income available to be spent on food, for example, implementing a single stick sales ban to reduce affordability.
- Include anti-tobacco consumption in public health guidelines for nutritional counselling, and integrate tobacco control into broader strategies to produce and ensure access to nutrient-dense food for all.
- Recognize the potential of tobacco tax revenue to fund school meals and cash transfer programmes.
- Do not provide incentives to grow tobacco, such as subsidies, protect against tobacco industry interference in policymaking and take other steps to prevent tobacco farming.



GOAL 3:
**ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES.**

**ACCELERATED IMPLEMENTATION OF THE
WHO FCTC IS ESSENTIAL FOR VIRTUALLY
ALL SDG 3 TARGETS, WHICH IS WHY IT IS A
“MEANS OF IMPLEMENTATION” UNDER THE
HEALTH GOAL.**

Tobacco use causes premature death, disease and disability from NCDs. It increases the risk of tuberculosis (TB) infection and worse outcomes for TB and HIV by weakening patients' immunity. Smoking during pregnancy is associated with stillbirth, lower birth weights, and sudden infant death syndrome (SIDS), and smoking and harmful use of alcohol tend to cluster in individuals [80], [81]. Environmental pollutants from tobacco manufacturing and air pollution from smoking cause adverse health outcomes. Tobacco control can reduce these impacts while providing revenue for universal health coverage through taxation. Efforts to integrate responses to tobacco and other health targets, within and outside the health sector, would help Cabo Verde advance national tobacco control and broader SDG efforts.

KEY FACTS

- In 2017, tobacco use caused 104 deaths in Cabo Verde, 60 percent of which occurred among citizens under the age 70 [12].
- Compared with sub-Saharan African countries, the overall prevalence of current smoking in Cabo Verde (roughly ten percent; 15.9 percent among men and four percent among women) is considered low [22]. However, smokeless tobacco use poses social challenges due to high use in younger and less-educated populations as well as among older women in rural settings with low education [22]. Higher tobacco consumption is also found in 35 to 44 year-olds (25 percent) and low-income households [32].
- NCDs cause 70 percent of deaths in Cabo Verde, with 36 percent due to cardiovascular diseases and 11 percent due to cancers [25]. In 2017, roughly 18 percent of premature NCD deaths between the ages of 30 to 69 were due to tobacco use [12].
- Compared to adults, young smokers are more likely to develop severe levels of nicotine addiction [33]. The 2007 Cabo Verde Global Youth Tobacco Survey (GYTS) showed that ten percent of youth aged 13 to 15 had already smoked at least once (12 percent of boys and 7.8 percent of girls). The same survey found that around 24 percent of youth aged 13 to 15 were exposed to second-hand smoke in public in the last 30 days [34].”
- The effect of tobacco consumption is compounded by other risk factors common in Cabo Verde, including malnutrition, hypoglycaemia and alcohol use [35].
- Tobacco smoke, often inhaled second-hand, harms maternal and child health.
- Smoking reduces immunity, making individuals more susceptible to communicable diseases such as TB.

RECOMMENDATIONS

- Drive national efforts to fully implement the WHO FCTC, building on FCTC Investment Case findings for Cabo Verde, with a focus on adopting comprehensive tobacco control legislation, raising taxes on tobacco (smoked and smokeless) to reduce affordability of tobacco products, and engaging the tourism sector as a leader in tobacco control. Also:
 - » Ensure health sector strategies, both broad and issue-specific, integrate tobacco control where appropriate; ensure tobacco control strategies integrate other health issues in turn.
 - » Engage community leaders, the tourism sector, civil society and others to spread awareness on the harmful effects of tobacco and support government tobacco control efforts.
 - » In efforts to close the digital divide, leverage technologies, such as mobile apps and social media, to raise awareness on the dangers of tobacco and provide support for never starting, reducing use and/or quitting, with an emphasis on reaching youth.
 - » Design support programmes for smoking cessation among vulnerable populations including younger and less-educated populations as well older women in rural settings (in line with WHO FCTC Article 14).
 - » Articulate the power of tobacco taxes for development financing and advocate use of revenue for tobacco control and universal health coverage (UHC).





GOAL 4:
**ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION
AND PROMOTE LIFELONG LEARNING OPPORTUNITIES
FOR ALL.**

A QUALITY EDUCATION INCLUDES ACCESSIBLE MESSAGING AROUND HOW CHILDREN CAN LEAD HEALTHY, PRODUCTIVE LIVES, AND SHOULD PROVIDE A SAFE ENVIRONMENT FREE FROM RISKS SUCH AS SECOND-HAND SMOKE AND TOBACCO ADVERTISING.

Supporting schools to create tobacco-free environments can help protect children (and teachers), shift social norms, and enhance education. Tobacco control also helps keep children in school: (1) when families are healthier, children are not forced to drop out of school to take care of a sick relative or to find work to make up for lost wages; (2) household spending on tobacco products, and expenditures in response to tobacco-related ill-health, is money not used to support children's education; and (3) for tobacco growing families, children are often kept from school to work. Adding to the list of interactions is the fact that adolescent smoking is associated with attention deficits and increased risk of cognitive impairment later in life [36]. College students who use tobacco are shown to have lower GPAs than those who do not use tobacco [37]. Studies also found that teachers' smoking is a strong influencing factor for smoking by students [38]. Furthermore, by making teachers and parents sick, tobacco can take away important educational resources for children.

KEY FACTS

- Smoking is prohibited in schools in Cabo Verde [38].
- According to the 2007 Cabo Verde Global Youth Tobacco Survey (GYTS), “ten percent of youth (13 to 15 years old) report ever having smoked a cigarette (12 percent of boys and 7.8 percent of girls)” [34].
- Students who do not use tobacco receive higher grades than those who do [37], [40].
- The growing appeal of electronic cigarettes and shisha among youth is of major concern in Cabo Verde, as elsewhere [41], [42].

RECOMMENDATIONS

- Assess and, if necessary, strengthen compliance to the existing ban on smoking in schools and extend bans to other places where youth gather [39].
- Ban the sale and purchase of tobacco products to anyone under 18.
- Include parents in educational programmes on the dangers of tobacco use, to influence children to avoid tobacco consumption.
- Advocate for increased taxation of all tobacco products to reduce consumption among youth, which, along with poorer populations, are especially sensitive to tobacco product price increases. Smoke-free legislation is key to impact those who may be less sensitive to price changes.
- Embed a discussion on the dangers of smoking and the impact of second-hand smoke on health in the school curriculum to engage and educate children, and encourage teachers to model non-smoking.



GOAL 5:
**ACHIEVE GENDER EQUALITY AND EMPOWER ALL
WOMEN AND GIRLS.**

**TOBACCO CONTROL MEASURES WHICH ADDRESS
GENDER-SPECIFIC RISKS – AS REQUIRED UNDER
ARTICLE 4.2(D) OF THE FRAMEWORK CONVENTION
OF TOBACCO CONTROL (FCTC) – CAN CONTRIBUTE
TO WOMEN’S WELL-BEING.**

Women are not only exposed to sex-specific health risks from tobacco, including related to tobacco use during pregnancy, but also bear a disproportionate burden of secondhand smoke exposures. Power inequities in the home and workplace, as well as low levels of empowerment, are impediments to changing this dynamic. Women and girls are also disproportionately caregivers for sick relatives, interrupting their educational and work opportunities. Even as women account for over half of all deaths from NCDs globally, NCDs are still often misconstrued as being of greater import for men, leading to critical delays in diagnosis and treatment for women. Strengthened tobacco control can help narrow gaps, through policies that consider gender-specific vulnerabilities, countering the tobacco industry’s self-serving appropriation of female empowerment and perceptions of masculinity among males [43].

KEY FACTS

- Cabo Verdean men smoke an average of 19.4 cigarettes per day, while women smoke an average of 5.6 cigarettes per day. Women have a slight preference for smokeless tobacco (5.8 percent) compared to men (3.5 percent) [44]. The highest prevalence of smokeless tobacco use is among older women in rural settings with low education [22].
- The gender gap in tobacco consumption in Cabo Verde is lowest among youth. The 2007 Cabo Verde GYTS (GYTS) showed that 12 percent of boys and 7.8 percent of girls aged 13-15 reported having smoked a cigarette [34]. In the 25-34 age group, the percentage difference is 11 percentage points and, in the age group with the highest prevalence (45-54), prevalence among men is 20 percentage points higher than among women [20].
- Women in Cabo Verde, relative to men, suffer more from cardiovascular diseases (rate of 177 per 100,000 for women versus 146 per 100,000 for men), but men are more likely to die from cancer and respiratory diseases [45].
- An ethnographic study conducted in 2015 in Cabo Verde showed that addiction to tobacco and other drugs is high among already vulnerable urban low-income women [46].

RECOMMENDATIONS

- Conduct studies (quantitative and qualitative) to identify gender-specific patterns of consumption in Cabo Verde, including urban-rural variations, and tailor tobacco control strategies, including prevention and cessation accordingly.
- Provide sustained public health education to promote smoke-free households, including the health dangers of direct tobacco use, and exposure to second-hand smoke. Messaging programmes might gain effectiveness by targeting working-age men, who are often the sole smokers in their households, while also supporting women and children to negotiate smoke-free spaces.
- Increase taxes to ensure the rising number of girls using tobacco is curbed faster by making tobacco less affordable.



GOAL 6:

ENSURE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL.

TOBACCO CONTROL SUPPORTS CLEAN WATER AND SANITATION BECAUSE CIGARETTE BUTTS ARE THE MOST WIDELY LITTERED PRODUCT GLOBALLY, OFTEN DUMPED INTO OUR PLANET’S OCEANS, LAKES AND OTHER WATER SOURCES.

Also, tobacco production is not only water intensive but also disperses chemicals into nearby waterways [47], [48]. Without considering the “environmental life cycle of tobacco” and its effects on pollution, hazardous waste disposal, and inefficient water use, efforts to achieve clean water and sanitation will be both less comprehensive and less effective. See [49].

KEY FACTS

- Each year, about 70 tonnes of cigarette butts and packs wind up as toxic trash in Cabo Verde, equivalent to the weight of 14 endangered African elephants [23]. It takes years for the cigarette butts to degrade [82].
- According to WHO, “Tobacco waste contains over 7000 toxic chemicals that poison the environment, including human carcinogens” [50].
- Following wet weather events, cigarette butts enter waterways and join micro plastics as pollutants.
- Extinguished cigarette butts emit most of their chemicals in the first 24 hours, however nicotine emissions from them last longer than 48 hours after extinguishing [51]. Water saturation/humidity, high in Cabo Verde, increases the emission rates for chemicals in cigarette butts including nicotine [51].

RECOMMENDATIONS

- Implement ‘Cigarette Butt-free’ beach programmes, provide health promotion posters in public zones to increase public awareness, and engage Cabo Verdeans in cleaning campaigns such as the #FillTheBottle [52].
- Consider implementing smoke-free beaches.
- Advance proven tobacco control measures such as tobacco taxation, TAPS and graphic warnings to reduce consumption and thus post-consumption littering, waste and toxins.



GOAL 8:

PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL.

TOBACCO CONTROL CAN HELP AVOID THE TANGIBLE PRODUCTIVITY AND GDP LOSSES WHICH RESULT FROM PREMATURE MORTALITY, SICK LEAVE, AND UNWELL WORKERS WHO REMAIN ON THE JOB BUT PERFORM BELOW CAPACITY.

Tackling tobacco would also advance better and safer working conditions, while helping to diversify economies. Pathways include smoke-free spaces for workers and leveraging workplaces as a platform to deliver health messaging as well as counseling and services. Tobacco control efforts can also support families to shift from tobacco growing, and the debt-bonded and child labour it often entails, to alternative economic activities which can be more lucrative and do not harm growers' health. Indeed, nicotine toxicity from handling tobacco leaves (i.e. 'green tobacco illness') undermines the well-being of farm workers, particularly women, children, minority and migrant workers [53], [54]. Cigarette manufacturers and leaf buying companies often exploit farmers to obtain profits from below-cost leaf [55], [56], with frequent sustained debt a result [57].

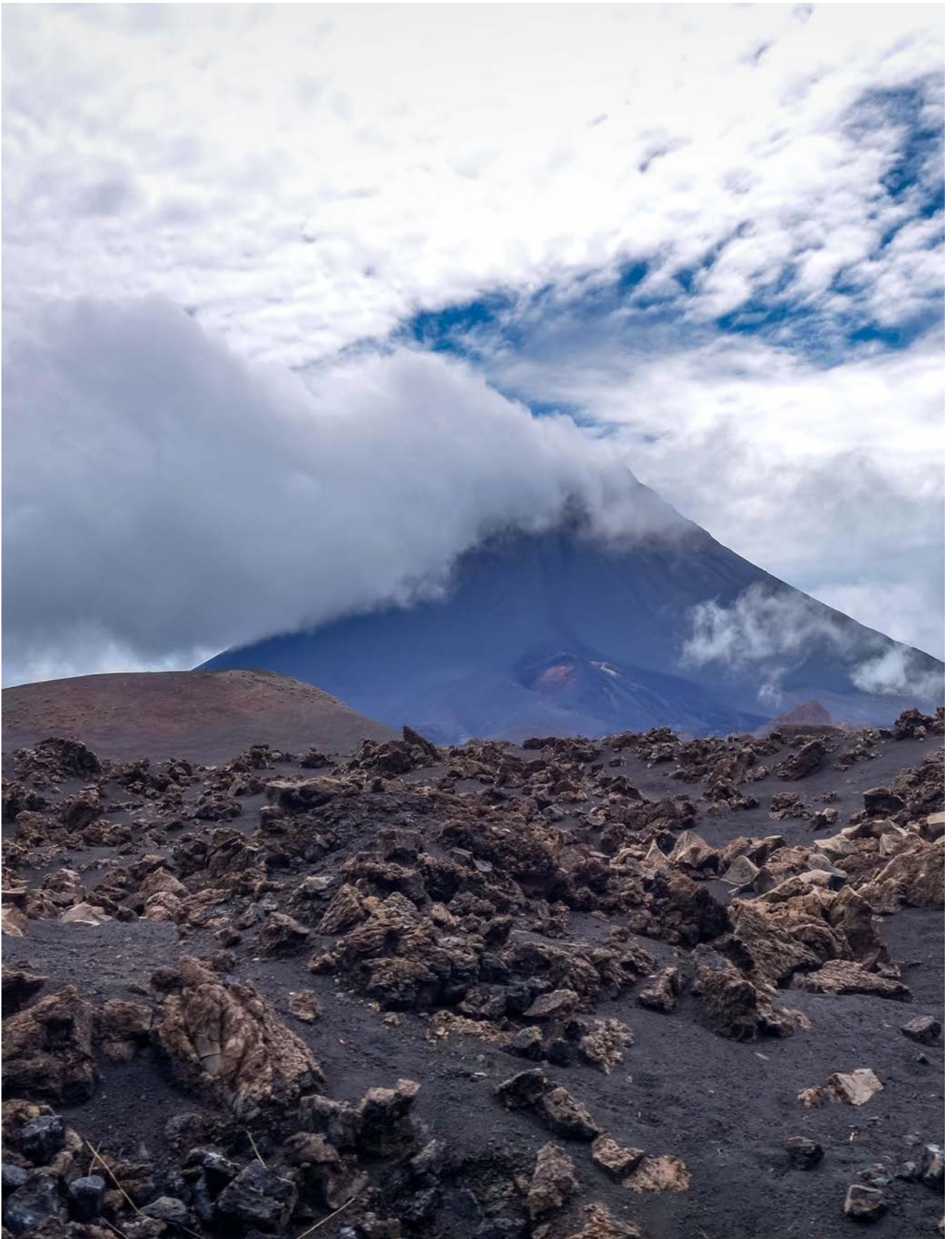
KEY FACTS

- In Cabo Verde, tobacco use costs the national economy CVE 1.62 billion (approximately US\$ 17 million) each year, equivalent to 1.1 percent of its GDP [12].
- Sick individuals are more likely to miss days of work (absenteeism) or to be less productive at work (presenteeism). In 2017, tobacco use cost Cabo Verde's economy CVE 173.2 million in excess absenteeism and CVE 520.5 million in excess presenteeism [12].
- In aggregate, non-smokers are more productive than smokers, as smokers take at least ten minutes extra in daily work breaks. Valued at the average worker's salary, the compounding impact of 20,919 employed daily smokers taking an additional ten minutes of break per day is equivalent to an annual loss of CVE 368.7 million in productive output [12].
- Investing in the six proven WHO FCTC interventions¹⁰ in the WHO FCTC Investment Case for Cabo Verde would save more than 570 lives and avert CVE 6.9 billion in economic losses by 2033.
- Cabo Verde has not yet enacted a full ban on smoking in public places, exposing workers to tobacco smoke and its harms.
- Sociedade Caboverdeana de Tabacos has the legal monopoly over the market for tobacco products in Cabo Verde up to 2021 [13]. In 2017, the company employed 45 people (18 women and 27 men) and generated over CVE 400 million in tax levied on cigarettes [58].
- This tax revenue is just one quarter of the CVE 1.62 billion that tobacco costs Cabo Verde each year [12].

¹ Increase tobacco taxation to reduce the affordability of tobacco products (WHO FCTC Article 6); Enforce bans on smoking in all public places to protect people from tobacco smoke (WHO FCTC Article 8); Mandate that tobacco products carry health warnings that cover 50 percent of the packaging, and regularly rotate warning labels to maintain the warning's salience (WHO FCTC Article 11); Implement plain packaging of tobacco products (WHO FCTC Article 11: Guidelines for implementation); Increase the frequency and coverage of mass media campaigns (WHO FCTC Article 12); and Implement and enforce a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship (WHO FCTC Article 13).

RECOMMENDATIONS

- Adopt and enforce comprehensive bans on smoking in all public places including workplaces.
- Increase tobacco taxes according to WHO recommendations to reduce affordability and simplify the tax structure, phasing out the ad valorem tax in favor of a higher specific excise component that increases regularly and increases above the rate of inflation.
- Ensure the availability of sufficient tobacco cessation support for those who want to quit consumption of tobacco products.
- Invest in other industrial sectors to absorb workers from the tobacco industry, and help the workers transition to other sectors by offering professional training opportunities.





GOAL 9:
**BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE
AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER
INNOVATION.**

**THE TOBACCO SECTOR – COMPRISING
CULTIVATION, MANUFACTURE, AND RETAIL
– HAS NEGATIVE SPILLOVER EFFECTS TO
OTHER SECTORS AND HINDERS ECONOMIC
DIVERSIFICATION AND INDUSTRIALIZATION AS
SET FORTH IN SDG TARGET 9.2, ESPECIALLY IN
DEVELOPING COUNTRIES.**

Research optimization, particularly for uncovering cost-effective tobacco treatment interventions which can be widely disseminated with strong uptake, and access to information and communications technology, are also relevant to tobacco control. In an increasingly ‘connected’ world, the marketing of tobacco products has only grown more global and more nuanced. Tobacco control advocates must continue to actively capitalize on emerging platforms (e.g. social media) and disciplines (e.g. behavioural sciences) to raise awareness, support cessation, and unmask tobacco industry tactics (a strategy that can increase people’s autonomy and instill in them a sense of social justice).

KEY FACTS

- In Cabo Verde, the near monopoly of domestic cigarette manufacturers limits multi-national tobacco industry reach into policymaking and overall industrial policy [12].
- Cabo Verde is highly dependent on the tourism sector, which accounts for approximately 40 percent of its GDP [58]. Out of all islands of the Cape-Verdian archipelago, the hotel-laden islands of Sal and Boavista experienced the greatest growth in cigarette sales between 2014 and 2017 [58].
- Over 40 percent of Cabo Verdeans have no or limited access to the internet and displacement between islands is difficult, hindering access to in-person healthcare services, including screening and cessation [60]. This reinforces the need to scale up anti-tobacco efforts through traditional media while closing the digital divide.
- The Government of Cabo Verde offers support in the form of workshops and easy access to credit to entrepreneurs through the ProEmpresa Programme [61].

RECOMMENDATIONS

- Ensure full access to internet/telemedicine services and include tobacco-related services, including cessation, in these initiatives while protecting against the tobacco industry's use of online advertising.
- Effectively use online platforms including social media to raise anti-tobacco awareness among the general public, including on adverse health impacts for tobacco users and those exposed to second-hand smoke as well as broader sustainable development impacts.
- Support universal access to information and communications technology through building and leveraging interventions like the WHO's mobile health (mHealth) programme which uses the ubiquity of mobile technologies to support a range of tobacco control objectives, while continuing to support policies that close the digital divide needed to reach even more people with prevention and cessation information, programs and services [12].
- Scale up anti-tobacco messages through traditional media, including television, radio and print.
- Ensure that the ProEmpresa Programme is fully aligned with tobacco control guidelines. In addition to denying assistance to ventures that support tobacco consumption, the government can also (1) offer training on tobacco regulations to entrepreneurs in the retail, entertainment and other sectors that act as outlets for tobacco products, and (2) provide guidance to workers and managers from the tobacco sector wishing to transition to occupations/sectors that do not contradict Cabo Verde's development goals.



GOAL 10:
REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES.

**TOBACCO USE WIDENS INEQUALITIES
WITHIN AND AMONGST COUNTRIES, NOT
JUST IN TERMS OF HEALTH OUTCOMES
BUT ACROSS DEVELOPMENT DIMENSIONS.**

LMICs already endure 87 percent of the world's premature mortality from NCDs, with the poorest and most marginalized disproportionately affected. Various forms of social disadvantage and deprivation - stress, isolation, unsafe neighbourhoods and limited recreation, for example - are associated with greater vulnerability to smoking, which leads back to inequitable conditions [57]. Meanwhile, the tobacco industry is increasingly targeting LMICs and vulnerable populations in their marketing strategies, and disadvantaged groups face difficulties accessing essential health services and information.

KEY FACTS

- Tobacco use is high among less educated and vulnerable individuals such as sex workers in Cabo Verde [22], [46].
- Use of smokeless tobacco is especially high among older women in rural settings with low education, and was also found to be alarmingly high (one in every ten) among students aged 13-15 [22].
- Improved health from tobacco control provides opportunities in education, labour and other domains which can further reduce inequalities within Cabo Verde and between Cabo Verde and other nations [12].
- As tobacco control regulations have become tighter in developed countries, multinational tobacco companies are targeting developing countries as new markets for their deadly products. These countries have lower capacities to respond to the health and development impacts from increased tobacco use, making prevention especially critical [62].
- The majority of tourists visiting Cabo Verde are from countries with stronger regulations against smoking in public [12], suggesting they would have positive attitudes towards strengthened tobacco control in Cabo Verde. Cabo Verde's Ministry of Tourism also shows positive attitudes towards strengthened tobacco control [12].

RECOMMENDATIONS

- Scale up initiatives to raise awareness of the harms of tobacco use and offer tobacco cessation support, tailoring these to poorer populations in rural and urban areas as well as other vulnerable populations to reduce inequities.
- Enact strong measures to protect against tobacco industry interference in policymaking (WHO FCTC Article 5.3) and targeted advertising to vulnerable populations (WHO FCTC Article 13).
- Expand research on the equity dimensions of tobacco control and use findings to promote tobacco control in line with efforts to reduce poverty and inequalities, protect vulnerable populations and leave no one behind.
- Prioritize vulnerable populations in tobacco control policymaking for example by reinvesting revenue from tobacco taxation into pro-poor policies and social protection, such as UHC.



GOAL 11:

**MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE,
SAFE, RESILIENT AND SUSTAINABLE.**

**TOBACCO SMOKE DIMINISHES AMBIENT
AIR QUALITY SUCH THAT, WITHOUT
APPROPRIATE TOBACCO CONTROL
MEASURES, THE SAFETY OF HOUSING,
WORKPLACES, TRANSPORT SYSTEMS AND
PUBLIC SPACES IS COMPROMISED.**

While air pollution increases everyone's risk of dying from cardiovascular disease and lung cancer, tobacco use increases this risk due to PM2.5 combining synergistically for mortality [63], [64]. With most of the global population now living in cities, local governments are presented with a challenge and responsibility to protect and enhance the lives of entire urban populations. Through a tobacco control lens, local governments worldwide are showing initiative and leadership which, in turn, can shape national standards. Examples include smoke-free cities and raising of tobacco excise taxes, with the latter not just important for reducing health inequities but also for sustainably financing municipal priorities.

KEY FACTS

- Smoking is allowed without restrictions in several public places in Cabo Verde, including restaurants and workplaces. In public places where smoking is banned, designated smoking areas are still permitted under the law [39]. There is a call to mandate smoke-free indoor offices and hotels in upcoming legislation [15].
- The National Strategic Plan for Tobacco Control 2019-2023 contributes to improving air quality in Cabo Verdean cities through its target to reduce exposure to second-hand smoke by five percent each year of the plan [13].
- The tourism sector accounts for more than one-quarter of Cabo Verde's GDP and comprises several public places where smoking is still allowed under existing regulations, such as restaurants and hotels [39], [59]. Consequently, a large number of tourists and local staff are endangered. This is especially the case in Sal and Boavista, which receive over 500,000 tourists every year [65]. The Ministry of Tourism has signaled a willingness to support stronger tobacco control policies, including a ban on smoking in hotels and entertainment venues [12], [15].

RECOMMENDATIONS

- Support and encourage local governments to implement and enforce tobacco control regulations, including by offering training (e.g. courses and workshops) as well as guidance.
- Organize campaigns for Smoke-Free Homes and Smoke-Free Cities. Pilot project locations should be determined based on local smoking prevalence.
- Raise awareness of the synergistic effect between tobacco smoke and indoor use of non-clean fuels, particularly biomass.
- Engage the tourism sector and others in local tobacco control efforts in addition to national ones.



GOAL 12:
**ENSURE SUSTAINABLE CONSUMPTION AND
PRODUCTION PATTERNS.**

TOBACCO CONTROL CAN REDUCE THE CONSUMPTION AND PRODUCTION OF HARMFUL GOODS AND PROMOTE SUSTAINABLE HEALTHY LIFESTYLES, AS THE “ENVIRONMENTAL LIFE CYCLE OF TOBACCO” [SEE 67] GENERATES TONNES OF WASTE (LITERALLY) AND RELEASES THOUSANDS OF CHEMICALS INTO THE PLANET’S AIR, WATER AND SOIL.

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulators, and chemical fertilizers. These can create environmental health problems, particularly in countries with lax regulatory standards. In addition, tobacco, more than food and cash crops, depletes soil of nutrients, including nitrogen, potassium, and phosphorus. As a result, in many low- and middle-income regions of the world, new areas of woodlands are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed for curing tobacco leaves, leading to deforestation. This deforestation can contribute to climate change by removing trees that eliminate CO₂ from the atmosphere. Moreover, while exposure to ambient fine particulate matter (PM_{2.5}) from air pollution increases everyone’s risk of dying from cardiovascular disease and lung cancer; the risk is higher for smokers because PM_{2.5} combines synergistically with cigarette smoking, increasing morbidity and mortality [63], [64].

KEY FACTS

- Tobacco growing in Cabo Verde is presently limited to the islands of Santo Antão, Santiago, Fogo and São Nicolau, where traditional methods of growing tobacco for household consumption are still used, mostly by the poor.
- Tobacco production is nearly nonexistent in Cabo Verde, but the country lacks strong legislation to prevent this from happening in the future. Common agricultural practices related to tobacco farming, especially in LMICs, lead to deforestation and soil degradation. This deforestation contributes to climate change.
- Tobacco plants require large quantities of chemicals such as pesticides [53].

RECOMMENDATIONS

- Implement producer responsibility regulations on the tobacco industry to reduce, mitigate and prevent manufacturing and post-consumption tobacco product waste.
- Update tobacco product sales regulation to eliminate single-use filters to reduce post-consumption waste.
- Ensure tobacco agriculture is avoided to help prevent deforestation and land degradation, in addition to other associated costs.



GOAL 13:
**TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE
AND ITS IMPACTS.**

**TOBACCO CONTROL AND CLIMATE ACTION
ARE MUTUALLY REINFORCING.**

The WHO FCTC, in particular Article 18, calls for the protection of the environment in addition to human health. This is largely because growing and curing tobacco is a proximate cause of deforestation worldwide [66], [67], with several negative impacts including increased greenhouse gas emissions (e.g. carbon dioxide and methane), changes in rainfall, global warming, and irreversible biodiversity loss [68] [69]. In other words, tobacco farming, use and disposal are a uniquely destructive environmental force [28], [70]. Tobacco causes environmental damage through its entire life cycle “from cradle to grave”, or perhaps more accurately, to the many graves of its users [47]. Whether through supply-side measures such as supporting alternative economic livelihoods for tobacco growers (WHO FCTC Article 17) or demand reduction measures (WHO FCTC Article 6, 8, 11, 12, 13 and 14), WHO FCTC implementation can help tackle a major threat to the planet and raise awareness around climate change.

KEY FACTS

- In 2009, total greenhouse gas emissions (kt of CO₂ equivalent) in Cabo Verde were 376.4 [71].
- As a small island country, Cabo Verde's contribution to global warming has been negligible [72]. However, it is particularly vulnerable to climate change and its impacts [31].
- Four sectors are particularly vulnerable to climate change in Cabo Verde: water, agriculture, forestry and coastal development [72].
- Increased water salinization and drought resulting from climate change is among the greatest constraints on economic development in Cabo Verde [31].

RECOMMENDATIONS

- Lead through demonstrating to other FCTC Parties the health, environment and climate benefits of refraining from tobacco farming alongside broader tobacco control efforts.
- Support alternative economic livelihoods for tobacco growers (WHO FCTC Article 17) to help tackle the threat to the planet and raise awareness of climate change.
- Consider tobacco and its environmental impacts in the implementation of the UN Framework Convention on Climate Change (UNFCCC), including the 2015 Paris Agreement.
- Liaise with other UN agencies to reduce the impact of climate change.



GOAL 14:
**CONSERVE AND SUSTAINABLY USE THE OCEANS,
SEAS, AND MARINE RESOURCE FOR SUSTAINABLE
DEVELOPMENT.**

**TOBACCO CONTROL CAN REDUCE
MARINE POLLUTION AND TOXICITY, THUS
IMPROVING AQUATIC LIFE.**

The majority of the nearly 6 trillion cigarettes smoked each year are littered, and the filter on cigarettes is comprised of plastic ingredients, which are particularly harmful to beaches and oceans. Amongst the substances found in cigarette butts are arsenic, lead, nicotine and ethyl phenol, all of which leach into aquatic environments [53]. Cigarette butt leachate kills aquatic life, for example marine and freshwater fish [73]. Moreover, pesticides and agrochemical residues from tobacco growing pollute nearby waterways, jeopardizing not just clean water (see Goal 6) but also the welfare of aquatic organisms. If tobacco control means a reduction in both cigarettes smoked and tobacco grown, then it also means a major threat to life below water is confronted.

KEY FACTS

- About 70 tonnes of cigarette butts and packs wind up as toxic trash every year in Cabo Verde, equivalent to the weight of 14 endangered African elephants [23].
- The leachate from one cigarette butt placed into one litre of water can produce enough toxins to kill up to half of all marine and freshwater fish which come in contact with it [73].
- Cigarette filters, primarily made of plastic, are putting the marine environment at risk.

RECOMMENDATIONS

- Introduce tobacco-free beaches as part of preserving the natural environment while encouraging and promoting sustainable tourism; Determine pilot locations based on the number of tourism visitors. Since most tourists in Cabo Verde are from countries with stronger regulations against smoking in public [12], they are likely to support such smoke-free campaigns.
- Prevent the littering of cigarette butts on beaches and provide systems to collect this waste.
- Introduce measures to reduce single use plastics including bans and levies.



GOAL 15:

PROTECT, RESTORE AND PROMOTE SUSTAINABLE USE OF TERRESTRIAL ECOSYSTEMS, SUSTAINABLY MANAGE FORESTS, COMBAT DESERTIFICATION, AND HALT AND REVERSE LAND DEGRADATION AND HALT BIODIVERSITY LOSS.

TOBACCO CONTROL CAN IMPROVE LIFE ON LAND BECAUSE TOBACCO FARMING IS LAND INTENSIVE AND FREQUENTLY USES LARGE AMOUNTS OF CHEMICAL FERTILIZERS, PESTICIDES, GROWTH REGULATORS AND WOOD FOR FLUE-CURING.

Tobacco crops strip soil of nutrients such as nitrogen, phosphorus and potassium to a greater extent and faster than other major food and cash crops [49], [74]. Clearing land for tobacco growing cuts into forest reserves, as do tobacco-related forest fires. Taken together, tobacco production disrupts the ecosystem and leads to soil and land degradation including deforestation [74].

KEY FACTS

- Ending tobacco growing in Cabo Verde can support biodiversity and protect land resources while advancing other important development objectives, for example increased food security.
- Only ten percent of the land in Cabo Verde is suitable for crop production. Farming is highly vulnerable due to limited natural resources, the arid climate and traditional low intensive farming systems [19].
- Around 22 percent of Cape Verde is forested [74]. Soil erosion and prolonged droughts are main drivers of land degradation and desertification in the country [75].

RECOMMENDATIONS

- Enact an outright prohibition on tobacco cultivation in Cabo Verde in the upcoming tobacco control law.
- Include tobacco control in land conservation and environmental protection strategies and plans.
- Strengthen existing regulations on tobacco advertising, promotion and sponsorship (TAPS). This should include banning corporate social responsibility initiatives from the tobacco industry, including those purportedly aimed at the preservation of land ecosystems.



GOAL 16:

PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS.

TOBACCO CONTROL REQUIRES GOOD GOVERNANCE TO FULFIL THE WHO FCTC'S GENERAL OBLIGATIONS, INCLUDING THE DEVELOPMENT AND IMPLEMENTATION OF A COMPREHENSIVE MULTISECTORAL NATIONAL TOBACCO CONTROL STRATEGY AS WELL AS THE ESTABLISHMENT OR REINFORCEMENT OF NATIONAL COORDINATING MECHANISMS FOR TOBACCO CONTROL.

Advancements in meeting these obligations can promote a range of broader governance objectives in turn, including: enhanced capacities for inter sectoral engagement; conflict of interest management; greater transparency and accountability; reduced corruption and stronger protection against undue interference in policy making (e.g. from the tobacco industry); and progress in combating organized crime (e.g. with respect to the illicit trade of tobacco products) by ratifying the Illicit Trade Protocol. Tobacco control has already shown to be a concrete entry point for strengthening the legislative and oversight capacities of lawmakers and parliamentarians, see [76], [77].

KEY FACTS

- In Cabo Verde, the near monopoly of domestic cigarette manufacturers limits multi-national tobacco industry reach into policymaking and overall industrial policy [12]. However, state-owned *Sociedade Caboverdiana de Tabacos* will lose its legal monopoly over the tobacco market in 2021, making Cabo Verde a prime target for Big Tobacco [13].
- The recently developed National Strategic Plan for Tobacco Control - Cape Verde (2019–2023) commits to eliminating the domestic tobacco epidemic by 2030 with an annual reduction target of 0.5 percentage points of tobacco consumption [13].
- Cabo Verde has set up a national coordinating mechanism, the *Comissão para a Implementação da CQCT* (CICQ). The CICQ has its own code of conduct to guide public officials in protecting tobacco control policies from industry interference in line with WHO FCTC Article 5.3 [78].
- Cabo Verde has taken a major step in tobacco control monitoring with the launch of the tobacco control observatory, an online platform which provides easy access to data on tobacco prevalence, information on existing regulations, and other tobacco control content [17].
- A bill updating Cabo Verde's tobacco control regulations is under consideration in the National Assembly [15]. This bill would extend the ban on smoking to a wide range of public places, and no longer permit designated smoking areas.
- Cabo Verde's economy is driven by tourism, making the Ministry of Tourism and the private tourism sector key stakeholders in tobacco control efforts. The Ministry of Tourism has shown positive attitudes towards strengthened tobacco control [12].

RECOMMENDATIONS

- Ensure that the tobacco control bill under consideration in the National Assembly is adopted, implemented and enforced [12].
- Leverage the Comissão para a Implementação da Convenção Quadro to strengthen whole-of-government and whole-of-society engagement in tobacco control, including implementation of the WHO FCTC investment case recommendations and delivery of the national tobacco control strategy.
- Monitor and enforce the existing CICQ code of conduct, consider expanding it to all government actors, and advance other specific measures to protect against tobacco industry interference in policymaking in line with WHO FCTC Article 5.3.
- Pass legislation compelling tobacco companies to disclose and report all expenditure on marketing, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political contributions.
- Engage local governments in the implementation of tobacco control policies and hold them accountable.



Photo credit: © Alain LM / World Bank via Flickr



GOAL 17:

**STRENGTHEN THE MEANS OF IMPLEMENTATION AND
REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE
DEVELOPMENT.**

**CALLS FOR A ‘NEW GLOBAL PARTNERSHIP’
AND POLICY COHERENCE ARE HIGHLY
PERTINENT TO TOBACCO CONTROL
BECAUSE ALL SECTORS HAVE A
FUNDAMENTAL RESPONSIBILITY TO
PROTECT THE RIGHT TO HEALTH.**

Trade agreements must preserve national policy space to implement strong tobacco control measures, which protect this right, for example plain packaging laws and access to affordable health technologies including nicotine replacement therapy. Win-wins are possible because tobacco can hurt businesses overall, when factors such as reduced productive capacities and increased health insurance premiums - not just sales - are considered. Moreover, tobacco taxation, and the inter-sectoral collaboration it requires, enhances domestic capacity for tax and other revenue collection. Tobacco control efforts also leverage and promote South-South and Triangular Cooperation. Partnerships with academia are key to advancing tobacco control.

KEY FACTS

- Cabo Verde taxes the most-sold brand of cigarettes at 41 percent of the retail price with a CVD 20 specific excise tax component. This is significantly below the WHO tobacco tax recommendation of at least 75 percent of retail price inclusive of an at least 70 percent specific excise tax component [16].
- Excise taxes are a relatively accessible source of revenue, simple to implement and compatible with most tax systems. With the FCTC 2030 project, Cabo Verde has UN support to scale up excise taxes and increase revenues amongst broader tobacco control action.
- Cabo Verde does not have a toll-free telephone quit line/help line to discuss tobacco cessation. No form of nicotine replacement therapy (NRT, e.g., patch, gum, lozenge, spray or inhaler) is on the country's essential drugs list [25]. Smoking cessation support is not available in Cabo Verde's health clinics, other primary care facilities and hospitals but is accessible in some communities [79].
- If the new legislation under consideration by the National Assembly is approved, Cabo Verde will have achieved one the highest degrees of FCTC Implementation among Small Island Developing States and Sub-Saharan African countries.

RECOMMENDATIONS

- Move forward with plain tobacco packaging (WHO FCTC Article 11) and access to affordable health technologies for cessation (WHO FCTC Article 14).
- Play an active and constructive role in the WHO FCTC Conference of Parties meetings, including by sharing best practices with other Parties. Cabo Verde's tobacco control bill and National Coordination Mechanism are key examples.
- Use tobacco control focal points and the Comissão para a Implementação da CQCT (CICQ) for policy coherence between tobacco control, trade and broader development (WHO FCTC Article 5).
- Ensure at least 70 percent excise tax rates on all tobacco products in line WHO FCTC Article 6 guidelines.
- Consider investing tobacco tax revenues in health, UHC and other social protection.

CONCLUSION & NEXT STEPS

Cabo Verde is not spared tobacco's far-reaching development harms. Every year, over 100 Cabo Verdeans are lost to tobacco-related diseases, and more than 60 percent of these deaths occur in individuals under the age of 70. Cabo Verde faces high rates of tobacco use among vulnerable populations – including younger, less-educated and low-income populations – who can face impoverishing out-of-pocket healthcare expenditures to treat tobacco-attributable diseases. The high social costs of tobacco use are only one part of the story. Each year, tobacco use is costing Cabo Verde CVE 1.62 billion, equivalent to 1.1 percent of its GDP in 2017. It is exacerbating inequalities, deepening poverty, and compounding environmental damage.

Strengthened implementation of the WHO FCTC is a specific target in the SDGs (Target 3.a) because its benefits extend across the social, economic and environmental dimensions of Agenda 2030. With many health and development challenges and limited resources, Cabo Verde should use the WHO FCTC as a tool to advance multiple health and development goals simultaneously. This brief demonstrates how this can be done, identifying opportunities to align tobacco control and broader development efforts.

As part of the FCTC 2030 Project, Cabo Verde has committed to make tobacco control a national priority. The Ministry of Health and Social Security is strongly committed but cannot tackle the issue alone; support is required from other sectors and actors including parliamentarians. The Government of Cabo Verde should work with the Secretariat of the WHO FCTC, UNDP, WHO, the UN country team and other partners to, as a priority:

- **Adopt comprehensive tobacco control legislation which includes at minimum all WHO FCTC Investment Case recommendations, building upon ongoing legislation drafting processes and the commitment to eradicate the domestic tobacco epidemic by 2030.**

CONCLUSION & NEXT STEPS

- **Continue to raise taxes on tobacco (smoked & smokeless) to reduce the affordability of tobacco products, protect the health and well-being of Cabo Verdeans and finance development. Tobacco tax levels in Cabo Verde – only 41 percent of the retail price of the most sold brand of cigarettes – are far below the WHO recommended level (75 percent of the retail price inclusive of at least a 70 percent specific excise component).**
- **Engage the tourism sector as a leader in tobacco control, including to ensure effective compliance with tobacco control laws and policies, and to generate ripple effects of tobacco control support across other sectors and society.**

The *Comissão para a Implementação da Convenção Quadro* and 2019-2023 National Strategic Plan for Tobacco Control can help set priorities, responsibilities and resources in line with the recommendations in this brief.

Agenda 2030 and Cabo Verde's Strategic Plan for Sustainable Development 2017-2021 were ambitious before COVID-19 and that ambition remains. Tobacco control can drive broad social, economic and environmental progress while helping to combat the pandemic and increase fiscal space. Cabo Verde should urgently implement the WHO FCTC to improve the present and future conditions of its people and country.

This brief was based on research conducted by Olivia Ding and Nam Nguyen. Design by Zsuzsanna Schreck.

References

- [1] Governo de Cabo Verde, “Plano Estratégico de Desenvolvimento Sustentável 2017-2021.” Praia, 2017.
- [2] Ministério da Saúde e da Segurança Social, “Plano Nacional de Desenvolvimento Sanitário 2017-2021.” 2017.
- [3] World Health Organization, “Information note on COVID-19 and NCDs,” 2020.
- [4] World Health Organization. (2021). “WHO supports people quitting tobacco to reduce their risk of severe COVID-19, May 28, 2021.” Available at: <https://www.who.int/news/item/28-05-2021-who-supports-people-quitting-tobacco-to-reduce-their-risk-of-severe-covid-19>
- [5] J. S. Alqahtani et al., “Prevalence, severity and mortality associated with COPD and smoking in patients with COVID-19: A rapid systematic review and meta-analysis,” PLoS ONE. 2020, doi: 10.1371/journal.pone.0233147.
- [6] J. Li et al., “Meta-analysis investigating the relationship between clinical features, outcomes, and severity of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pneumonia,” Am. J. Infect. Control, 2020, doi: 10.1016/j.ajic.2020.06.008.
- [7] Z. Zheng et al., “Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis,” Journal of Infection. 2020, doi: 10.1016/j.jinf.2020.04.021.
- [8] World Health Organization, “Smoking and COVID-19: Scientific Brief,” WHO Sci. Briefs, 2020.
- [9] P. Tonnesen, J. L. Marott, B. Nordestgaard, S. Egil Bojesen, and P. Lange, “Secular trends in smoking in relation to prevalent and incident smoking-related disease: A prospective populationbased study,” Tob. Induc. Dis., vol. 17, no. October, 2019, doi: 10.18332/tid/112459.
- [10] Z. Zhou, P. Chen, and H. Peng, “Are healthy smokers really healthy?,” Tob. Induc. Dis., vol. 14, no. 1, pp. 1–12, Nov. 2016, doi: 10.1186/s12971-016-0101-z.
- [11] L. Arcavi and N. L. Benowitz, “Cigarette smoking and infection,” Archives of Internal Medicine, vol. 164, no. 20. American Medical Association, pp. 2206–2216, Nov. 08, 2004, doi: 10.1001/archinte.164.20.2206.
- [12] UNDP, RTI International, WHO FCTC and WHO and Ministry of Health Cabo Verde, “Investment Case for Tobacco Control in Cabo Verde. The case for scaling-up WHO FCTC implementation,” 2019.
- [13] Convenção Nacional para a Implementação da Convenção-Quadro, “Plano Estratégico Nacional para o Controlo do Tabaco (2019-2023).” Governo de Cabo Verde, p. 68, 2019.
- [14] G. M. M. de Oliveira et al., “2019 Recommendations for reducing tobacco consumption in the Portuguese-speaking countries,” Rev. Port. Cardiol. (English Ed., vol. 38, no. 4, pp. 233–244, 2019, doi: 10.1016/j.repce.2019.05.011.
- [15] Conselho de Ministros, PROPOSTA DE LEI No /IX /2020. Assembleia Nacional de Cabo Verde, 2020, p. 25.
- [16] A. Nacional and Governo, Lei no 44/IX/2018. Praia: Assembleia Nacional de Cabo Verde, 2018.
- [17] Convenção Nacional para a Implementação da Convenção-Quadro, “Observatório para o Controlo do Tabaco Cabo Verde,” 2020.
- [18] United Nations Development Programme; Secretariat of the WHO FCTC, “The WHO Framework Convention on Tobacco Control an accelerator for sustainable development,” New York, 2015.
- [19] International Fund for Agricultural Development, “Cabo Verde,” 2020.

- [20] World Health Organization, “Cape Verde STEPS Survey 2007,” 2007.
- [21] V. Winkler, Y. Lan, and H. Becher, “Tobacco prevention policies in west-African countries and their effects on smoking prevalence Health policies, systems and management in low and middle-income countries,” *BMC Public Health*, vol. 15, no. 1, pp. 1–8, 2015, doi: 10.1186/s12889-015-2562-z.
- [22] R. Semedo and H. Barros, “Tobacco use in Cape Verde: a national study on prevalence and determinants,” *Eur. J. Public Health*, vol. 25, no. suppl_3, p. 2015, 2015, doi: 10.1093/eurpub/ckv175.118.
- [23] The Tobacco Atlas, “Cape Verde,” 2015.
- [24] World Health Organization, “Global Health Expenditure Database,” 2020.
- [25] World Health Organization, “WHO Report on the Global Tobacco Epidemic, 2019: Country Profile Cabo Verde,” Geneva, 2019.
- [26] J. E. Kim and J. Y. Tsoh, “Cigarette smoking among socioeconomically disadvantaged young adults in association with food insecurity and other factors,” *Prev. Chronic Dis.*, vol. 13, 2016.
- [27] R. E. Malone and J. S. Young, “Tobacco: a threat to development?,” *Tob. Control*, no. 26, pp. 241–242, 2017, doi: <https://tobaccocontrol.bmj.com/content/26/3/241.info>.
- [28] W. Leppan, N. Lecours, and D. Buckles, *Tobacco Control and Tobacco Farming: Separating Myth from Reality*. Anthem Press, IDRC, 2014.
- [29] Lusa, “Desnutrição crónica, pré-obesidade infantil e anemia são desafio para Cabo Verde,” *Diário de Notícias*, 2018.
- [30] Numbeo. Cost of Living in Cape Verde. Available: https://www.numbeo.com/cost-of-living/country_result.jsp?country=Cape+Verde
- [31] Government of Cabo Verde National Directorate for Planning/Ministry of Finance, “Voluntary National Report on the implementation of the 2030 Agenda for Sustainable Development,” 2018.
- [32] Comissão de Coordenação de Combate à Droga (CCCD) - Ministério da Justiça, “I Inquérito Nacional sobre a prevalência de consumo de substâncias psicoactivas na população geral,” 2013.
- [33] Tobacco Stops With Me, “Tobacco-Free Youth,” 2020.
- [34] Center for Disease Control and Prevention, “Global Youth Tobacco Survey Cape Verde (Ages 13-15),” p. 35, 2010.
- [35] Institute for Health Metrics and Evaluation, “Cabo Verde,” 2017 Global Burden of Disease Study, 2017.
- [36] N. A. Goriounova and H. D. Mansvelder, “Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function,” *Cold Spring Harb. Perspect. Med.*, vol. 2, no. 12, 2012, doi: 10.1101/cshperspect.a012120.
- [37] University of New Hampshire, “How Does Tobacco Use Impact Your Academic Performance,” 2015.
- [38] L. H. Poulsen, M. Osler, C. Roberts, P. Due, M. T. Damsgaard, and B. E. Holstein, “Exposure to teachers smoking and adolescent smoking behaviour: Analysis of cross sectional data from Denmark,” *Tob. Control*, vol. 11, no. 3, pp. 246–251, 2002, doi: 10.1136/tc.11.3.246.
- [39] Assembleia Nacional, Lei no 119/1995. Praia: Assembleia Nacional de Cabo Verde, 1995.
- [40] Centers for Disease Control and Prevention, “What is the relationship between tobacco use and academic achievement?,” pp. 0–1, 2009.
- [41] C. Magalhães, “A (prejudicial) moda do shisha,” *Expresso das Ilhas*, 2018.
- [42] Inforpress, “Nova lei do tabaco vai revolucionar hábitos dos fumadores e proteger os jovens – ponto focal,” *Expresso das Ilhas*, 2020.

- [43] World Health Organization, “Ten Facts about Tobacco and Gender,” 2010.
- [44] J. M. D. Teixeira, “Core Questionnaire of the Reporting Instrument of WHO FCTC,” 2018.
- [45] Ministério da Saúde e da Segurança Social, “Relatório Estatístico 2018,” 2019.
- [46] J. C. G. Dos Anjos, “SEXUALIDADE JUVENIL DE CLASSES POPULARES EM CABO VERDE : OS CAMINHOS PARA A PROSTITUIÇÃO DE Universidade Federal do Rio Grande do Sul,” vol. 13, no. 1, pp. 163–177, 2005.
- [47] WHO, “Tobacco and its environmental impact: an overview,” 2017. Accessed: Jul. 20, 2021 [Online]. Available: <https://www.who.int/publications/i/item/9789241512497>
- [48] M. M. Mekonnen and A. Y. Hoekstra, “The green, blue and grey water footprint of crops and derived crop products,” *Hydrol. Earth Syst. Sci.*, vol. 15, pp. 1577–1600, 2011, doi: 10.5194/hess-15-1577-2011.
- [49] T. E. Novotny et al., “The environmental and health impacts of tobacco agriculture, cigarette manufacture and consumption,” *Bull. World Health Organ.*, vol. 93, no. 12, pp. 877–880, Dec. 2015, doi: 10.2471/BLT.15.152744.
- [50] World Health Organization, “World No Tobacco Day 2017: Beating tobacco for health, prosperity, the environment and national development,” 2017.
- [51] D. Poppendieck, M. Gong, and V. Pham, “Influence of temperature, relative humidity, and water saturation on airborne emissions from cigarette butts,” *Sci. Total Environ.*, vol. 712, 2020, doi: <https://doi.org/10.1016/j.scitotenv.2019.136422>.
- [52] T. Luckhurst, “Campaign #FillTheBottle aims to tidy up cigarette butts,” *BBC News*, 2019.
- [53] T. E. Novotny et al., “The environmental and health impacts of tobacco agriculture, cigarette manufacture and consumption,” *Bull. World Health Organ.*, pp. 877–880, 2015.
- [54] D. L. Riquinho and E. A. Hennington, “Health, environment and working conditions in tobacco cultivation: a review of the literature,” *Cien. Saude Colet.*, vol. 17, no. 6, 2012, doi: <http://dx.doi.org/10.1590/S1413-81232012000600022>.
- [55] T. Hu and A. H. Lee, “Tobacco Control and Tobacco Farming in African Countries,” *J. Public Health Policy*, vol. 36, no. 1, pp. 41–51, 2015.
- [56] R. H. McKnight and H. A. Spiller, “Green Tobacco Sickness in Children and Adolescents,” *Public Health Rep.*, vol. 120, no. 6, 2005.
- [57] M. Eriksen, J. Mackay, N. S. Farhad, I. Gomeshtapeh, and J. Drope, *The Tobacco Atlas*, 5th Edition. 2015.
- [58] Sociedade Caboverdiana de Tabacos, “Relatório e Contas 2017,” 2017.
- [59] Hotel Management, “Cabo Verde – Fast Growing Destination for Tourism and Tourism Investment,” Hotel Management, 2017.
- [60] The World Bank, “Individuals using the Internet (% of population) - Cabo Verde,” 2017. .
- [61] Instituto de Apoio e Promoção Empresarial, “ProEmpresa,” 2020.
- [62] S. A. Bialous, “Impact of implementation of the WHO FCTC on the tobacco industry’s behaviour,” *Tob. Control*, vol. 28, no. October 2018, pp. S94–S95, 2019, doi: 10.1136/tobaccocontrol-2018-054808.
- [63] M. C. Turner et al., “Interactions between cigarette smoking and ambient PM 2.5 for cardiovascular mortality,” *Environ. Res.*, vol. 154, pp. 304–310, 2017, doi: <https://doi.org/10.1016/j.envres.2017.01.024>.
- [64] M. C. Turner, A. Cohen, M. Jerrett, S. M. Gapstur, W. R. Diver, and C. A. Pope, “Interactions between cigarette smoking and fine particulate matter in the risk of lung cancer mortality in cancer prevention study II,” *Am. J. Epidemiol.*, vol. 180, no. 12, pp. 1145–149, 2014.
- [65] Cabo Verde TradeInvest, “Infografia sobre o turismo em Cabo Verde,” 2018.

- [66] H. J. Geist, "Global assessment of deforestation related to tobacco farming," *Tob. Control*, vol. 8, pp. 18–28, 1999, doi: 10.1136/tc.8.1.18.
- [67] D. Lawrence, "Effects of Tropical Deforestation on Climate and Agriculture," 2014. Accessed: Nov. 26, 2020. [Online]. Available: https://www.climateandlandusealliance.org/wp-content/uploads/2016/02/Effects_of_Tropical_Deforestation_Policymaker_Summary.pdf.
- [68] The Economics of Ecosystems and Biodiversity (TEEB) in Business and Enterprise. Chapter 2: Business impacts and dependence on biodiversity and ecosystem services. 2012.
- [69] R. McSweeney, "Carbon Brief: Deforestation in the tropics affects climate around the world, study finds," Dec. 18, 2014. Available: <https://www.carbonbrief.org/deforestation-in-the-tropics-affects-climate-around-the-world-study-finds> (accessed Nov. 26, 2020).
- [70] WHO FCTC, "Study group on economically available alternatives to tobacco growing (in relation to Articles 17 and 18 of the Convention), 'FCTC/COP/3/11,'" 2008. Accessed: Nov. 26, 2020. [Online]. Available: https://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf.
- [71] Index Mundi, "Cabo Verde - Total greenhouse gas emissions (kt of CO2 equivalent)," 2019.
- [72] G. [Security.org](https://www.security.org), "Cabo Verde - Climate."
- [73] E. Slaughter, R. M. Gersberg, K. Watanabe, J. Rudolph, C. Stransky, and T. E. Novotny, "Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish," *BMJ Tob. Control*, vol. 20, no. Suppl 1, 2011, doi: <http://dx.doi.org/10.1136/tc.2010.040170>.
- [74] N. Lecours, G. E. G. Almeida, J. M. Abdallah, and T. E. Novotny, "Environmental health impacts of tobacco farming: A review of the literature," *Tob. Control*, vol. 21, no. 2, pp. 191–196, Mar. 2012, doi: 10.1136/tobaccocontrol-2011-050318.
- [75] I. Baptista, "The Status of Soils resources, Needs and Priorities for sustainable management in CAPE VERDE." Food and Agriculture Organization, Accra, Ghana, p. 27, 2013.
- [76] C. Chauvel, "Commonwealth parliamentarians discuss tobacco control and effective parliamentary oversight," *Journal of the Parliamentarians of the Commonwealth*, 2017.
- [77] WHO FCTC. (2016). Commonwealth Parliamentarians Plan to Tackle the Tobacco Epidemic. Accessed: Jul. 20, 2021. Available: <https://www.who.int/fctc/mediacentre/news/2016/commonwealthparliamentarians-plan-tackle-tobacco-epidemic/en/>
- [78] Observatório para o Controlo do Tabaco Cabo Verde, "Comissão para a Implementação da Convenção-Quadro," 2020.
- [79] World Health Organization Regional Office for Africa, "Cabo Verde adopts WHO package of essential noncommunicable diseases interventions for primary health care," 2019.
- [80] Centers for Disease Control and Prevention, "Substance Use During Pregnancy," 2020. Available: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm>
- [81] J. P. Britt and A. Bonci, "Alcohol and Tobacco: How Smoking May Promote Excessive Drinking," *Neuron*, vol. 79, no. 3, pp. 406–407, 2013, [Online]. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4130210/>
- [82] Ash Scotland. Cigarette butts are the most common form of plastic litter in the world. Available: <https://www.ashscotland.org.uk/media/745335/cigarette-butts-plastic-litter.pdf>



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT



World Health
Organization

MINISTÉRIO DA
SAÚDE E DA
SEGURANÇA SOCIAL

GOVERNO DE
**CABO
VERDE**
A TRABALHAR PARA TODOS.

