



TOBACCO CONTROL AS AN ACCELERATOR FOR THE SUSTAINABLE DEVELOPMENT GOALS

ZAMBIA



KEY MESSAGES

Tobacco impedes the 2030 Agenda for Sustainable Development and Zambia's Seventh National Development Plan 2017–2021, including priorities on economic development, poverty reduction, protecting natural resources and responding to the “new burden” of non-communicable diseases.

Each year tobacco use kills over 7,100 Zambians, causes widespread illness and disability, and costs the government ZMW 74 million in medical spending, undermining universal health coverage. Tobacco use is associated with increased severity of disease and death in hospitalized COVID-19 patients.

In Zambia, poor and less-educated individuals are more likely to smoke. Out-of-pocket healthcare expenditures on tobacco-attributable diseases were ZMW 43 million in 2016, impacting poverty and inequalities. Tobacco use among youth is of major concern; a quarter of Zambian students aged 13-15 use tobacco, with girls using at the same rate as boys.

Tobacco use costs Zambia's economy ZMW 2.8 billion annually, or 1.2 percent of GDP. These enormous avoidable losses are from premature death, disease and disability from tobacco use which are sapping workforce productivity and the Government budget.

Tobacco production and the littering of cigarette butts together damage arable land, waterways, beaches and air, threatening Zambia's food security, drinking water, climate and tourism (fastest-growing sector). In Zambia, 620 tonnes of cigarette butts and packets end up as toxic rubbish annually.

Implementing the WHO Framework Convention on Tobacco Control can mitigate the harms of tobacco and advance the SDGs in Zambia. Zambia became a Party to the WHO Framework Convention of Tobacco Control (WHO FCTC) in 2008, however implementation is lagging and Zambia's focus on tobacco production as an economic driver is in conflict with its FCTC commitments.

KEY MESSAGES

The FCTC 2030 project is an opportunity for Zambia to partner with the Secretariat of the WHO FCTC, UNDP and WHO to build on recent progress and strengthen treaty implementation in line with Agenda 2030 and national priorities. The Ministry of Health 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 and their corresponding sectors. Specifically for the Zambian context, it provides key facts as well as recommendations to deliver shared gains across sectors and actors.

Zambia should consider these recommendations as it strengthens its tobacco control and broader development efforts. A strengthened national coordination mechanism (NCM) on tobacco control and adoption of a costed and comprehensive multisectoral tobacco control strategy can help set priorities, responsibilities and resources.

Immediate priorities for Zambia to protect its population are to pass the 'Tobacco products and Nicotine Products Control Bill' and take several other specific measures in line with the WHO FCTC Investment Case recommendations.

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Strengthening WHO FCTC implementation is a specific target (3.a) under Sustainable Development Goal 3 on health and well-being for all. Its implementation in Zambia would help save the lives of the 7,142 Zambians lost to tobacco-related diseases each year, mostly from cancers, diabetes, heart disease and other non-communicable diseases (NCDs).

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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 Zambia's Seventh National Development Plan 2017–2021, or Vision 2030, are comprehensive and ambitious, requiring integrated or “accelerator” approaches which can advance multiple objectives simultaneously. The WHO Framework Convention on Tobacco Control (WHO FCTC), the international and legally-binding treaty to which Zambia became a Party in 2008, is one such approach.

Strengthening WHO FCTC implementation is a specific target (3.a) under Sustainable Development Goal 3 on health and wellbeing. Its implementation in Zambia would help save the lives of the 7,142 Zambians lost to tobacco-related diseases each year, mostly from cancers, diabetes, heart disease and other non-communicable diseases (NCDs). It would also mitigate HIV and tuberculosis (TB) burdens, strengthen maternal and child health, and advance universal health coverage [1]. Emerging global evidence indicates the potential of WHO FCTC implementation to address COVID-19 (**Box 1**).

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

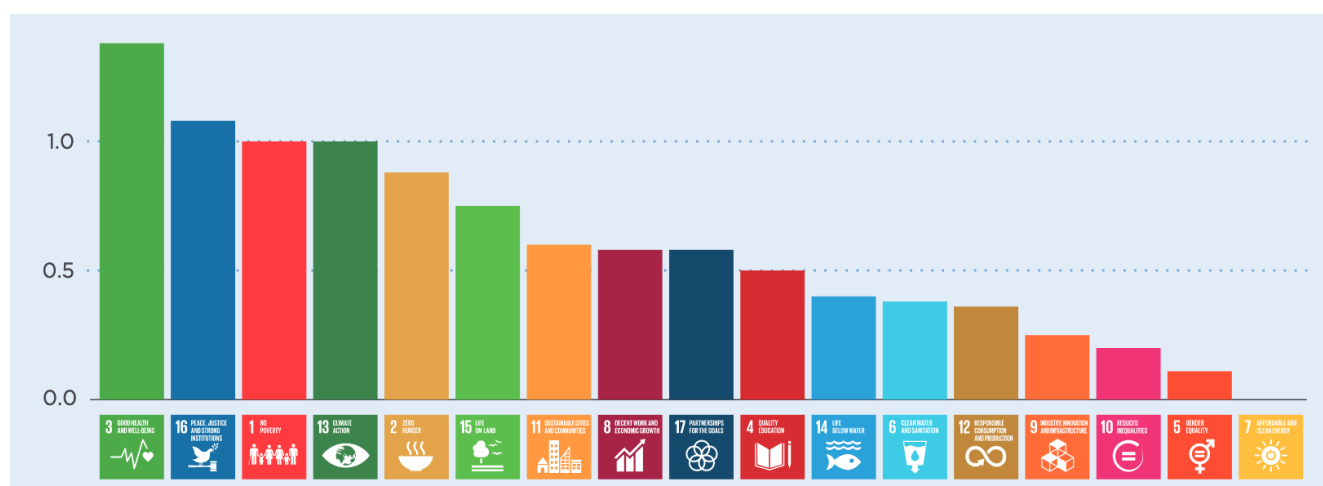
People living with pre-existing NCDs, including those caused by tobacco use, are more vulnerable to becoming severely ill with COVID-19 [2]. According to the WHO, smokers have up to a 50 per cent higher risk of developing severe disease and death from COVID-19 [3]. Although likely related to severity [4]–[6], 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 [10]. 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 [7]–[9]. 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 [10].

¹ This box is based on the WHO, UNDP and UN NCD Task Force brief, ‘Responding to non-communicable diseases during and beyond the COVID-19 pandemic.’ 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 Zambia, building on the findings of the WHO FCTC Investment Case for the country (**Box 2**) to consider how tobacco control can advance Zambia's social, economic and environmental goals in line with its Seventh National Development Plan and Agenda 2030. This includes Vision 2030's commitment to reducing poverty by 20 percent as well as its focus on economic development, protecting Zambia's natural resources and responding to the "new burden" of NCDs which particularly impact the poor and those in rural areas [11].

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. SDG summary text refers to: UNDP (2017) WHO Framework Convention on Tobacco Control (An Accelerator for Sustainable Development) (2017) Accessible Here <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/-the-who-framework-convention-on-tobacco-control-an-accelerator-.html>

Box 2. Key findings from the WHO FCTC Investment Case for Zambia [12]

- Tobacco kills more than 7,100 people annually in Zambia, equivalent to around 20 people every day. Sixty percent of tobacco-related deaths occur in people under the age of 70.
- Tobacco use costs Zambia ZMW 2.8 billion annually, 1.2 percent of its GDP. This includes: ZMW 154 million in healthcare expenditures and ZMW 2.7 billion in lost productivity from premature mortality, disability and workplace smoking breaks.
- Investing in six proven FCTC measures now will save 40,349 lives and avert ZMW 12.4 billion in health costs and economic losses by 2033. For every ZMW 1 invested in the interventions now, Zambia will receive ZMW 18 in averted costs and economic losses by 2023 and ZMW 42 by 2033.
- Most smallholder farmers find tobacco growing unprofitable and wish to transition to alternative, more productive, environmentally sustainable and healthier livelihoods. The tobacco industry and its front groups spread misinformation to make tobacco farming appear more lucrative and critical to Zambia's economy than it actually is. There are low-cost WHO FCTC interventions the Government can take to support tobacco farmers to transition to other crops and/or non-agricultural activities.

The brief provides narratives and key facts on how tobacco impedes sustainable development in Zambia. It also offers recommendations for what many 'non-health sectors' can do in response, in collaboration with the Ministry of Health, 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 in addition to improving health equity⁵ and reducing burdens on health systems and economies. The WHO FCTC Investment Case for Zambia demonstrated that improved tobacco taxation would deliver ZMW 139 in economic returns for every ZMW invested.

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 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.

Though implementing the WHO FCTC is a powerful means for Zambia to improve present and future conditions, implementation in the country is lagging. For example: the share of taxes as a percent of the retail price of the most sold brand of cigarettes is 37.3 percent, well below the WHO recommended 75 percent [13]; enforcement of the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39) is weak [14]; there is no ban on the promotion and advertising of tobacco in Zambia [15]; and the tobacco industry in Zambia is heavily involved in corporate social responsibility activities that target youth [16]. A quarter of Zambian students aged 13–15 use tobacco [17]. Moreover, Zambia’s continued focus on tobacco as a driver of economic growth and specific initiatives to promote this [18]–[19] are in conflict with its FCTC commitment to regulate and control tobacco production.

In light of these challenges, Zambia applied to 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. Zambia has demonstrated recent concrete progress. The government has developed the ‘Tobacco products and Nicotine Products Control Bill’, however this has yet to be passed [20]. Passing this bill is crucial to Zambia’s health and development.

Zambia should use this brief to build on this progress and advance treaty implementation urgently. Priorities are to:

- Pass the ‘Tobacco products and Nicotine Products Control Bill’ to accelerate implementation of the WHO FCTC in Zambia.
- Enforce the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39).
- Advance mass media campaigns to educate people on the dangers of tobacco use and second-hand smoke as well as the links between tobacco control and sustainable development, and to increase support for tobacco control measures and their enforcement.
- Increase tax rates on all tobacco products so that the share of taxes as a percent of the retail price is at the WHO recommended level of at least 75 percent inclusive of at least a 70 percent excise tax; and explore using the revenue to fund pro-poor policies, including universal health coverage, social protection and alternative livelihoods for tobacco farmers.

- Eliminate incentives for foreign investment in tobacco manufacturing in line with Zambia's commitment to the WHO FCTC [19], focusing instead on promoting investment in economic activities that promote sustainable livelihoods.

A strengthened national tobacco control coordination mechanism and a costed, comprehensive tobacco control strategy can help set additional priorities, responsibilities and resources in line with the recommendations set forth.

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 sustainable development goals 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.

Photo credit: © Doug B



For Zambia, 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 recommendations⁶). 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 Zambia to consider as it prepares for, responds to and mitigates the impacts of COVID-19, given interactions between tobacco use and the pandemic.

6 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/publications/who-framework-convention-tobacco-control-accelerator-sustainable-development>



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

GOAL 1:
END POVERTY IN ALL ITS FORMS EVERYWHERE.

**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, and disruption to productive employment or schooling of caregivers – often women and girls. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures especially for the poor, trapping families in a ‘vicious cycle’ of poverty and poor health. In every region of 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.

KEY FACTS

- In Zambia, the poorest 20 percent of the population is more likely to consume tobacco (18.8 percent) than the middle 20 percent of income earners (9.4 percent) [21].
- Nine percent of Zambian households allocate part of their household budget to tobacco products. The bottom earning 50 percent of households spend more than double the proportion of their monthly income on tobacco (5 percent), compared to the top earning 50 percent of households (2.3 percent) [22].
- The average Zambian smoker loses at least 20 percent of their income because of tobacco usage [23].
- In 2016, ZMW 154 million was spent on smoking related healthcare expenditures [21].

RECOMMENDATIONS

- Pass the comprehensive tobacco control law, the ‘Tobacco products and Nicotine Products Control Bill’, ensuring that the entire population benefits from its implementation and enforcement equitably.
- Increase the taxes uniformly across tobacco products so that the share of taxes as a percent of the retail price is at the WHO recommended level of at least 75 percent including a 70 percent excise tax component.
- Allocate the additional revenue from tobacco tax increases to pro-poor policies and programmes, including universal health coverage, tobacco cessation support, and other social protections.
- Incorporate WHO FCTC implementation as part of national poverty reduction and development plans/strategies as well as efforts to leave no one behind.



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 [65], [66]. 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 [67]. Shifting from tobacco cultivation to land use that provides nutrient-dense calories is a significant opportunity, one which can be achieved through the WHO FCTC's emphasis on supporting tobacco farmers to engage in economically viable alternatives.

KEY FACTS

- In 2019, Zambia scored 38.1 on the Global Hunger Index, suggesting a high level of hunger [24].
- The bottom earning 50 percent of households spend more than double the proportion of their monthly income on tobacco (5 percent), compared to the top earning 50 percent of households (2.3 percent), leaving less money available for other household purchases including food [22].
- Tobacco farming threatens food and nutrition security as well sustainable agriculture and livelihoods.
- In 2014, 112,049 metric tons of tobacco was produced in Zambia, with 0.28 percent of agricultural land devoted to tobacco cultivation [12].

RECOMMENDATIONS

- Provide tobacco farmers with information, training and support to transition to growing economically viable crops that can support achieving food security and sustainable food production.
- Continue to encourage investors to take part in the UNDP Tobacco Control Social Impact Bond initiative which provides financing so smallholder farmers can transition to more secure livelihoods.
- Examine and promote tobacco control measure that will redirect household spending to options like nutritious food by, for example, increasing tobacco taxes and banning single cigarette sales to reduce affordability.
- Profits on increased taxation on tobacco can be used to fund school meal and cash transfer programmes to help the poor.
- Integrate tobacco control into food security strategies to ensure affordable access to nutritious foods, such as reallocating farming land used for tobacco to healthy foods and offering subsidies to farmers to produce health-promoting foods such as fruits and vegetables.



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. Smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients. 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 tobacco taxation. Efforts to integrate responses to tobacco and other health targets, within and outside the health sector, would help Zambia advance national tobacco control and broader SDG efforts.

KEY FACTS

- Zambia became a Party to the WHO Framework Convention of Tobacco Control (WHO FCTC) in 2008. Some efforts have been made towards implementation, however, more work remains to be done to protect present and future populations.
- The Ministry of Health calculated a yearly loss of ZMW 154 million in healthcare expenditures [12].
- Tobacco kills 7,142 Zambians annually, and accounts for approximately 6 percent of all deaths [25]. Sixty percent of tobacco-related deaths occur in people under the age of 70 [21].
- Second-hand smoke exposure causes 800 deaths in Zambia annually [26].
- In Zambia, 16 percent of adults (age 15 and over) use tobacco daily [27].
- Over 40 percent of students aged 13–15 in Zambia are exposed to second-hand smoke [15]. However, only 42 percent of young people aged 13–15 believe second-hand smoke is harmful [16].
- In Zambia, 14 percent of pregnant women and 13 percent of children under age five are frequently or always exposed to second-hand smoke at home [28]. Zambian pregnant women who are illiterate, and their young children, are significantly more likely to be exposed to second-hand smoke in their home [29].
- Seventeen percent of pregnant Zambian women do not think tobacco use during pregnancy is harmful to their baby [30].
- Children aged under five in Sub-Saharan Africa (including Zambia) with daily exposure to second-hand tobacco smoke have a 10 percent higher risk of death [16].
- NCDs account for 29 percent of all deaths in Zambia, with the probability of premature mortality (death before the age 70) from NCDs at 18 percent [26].
- Zambia's healthcare system is designed for acute and infectious diseases. NCDs have not been prioritised by donors. The first cancer hospital opened in 2007 but treatment is inaccessible to many Zambians due to the high cost [31].

KEY FACTS (CONTINUED)

- The International Tobacco Control survey found Zambia has the lowest level of awareness of the risk of smoking and lung cancer among 17 countries and the second lowest level of awareness of heart disease among 14 ITC countries. Almost half (47 percent) of Zambian smokers were aware that smoking causes stroke [32].
- Tobacco use increases the risk of tuberculosis by 2 to 3 times, and often has a negative impact on the success of treatment [33]. In Zambia 1,032 tuberculosis deaths annually can be attributed to tobacco [21].
- Smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients.

RECOMMENDATIONS

- Drive national efforts to fully implement the WHO FCTC, prioritizing the adoption and enforcement of the ‘Tobacco products and Nicotine Products Control Bill’ as well as other WHO FCTC Investment Case recommendations including those to increase taxation on tobacco products and enforce the smoking ban in public places. 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.
 - » Implement effective mass media campaigns and engage community leaders to spread awareness on the harmful effects of tobacco, including the dangers of second-hand smoke in homes and public places.

RECOMMENDATIONS (CONTINUED)

- » Leverage technologies, such as mobile apps and social media, to raise awareness on the dangers of tobacco control and provide support for never starting, reducing use and/or quitting, with an emphasis on reaching youth.
- » Design other support programmes for smoking cessation among vulnerable populations including the poor, youth and street children (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.
- » Implement cigarette packaging health warnings according to WHO recommendations, using both local and culturally appropriate language, rotating messages and graphic images, covering at least 50 percent of packaging.
- » Support health providers in order to promote early detection to limit the number of people being diagnosed at advanced stages of diseases.
- » Develop advocacy campaigns to educate women on the effects of smoking while pregnant.
- » Ensure nicotine replacement therapy (NRT) is included in health insurance coverage.
- » Implement a national toll-free smoking quit line.
- » Expand the mHealth programme also include tobacco cessation.
- » Continue investment and support for health clinics and primary care facilities to offer smoking cessation support.



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. College students who use tobacco are shown to have lower academic scores than those who do not use tobacco [34]. Studies also found that teachers' smoking is a strong influencing factor for smoking by students [68]. Furthermore, by making teachers and parents sick, tobacco can take away important educational resources for children.

KEY FACTS

- Zambia has no laws in place to ban the sale of single cigarettes or marketing, sponsorship and promotion of tobacco products. These, among other things, like price, significantly influence the rising rates in youth tobacco use in Zambia [16].
- A quarter of Zambian students aged 13–15 use any tobacco products (24.9 percent of boys and 25.8 percent of girls) [17]. 6.2 percent of students currently smoke, with boys and girls using at similar rates (6.2 percent and 5.7 percent respectively) [17].
- Increased levels of education in Zambia are associated with lower rates of tobacco consumption. Eight percent of individuals with a secondary education or higher use tobacco, whereas individuals with no education consume at a rate of 17.7 percent [21].
- The tobacco industry in Zambia is heavily involved in corporate social responsibility activities that target youth, using these activities to attract new customers [16].
- The ITC Zambia Survey found that tobacco advertising was highest in entertainment media. Point of sale advertising and entertainment media are linked with youth induction to smoking [32].
- A 2017 report revealed that nearly a quarter of respondents (23 percent) reported that children were engaged in tobacco production activities on their farms [35]. Thirty percent of children working on tobacco farms were not attending school [16].
- The majority of students in Zambia are exposed to pro-cigarette advertising, with youth influenced by portrayals of smoking in films and TV [32]; actors smoking on TV and in movies is positively associated with student smoking in Zambia [36].
- In 2011, 72.9 percent of students were exposed to anti-smoking media messages in the last 30 days [32].

KEY FACTS (CONTINUED)

- In Zambia, 41 percent of students aged 13-15 are exposed to second-hand smoke [15]. However, only 42 percent of young people aged 13–15 believe second-hand smoke is harmful [16].
- There is a ban on smoking in education institutions for those up to age 21 however this must be enforced [21].

RECOMMENDATIONS

- Eliminate child labour in tobacco growing, ensure the enforcement of child labour laws and define the age range for compulsory education.
- Develop vocational training opportunities for youth, in order to provide them with alternatives to tobacco farming.
- Support schools to incorporate tobacco control and health-related information into the curriculum, for example, by training teachers to model non-smoking behaviour and deliver this information, and supporting youth to be messengers to families and communities.
- Strictly enforce the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39), which bans smoking in public places to eliminate smoking in universities and schools.
- Develop and implement mass media campaigns against tobacco use, with a particular focus on appealing to young people.
- Increase the age of sale of tobacco products to a least 18 years in line with WHO FCTC Article 16.
- Ban tobacco vending machines.





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 second-hand smoke exposures. Power inequities in the home and workplace, as well as low levels of empowerment, are impediments to changing this dynamic. Even as women account for over half of all deaths from NCDs globally, NCDs are still often misconstrued as being of greater importance for men, leading to critical delays in diagnosis and treatment for women. Women and girls are also disproportionately caregivers for sick relatives, interrupting their educational and work opportunities. Meanwhile, socially prescribed gender norms of masculinities in relation to tobacco smoking, puts men at risk for health harming behaviour. Strengthened tobacco control can help close gaps in gender-related policy, programs and research, to make it more targeted, while countering the tobacco industry’s self-serving appropriation of female empowerment and masculinity among males [69].

KEY FACTS

- Women and girls are targeted by tobacco industry advertising linking smoking to female empowerment. Zambian girls now use tobacco products at a higher rate than Zambian boys (25.8 percent for girls; 24.9 percent for boys) [17].
- Smoking among Zambian girls is associated with exposure to pro-tobacco advertising; 20.5 percent of Zambian youth think girls who smoke have more friends, and 15.5 percent think girls who smoke look more attractive [31].
- In Zambia, 14 percent of pregnant women and 13 percent of children under age five are frequently or always exposed to second-hand smoke at home, particularly pregnant women who are illiterate, and their young children [28], [29].
- Tobacco use among men increases with age: 19.6 percent (age 18–29), 25.8 percent (age 30–44), 31.8 percent (age 45–59) and 34.6 percent (age 60–69) [37].

RECOMMENDATIONS

- Ban all forms of advertising, promotion and sponsorship by the tobacco industry in accordance with WHO FCTC Article 13.
- Engage women and girls, and men and boys – of different ages and backgrounds – in tobacco control programming and research.
- Identify gender-specific tobacco risks and develop gender-specific strategies for more effective tobacco control including prevention and cessation.
- Incorporate tobacco control in gender equality strategies and as part of maternal, child and women’s health responses.
- Support community-based health education programmes at district level, engaging traditional healers, midwives and other influencers.
- Develop and implement awareness and education programmes for families to create the culture of smoke-free homes.



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.

Moreover, tobacco production is not only water intensive but also disperses chemicals into nearby waterways [70]–[71]. Without considering the “environmental life cycle of tobacco” and its impacts 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 72].

KEY FACTS

- Forty percent of people in Zambia have no access to clean drinking water. [38]. The 2018 Demographic and Health survey found that only 33 percent of the population use a basic sanitation service [39]. Japan Tobacco has installed boreholes in the areas they operate in Zambia to increase access to water and sanitation [40]. This could increase the tobacco industry's ability to interfere with policymaking in Zambia and perpetuates the image of the industry as an overall positive presence.
- Farmers have limited knowledge of the toxicity of pesticides and fertilizers used in tobacco growing which can contaminate local water sources like rivers and streams [14].

RECOMMENDATIONS

- Train farmers to safely dispose of harmful pesticides and fertilizers used in tobacco farming to ensure waterways stay clean.
- Extend tobacco product sales regulation to eliminate single-use filters – including any biodegradable varieties – to reduce post-consumption waste to support clean waterways.
- Ensure that environmental strategies and standards pay attention to tobacco pollutants and prohibit the littering of tobacco butts and packets around drinking water, lakes and oceans.
- Ensure that solid waste management mechanisms allow for the separation of waste at the source, so that cigarettes do not end up polluting waterways.
- Implement strategies to prevent and reduce the littering of cigarette butts in oceans, lakes and other water sources such as the use of disposal bins.



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 counselling 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 [72], [73]. Cigarette manufacturers and leaf buying companies often exploit farmers to obtain profits from below-cost leaf with frequent sustained debt a result [74].

KEY FACTS

- The WHO FCTC Investment Case for Zambia found that tobacco use saps the Zambian economy of ZMW 2.8 billion annually (1.2 percent of Zambia's GDP) in productivity losses and medical costs [12].
- In 2012, Zambia was rated 16th in the world for tobacco leaf production [41], and Zambia's tobacco industry employs around 16 percent of the population. The ZDA estimates there are 120,000 farmers and farm family members; and, MOH estimates there are 450,000 employed across the entire industry [42]. However:
 - » **Tobacco farming is less profitable than other crops** due to capital and labour requirements, as well as price fluctuation [12]. Research suggests that tobacco farmers make little profit or actually lose money each year [35], [43]. Zambian tobacco farmers believe they cannot survive on income from tobacco farming alone [44].
 - » **Tobacco farming is associated with unfair and predatory labour practices which trap farmers in poverty.** 72 percent of Zambian tobacco farmers are contract farmers who often become trapped in debt to leaf buyers who charge for inputs to start the growing season but dictate the grade and price of tobacco [45]. Contract farmers generate an average loss of US\$ 200/acre (not including labour costs) [29]. One-third of Zambian contract tobacco farmers do not feel adequately informed about the details of their contracts, and most are not literate enough to read the contracts, nor are they provided with a copy [45]. The price of tobacco is decreasing, which often results in farmers not being paid their market season dues from tobacco company merchants [43].
 - » **Tobacco farmers use unpaid family labour, including children** [16]. In Zambia, nearly a quarter of respondents (23 percent) to a 2017 American Cancer Society Survey reported that children were engaged in tobacco production activities on their farms [35]. Thirty percent of children working on tobacco farms were not attending school [16].
 - » **Tobacco farming is harmful to health and the environment.** The toxicity of pesticides and fertilizers used in tobacco growing may cause farmers harm, or harm local communities due to improper disposal and runoff of pesticides and other chemicals into local water sources like rivers and streams [14].
 - » **There is strong support among Zambian farmers for switching to alternative crops.** The Zambian Ministry of Health estimated that 60 percent of tobacco farmers are considering switching to other crops [25].

RECOMMENDATIONS

- Strictly enforce the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39), which bans smoking in public places.
- Ensure tobacco control and health are included in national economic growth plans and policies, recognizing the significant economic costs of tobacco consumption.
- Ensure no part of government offers incentives for tobacco farming.
- Seek outcome funders for the UNDP Tobacco Control Social Impact Bond initiative which aims to finance smallholder farmers to transition to healthier, more productive and environmentally sustainable livelihoods.
- Provide financial and other support such as extension services and access to markets to help farmers transition to alternative livelihoods (for example, switching to more economically viable crops) in line with WHO FCTC Article 17.
- Provide farmers with personal protective equipment and training on how they can protect themselves to ensure a safer working environment.
- Develop and roll out advocacy campaigns including through mass-media and local community channels to combat tobacco industry misinformation about tobacco growing.
- Invest in value and supply chains for other agricultural crops to support tobacco farmers transition to alternative livelihoods.





GOAL 9:

BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER INNOVATION.

RESEARCH OPTIMIZATION IS AN IMPORTANT ELEMENT OF TOBACCO CONTROL, PARTICULARLY FOR UNCOVERING COST-EFFECTIVE TOBACCO TREATMENT INTERVENTIONS WHICH CAN BE WIDELY DISSEMINATED WITH STRONG UPTAKE.

Access to information and communications technology is 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 which can increase people's autonomy and instill in them a sense of social justice). WHO's mobile health (mHealth) programme, for example, leverages the ubiquity of mobile technologies to support a range of tobacco control objectives, from smoke-free places to cessation and training of health workers [see 75].

KEY FACTS

- There are no bans on tobacco advertising, promotion or sponsorship in Zambia.
- There have been no large-scale media campaigns in Zambia about the dangers of tobacco use. Misleading labels and descriptors on tobacco products such as “light”, “mild”, or “low tar” are commonplace and may lead people to believe that these products are less harmful than regular cigarettes [32].
- The government offers incentives for foreign investment in tobacco manufacturing [19].
- Over 70 percent of households in Zambia owned a mobile phone in 2018. Household internet access was 17.7 percent, and of those, 78.4 percent access the internet through mobile broadband network via mobile phone [46].

RECOMMENDATIONS

- Ban all forms of advertising, promotion and sponsorship by the tobacco industry in line with WHO FCTC Article 13.
- Require tobacco companies to disclose and report all marketing expenditure, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political contributions.
- Fully cover nicotine replacement therapy (NRT) in health insurance.
- Implement a national toll-free smoking quit line.
- Expand the mHealth programme on cervical cancer to include tobacco cessation and links between tobacco and diabetes.
- Continue investment and support for health clinics and primary care facilities to offer smoking cessation support.
- Develop and implement locally-relevant and accessible mass media campaigns against tobacco use, including in local languages.
- Eliminate government incentives for investment in tobacco manufacturing.



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 [47]. 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. Tobacco control can close gaps, for example tobacco taxes are proven to reduce consumption most among the poor, thus reducing inequities in smoking and its impacts, especially when revenues from taxes are reinvested into disadvantaged communities. Improved health from tobacco control can confer important opportunities in education, labour and other domains which can further reduce inequalities.

KEY FACTS

- Poor or less-educated adults in Zambia are more likely to smoke [47].
- In Zambia, the poorest 20 percent of the population is more likely to consume tobacco (18.8 percent) than the middle 20 percent of income earners (9.4 percent) [21].
- Prevalence of smoking cigarettes in rural settings is increasing [29].
- Adult male smoking is more prevalent in the poorest quintile (33.8 percent) compared to wealthiest quintile (10.7 percent) [29].
- Forty percent of Zambians cannot read the health warnings on cigarette packets, which are written only in English [31].
- The bottom earning 50 percent of households spend more than double the proportion of their monthly income on tobacco (5 percent), compared to the top earning 50 percent of households (2.3 percent) [22].

RECOMMENDATIONS

- Implement cigarette packaging health warnings according to WHO recommendations, using local and culturally appropriate language, rotating messages and graphic images which should cover 50 percent or more of the display areas, in line with Article 11 of the WHO FCTC.
- Increase the cigarette tax rate so that the share of taxes as a percent of the retail price meets the WHO recommended level of at least 75 percent including a 70 percent excise tax. The taxes disproportionately provide health benefits to poorer populations, who are more responsive to price increases, and the taxes can be made even more pro-poor by investing the revenue into universal health coverage and other social protections.
- Conduct research on the socio-economic impacts of tobacco on low-income, rural and vulnerable groups in Zambia to inform tobacco control policies and cessation programmes as well as efforts to reduce poverty and inequalities, protect vulnerable populations and leave no one behind.
- Provide tobacco farmers with information, training and support to transition to alternative and more lucrative livelihoods (for example, switching to more economically viable crops) in accordance with WHO FCTC Article 17.



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 exposure to ambient fine particular 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 for mortality (i.e. the elevated risk is greater than the mere sum of the individual exposures) [76]–[77]. With the majority of the global population now living in urban areas, local governments are presented with a challenge and responsibility to protect and enhance the lives of entire city populations. Through the lens of tobacco control, 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

- Zambia has laws prohibiting smoking in public places – the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39) – however enforcement is weak [14].
- Smoking ban compliance is highest in health-care facilities, followed by educational facilities, government facilities and public transport, then restaurants. Compliance is weakest in cafes, pubs and bars, as well as universities [14], [48].
- Rural areas in Zambia have a higher prevalence of smoking (22.4 percent) than urban areas (6.8 percent) [49].

RECOMMENDATIONS

- Strictly enforce the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39), which bans smoking in public places.
- Develop and launch education campaigns on the importance of smoking in outdoor areas away from vulnerable populations such as children and women as well as education campaigns that strengthen enforcement of the existing laws in public places like bars, restaurants, and educational facilities.
- Raise awareness of the synergistic effect between tobacco smoke and indoor use of non-clean fuels, particularly biomass.



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

**TOBACCO FARMING IS A COMPLICATED PROCESS
INVOLVING HEAVY USE OF PESTICIDES, GROWTH
REGULATORS, AND CHEMICAL FERTILIZERS.**

These can create environmental health problems, particularly in low- and middle-income 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. Tobacco control, among other things, encourages countries and individual farmers to shift from tobacco production toward activities that are friendlier to people and planet, while supporting tobacco users to quit or reduce consumption and non-users to never start.

KEY FACTS

- WHO estimates that agricultural land devoted to tobacco harvesting in Zambia increased by over 350 percent between 1993 and 2013 [25]. Land devoted to tobacco farming reduces arable land for growing other crops which are more economically beneficial and environmentally sustainable [14].
- Unsustainable agricultural practices, including monoculture cultivation and inorganic fertilizers, are leading to desertification in Zambia [50].
- In Zambia, about 59,000 hectares of agricultural land is devoted to tobacco production [51]. This is the equivalent to about 59,000 hectares of land [52].
- Harmful pesticides banned in high-income countries are still used in Zambia [53].
- In 2012, Zambia was rated 16th in the world for tobacco leaf production [41].

RECOMMENDATIONS

- Protect the environment and health of persons (WHO FCTC Article 18) by considering and responding to the impact of tobacco agriculture on deforestation, land and soil degradation, and growers' health and well-being.
- Ban the use of harmful pesticides and provide alternative, less harmful chemicals to be used in farming (including tobacco growing) to limit environmental health problems.
- Encourage sustainable production by not providing subsidies for tobacco production, instead using subsidies to promote sustainable alternatives.



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 [78], [79], with several negative impacts including increased greenhouse gas emissions (e.g. carbon dioxide and methane), global warming and changes in rainfall, and irreversible biodiversity loss [81], [82]. In other words, tobacco farming is a uniquely destructive and aggressive environmental force. Tobacco causes environmental damage through its entire life cycle “from cradle to grave”, or perhaps more accurately, to the many graves of its users [70].

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. Likewise, implementation of the UN Framework Convention on Climate Change (UNFCCC) including the 2015 Paris Agreement can support tobacco control. For example, action under Article 4(d) of the UNFCCC – concerning the management, enhancement and conservation of biomass, forests, oceans and other ecosystems – would benefit from considering tobacco and its environmental impacts.

KEY FACTS

- Zambia is a top-10 emitting country of greenhouse gases from deforestation and land degradation [54].
- In 2014, globally, tobacco production contributed nearly 84 million tonnes of CO₂ emissions [55].
- Zambia is affected by the adverse effects of climate change, including increased temperature, droughts, and erratic rainfall. Increased flooding has already displaced thousands of people, contaminated water and destroyed homes and infrastructure [57].
- Climate change is altering water flow at Victoria falls, one of the seven natural wonders of the world and an economically important tourist destination for Zambia [58].
- Pollution caused by cigarette butts can harm Zambia's tourism sector, which is the fastest growing sector in the country (contributing ZMK 19.4 billion in 2018) [59].

RECOMMENDATIONS

- In accordance with WHO FCTC Article 17, provide tobacco farmers with information, training and support to transition to alternative livelihoods in order to limit the effects of tobacco growing on climate change (which is linked to Article 18 of the FCTC to protect the environment). This includes supporting the transition to crops that are more drought resistant, for example, and will contribute to food security.
- Include tobacco and its environmental impacts in the implementation of the UN Framework Convention on Climate Change (UNFCCC), including the 2015 Paris Agreement.
- Act as a WHO FCTC leader by demonstrating to other Parties the health, environment and climate benefits of reducing tobacco farming alongside broader tobacco control efforts.
- Liaise with other UN agencies, working together to reduce the impact of tobacco on 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 [72]. Cigarette butt leachate kills aquatic life, for example marine and freshwater fish [82]. 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. Working with the UNEP can help address the issues of tobacco litter in water sources. For example, the UNEP Global Initiative on Marine Litter which organizes and promotes activities addressing marine litter.

KEY FACTS

- In Zambia, 620 tonnes of cigarette butts and packets end up as toxic rubbish annually [60].
- Tobacco farming requires significant water usage and can lead to the disruption of water cycles [61].
- Farmers have limited knowledge of the toxicity of pesticides and fertilizers used in tobacco growing. These can harm their health and impact local communities due to improper disposal and runoff into local water sources like rivers and streams [14].

RECOMMENDATIONS

- Implement extended producer responsibility regulations on the tobacco industry to reduce, mitigate and prevent manufacturing and post-consumption tobacco product waste.
- Provide personal protective equipment to farmers, and provide training on how they can safely dispose of harmful pesticides and fertilizers to limit marine pollution and toxicity.
- Develop and deploy systems to collect waste from cigarette butts and packets.
- Extend tobacco product sales regulation to eliminate single-use filters – including any biodegradable varieties – to reduce post-consumption waste that pollutes marine resources.
- Ban the use of harmful pesticides and provide alternative, less harmful chemicals to be used in farming (including tobacco growing) to protect marine resources.
- 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 [72], [53]. 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 [see 53].

Tobacco control measures, like supporting economic alternatives to tobacco growing, can help restore biodiversity and protect land resources while advancing other important development objectives, for example increased food security.

KEY FACTS

- In 2012, Zambia was rated 16th in the world for tobacco leaf production [41].
- Sixty-seven percent of Zambia's land surface is covered by forest [62]. Deforestation in Zambia, driven in part by the clearing of land for agriculture, is occurring at a rate of 0.5–0.6 percent per year, with tobacco growing an underlying factor driving deforestation [56].
- Unsustainable agricultural practices, including monoculture cultivation and inorganic fertilizers, are leading to desertification in Zambia [50].
- In some regions of the country, tobacco curing is the main indirect driver of fuelwood collection [56].
- Tobacco farming spreads untaxed and cheap loose-leaf tobacco for roll-your-own (RYO) cigarettes in Zambia, which decreases the effectiveness of tobacco control measures, including taxes. Half of smokers in Zambia use RYO cigarettes [12].

RECOMMENDATIONS

- Include tobacco control in land conservation and environmental protection strategies and plans.
- Ban the use of harmful pesticides and provide alternative, less harmful chemicals to be used in farming (including tobacco growing) to protect and restore terrestrial ecosystems.
- Provide tobacco farmers with information, training and support to transition to alternative and more lucrative livelihoods which have less detrimental impact on terrestrial 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 COMPREHENSIVE MULTISECTORAL NATIONAL TOBACCO CONTROL STRATEGIES 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 and 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 83, 84].

KEY FACTS

- Conflicts of interest within the Zambian government provide an opportunity for the tobacco industry to interfere in policymaking. Specifically, some parts of the Zambian government are aiming to increase tobacco production to strengthen the economy, with few safeguards against tobacco industry influence [53], whereas other parts are committed to combatting the significant social, economic and environmental costs of tobacco consumption and production.
- Awareness of the need for tobacco control and its broad sustainable development benefits is low amongst government officials. Zambia has established a national coordination mechanism, but it has yet to be fully operationalized. Zambia's national tobacco control strategy remains to be adopted [43].
- Zambia is believed to be a transit country for the illicit tobacco trade between neighbouring countries [63]. Estimates suggest the illicit trade of tobacco in Zambia is 20 percent of the market [63]. There is limited reliable data regarding the share of illicit trade of tobacco [13].
- Tax and price differences between countries are less influential on illicit trade than other factors such as weak governance/lack of high-level commitment, weak customs and excise administration, corruption and complicity of cigarette manufacturers [64].
- There are no bans on tobacco advertising, promotion or sponsorship in Zambia.

RECOMMENDATIONS

- Pass the ‘Tobacco products and Nicotine Products Control Bill’.
- Become a party to the Protocol to Eliminate Illicit Trade in Tobacco Products.
- In line with WHO FCTC Article 5, Zambia should strengthen its national coordination mechanism (NCM) on tobacco control, ensuring regular meetings, clear roles and responsibilities, dedicated sectoral focal points, and clear accountability mechanisms. Zambia should adopt a costed and comprehensive national tobacco control strategy to guide the NCM’s work.
- Use the NCM and strategic priorities to strengthen whole-of-government and whole-of-society engagement in tobacco control.
- Ensure transparent and science-based research and data on illicit tobacco trade.
- Ensure there is no engagement with, or influence by, the tobacco industry in tobacco control policy discussions in line with WHO FCTC Article 5.3.
- Ban all forms of advertising, promotion and sponsorship by the tobacco industry in accordance with WHO FCTC Article 13.
- Require the tobacco industry to disclose and report all marketing expenditure, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political contributions.





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 to health, 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.

KEY FACTS

- In Zambia, the share of taxes as a percent of the retail price of the most sold brand of cigarettes is 37.3 percent, far below the WHO-recommended level of at least 75 percent including a specific excise tax component of at least 70 percent [13]. The global average rate is 51.1 percent [21].
- With the FCTC 2030 project, Zambia has UN support to scale up excise taxes and increase revenues amongst broader tobacco control action to help achieve the SDGs.

RECOMMENDATIONS

- Ensure tobacco excise taxes account for at least 70 percent of the retail price for all tobacco products, in line with WHO FCTC Article 6 guidelines. Play an active and constructive role in the WHO FCTC Conference of Parties meetings.
- Use tobacco control focal points and the national coordinating mechanism for policy coherence between tobacco control, trade and broader development (WHO FCTC Article 5).
- Consider investing tobacco tax revenues in health, UHC and other social protections.

CONCLUSION & NEXT STEPS

Zambia is not spared tobacco's far-reaching development harms. Every year more than 7,100 Zambians are lost to tobacco-related diseases. More than 800 of these lives lost are due to exposure to second-hand smoke and 60 percent percent of deaths are among individuals under age 70. Vulnerable populations including the poor, less educated, and those in rural areas suffer most from tobacco-related harms. The high human costs of tobacco use are only one part of the story. Each year, tobacco use is costing Zambia ZMW 2.8 billion, equivalent to 1.2 percent of Zambia's GDP. It is exacerbating inequalities, deepening poverty, and compounding environmental damage.

Strengthened implementation of the WHO FCTC is a specific target in the SDGs because its benefits extend across the social, economic and environmental dimensions of Agenda 2030. With many health and development challenges and limited resources, Zambia 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 for alignment of tobacco control and broader development efforts.

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

- **Pass the 'Tobacco products and Nicotine Products Control Bill' to accelerate implementation of the WHO FCTC in Zambia.**
- **Enforce the Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39).**
- **Advance mass media campaigns to educate people on the dangers of tobacco use and second-hand smoke as well as the links between tobacco control and sustainable development, and to increase support for tobacco control and its enforcement.**

CONCLUSION & NEXT STEPS

- **Increase tax rates on all tobacco products so that the share of taxes as a percent of the retail price is at the WHO recommended level of at least 75 percent inclusive of at least a 70 percent excise tax; and explore using the revenue to fund pro-poor policies, including universal health coverage, social protection and alternative livelihoods for tobacco farmers.**
- **Eliminate incentives for foreign investment in tobacco manufacturing in line with Zambia's commitment to the WHO FCTC, focusing instead on promoting investment in economic activities that promote sustainable livelihoods.**

To advance the above and help set priorities, responsibilities and resources in line with the recommendations of this brief, Zambia should immediately adopt its draft national tobacco control strategy and further strengthen the existing national coordinating mechanism (NCM) for tobacco control, ensuring that there are dedicated tobacco control focal points from key sectors who meet regularly and with clear roles and responsibilities. Zambia can also strengthen its NCM by ensuring that it has a strong secretariat and that the NCM adopts an annual workplan that aligns with the national strategy and holds NCM members accountable by identifying targets and indicators for their respective sectors.

Agenda 2030 and Zambia's Seventh National Development Plan, or Vision 2030, 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. Zambia 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 Annie McDougall and Mona Mustafa. Design by Zsuzsanna Schreck.

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