

Continental Dialogue On Strengthening Tobacco Control In Africa Advancing Policy, Partnerships & Action

29th-30th July, 2025 | Addis Ababa, Ethiopia

Meeting Report



Introduction

1. The first Continental Dialogue on Strengthening Tobacco Control in Africa, was held from **29 to 30 July 2025, at the African Union (AU) Headquarters in Addis Ababa, Ethiopia**. The convening was co-organized by the Department of Health, Humanitarian Affairs and Social Development (HHS) of the African Union Commission (AUC), the Africa Centres for Disease Control and Prevention (Africa CDC), and the African Capacity Building Foundation (ACBF), under the theme: *“Advancing Policy, Partnerships and Action”*.
2. Tobacco use is a major risk factor for Non- Communicable Diseases (NCDs) globally with significant health, socio- economic and environmental impacts for individuals, families, communities and governments in many countries in Africa.
3. In response to the growing tobacco epidemic, the World Health Organization’s Framework Convention on Tobacco Control (WHO-FCTC), the first international treaty negotiated under the auspices of WHO, was adopted in 2003 and enforced in 2005. The African continent has showed enormous support for the treaty, with 45 AU Member States having ratified or acceded to the treaty, indicating a strong commitment to curb the epidemic.
4. Many African countries (38) have enacted national laws to control tobacco use. However, implementation and progress have been slow and varied, due to challenges such as gaps in legislative and regulatory frameworks, limited enforcement capacity, limited financial resources and tobacco industry interference. To address some of these challenges the African Capacity Building Foundation and other partners, through the support of the Gates Foundation, have supported African countries in the development and implementation of tobacco control policies.
5. While tobacco control action is being implemented at national level, albeit with some challenges, there remains a significant gap at regional and continental levels. Tobacco control is not yet seen as a development issue, despite its negative health, socioeconomic, and environmental impacts, as well as the potential role that tobacco control can play in addressing NCDs and supporting countries to achieve their Sustainable Development Goals (SDGs) and other global, continental and regional health and development commitments and targets. This calls for a continental agenda for implementation of tobacco control policies in Africa, through the AU and its organs and programs.
6. This inaugural meeting of experts marks a step towards enhancing continental coordination and mobilizing high- level political will to accelerate the implementation of tobacco control policies in Africa.

Attendance

7. This meeting drew participation of tobacco control experts from 8 Member States: People’s Democratic Republic of Algeria, Republic of Côte d’Ivoire, Federal Democratic Republic of Ethiopia, Republic of the Gambia, Republic of Malawi, Kingdom of Morocco, Republic of Kenya and Republic of South Africa.
8. The meeting attracted representatives from various departments of the AUC, including HHS, department of Women, Gender and Youth (WGYD) and the department of Economic Affairs), as well as two (2) Regional Economic Communities (RECs), namely the East Africa Community(EAC) and the Economic Community of West African States (ECOWAS).

9. Also in attendance were representatives of the following African tobacco control partners: The ACBF, the World Health Organization- WHO (WHO FCTC Secretariat, The WHO Liaison Office to the AU and the UNECA and the WHO Regional Office for Africa), the Campaign for Tobacco Free Kids (CTFK), Tax Justice Network Africa (TJNA), Development Gateway (DG), Africa Tobacco Control Alliance (ATCA), Youth in Action (Y-ACT) as well as three (3) tobacco control academic and think tank organizations: University of Cape Town's- Research Unit on the Economics of Excisable Products (REEP)/ WHO knowledge Hub on Tobacco Taxation, South Africa, the African Centre for Tobacco Industry Monitoring and Policy Research (ATIM) at the University of Pretoria, South Africa and the Centre for Tobacco Control in Africa (CTCA) based in Kampala, Uganda.

Opening and Welcome

10. **Ambassador Alain Nyamitwe, Special Advisor to the ACBF** welcomed participants by emphasizing the important role of the AU and RECs in raising continental awareness, strengthening partnerships and coordination and building capacity within the tobacco control ecosystem in Africa. This will ensure that the AU owns the tobacco control agenda in the continent through its departments, programs and agencies. He emphasized the need for the AU and RECs to support Member States to achieve their tobacco control objectives.
11. **The Director for Health and Humanitarian Affairs, AU Commission, Prof. Julio Rakotonirina**, welcomed participants to the meeting by reminding them that tobacco remains one of the major public health challenges, a major risk factor for NCDs and an entry point to drug use. It also contributes to household and country poverty. He highlighted the need to use the meeting to deepen policies, establish partnerships and promote coordinated multi- sectoral action and to mainstream tobacco control within AU's Agenda 2063, the Africa Health Strategy 2016-2030, the AU Roadmap to 2030 and Beyond, , the Africa CDC Framework for Prevention and Control of Non- Communicable Diseases 2022- 2026 (Continental Strategy for NCDs), among other AU strategies and plans. He also stressed the need to address structural, legal, financial and tobacco industry interference challenges and embrace innovative financing for sustained public health and tobacco control and encouraged participants to come up with realistic ideas for advancing tobacco control in Africa.
12. **Dr Mohammed Abdulaziz, the head of disease control and prevention at the Africa CDC** highlighted the contribution of tobacco use to the growing health burden in Africa, particularly as a barrier to prevention and control of NCDs and a threat to socio- economic and environmental well-being, in addition to its impact on youth. He highlighted the relevance of tobacco control to the work of the Africa CDC and reaffirmed its commitment to support Member States to address the challenge and urged the participants to use the meeting as a collective platform to adopt a continental commitment to protect health and dignity of African people by harnessing the resources available at the AU. He noted that despite the widespread adoption of the WHO FCTC across the continent, implementation is lagging behind due to limited financing, weak enforcement and aggressive industry interference. He called for effective support for Member States to achieve their tobacco control goals and reiterated the importance of a multi- sectoral, whole- of- government and whole- of- society approach to fully address determinants that are outside the health sector. Finally, he highlighted the role of this meeting in unlocking political will, technical expertise and financial resources to advance tobacco control agenda in the continent and called on AU Member States and all tobacco control actors to commit to bolder actions, stronger policy enforcement and collective accountability to save present and future generations from the scourge of tobacco.

- 13. Dr Workneh Asmamaw Bezabeh, on behalf of Prof Francis Kasolo, the Head of the WHO liaison office at the AU and UNECA,** reaffirmed WHO's commitment to support the advancement of tobacco control policy action in Africa. While acknowledging that adult tobacco use in Africa has declined, 22 African countries are on track to achieve 30% relative reduction in tobacco use prevalence by 2030 and that 44 out of the 49 countries in the WHO Afro region have ratified the WHO FCTC, he noted that the huge youth population in the continent is a major target of the tobacco industry marketing. He further acknowledged the work done by the AUC, the Africa CDC, the ACBF and other partners and highlighted the importance of this meeting in addressing the existing gaps by promoting the adoption of a continental strategy that leverages tobacco control into broader NCD and public health agenda in the continent.
- 14. Mr Abdrahamane Dicko, Director of Programs and Impact, ACBF,** appreciated the AU Commission and Africa CDC for co-hosting this meeting with the ACBF and reiterated the relevance of its theme: 'Advancing Policy, Partnerships and Action.' He cautioned participants that the continent of Africa stands at a critical juncture- with a rising burden of NCDs and a growing youth population that presents a potential market for tobacco and related products, coupled with aggressive marketing by the tobacco industry, exploiting poor enforcement of adopted tobacco control laws in many countries in the region. He noted that the ratification of the WHO FCTC by 45 of AU Member States is a recognition of the challenges by African countries and highlighted ACBF's contribution to efforts towards addressing these challenges. He reiterated the importance of unified action, clear policies, effective partnerships and the capacity to implement and sustain results.
- 15. The meeting adopted the following objectives as presented by Ms Betina Edziwa, Head, Special Programs at the ACBF:**
- i. Facilitate the exchange of information, best practices, and lessons learned among Member States and regional institutions regarding the implementation of tobacco control policies.
 - ii. Identify gaps and explore opportunities to elevate the profile of tobacco control within national and continental health agendas.
 - iii. Mobilize political commitment and promote multi-sectoral engagement across AU organs to strengthen the response to NCDs and tobacco control.
 - iv. Strengthen partnerships and collaboration to advance policy advocacy and capacity building efforts focused on reducing NCD risk factors, including tobacco use.

Session 2: Tobacco Control In Africa: Framing The Public Health And Development Imperative

Moderator: Dr Marie- Claude Nduwayo, AUC- HHS

- 16. In his presentation, Dr Abdirahaman K Mohamud (Africa CDC)** highlighted the rising burden on NCDs and tobacco use in Africa, with a focus on women and youth and restated the negative impact of tobacco, including its health and socio- economic effects on individuals, households and countries and general development agenda for Africa. He further highlighted the cost of inaction, including economic strain, reduced productivity and higher disease burden at national and continental levels. In his call to action, Dr Mohamud stressed the need for multi- sectoral approach, strengthening of policy implementation and mobilizing local resources for tobacco control. He concluded by reminding participants that prioritizing tobacco control will reduce disease burden, protect health and advance agenda 2063 and other AU health goals.

17. Following this presentation, 4 panellists (**Dr Abiola Olaleye- AUC- HSS, Dr Patrick Luhindi Musavuli- WHO FCTC Secretariat, Dr William Onzivu- WHO Regional Office for Africa and Ms Winnie Olwal-Y-ACT/ AMREF**) shared their perspectives on the topic of the session, highlighting the following issues:
- i. Tobacco use is not only a health challenge but a socio- economic and environmental issue and intersects with finance, trade, agriculture, education, youth, environmental sustainability, and law enforcement, among other sectors. A whole-of-government and whole-of-society approach for prevention and control of tobacco was proposed.
 - ii. There are gaps in tobacco control data generation and use to inform policy development and implementation in many African countries. However, prevalence of tobacco use is reported to be declining, but at a slower rate than in other WHO regions. In addition, cigarette use is on the decline, but use of other products such waterpipe and e- cigarettes is growing, particularly in the Northern and Southern regions of the continent, respectively.
 - iii. Youth and women are targets of aggressive marketing strategies by the tobacco industry, including on new and emerging products. African countries have not adequately leveraged the growing youth population- to build their capacity to enable them to participate in tobacco control discussions meaningfully and effectively.
 - iv. There is need to address tobacco industry interference by strengthening implementation of Article 5.3 of the WHO FCTC to protect tobacco control policies from commercial and other vested interests of the industry.
 - v. Innovative financing mechanisms, including domestic and donor funded resource mobilization, are needed for long term sustainability.
 - vi. By developing investment cases, Member States can demonstrate that implementation of the WHO FCTC has a return on investment, and use this information as an advocacy tool to promote high level political will and support at national, regional and continental levels.
 - vii. Twenty years after adoption of the WHO FCTC, 44 of 47 countries in the WHO Afro Region are parties to the WHO FCTC, with 30 of them having adopted compliant national legislation and other legal instruments and having achieved varying levels of success in implementation. The widespread ratification is an opportunity to mobilize high level political support for strengthening the implementation of tobacco control policies in the continent and translating adoption to impact.

Session 3: Progress, Challenges And Perspectives In Tobacco Control- Country Experiences

Moderator: Daouda E Adam (ACBF)

18. In this session, participating Member States- **Dr Terfani Youcef (People's Democratic Republic of Algeria), Dr Ernest Zotoua (Republic of Côte d'Ivoire), Mr Tolessa Gameda Tola (Federal Democratic Republic of Ethiopia), Dr Michael Udedi (Republic of Malawi), Dr Loubna Lammaghi (Kingdom of Morocco), Dr Andrew Toro (Republic of Kenya) and Ms Lorato Mahura (Republic of South Africa)**- shared progress made in implementing tobacco control measures, key challenges they are facing and innovative strategies and good practices they are applying to address some of the challenges and strengthen tobacco control in their countries. The following key points were highlighted:

- i. Countries have achieved various levels of progress in their implementation efforts, including adoption of strong WHO FCTC compliant laws (that include 100% smokefree laws, large graphic health warning labels, comprehensive bans on advertising, promotion and sponsorship and bans on flavours) and surveillance and monitoring (through GATS, GYTS, STEPwise survey) among others.
- ii. Factors that have promoted success in implementation of tobacco control in countries include: strong political will, technical and financial support from the WHO and other TC partners, integrating tobacco control into national health and development plans and programs, establishing multi- sectoral coordination mechanisms and focal persons, development and implementation of tobacco control strategic plans, public awareness on the dangers of tobacco use and importance of tobacco control measures, adequate resourcing- including innovative financing mechanisms such as use of health/ tobacco taxes and fines for deterrence and revenue generation.
- iii. Challenges faced include Industry interference in policy development and implementation (including aggressive marketing targeted at youth and women, new and emerging nicotine and tobacco products and accompanying 'harm reduction' narrative), porous borders with conflicting laws across countries and limited financing and technical capacity for tobacco control.

Session 4: Role Of Regional Economic Communities (Recs) In Advancing Tobacco Control In Africa

Moderator: Dr Adelard Kakunze (Africa CDC)

19. In this session, representatives from 2 RECs **Dr Janvier Serumondo (East African Community- EAC) and Mr Teimtoire Salifou Economic Community of West African States- ECOWAS)** gave an overview of their institutional mandates, roles and contribution to tobacco control. The following key points were highlighted:
 - i. ECOWAS has adopted tobacco tax directives with the aim of harmonizing tobacco tax policies across its member countries. However, tax policies in the region are based on ad valorem values, which is against WHO recommendations that promote specific taxes. In addition, implementation of these ECOWAS directives varies across the countries, undermining the intended outcomes of harmonization. There is need for strong political will to address this.
 - ii. Harmonization of tobacco tax policies in the EAC region is yet to be achieved and excise taxes are determined unilaterally by each country, leading to significant differences in the type (eg specific, ad valorem, hybrid) and rate/ level of tobacco excise taxes in the region.
 - iii. Accurate updated data to support planning and implementation is needed.
 - iv. Tobacco transcends borders and hence its regulation requires strong regional cooperation, coordination, and harmonized policies and procedures, as well as establishment of joint monitoring and enforcement efforts, data and intelligence sharing and capacity building of relevant stakeholders (such as policy makers, customs and border control officials, law enforcers, regulators and the public).

Session 5: Tackling Tobacco Use In Africa Through Broader Coordinated Approach

Moderator: Mrs Patience Yakobe (ACBF) & Ms Betty Ingabire Kabarega (Africa CDC)

20. This session showcased the contribution of the ACBF and other African tobacco control partners towards a multi-sectoral and collaborative response to the tobacco epidemic in Africa. The panelists- **Ms Betina Edziwa (ACBF)**, **Dr Workneh Asmamaw Bezabeh (WHO Regional Office for Africa)**, **Ms Selam Abraham Kassa (DG)**, **Mr Dereje Moges (CTFK)**, **Ms Chileshe Mange- Kalumba (TJNA)**, **Mr Deowan Mohee (ATCA)** and **Ms Winnie Olwal (Y-ACT)**- provided a clearer understanding of their respective organizational mandates, roles and added value as well as insights into existing opportunities for greater alignment and integration with AU, Africa CDC, and national level frameworks. Key points from this session are:
- i. Tobacco control partners provide support to Member States in adoption of the WHO FCTC through the development and implementation of strong national and subnational laws and other legal instruments and directives. This support comes in the form of: technical assistance, financial support, capacity building on diverse areas for stakeholders (such as government ministries and agencies, policy makers, regulators, enforcers, civil society- including youth organizations, research institutions, academia and think tanks, journalists/ media among others), mobilization of special groups (such as CSOs, youth and women), research, data and evidence to inform policy development and implementation and tobacco industry monitoring and response.
 - ii. Support from these partners has contributed significantly to the progress made in many Member States. Even though there is still room for improvement at national level, there is a significant gap in advancing a regional approach to tobacco control, hence the need to solidify collaboration and coordination through the AU.
 - iii. Existing opportunities include:
 - Strengthening capacity building, coordination, mentorship and collaboration.
 - Generating continental data/ evidence for policy development and implementation.
 - Promoting multi- sectoral collaboration and coordination.
 - Harmonizing of policies and procedures.
 - Exploring innovative and sustainable financing.
 - Supporting joint tobacco industry monitoring and response/ accountability mechanisms
 - Advancing coordinated advocacy, and
 - Stronger application of Article 4 of the WHO FCTC (Guiding Principles)- i.e. (a) Raising awareness on the consequences of tobacco use, exposure to tobacco smoke and the importance of effective legislative, executive and administrative measures, (b) Strong political commitment at national, regional and global levels, (c) International (Africa regional) cooperation, (d) Comprehensive and coordinated multisectoral measures and responses, (e) Liability and holding the industry to account for offending civil and criminal acts, (f) Support to transition tobacco farmers and other workers in the value chain to alternative economic activities, and (g) Participation of civil society.

Session 6: African Union Policies In Advancing Tobacco Control

Moderator: Dr Abiola Olaleye (AUC- HHS)

21. This session explored entry points for the AUC and the Africa CDC to mainstream tobacco control in its work across various sectors (such as health, trade & economics, youth, education, Agriculture, food safety, environment, and development) and identified opportunities for cross- departmental coordinated action. The speakers were representatives of the **AUC- HHS (Dr. Marie-Claude Nduwayo)**, **AUC- Women, Gender and Youth- WGYD (Ms Arlette Akingeneye)** and the **Africa CDC (Dr. Adelard Kakunze)** and the following key areas were identified as key opportunities to advance tobacco control:
- i. Policy integration and strategic alignment with global and continental frameworks, including SDG 3 (Good health and well- being), NCD and UHC strategies, AU Agenda 2063, the Africa Health Strategy (2016–2030), Africa CDC Strategic Plan and Roadmap to 2030 and beyond, as well as AU gender and youth frameworks (Maputo Protocol, African Youth Charter, GEWE Strategy) for an intersectional approach.
 - ii. Development of a Continental program for tobacco control to facilitate multi- sectoral coordination and partnerships, provision of technical support and capacity building, promoting integration with AU frameworks, programs, structures and organs.
 - iii. Strengthen surveillance and data systems transition from periodic surveys (e.g., STEPwise) to integrated real-time data systems combining facility reporting, household surveys, and digital innovations.
 - iv. Promote high-level advocacy and political leadership through AU Summits, STCs and other platforms to elevate tobacco control as a development and financing priority. Developing a continental investment case to demonstrate economic benefits of tobacco control will elevate tobacco control and facilitate political will.
 - v. Foster cross-border policy harmonization on trade, marketing restrictions, and support for alternative livelihoods for tobacco farmers.
 - vi. Promote domestic financing, including through tobacco and health taxes, with earmarking for NCDs prevention and control, and explore other innovative mechanisms (such as debt swaps, levies on luxury goods, public–private partnerships).
 - vii. Incorporate youth and gender analysis and adopt youth- and gender-responsive approaches using relatable messaging and peer-driven approaches.
 - viii. Support community engagement and community-driven awareness initiatives using online and offline platforms to reach the youth, rural and underserved populations. In addition, partner with faith-based and cultural institutions to shift social norms and attitudes toward tobacco use.
 - ix. Build capacity building of health professionals and workforce in tobacco prevention, cessation, and advocacy- including incorporating tobacco control modules into public health and youth leadership curricula.
 - x. Build institutional capacity for policy enforcement and multisectoral planning, monitoring, and Evaluation.
 - xi. Establish peer review and mutual accountability frameworks across RECs and AU structures and use them to highlight best practices and facilitate cross-country learning for scaling up effective approaches.

- xii. Support African- led research and innovation on issues such as emerging products (e-cigarettes, heated tobacco), effective prevention strategies and alternative livelihoods for communities dependent on tobacco farming

Session 7: Opportunities And Perspectives For Effective Implementation Of The Who Fctc

Moderator: Dr Patrick Luhindi Musavuli (WHO FCTC Secretariat) and Ms Betina Edziwa (ACBF)

22. In this session, panelists- from **ATCA (Mr Deowan Mohee), University of Cape Town- Research Unit on the Economics of Excisable Products (REEP)/ WHO knowledge Hub on Tobacco Taxation (Prof Corne Van Walbeek), WHO Regional Office for Africa (Dr William Onzivu), CTCA (Dr Jim Arinaitwe) and ATIM/ University of Pretoria (prof Olalekan Ayo- Yusuf)-** further explored the challenges (such as tobacco farming, industry interference, illicit trade, new products and gaps in data) and opportunities (such as innovative financing, integration into NCD prevention, UHC and SDG implementation and alternative livelihoods programs) that influence the effective implementation of the WHO FCTC and national tobacco control policies across Africa, particularly amid declining external funding. Key points from the session are:
- i. There is need for African countries to invest in tobacco control and break the over- reliance on donor funding. Innovative mechanisms include tobacco excise taxes, airline ticket solidarity tax (example in Benin, Burkina Faso, Mauritius, and Mali), environmental tax (example in Benin, Chad and Gambia) and transaction tax on mobile phone operators (example in Gabon). However, political will is needed at national, regional and continental levels.
 - ii. Strengthening tobacco tax and price measures is needed- including strengthening tax administration and enforcement, ratifying and implementing the WHO Protocol to Eliminate Illicit Trade in Tobacco Products (ITP), use of independent data. Learning from successful countries such as Thailand, Philippines, Jamaica and Panama, there is potential to make tobacco control programs in Africa to be self- sustaining through use tax and price measures. A good case on effective use of tax and price measures in Africa is Cabo Verde.
 - iii. There is a fundamental conflict of interest between the tobacco industry and tobacco control. Hence, effective implementation of Article 5.3 of the WHO FCTC and its Guidelines is essential- including challenging industry narratives on tax and illicit trade. In addition, other useful strategies to address industry interference include: (a) Institutionalize tobacco industry monitoring by setting up multi- sectoral teams to work with focal points across all relevant ministries; (b) Strengthening regional hubs like ATIM; (c) adopt policy and legislative measures such as codes of conduct, applicable to all public and quasi- public institutions); (d) Track and counter actions of the industry and front groups; and (e) Political intelligence and political mapping.
 - iv. There is need to promote expand alternative livelihood programs, learning from experiences of the WHO tobacco- free farms initiatives that has been implemented in some African Countries (Kenya, Uganda, Zambia).

Session 8: Building Effective Partnership And Multi-Sectoral Mechanisms To Accelerate Tobacco Control In Africa

Moderator: Mr Abdrahamane Dicko (ACBF) and Dr Marie- Claude Nduwayo (AUC- HHS)

23. This session addressed the operationalization of effective tobacco control responses through strengthened institutional partnerships and multi-sectoral coordination mechanisms at the continental, regional, and national levels. The panelists- **Mr Daouda E Adam (ACBF)**, **Dr Abiola Olaleye (AUC- HHS)**, **Dr Manuel Kassaye Sibhatu (Africa CDC)**, **Mr Omar Badjie (Ministry of health of the Republic of the Gambia)**, and **Mr John Thomi (TJNA)**, examined how strengthening institutional and partnership mechanisms and mobilizing all relevant actors through a strong multi- sectoral coordination mechanism/ platform can enhance elevation of TC into AU, RECs and partners' platforms and scale up impact and shared the following perspectives. The following were identified as key opportunities to advance tobacco control:
- i. Position tobacco control as a driver of socio-economic transformation by quantifying the economic cost of tobacco and framing tobacco control as an investment in human capital, and an integral part of Africa's Human Capital Strategy and youth employment agenda.
 - ii. Mainstream tobacco control across AU development platforms and continental frameworks, including incorporating tobacco control indicators in African Peer Review Mechanism (APRM) and AU Country Performance Reviews (CPRs).
 - iii. Link tobacco control to fiscal and trade policy by advocating for effective tobacco excise taxes as a domestic resource mobilization strategy for health and development financing (SDGs, UHC, youth employment programs), and address illicit trade in tobacco under the African Continental Free Trade Area (AfCFTA) and AU border security initiatives, and in line with the WHO ITP.
 - iv. Elevate political visibility of tobacco control at AU summits and forum, including the AU Assembly and Executive Council agendas alongside high-profile issues like malaria and HIV. In addition, launch Heads of State champions for Tobacco-Free Africa, similar to AU nutrition or immunization champions, and use relevant events to showcase progress and rally continental commitments.
 - v. Mobilize RECs (ECOWAS, SADC, EAC, etc.) and Member States to adopt harmonized tobacco control frameworks that support cross-border regulation and taxation.
 - vi. Promote multi-sectoral national coordinating committees linking health, finance, trade, and agriculture sectors to sustain whole-of-government approaches.
 - vii. Strengthen evidence and accountability by establishing a Pan African Epidemiology Network on Tobacco and NCD Risk Factors to improve surveillance and data-driven advocacy and publishing annual continental scorecards on tobacco control performance (taxation, advertising bans, youth smoking rates), aligned with WHO FCTC reporting and integrate into AU Biennial Health Reports.
 - viii. Promote effective participation of AU Member states in important global events and meetings to ensure that the African voice is incorporated into global decision making on tobacco control and the global agenda is translated into AU, RECs and national level action.

Session 9: Synthesizing Key Messages And Recommendations For Au, Recs, Acbf And Other Tobacco Control Partners

Moderator: Amb. Alain Aimé Nyamitwe, ACBF

24. The representative of the Republic of South Africa read the recommendations as detailed below:

Africa Union Commission (AUC)

1. Coordinate the development and implementation of a comprehensive Continental Programme for tobacco control to position tobacco control as a driver of socio-economic transformation, enhance policy harmonisation, coordination, surveillance, advocacy, and financing efforts across Member States.
2. Coordinate high-level Advocacy and Political Leadership, using AU platforms, such as Summits and STCs to elevate tobacco control as a development and financing priority.
3. Foster mainstreaming of tobacco control and multi-sectoral collaborations, partnerships and a coordinated approach across all relevant sectors and departments (such as health, youth and women, agriculture, economic development, integration, trade and education); AU development partners and among AU Member States.
4. Support Innovative domestic financing and resource mobilization via health taxes, with earmarking for NCD prevention and tobacco control.
5. Support Youth- and Gender-Responsive Approaches using relatable messaging and peer-driven approaches.
6. Support the strengthening of evidence and accountability through the establishment of a Pan African Epidemiology Network on Tobacco and NCDs Risk Factors to improve surveillance and data-driven advocacy as well as publication of annual continental scorecards on tobacco control performance. Support Member States to adopt a Human Rights approach to tobacco control policy development and implementation given AU's strong human rights support (including children's and women's rights) and aligning with the AU's legal framework under the African Charter on Human and People's Rights.

Africa Centres for Disease Control and Prevention

1. Strengthen, and continue to serve as an implementing organ of the AU, the current African Union Multisectoral Taskforce to reinforce continental design, implementation, monitoring and learning on multisectoral action on tobacco control and other NCDs in Africa.
2. Support AU Member States to promote Multisectoral Engagement, Coordination, and Action (MECA) on NCDs, and work with AU to engage health and non-health sectors to develop and execute a continental multisectoral action plans (MAP) for mainstreaming the ongoing NCDs control and prevention work.
3. Assist AU Member States to strengthen continental and national surveillance systems on tobacco control by collaborating with WHO and other partners. A robust surveillance system on tobacco control will enable countries to build and analyze data on tobacco control, generate research evidence, and disseminate best policy actions, conduct standardized surveys such as STEPwise surveys, Global Adult

Tobacco Surveys and harmonize data collection and reporting on key tobacco control indicators.

4. Promote integrated tobacco control and NCD care models at all levels, including the Primary Health Care and Community Based Care to address the continuum of NCD care, both the physical, psychological and mental health needs of populations.
5. Support AU Member States to develop/adopt, enact and enforce tobacco control and NCD related legislation, policy, frameworks, and regulatory instruments and evaluate progress in their implementation, including preparing reports on the status of implementation within the Member States.
6. Support AU Member States to mobilize domestic funds for NCDs prevention and tobacco control work and ensure sustainability of financing mechanisms in collaboration with continental and international partners, funding agencies and employing innovative financing mechanisms, such as public-private partnerships and use of health taxes.

Regional Economic Communities (RECs)

1. Prioritize policy harmonization among REC Member States to reduce implementation barriers and hurdles, foster efficiency and effectiveness in implementation and enforcement of cross-border tobacco control policies, regulatory measures and standards (including in areas such as trade, taxation, advertising and packaging).
2. Promote the development and enforcement of regional tobacco control policies aligned with the WHO FCTC, addressing common issues within the RECs such as establishment of a common taxation framework and advocating for prioritization of tobacco control in health and trade agenda, including in Free Trade Agreements, such as the African Continental Free Trade Area (AfCFTA).
3. Establish regional mechanisms for joint monitoring and enforcement of tobacco control measures, including intelligence sharing, harmonizing customs and border control procedures, joint border patrols and enforcement operations/ inspections.
4. Support training and capacity building for policy makers, customs and border control officials, law enforcers, regulators and other stakeholders, particularly on cross border issues such as trade, illicit trade, taxation and advertising.
5. Support Member States of the RECs in data collection and surveillance, particularly on cross-border tobacco trade, consumption pattern, illicit trade and tobacco industry activities.

Africa Union (AU) Member States

1. Work closely with relevant RECs and the AU to ensure regional alignment and incorporation of tobacco control into broader, regional and continental level health plans and strategic frameworks such as the AU Health Strategy 2016–2030 and the AU Assembly/ Summit.
2. With support from WHO, and other partners, continuously review and update national tobacco control policies and legislative frameworks to close gaps and address New and Emerging Nicotine and Tobacco Products (NENTPs), ensuring alignment with WHO FCTC, the Protocol to Eliminate Illicit Trade in Tobacco Products (ITP) and evolving public health priorities.

3. Prioritize effective implementation and enforcement of adopted tobacco control policies by allocating adequate resources, building enforcement capacity, and integrating monitoring and evaluation mechanisms to track reductions in tobacco use prevalence, thereby bridging the gap between policy adoption and tangible health outcomes.
4. Introduce and strengthen tobacco taxation policies in line with WHO recommendations and the AU Roadmap 2030, ensuring they are designed to reduce tobacco consumption, generate sustainable domestic revenues, and support innovative financing mechanisms for long-term tobacco control and public health initiatives. Together with all tobacco control partners and stakeholders, leverage the growing youth population by training, mentoring and funding youth-led initiatives to build their capacity to engage meaningfully in tobacco control policy development and implementation- including countering interference of tobacco industry targeted at the youth.
5. Establish and enforce clear mechanisms to safeguard public health policies from the commercial and vested interests of the tobacco industry, in line with Article 5.3 of the WHO FCTC. This includes strengthening monitoring systems, increasing transparency in interactions with the industry, and building institutional capacity to proactively respond to interference during policy adoption and enforcement.
6. Establish national multisectoral committees on tobacco control that include health, finance, trade, agriculture, youth and education sectors, with clear mandates for coordination and reporting.
7. Collaborate with the WHO, Africa CDC, the AUC and other partners, strengthen surveillance, data and research to support evidence-based policy action.
8. In cooperation with relevant RECs address cross borders tobacco control issues such as illicit trade, taxation, advertising and packaging, strengthen cross border cooperation and build capacity of border officials on tobacco control and the tactics of the tobacco industry.
9. Partner with civil society and regional institutions to elevate the profile of tobacco control and advance shared goals.

Africa Capacity Building Foundation (ACBF)

1. Leveraging its role and mandate as the AU Specialized agency for capacity building, coordinate the mobilization of funding for institutional systems strengthening of key organizations in the tobacco control ecosystem, to ensure strong institutions with sustainable funding mechanisms to complement member states in the implementation of the WHO FCTC.
2. In partnership with the AUC and Africa CDC, support the development and implementation of the Africa Tobacco Control Strategy and related regional capacity-building action plans to enhance coordination and accelerate effective WHO FCTC implementation across Member States.
3. Building on this 1st Continental Dialogue on tobacco Control of 29-30 July 2025, initiate and coordinate regional dialogues and joint advocacy initiatives leveraging AU policy platforms and frameworks, such as the AU Agenda 2063, the Africa Health Strategy 2016- 2030, and the Africa CDC Framework for Prevention and Control of Non- Communicable Diseases 2022- 2026 (Continental Strategy for NCDs) and Specialized Technical Committees (STCs)— to elevate tobacco control on political agendas and mobilize action by AU organs, specialized agencies, and Member States.
4. Foster collaboration and linkages between the AU and African tobacco control partners and stakeholders – including civil society, research institutions and academia and media) to enhance the effectiveness of tobacco control efforts across the continent.

World Health Organization (WHO) and the WHO FCTC Convention Secretariat

1. Support AU Member States to develop, update and effectively implement their tobacco control policy, legislative and regulatory frameworks.
2. Assist the AU and its Member States to harmonize tobacco control policies and support the development of a comprehensive Continental Programme addressing Africa tobacco control challenges and aligned with the WHO FCTC.
3. In collaboration with the AUC to support Member States, Partners to develop country level Investment cases that demonstrate the cost-effectiveness and socio-economic benefits of tobacco control. These cases should inform policy adoption and implementation, align with WHO FCTC provisions, and highlight tobacco control as an accelerator for Agenda 2030 and NCD prevention goals.
4. Provide technical input to mainstream tobacco control into AUs and RECs broader health and NCD prevention and control frameworks, such as the AU Agenda 2063, the Africa Health Strategy 2016-2030, and the Africa CDC Framework for Prevention and Control of Non- Communicable Diseases 2022-2026 (Continental Strategy for NCDs).
5. Support AU and its Member States to establish and implement surveillance and data collection mechanisms to establish and monitor Continental tobacco control indicators - including through tools such as the Global Adult Tobacco Survey (GATS), Global Youth Tobacco Survey (GYTS), and WHO STEPwise Surveys (STEPS).
6. Provide technical guidance in harmonization of tobacco control policies related to MPOWER provisions- taxation, advertising bans and tobacco product packaging and support the RECs, AU working groups and Member States - to strengthen cross border enforcement and regional cooperation for effective tobacco control.
7. Build capacity of the AU, its organs, specialized agencies and Member States, on tobacco control and WHO FCTC implementation.
8. Provide technical support and economic modelling to support innovative and sustainable financing for tobacco control and public health, particularly through health taxes.
9. Support the AU and its Member States to combat tobacco industry interference by guiding the implementation of Article 5.3 of the WHO FCTC to prevent tobacco industry interference in public health policymaking. In addition provide guidance for incorporating tobacco control and limiting tobacco industry influence and interaction within the AU, its organs, Specialized agencies and Member States at AU high level forums, including, but not limited to the AU Summit, the AU Assembly of Heads of State and Government, the AU Executive Council, Specialized Technical Committees (STCs), the AU Conference of Ministers of Health (AU-COMH), the Africa CDC Public Health Forums and the Africa Health Ministers' Dialogue on NCDs.
10. Foster multi-sectoral partnerships by collaborating with the AU, its organs, Specialized agencies, RECs, other United Nations (UN) agencies in the region, regional and continental civil society organizations, research institutions, academia and other stakeholders- to advance tobacco control in the Continent.

African Tobacco Control Partners

1. Support research and surveillance for relevant and timely data to track tobacco use prevalence, health and socio- economic impact, implementation of tobacco control measures, illicit trade patterns and

effectiveness of policy interventions- to support policy decisions, enable comparisons across AU Member States, mobilize political will and strengthen accountability of its Member States in implementation of their commitments under the WHO FCTC.

2. Mobilize Continental and regional multisectoral advocacy coalitions that include civil society, academia, media, and professional associations to raise TC visibility in economic, trade, and development dialogues.
3. Provide technical assistance to AU, its organs, Specialized Agencies, Member States and RECs to develop and implement national, regional and Continental tobacco control policies and support harmonization of policies in line with the WHO FCTC and the AU strategic agenda.
4. Advocate for high level engagement to elevate tobacco control on the AU's political agenda- through Continental declarations and/ or resolutions at forums such as the AU Assembly (Summit of Heads of State and Government), Executive Council, STCs and others.
5. Support national and regional institutional capacity strengthening of policy makers, implementers/ enforcers, regulators, health workers and other stakeholders on the FCTC and its implementation.
6. Support sustainable financing for tobacco control- including through advocating for domestic resource mobilization using health taxes and other mechanisms.
7. Promote public education campaigns on the harms of tobacco use, implementation of the WHO FCTC and the activities of the tobacco industry. In addition, advocate for protection of National, Regional and Continental tobacco control and public health policies against commercial and other vested interests of the tobacco industry, in line with Article 5.3 of the WHO FCTC.
8. Promote continental campaigns for the mainstreaming of tobacco control into AU priorities, including alignment with the Africa Health Strategy 2016-2030, Agenda 2063, Africa CDC Continental Strategy on NCD Prevention, the AU Continental Strategy for Health Security and the African Continental Free Trade Area (AfCFTA).

Session 10: Vote Of Thanks And Closing

Moderator: Amb. Alain Aimé Nyamitwe, ACBF

25. The representative of the WHO FCTC Secretariat thanked the conveners (ACBF, AUC- HHS and Africa CDC), organizers, other participating AUC Departments, Member States, the tobacco control partners in attendance and all other participants for their role in making the meeting a success. He urged participants to follow up on their commitments to ensure that the recommendations of the meeting and aspirations for tobacco control in the African region are achieved.
26. **On behalf of the ACBF, Mr Abdrahamane Dicko** reflected on the significance of the tripartite partnership between the ACBF, The AUC-HHS and the Africa CDC in convening and organizing this first continental dialogue on strengthening tobacco control in Africa.
27. **On behalf of the AUC, the Director for Health, Humanitarian Affairs, Prof. Julio Rakotonirina** thanked all participants for their contribution. He emphasized the importance of following up on the concrete action agreed at the meeting and reiterated the AU's commitment to provide an effective coordination mechanism for continental action on tobacco control.



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