

Tobacco Control in the Era of the AfCFTA

Safeguarding Public Health in Southern Africa

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Summary

The African Continental Free Trade Area (AfCFTA) presents significant opportunities for economic integration across Africa, but it also poses public health risks, particularly through the increased trade in tobacco in Southern Africa. This Policy Brief examines how trade liberalization could undermine progress made under the WHO Framework Convention on Tobacco Control (WHO-FCTC) if health safeguards are not effectively embedded in the implementation of the AfCFTA. It finds that while reduced tariffs, weak regulation, and economic dependence on tobacco threaten to raise consumption, the AfCFTA also provides a platform to harmonize taxation, strengthen enforcement, curb illicit trade, and promote alternative livelihoods. The Brief calls for integrating public health priorities into trade policy to ensure that economic gains do not come at the expense of health, turning the AfCFTA into a catalyst for both prosperity and a tobacco-free future for Southern Africa.

1. Introduction

The African Continental Free Trade Area (AfCFTA), which became operational on 30 May 2019, is one of the most ambitious trade liberalization initiatives in Africa's history. Building upon the vision of the Lagos Plan of Action (1980), the Abuja Treaty (1991), and the New Partnership for Africa's Development (NEPAD), AfCFTA aims to create a single continental market that connects 55 African Union (AU) member states. The agreement seeks to eliminate tariffs on 90% of goods, enhance trade in services, and promote the free movement of capital and people—thereby boosting intra-African trade, industrialization, and sustainable development.

While these economic aspirations are transformative, the implementation of the AfCFTA poses complex challenges for public health governance, particularly in relation to tobacco control. The free movement of goods and investment flows, if not carefully managed, may inadvertently increase the affordability, availability, and marketing of tobacco products, undermining decades of progress made under the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC).

Globally, tobacco use remains one of the leading causes of preventable morbidity and mortality, responsible for over 8.7 million deaths annually, including 1.3 million non-smokers exposed to second-hand smoke. The African region—currently experiencing the world's fastest growth in tobacco consumption—is projected to see a 39% increase in

tobacco use by 2030, the highest regional increase globally. In Southern Africa, the stakes are particularly high. Countries such as Zimbabwe, Malawi, and Zambia are major producers and exporters of tobacco leaf, with the sector providing a significant source of foreign exchange and rural employment. At the same time, smoking prevalence and tobacco-related health burdens remain substantial across the region, straining already fragile healthcare systems.

The AfCFTA's trade liberalization—through tariff reduction, eased customs procedures, and investment incentives—could potentially lower tobacco prices, expand intra-African markets, and encourage cross-border trade in tobacco products. Historical evidence from Southeast Asia and Latin America suggests that trade liberalization, without robust regulation, can lead to significant increases in tobacco consumption. Moreover, porous borders, weak enforcement mechanisms, and the growing influence of multinational tobacco corporations heighten the risks of illicit trade and policy interference. However, the AfCFTA also presents unique opportunities for strengthening tobacco control through regional cooperation. By harmonizing excise tax policies, standardizing packaging and labeling regulations, and enhancing cross-border enforcement, member states can create a coherent policy environment that supports both economic integration and public health protection. Importantly, AfCFTA's Protocol on Trade in Goods (Article 26) and Protocol on Trade in Services (Article 25) include public health exceptions, allowing

countries to restrict trade where necessary to protect human health and safety.

This Policy Brief examines the dual implications of AfCFTA implementation for tobacco control in Southern Africa, highlighting key challenges, emerging

opportunities, and policy options for integrating health protection within the AfCFTA framework. Aligning trade policy with commitments under the WHO Framework Convention on Tobacco Control (WHO FCTC) is crucial to ensure that economic gains do not come at the expense of public health.

2. Emerging Challenges and Opportunities

Challenges

The implementation of the AfCFTA presents complex challenges for tobacco control across the Southern African region. The most pressing concern is the risk that trade liberalization—through tariff reductions and the removal of non-tariff barriers—may make tobacco products more affordable and accessible, undermining national health objectives and reversing progress achieved under the WHO-FCTC. Differences in national regulatory frameworks further complicate enforcement; while countries such as South Africa have advanced tobacco control legislation, others continue to face weak implementation and gaps in policy coverage. This inconsistency encourages cross-border smuggling and makes it difficult to apply uniform standards on packaging, taxation, and advertising.

Another major challenge is the economic dependence on tobacco production in countries such as Zimbabwe, Malawi, and Zambia, where the crop remains a critical

source of foreign exchange and rural employment. This dependence has created political resistance to stricter controls, as policymakers struggle to balance economic priorities with health commitments. The influence of the tobacco industry exacerbates this tension through lobbying and legal challenges that delay or dilute reform. Meanwhile, the region's porous borders, limited enforcement capacity, and uneven adoption of the Protocol to Eliminate Illicit Trade in Tobacco Products (ITP) allow illicit trade to flourish, eroding tax revenues and weakening deterrent measures. Additionally, the emergence of new nicotine products—such as e-cigarettes and heated tobacco—has outpaced regulatory frameworks, exposing young populations to new health risks. These factors collectively demonstrate that without deliberate and coordinated regional action, the AfCFTA could unintentionally deepen the public health burden linked to tobacco use.

Box 1. Industry Litigation Against Public Health Regulation — The Case of Uruguay

In 2010, Philip Morris International sued the Government of Uruguay under a bilateral investment treaty for introducing strict tobacco control measures, including ample graphic warnings and limits on the number of brand variants. The International Centre heard the case under the Convention on the Settlement of Investment Disputes (ICSID). In 2016, the tribunal ruled in favour of Uruguay, reaffirming the State's sovereign right to protect public health.

Lesson for Southern Africa: The Uruguay experience underscores the need for explicit public health exceptions within trade and investment agreements such as the AfCFTA. It demonstrates that legal preparedness and alignment with the WHO-FCTC can help governments withstand industry pressure and safeguard national policy space for health regulation.

Despite these challenges, the AfCFTA provides an unprecedented opportunity to strengthen tobacco control through regional cooperation and policy harmonization. The framework's emphasis on collaboration among member states can be leveraged to develop standardized regulations for tobacco taxation, labeling, and advertising, thereby reducing policy disparities that facilitate illicit trade and industry manipulation. By establishing common excise tax floors and coordinated enforcement mechanisms, countries can discourage tobacco consumption while increasing domestic revenue for health financing. The AfCFTA's institutional mechanisms—such as the Council of Ministers and the Secretariat—offer potential platforms to integrate public health exceptions into trade and investment protocols, ensuring that national tobacco control measures are protected from commercial disputes.

The agreement also opens space for knowledge sharing and technical assistance among Southern

African states. Countries with advanced legislation, such as South Africa and Botswana, can serve as guides for others in strengthening enforcement, adopting track-and-trace systems, and expanding public health campaigns. Furthermore, the AfCFTA's focus on industrial development and value-chain integration can be redirected toward promoting economic diversification and alternative livelihoods for farmers and workers currently dependent on tobacco. Strengthening digital trade regulations also presents an opportunity to monitor online sales and curb the marketing of novel nicotine products to minors. By embedding these measures within the AfCFTA implementation process, Southern African nations can transform the agreement into a platform for both economic growth and regional health protection, setting a continental precedent for integrating trade and public health objectives.

Box 2. ECOWAS Tobacco Tax Directive — A Regional Best Practice

In 2017, the Economic Community of West African States (ECOWAS) adopted a Tobacco Excise Tax Directive, which established a minimum 50% ad valorem tax and a specific excise component on all tobacco products. This measure reduced price disparities, curtailed cross-border smuggling, and generated new revenue for health programs. Countries such as Senegal and Côte d'Ivoire have since reported declines in tobacco consumption and increased fiscal space for public health expenditures.

Lesson for Southern Africa: The ECOWAS model offers a practical blueprint for regional tax harmonization under the AfCFTA. A similar approach could align tax regimes, close smuggling loopholes, and ensure that trade integration supports—not undermines—health protection.

3. Policy Options

Building on the challenges and opportunities identified, a set of strategic policy options emerges to help Southern African countries balance trade liberalization under the AfCFTA with their obligations to protect public health and advance sustainable development. These options are designed to ensure that tobacco control measures are not undermined by economic integration, but rather strengthened through coordinated regional action. They emphasize the harmonization of fiscal and regulatory frameworks, the integration of public health safeguards within

trade agreements, and the promotion of alternative livelihoods for communities reliant on tobacco production. By adopting evidence-based and regionally coherent policies, Southern Africa can demonstrate that economic growth and public health protection are mutually reinforcing objectives, rather than competing priorities.

Table 1. Policy Option

Policy Area	Strategic Option	Expected Impact
Taxation	Harmonize excise taxes at a minimum of 70% of the retail price (as recommended by the WHO).	Reduces consumption, increases revenue.
Trade Regulation	Integrate public health exceptions in AfCFTA's goods and services protocols.	Safeguards health over trade interests.
Illicit Trade Control	Ratify and implement the Protocol to Eliminate Illicit Trade in Tobacco Products (ITP).	Strengthens border enforcement, protects fiscal space.
Emerging Products	Enact laws covering e-cigarettes and heated tobacco products.	Closes regulatory loopholes, protects youth.
Regional Cooperation	Create an AfCFTA Tobacco Control Coordination Platform under SADC/ACBF leadership.	Promotes information sharing and harmonized policy responses.
Alternative Livelihoods	Incentivize agricultural diversification through AfCFTA investment and green financing.	Mitigates economic reliance on tobacco.

4. Recommended Actions

To translate these policy options into measurable impact, Southern African countries and regional institutions must adopt a coordinated and phased approach that aligns trade, fiscal, and health objectives. Action is required at both the regional and national levels to ensure that the benefits of AfCFTA implementation do not come at the expense of public health.

At the regional level, there is an urgent need to integrate public health considerations into AfCFTA protocols on goods, services, and investment. The SADC Secretariat, in collaboration with ACBF and the AfCFTA Secretariat, can facilitate the development of a Regional Tobacco Control and Trade Framework that harmonizes taxation, packaging, and advertising standards while strengthening mechanisms to combat illicit trade. Establishing a Joint AfCFTA–FCTC Working Group would provide a platform for sustained dialogue between trade and health authorities, ensuring that trade policy decisions remain consistent

with the WHO-FCTC commitments. Furthermore, a regional track-and-trace system could be deployed through customs cooperation to monitor tobacco flows and curb smuggling across borders.

At the national level, governments should prioritize strengthening legislative and fiscal measures, including higher excise taxes, plain packaging, and comprehensive bans on tobacco advertising, promotion, and sponsorship. Revenue generated from increased tobacco taxation should be allocated to health promotion, cessation programs, and alternative livelihood initiatives that target farmers and small-scale producers. Countries should also move swiftly to ratify and operationalize the Protocol to Eliminate Illicit Trade in Tobacco Products (ITP) and adopt clear regulatory frameworks for novel nicotine products such as e-cigarettes and heated tobacco devices.

Level	Priority Actions	Expected Outcomes / Impact
Regional Level	• Integrate public health safeguards in AfCFTA trade protocols • Establish a Joint AfCFTA–FCTC Working Group to coordinate trade and health agendas. • Develop a SADC Tobacco Control and Trade Framework harmonizing taxes, labeling, and advertising rules. • Deploy a regional track-and-trace system for tobacco products through customs collaboration. • Facilitate joint training for enforcement and regulatory agencies.	• Strengthened alignment of trade and health policy. • Reduced illicit trade and tax evasion. • Enhanced regional coordination and policy coherence. • Improved enforcement capacity and accountability.
National Level	• Increase and harmonize excise taxes in line with WHO–FCTC benchmarks. • Adopt plain packaging and comprehensive advertising bans. • Earmark part of tobacco tax revenues for health promotion and cessation programs. • Regulate emerging products (e-cigarettes, heated tobacco). • Promote alternative livelihoods through agricultural diversification.	• Decreased affordability and consumption of tobacco. • Sustainable financing for health systems. • Protected youth and vulnerable groups. • Reduced dependence on tobacco farming.

Together, these measures will position Southern African countries to leverage the AfCFTA as a platform for health-conscious trade integration—transforming regional cooperation into a driver of both economic resilience and population well-being.

5. Conclusion

The implementation of the AfCFTA represents a transformative milestone for Africa’s economic integration, but it also presents a defining test of how the continent balances growth with social and health responsibilities. For the Southern African region, where tobacco remains both an economic commodity and a public health threat, the challenge is to ensure that the benefits of freer trade do not undermine decades of progress in tobacco control. The evidence shows that without deliberate safeguards, trade liberalization can increase the affordability and accessibility of tobacco products, leading to higher consumption and preventable disease burdens. Yet, with strategic policy design, AfCFTA can also become a powerful tool for harmonizing regulations, strengthening enforcement, and advancing a unified regional approach to health protection.

To achieve this, countries must embrace a whole-of-government and whole-of-region approach that integrates health priorities into trade, agriculture, finance, and investment agendas. The alignment of

national laws with the WHO Framework Convention on Tobacco Control (WHO–FCTC), coupled with coordinated regional frameworks under SADC and ACBF leadership, will be critical for sustaining public health gains. Equally important is the commitment to inclusive implementation—engaging civil society, farmers, researchers, and the private sector in developing alternative livelihoods and innovative solutions that reduce dependence on tobacco production.

Ultimately, the AfCFTA offers an unprecedented opportunity to redefine what sustainable development means for Africa. By embedding public health safeguards, fiscal responsibility, and social equity within its implementation, Southern African countries can demonstrate that trade integration need not come at the cost of health and human capital. Instead, it can serve as a catalyst for a healthier, more resilient, and more prosperous Africa—where economic transformation and the well-being of people move forward hand in hand.

6. References

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Note

This Policy Brief was prepared by the staff of the African Capacity Building Foundation (ACBF). It is based on original research commissioned by ACBF, conducted by SKIQA, titled “The Challenges and Implications of Implementing the African Continental Free Trade Area (AfCFTA) on Tobacco Control Policies in Central and West Africa,” completed in December 2024. The analysis, findings, and recommendations presented herein draw substantially from that research, with additional inputs and contextual analysis by ACBF staff. The research and related knowledge products are part of the Capacity Building for Sustainable Tobacco Control in Africa (TC3) Program implemented by ACBF and supported by the Gates Foundation.



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