Executive Summary

Despite considerable international activity in tobacco control including shaping the Framework Convention on Tobacco Control (FCTC), comprehensive national legislation has been a struggle to achieve. Accordingly, the most recent tobacco control efforts in Ghana, including the ATSA initiative, have focused on advocating for national comprehensive legislation. Unfortunately, the legislation has been stalled for more than five years. It is not clear how much support there is for the legislation in either the new cabinet or the national legislature. High-level changes in the health ministry have complicated these efforts so the advocacy community has been once again regrouping to assess the potential for high-level support.

In the interim, the tobacco control community has identified other goals that may be more feasible in the short-term. With comparatively low prevalence rates (approximately 5%) and a public generally compliant with informal tobacco control norms – particularly smoke-free public places of various sorts (e.g. hospitals, educational institutions, public transport, etc.) – a formalization of existing rules and regulations with an emphasis on enforcement could be sought concurrent to the pursuit of the broader legislation.

The Research and Development Division (RDD, formerly the Health Research Unit of the Ghana Health Service (GHS)) has been the principal lead of the ATSA team. While this unit is well poised to conduct health research (it has strong ties to the Universities of Ghana and Nottingham) and public education, it has limitations, as an official government entity, in advocating effectively for policy change. Civil society organizations, including Vision for Alternative Development (VALD) and Healthy Ghana, have begun to be more outspoken publicly about tobacco control issues, and their participation will be central to the success of current initiatives. Furthermore, engaging other parts of the government in tobacco control will also put pressure on policymakers to effect change. Recently, in a very encouraging development for the tobacco control community, the Food and Drugs Board has taken a more assertive role, particularly in the area of warning labels on packages. External donors have been supporting the push for broad national legislation.
Ghana

2009 Population (World & Africa Ranking): 23,832,495 (46,9)
Geographical Size & Ranking: 238,533 sq km (88)
2008 GDP by Purchasing Power Parity (Rank): 34.2 Billion US Dollars (100)
GDP Real Growth Rate 2006-08: 6.4%
2008 GDP per Capita (Ranking): $1,500 US Dollars (197)
Main Industries: Mining, Lumbering, Light Manufacturing, Aluminum Smelting, Food Processing, Cement, Small Commercial Ship Building, cocoa, rice, cassava (tapioca), peanuts, corn, shea nuts, bananas; timber
Languages: Asante (15.8%), Ewe (12.7%), Boron or Brong (4.6%), Dagomba (4.3%), Dangme (4.3%), Dagarte or Dagaba (3.7%), Akyem (3.4%), Ga (3.4%), Akuapem (2.9%), Other (Includes English (official), 36.1%)
ODA as a percent of GDP: 5.5%
Largest Donors (disbursements): UK 152, Netherlands 142.2, EC 85.5, USA 70.7, Canada 54.5, Denmark 53.5, Germany 52.7, France 52.5, Global Fund 47, Japan 46.5
2007 Tobacco Production in Volume: Tobacco unmanufactured: 2700 tons, 75 World Rank
2007 Tobacco Exports: Tobacco unmanufactured: 2455 tons at $2,637 per ton, # 17 export
Tobacco Imports: N/A

Brief Description of Political System

Type: Ghana is a constitutional democracy with a presidential system.
Executive: The president is John Atta Mills as of January 2009. He is the chief of state and head of government.
Cabinet: Members of the Cabinet or Council of Ministers are appointed by the President and approved by the parliament.
Legislature: This is a unicameral parliament with 230 seats that are up for election every 4 years through direct popular vote. The 2008 election produced a legislature dominated by the National Democratic Congress (114 seats) and the National Patriotic Party (107 seats).
Judiciary: Supreme Court

Prevalence

Summary: Early prevalence studies vary considerably in their results so it is difficult to determine whether tobacco use is increasing. Recent data seem to point to adult rates of 6% for men (although regional variations exist) and much lower for women. The 2005 GYTS indicates that 4.5% of 13-15 year old males were smokers compared to 3% of females. Amongst this age group, however, approximately 12% of both males and females used other forms of tobacco.

In Ghana there are several common forms of tobacco use, though cigarette smoking is the most widespread. Other major forms of use include pipe smoking, chewing, sniffing and oral or nasal use of smokeless tobacco. There were no national prevalence data on tobacco use in Ghana until the early 2000s, and before that time, prevalence data were not representative of the whole country. Earlier prevalence data were in the form of small sample surveys and the Global Youth Tobacco Survey (GYTS). These surveys conducted between 1970 and 2008 showed prevalence rates ranging from 3% to 33% due to the variation in sample sizes, data collection tools and target population. Apart from the 2008 study on „Smoking uptake and prevalence in Ghana” undertaken in the Ashanti region, most of the earlier prevalence studies were concentrated in Accra and its environs.

In a study on cigarette smoking habits of secondary school students in the Accra district of the Greater Accra Region in 1994, Adanu found that 4.1% of students in a particular mixed school had smoked before and 2% smoked cigarettes regularly (N=100). In the survey, 88% of students reported that smoking was a problem among secondary school students. According to Adanu, those students who smoked were aware that school rules stipulated a punishment for those caught smoking in school (Wellington, Edith K 1994 Tobacco or Health in Ghana unpublished report to WHO, Ghana).

Dennis-Antwi et al. (2003) in a national survey to determine the prevalence and social consequences of substance (drug) use among 2500 second-cycle and out-of-school youth found that 8.7% respondents had ever smoked cigarettes. Users were influenced to smoke by friends (31.7%) and social pressure (31.2%), and a higher proportion (71.3%) smoke in groups while about 28.7% smoke individually. For about six months prior to the study, of the smokers, 37.8% were regular smokers who smoked daily. About 27.1% of smokers had been smoking for about a year; 17.8% for 2 years; and 19.5% for 3 years. Apart from cigarette smoking, 27% of the users chewed or sniffed tobacco as a regular habit once or twice a day.

In 2000, Ghana joined the Global Tobacco Surveillance System (GTSS) and undertook the first GYTS. This study was repeated in 2005 and 2009 and data from these surveys are the most representative for youth in the country. The GYTS focuses on youth aged 13 -15 and collects information in junior secondary schools. A total of 9,990 students participated in the Ghana GYTS in 2005. Table 1 presents some of the key findings including current smoking rates of less than 5% for males and females.
For the current smokers, 18.5% mostly smoked at home. On the issue of environmental tobacco smoke 39% reported being around others who smoke in places outside their home, while another 39.6% thought that smoke from others is harmful to them (Wellington, 2005).

The most recent national smoking prevalence data come from studies conducted as part of the GTSS and the Ghana Demographic Health Survey (GDHS). The first attempt at a national adult survey was in 2008 when the GDHS asked a few questions on the extent of smoking among Ghanaian adults. Women and men were asked if they currently smoke cigarettes or use other forms of tobacco. Results from the GDHS demonstrate that smoking in Ghana is higher in men than in women. Almost all women and 93% of men said they do not use tobacco at all and only 6% of men said they currently smoke cigarettes. Among men, the highest proportion of current smokers is in the Northern (11.9%), Upper East (11.6%) and Upper West (12.9%) Regions.

**Politics of Tobacco**

**Summary:** Ghana has demonstrated a commitment to tobacco control through international activities but has been slow to develop national tobacco control legislation. Much of Ghana’s success in tobacco control has come from administrative rules. A National Tobacco Control Steering Committee was set up in January, 2002 to draft a Tobacco Control Bill. While several politicians have expressed support for this Bill, after its introduction in 2005, it has not yet been passed as of early 2010. A number of NGOs have formed a coalition and are working to support the Bill. At the same time they are exploring other avenues for policy making including working with the Environmental Protection Agency and Ghana Tourist Board to develop and support smoke-free policies, and collaborating with the Food and Drugs Board to improve warning labels on cigarette packages.
Broadly speaking, Ghana has demonstrated commitment to tobacco control, particularly internationally. Notably, Ghana participated actively in the development of the World Health Organization’s Framework Convention on Tobacco Control (FCTC), and was one of the first five African countries to become a Party to the Convention in November, 2004. Ghana has also played active roles and chaired committee meetings at the Conference of Parties 1 and 2 in Geneva (2006) and Thailand (2007) respectively. It also played a leading role in tobacco control activities and programmes worldwide that included the Framework Convention Alliance seminar for NGOs in the AFRO region in 2007; the First Session of the Intergovernmental Negotiating Body on the Protocol on Illicit Trade in Tobacco Products in Geneva in February, 2008; and hosting a WHO-sponsored Consultation on Regional Capacity Building for Tobacco Control in Africa.

Although the national government of Ghana has been supportive rhetorically of tobacco control, related policy development has been slow. Apart from ratifying the Framework Convention on Tobacco Control (FCTC) in 2004, governments have continued to show an unenthusiastic attitude toward passing the Tobacco Control Bill. Successive governments, however, have adopted various more narrow policies, including legislative and administrative measures, concerning tobacco control. In fact, much of Ghana’s tobacco control success has come from administrative rules, not national laws. Most directives have come out of pronouncements by government officials during commemorations of World No Tobacco Days. These pronouncements have held over time because of people’s goodwill and not because they have any substantial legal basis.

There are clear examples of contemporary ministerial directives on tobacco control that have demonstrated some effectiveness. First, the Ministry of Education prohibits the smoking of cigarettes by both students and teachers at the pre-tertiary educational level during school and working hours, and there are prescribed stiff punishments for those caught smoking. Second, the Ministry of Transportation restricts smoking on public and private commercial transport, including the Ghana Private Road Transport Union (GPRTU) and Inter City STC buses, and on both local and international flights. Third, the Ministry of Health has prohibited smoking in all of its health care facilities in the country, a measure that remains in force. Additional pronouncements by government officials in the 1980s placed restrictions on smoking in government facilities, offices, and public places including restaurants and cinemas. The effectiveness of these measures has never been studied rigorously, so the actual levels of compliance are not well documented.

Based on the overwhelming support from the general public for tobacco control, the National Tobacco Control Steering Committee was set up by the government in January, 2002 and mandated to draft a Tobacco Control Bill. The need for this legislation was given a further boost by the country’s ratification of the FCTC. The ratification led to the re-drafting and editing of the draft Bill in 2005 before submitting it to Cabinet by the then Minister of Health. In 2008-09, the draft bill was reviewed by local and international experts and re-submitted to the Attorney General’s Office for onward submission through the Minister of Health to Cabinet. For a variety of reasons, progress on the bill has stalled. As of early 2010, it was not clear if the bill would be passed from the cabinet to the legislature as is the legislative process in Ghana.

At the legislative level, there is some evidence of support for the bill. After several advocacy meetings with members of parliament (MPs), particularly the Select Committee on Health,
several MPs have given assurances of their strong support for the passage of the bill. In demonstration of this support, members have made statements on the floor of the House and provided a signed statement of commitment to the advocacy team at a three-day exhibition in parliament house.

Much of the support for and efforts to promote tobacco control are coming from the agency level in the national government. Encouragingly, this support is widespread and includes key ministries such as Health; Education; Finance; Environment, Science and Technology; Tourism; and Justice.

The Ghana Education Service (GES) in the Ministry of Education (MOE) is a major partner for the implementation of smoke-free policies in public places with specific reference to schools and all institutions of learning. The GES is a key partner in the provision of health services to the population. It is represented on the Ghana Health Service (GHS) Council as a major policy decision making body. Concerning implementation of relevant policy, the School Health Promotion (SHEP) Coordinators at the national, regional and district levels are already actively working with the Focal Point for Tobacco Control.

The Environmental Protection Agency (EPA), under the Ministry of Environment, Science and Technology, co-manages, protects and enhances the country's environment, as well as seeking common solutions to global environmental problems. Though much energy is being exerted on outdoor air pollution quality monitoring in Ghana, indoor air pollution monitoring is also being executed by the EPA on a smaller scale. The Agency has seven main divisions, and the two involved in indoor-air quality issues specifically are the Information Education and Communication division and the Environmental Compliance and Enforcement division.

One of key roles of the EPA is that it already has a law on indoor air pollution that will support new smoke-free policies. This law, though not specific to tobacco control, can be used by smoke-free advocates to illustrate that indoor air pollutants should be eliminated. Through the National Steering Committee meetings, the EPA has already expressed its willingness to use these laws accordingly for tobacco smoke. The EPA is also important in that it has offices across Ghana, and with its existing teams of inspectors can be one of the agencies involved actively in enforcement.

The Ghana Tourist Board (GTB) is the sole government agency that implements the government’s tourism policies. It is mainly a research, marketing and regulatory body under the Ministry of Tourism with a mandate to develop, promote and coordinate all tourism activities in Ghana. The GTB is a major stakeholder in a smoke-free policy intervention because it has jurisdiction over some of the largest public places with broad visibility to the public. The tourism sector in general, but especially the GTB, has been an ally to the GHS in its tobacco control efforts. The GTB, working in partnership with the hospitality industry (i.e. restaurants, bars, nightclubs etc.), has gone ahead to create smoke-free places within their facilities, and even made public commitments to support a proposed broader ban on smoking in public places.

Two departments of the GTB will be pivotal to tobacco control efforts. First, the Quality Assurance Department inspects, classifies licenses, regulates and registers accommodation and catering/eating enterprises, as specified under Legislative Instrument 1205. This department and its teams of inspectors are particularly key to enforcement of smoke-free policies. Second, the Public Relations Department ensures the free flow of information.
between the Board and the general public; evolves strategies and machinery for explaining and promoting public understanding of the activities of the Board; prints publications on the activities of the Board /Industry for the public and specified agencies; and monitors the print and electronic media on public opinion concerning activities of the Board / Industry. In terms of spreading messages related to tobacco control and the tourism sector, this department is instrumental.

The Food and Drugs Board (FDB) in the Ministry of Health is another pivotal agency in the tobacco control effort. In particular, the Board has a department known as Tobacco and Substance Abuse, which currently regulates imported tobacco products. It requires packages to state the place of origin, and to bear the inscription “for sale in Ghana,” in order to better identify licit from illicit cigarettes. The FDB has registered importers of cigarette products, and put in place a permit system to monitor and regulate these importers. Almost all cigarette brands imported into Ghana have been duly registered (importers also have to register with Customs and Excise, see below). As of 2009, the FDB was also working on improved health warning labels on all tobacco packaging. Finally, the FDB has a team of inspectors who could potentially play enforcement roles for a number of tobacco control areas.

The Research and Development Division (RDD), formally known as the Health Research Unit, is a division within the Ghana Health Service (GHS), under the Ministry of Health is the major stakeholder. The service is the secretariat of the National Tobacco Steering Committee and through the Focal Point for tobacco control coordinates all tobacco control activities in Ghana.

Actors from the key national health institutions have also begun to play active roles in tobacco control. For example, staff from both the Health Promotion Unit of the Ghana Health Service (Ministry of Health) and the Accra Psychiatric Hospital have devoted their time as resource people to tobacco control efforts. Also, psychiatric nurses with counselling skills in drug abuse and HIV/AIDS were introduced to provide tobacco control cessation and counselling service to smokers in the capital.

Several other important agencies are playing important roles in tobacco control. The Customs, Excise and Prevention Service (CEPS) from the Ministry of Finance serves on the National Steering Committee on Tobacco Control and has been examining strategies to address smuggling. The Attorney General’s office in the Department of Justice and the Ghana Standards Board also serve actively on the National Steering Committee on Tobacco Control and helped to facilitate the drafting of the National Tobacco Control Bill.

Civil society action is paramount to the success of tobacco control efforts in Ghana. Civil society groups advocate to: influence policy change; sensitize communities to tobacco issues; create awareness about the dangers of second-hand smoke; and mobilize society for action to compel government to issue directives, as well speed up the passage of the tobacco control law.

The Coalition of NGOs in Tobacco Control (CNTC), an organization made up of over 15 NGOs, is the key civil society group that leads the effort from the non-governmental side. Specific NGOs include the Network for Community Planning and Development (NECPAD), Healthy Ghana, the Movement Against Tobacco and Substances of Abuse (MATOSA), the Communication for Development Centre (CfDC), Healthpage Ghana, Vision for Alternative
Development (VALD), the Future Rescue Foundation, and the Integrated Social Development Centre (ISODEC). The Coalition has so far sensitized stakeholders – including the media, the hospitality industry, the Ghana Actors Guild, etc – on the need for a smoke-free ban.

Other civil society groups identified to play critical roles include Coalition of NGOs in Health made up over 300 members, and major health professional organizations including the College of Physicians, and the Nurses and Midwives associations.

Healthy Ghana is a health-based NGO created to provide a healthy population in a healthy environment, and to live up comprehensively to their identified social determinants of health. It has since its founding in 2008 published extensively on healthy lifestyle issues and has addressed many corporate bodies, schools and civil society organization. Healthy Ghana has also written extensively on exercise, environmental sanitation, air quality, dust inhalation, nutrition, economic and poverty issues in the Ghanaian print media. The Executive Director of Healthy Ghana, Professor Agyeman Badu Akosa, has been the pillar of tobacco control activities in Ghana. He is a past Director-General of the Ghana Health Service, a position he held for 5-years, during which time he raised advocacy efforts on tobacco control. He is past president of both the Ghana Medical Association and the Commonwealth Medical Association. He is also a recipient of the National Honor, the Companion of the Order of Volta; and a fellow of a number of prestigious scientific institutions. Currently, Prof. Akosa is a Professor of Pathology at the University of Ghana Medical School.

The Network for Community Planning and Development (NECPAD) is a non-governmental, non-for-profit organisation with a focus on sustainable community development, social justice, poverty alleviation, gender equality, and related research and advocacy. The NECPAD is committed to the use of participatory approaches (including poverty-sensitive, demand-responsive gender participatory approaches) and networking in the pursuit of its agenda. It has been involved in the fight against the use of tobacco in all its forms in Ghana by conducting awareness-raising programmes and advocating for policy formulation on tobacco control. The organisation is a key member of the Ghana Anti-Tobacco Use Alliance (GATUA).

Vision for Alternative Development (VALD) is an NGO established to promote alternative initiatives and development at all levels of society. It engages in health promotion and information about tobacco control. The organization – particularly its Executive Director, Issah Ali and its General Secretary, Labram Musah – has been very vocal recently about tobacco control generally, and being FCTC-compliant specifically.

The Movement Against Tobacco and Substance Abuse (MATOSA), headed by Mr. Oscar Bruce, has been a fervent advocate against anything related to tobacco. More generally, it has also been involved in public awareness creation and rehabilitation services of ex-addicts. Similarly, Mr. Frederick D. Aye, the Executive Director of the Consumers Association of Ghana, has focused mainly on advocating against anything that could be harmful or has negative health consequences on the ultimate consumer in the country. He has served on the National Steering Committee since 2002 and participated in almost all tobacco control activities in Ghana.

Finally, the tobacco control community has a great deal of academic support. In particular, the Department of Community Health of the School of Medical Sciences – Kwame Nkrumah
University of Science and Technology, and the School of Public Health at the University of Ghana, have been heavily involved with conducting tobacco-focused research that will directly support advocates with evidence-based arguments.

Tobacco Industry

**Summary:** Once the sole manufacturer of tobacco products in Ghana, BAT Ghana closed its factory at the end of 2006. There have been no follow-up studies since then to determine how this closure has affected tobacco farmers and other peripheral employees. Since that time, the Customs and Excise Prevention Service has signed a memorandum of understanding with the industry to prevent smuggling and counterfeiting of BAT products on the Ghanaian market.

**Production/marketing/revenue:** The presence of the tobacco industry in Ghana dates back to the independence era when most companies sought to establish businesses in the newly independent state. For a number of years, three tobacco manufacturing companies operated in the country until British American Tobacco (BAT) became the sole local manufacturer in Ghana after its merger with Meridian Tobacco Company in 1999 (BAT Ghana Annual Report and Financial Statements, 2004). The core business of BAT was cigarette manufacturing and marketing.

The company’s current brand portfolio includes State Express 555, Embassy, Rothmans Kingsize, Diplomat, London Kingsize, Diplomat Menthol, London Menthol and Tusker. Their brands have both 10- and 20-stick packs. The company was formally listed on the Ghana Stock Exchange in July 1991. BAT held 55% shares in the company with the remainder owned by Ghanaian and foreign investors.

BAT Ghana however, closed down its factory in December 2006, indicating that the move was “part of its drive to optimize its business processes including its supply chain, which will enable the organization to take advantage of the emerging economic integration in Africa to benefit from a reduced cost base, in line with the strategy of the British American Tobacco Group”. BAT Ghana has since delisted from the Ghana Stock Exchange (British American Tobacco Ghana 2007 Annual Report and Financial Statements).

**Employment:** There is scanty information on tobacco industry employment in Ghana. In terms of cultivation of tobacco, BAT Ghana sponsored its registered farmers to cultivate flue and air-cured types of tobacco. The farmers were assisted with loans and inputs like fertilizers, improved seeds and pesticides. They also benefitted from extension services from the company’s field staff that gave farmers close attention throughout the various stages of production from seedbed and land preparation, field practices, through to harvesting, curing and grading. The company finally bought the farmers’ produce at agreed prices and made prompt cash payment. The company obtained over 80 per cent of its leaf requirement from the domestic growing programme and exported the surpluses to overseas customers. BAT Ghana reports that the provision of the necessary resources and extension service support
resulted in high earnings for their farmers. In 2004, for example the farmers earned about 22.2 billion cedis from tobacco cultivation.

In 2005, the company employed 260 full time staff and 1,300 registered farmers who earned a living from growing tobacco leaf. There were 13 distributors with approximately 250 employees, 1800 wholesalers and over 20,000 retailers (BAT Ghana Annual Report and Financial Statements 2005). Since BAT left Ghana, there have been no follow-up studies to determine how much these employment statistics have changed.

Interaction with Government: Currently, there are no multi-national tobacco manufacturing companies in Ghana but there are marketing agencies importing tobacco products into the country. It is not known if foreign tobacco industries are actively involved in the political process related to tobacco control in the country. Thus the tobacco industry’s level of involvement in lobbying, political contributions, appointments to government committees or government commissions, or former government officials holding posts within the tobacco industry are not known or visible.

However, the Custom Excise and Prevention Service (CEPS) have signed a Memorandum of Understanding (MOU) with the tobacco industry. The MOU advocates equal roles and a common purpose for the two bodies to provide each other with information and training to eliminate smuggling and counterfeiting of BAT products on the Ghanaian market (GNA, 2007). It is not known if these agreements will weaken the implementation of the FCTC in the country. Ghana has not passed any previous measures/policies with the tobacco industry, but there are no policies that regulate the Ministry of Health and other officials’ meeting with the tobacco industry.

There are also no policies preventing joint ventures between the tobacco industry and the government. In previous years, the major tobacco industry lobbyists in Ghana were from BAT, and anecdotal evidence suggests that the tobacco industry influences policy makers. However, their direct or indirect influence in the drafting of tobacco control legislation remains unknown.

Inventory of Existing Laws and Regulations

Summary: Although successive national governments have expressed rhetorical support for tobacco control, they have been slow to take concrete action other than the ratification of the Framework Convention on Tobacco Control (FCTC) in 2004. Ghana has no existing tobacco control laws or regulations and has had to rely on ministerial directives. These directives have remained in place over the years, supported by the goodwill of citizens. Though not legally binding, anecdotally the bans have proven to have modest gains. The effectiveness of these measures, however, has never been studied, so the actual levels of compliance are not well documented.
Based on support from the general public for tobacco control, a National Tobacco Control Steering Committee was set up by the government in 2002 to draft a Tobacco Control Bill. The need for this Bill was heightened following the government’s ratification of the FCTC in 2004 and resulted in the re-drafting and editing of the draft Bill in 2005. The Bill has been reviewed by local and international experts and has been re-submitted for consideration by the Council of Ministers (the Cabinet). A number of NGOs have formed a coalition (the Coalition of Non-government Organizations in Tobacco Control – CNTC) and are working to support the Bill.

Smoke-Free Policies

**Summary:** There are a number of ministerial directives that regulate smoking in government buildings, health and education facilities, and public transport.

First, in the 1980s, government placed administrative restrictions on smoking in governmental facilities, offices and public places including restaurants, and cinemas. Similarly, the Ministry of Health has administrative restrictions prohibiting smoking in all its health care facilities throughout the country. The Ghana Education Service has an administrative ban on smoking at all pre-tertiary educational level schools. Students caught smoking are punished or suspended or dismissed. Teachers and other staff are restricted from smoking during school/ working hours and within the school premises. Finally, the Ministry of Transportation restricts smoking on public and private commercial transport, including the Ghana Private Road Transport Union (GPRTU) and Inter City STC buses, and on both local and international flights.

Advertising, Promotion and Sponsorship

**Summary:** There are no national laws that ban or restrict tobacco products advertising in Ghana. Concerned about the impact of advertising, promotion and sponsorship aimed at encouraging the use of tobacco products, the Provisional National Defense Council (PNDC) government in December 1981 issued a directive that banned tobacco product advertising on national television, radio and newspapers. However, some forms of indirect tobacco advertising occur through the mass media.

There are no national laws that ban or restrict tobacco product advertising through cable TV, satellite TV, international radio, internet, international printed newspapers/ magazines/ leaflets/ booklets, cinema and rental videos. The industry has also taken advantage of the lack of a law to advertise their products on large billboards, outdoor walls, and points of sale/kiosks. However, in January 2002, there was public outcry about BAT painting the walls of one of the large markets in Accra (Kaneshie market) to display one of its brands (London King Size). BAT argued they did not flout the country's laws against public advertising of tobacco products. However, BAT agreed to paint off the walls of the market.

Packaging and Labeling
Summary: As early as 1989, a ministerial directive required warning labels on tobacco packages. Since then, other administrative policies have mandated the size and nature of those warning as well as imposing requirement for ingredient disclosure.

There is a ministerial directive from 1989 that requires warning labels on 5% of the side of tobacco product packaging. There were no restrictions on text and substance. As of early 2010, until the passing of the tobacco control bill, the following are the administrative policies in place:

- Beginning in July 2009, all imported tobacco products packages were to have one of twelve existing rotational health warnings.
- The Health warning shall cover about 50 percent of the total surface of the packet or the label.
- Ghana Standards Board measures ingredients in tobacco products. Such information is required to be disclosed to government. Tobacco products are regulated with respect to content and/or design for nicotine.
- The Ghana Standards Board has specifications for cigarette sampling procedures required to ensure compliance to the standard as well as prescribe the methods of testing for tobacco and tobacco products. (GSB – GS105-1; 1992)

Taxation

Summary: While taxation policies exist for tobacco products they are not part of a strategy to control tobacco use.

There are currently several tobacco-related tax provisions in place in Ghana, but they are not designed specifically as deterrents to tobacco use.

Previously (when there was tobacco manufacturing in Ghana), Ghana had a per-stick excise tax on cigarettes. There are four levels of per-stick taxation, based on the brand of cigarette. Premium brands (State Express and Rothmans King Size) are levied .0275 GH cedi per stick, high brands (Embassy and Diplomat) .0235/stick, medium brands (London Menthol and London King Size) .0175/stick, and low brands (Pall Mall and Tusker) .010/stick. These rates do not apply to non-cigarette forms of tobacco, which are charged ad valorem taxes. Cigars are levied a tax of 140% of factory price, while snuff and miscellaneous forms of tobacco are taxed at 170.65% of factory price.

Since the tobacco industry stopped manufacturing in 2006 there is no longer any excise tax on cigarettes. However there is an import duty of 140% of cost, insurance, and freight (CIF) value. Though deemed high by international standards, it is not designed to be a punitive measure. In addition, there is a value-added tax (VAT) of 12.5% and a National Health Insurance Levy (NHIL) of 2.5% on all products. Finally, there are separate 0.5% levies for ECOWAS (the Economic Community of West African States) and the domestic Export Development and Investment Fund (EDIF), which are applicable to all forms of tobacco.

Tobacco Control Community
Government

1) Customs, Excise and Preventive Service (CEPS), Ministry of Finance
2) Environmental Protection Agency (EPA), Ministry of Energy
3) Food and Drugs Board, Ministry of Health
4) Ghana Tourist Board, Ministry of Tourism
5) Parliamentary Select Committee on Health
6) Research and Development Division (RDD), Ghana Health Service
7) Alhaji Abdul-Rahman Yakubu - is a Health Promotion Officer of the GHS. He lives, works and represents the GHS in the Northern Region of Ghana on tobacco control.
8) Prof. Johnny Gyapong – Director of the RDD - GHS. He is the co-leader of the ATSA team. His portfolio encompasses a great deal more. He oversees almost all research activities in GHS where the focal point of tobacco control has her desk.
9) Gabriel Nii Teiko Tagoe – an Assistant Commissioner and a Legal Counsel of the Legal department of Customs, Excise and Preventive Service (CEPS). He has been the key person working on tobacco control at CEPS. He is exceptionally knowledgeable about tobacco taxation issues.
10) Edith Wellington – is a Principal Health Research Officer and Focal Person for Tobacco Control at the RDD of the GHS. She is the leader of the ATSA team. She is the day-to-day “operating officer” for tobacco control efforts in the GHS.

Civil Society:

1) Coalition of Non-government Organizations in Tobacco Control (CNTC)
2) Mr. Frederick D. Aye – Executive Director of the Consumers Association of Ghana
3) GATUA – Ghana Anti-Tobacco Use Alliance
4) Prof. Agyeman Badu Akosa – Healthy Ghana
5) Vision for Alternative Development (VALD) – Mr. Issah Ali is Executive Director of VALD
6) Mr. Oscar Bruce – Head of MATOSA
7) Paul Asamoah Kukwaw is the Programme Coordinator of NECPAD, and also a member of the ATSA team and National Steering Committee.
8) Mr. Labram Musah – General Secretary of VALD.
9) Dr. Kwaworah
10) Dr. Akwasi Osei
Academic/Research

1) Dr. Moses Aikins – is a public health lecturer and researcher at the School of Public Health, University of Ghana (Legon). He attended the ATSA regional meeting in Nairobi in June 2008 and the ATSA-Ghana team meeting in December 2008.

2) Prof. John Britton – is the head of Epidemiology and Public Health at the University of Nottingham, UK who has been involved in several major academic projects about tobacco in the UK. He is a member of the ATSA team.

3) Dr. Samuel Sackey is a public health lecturer and researcher from the School of Public Health at the University of Ghana. He is also a member of the ATSA team.

International Organizations and Partners:

1) Ms. Sophia Twum-Barima – is the Health and Information Officer and Focal person for tobacco control at World Health Organization (WHO).