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## **Senegal**

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### **Executive Summary**

*While tobacco control had a very hopeful few years in the early 1980s when relatively comprehensive legislation (at least for the time and place) was introduced, advocates have struggled in recent years to make progress. In part due to an economically strong industry lobby and media support of the industry, most of the measures were rolled back in subsequent legislation (mainly in 1985). Consequently, there is very little in the way of current tobacco control measures in Senegal. Not surprisingly, perhaps, prevalence rates are high (though reportedly poorly and unsystematically measured) with adult smoking rates over 30%, and perhaps greater than 40%. Youth rates appear to be lower at around 15%.*

*Though, as of early 2010, a team of proponents of tobacco control is pursuing new comprehensive legislation within a Ministry of Health working group, it is not entirely clear how much political will exists for a new law. Currently, tobacco control advocates have been focusing their efforts on an attempt to promote smoke-free policies in the influential religious centre, the city of Touba. There is hope that this effort will lend moral authority to the tobacco control movement, and put pressure on the national government to put tobacco control squarely back on the agenda.*

## Senegal<sup>1</sup>

2009 Population (World & Africa Ranking):	13,711, 587 (68, 21)
Geographical Size (Ranking):	196, 722 sq km (94)
2008 GDP by Purchasing Power Parity (Rank):	21.98 Billion US Dollars (116)
GDP Real Growth Rate – 2006-08:	3.8%
2008 GDP per Capita (Ranking):	\$1,600 US Dollars (194)
Main Industries:	Agricultural and Fish Processing, Phosphate Mining, Fertilizer Production, Petroleum Refining, Iron Ore, Zircon, Gold Mining, Construction Materials, Ship Construction and Repair, peanuts, millet, corn, sorghum, rice, cotton, tomatoes, green vegetables, cattle, poultry, pigs, fish
Languages:	French (Official), Wolof, Pulaar, Serer, Diola, Jola, Mandinka, Soninke
Official Development Assistance – total commitments/disbursements (gross):	605.3/581.8 Current USD Millions, 2007
ODA as a percent of GDP:	5.14906%
Largest Donors (disbursements):	France 196.9, EC 97.9, Canada 39.8, Spain 39.4, US 39.2, Japan 31.9, Germany 27.1, 2007
Tobacco Production in Volume:	N/A
Tobacco Exports:	N/A
2007 Tobacco Imports:	Tobacco unmanufactured: 3276 tons at \$8,694 per ton, # 9 import; cigarettes: 1190 tons at \$19,883 per ton, # 11 import

### Brief Description of Political System

Type:	Senegal is a democratic presidential republic.
Executive:	As of early 2010, President Abdoulaye Wade was chief of state. Prime Minister Cheikh Hadjibou Soumare was the head of government.
Cabinet:	The cabinet is appointed by the PM with the recommendation of the president.
Legislature:	There is a bicameral parliament comprised of a National Assembly and Senate. The National Assembly has 150 seats with 90 seats elected by direct popular vote. As of late 2009, the SOPI coalition has 131 seats. The Senate has 100 seats with 35 indirectly elected and 65 appointed by the president. The Senegalese Democratic Party (PDS) has 34 seats. Several opposition parties boycotted the 2007 elections.

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<sup>1</sup> Sources: CIA World Factbook <https://www.cia.gov/index.html>; except Organization of Economic Cooperation and Development for development assistance statistics, and FAOSTAT for tobacco production.

## Prevalence

Summary: *While prevalence data are scarce for Senegal, the rates for adults that are available suggest that prevalence is quite high by any standard (even approaching half of adult men). The rates for youth are significantly lower (~15%), but with no trend data, it is not clear if they are increasing or decreasing. There are no data on the prevalence of use of non-cigarette tobacco products.*

As a result of a lack of large-scale surveys in Senegal, little is known about the nationwide prevalence of smoking generally, or its more specific demographic characteristics. The available data are also poor. Most of the existing information relates to small target groups and has been collected over very small geographic areas. Limited as these data are, however, they point to growing use of tobacco. According to the Tobacco Atlas, 32% of Senegalese adults smoke. Among young males, the prevalence is 7.9%, and among girls, it is 1.5%. According to the same data source, an estimated 5-10% of male deaths are due to tobacco-related illnesses; the figure is less than 5% for women. A survey undertaken between March and December 1995 by the International Union Against Cancer (UICC) in five localities of the country found slightly higher rates: in a population of 5000 (95.3% of respondents were men), aged 15-67 years of age, 37% were smokers. In marked contrast, a World Health Survey from 2003 reports 19.3% male and a 1% female prevalence rates. Tobacco control advocates hope to get tobacco-related questions on the 2010 Ministry of Health survey in order to begin to address the lack of good prevalence data.

Prevalence in health professionals has been studied in significant detail over more than three decades. The Tobacco Atlas reports that 27.6% of health professionals are smokers. Researchers have also executed a number of studies covering a limited number of individuals. Baylet et al. executed two studies in 1974 that examined students in social education and medicine, but the samples were very small at 33 and 68 individuals. In 1989, Ayad et al. examined smoking in medical students, and in 2003, Ndiaye et al. executed a much larger study of a similar population with 1547 individuals. The five other studies had samples ranging from 163 and 457 individuals. Ndiaye et al. also examined physicians in a related study (2002).<sup>2</sup>

The Global Youth and Tobacco Survey (GYTS) from 2007, executed jointly by the World Health Organization and the Senegalese Ministry of Health, reports that 15.3% of

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<sup>2</sup> Ayad, M., Ndir, M., Hane, A.A., Chirazi, E., Kane, P.A., Badiane, M.M., Beye, I., Demazy, A.M. 1989. Tobacco consumption among medical students, *Dakar. Bull. Int. Union Tuberc. Lung Dis.* 64 : 11-12.

Baylet, R., Diop, S., Belinga, N'D.O., De Medeiros, D. 1974a. Enquête sur la consommation du tabac chez les élèves Assistants-Sociaux à Dakar, *Bulletin Socio médical de l'Afrique Noire de Langue française*, 19 : 80-87.

Ndiaye, E.S. 2001. Contribution à l'analyse des contextes environnementaux et des processus de socialisation des adolescents au tabagisme en milieu urbain : le cas de Dakar. Mémoire de DEA de sociologie. Dakar. UCAD, 47p.

Ndiaye, M., Ndir, M., Quantin, X., Demoly, P., Godard, P., Bousquet, J. 2003. Smoking habits, attitudes and knowledges of medical students of Medicine, Pharmacy and Odonto-Stomatology's Faculty of Dakar, Senegal, *Rev. Mal. Respir.*, 20 : 701-709.

Ndiaye, M., Ndir, M., Ba, M., Diop-Dia, O., Kandji, D., Touré, S., Diatta, N., Niang, A., Wone, A., Sow, I. M. 2002. Smoking habits among physicians in Dakar. *Rev. Pneumology's Clinic*, 57:7-11.

students (4eme, 5eme and 6eme) currently use tobacco products (males 20.1%: females 10.2%). For current cigarette smokers, the prevalence rate is 7.8% (Male=12% and Female=3.1%).

## Politics

*Summary: While the President of Senegal has shown personal support for the ATSA initiative, the government's lenience in the construction of a new Philip Morris factory in 2007 appears to be more indicative of their overall position. The Ministry of Health has appointed a Focal Person for tobacco control as well as a working group to develop new tobacco control legislation, but there may not be sufficient support from the President or the rest of Cabinet to support this statute. The final draft of the new legislation, which is designed to be FCTC-compliant, was ready for submission as of early 2010. Meanwhile, the ATSA team is working with religious leaders to support smoke-free policies in the city of Touba, hoping to provide an example for other municipalities.*

President Abdoulaye Wade has shown specific interest in the ATSA program by sending a letter to the Director of the Cabinet to instruct the Ministry of Health to support the program, but there are few other public indications of his support for tobacco control more generally. The President's explicit position on tobacco control has never been revealed in public statements. One indication that tobacco control has not been a recent priority, however, was the government's support of the building of a Philip Morris International (PMI) factory that came into operation in 2007. Furthermore, the government placed PMI's business in a very lenient environmental category, which holds the company to very low environmental standards. This decision was illustrative of the government's position, considering the problems associated with environmental smoke generated by PMI's products.

Support for tobacco control at the cabinet level does not appear to be strong. This may not be a particular issue, however, because power is highly-centralized and ministers do not typically take on policy initiatives, or even public positions, that are not the President's. There is a Ministry of Health directive from 1998 that bans smoking on all ministry premises, which indicates at least some previous support for tobacco control from this ministry. More importantly, perhaps, the Ministry has a working group on new tobacco control legislation, and has appointed a Focal Person for tobacco, Dr. Ndao, who is a member of the ATSA team. However, even if the Ministry is supportive of tobacco control, it is not clear that there is sufficient support from other members of the cabinet and their respective ministries, or the President.

The Ministry of Finance has actually instituted some reasonably aggressive tax policies that encompass tobacco. But these policies are aimed particularly at revenue generation, and the Ministry of Health has not played any role in the development of these policies.

The Ministry of Education has taken a supportive position on tobacco control. For example, the Ministry had previously issued a decree banning smoking in schools and

sent a representative to the initial ATSA stakeholders' meeting. However, effective enforcement of the decree will need to figure prominently on the agenda of tobacco control organizations because violations of the ban continue to occur. Tobacco control advocates report that tobacco control is not part of the school curriculum, and suggest that there needs to be an aggressive campaign to make students aware of the dangers of tobacco use.

Through 2009 and early 2010, members of the ATSA team and others were part of a working group developing new comprehensive national tobacco control legislation. The group is reportedly diverse in experience. The new group's activities have included:

- Re-examining the draft bill proposed by the ASTA team.
- Reviewing the wording of the bill for consistency with the various articles of the WHO Framework Convention on Tobacco Control (FCTC).
- Designating the FCTC articles to be transposed into domestic legislation.
- Listing the FCTC articles to be covered by law.
- Identifying the FCTC articles to be covered by regulation.
- Making corrections to the text of the draft bill.

As of early 2010, members of the group report that the wording of the draft bill has been revised and corrected, and finalized. This corrected draft bill is available and ready for submission to the competent authorities (the Ministry of Health and Prevention, once the bill is validated by the national tobacco control committee).

The ATSA team is also working with religious authorities and social movements in the city of Touba to implement smoke-free policies. The city of Touba is one of the main religious centres in predominantly Muslim Senegal. The Muslim leaders in Touba carry enormous moral weight and influence. Often, policies that start in Touba are then copied at the national level. Currently, there is a ban on the selling and using of tobacco products in the city. Though it is not binding by national law officially, it is widely observed and respected by citizens. There is even enforcement in the form of an association of youth that monitors behaviours and report violators to the authorities, including the police. Tobacco control advocates hope not only that it will be an example for the rest of the country but that the leaders of Touba will champion the idea with national political leaders. In fact, with Touba at least partly in mind, the new proposed national legislation has a component that would permit municipalities to pass and enforce smoke-free policies.

But the politics of Touba are complex. While the leaders of the city have enormous influence, they do not usually press directly for policy change, but rather prefer to lead by example. They also do not like outsiders asking them to execute specific actions, nor do they accept money from foreign donors. In fact, they are well funded by a global network of members of the Mouride order who send regular and generous financial support. In any event, tobacco control advocates are seeking to give as much information about the public health benefits of tobacco control as possible to these leaders in case they decide that it is a cause they would like to support more openly.

There are several important non-governmental organizations (NGOs) promoting tobacco control. These NGOs include the *Association sénégalaise pour la Paix, la Lutte contre l'Alcool et la toxicomanie (ASPAT)*, the *Association des Jeunes pour le Développement (AJD PASTEEF)*, and the Islamist NGO, Jamra, which for many years has fought what it calls “social evils,” such as drugs and sexually transmitted diseases. There is also a National Network for Tobacco Control, though it is not a formal organization, but rather a loose collection of organizations that have an interest in tobacco control.

Finally, much of the media has been characterized consistently as being either indifferent or even hostile toward tobacco control. Journalists are often motivated by the receipt of a per diem in order for them to cover an event, so it is necessary to have such resources to attract many of them. Not surprisingly, most tobacco-sponsored events have significantly more resources to attract media coverage than do tobacco control events. There is a network of journalists who cover health and though they have attended events organized by the tobacco control community, they are not active in it.

## **Tobacco Industry**

Summary: *Both Imperial Tobacco and Philip Morris have a manufacturing presence in Senegal. Weakening of the comprehensive 1981 tobacco control legislation is attributed to persistent lobbying by these and other tobacco companies.*

Previously, the *Manufacture de Tabacs de l'Ouest Africain (MTOA)*, which was owned by the French tobacco company Coralma International, controlled 95% of the cigarette market in Senegal,<sup>3</sup> but in recent years, Imperial Tobacco bought the company and Philip Morris, in particular, has greatly increased their market share and overall presence. British American Tobacco (BAT) used to licence with MTOA to manufacture its brands, but since re-organizing to three regional hubs in Africa, BAT products are mostly imported from Nigeria. Philip Morris has been advertising heavily in Senegal and its share of the market appears to be increasing – one recent unsubstantiated report puts production at five million packs per year. Production has been increasing so dramatically such that, at least until recently, Senegal imports as little as 5% of its cigarettes.<sup>4</sup>

The former MTOA and now the industry more generally by most accounts are thought to have close relationships with the Senegalese government. The industry's lobby is effective and was able to help weaken Senegal's somewhat comprehensive 1981 tobacco legislation, one of the first of its kind in Africa. According to anecdotal reports, the industry and the media made a particular dent in the 1981 legislation's bans on tobacco advertising and sponsorship, which were essentially overturned in 1985 legislation. The 1985 law has since become one of the primary obstacles to tobacco control in Senegal (see below for descriptions of both laws).

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<sup>3</sup> <http://www.tobaccofreekids.org/campaign/global/casestudies/senegal.pdf>

<sup>4</sup> <http://www.tobaccofreekids.org/campaign/global/casestudies/senegal.pdf>

## **Inventory of Existing Laws and Regulations**

Summary: Existing legislation is framed by the landmark 1981 law that was an important early tobacco control law in Africa (and in the developing world). It addressed particularly advertising, promotion and sponsorship. However, the 1981 law was mostly reversed by a law in 1985. Finally, there were new laws in the mid-2000s that sought to restore some of the spirit of the 1981 framework and to add new components.

The 1981 tobacco control law was rather momentous for the time and place, particularly in terms of bans on advertising, but the Senegalese government backtracked significantly and rather quickly from it, largely due to a strong tobacco lobby connected to the government and to the Senegalese media's vigorous support for tobacco advertising.<sup>5</sup> The domestic media particularly complained that the laws did not apply to the foreign media and left them in a disadvantaged position. The law did in fact apply to all media, foreign or domestic, and the real issue was that it was simply never enforced. Law 85-1375 in 1985 essentially removed all of the strong components of the 1981 legislation including bans on advertising, sponsorship, and promotion, as well as on public smoking. The ATSA team has been focused, in part, on advocating for legislation that more concretely enforces the FCTC requirements, which Senegal ratified in 2004.

The 1981 law addressed a number of major tobacco control issues, most of which are outlined below, and even included punitive fines that ranged from CFA 25,000 to 2,500,000. By all accounts, these fines were never applied, nor was much effort made even to identify who could apply them. For example, the 1981 legislation refers to "administrative authorities" in terms of which entities could enforce the regulations but does not identify them explicitly.

## **Advertising, Promotion and Sponsorship**

Summary: The 1981 legislation was particularly progressive in this area, but unfortunately, most of these measures have been rolled back (mostly by the subsequent 1985 tobacco legislation).

Law 81-58 frames the progressive tobacco control legislation that was introduced nearly 30 years ago in Senegal. For example, Ch. 1, Art. 2.1 banned television and radio advertisements and promotions; Ch. 1 Articles 2.1 and 6 banned newspaper and magazine advertisements, and particularly prohibited it in youth-oriented publications; and Ch. 1, Art. 2.3 (and Law n°85-1375, Art. 2) applied advertising bans to posters, billboards, leaflets, and neon signs. The law did permit advertising at stores selling tobacco products as long as only the firm and/or brand name and the contents of the product appeared. Furthermore, restrictions could be lifted at locations approved by government authorities.

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<sup>5</sup> <http://www.tobaccofreekids.org/campaign/global/casestudies/senegal.pdf>

In terms of promotion, Law n°81-58 Ch. 1 Art. 5 prohibited product giveaways, while Ch. 1 Art. 3 prohibited non-tobacco products from bearing company logos, brand names, etc. Finally, Chapter 1, Art. 2.2 prohibited person-to-person selling. Law n°85-1375 Art. 1 diluted the prohibition by changing the law to person-to-person selling for only those persons under 21.

Law n°81-58 Ch. 1 Art. 9 prohibits tobacco company sponsorship of arts, sports, or other public events (concerts, special interest group gatherings, etc.). But Art. 2 of Law n°85-23 (25 Feb 1985) overturned most or all of the sponsorship bans in the earlier tobacco legislation.

The very progressive nature of the 1981 law is embodied in Article 11, which states that action (including fines) will be taken against cross-border advertisers who violate Senegal's restrictions on tobacco advertising (most African, and many other countries still do not have cross-border provisions, so this was quite unusual, particularly for 1981). There is no record that any part of this provision was ever effectively enforced.

There have been pieces of legislation passed in the last five years that have started to reintroduce some of the original tobacco control bans – including those on advertising, sponsorship and promotion – that were reversed or not observed. Enforcement of these new laws has been limited.

## **Packaging and Labeling**

Summary: *Packaging and labeling restrictions are very limited. The main tobacco control legislation from 1981, Law n°81-58, Ch. 1 Art. 8, requires the warning “Excessive smoking is dangerous for your health (Abus dangereux pour votre santé).” Ministry bylaw n°8236 MSP-DPH (30 Jul 1982) reiterates the spirit of Law 81-58.*

## **Smoke-free Policies**

Summary: *Other than two ministerial bans on smoking on Ministry of Health premises, the Ministry of Education's 2010 decree banning smoking in schools, and the smoke-free municipal by-law in Touba, there are no known smoke-free policies in Senegal.*

There appears to be very little in the way of smoke-free policies in Senegal. There is a ban on smoking in public hospitals, all institutions dependent on the Ministry of Health, and on all Ministry premises (Ministry of Health Service Note n°127MSAS/SEPS from March 16<sup>th</sup>, 1998). This ban was reiterated in 2006, which also extended the ban to educational facilities. There is no research documenting the effectiveness of the ban. In 2010, the Ministry of Education issued a decree banning smoking in schools.



The caliph of Touba, a Muslim leader of a predominantly Muslim city in Senegal, issued a decree against smoking, which the ATSA team is currently attempting to convert into a sub-national law (please see the discussion above).

## **Taxation**

*Summary: Taxation concerning tobacco is somewhat more aggressive in Senegal than in many other African countries. There are ad valorem excise taxes of up to 40% as well as an additional value-added tax (18%), and various taxes on tobacco imports including a basic 20% tariff (though unfortunately for tobacco control, most tobacco products are produced locally). Importantly, however, these measures are not designed specifically as tobacco control strategies.*

There are at least three different tax laws that concern tobacco: Law n°92-40 (9 Jul 1992); Law n°2002-07 (22 Feb 2002); and Law n°2004-30 (12 Aug 2004). The 2004 law (which amends the 1992 law) includes a 16% ad valorem excise tax on “economical” cigarettes, a 31% tax on “standard” cigarettes, and a 40% on “premium and other tobacco” (these separate figures are represented crudely as a 21% average in the 2008 MPOWER Report). In 2004, the government reported that these taxes generated CFA 22 billion (approximately USD \$45 million) annually.

In February of 2009, the government passed a law (n°46/2008) that changed the categories and taxes on tobacco products. There are now two categories: economical and premium. The tax is now 20% on the economical brand and 40% on the premium brands.<sup>6</sup> However, as of early 2010, the law had not yet passed through the higher levels of the executive branch (implementation happens after an executive directive). The 40% is currently the ceiling within Senegal’s obligations to their regional economic association, the West African Economic and Monetary Union (UEMOA). However, the other regional economic organization, the Economic Community of West African States (ECOWAS), sets the limit at 100% and tobacco control advocates are pressing for a change that privileges the ECOWAS ceiling.

There has been some concern that the Feb 2009 tax increase will lead to an increase in smuggling. The State Secretary has suggested measures to reduce smuggling but they have not been clearly formulated.

There are several other relevant taxes. First, there is an 18% value-added tax (VAT) on all products. Second, several tax measures apply to *imported* tobacco products including: a UEMOA customs fee, a statistical tax, a community solidarity deduction, an ECOWAS deduction, an interior tax, and a surcharge. The main import tax, however, is an import duty of up to 20% (it varies depending on the exact tobacco product), but as mentioned above, few tobacco products are imported so it is not particularly relevant.

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<sup>6</sup> See <http://senegal-business.com/2009/02/alcools-et-tabacs-les-taxes-passent-de-30-a-40/>

## **Tobacco Control Community**

- 1) CRES research consortium – the ATSA team is anchored by the CRES research consortium, a group founded in 2004 by the Centre for Applied Economic Research (CREA) at Cheikh Anta Diop University. The CREA was founded by the Senegalese government in 1972. The IDRC – including Research for International Tobacco Control (RITC) – has worked extensively with CRES.
- 2) HYGEA – is a research firm that specializes in the field of health and social work
- 3) Mme Fatou Cissé – Mme Cissé has been co-primary investigator in the ATSA program. She is a researcher and economist at Cheikh Anta Diop University of Dakar.
- 4) Professeur Abdoulaye Diagne – is the principal investigator of the ATSA Senegal program, the Executive Director of CRES and an economist at Cheikh Anta Diop University of Dakar.
- 5) Madam Ndeye Kaidiatou Diouf – is a member of the Association for Dynamic Economic and Social Progress, and the working group on the new tobacco control legislation.
- 6) Professeur Ndiaw Diouf – is a jurist at Cheikh Anta Diop University of Dakar.
- 7) Professeur Lamine Guèye – is a physician and professor of medicine at Cheikh Anta Diop University of Dakar
- 8) Dr. Cheikh Ibrahima Niang – is a sociologist at Cheikh Anta Diop University of Dakar, and has prior experience in tobacco control.

## **Government:**

- 1) Mr. Babacar Mboup – is a sociologist at the Ministry of Education, and part-time researcher at CRES. He has worked extensively on the Touba tobacco control initiative.
- 2) Dr. Oumar Ndao – is the focal point for the National Anti-Tobacco Programme of the Senegalese Ministry of Health and a member of the working group on the new comprehensive tobacco control legislation, and as such plays an important role in bridging the ATSA project with government priorities. Dr. Ndao has previously contributed to the WHO's World Tobacco Reports.

## **Civil Society**

- 1) Association des Jeunes pour le Developpement (AJD PASTEEF).

- 2) Association sénégalaise pour la Paix, la Lutte contre l'Alcool et la toxicomanie (ASPAT).
- 3) Jamra - an Islamist NGO that fights what it calls “social evils,” such as drugs and sexually transmitted diseases. Its involvement in tobacco control, however, has been limited.
- 4) National Network for Tobacco Control – a loose association of organizations with an interest in tobacco control.
- 5) Mr. Massamba Diouf – is a sociologist, and Senegal’s representative for CPEACT/IMPACT (an international tobacco control coalition for Francophone African Countries), as well as a member of Association Vie et Santé (NGO). He is the ATSA team’s only member with a civil society background.