





The FCTC has significantly assisted in moving tobacco control forward in Madagascar. In addition to national laws governing tobacco control, Madagascar also elaborates decrees that support the implementation of the FCTC.

Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Madagascar from 22 to 24 February 2016. The Ministry of Health and the WHO country office participated in the mission that was led by members of the independent Impact Assessment Expert Group.

Key facts

Madagascar has one of the highest tobacco tax rates in Africa



of men and 0.8%

of women are daily tobacco smokers

of boys and

bacco smokers



Key tobacco control milestones

2004

Madagascar ratifies the WHO FCTC

2010

Decree on packaging and labelling of tobacco products for sale in Madagascar

2012

Inter-ministerial Order requires and outlines standardised specifications for the labelling and packaging of tobacco products

2013

The WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products is signed*

2014

Comprehensive smoke-free legislation is implemented in all indoor public places, workplaces and public transportation

*Madagascar has since ratified the Protocol in September 2017

In 2014.

80.45%

of the retail price for the most widely sold brand of cigarettes consisted of tax



of the retail price for the most widely sold brand of chewing tobacco (20 grams) was tax as

80.63% of 2014

A substantial proportion of smokeless tobacco, mainly chewing tobacco (tabac à chiquer), is supplied by a rural cottage industry, and evades taxation due to lack of regulation





Key observations

- The observation of Article 5.3 of the Convention has an important role in addressing and protecting Madagascar's implementation of health policies. Drawing on Article 5.3 and its guidelines, the Malagasy government and ministry employees are informed and exercise caution when required to engage with the private sector, including the tobacco industry. Officials are aware that the non-tobacco private sector may also be connected to the tobacco industry. As a result, they are cautious when collaborating with the private sector in general.
- Madagascar has one of the highest tobacco tax rates in Africa. Ad valorem excise tax on the ex-factory price of cigarettes is 325%, and 50% in the case of smokeless tobacco. The WHO FCTC assisted in framing robust tax policies; it also assisted in the development of a framework for Madagascar to better respond to industry appeals for tax reductions. There is a clear correlation between the implementation of Convention provisions and the country's ability to counter industry concerns.
- Madagascar introduced and implemented smoke-free legislation. In absence of the WHO FCTC, the Government of Madagascar would not have undertaken smoke-free measures as tobacco is seen a significant source of income. Madagascar has implemented smoke-free policies in an incremental manner beginning with schools and school buses, and also banning smoking by teachers on school premises. The police, transport, education entities and other public institutions have all been informed about enacting smokefree policies and, for reference, the provisions of Article 8 of the WHO FCTC.

- The WHO FCTC has been a useful resource for Madagascar to introduce pictorial warnings. Without the Convention, the Government would have not have introduced them. This is a significant achievement for Madagascar, as parts of the population with limited literacy can learn about the detrimental impact of tobacco on health through pictorial warnings.
- The non-governmental organization "Ny Sahy" has implemented a programme called Dance 261 as part of an educational and public awareness campaign addressing tobacco-related harm and cessation. Dance 261 focuses on the negative impact of tobacco on health. School-based dance productions explain the benefits of quitting smoking and encourage cessation of tobacco use. Other productions address: second-hand smoke; the effects of tobacco on pregnant women, young children and adults; tobacco and the environment; and the impact of tobacco and alcohol on health.
- Madagascar has collaborated with civil society, which is important for the achievement of Convention objectives. Civil society recognizes the importance of the WHO FCTC as international law. Civil society contributes to its application in national law, namely by working with the government's tobacco focal point, the National Office for Tobacco Control (OFNALAT).
- International and regional tobacco control information sharing through the Conference of the Parties and other WHO FCTC-related regional meetings is recognized as an important contributor to the implementation of the Convention.

- The Ministry of Health participates in these meetings, including decisions on research, surveillance, and other tobacco control matters, generally benefitting from the experience gathered by the participants at these meetings. Participation at the COP reinforces, within the Ministry of Health, the importance of tobacco control and the need for the implementation of the WHO FCTC.
- Strengthening intersectoral cooperation and collaboration between the government and civil society organizations has had a positive impact. The WHO FCTC enabled collaboration between the Ministry of Health and all other departments that were critical in promoting tobacco control legislation. Governmental departments work together in implementation of the WHO FCTC in Madagascar.





Outcomes

- ✓ Pictorial health warnings on packaging in 2012.
- ✓ Comprehensive smoke-free legislation in 2014.
- ✓ The comprehensive tobacco control law of 2014 included measures on Article 5.3 of the Convention.
- ✓ Mobilization of more partners and stakeholders in tobacco control across various ministries and civil society.
- ✓ Strong taxation policies on tobacco products.