

For Immediate Release

Africa must mobilize to stop the tobacco industry from exploiting the Covid-19 crisis to grow its business.

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During this difficult time when the world struggles to deal with the corona virus disease (COVID-19) pandemic, the African tobacco control community has noted with dismay, that tobacco multinationals are using the crisis to engage in activities that either help to clean their image, or challenge governments for restricting or completely banning the sale of tobacco products to reduce the effects of the disease. This practice further complicates things for Africa, which added to the COVID-19 pandemic, is dealing with other ills like malaria, HIV, non-communicable diseases and poverty.

It is heartbreaking to know that despite several studies ascertaining that smoking is most likely associated with the negative progression and adverse outcomes of COVID-19ⁱ, and experts warning based on studies, that <u>vaping could render individuals more vulnerable</u> to the disease, the tobacco industry still sets out to push for the availability of its products during imposed lockdowns. To date, tobacco use is known to have a considerable impact on lung health being associated with several respiratory diseasesⁱⁱ. Smoking is also detrimental to the immune system and its responsiveness to infections, making smokers more vulnerable to infectious diseasesⁱⁱⁱ. Previous studies have even shown that smokers are twice more likely than non-smokers to contract influenza and have more severe symptoms, while smokers were also noted to have higher mortality in the previous coronavirus (MERS-CoV) outbreak^{iv,v}.

To contain the spread of the virus, governments are instituting lockdowns and other restrictions, and only letting essential services and products function and circulate. And at a time when the public health community universally agrees that <u>it is absolutely vital for smokers to quit</u>, the tobacco multinationals have been involved in a series of initiatives to get governments to let tobacco shops run as essential services, and tobacco products sell as essential goods. The tobacco industry does this despite the numerous pieces of evidence that tobacco products expose consumers to grave COVID-19 consequences should they get infected.

In South Africa, where the sale of cigarettes has been banned during a nation-wide lockdown to limit the spread of the disease, the South African arm of <u>British American Tobacco urged the</u> government to reconsider its decision ban, while a <u>tobacco association has announced that it will</u> <u>sue the South African government</u> for persisting with the ban. In Kenya, contrary to basic public health expectations, <u>authorities included tobacco in the list of essential products</u> during the lockdown to contain COVID-19.

Evidence of tobacco industry interference during the COVID-19 outbreak is not only on making tobacco products available. The tobacco industry is also using the crisis as an opportunity to clean its image. At a global level, <u>British American Tobacco (BAT) announced it is working on a vaccine</u> for the disease, while <u>Philip Morris International (PMI) was recently criticized for a publicity stunt</u>,

providing ventilators to help the European nation of Greece. In Africa, Rwandan business mogul, Tribert Rujugiro Ayabatwa, owner of Meridian Tobacco Company and Leaf Tobacco and Commodities <u>donated Shs 250m to the government of Uganda</u> to support the country in the fight against Covid-19.

The <u>WHO has cautioned against such relationships</u>, stating that "partnership with the tobacco industry undermines governments' credibility in protecting population health as there is 'a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests'." It is of prime importance, that African countries heed to this call and do not let the tobacco industry gain the ability to influence tobacco control policies in the future through their assistance to deal with COVID-19 today.

Several African civil society organizations have taken the laudable initiative of calling on governments to use this COVID-19 outbreak as an opportunity step up measures to protect citizens from smoking and its related consequences. The Ghana NCD Alliance for example, has called on the government to <u>ban alcohol and cigarette sales, and give special care to NCD patients</u>. Perhaps, the best example Africa should follow, is Botswana, where the <u>government banned the sale and importation of tobacco and it related products</u> as the country forges its fight against the COVID-19 pandemic, just after civil society urged it to do so.

The African Tobacco Control Alliance (ATCA) congratulates African governments for taking bold initiatives to contain the spread of the virus, and encourages them to remain steadfast even as the tobacco industry attempts to derail such actions. Public health must always be top priority for any government, and ATCA condemns the shameful and unorthodox strategies being implemented by tobacco industry to thrive its business, even in the midst of a deadly pandemic; which has been particularly proven to be aggravated by smoking.

ATCA calls on the African tobacco control community to be vigilant during this period and take actions to isolate all efforts of the tobacco industry to exploit the COVID-19 pandemic be they to continue to market tobacco products, or to clean its image through donations, or corporate social responsibility initiatives.

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ⁱ Vardavas, C. I., Nikitara, K. (2020). COVID-19 and smoking: A systematic review of the evidence. Tobacco Induced Diseases, 18(March), 20. <u>https://doi.org/10.18332/tid/119324</u>

ⁱⁱ Tonnesen, P., Marott, J. L., Nordestgaard, B., Bojesen, S. E., Lange, P. (2019). Secular trends in smoking in relation to prevalent and incident smoking-related disease: A prospective population-based study. Tobacco Induced Diseases, 17(October), 72. https://doi.org/10.18332/tid/112459

^{III} Zhou, Z., Chen, P., Peng, H. (2016). Are healthy smokers really healthy?. Tobacco Induced Diseases, 14(November), 35. <u>https://doi.org/10.1186/s12971-016-0101-z</u>

^{iv} Park, J., Jung, S., Kim, A. et al. MERS transmission and risk factors: a systematic review. BMC Public Health 18, 574 (2018). <u>https://doi.org/10.1186/s12889-018-5484-8</u>

^v Arcavi L, Benowitz NL. Cigarette Smoking and Infection. Arch Intern Med. 2004;164(20):2206–2216. https://doi:10.1001/archinte.164.20.2206