NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019-2023

TOBACCO-FREE KENYA

MINISTRY OF HEALTH
Division of Tobacco Control

World Health Organization

NATIONAL TOBACCO CONTROL

STRATEGIC PLAN 2019-2023

Produced by: Division of Tobacco Control
Funded by: Ministry of Health, World Health Organization (WHO) and International Institute of Legislative Affairs (IILA)

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Table of Contents

ABBREVIATIONS iii
FOREWORD iv
WORD FROM THE PRINCIPAL SECRETARY v
ACKNOWLEDGEMENT vi
EXECUTIVE SUMMARY vii
CHAPTER 1:INTRODUCTION 1
1.1 Background 2
1.2 Burden of Tobacco in Kenya 2
1.2.1 Tobacco Use among the Adult Population 2
1.2.2 Tobacco Use among the Youth 2
1.2.3 Health Impact of Tobacco use 3
1.2.4 Tobacco and the economy 3
1.3 Current Tobacco Control Policies in Kenya 3
1.4 Relationship to Existing Global Initiatives, National Legislations, Policies and Strategies 3
1.5 Justification/ Rationale 4
1.6 Vision, Mission, Goals and Guiding Principles 4
1.6.1 Vision 4
1.6.2 Mission 4
1.6.3 Goal 4
1.6.4 Guiding Principles 4
CHAPTER 2: TOBACCO CONTROL STRATEGIES AND STRATEGIC OBJECTIVES 7
Pillar 1: Demand Reduction Strategies 8
Strategy 1: Reduction of the number of people who are using tobacco products by offering cessation services 8
Strategy 2: Protection of non-smokers from exposure to tobacco smoke 9
Strategy 3: Raising public awareness on the health, environmental, social and economic effects of tobacco 9
Strategy 4: Sustain implementation of high quality graphic health warnings on all tobacco products and progress towards plain packaging 10
Strategy 5: Sustain enforcement on the ban of tobacco advertisement, promotion and sponsorship 10
Strategy 6: Progressive increase of excise tax and prices for tobacco products in line with WHO recommendations 11
Strategy 7: Regulation and disclosure of tobacco product content and emission 12
Pillar 2: Supply Reduction Strategies 12
Strategy 8: Elimination of illicit trade of tobacco products 12
Strategy 9: Promotion of alternative livelihoods for tobacco growers 13
Strategy 10: Reduction of Access to and Promotion of Tobacco Products to Persons under the Age Of Eighteen Years 14
Pillar 3: Tobacco Control Governance and Coordination Strategies 14
Strategy 11: Strengthening tobacco control programming in Kenya 14
CHAPTER 3: MONITORING AND EVALUATION 17
3.1 Monitoring and Evaluation Activities for Tobacco Control 18
Objective 1: To implement the Global Tobacco Surveillance Systems 18
Objective 2: To conduct relevant studies in tobacco control 18
Objective 3: To evaluate the tobacco control program and initiatives 18
3.2 Monitoring and Evaluation of the Strategic Plan 19
Monitoring and reporting 19
Evaluation 19
Monitoring Framework 20
CHAPTER 4: IMPLEMENTATION MATRIX 23
CHAPTER 5:THE ROLES AND RESPONSIBILITIES OF VARIOUS ACTORS 66
CHAPTER 6: FINANCING THE NATIONAL TOBACCO STRATEGY 69
REFERENCES 72
APPENDIX: LIST OF CONTRIBUTORS 74

List of Tables

Table 1: Monitoring Framework 20
Table 2: Implementation Matrix 24
Table 3: Implementation Costing 70

Abbreviations

DSA	Designated Smoking Areas
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GHW	Graphic Health Warnings
GYTS	Global Youth Tobacco Survey
GTSS	Global Tobacco Surveillance Systems
HMIS	Health Management Information System
IEC	Information, Education and Communication
KSH	Kenya Shillings
KRA	Kenya Revenue Authority
MOH	Ministry of Health
NCD	Non-Communicable Diseases
SDG	Sustainable Development Goals
SHS	Second-Hand Tobacco Smoke
TCB	Tobacco Control Board
TOR	Terms of Reference

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

Foreword

The Government of Kenya recognizes the health, economic, environmental and social threats caused by tobacco use and as such is keen to put in place integrated, multi-sectoral, evidence-based Tobacco Control policies and programs in order to achieve the highest attainable standards of health for all Kenyans.

The vision of the Kenya National Tobacco Control Strategic Plan is "a tobacco-free nation with healthy individuals and communities in a healthy environment". It aims at providing a road map towards reducing the preventable morbidity and mortality resulting from tobacco use, and to improve the quality of life of all Kenyans in line with vision 2030.

This strategic plan is aligned with the World Health Organization Framework Convention Tobacco Control 2003 (WHO FCTC), the Kenya National Health Policy 2014-2030 and the Kenya National National Strategy for the Prevention and Control of Non Communicable Diseases 2015-2020. The objective of the FCTC is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

This strategic document focuses on three pillars that are key to tobacco control, these are the demand reduction pillar, supply reduction pillar and the leadership and governance pillar. It further puts emphasis on eleven strategic objectives that are key to the reduction of the negative consequences of tobacco use while at the same time being cognizant of the functional arrangements between the two levels of governance (national and county governments) with respect to accountability, implementation, enforcement, reporting and management lines for all tobacco control activities.

A comprehensive and innovative approach to harness and synergize tobacco control in all sectors is key and is emphasized in this strategy. Its intention is to embrace a multisectoral approach by engaging all government sectors and non-state actors to embrace a radical departure from past approaches in tackling the tobacco epidemic. Within the Tobacco Control Strategy are several interventions to reduce and manage the burden of tobacco use epidemic based on the nature of its negative consequences. They include "downstream" interventions, which are largely biological and target the individual, "midstream" which target groups of people such as institutions or communities and "upstream" interventions that focus on society as a whole.

It is my belief that collectively we can make a difference: Let us all join hands in advocating for a tobacco free society

Sicily K. Kariuki (Mrs.), EGH
Cabinet Secretary, Ministry of Health

Word from the Principal Secretary

The Kenya Health Policy 2012-2030 aims at attaining the highest possible standard of health in a manner responsive to the health needs of the population. This policy will be achieved through six strategic objectives which include (1) eliminating communicable diseases, (2) halting and reversing the rising burden of NCD's, (3) reducing the burden of violence and injuries, (4) providing essential health care, (5) minimizing exposure to health risk factors and (6) strengthening collaboration with health related sectors. Tobacco control is directly linked to four of these six objectives

The launch of this strategic plan is a clear testament of the Ministry of Health's commitment to decrease significantly the mortality and morbidity related to tobacco use by implementing the full package of Tobacco control Interventions as exemplified in the World Health Organization Framework Convention Tobacco Control (WHO FCTC).

The development of this Kenya National Tobacco Control Strategy 2019–2023 gives directions to ensure that there will be significant reduction in the number of people consuming tobacco as well as contribute to the reduction of the burden of NCDs in Kenya.

The Ministry of Health remains committed to providing stewardship and the requisite policy guidance and resources to ensure attainment of the objectives of this strategic plan.

Ms Susan N. Mochache, CBS
Principal Secretary, Ministry of Health

Acknowledgement

The Ministry of Health wishes to thank all those who contributed to the successful completion of this document. This was a multi-stakeholder effort with numerous meetings and repeated editions over a lengthy period. We hope that all partners, stakeholders and health care workers will adopt and continue to support us in implementing the National strategy for Tobacco control as outlined in this strategy.

We appreciate the valuable support from the office of the Cabinet Secretary, Principal Secretary, Director of Medical Services and the head of the department of preventive and promotive health.

The contribution and dedication of Dorcas kiptui the head of Tobacco control unit and Dr. Joseph Kibachio the head of division of Non Communicable Diseases for their timely leadership during the development of this strategic plan. The contribution of the following individuals is highly appreciate who have been core in development of this document; Dr. Gladwell Gathecha, Pauline Ngare, Antony Muthemba, Emma Wanyonyi, Stephen Bala, Achieng Otieno, Yvonne Olando, Kennedy Ombogo, Dr Oren Ombiro, Scholastica Owuondo, Dr Joyce Nato and Dr. William Maina from the World Health Organization and Anne Kendagor for her coordination of the process and guidance.

We are very grateful for the support received from KETCA, IILA, CIN, Tobacco Control Board, County Governments and the WHO Kenya country office and Afro for their financial and technical support of this document.

The Tobacco Control Unit wishes to also thank the office of the Country representative of the WHO Dr Rudi Eggers and his team for their invaluable technical and financial support.

The launch of this document is not an end in itself but the beginning of a rigorous process to prioritize tobacco control now and in the future.

Dr. John Wekesa Masasabi
Ag Director General, Ministry of Health

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

Executive Summary

Tobacco use in all its forms is a major public health problem worldwide and it is the single most preventable cause of morbidity and mortality in humans[1].Tobacco continues to kill more than 7 million people each year, including more than 890 000 non-smokers who die from exposure to tobacco smoke. Nearly 80% of these deaths occur in low and middle-income countries that are still grappling with communicable diseases[2]. Up to half of the world's 1 billion smokers will eventually die of a tobacco-related disease. If current trends continue, by 2030 tobacco will kill more than 8 million people worldwide each year, with the most increase of these premature deaths occurring among people living in low- and middle-income countries.[3]

To support countries fulfill part of their WHO FCTC obligations, in 2008, WHO introduced a package of six evidence-based tobacco control measures that are proven to reduce tobacco use. These measures, known as the MPOWER strategies, reflect one or more provisions of the WHO FCTC. The 6 MPOWER measures are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

Overview of the process

The national Tobacco control action plan 2000-2015 was the first comprehensive document addressing tobacco control processes. The second Tobacco control strategic plan 2018-2023 is informed by the findings from GATS and GYTS together with inputs from diverse arrays of stakeholders through several consultative meetings. The development of this strategy reflects shared commitment to reducing prevalence of tobacco use and reducing the incidence of NCDs as well as improving quality of life of Kenyans. Next phase will involve planning, implementation, defining processes to manage, monitor, and review implementation and costing of the strategy

It is in this regard that the Ministry of Health and partners have developed this strategic document to serve as a comprehensive guide to addressing tobacco epidemic. The goal of this national Strategy is to reduce the health, economic, environmental and social impact of tobacco use through multi-sectoral collaboration at the county and national levels.

Within this strategy, the Ministry of Health aims to;

1. Reduction of the number of people who are using tobacco products by offering cessation services
2. Protection of non-smokers from exposure to tobacco smoke
3. Raising public awareness on the health, environmental, social and economic effects of tobacco
4. Sustain implementation of high quality graphic health warnings on all tobacco products and progress towards plain packaging
5. Sustain enforcement on the ban of tobacco advertisement, promotion and sponsorship
6. Progressive increase of excise tax and prices for tobacco products in line with WHO recommendation
7. Regulation and disclosure of tobacco product content and emission
8. Elimination of illicit trade of tobacco products
9. Promotion of alternative livelihoods for tobacco farmers
10. Reduction of access to, and promotion of tobacco products to persons under the age of eighteen years
11. Strengthening tobacco control programming in Kenya

DEADLY IN ANY FORM AND DISGUISE

Chapter 1
INTRODUCTION

1.2 Background

Tobacco use in all its forms is a major public health problem worldwide and it is the single most preventable cause of morbidity and mortality in humans1. Tobacco use continues to kill more than 7 million people each year, including more than 890 000 non-smokers who die from exposure to tobacco smoke. Nearly 80% of these deaths occur in low and middle-income countries that are still grappling with communicable diseases[2]. Up to half of the world's one billion smokers will eventually die of a tobacco-related disease. If current trends continue, by 2030 tobacco will kill more than 8 million people worldwide each year, with the most increase of these premature deaths occurring among people living in low- and middle-income countries[3]

The prevalence of tobacco use in the World Health Organization (WHO) African Region is estimated at 14%[4]. Countries in the Region are experiencing an increasing rate of tobacco use. This has been attributed to rapid population growth and improved economic growth in the region as a result of increased income that is enabling purchase of tobacco products[4,5]. The tobacco industry additionally has targeted Africa by intensively increasing market in the region. According to the WHO Global report on Mortality Attributable to Tobacco Use, 3% of all deaths in Africa are linked to tobacco use.[6]

Tobacco use and exposure to second hand smoke has been demonstrated to affect all organs of the body[7]. Majority of the morbidity and mortality associated with tobacco use, such as cancers, chronic lower respiratory obstructive conditions and cardiovascular diseases are experienced after several decades of smoking.[8,&9] Prenatal and early postnatal exposure to tobacco smoke has a wide range of adverse health effects. Some of these include increased risk of low birth weight, prenatal complications. Sudden Infant Death Syndrome (SIDS), obstructive lung disease, altered neurodevelopment and childhood infections and cancers.[10] Tobacco exposure has effects during prenatal period through childhood, adolescence and well into adulthood.[11]

The WHO Framework Convention on Tobacco Control (FCTC) was developed as a response to the globalization of the tobacco epidemic. The objective of the FCTC is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke[12]. To support countries fulfill part of their WHO FCTC obligations, in 2008, WHO introduced a package of six evidence-based tobacco control measures that are proven to reduce tobacco use. These measures, known as the MPOWER strategies, reflect one or more provisions of the WHO FCTC. The 6 MPOWER measures are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

Tobacco is a barrier to sustainable development and therefore reducing tobacco use and exposure is critical in achieving all the goals of the Sustainable Development Goals (SDGs). The SDG on health (3a) advocated for tobacco control measures and urges Countries to strengthen implementation of the Framework Convention on Tobacco Control. Additionally, reducing tobacco use will assist in attainment of the other SDGs as their linkage with tobacco is well established.

1.2 Burden of Tobacco in Kenya

1.2.1 Tobacco Use among the Adult Population

The Stepwise Survey for Non Communicable Diseases (NCD) risk factors 2015 revealed that 13.3% of Kenyans age 18 -69 years use tobacco (23.0% of men 4.1% of women). Nearly one in ten Kenyans smoke tobacco while 3.6% use smokeless tobacco. Daily tobacco smokers constitute 8.3%.[13] The Global Adult Tobacco Survey (GATS) 2014, showed that approximately 2.5 million adults in Kenya (11.6% of the adult population) currently use tobacco products with a prevalence of 19.1% among men and 4.5% among women.

1.2.2 Tobacco Use among the Youth

According to the Global Youth Tobacco Survey (GYTS) conducted in 2013 among youth aged 13-15 year, 9.9% were currently using tobacco products (12.8% of the boys) and (6.7% of the girls). Overall, 7.0% of the youth smoked cigarettes while 3.9% used smokeless tobacco. The same study revealed that 24.7% of the students were exposed to second-hand tobacco smoke (SHS) at home and 44.5% in public places.[14] In the Kenya Global Health Professional Students survey (GHPSS) 2009, 9.8% medical students, 47.8% dental students, 60.5% pharmacy students and 34.9%nursing students currently smoked cigarettes.[26]

1.2.3 Health Impact of Tobacco Use

Non communicable diseases (NCDs), for which tobacco is a risk factor, currently account 38% of the mortality in the country and approximately 50% of the public-hospital admissions are due to NCDs.[16] According to the Global Burden of Disease data, approximately 4% of the deaths in Kenya are attributable to smoking.[16] Among adults aged 30 years and above, WHO estimates that 5% of all Non-Communicable Diseases in the country are as a result of tobacco use. Among the cancers, cancers trachea, bronchitis and lung 55% of these deaths are attributable to tobacco. Among the communicable diseases, the proportion of deaths attributed to tobacco use in tuberculosis and lower respiratory diseases is 3% and 4% respectively.[17]

1.2.4 Tobacco and the Economy

Kenya is a tobacco-growing and manufacturing country and also acts as a regional hub for manufacturing tobacco products. The costs of tobacco use are incurred largely through the resultant deaths, increased health-care costs and decreased productivity. The economic losses incurred because of tobacco use and exposure is much higher than economic gains of tobacco production and manufacturing such as tax revenues and employment gains. According to Statistical Abstract (2013), gross marketed production of tobacco in Kenya at current prices increased from Kenya Shillings (KSh.) 1,375 million in 2014 to KSh. 1,449 million in 2015.[18]

1.3 Current Tobacco Control Policies in Kenya

Kenya signed and ratified the Framework Convention on Tobacco Control on 24 June 2004. This was a landmark of Kenya's commitment to tobacco control. By signing the FCTC, Kenya is legally obligated to implement tobacco control measures using the FCTC as the benchmark. In addition, Kenya signed the protocol to eliminate Illicit Trade in Tobacco Products on 30th May 2013 and this is in the process of being ratified. The Tobacco Control Act was assented to Law on 8th October 2007. Its purpose is to control the production, manufacture, sale, labeling, advertising, promotion and sponsorship of tobacco products[19]. The Act also establishes the Tobacco Control Board (TCB) which is a multisectoral body with membership drawn from government sectors, research institutions, academia and civil society organizations.

1.4 Relationship to Existing Global Initiatives, National Legislations, Policies and Strategies

The global instruments include:

1. The WHO Framework Convention on Tobacco Control (WHO FCTC) (Resolution WHA 56.1);
2. Sustainable health financing structures and Universal Health Coverage (Resolution WHA 64.9);
3. The Brazzaville Declaration on Non-Communicable Diseases prevention and control in the WHO African region 2011;
4. The first ministerial conference on healthy lifestyles and NCD control (Moscow declaration 2011);
5. The Political Declaration of the High-level Meeting of the United Nations (UN)General Assembly on the Prevention and Control of Non-communicable Diseases- A/RES/66/2(2011);
6. The Political Declaration of the third UN High-level Meeting on NCDs. The 2014 UN Outcome Document on NCDs (Resolution A/RES/68/271);
7. The Global Action plan for the prevention and control of Non Communicable Diseases (Resolution WHA 64.1);
8. Algiers call to Action for tobacco Control 2015; and
9. The Sustainable Development Goals of 2015.

The national legislative documents and development plans include;

1. Constitution of Kenya 2010
2. Kenya Vision 2030
3. Public Health Act Amendment 2012
4. Tobacco Control Act 2007
5. Cancer Prevention and Control Act 2012
6. Occupational Safety and Health Act 2007
7. Excise Duty Act, 2015
8. Tobacco Control Regulations 2014

The strategy also has close linkages to the following policies, strategies and action plans and implementation of this will lead to significant gains in those interventions and activities highlighted by these documents:

1. Kenya Heath Policy 2014-2030
2. Kenya National Guidelines for Tobacco Dependence, Treatment and Cessation
3. National Health Sector Strategic and Investment Plan 2014-2018
4. School health Policy
5. National Reproductive Health Policy
6. Kenya National Strategy for the prevention and control of Non Communicable Diseases 2015-2020
7. Kenya National Cancer Control Strategy 2017-2022
8. The Kenya National Strategic Plan on Tuberculosis, Leprosy and Lung Diseases 2019– 2023
9. Nutrition and Physical Activity Action Plan 2018-2022

1.5 Rationale

The Kenyan Global Adult Tobacco Survey (GATS) estimates that there are 2.5 million (11.6% of adults) tobacco users in the country with 19.1% of men and 4.5% of women using tobacco. Tobacco use is one of the main risk factors for NCDs and the Ministry of Health (MOH) estimates that NCDs contribute to nearly 50% of hospital admissions in public hospitals and tobacco directly contributing to 69 per 100,000 deaths, five percent of all non-communicable deaths and 55% of all deaths from cancer of the trachea, bronchi and the lung[22]. Approximately 8100 people are killed annually by tobacco-caused diseases[23], making control of tobacco use of great importance in the country.
In order to guide and strengthen the implementation of the Tobacco Control Act, 2007, the Ministry of Health in 2014 gazetted the tobacco control regulations, which further elaborate specific provisions of the Act. Coordinated implementation of this strategy will assist in actualizing the provisions of these two documents.

In 2010, Kenya developed its first National Tobacco Control Action Plan (2010- 2015) whose goal was to reduce smoking prevalence and associated disease, disability and death, by preventing uptake of smoking, encouraging smoking cessation and eliminating exposure to second hand smoke[25]. This was done through measures targeted at preventing people from starting to use tobacco products, reducing the number of people using tobacco by helping users to quit (providing cessation services and treatment), protecting non- smokers from tobacco smoke through implementation of smoke free policies, partnerships and coordination as well as research, monitoring and evaluation. During implementation of this strategic plan, the country will build on successes achieved by the action plan so far and identify and address priorities as well as emerging areas of concern; while addressing challenges and gaps identified in the last phase and in line with global best practice as guided by the FCTC.

The National Tobacco Control Strategic Plan 2019- 2024 is the country's response to protecting public health from the damaging effects of tobacco use by employing a coordinated multisectoral approach.

1.6 Vision, Mission, Goals and Guiding Principles

1.6.1 Vision

A tobacco-free nation with healthy individuals and communities in a clean environment.

1.6.2 Mission

To implement coordinated and integrated multi-sectoral evidence-based Tobacco Control policies and programs that are in line with the WHO FCTC in order to achieve the highest attainable standards of health for all Kenyans and the Sustainable Development Goals.

1.6.3 Goal

To reduce the prevalence of tobacco use and exposure to second hand smoke by 50% compared to 2015 in order to mitigate the adverse health, social, environmental and economic consequences of tobacco.

1.6.4 Guiding Principles

1. Coordination and Partnerships: Based on an elaborate framework with clear definition and understanding of roles, responsibilities and mandates at all levels.
2. Accountability and Transparency: to protect tobacco control policies from the vested interests of the tobacco industry and to safeguard multi-sectoral action for tobacco control.

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

3. Evidence based approach: focusing on best practices for tobacco control that is backed by scientific evidence.
4. Human rights-based approach: recognizing the right to the highest attainable standards of health, including the right to clean air and healthy environment.
5. Right to factual and timely information: this includes disclosure of health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke.
6. Sustainability: identifying and availing adequate resources required for implementation with an elaborate monitoring and evaluation framework.
7. Gender sensitive approach: promotion of gender concerns, aspirations, opportunities and capacities to tobacco control.

Chapter 2
TOBACCO CONTROL STRATEGIES AND OBJECTIVES

To achieve the vision, mission and goal of this Strategic Plan, several strategies have been identified and are categorized into three pillars:

1) Demand reduction strategies
2) Supply reduction strategies
3) Tobacco control governance and coordination strategies

PILLAR 1: DEMAND REDUCTION STRATEGIES

2.1 Strategy 1: Reduction of the Number of People who are using Tobacco Products by offering Cessation Services

2.1.1 Introduction

According to results from the GATS-Kenya 2014 survey, 52.4% of tobacco smokers attempted to quit smoking in the preceding 12 months. Among those who attempted to quit, 70% tried to quit without any assistance. Among those who visited a healthcare provider in the past 12 months, 30% were advised to quit smoking. The survey also showed that 77.4% of current smokers planned to or were thinking about quitting22. This is similar to studies in other parts of the world showing that approximately 70% of smokers report that they want to quit27. Tobacco users trying to quit need supportive therapy from trained professionals.

Tobacco cessation interventions are less costly than other routine medical interventions particularly treatment of NCDs like cancers, hypertension and diabetes which are caused by tobacco use. Health care professionals should provide regular and tailored counselling interventions for those who meet the criteria for tobacco dependence. Tobacco dependence treatment and cessation programs should combine behavioural support (such as psychological interventions, telephone support and self-help) with pharmacotherapy treatment where necessary. Before deciding on which intervention to use, it is essential to document tobacco use status and conduct screening. Healthcare providers of tobacco dependence treatment and cessation should receive suitable training. The three main categories of interventions include brief advice by a healthcare professional, behavioural support and pharmacotherapy28,29&30.

Outlined below are the objectives necessary to achieve this strategy:

2.1.2 Objective A: To integrate tobacco cessation services at all levels of health care

Actions:

i. Establish tobacco cessation clinics and services at National and county levels;
ii. Disseminate and implement the tobacco cessation guidelines to the counties;
iii. Include tobacco cessation products in the essential medicines list;
iv. Train health care workers on tobacco cessation; and
v. Establish a National Quit line for tobacco cessation.

2.1.3 Objective B: To provide support for the development of tobacco control content for incorporation into the curricula for all Healthcare providers.

Actions:

i. Develop content relevant for the different levels of education;
ii. Incorporate Tobacco cessation as a core unit in the curriculum;
iii. Conduct trainings of trainers (TOTs) workshops; and
iv. Develop specific curriculum for Community Health Volunteers.

2.1.4 Objective C: To promote the utilization of tobacco cessation services at sectors outside health

Actions:

i. Promote cessation services through mainstream and social media;
ii. Hold sensitization meetings with targeted society/community groups;
iii. Develop and disseminate IEC materials on tobacco cessation; and
iv. Promote tobacco cessation services at the Community level.

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

2.2 Strategy 2: Protection of Non-Smokers from Exposure to Tobacco Smoke

2.2.1 Introduction

When non-smokers are exposed to second hand smoke (SHS) it's called involuntary smoking or passive smoking. Non-smokers who breathe in SHS take in nicotine and toxic chemicals the same way smokers do and therefore need to be protected. It has been scientifically evidenced that exposure to tobacco smoke causes disease, death and disability. Exposure is commonly in form of SHS which is also called environmental tobacco smoke (ETS). It is the smoke that is exhaled by smokers or is given off by burning tobacco. It can be classified into two forms that is mainstream smoke as the smoke exhaled by the smoker and side stream smoke as the smoke from the lighted end of a cigarette, pipe, or cigar, or tobacco burning in a hookah (Shisha).
Article 8 of the FCTC states that all parties shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote other jurisdictional levels.[12].
There is no safe level of exposure to tobacco smoke

The following are the objectives under this strategy:

2.2.2 Objective A: To raise awareness on the health impact of second hand smoke (SHS) in the Kenyan Population

Actions:

i. Develop scientifically sound key messages on SHS;
ii. Disseminate IEC materials for smoke-free work and social places; and
iii. Conduct awareness campaigns on SHS to the public.

2.2.3 Objective b: To strengthen enforcement of smoke free laws

Actions:

i. Periodic assessment of the levels of compliance;
ii. Sensitize owners and employees of public premises;
iii. Train and empower enforcement and judicial officers both at national and counties;
iv. Provide technical support for the enactment of county laws and regulations for the control of smoking in public places, in compliance with the Tobacco Control Act, 2007; and
v. To empower and seek the public's support in enforcement of the smoke free laws.

2.3 Strategy 3: Raising Public Awareness on the Health, Environmental, Social and Economic Effects of Tobacco

2.3.1 Introduction

Public awareness is pivotal in the efforts to reduce the growing burden of chronic diseases worldwide attributable to tobacco use and exposure. Comprehensive and active awareness of the population through health promotion strategies are the primary tools for tobacco use prevention and cessation[31]. The WHO FCTC mandates each Party to promote and strengthen public awareness of tobacco control issues, including the health risks of tobacco consumption and exposure to tobacco smoke, using all available communication tools as appropriate.[12]
Public awareness is also provided for in the Tobacco Control Act, 2007, whereby among other provisions, the Government, in collaboration with civil society is mandated to provide information about the health consequences, addictive nature and the threat posed by tobacco consumption and exposure to tobacco smoke, and the harmful effects of tobacco growing and handling through a comprehensive nation-wide education and information campaign. The Act also provides for integration of tobacco control content in subjects taught at all levels of education, including informal, non-formal and indigenous learning systems, as well as tobacco control information dissemination as part of health care services.[19]
In order to achieve the purpose of this Strategy, the following strategic objectives and specific actions have been identified:

2.3.2 Objective A: To develop a National Tobacco Control communication plan

Actions:

i. Conduct a desk review of the existing plans and other reference documents;

ii. Hold a stakeholders workshop for the development of the plan;
iii. Hold a validation workshop the national tobacco control strategy; and
iv. Launch and disseminate the National Tobacco Control communication plan.

2.3 3 Objective B: To implement awareness campaigns for targeted settings and groups in the country

Actions:

i. Undertake mass media campaigns;
ii. Commemorate World No Tobacco Day;
iii. Identify tobacco control champions as ambassadors;
iv. Conduct public tobacco control exhibitions; and
v. Carry out community awareness campaigns/public forums.

2.4 Strategy 4: Sustain Implementation of High Quality Graphic Health Warnings on all Tobacco Products and Progress Towards Plain Packaging

2.4.1 Introduction

Health warnings on cigarette packs have been found to inform smokers about the health hazards of smoking, encourage smokers to quit, and prevent nonsmokers from starting to smoke. Warnings on tobacco products are an ideal way of communicating with smokers because they pair the warning directly with smoking behavior. Graphic health warning labels on cigarette packs are noticed by the majority of adolescents, increases adolescents' cognitive processing of these messages and have the potential to lower smoking intentions.[32] Introduction of graphic warning labels may help to reduce smoking among adolescents who are the most vulnerable to start smoking. Graphic health warnings are also a suitable alternative for passing information on the dangers of tobacco use to the illiterate.

The following are the objectives under this strategy:

2.4.2 Objective A: To maintain an updated online repository of high quality Graphic Health Warnings (GHWs)

Actions:

i. Design high quality GHWs in line with WHO guidelines;
ii. Pretest the developed GHWs in line with WHO guidelines;
iii. Provide a guideline on how to implement the GHWs to the Tobacco Industry and include emerging Tobacco products; and
iv. Develop a mechanism of prior approvals of GHWs by MoH before final implementation by the Tobacco Industry.

2.4.3 Objective B: To strengthen enforcement of and compliance with graphic health warnings provisions in the Tobacco Control Regulations 2014

Actions:

i. Develop a structured compliance monitoring plan;
ii. Conduct post market surveillance across the country; and
iii. Enforce effective legal mechanisms to mitigate non-compliance to GHW.

2.5 Strategy 5: Sustain Enforcement on the Ban of Tobacco Advertisement, Promotion and Sponsorship

2.5.1 Introduction

A comprehensive ban on advertising, promotion and sponsorship of tobacco products is an intervention used to reduce the demand of tobacco products. This requires legal environment and technical means to appropriately ban and enforce complete advertisement promotion and sponsorship including cross-border advertising, promotion and sponsorship originating from other territories.

The following are the objectives under this strategy:

2.5.2 Objective A: To strengthen enforcement capacity on the Ban of Tobacco Advertising, Promotion and Sponsorship

Actions:

i. Conduct continuous mainstream and social media monitoring for incidence of violation of ban on tobacco advertisement and promotions;
ii. Advocate against promotion and corporate recognition of the Tobacco Industry in line with article 5.3 of the FCTC and its guidelines; and
iii. Strengthen capacity of enforcement officers.

2.5.3 Objective C: To establish a compliance monitoring system for TAPS

Actions

i. Develop tools for compliance monitoring;
ii. Disseminate the tools to the relevant organizations; and
iii. Disseminate findings of compliance monitoring.

2.6 Strategy 6: Progressive Increase of Excise Tax and Prices for Tobacco Products In Line with WHO Recommendations

Introduction

Tobacco tax and price policy measures have been found to be one of the most effective and cost-effective measures of tobacco control due to its potential to reduce tobacco consumption and raise government revenue.[33] Price measures are considered to be the most effective means of controlling tobacco use.[34] Article 6 of the WHO- FCTC requires countries to put in place tax and price policies because an effective tax increase is likely to increase prices of tobacco products and make them less affordable, hence reducing consumption.[12,33]

Section 12 of the Tobacco Control Act, 2007 requires the Cabinet secretary in charge of finance to Implement tax policies and where appropriate, price policies on Tobacco and tobacco products. Kenya has made significant progress over the years culminating in improvement of the excise tax structure for tobacco products; including simplification of the structure, indexation to account for inflation and a general increase of excise tax rates from Kshs. 1200 per 1000 cigarettes (or 35% of retail selling price) in 2012 to the current Ksh. 1800 and Ksh. 2500 per 1000 cigarettes for plain and filtered cigarettes respectively. This plan will guide the country towards progressive increase of excise tax and prices for tobacco products in line with WHO recommendations.

The following are the objectives under this strategy:

2.6.1 Objective A: To advocate for annual increase of at least 10% of tobacco excise tax rates toward the WHO recommended 70% of retail price

Actions

i. Continued advocacy for effective and efficient tax systems and administration in line with article 6 of the FCTC and its guidelines;
ii. Participation in budget making processes at all level; and
iii. Create public awareness for support towards effective and efficient tobacco tax and price measures.

2.6.3 Objective B: To sensitize law and policy makers on the role of tax and price measures on tobacco control

Actions

i. Sensitize the relevant parliamentary committees on the benefit of tax and price measures;
ii. Strengthen capacity of relevant stakeholders on Price and tax measures; and
iii. Advocate for utilization of tobacco taxes for tobacco control activities.

2.7 Strategy 7: Regulation and disclosure of tobacco product content and emission

The provisions of Article 9 of the WHO-FCTC requires Parties to adopt necessary measure for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions. Further, Article 10 obligates Parties to require manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce. Further to determine how and what information should be relayed to the public on the contents and emissions of tobacco products, including toxic constituents The purpose of testing and disclosing product information is to give regulators sufficient information to take action and inform the public about the harmful effects of tobacco use. The Conference of the Parties (COP) adopted partial guidelines for implementation of Articles 9 and 10 in 2010. It is a priority for Kenya to put in place measures to identify and control substances that contributes to the toxicity or addictiveness; results in characterizing flavor; facilitates inhalation of nicotine uptake; leads to the formation of substances that have carcinogenic, mutagenic, or toxic for reproduction (CMR) properties; or interacts with other ingredients in the tobacco products.

2.7.1 Objective A: Establish mechanisms for the regulation of tobacco product content and emission

Actions

i. Establish a Scientific Committee to spearhead implementation of Article 9 and 10 of the WHO-FCTC.
ii. Undertake Situation analysis on tobacco product testing and disclosure of content and emission
iii. Capacity building for tobacco product testing, monitoring and reporting
iv. Development of guidelines for disclosure of tobacco product content to the government authorities and to the public
v. Assessment of tobacco products in the Kenyan market
vi. Develop relevant policy, legislation and regulation on tobacco product content, ingredients and emission as well as control of emerging and re-emerging products
vii. Adopt testing methods for tobacco product testing

PILLAR 2: SUPPLY REDUCTION STRATEGIES

2.8 Strategy 8: Elimination of illicit trade of tobacco products

2.8.1 Introduction

The illicit trading of tobacco products is the supply, distribution and sale of smuggled genuine, counterfeit or cheap tobacco products. It works on the principle that there is a financial incentive to source a product in a lower-priced market, transport, distribute and sell it in a higher-priced market. This can include international movements or within countries that allow for intra-community price differentials.

Illicit trade of tobacco products denies governments of much needed revenues from tobacco taxation while at the same time increasing supply (access) and affordability of tobacco products, hence defeating public health goals by reducing the impact of tobacco tax increases. Recent studies estimate that approximately 11% of the world cigarette market is illicit, representing over 600 billion cigarettes a year and resulting in annual government revenue losses of over US$40 billion.36

Further, it has also been shown that if global illicit trade were eliminated, governments would gain at least $31 billion and from 2030 onwards would save over 160,000 lives a year due to a projected cigarette price increase of 3.9% and a consequent fall in consumption of 2.0%37. Besides the direct revenue loss, illicit trade in tobacco products leads to decrease in tax compliance and effectiveness and leads to the undermining of the tax system as a whole. Article 15 of the FCTC calls upon Parties to put in place mechanisms to eliminate all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing, through domestic legislation and regional approaches. Further, the WHO Protocol to Eliminate Illicit trade in Tobacco Products (ITP) was negotiated by parties to the FCTC with the objective of "eliminating all forms of illicit trade in tobacco products".

The following are the objectives under this strategy:

2.8.2 Objectives A: To ratify and fully domesticate the protocol to eliminate illicit trade in tobacco products by 2019

Actions:

i. Follow up with ministry of foreign affairs and relevant government departments to expedite deposit of the protocol's instruments of ratification; and
ii. Review existing policy and legal framework and where necessary develop additional policy and legislation.

2.8.3 Objective B: To enhance enforcement of measures for control of illicit trade of Tobacco Products

Actions:

i. Hold enforcement and compliance trainings;
ii. Conduct awareness raising to the general public;
iii. Advocate for the Implementation and enforcement of the protocol; and
iv. Monitor the level of compliance with the protocol.

2.9 Strategy 9: Promotion of Alternative Livelihoods for Tobacco Farmers

2.9.1 Introduction

The WHO FCTC enshrines a comprehensive range of multisectoral evidence-based measures aimed to promote economically viable alternatives in the tobacco production chain as a way to prevent possible adverse social and economic impacts on populations whose livelihoods depend on tobacco production. A special emphasis is needed in the protection of the environment and the health of persons in respect of tobacco cultivation and manufacture. The tobacco production demands labor in three different sectors: agriculture, manufacturing and services sector including sales and distribution. Kenya should develop Innovative mechanisms for sustainable alternative livelihoods for tobacco growers and workers which allow them time to diversify into other activities gradually and in combination with implementation of government adjustment programmes and policies.

The following are objectives under this strategy:

2.9.2 Objectives A: To develop a comprehensive and collaborative policy for economically viable alternative livelihoods for tobacco growers by 2020

Actions:

i. Conduct high level engagement meetings with the leadership of key ministries;
ii. Initiate multi- sectorial dialogue with ministry of agriculture and other relevant stakeholders on viable alternative livelihoods; and
iii. Establish a multi- sectorial technical working group to develop the policy.

2.9.3 Objective B: To implement the policy by 2023 through multi-sectorial approach

Actions:

i. To disseminate the policy to the relevant stakeholders;
ii. To support adoption of the policy at both national and county levels;
iii. Prepare county profiles for tobacco economics;
iv. Conduct capacity building of stakeholders within the tobacco growing counties; and
v. Identify and link famers/middlemen to support system.

2.9.4 Objective C: To mitigate the adverse effects of tobacco farming posed by tobacco growing to human health and environment

Actions:

i. Develop and disseminate IEC materials on effects of tobacco growing;
ii. Sensitize tobacco growers on the risks posed by tobacco and benefits of alternative livelihoods through collaboration with civil society, extension workers and other stakeholders; and

iii. Advocate for technical and financial support to motivate farmers switch to alternative livelihood.

2.9.5 Objective d: To enhance implementation research on alternative livelihoods

Actions:

i. Conduct pilot projects on proposed alternative livelihoods; and
ii. Conduct comparative analysis of various viable options for alternative livelihoods.

2.10 Strategy 10: Reduction of Access to and Promotion of Tobacco Products to Persons under the Age of Eighteen Years

2.10.1 Introduction

This strategy is anchored in the Article 16 of the WHO FCTC which stipulates that legislation provisions will cover the following aspects to reduce the accessibility to and promotion of tobacco products to minors:

- Prohibition of sales of tobacco products to and by persons under the age of 18 years;
- Placement of disclaimers at all tobacco points of sale prohibiting sale of tobacco products to minors;
- Ban of self-service displays that would allow direct accessibility of tobacco products by minors;
- Prohibition of the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors;
- Ban on tobacco vending machines which would promote sale of tobacco products to minors; and
- Prohibition of distribution of free tobacco products to the public and especially minors as well as prohibition of sale of single stick cigarettes which would make them affordable to minors

To actualize the provisions of this strategy, the following objectives and actions will be undertaken:

2.10.2 Objective A: To ensure sustained enforcement of prohibition of sale of tobacco products to and by minors

Actions:

i. Conduct training for enforcement officers;
ii. Enhance random inspections at points of sale; and
iii. Promote public engagement and vigilance in prohibiting access of tobacco products to and by minors.

2.10.3 Objective B: To increase awareness of the prohibition of sale to minors in schools

Actions:

i. Develop and disseminate appropriate messaging for schools;
ii. Sensitize minors and their caregivers through mainstream and social media platforms; and
iii. Build the capacity of school administrators and relevant policy makers.

PILLAR 3: TOBACCO CONTROL GOVERNANCE AND COORDINATION STRATEGIES

2.11 Strategy 11: Strengthening Tobacco Control Programming In Kenya

2.11.1 Introduction

National tobacco control programs that are comprehensive, sustained and accountable have been shown to reduce tobacco consumption rates as well as tobacco-related diseases and deaths.39 Successful implementation of such programs is premised on appropriate governance and coordination strategies with a focus on creating effective multi-sectoral partnerships that enhance efficient use of available resources. This strategy thus seeks to establish mechanisms to reinforce multi-sectoral action and coordination for tobacco control that will propel all stakeholder efforts towards a common goal. The strategy will further ensure that appropriate policies, legislations and guidelines are in place to address emerging tobacco issues and trends.

In order to strengthen tobacco control programming in Kenya, there is need to invest in key elements of the health system at both the national and County levels. This will include establishing sustainable mechanisms for effective governance that will enhance availability of human, financial and infrastructural resources required for effective tobacco control. A key focus for this strategy will thus be to have in place an accountable resource mobilization framework with the input of all stakeholders.

In order to achieve this strategy, the following strategic objectives and actions will be implemented:

2.11.1 Objective A: To reinforce multi- sectoral action and coordination for tobacco control

Actions:

i. Conduct a capacity strengthening workshop for the tobacco multi- sectoral coordination mechanism; and
ii. Hold quarterly meetings of the multi- sectoral coordination mechanism.

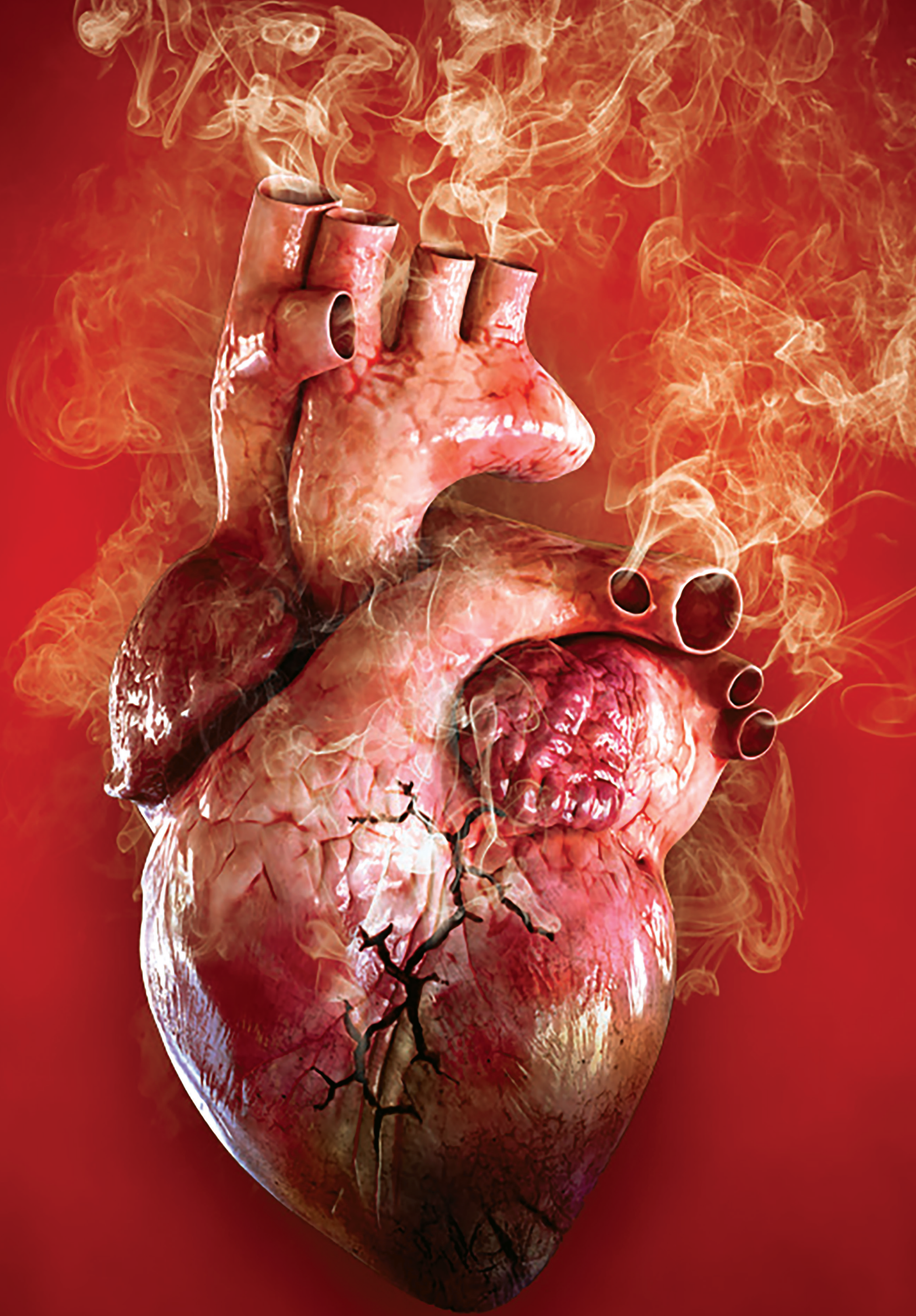
2.11.3 Objective B: To strengthen tobacco control programming; including governance, leadership, financing and Human resource

Actions:

i. Develop annual tobacco control work plan;
ii. Strengthen the capacity of tobacco program staff at MOH;
iii. Institutionalize regular coordinated meetings of the core Tobacco Control program staff;
iv. Advocate for sustainable financing of Tobacco Control programs;
v. Mobilize resources from partners;
vi. Develop a framework for the utilization of the solatium fund;
vii. Procure adequate infrastructure for tobacco control programs; and
viii. Incorporate tobacco control indicators into the Health Management Information System (HMIS).

2.11.4 Objective C: To review existing policies and legislations to address emerging tobacco products and trends

i. Propose amendments to the Tobacco Control Act, 2007 to include regulations of electronic nicotine and non-nicotine delivery systems; and
ii. Develop regulations on the emerging tobacco products;



Chapter 3
MONITORING, EVALUATION AND RESEARCH

This chapter is grouped into two broad categories

I. Monitoring and evaluation activities for Tobacco control

II. Monitoring and Evaluation of the Strategic plan

3.1 Monitoring and Evaluation Activities for Tobacco Control

Monitoring and Evaluation in tobacco control is essential as it enables the generation of information that is crucial for planning and implementing programs. Monitoring data serves as a useful guide in the successful planning and implementation of WHO FCTC, the Kenya Tobacco Control Act, 2007 and other relevant polices. Additionally, surveillance data is required by governments for policy-making while also providing all stakeholders with information on the tobacco epidemic, harms caused by tobacco use and helps in resource allocation.

Objective 1: To implement the Global Tobacco Surveillance Systems

The main objective of the Global Tobacco Surveillance System (GTSS) is to increase countries' capacity to design, implement and evaluate their national comprehensive tobacco action plans and to monitor the key articles of the WHO Framework Convention on Tobacco Control (WHO FCTC). The country will prioritize implementation of two out of the stipulated four surveys namely: Global Adult Tobacco Survey (GATS) and Global Youth Tobacco Survey (GYTS).

Actions:

Conduct Global Adult Tobacco Survey (GATS) every five years

1. Develop a protocol
2. Collect data
3. Analyze data
4. Disseminate findings

Conduct Global Youth Tobacco Survey (GYTS) every five years

1. Develop a protocol
2. Collect data
3. Analyze data
4. Disseminate findings

Objective 2: To Conduct Relevant Studies in Tobacco Control

It is paramount to diversify the body of knowledge regarding tobacco control especially in areas that are not covered in GATS and GYTS. This will enable an increase in body of knowledge in specific areas.

Actions:

1. Seek collaboration with academia and research institution
2. Develop protocols
3. Collect data
4. Analyze data
5. Disseminate findings

Objective 3: To Evaluate the Tobacco Control Program and Initiatives

Evaluation aims at determining the relevance, impact, effectiveness, efficiency and sustainability interventions, programs and initiatives. It provides evidence-based information that enables the timely incorporation of recommendation and lessons learnt to improve the overall functioning of the program.

Actions:

1. Hold Stakeholder engagement
2. Develop evaluation plan
3. Collect data
4. Analyze data
5. Disseminate report

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

3.2 Monitoring and Evaluation of the Strategic Plan

Monitoring and evaluation of the strategic plan is important as it allows for examination of the progress made by stakeholders in the implementation of specific actions of the strategy. It further allows policy makers to assess long-term changes produced by the strategy on relevant issues such as changes in tobacco use prevalence, access to information and sustainable resource mobilization for tobacco control implementation.

Monitoring and Reporting

Regular monitoring of the strategic plan will be carried out using pre-determined indicators to track the overall implementation of the strategy. Each expected result (output, outcome and longer term change or impact) generated by actions of all stakeholders would be measured and reported back to the Ministry of Health. MOH in consultation with the relevant stakeholders will develop and make available user-friendly reporting tools to facilitate the reporting.

The following are the Progress Monitoring indicators:

- Proportion of tobacco users receiving cessation services
- Proportion of adults and youth using tobacco products
- Proportion of the population exposed to SHS at home

Evaluation

Evaluation is the systematic and objective assessment of ongoing or completed projects, programs or policies, in respect of their:

(a) Design

(b) Implementation

(c) Results

During the year 2021, the Ministry of Health and other relevant stakeholders will undertake a mid-term review of the National Strategic Plan to determine the following:

1. Achievements against midterm targets
2. Level of acceptability of the strategy by counties and other sectors outside health
3. Obstacles/challenges to implementation of the strategy and how they have been resolved

An end term review will also be undertaken in 2024 to ascertain the following:

1. Efficiency of the strategy – The prudent use of resources to achieve the goals
2. Effectiveness of the strategy- If the strategy has achieved the desired goals
3. Impact of strategy- If targets have been achieved
4. Relevance of strategy- the extent to which support towards the national, regional and global health agenda were achieved.

To achieve this, an assessment of the tobacco control program will have to be conducted at the following levels:

- National level
- County level
- Health facilities
- Government Ministries, Departments and Agencies
- Civil Society Organizations
- General population

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

Table 1: Monitoring Framework

INDICATOR	FREQUENCY	SOURCE OF DATA	BASELINE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Tobacco Use	**A 50% relative reduction in prevalence of current tobacco use compared to 2015**							
Proportion of adults using tobacco	5 years	Survey- KDHS, GATS, STEPS	13.3%	_	_	6.5%	_	6.5%
Proportion of youth using tobacco	5years	Survey KDHS, GYTS	9.9			4.8%	_	4.8%
Tobacco Exposure	**A 50% relative reduction in people exposed to second hand smoke**							
Proportion of adults exposed to SHS at work	5 years	Survey- KDHS, GATS, STEPS	24%	_	_	12%	_	12%
Proportion affected by SHS at home	5 years	Survey- KDHS, GATS, STEPS	21%	_	_	10%	_	10%
Cessation	**25% of tobacco users receiving cessation services**							
Proportion of tobacco users receiving cessation services	5 years	Survey-GATS, STEPS	34%	_	_	68%	_	68%
Taxation	**Progressive increase in Tobacco Tax to 70% excise tax of retail price**							
Proportion of tobacco tax of retail price	Annual	National Budget report	52%	58%	62%	67%	70%	70%

Chapter 4
IMPLEMENTATION MATRIX

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

Table 2: Implementation Matrix

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Strategy 1: Reduction of the number of people who are using tobacco products by offering cessation services									
Objective a: To integrate tobacco cessation services at all levels of health care									
iii. Include tobacco cessation products in the essential medicines list	Revised KEML incorporating tobacco cessation products	Number of tobacco cessation products in the KEML	MoH Tobacco control unit Pharmacy and Poisons Board	Human resource				X	X
iv. Train health care workers on tobacco cessation	Health care workers knowledge on tobacco cessation increased	Number of health care workers trained on tobacco cessation	MoH Tobacco control unit NACADA	Human Resources Telecommunication infrastructure		X			
Objective b:To provide support for the development of tobacco control content for incorporation into the curricula for all Healthcare providers									
1. Develop content relevant for different levels of education curricula	Tobacco cessation curricula developed	Number of health professional curricula developed	MoH Tobacco control unit Regulatory Bodies Healthcare professional training institution	Content on tobacco cessation	X	X	X		

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
ii. Incorporate Tobacco cessation as a core unit in the curriculum	Tobacco cessation content incorporated in healthcare professional training curricula	Number of tobacco cessation products in the KEML	MoH Tobacco control unit Regulatory Bodies Healthcare professional training institution	Content on tobacco cessation	X	X			
iii. Conduct TOT for Tobacco Cessation	Training of TOTs undertaken	Number of TOT trained	MoH WHO	Pool of trained TOTs	X	X			
iv. Develop specific curriculum for community health volunteers	CHV cessation curriculum developed	Curriculum	MoH-Tobacco Unit and Community Strategy unit WHO	Venue Personnel Funds Manuals	X	X			
Objective c: To promote the utilization of tobacco cessation services in sectors outside health									
1. Promote cessation services through mainstream and social media.	Cessation messages in mainstream and social media	Frequency of tobacco cessation messages in the mainstreamand social media	MoH Tobacco control unit Tobacco Control Board Civil society Ministry of ICT	Tobacco cessation messages	X	X	X	X	X

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
2.Hold sensitization meetings with targeted groups	Sensitization meetings held with targeted group	Number of meetings held with targeted groups	MoH Tobacco control unit Counties (Health promotion officer, Public health dept.) Tobacco Control Board Civil society	Human resource Meeting venues Means of transport Content for sensitization relevant to the different groups	X	X	X		
3.Develop and disseminate IEC materials on tobacco control	IEC materials on tobacco control developed and disseminated	Number of public places with tobacco control IEC materials	MoH Tobacco control unit Counties ((County chief officers, Health promotion officers) Tobacco Control Board Civil society	Content for IEC materials Stationery	X	X			
4.Promote tobacco cessation services at the community level	Tobacco cessation services available at community level	Number of community units offering tobacco cessation services	MoH Tobacco control unit CSU Counties (County chief officers, Health promotion officers) Tobacco Control Board Civil society	Tobacco cessation materials for community level Stationery Venue Personnel Funds	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Strategy 2: Protection of non-smokers from exposure to tobacco smoke									
Objective a: To raise awareness on the health impact of second hand smoke (SHS)									
1. Develop scientifically sound key messages on SHS	Develop scientifically sound key messages on SHS	Key messages on SHS developed	MoH (TCU) Tobacco Control Board Civil societies	Technical expertise	X				
2.Disseminate IEC materials for smoke-free work and social places	IEC materials for smoke-free work and social places available	IEC materials for smoke-free work and social places available	MoH (Health promotion unit) Counties (Health promotion officer, Public health dept) Tobacco Control Board Civil society	Human resources Strategic areas for dissemination		X	X		
3.Conduct awareness campaigns on SHS to the public	Awareness campaigns	Number of SHS awareness campaigns conducted	MoH (Health promotion unit) Counties (Health promotion officer, Public Health dept.) Tobacco Control Board Civil societies Media Professional associations	Human resources Standard content Other logistics depending on the mode utilized		X	X		

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective b: To strengthen enforcement of smoke free laws									
I. Periodic assessment of the levels of compliance	Assessment report	Number of assessment and support visits conducted	MoH (TCU, Environmental health division)	Human resources	X	X	X	X	X
ii. Sensitize owners and employees of public premises	Sensitization report	Number of owners and employees of public premises sensitized	MoH (Health promotion unit, PHOs) Counties (Public Health dept./ Health promotion officers) Tobacco control board Law enforcement agencies Pubs,Entertainment and Restaurants Associations of Kenya (PERAK)	Human resources Means of transport Content of sensitization Sensitization venues	X	X			
iii.Train and empower enforcement and judicial officers	Training report	Number of enforcement and judicial officers trained and empowered	MoH (TCU)	Human resources	X	X			

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
iv.Provide technical support for the enactment of county laws and regulations for the control of smoking in public places, in compliance with the Tobacco Control Act, 2007	Technical reports on support and guidance given to Counties for the enactment of laws and regulations for the control of smoking in public places	Number of Counties that have enacted laws and regulations for the control of smoking in public places, in compliance with the Tobacco Control Act, 2007	MoH (TCU) Civil society Development partners	Technical expertise	X	X	X	X	X
v. Empower and seek public support for enforcement	Increased public support for smoke free laws	Number of meetings and participants in the public tobacco control rallies	MoH (PHOs, Health promotion unit) Counties (Public Health dept./Health promotion officers, County enforcement/ inspectorate officers) CSOs	Human Resources Funds Venue IEC materials					
Strategy 3: Raising public awareness on the health, environmental, social and economic effects of tobacco									
Objective a: To develop a Tobacco Control communication plan									
i.Conduct a desk review of the existing plans	Desk review completed	Report	MoH (TCU)	Internet Human Resources	X				
ii. Hold a stakeholder workshop for the development of the plan	Stakeholder workshop held and draft plan developed	Number of stakeholders attending	MoH (TCU) Partners	Venue Funds Human Resource	X	X			

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
iii. Hold a validation workshop	Validation workshop held and final draft developed	Number of stakeholders attending	MoH (TCU) Partners	Venue Draft plan Funds Human Resource		X			
iv. Launch and disseminate the plan	Plan disseminated	Number of stakeholders disseminated to	MoH (TCU) Partners	Plan Venue Funds		X			
Objective b: To implement awareness campaigns for targeted settings and groups									
1. Undertake mass media campaigns	Campaign progress reports	Number of mass media campaigns conducted	MoH (TCU) Counties (CEC) Media Professional associations CSOs	Media channel Human resources Media messages	X	X	X	X	
ii. Commemorate world no tobacco day	World no Tobacco day commemorated	Numvber of events	MoH (TCU) Counties (CEC) Media Professional associations CSOs	Human resources IEC materials Venue Funds	X	X	X	X	
iii. Identify tobacco control champions as ambassadors	Tobacco control champions identified	Number of tobacco control champions identified	MoH (TCU and health promotion unit) Counties (Health	Human resource Nomination letters	X				

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
iv. Conduct public tobacco control exhibitions	Exhibition reports	Number of exhibitions held	MoH (Tobacco Control Unit and Board) Counties (Health promotion officer, Public health officers) Civil society Institutions of higher learning						
v. Carry out community awareness campaigns/ public forums	Community awareness raised	Number of forums held	MoH Counties Professional bodies CBOs and CSOs	Human resource IEC materials Venue Funds	X	X	X	X	X
Strategy 4: Sustain implementation of high quality graphic health warnings on all tobacco products and progress towards plain packaging									
Objective a: To maintain an updated repository of high quality graphic health warnings									
1.Design high quality GHWs in line with the Who guidelines	Content of GWHs	Number of GHWs designed	MoH- TCU Tobacco control board Civil society	Technical expertise Pictures	X	X			
ii. Pretest the developed GHWs	Report of pretesting of the GHWs	Number of GHWs pretested	MoH (TCU) TCB Civil society	Human resource Tape recorders Venue Materials for pretesting			X		

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
ii. Provide a guideline on how to implement the GHWs to the Tobacco Industry including emerging tobacco products	Guidelines in place	Number of tobacco industry players with GHWs implementation guidelines	MOH TCB	Technical expertise Human resource			X		
iv. Develop a mechanism of prior approvals of GHWs by MoH before final implementation by Tobacco Industry	Mechanism in place	Proportion of tobacco products with GHWs that have been pre-approved	Hunan Resource Funds				X		
Objective b: To strengthen enforcement of and compliance with graphic health warning provisions in the Tobacco control regulations 2014									
1.Develop a structured compliance monitoring plan	Compliance monitoring plan in place	Number of enforcement units utilizing the compliance monitoring plan	MoH Tobacco control board Enforcement agencies	Human resource Venue Funds			X		
ii. Conduct post market surveillance	Surveillance reports	Number of reports	MoH Tobacco control board Enforcement agencies	Personnel Means of transport Surveillance tools	X	X	X	X	X
iii. Enforce effective legal mechanisms to mitigate non-compliance	Enforcement progress reports	Rate of non-compliance	MoH Tobacco control board Enforcement agencies	Enforcement personnel	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Strategy 5: Sustain enforcement on the ban of tobacco advertisement, promotion and sponsorship									
Objective a: To strengthen enforcement capacity									
1.Conduct continuous mainstream and social media monitoring for incidence of violation of bans on advertisement and promotions	Media monitoring report	Number of incidents reported	MoH Tobacco control board Enforcement agencies	Personnel Internet	X	X	X	X	X
ii. Advocate against promotion and corporate recognition of the Tobacco Industry	National days and CSR activities free of tobacco promotion	Number of promotion/corporate recognition incidents reported	CSO TCB	Personel Advocacy materials Funds	X	X	X	X	
iii. Strengthen capacity of enforcement officers	Training report	Proportion of enforcement officers trained	MoH TCB Law enforcement agencies	Training materials Personnel Training venues	X	X	X	X	X
Objective b: To establish a compliance monitoring system									
i. Develop tools for compliance monitoring	Compliance monitoring tools developed	Tools	MoH TCB Law enforcement agencies	Personnel Venues Stationery			X		

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
ii) Disseminate the tools to the relevant organizations	Tools disseminated	Number of organizations disseminated to	MoH Tobacco control board Law enforcement agencies	Personnel Transport Internet Funds		X			
iii. Disseminate findings of the compliance monitoring	Dissemination report	Number of stakeholders disseminated to	MoH TCB	Personnel Venues Funds	X	X	X	X	X
Strategy 6: Progressive increase of excise tax and prices for tobacco products in line with WHO recommendations									
Objective a: To advocate for annual increase of at least 10% of tobacco excise tax rates toward the WHO recommended 70% of retail price									
i) Continued advocacy for effective and efficient tax systems and administration in line with article 6 of the FCTC and its guidelines.	Sustained advocacy measures	Number of advocacy forums	MOH TCB CSOs	Funds Personnel Policy briefs	X	X	X	X	X
ii) Participation in budget making processes at all level	Input from tobacco stakeholders applied	No. of budget making processes participating in	MOH CSO	Personnel	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
iii) Create public awareness for support towards effective and efficient tobacco tax and price measures	Public awareness raised	Number of public awareness creation forums held	MOH TCB County Govt. CSO	Personnel Venue IEC materials Funds	X	X	X	X	X
Objective b. To sensitize law and policy makers on the role of tax and price measures on tobacco control									
i) Sensitize the relevant parliamentary committees on the benefit of tax and price measures	Parliamentary committees sensitized	Number of parliamentarians sensitized	MOH TCB	Venue Funds Personnel	X	X	X	X	X
Ii) Strengthen capacity of relevant stakeholders on Price and tax measures	Capacity of stakeholders strengthened	No of stakeholders trained	MOH TCB	Training venue Personnel Training manuals	X	X	X	X	X
iii) Advocate for utilization of tobacco taxes for tobacco control activities	Part of tobacco taxes utilized for tobacco control activities	Number of advocacy forums held	MOH CSO National Treasury KRA	Policy documents Personnel Funds	X	X	X	X	X

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS		TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Strategy 7: Regulation and disclosure of tobacco product content and emission									
Objective a:Establish mechanisms for the regulation of tobacco product content and emission									
1. Establish a Scientific Committee to spearhead implementation of Article 9 and 10 of the WHO-FCTC.	Product testing regulation TWG with experts initiated	Copies of TOR of the TWG	WHO MOH KEBS	VENUE DSA Stationary DSA		X			
2.Undertake Situation analysis on tobacco product testing and disclosure of content and emission	Tobacco product testing and disclosure of contents and emission analysis done	Analysis report	WHO MOH KEBS	Computers Survey tablets Stationary DSA			X		
3.Capacity building for tobacco product testing, monitoring and reporting	establishment of laboratories for tobacco products testing	data base for all the tobacco products in the country	WHO KEB MOH	venue DSA stationary laboratory equipment			X		
4.Development of guidelines for disclosure of tobacco product content to the government authorities and to the public Assessment of tobacco products in the Kenyan market	awareness created on the contents of tobacco products	guidelines for tobacco products disclosure in place	WHO, KEBS MOH	venue DSA stationary consultant				X	
5. Assessment of tobacco products in the Kenyan market	All tobacco products contents under close surveillance	Database of all tobacco products in place	WHO, KEBS, MOH	Venue DSA Stationary Consultant			X		
6.Develop relevant policy, legislation and regulation on tobacco product content, ingredients and emission as well as control of emerging and re-emerging products	Regulations available to guide tobacco products content ingredients and emmision	Tobaccco product content testing guidelines developed	WHO, KEBS, MOH	Venue DSA Stationary Consultant					X
7.Adopt testing methods for tobacco product testing	Standardized content testing for tobacco products	Adopted WHO tobacco product testing in place	WHO, KEBS, MOH	Venue DSA Stationary Consultant		X			

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Strategy 8: Elimination of illicit trade of tobacco products									
Objective a: To ratify and fully domesticate the protocol to eliminate illicit trade in tobacco products by 2019									
i. Follow up with ministry of foreign affairs and relevant government departments to expedite deposit of the protocol's instruments of ratification	Ratified protocol to eliminate illicit trade in tobacco products	The protocol's instruments of ratification deposited	MoH Ministry of Foreign Affairs	Personnel	X				
ii. Review existing policy and legal framework and where necessary develop additional policy and legislation	• Progress report of the review process and suggested modifications • Additional policy and legislation (where necessary)	• Proportion of existing policy and legal framework reviewed • Number of additional policies and legislation developed (where necessary)	MoH KRA Civil society	Technical Expertise	X				
Objective b. To enhance enforcement of measures for control of illicit trade									
1.Hold enforcement and compliance trainings	Training report	Proportion of officers trained	MoH KRA Law enforcement agencies	Personnel Training venues Training material		X	X	X	
ii. Conduct awareness raising to the general public	General public aware of illicit trade of tobacco products	Number of public awareness initiatives conducted	MoH KRA	Personnel Awareness campaign tools	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
iii. Advocate for the Implementation and enforcement of the protocol	ITP enforced in the relevant areas	No of areas enforcing the protocol	KRA MOH Kenya Police	Human resource Advocacy materials	X	X			
iv. Monitor the level of compliance with the protocol	Monitoring reports developed	Number of monitoring reports	MOH TCB Enforcement agencies	Human resource Funds Monitoring tools	X				
Strategy 9: Promotion of alternative livelihoods for tobacco growers									
Objective a: To develop a comprehensive and collaborative policy for economically viable alternative livelihoods for tobacco growers by 2020									
1. Conduct high-level engagement meetings with the leadership of key ministries.	Meeting minutes Buy-in by the leadership of key ministries	Number of meetings held Number of ministries involved	MOH MOA	Venue Human resource	X	X	X		
2. Initiate multi- sectorial dialogue with ministry of agriculture and other rele-vant stakeholders on via-ble alternative livelihoods	Progress reports	Number of engagement meetings held Number of viable alternative livelihoods identified	MoH Ministry of Agriculture	Meeting venues Personnel	X	X	X		
iii. Establish a multi-sectorial technical WG to develop the policy.	TWG established with defined TORs Policy in place	List of TWG membership Number of sessions held to develop the policy	MoH Ministry of Agriculture	Meeting venues Personnel	X				

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective b. To implement the policy by 2023 through multi-sectorial approach									
i. Disseminate the policy to relevant stakeholders	Dissemination report	Number of counties and other stakeholders sensitized on the policy	MoA MoH-Tobacco Control Unit	Meeting venues Personnel Means of transport		X	X		
ii.To support adoption of the policy at both national and county level	Policy adopted at National and County levels	Number of relevant National bodies and Counties that adopted the policy	MoA MoH-Tobacco Control Unit County Govt.	Meeting venues Personnel Means of transport			X	X	X
iii. Prepare county profiles for tobacco economics	County profiles for tobacco economics	Number of county profiles prepared	MoA MoH-Tobacco Control Unit	Technical expertise		X	X	X	X
iv. Conduct capacity building of stakeholders within the tobacco growing counties.	Progress reports of capacity building initiatives	Number of stakeholders reached	MoA MoH-Tobacco Control Unit	Personnel Venues Training material	X	X	X	X	X
v. Identify and link farmers/middlemen to support systems	Directory of support systems available	Proportion of farmers with access to support systems	MoA	Human Resource	X	X	X		

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective c To mitigate the adverse effects of tobacco farming posed by tobacco growing to human health and environment									
1. Develop and disseminate IEC materials	IEC materials available and disseminated	Proportion of farmers reached with IEC materials	MoH-Tobacco Control Unit MoA	Technical expertise IEC material preparation tools e.g. stationery	X	X			
ii. Sensitize tobacco growers on the risks posed by tobacco and benefits of alternative livelihoods through collaboration with civil society, extension workers and other stakeholders.	Progress reports of sensitization activities	Proportion of tobacco growers reached	MoH-Tobacco Control Unit MoA	Personnel Sensitization content/ material Venue(s)			X	X	
iii. Advocate for technical and financial support to motivate farmers switch to alternative livelihood	Support given to farmers	Number of farmers supported	MoA MOH	Policy documents Venue Human resource	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective d. To enhance implementation research on alternative livelihoods									
I. Conduct pilot projects on proposed alternative livelihoods.	Pilot project report	Success rate of pilot projects	MoA	Human Resource			X	X	X
ii. Conduct comparative analysis of various viable options for alternative livelihoods	Report of the comparative analysis	Findings of the comparative analysis	MoA	Technical expertise				X	X
Strategy 10: Reduction of access to and promotion of, tobacco products to persons under the age of eighteen years									
Objective a. To ensure sustained enforcement of prohibition of sale of tobacco products to and by minors									
i. Conduct training for enforcement officers.	Training report	Number of enforcement officers trained	MoH Law enforcement bodies	Training material Personnel Venue (s)	X	X	X		
ii. Enhance random inspections at points of sale	Inspection reports	Number of random inspections done Proportion of points of sale inspected	MoH Law enforcement bodies	Personnel Means of transport Inspection tools	X	X	X	X	X
iii. Promote public engagement and vigilance in prohibiting access of tobacco products to and by minors	Public vigilance enhanced	No of public engagements held	MOH MOE CSO	Human resource Meeting venues Funds	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective b. To increase awareness of the prohibition of sale to minors in schools									
1. Develop and disseminate appropriate messaging for schools.	Appropriate messaging for schools in place	Proportion of schools reached	MoH Ministry of Education	Technical expertise	X	X			
ii. Sensitize minors and their caregivers through mainstream and social media platforms.	Increased level of awareness on the prohibition of sale to minors	Proportion of minors and caregivers reached through mainstream and social media platform	MoH	Personnel Media platforms	X	X	X	X	X
iii. Build the capacity of school administrators and relevant policy makers.	Empowered school administrators and policy makers	Proportion of school administrators and relevant policy makers capacity built	MOH	Personnel Venue Content/ material	X	X	X	X	X
Strategy 11: Strengthening tobacco control programming in Kenya									
Objective a: To reinforce multi- sectoral action and coordination for tobacco control									
1. Conduct capacity strengthening for the multi- sectoral coordination mechanism	Adequate capacity in the multi-sectoral coordination mechanism for tobacco control	Proportion of members in the coordination mechanism with appropriate capacity	MoH Tobacco control board	Personnel Venue Capacity building tools/ material	X				
2. Hold quarterly meetings of the multi-sectoral coordination mechanism	Quarterly meeting reports	Number of quarterly meetings held	Various stakeholders	Personnel Venue Meeting agenda and support tools	X	X	X	X	X

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
Objective b. To strengthen tobacco control programming; including governance, leadership, financing and human resource									
i. Develop annual TC work plan.	Tobacco control annual work plan in place	Annual work plan with tobacco activities completed	MoH-Tobacco control unit	Personnel Training material Venue	X	X	X	X	X
ii. Strengthen the capacity of tobacco program staff at MOH	Progress reports of capacity building activities	Proportion of staff with appropriate capacity for tobacco control	MoH-Tobacco control unit	Personnel Venue Meeting agenda and support tools	X				
iii. Institutionalize regular coordinated meetings of the core Tobacco Control program staff	Meeting minutes	Number of meetings held	MoH-Tobacco control unit	Advocacy tools Financial tools	X	X	X	X	X
iv. Advocate for sustainable financing of TC programs.	Financial reports	Proportion of planned tobacco control activities that are adequately financed	MOH	Advocacy tools Financial tools	X	X	X	X	X
v. Mobilize resources from partners	Resources mobilized from partners available Progress reports on resource mobilization initiatives	Proportion of partners that have availed resources for tobacco control	MOH	Proposals Concept notes Human resource	X	X	X	X	X

ACTIVITY	EXPECTED OUTPUT	INDICATOR	RESPONSIBLE PARTNERS	RESOURCES	TIME FRAME				
					Y 1	Y 2	Y 3	Y 4	Y 5
vi. Develop a framework for the utilization of the solatium fund.	Framework for the utilization of the solatium fund available and fully function	Utilization rate of the solatium fund	MOH National Treasury	Human resource Venue	X	X			
vii. Procure adequate infrastructure for tobacco control programs.	Adequate infrastructure in place	Proportion of required infrastructure in place	MOH	Procurement plan Supplies Human resources	X	X			
viii. Incorporate tobacco control indicators into the Health Management Information System	Health Management Information System (HMIS) containing tobacco control indicators	Number of tobacco control indicators in the HMIS	MOH- TCU and HMIS	Human Resource DHIS2	X	X			
Objective c. To review existing policies and legislations to address emerging tobacco products and trends									
1. Propose amendments to the Tobacco Control Act, 2007 to include regulation of water pipe and electronic nicotine and non-nicotine delivery systems	Tobacco Control Act, Cap 245 Amended	Proposed amendments on emerging tobacco products and trends incorporated in the TC Act, 2007/regulations	MOH CSO	Human resource Technical expertise	X	X			
2.Develop regulations on the emerging tobacco products	Regulations on the emerging tobacco products in place	Rate of compliance to the regulations	MOH TCB CSO Parliament	Venue Funds Human resource	X	X	X		

Chapter 5
THE ROLES AND RESPONSIBILITIES OF VARIOUS ACTORS

A. National Government- Ministries, Departments and Agencies

(i) Development of policy Directions/Legislations
- Tobacco Control Board in conjunction with the ministry of Health to give policy direction

(ii) Provide M&E framework - MOH

(iii) Resource mobilization - All

(iv) Setting of Standards
- KEBs

(v) Development and implantation of price and tax measures
- KRA and treasury

(vi) Enforcement AND administration of justice
- MOH
- National police service commission
- The Judiciary
- The DPP
- KRA
- Ministry of interior and coordination of National Government

(vii) Regional and international treaties and conventions
- Foreign affairs
- The Attorney General
- MOH/Tobacco Control Board
- Parliament
- Ministry of East Africa Community

(viii) Curriculum Development
- Ministry of Education

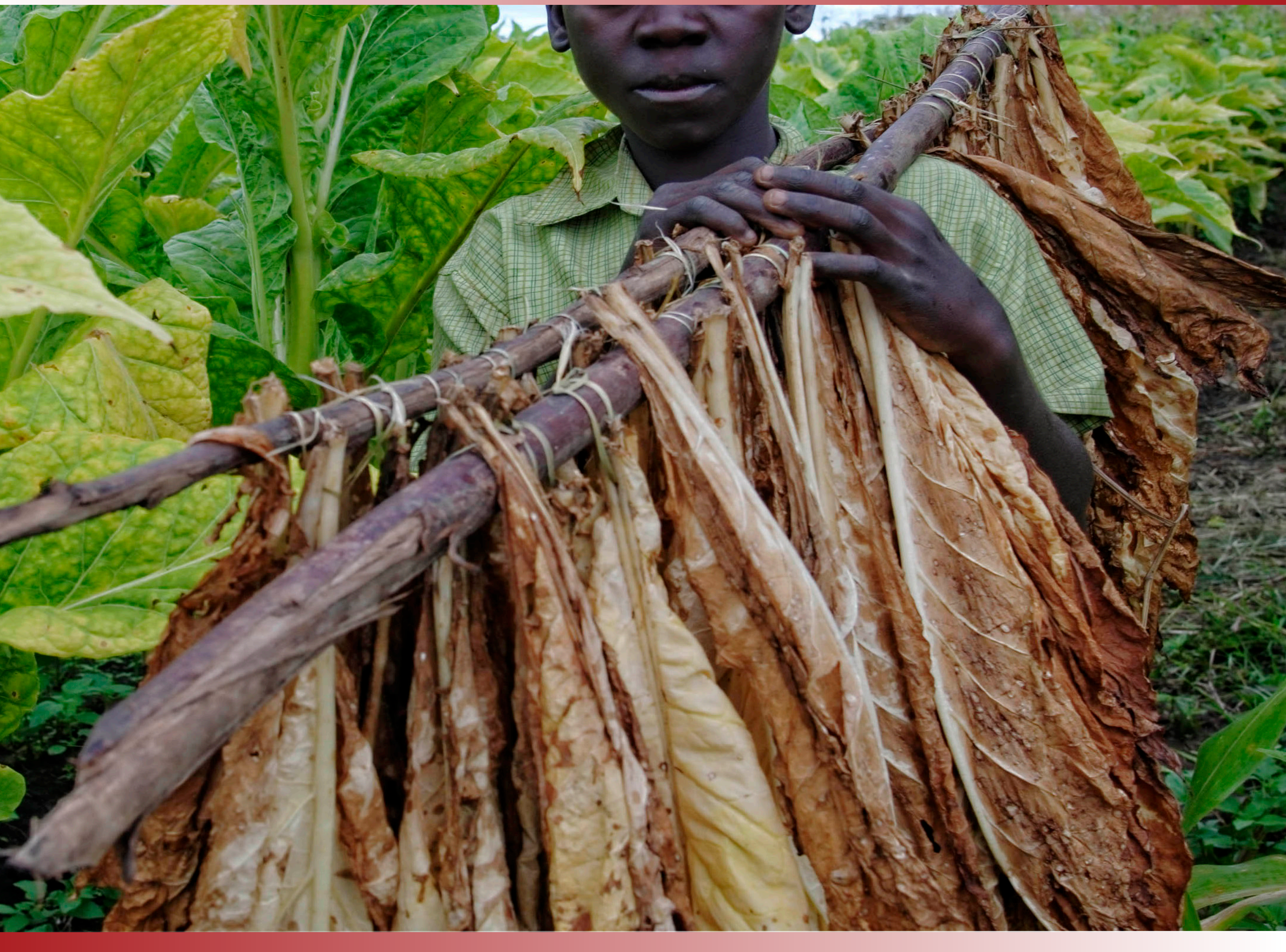
(ix) Public Health education

B. The 47 County Governments
- Domesticate National Government Policies
- Develop and enact county based policies and Legislations
- Appropriate funds to support tobacco control activities.
- Provide support for cessation programes
- Initiate alternative economic activities apart from tobacco farming
- Marketing for alternative economic activities
- Enforcement
- Public health education

C. Civil Society Groups
- Raise alarms on malpractices in the tobacco control activities
- Ensure accountability at all levels
- Advocacy on various issues
- Sensitization programes with the target groups
- Professional and technical support
- Evidence generation & Advocacy -social mobilisation
- Community engagement
- Support the development of legislation and laws
- Public Health education

D. Development partners
- Financial support
- Technical support
- Provide Global standards

E. General Public
- Compliance with the law
- Participation in Tobacco control activities
- Participation in the development of Legislative framework
- Reporting of violations of the law.



Chapter 6
FINANCING THE NATIONAL TOBACCO CONTROL STRATEGY

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

Methodology

Identifying the costing requirement of the NTCS is paramount as it allows for proper planning and understanding of financial resources needed to implement the plan.
The methodology of costing considers the cost of activities for tobacco control at all levels both national and country. Activities were costed using an input-based costing (IBC) approach. The IBC uses a bottom-up approach that estimates the cost of all inputs required to achieve NSP targets for the Financial Year 2019/20 to 2023/24.

Resource Requirement

As indicated in the table below the estimated total cost for 5 years plan is approximately KSH: 356,576,400 (USD 3,363,928). This has further been disaggregated by the priority areas as shown The majority of the cost is driven by Tobacco Cessation (19%) followed by the monitoring and evaluation (18%) and public health education (14%).

Table 3: Implementation Costing

PRIORITY AREA	YEAR 2019/20	YEAR 2020/21	YEAR 2021/22	YEAR 2022/23	YEAR 2023/24	TOTAL (KES)
Tobacco Cessation	20,876,000	18,554,000	14,800,000	8,390,000	8,890,000	71,510,000
Protection from second Hand Smoking	12,308,000	10,458,000	7,775,500	8,275,500	8,775,500	47,592,500
Public Health Awareness	9,301,600	9,801,600	10,301,600	10,801,600	11,301,600	51,508,000
Graphic Health Warnings	4,435,500	3,288,000	1,768,000	1,768,000	2,593,000	13,852,500
Tobacco advertising, promotion and sponsorship	1,125,000	1,125,000	1,125,000	1,125,000	1,125,000	5,625,000
Price and Tax measures	2,547,000	2,547,000	2,547,000	2,547,000	2,547,000	12,735,000
Eliminate illicit tobacco products	7,245,000	1,884,000	3,225,000	1,884,000	1,884,000	16,122,000
Promote alternative livelihoods	4,276,000	8,584,000	8,192,000	5,430,000	1,090,000	27,572,000
Eliminate sale to minors	8,612,700	7,963,200	4,776,000	5,276,000	5,776,000	32,403,900
Strengthen enforcement	4,000,000	3,800,000	3,000,000	3,000,000	3,000,000	16,800,000
Tobacco programing and governance	4,134,500	3,402,500	739,500	739,500	739,500	9,755,500
Monitoring, evaluation & research	7,000,000	32,000,000	12,100,000	7,000,000	10,000,000	68,100,000
TOTAL KES	**85,861,300**	**103,407,300**	**70,349,600**	**56,236,600**	**57,721,600**	**373,576,400**

Resource Mobilization Strategy

Using past estimates for Tobacco Control funding in the country approximately, 12-30% of the tobacco control funding will be provided by the Ministry of Health. It is envisioned that the gaps in funding will be filled using the following mechanism;

I. Allocation of funds for tobacco control activities by the other Ministries, Departments and Agencies by the exchequer
II. Funding from development partners such as World health Organization, World Bank and Centers for Diseases Control and Prevention and CDC foundation
III. Future use of the solatium funds
IV. Actualization of the Tobacco Control Fund
V. Direct and indirect funding by Non Governmental Organizations
VI. Grant writing - Grants and proposals for specific tobacco activities will be written for funding

A resource mobilization committee will be domiciled in the tobacco control technical working group to spearhead issues of resource mobilization.

KENYA NATIONAL TOBACCO CONTROL STRATEGIC PLAN 2019 - 2023

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