

# Index for Tobacco Control Sustainability

NIGER

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	A	9	0
2	National tobacco control budget (annual)	A	7	0
3	National tobacco control law	P	6	6
4	National budget allocation for tobacco control capacity building	A	6	0
5	Tobacco taxation >75% of retail sales price	A	6	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	A	6	0
7	National tobacco control unit	A	5	0
8	Civil society tobacco control network	A	5	0
9	Civil society representation in national tobacco control advisory committees	P	5	5
10	Health promotion fund for, or including, tobacco control	A	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	A	5	0
14	Evaluation built into all major policy implementation plans	A	5	0
15	National tobacco control strategy	A	4	0
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4
17	Tobacco control forms part of national development plan	A	4	0
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	P	3	0
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	A	3	0
23	Code of conduct for government officials and staff	A	3	0
24	Ministry of health WHO FCTC Article 5.3 policy	A	3	0
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	A	3	0
27	National focal point post	P	3	3
28	National advisory committee	P	2	2
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	A	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0
<b>Total Score</b>			<b>130</b>	<b>28</b>

## Explanation of the scores:

1. More than four MPOWER policies in place: According to the GTCR 2023, Niger has only achieved W and E at the highest standard.
2. National tobacco control budget (annual): N/A.
3. National tobacco control law: Since May 15, 2006, Niger has enforced a national tobacco control law, covering the country and addressing various aspects of tobacco control. [otaf.info/node/83](http://otaf.info/node/83)
4. National budget allocation for tobacco control capacity building: N/A.
5. Tobacco taxation >75% of retail sales price: Since 2013, Niger has aimed to increase tobacco taxes by reaching the 45% excise duty levy set by the WAEMU Common External Tariff (CET). Article 10 of Directive C/Dir. 1/12/2017, concerning tobacco product taxation, has been transposed into the 2023 finance law. ([www.finances.gouv.ne/.../152-loi-de-finances-2023](http://www.finances.gouv.ne/.../152-loi-de-finances-2023).)
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: N/A.
7. National tobacco control unit: N/A.
8. Civil society tobacco control network: N/A.
9. Civil society representation in national tobacco control advisory committees: Civil society organizations in tobacco control are full members of national advisory committees, actively participating in all aspects of their work and contributing to policy and program development.
10. Health promotion fund for, or including, tobacco control: N/A.
11. National policy against tobacco industry CSR: N/A.
12. Tobacco-related mortality and morbidity recording system: N/A.
13. National evaluation framework in place: N/A.
14. Evaluation built into all major policy implementation plans: N/A.
15. National tobacco control strategy: N/A.
16. Tobacco control and NCDs are part of the national health policy: Tobacco control and NCDs are an integral part of the national health policy as they are taken into account in the Health and Social Development Plan (PDSS 2022–2026). The National NCD Control Program has been in existence since 2012. (<https://www.afro.who.int/fr/news/lutte-contre-les-maladies-non-transmissibles>)
17. Tobacco control forms part of national development plan: N/A.
18. National human resources for implementation: Officials from the Directorate of Public Hygiene and Environmental Education of the Ministry of Public Health are responsible for national coordination of tobacco control. They are supported by officials from the Directorate of Internal Trade of the Ministry of Commerce and some officials from the Ministry of Finance.
19. GTSS (GATS/GYTS) surveys: These surveys have been conducted in Niger. (<https://cdn.who.int/media/docs/default-source/ncds/>)
20. Intergovernmental coordination mechanism: N/A.

21. Capacity building plan for tobacco control personnel: N/A.
22. Developmental assistance funding includes tobacco control: N/A.
23. Code of conduct for government officials and staff: N/A.
24. Ministry of Health WHO FCTC Article 5.3 policy: N/A.
25. WHO FCTC Article 5.3 policy across all ministries: N/A.
26. Economic and social tobacco costs data: N/A.
27. National Focal Point Position: For several years, the director of public hygiene at the Ministry of Public Health has been the focal point for tobacco control in Niger.
28. National Advisory Committee: For several years, Niger has had an intersectoral tobacco control committee that brings together all governmental and nongovernmental tobacco control stakeholders and meets as needed.
29. Capacity building plans on research and evaluation: N/A.
30. Mass media campaigns funded: N/A.
31. Capacity building plan for personnel not specific to tobacco control: N/A.

## Main Findings:

Based on Niger's score of 28 points out of 130, it is evident that the country's tobacco control measures are severely lacking. This is primarily due to several factors, including the absence of national funding for tobacco control initiatives, the lack of a national tobacco control strategy, and the absence of a national tobacco control unit or program. Additionally, there is a dearth of clear legal provisions to safeguard public health policies from tobacco industry interference, and the absence of a national coalition of tobacco control organizations further compounds the issue. These factors collectively contribute to the weak state of tobacco control in Niger.

### Detailed gap analysis and priorities identified for tobacco control sustainability

To ensure the long-term sustainability of tobacco control efforts in Niger, a number of key actions must occur. First, it is essential to engage in budgetary advocacy to establish a dedicated tobacco control line item within the Ministry of Public Health's budget. This will help ensure that adequate resources are allocated towards tobacco control efforts.

Additionally, sustained advocacy efforts are needed to secure national financing for tobacco control and the fight against noncommunicable diseases. This can be achieved using innovative financing mechanisms, which can help to mobilize resources and ensure that funding is available for these critical public health initiatives.

Another important step is to develop and adopt a national tobacco control strategy that can be financed through the resources mobilized via innovative financing mechanisms. This will help to ensure that a clear and comprehensive plan exists to address the challenges posed by tobacco use.

To support these efforts, it is also necessary to establish a National Tobacco Control Unit within the Ministry of Public Health. This unit can help to coordinate and implement tobacco control initiatives and ensure that resources are being used effectively and efficiently.

It is also important to revise the existing tobacco control law to address any deficiencies and include provisions that address tobacco industry interference. This will help to ensure that the law is effective in protecting public health and

preventing the harmful effects of tobacco use.

Finally, creating a national coalition of tobacco control organizations can help to bring together stakeholders from throughout the country to collaborate and coordinate their efforts towards achieving a common goal of reducing tobacco use and improving public health.