

Uganda



The Covid-19 pandemic has affected almost all aspects of life for much of the world's population. Although evidence about who is most vulnerable to Covid-19 is emerging, very little is known about the extent to which tobacco use is a risk factor for Covid-19. In addition, how countries reconcile the need to progress tobacco control while responding to an infectious disease pandemic is unknown.

This briefing reports key results from a rapid response study set up to examine tobacco use and tobacco control during Covid-19, building on an existing multi-country collaboration, the Tobacco Control Capacity project¹ led by the University of Edinburgh and partner institutions in eight countries in South Asia and Africa, including Uganda. The preparation of this policy brief was led by the Makerere University School of Public Health.

In Uganda the prevalence of smoked and smokeless tobacco use among adults is 11.6% among men, 4.6% among women and 7.9% overall². Prevalence among school children aged 13-15 years is estimated to be 19.3% among young boys, 15.8% among young girls and 17.3% overall³.

In terms of Covid-19 in Uganda, 1,176 cases had been recorded by August 2nd 2020 with four deaths⁴. The pandemic is at an early stage in Uganda but may accelerate in future.

Data sources

This policy briefing is informed by a stakeholder consultation via an online survey, and face to face or telephone interviews; a rapid literature review; and a desk-based mapping to identify any relevant unpublished data sources such as government reports and online print press. All of these data sources captured information to inform the overall objectives of the study. For further information on the methods, please contact the research team via the contact information below.

Summary recommendations

- In responding to Covid-19, governments mustn't neglect their responsibility to prevent premature deaths from tobacco and the morbidity associated with tobacco use.
- Health information on Covid-19 should include advice for tobacco users, and practitioners should use online platforms to engage with youth on tobacco use.
- Ministry of Health and partners should provide the public with information dissociating the tobacco industry with the Covid-19 response, remind public institution staff not to receive tobacco industry donations, and CSOs should strengthen efforts on tobacco industry monitoring.

Figure 1: Stakeholder survey response sample characteristics

| Response | Area | Institutional affiliation | Government level |
|--|---|--|---|
| <ul style="list-style-type: none"> • 61 invitations sent • 38 took part in total (33 via online survey and 5 via an interview) | <ul style="list-style-type: none"> • Kampala (86.84%, n=33) • Wakiso (13.2%, n=5) | <ul style="list-style-type: none"> • Civil society (36.8%, n=14) • Government (31.57%, n=12) • Research/academic (18.4%, n=7) • Other (13.15%, n5) | <ul style="list-style-type: none"> • National (71.05%, n=27) • Other (28.94%, n=11) |

Mapping: summary of approach and data sources in Uganda

Three rounds of data searching were conducted. The first, conducted on 15th May 2020, searched for data sources published between 30th January 2020 (chosen because this was the date that the WHO declared COVID-19 to be a public health emergency of international concern) and 1st June 2020. The second search was conducted on 22nd June 2020, and the final search was conducted on 1st July 2020.

Sources of information:

- **Google search** using the 'All' and 'News' tab.
- **Website search:** Ugandan Government, Ugandan Ministry of Health, WHO FCTC, WHO Country Office for Uganda.
- **NGO websites:** Centre for Tobacco Control Africa, AMREF Health Africa, African Tobacco Control Alliance, Tobacco Atlas, Tobacco Control Uganda, and Uganda Health Communication Alliance.
- **Online print press** using Google alerts.
- **Twitter accounts** Ugandan Ministry of Health, Ugandan Government, WHO Uganda, Tobacco Control Uganda, and the Uganda Health Communication Alliance.
- **Consultation** with colleagues in Uganda.

Number of data sources identified: **136**.

Number eligible for data extraction: **107** (mainly twitter).

What do we know about Covid-19 and tobacco use?

A living rapid evidence review (updated weekly) of the associations between tobacco use (specifically cigarette smoking) and Covid-19 is being conducted by researchers at University College London⁵. Its purpose is to pull together the rapidly expanding literature to examine the associations of smoking status with Covid-19 outcomes. Version 5 of the review was published on 1st July 2020. The latest version includes 148 studies and concludes that there is '*substantial uncertainty about the associations of smoking with COVID-19 outcomes.*' However, the review did find evidence to suggest that smokers had a '*greater disease severity in those hospitalised for COVID-19*' compared with never smokers. It also found that the risk of in-hospital mortality from Covid-19 was higher in smokers (current and former) than never smokers. The authors note that despite the uncertainty around the association between smoking and Covid-19, smokers remain at greater risk of respiratory disease.

Smoking cessation, therefore, remains a key public health priority and support for it should form part of pandemic response. The review did not identify any publications that were specific to Covid-19 and tobacco in Uganda.

Covid-19 advice to tobacco users and impact on tobacco control policy

Six out of ten survey respondents (61% n=20) agreed that the relationship between Covid-19 and tobacco use has been discussed in policy contexts or the media. Interviewees spoke about the social media platforms used to convey information (e.g. Facebook, Instagram, YouTube) suggesting an awareness of Covid-19 and tobacco use in the media. Results from the mapping also highlighted the importance of the media for conveying information with the main source of data being the twitter accounts of Tobacco Control Uganda (TC Uganda) and the Uganda Health Communication Alliance (UHCA), including the example below from TC Uganda.

However, there was also the view that this issue had received limited attention:

"Generally, in my own observation, there is very limited focus/discussion on tobacco use and COVID 19."

There was a mix of opinion regarding the extent to which public health professionals and other authorities had provided advice to tobacco users during the pandemic, with half of survey respondents saying no or they did not know (52% n=17). Public information on Covid-19 and tobacco largely focused on three areas:

1) The **vulnerability of tobacco users** to Covid-19. The mapping identified multiple tweets from TC Uganda and the UHCA advising that the hand to mouth contact during smoking and sharing of mouthpieces and shisha tubes could easily aid the spread of Covid-19 while weakening of the lungs due to smoking, which makes it difficult for the body to fight the virus. The UHCA also tweeted that both active and passive tobacco users are at greater risk of severe illness from Covid-19.

2) A **review of tobacco taxation policy** to generate revenue to support the health sector and tobacco control. Respondents were generally in favour of a tax increase to replace the revenue lost to COVID-19, with nearly two thirds (65%, n=20) of survey respondents expecting a tobacco tax increase to address health and wider policy priorities after the initial Covid-19 crisis.



“The country is looking for ways to get more revenue and tobacco taxation has been identified as a potential area. Once taxes go high, the prices [for tobacco products] will also increase and thus reduced use among the poor and the young”

3) **Tobacco industry** and the Covid-19 pandemic (discussed further below)

The main type of Covid-19 advice was to stop smoking or using tobacco products, which was mostly provided by the Ministry of Health and civil society officials. Given that the advice to tobacco users during the Covid-19 pandemic is to stop using tobacco products, this provides an opportunity to promote tobacco use cessation in Uganda. However, survey findings suggest that respondents did not see a change in the level of interest in tobacco cessation among users, with 82% (n=26) reporting no change or saying that they did not know.

Survey findings also indicated that:

- Two thirds (94%, n=30) of survey respondents and all interviewees thought that there had been no change, or did not know, in the availability or price of tobacco products during the pandemic, most likely due to the closure of shops which reduced availability of tobacco products.
- A further 88% (n=28) of survey respondents and all 5 interviewees did not think, or did not know, if the policy response to Covid-19 included a focus on tobacco control issues.

Respondents were hopeful that the Covid-19 pandemic offered an opportunity to strengthen policy implementation:

*“I think it’s the best time to strengthen and implement the tobacco control policies.
The effects of COVID 19 are immense on tobacco users and this should be put forward”*

However, there was also the view that tobacco control had been neglected due to Covid-19. Respondents were aware that Covid-19 would have negative implications for the tobacco control policy agenda in Uganda, such as reduced funding, heightened tobacco industry influence and possible amendments to the Tobacco Control Act.

Tobacco industry response to Covid-19

Survey respondents reported limited impact on the way the tobacco industry operated in Uganda during the Covid-19 crisis, with 75% (n=24) of survey respondents and all 5 interviewees saying it had no effect or they did not know. A further 4 out of 10 survey respondents (41% n=13) and all stakeholders interviewed by telephone were likely to think that the tobacco industry had engaged in new CSR activities, marketing or had sought to influence the policy response to Covid-19. The majority of survey respondents (91%, n=29) said that they did not think or did not know if there had been new interactions between the government and tobacco industry as a result of the Covid-19 pandemic. Respondents reported that Covid-19 had given the tobacco industry an opportunity to participate at national and district levels by donating UGX 250 million (US \$65,000) to the National Covid-19 task force. Respondents also noted that the industry had made claims that nicotine had protective factors against Covid-19. The mapping identified several tweets from the Uganda Health Communication Alliance and Tobacco Control Uganda refuting this. There was also the view that the tobacco industry was using digital marketing to reach young people by partnering with youth celebrities.

*“The Tobacco industry donated funds to Covid-19 response fund for Uganda.
It even got a presidential mention as a recognition for the ‘act of good will’.*

*“Local celebrities on Instagram were featuring themselves taking shisha,
saying you can’t fail to enjoy because of lockdown”*

Additional information to help inform future tobacco control policy

Survey and interview respondents highlighted that the following information would be helpful in relation to Covid-19 and tobacco use:

1. Understanding whether the Covid-19 pandemic has led to an increase or a decrease in tobacco consumption.
2. A better understanding of the relationship between tobacco use and Covid-19 (i.e. health effects, disease progression, recovery time, mortality, transmission rates).
3. Tobacco industry interference during Covid-19 pandemic.
4. To understand the economic cost of Covid-19 on tobacco control programmes.
5. Information on the impact of a taxation increase on individual incomes, household incomes, tobacco consumption.

Recommendations

Tobacco use results in pre-mature mortality and morbidity globally to an extent that far exceeds that of Covid-19. Global deaths from tobacco use account for 7 million people per year. While tobacco use in Uganda is lower than in many other countries, it is imperative that national governments do not neglect their responsibility to prevent premature deaths from tobacco, and the morbidity associated with tobacco use. This is particularly important at the current time when tobacco use can, from existing evidence, affect Covid-19 disease severity. Countries need to integrate interventions and messages to avert communicable and non-communicable disease risks at the current time for the overall health and wellbeing of their populations. For Uganda specifically, recommendations include:

1. The Ministry of Health Uganda should leverage the Covid-19 response to push for reductions in tobacco use and promote tobacco cessation. Tobacco control messages should be disseminated along with social distancing and sanitation and hygiene messages for the prevention of Covid-19.
2. The Covid-19 response sub task force responsible for the epidemiology should assess tobacco use among Covid-19 patients.
3. The Ministry of Health should use the pandemic as an opportunity to strengthen the tobacco control programme through increasing both human and financial capacity to ensure the provision of strategic oversight in the implementation of tobacco control activities. The Ministry of Finance should increase taxes on tobacco products aimed at reducing consumption and generate revenue to support tobacco control programmes.
4. The Ministry of Health and partners should also provide the public with information dissociating the tobacco industry with the Covid-19 response, remind leadership and management of public institutions not to receive donations from the tobacco industry, and CSOs should strengthen efforts on tobacco industry monitoring.
5. The Covid-19 response should recognize the relationship between Covid-19 and NCDs, and more specifically address the health care needs of NCD patients during the Covid-19 pandemic, including access to essential medicines.

References

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Study website: <https://www.ed.ac.uk/usher/research/projects/covid-19-and-tobacco>
