

CASE STUDY

UGANDA

A budget advocacy pilot
project to increase domestic
resourcing for tobacco control
work in Uganda



Introduction

Tobacco control programmes in low- and middle-income countries (LMICs) are critically underfunded despite the relatively low cost of implementation and the demonstrated health and economic benefits that proven tobacco control measures can deliver. To address this, the Framework Convention Alliance (FCA), Cancer Research UK, and the American Cancer Society worked with Uganda National Health Consumer's Organisation (UNHCO) to support a budget advocacy pilot project in Uganda. This case study provides an overview of the pilot project, the objectives, activities, some of the campaign's impacts, and a reflection on lessons learned.



National Context and the Challenge of Tobacco Control Sustainability and Financing in Uganda

10% of children aged 13-15 in Uganda use tobacco

Tobacco use poses a major threat to health and development in Uganda. The most recent data indicates that 10.1% of adult men (aged 15 +) and 0.8% of adult women in the country are current tobacco smokers.¹ Rates of youth tobacco use are also troublingly high, with 10.5% of the population ages 13-15 using tobacco. Combined, this results in more than 10,600 deaths each year attributable to tobacco use².

Uganda signed and ratified the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) in 2007. In 2015, it passed the ground-breaking National Tobacco Control Act,³ which is among the strongest in the region, despite industry interference. The Act includes a smoke-free environment mandate, a complete ban on Tobacco Advertising, Promotion, and Sponsorship (TAPS), it prohibits the sale of all tobacco products to persons below 21 years⁴ and use within 50 metres of schools, stadiums, healthcare facilities, and other specific locations. In 2019, further regulations were issued related to packaging and labelling, tobacco additives, signage, and disclosure. Implementation of these regulations was delayed until April 2020, following lawsuits launched by British American Tobacco.

The country has also taken steps to institutionalise tobacco control within the government and across sectors. In 2019, the National Tobacco Control Committee (NTCC) was established to coordinate and monitor tobacco control interventions and provide advice to the Ministry of Health on legislation and implementing the Tobacco Control Act.⁵

Nonetheless, civil society advocates have emphasised that implementation and enforcement of the Act has been severely lacking and have pointed to funding as a critical obstacle. Currently, there is only one dedicated staff for tobacco control in the country. There is also no regular operating budget for tobacco control allocated from the national Uganda budget. Past funding has come from external sources, like philanthropies, non-profits, or development partners, and has often been short-term or tied to specific projects and deliverables. When the project and funding end, so too does the tobacco control work.

Civil society advocates, including the Uganda National Health Consumer's Organisation (UNHCO) have also been focusing their efforts on addressing what they see as a lack of progress on tobacco taxation in

the country. Tax and price measures were not covered by the Tobacco Control Act. Currently, the total tax on the most-sold brand of cigarettes represents 39.9% of the retail price of a package of cigarettes.⁶ Best-practices suggest that tobacco taxes should account for at least 70% of the retail price of cigarettes.⁷ The current situation represents a missed opportunity for additional revenue generation that could be used to fund programme staff and resources for ongoing tobacco control work.

UNHCO and FCA recognise the challenges of unpredictable and unsustainable funding for tobacco control and agreed that budget advocacy would be a useful approach to help drive progress. Budget advocacy seeks to influence governments' budget allocation choices and is more specifically defined by the International Budget Partnership as "a strategic approach to influence governments' budget choices, aimed at achieving clear and specific outcomes – e.g. healthier people, less poverty, or improved governance."⁸

Only **39.9%**
of the retail
price of a
package of the
most-sold brand
of cigarettes
represents tax

Pilot Project Summary

Under the leadership of UNHCO, civil society advocates in Uganda planned and carried out a budget advocacy pilot project. The project was broadly aimed at increasing the government's budgetary allocations for tobacco control, including a tobacco control programme fund that would have the capacity to drive sustained progress on FCTC implementation.

The project objectives were to:

1.

Enhance civil society actors' budget literacy.

2.

Ensure that the Ministry of Health receives increased funding in the national budget to establish a tobacco control programme.

3.

Increase tobacco taxes from 50% to 75% (a long-term goal) to help create additional revenue for tobacco control programmes.

Project Activities

UNHCO used a multi-pronged strategy to advance their campaign and achieve their objectives.



Identifying key partners and forming a strong coalition to plan and implement a budget advocacy strategy

UNHCO engaged a variety of stakeholders with different backgrounds, mandates, and areas of expertise and successfully formed a motivated and engaged coalition. Members included:

- **The Makerere School of Public Health Institute**
Which contributed expertise in conducting and communicating economic research on tobacco control.
- **The Uganda Debt Network (UDN)**
A civil society organization (CSO) with extensive experience doing budget work in the country.
- **Health Promotion and Social Development (HEPS)**
A health and human rights non-governmental organization (NGO) that works to ensure equitable access to health services and essential medicines in Uganda.

Coalition members participated in a capacity-building workshop in Saly, Senegal in February 2020 that focused on budget advocacy



basics and implementing effective advocacy campaigns. The coalition met regularly and established a joint decision-making process for the budget advocacy campaign. COVID19⁹ posed some challenges for in person meetings, but the coalition continued to meet virtually.

Conducting a detailed study of the Ugandan budget and budget process

UNHCO and FCA engaged the Uganda Debt Network, which has significant experience working with the Ugandan budget and stakeholders involved in it. For the pilot project, UNHCO commissioned a detailed study of the Ugandan budget process with UDN. They worked together to develop an understanding of basic concepts like the legal framework that defines the budget process in Uganda; the steps and procedures taken to prepare, implement and account as part of the budget; documentation required and produced at every stage of the budget process; and the roles of key stakeholders, institutions, and public citizens in the budget process.

Clarifying advocacy objectives, identifying key stakeholders, and elaborating strategies

The study and research phase revealed the requirements to secure funding for tobacco control in the national budget. Members agreed that funding would need to establish a budget vote, which would require a decision institutionalising the spending of resources from the Ministry of Health's overall sectoral budget, specifically for tobacco control.

The coalition suggested that the tobacco control focal point within the Ministry of Health would have a critical advocacy role to play within their own department and to request funding in the budget submission each year. They also identified advocacy targets within the Ministry of Finance, Planning and Economic Development (MFPED) and the Office of the Prime Minister (OPM) who would be important supporters for a budget vote. The public and media would also need to be engaged to build support and put pressure on key decision-makers to support this decision.

The coalition recognised that with limited resources, increasing funding in one area of the budget might mean cutting funding in another. Uniquely, tobacco control comes with a built-in mechanism for generating resources to pay for itself through tobacco taxation. As such, the coalition also decided to explore work to promote a tobacco tax increase in the country, the revenue from which could be earmarked to sustainably finance the country's tobacco control programme.

Working with the Ministry of Health to include tobacco control costing estimates in planning papers and budget submissions

The coalition understood that a critical component of the budget advocacy campaign would need to involve working with the Ministry of Health to explore options for a tobacco control programme housed within the department. They established a strong working relationship with the tobacco control focal point, who connected with other contacts within the Ministry. Members held one-on-one meetings and lobbied key stakeholders to build support for a budget vote for tobacco control. This included meetings with the head of the department of planning within the Ministry of Health, who is charged with oversight of the department's annual budget submissions; the Director of Budget at the MFPED, whose office finalises the budget and speaks directly to the Minister of Finance; budget processors within the MFPED; and contacts within the OPM.

By the end of the pilot, the coalition received verbal commitment from key stakeholders and senior decision-makers within the Ministry of Health that they would work to estimate the costs of operating a tobacco control programme and explore including a request for funding in future budget submissions.

Further advocacy will be needed to ensure that the Ministry follows through, to secure support for the establishment of the tobacco control budget vote at higher levels within the Ministry, and to provide technical support for the costing work that will need to take place. More advocacy work will also be needed to build support for a budget vote within other sectors of the government if and when it is put up for debate.



US\$
0.8

dollars per
kilogram will
be levied
on all pro-
cessed and
unprocessed
tobacco
leaf being
exported out
of Uganda

Advocating for tax increases to generate revenue to fund tobacco control programmes

The coalition began to build the case for using earmarked taxes to create sustainable funding for tobacco control programmes in Uganda. UNHCO had been pushing for amendments to existing tax legislation for years before the budget advocacy project. As a result of these efforts, the Minister of Finance tabled a bill in early 2020¹⁰ that proposed an amendment to the 2015 Tobacco Control Act and repeal of section 7¹¹ of the Finance Act of 2014¹² that would impose an export levy on processed leaf tobacco.

The coalition seized this opportunity to engage with the Minister of Finance on some of the budget advocacy campaign priorities. In developing their arguments, UNHCO drew on existing evidence. In 2014, the total direct and indirect cost of tobacco use in Uganda amounted to US\$126.48M, or 0.5% of the country's GDP.¹³ Economists at the American Cancer Society have suggested that a US\$1 excise tax increase in the country could generate an additional US\$116M in revenue and avert 43,200 deaths in the country¹⁴. In addition, UNHCO and Makerere University School of Public health conducted a study that examined the impacts of tobacco taxation policies on cigarette prices in the 5 divisions in the Kampala Capital City Authority.

The coalition submitted a position paper to the Ministry of Finance outlining the need for increased tobacco taxes. The position paper outlined how the added revenue could fund pro-health causes. They also petitioned the Speaker of Parliament on these topics. As a result of these efforts, changes were made to the draft bill to delete provisions incentivising tobacco manufacturers, and a few months later the Tobacco Control Amendment of 2021 was passed. The Amendment stipulates that a tax of UGX\$3000 (approximately US\$0.8 dollars) per kilogram will be levied on all processed and unprocessed tobacco leaf being exported out of Uganda. The new tax is expected to generate revenue of UGX\$20 billion (approximately US\$6.2M).¹⁵ The Amendment came into force on July 1, 2020.




Building broad support for increasing funding for tobacco control among CSOs, the media, and the public

A final and critical aspect of the coalition's work was their strong media advocacy campaign. An important component involved training media representatives on the basics of tobacco control and the rationale for scaled-up investment. Over the course of the campaign, the coalition organised press conferences, social media posts, media dialogues, appeared on talk shows, and provided spot messages and one-on-one interviews. The coalition also fostered community dialogues by giving talks at local schools.

Key messages of the media campaign included: emphasising the economic and health costs of tobacco use in Uganda and the strain that tobacco use places on the Ugandan health system; showcasing personal stories and illustrations of tobacco's health toll; highlighting the potential revenue gains and health benefits from increased tobacco taxes; pointing out the government's lack of compliance with WHO standards for effective tobacco tax shares; and reiterating the government's commitments to the WHO FCTC, the sustainable development goals (SDGs), and the Addis Ababa Action Agenda on financing for development.





Results

- The pilot has enhanced the capacity of civil society actors to conduct budget advocacy work and work on tobacco taxation. Members have indicated that they have enhanced their skills and knowledge through the training workshops and through engagement with the coalition and its work.
- The coalition established through the pilot project has continued to remain active, engaged, and committed to continuing budget advocacy work for tobacco control. There exists energy and enthusiasm for this avenue of work in the country.
- The project also successfully helped to establish and strengthen relationships between civil society members of the coalition and key budget advocacy targets, including those in the MFPED and the Ministry of Health.
- Government decision-makers increasingly accepted coalition members as experts and included them as partners in advancing tobacco control.
- The project also resulted in the creation of champions and ambassadors for the cause of funding tobacco control and raising tobacco taxes in various sectors and levels of the government.
- Finally, the media and public education campaign undertaken by the coalition had an impact on public discourse and sentiment about tobacco use and its health and economic consequences. A large amount of media coverage was generated through the project, and the coalition received positive feedback from the community.

Lessons learned

Tobacco control interventions should be linked to a costed strategy, which can then be used by the Ministry of Health to request funds from the central agencies in charge of budgeting.

Success will require making an institutional change within the Department of Health, which will require sustained advocacy over a longer time-frame.



ENDNOTES

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