



# Ghana



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 policy brief reports key results from a rapid response study (the Covid-19 and Tobacco Project) set up to examine tobacco use and tobacco control during Covid-19, building on an existing multi-country collaboration, the Tobacco Control Capacity project<sup>1</sup> led by the University of Edinburgh and partner institutions in eight countries in South Asia and Africa, including Ghana. The preparation of this policy brief was led by the School of Public Health, Kwame Nkrumah University of Science and Technology (contact details on the last page).

Tobacco use is the largest preventable cause of death and disease worldwide. In Ghana, despite the low smoking prevalence, every year more than 5,000 people die from tobacco-related disease. In the meantime, more than 5,000 children and 491,000 adults continue to use tobacco each day<sup>2</sup>. Cigarettes remains the commonest form of tobacco use, pipe smoking (shisha), chewing, sniffing, smokeless tobacco and tawa use by Ghanaians are the other forms. The most recent DHS in 2014 reports the prevalence of cigarette smoking among males to be 4.8% and females 0.1%. The regional trend continues to show high prevalence from the northern part of the country - 31.2%, 22.5% and 7.9% in the Upper East, Northern and Upper West regions respectively<sup>3</sup>. The recent tobacco use data among youth (13 - 15 years old) is presented in the table (table 1) below indicating close to 1 in 10 junior high students using any form of tobacco products<sup>4</sup>.

**Table 1: Adolescent tobacco use data (2017)**

Currently use	Overall %	Boys %	Girls %
Any tobacco products	8.9	8.9	8.2
Smoked tobacco	6.5	7.0	5.3
Smoked cigarettes	2.8	3.2	2.3
Smoked shisha	1.3	0.4	1.7
Smokeless tobacco	3.1	2.5	3.7

Africa was the last major region to experience the Covid-19 pandemic. The first confirmed Covid-19 case in Africa was reported in Egypt on February 14<sup>th</sup>, 2020, and since then the number of confirmed infections in affected countries in Africa has kept increasing with a total of 957,830 cases as of 3<sup>rd</sup> August 2020. Ghana had the first case of the virus confirmed on the 12<sup>th</sup> March. Ghana has had 37,812 confirmed cases of Covid-19 to date and 191 deaths. Covid-19 has spread across the entire region of the country with several hotspots of areas where the infection load is disproportionately heavy. The most affected region in Ghana is the Greater Accra Region with a total caseload of 19,320 followed by the Ashanti region with 9,454 cases as of 31<sup>st</sup> July 2020.

## 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 on the last page.

## 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.
- A ban on shisha use should be introduced in Ghana.
- A temporary ban on sales and importation of tobacco products should be considered during the Covid-19 pandemic.
- Tobacco taxes should be increased to address tobacco related mortality and morbidity and increase revenue for Covid-19 recovery.
- Standardised packaging should be introduced in the future in Ghana.



Figure 1: Stakeholder survey response sample characteristics

Response	Area	Institutional affiliation	Government level
<ul style="list-style-type: none"> <li>• 50 invitations sent</li> <li>• 40 stakeholders took part                             <ul style="list-style-type: none"> <li>• 28 online survey</li> <li>• 12 interview</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Accra (65%, n=26)</li> <li>• Other regions (27.5% n=11)</li> <li>• Missing (7.5%, n=3)</li> </ul>	<ul style="list-style-type: none"> <li>• Civil society (12.5%, n=5)</li> <li>• Government (45%, n=18)</li> <li>• Health professional (32.5%, n=13)</li> <li>• Other (10%, n=4)</li> </ul>	<ul style="list-style-type: none"> <li>• National (80%, n=32)</li> <li>• Regional / District 20%, n=8)</li> </ul>

### Mapping: summary of approach and data sources in Ghana

Three rounds of data searching were conducted. The first, conducted on 15th May 2020, searched for data sources published between 31 January 2020 (chosen because this was the date that the WHO declared Covid-19 to be a public health emergency of international concern) and 01 June 2020. The second search was conducted on 22 June 2020, and the final search was conducted on 01 July 2020.

#### Sources of information:

- **Google search** using the 'All' and 'News' tab.
- **Website search:** Ghanaian Ministry of Information website, the Ghanaian Ministry of Health website, the WHO Country Office for Ghana website, WHO FCTC and **NGO websites:** Centre for Tobacco Control Africa, AMREF Health Africa, African Tobacco Control Alliance, Tobacco Atlas and Ghana Non-Communicable Disease Alliance.
- **Online print press** using Google alerts.
- **Twitter accounts** for Ghanaian Ministry of Health, Ghanaian Ministry of Information, WHO Ghana, and the Ghana NCD Alliance.
- **Consultation** with colleagues in Ghana.

Number of data sources identified: **46**.

Number eligible for data extraction: **16** (mainly online print press and 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 London<sup>6</sup>. 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 the most recent (published July 1<sup>st</sup> 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 Ghana.

### Impact of Covid-19 on tobacco control policy

Over two fifths of survey respondents in Ghana (42.9%, n=12) agreed that the relationship between Covid-19 and tobacco use had been discussed in the media, and over half (57%, n=16) reported that public health professionals and other authorities had provided advice to tobacco users during the pandemic. Participants who took part in an interview also agreed and noted that health professionals had been taking part in media discussions, which concurs with the mapping that identified Twitter in Ghana was an important medium for sharing information and advice.

Unsurprisingly, due to the impact of Covid-19 being more severe on smokers, the key piece of advice was to **stop using tobacco products**. WHO Ghana provided an infographic from the World Health Organisation to highlight the danger of hand to mouth contact during smoking and sharing of mouthpieces and shisha tubes which spread transmission of SARS-CoV-2.

Given that the advice to tobacco users during the Covid-19 pandemic is to stop using tobacco products, this provides opportunity to promote tobacco cessation in Ghana. However, survey findings suggest that respondents did not see a change in the level of interest in tobacco cessation with 89% (n=25) reporting no change or saying that they did not know. Similar perspectives came from interview participants. Interviewees noted that lockdown restrictions offered an opportunity to promote cessation, in the context of reduced tobacco sales.

*...“Pubs, drinking bars and restaurants and hotels closed, hence reduced sales of tobacco leading to reduced smoking”*

The mapping element of the research identified calls from the Ghana NCD Alliance and the Vision for Alternative Development for the government to strengthen or enforce existing tobacco control measures. These included: a ban on tobacco use (including shisha); measures to protect children from the use of and exposure to cigarettes; increased tobacco taxation; enforcement of the ban on the sale of single sticks of cigarette products and ban the sale of 10 sticks of cigarettes; protection of public health policies from tobacco industry interference; strengthen collaboration between government and civil society organisations to improve surveillance; reporting and enforcement mechanisms. **Despite these calls, our study found no evidence of a population level policy response to date.** This finding is not surprising, considering that just under one quarter of survey respondents (23%, n=6) thought that the policy response to Covid-19 included a focus on tobacco control issues, but was limited to tobacco cessation.

### Tobacco industry response to Covid-19

Survey respondents reported limited impact on the way the tobacco industry operated in Ghana during the Covid-19 crisis, with three quarters (77%, n=20) saying it had no effect or they did not know. This concurs with the mapping which did not find any data sources reporting on tobacco Industry response to Covid-19. However, interview participants were more likely to report that tobacco sales may have been affected as a result of public health responses to Covid-19 including the closure of all bars, pubs and other hospitality venues. In addition, disruption of international trade and border controls may have temporarily affected tobacco product imports. As one interviewee stated:

*...“Closure of borders and public gatherings may reduce tobacco sale. People are aware that tobacco can easily lead to Covid-19 infection hence many users try to avoid tobacco.”*

### 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. A better understanding of the relationship between tobacco-related diseases and Covid-19.

This understanding will better inform smokers and those exposed to second hand smoke about any potential extra risks to them in the context of Covid-19. Future research should seek to establish any relationship between Covid-19 and tobacco use to inform policy and practice.

#### 2. More detail on the smoking status of Covid-19 cases (i.e. how many were current smokers or smokers in the past).

#### 3. Data that can compare survival outcomes between Covid-19 positives cases who are smokers and those who are non-smokers.

### 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 account for 8 million people per year. While tobacco use in Ghana 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 communicable and non-communicable disease risks at the current time for the overall health and wellbeing of their populations.



For Ghana specifically, study participants highlighted further recommendations:

- Shisha use should be banned. *“Covid-19 provides the opportunity to ban Shisha use in Ghana”*. Shisha use prevails among youth, and involves sharing of the same mouth-piece which can be a route for SARS-CoV-2 transmission and other communicable diseases.
- Temporarily ban sales and importation of tobacco products including cigarettes during the Covid-19, crisis, noting that Covid-19 is a respiratory illness and tobacco could aggravate symptoms and worsen outcomes.
- Increase tobacco taxes (ideally by 50%) to generate revenue to support healthcare delivery in the wake of Covid-19. *“Very necessary to raising tobacco tax to make money available for treating people who suffer from tobacco related diseases as well as covid 19”*; *“Will reduce youth tobacco use because youth are sensitive to high prices of tobacco products”*.
- Progressing from current pictorial health warnings on cigarette packs to standard plain packaging as recommended by the WHO Framework Convention on Tobacco Control. This will be important for youth tobacco use prevention, as other countries that have implemented standardised packaging have noted.

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## References

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

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