



Unveiling the Socio-Economic Impact of Smoking in Malawi: A Call for Comprehensive Tobacco Control Measures



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Key Takeaway

The rising consumption of tobacco products is contributing to a significant increase in tobacco-related deaths and illnesses in the country. The study "The Socio-economic impact of disease burden due to smoking in Malawi" reveals that Illness related to smoking results in three impacts for smokers and their families: direct ill health of the smoker and family members; economic burden for the smoker, their family and the community; and mental health effects. It is recommended the government and other stakeholders put in place nation-wide initiatives aimed at preventing smoking initiation, and those aimed at sensitizing and educating the general public about the risks associated with tobacco use.

1. The issue

Malawi, being one of the top ten largest producers of tobacco globally, has a highly tobacco-dependent economy. This dependence, coupled with the increasing usage of tobacco products, has led to a significant burden of tobacco-related death and diseases in the country.

Developing tobacco policies that align with the health and economic sectors has been a significant challenge for Malawi. This challenge is further complicated by the lack of evidence regarding the economic costs of smoking for the country.

Tobacco usage is prevalent in both rural and urban areas of Malawi. However, the most current prevalence rates are unclear due to the lack of a recent national statistical database. Data from the 2015-/2016 nationally representative sample survey indicates that just over 12% of men and just under 1% of women smoke cigarettes. These smokers are likely to be older, poorer, less educated, and living in rural areas of the country.

The disease burden associated with tobacco usage in Malawi is difficult to quantify due to the way in which patient data is captured, transferred, and stored in the public health care system. This lack of data makes it challenging to fully understand the impact of tobacco usage on the health of the population and the healthcare system.

This study aims to address this gap by unpacking the socio-economic costs of smoking to affected individuals and their families in Malawi. It also seeks to provide insights from the general public, which could be valuable for public health policymakers and non-state actors engaged in lobbying and advocating for the design and implementation of effective tobacco control policies.

2. Key findings and implications

The study found that smoking-related illnesses have significant social and economic impacts on individuals, their families, and their communities in Malawi. These impacts are threefold:

Direct health impact:

Smoking leads to a variety of health issues not only for the smokers themselves but also for their family members who may be exposed to secondhand smoke. Tobacco-related diseases include lung cancer, tuberculosis, impotence, sterility, blindness, weakened immune systems and premature aging.

Economic burden:

The habit of smoking requires money to support the habit and buy cigarettes, leading to competing priorities for smokers, who have to choose between supporting the household and family or buying tobacco. The costs associated with treating tobacco-related diseases are substantial. These costs, which can include transportation, hospital bills and missed opportunities to work or go to school, contribute to eroding the finances of individuals and their families, often pushing them below the poverty threshold or exacerbating existing financial hardships. For a patient suffering chronic cough, episodic vomiting, loss of appetite and weight loss due to smoking, the total monthly medical costs are at about USD 25 including the travel and transport and cost of buying medication.

Mental health effects:

The study showed that the long term effect to smokers and/or their family members is mental health problems, including depression, anxiety and excessive worry, leading to stress.

The study also found that social capital plays a crucial role in helping individuals and families cope with the social and economic costs of tobacco-related diseases. Furthermore, the burden of tobacco-related diseases on the public healthcare system is significant, with individuals often having to pay for supposedly free healthcare services.

3. Main policy recommendations

Establish a national databank on smoking and smoking cessation:

Malawi currently lacks a comprehensive national dataset that captures the prevalence of smoking, associated health effects, and costs. It is recommended that the government undertake annual collection of national statistics on smoking prevalence, quit attempts, methods used for quitting, actual quit rates, district differences, and the availability and use of smoking cessation support services. This would enable accurate monitoring of smoking patterns and health effects, aiding policymakers in planning and allowing future studies to estimate the costs of smoking and tobacco usage at the community and national levels.

Establish a public stop smoking service:

The Ministry of Health should establish a free or low-cost stop smoking service to aid smokers who want to quit but are unable to do so on their own. This service should be available in all local clinics, with district hospitals acting as anchor institutions providing capacity building for clinicians operating these services. The government should also consider integrating smoking cessation training into ongoing training programs for health practitioners to keep costs low.

Nation-wide prevention campaigns, sensitization, and education:

The government and other stakeholders should implement nation-wide initiatives aimed at preventing smoking initiation and educating the public about the risks associated with tobacco use. These initiatives should include community-level campaigns and information sharing via all healthcare facilities.

Improve the public health information system:

The government should ensure that patient information is documented and digitally stored in a web-based health management information system. This would enable public health policymakers to easily study and make links between illnesses and their causes, such as smoking, thereby facilitating better planning. Additionally, rooting out corruption in the public health system is crucial to ensure that free healthcare remains free, especially for the poor.

Implement public policies to control tobacco usage:

The government should work to implement public policies to control tobacco usage. Malawi does not have a tobacco control Law and should consider putting one in place for easy implementation and enforcement. Tobacco control laws generally aim to reduce smoking prevalence, protect public health and prevent tobacco-related diseases. These policies will only be effective if they are consistently implemented and enforced by local stakeholders. Enforcement should be multi-sectoral, engaging existing local community structures and traditional leaders.

Consideration should be given to penalties for non-compliance, such as removal from the beneficiary list of the Farm Input Subsidy Programme (FISP) or from receiving social cash transfers. However, care must be taken with such penalties as they affect entire households, not just the smoker. Most importantly, for tobacco control policies to work, there is a need for budgetary commitment from the government, supplemented by finances from other sources. In conclusion, the study provides evidence to inform policymakers on the design and implementation of evidence-based tobacco control policies that are relevant to the Malawian context. In addition, the study provides information for advocacy and lobbying for improved tobacco control policies.

4. Further reading:

For more detailed information, please refer to the full study:

The socio-economic impact of disease burden due to smoking in Malawi.

https://elibrary.acbfpact.org/acbf/collect/acbf/index/assoc/HASH8193/cbc45e3b/491a6be0/37.dir/FINAL% 20Disease%20burden%20of%20smoking%20YES%20Malawi%20Sept%202021.pdf



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