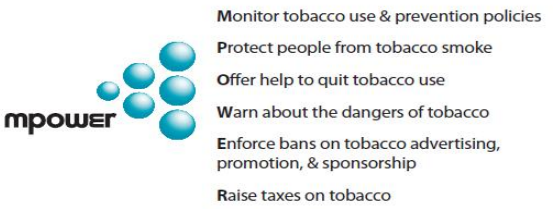
GATS | GLOBAL ADULT TOBACCO SURVEY

COMPARISON FACT SHEET
Ethiopia 2016 & 2024

BACKGROUND

The Global Adult Tobacco Survey (GATS) use a global standard protocol for systematically monitoring adult tobacco use (smoking, smokeless, heated tobacco products) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age or older. In Ethiopia, GATS was first conducted in 2016 and repeated in 2024. GATS Ethiopia 2024 was implemented by the Ethiopia Public Health Institute with collaborative engagement of Ethiopian Food and Drug Authority, Ethiopian Statistical Service, and WHO Ethiopia. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. There were 10,150 interviews completed in the 2016 survey with an overall response rate of 93.4%. In 2024, 11,876 interviews were completed with an overall response rate of 97.4%. Due to the prevailing security situation in the Amhara region, the selected PSUs in this region were excluded from GATS Ethiopia 2024. GATS Ethiopia 2016 results were recalculated for only the regions covered by the GATS Ethiopia 2024 for the purposes of comparison. For additional information, refer to the GATS Ethiopia 2016 and 2024 country fact sheets.



GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC.

KEY POLICY CHANGES

- **Smoke-free public places:** Proclamation 1112/2019 introduced 100% smoke-free indoor and outdoor public places, including public transport. It designates areas where smoking is prohibited and restricts tobacco use in public, including the sale and use of tobacco within 100 meters of schools and youth centers.
- **Proclamation 1112/2019 establishes smoke-free workplaces and public places by prohibiting smoking and other tobacco use in all indoor environments, designating specific areas where smoking is banned, and restricting tobacco sales and use within 100 meters of schools and youth centers.**
- **Pictorial Health warning:** Proclamation 1112/2019 requires rotating pictorial health warnings covering at least 70% of the front and back of tobacco product packaging every two years.
- **Total ban on Tobacco Advertising, Promotion, and Sponsorship (TAPS):** Proclamation 1112/2019 100% ban of all forms Tobacco advertisement, promotion, and sponsorship (TAPS), including a prohibition on single stick sales, point of sale displays, and digital marketing.
- **Age limit for tobacco purchase:** Proclamation 1112/2019 prohibits the sale of tobacco products to anyone under the age of 21, an increase from the previous age limit of 18 years.
- **Proclamation 1112/2019 prohibits the sale of single-stick cigarettes (allowing only packs of a minimum of 20), bans flavored tobacco products including flavored cigarettes and electronic nicotine delivery systems (ENDS), and prohibits the production, wholesale, distribution, and sale of electronic cigarettes and shisha products.**
- **Taxation:** Proclamation 1186/2020 introduced excise tax proclamation on all tobacco products, with a specific excise tax of 8 ETB per pack of 20 cigarettes plus 30% ad valorem tax.
- **Tobacco cessation support/services:** MOH has incorporated tobacco cessation intervention in national guideline for clinical & programmatic management of non-communicable diseases (NCDs). Nicotine Replacement Therapies (NRTs) included in national medicine list.
- **Tobacco Industry Interference:** Proclamation 1112/2019 prohibits interactions between the tobacco industry and any government agency responsible for the adopting public health policy.

KEY FINDINGS

- There were reductions in secondhand smoking (SHS) exposure in workplaces and several public places (restaurants, bars/nightclubs, and universities) from 2016 to 2024. Despite no significant changes, the exposure of SHS is still prevalent in healthcare facilities, government buildings, and schools.
- Percentage of smokers who noticed health warnings on manufactured cigarette packages remained stable (38.0% in 2016 vs. 38.7% in 2024).
- Percentage of adults who noticed any tobacco (smoked and smokeless) product advertisement, promotion and sponsorship increased from promotions increased from 1.9% in 2016 to 5.3% in 2024.
- Average age of daily smoking initiation among 20-34 years old significantly increased from 17 years in 2016 to 21.2 years in 2024.
- Prevalence of current tobacco use among women significantly decreased from 2016 (1.5%) to 2024 (0.4%).
- The average amount spent on 20 manufactured cigarettes was 217.1 Ethiopian birr in 2016 and 174.1 Ethiopian birr in 2024.
- Percentage of smokers who made quit attempt remained stable (39.9% in 2016 vs. 33.2% in 2024). The percentage of smokers who were asked and advised to quit by Health Care Provider remained unchanged (51.7% in 2016 vs. 49.2% in 2024).

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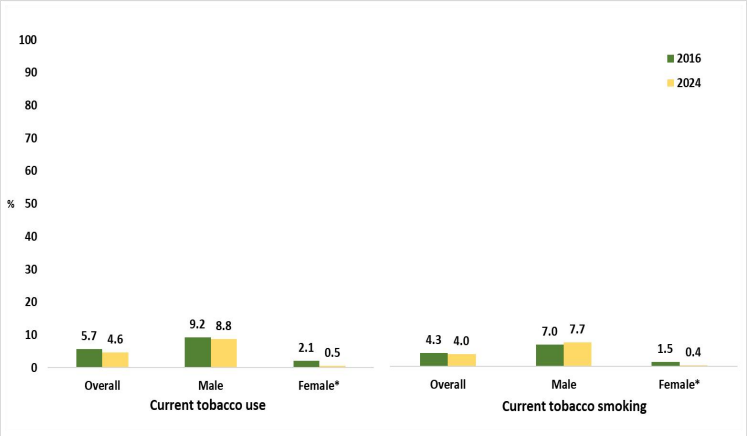
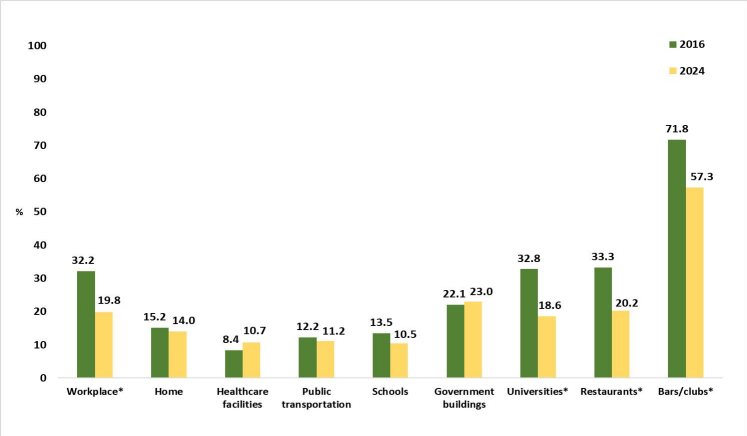
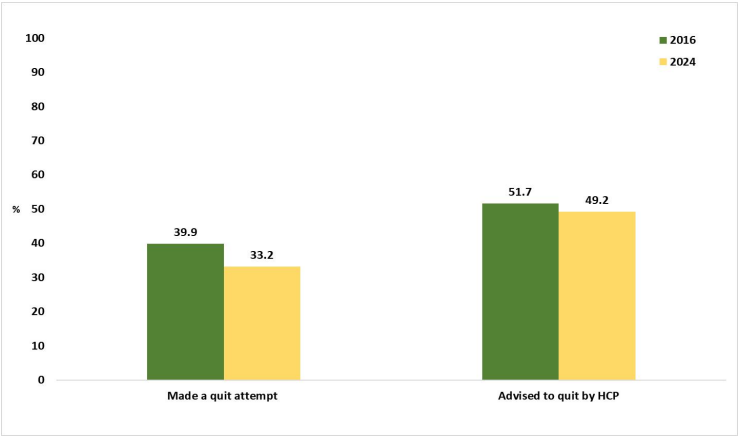
Prevalence of current tobacco use[1] and current tobacco smoking by gender, Ethiopia 2016 and 2024



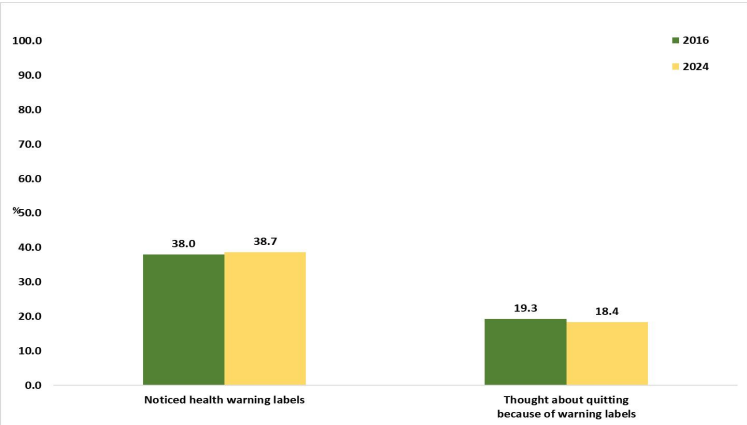
Exposure to secondhand smoke at work, home, and inside various places[2], Ethiopia 2016 and 2024



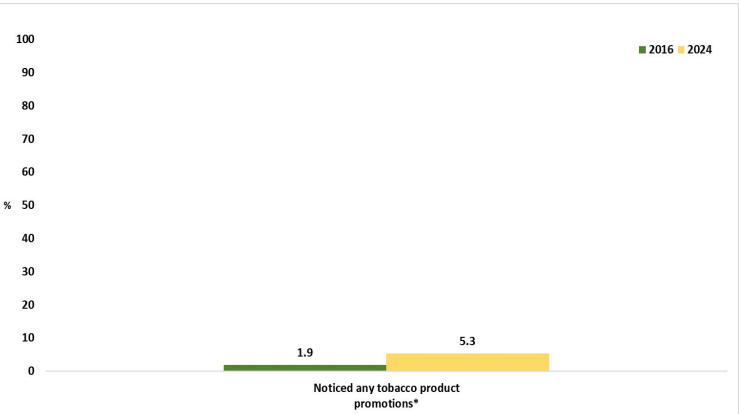
Quit attempts[3] and advice to quit by a healthcare provider[3,4] among smokers in the past 12 months, Ethiopia 2016 and 2024



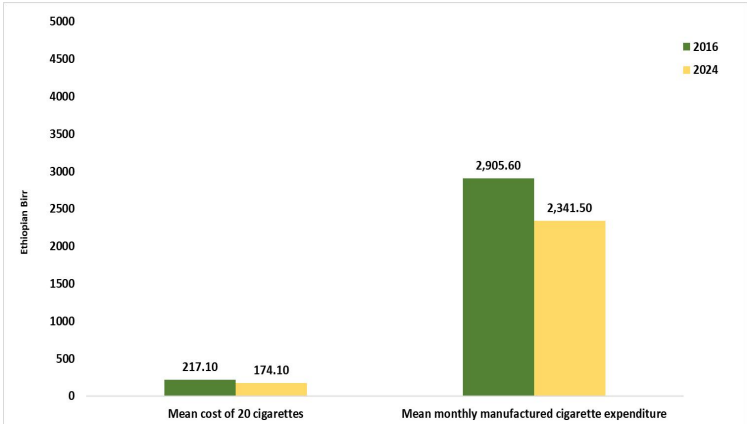
Noticing and effects of cigarette package health warning labels in the past 30 days among current smokers, Ethiopia 2016 and 2024



Noticed any tobacco product (smoked and/or smokeless) promotions[5] during the last 30 days – GATS Ethiopia, 2016 and 2024.



Average (mean) cost of 20 manufactured cigarettes and cigarette expenditure per month in Ethiopian Birr[6], Ethiopia 2016[7] and 2024



NOTES: [1] Current tobacco use includes current tobacco smoking, smokeless tobacco use, and/or heated tobacco product use. Heated tobacco product use was included in the 2024 questionnaire but not in 2016. [2] Secondhand smoke indicators calculated as follows: Workplace: among those who work outside of the home who usually work indoors or both indoors and outdoors; Home: exposure to tobacco smoke at home at least monthly; For all other places: among those who visited in the past 30 days. [3] Includes current smokers and those who quit in the past 12 months. [4] Among those who visited a health care provider in past 12 months. [5] Includes those who noticed any tobacco product (smoked and/or smokeless) promotions: (a) Free samples of tobacco products; (b)Tobacco products at sale prices; (c)Coupons for tobacco products; (d) Free gifts or special discount offers on other products when buying tobacco products; (e) any clothing or other items with a brand name or logo of the following tobacco products; (f) in the mail.[6] Calculated among current manufactured cigarette smokers. [7] GATS Ethiopia 2016 cost data were adjusted for inflation for direct comparison to 2024 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database accessed on 6th June 2024. * Indicates the relative change between the two years is statistically significant at p<0.05. The relative change can be interpreted as the percentage of the estimate in year 2 as it decreases or increases compared to year 1.

Current use refers to daily and less than daily use. Adults refer to persons aged 15 years or older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. Results for prevalence estimates and averages are rounded to the nearest tenth (0.1) but relative changes are calculated using un-rounded estimates.

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