## DJIBOUTI
Tobacco industry profile

### COUNTRY PROFILE

#### Trends
- In 2013, 18% of men and 2% of women smoked some form of tobacco (1).
- In 2013, among youth aged 13–15 years, 18.6% of boys and 15.2% of girls smoked tobacco (1).
- Smoking is significantly more prevalent in the younger female population (15.2%) compared with adult females (2%) (1).

#### Products
- Smoking tobacco (cigarettes, waterpipes, cigars): 18% of men and 2% of women (1).
- In 2013, among youth aged 13–15 years, 12.9% of boys and 8% of girls used smokeless tobacco (1).

#### Finance
- Total per capita expenditure on health in 2014 was US$ 338 (2).
- Total expenditure on health in 2014 was 10.6% of gross domestic product (2).
- The population of Djibouti was 888 000 in 2015 (2).
- Total revenue from tobacco taxes in 2011 was over 357 million Djiboutian francs (US$ 1.96 million) (3).
- Noncommunicable diseases account for 36% of total deaths, with tobacco use as a leading risk factor (4).

### INDUSTRY

#### Domestic
- No data on domestic tobacco companies could be found.

#### International
- **British American Tobacco – Djibouti** (6)
  - Primary distributor of tobacco in the country.
- **Philip Morris International**
  - Waberi Tobacco Distribution distributes Marlboro products in Djibouti.
- **Al Fakher Tobacco**
  - Supplies pipe tobacco to the country (7).

The combined revenues of the world's six largest tobacco companies in 2013 was US$ 342 billion, 100% larger than the gross national income of Djibouti.

*The tobacco atlas (8)*

### BY THE NUMBERS

| Percentage of youth aged 13–15 years exposed to secondhand smoke at home, 2013 (9) | 30.1% |
| Tax inclusive retail sales price for a pack of 20 Marlboro cigarettes, 2014 (1) | DJF 200 (US$ 1.13) |

---

1. Source: World Health Organization
2. Source: World Health Organization
5. Source: World Health Organization
7. Source: World Health Organization
8. Source: World Health Organization
Mortality

- The probability of dying between the ages of 30 and 70 years for the four most common noncommunicable diseases is 19% (4).
- Percentage of deaths attributable to tobacco use in 2004 was 1% (5).

Students who noticed tobacco advertisements or promotion when visiting points of sale (9).

4 in 10

TRADE

Trade flow 2009: trade value (million US$) (10)

<table>
<thead>
<tr>
<th>Export</th>
<th>Import</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>0.433</td>
</tr>
<tr>
<td>Unmanufactured tobacco</td>
<td>–</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>1.275</td>
</tr>
<tr>
<td>Unmanufactured tobacco</td>
<td>0.123</td>
</tr>
</tbody>
</table>

CORPORATE SOCIAL RESPONSIBILITY

Corporate social responsibility is an inherent contradiction, as the industry’s core functions are in conflict with the goals of public health policies with respect to tobacco control.

Corporate social responsibility activities have been reported. However, countries are encouraged to abide by Article 5.3 of the WHO Framework Convention on Tobacco Control, protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry, through banning corporate social responsibility activities by the tobacco industry, which are often used to circumvent laws regulating the industry.

Illicit trade

The British American Tobacco Company has been accused of participating in the illicit trade in tobacco in the Region, and in Djibouti specifically (11).

“Alternative routes ... to keep the franchise alive, meet targets and fend off competition” (12)

Industry interference

The Tobacco Control Act of 2008 includes the text of Article 5.3. The decree created the Intersectoral Committee for the Protection of Health Against Tobacco and stated that ensuring the noninterference of the tobacco industry in national tobacco control was one of the committee’s missions (13).

The national government gained an important victory over the determined tobacco industry lobbying in 2009 when a series of picture-based messages were decreed to cover the top 50% of the front (in French) and back (in Arabic) of cigarette packages (14).

NEXT STEPS

As a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC), Djibouti should continue to make progress in implementing tobacco regulation. It is recommended that Djibouti focus on:

- fully operationalizing the Guidelines of Article 5 of the WHO FCTC at national level;
- introducing a multisectoral approach to the implementation of Article 5.3, within the implementation of the WHO FCTC;
- putting in place a mechanism to monitor the tobacco industry activities and report publicly on that if and when possible.
References

1. WHO report on the global tobacco epidemic, 2015: country profile: Djibouti
2. Countries: Djibouti
4. Noncommunicable diseases: country profiles: Djibouti
5. WHO Global report: mortality attributable to tobacco
6. British American Tobacco: Djibouti
7. Al Fakher Distributors
8. The tobacco atlas. Country fact sheet: Djibouti
10. UN Comtrade Database
11. British American Tobacco and the “insidious impact of illicit trade” in cigarettes across Africa

See also: Voice of truth (vol. I). Multinational tobacco industry activity in the Middle East: a review of internal industry documents and Voice of truth, 2nd ed for more information.