Tobacco Control in Africa – People, Politics and Policies

Edited by Jeffrey M. Drope

Chapter 1 – Introduction

By Jeffrey Drope

The harmful effects of tobacco use pose an imminent threat to the health of African people. As the tobacco epidemic shows signs of waning in some northern countries, a combination of factors such as low prevalence rates, young and burgeoning populations, growing disposable incomes, and aggressive and unscrupulous advertising by multi-national tobacco companies threatens to create a massive tobacco-related burden of disease in Africa, which will add grimly to existing public health challenges. The World Health Organization (WHO) reports that tobacco kills approximately 5.4 million people annually, which is more than HIV/AIDS, malaria or tuberculosis. More than half of these tobacco-related deaths are now in developing countries. Fortunately, in recent years, proponents of tobacco control have increased their efforts in Africa and there is now some notable progress in policy reform. However, a great deal of work remains. Moreover, more country-specific or locally-relevant research in Africa and across developing countries is necessary to complement these nascent efforts. While the research must be theoretical and empirical, it must also be highly relevant, accessible and useable by advocates of policy change.

Accordingly, the principal focus of this research is to examine the political, economic and social determinants of policy change in the area of public health generally and tobacco control more specifically. The research in the book is based on the 2008-10 African Tobacco Situational Analyses (ATSA) initiative, which was spearheaded by the International Development Research

Centre's (IDRC) Research for International Tobacco Control (RITC) with funds from the Bill and Melinda Gates Foundation. The initiative sought to collect and analyze comprehensive tobacco-related data in 12 countries across the African continent: Burkina Faso, Cameroon, Eritrea, Ghana, Kenya, Malawi, Mauritius, Nigeria, Senegal, South Africa, Tanzania and Zambia. Participants from across sectors in these countries gathered a panoply of data about policies, prevalence, actors and institutions. Uniquely, the ATSA initiative sought to analyze these data using political mapping, which is a tool – explained in Chapter 2 – that helps to examine the relationships between the actors and institutions in the particular political context of each country in order to consider tractable policy changes for the political situation.

One of the most important and exciting findings of this research is that the politics of public health remain decidedly local in fundamental ways. While no-one would question the importance of international forces in public health – including, of course, in the case of tobacco control, the WHO's highly-influential Framework Convention on Tobacco Control (FCTC)[1] – each of the contributions in this volume points to the fact that much of the daily work of making policy change is happening in significant part at the country level. Indeed, while international organizations and donors still shape much of the agenda, and are helpful by providing resources and expertise, most of the significant agents of policy reform within countries – a major component of success in tobacco control – are endogenous to countries, not exogenous to them.

The structure of this volume greatly reflects the broad and inclusive nature of the ATSA initiative. When the program began, there was a strong focus on data gathering and analysis.

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[1] For example, see Warner, K. 2008. "The Framework Convention on Tobacco Control: opportunities and issues." *Salud pública México*. 50, 3.

However, after a few months of proposal writing and vigorous discussions, there was a significant move toward actual planning and executing of policy interventions, and resources were shifted firmly toward these new goals. Participants noted that the shift facilitated and necessitated a whole new set of analyses of "policy in motion" and every team re-grouped to be reflective on their own efforts and actions as they were occurring. This self-reflexive dynamic is evident in many of the narratives as authors, all of whom participated actively in the ATSA initiative, discuss and analyze the complexities of policy interventions almost in real time.

From a theoretical perspective, this research borrows heavily from policy and political science approaches. In recent years, the two approaches have become increasingly exclusive of the other. The policy-specific literature has become more pragmatic and often idiographic, while the political science literature has become overwhelmingly theoretical, often to the point of forsaking application. In this volume, there is a concerted effort to link the two approaches, and to be mindful of making the research relevant to advocates and policy makers. Political science and the sub-field of political economy more specifically offer very useful lenses through which we can discuss and analyze the determinants of policy change in major areas of global public health. While the inherent complexities of public health policy in the developing world preclude the development of a unified theory in which to place the discussion of tobacco control, this integrative approach seeks to provide clear and complementary frameworks in which proponents of policy reform can consider change both broadly and specifically.

Throughout the volume, the authors emphasize both the "agents" of change – the individuals and organizations that are seeking policy change – and the institutions that mediate these demands. Thus, the research draws from both interest group and institutions literatures. In addition, in

large part due to the breadth of expertise and interest of the authors – including medical doctors, public health professionals, social scientists, government officials (elected and unelected), and development specialists – there is a keen eye to move beyond just a narrow politics-only approach by situating the actors and institutions within the larger socio-cultural context of each country.

KNOWING AND ARTICULATING YOUR CONTEXT

Undoubtedly, policy has been a principal focus of the ATSA teams – after all, much of what needs to be accomplished in tobacco control in Africa has a direct policy component. Even activities that might not appear to be immediately policy-relevant, such as education campaigns or cessation programs, can be inherently political if they involve any government institution. More than once in the course of the ATSA program, country teams undertook a rigorous process of identifying, examining and then explicating the relative policy positions of relevant actors and the roles that institutions were playing in mediating the demands for different policies. In general, all of the teams acknowledged that knowing the policy process and having the requisite skills to navigate it effectively were paramount to the success of their various initiatives, and to developing a comprehensive and meaningful synthesis of tobacco control in their country.

In presenting the pertinent information on policy context, the country authors seek to balance two important goals. On one hand, the authors wish to illustrate abstractly which types of actors and institutions play a role in influencing and shaping tobacco control policy, so that at any future point, readers can identify who are likely to be the central policy players. On the other hand, many of the contributors want to place actual individuals into the context, so that the

reader can gain from the narrative a genuine sense of what happened or is happening on the ground in terms of the politics of tobacco control in the 12 countries.

Some reviewers of earlier versions of this research raised the legitimate issue that this information could become "dated" quickly if it became overly descriptive. The authors were mindful of this potential pitfall, but also offer three important responses. First, as many of the participants in the several ATSA workshops brought to light, the political elite in most (if not all) countries is pretty small, and perhaps particularly small in most African countries. So, while individuals' specific positions might change, the people at the highest levels of leadership tend to be remarkably static. The relatively fixed nature of politics in some countries is evident in the syntheses where teams note that a particular individual now runs a given ministry, but had been the minister of a different one just a short time before. In some cases, people have not changed their positions in decades. Second, in terms of turning an abstract exercise into something tangible, the process of actually identifying the actors is a useful one. Because the teams elucidate both the overall context and the specific roles of the relevant institutions and organizations, it is not a conceptual stretch to contemplate what might happen – or not happen – when the position is taken over by someone new. Finally, this exercise provides a neat snapshot in time – arguably a critical juncture as countries accede to the FCTC and seek to implement the agreement's specific articles – and begins to generate a contemporary history of tobacco control across the 12 countries.

THE ATSA NARRATIVES

The narratives that the country authors develop (Chapters 7-18) are both snapshots in time – generally, late 2009/early 2010 with some updating into early 2011 – and contemporary histories

from approximately the previous 20 years, though sometimes longer or shorter depending on a country's experiences. Furthermore, in every case, there is much more than just a casual glance toward the future. The authors developed the narratives not only to provide valuable description, explanation and discussion of the recent and current state of affairs in tobacco control in Africa, but also as the foundation for more data gathering and analysis. As of writing, the Africa Tobacco Control Coalition (ATCC) has already expanded the in-depth analysis to six more countries with plans and resources for 11 more.[2] Moreover, through this synthesis and discussion, the authors are demonstrating the trajectory of tobacco control efforts on the continent more broadly, and are directly emphasizing the work that will need to be done and how it might be realistically undertaken.

The country syntheses utilize intensively the qualitative research technique of developing narratives. In work across the social sciences and humanities, scholars use narratives to furnish significant context of a particular topic – in this case, to chronicle the development of (or attempts to develop) new and/or the reform of existing tobacco control policies, and then the subsequent implementation and enforcement of them.[3] The rigor of these narratives derives from several key sources. First, the theoretical foundation of institutions and interest groups that guides the volume helps to maintain a consistent set of themes and data-gathering efforts that frame the narratives. Every team focuses on interest groups and institutions in a systematic manner.[4] Second, for the sake of meaningful cross-country comparison, the overall structure of

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[2] See atsa.atcri.org for more information.
[3] For example, B. Czarniawska-Joerges in the organization literature (*A Narrative Approach to Organization Studies* Thousand Oaks: Sage Publications, 1998) and A. MacIntyre (*After Virtue* University of Notre Dame Press, 1984) in philosophy have championed the use of the narrative technique to help explain human interactions.
[4] R. Bates, A. Grief, M. Levi, J. Rosenthal and B. Weingast (*Analytic Narratives*. Princeton University Press, 1998) make a compelling case for the use of narratives as a tool to generate testable hypotheses, but they vigorously endorse the use of a rational choice framework. This research does not employ rational choice, but like D. North

the narratives is consistent across the countries. Third, the structure was determined through vigorous discussion among dozens of participants both within each country, and then subsequently among the 12 country teams in a series of face-to-face meetings. In other words, they are not the narratives of the specific authors, but rather of the various stakeholders that took part in the process of producing them. In the cases of Kenya, Nigeria and Tanzania, the organizational authorship actually speaks directly to this collective effort. More importantly, none of these efforts attempts to reach a consensus, but rather encourages different interpretations of how policy making happened or is transpiring, and then attempts to articulate these complexities. Lastly, the syntheses, where possible, are anchored by empirical data. For example, the tobacco "problem" discussion in each country chapter highlights and discusses most of the relevant survey research on prevalence and related issues that has been executed in each country. These data help to furnish as accurate a portrayal of the challenges as is possible within the constraints in each country. Similarly, the discussions of policy are based on actual pieces of legislation and regulation, and the public hearings, media accounts, discussions and other discourse that often occurred around them.

On a related issue, it is important to discuss briefly how traditional scholarly citation expectations fit into the form and style of the country narratives. In the volume, when the authors are citing direct fact and other people's research and/or opinion, they seek to provide the proper citation. Because much of the information was generated in stakeholder and similar types of meetings, however, some of the information is less directly attributed to a specific source. In some instances, authors are giving their impressions or those of other actors deeply involved in

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does with economic outcomes (*Institutions, Institutional Change and Economic Performance.* New York: Cambridge University Press, 1990), we heavily emphasize the role that institutions play in conditioning public policy outcomes.

tobacco control and/or public health more generally in Africa. In these cases, the authors make a concerted effort to attribute the observations to either the ATSA team or the stakeholders who attended the formal meetings in each country. It is important to note, too, that in some less democratic countries there was genuine concern about retribution from governments or other actors, so not every stakeholder was comfortable going on the record about sensitive issues. That said, in the interest of rigor and validity, if readers wish to follow up on the more ambiguous sources, they are encouraged to contact the authors directly. In all cases, there is contact information in the contributors section and the authors are pleased to engage about these issues.

In some cases, it is clear that the narratives are very much ongoing. In some countries, it is possible to observe nearly completed actions: in two short years, a number of advocacy teams participating in the ATSA program identified a policy or related goal, mapped out its possible progression, and then followed through with action. For example, in the cases of the Nigerian smoke-free Abuja enforcement and the new Osun state smoke-free legislation, the narrative tracks nearly the entire process from what the team members initially thought would be central to their objective to what turned out to be more instrumental in achieving their policy goals. Similarly, the Zambian team mapped out an initial understanding of and a strategy to enforce a smoke-free Lusaka, and then in less than a year, the team had fully initiated the program and could report back in their narrative on the effort's accomplishments and to where the program was headed.

OVERVIEW OF THE BOOK

The structure of the book is explicitly designed to be utilized in at least two ways – as a complete set of analyses and discussion of tobacco control in a major collection of developing countries, or as the individual pieces of the set, each of which stand on their own independently or as logical sub-sets. For example, some readers will wish to learn about the politics of public health policy and/or the status of tobacco control in a specific country or set of countries (e.g. East African or Francophone African countries, etc.). Other readers will be interested in discussions across a specific policy area (e.g. taxation) or a set of policies (e.g. major policies related to FCTC articles). Still other readers will be interested in the process that the ATSA teams employed to develop their analyses. Finally, some readers will want to fast-forward to the conclusions. The collection is designed explicitly to accommodate all of these users. While the total collection seeks to offer unique and helpful insights, each of the constituent parts has its own intrinsic value.

Chapter 2 presents the flexible process or template that the 12 country teams used to analyze their political contexts, develop their narratives and execute their interventions, with the expectation that the template can be used for any such endeavor by proponents of policy reform in any country or political context. The template guides users through a systematic assessment of the major institutions in any country, particularly by emphasizing the major branches of government including the executive, the legislature, and the judiciary. It also underscores the role of the bureaucracy, which consistently plays a significant role in public health policy. It provides additional focus on the institutions that often have particular public health relevance such as ministries of health and legislative health committees. It also strongly implores users to consider relevant interest groups such as non-governmental organizations and research institutions, and particularly their organizational characteristics and the roles they play (or seek

to play) in the policy process. Above all, it presses users to contemplate systematically the complex interactions between the actors and institutions that shape or are attempting to influence policymaking.

Examinations of major tobacco control policies

Chapters 3 through 6 examine four of the most significant tobacco control policies across Africa, including smoke-free policies; tobacco taxation; advertising, promotion, and sponsorship bans; and health warning labels on tobacco packaging. These synthetic analyses utilize the central principles of the mapping process to permit systematic comparisons of what is working in some countries (so-called "best practices") in terms of tobacco policy reform and what is not working, and how to address more effectively these ongoing challenges. The policy-specific analyses also provide an opportunity to reflect comparatively on how political structures, the relative strengths of civil society organizations and the effectiveness of research support are affecting policy reform.

Chapter 3 explores the complexities of smoke-free policies – protection from second-hand smoke in public spaces and private workplaces. This policy area has probably received the most attention from policymakers and tobacco control researchers alike across the globe, and because it is estimated that less than 10% of Africans are protected by smoke-free regulations,[5] it demonstrates enormous potential for positive public health impact in the short term. While a number of countries have been able to pass such legislation – either as narrow regulation or as part of broader health legislation – the real stumbling block consistently proves to be implementation and enforcement. Proponents of smoke-free policies need to be thinking about

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[5] Global Smokefree Partnership. 2009. *Global Voices: Rebutting the Tobacco Industry, Winning Smokefree Air*.

what mechanisms can ensure effective enforcement. In particular, convincing municipal-level officials to make enforcement part of their responsibilities, and finding ways to train these actors and earmark budgetary resources for them, are the pivotal challenges in this policy area.

Chapter 4 examines tobacco taxation, a strategy that presents enormous potential to effect positive public health change. The chapter particularly examines the central role played by finance ministries, and argues specifically that accessing these ministries – sometimes relatively neutral agencies – in order to present strong evidence-based research demonstrating the long-term fiscal and health benefits of increased tobacco taxation is one of the key components to successful taxation reform.

Chapter 5 focuses on advertising, promotion and sponsorship bans, and makes the argument that this is the policy area that the tobacco industry most creatively and insidiously seeks to circumvent. Again, vigilance in terms of monitoring and enforcement is a key factor for successful policy. Across the continent, the industry continues to host "smoking" parties, flout advertising rules and, ironically, sponsor children's health programs and other so-called "corporate social responsibility" (CSR) activities. Countries are clearly challenged to keep up with the industry's relentless pursuit of breaking the rules. The results of this research suggest that civil society monitoring, coupled with a willing and effective official enforcement mechanism (e.g. police or courts), help to promote success.

Chapter 6 tracks the recent push in many countries to introduce graphic health warning labels on packages. Unlike many other policy areas, most countries permit agency-level regulation of packaging, which means that the pursuit of legislation, while perhaps desired, is not totally necessary for the actual policy objective, at least in the shorter term. Particularly for countries

where more comprehensive legislation is stalled in the legislative process, pursuing this alternative moves countries to a goal of graphic warning labels quickly and effectively. Again, similar to taxation, successful advocates are using evidence-based research to convince the relevant agency – often, but not always, the health ministry – to pass and implement the regulations, and then to help them do it effectively.

Examinations of tobacco control in 12 African countries

Chapters 7 to 18 analyze the public health challenges of tobacco control policy reform in 12 African countries.[6] In order to provide broad and even competing viewpoints from an African perspective, each country's analytical narrative is authored by leading development and public health professionals from the specific country, all of whom participated in some manner in the ATSA initiative. The authors are drawn from across major sectors including government, civil society, the academic community and international organizations. Moreover, as outlined briefly above, the narrative is the fruit of multiple intra- and inter-country meetings and workshops that involved a wide variety of participants from across each country.

For the sake of clarity and easy comparison, each individual country chapter follows a standard outline. First, each chapter begins with a brief overall summary that also effectively serves as an introduction to the broader narrative. After a short presentation of country-level vital statistics, there is a discussion of the scope and magnitude of the tobacco problem using the available empirical data, with particular emphasis on adult prevalence, youth smoking, exposure to second-hand smoke and the extent of industry advertising and promotion. Next, the authors

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[6] For expanded treatment of each country, see the African Tobacco Control Regional Initiative's (ATCRI) website at atsa.atcri.org or the International Development Research Centre's electronic library at http://www.idrc.ca/en/ev-152233-201-1-DO_TOPIC.html.

analyze the politics of public health generally and tobacco control specifically, and develop the themes that most help to explain public health and tobacco policy reform in their country. Often, the authors use one or more of the specific policy interventions pursued with ATSA resources as the centerpiece of discussion. As one might expect, too, most chapters examine the activities and behavior of the tobacco industry specific to the country. Finally, most chapters end with a re-cap of the achievements of the ATSA-related activities, and in some cases, further discussion of the challenges encountered by the teams along the way and suggestions for best practices. Each final review hews closely to the presentation made by each ATSA team leader at a reunion meeting hosted by the American Cancer Society and the World Health Organizations (with funds from the Gates Foundation) in Johannesburg in February, 2011.

From a social scientific perspective, it is critical to note the wide variation in the countries in this research, in terms of the "values" of both the dependent variables (the extent of tobacco control policy and/or tobacco policy change) and the independent variables (the characteristics shaping these policies). In terms of magnitude and scope of tobacco control policies, there is enormous variation: on one end of the scale, Mauritius and South Africa are in multiple ways world leaders in tobacco control policy, while on the other end of the scale, Malawi has almost no tobacco control legislation or regulation, and has yet to sign the FCTC. Across significant independent variables, the countries vary considerably in terms of geographical size, population, ethnicity, language, country-level and personal incomes, and types of political systems (including levels of democracy), just to name a handful of characteristics. In fact, the ATSA program officers and their outside reviewers considered these variables – along with the quality of the initial proposals – when selecting the countries for the program.

In Chapter 7, the authors argue that *Burkina Faso*'s quickly-decentralizing government offers an excellent opportunity for reform in the area of policy implementation. While the government has moved recently toward new tobacco control legislation, the authors point out that implementation and enforcement of most policies will take place mainly at the local level. Thus, they argue that these local political actors – including mayors and councilors – must be engaged successfully in public health programs in order for the policies to be successful.

In Chapter 8, the authors make an argument that in highly-centralized *Cameroon* the government must be the key initiator of policy change. With only a small civil society organized around public health issues, the existing catalysts for reform are limited. The authors do however make the additional compelling case that academic researchers are playing an integral role in terms of helping to inform better health policy, and that these actors have access to key decision makers in the government and can help to shape public health policy.

Chapter 9 examines the case of *Eritrea*. Similar to Cameroon, Eritrea is another highly-centralized regime, and the authors demonstrate how working within the governmental system is currently the most viable strategy for policy change. Furthermore, with only a limited civil society, the academic sector is ideally and uniquely situated to offer well researched public policy options to the government.

Chapter 10 examines recent tobacco policy challenges in *Ghana*. The authors weigh the relative merits of pursuing targeted policies through less legally-binding instruments such as ministerial directives versus comprehensive national legislation. They find that the former is eminently feasible though possibly less effective in the longer term, while the latter requires enormous investment from civil society and internal governmental pressure to move the policy. Though

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Ghana has a strong civil society, and one that is highly active in the public health sector, the burden of changing a huge part of the public health code continues to be challenging.

Chapter 11 acknowledges the importance of *Kenya*'s 2007 comprehensive tobacco control legislation, but makes a plea that the focus must now shift in large part from the national to the more local politics of implementation and enforcement. The authors argue that it is only through the coordinated partnership of civil society and several levels of government (national and sub-national), and at least for the time being with the help of external donors, that successful enforcement of public health policies will happen. Because no one actor can execute these actions alone, genuine reform will not happen without this team effort.

Chapter 12 examines the case of *Malawi*, one of the world's leading producers of tobacco leaf. The authors argue that because tobacco comprises such a key part of the economy (greater than 60 percent of foreign exchange), the emphasis must be strictly focused on health in order to gain any – and much-needed – political traction. Since it is unlikely that the government will initiate policy reform, the burden falls on civil society organizations and research institutions to spur the effort. Finally, alternative livelihoods for tobacco farmers must be part of the discussion in order to convince both policymakers and ordinary citizens of the benefits of tobacco control policies.

Chapter 13 explores the recent enormous public health legislative successes in *Mauritius*. Like Kenya, with the passing of broad public health legislation and subsequent regulation, much of the focus in Mauritius is shifting to implementation and enforcement. The emphasis in this small, vibrant democracy is on the central role that government should play in these efforts, and the watch-dog role that its small but highly effective civil society plays.

Chapter 14 offers a lively and comprehensive discussion about the possible routes to policy change in *Nigeria*. In particular, the authors demonstrate the creative possibilities in a federal system. While the National Senate finally approved new comprehensive national legislation in early 2011, proponents of health reform have been successfully pursuing major public health policy changes at the sub-national level for a number of years. For countries where national legislative reform seems unrealistic or very slow, the two-pronged Nigerian model is very attractive, particularly considering the diffusion effect that has been occurring as new jurisdictions see the positive changes in other parts of the country and begin to seek policy reform. Also, the two-pronged model will likely prove useful for implementation and enforcement because it is often sub-national actors that are charged with putting much of the legislation into action.

Chapter 15 follows recent challenges in *Senegal* to improve public health policy with a government that demonstrates little interest in policy reform. In particular, the chapter argues that creativity is the key when neither the government nor most of civil society is engaged with an issue. In Senegal, tobacco control policy advocates have elected to pursue relationships with religious authorities in key locales who are potentially more sympathetic to their public health cause with the hope that there will be a "trickle-up" effect to the national government.

Chapter 16 on *South Africa* tracks one of the continent's great public health success stories. In many ways, South Africa is a leading worldwide model of tobacco policy reform. The authors argue that the formula for success is the powerful combination of government engagement, civil society activism and valuable evidence-based research support from the academic sector.

Chapter 17 tracks the recent frustrations of public health advocates in *Tanzania*. This narrative in many ways is a cautionary tale wherein ineffective comprehensive legislation has led to widely ignored regulation, and the authors argue that changing existing bad rules is turning out to be more difficult than generating new legislation.

Chapter 18 introduces the dynamics of public health policy in *Zambia*. In particular, the authors neatly demonstrate how academic institutions can team up successfully with civil society in order to convince government to generate more active public health policy, even in a country with increasing tobacco leaf cultivation. In this case, government appears energized by the external prompting, and the three entities are well on their way to enforcing smoke-free laws.

In the conclusion, the editor draws together the many common themes that are raised in the policy and country chapters. While each country narrative is unique, together they provide a myriad of lessons. At one level, these lessons may guide tobacco control activists in countries throughout the world in the development of new tobacco-related policies. But the lessons extend beyond tobacco control. They are, first and foremost, stories of policy-making. While an age-old adage suggests that two processes that should never be closely examined because of their gory components are the making of either sausages or policy, the narratives in this text scrutinize the latter in significant detail. In doing so, they provide observations on policy-making in general – a sometimes orderly, incremental process, but not infrequently, a serendipitous and somewhat chaotic procedure that leads to the institutionalization and/or promotion of social norms on a multitude of issues. The narratives underscore the importance of people, individually and collectively; of institutions of all types including governmental, non-governmental, academic, health and charitable; and, perhaps most importantly, of the broader political context

in which those individuals and institutions function. For those who are fascinated by policymaking, the narratives are captivating. For all readers, whatever their discipline, the narratives offer a thoughtful, in-depth look at the determinants, the process and the overwhelming complexity of policymaking.