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Jeffrey Drope

Marquette University, jeffrey.drope@marquette.edu

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The Politics Of Smoke-Free Policies In Developing Countries: Lessons From Africa

Jeffrey M. Drope

*Department of Political Science, Marquette University
Milwaukee, WI*

Abstract: The public health rewards of smoke-free policies are well documented. But in their enthusiasm to achieve such policies, public health advocates and policymakers frequently underestimate the political complexity of passing laws, and then implementing and enforcing them. Using 12 African countries as the focus of discussion, this research examines the basic political process for and the barriers to achieving smoke-free policies. Moreover, in addition to the obstacles, it examines why some countries have been experiencing comparatively more success in the smoke-free policy area. The findings of the research suggest strongly that the presence of a vigorous tobacco control civil society movement, some will on the part of government institutions, and active research support contribute significantly to successful smoke-free policies. It is also apparent that the emerging battle fronts in smoke-free policies are in the areas of implementation and enforcement, and while similar variables that affect the passing of new laws also condition these outcomes, there are the added distinct challenges of policy fatigue and additional resource constraints.

Introduction

The public health rewards of smoke-free policies have been well established and substantiated empirically by scholars including, among

other benefits, tobacco consumption reduction, the diminishment of youth smoking initiation [1], and the overall reduction of heart attacks [2,3]. But what might seem like an obvious policy prescription to improve the overall health of a community can get easily mired in the daily political struggles of a country, state or city. Moreover, both advocates and policymakers often underestimate the sustained and vigorous effort – often coordinated between multiple, not always agreeable, parties – it requires first to pass such policies, and then to implement and enforce them effectively. Scholars have only begun to examine the importance of the role of politics in the shaping of successful smoke-free policies, particularly in developing nations. This research seeks to help fill this significant lacuna in the scholarly and policy-specific literature.

In many parts of the developing world, smoke-free policies either do not yet exist or are in nascent stages. It is therefore both timely and useful to examine systematically the politics of pursuing smoke-free policies in a diverse sample of developing nations in an effort to elucidate meaningful patterns that can be helpful to those beginning or who might be currently engaged in similar policy processes. Accordingly, this research examines the recent or current political contexts of smoke-free policies in 12 African countries including Burkina Faso, Cameroon, Eritrea, Ghana, Kenya, Malawi, Mauritius, Nigeria, Senegal, South Africa, Tanzania and Zambia. The word “politics” is multifaceted and in this research it refers both to the process of decision making within and by governments, and the contestation for new policies that in addition to the government can involve non-state actors such as civil society organizations and individuals. The two definitions are used more or less interchangeably in this research, but should be evident in the context of the specific discussion.

The sample of countries in this research, all of which participated in the recent Africa Tobacco Situational Analyses (ATSA) initiative [4], represents a broad cross-section of both Africa generally and levels of tobacco control specifically. Countries in the sample demonstrate considerable variation on size, types of political systems and socioeconomic development. As Table 1 illustrates, the extent of tobacco control legislation also varies markedly: a number of these countries have already passed comprehensive national tobacco control legislation (all of which include smoke-free policies); some are actively

working on passing new or improved laws; while others have just begun seeking new policies. Furthermore, some countries have passed sub-national (e.g. states or cities) and/or more targeted laws or regulations such as prohibiting tobacco use in healthcare facilities, workplaces and public transportation. Finally, many of the countries continue to address significant challenges related to implementation and enforcement.

While there is no universal template for achieving better smoke-free environments, it is essential first to understand the general policy processes that frame many smoke-free initiatives, particularly in an effort to determine different potential options. Moreover, once the basic system is understood, it is then critical to identify the principal variables that are contributing to significant progress on smoke-free policies, and which variables are typically obstacles.

Accordingly, this research not only highlights the general policy process, but also argues and demonstrates that the patterns for success in smoke-free policies are pretty clear. Success in the context of these countries translates into the successful passage of laws and/or regulations that prohibit smoking in public (and sometimes, private) places, and evidence that appropriate authorities have begun to implement the laws and are making sincere efforts to enforce them. In short, in the African countries that have achieved demonstrable success in the area of smoke-free policies or are progressing steadily toward success, there is always an active network of civil society organizations pushing for change, evidence of at least some will for such policies on the part of several or more key relevant government institutions, and in some cases, active involvement and input from research and/or academic institutions. In many of the most successful cases, there is a pattern of tobacco control civil society organizations and relevant government entities working together to pursue and promote smoke-free policy efforts, often with the academic community playing a considerable supporting role by providing evidence-based research that is both helping to support the advocates' arguments and education efforts, and to inform the policy makers' shaping of actual policy. Finally, in most cases, the advocacy organizations not only work to press the political system initially for the policy, but then also must work within the system with their government colleagues to implement and enforce the new policies, and then to monitor subsequent progress.

Methodology

The initial major research activity was a review of the available public information about the status of smoke-free policies in these 12 countries as cataloged by the Framework Convention Alliance [5] and the Tobacco Atlas [6]. After identifying major gaps and multiple discrepancies, the author consulted extensively in person using semi-structured interviews with leading advocates and/or relevant government officials in each country for corrections and revisions, and their broader input and reflections. In particular, the author attended ATSA program-facilitated meetings of country team leaders and/or representatives twice during the program including at the African Heart Network annual conference in Abuja, Nigeria in September, 2009, and the AORTIC annual Africa cancer meeting in Dar es Salaam, Tanzania in November, 2009. During these meetings, in addition to general discussions among all the team representatives, the author met privately with each team representative. The author also attended ATSA team and country-level tobacco control stakeholder meetings in South Africa in October, 2008 and Ghana in December, 2008. Moreover, the semi-structured interviews employed in the research pressed these officials and activists to situate explicitly and meaningfully the policy – or desired policy – in the political context of their specific country, including the roles, positions and preferences of the relevant private interests and government institutions, and how this context is shaping policy. In 2010, each country team published through the ATSA program [7] and the African Tobacco Control Regional Initiative (ATCRI) [8] a detailed description and discussion of tobacco control policies both from a contemporary historical perspective and as a snapshot of the status of tobacco control in 2009–2010. The template that frames these country-level analyses largely mirrors the structure of the interviews and discussions employed in this research.

The politics of smoke-free policies

The panacea of national comprehensive tobacco control policy?

Many countries have either passed or are actively seeking to pass national comprehensive tobacco control legislation, often, though not always framed by compliance with the World Health Organization's Framework Convention on Tobacco Control (FCTC). In all cases, smoke-free policies comprise an important component of the broader legislation. Among the countries that have passed major legislation, there is considerable variation in terms of effectiveness. The countries with the most effective current national legislation are Mauritius [9] and South Africa [10]. Beyond just passing the legislation, both countries have made considerable progress in terms of implementation and enforcement [11]. Kenya passed national comprehensive legislation in 2007, but in terms of smoke-free policies (and other areas), there continue to be challenges in terms of enforcement. These are challenges that the government and tobacco control community in general have been addressing directly. In fact, notably, in all three countries, civil society organizations with tobacco control focus and expertise are working actively with government institutions to meet these challenges.

In every country, the process of passing legislation presents a number of significant hurdles. The more complex the legislation, the more substantial are the obstacles because additional facets tend to generate more opposition as more actors fear the consequences of a potential policy change. In the case of tobacco control policies where there are many entrenched opponents such as tobacco growers and manufacturers, and in many circumstances, the hospitality industry, the force of opposition can be substantial. To begin, most proposed legislation usually starts in the relevant national ministry, which in the case of tobacco control legislation is most often the health ministry or its equivalent. Next, the proposed law developed in the ministry usually has to make it onto the agenda of the national cabinet for discussion. After cabinet discussion, the proposed law(s) has to meet some threshold of majority approval in cabinet, before it is passed onto the legislature for consideration. Once in the legislature, the proposed law will often first be considered by a relevant committee

(again, usually health-related), and even subjected to public and/or private hearings when interested parties can present their views and preferences. If the proposed legislation receives sufficient approval from the committee, it will go to the full legislature for a vote. In most countries, legislation requires simple majority approval. Upon legislative approval, in most cases, at least in presidential systems, the executive branch has to sign off on the proposed bill for it to become law. At that point, a new law is still vulnerable to legal challenges that can be taken up by the judicial branch. This discussion, of course, does not address the additional hurdles that must be surmounted for implementation and enforcement.

Clearly, there are myriad places where proposed legislation can get stalled or squelched. Therefore, importantly, at every step along the way, proposed legislation also needs strong proponents outside of the elected and non-elected government officials to advocate for the policy. In South Africa, for example, over more than 20 years, tobacco control advocates have been providing evidence-based research to cabinet members and their respective staffs, relevant ministry officials, legislators and their staffs, and members of the executive branch of government (e.g. the President's office). South Africa's Tobacco Action Group (TAG) is the umbrella group of organizations that has been actively involved in pursuing and promoting improved tobacco control policies. The TAG is guided in large part by the National Council Against Smoking (NCAS), which does much of the day-to-day work of monitoring the industry and government, and advocating for policy change. The NCAS is strongly supported by other organizations such as the Cancer Association of South Africa and the Heart and Stroke Foundation South Africa, which lend their influence, expertise, and network of supporters and volunteers. A strong network of academics provides evidence-based research to help TAG in its efforts to educate government on the dangers of tobacco, and how better policy can mitigate and even eliminate these problems [12–14]. The tobacco control community has made considerable efforts over many years to meet with legislators and other government officials, provide information and training, and raise these issues prominently in the media and with the general public.

Countries with less complex governmental structures arguably have fewer barriers to overcome in seeking new legislation. In Mauritius, the Ministry of Health and Quality of Life has played a very

active role guiding tobacco control legislation through the cabinet and legislature. There have also been other major proponents in the legislature, including the Prime Minister [15], who have promoted the new policies. Mainly because the country is a parliamentary system, the process is more streamlined and there are fewer steps toward making policy change, and therefore fewer actors and/or opportunities to affect the proposed legislation. However, there is also an advocacy and watchdog organization, ViSa, partly funded by the government that continues to play a major role in educating officials and the general public on tobacco control issues, and influences the agenda.

Working with existing policies

Recognizing the considerable obstacles to achieving comprehensive legislation, tobacco control proponents in many countries in Africa, both in government and in civil society, have elected to pursue implementation and enforcement of existing smoke-free policies, often while simultaneously pursuing new, improved comprehensive policies. Furthermore, recognizing the enormous resources that effective enforcement inevitably requires, advocates in many countries have elected to pursue enforcement either in a narrow area (e.g. educational institutions) or in specific regions or municipalities. In all cases, there is a hope that the preliminary efforts will diffuse to other areas and/or regions.

In 2004, Eritrea's president declared Proclamation 143/2004, which was comprised of a wide variety of tobacco control measures including smoke-free policies [16]. In its first five years, however, efforts to implement the components of the proclamation, let alone enforce them, were practically non-existent. In 2009, with funding from the ATSA initiative, a team of tobacco control proponents spearheaded the Tobacco-Free Schools Environment Initiative (TFSEI) in an effort to begin with enforcement of smoke-free policies in educational institutions. Though tobacco-free schools are considered a very small step by most tobacco control activists and scholars, particularly in developed countries, the program has important symbolic status because the government has not followed up meaningfully on the proclamation. Since the schools initiative's launch, the Ministers of Health and Education have publicly embraced it and have vowed to put tobacco control higher on the agenda of the

executive branch of government. Being highly-centralized politically, executive level support is a very encouraging sign for tobacco control in Eritrea. Furthermore, tobacco control proponents have been using evidence-based research to buttress their case. Part of the project was the execution of a new and improved set of prevalence studies so that advocates could make their case for these policies substantively and clearly to policymakers. Furthermore, in addition to reaching out to high-level ministry officials, advocates have identified that actual enforcement of the TFSEI will be mostly decentralized, and have therefore reached out to the leaders of the regional (Zoba) administrations, who tend to be pivotal in actual policy implementation, and work closely with schools and their staffs.

Burkina Faso [17], Tanzania [18] and Zambia [19] all have existing national tobacco control legislation that incorporates smoke-free policies. In all three countries, the legislation is not FCTC-compliant, and even more importantly, tobacco control proponents have found that legislation has been largely ineffectual, and enforcement has been mostly non-existent. But while advocates in all three countries pursue new legislation, recognizing the time and resource constraints, and the complexity of seeking a new comprehensive set of laws, they are also simultaneously seeking to enforce the legislation and/or regulation that they already have.

In Burkina Faso, a broad coalition of tobacco control advocates from both government and civil society has been actively pursuing more narrow smoke-free initiatives. In 2006–2007, the country's principal public health association, the *Association Burkinabe de Santé Publique* (ABSP) worked with the Canadian Public Health Association on the development of advocacy activities around creating smoke-free hospitals and school curricula on smoking [20]. Since 2008, the main tobacco control coalition, the *Union des associations contre le tabac* (UACT), which is facilitated by the ABSP, has been working with the Bloomberg Initiative focusing on advocacy to strengthen enforcement of existing smoke-free policies from the broader legislation, the Raabo, in four major cities [21]. In this context, a public tobacco control campaign was also launched in the media.

Tobacco control proponents in Burkina Faso are also seeking to take advantage of a recent shift in the overall organization of government as the previously highly-centralized government is devolving considerable authority to the 359 municipalities. Since early

2009, under the ATSA initiative, a team of tobacco control proponents comprised of both government and civil society has been seeking to raise awareness among 45 mayors with respect to the dangers of tobacco use and about existing laws – including smoke-free policies – that are not currently applied. To encourage these elected officials to implement the existing laws, the program has been educating high-level municipal administrators, and helping them to identify and implement relevant activities in their action and development plans. Like all countries, this team of advocates is working within significant resource constraints, and hopes that the 45 mayors will become the team's intermediaries, and will be catalysts to expand their work to other mayoralities and reach many more people without expending too many additional efforts and resources [22].

In Zambia, the situation is similar to Burkina Faso with vigorous recent efforts to enforce existing legislation while major new FCTC-compliant comprehensive legislation is pursued. In this case, a coalition of civil society and academic organizations is actively soliciting the support for smoke-free enforcement of national and sub-national elected and non-elected government officials. In May of 2009, the Zambia Tobacco Control Campaign (ZTCC) successfully launched a program to enforce the existing smoke-free laws in the capital, Lusaka [23,24]. The campaign partners city officials including the City Council's Town Clerk, and Mayoral and Environmental Health Officers, with civil society organizations including the Zambian Consumer Association (ZACA) and academic institutions such as the University of Zambia. In a show of broad official support at the inaugural event in Lusaka, in addition to the ZTCC coalition members, participants included the Deputy Minister of Health (representing the Vice President), the Mayor, the Deputy Mayor, the Town Clerk, an official from the District Commissioner's office, the Permanent Secretary for Lusaka Province, the Commissioner of the Drug Enforcement Commission and leaders of the ZTCC. The City Council has since expressed interest in following up on the enforcement of the law – interest that the ZTCC is actively seeking to cultivate.

Though it does not yet have national tobacco control legislation, Cameroon has recently begun to seek more actively to implement existing smoke-free regulations and directives. For example, the Department of Mfoundi (Yaoundé) [25], and the ministries of Economy and Finance [26], Education, and Public Health all officially ban

smoking in government buildings. There is also reportedly an informal ban on smoking on public transportation [27]. In late 2009, a team of tobacco control advocates, funded by the ATSA initiative, began a program to implement smoke-free policies in Mfoundi beyond just government buildings to include other public (e.g. hospitals, educational institutions, healthcare facilities, and tourist establishments) and private environments (e.g. workplaces) [28]. In this ongoing effort, the advocacy team continues to engage civil society organizations, enforcement officials and the local authorities as key partners.

Creative alternative – or complementary – solutions

Sometimes, or even often, optimal outcomes such as a fully implemented and enforced comprehensive set of national tobacco control laws are simply unrealistic, and both advocates and governments must be more creative in seeking to pass new policies that restrict public and in many cases particularly in workplaces, private smoking. As a result, proponents in many countries have hedged their options and have either stopped or slowed in their pursuit of national policy and instead are pursuing other policy options, or are pursuing national and sub-national policies simultaneously. The main options include pursuing smoke-free policies at the sub-national level (e.g. state or municipal) or in specific public realms (e.g. educational institutions).

In Nigeria, even though the tobacco control community has been enthusiastically pursuing national comprehensive tobacco control legislation [29], which had a second reading in the National Senate in late 2009, advocates have been concomitantly pursuing other policy options. In Nigeria, a federal system, states and even municipalities have considerable policy autonomy. As long as state governments in Nigeria do not violate federal law, they have considerable vested powers in generating and enforcing their own laws. For example, in 2006, with active support and encouragement from civil society organizations, the minister of the Federal Capital Territory (FCT) Administration passed a smoke-free law for all public places, including workplaces, in Abuja, the nation's capital [30]. Unfortunately, there was little immediate subsequent effort to implement or enforce the

law. However, in 2008–2009, civil society organizations worked actively to sensitize elected – including the new chief minister – and non-elected officials in the FCT. In late 2009, the minister in charge of the FCT Administration directly earmarked resources in the FCT budget for tobacco control awareness and enforcement, which should greatly help the law to become self-sustaining.

Similarly, in October 2009, Nigerian advocates achieved a major policy victory with the passing of a state-wide smoke-free policy in southwestern Government of Osun State (Nigeria) [31]. The institutional barriers to passing this legislation were significant. First, the proposed legislation had to pass through the state legislature. One of the principal strategies that advocates used to achieve this goal was education: they developed and facilitated workshops on the benefits of smoke-free policies for legislators in early 2009. They also actively sought the public support of influential members of the legislature, in this case, particularly the Speaker. After the legislative hurdle was cleared, the legislation still needed to be signed by the state governor. Again, advocates used education: in face-to-face meetings with the governor and his staff, they successfully articulated why it was in the best health and economic interests of the state to pass the legislation. In this circumstance, both a majority of legislators and the governor recognized the huge public health benefits and embraced the initiative.

In Senegal where national tobacco control legislation appears to be mostly off the main policy agenda, advocates are continuing to put considerable energy into the pursuit of smoke-free policies in carefully chosen municipalities. For example, the city of Touba, an important Muslim religious centre, is now smoke-free [32]. As a city that demonstrates moral authority (Senegal is more than 95% Muslim) [33], tobacco control advocates hope that it will encourage other municipalities to pass similar laws and the national government to put the issue much higher on the policy agenda.

In Ghana, where national comprehensive legislation has been stalled at least since 2004–2005, there are already a number of smoke-free policies in place as a result principally of national ministry directives. There are existing bans in all health-related institutions, educational institutions, and in vehicles and buildings related to public transportation. Though not nearly as legally binding as actual legislation, Ghana has demonstrated that these directives are actually quite effective in ensuring smoke-free places. In countries where there

is limited political will for broader legislation, Ghana's experiences suggest that it is worthwhile considering other options, at least temporarily until larger initiatives gain traction. It may also be possible that these directives that are smaller in scope can serve to catalyze more comprehensive efforts.

Even in Malawi, one of the world's largest producers of tobacco leaf, and a country with almost no tobacco control law, governments have been able to pass limited tobacco control directives such as those prohibiting smoking on airplanes, in airports and near fuel stations. While not ideal, it is evidence that well supported proposals to introduce tobacco control regulations can be successful even in environments more sympathetic to tobacco than tobacco control. In recent years, a new, energized tobacco control movement in Malawian civil society has actively been pressing the government for new health-based tobacco control laws including smoke-free policies [34].

Post-legislative challenges: implementation and enforcement

After the general excitement of passing comprehensive legislation, or even a significant new more targeted smoke-free policy, proponents then face the often difficult reality of implementation and enforcement. Burkina Faso, for example, has had smoke-free policies for more than 20 years with almost no implementation or enforcement. Similarly, Tanzania passed major tobacco control legislation in 2003 (see Table 1), but enforcement continues to be an enormous challenge. In terms of smoke-free policies specifically, the Tanzania Public Health Association reports that the legislation calls explicitly for health supervisors to enforce the law, but these officials have never been selected nor empowered by subsequent regulation [35]. Undoubtedly, a major set of enforcement challenges in Africa (and elsewhere) has been the availability and/or willingness of officials to enforce the smoke-free policies, and then appropriate training and resources to ensure that they have the tools to do it. Not surprisingly, it takes both political will from the government and commitment on the part of civil society organizations to make certain that the new (or old) laws are properly implemented and enforced.

Kenya passed national comprehensive legislation in 2007 with one of the strongest smoke-free policies in the world – smoking is

even banned in outdoor public places such as streets. While this scenario likely sounds ideal to many tobacco control advocates, the new policy has actually generated a set of challenges not totally anticipated. By all accounts, implementation and enforcement have been major challenges. In 2009, there was a substantial joint effort by the Ministry of Public Health and Sanitation and civil society organizations, including the Institute for Legislative Affairs, to train public health officers (approximately 1000 officers), particularly in major urban areas including Nairobi [36]. In an attempt to address potential corruption issues with enforcement officers – particularly to encourage the actual prosecution of offenders rather than the extortion of bribes – public health officers now have performance contracts and must provide monthly reports on their efforts. As of late 2009, the training project has demonstrated mixed success. With completed trainings in 10 towns or cities, only a handful of communities have subsequently agreed to enforce the smoke-free provisions with actual arrests of violators of the ban. Officers report insufficient resources for the execution of their duties and a lack of coordination between public health officers and the police in enforcement, particularly for facilitating arrests. There are ongoing efforts to convene round-table discussions among all of the relevant departments to resolve these issues [37].

In Mauritius, the Ministry of Health and Quality of Life has its own smoke-free enforcement unit, the Flying Squad. The unit has some proscribed powers to inspect venues that come under the jurisdiction of the legislation, and then to fine violators. Importantly, the Ministry dedicates funds and some limited personnel to this effort. One of the main challenges is that there are thousands of public environments and workplaces that fall under the tobacco control regulations, and the very small department cannot possibly keep up with the demand for their services. Nonetheless, dedicated government resources and staff for tobacco control remain the exception, not the norm, in Africa, so Mauritius is in fact a leader in this respect.

Closely tied to the issue of enforcement training is the codified existence of actual penalties for violators. In other words, trained government enforcement officials must be able to enact a penalty, such as a fine, to serve as a genuine deterrent to violators or would-be offenders. More importantly, this component of enforcement must

have the firm backing of government, including particularly the public safety and judicial arms. Public safety officials must be willing to make certain that fines are levied and collected, and then, as a final authority, the justice system must be willing to prosecute offenders. Across many African countries, both comprehensive legislation and the more targeted or sub-national policies have a codified penalty component, but the real issue continues to be enforcement: no-one will enforce the legislated penalty. As more countries enact new and better tobacco control legislation, enforcement is rapidly becoming the new battle front for advocates, and perhaps most conspicuously in the area of smoke-free policies. Particularly in light of the sizeable number of smoke-free policies passed in the 1980s and 1990s in Africa that were never implemented or enforced, sustained commitment to the enforcement component of new tobacco control policies by government and civil society organizations will largely dictate the ultimate success of these policies.

A final component to smoke-free policies: public awareness

Importantly, a final cornerstone in successful smoke-free policy implementation and enforcement has to be vigorous efforts to increase public awareness of the laws and corresponding regulations. Again, the evidence in Africa suggests that the laws are most effective when civil society and government partner together in this awareness effort. In many cases, it is civil society organizations that lead the initial effort, but buy-in by government and media appears to have tremendous positive implications. Related to all components of the enforcement challenge including awareness, and perhaps lying at the very heart of them, is the central issue of resources: countries need resources both technical and monetary to execute programs. In an ideal world, the resources will be self-sustaining, or at least internally-generated, wherein governments recognize the substantial public health benefits of smoke-free and other tobacco control policies, and earmark specific resources for programs such as those related to tobacco awareness.

In 2009, in their effort to implement and enforce existing smoke-free policies in Lusaka, Zambia, advocates have made awareness central to their activities. After the 2009 Lusaka inaugural event, the ZTCC followed up with considerable public awareness efforts

including leaflets, brochures, and a major distribution of “no smoking” signs. Furthermore, members of the ZTCC have sought and obtained appearances on high-profile radio and TV programs. Zambian media outlets have been increasingly receptive to giving air time to smoke-free messages.

In Mauritius, civil society and the government have been working toward raising awareness of the smoke-free component of the 2007 regulations. For a number of years, the most active awareness-raising entity has been the civil society organization, ViSa. Though it receives a small annual amount of government money (approximately Rs 250,000), it is fully autonomous, and also acts as a vigorous watchdog of both industry and government tobacco-related activities [38]. It actively sponsors and engages in myriad education and awareness programs in the country. The Ministry of Health and Quality of Life has also noted recently that it plans to organize more advocacy and awareness sessions related to the new act, and followed up in 2009 with assessments of air quality in relevant smoke-free environments including workplaces [39].

In Kenya, in a follow-up to the enforcement initiative discussed above, the ILA is preparing a series of awareness-raising and sensitization activities, which will include the distribution of information, education and communication materials. These materials will be posted in hospitals, schools, bars and other public places. Also, the ILA and its partners are planning a series of awareness workshops and personal visits to secure support from the Nairobi City Council and the Mayor's office, the Permanent Secretary for Local Government, the Nairobi Town Clerk, and major representatives from both the hospitality industry and the Worker's Union. Again, advocates hope that Nairobi will be a catalyst for the rest of the country, and the awareness efforts are central to reaching this goal.

In Nigeria, there have been efforts by many civil society organizations and some government organizations to increase awareness of smoke-free policies. Civil society organizations such as the Nigerian Heart Foundation and Environmental Right Action/Friends of the Earth Nigeria regularly provide press releases, and seek exposure for tobacco control issues in the national media on TV and radio, and in print. Additionally, there is a popular weekly radio program *Tobacco and You* that airs on stations in Lagos, Abuja and Kano. On the part of government, there has been official support for

World No Tobacco Day activities and in Abuja, Nigeria, as discussed above, the Minister in charge of the FCT for the first time included a line item in the budget for awareness and enforcement of smoke-free policies for 2009–2010 [40].

Conclusion

This research seeks to frame these 12 African countries into a simple typology of the status of tobacco control policy reform, which should be similarly helpful for conceptualizing reform in other developing nations. First, many countries are continuing to dedicate their greatest efforts and limited resources to securing national comprehensive tobacco control policies, which are usually comprised of the many articles required by the FCTC. Some countries, such as South Africa and Mauritius, have mostly achieved this broad policy goal and appear to have the will and resources to followup on the legislation across substantive areas, including smoke-free policies. But other countries are struggling to achieve the goal, and it is not clear that the broad strategy is appropriate for every country. Some countries cannot easily surmount the often large political barriers to pass the legislation and remain stalled in their efforts. Even if comprehensive legislation is eventually passed, many other countries simply lack the resources to implement and enforce the various articles effectively. As tobacco control proponents continue their efforts, improved evaluation of the determinants of successful policy reform, implementation and enforcement should help to inform better the strategies of individual countries.

Second, for countries in the frequently long and difficult process of seeking national comprehensive policies, some tobacco control advocates are hedging their bets and putting significant efforts and resources into working with existing policies. Fortunately in the last couple of decades, countries have passed some limited legislation or targeted regulations, which are now finally getting the attention required in terms of improved implementation and enforcement. When facing large political barriers and/or serious resource constraints, this strategy appears to be a fruitful one for many countries. Moreover, such a strategy does not preclude the pursuit of comprehensive legislation.

Third, some countries are still facing limited – even bleak – tobacco control policy opportunities. Fortunately, in many of these cases, advocates are tenaciously seeking creative avenues to alternative – or complementary – solutions. Such strategies include securing ministerial directives or the support of other types of brokers of political power, for example, influential religious leaders. In these situations, the creativity and flexibility of the tobacco control community will define its success.

The fourth and final category actually overlaps with the other three, but is conceptually distinct: for the countries that have successfully passed laws and regulations – comprehensive or targeted – there are now the inevitable and ubiquitous post-legislative challenges of implementation and enforcement. Whichever strategy that developing nations are pursuing for improved tobacco control legislation and regulation, it is clear that the most successful countries are putting great thought and considerable resources into how they implement and enforce old and new laws. A next crucial step for researchers is to identify better the complexities of these efforts.

In the final appraisal of smoke-free policies in Africa, several major components for increased likelihood of policy success emerge. First, a strong pattern of partnership between active tobacco control civil society organizations and government institutions – often, but not always, health ministries – is a key element of most success stories. In the African countries with the most successful tobacco control programs to date – South Africa, Mauritius and Kenya – this partnership is clearly visible even to the casual observer. Though civil society is often the initiator of new smoke-free policies, it is nearly impossible to make genuine policy progress without the help of key government institutions. There is little doubt, for example, that in South Africa, had the Ministry of Health – particularly under the controversial former minister, Manto Tshabalala-Msimang – not taken a major interest in pushing tobacco control policies that the progress in this area of public health might have been much less or at least slower.

Second, in many cases, the assistance of researchers who provide relevant supporting materials to policymakers and advocates is proving to be enormously helpful. In some instances, scholarly studies generate country-specific estimates of tobacco-related deaths [41] or proven economic impacts [42], which are particularly helpful for

presenting to local policymakers. In other cases, African researchers are making original and important contributions to the broader tobacco control discourse, though perhaps in areas particularly relevant to developing countries, for example in taxation [43] or maternal health [44].

Finally, the last piece of the puzzle continues to be the availability of resources not only to change policy, but also to implement and enforce new programs. All African countries are resource-constrained and public health programs, no matter how beneficial, use resources. In a few cases, there are substantiated moves toward more internally-funded programs – e.g. Abuja in Nigeria, Mauritius and South Africa – where governments see that the public health rewards outweigh the costs of tobacco control programs, but for the time being, most countries continue to need some external assistance to initiate and sustain these programs. While this suggestion is anathema to the new movement to stop foreign assistance [45], for the public health of the continent, it is incumbent upon external donors to nurture the considerable progress that is being made in Africa toward smoke-free environments.

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Table 1. Status of smoke-free policies in 12 African countries

Country	National comprehensive smoke-free policy	Active enforcement of smoke-free	Sub-national smoke-free policies	Passed other smoke-free policies
Burkina Faso	1988 – "Raabo" (some smoke-free provisions) ^a	No (except several targeted initiatives beginning in 2006)		
Cameroon	No		Ban in government buildings in Yaoundé	Bans in buildings of the Ministry of Health and Ministry of Economy and Finance
Eritrea	2004 – Proclamation 143	No (except 2009 educational institutions initiative)		
Ghana	No ^a			Ministry directives for education, health and transportation facilities; government offices and restaurants and cinemas
Kenya	2007 – Kenya Tobacco Control Act (almost 100% FCTC-compliant)	Yes		
Malawi	No			Bans at airports, domestic flights and fueling areas
Mauritius	1999 and 2008 – Public Health Act (almost 100% FCTC-compliant)	Yes		
Nigeria	1990 – Tobacco Smoking (Control) Act and Decree 20 (some smoke-free provisions) ^a	No (until 2009 efforts in Abuja)	Yes (Abuja and Osun State)	
Senegal	No		Yes (City of Touba)	
South Africa	1993, 1999, 2007 and 2008 – Tobacco Products Control Act, and Amendments (almost 100% FCTC-compliant)	Yes		
Tanzania	2003 – Tobacco Products Regulation Act ^a	No		
Zambia	1992 – Public Health (Tobacco) Regulation and subsequent instruments ^a	No (until 2009 Lusaka initiative)		

a Indicates that there is pending FCTC-influenced or FCTC-compliant legislation that is either entirely new (Ghana and Nigeria) or seeks to improve on older, weaker, non-FCTC-compliant legislation (Burkina Faso, Tanzania and Zambia).