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A Health Policy Analysis of the Implementation of the National Tobacco Control Act in Nigeria

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Abstract

Non-communicable diseases (NCDs) have emerged as a public health issue of concern in Nigeria. The massive increase in tobacco use amongst different population groups is a common NCDs risk factor. To this effect, the National Tobacco Control Act (NTCA) was enacted following the WHO Framework Convention on Tobacco Control (FCTC). This article conducts a health policy agenda-setting analysis of the NTCA using the Kingdon's multiple streams model and analyses its implementation using the Principal-Agent theory. The purposive and snowballing sampling methods were used to select and review relevant peer-review literature. Other data sources included gray literature, government reports, Non-Governmental Organization briefs and media resources. Though NTCA conforms to WHO FCTC, Nigeria only domesticated her obligation to this framework legislatively while the executive and administrative measures were found lacking. The challenges and gaps identified in the NTCA implementation include; revision of textual health warnings and lack of pictorial health warnings on cigarette packs, poor taxation, and the National Tobacco Control Commission's (NTCC) lack of regulatory autonomy, hence, the poor policy implementation reported in this article. To effectively implement NTCA, a review of textual warnings, enforcement of pictorial warnings, regulatory autonomy of the NTCC and review of the tobacco taxation are suggested to help in the prevention and control of NCDs.

Keywords: Non-communicable diseases, policy analysis, agenda-setting, multiple streams model, tobacco control, principal agent theory

Introduction

Non-communicable diseases (NCDs) are persistent health conditions often attributed to an individual's lifestyle. NCDs are Nigeria's public health issue of concern with a 33% prevalence rate (Ekpenyong et al., 2012), including cancers, diabetes, cardiovascular diseases and chronic respiratory diseases. These NCDs share well-established common risk factors including deleterious alcohol consumption, tobacco use, unhealthy diet and physical inactivity (Juma and Wisdom, 2018).

Africa has a 14% prevalence rate of tobacco smoking while in Nigeria, recent systematic review estimated 18% as the rate of ever smokers and 10% for current smokers (Magitta, 2018; Adeloje et al., 2019). Notwithstanding the slight reduction in tobacco use in Nigeria from 11% in 2009 to 10% in 2019 attributable to improved health risk perception, consequent economic burden, and better withdrawal strategies, these figures remain a public health concern (Winkler et al., 2015; Adeloje et al., 2019). Hence, the need to analyse the 'National tobacco control act' (NTCA) in meeting its purpose as a health (NCDs) policy.

A health policy agenda is a group of health issues which the government officials and their nongovernmental consort are concentrated on at any given time. High incidence, mortality, economic cost, ideas or exercised power are factors likely to determine which health issue comes on the health policy agenda, but this depends on the agenda-setting process. Agenda-setting is the arrival process of the most important issues on the policy agenda from a pool of issues worthy of policy entrepreneurs' attention. Theoretical models exist for analysing the agenda-setting process with the predominant ones including Hall et al.'s model and Kingdon model (Buse et al., 2012). The Kingdon model is considered the most suitable for NCDs policy analysis, having been used extensively in health policy analysis (Lencucha et al., 2018). Also, its streams are deemed best fit to understanding the agenda-setting process that reflects the sustenance of the NTCA on the policy agenda and its subsequent adoption.

Consequently, Kingdon multiple streams model is used to explain how the NTCA was put onto the health policy agenda. This is done by analysing the problem, policy, and politics streams of the NTCA and their convergence at the policy window. No other study has analysed NTCA using the Kingdon model which lends itself to a clearer understanding of the policy's agenda-setting and legislation adoption. However, the Kingdon model is not without limitations as its application has been more focused on the USA, a high-income nation, with little insights into its use in other contexts (especially developing nations). Hence, although this model has long been engaged in policy research, context notwithstanding, it might be insufficient in reflecting certain contextual nuances in developing nations' policy analysis. Therefore, Steven Lukes' (1974) theory of power and Hall et al.' model (1975) are used in analysing parts of the agenda-

setting process where the Kingdon model was found insufficient. Also, the Principal-agent theory is used in analysing the policy's implementation and identifying the implementation gaps. The complex chain of actors (principals and agents) makes it difficult to ascertain who is a principal actor and who is an agent at different policy implementation levels. This lack of clarity in the principal-agent relationships might be a limitation to this theory and might subvert multiple delegation efforts as well as agents' work (Delreux and Adriaensen, 2017). Despite this caveat, Principal-agent theory lends itself to understanding policy implementation nuances. Therefore, this policy analysis will employ the Kingdon model and the Principal-agent theory. This article will sequentially explore its theoretical framework, methods, policy analysis (problem, policy and politics streams), policy implementation and gaps, discussion, strengths and limitations, and conclusion.

Theoretical framework

John Kingdon's (1984) multiple streams model provides a clear understanding of how an issue among numerous issues of national concern gets onto the government policy agenda through the agenda-setting phase of the policy process. The model has been extensively used in health policy analysis (e.g. Lancaster et al., 2014; Whiteford et al., 2016; Lencucha et al., 2018). Kingdon conceptualized that policy emerges through the agenda-setting phase of the policy process by the aligning and convergence of three independent continuous streams (problem, politics, and policy streams) at an open policy window (Kingdon, 1984; Buse et al., 2012). Kingdon argues that each stream is operationally independent with specific internal processes and actors. However, issues and actors in a stream may be related to that in another stream.

In the problem stream, problems are public matters that require the government's action (Buse et al., 2012). Health indicators, evaluations or feedback from existing programmes or policies, pressure groups, and sudden events like the surge of endemic diseases, pandemic, famine, insecurity or crisis are pointers to problems or socio-economic conditions that require government's intervention. Policy entrepreneurs capitalize on these problems to formulate policy solutions.

The policy stream speaks of ongoing analysis and debates surrounding a problem, proposed solutions and solutions' feasibility. This stream involves brainstorming, collection and exploration of possible solutions which potentially, could be built upon or narrowed down. Certain attributes of a policy solution determine its ability to get onto and be sustained on the government policy agenda; technical feasibility, public acceptability, ability to resonate with the politicians, consistency with dominant social values and capacity of handling future feasibility constraints like finance and personnel (Buse et al., 2012).

Again, the politics stream which is operationally separate from the problem and policy streams involves national mood swings, changes of government, controversial ideation within and between the major political parties and interest groups' campaigns (Whiteford et al., 2016; Buse et al., 2012). Policy solutions from policy entrepreneurs which politically resonate with the government stand a high chance of serious consideration (Whiteford et al., 2016).

The disconnected nature of the Kingdon's three streams connotes that action is required to converge these independent streams at the policy window (e.g. Whiteford et al., 2016; Lencucha et al., 2018). Consequently, a primary role is played by policy entrepreneurs within and outside the government in shaping the course of these three streams and their intersection by connecting the problems and policy solutions with political opportunities (Be'land and Howlett, 2016). Kingdon demonstrated that the action of the policy entrepreneurs, actors, or advocates results in the convergence of the three streams at an open policy window, hence, policy emerges (Kingdon, 1984; Buse et al., 2012). The policy window refers to agenda-setting opportunities, the point where the three independent streams converge. At this point, issues get onto the policy agenda, consequently, the issues are seriously considered by policymakers with high potential for policy change. Policy window may open expectedly proceeding from the change in Government or Federal budget or unexpectedly due to crisis, pressing socio-economic issue, national mood swing or pandemic (Whiteford et al., 2016). Due to the short duration within which the policy window remains open, it is pertinent that policy entrepreneurs constantly have well-framed problems, palatable policy solutions and garnered support from different actors.

Methods

Kingdon (1984) used the federal-level policy system for analysis, however, we incorporated the state-level policy system for specific insights. The case study approach is used, and the source of data included a review of relevant documents and publications related to the tobacco policy formulation process in Nigeria. We conducted database search on PubMed, Google Scholar, Web of Sciences and Cochrane Library for published peer-review articles. These databases were purposively selected because they contain a wide range of studies on health and policy which encompass this study's subject. The Keywords used included Nigeria, tobacco control, national tobacco control act, health policy, agenda-setting, Kingdon multiple streams model, policy implementation, tobacco tax, smoke-free, smokeless tobacco, advertising, tobacco health warnings and British-American Tobacco Nigeria. Medical subject heading (MeSH), was used to diversely combine these terms with considerations of synonyms, variant terminologies, generic names, variant spellings (British and American), truncation and quotation marks. Also, Boolean commands of 'OR' & 'AND' were utilized in

linking concepts. No date restriction was applied to the search. Purposive sampling technique was utilized in selecting literatures while snowballing was used in scanning the references of selected literatures for selecting further published studies on tobacco control policy in Nigeria.

Also, gray literatures, government reports, media sources and non-governmental organizations' (NGO) briefs reflecting the MeSH for the topic in focus were reviewed. Generally, we observed a paucity of documents and peer-reviewed articles on tobacco control policy in Nigeria. In the event of insufficiency of data in a document about an event or policy intervention, specific searches were further carried out to give a wholesome understanding of the event.

Several documents were reviewed to analyse the policy's context and content, identify existing policy and gaps, and understand the processes involved in the policy development regarding the three Kingdon's streams and the different actors. Most source documents contained data on each of the three Kingdon streams, hence, there was no need classifying the documents based on the stream emphasized. The source documents were then reviewed while information about each stream was extracted and used to examine each stream's internal processes and actors. Data aligning with the policy implementation were also extracted to analyse the policy implementation and observed gaps. This study required no ethical approval because the data sources were published studies and freely available documents.

Analysis of Nigeria tobacco control policy using Kingdon multiple streams model

Kingdon's approach is deemed suitable for analysing NTCA 2015 and has been effectively used in tobacco control policy analysis (e.g. Lencucha et al., 2018). This section uses the Kingdon problem, policy and politics streams as well as the policy window to analyse the agenda-setting process of the NTCA. For this policy analysis, the policy entrepreneurs were the Federal Ministry of Health (FMoH), civil society organizations and NGOs while the opponent actor was the British-American Tobacco Nigeria (BATN).

Problem stream

In Nigeria, the non-communicable disease control policy framed as 'health protection' focused on tobacco control. A 2008 study of tobacco usage in sub-Saharan Africa indicates that Nigeria has 8% usage rate (Pampel, 2008), and by 2009, this has risen to 11%(Winkler et al., 2015). However, Adelaye et al., (2019) recently reported a slight decrease to 10%. Yet, tobacco use causes one in every six non-communicable diseases and of the eight leading global cause of death, it is a risk factor for six (Beaglehole et al., 2011).

The Global Youth Tobacco Survey reported that 17–27% of adolescents were regular tobacco users while about 17% of adults are vulnerable to second-hand smoke in Nigeria (Ekanem,

2008; FMoH, 2012). A recent WHO survey in Nigeria indicates the prevalence of tobacco use among the youth of age bracket being 13-15years as 19% for male and 11% for female, and amongst adult of 15 years and above as 10% for male and 1% for female (WHO, 2017). Tobacco use has steadily increased and has been declared a significant and increasing public health issue in Nigeria (Drope, 2011). This lifestyle predisposes Nigeria's workforce to NCDs which warrants increased government healthcare expenditure amid very limited national health budget allocation, fragile health system and the health workforce shortage, hence, affecting national economic development. For instance, the health consequences of tobacco use had a toll on the health expenditure of some states in Nigeria which warranted lawsuits by eight states and the Federal Government against BATN. Lagos state indicated 9000 tobacco-related illness cases in 2006 whose treatment cost was N2.5 trillion (Drope, 2011). This implies that 0.1% of the 2006 Lagos State population (about 9 000 000) were NCDs patients. This might seem a negligible statistic, however, it is pertinent to note that 85% of the Nigerian population resort to traditional medicine due to the dissatisfaction with the health system, its fragility, and the cost implications of modern medicine (WHO, 2002). Specifically, a recent study in Lagos State indicated that 88% of Lagos dwellers use traditional medicine (Busari and Mufutau, 2017). Though the study's participants were sickle cell patients, in synergy with the WHO Traditional Medicine Strategy study in Nigeria (WHO, 2002), it depicts high-level patronage for traditional medicine. Therefore, the large population size using traditional medicine is not accounted for in the Lagos State tobacco-related illness cases. Also, the exponential population growth of Lagos State and indeed Nigeria implies an exponential increase of NCDs incidence. On annual extrapolation, about 352 000 Nigerians are tobacco-related diseases patients (Drope, 2011).

Other lawsuits filed against BATN in Nigeria included; the Federal Government, N5.3 trillion; Gombe state, N600 billion; Oyo state, N366 billion; and Kano state, N3 billion (Drope, 2011). Certainly, the financial burden of treatment and management of these NCDs is huge on Nigeria as a lower-middle-income nation. There has been an indication that tobacco manufacturers are currently targeting Africa in an attempt to replace former American and European smokers in the market (Ukwueze et al., 2018). These built a context for tobacco consumption as both a health and socio-economic problem and an urgent need to formulate and implement policies to halt these tobacco companies and salvage the health of the nation's workforce.

Policy stream

Framing in agenda-setting has been a widely accepted idea, therefore, the NTCA was framed as 'Health Protection' by the FMoH, civil society organizations and other stakeholders. They

gathered support and developed a policy solution to the problem of tobacco use. The supportive civil society organizations include; the Environmental Rights Action/Friends of the Earth Nigeria (ERA/ FoEN) and the Coalition against Tobacco while the stakeholders include the Senate President, other political officers, and the professional sector (academics, economist and lawyers). In Nigeria, tobacco control made a first appearance in 1951 revenue allocation document on licensing and controlling tobacco importation in Section 6 of the Nigeria Order in Council of 1951 (Nwhator, 2012). Again, the military government in 1990 formulated the Tobacco Smoking (Control) Decree 20, 1990 (Drope, 2011). However, the government's dictatorial nature made for poor participation and inclusiveness in the policy process resulting in sparse implementation. This poor participation and inclusiveness were captured as a lack of support in Hall et al.' model, which explains that an issue gets onto the policy agenda only when legitimacy, feasibility and support are high (Hall et al., 1975; Buse et al., 2012). Further, they explained that legitimacy describes an issue where the government has the right and obligation to intervene, and feasibility involves the prospect for policy implementation, while support comprises garnered public or stakeholders' backing on the issue. However, on return to democratic rule, this decree was turned into an Act titled - Tobacco (Control) Act 1990 CAP.T16 in early 2000 (Oladepo et al., 2018). This Act was narrow in scope, poorly implemented, and the name change did not affect the content of the policy (Nwhator, 2012). Then in 2004, Nigeria ratified the WHO Framework Convention on Tobacco Control (FCTC) and in 2005, it was confirmed (Wisdom et al., 2018). Therefore, this called for a change in policy content to meet Nigeria's obligation under the convention.

Consequently, in 2009, a private bill was formulated, presented for hearing and passed in March 2011. The bill was known as 'A Bill for an Act to Repeal the Tobacco (Control) Act 1990 Cap T16 Laws of the Federation and to Enact the National Tobacco Control Bill 2009 to provide for the Regulation or Control of Production, Manufacture, Sale, Advertising, Promotion and Sponsorship of Tobacco or Tobacco Products in Nigeria and for Other Related Matters'. It proposed the abolishing of smoking in public places, the prohibition of buying and selling of tobacco products by or to persons under 18 years, and to ban communication between manufacturers and consumers through various means including; advertising and sponsorship. Assumable, the change of government through the 2011 Presidential election was viewed as a facilitator (policy window) for the policy endorsement, however, the president did not sign this bill as of 2013. The passing of the bill as a private bill depicted poor engagement of stakeholders which Hall et al.' model captured as 'lack of support' and could explain the President's hesitation to sign the bill. Additionally, ownership of BATN by the UK who is among the top donors to the Nigerian Government potentially clarifies this long hesitation.

To formulate another bill, the persistent policy proponents/entrepreneurs garnered support from diverse government officials, local and international organizations. The hidden actors e.g. the professional sector provided evidence through research (e.g. Pampel, 2008; Drope, 2011; Agaku et al., 2012; Winkler et al., 2015) and contributed through technical support (e.g. consultancy and review of Nigeria's legal measures). Consequently, a bill named—NTCA 2015 facilitated by the FMOH was passed as an Executive bill. Though the current bill garnered support, the President as previously encountered, hesitated in signing the bill and only got it signed by the end of his tenure in 2015. This may be assumed purposeful to avoid the backlash of BATN and to gain the support of the bill's stakeholders for re-election into the office (Oladejo et al., 2018). The bill addressed these elements of tobacco control: establishing a tobacco control committee and the tobacco control unit; tobacco control funding; prohibition of smoking in public places; prohibition on tobacco advertising, promotion and sponsorship; prohibition of tobacco product sales to minors; regulation of tobacco products' contents and emissions disclosure; tobacco products packaging and labelling; enforcements and roles of a responsible organization; education, communication and public awareness; and other initiatives including; price and tax measures (FGN, 2016). This policy is congruent with the WHO Framework Convention on Tobacco Control (FCTC) whose implementation is proven efficacious in both developed and developing countries (Levy et al., 2008; 2013).

Politics stream

The 2001 ratification of a memorandum between the BATN and the Federal Government of Nigeria resulted in BATN's establishment of the West Africa regional tobacco manufacturing hub in Ibadan, Nigeria in 2008 (Drope, 2011). The problem of increased NCDs, established tobacco manufacturing company, and Nigeria's domestication of the ratified WHO FCTC in 2005 drew political attention to the need for the government to endorse the National Tobacco Control Bill.

The civil society organizations led by the Environmental Rights Action/Friends of the Earth Nigeria (ERA/FoEN) and other elected officials advocated for the honour of Nigeria's commitment to WHO FCTC (Environmental Rights Action/Friends of the Earth Nigeria, 2012). They received support from diverse policy actors including; favourable media coverage and support from WHO and other organizations including the Coalition Against Tobacco and the Nigerian Heart Foundation. This helped sustain the tobacco control policy on the policy agenda and their collaboration with the FMOH resulted in the formulation of the National Tobacco Control Bill (NTCB) 2015. Also, synergy was garnered with some elected officials like; Senator Olorunnibe Mamora (MD), Senator Jibrin Aminu, Professor Babatunde Osotimehin (former Minister of Health) and David Mark (Senate President) who publicly spoke

in approval of the bill (Drope, 2011). For instance, in his speech, Professor Babatunde Osotimehin stated,

I want to tell you that I am very passionate about anti-tobacco legislation. This British-American Tobacco people once came to talk to me on how we could work together but I said no! I cannot work with BATN people because the human cost of tobacco is enormous (10/07/2009 Vanguard news as cited by Drope, 2011, 206).

The high resistance from BATN notwithstanding, NTCB was signed by the President after a series of pressure from advocates. Also, NTCB's endorsement was partly hindered by the division amongst the stakeholders on who should lead the tobacco control efforts (Oladebo et al., 2018). Pressure from the supportive public could have accelerated the President's endorsement of the bill; however, public engagement was poor as a mass awareness campaign was only engaged during policy implementation (Nwhator, 2012).

While policy proponents were working assiduously to keep the tobacco control bill on the agenda, the BATN who framed their argument as 'economic protection' worked to keep it off. BATN utilized the subtle nature of 'power as thought control' to gain compliance with some parliamentarians during the two years of policy hearing. Steven Lukes conceptualized 'power as thought control', as the capacity to influence others through the shaping of their preferences (Lukes, 1974; Buse et al., 2012). BATN utilized such power by offering to construct constituency projects for some parliamentarians (Oladebo et al., 2018). This implies that the already released Federal Government funds for such projects could be diverted to personal use, thereby, potentially changing perceptions and buying objections of the parliamentarians. This is not far-fetched as the media evidence of City Voice (2015) reports that BATN capitalizes on weak Government Institutions by compromising government officials through cash donations with the ulterior motive of weakening or outrightly stopping lifesaving legislations. Similarly, BATN diplomatically wielded 'power as thought control' to shape public preferences. For instance, BATN in targeting rural farmers in the communities where they operated donated over \$700 000 in corporate social responsibility (BATN, 2010; Drope, 2011). Consequently, as potential evidence of a changed perception and purchased objective, in a stance against the bill, a representative of the Ibadan Progressive Union in a public statement narrated to the Senate Committee on Health that the shutdown of the BATN industry in Ibadan will result to a loss of 500 000 jobs (Drope, 2011). However, this claim was quickly refuted by ERA/FoEN. Additionally, BATN donated a caravan of Ford Ranger to Nigeria Consumers Protection Council (CPC) and the Nigerian Customs Service and under diverse programmes, invested \$300 000 000 into Nigeria's economy (Center for Media and Democracy, 2007; Ukwueze et al., 2018). BATN in this context is viewed to possess economic power.

Consequently, it is widely believed that BATN used lobbying to elongate Nigeria's domestication of WHO FCTC after 10 years (Ukwueze et al., 2018). This was also reported by studies in other developing nations and corroborated by media evidence of the British Broadcasting Corporation's (BBC) investigation showing that British-American Tobacco (BAT) illegally paid politicians and civil servants (country representatives in FCTC inclusive) from East African nations to contravene tobacco control (Gilmore et al., 2015; Bilton, 2015). BATN also reinforced their 'economic protection' stance by arguing through her then director of regulatory affairs, Tony Okwoju, that BATN annually pays N80 billion in taxes and has executed 77 projects in 34 of the 36 States in Nigeria through the BATN Foundation (Drope, 2011). Not surprisingly, this was acknowledged by the Comptroller General of the Nigerian Customs Service as he commended BATN on their unwavering commitment towards Nigeria's economic development. Also, in fostering pliant coverage of her activities, BATN's officials usually hold meetings over breakfast with the Nigerian media executives and sponsors journalists' awards and conferences. As well, BATN used the entertainment industry to foster its products by sponsoring Nigeria's Nollywood movie productions (Drope, 2011) which continues to promote smoking in films.

Though as a developing nation, one would assume that the 'economic protection' framing of BATN was legitimate. However, the health consequences of tobacco are overwhelming, amounting to the wreckage of the economy (through healthcare expenditure and loss of labour) presumed to be protected by BATN. It is obvious the level of contention within the proponent policy actors and importantly, from the opponent policy actors which hindered policy adoption. One may conclude that considering the depleting number of smokers in Europe and America where British-American Tobacco had a viable market and the increasing population density of Nigeria and indeed Africa, British-American Tobacco must have foreseen an enormously viable market in Africa. Hence, the level of opposition and investment by BATN against the bill. Considering the obvious health consequences of tobacco and the efforts of policy advocates, a complementary strong political will (dampened by BATN advocacy in this context) would have opened the policy window earlier, hence, an early 'game-changer'. Evidence supports the dampening of 'political will' to be attributable to interference from the tobacco industry and the incentives structure influencing political decisions and policy actions (Fritz and Levy, 2014; Mane et al., 2020).

The persistent effort of the policy entrepreneurs resulted in the convergence of the problem, policy solution and political process streams at the policy window. The policy window, opened expectedly by an institutionalized event (upcoming presidential election) and the activities of the persistent stakeholders, led to the policy adoption. In this study's case, having the problem,

politics, and policy streams converge at the open policy window did not culminate into effective policy implementation. Therefore, it is crucial to examine the NTCA's implementation.

Nigeria tobacco control policy implementation and gap Kingdon's theory is pertinent in understanding the agenda-setting process and policy adoption (Lencucha et al., 2018); however, it needs to be complemented theoretically in analysing policy implementation. Nigeria may be applauded for legislatively meeting her obligations in the ratification of the WHO FCTC; however, concerns are evident in the executive and administrative roles to this obligation. The observed poor implementation of the tobacco law in Nigeria from its promulgation in 1990 to its repeal in 2015 described as 'much barking without biting' (Ukwueze et al., 2018) necessitates the examination of its implementation. Despite the FMOH's inauguration of the National Tobacco Control Commission (NTCC) as the key policy implementation institution, the NTCA 2015 is yet to be effectively implemented five years after its endorsement (Ukwueze et al., 2018). This section attempts to examine NTCA implementation, highlighting the policy gaps/challenges and proffering recommendations for effective implementation.

After the endorsement of the NTCA in 2015, there seems to be no political action towards implementation until 2019 when the National Tobacco Control (NTC) regulation was gazetted. For instance, though the NTCA prohibits smoking in public places, the level of implementation remains low, thereby, enlisting Nigeria as one of the nations with only three to five public places entirely smoke-free (WHO 2015). Also, there seem to be no record of conviction nor trial for tobacco-related offences under the NTCA (Ukwueze et al., 2018). This could be attributed to BATN's persistence in developing new tactics to remain relevant in their quest to stifle any form of regulation (Environmental Rights Action/Friends of the Earth Nigeria, 2020). Consequently, the Environmental Rights Action/Friends of the Earth Nigeria (2020) called for the prompt implementation of the NTCA 2015 and NTC 2019 regulation, especially the ban of cigarette sales to minors, single sticks sale and pictorial warning. Also, there seems to be no funds allocation for NTCA implementation from the annual budgetary allocation as provided by the NTCA. Thereupon, the Environmental Rights Action/Friends of the Earth Nigeria (2020) called for the inauguration of the Tobacco Control Fund, a recommendation of the NTCA.

The Principal-agent theory can be wielded in understanding the sub-optimal NTCA implementation. The Principal-agent theory explains that sub-optimal implementation accrues to the structure of institutions where decision-makers ('principals') deputize policy implementation duties to their officials and other 'agents' whom they cannot directly and completely control (Buse et al., 2012). Highlighting an element of NTCA, 'prohibition of smoking in public places', numerous structures exist in Nigeria for driving down this regulation.

Delegations start from the National Assemblies to the Ministry of Health to Civil Society Organizations (CSOs) and Heads of Public and Private Institutions. Each of these principal cadres has a complex circle of agents, hence, the complex relationship of diverse principals and agents water down political will in policy implementation. However, for maximum implementation, the politicians have the responsibility of getting the compliance of their officials/principals and other agents in this complex relationship. For instance, the penalty for individuals smoking in public places is 50 000naira (\$131) or six months imprisonment or both, while for corporate bodies, not <200 000 naira (\$526) is charged (Ukwueze et al., 2018). Effective harmonization of agents by principals to implement this NTCA element might help generate funds for implementing other elements and alleviate the health burden of tobacco smoking.

The poor implementation of this policy could as well be linked to; BATN's pushback to stop the implementation of tobacco control policy in Africa wherein lies her speedily growing market (Drope, 2011). This is an evident use of 'hard power' for compliance described by Buse et al., (2012) as the use of intimidation, coercion or productive exchanges to make individuals do what is contrary to their intent. As a major donor to the Nigerian Government, BATN's threat to withdraw donations (Drope, 2011) potentially explains the long hesitation of the President to endorse the National Tobacco Control Bill and its poor implementation after five years of endorsement.

Moreover, policy gaps portend opportunities for circumvention of policy by tobacco companies. British-American Tobacco utilizes these gaps to advance their commercialization (Lencucha et al., 2018). As a gap, NTCA did not address smokeless tobacco whose usage rate is 17% among Nigerian youth (WHO, 2017). While the Euromonitor predicts a 7% increase in the use of cigarettes in Nigeria, it is alarming that for the smokeless tobacco, it predicts a staggering 77% growth rate in Nigeria (Euromonitor International, 2012). This is unconnected to the evolving nature of the smokeless tobacco (the standard Zip and mentholated Zip cool) marketed in Africa (Ukwueze et al., 2018). This highly-flavoured nature of smokeless tobacco makes it very attractive to youths and Nigerian adults. It, therefore, portends profound deleterious health effects on the nation's exponentially growing youth population and her economic development. A close analysis of the packaging of these smokeless tobaccos shows no pictorial warning used and the textual warning occupying about 20% of the packet as against 50% (WHO, 2003). Also, it is presumable that the use of green and white background colour on the pack is strategic as these are Nigeria's national colours. To forestall the circumvention of policy by tobacco companies, it is pertinent to carefully analyse the technical dimensions of the proposed policy solutions and enact a new policy to

fill recognized gaps. Therefore, there is an urgent need to develop a policy addressing smokeless tobacco in Nigeria.

The NTCA provides that the textual warning ('The Federal Ministry of Health Warns that Smokers are Liable to Die Young') on the cigarette package will be periodically (two years interval) reviewed and changed by the FMOH (Ukwueze et al., 2018). This is to ensure that the textual warnings constantly convey the gravity of the effects of smoking. However, it seems there has not been any review nor issuing of new health warning messages by the FMOH as the warning messages prescribed under the 1990 law are still used currently (Ukwueze et al., 2018). To effectively instil textual warnings, its revision could highlight specific health effects of smoking like; 'smoking predisposes oral cancer' and 'smoking clogs your arteries'. Also, though BATN complies with the NTCA provision of textual warning, they print barely legible warnings on tobacco packets covering <50% of the total surface area of the packet as provided by the policy (Drope, 2011). Moreover, the use of only textual warning on the cigarette packets in Nigeria is inconsistent with the WHO FCTC (WHO, 2003). A pictorial warning is crucial as it arouses negative emotions of fear and disgust and appeals to both the literate and illiterate population (Drope, 2011). Tobacco use in developing nations is prevalent among the impoverished and less educated urban population (Pampel, 2005). Consequently, pictorial warnings could be well suited in warding off the prevalence of tobacco use among this population group.

The NTCA mandates approval by the two chambers of the National Assembly in Nigeria of any tobacco regulation made by the FMOH before implementation by the National Tobacco Control Commission (NTCC). However, this provision is not obtainable for any other regulatory statute in Nigeria (Oladepo et al., 2018). The reason for this is unclear and it indicates a high probability of little or no regulation approval nor implementation for tobacco policy owing to the multiple tasks and bureaucracies of the two chambers of the Nigerian National Assembly. What then is the essence of instituting the NTCC if she is not empowered with full regulatory right and operational independence? NTCC's lack of regulatory autonomy creates a high probability of successful lobbying of both 'principals and agents' by tobacco companies due to the highly endemic nature of corruption in Nigeria's public sector (Okolo and Akpokighe, 2014). Therefore, corruption which dampens 'political will' is a strong deterrent to tobacco control in Nigeria. Though not a 'magic bullet', this calls for the implementation of strategies to halt corruption in Nigeria's system. Though beyond the purview of this article, studies have proffered strategies which when effectively implemented could salvage Nigeria from the menace of corruption (e.g. Okolo and Akpokighe, 2014, Alamu, 2016). These strategies include strengthening the anti-corruption agencies by providing needed authority and finance for conviction of offenders; integrity of the judicial system, specific series of test and in-depth

investigation of candidates for appointment as judges; prosecution of political offenders irrespective of political affiliations; entrenchment of integrity and moral values in all training institutions and organizations especially for youths; religious institutions should focus on nation-building; economic growth, and national development.

Though tobacco taxation has been implemented, the tax rate of 28% is abysmally low compared to the WHO recommendation of above 70% (WHO, 2015; Oladepo et al., 2018). As the provision of the bill outlined that funds for implementation could be sourced from taxation and fines from defaulters, the funds that might have hindered the implementation of this bill can be sourced from increasing the tobacco taxation rate. Also, taxation increases the price of tobacco, thereby, making it less affordable and wards off the financially impoverished population group who highly outnumber the financially buoyant population group in Nigeria. The World Bank's report (2018) which shows that 50% of Nigerians are extremely poor (living below \$1.9 per day) alludes to the potential effectiveness of warding off a higher Nigerian population from tobacco usage by increasing taxation. Interestingly, evidence suggests that this strategy has been used in Thailand to decrease smoking prevalence by 25% (Levy et al., 2008). Moreover, increasing tobacco price is deemed the most cost-effective intervention per disability-adjusted life year preserved globally, hence, culminating in mortality reductions (Fuchs et al., 2019). However, to maximize this strategy, the purchasing power of the Nigerian currency should be considered.

Evidence from a global study of 41 developed and developing nations shows that the implementation of WHO FCTC compliant tobacco policy between 2007 and 2010 resulted in a 14.8million drop in the number of smokers with 7.4million smoking-attributable deaths averted (Levy et al., 2013). This implies that Nigeria can reduce her burden of NCDs by the effective implementation of the NTCA 2015.

Discussion

Given the analysed agenda-setting process and implementation of the NTCA using the Kingdon Multiple Streams model and the Principal-Agent theory respectively, this section discusses the important findings.

The problem stream illustrates that the NTCA was framed from the problem of high tobacco usage rate, the prevalence of non-communicable diseases (NCDs), and importantly, the national economic impact of NCDs treatment. This stream shows the synergy between the professional bodies (academics, economist and lawyers) and politicians in highlighting and sustaining a problem in the policy agenda. This pattern is observed in the problem framing for tobacco control policies in Sub-Saharan African nations (Drope, 2011).

The initial tobacco control policy formulation in Nigeria was dictatorial in nature with poor support, and stakeholder engagement, hence, poor implementation. Conversely, the formulation of an executive bill congruent with the WHO Framework Convention on Tobacco Control (FCTC) showed comprehensive stakeholder engagement. Therefore, Kingdon acknowledges that by nature, policy formulation is not always a 'rational' process of dictatorial problem solving, rather, a continuing, contested process of regulating the problematic (Monaghan, 2011; Lancaster et al., 2014). Consequently, it is crucial that developing nations' policy formulation process, especially contentious policies, be characterized by strong stakeholder engagement.

The policy and politics streams show that the consistent efforts of the civil society organizations (CSOs), who are at the nexus of policy reform, cannot be overemphasized. Across Africa, CSOs have played a vital role in not just policy reform but subsequent implementation and enforcement (Drope, 2011). As a developing nation, Nigeria's case shows that the strong economic stance and opposition by the tobacco industry might have forestalled the rather weak efforts of the government had the CSOs not been involved. This does not negate the vital role of the government in policy reform and implementation; however, it emphasizes the need for more synergy among the government, CSOs and other stakeholders.

Further, from the politics stream, the narrative of the NTCA agenda-setting process depicts an inherently political and challenging process. Therefore, there is the need for policy entrepreneurs to develop comprehensive data on the nature of a problem, clear policy solution and clear implementation plan as well as pointing to the political, health and economic gains of the policy solution to help gain a strong political will and diverse institutional support. Also, the organization to lead the policy formulation and implementation process may be set out ab initio to avoid contesting for this role which may lead to a setback in the policy process (Ukwueze et al., 2018).

Kingdon's model permits policy analysts to comprehend previous and current policy activities and makes explicit the institutional roles that structure the interactions of actors within each stream. The integration of piecemeal activities by Kingdon makes for a wholesome understanding of the policy process, hence, its suitability in policy analysis, context notwithstanding. This explains the fact that though the Kingdon model was developed for use in the USA, it has been widely used for policy analysis in other contexts (Lancaster et al., 2014; Be'land and Howlett, 2016; Whiteford et al., 2016; Lencucha et al., 2018). However, as shown in this study, policy analysts may be cautious of Kingdon model's ability to fully generate contextual insights especially in developing nations or context with a different legislative process or political structure and culture. To generate contextual insights, we used

related policy analysis models, the Hall et al.'s model and Steven Lukes' 'theory of power', in synergy with the Kingdon's model. Although, there is a need for caution in using approaches that may not align with Kingdon's original conception (Lancaster et al., 2014). Also, due to the distinctive division of Kingdon's model into components/streams, policy analysts may be cautious of segregated use of Kingdon's components as this may not yield a comprehensive generation of contextual insights.

Furthermore, against Kingdon's assertion that the three streams are operationally independent, findings from this study indicate some actors were engaged in both the problem and policy streams. However, it was difficult establishing similar actors between either problem or policy stream and the politics stream. Other studies corroborated this finding (e.g. Lancaster et al., 2014; Robinson and Eller, 2010), which indicates that policy analysts may avoid the mechanical application of policy analysis models.

Beyond economics, the Principal-Agent theory is extensively used in other field and context for policy implementation analysis (Dijkstra, 2013; Buess, 2015; Delreux and Adriaensen, 2017). As shown in this study it could be applied liberally in analysing health policy implementation if the rationality of actors and an identifiable act of delegation is established. The theory poses a crucial question, which 'agents' are best for engagement in policy implementation? In Nigeria's context, National Tobacco Control Commission may not have been the best 'agent', although it has been institutionalized for the policy implementation by the Federal Government (the 'principal'). Though an encouraging move, institutionalization does not translate to effective policy implementation as tobacco control is a daunting task for a single organization. Therefore, existing health organizations with a similar regulation portfolio like NAFDAC and NDLEA could have been involved as implementation agents (Ukwuez et al., 2018). Consequently, during policy development, developing nations' policy proponents need to indicate the most suitable agents to be responsible with the implementation stage, hence, saving the government from an adverse selection of agents. This might not only excite immediate and innovative policy enforcement but will also help save cost.

Nigeria's Federal structure, democratization and decentralization of health policy initiative portend an excellent opportunity for the advancement of tobacco control. This is evident in the successful smoke-free Osun state legislation, enforcement of smoke-free law in Abuja and its diffusion to other States in Nigeria (Drope, 2011). This could be extrapolated to other developing nations with similar political structures, especially in Sub-Saharan Africa, hence, advancing global tobacco control and alleviating the global burden of NCDs.

Strength and limitations

This policy analysis is enriched by the generation of contextual insights using Kingdon model and its supplementation with Hall et al.' model and Steven Lukes' 'theory of power'. This study furnished a wholesome understanding of the NTCA policy process by permitting an understanding of the previous and current policy activities and associating different actors with roles through the Kingdon's streams. To the best of our knowledge, this study is the first to analyse NTCA using Kingdon's model, therefore, it proves the model's applicability in developing nations' policy analysis. Also, the use of Principal-Agent theory gave a rich understanding of the policy implementation which informed policy and implementation recommendations.

Though our data sources furnish an understanding of the tobacco control policy agenda-setting process and its implementation, its contentious and sensitive nature questions the ability of literature alone to capture the qualitative fullness of tobacco control policy. Therefore, in-depth interviews could be the best fit to complement literature. However, as a limitation, due to time-factor and the challenges of access in the current COVID-19 pandemic, this study did not incorporate in-depth interviews. Further studies could use in-depth interviews to capture more insight. Notwithstanding, this analysis furnishes a wholesome understanding of the NTCA policy process and makes insightful recommendations.

Conclusion

This article used the Kingdon Multiple Streams Model and the Principal-agent theory to analyse the agenda-setting process, adoption, and the implementation of the NTCA 2015 as a non-communicable disease control policy. The ratification of WHO FCTC, the increasing tobacco usage rate, its consequent deleterious health effects, and the socio-economic impact of NCDs treatment was considered legitimate problem necessitating the development of policy solutions. The policy solution, NTCA, though conforming to the WHO FCTC saw diverse oppositions including the subtle and obvious actions of the opponent policy actor, the BATN. However, an expected institutionalized event, a political election, opened the policy window resulting in the President's endorsement of the NTCA. This study suggests that irrespective of the factors that weaken the legislation and the opponent actors, the presence, support, and persistence of policy proponents, CSOs, NGOs and other advocates can keep an issue on the agenda for future policy reform and adoption. Nevertheless, some policy gaps were identified; lack of textual warnings revision and lack of pictorial warnings on cigarette packs, poor taxation, smokeless tobacco, and regulatory approval by the National Assemblies, hence, the poor policy implementation. Consequently, to effectively implement the NTCA, strategic recommendations to the Nigerian government include; empowering the Nigerian

Tobacco Control Commission with full regulatory autonomy and engaging more relevant agencies, increasing the tobacco taxation, establishing strong compliance of instituted bodies, officials, and agents in the complex implementation chain; review and prescription of new textual warning for cigarette packets by the FMoH, and the enforcement of the use of pictorial warning on cigarette packets. Also, the FMoH could institute surveillance, monitoring and evaluation committee to develop scientific leadership and track progress in policy implementation which likely, may spur further political actions. Fifteen years since Nigeria ratified the WHO FCTC, it is long overdue for Nigeria to implement the tenets of this framework not just legislatively but in the executive and administrative arm. Beyond Nigeria, there are lessons for other developing nations including the need for early identification and involvement of suitable agents to be responsible with policy implementation and the need for synergy among the government agencies, CSOs and other professional bodies at every stage of the policy process.

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