, E EA, CH , A.

B .

Tobacco use is the most important risk factor for non-communicable diseases (NCDs), and the world's largest preventable cause of illness and death. The WHO [1] indicated that tobacco kills nearly seven million people each year, of which more than 600,000 are non-smokers dying from inhalation of environmental tobacco smoke also called environmental tobacco pollution, or second-hand smoke. If no action is taken, tobacco will kill more than 8 million people every year by 2030, with more than 80% of these deaths attributed to inhabitants in low and middle-income countries. There are over 1.1 billion smokers in the world, and cigarette smoking is the most common form of tobacco use. Clearly tobacco use is a widespread and preventable public health problem with substantial impact on low- and middle-income countries.

The WHO-recommended “best-buys” interventions to address tobacco use include protecting people from tobacco smoke and banning it in public places; package warnings about the dangers of tobacco use; enforcing bans on tobacco advertising, promotion and sponsorship; and increasing taxes on tobacco. Formulating and

measures in South Africa and Togo. These policies were researched from government departments, international

interventions to address tobacco use as a major NCD risk factor, and to the major constructs (content, context, stakeholders and strategies) of the study conceptual framework.

C

Out of the 60 planned (30 in each country) interviews, 56 key informants were interviewed to assess the roles of stakeholders in tobacco control policy-making. In South Africa, 26 key informants were interviewed: 14 (54%) of them were male and 12 (46%) were female. In terms of duty stations, nine (35%) were working in Johannesburg, 13 (50%) in Pretoria, two (8%) in Cape Town, one (4%) in Germiston and one (4%) in Tzaneen. In Togo, 30 key informants were interviewed: 25 (83%) of them were male and five (17%) were female. In terms of duty stations, all were working in Lomé, the capital city. Table 3 presents, on matrix used to recruit them, the distribution of the key informants by affiliation in the two study settings.

1: H

A ?

Regarding policy content, a comparative analysis of the findings from both countries reveals that South Africa and Togo have both passed comprehensive national legislations on tobacco controls, which are almost compliant with the WHO Framework Convention on Tobacco Control [16] they both ratified in 2005. Togo passed one bill for tobacco control in 2010, whereas South Africa required four incremental pieces of legislation between 1993 and 2009. Both countries issued many regulations to put these laws into practice. The extent of implementation of the WHO recommended “best buy” interventions included in the tobacco control policies in both

countrie94tA0TD[(inter)F9.20009994a39(pa)-17(s-18.70e00002(ssed)-3

president's assent, the publication in the government gazette and proclamation of commencement. In Togo all these four actions were taken almost concomitantly. In both countries, tax increases on tobacco was the most difficult “best buy” interventions to adopt and implement, and the interviewees supported the challenges of government taxation efforts. For example, an academic official in South Africa indicated that taxation was a significant challenge, including keeping tax increases consistent with inflation. A health department official from this country indicated the challenges of the health department leading the implementation of tobacco taxes when the department does not have specific taxation expertise. In Togo, a Treasury Department official provided an example: when the department sent information to the tobacco industry about proposed tax increases, the tobacco industry responded by providing reports that tobacco con-

by scientist and minister of health Dr. Nkosazana Dlamini-Zuma who gave the opening speech in her capacity as a representative of the ANC. The stakeholder noted her presence and speech sent a strong message to the conference participants. The change in political land-

Sa i et al. BMC Public Health 2018, **18**(S l 1):962 Page 59 f 111

tobacco in the countries, not only in Togo. Now there is pressure from the tobacco industry. They are powerful people, clever, very strong who easily manage to corrupt."

D

The concept of four-by-four refers to the fact that the four major NCDs—namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes—share four major behavioural risk factors, which are tobacco use, unhealthy diet, physical inactivity and harmful alcohol use.

The WHO [19] postulated that to be effective, NCD prevention policies should focus on the four major modifiable risk factors of the four major diseases, be formulated and implemented through an MSA and be analysed from a political and organisational perspective of health policy analysis. The study findings are discussed from three standpoints: (a) soundness of the formulation and level of implementation of tobacco control policies in South Africa and Togo, (b) effectiveness of the use of MSA; and (c) extent of its understanding and use in these countries.

A

Results of the data analyses from document review and key-informant interviews showed evidence of formulation and implementation in South Africa and Togo of policies related to the WHO recommended "best buy" interventions to address tobacco use as a major NCD risk factor. The formulation of such tobacco control pol-

within sector compared to a single organization within a sector, and (c) the number or kind of sectors (e.g., as many as possible, specific key sectors, a minimum number of sector) that are most highly associated with effective and timely policy formulation and implementation.

E A A

As the first focus of global response to the challenge of NCDs, the 2011 United Nations High Level Meeting Political Declaration "recognizes that the rising prevalence, morbidity and mortality of NCDs worldwide can be largely prevented and controlled through collective and multi-sectoral action by all member states and other relevant stakeholders..." The WHO 2013–2020 Action Plan for the Prevention and Control of NCDs reiterated the MSA as cornerstone for NCD prevention at the population level. This plan also emphasised some "best buy" interventions for NCD prevention, including measures to reduce the four common risk factors of tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. Moreover, these attempts would deliver the greatest benefit in reducing population-level risks in a cost-effective manner.[19] The WHO (1998) has defined the Inter-Sectoral Action for Health approach as "a recognised relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone" [21

P bli hed: 15 A g 2018