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Analysis of tobacco control policies in Nigeria: historical development and application of multi-sectoral action

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Abstract

Background: Tobacco use is a major risk factor for non-communicable diseases and policy formulation on tobacco

Background

Tobacco use is a major risk factor for non-communicable diseases (NCDs) and has been on the rise in Nigeria.According to the 2012 Global Adult Tobacco Survey, 5.6% (4.7 million) Nigerian adults aged 15 years or older currently used tobacco products (10.0% of men and 1.1% of women). Furthermore, 3.7% (3.1 million) Nigerians cur-

references to policy changes, meeting minutes, activity reports and drafts of policy statements, internal and external memos, meeting agendas and other communications; academic journal articles; relevant donor or non-governmental organisation and development partner websites for NCD program reports; libraries and internet search engines [15]. Our focus was on the formulation and existence of federal government policy documents and legislation and we did not investigate policy implementation, or policies at the sub-national levels of government.

Research teams

Our study team comprised of the Principal Investigator, a doctoral student and research manager who attended series of workshops organized by the African Population Health Research Center on non-communicable diseases, health policy, research methods, data analysis, and report writing. The Principal Investigator (OO) has over 3 decades of experience in public health behavioural and policy studies with expertise in qualitative research. The doctoral student (MO) and research manager (OA) have over 10 years of experience in the conduct of public health qualitative and quantitative research studies.

The overall study team developed a toolkit to guide each research team in implementing the study. The tool kit includes description of the study background, the objectives and the procedures for document review, the data collection tool and how to pilot it at country level, ethical considerations, interviewing process, data management procedures and analysis. Data collection took place from June 2014 to September, 2015.

Document reviews

We searched three online databases (PubMed, Science direct, Google Scholar) and a search engine (Google) using search terms and syntaxes such as (Nigeria[tiab]) and (Tax or Smoke-free or advertising or promotion or sponsorship or information or warning or access) and (Tobacco) and (policy) and (Multi-sectoral Action). The search terms and syntax were modified for each electronic database to retrieve published articles and policy documents written in English Language with no date restrictions. We also contacted relevant key informants and stakeholders to identify other policy documents.

All relevant tobacco-related policies were easily accessed from the websites of government agencies and international partners such as the Tobacco Free Kids. However, minutes of meetings which may have provided more information on the extent of involvement or participation of partners in the policy development processes could not be accessed.

We conducted document reviews to describe the policy context and content, identify existing policies and gaps and understand the policy development processes in respect of best buys and multi-sectoral action.

The review covers specific tobacco control policies in

interview appointment and sent an information sheet to those that agreed to participate and subsequently, each interview was conducted for 35 to 50 min.

Only three of the intended policy actors could not be interviewed for various reasons. For instance the WHO Country Representative (international organisation) to Nigeria/designee could not be interviewed due to the exigencies of work associated with the control of the Ebola outbreak in Nigeria while the representative of a government sector stated that the research is of no importance to their ministry and refused to participate in the study. Policy actors especially government officials who participated in the development of current policies were interviewed, however for older policies developed before 1990, this could not be done.

Data analysis

All interviews were transcribed verbatim to Word files and saved with identification codes on password-protected servers. Data quality checks were ensured throughout data collection and transcription of the interviews. OO, MO and OA listened to the audio recordings and compared to the transcriptions to identify errors/discrepancies in the data. Transcripts were uploaded into the qualitative data management software NVIVO. The African Population and Health Research Center and our study team collaboratively developed a code book based on Walt and Gilson Framework of Policy Analysis [15] to guide coding and ensure consistent classification of themes. MO and OA jointly coded the data using this codebook.

We used thematic analysis [15] to code the documents and transcripts, guided by the key research questions. The extent to which multi-sectoral action was used was measured in two ways: nominal count of the sectors and their level of involvement (i.e. was voice of stakeholders repre-

2009.The British American Tobacco, Nigeria (BATN) according to tobacco control advocates and interviewees actively sought to halt its passage and prevent the bill from advancing to the committee stage. However, the vigorous efforts of civil society organisations countered those actions. The bill was then considered in a formal public hearing by the Senate Health Committee in July 2009 and received a major boost from Professor Babatunde Osotimehin, the former Minister of Health, and Senator Jibrin Aminu, a former minister, ambassador, two-time senator and chairman of the Senate Committee on Foreign Affairs, who publicly spoke out in support of the proposed legislation [23]. The bill also received strong support from many domestic and international civil society groups. Three Nigerian

Review results further show that two other policies: the

were made in respect of the 2014 Standard for Tobacco

Table 3 Scoring for multi-sectoral action in tobacco policy formulation

Sectors	1990 Tobacco Act and Decree	National Tobacco Control Act 2015	Standard for Tobacco and Tobacco products-specifications for cigarette 2014	National Policy 2013 and Strategic Plan of a vare(acco]1n)6a vare(acco]1n)6a vare(acco]1n)6

cover it, so you have a wider reach in terms of policy document and even in terms of implementation" [Official of Government Regulatory Agency].

"One of the benefits is ownership because we are bringing people along; everybody has a sense of belonging in the policy implementation. It is more successful, it faster and people see it as their policy, their programme because there is series of activities, and those activities are their activities ... so, there is sustainability". [Official of Federal Ministry of Health]

Barriers to multi-sectoral action

The summary below largely reflects findings from the key informant interviews with a focus on the 2015 Tobacco Act, and the 2013 National Policy and 2015 Strategic Plan of Action on Non-Communicable Diseases. Participants stated various barriers to bringing different sectors to work together including contentions with regards to the appropriate ministry or government agency to take the leadership position and drive the policy formulation process, resource allocation, joint coordination and funding of activities.

> "Let me say that tobacco policy brought together a lot of stakeholders majorly but ... at the ministry levels, it created rivalry. In many ministries, [felt they] should be in charge of certain aspects of the tobacco control bill and that created a lot of setback and also was a major factor in the 2009 tobacco bill not being accepted by Mr. President because of objection by certain ministries. One of the challenges was that who [which government ministry or agency] should be at the driver's seat" [Respondent 1 from Academic/ Medical Sector].

In addition, participants expressed resource allocation and funding including lack of clarity about mandates and mechanism for obtaining resources as a challenge which hindered multi-sectoral action as expressed below:

> For instance, using the XXX agency as an example now, the people told me we should work together with ABC [sector/ministry], but how do you work with ABC when your resources come differently? Any activity that we undertake, we have to provide the resources to do that, like lunch, money and also, if you have a multi-organisational or multi-agencies working arrangement. You are now saddled with the logistic arrangement because you have to agree on who is to do one thing and who is to bring what before you can do it [implement activities].Whereas, once [our agency is] determined that we want to do something, we take off and we do it. [Official of the Food regulatory agency]

> "I think the reason [for not involving all relevant sector] is possibly funding; you know to get a policy done is a lot of ceremony, getting a lot of stakeholders, various jurisdiction and various multi stakeholders. So, for now, we have articulated the entire policy cycle, how to start it and conclude it, but it has not yet started, it takes a minimum of possibly 3, 4 or 5 meetings with different stakeholders, various organisations, various interest groups, and then we have challenges due to potential conflicts of interest, as we are not supposed to involve the industries in the policy formulation." [Respondent 2 from Academic and Medical Sector].

> "Yes, we had challenges of funding [for the meetings] but we try our best to circumvent such ....that is in addition to the support from WHO and Campaign for Tobacco Free Kids" [Official of the Federal Ministry of Health].

Other challenges stated by participants include resources and the conflict of interest with regards to the modes of operation of the different sectors and their relationship with the tobacco industry.

> .... The Standard Organisation of Nigeria believes that the tobacco industries are stakeholders and therefore.... the tobacco industry must be present. Whereas the health ministry believes that it is a health issue and the industry has stood in the way of progress in the passage of the tobacco control bill. ... The Standards Organisation of Nigeria believes also that they should be in charge of regulation and that they are already lost within the tobacco act [i.e. no clear mandates with regards to their core functions] .....and there is need for a separate law [for regulation].[Respondent 2 from Academic and Medical Sector].

These findings highlight factors promoting and hindering the use of multi- sectoral action for the formulation and implementation of tobacco policies.

Extent of implementation of tobacco control policies in Nigeria

Prior to the enactment of the 2015 Tobacco control Act, the Nigerian Government implemented some activities/interventions based on the National Tobacco Control Act 1990. Specifically in this policy document, there was a ban on tobacco advertising, promotion, and sponsorship on radio, television and print advertising however, this was not enforced [23]. This supports findings from the Global Adult Tobacco Survey in Nigeria which showed that 21.5% of adults aged 15 years and over noticed any advertisement or promotion of cigarette marketing during the last 30 days [1]. Furthermore, the 2015 WHO Report on the Global Tobacco Epidemics lists Nigeria as one of the countries with a complete absence of ban, or ban that does not cover national television, radio and print [illegible]

a high proportion of young people exposed to secondhand smoke in public places ranging from 35% in Ibadan to 46.9% in Cross Rivers and 55.8% in Kano [2]. The 2012 GATS also found that the percentage of adults aged 15 and older exposed to tobacco smoke in government buildings, public transportation, restaurants, and bars in the 30 days preceding data collection were 3.5, 6.9, 7.9, and 7.2 respectively [1].

The 2014 Standard for Tobacco and Tobacco Products – Specifications for Cigarettes mandate that health information and warning occupy 50% percentage of the principal display area on the front and back panels of each cigarette pack [28]. However, compliance with this directive is inconsistent [31]. Furthermore, Nigeria relies only on the mandatory text-only warning and graphics are not placed on the tobacco packs [29,

traceable to government inaction especially inadequate funding from government to support the process of policy formulation and over dependency on donor Organisations reflecting a lack of sustained leadership and strong political support [39]. The use of the Walt and Gilson Policy Analysis Triangle for this study provided a rich descriptive analysis and narrative of the development of tobacco control policies in Nigeria. This is particularly useful in highlighting how policy issues emerged, how it was developed and the current status. To enhance understanding of the policy dynamics, it is useful to conduct an explanatory analysis using one or more policy process theoretical frameworks such as the Multiple Streams or Advocacy Coalition Framework and this is recommended for further tobacco policy research study [40]. A systematic assessment of the extent of implementation and enforcement of tobacco control policies in Nigeria falls outside the remit of this study and further research in this direction is recommended.

Conclusion

Overall, this policy analysis provides useful assessment of the national government's response to the adoption of global declarations and guidelines on tobacco control policy formulation and highlights areas needing attention. The findings of this study are pertinent especially in view of the resolve of the current government administration to strengthen tobacco control in Nigeria. Hence, findings could guide government and non-governmental organisations involved in policy making by drawing attention to issues needing major attention.

Recommendations

In line with objective 2 of the 2008–

Ethics approval and consent to participate

This study was approved by the University of Ibadan/University College Hospital Ethical Review Committee, Nigeria in 2013 before the commencement of data collection and the assigned reference number is UI/EC/13/0415. All respondents provided written consent to participate in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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References

1. Federal Ministry of Health. Global Adult Tobacco Suvery (GATS). Nigeria: Country Report; 2012.
2. Federal Ministry of Health. Global Youth Tobacco Survey for Nigeria, 2008.
3. International Agency for Research on Cancer and World Health Organisation. GLOBACON 2012, Estimated Cancer incidence, mortality and prevalence worldwide in 2012. http://globocan.iarc.fr/Default.aspx. Accessed: 5 Dec 2014.
4. World Health Organisation. Global status report on noncommunicable diseases: description of the global burden of NCDs, Their risk factors and determinants, 2010.
5. World Health Organisation. Framework Convention on Tobacco Control, 2003.
6. World Health Organisation, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, 2008.
7. World Health Organisation. 'Best Buys' and other Recommended interventions for the Prevention and Control of Noncommunicable Diseases, Updated (2017) Appendix 3 Of The Global Action Plan for the Prevevention and Control of Noncommunicable diseases 2013–2020.
8. Rasanathan K, Bennett S, Atkins V, Beschel R, Carrasquilla G, Charles J, et al. Governing multisectoral action for health in low- and middle-income countries. PLoS Med. 14(4):e1002285. https://doi.org/10.1371/journal.pmed.1002285.
9. Rasanathan K, Posayanonda T, Birmingham M, Tangcharoensathien V. Innovation and participation for healthy public policy: the first National Health Assembly in Thailand. Health Expect. 2012;15(1):87–96. https://doi.org/10.1111/j.1369-7625.2010.00656.x.
10. World Health Organisation. The European Tobacco Control Report, 2007.
11. Hoey L, Pelletier DL. Bolivia's multisectoral zero malnutrition program: insights on commitment, collaboration, and capacities. Food Nutr Bull. 2011; 32(2_suppl2):S70–81.
12. Arora M, Chauhan K, John S, Mukhopadhyay A. Multi-sectoral action for addressing social determinants of noncommunicable diseases and mainstreaming health promotion in National Health Programmes in