The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people annually in the world. Majority of these deaths occur in low- and middle-income countries (LMICs), particularly in Africa and the Middle East. Tobacco may be legal, but it is lethal. As stated in the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), “there is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests” because the tobacco industry produces a highly addictive and deadly product. The tobacco industry operates with the sole motive to increase profits, despite the devastating costs to population health and economic development. That is why Parties to the FCTC are urged to protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible. One of the essential components of a comprehensive global tobacco control strategy is the systematic monitoring of tobacco industry activities that undermine countries’ tobacco control policies and programs at all levels of government. Article 5.3 of the FCTC urges Parties to protect their public health policies relating to tobacco control from commercial and other vested interests of the tobacco industry in accordance with national law. Furthermore, Guidelines on Article 5.3 contain recommendations on how governments can achieve tobacco industry monitoring. Unfortunately, Africa is home to many major tobacco-producing countries such as, Malawi, Mozambique, South Africa, Zambia, and Zimbabwe as well as a major market for tobacco products especially cigarettes. Despite evidence that there is significant progress in tobacco control worldwide, progress in compliance in Africa has been slow. Countries such as Eritrea, Malawi, and South Sudan have not yet signed nor ratified the FCTC despite being the major producers and consumers of tobacco. Nonetheless, some important progress towards strengthening the effective implementation of the WHO FCTC in the Africa Region have been made.

The Index report recommends full implementation of Article 5.3 of the WHO FCTC and it guidelines in order to combat interference by the tobacco industry, particularly on the maneuvering of the tobacco industry to hijack the political and legislative process, exaggerating the economic importance of the
tobacco industry, manipulating public opinion to gain the appearance of respectability, fabricating support through front groups and intimidating governments with litigation or the threat of litigation. In line with Article 5.3, the index calls on African countries to limit interactions and disclose all meetings with the tobacco industry, reject partnerships and non-binding agreements with the industry, refuse funds, sponsorship and other forms of support, and reject industry endorsement and participation in youth initiatives.

Key Findings

1. There was improvement and deterioration in country performances:
Zambia and Tanzania top the list in Africa with the highest level of tobacco industry interference on almost all indicators among the fourteen countries in 2021; as compared to the ranking of countries in the 2020 global index. Ethiopia dropped by 17% (from 42 to 49), and although modest, Ghana improved in 2021 (from 58 to 56).

2. Increased CSR enabled interaction with governments:
The tobacco industry stepped up corporate social responsibility (CSR) activities during the COVID-19 pandemic. The industry exploited opportunities provided by the pandemic to engage with government bodies and capitalized on the vulnerability of several African governments facing a shortage of resources during the pandemic.

3. Policy development was influenced:
Zambia, Tanzania and Nigeria had the highest tobacco industry influences on governments in policy development.

4. Interactions with the tobacco industry were not transparent:
Despite countries putting procedures in place to guide officials to report all meetings with the tobacco industry, a lack of transparency persisted to facilitate deals with the tobacco industry and was most significant in Zambia, Senegal, Mozambique and Cote d’Ivoire.

5. The industry received privileges from governments:
The tobacco industry benefitted through incentives from governments in many African countries. Tanzania, South Africa, Ethiopia, Gabon and Zambia top the list and received a variety of benefits including delays in tax increment or tax breaks for the industry, “endorsement” of sponsorships and promotion of the tobacco industry.

6. Countries continued to maintain unnecessary interactions with the industry:
The tobacco industry, in at least five countries, engaged in high levels of unnecessary interactions with governments. These took the form of trade and partnerships, enforcement of laws, social activities and economic development agenda.
Governments do not adequately address conflicts of interest:
There are instances of current and former public officials working for and in the interest of the tobacco industry. The industry influences public policy through what is dubbed as a “revolving door”, where former or current government officials take up jobs in the tobacco industry and vice versa.

Countries need adequate measures to prevent industry interference:
Botswana made progress by publishing its tobacco control law which prohibits collaboration with the tobacco industry. Countries such as Zambia, Tanzania, Senegal, and Mozambique have neglected to firewall their tobacco control efforts and have been particularly vulnerable to high levels of industry interference. No formal procedures to disclose and record interactions with the tobacco industry and its representatives exist.

Fourteen African countries participated in the survey and have been ranked as shown in Figure below. The higher the score, the poorer the performance of a country’s government to deal with tobacco industry interference.
Recommendations

1. **Denormalise and ban tobacco-related CSR activities:**
The tobacco industry should be excluded and not be recognized as a stakeholder at any level or stage of health measures including the COVID-19 pandemic and social policy development.

2. **Disclose and communicate interactions with the tobacco industry:**
Clear communication and disclosure should be made to clarify the motivations of funding of research institutions, academics, and scientific studies to prevent unseen biases in science on which policy may be based. This should also be applied to nongovernmental organizations, business and trade associations, consumer groups, think tanks, professional associations and others seeking involvement or input in tobacco control policies.

3. **The Protocol to Eliminate Illicit Trade in Tobacco Products should be ratified:**
Countries in the region that have not ratified the Protocol to Eliminate Illicit Trade in Tobacco Products should do so as soon as possible to protect their tobacco control efforts from interference by the tobacco industry.

4. **Tobacco control sensitization should be intensified:**
Efforts should be made to increase awareness raising among all sectors of government on the obligation to protect tobacco control policies and what they can do to counteract industry interference.

5. **Governments must ensure transparency in interactions with the tobacco industry:**
All actions, communications and interactions between the government and the industry should be transparent.

6. **Governments should adopt a code of conduct for dealing with the tobacco industry:**
Countries in the African region should adopt a code of conduct that protects officials from industry influence and limits interactions to only when strictly necessary. Alternatively, countries should strengthen their tobacco control law with a provision on Article 5.3 as Uganda and Botswana have done.

7. **Governments should enforce their tobacco control laws:**
Government should be more committed and engaged to stop tobacco industry interference. In Kenya, for example, it is recommended that action be taken on tobacco industry players and public officials who continue to flout the provisions protected tobacco control policies from tobacco industry interference (Part V of Tobacco Control Regulations (TCR) 2014, Tobacco Control Act 2007 and Article 5.3 of the WHO FCTC).