Ambiguity, Resistance, and Change: Tobacco Control Policy-Making in South Africa and Mauritius

by

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Abstract

This thesis seeks to understand and explain the process of tobacco control policy making in Mauritius and South Africa. It does so by drawing on an analytical perspective that takes insights from multiple theories of the policy process. This dissertation explains how the interplay of agendas, institutions, ideas, and interests affect the processes and mechanisms of tobacco control policy making in South Africa and Mauritius. Through a historical process tracing and comparative case studies, this dissertation seeks to better understand the critical roles of anti-tobacco interest groups, national and global epistemic communities, tobacco control ideas, government turnovers, and policy entrepreneurs in the adoption of tobacco control policies in the face of industry resistance. Tracing the historical evolution of tobacco control policies in South Africa and Mauritius reveals that embedded opposition from vested interest groups at every stage of the policy process complicates responses to the tobacco issue. Despite these embedded difficulties, these case studies demonstrate how a confluence of scientific and economic ideas, institutional capacity, political commitment, and tactical problem definitions led to stringent tobacco control policies. The two case studies remind us of the importance of timing for policy intervention, as tobacco control policy in South Africa was not implemented until the 1990s, despite the overwhelming domestic and global evidence of the carcinogenic properties of tobacco. Similarly, Mauritius did not adopt a proper tobacco control program until the mid-1990s, when the Mauritius Labour Party (MLP) won office with a tobacco control agenda.

Preface

This thesis is an original work of Owuraku Kusi-Ampofo. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board under the Project Name "Ambiguity, Resistance, and Change: The Politics of Tobacco Control Policy-Making in South Africa and Mauritius", No. Pro00054405 on May 7, 2015.

Dedication

To Lennox, my little seed of hope

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List of Abbreviations

ACF	Advocacy Coalition Framework
ANC	African National Congress
ATCA	African Tobacco Control Alliance
ASH:	Action on Smoking and Health
ATSA	African Tobacco Situational Analysis
BAT	British American Tobacco
CANAM	Cancer Association of Mauritius
CANSA	Cancer Association of South Africa
CCA	Cancer Council Australia
CDC	Centers for Disease Control and Prevention
ETCP	Economics of Tobacco Control Project
ETS	Environmental Tobacco Smoke
FCTC	Framework Convention on Tobacco Control
FEDHASA	Federation of Hotel, Liquor, and Catering Association of South Africa
FTC	Fortune Tobacco Corporation
GDP	Gross Domestic Product
GTSS	Global Tobacco Surveillance System
GTRN	Global Tobacco Research Network
GYTS	Global Youth Tobacco Survey
GSHS	Global School-Based Student Health Survey
HI	Historical Institutionalism
HSFSA	Heart and Stroke Foundation South Africa
ICOSI	International Committee on Smoking Issues
IDRC	International Development and Research Center
IRC	Institutional Rational Choice
IMF	International Monetary Fund
INFOTAB	International Tobacco Information Center

ITC	International Tobacco Control
IUAC	International Union Against Cancer
LP	Labour Party
MHF	Mauritius Heart Foundation
MLP	Mauritian Labour Party
MMA	Mauritius Medical Association
MMM	Mauritian Militant Movement
MSA	Militant Socialist Movement
MRC	Medical Research Council
MIH	Mauritius Institute of Health
MOH&QL	Ministry of Health and Quality of Life
MSF	Multiple Streams Framework
NAPT	National Action Plan on Tobacco
NATIONS	National Tobacco Information Online System
NP	National Party
NPF	National Policy Forum
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NCAS	National Council Against Smoking
PM	Philip Morris
PMXD	Mauritian Party of Xavier-Luc Duval
PEF	Punctuated Equilibrium Framework
PNA	Policy Network Approach
PPHN	Progressive Primary Healthcare Network
RASA	Restaurant Association of South Africa.
TAG	Tobacco Action Group
TANIC	Tabacalera Nicaraguense S.A.
TMA	Tobacco Manufacturers Association
TISA	Tobacco Institute of Southern Africa
TFI	Tobacco Free Initiative
UN	United Nations

UNICEF	United Nations Children's Fund
WB	World Bank
WCTOH	World Conference on Tobacco or Health
WHO	World Health Organization
WHS	World Health Survey
WLF	World Lung Foundation
SAMC	South African Medical Council
SABC	South African Broadcasting Corporation
SIDA	Swedish International Development Agency

Chapter One
Introduction

1.1 Context of Study

Over the past four decades, tobacco control has become one of the most important public health policy issues in Mauritius and South Africa. Anti-tobacco groups have made significant strides in both countries. Before the 1990s, the tobacco industry dominated the policy arena in both countries, largely due to the cultural acceptability of smoking. Worldwide, tobacco has been associated with positive attributes such as glamour, pleasure, elegance and intelligence (Cook, 2012). In the 1970s and 1980s, the tobacco industry marketed smoking as a symbol of women's emancipation, independence, and social assertiveness (Kaufman & Nichter, 2010; Amos & Haglund, 2000). In the United States, for example, the 1970s witnessed an aggressive marketing of brands of cigarettes aimed at women, such as Philip Morris' (PM) "Virginia Slims" line, promoted by the most aggressive and extensive marketing campaign in the company's history, with slogans such as "You've come a long way, baby" and "Be You" echoing women's liberation and freedom (Kaufman & Nichter, 2010; Amos & Haglund, 2000). It was commonplace to see smoking advertisements in women's magazines, including *Vogue, Vanity Fair*, and *Harper's Bazaar* (Tilley, 1985). Often, these advertisements would correlate women's advancement in society to smoking.

Kaufman and Nichter (2010, p. 118) have observed that women's bodies were used to market cigarettes in the Philippines in the 1980s and 1990s, when the Fortune Tobacco Corporation's (FTC) advertising sexualized women by exposing their cleavage to create an erotic appeal. In South Africa, Benson and Hedges targeted young black women with commercials that depicted the courage and sexuality of black women. One such advertisement in the 1990s

featured a young black woman seated with a black man, and the black woman accepting a cigarette from a white man. The ad read: "share the feeling, share the taste" (Amos & Haglund, 2000, p. 6), a slogan that used the social discourse of racial unity to promote the company's profit motives. In Mauritius and South Africa, these "false positive" attributes of tobacco were sustained until the 1990s. However, since the rise of anti-tobacco groups in South Africa and Mauritius in the 1980s and 1990s, respectively, tobacco control policies have generated serious political battles, legal suits, ideological clashes, and policy contestations among vested policy actors. The rise of active anti-tobacco civil society groups, evidence-based policy advocacy, and local and international epistemic communities in both countries has helped to disrupt the tobacco industry's dominance in the policy debate.

This dissertation seeks to investigate and explain the influences on the development of tobacco control policies in Mauritius and South Africa. However, this work explains not only the processes that precipitated policy changes in both countries, but also the long periods of policy stability or inertia that preceded those changes. This policy puzzle is at the heart of my investigation of tobacco policy development in South Africa and Mauritius over a thirty-year period. It is against this backdrop that this project seeks to answer the following questions: first, how did tobacco control rise to the status of government policy agenda and eventually become a policy in Mauritius and South Africa? Second, what explains the convergence of tobacco control policies in Mauritius and South Africa, despite noticeable differences in legal and political systems, structural positions in the international system, different levels of tobacco production, and differences in population size and composition?

This dissertation does not intend merely to establish policy similarities, but demonstrates, via a "thick" comparative case analysis, how these policies have converged rather than moving in parallel over time, as Studlar (2002) has similarly observed in comparison of Canada and the USA. As Seeliger (1996) points out, researchers must establish "change in difference overtime" (p. 289) in order to determine policy convergence across different institutional configurations. Otherwise, according to Studlar (2002), claims of policy convergence would simply be reduced to establishing which country was first to adopt the policy. Examining tobacco control policies through a thick comparative case analysis provides a robust understanding of the dynamics of policy change and the amount of convergence or divergence that have occurred in each country's policies over time.

In effect, this project is designed not to evaluate the effectiveness of tobacco control regulations in South Africa and Mauritius but to explain the processes of tobacco control policy change in both countries over time. In order to understand the multiple causal factors and agenda dynamics of each country's respective policy process, this thesis draws on multiple theories of the policy process and on the comparative case-study method to explicate the variations and patterns in both countries' policies over time. This comparative case study is appropriate because it involves elements of policy stability and change. These cases also provide opportunities to understand policy change as a multidimensional configuration of actors and political system at the micro,[1] meso,[2] and macro[3] levels. While seeking to understand and explain tobacco control

[1] At the micro level, policy researchers examine and interact on a one-on-one basis with individual policy makers and individual actors with interest in policy making.

[2] At the meso level, policy researchers are interested in investigating the interactions among groups and coalitions in the policy making process. Therefore, meso level policy inquiry seeks to examine the variations in a coalition's beliefs, norms and preferences, and how those sets of beliefs are articulated within a particular policy domain.

policy development in South Africa and Mauritius, this study explains the differences and similarities, if any, in both policies in order to examine how institutional properties, policy ideas, and material interests affect the processes of tobacco policy development. More so, this dissertation not only establishes similarities and differences in each country's policies over time, but uses those similarities and differences to advance the broader public policy literature on the factors that influence policy changes, such as ideas, institutions, interests, and agendas, and on the scope and time of these changes. There are striking similarities between the two cases studies, and their policies have been converging over time. Nonetheless, there are also differences, which make this study challenging and fascinating.

1.2 The "So What" Question

Despite the worldwide scientific consensus on the negative health effects of tobacco smoking, it is still a commodity that is legally traded and sold globally. Tobacco is one of the most profitable consumable commodities sold freely on the open market, even despite its soaring death toll globally. The labour intensive nature of cigarette processing makes the industry a source of employment for a significant number of people in most tobacco-producing developing countries. Unlike alcohol, cigarettes are widely known to be the only readily available product that, when used as intended, will result in the death of half a percentage of its consumers. Tobacco smoking continues to kill approximately 7 million people worldwide and causes more than half a trillion dollars in economic damage each year. Governments and households across the world lose over $1.4 trillion through healthcare costs and lost productivity (WHO, 2017a).

[3] At the macro level, public policy researchers are interested in examining the influence of social and institutional structures on policy outcomes within a particular country or across countries over time. Macro level analysis can be directed at examining the influences of global norms and ideas on a nation's domestic policy preferences.

The Director General of the World Health Organization (WHO), Dr. Margaret Chan, explains this point as follows:

> Tobacco exacerbates poverty, reduces economic productivity, contributes to poor household food choices, and pollutes indoor air…. But by taking robust tobacco control measures, governments can safeguard their countries' futures by protecting tobacco users and non-users from these deadly products, generating revenues to fund health and other social services, and saving their environments from the ravages tobacco causes. (WHO, May 30, 2017a, World No Tobacco Day).

Tobacco use killed over 100 million people in the twentieth century and the death toll is estimated to be a billion by the end of the twenty-first century (WHO, 2016). By 2020, tobacco use is expected to cause approximately 8 million deaths worldwide with 70% of these occurring in developing countries if nothing is done to curb these trends (WHO, 2008). Tobacco is increasingly becoming a problem in developing nations, with the burden of tobacco-related deaths and illnesses the heaviest in these countries (WHO, 2017a). The number of cigarettes consumed in developing countries rose from 1.1 billion in 1970 to 3.4 billion in 2000 (Guindon & Bosclair, 2003, p. 11).

In the past fifty years, the public health view of tobacco has evolved, with a consensus focusing on the health dangers associated with tobacco use. Despite the enormous scientific evidence for the hazards of cigarette consumption, there is still a significant gap in most countries between the extent of the tobacco problem and governmental policy responses (see, for example, Cairney, Studlar, & Mamudu, 2012). Although most countries in the industrialized world have continued to record substantial reductions in tobacco use in recent years, the opposite is the case in most developing countries, partly due to the lack of strong tobacco control laws (Drope, 2011). With the exceptions of those in Mauritius and South Africa, tobacco control policies in most of the few developing countries that have them are either dysfunctional or

ineffective. For this reason, this dissertation seeks to explain the political processes that occasioned the development of comprehensive tobacco control policies in Mauritius and South Africa over the last three decades.

Conceptually, studying the policy process of tobacco control in South Africa and Mauritius will help to open a new analytical avenue for understanding the challenging task of explaining policy stability and change due to the multiple causal factors that influenced tobacco control policies in Mauritius and South Africa. Understanding the roles of these causal factors in the policy-making processes of Mauritius and South Africa allows for a deeper understanding of tobacco control policy making.

This type of comparative public policy research is important for several reasons. First, it provides an opportunity to conduct a robust theoretical and empirical investigation of policy changes in two different countries. Second, this methodological approach allows study of the similarities and differences that exist in the development of these policies. Third, this project has real public health policy implications, not only in the countries under review, but in general and in emerging democracies in which tobacco use is increasing. Finally, synthesizing different theories of the policy processes of different countries is a better way to understand complex and nuanced problems than the use of research strategies that use only one theoretical lens for two different institutional settings.

1.3 Understanding Stability and Change

Stability and change have become a dominant pattern of most policy subsystems. However, what constitutes stability and change in the policy process still presents an analytical conundrum for scholars of public policy. Change, in a general sense, can be defined as the

"empirical observation of difference in form, quality, or state over time" (Van de Ven & Poole, 1995, p. 512). Capano and Howlett (2009a) believe that "policy change occurs when the intrinsic properties (quality, form, state, processual logic, content) of a specific public policy have undergone change over a course of time" (p. 4). Studlar (2009) has also defined policy change as the "movement of policy over time" (p. 733). Peter Hall's (1993) article "Paradigms, Social Learning, and the State" distinguishes between "first", "second" and "third" order policy changes. First-order change is characterized by routine adjustments to existing policies; second-order change affects the policy instruments used to achieve shared goals; and third-order change is a shift in policy goals or paradigm shift leading to a substantial redirection of the locus of power and authority. Hall's explanation of policy change shares some similarities with Baumgartner and Jones' (1993) "punctuated equilibrium framework" because they both focus on explaining policy stability and change. Both theories try to understand and explain the forces that induce policy stability and the factors that must come together before a paradigmatic change to a policy can take place.

In *Agendas and Instability in American Politics,* Baumgartner and Jones (1993) tested their "punctuated equilibrium framework" (PEF) for policy stability and change by placing the policy process on a "dual foundation of political institutions and bounded rational decision making" (True, Jones, & Baumgartner, 2007, p. 156). The process of policy making, according to Baumgartner and Jones (1993), is characterized by stability and incrementalism, but it occasionally produces large-scale departures from the past. Hall (1993) further notes that paradigm change is more associated with policy anomalies and failures of existing paradigms. In contrast, Howlett (1994) believes that policy anomalies or failures are rarely evident and that "it is no simple matter to identify an anomaly, nor to judge on purely epistemic grounds when a

paradigm should be abandoned" (p. 642). Therefore, a shift in the policy venue and actor configuration is necessary for negotiating a paradigm shift in policy. For example, Howlett's study of aboriginal policy governance in Canada reveals that paradigm change was possible because of a shift in policy venue from the policy subsystem to the legal system (1994, p. 641). In the case of Mauritius and South Africa, the evidence presented in Chapters Five, Six, and Seven shows how changes[4] in government in both countries in the 1990s led to the inclusion of influential and resource-equipped anti-tobacco actors in the tobacco control policy subsystem,[5] so that the balance of power shifted decidedly in favour of tobacco control.

Theories of incremental policy change, such as historical institutionalism, recognize the complexities of policy formation, the interactions of multiple causal variables, and the critical junctures or decisions that set in motion path dependencies that rule out different options in future policy decisions. Historical institutionalists understand that behaviour, attitudes, and strategic choices take place within certain historical, social, political, and economic contexts, and that past decisions can lock in future decisions (Steinmo, 2008). Institutional legacies, in turn, reinforce future policy developments based on the distribution of power between the initial winners and losers in those institutions (Pierson, 2000, 2004). As Silja Häusermann (2009)

[4] Some scholars have examined factors such as the impact of legislative turnovers in policy change or policy making (see Kingdon, 1995; Kusi-Ampofo, Church, Conteh, & Heinmiller, 2015). In "Selling the British Rail: An Idea Whose Time Has Come?" Zahariadis (1996) systematically demonstrated how the outcomes of the 1974, 1979, 1987, and 1992 elections opened a window of opportunity for the privatization of British Rail. Similarly, Lazar, Lavis, Forest, and Church's (2013) study of healthcare reforms in Alberta, Quebec, Ontario, Saskatchewan, and Newfoundland and Labrador found that in all five provinces, changes in government and/or in party leadership played a major role in healthcare reform.

[5] The policy subsystem can be defined simply as an interactive network of policy actors, advocacy groups, interest groups, legislatures, and government officials with both material and non-material interests in a particular policy issue. A detailed theoretical explanation of the policy subsystem is provided in Chapter Two.

explained, the winners of newly created institutions do not only reap the benefits, but also entrench their interests by taking on key roles in the management of those institutions.

Institutions create and produce their own beneficiaries and political actors. New beneficiaries entrench their influence by exploiting different venues of power within the institutional structure. Actors in the policy domain are at times able to effect shifts in the direction of a stable policy regime (see Baumgartner & Jones, 1993; Dudley & Richardson, 1996; Mintrom & Vergari, 1996; Pralle, 2003; Meijerink, 2005). Such alterations are mostly due to exogenous[6] factors or shifts in the policy venue (see True et al., 2007; Sabatier & Weible, 2007; Howlett, 1994). For example, South Africa's and Mauritius' respective changes in government in 1994 and 1995 were external to the tobacco policy, but greatly influenced each country's tobacco control policy development. Another exogenous influence was the global wave of health promotion and healthy public policy[7] in the 1980s and 1990s, which led to a shift in the national mood in favour of tobacco control. The problem, however, is that, in PEF, it remains unclear whether a change is considered major and not just the order of the day, or when a shift in policy outcomes is considered sudden or transformative (see van der Heijden, 2013).

An emerging trend in the literature of stability and change seeks different explanations from those of Baumgartner and Jones (1993) and Hall (1993) for policy changes. For example, in *Beyond Continuity*, Streeck and Thelen (2005) paid particular attention to some of the hidden facets of gradual but transformative policy changes, because such changes eventually led to

[6] Exogenous factors are outside the policy domain and often cause dramatic changes to policies. Some exogenous factors discussed in this project include legislative turnovers, changes in government leadership, economic or public health crises, and global forces that have direct or indirect effects on policy outcomes. On the other hand, endogenous factors are internal to the policy subsystem. Some endogenous factors mentioned in this project include advocacy formation, interest groups, and policy-oriented learning.

[7] Healthy public policy is broadly used to mean an "explicit concern for health and equity in all areas of policy…." (WHO, 1988).

alterations of the status quo. In *Explaining Institutional Change*, Mahoney and Thelen (2010) presented four distinct approaches to gradual transformative changes: layering, "the introduction of new rules on top of or alongside existing ones"; conversion, "the changed enactment of existing rules due to their strategic deployment"; drift, "the changed impact of existing rules due to shifts in the environment."; and displacement, "the removal of existing rules and the introduction of new ones" (pp. 15–16). Häusermann (2009) and Boothe (2015) have built on Streeck's and Thelen's (2005) institutional change analysis to study the process by which gradual but transformative policy change is achieved. In her study of the pace of change in pharmaceutical insurance in Canada, Boothe (2015) focused on the process and results of change by distinguishing between abrupt, radical, slow, and incremental processes of change. Häusermann (2009), on the other hand, has expanded on Streeck and Thelen's (2005) gradual transformative change in her research on German pension reforms, and conceptualizes policy change as a constantly changing configuration and reconfiguration of actor alliances.

This dissertation contributes to policy change literature by outlining the elements of stability and gradual transformative change in, and the integration of international tobacco control norms into, South Africa's and Mauritius' tobacco control policies. As discussed in Chapters Five, Six, and Seven, both countries' policies were stable for decades, but were dominated by the tobacco industry and supported by government inaction. However, with changes to each country's political system in 1994 for South Africa and 1995 for Mauritius, the stable policy domain that favoured the tobacco industry was reversed in favour of tobacco control. Since then, the policy subsystem has been implementing incremental changes which, gradually over time, have transformed both countries' tobacco control policies.

1.4 Understanding Policy Change as a Process

Many political science scholars have paid attention to the processes of policy change (see eg., Lindblom, 1959; Schattschneider, 1960; Bachrach & Baratz, 1963; Hall, Land, Parker & Webb, 1975; Kingdon, 1984, 1995; Zahariadis, 2003, 2007; Sabatier & Jenkins-Smith, 1993; Baumgartner & Jones, 1993). Public policy scholars have also examined all possible independent variables that factor into policy change, such as ideas, interests, institutions, electoral factors, globalization, or socioeconomic conditions (see Capano, 2009; Capano & Howlett, 2009b; Zohlnhöfer, 2009; Real-Dato, 2009; Heikkila, Pierce, Gallaher, Kagan, Crow & Weible, 2014). Nonetheless, research into policy change opens up multiple casual explanations (see Capano, 2009; Howlett & Cashore, 2009). Therefore, my investigation seeks to understand the interplay of ideas, institutions, and interests in tobacco control policy development in Mauritius and South Africa.

To answer questions as to why, how, and when policy changes occur, public policy scholars risk falling into one conceptual pitfall or the other. For instance, public policy scholars debate over at which level of conceptual abstraction a change in policy can be classified as incremental or radical. Another conceptual problem in public policy literature is distinguishing radical change from incremental change when, in reality, most radical change is an accumulation of minor/incremental changes (Boothe, 2015).

Time and the scope of policy change are another conceptual challenge in policy analysis, which raises questions such as the extent to which time is an important factor in policy change and the most ideal time frame from which to fully study the dynamics of policy change (see Capano & Howlett, 2009a). These questions and others continue to generate scholarly debate and contestation. For scholars such as Sabatier, a ten-year time period is the minimum time frame

from which to study the process of dynamic policy change. Taking the discussion further, Capano and Howlett (2009a) believe that the different conceptualizations of change found in the policy literature can be reduced to four general theoretical perspectives: cyclical change, in which a change occurs but the status quo eventually returns; dialectical change, in which change occurs through the process of negotiation and synthesis; linear change, in which change occurs in an evolutionary fashion without any clear endpoint; and teleological change, in which change occurs in a direction of a final identifiable goal state.

Despite the vast literature on policy change, understanding the pace of public policy development over time requires a deeper understanding of the dynamic process of agenda setting and the independent variables that affect the process of change, precisely the interplay of ideas, institutions, and interests. Thus, the empirical chapters of this study, Chapters Five, Six, and Seven, present a robust theoretical contribution to the literature of policy change by viewing policy change as a multi-dimensional process in which different actors pursue different goals and different independent variables cause change over time. In the case of tobacco control policy-making in Mauritius and South Africa, the three main independent variables were institutions, ideas, and interests, which are systematically examined in this project to show how their interaction affects the processes of policy change.

Notwithstanding the efforts of policy scholars to robustly explain policy change and policy stability over time, few of the existing policy frameworks or theories can simultaneously explain policy stability and change. For example, Baumgartner and Jones's (1993) PEF "punctuated equilibrium" presents a framework that can explain policy stability and change over time, but because this theory was primarily designed for the American political system, it does not adequately explain policy changes in developing democracies whose political systems are

different. Because one framework alone does not work, this study draws on multiple theories of the policy process to explain the dynamics of policy change in Mauritius and South Africa, by synthesizing major public policy theories with the sole aim of explaining the multifaceted dimensions of tobacco control policy change in both of these countries.[8]

1.5 The Global Tobacco Control Movement and Tobacco Industry Tactics

This project is situated within the global context of tobacco control politics and draws on tobacco industry documents[9] to understand the industry's strategies to undermine tobacco control globally. Following that, it looks briefly at how transnational anti-tobacco advocacy groups have resisted the tactics of the tobacco industry. In the field of global health, the tobacco industry has often employed diverse tactics, some of them ruthless, in their pursuit of corporate profit. These tactics include, but are not limited to:

- using the industry's resources to intimidate governments across the world, especially in developing countries;
- creating and sponsoring pro-tobacco groups to give the impression of public support (astroturfing);
- clandestinely influencing public discourse on tobacco to focus on rights and liberties rather than health;
- creating doubt about scientific evidence;
- sponsoring political campaigns;
- sponsoring scientific publications to dispute the health hazards of smoking;
- signing memoranda of understanding with national governments; and
- delaying and disputing tobacco control efforts by national governments.[10]

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[8] A detailed explanation of the use of seemingly contradictory or competing theories in constructing a synthetic theoretical framework for this project is provided in Chapter 2, which argues that there is a great number of policy lessons to be learned from theoretical dissonance.

[9] For a detailed comparison of the Minnesota depository and internet access, see Balbach, Gaisor and Barbeau (2002), and Malone (2002).

[10] See Sweda & Daynard (1996); Saloojee & Dagli (2000); Collin, Lee, and Bissell (2002); Bero (2003), Hiilamo (2003); Muggli & Hurt (2003).

In Mauritius and South Africa, the tobacco industry distributed free cigarettes to young people on university campuses, and sponsored sports and music events, such as the Cape to Rio Yacht Race, the Cape Town Symphony Orchestra, the South Africa premier horse race, Rothmans July Handicap, and the Benson and Hedges cricket events (see Malan & Leaver, 2003) with the goal of promoting smoking to attendees, before the government attempted to control tobacco in 1993. The industry also gave out bursaries to students and actively participated in donations to HIV/AIDS awareness campaigns (Ucko, 2015). These sponsorships and philanthropic activities helped to perpetuate a positive image that was, on the whole, undeserved.

The release of the tobacco industry's previously secret internal documents into the public domain in the 1990s has provided opportunities to study and understand its modus operandi. These documents predominantly focused on seven major cigarette manufacturing companies and two affiliated organizations: Philip Morris Incorporated, RJ Reynolds Tobacco Company, Brown and Williamson Tobacco Corporation, British American Tobacco, Lorillard Tobacco Company, the American Tobacco Company, the Ligget Group, the Tobacco Institute, and the Council for Tobacco Research.[11] Since the release of these documents, scholars interested in tobacco control have taken a critical look at the tactics of the tobacco industry (Malone & Balbach, 2000; Pollay, 2000; Saloojee & Dagli, 2000; Ling & Glantz, 2002; Bero, 2003; Bond, Daube, & Chikritzhs,

[11] The documents are voluminous, with millions of pages, are poorly indexed, and were released over different time periods and in different locations. The first document was released by a whistleblower and led to the publication of articles in the New York Times (see Bero, 2003). Additional internal documents were subsequently released during US congressional hearings. In 1998, subsequent documents were released through court orders in Minnesota. Some of these documents are stored in depositories in Minnesota and Guildford, England (Bero, p. 2003). About 14 million pages of these documents are archived at the University of California, San Francisco/Legacy site, while another 33 million of the tobacco industry's documents are archived online at Tobacco Documents Online. Together, these documents have provided unprecedented insight into the secret machinations of the tobacco industry across the world. As such, we now have a fairly good understanding of how the tobacco industry operates and the strategies it employs to undermine or evade tobacco control at the national and global levels.

2010).[12] Bero (2003) has identified eight main tactics that global tobacco companies have used to evade or undermine tobacco control:

> First, deceive the public and policy makers; second, hide information from the public and policy makers; third, create controversy; four; involve lawyers in decisions - from scientific research to marketing to public relations; five, use third parties or front groups to hide political lobbying and public relations activities; six, coordinate actions and communication among tobacco companies globally; seven; influence practices/ procedures that affect a variety of corporate interests; eight, use financial ties with other companies to pressure those organizations to support tobacco industry. (p. 268)

Not only does the tobacco industry strategize to influence and undermine the tobacco control efforts of national governments, but it has also worked hard to compromise the work and staff of the WHO, the World Bank and other regional intergovernmental organizations in their favour.[13] Mamudu, Hammond, and Glantz (2008), for instance, have analyzed over 1000 tobacco industry documents, which revealed that the tobacco industry attempted to influence the World Bank and WHO tobacco control program. According to Mamudu and colleagues, the tobacco industry attempted to undermine the 1999 World Bank report on the economics of tobacco control and the WHO FCTC in 2003 by hiring public relations firms and sponsoring what they called "independent academics" to critique the World Bank report. The industry also worked behind front groups such as the International Tobacco Growers Association to dispute the World Bank findings. Furthermore, in order to penetrate the ranks of the World Bank, British American Tobacco (BAT) developed a World Bank and IMF lobbying program, and by 1997, BAT had

[12] Lisa Bero (2003, p. 269) has described in detail the methodological challenges that face researchers searching for documents in the tobacco document depositories. Visiting the document depositories "is not like visiting a public library. Elaborate sign-in procedures are required, there are delays in retrieving documents, and copying the documents is costly. Searching for tobacco industry documents on the web sites managed by the tobacco industry is more efficient than attempting to find documents at the depositories."

[13] For detailed work on industry tactics used to resist tobacco control at the global level, see Francey & Chapman, 2000; Ong & Glantz, 2000; WHO, 2000; Yach & Bettcher, 2000; Satcher, 2001; Muggli & Hurt, 2003; Landman, Cortese & Glantz, 2008.

allocated £570,000 per year for 1998, 1999, and 2000 to lobby top influential persons in the World Bank, the IMF, the European Union, and the US Trade Representative on excise tax and trade issues. BAT also allocated £50,000 for an economic impact study of tobacco (Mamudu, Hammond & Glantz, 2008, p. 1692).

In 1999, the Director General of the WHO[14] instituted a committee of experts to investigate whether the tobacco industry attempted to influence or compromise the tobacco control efforts of the WHO. The committee's conclusion was as follows:

> Tobacco companies instigated global strategies to discredit and impede WHO's ability to carry out its mission. The tobacco companies' campaign against WHO was rarely directed at the merits of the public health issues raised by tobacco use. Instead, the documents show that tobacco companies sought to divert attention from the public health issues, to reduce budgets for the scientific and policy activities carried out by WHO, to pit other UN agencies against WHO, to convince developing countries that WHO's tobacco control program was a "First World" agenda carried out at the expense of the developing world, to distort the results of important scientific studies on tobacco, and to discredit WHO as an institution. (WHO committee of experts on tobacco industry report 2000, p. iii).

The committee of experts' report further revealed that:

> Tobacco companies hid behind a variety of ostensibly independent quasi-academic, public policy, and business organizations whose tobacco industry funding was not disclosed. The documents also show that tobacco company strategies to undermine WHO relied heavily on international and scientific experts with hidden financial ties to the industry. Perhaps most disturbing, the documents show that tobacco companies quietly influenced other UN agencies and representatives of developing countries to resist WHO's tobacco control initiatives (WHO committee of experts on Tobacco industry report 2000, p. iii).

Alongside these tactics, the WHO investigation revealed that the tobacco industry's grand plan was to influence the media and persons affiliated with the WHO. For example, the WHO inquiry

[14] For instance, in 2005, WHO published a practical guide to searching tobacco industry documents: "The Tobacco Industry Documents: What They Are, What They Tell Us, and How to Search Them. A Practical Manual" (Hirschhorn &WHO, 2005). The goal, according to the WHO, is to help journalists, researchers, government officials, public health groups, and the general public to search these documents and better understand them.

into tobacco industry documents shows that Paul Dietrich, then a member of the development committee of the Pan American Health Organization, a regional branch of the WHO, was influenced by the tobacco industry. Dietrich was also a US attorney who was then President of the Catholic University's Institute for International Health and Development. The report claimed that Dietrich wrote articles and editorials attacking WHO priorities and travelled around the world for several key tobacco companies. According to Sharon Boyse of British American Tobacco:

> Our major advantage here has been our relationship with Paul Dietrich, a member of the development committee of the Pan-American Health Organization [sic], the regional branch of the WHO. Paul has long been a critic of the WHO priorities in developing countries, arguing that they should not be proposing health spending on tobacco when, for example, children are still dying by the thousands from lack of easily obtainable and inexpensive vaccines and other medicines. For this reason, Paul has managed to persuade PAHO to take tobacco off their list of priorities for this year. We are therefore proposing a series of competing events, with PAHO sponsoring, on health priorities and in particular children's vaccination. (qtd. in Muggli & Hurt, 2003, p.196)

The strong-arm tactics of the tobacco industry in undermining the regulatory authority of national and global structures are felt in both developed and developing countries. Douglas Bettcher, the Director of WHO's Department of Prevention of Non Communicable Diseases, argues that the "tobacco industry interference in government policy-making represents a deadly barrier to advancing health and development in many countries…. But by monitoring and blocking such activities, we can save lives and sow the seeds for a sustainable future for all" (Glenza, 2017, p. 1). The most conspicuous example of the tobacco industry's influence on national policy processes can be seen in a leaked memo prepared by Andrew Whist of Philip Morris' International Corporate Affairs, who glorified the company's success in preventing, undermining, and reversing tobacco control measures across the world:

> A law prohibiting tobacco advertising was passed in Ecuador but, after a mobilization of journalists throughout Latin America and numerous organizations, it was vetoed by the

> President. A similar bill was proposed in Peru, but was sent back for reconsideration…In Venezuela, we were successful in stopping a detrimental, self-regulating advertising code, and are now negotiating a new one. Our work in Senegal resulted in a new advertising decree which reversed a total advertising ban (Philip Morris International, December 17, 1986).

Since the advent of the tobacco-control movement in the 1970s, the tobacco industry has fought to block or undermine any tobacco control measures across the world. In Latin America, for example, tobacco companies such as Philip Morris and British American Tobacco worked with the US law firm Covington & Burling to develop a plan known as the "Latin Project," which was meant to resist, frustrate, and undermine legislation on smoke-free work places (Brandt, 2007; Pan American Health Organization, 2002). In a memo, the industry consultant on Environmental Tobacco Smoke (ETS) wrote:

> The ETS Consultants Project in Central and South America ("Latin Project") was initiated in early 1991. The Latin Project currently includes thirteen consultants from seven countries: Argentina, Brazil, Chile, Costa Rica, Ecuador, Guatemala and Venezuela. ... The Latin Project currently receives forty percent of its funding from Philip Morris International. The Latin Project is managed by Covington and Burling. ... Unlike many other regional ETS consultant programmes sponsored by the industry, the Latin project was initiated in anticipation, rather than in reaction to, the full-force arrival of the ETS issue to Central and South America... Critical to the success of the Latin Project is the generation and promotion of solid scientific data not only with respect to ETS specifically but also with respect to the full range of potential indoor and outdoor air contaminants. (1992 document on the "ETS Consultants Project," cited in Pan American Health Organization Report, 2002, p. 10).

In Latin America, especially in the early 1990s, the tobacco industry intensified its proactive lobbying strategy to counter anti-tobacco activities, as demonstrated in a 1992 strategic plan for Tabacalera Nicaraguense S.A. (TANIC), BAT's Nicaraguan affiliate:

> The anti-smoking lobbying is at present small in Nicaragua but there are indications that it will gather strength as the country's economy develops. There is no reason to believe that Nicaragua will not follow the example set by other countries, and prepare to enact legislation restricting smoking in public places, restricting advertising etc. Experience elsewhere has shown that it is desirable to be ahead of the game and try to contain

> legislation rather than repair damage after the event. ... TANIC must be in a position to influence ... legislation to protect or promote its interests. (cited in Pan American Health Organization Report, 2002, p. 24).

Tobacco use, as argued by the WHO committee of experts on tobacco industry documents, "is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyist" (WHO Committee of Experts Report, 2000). However, anti-tobacco groups across the world are well aware of the tobacco industry's tactics. Globally, the WHO has become the foremost anti-tobacco organization, particularly with the adoption of the Framework Convention on Tobacco Control (FCTC) in 2003. However, before the FCTC, some countries still had active anti-tobacco civil society groups. Thanks to the work and advocacy of anti-tobacco groups, countries such as Canada, Singapore, the UK, Australia, New Zealand, and South Africa adopted tobacco control laws even before the WHO FCTC was adopted, though these legislative acts were less comprehensive than the FCTC rules. Today, most of these countries have made efforts, partly due to the advocacy of anti-tobacco groups, to align their tobacco control policies to the WHO FCTC.

Since the 1970s, according to Karen Farquharson (2003), the global tobacco subsystem has been dominated by the adversarial relationship between anti-tobacco and pro-tobacco advocacy networks and their respective domestic affiliates. Before that, the tobacco industry dominated the global tobacco policy space. The transnational pro-tobacco network was organized in 1977 following the formation of the International Committee on Smoking Issues (ICOSI) (Farquharson, 2003), whose goal is to sustain a public opinion in favour of tobacco while resisting anti-tobacco advocacy by consistently denying the health hazards of smoking. The International Tobacco Information Center (INFOTAB) succeeded the ICOSI in 1979 with

membership including all major tobacco companies and manufacturers' associations (Farquharson, 2003). The INFOTAB performed similar functions to the ICOSI, but with more elaborate duties, including the coordination and dissemination of pro-tobacco information worldwide. However, transnational anti-tobacco advocacy networks first began appearing in the 1970s, marked by common goals of preventing tobacco-related sickness and mortality, ensuring industry accountability, and ensuring social justice, commitment to scientific truth, and altruism (see Mamudu, Gonzalez & Glantz, 2011).

The most distinguishing feature of the global anti-tobacco network is its embedded global epistemic community,[15] which serves as part of its advocacy network against the tobacco industry. In the 1960s, anti-tobacco epistemic organizations such as the Royal College of Physicians in the UK, the United States Department of Health Education and Welfare, and the South African Medical Council joined in the condemnation of tobacco as a carcinogen. Research reports from these organizations provided anti-tobacco advocacy groups across the world with foundational knowledge for advocacy against tobacco and the industry that produces it. The pro-tobacco network, on the other hand, does not include a global epistemic community even though the tobacco industry uses its own sponsored scientific findings to support its policy positions (Farquharson, 2003).

[15] For the purpose of this project, an international epistemic community is a global network of knowledge-based experts who have built consensual knowledge about tobacco. Epistemic communities use their research expertise and influence to proffer policy solutions and advise policy makers on global best practices in dealing with tobacco use. Some of the epistemic organizations discussed in this thesis include the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the World Bank, the South African Medical Council (SAMC), the Mauritius Institute of Health (MIH), the Cancer Association of South Africa (CANSA), and the Heart and Stroke Foundation South Africa (HSFSA).

Known global anti-tobacco epistemic community organizations, such as the WHO, the WB, the IMF, and international and domestic NGOs including the International Union Against Cancer (IUAC), the Cancer Council Australia (CCA), the African Tobacco Control Alliance (ATCA), the Bill and Melinda Gates Foundation, and Bloomberg Philanthropies, have become the global face of anti-tobacco advocacy. Groups such as these seek to influence government decision and policies with the aim of reducing the prevalence of smoking and its resulting harm. Among the tactics these groups employ are web-based platforms, such as tobacco.org and tobaccofreekids.org that share anti-tobacco information and report on tobacco industry activities worldwide, and transnational strategies against the tobacco industry. For example, many anti-tobacco activists in most jurisdictions have based their advocacy work around scientific research, especially those areas that demonstrate the health hazards of smoking, while others have focused their research on the economics of tobacco control. In South Africa, for example, the Economics of Tobacco Control Project (ETCP) at the University of Cape Town has published extensively on the taxability level of tobacco products (see Chapter Five for details). These publications have helped to influence the government's taxation policy against tobacco, so that the government of South Africa now uses tobacco taxation to increase revenue and reduce tobacco consumption.

Anti-tobacco groups in most parts of the world have used scientific evidence on the dangers of passive smoking to their advantage. In the cases of Mauritius and South Africa, for example, arguments about the dangers of passive smoking swung the political pendulum in favour of anti-tobacco advocates despite the tobacco industry's advocacy of the freedom and liberty of the smoker (see Chapters Five and Six). In this way, anti-tobacco groups have been able to re-frame tobacco as a public health issue rather than as a political or economic issue. In France, Spain, and Italy, tobacco companies were government-owned before the 1970s. As a

result, the view that tobacco is an economic good was prominent in those countries until anti-tobacco activists began to make arguments about the health hazards of smoking. Due to the framing of tobacco as a health hazard in the 1970s, the tobacco policies in France, Spain, and Italy have been reframed, albeit reluctantly, from political economy to public health (Cairney et al., 2012).

In most parts of the world, including Mauritius and South Africa, health-centered organizations such as Heart and Stroke Associations, Cancer Associations, and Lung Associations, and medical communities have exploited their distinctive closeness with their respective national governments to agitate for tobacco control. However, the processes and the institutional capacity of these organizations to create policy changes in favour of tobacco control varies across countries (see Cairney et al., 2012). For example, though anti-tobacco organizations have succeeded in breaking industry dominance of tobacco control policies in South Africa and Mauritius, in countries such as Malawi the tobacco industry continues to dominate the policy subsystem because of the apparent GDP contribution of tobacco to the national economy. In Europe, the establishment of the European Union, as argued by Princen (2008), has created a new political and policy venue for anti-tobacco activism for its member countries, especially those that provide less political space for anti-tobacco activism. The European Union has therefore become a venue through which pressure is brought to bear on member countries to adopt tobacco control policies (see Asare, 2007; Cairney et al., 2012).

In countries such as the United States, litigation has proven effective for tobacco control, as Miura, Daynard, and Samet (2006) have outlined. According to Miura et al. (2006), three waves of litigation have taken place in the United States. The first wave of litigation was in 1954 when Ira C. Lowe, a St Louis factory worker, filed a product liability suit against the tobacco

industry following the removal of his right lung due to cancer. His legal action failed, and the tobacco companies involved never paid him any compensation or damages. Virtually all other such cases at this time failed because the plaintiffs were unable to establish causation.

The second wave of tobacco litigation in the USA started in the 1980s, at a time when the correlation between tobacco use and cancer was well documented, although the tobacco industry had succeeded in creating doubt in the minds of some people. One particular case in this wave was the product liability suit filed by Rose Cipollone and her husband Antonio Cipollone against several tobacco companies after Rose had been diagnosed with lung cancer. This case is significant because it was the first time a jury was allowed access to internal tobacco industry documents; in the end, the jury found fault with the tobacco companies, concluding that they were liable for breaching "express warranty, misrepresentation, conspiracy, or intentional fraud" (Miura et al., 2006, p. 126). Outraged by their review of the tobacco industry's secret documents, the jury awarded the plaintiff $400,000 in damages. Despite this finding, most legal actions against the tobacco industry during the first and second waves were largely unsuccessful because the foundations of accusations against the companies were not properly established. However, the Cippolone family's partial victory garnered confidence in the minds of many and gave hope that with further and better evidence, more legal victories could be won against the tobacco industry.

The third wave of litigation began in the 1990s, and included individual cases, class action cases, cases brought against the tobacco industry by state agencies, and cases of non-smokers affected by second-hand smoke. This wave led to unprecedented access to the internal secrets of the tobacco industry. For instance, in *Richard Boeken vs. Philip Morris*, the Los Angeles County Superior Court awarded $5.5 million in general damages to the plaintiff and $3

billion in punitive damages (Sterngold, 2001). Boeken took up smoking at age 13 in 1957 and smoked at least two packs of Marlboros per day for more than 40 years. As a result, in 1999 he was diagnosed with lung cancer that had spread to the lymph nodes, back and brain. Other states in the US also took legal action against the tobacco industry to recover health-care costs from state-assisted medical programs to help tobacco-related cancer patients (see Wipfli & Samet, 2009, p. 274). These states' lawsuits resulted in a settlement payment of $20 billion and led to the creation of the American Legacy Foundation.

These successes motivated other anti-tobacco activists in other parts of the world to exploit legal options. In countries such as Australia, Uganda, South Africa, Canada and India, anti-tobacco activists have used the courts to secure rulings against the tobacco industry on the effects of second-hand smoke. In 1992, an Australian state court became the first court outside the US to award damages to a worker harmed by second-hand smoke, while in India, the Supreme Court granted a public interest writ brought by the President of the Mumbai Regional Congress Committee against the Union of India and several Indian tobacco companies. Through this court action, the court ordered Indian states to ban smoking in public places such as hospitals, educational institutions, libraries, court buildings, public conveyances, and public offices (Wipfli & Samet, 2009).

In most developing countries, especially those in Africa, the involvement of international and intergovernmental organizations in anti-tobacco activism has proven successful. In countries whose courts have not been receptive to anti-tobacco lawsuits, the WHO, World Bank, and the IMF have become the channels through which anti-tobacco activists have opted to bring pressure to bear on their national governments. Therefore, the role of the WHO as an institutional venue

for tobacco control is significant to the two case studies presented here, and is explored in further detail in Chapters Five, Six, and Seven.

1.6 Analytical Scope

To answer the proposed research questions, this thesis draws on the public health literature on healthy public policy, theories of the policy process, and the comparative method. It builds on multiple theories of public policy-making and follows Cairney, Studlar, and Mamudu's (2012) use of theories of public policy to construct a theoretical framework for their study of global tobacco control policy.[16] The use of multiple theories does create a theoretical conundrum because of the opposing epistemological foundations of some of those theories;[17] nonetheless, there are a great number of policy lessons to be learned from such theoretical dissonance. Public policy theories are most useful when they can complement or supplement each other in the study of social and political phenomena (see Versluis, van Keulen & Stephenson, 2011), since real-world policy- making is inherently contradictory and ambiguous and seldom follows a single epistemological route.

The second chapter of this thesis generates a theoretical framework, examining different theories of the policy process before applying my own derivative framework empirically to tobacco control policies in South Africa and Mauritius. This project therefore makes a theoretical contribution to the broader literature of policy change, by viewing policy change as a multi-faceted dynamic of factors. Thus, policy change, in the cases of South Africa's and Mauritius' tobacco control policies, reveals multiple causal variables that are exogenous and endogenous to the policy subsystem. The analytical evidence as presented in Chapters Five, Six, and Seven

[16] See Chapter Two for explanation of the use of these four analytical categories.
[17] See Chapter Two for a discussion on how this theoretical conundrum is addressed in this dissertation.

shows that policy change, at least for Mauritius and South Africa, was not necessarily spearheaded by stable coalitions of actors, but rather by loose and strategic coalitions with different reasons and motivations for tobacco control, with each phase of tobacco policy negotiation proceeding gradually. In these cases, we observe what Palier (2005) calls "ambiguous agreements" because participants with different interests in the policy process formed coalitions at different phases of the process with different intents and motivations.

Table 1.1. *Definitions of Key Terms*

Advocacy coalitions: Generally defined as "people from a variety of positions (elected and agency officials, interest group leaders, researchers) who share a particular belief system—i.e. a set of basic values, causal assumptions, and problem perceptions—and who show a non-trivial degree of coordinated activity over time" (Sabatier 1988, p. 139).
Epistemic community: A term used to describe actors who developed consensual knowledge of a particular policy issue because of their expertise.
Issue network: A counterbalance to the Iron Triangle, which argues that actors in the policy subsystem are fluid and changing, and that they coalesce around policy issues and not policy sectors (Pal, 2006, p. 274).
Iron Triangle: Defined as a "stable and cozy relationships among congressional committees, executive agencies" and "economic interest groups" (Pal, 2006, p. 274).
Interest groups: Individuals or organizations, both formal and informal, that seek to influence the creation and implementation of public policy (Cahn, 2012).
Policy network: The pattern of relations among members of a policy community. Insofar as actors interact, networks are an inevitable part of the policy community or the subsystem (Pal, 2006, p. 274).
Policy Images: A mixture of empirical information and emotional appeals that explain the issue and justify the public policy response (Pal, 2006, p. 132).
Framing: Policy image, or how issues are portrayed and categorized (Cairney, 2012).
Policy venues: Institutions such as governments, parliament, courts, or any other organizations in which authoritative policy decisions are made (Cairney, 2012).
Policy monopoly: A definable institutional structure that limits access to the policy process. In most cases, a powerful ideational construct supports the institution (Baumgartner & Jones, 1993, p. 7).

Policy Learning: "the process whereby decision makers revise their current policy choices in the light of past mistakes" or the emergence of new information" (John, 2012, p. 186).

Policy community: Generally defined as a close relationship between actors, groups, individuals, and public officials. This relationship is established based on the exchange of information for influence. The "links endure if participants establish a policy monopoly, or a dominant image of the policy problem" (Cairney, 2012, p. 176).

Sub government: Mostly defined in the literature to encapsulate the "idea that policy does not get made in a single system but in subsystem that consist of microcosm of all relevant political and institutional actors" (Pal, 2006, p. 274)

Venue Shopping: Actors in the policy process seek favourable audiences in other venues (Cairney, 2012, p. 176).

1.7 Outline of the Research

The second chapter of this thesis explains the conceptual framework and reviews the existing literature on tobacco control policy-making. The chapter compares and contrasts different theories of the policy process to determine the strengths and weaknesses of each before proposing an analytical framework for this dissertation. The third chapter focuses on the research design and the method of data collection. It systematically explains this project's approach to data collection, the technique used for data analysis, and the units of analysis. The chapter also explains how the case studies were selected, including an explanation of the main interview subjects and their backgrounds.

The fourth chapter provides a brief chronological review of the history of tobacco control in South Africa and Mauritius, explaining the different types of tobacco control strategies adopted in each country. The fifth chapter builds on this foundation to provide an analysis of the mechanisms that precipitated tobacco control policy changes in South Africa. This chapter primarily focuses on the processes of agenda setting and the role of ideas, institutions, and interests in the policy-making process. In addition to the domestic political factors, this chapter

looks at the role that global norms and the international diffusion of ideas played in the policy-making process in South Africa. The sixth chapter discusses tobacco control policy in Mauritius between 1968 and 2018, examining the policy processes, both domestic and international, that precipitated policy change in Mauritius. The analytical themes explored in this chapter are the same as those for South Africa in the previous chapter; therefore, the same indicators and levels of analysis are used to investigate the mechanisms that led to policy changes in both countries.

After establishing the factors that led to each country's respective policy changes, the seventh chapter provides a comparative assessment of Mauritius and South Africa and a demonstration of their similarities in policy outcomes. The chapter also compares the policy capacities of both countries based on the findings from Chapters Five and Six. The aim of this chapter is to systematically demonstrate why and how these policies are converging over time rather than diverging from each other. The eighth proffers conclusions and directions for future research. The concluding chapter explains the theoretical contribution this work has made to policy change literature and public policy scholarship and reiterates the advantages associated with drawing insights from multiple theories of the policy process. It also calls on scholars in the field of public policy to consider innovative ways to synthesize theories of the policy process rather than merely seeking to create new policy theories or introduce new policy terminology.

Chapter Two
Theories of Policy Change and Theoretical Framework

2.1 Introduction

The previous chapter presented the overall objectives of this study, explained its analytical scope, and introduced the main research questions that form the basis of this inquiry. Since explaining change is at the heart of this thesis, this chapter constructs a theoretical framework that can help conceptualize change in both Mauritius and South Africa. Change is ubiquitous, and understanding change can be a conceptual nightmare in most comparative public policy research, especially when compared across time and space. Nonetheless, one cannot explain policy change without considering what precipitated the change, what has changed, and when and how the change took place.

This chapter continues to expand on the overall objectives of this project by presenting a detailed and systematic analytical framework for this study. Since this dissertation seeks to understand tobacco control policy-making in Mauritius and South Africa, it is imperative to ground the project in a theoretical framework capable of explaining the complexities of factors that have shaped tobacco control policy development in both countries over time. Therefore, this chapter reviews and relies heavily on the theories of the policy process to construct a framework of analysis, by synthesizing several well-known and established policy theories and frameworks, such as the advocacy coalitions framework (ACF), the punctuated equilibrium framework (PEF), the multiple streams framework (MSF), and the policy network approach (PNA) with institutions, ideas, and interests as a theoretical baseline.

In constructing a synthetic framework based on theories of the policy process, I am aware of the analytical challenges associated with this approach. Cairney et al. (2012, p. 22) have identified two main problems that this approach to theoretical engagement in public policy presents. First, there are at least three ways to use different theories of the policy process in a study such as this one. The first approach is to synthesize the most valuable part of each theory and use it to produce a hybrid framework; the second is to apply each theory independently to highlight different aspects of the policy process; and the third is to determine the extent to which the theories are contradictory by applying each theory to determine the most suitable theory to use.

A full application of each theory independently is beyond the scope of this dissertation. For this reason, this chapter synthesizes valuable parts of each theoretical framework by breaking each theory into its core component parts. My dissertation follows, but provides a modified version of, Cairney et al.'s (2012) use of multiple theories of policy process in their research on global tobacco control policy-making (p. 22). By synthesizing different theories of the policy process, this study generates four main analytical categories or causal processes to aid in the systematic organization of the empirical chapters. These analytical categories are agenda setting (agendas and problem definition); interests; ideas; and institutions.

Cairney et al. (2012) have identified five main causal processes of policy change by synthesizing multiple theories of the policy process: institutions, agendas, networks, socioeconomic factors, and ideas. For the purpose of this thesis, I have modified Cairney et al.'s (2012) five main causal processes into four main causal factors. For example, in place of networks, interest is used to explore the role of self-seeking policy actors and organizations in the policy-making process. Socioeconomic factors, on the other hand, are not considered

independent causal factors because, in this thesis, socioeconomic factors underscore both ideas and agendas as an analytical category. As with Cairney et al. (2012), my goal in using these analytical categories is to show the relationship between these four core causal processes and how this relationship can aid our understanding of tobacco control policy change. Although the four main causal processes identified in this thesis vary in their degree of significance, they complement one another by offering a comprehensive understanding of the factors that influence tobacco control policies in South Africa and Mauritius.

Based on existing theories of the policy process, this project develops four analytical categories with corresponding questions to guide the empirical analysis of the study: agendas and problem definition (how do policy problems get onto the government agenda?); institutions (how do structures, rules, and norms affect the development of tobacco control policy?); interests and advocacy coalitions (how do diverse interest groups and advocacy coalitions influence tobacco control policy outcomes in Mauritius and South Africa?); and ideas and global norms (where did the policy idea come from?). The overarching goal of this chapter is to clearly elucidate how a synthesis of public policy frameworks can provide a deeper insight into the patterns of group formation and collective action, and the interactive effects of ideas, interests, and institutions on actors in the policy subsystem. Any attempt to understand how a policy problem is framed and the manner in which institutions structure policy ideas, material interest, and actor preferences must, inevitably, lead to understanding policy-making from the subsystem. In this case, the best way to think about tobacco control policy-making processes in South Africa and Mauritius is at the policy subsystem level. Nevertheless, the institutional arrangements surrounding the policy subsystem must be discussed before we can understand the workings of the subsystem itself.

2.1 Beyond the Subsystem: Policy Regimes and the Governance Process of Tobacco Control

Although this work is deeply rooted in understanding the subsystem dynamics of policy change, it is equally important that we pay attention to the institutional context of the subsystem. As such, the policy regime perspective, which has long been used in international relations literature, but is less common in public policy, is an important analytical lens through which to view and understand the policy-making context. The policy regime "emphasizes the constellation of political and institutional forces that work to address a given problem" (May & Jochim, 2013, p. 442). The regime perspective does not constitute a policy framework or a theory that helps to explain policy change, but is more concerned with the governing arrangements that dictate how a particular policy problem is addressed (see May & Jochim, 2013). It can be seen as a construct used to describe the governing arrangements that shape policy objectives and policy outcomes (see Henstra, 2017). As an analytical lens, the regime perspective emphasizes the interplay of institutions, ideas, and interests in dealing with a particular policy problem.

Established theories of the policy process have paid less attention to policy problems that span different governmental and institutional policy domains. Recently, however, several leading scholars from the Advocacy Coalition Framework tradition have examined the effect of subsystem interdependencies on the outcomes of policies that span multiple subsystems (Jones & Jenkins–Smith, 2009). As Jochim and May (2010) have noted (p. 305), policy subsystems are ineffective when dealing with difficult policy problems that span multiple subsystems. Although subsystem and policy regimes promote policy stability and cohesion, as argued by Jochim and May (2010), they do so in different ways and to achieve different ends. For example, subsystem actors develop expertise over a particular policy area and limit the entrance of new actors into the policy arena, while policy regimes, especially boundary-spanning policy regimes, integrate

elements of relevant subsystems to bring stability and cohesion to governing arrangements (Jochim & May, 2010).

2.2 Policy Subsystem and Policy Change

An examination of policy subsystems can explain the dyadic relationships between interested policy actors, the institutional properties that constrain or facilitate actor behaviour, and the ideas that shape an actor's beliefs and attitude to institutions and other actors in the policy process. The central argument of the subsystem approach is that each actor in the policy process pursues egoistic calculations, but each requires the cooperation of other actors in the policy subsystem (Stein & Bickers, 1995).

The usage and definition of a policy subsystem[18] varies in the policy analysis literature, especially at the level of an actor's coordination and relations (see McCool, 1995). Several concepts that are closely linked to subsystems include the iron triangle, sub-governments, policy communities, issue networks, whirlpools, and other variants (see Weible, 2008; McCool, 1995). John Kingdon (1984), for instance, has distinguished between "government agendas" and "decision agendas." The government agenda, according to Kingdon, comprises the problems to which decision makers pay attention at any given material moment, while the decision agenda

[18] The policy subsystem is simply the "political relations among people in special policy areas coming from different institutions and organizations in the larger system" (Freeman & Stevens, 1987, p.9). Individuals, groups, associations, researchers, journalists and government officials constitute the policy subsystem. Because of the large number of participants in the subsystem, their degree of success is dependent on the ability to form alliances and pull resources together under advocacy coalitions based on their beliefs and knowledge about a particular policy domain (Sabatier & Weible, 2007). Sabatier and Weible further argue that advocacy coalitions provide the most useful tool for aggregating the behavior of hundreds of organizations and individuals involved in the policy subsystem. The subsystem level of policy deliberations involves critical paths to policy beliefs and policy changes, such as policy-oriented learning and external shocks. Sabatier and Jenkins-Smith (1999) define policy-oriented learning as a "relatively enduring alternations of thought or behavioral intentions that result from experience and/or new information and that are concerned with attainment and revision of policy objectives" (p. 123).

comprises those issues that are being considered for active government decisions. This project conceptualizes policy subsystems in the tradition of the advocacy coalition framework as "semiautonomous decision making networks of policy participants that focus on a particular policy issue usually within a geographic location" (Weible, 2008, p. 621). The policy subsystem is characterized by a group or a network of policy actors with interest in influencing the outcome of a particular policy (Thurber, 1996). In the case of South Africa and Mauritius, prominent policy actors were drawn from the medical community, universities, think tanks, NGOs, politicians, staffs of government ministries, individuals, and the tobacco industry and their affiliated institutions. Policy subsystems constitute a dynamic network of policy actors that evolve with time. The learning process that characterizes most policy subsystems allows actors to obtain new information and knowledge on a particular policy, which can change their initial position on policy-related issue (see Howlett & Remesh, 2003; McCool, 1995).

Subsystems, according to Worsham (2006, p. 438), are means of getting around the seeming inability of groups to effect closure on decisions that affect large numbers of interests. Actors within a specific policy subsystem may focus demands on policy makers, with the ultimate goal of influencing the outcome of a policy in their favour but not to win elections or form a government (Thurber, 1996). Once established, in most situations, subsystem actors work to block the entry of other actors by establishing institutional and intellectual barriers to entry. Over time, actors in the subsystem develop policy expertise and relationships with one another in ways that allow them monopoly over policy formulation, implementation, and evaluation (see Thurber, 1996). In this way, subsystem actors are able to ensure policy continuity and stability. The most distinguishing feature of a subsystem approach to policy analysis is the identification

of relevant policy actors across the traditional positivist distinction of agents and structures in policy-making (see Howlett & Ramesh, 1998, p. 468).

The nature of the policy issue and the enormity of the policy problem determine which institutional venue has the jurisdiction or incentive to address the policy issue. At times, the nature of the policy and the construction of its image may elicit multiple institutional venues, a situation that is often referred to as the "venue problem" (Baumgartner & Jones, 1991, p. 1047). In the case of the tobacco policy subsystem in South Africa and Mauritius, the Department of Health and the Ministry of Health and Quality of Life (MOH&QL) have been each country's respective main institutional venue for tobacco control policy since the 1980s. Despite the roles of these institutions, government institutions such as cabinets, ministries of finance, and even presidents have, at various times, participated in enabling or blocking tobacco control policies.

Because every policy venue has its own institutional bias, policy makers normally exploit the venue that will favour their preferences in the subsystem. Edelman (1989) notes that political images are often constructed by dominant political elites to consolidate their position in the policy subsystem. This is partly true for the tobacco subsystems in South Africa and Mauritius, in which government ministries, especially the finance ministries between 1948 and 1988 in South Africa, and between 1968 and 1995 in Mauritius, opposed tobacco control because of the positive economic and political image that was associated with tobacco.

Actors in the subsystem come from diverse backgrounds, such as interest groups, think tanks, university professors, congressional staff, political leaders at local, state, and national levels, journalists, lobbyists, and policy entrepreneurs. These actors play important roles in moving policy problems onto the formal government agenda; they may form coalitions, and also bargain and compromise, in order to achieve desired outcomes (see Thurber, 1996). For

Worsham (2006), "subsystem models suggest that policy equilibria are the result of bargains struck through institutional arrangements normally out of the public eye—with congressional committees, agencies, experts, and well organized interest as the central players" (p. 438).

Weible (2008, p. 621) has identified three types of policy subsystems: unitary, collaborative, and adversarial. In a unitary policy subsystem, a single dominant coalition forms a monopoly over a particular policy area over time. This subsystem features a single policy image and centralized authority with little or no communicative relationship with other actors. The tobacco policy subsystems in South Africa between 1940 and 1980 and Mauritius between 1968 and 1990 were unitary: the tobacco companies enjoyed an overwhelming monopoly over policy deliberations and adoptions, and seldom interacted with other actors that opposed their positions.

The collaborative policy subsystem involves cooperative coalitions, with conflicts reduced to a minimum. Collaborative policy subsystems share the following characteristics, according to Weible and Sabatier (2009): opposing coalitions cooperate with one another with some level of belief convergence; in most cases, coalitions have shared access to decision-making authorities; and consensus-based institutions can also facilitate collaboration in the policy subsystem (pp. 197-98). This dissertation has found no evidence to support a collaborative subsystem, especially among actors holding opposing policy beliefs. The governments of South Africa and Mauritius no longer consult the tobacco industry when making tobacco control policies, despite the good historical relationship both countries have had with the tobacco industry.

The adversarial policy subsystem is characterized by conflicts among competing coalitions. Since the rise of active anti-tobacco interest groups, the tobacco control subsystem has been under intense adversarial pressure. Both anti- and pro-tobacco advocates have become

entrenched in their policy beliefs and hold a high level of mistrust for one another in the policy subsystem. Based on the adversarial relationship that has characterized the tobacco subsystem in both countries since the 1980s, competing actors have exploited any amiable policy venue, such as courts, legislatures, ministries, or government agencies, or any venue of power to maximize the acceptance of their preferred policy option. As more policy venues become available to policy actors to exploit in the cases of South Africa and Mauritius, the adversarial relationship among these actors has heightened.

Evidence demonstrates that the inclusion of the court as a venue for tobacco control in South Africa contributed to the framing of tobacco as a public hazard. On the other hand, the Ministry of Health remains the most significant policy venue for tobacco control in Mauritius. Since the successful adoption and implementation of tobacco control policies in South Africa and Mauritius in the 1990s and 2000s, anti-tobacco advocates appear to have increased their relative power over pro-tobacco actors in the policy subsystem. This was particularly true in 1993 in South Africa and 1995 in Mauritius, as legislative turnovers led to new political leaders who supported tobacco control agendas.

This tension between the anti-tobacco and pro-tobacco actors in the policy subsystem continues to characterize the tobacco control policy-making context in both South Africa and Mauritius by causing the policy subsystem to alternate between dominant, competitive, and quasi-stable[19] types.[20] Thus, tobacco companies dominated the tobacco policy subsystems in

[19] I use the term *"quasi-stable" policy subsystem* to mean a subsystem that is not overwhelmingly dominated by anti-tobacco advocates, but their dominance is enough to guarantee some level of stability and control over tobacco policies. Indeed, since the African National Congress (ANC) and the Labour Party (LP) assumed office in South Africa and Mauritius, respectively, both governments have made efforts to dismantle the traditional monopoly the tobacco industry had over tobacco policy. Over time, and supported by the WHO FCTC, the tobacco industry no longer commands significant power in the policy subsystem.

South Africa and Mauritius prior to the 1980s, and became competitive in the 1980s following the aggressive entry of anti-tobacco networks into the policy subsystem. However, since the mid-2000s, following both countries' decision to sign and implement the FCTC, the subsystems have transitioned from competitive to quasi-stable in favour of anti-tobacco activists. Although the tobacco industry dominated the tobacco subsystem in South Africa and Mauritius between the 1940s and the 1980s, a close-knit group of national epistemic communities, including the South Africa Medical Research Council (MRC), the Cancer Association of South Africa (CANSA), the Heart and Stroke Foundation South Africa (HSFSA), and the National Council Against Smoking (NCAS), released reports that were critical of the tobacco industry.

The structure of actor contestation and alignment has significant effects on the pace and form of policy change, influenced by debates, ideas, learning, and persuasion among actors in the subsystem (see Rhodes & Marsh, 1992; Majone, 1989, Baumgartner & Jones, 1991, 1994; Jones & Jenkins-Smith, 2009; Heikkila & Weible, 2017; Howlett, McConnell & Perl, 2017). When new policy images are constructed, new participants are attracted. In some cases, these new participants will exploit different policy venues for eventual policy change (see Baumgartner, Jones, & Mortensen, 2017). However, the changes that occur as a result of a new policy image can be locked into the policy system for a long time, especially when a new policy image leads to institutional reforms and reconfigurations.

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[20] Jefffrey Worsham's (2006) study "Mapping Subsystem Dynamics in Tobacco Policy" revealed that the tobacco policy subsystem in the US between 1945 and 2005 has alternated between dominant, competitive, and transitory coalition subsystems. The dominant policy subsystem, according to Worsham, resembles the iron triangle, with the tobacco industry dominating issues in the subsystem. The competitive subsystem is characterized by protracted turf wars and regular competition, often between two main actors for control over the policy field. Finally, the transitory subsystem involves multiple coalitions in free fall and may involve multiple institutional venues.

In the tradition of the Advocacy Coalition Framework, individuals or actors in the sub system are "boundedly rational" (Jenkins-Smith, Nohrstedt, Weible, & Ingold, 2017, p. 140): they are motivated by goals but are often not sure how to achieve those goals. In most cases, external events such as elections, wars, accidents, and economic or fiscal crises affect individual and actor behavior in the policy subsystem. Changes external to the subsystem influence the national mood and resource mobilization of individuals or actors in the policy subsystem.

In sum, actors in policy subsystems look for ways to influence policies, but do so within the available institutional properties, material interests, and ideational constructs. This project focuses on the subsystem as a basis for the four main analytical categories of this study: agendas, interests, ideas, and institutions.

2.3 What is the Policy Process?

A review of the public policy literature points to two main scholarly divisions among scholars of public policy. The first group consists of scholars who are interested in exploring knowledge "in" the policy process and knowledge "of" the policy process (Nowlin, 2011; James & Jorgensen 2009; Lasswell, 1971; Weimer, 2008). Knowledge "of" the policy process, according to Smith and Larimer (2009), emanates from researching the "why" and "how" of policy making, while knowledge "in" the policy process is obtained through policy evaluation and analysis (p. 6). The former is at the heart of this project. Political science scholars interested in public policy making have devoted much scholarly attention to developing policy theories that can make sense of the rather complex and ambiguous processes associated with policy making.

Sabatier's call to develop better theories to understand the policy process (1991) has led to the proliferation of policy theories in the last two decades. Like most subfields in political science, public policy theories are hard to delineate because they are linked to one another based

on years of accumulated and shared knowledge on policy making (Schlager, 2007). As such, there is a growing trend in comparative public policy research that seeks either to compare different theories of the policy process to one another across policy areas to test their analytical robustness (McLendon, 2003; Warne, 2008; Ness, 2010; Weible, Siddiki & Pierce, 2011), or to synthesize different policy frameworks to supplement the analytical weaknesses existing in any single theoretical approach (Shanahan, Jones & McBeth, 2011; Real–Dato, 2009; Schlager, 2007; Leifeld, 2013; Cairney 2013).

In his work on setting the government agenda for state decentralization of higher education in the US, Michael McLendon (2003) used the rational-comprehensive model, the incremental model, the multiple streams framework, and the comparative-case study method to examine how higher education decentralization emerged as a prominent issue for state governments in the USA. After he had compared the three policy frameworks across selected US states, McLendon's findings suggested that Kingdon's agenda-setting framework provides a better explanation of mechanisms that occasioned the adoption of the decentralized education policy than those developed by other theorists. Similarly, Erik Ness' (2010) research on merit aid eligibility criteria used the advocacy coalition framework (ACF), the multiple streams framework (MSF), and electoral connection theories to explain the political determinants of merit aid eligibility in New Mexico, Tennessee, and West Virginia. His findings suggested that the multiple streams framework offers the most robust explanation for his observations, because evidence of the MSF existed in the policy-making process of all three states, including the coupling of the three streams of problem, policy, and politics, the presence of policy entrepreneurs, and the unpredictable emergence of the policy window.

For Kenneth Meier (2009), the public policy field will be better served if scholars interested in the policy process stop fine-tuning existing theories, and instead develop an "aggressive thinking about theory that operates across the existing policy theories, and … carefully targeted empirical studies that focus on key questions that either stress existing policy theories or have the capability to distinguish among policy theories" (p. 10). Following this line of public policy research, Jose Real-Dato's (2009) article "Mechanisms of Policy Change: A Proposal for a Synthetic Explanatory Framework" (2009) focused primarily on how theories of the policy process have evolved without much theoretical "communication across theoretical boundaries" (p. 117). Although Real-Dato's (2009) study is relatively abstract in style because it was not centered on a specific real-world substantive question, it nonetheless sets up a communicative framework that draws on different public policy frameworks, using the Multiple Streams Framework (MSF), Punctuated Equilibrium Framework (PEF), and Advocacy Coalition Framework (ACF), with an Institutional Rational Choice (IRC) approach as its theoretical baseline. Leifeld's (2013) work examines German pension policy by conceptualizing the shortfalls in the advocacy coalition framework. The inability of the ACF to explain an innovative policy change that involves a transition from one single hegemonic advocacy coalition to another compelled Leifeld (2013) to synthesize ACF with a discourse network analysis and a social network analysis.

In the field of tobacco control policy research, scholars have adopted either a single theory or multiple theories to explain the dynamics of policy change either across different institutional settings or within a single institutional setting. In his seminal comparison of the US' and Canada's tobacco control policies, Studlar (2002) draws on different theories of the policy process, including the agenda setting theory, interest group theory, institutional theory, and

lesson drawing theory to explain patterns, similarities, and differences in tobacco control policy development in Canada and the US. He also explained the extent of policy convergence and policy learning in both countries over time. In a different study, Studlar (2007) draws on the policy literature on ideas, institutions, and diffusion to examine the dynamics of tobacco control in Canada, Australia, and New Zealand. Albæk, Green-Pedersen, and Nielsen (2007) also examined the dynamics of issue expansion in tobacco control policy in Denmark and the United States by using Baumgartner and Jones' (1993) punctuated-equilibrium framework and institutional theory to explain the dynamics of agenda setting in both countries.

Brenya (2012) combined the policy network approach with social constructivism to explain the effects of tobacco control policy adoption in Ghana and Malawi. In her cross-national comparative studies of tobacco control in the US, Canada, Britain, and France, Constance Nathanson (2005) developed a theoretical framework based on existing public policy frameworks, including cross-national comparative studies of state industrial and regulatory policies, social movement theory, and social construction of policy problems. Martha Morrow and Simon Barraclough (2010) examined gendered norms as a key determinant of tobacco use in Japan, Malaysia, China, Vietnam, and the Philippines.

Most of the existing literature on South Africa's tobacco policy is focused on assessing the negative health impact of tobacco smoking and the effectiveness of tobacco cessation programs (see Oettle, 1963; Yach & Townshend, 1988; Yach, Mclntyre, Saloojee, 1992; Reddy, Meyer-Weitz & Yach, 1996; Sitas et al., 2004; Reddy et al., 2015; Maimela et al. 2016; English, Hsia, & Malarcher, 2016). Other studies have also provided historical and descriptive explanations of the political events that occasioned tobacco control in South Africa (see Saloojee, 1993; Leaver, 2002; Malan & Leaver, 2003; Feinstein, 2005). Several scholars have

explored the economics of tobacco control with an analytical focus on South Africa's macro economy, especially on taxation (Yach, 1982; Reekie & Wang, 1992; Saloojee & Yach, 1992; Reekie, 1994; Abedian & Dorrington, 1994; Van Walbeek, 1996, 2002, 2003, 2005; Blecher, 2015).

Bossman Asare's (2007) comparative analysis of South Africa's and the United Kingdom's tobacco control policies provides an insight into the processes of policy making. However, Asare's (2007) study is primarily focused on the role of multi-level governance in tobacco control policy adoption in the UK and South Africa, while this project seeks to comparatively examine the interactive effects of ideas, institutions, interests, agendas, and the administrative capacities of Mauritius and South Africa to adopt tobacco control policies.

Similarly, there is a dearth of research that seeks to understand and explain the political processes that led to tobacco control policy changes in Mauritius. The existing literature on Mauritius either evaluates the efficacy of a specific tobacco control instrument or examines the negative health effects of smoking on the Mauritian people (see Cox et al., 2000; Ross, Moussa, Harris & Ajodhea, 2017; Tumwine, 2011; Azagba, Burhoo, Chaloupka & Fong, 2015; Lopez, Burhoo, Moussa, & Nebot, 2011; Sun, Erriah & Ramasawmy, 2014). Burhoo, Mohee and Moussa (2011) have attempted a political economic explanation of Mauritius' tobacco control policies; however, their explanation was brief, lacked details, and was conducted with no theoretical rigour. In fact, existing studies in South Africa and Mauritius have paid inadequate attention to the strategic interactions of ideas, agendas, institutions, and interests in tobacco control policy changes and adaptations. The aim of this study is to ameliorate the gap in the literature.

2.4 Why the Need for a Synthesis of Some Policy Theories?

Public policy scholars have focused on investigating and explaining why policies change, stay stable, or vary across institutional settings. Existing analytical frameworks of the policy process, especially well-known frameworks such as the Advocacy Coalition Framework (ACF), Punctuated-Equilibrium Framework (PEF), Multiple Streams Framework (MSF), Policy Network Approach (PNA), the different variants of institutional theory, and ideational literature do not individually account for the complexity involved in comparative policy-making across different African countries. Simply put, because existing frameworks were specifically designed to explain policy problems in western democracies with relatively open and pluralistic political systems, it is difficult to apply these analytical approaches to policy making in transitional democratic societies. Other reasons for the synthesis of multiple public policy theories in this thesis are described below.

First, understanding the "how" and "why" of tobacco control policy development in South Africa and Mauritius presents both domestic and international political variables that ought to be deeply interrogated. Therefore, theories and frameworks that were developed to explain only state or national dynamics in decision making must be complemented with theories that account for global and international political variables. For example, the ACF is more effective when applied to a fairly open political system with substantial veto powers in the policy process (see Sabatier & Jenkins-Smith, 1993; Sabatier & Weible, 2007) or when explaining policies that were adopted through pluralistic institutional structures, such as the US political system. The ACF emphasizes ideas and networks in the subsystem, and also considers the influence of institutions on actors. However, the ACF does not specifically discuss institutional constraints in the policy subsystem, and falls short in explaining individual choices and the roles

of policy champions in negotiating policy change (see Hajer, 1993 for a critique of the ACF). For this reason, although it does regard ideas and networks as vital, the ACF alone does not provide a full explanation of the factors and mechanisms that led to change in South Africa and Mauritius (see John, 2012).

The MSF, on the other hand, is most effective when applied in open democratic societies in which policies are adopted along with formal institutional structures that have well-defined roles in policy making. Using stability as the starting point of policy analysis, the policy stream approach assumes continuous policy change due to the interplay of the Problem, Politics, and Policy streams (see Kingdon, 1995). However, because the MSF is less effective than other frameworks at explaining policy stability, it must be complemented with other frameworks that can account for stability. A powerful candidate for a theoretical synthesis in this regard is PEF. As a framework, PEF is more effective at explaining policy change in a pluralistic and decentralized political system that privileges policy stability with occasional exogenously-driven destruction of policy monopolies (see e.g. Cairney, 2012, 2013). Baumgartner and Jones (1993) are specifically concerned with the rapid pace at which a stable policy subsystem can be disrupted by instability, which can lead to a paradigmatic shift in policy. Although Baumgartner and Jones (1993) regarded ideas, institutions, interest, and networks as an inextricable part of policy change, their observations do not fully account for windows of opportunity that can occur outside the policy subsystem. Even so, foundational concepts such as policy monopolies, policy image and venue shopping are significant in the punctuated-equilibrium framework that can help us understand case-specific studies in Mauritius and South Africa.

Peter John (2012) points out another reason for the importance of drawing insights from multiple theoretical frameworks: “unitary or univariate approach to public policy fails to offer an

adequate explanation of change and variation" (p. 154). This is true in most cases because of the multiplicity of factors that cause policy stability and change. By using multiple policy process theories, this dissertation is able to account for complexity, changeability, and variations in the tobacco control landscapes in South Africa and Mauritius over time. As John (2012) notes, "a synthetic approach implies there are multiple causes of policy change and variations. Accounts that rely on one process to explain why decision making takes a particular course are too narrow and relegate other factors to some dominant principle" (p. 176). Thus, this dissertation is able to account for continuous change and adaptation and establish the relationship among the four causal factors of policy change. In order to make sense of complexity, continuous change, and adaptation, policy studies must embrace multiple theoretical insights. For example, it is inadequate to argue that only institutions matter in tobacco control, or that ideas or interests are the most significant variables in explaining policy change. For this reason, this dissertation argues that policy making, and specifically the making of tobacco control policies, is the result of a confluence of institutions, agendas, ideas, and interests. The following section synthesizes these individual policy process theories to generate four core analytical categories to guide the remainder of this study.

2.5 Agendas and Problem Definition: How do Policy Problems Get onto the Government Agenda?

The conceptualization of agendas and problem definitions for this study draws on Kingdon's agenda setting framework, popularly known in the policy literature as the multiple streams framework (1995), and Baumgartner and Jones' (1993) punctuated equilibrium framework. Agendas can be defined as "ongoing competition[s] among issue proponents to gain the attention of media professionals, the public, and policy elites" (Dearing & Rogers, 1996, p.1).

In the field of agenda setting, public policy theorists are interested in knowing how issues, the defining element in the process, are placed on the government's formal policy agenda (Cater, 1964; Lowi, 1969; Caldeira & Wright 1988; Princen, 2008).[21] Problem framing, problem definition, and venue shifts in policy making are important factors in this process (see Pralle, 2003). The agenda setting literature proposes that no objective fact constitutes a policy problem in itself (see Elder & Cobb, 1984; Dery, 1984); as such, the acceptance of an issue as a problem by political elites largely depends on the perceptible construction of an issue as a "problem" (see Zahariadis, 2007). In the cases of tobacco control in South Africa and Mauritius, anti-tobacco actors carefully constructed tobacco as a problem that required governmental policy intervention. The construction of tobacco as a problem helped to change its previously positive political and economic image.

Actors within the policy-making arena use various tools to construct and define a policy issue as a problem. Gusfield (1981), for example, distinguishes social problems from public problems by demonstrating that not all social problems become governmental issues, even though public problems represent extensions of social problems. Getting a policy onto the formal government agenda is difficult because governments are confronted with hundreds of policy issues at any particular time. In reality, only a handful will be seriously considered by government policy makers.

[21] In most cases, policy problems move from the subsystem (the public agenda) to a formal government agenda for action to be taken. Kingdon (1995) argues that the problem, the policy, and the politics streams must converge for a policy window to open. Lazar et al. (2013) define a problem as an issue "warranting government action by comparing current conditions with values concerning a more ideal state of affairs" (p. 27). A policy problem gains the attention of policy makers through the diffusion of ideas and evaluations of existing policies, and must be technically feasible, politically sound, and enjoy popular support (Kingdon, 1995; Lazar et al., 2013, p. 27).

While agenda setting has attracted much scholarly attention from the field of political science and public policy in particular, public health researchers have been slow to incorporate the political science literature on agenda setting in their analysis of public health policy making. Instead, the concept of "priority setting," which is similar to, but different from, agenda setting, has inspired more studies (Reichenbach, 2002; Baltussen & Niessen, 2006; Edejer, et. al., 2003; Marsh, Dolan, Kempster, & Lugon, 2012). Scholarly works in priority setting have focused primarily on understanding how scarce resources are allocated to ensure effective health outcomes (see Cavanagh, Attinger, Abbas, Bal, Rojas & Xu, 2012; Gibson, Martin & Singer, 2005; Hauck, Smith, & Goddard, 2004; Mitton & Donaldson, 2004). In contrast to priority setting in public health research, agenda setting in political science research seeks to understand and explain the processes through which policy problems are framed, identified, and defined as problems.

Scholars of agenda setting also seek to understand who has the power to make authoritative decisions in terms of resource allocation to policy problems. While in the case of Mauritius and South Africa, the power to create authoritative policies is the prerogative of the legislature, the executive has the power to initiate a bill and implement laws after they have been enacted by Parliament. However, in Mauritius, this distinction is somewhat blurred because of the Westminster parliamentary model of governance. In the case of tobacco control policy making, the Ministry of Health and Quality of Life in Mauritius has the institutional jurisdiction to enact regulations against tobacco. This authoritative power emanates from the Public Health Act, 1925, whose historical legacy has come to establish Mauritius' ability to enact regulations and policies against tobacco. The opposite is the case in South Africa, whose parliament has the ultimate jurisdiction to make, amend, and repeal tobacco control laws and regulations, while the

Department of Health has the administrative authority to implement and monitor tobacco control regulations across the multiple layers of government.

Scholars seeking to explain the complexities in public policy agenda setting have developed many theoretical models to aid holistic inquiries into public policy making. The rational model of decision making underpinned early works in agenda setting (see Simon, 1979; Weingast, 1979; Schelling, 1984; Tversky & Kahneman, 1986; Spiller, 1990; O'Toole, 1995; Green & Shapiro, 1996). Popular in economic science, especially in research into cost-benefit analysis, rational decision making assumes that policy makers have the time, the resources, the information, and the cognitive abilities needed to make policy decisions with maximum benefits. Rational choice researchers further assume that policy makers deliberate over alternative policies in logical and linear fashion, with every minute problem considered before an alternative policy is adopted. However, other scholars have criticized the practical usefulness of the rational decision-making model by questioning its presupposition that policy makers have time, resources, and cognitive abilities to thoroughly think through alternative policies before adopting a new policy. Indeed, the likes of Lindblom (1959), Wildavsky (1979),[22] and Kingdon (1984) have shown in their studies of agenda setting that policy makers have limited amounts of information, time, and resources to consider all alternative policies and programs in a logical and cost-effective manner. Herbert Simon, for example, critiqued the rational model of decision making in *Reason in Human Affairs* (1983) for several reasons. First, individual policy makers

[22] Drawing on the US public budgetary process, both Lindblom (1959) and Wildavsky (1979) present an incrementalistic theory of policy making, primarily directed at challenging the rational model of decision making. Lindblom, for instance, presents a theory of administrative policy change that was neither revolutionary nor dramatic, explaining that policy making proceeds slowly from making incremental changes. Thus, large scale departure from the status quo is rare, and not a preferable option for policy makers, because of the cost and complexities associated with implementing changes that depart from established paths.

lack the cognitive abilities to pay attention to the pros and cons of every alternative policy option with all of their complex dimensions before a policy is adopted. Second, the flow of information is imperfect and policy makers do not have all relevant information on every available policy choice. Third, individual policy makers are, in most cases, not convinced about how their policies will play out in the future. Finally, individual policy makers are constrained by resource limitations.

Other agenda-setting perspectives, such as those of John Kingdon (1995) and Baumgartner and Jones (1993) have shown how path-departing change can occur in policy making amidst ambiguity. Kingdon's "window of opportunities," or the multiple streams model, and Baumgartner and Jones' (1993) punctuated equilibrium framework show how large-scale policy changes can occur despite long periods of policy stability or incrementalism. The punctuated equilibrium framework seeks to explain stability and path-departing change in a single analytical model by focusing on the interactive effects of multilevel political institutions and behavioural decision making. Furthermore, Kingdon's MSF is particularly useful to understanding the complexities of policy making and is equally useful to explain why certain policy initiatives are able to attract the attention of policy makers and eventually become policy, while others do not.

MSF pays particular attention to three streams: problem, politics, and policy. According to Kingdon (1995), the coupling of these three streams opens a window for policy change to occur. The strength of the MSF is that policy-making is not a linear process, but an interaction of three independent streams with different logics and dynamics. There is always an element of chance in the decision of which policy initiatives gain the attention of policy makers and which do not. In South Africa and Mauritius, for example, the element of chance is linked to timing, in

the sense that the time period within which the political agitation for tobacco control was taking shape is very specific. In both countries, the 1990s presented the opportune moment for tobacco control policies to be made, when both countries experienced changes in government. These changes led to the entry of new power brokers and political leaders, who favoured tobacco control, into the tobacco subsystem. At the same time, evidence of the health, social, and economic costs of tobacco was being made public, and the global wave of health promotion that began in the 1970s and the 1980s was taking shape in Africa. It is within this context that tobacco control was added to the governmental policy agendas in both South Africa and Mauritius.[23]

2.6 How Are Agendas Set?

Kingdon (1995) argues that the coupling of the problem, politics, and policy streams allows a policy window to open and for a policy change to occur. The "problem stream" consists of issues recognized as problems by citizens and policy makers. Examples of these issues include inflation, rampant motor accidents, drug abuse, teenage pregnancy, rising medical costs, and HIV (Zahariadis, 2007). In the case of South Africa and Mauritius, a combination of several, mostly exogenous, factors such as government fiscal crises, new governments with tobacco control agendas, a rise in anti-tobacco advocacy groups, a change in international receptivity to tobacco trade and consumption, a rise in non-communicable diseases, and a political champion for reform, have been key in including tobacco control in government policy agendas.

Kingdon (1995) notes that the politics stream consists of the national mood, pressure group campaigns, and administrative or legislative turnover. Ideas and solutions that combine all

[23] A detailed explanation of the political process of policy making in the case of South Africa is found in Chapter Five. The case of Mauritius is discussed in Chapter Six and a comparative analysis of both countries can be found in Chapter Seven.

three of these elements tend to gain the attention of policy makers. Legislative turnovers can have significant effects on the development or failure of a policy, while actors in the policy stream look for solutions to the problems they have identified. This stage of incisive solutions is referred to as the "policy stream." According to Zahariadis (2007), the policy stream involves a "soup of ideas" that competes for acceptance in the policy process (p. 72). At this stage, various policy brokers, including bureaucrats, congressional staff, interest groups, policy analysts, and other stakeholders may provide input in an attempt to search for solutions. The acceptance or rejection of an idea will depend on value acceptability, technical feasibility, budgetary constraints, and future ramifications of the idea (Parsons, 1995, p. 193; Lester & Stewart, 2003, p. 76; Zahariadis, 2007).

Kingdon (1995) discusses the importance of policy entrepreneur(s) at this stage of the policy process. The role of policy entrepreneurs in the policy process goes beyond mere advocacy; indeed, they are power brokers in the policy process. Policy entrepreneurs are, therefore, those individuals with the resources and skills for both "coupling" and manipulation. These individuals have the skills to put together complicated problems and solutions in ways that appeal to the political arena. Although Kingdon's agenda-setting framework is useful in explaining policy change, its shortcomings become more evident when this model is applied outside the United States. The continuous emphasis that this framework places on the convergence of three independent streams is ambiguous. It fails to clearly and unequivocally show the circumstances under which one can determine whether a policy solution is looking for a problem or a problem is looking for a solution (Mucciaron, 1992).

Furthermore, some scholars and practitioners have questioned the practicability of Kingdon's framework, especially given its strict adherence to the three separate independent

streams. Questions have also been raised about the appropriateness of constructing three independent streams while also acknowledging that the framework needs the three streams before a policy window can be opened (Mucciaroni, 1992). In South Africa, the ruling African National Congress (ANC) has enjoyed an overwhelming majority in parliament since 1994, when Nelson Mandela was elected as the first black president. Thus, bills and programs from the ruling government often obtain parliamentary approval with ease, leaving less room for the minority to influence the outcome of government bills. In such a political system, the role of a policy entrepreneur becomes less critical and crucial to policy making because governments exploit their majority dominance to have policies passed rather than using policy entrepreneur(s). Nonetheless, the findings of this study and the tobacco control literature in South Africa identify Jussuf Saloojee, Derek Yach, David Sweanor, and Health Ministers Rina Venter and Nkosazana Zuma as the prominent policy entrepreneurs who championed tobacco control policy at different levels of influence.

Baumgartner and Jones' (1993) punctuated-equilibrium model provides a theoretical opportunity for scholars to examine the dynamics of policy change by placing the policy process on the "dual foundation of political institutions and boundedly rational decision making" (True et al., 2007, p.156). The punctuated equilibrium framework, originally a concept in evolutionary biology espoused by Gould and Eldredge (1977), provides the theoretical foundation to understand the complex interrelations between long periods of policy stability and incrementalism, interrupted by sudden and dramatic changes in the policy subsystem in a short period of time. With this theory, Baumgartner and Jones (1993) ushered in a new perspective in the agenda-setting literature that has generally settled the scholarly battle between incrementalism and radical policy change. The punctuated-equilibrium framework provides an

explanation that encompasses incrementalism and radical policy change within a single model.

The concepts of policy image and policy venue underpin the main assumptions of the punctuated-equilibrium framework of policy change (see Baumgartner & Jones, 1993). Baumgartner and Jones define policy image as the process and means through with policy problems and attendant solutions are conceptualized. In South Africa and Mauritius, the positive image of tobacco smoking dominated the policy community for a long time, until new ideas that focused on the health hazards of tobacco were developed. More so, the positive image of tobacco use was challenged with new economic evidence that pointed out the net economic disadvantage of tobacco use. This shift in policy image arose from the construction of tobacco as a health problem and a drain on the economy. The successful construction of tobacco as a problem helped to build public support against the tobacco industry. Once tobacco was successfully constructed as a problem, pressure was then brought to bear on the government to act. As the positive image of tobacco was eroded, anti-tobacco advocates became emboldened to ask for stringent tobacco policies. How critical, however, is a shift in policy image in the face of strong institutional constraints and policy monopolies? Baumgartner and Jones's (1993) findings revealed that in the US, tobacco policy did not change much in the first half of the twentieth century because the policy image favoured tobacco consumption. Tobacco consumption was socially acceptable in the first half of the twentieth century in the US, and the government supported tobacco production through agricultural subsidies because it was seen as an important part of the US economy. However, after the US surgeon general's report (US Department of Health, Education, and Welfare, 1964) that linked tobacco consumption to cancer, the policy image of tobacco began to change.

The changing image of tobacco consumption after the Surgeon General's report led to the rise of anti-tobacco groups, epistemic communities, and networks of actors that focused on the adverse economic and health effects of smoking. A media advocacy campaign against tobacco consumption was also essential in changing the image of tobacco to favour tobacco control. By the 1980s, according to Studlar (2002), the policy venue for tobacco control in the US had shifted to the courts, where a series of high profile tobacco-control cases were litigated. Because tobacco control legislation is under the jurisdiction of individual states in the US, some states have developed more restrictive policies on tobacco use than others.

Although the causal factors may vary in South Africa and Mauritius, the trends in policy development in both countries are similar to those in the US. For example, the shift in the tobacco policy image in South Africa from one that supported the tobacco industry to one that embraced tobacco control was due to intense advocacy by anti-tobacco groups. The health hazards of smoking were at the heart of anti-tobacco campaigns in the 1980s; however, subsequent tobacco control policies from the 1990s onward have been driven by several causal factors, including the global wave of health promotion; the rise of NCDs, specifically cardiovascular diseases; the political commitment to reform tobacco policy; and strong advocacy coalitions and epistemic communities. The case of Mauritius equally reveals a shift in tobacco policy from general acceptance to desire for control policies. This was largely due to the prevalence, and the rise in cases, of non-communicable diseases in the late 1980s, the global normative consensus on tobacco control, the rise of powerful anti-tobacco advocacy groups, the political commitment to change, and the bad economic situation for tobacco production in Mauritius.

In addition, Mauritius' tobacco control policy development involved an element of

chance. For instance, the economic realities in the mid-1990s made tobacco production in Mauritius prohibitively expensive. As Mauritius transitioned into a high middle-income economy in the 1980s, the cost of labour rose. As such, British American Tobacco relocated their production plant to Kenya, which had a large population and a relatively cheap labour supply. The increasing cost of transporting the produced goods to mainland Africa was also a factor, especially when considering the small market size (1.3 million people) of Mauritius.

As a new policy image attracts different sets of participants in the policy subsystem, different institutional venues emerge. Baumgartner and Jones (1993) define policy venue as the institutional arenas in which policies originate, find support, and are adopted as binding policies on a country. Formal government institutions such as the legislature, judiciary, and executive are often the places where authoritative policies are made in most countries, but the media and the stock market also provide institutional venues for policy problems to be framed and solutions debated. Policy venues are sites for strategic policy deliberations that actors can exploit either to consolidate their existing position in the institutional system or to destabilize an existing policy monopoly. Multiple policy venues are often exploited by strategic actors to influence the agenda setting process of a policy. In the case of Mauritius and South Africa, anti-tobacco actors exploited different policy venues, such as the mass media, ministerial agencies, the legislature, and the courts, to influence policy change over time.

Table 2.1. *Analytical Categories Used in the Study*

ANALYTICAL CATEGORIES	QUESTION	DEFINITIONS
Agenda and problem definition: Frames Problem definition Policy venue Policy entrepreneur Exogenous factors Endogenous factors	How do policy problems get onto the government agenda?	Agenda Setting is the process by which political institutions and government actors consider a problem and make policies to confront that problem (Studlar, 2002).
Interests, groups, and advocacy coalitions: National and international interest groups Epistemic community Public and private networks Transnational networks and advocacy groups	How do diverse interest groups and advocacy coalitions influence tobacco control policy outcomes in Mauritius and South Africa?	Interest groups are self-interested in the goal-oriented agents in the policy-making process. Because there are many interest groups in the policy subsystem, strategic alliances, networks, and coalitions are important factors in guaranteeing success.
Ideas and global norms: The spread of global norms Policy domain network Interest articulation	Where did the policy idea come from?	Ideas give meaning to policy making. The diffusion of ideas plays a role in the behavior of actors at the local, national, and international levels. For example, the adoption of the FCTC has become the standard policy document used to assess the stringency of a country's specific policy.
Institutions Norms Rules Policy legacies	How do structures, rules, and norms affect the development of tobacco control policy? And what institutional venue of power is most important in tobacco control?	Institutions are rules, procedures, and norms that guide the process of policy making. It is not possible to gloss over institution in any practical or theoretical discussion of policy making.

2.7 Institutions: How Do Structures, Rules, and Norms Affect the Development of Tobacco Control Policy?

While the role of institutions in the policy literature is extensive (van Gestel, Denis, Ferlie, & McDermott, 2018; Ostrom, 1999, 2011; Scott, 2008; Barzelay & Gallego, 2006; North, 1990; Peters, Pierre, & King, 2005; Pierson, 2000; Thornton, Ocasio, & Lounsbury, 2012), the magnitude of their influence is difficult to measure in the policy process. This is more evident with the prevalence of multiple causal factors, such as ideas, interests, socioeconomic issues, crises, and internationalization, in policy change literature. Thus, measuring the effect of institutions[24] in a "thick" exploratory study such as this one is challenging. Institutions shape individual political behaviour in the policy subsystem (Finer, 1932; Ostrom, 2007, 2008, 2009, 2011; Steinmo, 2008). Institutions define the parameters of actor participation and interest articulation in the subsystem (see Lieberman, 2002).

Institutions are central not only to the study of public policy, but also to political science as a whole. Guy Peters (1996) describes old institutionalism as a normative approach that is primarily concerned with good government. It is structuralist, because it argues that institutional structures determine political behaviour; legalist, because laws play important roles in governance; and functionalist, because institutions shape the functional behaviour of actors and human agents. Despite all of these attributes of old institutionalism, critics have challenged the core assumptions underpinning the traditional institutional approach, and its lack of methodological and theoretical clarity. Critics argue that the old institutional approach is too descriptive and that methodological issues were left to the common sense of each scholar

[24] By institutions, I mean a "relatively enduring collection of rules and organized practices, embedded in structures of meaning and resources that are relatively invariant in the face of turnover of individuals"(March & Olsen, 2008, p. 3).

(Lowndes, 2010). Thus, the emergence of a new institutional approach to the study of comparative public policy has provided a more reflective and rigorous methodological approach to institutional analysis in both political science and public policy research.

There are many strands of new institutionalism. Vivien Lowndes (2010, p. 65) alone has outlined nine strands: normative institutionalism, wherein scholars study how norms and values shape the behaviour of individuals (see March & Olsen, 1984, 1989); rational choice institutionalism, in which individuals maximize their utility within the framework of existing rules and incentive structures available (see Weingast, 1996; Ostrom, 1998, 2007, 2008); historical institutionalism, which primarily examines the way that past policy choices affect present policies and behaviour of policy actors (see Hall & Taylor, 1996; Hall, 2010; Steinmo, 2008); empirical institutionalism, in which different institutional types are classified in order to determine their impact on governmental process (see Peters, 1996); international institutionalism, in which the behaviour of states is shaped or steered by international structural constraints (see Rittberger, 1993); sociological institutionalism, in which institutions create meaning for individuals and provide a theoretical understanding to normative institutions within a political system (see Meyer & Rowan, 2006); network institutionalism, in which regularized, informal patterns of interaction between individuals and groups shape political life (see Rhodes & Marsh, 1992); constructivist institutionalism, in which institutions are regarded as influencing behaviours through frames of meaning (see Hay, 2006)[25]; and feminist institutionalism, in which scholars study how gender norms operate within institutions and how institutional processes construct and maintain those norms (see Kenny, 2007; Chappell, 2006).

[25] Vivien Schmidt (2006, pp 98-117) has also identified discursive institutionalism as a member of the "new institutionalisms".

All of these variants are concerned not only with the impact of institutions upon individual behaviour, but also with interactions between institutions and individuals (March & Olsen, 1984). The effect of multiple institutional venues in the policy process has been expressed in this work in three main ways. First, the advocacy coalition framework categorizes all policy actors, including different governmental and non-governmental institutions, on the basis of their beliefs or policy orientation in the subsystem. This allows different levels of institutional interaction with the policy subsystem. In the case of tobacco control in South Africa and Mauritius, different institutional actors were involved at each stage of the policy deliberation, and depending on their policy beliefs, the actors were classified as pro- or anti-tobacco control. However, the pro-and anti-tobacco classification does not act as an analytical straitjacket because actors can change their positions based on many factors.

Second, the punctuated equilibrium theory explains multiple institutional interactions in the policy-making process by examining how different levels of institutional actors become involved in policy making and how they change their configurations over time between different venues of power. Third, since the global wave of health promotion in the 1970s, tobacco control in most parts of the world has assumed transnational and international dimensions. As such, the international relations literature on global governance and global diffusion of ideas has become a popular source of political analysis of tobacco control. Thus, it is not surprising that interviewees in both South Africa and Mauritius acknowledged the WHO's role in their country's tobacco control policies. Most importantly, the global wave of health promotion in 1970s and the 1980s, starting with the Canadian Lalonde report of 1974, to some extent influenced the ideas that drove anti-tobacco advocates to push tobacco control onto the policy agenda of their respective national governments.

Therefore, this thesis draws insight from historical institutionalism (HI) to explain the effects of institutional legacies on policy development. HI makes it clear that behaviour, attitudes, and strategic choices take place within a certain historical, social, political, and economic context, and that past decisions can lock in future decisions (Hall, 2010; Steinmo, 2008). In *Institutions, Institutional Change and Economic Performance*, North (1990) concerned himself with developing a theoretical understanding of institutions[26] and their relative economic successes over time. North (1990) argues that institutions are designed to constrain and structure human interactions and are necessary because of the uncertainties inherent in human affairs. He argues, however, that institutions vary in their effectiveness over time because some propel growth while others promote stagnation. North (1990) explains that institutional development may lead to path-dependent economic performance in the future. The use of institutions in North's (1990) work is important for this study because it recognizes the complexities involved in institutional design and development structures, the interactive effects of multiple causal variables, and the critical junctures that set path dependencies in motion that ultimately rule out different options for future policy decisions.

2.8 Ideas and Global Norms: Where Did the Policy Idea Come From?

The literature on policy ideas continues to grow in importance in public policy research (Schneider & Ingram, 1988; Campbell, 2002; Bhatia & Coleman, 2003; Béland, 2005; Steinmo, 2008; Cox & Béland, 2013; Baumgartner, 2013). However, the ideational literature in public policy analysis continues to present a challenging analytical and practical problem. On the one hand, ideas give meaning to the social world of policy actors and often provide the basis for

[26] Although Douglas North himself is not a historical institutionalist, his methodology can be likened to historical institutionalism. Central to North's methodology is the notion of path dependency.

policy actors to rally support for or against an existing policy. As an object of scientific inquiry, ideas are usually treated as subordinate variables to material interests or institutions (Béland & Cox, 2011). This situation is traceable primarily to two central epoch-changing waves in the social sciences (for a detailed discussion of these changes, see Béland & Cox, 2011). The first of these was the behavioural revolution, which jettisoned interpretive methods as empirically less rigorous than deductive method. The second was the neo-Marxist wave of inquiry in social research, which is receptive to interpretive methods but dismisses a nonmaterialistic explanation of human action (Béland & Cox, 2011, p. 6). However, thanks mainly to the constructivist turn in social science research, ideas occupy a middle ground in policy analysis, and there is a growing definitional consensus on what ideas are and on what the sources of ideas are (Béland & Cox, 2011).

Ideas, according to Emmerij, Jolly, and Weiss (2005, p. 214), are "beliefs held by individuals or adopted by institutions that influence their attitudes and actions." The role of ideas in policy change is as important as understanding institutional constraints in the policy process. Ideas are the central ingredients of actors in the subsystem. Both ideas and institutions, along with other independent variables of policy change, can strongly affect our theoretical and practical understanding of politics and policy development. As argued by Cairney, et al. (2012), "policy choices follow argumentation and persuasion, and the substance or status of ideas may represent a key resource for participants" (p. 34). Current public policy research can boast growing literature on ideas and their role in policy change and policy-making (see Blyth, 1997, 2002; Béland, 2009, 2010; Bhatti & Coleman, 2003; Campbell, 2004; Cox, 2001; Padamsee, 2009; Orloff & Palier, 2009; Lieberman, 2002; Fischer, 2003; Surel, 2000; Schmidt, 2002; Berger & Luckman, 1966; Goldstein & Keohane, 1993). Ideas are causal beliefs held by

individuals or adopted by institutions that influence attitudes and actions (Béland & Cox, 2011). Here, ideas offer the "policy blueprints" that provide political actors with a model of reforms (Béland, 2007, p. 3). Ideas also offer the opportunity for actors to coordinate their interest and build coalitions. More fundamentally, ideas aid in the production of social realities through which actors make sense of their world (Berger & Luckman, 1966).

Understanding the ideational foundation of policy change is a necessary element in explaining the differences, similarities, and variations that we see across different countries and institutional settings. In both South Africa and Mauritius, as explained in Chapters Five, Six, and Seven of this thesis, scientific ideas on the health hazards of smoking and second-hand smoke contributed to changing the social acceptability of tobacco smoking. Also, new research on the taxability levels of tobacco paved the way for governments across the world to use tobacco taxes as a tool to control tobacco consumption while simultaneously increasing government revenue. Moreover, the role of global epistemic communities and the diffusion of global norms from organizations such as the WHO had a catalytic effect on tobacco control policy negotiations in South Africa and Mauritius.

The ideational literature equally pays attention to policy innovation and how those ideas, once made, are diffused. The policy diffusion literature originally developed in the US "suggests that policy percolates or diffuses; something that is contagious rather than chosen" (Stone, 2004, p. 546). Berry and Berry (1999) equally see policy diffusion as "the process by which an innovation is communicated through certain channels over time among members of a social system" (p. 171). The policy diffusion literature generally seeks to explain how policy change occurs through structures and systems of influence. The effects of policy diffusion and learning among states and units within the state have been well documented (Mossberger, 1999; Boehmke

& Witmer, 2004; Berry & Berry, 2007; Rose, 1991; Weyland, 2009; Shipan & Volden, 2006, 2008; Freeman, 2006). Policy diffusion can be defined as "the process by which an innovation is communicated through certain channels over time among the members of a social system" (Rogers, 1983, p. 5).

A growing body of literature in public policy, international relations, and comparative politics focuses primarily on how and why the policies and programs of any given country are influenced by the policies of others. International relations scholars have examined the construction of global norms and the impact of the spread of those norms on the behavior of states and non-state actors (Keck & Sikkink, 1998, 1999; Ruggie, 2002, 2004; Jorgens, 2004; Dobbin, Simmons, & Garrett, 2007; Dashwood, 2012). Comparative public policy scholars have emphasized how nations develop new policies and how those policies are diffused across national borders (Heclo, 1974; Simmons, 2000; Simmons & Elkins, 2004; Weyland, 2005; Shipan & Volden, 2008). Scholars have also examined policy diffusion and innovation across provincial, municipal and local governments within a particular jurisdiction (Lutz, 1989; Lubell, Scholz, Berardo, & Robins, 2012; Volden, 2006; Pralle, 2006; Shipan & Volden, 2012).

With regard to tobacco control research, scholars interested in policy diffusion have pointed out the role of policy learning and policy emulation in country-specific tobacco control measures (Studlar, 2007; Farquharso, 2003). Berry and Berry (2007) have articulated three basic reasons why a state might emulate another in a specific policy arena. First, when innovative policy in a country is widely perceived as successful, it becomes the trailblazer for other states to emulate; second, states emulate the policies of other states to achieve a competitive advantage over them; third, states emulate policies that are regarded as the international standard. Since 2003, the WHO Framework Convention on Tobacco Control (FCTC) has become the global

standard for countries to emulate (see Mamudu & Studlar, 2009). Although tobacco control programs in Mauritius and South Africa were begun before the FCTC, subsequent amendments over time have converged around the FCTC's conventions. To this end, the global diffusion of norms plays a role in explaining tobacco control policies in South Africa and Mauritius. Policy learning in this regard is a useful tool to examine whether or not evidence exists to show that the two countries learned from each other over time.

2.9. Interests and Coalitions: How Do Diverse Interest Groups and Advocacy Coalitions Influence Tobacco Control Policy Outcomes?

Interests also play an essential role in the actor formation and coalition building in the policy subsystem. Like institutions and ideas, the definition of interest in policy analysis is contested. The definition of interest in political decision-making is more cumbersome when we examine the fact that earlier policies, ideas, and institutional structures of a specific polity can shape interest and its articulation in policy making (see Ball, 2012; Heinz, 1993; Stone, 1997; Immergut, 1990, 1992). Current literature on the policy process makes a case for the role of interest groups in setting government agendas, defining and framing policy problems, providing policy alternatives, and directing implementation (Baumgartner & Jones, 1993, 2002; Berry, 1999; Patashnik, 2003; Grossmann, 2012). Interest groups in this sense influence government decisions and sway public opinion by participating actively in the policy process in areas of advocacy and public sensitization (see Caldeira & Wright, 1988), influencing voter behaviour on a particular issue, and serving as the voice and a conveyer of information between the general public and the media (Armstrong, Carpenter & Hojnacki, 2006; Colby & Cook, 1991).

Understanding the material interest of actors in the policy process involves identifying the winners and losers in policy change. In the case of South Africa and Mauritius, prominent

interest groups, such as the Medical Research Council of South Africa (MRC), the South African National Council Against Smoking (NCAS), the Cancer Association of South Africa (CANSA), Link to Life, VISA, and the Heart and Stroke Foundation of South Africa (HSF), were prominent anti-tobacco organizations that helped to disrupt the otherwise stable policy system that had been monopolized by the tobacco industry for many years. Because of the number of interest groups competing for policy influence in the policy subsystem, most like-minded interest groups form "advocacy coalitions" to develop strong voices for their policy goal. In South Africa, interest groups with similar beliefs, such as the NCAS, MRC, CANSA, and HSF, came together under an umbrella organization called the Tobacco Action Group (TAG) to promote a strong voice in the pursuit of their policy goal. As such, this dissertation draws on the Advocacy Coalition Framework to understand coalition formation, policy beliefs, and policy learning among actors in the policy subsystem.

Since its development in 1980s, the ACF has experienced a series of revisions. Over time, the ACF has gained enormous currency among scholars in North America, Europe, and Australia. It has been employed as a theoretical tool to understand the processes of policy making in areas including forestry, the environment, censorship, energy, taxation, public health, drugs, education, sport, and domestic violence (Elliott & Schlaepfer, 2001; Ladi, 2005; Chen, 2003; Hsu, 2005; Fraquharson, 2003; Houlihan & Green, 2006). The ACF builds on Pressman's and Wildavsky's (1973) argument that policies reflect both values and theories about causal relationships that undergird policy issues. The ACF provides an analytical platform to investigate the role of policy beliefs, policy-oriented learning, stakeholder interest, and coalition competition in policy-making. The ACF is particularly useful in understanding policy change that involves considerable goal conflicts, significant technical disputes, multiple actors, policy learning and

"external perturbations" (Sabatier & Weible, 2007, p. 195).

The primary unit of analysis of the ACF is the policy subsystem and the coalitions that occupy this subsystem. Due to the vast number of actors in the policy subsystem, the most effective means to influence the policy-making process is to align advocacy coalitions based on "policy core beliefs" (Sabatier & Weible 2007, p. 195). The beliefs of actors, according to the proponents of the ACF, can be understood as operating at three different levels: deep core beliefs, policy core beliefs, and secondary beliefs (Sabatier & Weible, 2007, p. 195). Deep core beliefs are broad in scope and difficult to change, because they form the philosophical existence of the actor. In the case of tobacco control policies, most common deep core beliefs involve the strong expression of individual rights and liberties to smoke versus collective public health concerns.

Policy core beliefs, in most cases, are resistant to change, but are not considered as deeply entrenched as deep core beliefs (see Heinmiller, 2013; Sabatier, 1999). Policy core beliefs are intermediate in scope and are more "likely to adjust in response to verification and refutation from new experience and information than deep core beliefs" (Weible, Sabatier & Mcqueen, 2009, p. 123). Secondary beliefs are at the shallowest level, which Sabatier and Weible (2007) describe as narrow in scope and relatively easy to change based on perceptions of empirical evidence. It is important to understand actors' belief systems because they define the basis of alliances within advocacy coalitions.

Despite its influence on public policy analysis in the last two decades, the ACF is not without limitations. Critics have cast doubt on the generalizability of the ACF in institutional settings outside the United States (Parsons, 1995). Leifeld (2013) has raised pertinent questions

that the ACF leaves unanswered: "what exactly happens when coalition members adjust their beliefs – do they leave their coalition and join the political opponent? How does the structure of the subsystem change when belief change occurs? Does the competition between two or more stable coalitions constitute the normal state of policy making irrespective of institutional context across a political system?" (p. 169). Additionally, Sabatier and Weible (2007) concede that the absence of "clearly conceptualized and operationalized institutional variables that structure coalition formation and behavior, as in the institutional analysis and development framework" are needed at the policy subsystem level (p. 169). As such, examining actor relationships at the subsystem level of policy making provides the opportunity to analyze the belief system of actors, policy learners across coalitions, and actor-centered contestation or collaboration in the policy subsystem. The ACF alone, however, does not allow for the opportunity to explain the role of global institutions such as the WHO, and how the diffusion of policy ideas plays into the policy preferences of South Africa and Mauritius.

2.10. Networks, Interest Groups, and Actor Formation in the Policy Subsystem

Networks are an essential part of group formation and collective action in the policy subsystem. A policy network is an analytical tool used to conceptualize policy making as a "process involving [a] diversity of actors who are interrelated" (Adam & Kriesi, 2007, p. 146). Indeed, public policy scholars are divided on the nature and meaning of policy networks. The available policy network literature can be divided into two analytical camps: the first conceives policy networks as interpersonal relationships among actors in the policy community, while the second conceptualizes networks as structural linkages between public and private actors (Marsh, 1998). The complex nature of modern political decision-making makes it imperative for policy analysts to pay attention to the relationship among actors rather than their unique individual

characteristics. The difference between a network approach to policy analysis and other non-network approaches is the "inclusion of concepts and information on relationships among units in a study" (Wasserman & Faust, 1999, p. 6). The policy network approach draws on state- and society-centered approaches to analyze policy making, and transcends the formal description of policy making (Adam & Kriesi, 2007). For Kenis and Schneider (1991), policy networks[27] constitute a new governance system inundated with informal, decentralized, and horizontal relationships. This thesis examines both actor relationships at the formal level of policy making and the interactive effect of formal and informal institutions in policy making.

Conceptually, network analysis is a meso-level framework because it is placed within the institutional arrangements of policy making at the macro-level on the one hand, and a micro-level individual behaviour on the other (Adam & Kriesi, 2007; Lubell et al., 2012; Fischer, 2013). The study of networks and their structures has a consequential effect on the unit and system of analysis (Knoke, 1990). Network analysis in policy processes provides an understanding of current and future policy outputs (Knoke, 1996; Bressers & O'Toole, 1998; Howlett & Ramesh, 1998; Rhodes, 2006; Rhodes & Marsh, 1992; Adam & Kriesi, 2007; Fischer, 2013). Manuel Fischer (2013) has identified three main elements that are present in policy network analysis: conflict, collaboration, and power. Conflict among actors in the policy making process is mostly the result of actor preferences, beliefs, and philosophical orientations

[27] Policy networks provide a useful avenue for interest groups to influence the policy process in the subsystem. Networks "constitute a new form of governance characterized by the predominance of informal, decentralized and horizontal relations" (quoted in Adam & Kriesi, 2007, p. 131). Government agents do not occupy the dominant position in the network, and they do not impose their will. Instead, they engage in constant interactions and relationships with other actors to promote joint policy solutions to a specific policy problem. Networks are not just nationally based, and tobacco advocacy coalitions in most African countries have links to international organizations and activist groups such as the Bloomberg Foundation, WHO, and IDRC, which provide technical and/or financial assistance in the global fight against tobacco.

about issues that are not easily reconcilable (Scharpf, 1997). Because actors in the network structure compete for influence in the policy community, power is an important element among competing coalitions. In this case, power is conferred by the institutional structure of the country, the resource availability, and the influence that the actor holds in the policy domain. For this reason, the inclusion of policy network analysis as part of the analytical framework for this research adds a more descriptive richness to this work. Here, the analysis focuses on examining the distribution of power and the predominant types of interactions among actors at both the formal and informal levels on the one hand, and at the international level on the other**.**

2.11 Conclusion

This chapter presents a case for the importance of gaining insight from multiple theories of the policy process. The central argument presented in this chapter is that policy making can be best understood when we examine the interactive effects of institutions (rules, norms, policy legacies, and practices), agendas (problem definition, attention, and policy image), policy ideas (cognitive paradigms, world views, knowledge, and policy programs), and interests (lobby groups, the tobacco industry, advocacy networks and governments). For this reason, this study constructs a holistic analytical tool to organize the data and help explain the complex mechanism of tobacco control policy-making in both South Africa and Mauritius. Although the literature on agenda setting and on Institutions, Ideas, and Interests (the 3Is) cover policy analysis extensively, scholars have paid less attention to the theoretical integration of the problem definition literature with the 3Is in explaining policy change, especially in a complex adaptive policy subsystem. Therefore, this project proposes a conceptual framework that synthesizes existing public policy frameworks or theories to explain the development of tobacco control policies in South Africa and Mauritius over time.

Tobacco control has attracted global policy response in the form of WHO FCTC, which invariably affects the domestic policies of countries wishing to adopt or improve their tobacco policies. As argued in page 44, policy-making frameworks that were primarily designed to focus on domestic policy processes, such as the ACF, PEF, and the MSF, should be revised to incorporate global public policy. As noted above, the analytical framework of this study is based on existing theories of the policy process: it draws on the MSF and the PEF to explain the process that made tobacco control policies part of a formal government policy agenda, and closely examines issue identification, venue shifts, framing and shifts in policy images, and the role of the policy entrepreneur in getting issues from the subsystem onto a formal government agenda. By using the MSF, PNA, and PEF to examine the agenda-setting dynamics of tobacco control policies, this study accounts for the exogenous factors that propelled tobacco control, including the changes in government in South Africa in 1994 and Mauritius in 1995, changes in both countries' economic structures, the global wave of health promotion, the carcinogenic properties of tobacco, and the rise of new data and ideas on the taxability of tobacco products.

The use of the ACF in this thesis is meant to classify the various interest groups, individuals, actors, and participants in the policy making process by first identifying both the policy subsystem and the ways actors articulate their policy preference. After categorizing the various interest groups and their policy beliefs and preferences, the study draws on the interest group and policy network literature to examine the relationship among actors in the subsystem, the links, if any, between interest groups within the subsystem and other transnational activist groups or organizations, and the relationships between formal and informal organizations and interest groups. Furthermore, by drawing on institutional theory, this work examines the effects of past policy choices on tobacco control and the critical junctures that facilitated path-departing

tobacco control policies.

This chapter lays the groundwork for a robust analytical framework and presents various theoretical perspectives to explain tobacco control policy changes across two different institutional configurations. It justifies why a single theoretical perspective of policy change is inadequate in explaining the numerous causal factors involved in tobacco control policy changes in South Africa and Mauritius. For this reason, it proposes an analytical framework that pays particular attention to synthesizing existing perspectives of policy change. As a result, the chapter discusses four analytical categories with corresponding questions. In this way, this chapter organizes the analytical chapters (five, six and seven) in a more systematic manner while maintaining the theoretical rigor expected in public policy research. The next chapter outlines the methodology and the methods adopted in collecting data for analysis.

Chapter Three
Methodology and Methods of Data Collection

3.1 Introduction

The previous chapter provided the theoretical framework for this dissertation; this chapter explains the research design and data collection methods. It includes definitions, conceptualizations, and operationalizations of key variables for this study, and provides the justification for case selection. Most importantly, it demonstrates the operation of the research question and outlines the comparative methodology. This chapter ends with a brief discussion of several ethical considerations in data collection. The aim of this chapter is to systematically show the processes that guided the generation and analysis of research data.

3.2 Definition, Conceptualization and Operationalization of Key Research Variables

Policy change often poses conceptual and definitional challenges for policy analysis. For the purposes of this project, tobacco control policy change is defined as a deliberate shift in government policies and programs that is aimed at regulating the consumption and production of tobacco. Therefore, policy change is the dependent variable to be explained. The independent variables in this case are those that affect the processes of policy change: institutions, ideas, and interests (see Capano, 2009; Capano, & Howlett, 2009b).

This dissertation investigates and explains tobacco policy change within the context of a time frame of over three decades. Time is important for explaining the evolution and sequence of policy change, particularly in a longitudinal comparative study such as this one. It is, therefore, imperative for public policy scholars to define the scope of their research by clearly specifying the time frame of their study; however, time frames are not adequately defined in much of the

existing public policy literature. Sabatier and Jenkins-Smith (1993, p. 16) have argued that a time frame of ten years or more is needed to robustly explain the complex processes of policy change. As such, this study pays particular attention to the political and economic dynamics of both the apartheid and post-apartheid eras in South Africa to appreciate the complex dynamics of policy change in that country.

The time frame under discussion is between 1948, when the National Party (NP) came into power in South Africa, and 2018. This era is significant in the history of tobacco control because the NP government had close ties with the tobacco industry. With the help of the NP government, the tobacco policy subsystem was largely dominated by the tobacco industry until the 1980s. In the case of Mauritius, the time frame for this study runs from 1968 to 2018. As in South Africa, the post-independence politics of Mauritius encouraged the production and manufacturing of tobacco. With the help of the government and the Tobacco Board, the tobacco industry dominated the policy subsystem for over two decades. It was not until the 1980s that the first attempt at tobacco control regulation was initiated, but this attempt failed.[28] In 1995, the Mauritian Labour Party (MLP) formed a government with a tobacco control agenda.

This work does not simply focus on only analyzing policy change, but does so while considering how policy change interacts with the independent variables: institutions, ideas, interests shape the preference of policy actors in the policy subsystem. It takes an inductive approach, and does not aim to test the robustness of one specific theoretical perspective or the other, but provides a thick exploratory and historically rooted empirical analysis (see Coppedge, 1999; Bennett & Elman, 2006; Collier, 1993). My discussion separates tobacco policy from tobacco control policy: tobacco policy is a broader concept that is often associated with a

[28] See Chapter Five for a more detailed discussion of tobacco control in both South Africa and Mauritius.

government's policies to encourage the production of tobacco through agricultural subsidies, trade support, political and legislative support (Studlar, 2009), while tobacco control policy entails deliberate actions, laws, ordinances, regulations, and directives from authoritative government agencies and institutions intended to alter individual behavior with regard to the sale, consumption, and production of tobacco (Carrell, Johnson, Stanley, Thompson, & Tosti, 1998).

3.3 Methodology, Methods, and Case Selection

This section provides further explanation of the overall design of this project and also justifies the case selection. For this reason, this dissertation distinguishes between a "method" and a "methodology" in social science research. Whereas a "method" is simply a research tool, a technique, or a process adopted to engage in research (see Ragin, 2004, 2007), a "methodology" is the totality of the research, or the research design, informed by ontological,[29] epistemological,[30] and normative stances (Hall, 2003). For Peter Hall (2003), methodology is the means scholars use to "increase confidence that the inferences they make about the social and

[29] In comparative politics, ontological questions primarily focus on what can be compared (Landman, 2003). Ontological questions help to understand the "what" of comparison in ways that enable the generation of typologies (Peters, 1998). The ontological position of a researcher determines his/her research questions, research design, and data collection approach. Peter Hall (2003) argues that ontological assumptions and worldviews shape the researcher's understanding of causal relationships in the world. Therefore, ontological questions precede a researcher's epistemological and methodological approaches. Conversely, epistemological decisions can also influence or generate ontological claims, especially among scholars who believe that "what counts is what works" or what Bale (2006, p. 102; Stanley, 2012) refers to as "mundane instrumentality."

[30] Epistemology is the theory of knowledge, questions as to how we know what we know and what constitutes an adequate understanding and explanation of a particular social or political phenomenon. Epistemological questions seek to understand how we came to have knowledge of the world. Although there are many epistemological viewpoints in comparative studies, the main positions are usually characterized as positivism (the belief in objective and scientific knowledge) and interpretive knowledge (hermeneutic and social construction).

political world are valid" (p. 373). Ronald Chilcote (2000) explains methodology in comparative politics to include methods, procedures, concepts, rules, and approaches adopted to test, explain, generate, or understand a theory or specific social problems. Arend Lijphart (1971) has identified comparative "small-N" studies as the basic scientific methodology in comparative politics (see also Ragin, 1994). Thus, this thesis is designed as a small-N comparative case study of two different African countries: Mauritius and South Africa. The two-country case study offers the opportunity for a detailed and more nuanced qualitative explanation of the key factors that precipitated tobacco control policy changes. Suffice it to say that this research was conducted from the perspective of an outsider. The goal is to understand and explain tobacco control policy making in Mauritius and South Africa based on available documentary evidence and interviews with key policy actors. Despite the obvious disadvantages associated with the outsider approach to social science research, it is the most appropriate approach for analyzing past policy processes and outcomes from a comparative lens.

3.4 Why Comparative Case Study Research Design?

Comparative research design, including the most-similar and most-different system design and process tracing techniques, has had a significant effect on middle-range theory development, and this is the reason why this project seeks to develop a better analytical framework to explain tobacco control policy-making in South Africa and Mauritius at the micro, meso, and macro levels of policy making. The analytical advantage associated with the comparative method is that it allows a deeper investigation of a problem or a puzzle that cannot be explained without comparing, and which demands some form of logical reasoning (Peters, 1998).

Comparative public policy studies are the systematic study of different political systems across different institutional configurations. More precisely, comparative researchers are primarily interested in the systematic investigation of "patterns, processes and regularities among political systems" (Wiarda, 2007, p. 7). The comparative method has been applied to a wide range of topics in the field of political science, including public policy, political institutions, voter behavior, political culture, and political ideas such as liberalism, Marxism, and conservatism (Mahler, 2013, p. 3; Steinmo, 1989; Tsebelis, 1995; Hacker, 1998; Esping–Andersen, 1990, 1999; Svallfors, 1997). Understanding the logic of comparative methodology enables scholars to select cases that will help develop new knowledge of political patterns and conflicts (Sartori, 1970). The comparative method in public policy research has been well documented since the 1970s (see e.g. Gupta, 2012; Feldman, 1978; Heidenheimer, Heclo, & Adams, 1983; Heclo, 1974, Smith 1975; Hayward & Watson, 1975; Immergut, 1992; Iversen & Soskice, 2006; Skocpol, 1992), but few public policy researchers have made efforts to systematically compare different or similar policies across systems, time, and countries. Two basic approaches to employing this methodology are discussed below. The latter is the basis of the research design for this study.

J.S Mill's "most similar" and "most different" system design is considered the first systematic formulation of modern comparative research and is often cited as foundational to understanding the logic of comparative research (see Przeworski & Teune, 1970; Lijphart, 1971). Simply put, the 'most similar' system design compares cases that are as similar to one another as possible in order to identify the factors responsible for the differences between them (Faure, 1994). Adam Prezeworski and Henry Teune (1970) have argued that "intersystemic similarities and intersystemic differences" are the focus of the "most similar" system design (p. 33). For

example, in *Civic Culture: Political Attitudes and Democracy in Five Nations,* Gabriel Almond and Sydney Verba (1963) carefully selected countries that had democratic political systems but were different in terms of their level of development. As such, they were able to systematically compare the beliefs, attitudes, values, and orientations of individuals in relation to how those attributes connect them to the overall political structures of their respective countries. De Meur and Berg-Schlosser's (1994) "most similar" study in Finland and Estonia followed this logic because it explained why Finland was able to consolidate democracy while Estonia's political system collapsed, despite their similar social, political, and economic circumstances. Nonetheless, their findings revealed that the cause of these different political outcomes was largely due to the distinct political cultures of the two systems (see Dodds, 2013). This type of comparative research design is a challenging technique that requires rigorous experimentation to ascertain a single factor that can explain the difference in outcomes among two similar systems (see Caramani, 2009; Dodds, 2013).

In contrast, the "most different" system design involves comparing and contrasting cases that are as different as possible, in order to demonstrate robust relationships between dependent and independent variables (Faure, 1994). The "most different" system design used in most public policy research explains some common outcomes in specific policy issues across systems that are remarkably different in many respects. The goal here is to establish the causal circumstances that are common across the cases as a unit of analysis (see Dodds, 2013). This type of comparative case study allows the researchers to focus more on analyzing causal commonalities existing among the cases at the micro, meso, and macro levels[31] of policy analysis. De Meur and Berg Schlosser (1994) and Charles Ragin (1994) call this type of comparative research

[31] These concepts are defined in Chapter One.

"qualitative case analysis" because it allows for internally valid conclusions in causal claims (see Moore, 1966; Rueschemeyer, Stephens & Stephens, 1992; Skocpol & Somers, 1980).

This kind of comparative public policy research is interesting and innovative because of the range of intra-systemic variables the two cases bring to bear on the study. This dissertation illuminates an interesting approach to systematically understanding the various influences that led to the policy commonalities in South Africa and Mauritius. This study does not focus on explaining only the commonalities in policy outcomes; it investigates "within case" variations that exist between both countries. This study brings together aspects of both "most different" comparative research design and process tracing tools primarily aimed at explaining the interactions between causal mechanisms and context to fully understand why and how the two policies are converging over time. This approach to investigating and explaining the commonalities in policy outcomes between South Africa and Mauritius allows for a systemic and intra-systemic unit of analysis, which creates an opportunity for cross checking of data and evidence.

Two complementary analytical approaches are used in this dissertation. This project conducts within-case analysis in South Africa and Mauritius. Individual case studies of the two countries are presented in Chapters Five and Six, and the two cases are compared in Chapter Seven to unearth the unique research themes, patterns, and variations alluded to in the introduction. My goal is to create a case narrative that will explain the political processes, the actors involved, and the reasons why a particular tobacco policy was adopted. After understanding the within-case policy processes of both countries, a systematic comparison is undertaken by searching for patterns and various causal mechanisms that can explain both commonalities and differences in respective policies.

3.5 Why South Africa and Mauritius?

Mauritius is a parliamentary (Westminster) system with unicameral legislative authority headed by a prime minister, while South Africa is a quasi-parliamentary system with bicameral legislation and a cabinet headed by a president. Mauritius attained independence from the British in 1968 and has since established one of the most stable and economically prosperous democracies in Africa. It is a parliamentary democracy with a unicameral national assembly consisting of 70 seats, 62 of which are elected and eight are appointed to represent minority groups. The prime minister is the head of government while the president is the chief of state. Cabinet ministers are appointed by the president on the recommendations of the prime minster. With its 1.3 million citizens, made up largely of those of Indian, African, and European ancestry, Mauritius is culturally eclectic and religiously pluralistic, with a population mix of 50% Hindus, 25% Catholics, and 20% Muslims, with the remainder identifying as Protestants, Buddhist, and atheist. Although the official language in Mauritius is English, Creole is spoken by 84% of the population, with Bhojpuri (5.3%) and French (3.6%) making up the remainder. With a geographical size of 2040 sq.km, Mauritius bases its economy mainly on the production of textiles, sugar, and seafood, and on tourism. The GDP of Mauritius stands around $15.27 billion USD per year with a per capita income of approximately $12,000 USD, which is among the highest in Africa. The use and sale of tobacco products, however, remains a challenge despite great success on the part of the government to reduce the prevalence of tobacco use.

Table 3.1. Summary of Mauritius' and South Africa's Tobacco Control Policies/Country Profile

CATEGORIES	SOUTH AFRICA	MAURITIUS
Government	Mixed republic with bicameral legislature and a President with executive powers; One-party dominance since the end of Apartheid rule. The dominant political party is the African National Congress (ANC)	Parliamentary system with unicameral legislature with Prime Minister as the head of government; Multiple party dominance for the past 30 years. The three dominant political parties are the Mauritius Labour Party (MLP), Mauritius Militant Movement (MMM), and the Militant; Socialist Movement (MSM).
Life expectancy	57 years for men 60 for women	70 years for men 75 years for women
History	A legacy of settler colonialism by Europeans The racial segregation of the apartheid regime	A legacy of French and British colonial rule A multi-racial political system ensured by the democratic system
Year of tobacco policy	Tobacco Products Control Act of 1993 with amendments in 1999, 2008, and 2018	Public Health Act of 1999 with significant policy improvement in the Public Health Regulations in 1999 and 2008
Population	55,600, 000 (Statistics South Africa, 2016)	1,265,637 (Statistics Mauritius, 2018)
Languages	Major languages: IsiZulu, Afrikaans, Sepedi, English.	Major languages: English, French, Creole.
Level of tobacco use (prevalence rate among those age 15 or older) (WHO, 2017c and 2017b)	40% in male smokers and 3.3% in female smokers	33.4% in male smokers and 8.3% in female smokers
Tobacco exports (Drope, 2011, p. 228 and p. 186)	Tobacco products: 17822 tons at $3.083 per ton, No. 17 export Cigarettes: 9852 tons at $7.179 per ton, No. 12 export	Tobacco (unmanufactured): 214 tons at $4.888 per ton, No. 15 export Cigarettes: 99 tons at $40.626 per ton, No. 5 export
Tobacco imports (Drope, 2011, p. 228 and p. 186)	Tobacco (unmanufactured): 30499 tons at $2667 per ton, No. 13 import	Cigarettes: 963 tons at $19.947 per ton, No. 6 import

The modern history of South Africa, on the other hand, is dominated by its journey toward the end of apartheid, a movement for legal segregation and repression established by the National Party of South Africa in 1948 that lasted until 1993. Under apartheid, the population was racially classified into categories of "white," "black," "coloured," and "Indians." The government segregated education, healthcare, and social services based on race, with white people receiving better quality services than any other race.

The collapse of apartheid and the restoration of multi-party and multi-ethnic democracy paved the way for a new strain of political activism, deliberation, advocacy, and policy making (Appah, 2007; Asare, 2009). In the area of public health, the wave of multi-party democracy and democratic freedom led to the development of vibrant civil society groups and an active population with an interest in politics. These changes have invariably been influential on public health policy making including tobacco control. Despite the differences between the two nations, tobacco control policy programs in both South Africa and Mauritius prohibit tobacco advertisement and sponsorship, promote pricing and taxation of tobacco products, establish legal frameworks toward the eventual implementation of pictorial health warnings, and promote smoke-free public places including restaurants, night clubs, and bars.

3.6 The Prevalence of Tobacco Smoking in South Africa and Mauritius

In Mauritius, the current rate of tobacco smoking among those aged 15 or older is 40.1% in male smokers and 3.3% in female smokers (WHO, 2017b). In South Africa, the current rate of tobacco smoking among those 15 years or older is 33.4% in men and 8.3%in women (WHO, 2017c). In Mauritius, tobacco use among male youth was 24.5% in 2013, and among female youth was 10% (ages 13-15) in 2015. The figures remained the same in 2015 according to WHO

biannual report on global tobacco prevalence among member countries. On the other hand, current daily use of cigarettes among adults is 28.4% for men and 1.2% for women, while daily consumption of any tobacco product is 41% for men and 3.4% for women. However, smoking prevalence among those aged 15 years or over is 39% for men and 5% for women (WHO country report, 2017c). In South Africa, the prevalence rate of cigarette use among male youth is 29.4% while daily cigarette usage is 26.5%. The current prevalence rate of tobacco usage among female youth is 19.0% and cigarette use is 10.8%. The prevalence of tobacco use among adult men is 31.9% and among adult women is 7.0% (WHO, 2017c). However, smoking prevalence among those aged 15 years and over is 28% for males and 8% for females (WHO, 2017c).

Mauritius' tobacco control policy dates back to 1999 when the first comprehensive regulations were adopted. Another major change to tobacco control regulations in 2008 was implemented between 2009 and 2012. The 2008 tobacco control regulation was a significant milestone in Mauritius' tobacco control efforts and was implemented in two phases. The first phase of the law was implemented in March 2009 with the main focus on enacting a ban on smoking in both indoor and outdoor places such as hospitality venues, recreational venues, private vehicles with passengers, workplaces with provisions of designated tobacco smoking areas, and inside public transportation services. This phase also introduced a total ban on the sale of tobacco to minors, along with measures to reduce the illicit trade of cigarettes and stiffer punishments for those who violate regulations (ITC Project, 2012). The second phase of implementation began in June 2009 and was primarily focused on the use of pictorial health warnings, bans on deceptive descriptions such as "light," "mild," or "low tar" on cigarette packages, and a ban on the sale of single cigarettes or loose cigarettes and packages of less than 20 cigarettes (ITC Project, 2010). In 2009, Mauritius launched a national action plan on tobacco

control, which was primarily aimed at aggressive tobacco control enforcement (Lopez, Burhoo, Moussa & Nebot, 2011).

South Africa's tobacco control policy dates to 1993 when the first legislative policy against tobacco was adopted. Although the first scientific study that linked tobacco use to lung cancer in South Africa was published in the South Africa Medical Journal in 1963 (Oettle, 1963) it was not until the 1990s, when the apartheid regime was nearing its demise, that tobacco control policies were adopted nationwide. Since 1993, South Africa has passed three tobacco control laws: the first was the Tobacco Products Control Act 83 of 1993, and the second and third acts were passed in 1999 and 2007, respectively, when parliament amended the Tobacco Products Control Act 83 of 1993. However, the achievements of Mauritius' and South Africa's tobacco control policies remain under researched.

3.7. Methodology

This work is designed as a cross-case comparison of tobacco control policies in South Africa and Mauritius. It is a comparative study of different systems that employ diverse data collection methods. The main sources of data are government documents, speeches in the media, media reports, archival studies, grey literature, and published books and articles. These sources were supplemented by key informant interviews with people from the government, civil society groups, and other vested interest groups in the tobacco industry in each country. The use of documentation and interview data allowed me to cross-reference any contradictions between the interviews and the documents. Data collected through documentation and interviews were analyzed manually by tracking the following theoretical themes: agendas, ideas, institutions, and interests. The research paid particular attention to sub-themes that emerged from the four broad

analytical typologies. These sub-themes have been categorized into policy entrepreneurs, epistemic community, networks, scientific ideas, venue shopping, and material interest. These sub-themes fall under at least one of the four main theoretical typologies for this project. This work also pays particular attention to the ways how interviewees defined and articulated the need for policy change and the outcome of those changes.

Table 3.2. *Operational and Conceptual definition of key research variables*

CAUSAL VARIABLES	CONCEPTUALIZATION	OPERATIONALIZATION
AGENDAS AND PROBLEM DEFINITION	Understanding the role of actors in the construction and framing of a policy as a problem.	Examines the tools, framing tactics, strategies and resources policy entrepreneurs or policy champions adopted to frame and define tobacco as a problem.
Exogenous factors.	Any event outside the control of the tobacco policy domain but which influences the policy making process. This can be any sudden and unpredictable event in the broader political system or the international environment.	Examines governmental turnover, institutional change, ministerial reshuffle, government fiscal problems, and the broader international economic system.
Endogenous factor	Any event within the tobacco control policy subsystem that affects the policy making process. Normally, these events are self-produced by actors through their interaction with policy ideas and institutional structures.	Examines the dynamics of advocacy formation among actors in the subsystem. It also examines how actors learn from one another in the policy subsystem.
Media Advocacy	Shift in media agenda and issue definition among powerful media groups and organization in South Africa and Mauritius.	Examines the role of the media in the construction of tobacco as a problem.

INSTITUTIONS	Rules, norms, and structures that constrain actor behavior and that also determine future policy direction of policy makers.	Examines how institutions shape and constrain actors, interest groups, and individuals in the policy making process.
IDEAS *Media Advocacy*	Understanding the ideational construct that shaped the framing of tobacco smoking as a problem. Ideas are the beliefs, cognitive paradigms, dispositions as well as knowledge that informs policy preferences	Examines how ideas shape the policy making process, specifically scientific, economic and social ideas that have shaped the policy preference of actors.
Epistemic community	Shift in the media agenda and issue definition among powerful media groups and organization in South Africa and Mauritius.	Examines the role of media framing of tobacco as a problem and how media framing helped shift the tobacco policy image.
	Understanding the role of consensual knowledge by experts in the field of public health about tobacco	Examines the effect of scientific ideas about tobacco causal association with diseases on the policy process.
INTERESTS	Understanding the motives of vested interest groups and actors in the policy process.	Examines how vested interest groups framed and exploited institutional opportunities, as well as created a specific policy image of tobacco.

3.8 Operationalizing the Analytical Framework

This section explains how the analytical framework of this work was made operational, by outlining the four main categories described in Chapter Two that form the basis of my analytical framework, and examining the application of these typologies to the case studies based on the available evidence. To define agendas and problems, we must ask the question "How do policy problems get onto the government agenda?" This question implicitly assumes that tobacco control policy change was the result of a deliberate construction by policy makers who identified

the issue of tobacco smoking and carefully constructed it to gain public attention as a problem that needed governmental action. To define institutions, we must ask, "How do structures, rules, and norms affect the development of tobacco control policy?" This question seeks to unpack how tobacco control advocates exploited different policy avenues in their efforts to ensure political acceptance of their policy solution. Policy ideas and policy diffusion are based on the overarching question "From where did the policy idea come?" To determine interests, including interest groups and advocacy groups, we ask: "How do diverse interest groups and advocacy coalitions influence tobacco control policy outcomes in Mauritius and South Africa?" These four theoretical categories and main research questions form the basis of this project.

3.9 Steps to Data Collection

The first step of the data collection process was a literature review. The goal of this step is to develop a detailed understanding of the existing academic literature on tobacco control policy in South Africa and Mauritius, and to situate it within the broader global context of tobacco control. A computer-based search in special purpose journals on tobacco control, public policy, and political science was performed. This was followed by manual hand written sorting of the materials along specific thematic areas including tobacco control, tobacco policy, policy making, tobacco networks, advocacy, and policy change. This approach helps to assess and know the gaps in existing literature, the definitional complexities in tobacco policy change, and the scope of tobacco control research in South Africa and Mauritius.

The second step in the data collection process was reviewing the grey literature. During this step, publications that existed outside academic, peer-reviewed publications on tobacco control in the two countries were searched and reviewed. Published materials in the form of statistical publications, organization proceedings, minutes from organizations, working reports,

and conference proceedings were examined. The added benefits of using these documents is that they allow for the discussion of important mainstream documents that exist outside of academic journals.

After reviewing the grey literature, the next step in the data collection process was a review of archival materials like parliamentary hansards, government memos, Ministerial documents and gazetted documents. These documents were reviewed and studied as part of the data collection process. The purpose of this review was to obtain detailed and reliable primary information from credible authoritative sources. The volume of archival materials on tobacco control provides solid primary data that no policy analyst can do without it. This approach helps identify participants for the elite interview. This process also aided in information gathering on past policy negotiations. This approach further helped identify arguments, beliefs, and policy knowledge that occurred among actors in the subsystem.

Face to face elite interviews were conducted following the review of archival materials; key policy actors were chosen for these interviews. Interviews were used to help understand the motivations, policy beliefs, and strategic calculations of key actors who participated in the policy-making process and whose actions and inactions affected the outcome of the policy. Qualitative analysis of first-hand key informant interviews was conducted. The interview of key informants offered first-hand information across the diverse actors and vested interest groups who took active part in the policy making process. These interviews helped fill the gap in archival sources of data.

3.10 The Interview Process[32]

The interview process was started by identifying the population this research seeks to study. Because the research seeks to understand a specific policy domain, recruitment of participants was highly selective. The interview participants were people with detailed knowledge of tobacco policy in their respective countries. Once the research was clear on the study population, the interview guide was designed to reflect, in most part, the research questions. The interview was designed to allow respondents to express themselves freely, and questions were tailored specifically to suit the participant's role in the policy process. Bryman (2008), argues that the interview guide approach allows respondents to express their views in reference to how they view their social world. The interview guide consisted of broad sets of questions, which were designed to allow openings for probing conversation of the issue under investigation. This style of interviewing was in conformity with Rubin and Rubin's (1995) three types of interviewing: main, probe and follow-up. Questions were broad enough to stimulate probing discussion and follow-ups.

The methodology and data collection method employed for this study received approval from the University of Alberta Research Ethics Board (REB). This ethics application went through a rigorous three-month review by independent reviewers. The goal was to ensure that the risk associated with the research was reduced to the barest minimum. The research and ethics board formally approved application with the interview guide and the informed consent documents in May 2015. The informed consent process involved briefing participants about the purpose of the research and its intended impact and a contained a clear explanation of the level of research risk to participants, assurances of confidentiality, as well as their rights and

[32] See Appendix 2 for a copy of the interview guide.

responsibilities during and after the study.

The interviewees were first contacted via email. Actors with deep knowledge in tobacco control policy were the target interview sample. The initial response from the email request for interview was positive. Respondents to the interview request were used to contact others through a snowballing method of data collection. In all, 12 interviews were conducted in Mauritius and 13 in South Africa. After interviewing the 25 participants, no further interviews were conducted because the data collected indicated saturation on most issues of importance for this research. All the interviews were conducted at places specified by the participant. Before the start of the interview, the researcher sought permission from participants to record the interviews, and most participants agreed (five did not). In instances where individuals preferred not to be recorded, hand-written notes were taken**.** One additional interviewee gave a written response to the interview guide that was sent via email a week before the interview. Nonetheless, while in Cape Town, the researcher had lunch with that interviewee during which a detailed non-tape-recorded conversation took place on tobacco and cancer research in South Africa.

After completing all the interviews, transcription occurred. During transcription, particular attention was paid to Bryman's (2008) advice that a written text must reproduce exactly what the interviewee said word for word, and in case the audio sound is poor the researcher should not attempt to guess or conjecture anything; instead the researcher should indicate in the transcript that there is a missing word.

3.11 Documentary Analysis

The greater part of the data for this analysis came from primary documents, such as government archives and documents, newspaper reports, and interviews. Because most of the

policy debates and advocacy occurred in the media and on the floor of parliament, these sources were essential parts of the evidence and data set. Government documents and media accounts of policy advocates and organizations provided direct quotes that enabled cross-referencing with the interviews. In most cases, interviewees provided access to and photocopies of government documents in their custody for the purposes of this project, some of which included documents on the past 25 years' worth of anti-tobacco advocacy campaigns of the National Council Against Smoking in South Africa. In addition, the researcher had access to documentation from the defunct Tobacco Board which operated under the auspices of the Ministry of Agro-Industry and Food Security in Mauritius. These documents included, among other things, published and unpublished minutes and agendas, letters from interest groups, memos from private and other governments agencies, briefing papers, and letters from advocacy campaign groups. Some of the interviewees, especially those who were highly connected in government, provided documents in advance of the actual interview date. Some of these documents provided information on ongoing programs and policies that are in the legislative "pipe-line" for consideration. Some were already published electronically, while others were not.

Print and electronic media outlets in both countries played a role in the data collecting process. Various newspapers were consulted to track stories or the arguments that were advanced by policy advocates; interview transcripts and recorded interviews of tobacco control actors by the media were also used to supplement the analysis of the thesis. Such documents were systematically reviewed manually, especially to ascertain how tobacco control moved onto the government policy radar as a problem that needed governmental policy response. This amount of documentary engagement facilitated a robust analysis into the political processes that precipitated tobacco control policy change in South Africa and Mauritius.

3.12 Conclusion

This chapter provides a detailed description of the methodology and methods of data collection for this thesis; the comparative method and logic; the processes adopted in data collection and analysis; the scope and time of the research relative to the research questions; the selection as case studies; and the relevant concepts and their operationalization. The next chapter provides a chronological description of tobacco policies in South Africa and Mauritius, while the remainder of this thesis presents an empirical analysis of the processes of tobacco control policy making in South Africa and Mauritius.

Chapter Four
Brief Political History of Tobacco in Mauritius and South Africa

4.1 Introduction

The goal of this chapter is to provide the historical and political context within which to place the analytical findings in chapters five, six, and seven. It does so by providing a brief historical overview of tobacco control policies in South Africa and Mauritius. This chapter briefly discusses the tobacco control policy instruments that are currently being adopted by the two countries. Understanding the historical background of tobacco use and production in South Africa and Mauritius opens up space for an in-depth inquiry that allows researchers to trace the policy making process over the last six decades, and to understand how those processes have facilitated a shift in the policy orientation of policy makers over time.

This chapter will first outline the history of tobacco production and tobacco control in South Africa, then discuss the history of tobacco control in Mauritius. Finally, this chapter finishes by discussing the different types of tobacco control policy instruments that are in place in the two countries.

4.2 Brief History of Tobacco Production and Tobacco Control in South Africa

South Africa has a long history of tobacco production. Economic historians agree that tobacco cultivation started in the 17th century following the arrival of Dutch settlers (See Mackay & Eriksen, 2002; Van Walbeek, 2005). However, the modern history of tobacco control is traceable to the Union of South Africa in 1909. In 1909, the four separate British colonies of the Cape and Natal, and the Boer republics of Transvaal, and Orange Free State were united under the Union of South Africa under the British Empire. Before the formal political unification, the discoveries of diamonds and gold in Transvaal in 1867 and 1886 respectively had already altered

the economic and political structure of the four independent British colonies. The discovery of gold and diamonds led to the emergence of a new white economic class that was predominately British. This era also witnessed the deepening of ethnic divisions, class struggles, racial marginalization, and the intensification of the adversarial relations between the British and the Afrikaners[33].

The marginalization of the Afrikaners by the British in the extraction and distribution of the mineral wealth led to the Anglo-Boer war from 1899 to 1902 (Coetzee, 1999). Although the Afrikaners were defeated in the war, their sheer majority in the Transvaal colony gave them strong diplomatic negotiating power in peacetime. This helped the Afrikaners to organize effectively and to demand that their interests be entertained. Thus, when all four colonies agreed to form a Union of South Africa in 1910, the Afrikaners had all their political and civil rights assured. As the Afrikaners were gaining political respect from the British, the black population saw their rights and influence diminishing. For example, the Mines and Works Act (1911) prohibited black people from holding skilled jobs in the mining industry. Similarly, the Native Land Act (1913) prevented blacks from owning land in South Africa outside the 7.5 % of land that was allocated for their use. Also, the black population had no voting rights, thus making them unable to influence public policy decisions. Because the Afrikaners constituted about 60% of the white population of the time, the Afrikaners National Party subsequently won the general election in 1948.

The electoral victory of the Afrikaners eventually produced a new breed of political and economic elites, leading to the birth of the Afrikaner nationalism that ended years of political oppression they had suffered under the British. The Afrikaners Nationalist Party also instituted a

[33] Afrikaners are descendants of 17th century Dutch settlers in South Africa. The Afrikaners dominated the politics in South Africa from1948 to 1993 until the demise of apartheid in 1993.

revised form of political and economic oppression against the black population. Thus, in 1948 apartheid was born and a race regime was institutionalized. Table 4.1 provides a summary of the major historical events that are related to tobacco control in South Africa, however, what matters from the perspective of this dissertation are the events that followed 1948 when the National Party formed government.

Table 4.1. *History, Trends, Production, and Control of Tobacco in South Africa*

The early 1600s	Tobacco was first cultivated in South Africa following the arrival of the Dutch settlers (The Golden Leaf Project, 1970)
1930s-50s	From 1930 to 1950, tobacco production increased from 10000 tons to 19000 tons (*The Golden Leaf* cited in Van Walbeek, 2005).
1940	In 1940, the Voorbrand Tobacco Company was established in Johannesburg by Anton Rupert under the Rembrandt group of companies.
1948	The National Party formed government. The victory of the National Party led to the beginning of a formal apartheid rule.
1963	Oettle (1963) published a landmark article in the *South African Medical Journal* that linked tobacco smoking to lung cancer.
1965	A law was made to prohibit smoking in cinemas and theatres; this policy was made to prevent fire, rather than second-hand exposure.
1976	The National Council Against Smoking was established.
1982	In 1982, Dereck Yach, a member of the Medical Research Council of South Africa published an article in the *South Africa Medical Journal* on the economics of tobacco control.
1986	The Mayor of the Edenvale Town Council proposed smoking ban in municipal buildings.
1988	The South African Medical Research Council published the first of two reports that explained the disease burden of tobacco consumption.
1989	Edenvale Town Council bans smoking in all municipal buildings.
1990	Nelson Mandela is released from prison.
1991	The opposition accused the government of doing nothing about the health dangers associating with tobacco consumption.
1992	Health Minster Rina Venter starts the process of tobacco control legislation under FW De Klerk.
1993	In 1993, Zimbabwe hosted the first all-African Tobacco Control Meeting.
1993	Tobacco Products Control Act 83 of 1993 was adopted.
1994	A regime change occurred. Nelson Mandela and the ANC formed government.

1996	The establishment of the Economics of Tobacco Control (ETC) project at the University of Cape Town.
1997	There was a parliamentary public hearing on tobacco control that brought both pro and anti-tobacco control advocates.
1999	The parliament of South Africa passed into law the Tobacco Products Control Amendment act 12 of 1999.
2001	The tobacco products control amendment act came into effect and was enforced under a new health minister, Mantho Tshabala-Msimang.
2003	Amendment bill published.
2003	WHO Framework Convention on Tobacco Control (FCTC) was adopted by member countries to guide their domestic policy.
2005	In 2005, South Africa ratified the WHO Framework Convention on Tobacco control.
2007	Amendment act published in government Gazette Act 23 of 2007.
2009	Amendment Act 23 of 2007 and Act 63 of 2008 enforced on 21st August 2009.
2011	Reduced ignition propensity (RIP) cigarettes was gazetted on 16th May 2011 but enforced on 16th November 2012. The law is to ensure that all cigarettes meet the fire safety standards.
2012	Ban on display of tobacco products at wholesale and retail was published for public comment.
2018	The Control of Tobacco Products and Electronic Delivery Systems Draft Bill was approved by cabinet and published for public comments from May 09, to August 09 2018.

The history of tobacco manufacturing and sale is the history of the Rembrandt Group of companies established by Anton Rupert. The then-ruling National Party saw Rembrandt and the owner, Anton Rupert, as a symbol of an Afrikaner economic and industrial success story. The National Party[34] introduced Afrikaner "favourtism," a policy aimed at promoting the businesses

[34] Before the electoral victory of the National Party in 1948, Afrikaner businesses were poorly developed. Afrikaner-speaking people were economically and political marginalized by the English-speaking South African political class. The electoral victory of the National Party, however, led to the resurgence of Afrikaner nationalism. Upon assuming office, the Nationalist government's priorities were aimed at policies and programs that favoured the economic wealth of the Afrikaans. The National Party instructed state-owned enterprises to counterbalance the economic power and dominance of the gold mining industry which was the preserve of English-speaking South Africans; ensure some degree of autonomy from foreign producers; and create

of Afrikaans-speaking South Africans at the expense of other races and ethnicities. By 1961, Rembrandt was selling in no fewer than 120 countries globally (Rupert, 1967). In the 1990s, Rembrandt merged with Rothmans International, and the merger helped the two companies to control 85% of the total market share of cigarettes in South Africa (see Fourie, 1992; Van Walbeek, 2005). The influence of the tobacco industry dwindled with the government's decision to control tobacco and the defeat of the National Party in the first post-apartheid elections in 1994.

In 1993, the Tobacco Products Control Act 83 of 1993 was passed into law. Since then, the legislation has been amended several times, including the Tobacco Products Control Amendment Act 12 of 1999, the Tobacco Products Control Amendment Act 23 of 2007, and the Tobacco Products Control Amendment Act 63 of 2008. Following the 2008 amendment, other regulations and province-specific regulations were also implemented to further restrict tobacco consumption. In 2012, South Africa adopted RIP cigarettes with the goal of ensuring that all cigarettes meet national fire safety standards. In 2012, the regulation that govern the display of tobacco products at wholesale and retail points of sale was published for public comment (Department of Health, 2012). In 2013, South Africa signed the UN protocol to eliminate the illicit trade of tobacco products (United Nations Treaty Collection, 2012). A further amendment to provide comprehensive and stringent tobacco control legislation was initiated in 2015,

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jobs for Afrikaner workers. (Clark, 1994; Chabane, Roberts & Goldstein, 2006). Not only that, the National Party gave direct assistance to private Afrikaner businesses. Thus, by 1962, the Afrikaner share of the financial sector had more than doubled from 6% in 1948 to 13% in 1962 (see Clark 1994; Chabane, Roberts & Goldstein, 2006).

however, it was not until May 09, 2018 that the Control of Tobacco Products and Electronic Delivery Systems Bill was published for public comment from May 09, to August 09, 2018. [35]

4.3 Brief History of Tobacco Production and Control in Mauritius

Mauritius has a long history of tobacco cultivation and production. Like South Africa, it is widely acknowledged that the Dutch were the first to introduce tobacco to Mauritius in 1639. It was in this same year that sugar was introduced. By 1710, tobacco production had stopped following the departure of the Dutch (Tobacco Board, 2013a). The movement of indentured labourers from India to Mauritius restarted tobacco cultivation on the island in mid 19th century. However, in 1886, the colonial government passed an ordinance into law which imposed a tax amount of 16 pounds sterling per acre on land used for tobacco cultivation (see Tobacco Board, 2013b). The tax forced a rapid decline in tobacco production. As a result, the demand for tobacco dwindled because cheaper versions were available at the Cape, present-day South Africa.

Table 4.2. ***Historical Trends of Tobacco Production and Control in Mauritius***

1639	Tobacco is first introduced to Mauritius.
The early 1800s	By the beginning of the 19th century, Indian migrants to Mauritius had started tobacco cultivation.
1926	British American Tobacco established a cigarette factory in Mauritius.
1928	Mr. G Corbett, the government tobacco officer, was sent to South Africa to study their tobacco policy.
1932	The Tobacco Board and tobacco warehouses were established by the colonial government.
1939	A grant facility was advanced to Department of Agriculture to establish tobacco research station in Riche, Mauritius.

[35] Detailed Explanation of the Control of Tobacco Products and Electronic Delivery Systems Bill is provided in Chapter 5.

1943	The Tobacco Board was reconstituted under Tobacco Production and Marketing Act No. 13 of 1943
1959	The Amalgamated Tobacco Corporation was established in Mauritius in 1959.
1962	The government increased import taxes on cigarettes.
1968	Mauritius attained independence from British colonial rule.
1968	The Tobacco Board started using a vacuum fumigation plant for baled leaf tobacco.
1979	The first bulk curer of tobacco that was imported by the Brizmohun Brothers was demonstrated to tobacco farmers.
1997	The government passed the Tobacco Production and Marketing Act 134 of 1997.
1998	The Tobacco Board started issuing licences for the importation of leaf tobacco.
1999	The Public Health (Restrictions on Tobacco Products) Regulations of 1999 with subsequent changes in 2008 and 2009.
2004	WHO FCTC was ratified.
2007	British American Tobacco closes its manufacturing plant in Mauritius.
2008	The Public Health (Restrictions on Tobacco Products) Regulations of 2008.
2011	Seven tobacco cessation clinics launched. In 2015, more clinics established.
2012	Cigarette taxes were increased to 65% of the retail price.
2013	The Tobacco Board was dissolved.
2009-2015	Implementation of the National Action plan for Tobacco Control.
2016	Government initiates regulations on plain packing.

Source: Tobacco Board (2013a and b) and MOH&QL webpage

In 1917, the British colonial government made the first official attempt to establish a tobacco industry (Faugoo, 2013). Sir Hesketh Bell, then-governor of the colony, instructed the Department of Agriculture to undertake tobacco research (Tobacco Board, 2013a), especially into "Tabac Bleu," a famous brand of tobacco from neighbouring Reunion Island. Following the recommendation of the Department of Agriculture, the "Tabac Bleu" brand of tobacco was planted in Pamplemousses, Reduit, Riche Terre, and La Ferme. In order to boost local

production, the colonial government abolished ordinance 19[36] on the condition that farmers would sell their tobacco leaves to the government (Tobacco Board, 2013b). This tax incentive radically changed tobacco plantations in Mauritius. Many farmers became interested in growing tobacco because of the ready market the government gave to it. In 1926, the British American Tobacco Company opened a cigarette factory in Mauritius. The company also conducted experiments into the production feasibility of flue-cured tobacco (Faugoo, 2013).

In 1928, the government tobacco officer, Mr. G Corbett, was sent to neighbouring South Africa to study the workings of the tobacco warehouse and the public-sector management of tobacco (Faugoo, 2013). Upon his return to Mauritius, Mr. Corbett recommended that the government establish a Tobacco Board. He also recommended the compulsory sale of tobacco leaves to the government warehouse. The colonial government accepted Corbett's recommendations and in 1932, Ordinance 38 of 1930 came into effect which allowed the government to establish a Tobacco Board that would be responsible for the day-to-day administration of a tobacco warehouse with the powers to control the production and sale of tobacco leaves in the colony (Tobacco Board, 2013b). However, in 1943, the Tobacco Board was reconstituted under the provisions of Tobacco Production and Marketing Act No 13 of 1943.

As a parastatal organization, the Tobacco Board became an integral part of all public policies that affected the production and sale of tobacco. Indeed, the core mandate of the Tobacco Board was to control the production and sale of leaf tobacco and to license the importation of leaf tobacco and tobacco products into the country (Faugoo, 2013). The Tobacco Board kept a register for producers and also managed the government's warehouse.

[36] Ordinance 19 imposed a tax on every acre of land used for tobacco cultivation. It was later repealed by the colonial authorities to encourage local production of tobacco.

State support for tobacco production continued after Mauritius attained independence from the UK in 1968. The colonial institutions that supported the production and manufacturing of tobacco and cigarettes were maintained and were deepened by the policies and programs of the newly independent country. It is equally important to underscore the point that at the time of independence, Mauritius was economically poor, overpopulated, and had no vibrant natural resources like most African countries on the mainland (Minogue, 1992). The country had a GDP per person of only $200 (The Economist, 2008) at the time of independence. This economic malaise was compounded by excruciating unemployment, bad weather conditions, and geographical isolation.

It was this bleak context that made James Meade, a Nobel laureate in economics and V.S. Naipaul, a novelist, predict economic doom for the newly-independent country (see Zafar, 2011). To try to reinforce the economy, the government focused on supporting the cultivation of crops like sugarcane, tea, and tobacco. At the time of independence, tobacco was seen as an economically viable product. Right after independence, the government revamped the Tobacco Board to make it effective at responding to market trends. In 1998, the Tobacco Board started issuing licences for the importation of leaf tobacco and other tobacco products (Tobacco Board, 2013b). Following the first legislation on tobacco control in 1999, existing tobacco companies responded to the legislation with a cut back on production and manufacturing of tobacco and cigarettes. For example, in 2006, the British American Tobacco Company (BAT) shifted some of its production activities to Kenya, and by June 2007, BAT had moved all manufacturing plants from Mauritius to Kenya. Due to the harsh taxes imposed on tobacco products imported into Mauritius, most of the cigarettes sold on the local market by 2006 were produced and manufactured locally. In 2009, following the halt in local manufacturing of cigarettes, the

government also placed all cigarettes on the same excise tax levels, thereby lifting the existing special taxes that had long been imposed on imported tobacco products. Of note here is that, since 2009, the government has committed to implementing the 2008 tobacco control regulations.

4.4 What is the Nature of Tobacco Control Policy in Mauritius and South Africa?

This section examines the nature of tobacco control policy instruments that have been adopted by South Africa and Mauritius over the last four decades. South Africa and Mauritius have adopted four types of tobacco control instruments. They are: regulation and legislation instruments, educational, economic and financial instruments, and capacity-building and research.

Table 4.3. *The Nature of Tobacco Control Policy Instrument*

POLICY INSTRUMENT	SOUTH AFRICA	MAURITIUS
Regulation and legislation	Tobacco Products Control Act 83 of 1993. Tobacco Products Control. Amendment Act 12 of 1999. Tobacco Products Control Amendment Act 23 of 2007. Tobacco Products Control Amendment Act 63 of 2008. Control of Tobacco Products and Electronic Delivery Systems Draft Bill is published for public comments from May 09 to August 09, 2018. Ban on tobacco advertising and promotion.	Public Health (Restrictions on Tobacco Products) Regulations 1999. Public Health (Restrictions on Tobacco Products) Regulations 2008. Ban on tobacco advertising, promotion, and sponsorship. Compulsory printing of text and pictorial health warning on tobacco packages. Ban on the sale of tobacco to minors and sale of single cigarettes. Partial smoking ban in bars, night clubs, restaurants, health and educational buildings, outdoor, and bus

		stands.
	Ban on the sale of tobacco to children under 18. Ban on automatic vending and misleading advertisement. Ban on the point of sale of tobacco advertising. Ban on public smoking both outdoors and indoors. Regulations on plain packaging. Prohibit the sale of tobacco products and electronic delivery systems to and by persons under the age of 18 years.	Ban on smoking in private vehicles carrying passengers, indoors, public places, and ban on display of tobacco products. Ban on automatic vending and misleading advertisements. Mandatory requirement of retailers to post signs saying that selling tobacco to children is not allowed.
Education	Health warning labels on tobacco packages and cigarettes. Health education campaigns against tobacco use. Tobacco cessation programs. Funding scientific research on tobacco.	Health warning labelling; health education campaigns against tobacco use. Tobacco cessation programs. Funding scientific research on tobacco.
Economic and Financial Instrument	The government of South Africa uses excise taxes and other levies to control tobacco.	Tobacco excise taxes and other levies. Spending on direct health services. Economic incentives for tobacco farmers to give up tobacco cultivation.
Capacity Building and Research	Tobacco cessation programs in public hospitals. Long history of tobacco research by the Medical Research Council. Public funding for organizations to fight the tobacco epidemic. The administrative capacity of the Department of Health to make tobacco control policies.	The Establishment of tobacco cessation clinics in every region in Mauritius. Toll-free quit helpline MOH&QL have the administrative capacity to control tobacco.

4.5 Regulation and Legislation

Mauritius' tobacco control regulations emanate from the Public Health Act of 1925. The first comprehensive tobacco control regulation was adopted in 1999 with subsequent changes in 2008. Since then, the MOH&QL has successfully used regulations as a means to control tobacco (see WHO, 2017b). Mauritius has adopted a range of regulatory tools to control tobacco use, including: advertising and promotion bans; a ban on tobacco industry's corporate social responsibility; a ban on the sale of tobacco; a ban on smoking in public places; customs enforcement pertaining to smuggling and counterfeit cigarettes; and the imposition of a limit of the amount of tar, nicotine and carbon monoxide in cigarettes (Ross et al., 2017). Mauritius' tobacco control implementation strategies are expressed in the country's National Action Plan for Tobacco Control.

The 1999 Tobacco Products regulations placed a ban on advertising, promotion and sponsorship of events by tobacco companies, the sale of tobacco products to minors and smoking in enclosed public places. These regulations were dramatically improved in 2008 when the country amended the 1999 restriction of tobacco products regulations. The 2008 restrictions on tobacco products regulations, among other things, ensured that Mauritius stayed true to the WHO's FCTC which it ratified in 2004. Mauritius' 2008 tobacco control regulations saw the implementation and the enforcement of a host of regulations from 2009. For example, under the government's National Action Plan for Tobacco Control, 2009-2012, and 2013-2017, the government enforced specific tobacco regulations like prohibiting tobacco companies from engaging in "corporate social responsibility" programs. Since this implementation in 2009, British American Tobacco has been required to stop all forms of social or community projects they were undertaking for some communities in Mauritius (Tumwine, 2011). Despite all these

regulations, and considering problems with enforcement, especially in areas like the sale of loose cigarettes and smoking in nightclubs, tobacco use is still high in Mauritius.

South Africa has been successful in using regulations and legislation to restrict tobacco use over the last three decades. Before 1993, the tobacco industry adopted voluntary regulations by deciding to stop tobacco advertisements on national television, though radio advertisements continued. Since 1993, South Africa has adopted different regulatory tools like banning tobacco advertising and promotion, banning the sale of tobacco to children under 16, banning smoking in public places, custom enforcement pertaining to smuggling and counterfeit cigarettes, as well as introducing regulations on the level of tar ingredients in cigarettes. The 1999 Tobacco Products legislation further defined smoking in public places to include within a prescribed distance from a window, ventilation inlet, doorway or private spaces used to serve the general public and in commercial projects like care facilities (Asare, 2007). The 1999 Tobacco Product law expanded non-smoking places to include commercial airplanes, trains, taxis, buses and mini-buses (Asare, 2007). Subsequent amendments, specifically the Tobacco Products Control Amendment Act, 2008, clarified some gray areas and definitional confusion in the existing tobacco control regulations. The term "brand" was redefined to include the brand name, trade mark, trade name, logo, graphic arrangement, design, slogan, symbol, motto, selling message, and recognizable colour or pattern of colours. Also, the 2008 Tobacco Products Control Act changed the legal age to smoke from 16 to 18. The Act also mandated the printing of pictorial health warnings on cigarette packs.

Apart from the use of national regulations and legislation to control tobacco, the two countries have also signed and adopted international treaties, conventions and protocols as part of their national tobacco control policies. South Africa, for instance, has a long history of

engaging the rest of the world in fighting the tobacco epidemic. Indeed, leading South African anti-tobacco champions like Derek Yach and Yussuf Saloojee played instrumental roles in the drafting of the WHO Framework Convention on Tobacco Control (FCTC). Not only that, South Africa was a leading negotiator and advocate of the FCTC. In June 2003, South Africa signed the FCTC and subsequently ratified the FCTC in April 2005. Since signing the FCTC, the South African government has made deliberate efforts to adapt their domestic tobacco policies to the FCTC. In 2011, South Africa once again adopted into their domestic laws the global consensus on regulations to reduce ignition propensity cigarettes (Department of Health, 2011). In 2013, South Africa signed the Protocol to Eliminate Illicit Trade in Tobacco Products. This protocol is principally aimed at securing the supply chain of tobacco production through stringent government regulations and measures (WHO, 2013).

Mauritius has had a long history of international engagement in the area of tobacco control. Despite the fact that domestic factors played a huge role in negotiating comprehensive tobacco control, the changing global attitude toward tobacco use also influenced Mauritius to adopt stringent tobacco control measures. The ratification of the FCTC gave Mauritius the political momentum to improve upon their existing tobacco control policies. The WHO FCTC has had a tremendous impact on the design and implementation of Mauritius' tobacco control policy.

4.6 Education

In 1987, the tobacco industry made a voluntary decision to print health warnings on cigarette packs in South Africa. However, these warnings were vaguely written and not effective in discouraging people from smoking (Asare, 2007). Educational instruments like health warning labels on cigarette and tobacco packages are among the main instruments that have been used by

the South African government to control tobacco use. For example, the Tobacco Products Control Act mandates that the primary health warning on cigarette packs must cover 15% of the front of the package and must be put on top of the package. The secondary warning must occupy 25% of the back of the package on the top side (1995 Regulations on Labeling, Advertising and Sale of Tobacco Products). For smokeless tobacco products, tobacco control laws mandate that the labelling must contain the phrase "causes cancer" on 15% of the primary display area. The entirety of the text must occupy 60% to 70% of the total warning display area. These health warnings are meant to educate consumers on the dangers of tobacco and warn them about dangerous ingredients in the tobacco.

In the case of Mauritius, the country has adopted varied educational instruments like pictorial health warnings on tobacco packages, public health sensitization about the dangers of smoking and educational programs to help people quit smoking. The MOH&QL has also implemented educational programs that target young people. Since 1999, cigarette packages have carried written health warnings. However, written warnings alone have not been effective in educating people about the dangers of smoking. As such, the 2008 Tobacco Control Regulations ensure that all cigarette packs have pictorial health warning labels. Educational campaign materials on how smokers can quit are printed and distributed by the MOH&QL on a continuous basis. For some time the nature of health education on tobacco use has primarily focused on harm reduction.

The new educational approach to tobacco control in Mauritius centers on harm reduction and tobacco cessation. It is targeted at young smokers with the ultimate goal of dissuading youth from smoking. The media has also played an incredible role in the educational campaign against tobacco (Azagba et al., 2015). The media space continues to provide a viable venue for the

MOH&QL "road campaign" and education of non-communicable diseases in Mauritius. In addition to media campaigns, anti-tobacco NGOs like VISA continue to engage in educational campaigns against tobacco use (see Burhoo et al., 2011). In most cases, research from civil society organizations are used by the MOH&QL to educate the public on smoking. Because Mauritius' tobacco control policies came at a much later date relative to those of South Africa, Mauritius learnt a lot from best practices in global tobacco control used in South Africa. Mauritius continues to use research data from South Africa, Australia, New Zealand and some European countries as educational materials and tools to fight tobacco smoking. However, the ratification of the WHO framework convention on tobacco in 2004 has become the primary reference point for drafting tobacco control policies, programs and regulations in Mauritius since 2008.

4.7 Economic and Financial Instruments

South Africa has adopted a progressive taxation scheme to regulate the consumption and use of cigarettes since 1993. Before 1993, the Government encouraged the tobacco industry with lower taxes. For example, between 1970 and 1991 alone, excise taxes on cigarettes decreased from 50% to 20% of the retail price because of the refusal on the part of the government to adjust tobacco taxes to reflect inflationary trends (Van Walbeek, 2000, 2003). However, since 1993, tobacco taxes have been increasing steadily. Between 1994 and 1999, the real excise rates have increased by 160 percent and the real retail prices of tobacco products have doubled (Van Walbeek, 2000).

Like South Africa, Mauritius has adopted various financial instruments to control tobacco use. These financial instruments revolve around taxation and levies, public spending on sensitization, and economic or financial incentives. There are three main types of taxes that have

been adopted by the government of Mauritius since 1999 to control tobacco: excise duties, value added taxes, and import duties. In the 2005-2006 financial year, Mauritius recorded total revenue of Rs 2.02 billion from tobacco products (MOH&QL, 2008a). In Mauritius, the rate of the excise duty on tobacco products varies according to the category. For example, for cigars, the excise duty was Rs 7, 500 per Kg in 2008 but has been adjustable to reflect inflation trends and excise duties on cigarettes started from Rs 1770 to Rs 2370 in 2008 has been adjustable to inflationary trends. In 2008, an amount of 2200 Mauritian Rupees was imposed on every 1000 cigarettes (Azagba et al., 2015). A 15% Value Added Tax (VAT) was imposed on the base cost of cigarettes and the sum of the excise tax on cigarettes (Azagba et al., 2015). In 2010 however, the government further increased the excise tax on cigarettes by 25% with the goal of altering the lifestyle of smokers in Mauritius (VISA, 2014).

The upsurge in the excise tax on cigarettes led to a 17.8% increase in cigarette prices. It is important to note that the mean price of cigarettes increased from RS 4.14 to RS 4.83 for cigarettes purchased in a pack (representing 16.7% in mean price). For single cigarettes, however, the mean price increased by 20.2% from Rs 5.64 to 6.78 (Azagba et al. 2015). Although the 2008 tobacco control regulations prohibit the sale of single cigarettes, enforcement has been a challenge. VISA (2014) report indicates that one-third of smokers were reported to be buying single cigarettes at their last purchase in 2010 and 2011. Unfortunately, current data is not available. The effect of continued sale of single cigarettes is that most smokers do not get to see the pictorial health warnings or the educational messages that are printed on tobacco packs.

4.8 Capacity Building and Research

Since 2010, the WHO has assisted the MOH&QL to embark on tobacco cessation programs. After the passage of the 2008 tobacco regulations and their subsequent

implementation from 2009 to 2012, and 2012 to 2017, Mauritius has expanded their tobacco control program to include medical, pharmacological, and counselling support to help smokers quit. With financial and human resources support from the World Bank, the Mauritian government piloted the first publicly financed tobacco cessation clinic in the Odette Leal Community Health Center in Beau Bassin, Mauritius. Since then, the government has expanded these tobacco cessation clinics to seven other health regions in Mauritius. In 2012, a tobacco cessation clinic was established in Souillac hospital and an additional one in Rodrigues, making a total of eight tobacco cessation clinics that are financed by the state. The goal of the cessation clinics is to provide free services that will help smokers to quit (Sun et al., 2014). In 2011, a toll-free telephone helpline was established to provide expert advice and support for smokers willing to give up smoking. From 2008 to 2012 alone, 377 tobacco smokers contacted the cessation clinic for help in quitting. Out of this number, 328 were males, and only 49 were females (Sun et al., 2014). Like Mauritius, South Africa also employs different methods to support their tobacco cessation programs. Most community clinics have tobacco cessation support programs that are available to smokers. Nicotine replacement therapy is the most common pharmacological support available for smokers, and is available over the counter medication. Other medication available include Bupropion and Varenicline, which are available as prescription medications (WHO, 2017c). Unlike Mauritius, South Africa doesn't have designated clinics for tobacco cessation.

4.9 Conclusion

This chapter has offered a descriptive history of tobacco control policies in South Africa and Mauritius during colonial and post-colonial periods. The chapter has shown how tobacco became part of the economic and political life of Mauritius and South Africa. The various

tobacco control policy instruments employed by the two countries were described as well. Subsequent chapters will employ the theories of the policy process to explain the political processes that have shaped tobacco control policies in Mauritius and South Africa. The next chapter illuminates this issue by specifically employing the theories of the policy process to explain South Africa's tobacco control policy making.

Chapter 5
Tobacco Control Policy-Making in South Africa.

5.1 Introduction

This chapter is aimed at employing the public policy framework outlined in chapter two to broaden an analysis of the changing nature of tobacco control policy in South Africa. This chapter also examines the factors that drove tobacco control policy-making amid ambiguity and resistance from vested interest groups in the policy subsystem. It does so by examining how diverse interested actors contested or cooperated in the policy subsystem to influence policy change. This chapter thus seeks to understand how the constellation of interests, institutions, and ideas in the policy subsystem helped to define tobacco as a problem. Based on the research findings, this chapter argues that the stability or instability of the tobacco control policy subsystem is dependent on the prevailing policy image constructed by policy actors. Because of this, as the image of tobacco changed, the subsystem power dynamics also changed from stability to adversity, which ultimately dismantled the traditional control the industry had had over the tobacco subsystem. To robustly understand subsystem stability or adversity, policy researchers must examine how the interplay of interests, institutions, and ideas construct and perpetuate a particular policy image, as well as the venues that actors exploit to construct a policy image.

For this reason, this chapter will first explore the different interested actors involved in the tobacco subsystem in South Africa. It examines the role of interest groups and advocacy networks in the policy-making process. It does so by interrogating how diverse interest groups and advocacy coalitions influenced the evolution of tobacco control policy in South Africa. The

analysis will then be situated within the institutional context by examining the institutional properties and venues that were exploited by policy actors. Once the institutional context of policymaking has been established, attention will be given to the role of policy ideas, specifically medical and scientific knowledge, along with economic and social ideas in facilitating policy-oriented learning and interest articulation in the tobacco policy subsystem.

5.2 Agendas and Problem Definition in Policy-Making

Policy problems are artfully and carefully defined; however, the policy subsystem does not require agreement on a problem before legislative or political action is taken. Problems, in most cases, are "conditions that deviate from policymakers' or citizens' ideal states" (Herweg, Zahariadis, & Zohlnhöfer, 2017, p. 21). However, policy problems become public concerns when governmental action is necessary to resolving the problem (see Béland & Howlett, 2016, p. 222). For a policy problem to 'catch on' among political policy makers, the solutions to the problem, in most cases, must be financially feasible, technologically sound, and politically prudent. Not only that, but the scope and context of the problem must be carefully defined, and the ways the problem is being articulated must be considered. In the case of tobacco control in South Africa, some attempts were made to institute tobacco control laws at the provincial level, specifically in 1980's Cape Town. These measures failed because of the political and economic influence the tobacco industry held in the country (Malan & Leaver, 2003). For this reason, successive political leaders before 1993 in South Africa saw tobacco control as both a regressive economic policy and as politically imprudent. However, due to the development and growth of anti-tobacco groups, the global wave of health promotion, and the political changes that took place in the late 1980s and early 1990s, tobacco control eventually became a priority for the government in 1993.

For a long time, the tobacco epidemic in South Africa was considered a "condition" instead of a "problem". According to Kingdon (1995) a 'policy condition' is an undesirable societal issue one not amenable to policy intervention, while 'policy problems' are those phenomena that are amenable to change through policy intervention. The decades before 1993 are largely regarded as the golden years of the tobacco industry because tobacco control did not make it onto the government agenda (see Malan & Leaver, 2003; Van Walbeek, 2005). The lack of governmental action to control tobacco helped to consolidate the already highly positive image of the tobacco industry over time. This government inaction helped the industry to control the government agenda, and to build strategic alliances in all spheres of national life.

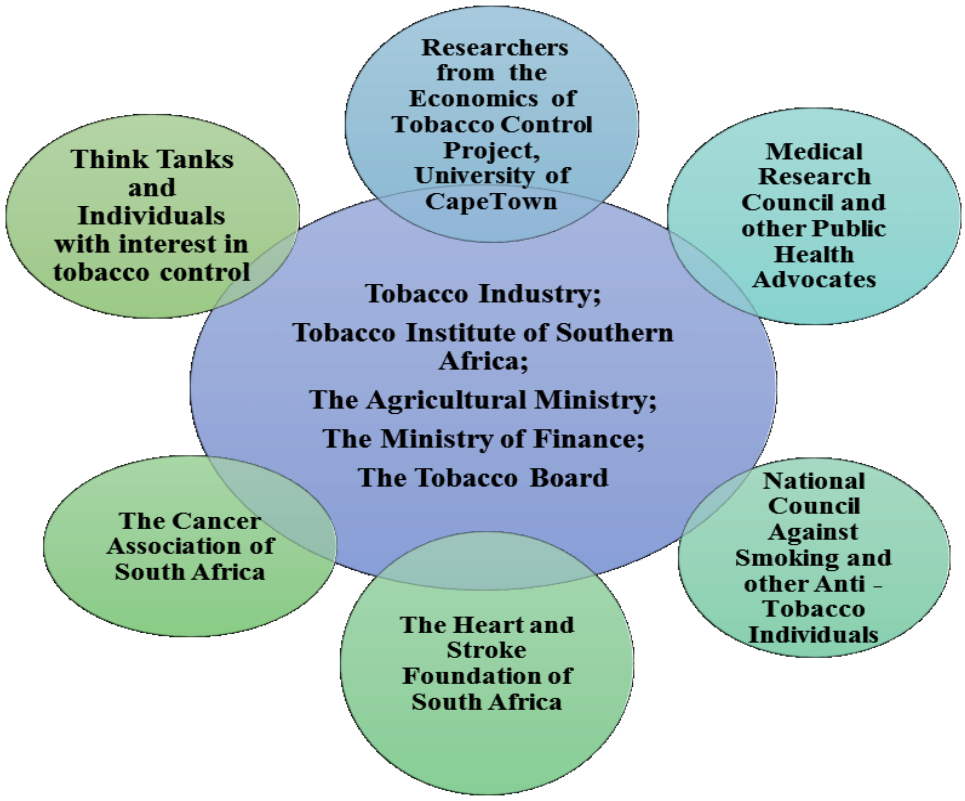

Figure 5.1. *Dominant Tobacco Policy Sub-System by the Tobacco Industry (Author's Own Construct)*

In South Africa, the tobacco industry sustained a positive image of the industry by getting involved in community development and corporate social responsibility projects. As such, the tobacco industry succeeded in monopolizing the tobacco policy subsystem for decades. In this way, the industry was able to insulate itself from any opposing anti-tobacco interest groups. The good image of the tobacco industry was deliberately constructed by the numerous community support and philanthropic undertakings of tobacco companies (see Yach & Paterson, 1994; see also chapter one for details).

Pro-tobacco industry institutions like the Tobacco Institute of Southern Africa (TISA) and the Tobacco Board helped to sustain a positive image of tobacco. TISA's policy beliefs on tobacco are strongly related to, and aligned with, those of the tobacco industry. Since it was established in the 1970s, TISA continues to argue for the rights and civil liberties of smokers, as well as the rights of tobacco companies as legally constituted entities. For example, the 2015 presentation by TISA to the Parliamentary Portfolio committee on trade and industry in South Africa argued the point that "tobacco is a legal product, produced by a legal full value chain, adding value, making substantial economic and other contributions to our country and the region" (TISA, 2015) and further argued that smokers are people with individual "liberties and freedoms"[37]. For a very long time, this argument resonated with leading members of the National Party government. Some government ministers opposed tobacco control when it was first initiated in 1991, and could not understand why the government would want to restrict a product that is sold by companies that are legally constituted under the laws of South Africa.

In 1991, the Agricultural Minister openly applauded pro-tobacco groups for standing up against arguments from anti-tobacco groups (see Malan & Leaver, 2003). The Agricultural

[37] https://www.thedti.gov.za/parliament/2015/Tobacco_Institute.pdf

Minister argued vehemently against tobacco control measures and, in fact, framed tobacco control as not only a measure to reduce government revenue but an opportunity to punish smokers (Leaver, 2002). An interviewee from a pro-tobacco industry institute in South Africa echoed these sentiments succinctly:

> We are not against regulation per say but we are still a legal entity… People are still allowed to buy cigarettes; people are still allowed to smoke so obviously we want to be able to compete like any other legal entity… as Coca Cola will like to compete… We have a difficulty in engaging the health department and having a proper conversation. We have asked for a meeting with our Department of Health, but they make it clear that they don't want to talk to us, so policy will be formulated from one side.

During the 1980s, the positive image of the tobacco industry was constructed around a perceived though false, understanding of the socio-economic importance of tobacco. The tobacco industry was largely successful, at least in 1970s and 1980s, at convincing the government that it was a significant source of employment and revenue. For instance, during the 1998 public hearings by the South African Parliamentary Portfolio Committee for Health on the Tobacco Control Amendment Bill, the advertising industry opposed a ban on tobacco advertising on the grounds that tobacco advertising is an important source of their business revenue (Van Walbeek, 2005). Van Walbeek (2005) has estimated the relative importance of tobacco advertising to the advertising industry from 1982 to 2000 using data from AC Nielsen. Figure 5.2 elucidates this claim further:

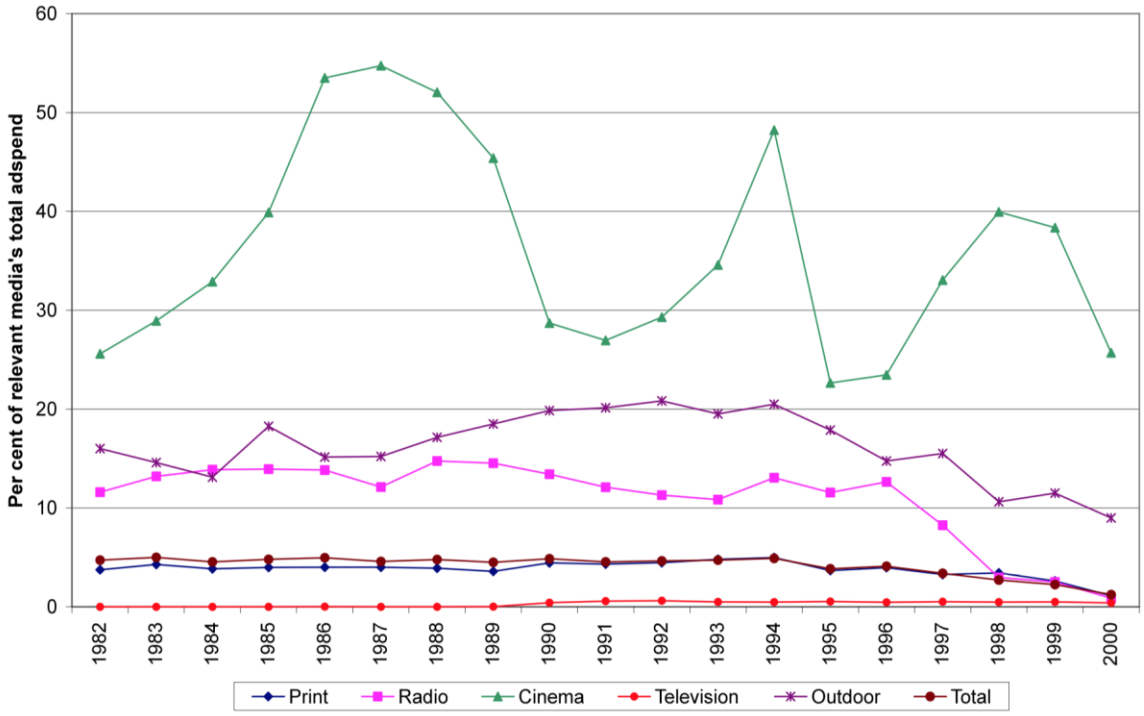

Figure 5.2. *The Relative Importance of Tobacco Advertising to the Tobacco Industry*

Source: Van Walbeek (2005, p. 176).

Figure 5.2 clearly shows which media group is most dependent on tobacco advertising revenue. Cinemas are the most dependent on cigarette advertising. Tobacco advertising revenues contributed to a third of total revenues in cinemas from 1982 to 2000. Similarly, outdoor advertising from tobacco companies was 20% of total outdoor revenue in the early 1990s. Also, cigarette advertising was around 10 to 15 percent of total radio advertising from 1982 to 1996. However, these figures dramatically decline after 1998 partly due to tobacco control legislations instituted in 1999 (Van Walbeek, 2005).

From 1950s to the early 1980s, the national mood[38] favoured the tobacco industry because the industry constructed a positive image of tobacco use and tobacco products (mostly through sports sponsorship, philanthropy, and political influence). The public acceptability of the industry during this period in South Africa's history was partly due to the numerous philanthropic gestures that the industry was undertaking. The tobacco industry's use of philanthropy is a worldwide strategy. Evidence from the release of internal tobacco industry documents in the 1990s shows how the tobacco industry uses philanthropy and corporate social activity as means to obtain the social legitimacy needed to operate. In South Africa Dr. Derek Yach, a lead campaigner for tobacco control, recalled in his 2002 interview with Malan and Leaver (2003) that "anywhere you turned in the media and tried to get a story published that advocated tobacco control, you were blocked by their absolute fear and trepidation of Rupert's[39] long reach through his tobacco companies" (p. 122). The media was more interested in protecting the financial support it was getting from Anton Rupert and his tobacco company than it was in protecting health.

The two most influential media houses, the South African Broadcasting Corporation (SABC) and the Nasionale Pers have, until recently, been sympathetic to the cause of the tobacco industry since the 1950s (Malan & Leaver, 2003). Most importantly, these media houses made their economic ties with big tobacco industry public. Rembrandt corporation had shares in

[38] As a concept, the national mood, as John Kingdon (1984) explains, goes by different names: the climate in the country, changes in public opinion, emotional climate, or a broad social movement. The national mood changes from one time to the other in a discernable way, and these changes in mood have important impact on the policy agenda (p. 153).

[39] Anton Rupert built one of the most successful tobacco brands in the history of the global tobacco trade. Born in South Africa, Rupert established his first tobacco company, Voorbrand, in the 1940s. Voorbrand was renamed Rembrandt in 1948. In 1952, Rembrandt produced the first king-sized cigarette filter in the world. This was a huge success globally. In 1972, Rembrandt's tobacco interest abroad was consolidated with Rothmans International. In 1988, the Rembrandt Group established Richemont, a Swiss luxury goods company.

Nasionale Pers and SABC feared that the banning of cigarette commercials on radio would adversely affect their revenue (Saloojee, 1993). Apart from these sponsorships, the tobacco industry enjoyed policy monopoly[40] under the National Party administration which was comprised mostly of Afrikaaners. Rembrandt hosted annual outings and events for cabinet ministers of the National Party, and records show that Rembrandt reconstructed one of FW de Klerk's homes (see Van Walbeek, 2005).

From the 1970s to the early 1990s, the political and economic view of tobacco was sustained by de-legitimizing scientific findings about the dangers of tobacco use. Across the world, the tobacco industry's strategy was to cast doubt on the health evidence that linked tobacco use to diseases. In South Africa this strategy worked for over four decades until a new breed of anti-tobacco activists arose, and the epistemic network of health professions intensified their advocacy for tobacco control in the 1980s. The tobacco industry's tactics to undermine tobacco control legislation is not unique to South Africa. In most cases, these are global tactics used by the tobacco industry: tobacco companies adopt voluntary regulations, hire lobbyists to influence public policies, use subsidiary industries to oppose tobacco control policies, and most importantly corrupt political leaders (Saloojee & Dagli, 2000; Yach & Bettcher, 2000).

However, the positive image of tobacco was seriously challenged by public health advocacy groups and other civil society groups in the 1980s. With further and better scientific evidence on the health hazards of smoking, anti-tobacco interest groups in South Africa worked

[40] The South African case is in line with True, Jones and Baumgartner's (2007) argument that when a "single image is widely accepted and generally supportive of the policy, it is usually associated with a successful policy monopoly" (p. 162).

together, when necessary, to challenge the positive image of tobacco use and consumption[41]. The evidence used by anti-tobacco groups to campaign for tobacco control was not limited to the health hazards of smoking but included evidence regarding the cost of tobacco to the national economy and individual household. The campaign for tobacco control in South Africa intensified in the media, a space that had traditionally been monopolized by big tobacco companies.

5.3 The Rise of Anti-Tobacco Interest Groups and the Destruction of Policy Stability

Policy images are not objective facts but rather social constructs, and can be changed by policy actors. Policy actors are, in fact, quintessential to the construction of a policy problem. In the case of South Africa's tobacco subsystem, anti-tobacco interest networks across the country helped to challenge the political and economic image of the tobacco industry. The positive image of tobacco was falsely constructed and sustained in South Africa and across the world for over ten decades. Nonetheless, by the end of the 1980s, the tobacco policy sub-system had been flooded with anti-tobacco advocates and individuals with interest in tobacco control policy (Malan & Leaver, 2003).

[41] Tobacco Control Advocacy groups in South Africa did not only form coalition, they learnt from each other. They also built international network of actors that shared similar policy beliefs of tobacco control.

Causal Processes: • Agendas • Ideas • Institutions • Interests	Pro Tobacco		Anti-Tobacco
	Tobacco is a legal product	**Policy Beliefs**	Tobacco is harmful to health
External Events: • Regime change • Fiscal crisis • Global wave of health promotion • WHO Convention on Tobacco Control (FCTC)	• Human rights of smokers. • Rights of tobacco companies. • Tobacco as a source of employment and revenue. • Source of recreation	**Agendas and Problem Definition**	• Public health risk • Negative environmental effects. • Taxability of tobacco. • Rights of non-smokers
	• Voluntary tobacco control • Moderate tobacco control	**Institutions and Alternative Policy Option**	• Comprehensive tobacco control with strong enforcement of legislation against smoking. • Government Regulation
	• Doubting the evidence against smoking and second-hand smoking. • Economic side effects of tobacco control (such as unemployment).	**Ideas**	• Using scientific evidence of tobacco's associations with ill health; • Using science to show the seriousness of second-hand smoking; • Using evidence to show the revenue that will accrue from taxation.
	• The tobacco industry; • Tobacco Institute of Southern Africa; • Tobacco farmers; • The Tobacco Board • The Advertising Industry • Tobacco Manufacturers Association	**Interest Groups**	• Medical Research Council; • The Heart and Stroke Foundation. • The National Council Against Smoking. • The Cancer Association of South Africa. • The Department of Health. • Individuals • Tobacco Action Group.

	• The Federation of Hotel, Liquor, and Catering Association of South Africa		• Progressive Primary Healthcare Network

Figure 5.3. *Tobacco Control Subsystem in South Africa from 1993 to 2018 (*Author's own construct)

In the 1980's, for the first time since 1948, the discourse on tobacco became no longer one-sided. Anti-tobacco groups were determined to exploit all institutional venues and advance better evidence to break the traditional policy monopoly of the tobacco industry. The political agitation of anti-tobacco activists in South Africa created a window of opportunity for policy debates on tobacco. Some cities and municipal authorities initiated tobacco control regulations on their own in response to the advocacy cry for tobacco control in the late 1980s. In 1989, for example, the city of Cape Town officially announced a proposal to pass legislation on tobacco control but failed because of resistance from pro-tobacco interest groups like the Federation of Hotel, Liquor and Catering Associations of South Africa, the Cape Town Chamber of Commerce, and of course, Rembrandt and the tobacco industry (Malan & Leaver, 2003). Despite this opposition, the City of Johannesburg was able to impose some minimum legislative control including, reserving 60% of a restaurant's floor area to nonsmokers and a ban on smoking in take-away restaurants in 1991 (Malan & Leaver, 2003; Nevill & Gill, 1991).

As the number of anti-tobacco interest participants increased in the tobacco subsystem, the dominance of the tobacco industry came under attack. By 1991, anti-tobacco coalitions had become a formidable force in the policy subsystem. The shift in power from the pro-tobacco advocacy coalition was due in large part to the advocacy tactics that anti-tobacco groups adopted to challenge the traditional privilege the tobacco companies had enjoyed for decades (see Asare,

2009). By the end of 1992, the subsystem that was, for decades, stable with single-actor dominance had become adversarial with multiple interested actors fighting for policy space and control.

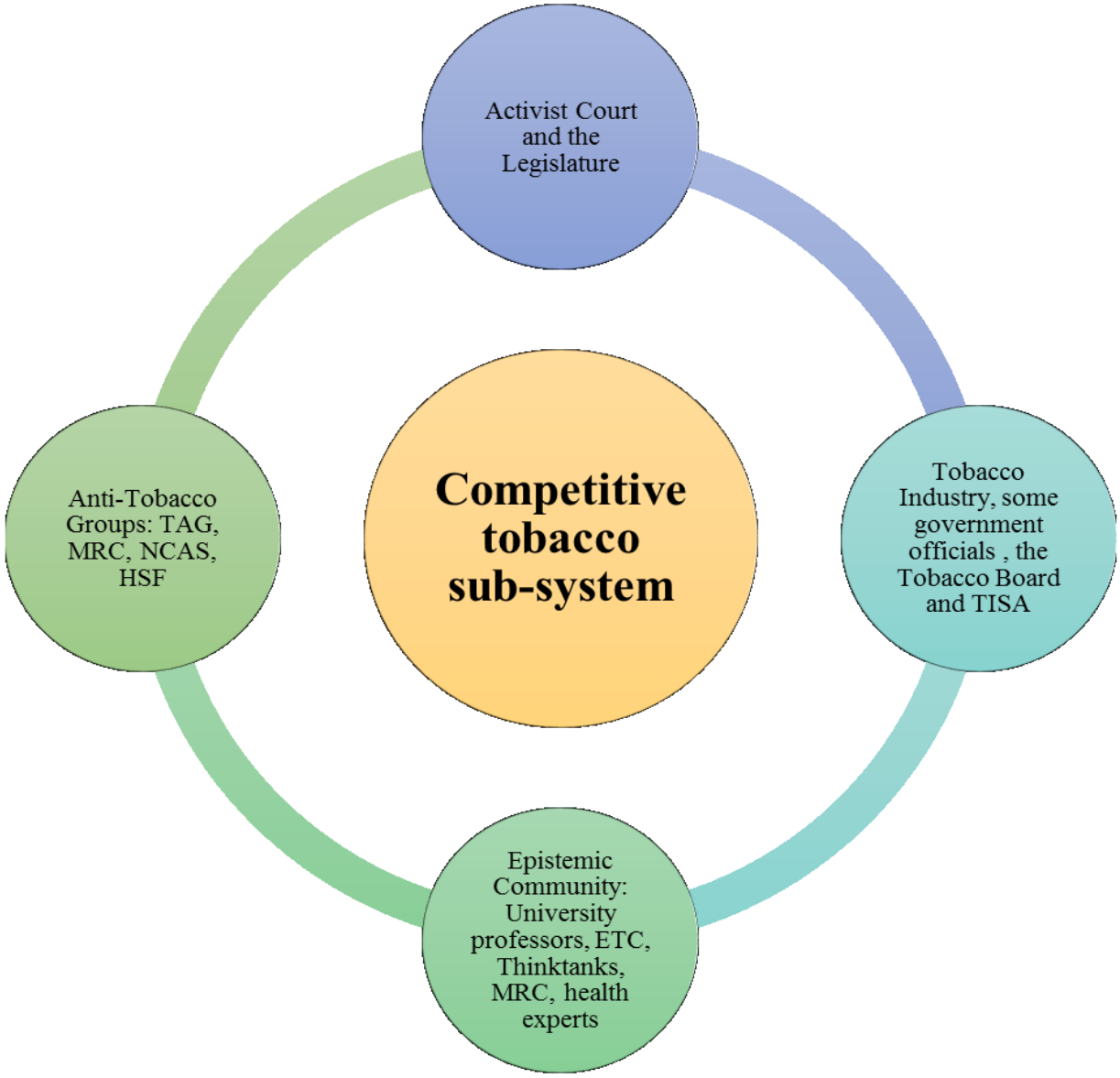

Figure 5.4. *Competitive Tobacco Control Subsystem* (Author's own construct)

South Africa's tobacco control efforts span across more than four decades of advocacy and interest group lobbying. South Africa has had active pro- and anti-tobacco interest groups for decades. The most notable anti-tobacco interest groups include the Cancer Association of South Africa, the National Council Against Smoking (NCAS), the Heart and Stroke Foundation of South Africa (HSF), Progressive Primary Healthcare Network (PPHN), and the Medical Research Council (MRC) while the most notable pro-tobacco groups include the Tobacco Institute of Southern Africa (TISA), the Tobacco Manufacturers Association (TMA), the Federation of Hotel, Liquor, and Catering Association of South Africa (FEDHASA), and the Restaurant Association of South Africa (RASA).

The South African Medical Research Council (MRC) is the trailblazer in the campaign for tobacco control. As a leader in tobacco control advocacy, MRC's initial advocacy was focused on articulating the harmful effects of tobacco smoking, as well as educating the public on the dangers of tobacco products. Although the MRC's advocacy against tobacco use can be traced to the 1960s and the 1970s, it was in the 1980s that their advocacy campaign gained traction (Van Walbeek, 2004). Some members of the MRC were able to collect and analyze data on children and tobacco use, passive smoking, the political influence of the tobacco industry, and the economic cost of tobacco (Malan & Leaver, 2003). Some of these scientific findings were shared with other anti-tobacco activists and the general public. The sharing of these scientific findings by the MRC in the policy subsystem occasioned a culture of policy learning among anti-tobacco activists. This in turn helped to strengthen or revise the policy beliefs of actors in the subsystem.

Policy learning, from the theoretical tradition of the ACF, is a concept that encapsulates the "cognitive" and "social dynamic" of actor's belief update in the policy subsystem (see

Moyson, 2017, p. 320). Sabatier (1993) defines policy-oriented learning as "relatively enduring alterations of thought or behavioural intentions that result from experience and which are concerned with the attainment or revision of the precepts of the belief system of individuals or of collectivities" (p. 42). The MRC succeeded in encouraging many policy actors to alter their intentions.

In August 1963, Lewis Robertson, President of the National Cancer Association, berated the political leaders of South Africa for failing to take political action against tobacco. According to Dr. Robertson:

> Future historians will have views on our failure to find even a partial solution to the problem of smoking during the first ten years after its dangers were revealed. The enormous and increasing deaths from smoker's cancer may go down in history as a strong indictment of our political and economic way of life (Robertson 1963, p. 812).

In that same year, for example, the *South African Medical Journal* announced an official stance against tobacco. The official editorial position read as follows:

> The educational campaign should be the main weapon in the fight against cigarette smoking, but some restrictive legislation will also be necessary. There should be no hesitation about banning smoking in public places and on public transport. Here the discomfort and the disease of the non-smoker must be considered before the convenience of the smoker. The law about providing cigarettes to children must be more strictly enforced and automatic vending machines must be banned…. (cited in Van Walbeek, 2005, p.10).

Although the MRC took an official position in support of tobacco control as early as the 1960s, their advocacy against tobacco use, as with many medical associations around the world, was confined to producing scientific evidence on the harmful nature of cigarette smoking (see for example Coetzee, 1981; Van der Burgh, 1979; Coetzee, 1978; Yach, 1982; Griffiths & Koa-Peng, 1980; Prout & Benatar, 1983). The medical community's approach to advocacy was not enough to dispel the tobacco industry's false notions about the economic contribution of tobacco

to government revenue. The medical community did not have the capacity required for effective policy advocacy. Most of the research that came from the medical community was focused on smoking prevalence and the epidemiological relationship between smoking and the risk of contracting specific kind of disease (see example Coetzee, 1981; Van der Burgh, 1979; Coetzee, 1978, Yach 1982; Griffiths & Koa-Peng 1980; and Prout & Benatar, 1983). In the 1960s and 1970s, the advocacy work of the medical community was more academic and confined to academic publications and conference presentations.

Nonetheless, the establishment of the National Council Against Smoking (NCAS) in South Africa in the late 1970s was a big moment in the tobacco control subsystem. Although the Council was less vociferous in their tobacco control advocacy in the 1970s, they gained momentum in the 1980s. By the mid-1980s, the NCAS had become a recognizable force in tobacco control policy agitation and negotiation. Although the NCAS is a small organization with fewer resources relative to the MRC and the HSF, it had developed effective policy advocacy skills. This characteristic was lacking in the advocacy work of the MRC, the HSF, and CANSA. Thus, the NCAS provided the desperately needed leadership in framing tobacco as a political and public health problem.

In 1982, the medical community changed tactics. During this time, some of their members advanced economic debates for tobacco control. Most importantly, some leading members of the

Medical Research Council like Derek Yach[42], Krisela Steyn[43] and Harry Seftel[44] started compiling evidence not only on the harm caused by tobacco smoking, but also the total cost of

[42] Dr. Derek Yach is a South African medical doctor and an analyst of international healthcare policy. He is currently the Executive Director of the Vitality Institute. Yach served as a cabinet director at the WHO under the Director General Gro Harlem Brundtland, where he led the

treating tobacco-related illnesses, the forgone earnings due to hospitalization, and the cost of premature deaths to society (Yach, 1982). Derek Yach's publication on the economic aspects of smoking in South Africa is regarded by many as seminal (see Asare, 2007; Malan & Leaver, 2003). It was the first time a member of the medical community had advanced an empirical argument beyond the science, prevalence, and the health effects of smoking. Although Derek Yach's (1982) study was seminal, it was not without controversy. As a result, the Medical Research Council reluctantly refused to publish the article "under its own name but instead listed it as a personal contribution" (Malan & Leaver, 2003, p. 125).

Yach's argument acknowledged that a reduction in tobacco and cigarette production would lead to some reduction in government revenue and individual income, however, "when one compares the monetary and non-monetary costs that result from smoking, it becomes readily apparent that the benefits are dwarfed by the total social and economic cost of the industry" (1982, p. 169). Yach was categorical that the government must control tobacco. The reality, as has been shown in the last 30 years in South Africa and across many developed countries, is that an upsurge in excise taxes increases government revenue while simultaneously reducing the quantity demand of tobacco. This observation is evident in the Van Walbeek (1996) study that

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development of WHO's FCTC. Yach is a leading tobacco control advocate in South Africa whose advocacy for tobacco control spans over 3 decades. He is often cited as the tobacco control policy champion in South Africa.

[43] Professor Krisela Steyn is a former Director of the Chronic Diseases of Lifestyle (CDL) unit at the Medical Research Council. Steyn is currently a professor in the Department of Medicine, University of Cape Town. She is widely acknowledged as a leading anti-tobacco activist in South Africa.

[44] Dr. Harry Seftel is a former Medical Science Professor at the University of Witwatersrand. He is a member of the South African Medical Research Council, and an anti-tobacco activist. Seftel is a communication genius, with the ability to communicate complex medical problems in ways that resonated with the ordinary person. His ability to explain complex medical concepts and data in everyday language was an invaluable addition to the anti-tobacco campaign in South Africa. His live call-in radio show Health Talk on South Africa's national radio was the most listened to, and most active, radio program in South Africa.

sought to quantify the taxability level of the tobacco industry in South Africa by asking the question "how much can the government realistically increase its excise revenues by increasing tobacco excise duties?" (p. 12). Van Walbeek (1996) concluded:

> First, [the] government can raise the excise rate to at least 110 per cent of the "producer price" of tobacco if it wishes to maximize its excise revenue; second, [the]government can expect to double (at least) its revenues from tobacco if it increases the excise rate to these levels; third, the analysis suggests that raising the tobacco excise rate to the proposed levels could lead to a reduction in consumption of between 41 and 46 per cent; four, the real retail price of cigarettes should rise by between 44 and 122 per cent from their 1989 levels, if the government were to maximize excise revenues from tobacco (p. 35).

Once such a rigorous economic analysis[45] became part of the medical community's advocacy campaign and other anti-tobacco interest groups began to use it, the political and national mood[46] started changing in favour of tobacco control. Leading political figures began to pay attention, albeit minimal, to tobacco control. It is important to note that by 1989 the economic argument for tobacco control had gained prominence nationally. As Kingdon (1995) argues, policy alternatives that are financially viable are more likely to resonate with policy makers than those that are likely to drain the public purse. In the case of tobacco control in South Africa, the evidence that an increase in tobacco taxes would have a positive effect on overall government revenue got the then government thinking. This is not to mean that the health argument against tobacco was secondary to the economic argument advanced to support tobacco control. Rather, the economic argument provided another reason for the appropriateness of tobacco control policy by government.

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[45] A detailed explanation of the role economic argument played in shaping the tobacco control policy of South Africa is found under the section on Ideas.

[46] The national mood is somehow an "empirically elusive" analytical category in problem definition. The national mood refers to the notion that fairly large number of individuals in a given country tend to think along common lines and that the mood swings from time to time (Herweg, Zahariadis, Zohlnhöfer, 2017, p. 24).

In 1988, the *South African Medical Journal* (SAMJ), on behalf of the MRC, published a special issue on tobacco to coincide with the first World No Tobacco Day. This issue garnered the desperately needed attention that had eluded tobacco control lobbies for decades. For the first time, scientific research on tobacco was no longer confined to the libraries of universities, it was instead being discussed in the media and in the corridors of political power. Derek Yach told Malan and Leaver (2003) in a 2002 personal communication that the special issue on tobacco was a momentous opportunity toward "bridging the gap between epidemiological data sitting in scientific journals and popularizing the data in the mass media and among political groups" (p. 126).

As a result of mounting pressure from anti-tobacco advocacy groups, the tobacco companies in South Africa responded with a voluntary ban on the televised advertisements of tobacco (Malan & Leaver, 2003, Asare, 2009). Due to the growing rise of anti-tobacco networks in South Africa in the 1980s, the tobacco industry again responded with more voluntary tobacco control codes by printing health warning on cigarette packages. However, the health warnings were vaguely written and were not effective in dissuading consumers from buying tobacco products. Saloojee and Dagli (2000) believe that voluntary tobacco controls by tobacco companies are strategies designed to undermine legislative tobacco control laws. That said, intrinsic in voluntary tobacco control is the admission that tobacco is a "problem" and therefore, must be regulated.

In order to maximize their influence in the subsystem, anti-tobacco groups in South Africa formed an advocacy coalition based on shared policy values and beliefs. By the mid-1980s, some anti-tobacco interest groups in South Africa officially came together to form an advocacy coalition called the Tobacco Action Group (TAG). The Cancer Association of South

Africa, the Heart and Stroke Foundation, the Medical Research Council, the Progressive Primary Healthcare Network, and the National Council against Smoking were ideologically and materially aligned in their policy preferences for tobacco control. The pro-tobacco[47] industry coalition included the Tobacco Manufacturers Association, the Federation of Hotel, Liquor, and Catering Association of South Africa, the Restaurant Association of South Africa and, of course, the tobacco companies. As explained in the advocacy coalition framework, policy participants seek out allies with similar beliefs and coordinate their actions with allies in advocacy coalition (Sabatier & Weible, 2007). TAG consisted of highly respected and reputable organizations like the HSF, CANSA, and NCAS. Although the MRC did not officially join TAG as an advocacy coalition group, some of its members worked closely with TAG by sharing knowledge and learning from each other. Here, we see the importance of policy learning among advocacy coalitions. As explained by Jenkins-Smith and Sabatier (1993), coalitions engage in learning to adapt to the beliefs of another coalition, particularly when the views become "too important to ignore" (p. 43). An interviewee who participated in the formation of TAG explained the enormous contribution the formation of TAG made to tobacco control:

> We set up a coalition so that we can share resources, we can issue joint statements, and we can get a national reach. There [were many] advantages for us to work together… Although the other organizations had resources, they did not have the expertise in tobacco control, so we established what we called TAG. In establishing the coalition, we had some rules…we needed the top people from in every organization to talk for the organization and commit to the organization…We also had a policy that we make joint statements, but if any member organization didn't agree with our statement then we wouldn't make it in the name of TAG. This situation never happened but we just needed to be sure that whenever we make a policy statement from TAG it will be something that

[47] For example, when tobacco control was first proposed in 1989, the tobacco companies and other interest groups like the Restaurant Association of South Africa, and other pro-tobacco groups came together to oppose the bill (see Yach & Marks, 1994; Bitton, Talbot & Clarke, 2011).

> all other organization agree with (Personal interview, July 2015, Johannesburg, South Africa).

Over time, TAG became the face of tobacco control advocacy in South Africa. TAG was effective at engaging the public and the media with evidence about the dangers of tobacco smoking. TAG was equally good at lobbying and engaging the political elites for policy change (see Van Walbeek, 2002; Malan & Leaver, 2003; Asare, 2009; Bitton, Talbot & Clarke, 2011). In the 1980s, TAG was also engaged in lobbying the Department of Health and engaged in high-level political deliberations with the goal of gradually building support for tobacco control. By 1991, the anti-tobacco interest groups had built enough evidence and had learnt enough from other countries that they could proffer evidence-based arguments to support their demand for tobacco control.

The media landscape at this point was changing. The tobacco industry's influence on the media was dwindling, and by the end of 1991, anti-tobacco interest groups had equal opportunity to battle for media coverage and space. However, some media outlets, especially the two state-controlled media outlets, the South African Broadcasting Corporation (SABC), and the Rembrandt-influenced Nationale Pers, were opposed to the policy ideas of TAG. Not only did these two leading broadcasters oppose tobacco control at the level of ideas, they actively refused to air or broadcast anti-tobacco advertisements that were sanctioned by the National Council Against Smoking. SABC justified their refusal to broadcast anti-tobacco advertisements because the tobacco industry had voluntarily stopped all advertisement on TV.

By 1992, the positive image around tobacco was at its lowest ebb. The opposition in parliament had, in 1991, officially protested tobacco consumption and had berated the Health Minister for ignoring the dangers of tobacco use. Most importantly, the Health Minister had

initiated plans to draft a tobacco control bill by 1992 (Malan & Leaver, 2003). Where previously, tobacco had been seen as a commodity that was both economically and politically positive, it began to be seen as a disease-laden product. The national mood was in favour of tobacco control, supported by numerous studies. In 1992, for example, the Department of Health national survey revealed that two thirds of the respondents acknowledged the harmful effects of active and passive smoking. The same number also supported active tobacco control laws (see Van Walbeek, 2004, p.112). Yach's (1994) research also revealed that 75% of respondents were in favour of banning tobacco advertisements on television, on the radio, in newspapers, on billboards, and in the cinema, while 60% of respondents were in favour of tax increase on cigarettes.

During a parliamentary appearance in 1991, Rina Venter, the then Minister of Health was questioned by Carole Charlewood, an opposition member of parliament, on why the government had taken no action against tobacco use despite enormous evidence of the harmful nature of tobacco products (Malan & Leaver, 2003, p. 127). In her response, the Health Minister assured Charlewood that her government would investigate the issue, and that the issue was too important and complex to make any decision or make any pronouncements without consulting cabinet (Malan & Leaver, 2003). An interviewee who worked closely with Venter revealed that since that day, she made a personal commitment to herself to control tobacco following Carole Charlewood's questions:

> She said, and she told me this personally, she said that in responding to the question during parliamentary question time, she, without discussing with any of her colleagues made a commitment that she will do something about tobacco control. And that she and her husband were unhappy about second hand smoking, so she said she will do something…and when this was published in the newspapers, I immediately contacted the

> Ministry of Health and said that we[48] would like to meet with her to discuss potential legislation (Personal interview, July 2015, Johannesburg, South Africa).

This moment was indeed the turning point in the history of tobacco control in South Africa because for the first time, a cabinet minister had promised to investigate the problems of tobacco use. A few months after her parliamentary engagement, the Health Minister initiated steps to draft a tobacco control bill. In 1991, she introduced a draft bill called the Control of Smoking and Advertising of Tobacco Products Draft Bill. The draft bill was later changed to the Tobacco Products Control Bill in 1992. A lot was at stake at this point; some key cabinet ministers (Finance and Agriculture) were not in support of the proposed bill. President FW de Klerk even refused an invitation to participate in the World No Tobacco Day because his day was so stressful that he could not do without smoking (see Malan & Leaver, 2003). However, President de Klerk favoured moderate tobacco control laws.

5.4 Changing the Nature of the Policy Subsystem: Interest, Politics, and Policy Entrepreneurs in apartheid South Africa.

Despite the tactfulness of TAG and other tobacco control interest groups in South Africa, the proposed bill was met with fierce resistance from not only the tobacco companies or the two leading media outlets as explained above, but from within the political establishment in 1991. Malan and Leaver (2003, p. 135) recount that the then Minister of Law and Order, Hernus Kriel, was pessimistic about the Health Minister's proposed tobacco control bill. Kriel was on record as saying in a cabinet meeting that the tobacco control bill would not get the needed simple majority in parliament. This level of pessimism was understandable because parliament was dominated by politicians with a strong association to the tobacco industry.

[48] "We" is used to mean the interviewee's organization.

The road to the first tobacco control legislation was tough. The tobacco industry was treated as a key actor in the policy process, thus making it possible for it to delay and frustrate the process of tobacco control. The tobacco industry and its affiliated groups worked hard to delay, undermine, and block the minister's tobacco control proposal, an archetype of the tobacco industry's global strategy to resist tobacco control. In 1991, the tobacco industry called for a private meeting with Rina Venter. The Health Minister accepted their invitation on the condition that anti-tobacco advocates, mainly TAG, the Medical Research Council, and an economist from the University of Cape Town were invited (Malan & Leaver, 2003). The industry reluctantly accepted Venter's offers, and when the industry appeared in the meeting, they came with their internationally hired consultants and lobbyists. However, because the anti-tobacco groups were fully prepared, they were able to counter the arguments of the tobacco industry with superior evidence. An interviewee who was present in this meeting recalled this moment:

> The tobacco industry was very worried because previously the government had never passed [tobacco control] legislation…this was the beginning…and they quite rightly foresaw this as the beginning of the process that was going to lead to a stronger legislation so very early on the industry asked for meeting with the Health Minister. They brought in their experts from overseas…from the UK and America to meet with the Minister. What they told the Minister was that there was no evidence on second hand smoking and that smoking might be a health risk but is a statistical risk not a real risk… and so the minister also invited some selected people from the health side to that meeting. So somebody from the CANSA, myself and my chairperson, somebody from MRC, and somebody from HSA…We spent the whole afternoon with the tobacco industry making its case and we responding to their case and making a counter argument…This is a bit of boasting, but in her speech in parliament, the Health Minister said it was one of her proudest days as a South African… South African scientists responded and answered every statement the industry put forward…. (Personal interview, July 2015, Johannesburg, South Africa).

In the parliamentary Hansard of 1993, Venter showed her excitement for the vigorous and articulate way anti-tobacco groups argued against the tobacco lobbyist in that meeting:

> If there has been one day in my life on which I have been proud of our scientists, it was that day. Not only did they testify to the thoroughness with which they do research, but also demonstrated that they could hold their own in a debate on an international level in which arguments were being advanced in regard to the harmfulness or otherwise to one's health of tobacco smoke (Hansard, 1993).

After this meeting, the minister's resolve on tobacco control was further solidified. The minister went ahead to push the tobacco control bill for parliamentary consideration. Venter became convinced that tobacco was harmful, and that something must be done to control it. Saloojee further recalled in that meeting that the tobacco industry's penchant to hire expensive international lobbyists became fruitless this time because the locally-based scientists and experts had all the information and were prepared to counter their argument (Malan & Leaver, 2003). At this point in the policy process, the Health Minister had become the cabinet's main champion of tobacco control. She had become convinced that tobacco was harmful to public health and therefore believed there was a moral imperative to protect the health of the public. She then had the greatest incentive among all her peers in cabinet to support tobacco control. While the minister played a role in the eventual policy change in 1993, she, along with Derek Yach (MRC member) and Yussuf Saloojee (member of TAG) played the role of 'policy entrepreneurs' and were ultimately helpful in the passage of the first tobacco control legislation in the history of South Africa. The coming into office of Yussuf Saloojee as the Executive Director of the Council was a turning point in the advocacy campaign for tobacco control. His ability to foster effective advocacy coalitions with other anti-tobacco advocacy groups proved beneficial to the campaign against tobacco.

Saloojee's ability to create usable policy knowledge and the way he was able to disseminate information to the political policy makers was incredible. He, along with Peter Ucko and other members of NCAS, employed different lobbying tactics and tactful diplomacy to win

the admiration of the political establishment that had, for years, resisted tobacco policy change. Saloojee's personal charm commanded respect, which enabled him to rally support from the private, public, and not-for-profit organizations to advance the cause of tobacco control. Indeed, Saloojee's kind of charm was lacking in the advocacy campaign for tobacco control in the 1960s and 1970s because of the overemphasis on the health effects of tobacco smoking. Saloojee's contribution to tobacco control in South Africa and the world was amplified when, in 2006, he co-chaired the 13th World Conference on Tobacco or Health in 2006. In 2012, Saloojee was the recipient of the Luther L. Terry award from the American Cancer Association for his incredible leadership in tobacco control in South Africa and the world.

It is important to note that as the tobacco control debate was going on in the 1990's, the country was preparing for political transition. Nelson Mandela had been released from prison, and the political party he represented, the ANC, was free to contest the 1994 elections. The apartheid regime was nearing its demise, and the National Party was about to be challenged in the first multi-racial elections in the history of South Africa. The ANC was likely to win the general election and their victory would have a catalytic effect on the power arrangement in the subsystem. Although these political events were exogenous to the policy subsystem, they nonetheless had a huge implication on changing the power arrangements in the policy subsystem. Two months after the bill was sent to Parliament for consideration, Nelson Mandela, then ANC opposition leader, declared his support for the bill and urged all South Africans to support the bill. Mandela further indicated that a future ANC government would make stringent tobacco control laws. Mandela's public declaration was critical to the tobacco control debate. Upon realizing that the opposition ANC was likely to win the 1994 general election, the tobacco industry was forced to change its strategy. An interviewee (July 2015) argued that Mandela's

statement made the tobacco industry move from resisting the 1993 bill to weakening it. This way, the industry had hoped that a tobacco control act, regardless of how weak it was, would have distracted the attentions of the new ANC government from tobacco to other pressing health and social problems.

The All-African Conference on Tobacco Control held in Harare, Zimbabwe, in 1993 was instrumental in shaping the discourse on tobacco control in South Africa. It provided the platform for anti-tobacco interest groups and individuals across Africa to network and share information on ways to resist the influence of the tobacco industry. The conference attracted present and future political leaders, foremost among them was Dr. Nkosazana Zuma, then shadow minister of health for the opposition ANC in South Africa who later became the Minister of Health following the ANC's victory in 1994. In her speech, Dr. Zuma reiterated the ANC's commitment to tobacco control should the party win the next election. This statement was made in the presence of anti-tobacco advocacy groups from South Africa. Saloojee recalled this moment in history, and the subsequent conversation he had with Dr. Zuma after the ANC political victory in 1994 in an interview he granted to John Eberlee (2011)

> After she made a wonderful presentation, and as she sat down, I leant over to her and said: 'Everything you've just said has been recorded. I will remind you of your words when you become Minister of Health'. Lo and behold, four months later, after the first democratic elections, she was Minister of Health. I waited awhile for her to catch her breath before writing to request a meeting. As I entered her office for the appointment, she said: 'I've been waiting for you. What took you so long?' (p. 1)

Known anti-tobacco advocates from South Africa like Yach (from the MRC) and Saloojee (from TAG) were instrumental in organizing this conference. Apart from the shadow Health Minister's show of support for tobacco control, participants presented papers that encapsulated the need for tobacco control. David Sweanor, then with the Canadian Non-Smokers Rights Association, presented a paper on the price elasticity of tobacco by comparing different tax and excise

regimes across the world. Sweanor urged all developing nations to learn from the taxation success achieved in Papua New Guinea (at the time, the only developing nation where taxation had been studied in relation to consumption was by Chapman & Richardson, 1990)[49].

At that same conference, Ronald Watts, an agricultural consultant from Zambia with 40 years experience on the African continent, presented compelling evidence on the possibility of agricultural diversification for tobacco-dependent countries. His research concluded by listing a litany of crops that can be cultivated instead of tobacco in the same geographical areas, as well as a land-use strategy that could serve as an alternative to tobacco production. His recommendations ranged from crops like maize (a staple in most South African countries) to fruits, ostrich farming, nuts, and fibre crops (see Chapman, Yach, Saloojee & Simpson, 1994, p. 308). The President of the International Tobacco Growers Association, who was present at this conference, responded to Watts by describing himself as a "farmer first, and a tobacco farmer second" (Chapman et al., 1994, p. 308).

Despite the lengthy deliberations and resistance from the tobacco industry, the tobacco Products Control Act was finally tabled before Parliament in March 1993. A policy window had been opened for parliamentary discussion of the bill. During the parliamentary discussion, it was revealed that some key government ministers and MPs were against the bill (Swart, Reddy, & Steyn, 1998). It was also revealed that the framers of the bill had taken out provisions calling for a total ban of smoking in public places and the provision that mandated spoken communication on tobacco products to broadcast health warnings (Saloojee, 1993). The South African Business Institute and the South African Broadcasting Corporation were all against the bill because of the

[49] Chapman and Richardson's work was the first of its kind in any developing country where excise taxes on tobacco were used to reduce consumption and increase national tax revenue until diminishing returns were reached. This research inspired other economic researchers like Van Walbeek (1996) to study the optimal taxation level of tobacco in South Africa.

fear of revenue loss (Malan & Leaver, 2003). Despite the resistance to the bill, Parliament passed the Tobacco Products Control Bill into law in June 17, 1993. In order to give the tobacco companies enough time to comply with the policy, the legislation came into force in May 31, 1995 (Asare, 2007).

The 1993 tobacco control legislation was the first ever national legislation to control tobacco in South Africa. Venter shared her excitement and noted that this legislation gave her the "most satisfaction of any legislation" passed since she assumed the office (Malan & Leaver, 2003). The legislation, among other things, contained partial restrictions on tobacco advertisement, a ban on the sale to minors, and required written health warning signs. Though it was a legislative success for South Africa, by then-international standards, this legislation was weak. An interviewee explained why TAG was disappointed:

> Although we met with the National Department of Health and government officials to provide them with information and ask them to offer their support to the tobacco control bill, the legislation that finally appeared in late 1992 was very disappointing. It was a very basic legislation. When we[50] saw the legislation my reaction was, this is very disappointing. This is not what we want so we went back to the Director General of Health and I said…. what is this?... the minister said to us she will do something about smoking in public places but there is nothing in here about smoking in public places… really! it[51] hardly [did] anything. The Director General said to me, remember, there is not going to be a comprehensive legislation for now, but this is a foot in the door, the beginning of the process, and then with time we can strengthen the legislation (Personal interview, August 2015, Johannesburg, South Africa).

The political process that led to the 1993 tobacco control negotiations was relatively difficult for anti-tobacco control advocates in comparison with subsequent tobacco control legislation in many respects. First, the tobacco industry was consulted at every stage of policy process (see Asare, 2007). Tobacco interest groups like TISA, TMA, and the tobacco industry were

[50]The use of "we" by the interviewee meant the Tobacco Action Group.
[51] It refers to the legislation. The interviewee expressed his disappointment to the Director General of Health after the bill was passed by parliament.

particularly represented in almost all stakeholder meetings. Compared to subsequent legislation, the tobacco industry and other pro-tobacco interest groups were hardly consulted in the making of tobacco control policies. Second, the Health Minister had a hard time rallying support for tobacco control among key cabinet ministers. In 1991 for example, the tobacco industry was reported to be employing 60,000 people and had contributed millions of tax revenue to the government (Asare, 2007). This perceived economic importance made it hard for the Health Minister to rally support for tobacco control within her government. The opposite was the case in subsequent legislations against tobacco in post-apartheid South Africa because there was little to no opposition from government ministers.

The 1993 tobacco control Act was weak and did not meet the global expectation of anti-tobacco groups in South Africa. On the surface, the dissatisfaction of anti-tobacco interest groups makes them look like the losers in policy-making process. However, looking at the political and the historical circumstances that led to the adoption of the 1993 tobacco control legislation, the real winners were the anti-tobacco advocates. The 1993 tobacco control laws provided the platform for future agitations for stringent tobacco control legislation. The 1993 tobacco control legislation was the beginning of a long road to a gradual, but transformative, tobacco control policy change. A detailed explanation of the policy making process in post-apartheid South Africa follows.

5.5 The Tobacco Subsystem in Post-Apartheid South Africa: Political Leadership, Policy Entrepreneurs, and Interest Group Politics

The post-apartheid politics of tobacco control was remarkably different than those under apartheid. By now, the big political players in cabinet, that is the President, the Health Minister, and the Finance Minister supported tobacco control. While anti-tobacco groups were still active

participants in the policy process, the political will of the new government made their work easier. The demise of the apartheid regime in South Africa led to a new wave of policy opportunities for tobacco control activists. Not only was there a change in government from the National Party to the ANC, the entire country went through institutional transformation. There was a new constitution that gave rise to a new breed of political activism and advocacy. The media landscape became more open, and new public health activism emerged. Health promotion became an integral part of South Africa's Department of Health (Onya, 2007; Perez et. al., 2013; Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009).

The new parliament was dominated by the ANC, a party that was pro-tobacco control and had an official political agenda to control tobacco. These facts and the ANC's political activities brought pressure to bear on the policy subsystem. The policy subsystem moved from being closed to being open. From 1994 onwards, the policy subsystem saw an influx of new political policy entrepreneurs (the Health Minister, the President, and the Finance Minister) who were ready to go to any length to make tobacco control regulations and laws. An interviewee recalled a response the Health Minister gave to a tobacco company's threat to go to court over the Minister's proposed regulations on health warning: "the constitution is not written in stone. If the constitution does not allow me to protect public health, the constitution must be changed" (Personal interview, 2015 in Johannesburg). This was the extent to which the new political elites were ready to support tobacco control. An interviewee who worked closely with Minister Zuma at the Department of Health had this to say about the Minister's commitment to tobacco control:

> Dr. Nkosazana Zuma herself was highly anti-tobacco and that gave us a lot of push to be able to take on tobacco legislation…I remember when we wanted to introduce this legislation, the minister sat me down and said…if you can convince other government departments that tobacco control legislation is the right way to go…I will be able to push this through Cabinet. So, I had to go to each department in government. I remember going to the police department with Yussuf at the time…there were no women in the

> room, I was the only woman. I had to speak to them about tobacco control. I think they got surprised because I was so firm. I told them that tobacco control is about health. There were people in that meeting who told me, oh! you will kill sports in South Africa, you will kill the advertising industry in South Africa with tobacco control (Personal interview, July 2015, Cape Town, South Africa)

The new President, Nelson Mandela, and his Health Minister were strong supporters of comprehensive tobacco control (Bitton, Taranto, Talbot, & Kadar, 2011). Having been victims of apartheid rule, many of the ANC political elites saw the tobacco epidemic as one of the wrongs of apartheid (see Malan & Leaver, 2003). Dr. Zuma, a pediatrician exiled in the UK and Swaziland under apartheid, and the new health minister under the ANC government had ideas for tobacco control and health promotion (Bitton, Talbot, & Clarke, 2011). Before assuming office as a minister, Zuma oversaw the drafting of the ANC's health policies. She brought the high number of smokers in the country and the incidence of smoking-related illness and death to the attention of the ANC (Bitton, Talbot, & Clarke, 2011).

At the time the ANC assumed office in 1994, HIV prevalence rates were on the rise. The national rates of HIV infection rose from 0.76% in 1990 to 10.44% in 1995, and by 2000 the HIV prevalence rate had reached a catastrophic level of 22.4% (Department of Health, 2001). This notwithstanding, tobacco control was still on the government agenda along with HIV/AIDS. To sustain the national and political mood in favour of tobacco control, tobacco was redefined within the broader concept of health promotion (Swart, Reddy & Steyn, 1998). Of note here is that Minister Zuma worked closely with Priscilla Reddy and Dr. Gonda Perez, the two leading health promotion experts at the time. Together, they were able to keep tobacco control on the government policy agenda for over a decade. Due to the new government's support for tobacco control, anti-tobacco advocacy groups were able to expand the debate to reflect the health

promotion paradigm that was gaining currency in South African because of HIV/AIDS. Priscilla Reddy argues:

> Looking at life from a health promotion paradigm and what was happening in the country in 1992, just the end of apartheid, it didn't make sense to focus on a single disease or a single issue because everything was so interrelated. One side of me was interested in issues that led to infectious diseases such as HIV, but then there was another side that was interested in looking at science from a more global perspective, a health promotion perspective, and that's how I got involved in tobacco as a determinant of disease...I felt if you can change the determinants, you could change the long-term consequence of disease. That's how I got into tobacco. For me, it was the tobacco industry, Anton Rupert, the apartheid giants all working together with just another poison attacking the people. Apartheid was one poison; tobacco was another poison, but all the growers were the same. Personally, I approached tobacco...from an activist perspective...I saw it as just another way of fighting for freedom (Bitton, Talbot, & Clarke, 2011 p. 12).

The new government began to consult less with tobacco companies because, contrary to the National Party, the ANC government had no historical ties with the tobacco industry. Right after assuming office, the ANC government under the leadership of Health Minister Zuma established a tobacco control advisory board within the Department of Health to develop an inter-sectoral approach to tobacco control as well as to strengthen the institutional capacity of the Department of Health to make and implement tobacco control (Reddy, Meyer-Weitz, & Yach, 1996). Based on the advice of the tobacco control advisory board, Zuma published draft regulations for compulsory health warnings on printed advertisements, TV commercials, and cigarette packages for comments (see Bitton, Taranto, Talbot, & Kadar, 2011). Soon after the draft regulations were announced, the tobacco industry and its affiliated institution, TISA, criticized the proposed law as unconstitutional and an affront to manufacturer's property rights to trade a registered trade mark (Leaver, 2002; see also Malan & Leaver, 2003).

The tobacco industry also accused the minister of violating the company's freedom of expression (Malan & Leaver, 2003). Some media outlets, especially those with vested material

attachment to the tobacco industry, also viciously opposed the draft regulation. The Director of Nasionale Pers[52] in which Rembrandt had shares, for instance, predicted a "bloodbath" (Malan & Leaver, 2003, p. 137) because of the proposed draft regulation. Some media outlets also described the proposed draft as hampering the ability of the media to gain revenue (Leaver, 2000). MRC refuted these claims with superior evidence, arguing that the total revenue that the topmost 10 media outlets make from tobacco advertisement was less than 10% of their gross annual revenue (Leaver, 2002).

At this point, the balance of power in the policy subsystem swung in favour of anti-tobacco actors. The MRC, TAG, and the Progressive Primary Healthcare Network (PPHN) had captured a large share of the media space available to promote tobacco control. The corollary of this development is that the tobacco companies were fast losing their traditional hold on the media landscape. More significantly, in 1996, Zuma threatened to ban all tobacco advertisements outright because of the tobacco industry's failure to print health warnings on cigarette packages. In response to the threat from Zuma, Johann Rupert refuted her allegation by arguing that the tobacco packages without health warning labels were smuggled products that had entered the South African market because of the high taxes on tobacco. Zuma refused to respond directly to Rupert's claims, instead arguing that "responding to individuals is not really our priority at this stage. We are more concerned with the health of our nation" (cited in Malan & Leaver, 2003, p. 143). By 1996, the country was ready for another big legislative initiative to amend the Tobacco Control Act of 1993. The first four years of the ANC administration led to the acceleration of tobacco control policies. The Health Minister had the backing of leading cabinet ministers as well as the president of the country. The national mood was in favour of a comprehensive

[52] Note that Rembrandt had a share in Nasionale Pers. Thus, this media outlet had a vested material interest to speak against tobacco control.

tobacco control policy but the pace and the tempo of change after 1994 surprised even many policy actors (see Bitton, Taranto, Talbot, & Kadar, 2011). There are several reasons for this, discussed below.

First, unlike her predecessor, Zuma had no clear opposition and resistance to her policy proposal from within her own government. In fact, the president had received two awards, one from the WHO and the other from Commonwealth Games Council, for his activism against tobacco use (Bitton, Taranto, Talbot, & Kadar, 2011). Second, the new government wanted to do something to distinguish its public health policies from the policies of the previous administration. That meant that changes in tobacco policies were imperative and necessary, especially when popular political mantra viewed the tobacco epidemic as a crime of apartheid rule (Wilkins, 2000; Asare, 2009; Leaver, 2003; Malan & Leaver, 2003). Third, the rise of activist groups and the reframing of tobacco use as a problem caught on with a large section of the population of South Africa by the mid-1990s.

By 1994, the tobacco industry hardly debated the health hazards of smoking. Thus, the minister had little opposition on the issue of the health hazards of tobacco. Fourth, the global wave of health promotion had gained currency at the time the new government assumed office in 1994, making policies to reflect the global trend of tobacco control was politically prudent.[53] Fifth, the new government had a clear majority in Parliament with MPs who were in favour of tobacco control. More so, unlike the National Party government during apartheid, the new ANC political elites had less material incentive to maintain the status quo because they had no financial, political, or social association with the tobacco industry. Finally, the country's economy was reviving after years of international isolation because of apartheid rule. Thus, there

[53] See the section on ideas and global norms for a detailed explanation on how the diffusion of global norms was important for tobacco control in South Africa.

was a financial incentive for the new government to use taxes on tobacco to raise revenue while at the same time reducing the consumption volume of cigarettes. Thus, despite opposition from the tobacco industry and its affiliated institutions, the new government was able to pass two key amendments in 1999 and 2008.

The Tobacco Products Control Amendment Act, No. 12, 1999 was the first tobacco control legislation passed under the ANC administration. The legislation came into force in January 2000. The legislation was a marked improvement of the 1993 Tobacco Control Act. It restricted smoking in enclosed public places, although with exceptions. It also restricted point-of-sale advertising to price and availability only. The 1999 tobacco control legislation empowered the Ministry of Health to prescribe the maximum yields of tar, nicotine, and other substances in tobacco products. It further banned the free distribution of cigarettes as well as banned all tobacco vending machines (Saloojee, Ucko, & Drope, 2011). Four key "Government notices under the Act" were published in September 2000. The first notice encompassed the maximum permissible yields of tar, nicotine, and other constituents. The tar yield in cigarettes could not exceed 15mg per cigarette and nicotine yield could not be more than 1.5mg. The second notice was rather extensive. It outlined the regulations that governed smoking in public places, included workplaces and public places of conveyance. It defined public place as basically any indoor or enclosed area that is open to the public. The third notice outlined the regulations on the point-of-sale advertising of tobacco products. The fourth notice outlined the steps that tobacco companies must take to end any existing contractual obligations that they have on sponsorship and advertising.

To a large extent, the 1999 tobacco control legislation was successful. The hospitality and advertising industries that had initially opposed the bill complied with the implementation.

Blecher, Van Graan and Van Walbeek (2006) have studied the impact of the 1999 tobacco control legislation on restaurants and the advertising industry. They found that 75% of restaurants have provided designated smoking areas compared with only 56% that did so before the 1999 legislation. They also found that 89% of restaurants have designated non-smoking areas compared with 53% before the legislation (Belcher, Van Graan, & Van Walbeek, 2006).

Despite the initial successes of the implementation of the 1999 tobacco control legislation, the tobacco companies, with time, found innovative ways to circumvent some of the provisions in the 1999 legislation. As time went on, the 1999 tobacco control legislation became ineffective, and the need for stringent tobacco control measures became imperative. In 2008, the General Assembly adopted the Tobacco Products Control Amendment Act, No.63 of 2008, which was given presidential assent in February 2009. The goal of the 2008 tobacco control Act was to amend certain definitions and clarify existing vagueness in the previous Act. The 2008 Act provided new sets of restrictions on tobacco advertising, sponsorship, promotion, distribution, and information-sharing in relation to the packaging and labelling of tobacco products. The Act also specified that the standards that apply to manufacturers of tobacco products in South Africa should be similar in an imported product. The 2008 Act further prohibited the sale of tobacco products to and by persons under the age of 18 years. It also banned free distribution of tobacco products. The Act also proscribed tobacco sales through vending machines or any other related means. Of note here is that the amendment Act gave the Ministry of Health the authority to regulate the promotion, packaging, and retailing of cigarettes and to adjust the provisions in respect of offences and penalties (Tobacco Products Control Act, 2008).

Currently, a new comprehensive tobacco control legislation, Control of Tobacco Products and Electronic Delivery Systems Bill, has been approved by Cabinet and it has been published for comment. The bill is comprehensive and extensive. It consolidates and revises all preceding tobacco control Acts. The most audacious provision in the bill is that it regulates tobacco products and electronic delivery systems with similar tobacco control instruments. The bill bans all forms of smoking in enclosed public places including smoking or holding lighted tobacco in public conveyances, workplaces, outdoor places, and private dwellings used for public events (Control of Tobacco Products and Electronic Delivery Bill, May 2018). The Bill also requires the introduction of plain packaging and proposes hefty fines for violations and where applicable, a jail term. The overarching goal of the bill is clearly stated in the draft bill:

> to regulate the sale and advertising of tobacco products and electronic delivery systems; to regulate the packaging and appearance of tobacco products and electronic delivery systems and to make provision for the standardisation of their packaging; to provide for standards in respect of the manufacturing and export of tobacco products and electronic delivery systems to and by persons under the age of 18 years; to prohibit the free distribution of tobacco products and electronic delivery systems; to prohibit the sale of tobacco products and electronic delivery systems by means of vending machines; and to provide for matters connected therewith (Control of Tobacco Products and Electronic Delivery Bill, May 2018).

The WHO has lauded the bill. It has encouraged the General Assembly to support the bill:

> The *Control of Tobacco Products and Electronic Delivery Systems Bill,* approved by the Cabinet of the Republic of South Africa (the Bill) and published for public comment until Thursday 9 August 2018, is a highly comprehensive piece of tobacco control legislation. It is consistent with South Africa's obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and brings South Africa back to the forefront of international tobacco control best practice…... South Africa is to be congratulated on a comprehensive tobacco control bill designed to effectively regulate existing tobacco products, as well as novel and emerging nicotine and other tobacco products, which shows leadership in implementing global best practice to address the tobacco epidemic (WHO, 2018).

Despite the wild applause the new bill has received from both domestic and international anti-tobacco groups, the Vapour Product Association (VPA) of South Africa led by its CEO, Zodwa

Velleman (2018) have openly criticized the bill as "unscientific and potentially devastating" because it lumps e-cigarettes and traditional cigarettes together. She continues:

> It's [an e-cigarette] actually a safer product than tobacco cigarettes…When one vapes… it's an aerosol…it's less harmful than the burning of tar…We need an opportunity as an industry to talk about our product, and to educate the market as to what it is we have to offer. And as soon as you group it with the traditional tobacco you lose that opportunity to educate…

VPA has intensified their opposition to the bill by collecting petitions from the public and testimonies from e-cigarette consumers. The aim of this undertaking is to build public support against the bill. So far, VPA claims that it has received over 10,000 signatures in support of their petition (VPA, November 2018). The VPA has also collected dozens of vaping testimonies from the general public. For example, Shane Wiseman, a heavy smoker for 15 years shared his testimony and opposition to the new bill:

> After being a heavy smoker for 15 years and trying everything I could to quit (Zyban, Champix, patches & gum), I discovered e-cigarettes. I have been vaping for 4 years now and have not had a single cigarette in the time! The change in my health has been phenomenal. The coughing and the wheezing is gone and I feel like I can breathe again. I used to get respiratory tract infections at least 3 times a year, and no longer do. Without the switch to vaping, there was very real chance that my family would be sitting without a father and husband right now and for this I am truly grateful (VPA Website, November 2018).

Ian Coleshaw, a smoker for 20 years believes that vaping saved his life:

> After smoking for over 20 years I decided to quit. For a period of 7 years I tried every known method to quit smoking — from going cold turkey, using the patch, trying different medications and even hypnosis and acupuncture. Nothing worked as I continually failed and went back to smoking. About 2 years ago I started vaping and within weeks I stopped smoking cigarettes. I haven't touched a cigarette since then. Physically and mentally I feel a million times better. Vaping literally saved my life (VPA Website, November 2018).

Adriaan Cryuwagen, a smoker for more than 15 years also had this to say:

> I smoked for more than 15 years and tried many times, with different products and techniques to quit smoking. The best I could manage was 3 months. I knew that I had to quit as my health was deteriorating and my blood pressure and sugar were getting out of

> control. Try as I may, none of the products on the market helped me to quit for good. On recommendation from a friend I started vaping and I have been clean off cigarettes for a year. My blood pressure has stabilised and my sugar levels are normal again and I have not touched my asthma pump since. Vaping is saving my life, keeping me healthy and still providing me with clean alternative to smoking, which was a habit. If not for health reasons, I would still have smoked because I enjoyed it. Vaping is not smoking. It does not pollute the air like cigarettes do, does not cause second hand smoking which is bad for other people around you and I say again, it is saving my life! I have not felt this good in many, many years (VPA Website, November 2018).

Despite the opposition to the bill, the government remains committed to legislating the use of e-cigarettes. Lorato Mahura, Acting Director of Health Promotion, the Department of Health argues that e-cigarettes are dangerous and that they cannot be positioned as less harmful because every tobacco product is harmful (Mahura, 2018 Interview on the Expresso Show, SABC). She added that the mere presence of nicotine in certain e-cigarettes justifies the need to regulate vaping in South Africa. If the legislation is passed, it will bring South Africa back to the forefront of the global tobacco control movement. Notwithstanding the extensiveness of the current legislations against tobacco in South Africa, more work needs to be done in the implementation and enforcement of tobacco control laws.

5.6 The Role of Institutions in South Africa's Policy Process

Public policy literature is replete with different definitions of institutions; however, a detailed discussion of that literature cannot be discussed at length here because no one definition is universal in the social and political science literature (see Skocpol, 1992; Hall & Taylor, 1996; Immergut, 1998; Thelen & Steinmo, 1992; March & Olsen, 1989; Weaver & Rockman, 1993; Lijphart, 1999; Streeck & Thelen, 2005). Broadly speaking, institutions are often seen as the building blocks of social order or norms and rules that govern social arrangements (see Finer, 1932; Ostrom, 2011; Steinmo, 2008). However, institutions can be seen not only as an arrangement of actors with governing power in the subsystem but as able to shape the goals and

policy preferences of actors as well. The behavior of interest groups or advocacy coalitions in the policy subsystem is strongly determined by the institutional venues available to exploit. However, it must be noted that institutional change is not the same as policy change, because institutional change restructures the incentives and actor preferences in the policy subsystem.

Since the rise of anti-tobacco activists in the 1980s in South Africa, both anti-and-pro tobacco activists have exploited different institutional venues to influence the outcomes of tobacco control policy debates. Institutions that have played critical roles in making or resisting tobacco control policies in South Africa are: The Department of Health, the Presidency, the Courts, the National Assembly, and their concomitant structures. Depending on the time and nature of actor alignment in the tobacco subsystem, interest participants have exploited different venues.

In what follows, the role of institutions in South Africa's tobacco control policy is explained. Ways that actors exploited different institutional venues of power in the policy making process are also examined. As stated above, five important institutional venues of power were exploited by pressure participants to advance their policy preferences for tobacco control. Even though these five institutional venues existed in both the apartheid and post-apartheid era, their degree of influence in the policy process varied with the tobacco control policy instruments being considered. For example, the post-apartheid era offered the health department relatively strong authoritative powers to make regulations and propose amendments on tobacco control policies. This is evident in the 1999 and 2008 tobacco control legislations. These two Acts had provisions which empowered the Department of Health to make tobacco control regulations, where necessary, to complement or enhance existing tobacco control legislation. On the other hand, though, no such legal provision existed in South Africa during apartheid rule.

In the early years of the apartheid regime the government's policy outlook on tobacco was largely defined by tobacco's positive economic contribution. Tobacco was largely viewed by the apartheid government as a source of tax revenue, jobs, and trade. This notion, albeit erroneous, ultimately determined the trajectory of tobacco control policies. In 1983, the Ministry of Finance refused to increase excise taxes on tobacco. During the reading of the 1983 national budget on the floor of Parliament, the Minister of Finance declared that the "Tobacco Board has presented justified arguments for the maintenance of the status quo regarding the excise taxes on tobacco," with the minister declaring he did "not intend to wake sleeping dogs" (Malan & Leaver, 2003, p. 123). Similarly, in 1986, the Finance Minister refused to increase excise taxes on tobacco under the guise that it would adversely affect national revenue and national employment (Malan & Leaver, 2003; Van Walbeek, 2002; Asare, 2009). However, in both the apartheid and post-apartheid era, the Department of Health has had the strongest incentive to treat tobacco as a public health problem. For example, during the apartheid era, the Health Minister Rina Venter refused to engage tobacco producers on some of the concerns they raised against tobacco control. The Minister took the position that the job of a Minister of Health is to protect public health and not "problems regarding the cultivation of tobacco" (Malan & Leaver, 2003, p. 136). Similarly, the Department of Health in post-apartheid South Africa has been relatively successful at severing ties with the tobacco industry.

Notwithstanding the institutional capacity of the Department of Health to make tobacco control policies, the tobacco industry has been effective at frustrating the implementation of tobacco control laws. The tobacco industry and other pro-tobacco interested parties have been using the court as an institutional venue to resist or minimize the effective implementation of tobacco control policies. The court has become a necessary institutional venue for the tobacco

industry because of the adversarial relationship the Department of Health has had with the industry after 1994. In 2005 for example, the High Court of South Africa, Transvaal Provincial Division, ruled on an application filed by the Savanna Tobacco Company (PTY) Ltd. against the Minister of Finance, the Commissioner of Customs, and the Controller of Customs[54] over the seizure of the company's cigarettes at the port on the suspicion that they were smuggled. The court dismissed the applicant's submission with costs.

The tobacco industry has also challenged the jurisdictional authority of the Department of Health to control tobacco. In August 2011, the British American Tobacco Company in South Africa, sued the Minister of Health (with the National Council Against Smoking joining the suit as amicus curiae) in the South Africa High Court, Pretoria. BAT asked the court to declare that the prohibition against tobacco advertising and promotion by the 1993 Tobacco Products Control Act as amended in 2008 did not apply to one-to-one communications between tobacco manufacturers, importers, wholesalers and retailers on the one hand and consenting adult tobacco consumers on the other. BAT further asked the court to declare the Minister's decision to extend the advertising ban on tobacco products to include the one-to-one communications between tobacco companies and retailers with consenting tobacco consuming adults as unconstitutional. After hearing the arguments from both sides, the court dismissed the application with costs. The court maintained that the intent of the Tobacco Products Control Act 1993, as amended in 2008, is to encourage smokers to quit. Therefore, the court argued that the Tobacco Products Control Act must be interpreted as prohibiting one-to-one communication. The court also dismissed the second relief by upholding the constitutionality of Tobacco Products Control Act. Dissatisfied with the high court's ruling, the BAT appealed to the Supreme Court. This appeal was concerned

[54] See the Campaign for Tobacco Free Kids (2017) for detailed case by case explanation http://tobaccocontrollaws.org/litigation/advancedsearch/?country=South%20Africa

with the proper interpretation of the Tobacco Products Control Act, 83 of 1993 as amended by the Tobacco Products Amendment Act 63 of 2008. Here, too, the application was dismissed. The superior court of adjudicator emphatically stated that:

> The prohibition against advertising tobacco products is to be interpreted as preventing a person in the position of the appellant from making a commercial communication about a tobacco product on its own initiative to any person other than those listed in paragraph (*c*) of the definition of 'advertisement' and s 3(1)(*b*), but permitting such a communication to persons other than those listed where the information contained in the communication is specifically requested by the person to whom the communication is to be made.

The court goes further to rule on the constitutional question:

> As far as the right to impart information is concerned, the right which the appellant seeks to exercise, it is clear in my view that as the Amicus correctly contended, all the communications which the appellant wishes to make are designed, in some way or other, to promote the sale of their products and thus to maintain in place the mischief which the Act is designed to combat. The public health considerations and the countervailing right to a healthy environment to which I referred in considering the limitation on the right to receive information also apply here. I am accordingly satisfied that the limitation set out in the section is not unconstitutional.

The tobacco industry has long used litigation as a method to delay and frustrate the policy-making and the implementation process of host countries worldwide. In the case of South Africa, the courts were an ineffectual political resource for the tobacco industry. Apart from the courts, another institutional venue that anti-tobacco advocates exploited to push for tobacco control was devolved structures, particularly provincial and municipal structures of policy making. Due to the efforts of a handful of municipalities and city councils in South Africa, the smoking of tobacco was banned in cinemas in the 1970s and on domestic flights in the 1980s (see Swart, Rdddy, & Steyn, 1998; Asare, 2007). Before 1994, provinces and municipalities like Cape Town and Johannesburg had attempted to implement tobacco use regulations. While Cape Town was unsuccessful, Johannesburg achieved some moderate tobacco control success. However, the implementation of the Tobacco Products Control Act, 1993, has afforded municipalities and

provinces the political right to apply to the Department of Health to make their own tobacco control bylaws and regulations. For example, within a few months of the implementation of the Tobacco Products Control Act, 1993, Cape Town applied to the Department of Health and eventually gained the right to make their own tobacco control legislation. In a few months, the City Council drafted regulations to restrict smoking in most restaurants in the city as well as banned smoking in cinemas, malls, theatres, and municipal buildings (Malan & Leaver, 2003; Asare, 2007). However, the role of the provinces in public health policy-making in general, and tobacco control in particular, is not as authoritatively pronounced as it is in federated countries like United States or Canada. In the case of South Africa, therefore, the role of devolved authorities is to supplement the work of the Department of Health (Asare, 2007, p.181).

Furthermore, the role of the National Assembly or the parliament in Westminster political arrangements is significant but not critical in making tobacco control policies. Although the general assembly is the legislative arm of government and is responsible for passing legislative acts or amendments for tobacco control, voting patterns in parliament reflect the position of the dominant political party in office. While MP's can initiate bills in the general assembly as private members, it seldom happens, and in the case of tobacco, it has never occurred. MPs are required to vote for the party position on an issue. In most cases, the general assembly relies on the government to propose public health bills, especially bills that have financial consequences for the public purse.

The platforms of political parties have also shaped the policy direction of tobacco control since the National Party assumed office in the 1940s. Because the National Party was traditionally aligned with major tobacco companies, the party encouraged the industry through

government's deliberate inaction to control tobacco for over 40 years. On the contrary, though, the ANC made an electoral promise to make legislation against tobacco if they were to win the election. Because electoral promises are made to reflect a political party's policy agenda, political parties have become an institutional venue of public health policy-making.

In the case of South Africa, the party with most seats in parliament forms the government. Institutionally, a political party in South Africa must win the most parliamentary seats before it can form a government. The principles of party discipline and loyalty compel MPs to vote in favour of the party's position. As a result, governments get the opportunity to dominate the legislative process. Situations like this make it extremely difficult for the opposition to get a bill introduced, which has made it easier for the ANC to legislate tobacco use without the interference of tobacco companies. This then makes political parties important actors in the policy process in South Africa. The coming into office of the ANC led to the inclusion of new policy actors in the tobacco control subsystem. This was made possible because the ANC government had a tobacco control agenda while it was in opposition. Tobacco control legislation after 1994 gave some powers to the Department of Health and municipalities to make tobacco control regulations where necessary. The courts were mostly used as an institutional venue to resist tobacco control legislation by the tobacco industry but all their legal challenges proved futile. Because these challenges have failed, the Department of Health in South Africa is the most influential institutional venue for tobacco control.

5.7 Ideas and Tobacco Control Policy Making

This section will address two issues that remain imperative to the understanding of tobacco control policies in South Africa. First, the origin of policy ideas will be explored, and

then the question of how much policy transfer will be addressed. Here, the definition of ideas is not limited to how ideas matter in policy making, but also whose, and which ideas matter. Because anti-tobacco activists have learned or borrowed ideas for pushing their agenda from other countries, it is important to understand how policy actors adopt and appropriate ideas to maximize their policy preference in the policy subsystem. This section, though, goes beyond a discussion of the existential notion of ideational congruence by examining how domestic policy actors co-opt global norms on tobacco to fit their domestic policy situations. According to John Campbell (1998):

> Ideas provide specific solutions to policy problems, constrain the cognitive and normative range of solutions that policy makers are likely to consider, and constitute symbols and concepts that enable actors to construct frames with which to legitimize their policy proposal. (p. 398).

In the case of South Africa, scientific research on the health hazards of smoking and second-hand smoking sparked a nationwide campaign for tobacco control. A Professor[55] of Medicine at the Department of Medicine, University of Cape Town, explained how the health evidence on the tobacco/ill-health association ignited a push for tobacco control in a personal interview:

> When I came back from exile in 1990, within a very short time, there were three or four of our neighbors and close friends who died, and all of them were related to tobacco. So when 1994[56] came, one of the things I wanted to do was to become involved more in health promotion. As a health promotion person, the core of our argument for tobacco control is health. I will use examples of people they know to explain tobacco related mortality.… People related well with these kind of examples (Personal interview, August 2015, University of Cape Town).

[55] This professor occupied a senior portfolio in the South Africa's health sector before moving to the University as a professor. The professor played active role in post-apartheid tobacco control politics of South Africa by working closely with then Minister on tobacco control.

[56] 1994 is a critical time period in South Africa. It marked a turning point in South African political history. The first multi-racial election was held in 1994 paving way for the ANC to come to office. The electoral victory of the ANC paved the way for non-white South Africans to actively engage in political process.

While there was an elite consensus on the association between tobacco and health hazards and diseases in South Africa in the 1970s, the public–health driven tobacco control advocacy did not begin until later, even though a publication in the *South African Medical Journal* in 1963 had established tobacco's carcinogenic properties (Oettle, 1963). Although the global and domestic literature on tobacco's association with lung carcinoma was growing in the 1960s, the lack of political will to respond was enough to trump the scientific evidence. In other words, the scientific evidence alone, as it was presented then, was not enough to cause policy change, especially since the tobacco industry's sponsored scientific researchers were providing a counter scientific perspective to undermine the association between smoking and cancer[57]. It wasn't until the late 1980s that the public-health-driven advocacy against tobacco gained traction. Even then, there were equally competing public health concerns like HIV/AIDS, tuberculosis, and trauma that needed governmental response.

In 1988, the *South Africa Medical Journal* devoted an entire issue to tobacco and tobacco control. Most of these articles examined the international and domestic literature on tobacco and health. Van die Redaksie (1988) wrote the editorial for this issue and concluded that "the sum of epidemiological evidence in the RSA[58], as set out in the following pages, and international reports, provide positive evidence that smoking causes lung cancer and heart disease and damages the lungs severely. Smoking pollutes, is addictive, creates a fire hazard and kills" (p. 385). He continued further:

> Not enough has been said about the vast areas of deforestation (with its accompanying environmental destruction), the suspected aircraft tragedies, and other individual deaths linked to the fire hazard created by irresponsible smokers. It is accidental, certainly not

[57] See chapter one for analysis of the tobacco industry tactics to refute, undermine, frustrate, and delay tobacco control laws. Among other things, that chapter reviewed the tobacco industry's internal documents that are now in the public domain.
[58] Republic of South Africa (RSA)

> intentional, that this fatal habit has become entrenched in modern society. No one person or group of people should therefore feel guilty since the dire consequences of smoking were not premeditated. However, with the evidence once again brought to light in this issue of the *SAMJ* it should not be difficult for all of those involved, particularly in South Africa, to accept these facts and to work together to eradicate the scourge from our system. If we do not do this, future generations will undoubtedly reproach us for 'having known but not having acted' (Van die Redaksie, 1988, p. 385).

In that same issue, Yach and Townshend (1988) published an article entitled, "Smoking and Health in South Africa." The authors combined South African data with international data on tobacco and ill health to demonstrate the association between tobacco and ill health. Yach and Townshend concluded that:

> Studies in South Africa and elsewhere have shown that smokers run an increased risk of coronary artery disease, lung, oesophageal, and cervical cancer, respiratory disease, gastro-intestinal ulcers, and leukoedema. Non-smokers exposed to 'involuntary smoking' are also at risk, and smokeless tobacco is not a safe alternative to smoking. The evidence for smoking-induced health damage is so compelling that action against smoking is urgently needed. Surveys of smoking habits among specific groups show the importance of peer and role model example and suggest guidelines for the targeting of health education (p. 391).

Another article was published by Townshend and Yach[59] (1988) in the same issue. In this article, the authors studied tobacco control instruments in over twenty countries across the world to make a case for tobacco control legislation in South Africa. Their research findings suggested that:

> Legislation is an essential component of any effective anti-smoking programme and is being used increasingly in many countries. Legislative measures may control or ban tobacco advertising, require that cigarette packets carry a health warning and contents

[59] It must be stated that some of these authors were anti-tobacco actors. Yach played many roles in South Africa's tobacco control measures. He is a member of the Medical Research Council and facilitated the 1988 special issue on tobacco by the *South Africa Medical Journal*. Yach has published scientific articles in numerous academic journals and is, at the same time, an anti-tobacco lobbyist. Yach played the role of a policy entrepreneur at some point in the policy process because of his political connections and his expertise. He knows how to combine science and lobbying.

> statement, limit the tar and nicotine content of cigarettes, restrict sales, impose taxes on tobacco products, restrict smoking in public places and work-places, make health education mandatory or provide for the establishment of a national anti-smoking agency. A major objective is to establish a non-smoking existence as the norm. We recommend that the government of South Africa introduces a comprehensive anti-smoking programme that will include the following steps: (i) putting extra taxes on cigarettes to fund health education, (ii) prohibiting the sale of cigarettes to minors, (iii) making health warnings and contents labelling on both cigarette packets and advertisements prominent, and *(iv)* encouraging public and private sector involvement in protecting non-smokers' rights and helping smokers to stop smoking. (p. 412).

In 1986 both the US Surgeon General and the National Academy of Science concluded that second-hand smoke is a cause of diseases (US DHHS, 1986; NRC, 1986). This led to a seismic shift in actors' policy beliefs in the policy subsystem. South African medical scientists have long held the view that second-hand smoke is dangerous. However, political uncertainty about the effects of second-hand smoking existed in part due to the counter evidence by tobacco industry sponsored scientists.

For a long time, the tobacco industry has refused to acknowledge the evidence surrounding passive smoking and has instead covertly sponsored their own research to provide an alternative scientific perspective on the negative health effects of second-hand smoking (Grüning, Gilmore, McKee, 2006; Saloojee & Dagli, 2000; Mackenzie & Collin, 2008; Barnoya & Glantz, 2002). The release of internal tobacco industry documents[60] has enlightened anti-tobacco advocates on the modus operandi of tobacco companies (see Bero, 2003; Malone & Balbach, 2000; Muggli, & Hurt 2003; Chaloupka, Cummings, Morley & Horan, 2002). These documents were mainly letters, faxes, memos, and minutes that were written by industry scientists, lawyers and top executives with the goal to dispute and create doubts about any knowledge or idea that would cause policy makers to take action against the tobacco industry's profit maximizing interest (Hirschhorn & WHO, 2005). In South Africa, for example, the release

[60] Detailed account of global tobacco industry tactics is provided in chapter one of this thesis.

of the internal tobacco industry documents led to the revelation that tobacco companies had strategized to undermine the work of South Africa's "outspoken, infamous, and anti-tobacco campaigner," Derek Yach (Saloojee, 2006, p. 53)[61].

John Kingdon (1984, p. 1) has asked, "what makes an idea's time come?" and this chapter addresses that question in reference to anti-tobacco policies. The idea that tobacco causes diseases did not "catch on" simply because the scientific evidence of tobacco's association with diseases was undeniable, but rather through the concise way anti-tobacco advocates in South Africa interpreted and framed the evidence. Daniel Béland (2009) argues that ideas impact the policy process in three ways: First, ideas enable the construction of policy issues and problems; second, "ideas can take the form of economic or social assumptions that either legitimize or challenge existing institutions or policies;" third, ideas allow agents to challenge existing institutional arrangement (p. 705). For instance, the scientific evidence that tobacco causes death and ill health was, in most cases, articulated by tobacco control advocates using images, pictures, art, cartoons, and satire. Symbols, according to Zahariadis (2007) "have affective and cognitive dimensions in that they evoke emotions and also convey relatively clear but highly simplified messages" (p. 78). Anti-tobacco activists in South Africa did exactly that. See below for visual examples of how anti-tobacco advocates articulated the harmful nature of tobacco[62].

[61] Saloojee Y (2006) Tobacco control in South Africa. In Chronic Diseases of Lifestyle in South Africa since 1995–2005. Technical Report, pp 48–57. Cape Town: South African Medical Research Council.

[62] The pictures/ cartons below were copied from Peter Ucko (2015). Ucko is an editor and a writer, actor and a broadcaster, and a private consultant and entrepreneur. He used his influence and years of experience in frontline advocacy to publish and write about tobacco control. He is a leading pro-tobacco advocate in South Africa. Currently the Director of Tobacco Alcohol and Gambling Advisory and Action Group, Ucko has served as the director of the National Council Against smoking in South Africa from 2001-2013. He is also a member of the Framework Convention Alliance.

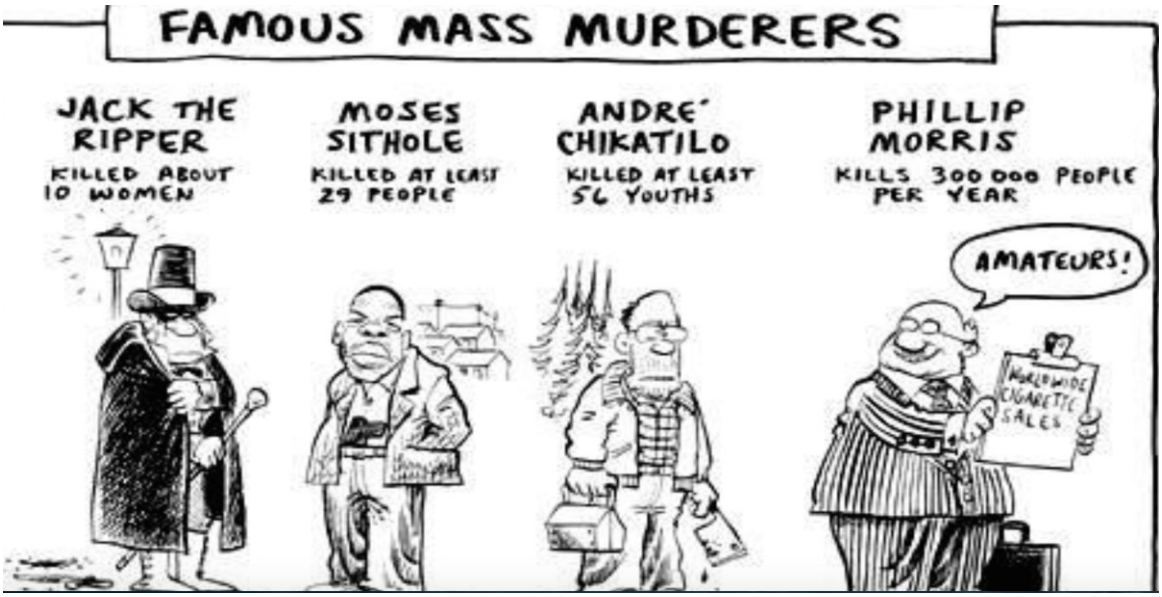


Figure 5.5. *Famous Mass Murderers* (Peter Ucko, 2015).

In the late 1980s economists joined the tobacco control debate with new data on price elasticity and demand for tobacco products. Derek Yach's work on the economic cost of tobacco, as explained earlier, was the first attempt to bring economic cost analysis to the tobacco control debate in South Africa. Yach's cost-benefit analysis was rejected by Reekie and Wang (1992) who argue that consumers are rational utility maximizers and a person's decision to smoke is influenced by the expected satisfaction the person is hoping to derive. In other words, the decision to smoke, according to Reekie and Wang (1992), is informed by, in most cases, the perceived risks and benefits. Reekie and Wang (1992) argued that because peoples' preferences are different, those who have discarded the perceived health risk associated with smoking are mostly concerned about the utility or the satisfaction they get from smoking. This idea was challenged by other economists in South Africa after its publication. Abedian and Dorrington (1994) rejected Reekie and Wang's (1992) claim of rationality by arguing that consumers' decisions are not always rational. The decision to smoke an addictive substance like tobacco,

they argued, cannot be said to be informed by rational calculus. Knowledge and information, according to Abedian and Dorrington, are not fairly distributed in the open market, thereby making it difficult for consumers to make rational choice.

Taking the discussion further, Saloojee and Yach (1992)[63] equally rejected Reekie and Wang's (1992) claim that smoking is a free choice. They described the Reekie and Wang's (1992) argument as a false assumption that is not founded on true scientific research. According to Saloojee and Yach (1992), Reekie and Wang (1992) did not take into consideration the many other compelling factors that make people smoke, including the need to smoke to minimize withdrawal symptoms, the desire of some smokers to stop, and the failed attempts by some smokers to quit.

In 1994, Reekie published another academic article in *Managerial and Decision Economics* to buttress his 1992 co-authored article with Wang. In this instance, Reekie's (1994) sole goal was to show with better and further statistical and econometric analysis why the SAMRC's cost-benefit analysis of smoking is methodologically and analytically flawed. Employing the economic concept of consumer surplus, Reekie (1994) estimated the benefits consumers derive from smoking by estimating their consumer surplus. Contrarily to the SAMRC estimate that the social cost of smoking (net of expenditure) to the South African economy in 1988 was R1.39 million, Reekie's (1994) estimates put the consumer's surplus of tobacco smoking to R1967.04 million (Reekie 1994, p. 230). Reekie (1994) argued that the SAMRC understated the monetary benefits of smoking, and that, when the facts are analyzed holistically, the net effect of smoking is beneficial. Reekie (1994) further pointed out that if one applies SAMRC's methodology to other goods and services, "no good or service examined this way will ever provide a net benefit

[63] For further discussion on the health and economic impact of smoking in South Africa see Yach, McIntyre & Saloojee, Y. (1992).

to society" (p. 224). To know the net benefits of tobacco, Reekie (1994) proposed a new method of calculation. What is required, according to Reekie (1994), is that:

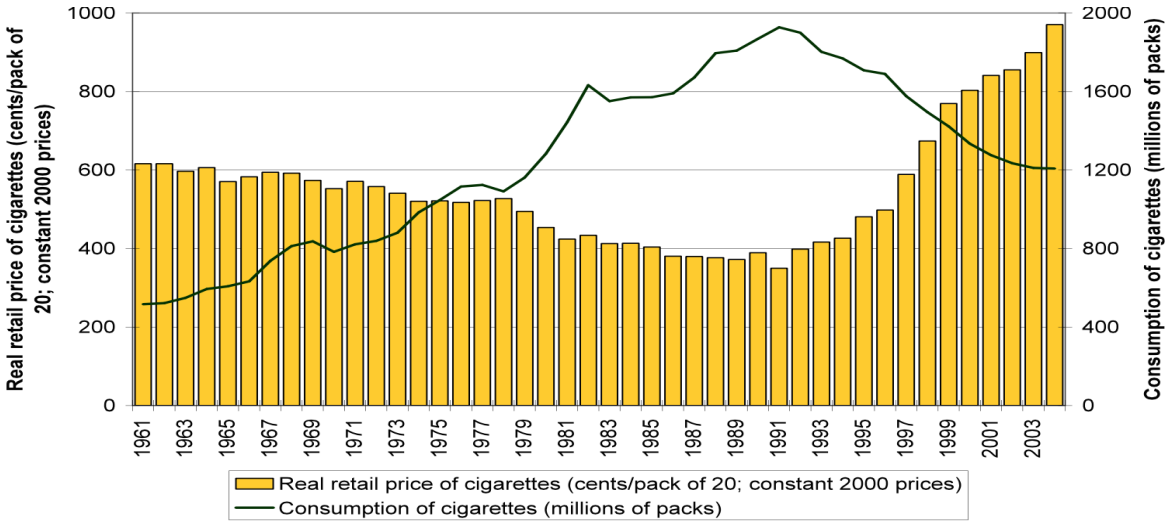
> All industry input costs are listed as benefits, that earnings of doctors and healthcare providers are likewise detailed and that the 'lost productivity due to premature death' entry be counterbalanced by the savings (or benefits) gained by the individual no longer having to expend effort necessary to keep body and soul together (i.e. by their no longer having to be paid from date of death to retirement) (p. 224).

Van Walbeek (1996) adopted Reekie's (1994) approach of measuring consumer surplus to estimate the potential revenue that will accrue for the government for increasing the existing tobacco taxes. Here, Van Walbeek (1996) was not necessarily reacting to the earlier debate on the cost and benefit of tobacco; instead, he asked "how much can the government realistically increase its excise revenues by increasing tobacco excise duties?" (Van Walbeek, 1996, p. 21). Van Walbeek (1996) assumed that the price of tobacco is, like most consumer products, perfectly elastic, and as such, its demand is susceptible to price changes[64].

From 1996 to 2008, the economics of tobacco production and its price elasticity of demand was further explored by economists at the Economics of Tobacco Control Project (ETCP), University of Cape Town, South Africa. The ETCP researchers went beyond the cost-benefit argument surrounding tobacco to an understanding that there are so many monetary and non-monetary costs associated with tobacco production and use and that it is extremely difficult to accurately estimate its cost. It is for these reasons that most of the papers published by ETCP and the individuals associated with the project were concerned with estimating the taxability and revenues of tobacco. The idea that the government could increase its revenue through the

[64]Chaloupka, Wakefield, and Czart (2001, p. 39), for example, have examined how the new research findings in USA have found that tobacco is not insensitive to taxation contrarily to the conception that tobacco use is insensitive to price. Thus, current research finds in the USA from the 1990s have found that tobacco use is no exception to the basic principles in economics. That is, studies have shown that an increase in tobacco prices or taxes lead to significant reductions in tobacco use.

taxation of tobacco products was appealing to government officials in the 1990s. This idea was expressed in the graph below



Source: Auditor-General (selected years), Statistics South Africa (1998), Republic of South Africa (selected years).

Figure 5.6. *Cigarette real retail price and cigarette consumption, 1961-2004* (adopted from Van Walbeek *2005, p. 94)*

This graph simplifies the idea that taxation is a means to curb tobacco consumption. Tobacco control advocates with the Tobacco Action Group (TAG)[65] adopted the graph in their advocacy documents for higher taxes. Almost all the interviewees agreed that taxation is an effective tobacco control regulation. A professor of Public Health from the University of Pretoria buttressed this point more concisely:

> Economic arguments for tobacco control became the real impetus that gave the momentum for tobacco control. Remember that we couldn't do public health arguments too much because we were overtaken by the HIV and AIDS epidemic. The government

[65]Two interviewees confirmed to me that leading members of TAG adopted the earlier version of this graph to persuade political leaders to support tobacco control. The graph shows the effectiveness of using tobacco taxes as a tool to protecting public health as well as to increase government revenue. This information is disclosed in a personal communication Van Walbeek had with Yussuf Saloojee in 2004 (see Van Walbeek, 2005).

> will listen to policy initiatives with positive impact on government revenue (Personal interview, August 2015, Pretoria, South Africa).

The emergence of new research findings on appropriate tax levels on tobacco was indeed a turning point for anti-tobacco activists. It resonated well with the South African government. In the 1980s the South African economy was on a downward spiral. It experienced the worst growth since the Second World War (see Jones & Inggs, 1994). The crippling economy, in many ways, was due in large part to the global drop in gold prices, drought, an unprecedented rise in military expenditures, fiscal indiscipline, government corruption, and above all, international sanctions and the global boycott of South African goods and services because of the regime's brutal racial policies against black South Africans[66]. As a result, the government sought new ways to improve national income and stimulate growth. It is against this backdrop that tobacco taxation gained traction among political leaders in South Africa.

Historically, the South African government has applied taxes on tobacco products, albeit minimally, with no yearly adjustments to inflationary trends. However, starting in the 1990s, numerous studies using sophisticated statistical tools and new data revealed that an increase in tobacco taxes would reduce the demand for tobacco while at the same time increasing government revenue (Van Walbeek, 1996). Pro-tobacco control advocates were able to prove the taxability of tobacco products and taxation's association with an increase in government revenue.

Countries like Canada, Finland, Norway and the USA had a tremendous influence on the ideational construct of anti-tobacco advocates in South Africa. Leading tobacco control advocates like Derek Yach and G.S Townshend drew policy lessons from countries like Canada,

[66] In the 1980s, P.W. Botha's government reinvigorated the long-standing ideals of apartheid. The government's sole goal was to build an independent homeland for white South Africans close to Pretoria. Botha's government invested heavily in ammunitions, warplanes, submarines, tanks, and South Africa joined the global race for nuclear capabilities (see Jones & Inggs, 1994).

the USA, and some other African countries like Kenya and Algeria (see Townshed & Yach, 1988). As argued by Richard Rose (1993), politicians and policy makers concerned with finding solutions to policy problems usually look for policy lessons that are easily practicable from other countries. Ideas and knowledge from other countries helped tobacco control advocates in South Africa demand tobacco control based on the methods that had been proven to be most effective and were, therefore, likely to work. The US, for instance, had a significant influence on tobacco control advocates in South Africa, especially the way anti-tobacco advocates organized and constructed their ideas to counter the tobacco industry. These were tactics that anti-tobacco advocates adopted in South Africa.

The table below (copied from Townshed & Yach, 1988) summarizes the comparative study of tobacco control policies and types of tobacco control instruments that were being used around the world. Leading anti-tobacco advocates in South Africa compiled this list as a way of using it to influence the policy direction of the South African government. The goal here is to show which countries influenced the advocacy ideas of anti-tobacco participants in South Africa.

Table 5.1: *Anti-Tobacco legislations from different Countries*

TABLE I. TYPES OF ANTI-TOBACCO LEGISLATION

Nature of legislation	Countries applying it as of 1986[4]	Situation in the RSA
1. Control of advertising:		
(a) Total ban	21 countries, including Mozambique, Algeria, Sudan, the Gambia	No government-decreed ban. Voluntary agreement that direct cigarette advertisements are not televised
(b) Strong partial ban	13 countries, including Argentina and Bolivia	
(c) Moderate partial bans	21 countries	
2. Requirement that packets be labelled with:		
(a) A health warning	43 countries, including Algeria, Kenya, Senegal	Packets carry one warning by voluntary agreement
(b) Statement of tar and nicotine contents	21 countries	Tar and nicotine content are stated on packet (voluntary agreement)
3. Limits on tar and nicotine content	A few	No legislation exists
4. Restrictions on where or to what age people tobacco products can be sold	A few, including Australia, Uruguay, and Rio Grande do Sul (Brazil)	Sales to minors are not prohibited
5. Imposing of extra taxes/ levies on tobacco products	Many. In some countries, e.g. France, Finland, part of this tax funds health or anti-smoking activities	Cigarettes are taxed, but this income does not directly fund anti-smoking activities
6. Tax incentives and/or subsidies for replacing tobacco with other crops	None	None
7. Restrictions on smoking in public places	In many countries bans exist at national or more localised levels	Provincial and municipal by-laws prohibit smoking in certain public places
8. Restrictions on smoking in the workplace	In many countries bans exist at national or more localised (provincial, municipal, private employer) levels. Occupational safety laws may also be applicable	The Machinery and Occupational Safety Act, 1983, may possibly be applicable
9. Making health education mandatory	Several e.g. Finland	No comprehensive government national anti-smoking programme exists, although the government is in favour of preventing young people from starting to smoke, and educational material is made available to schools
10. Establishing a national agency to co-ordinate anti-smoking activities	Several, e.g. Venezuela	No government agency exists. A Joint Action Group has been formed by three voluntary organisations

Source: Townshed & Yach (1988)

Another factor that contributed to changing the tobacco control subsystem in South Africa was the global wave of health promotion in the 1970s. The global wave of health promotion had a catalytic effect on tobacco control measures in South Africa. In 1986, the first

international conference on health promotion led to the adoption of the Ottawa Charter for Health Promotion. Three main documents motivated the adoption of the Ottawa Charter: first, the Canadian Lalonde report, which was formerly entitled "A New Perspective on the Health of Canadians." The report is regarded worldwide as spearheading a transformative way of thinking about the ways societies and states had hitherto treated and approached healthcare (see Hancock, 1986). Second, the positive definition of health in the preamble of the WHO constitution: "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, Constitution, 1946) also played a role. Third, the adoption of the Alma Ata Declaration by the World Health Assembly in 1978 was an ambitious attempt to secure health for all people by 2000. The Ottawa Charter sparked a worldwide evolution of health programs and legislation aimed at influencing lifestyle choices. It was against this backdrop the global fight against tobacco caught the attention of tobacco control policy makers in the 1990s and 2000s globally.

In South Africa, the global diffusion of health promotion was not limited to the conduct of anti-tobacco activists looking for effective policy solutions to the tobacco epidemic. Instead, health promotion as an idea has transformed the political and institutional interests of South Africa. Today, South Africa has a Health Promotion Directorate operating under the jurisdiction of the Director General of Health Service Delivery with funding from the National Department of Health. Health promotion first entered South Africa's health system in 1990 (Onya, 2007). Though the notion and practice of health promotion was in existence under apartheid South Africa, it was mainly confined to white communities. Nonetheless, because the concept of healthy public policy was an integral part of the global wave of health promotion, it provided robust ideational grounds for tobacco control advocates in South Africa to challenge the

government's reluctance to control tobacco (Reddy et al., 2013; Appah, 2007). By adopting some of the rhetoric and themes used in global health promotion, anti-tobacco advocates were able to change the positive image that had existed around tobacco for years in South Africa. For example, in 1992, Martin, Steyn, and Yach found that 75% of the respondents in South Africa believed that the sale of tobacco to children must be proscribed, while 60 percent wanted tobacco advertising banned. In that same research, 56% wanted tobacco taxes to be increased while 44% called for banning sports sponsorship by tobacco companies.

Here, the role of WHO to direct global health and to lead partners in a global response to diseases and illness cannot be underestimated. The WHO publishes periodic voluntary tobacco reduction targets for its members. Since 1975, WHO has published expert committee recommendations on effective tobacco control measures for its members. In some cases, the WHO makes formal resolutions on how individual countries can make comprehensive tobacco control laws. The 1990s saw an aggressive ideational response to tobacco use. The health promotion paradigm was reinvented as the most potent tool for equitable health and social development. Ultimately, the World Health Assembly adopted a resolution in 1996 requesting the director general to start the process of drafting a global health treaty on tobacco.

In 2003, after more than a decade of intergovernmental lobbying and exchanges of ideas among numerous global actors, the WHO adopted the first ever international treaty on health: The Framework Convention on Tobacco Control (FCTC). The FCTC was a game changer in the global fight for tobacco control. The FCTC has become the normative framework and the standard of measuring tobacco control policies among member countries (Mackey, Liang & Novotny, 2013; Hiilamo, Crosbie, & Glantz, 2014; Drope & Lencucha, 2014). Dr. Nkosazana

Zuma, the first Health Minister of the ANC in post-apartheid South Africa and the chairperson of the African Union Commission until March 2017 noted that:

> The African National Congress, which in 1994 formed the first democratic government in SA under President Nelson Mandela, first adopted a tobacco control policy in the early 1990s. This escalated into a pan-African view on tobacco control, with African countries playing leading roles in the development of the FCTC. This view considered issues such as demand reduction, as well as supply reduction, through tobacco crop substitution in African countries. African countries are continuing to mobilize around issues of tobacco control. Many have signed the FCTC and several have implemented elements of the MPOWER programme, such as research and monitoring. This is critically important as Africa's population is set to double by the middle of the 21st century to reach 2 billion, more than half of whom will be the young people, and especially the young women, that the tobacco industry seeks to recruit to smoking (Zuma, 2013, p. 831).

The global wave of health promotion and the proliferation of the health hazards associated with smoking has made stringent tobacco control an "idea whose time has come"[67]. Since South Africa signed the WHO's FCTC in 2005, progress has been made in tobacco control policy development and advocacy. Despite the enormous tobacco control success achieved by South Africa in the last two decades, there is a significant gap between the overwhelming problem of tobacco and the policy response to it. Currently, South Africa is lagging in implementing pictorial health warning laws and the sale of loose cigarettes (see Saloojee, Ucko, & Drope, 2011). Although the tobacco industry partially acknowledges the health hazard of tobacco use, its covert operations are geared toward undermining tobacco control policies.

5.8 Conclusion

This chapter has clearly demonstrated the processes that occasioned tobacco control policy development in South Africa over the last six decades. It does so by adopting a historical and theoretical approach to explaining policy change over time. The chapter started by

[67] This phrase was borrowed from Nikolaos Zahariadis (1996): "Selling the British rail: an idea whose time has come"

examining how tobacco was defined as a problem by anti-tobacco participants as well as how tobacco control gained the attention of government and other policy makers. The chapter also examined the role of policy ideas, specifically how ideas about tobacco helped change the positive image of tobacco that had existed for decades. Most importantly, the chapter examined the role of scientific, economic and social ideas in informing policy change in South Africa. Of importance in this regard is the role of interest groups and policy networks in shaping the balance of power in the tobacco policy subsystem. The chapter has explained how actors form alliances and build coalitions to maximize their policy preferences for tobacco control. Here, the role of activist groups like the Medical Research Council, the Cancer Foundation of South Africa, the Heart and Stroke Foundation of South Africa, the National Council Against Smoking and many other groups and individuals are examined to know their role in the policy process. The explanation of policy actors was also extended to key individuals and policy champions. Furthermore, the chapter also examined the role of institutions in negotiating tobacco control policy making. Of emphasis, this chapter explains how policy actors, including governments, exploited different institutional venues to maximize their policy preference.

Four main analytical categories were examined: ideas, institutions, interests, and agendas combined to produce gradual but transformative policy change over a long period of time. For example, the successful framing of tobacco use as a problem by the anti-tobacco coalition was largely informed by the scientific and economic evidence about benefits of tobacco control. This helped change the positive image that had long been associated with tobacco. The growth in evidence that tobacco is harmful and that the economic cost of tobacco exceeds their gross national economic contribution provided enough evidence for the political elites to reconsider their inadequate policy response toward tobacco. As a result of the enormous body of evidence

on the harms of tobacco and the tactics of the industry and its effective articulation by anti-tobacco advocacy coalitions the opposition party, the ANC, was compelled to make an electoral promise to control tobacco ahead of the 1994 general election. Overall, the chapter has shown that policy ideas, institutions, interests and agendas combined to gradually transform tobacco control policy by changing the dynamics and actor preferences in public health policy-making. The next chapter adopts the same theoretical typologies to examine and explain tobacco control policy making in Mauritius, a country that is currently regarded as the leader in tobacco control in Africa.

Chapter Six
The Politics of Tobacco Control Policy Making in Mauritius: Agendas, Ideas, Institutions, and Interests

6.1 Introduction

Chapter five explained the tobacco control policy making process in South Africa by examining political and policy making contexts that have shaped tobacco control policies over time. This chapter, however, employs a similar analytical lens to explain tobacco control policy in Mauritius. It does so by employing multiple theories of the policy process to understand and explain tobacco control policy-making in Mauritius. The goal is to relate the evidence gathered during field research to the public policy literature on policy change and agenda setting. To understand the interplay of agendas, ideas, institutions, and interests in the policy making process, this study first examines how tobacco consumption was defined as a problem. After that, it explains the role of institutions and the influence of institutional legacies in the policy process. Next, the role of interest groups in the policy-making process is analyzed. Finally, the chapter examines the role of scientific and economic ideas in policy making. The diffusion of global ideas on tobacco control, especially, from the WHO FCTC are analyzed to understand the extent to which the FCTC has influenced Mauritius' tobacco control measures.

Although there will be occasional need to briefly compare the Mauritian case to South African case throughout this chapter, a detailed comparison of the two cases will be made in the next chapter. Several factors, both exogenous and endogenous to the policy subsystem, converged in 1995 for tobacco to be considered the kind of problem that needed government policy response in Mauritius. The severity of the tobacco epidemic, a change in government, and the institutional capacity of MOH&QL are the primary, but not the only, causal factors that drove tobacco control policies in Mauritius. Other factors like the rise of anti-tobacco interest

groups, the global diffusion of tobacco control ideas by the WHO, as well as the institutional legacies of the Public Health Act of 1925 helped to make tobacco control policies in 1999 and 2008 in Mauritius.

Historically, the government of Mauritius has had a close political relationship with the tobacco industry. This closeness dates to the colonial era. The establishment of the tobacco board as a parastatal organization in 1932 helped in many ways to perpetuate the political influence of the tobacco industry in Mauritius. For that matter, post-independence policies continued to favour the tobacco industry until 1999 when the country made its first tobacco control regulations. It is important to underscore the fact that Mauritius has never been a power house of tobacco production. Indeed, the production of leaf tobacco in 1980 was 1152 tonnes while 1990 was 799 tonnes (WHO, 2001). However, the presence of BAT's manufacturing plant in Mauritius and the tobacco board gave the tobacco industry the political influence that enabled the industry to resist tobacco control policy in the 1980s and 1990s.

Table 6.1 *Annual Tobacco Trade and Agricultural Statistics of Mauritius*

Annual Tobacco Trade and Agriculture Statistics

	Unit of Measurement	*1970*	*1980*	*1990*	*1995*	*2000*
Cigarette imports	sticks in millions	11	10	11	44	210
Cigarette exports	sticks in millions	–	–	40	3	–
Tobacco leaf imports	metric tons	53	195	24	63	15
Tobacco leaf exports (% of total exports)	metric tons (%)	– (–)	– (–)	– (–)	1 (0.00%)	– (–)
Cigarette production	sticks in millions	590	959	1000	1215	976
Tobacco leaf production	metric tons	405	1152	799	1016	646
Land devoted to tobacco growing (% of agricultural land)	hectares (%)	258 (0.23%)	876 (0.77%)	631 (0.56%)	673 (0.60%)	400 (0.35%)
Employment in tobacco manufacturing	people	276	400	336	189	–

Source*:* WHO Country Report (2001).

Despite the low production levels of tobacco in Mauritius, the government continued to privilege the tobacco industry by ignoring the tobacco epidemic and refusing to institute tobacco control regulations or legislation even in the face of overwhelming evidence of tobacco's carcinogenic

properties known as early as the 1980s. By 1987, tobacco's association with cancer and other illnesses was well known to the Mauritian government through the first National NCDs survey. However, it took over 10 years for the first tobacco control regulations to be adopted in 1999. It is against this backdrop that this chapter examines why and how tobacco control resisted change in Mauritius. To do this, the chapter investigates the factors and the strategies that were adopted by pro-tobacco and anti-tobacco groups to influence the tobacco control policy process.

In Mauritius, the tobacco board helped to strengthen the political influence of the tobacco industry. The government's interest in tobacco gave the tobacco industry the privilege to dominate the tobacco policy subsystem. Thus, from 1932 to 1995, the tobacco industry dominated tobacco policy by preventing any opposing groups from entering the tobacco policy subsystem. The political importance that was attached to tobacco in Mauritius dates to the colonial era. It was sustained after independence through successive governments' refusal to adopt tobacco control policies. While South Africa had active anti-tobacco activists as far back as the 1970s, no such organized anti-tobacco groups existed in Mauritius in the 1970s and 1980s despite the soaring cases of non-communicable diseases in the 1980s with tobacco as the number one risk factor. It was not until 2001, however, that the first anti-tobacco NGO, called VISA Mauritius, was established by Véronique Le Clézio. In the absence of organized anti-tobacco activities in the 1970s, and the 1980s, the tobacco industry blossomed, and over time, consolidated its monopoly in the tobacco policy subsystem.

By the start of the 1970s, smoking in Mauritius, like most parts of the world, was associated with glamour, elegance, economic wealth, empowerment, and generosity. As Journalist Jason Rodrigues (2009) explained, Hollywood stars like James Dean and Humphrey Bogart were never without cigarettes while Audrey Hepburn and Marlene Dietrich, the two

iconic screen beauties in US, made cigarettes sensual and cool (see Rodrigues, 2009). Indeed, it can be recalled in the famous but mendacious advert by Camel: "more doctors smoke Camels than any other cigarette" (Rodrigues, 2009, p. 1). The intent of this advert was to portray cigarettes as a healthy product. Globally, this has been the tactic of the tobacco industry. As explained in chapter one, the release of tobacco industry's secret internal documents[68] shows this trend of deception and lies in both the global north and south. In Mauritius for example, the tobacco industry used philanthropy as a way to build a positive image for the industry. The tobacco industry gave out scholarships, organized beach parties for youth, and supported beauty pageants and sports as a way to build a positive image (see BBC News, 2008).

In some African countries, the tobacco industry's dominance in the policy process is still strong. While policy solutions to tobacco problems are well understood, the political and policy-making processes that hinder tobacco control policy adoption differ across countries. Weak institutional arrangements to make tobacco control policies, coupled with the ineffective administrative capacity of government ministries to implement tobacco control policies have hindered policy making processes in some African countries. In Mauritius, for example, the policy subsystem was dominated by the tobacco industry and the tobacco board until 1995. The tobacco industry's dominance in the policy subsystem meant that a policy on tobacco use and production was made to align with the going-concern of the industry.

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[68] See chapter one for details

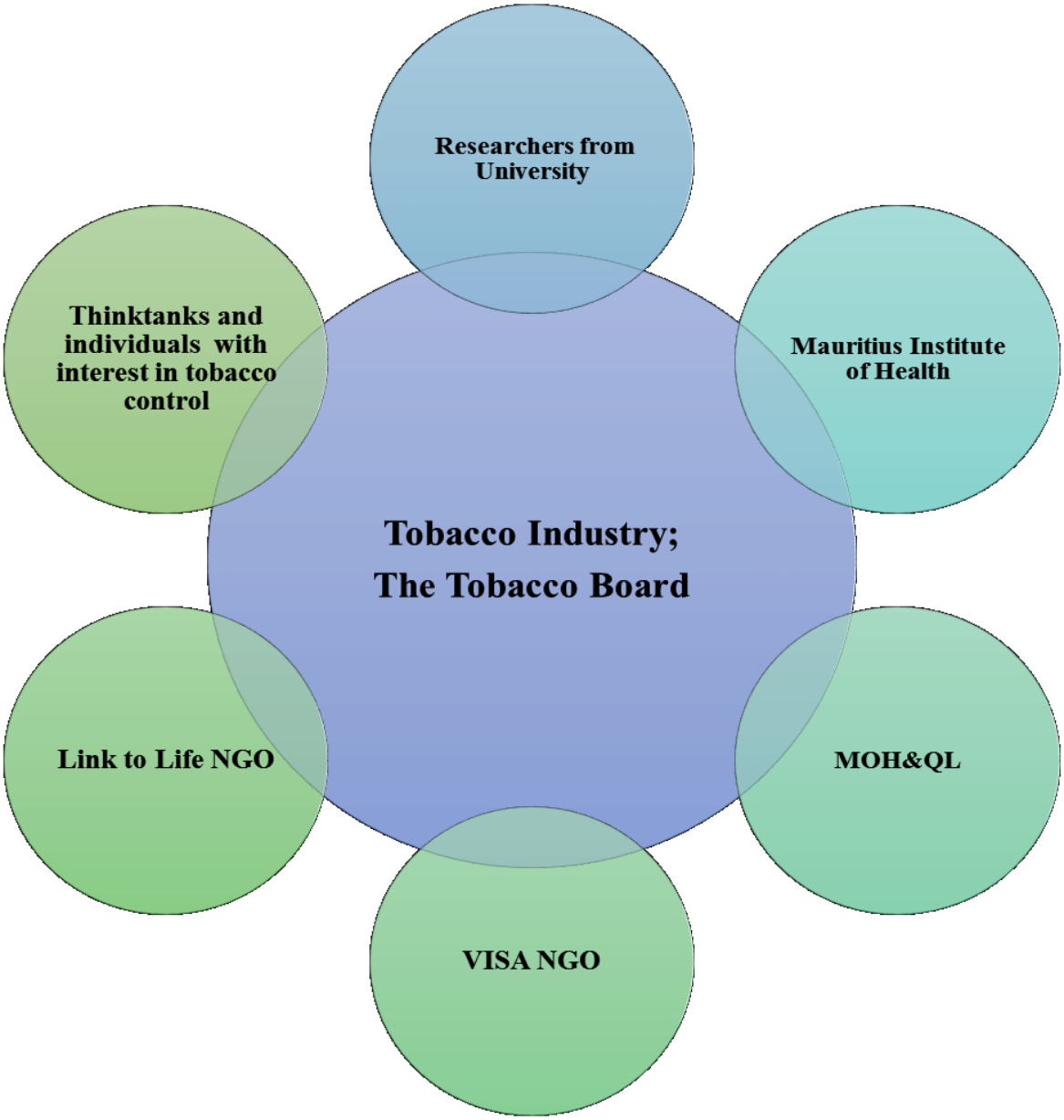

Figure 6.1. *Dominant Tobacco Policy Subsystem from 1968 to 1995 (*Author's own construct**)**

The government's direct participation in the tobacco trade through the tobacco board also contributed to perpetuating a positive image of the tobacco industry until 1995 when the Mauritian Labour Party (MLP) entered into an alliance with Mauritian Militant Movement

(MMM). The MLP-MMM alliance eventually won the election in 1995 with Labour leadership. The Labour Party was politically committed to fighting tobacco use because of the rising rates of non-communicable diseases (NCDs) in Mauritius in the 1980s and the 1990s. Unlike South Africa, where one political party dominated the political scene for over forty years, Mauritius' political environment has witnessed the peaceful democratic change of governments since independence in 1968. However, tobacco control was not on the agenda until 1995. The electoral victory of MPL-MMM accelerated the pace of tobacco control because the Minister of Health was committed to tobacco control. Thus, in 1999, the country had its first tobacco control regulation: The Public Health (Restrictions on Tobacco Products) Regulations of 1999. Among other things, the 1999 tobacco regulations banned advertising, the sale of tobacco to minors, and smoking in indoor public places. The law also had requirements for health warnings on tobacco packages.

Following the ban on tobacco advertising in 1999, the tobacco industry changed their advertising tactics. This time, they replaced advertisements with sponsorship and community support programs. The tobacco industry made donations and undertook social and community investments for their local hosts. Some of these so-called acts of 'corporate social responsibility' on the part of the tobacco industry were: (1) building libraries for poor villages and engaging in the public commissioning of these libraries; (2) donating prenatal and orthopedic wards to Mauritian public hospitals; (3) building home for seniors; (4) instituting competitive undergraduate scholarships; and (5) sponsoring the national art gallery (Singer, 2008, p.79). The tobacco industry's continuous involvement in social philanthropy is not limited to Mauritius. Indeed, it is a worldwide strategy aimed to undermine tobacco control regulations. British entrepreneur and Dragon's Den star Duncan Bannatyne exposed BAT's clandestine complicity

in childhood smoking in Mauritius, Nigeria, and Malawi during his visit to the three countries in 2008:

> So, despite an advertising ban on cigarettes in Mauritius, BAT paints newsagent shops, dishes out funky leaflets in schools and publicly celebrates the 45th anniversary of its arrival in the country, all tricked out in those crucial brand colours. In Nigeria and Malawi, they hold branded music festivals and run competitions offering prizes seemingly designed to attract the teenage demographic. And they allow and encourage the "single stick sales" - newsagents breaking open packets to sell individual cigarettes at pocket- or lunch-money prices - that were outlawed here years ago…In Mauritius, half of the 11- to 14-year-olds at the school he visits are smokers, and the cardiac centre is overwhelmed by patients suffering from smoking-related diseases. Although, to be fair, BAT has offered to paint the place in some brand colours, and sponsor a ward (The Guardian July 2, 2008).

Decades of government inaction against the tobacco industry allowed the industry to flourish. By the turn of the 1980s, the tobacco industry had built tremendous social and political connections with significant influence. Despite the government's investments in tobacco, which has, in part, led to the solidification of a positive image of tobacco, the severity of the tobacco epidemic and the election of a government that was committed to tobacco control was enough to bring change. The pace of change in tobacco policies in Mauritius has been rapid partly due to the political recognition of tobacco as a problem.

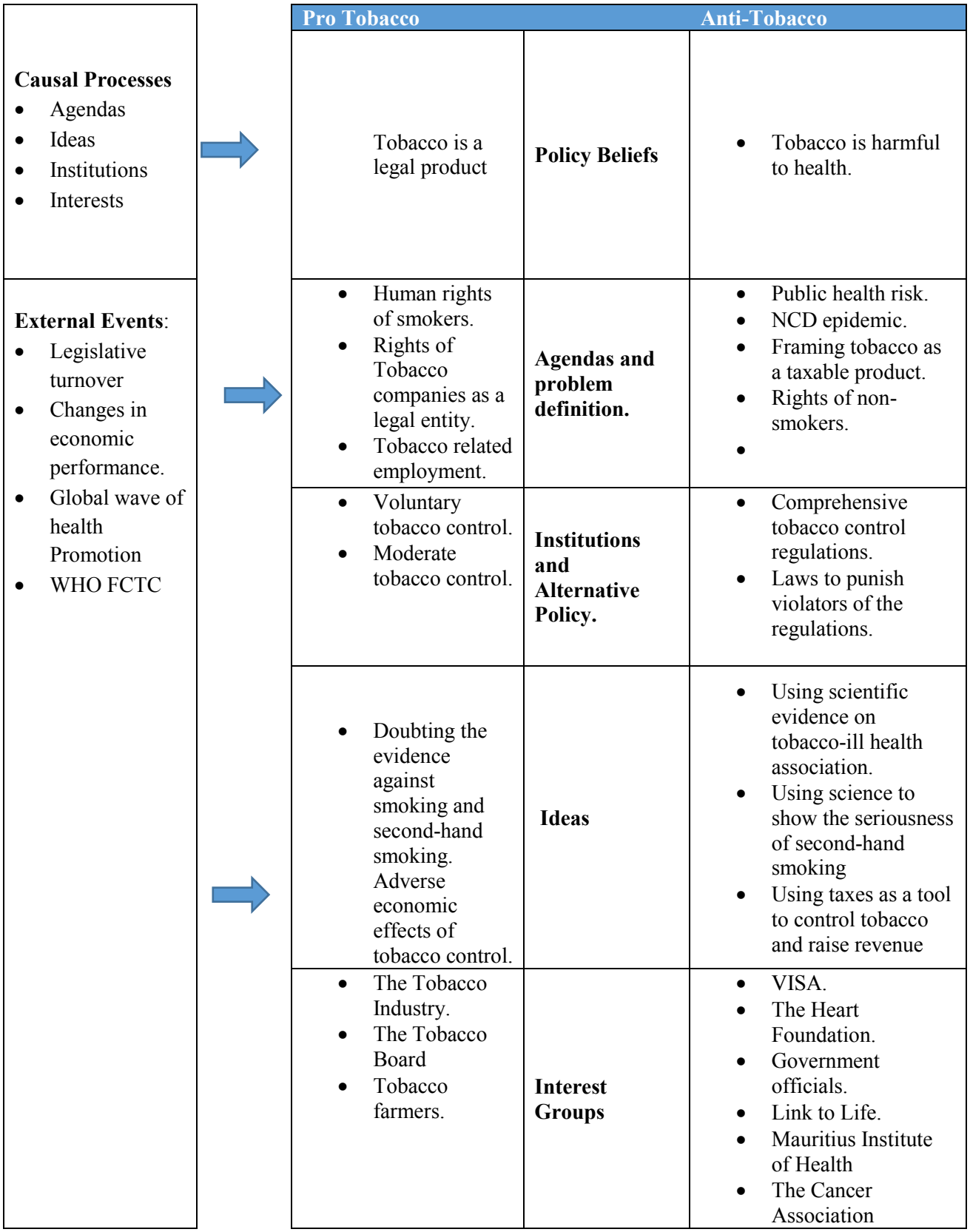

Figure 6.2. *Tobacco Sub-System in Mauritius from 2001-2018* **(**Author's own construct**)**

Mauritius has experienced an epidemiological transition from infectious to chronic and degenerative diseases. Mortality resulting from circulatory or cardiovascular diseases and diabetes alone constituted 37% of total deaths in 1975. This figure increased from 37% in 1975 to 46% in 1990 and shot up to 59% in 2007 (NCD Survey, 2015). The NCD problem is eloquently captured in a 2002 government white paper on health sector development and reform:

> NCDs in Mauritius represent 74 per cent of the total burden of disease in men and 76 per cent in women and include diabetes, hypertension, cerebrovascular diseases, cancer, mental illness and substance related diseases linked to tobacco use and alcohol abuse. Successive surveys have shown that NCDs represent a major threat to Mauritius. National mortality figures show that 50 per cent of the deaths occurring in Mauritius are due to cardio-vascular related problems. In fact, the results of the NCD Survey confirmed those of the Nutrition Surveys carried out in 1985, 1991 and 1995 which indicated the faulty eating habits of the population with a high consumption of salt and fats, a poor consumption of vegetables and fruits, a lack of fibre in the diet and a high consumption of fast foods. NCDs represent a major threat to the health of the community and country at large and impact heavily on the curative budget as well as on the social status of the nation. For instance, huge amounts of money are spent annually by government on drugs and on the following services which are directly required as a result of NCD: open heart surgery, angiography and angioplasty for cardio-vascular related problems; haemodialysis; eye operations; and amputations (Republic of Mauritius, 2002, p. 30).

In Mauritius, the recognition of NCDs as a threat to society laid the groundwork for tobacco control policy adoption. Public policy making is strongly dictated by how issues are framed as policy problems (see Burstein & Bricher, 1997). Problem definition starts the policy-making process, and, in Mauritius, the way that policy actors defined the tobacco epidemic set the stage for governmental action. Mauritius has a long history of proactive political response to infectious diseases and other health epidemics. The small land size and the high population density of Mauritius make an epidemic of any kind a national threat. As a country, Mauritius has managed in large part to control the spread of infectious diseases like malaria, TB, HIV/AIDS and childhood infectious diseases (MOH&QL, 2008b). From the 1930s to the 1940s, Malaria

accounted for 26% percent of mortality in Mauritius. In 1947 it was 71%, 52% in 1949 and 44% in 1950. However, since 1956 to 2017, there have been no reported cases of death due to malaria in Mauritius. And from 1990 to 2001, there were no reported cases of indigenous malaria in Mauritius except for two isolated cases of vivax malaria in 1992 and 1996 when 13 and 17 cases were reported respectively (MOH&QL, 2008b, p. 4).

Due in large part to the government's political commitment to confronting malaria through its Malaria Eradication Program, Mauritius is, medically speaking, malaria free. In the case of HIV, the prevalence in the general population is 0.8% as of 2016, representing an estimated 8,206 people living with HIV (UNAIDS, 2018). Since the beginning of the epidemic about 1, 210 people have died from HIV/AIDS in Mauritius (UNAIDS, 2018). Prevalence rate for people within the age group of 15-25 is 0.9%. The cumulative total of people living with HIV since 1987, when the first case of HIV was reported, to 2017 was 7039 (Republic of Mauritius 2017; UNAIDS, 2018). Currently, though, the prevalence of HIV is concentrated among sex workers and injectable drug users.

The high prevalence of NCD-related mortality, of which tobacco smoking is a contributing factor, triggered the need for a political response to the tobacco epidemic. The rising incidence and reported cases of NCDs in the 1980s and the 1990s was a turning point in the fight against tobacco in Mauritius. Thus, in 1987, the Baker IDI Heart and Diabetes Institute collaborated with the MOH&QL to carry out a national survey on NCDs. The first NCD survey contributed immensely to broadening the knowledge and understanding of policy makers on the determinants of mortality in Mauritius. Findings from the survey showed an overall smoking prevalence rate of 30.7%, with a male prevalence rate of 57.9% and a rate of 7.0% for women. In the same NCD survey, the prevalence rate of Type 2 diabetes mellitus was 14.3% and 19.3 % for

impaired glucose tolerance among the general population. For years, the NCD survey has been the most reliable source of scientific data used to gauge the prevalence of NCDs and tobacco use in Mauritius. It continues to be the most trusted national data to measure the prevalence of smoking and the ravages of it on the Mauritian people.

Apart from the national NCD surveys, other known NCD surveys like the Global Youth Tobacco Survey, World Health Survey (WHS), and the Global School-Based Student Health Survey (GSHS) are sourced by the MOH&QL to supplement national data on NCDs. In 2003, the WHS revealed that 32.1 percent of males are daily smokers while only 1 percent of females are daily smokers in Mauritius. However, an additional 10% of men were found to be occasional smokers, and 1.8% of women were also recorded to be occasional smokers. Their findings revealed the impact of smoking on household income in Mauritius. Other research organizations have corroborated this information. In related research on the prevalence of tobacco smoking in Mauritius, the African Tobacco Situational Analysis explained that in 2011, almost 20 percent of smokers spent more than MUR 300/week on tobacco products. The model income for the survey sample was MUR 4,000-6,000/month, which suggests that some households could be spending as much as 30 percent of their income on tobacco (cited in Burhoo et al., 2011, p. 188).

Eager to stop the tobacco epidemic from plaguing the population, the Mauritian government instituted periodic NCD surveys. The first national NCD survey was carried out in 1987 under the auspices of the Ministry of Health and Quality of Life together with other international partners like the Baker IDI Heart and Diabetes Institute, and the WHO (NCD Survey, 2015). Since then, the Ministry of Health and Quality of Life, in collaboration with other domestic and international partners, have undertaken NCD surveys every five years. The first NCD survey was conducted in 1987, and subsequent surveys were conducted in 1992, 1998,

2004, 2009, and 2015. These surveys provide the government with a reliable source of data on the tobacco epidemic. Kingdon (1995) is of the view that policymakers use focusing events, indicators, and feedback to determine whether a situation merits national attention or not:

> Fairly often, problems come to the attention of government decision makers not through some sort of political pressure or perceptual sleight of hand but because some more or less systematic indicator simply shows that there is a problem out there. Such indicators abound in the political world because both governmental and nongovernmental agencies routinely monitor various activities and events: highway deaths, disease rates, immunization rates, consumer prices, commuter and intercity ridership, costs of entitlement programs, infant mortality rates, and many others (Kingdon, 1995, p. 90).

In the case of Mauritius, data from the NCD surveys became the main indicator for the government to measure the enormity and scale of the tobacco problem. Not only that, the NCD surveys provide the government with the political justification for tobacco control. The NCD surveys revealed the soaring incidence of mortality and morbidity resulting from smoking. These indicators by themselves are usually not enough to trigger policy change, and in some cases, have to be supported by other factors like political commitment and a favourable national mood. The case of tobacco control in Mauritius follows this line of analysis. While tobacco-related mortality and morbidity statistics reached crisis levels in the late 1980s, successive governments did little to control tobacco until the political victory of the MPL-MMM alliance produced political leaders that were committed to tobacco control. An official at the MOH&QL explains:

> At the national level we have a major NCD problem, so this is what triggered rapid tobacco control policies. Tobacco became part of the agenda of the ministry because we have high incidences of NCDs…NCD prevalence in the 1980s was going up. People were having strokes…and dying at age forty and fifty... we have no natural resources… our resources are our people…so it became a major government concern. And then we signed the FCTC. We were among the first thirty countries to sign the FCTC… I need to also add that there was enough political will… the minister was very interested in tobacco control (Personal Interview, May 2015 in Port Louis, Mauritius).

Thus, following the release of the first NCD survey, the government responded to the tobacco epidemic with an increase in excise duty on cigarettes (Cox et al., 2000, p. 347). Upon realizing

that the government of Mauritius was enthusiastic about tobacco control policies, the tobacco industry in Mauritius responded with the voluntary printing of health warning signs on the side of cigarette packages (Cox et al., 2000). Worldwide, as the case of South Africa confirms, the tobacco industry has been using voluntary tobacco controls as a pre-emptive tool to avoid legislative tobacco control. Voluntary tobacco controls have become a tactical tool used by big tobacco to undermine, delay, and take the attention of governments away from regulations or legislative tobacco control. In 1987, the government launched its first official health promotion initiative against tobacco called "You Can Quit Smoking". This initiative led to a nationwide health promotion campaign in the media, on radio, and on television about the dangers of smoking tobacco (Cox et al., 2000). However, by 1992, the campaign against tobacco smoking had lost steam, partly due to the inadequate political will and the change in priority of subsequent governments after 1987. Due to the government's policy inaction the tobacco industry took advantage of this period. Between 1992 and 1998, the tobacco industry withdrew, albeit gradually, all regular size cigarettes from the Mauritian market and replaced them with king sized brands from South Africa, thereby making Mauritius a 100% market for king size cigarettes (Cox et al., 2000).

Kingdon (1995) argues that agenda setting is driven by problem indicators and focusing events, defined as unexpected shocks in the policy process that can lead to greater political attention with a high possibility of policy change through the creation of policy windows. Indeed, the electoral victory of the MLP-MMM alliance in 1995 sparked intense political attention and discussions on tobacco control began because the Prime Minister and the Health Minister were both interested in tobacco control. In 1998, a health promotion campaign against tobacco was initiated by the Health Promotion Division at the Ministry of Health and Quality of

Life which focused on getting citizens to quit smoking, as in the 1987 health promotion campaign (Cox et al., 2000). The health promotion campaign combined mass radio and TV advertising on the dangers of smoking as well as a direct talk with targeted high-risk population.

It is important to note that Mauritius' rapid economic growth in the 1980s and the 1990s played a role in the government's decision to control tobacco. From 1977 to 2009, real GDP growth averaged 5.1 percent annually compared with 3.2 in most sub-Saharan African countries (Zafar, 2011). More impressively, GDP per capita increased from less than $500 in 1970 to more than $6,000 in 2010 (Zafar, 2011). In 2013, Mauritius' GPD per capita was estimated at $9202. Apart from these remarkable macroeconomic indicators, Mauritius has structurally transformed its economy from an agricultural single–crop economy in 1968 to a diversified economy based on tourism, finance, textiles, and technology. With this successful economic growth and development trajectory, Mauritius was able to adopt progressive social policies like free health care; subsidies for rice and flour, and free education up to the tertiary level (see Brautigam, 1999). Joseph Stiglitz, a Nobel prize-winning economist, explains the Mauritian economic situation:

> …Mauritius, a small island nation off the east coast of Africa, is neither particularly rich nor on its way to budgetary ruin. Nonetheless, it has spent the last decades successfully building a diverse economy, a democratic political system and a strong social safety net. Many countries, not least the US, could learn from its experience. In a recent visit to this tropical archipelago of 1.3 million people, I had a chance to see some of the leaps Mauritius has taken – accomplishments that can seem bewildering in light of the debate in the US and elsewhere. Consider home ownership: while American conservatives say the government's attempt to extend home ownership to 70% of the US population was responsible for the financial meltdown, 87% of Mauritians own their own homes – without fueling a housing bubble (Stiglitz, 2011).

By the end of the 1990s, tobacco use was widely seen as problem among policy makers hence the decision by the MOH&QL to adopt the 1999 tobacco control regulations. Consequently, tobacco became an undesirable commodity because of the economic, social, and human cost of

treating tobacco-induced illness in Mauritius. Parenthetically though, British American Tobacco (BAT) decided to relocate its production plant to Kenya to enjoy the economy of large-scale production in mainland Africa. Mauritius is geographically secluded from mainland Africa and the population is too small to provide enough market for manufactured cigarettes. This economic reality compelled BAT to relocate their tobacco processing plant from Mauritius to Kenya in 2007, a year before Mauritius passed the 2008 tobacco control regulations into law. In 2012, BAT stopped buying all leaf tobacco from local producers, suggesting their relocation decision was timely. Their departure opened the policy subsystem to the extent that it led to less resistance to tobacco control. As of 2008, 300 hectares of land was under tobacco cultivation in Mauritius which comprises 278 full time and/or part time registered farmers with the tobacco board and employs a labour force of approximately 1400 people (Mohee, 2008). What is most intriguing is that the farmers and the 1400 people employed by tobacco farmers did not mount any massive resistance to tobacco control; instead they negotiated with government on a compensation package. An interviewee who led the negotiation between the farmers, government and BAT recalled this moment when asked why the farmers did not resist the government's tobacco control policies:

> …. because at that time in 2008, the planters had already been guaranteed that the manufacturer will buy their tobacco, and in fact, the manufacturer was buying the tobacco and sending it to Kenya for processing…. I mean, say, we got a quota for say 400 tons of tobacco, the manufacturer will buy this 400 tons of tobacco and ship it to Kenya so the planters were not affected at this stage. And in 2009 we had another agreement with the manufacturer that lasted till 2015. It was for five years, 2010 to 2015. The previous one was from 2005 to 2010 so the farmers were not affected. But then in 2010, the manufacturer was asking the farmers to start diversifying because it will not purchase tobacco after 2012. The argument of the manufacturer was that tobacco produced in Mauritius was more expensive than what can be purchased in Kenya or Uganda. And on top of it, they had to pay for shipment. So the manufacturer was asking the planters to start diversifying, but these planters were not diversifying. A few of them started diversifying though, but most of them were still producing tobacco… but in 2012 we

> discussed with the planters to stop planting…they stopped planting tobacco … and they were compensated for the next two years because it was mid-way between 2010 and 2015… Let's say they were compensated to the amount they would have obtained have they produced tobacco for two years. (Personal interview, June 2015, Réduit, Mauritius).

Public opinion, what Kingdon (1995) calls the "national mood," was in favour of tobacco control policies in Mauritius by the end of 1999 because of the numerous anti-tobacco sensitization campaigns undertaken by the government. The International Tobacco Control (ITC Mauritius) policy evaluation project conducted three waves of surveys in 2009, 2010, and 2011 to gauge the effectiveness of tobacco control policies in Mauritius. Results from wave 1, for example, reveal that smokers and non-smokers supported tobacco control policies following a face-to face survey conducted among 598 smokers and 239 non-smokers aged 18 years and older in 2008:

> The ITC Mauritius Wave 1 Survey indicates that the majority of smokers and non-smokers 'support' or 'strongly support' these laws 2 to 3 months after their introduction. Smokers most strongly support bans on smoking in cars (90%), followed by restaurants/tea rooms (86%), workplaces (84%), and bars/pubs (74%). Support for these measures is even higher among non-smokers (93%, 94%, 92%, and 92%, respectively) (ITC Survey, 2012).

Public support for stringent tobacco control policies continued to grow in the 2000s especially among the youth. Findings from the Global Youth Tobacco Survey conducted in 2008 elucidate this trend. For example, the 2008 GYT survey revealed that 95.7% of school personnel in Mauritius and 93.9% in Rodrigues Island greed that schools should have a policy prohibiting tobacco use among personnel:

> As far as attitudes were concerned, the study indicates that school personnel were in total disagreement with the tactics of the tobacco industry for encouraging consumption of tobacco products among youth and the population in general. In Mauritius, 85.7% of school personnel and in Rodrigues, 82.3% of school personnel thought that advertising of tobacco products should be completely banned. In addition, 75.1% of school personnel in Mauritius and 68.1% in Rodrigues thought that the tobacco industry should not be allowed to sponsor school or extra-curricular activities, such as sporting events. More

> than three out of four school personnel are even in favour of increasing the price of tobacco products (Mohee, 2008).

In 2016 for example, LeDefi Media, one of the most popular newspapers in Mauritius, created an online youth debate platform with the question: "Should Cigarettes be Banned?" (Fakun, 2016). Almost all of the contributing youth agreed that tobacco ought to be banned. Nabiilah, a 22-year-old student at the University of Mauritius who participated in the survey argued that: "Smoking is not really a matter of choice, as nicotine is an addictive drug. Most smokers want to quit; restrictions would do them a favour." Another youth contributor to the debate, Irfaan, a worker in the health sector argued in favour of tobacco ban: "smoking is not only dangerous for smokers, but it is detrimental to non-smokers as well. It damages their health against their will and could give them lung cancer. Besides, nowadays, the younger generation is falling into this trap. So, banning smoking will be a means to prevent them from falling into this scourge" (Fakun, 2016). Another student at the University of Technology, Mauritius, made this rather convincing argument about cigarette ban in Mauritius:

> Restrictions on smoking can be traced back to the early 16th century and up to now, this issue remains controversial. Considering the physical, emotional, economic, environmental and other negative outcomes of smoking, the world would have been a much better place without cigarettes. The tobacco epidemic, the leading cause of cancer, is one of the biggest threats to the health of the world population, killing around 6 million people annually, according to the World Health Organisation (WHO)…Banning smoking will reduce healthcare expenditure where this sum may be invested for the betterment of the country. Moreover, this will lessen the chance of influencing others to adopt the habit. Smokers usually get hammered by 'smoking kills' slogans but let's look at the bright side of quitting smoking: less air pollution, lower personal expenses, cleaner areas and home atmosphere, and improved productivity (Fakun, 2016).

The media coverage of tobacco control debates in Mauritius dates back to the 2000s, but more recently, tobacco issues have become newsworthy to most media outlets. The media has been effective at giving captivating headlines to tobacco issues. For example: "Tobacco Kills a Thousand Annually in Mauritius" (Media Blackberry, 2016); and, "Quit Smoking or Die Trying:

50% of Young Men Smoke" (Fakun, 2016). Although simple and often exaggerated, headlines like these help in no small way to keep tobacco control on the public and government agenda. Sometimes, policy problems are easily defined with solutions readily available. The case of tobacco control in Mauritius was not this kind of policy problem. By 1987, tobacco smoking was the number one risk factor to the soaring prevalence of NCDs, however, the policy solution to the tobacco epidemic was politically difficult because of political influence of tobacco industry. While the government and the MOH&QL knew of tobacco's health implications in the 1980s, its policy response to tobacco control was slow. For this reason, it is not conclusive to assume that the construction of tobacco use as a problem alone led to the adoption and implementation of tobacco control. Other causal factors, like governmental turnover, institutional properties, interest group politics and the diffusion of global ideas on tobacco contributed greatly to Mauritius' tobacco control agenda.

6.2. Change in Government, Political Party Aspiration, and the Political will to make Tobacco Control Policies: 1999 and 2008

As previously discussed, the period between 1968-1995 is often seen as the golden years for the tobacco industry in Mauritius. Successive governments saw no need to control tobacco because the political influence of the tobacco industry which was sustained by the tobacco board. So, despite the MOH&QL having the political incentive to make tobacco control regulations in the 1980s, the industry's influence at that time made it hard for governments to adopt tobacco control regulations in the 1980s until 1995 when the MLP- MMM alliance, dubbed the "Alliance of Arch Enemies," won a landslide victory in the December 1995 election (see Selway, 2015, p.173). The MLP leader, Navinchandra Romgoolam, became the prime minister and the MMM leader, Paul Berenger, became the deputy prime minister and minister of foreign affairs.

The electoral victory of the MLP-MMM in 1995 changed the tobacco control policy subsystem. The Labour government had an elaborate public health agenda which included tobacco and tobacco control was part of the party manifesto during the 1995 election campaign. Most importantly, the government had the institutional and administrative capabilities to make and implement tobacco control policies. Due to the government's tobacco control agenda, the Hon. Nankeswarsingh Deerpalsignh, a believer in tobacco control was appointed Minister of Health and Quality of Life from 1995-2000. His appointment gave the government's tobacco control agenda a tremendous push. The Health Minister was passionate about tobacco control. Eventually he became the policy entrepreneur because he saw to the drafting, adoption and implementation of the first sets of tobacco control policies in 1995. He had a strong policy belief against tobacco and had no attachment to the tobacco industry (Interviews June 14, 2015 in Port Louis). The minister was a hardline anti-establishment politician. He, for example, took on the powerful physician's lobby to dismantle parallel private practices by MOH&QL doctors (Selway, 2015). He was ready to rid the ministry of any form of vested parochial interest that would go against public health. Most importantly, he had the support of the Prime Minister and other ministers in the cabinet.

Apart from the support the health minister got from cabinet, the MOH&QL had the administrative capacity to make and enforce tobacco control regulations. Above all, the MOH&QL had the support of experienced bureaucrats at the ministry like Dr. Anil Deelchand (Director of Health Services), Deowan Mohee (Current President of VISA, former senior bureaucrat at MOH&QL and a former Health Promotion officer with WHO), and Vinoda Pitchamootoo (Health Information Education and Communication Officer at MOH&QL) (interviews May 2015, Port Louis). Because public health was a priority of the Labour

government, the Public Health (Restrictions on Tobacco Products) Regulations of 1999 were eventually passed into law to govern the following aspects of tobacco control: (1) advertising, promotion, and sponsorships; (2) sale to minors; (3) smoking in enclosed public places; and (4) packaging and labeling (Public Health, Restrictions on Tobacco Products, Regulations of 1999).

The 1999 tobacco control regulations were adopted and implemented by the MOH&QL with little or no resistance from tobacco companies. However, from 1999 to 2007, tobacco control policy development and amendments went off the government's radar, partly due to political events that occurred from 1999 to 2007. In 1997, the MPL-MMM political alliance collapsed. The leader of MMM, Paul Berenger, along with some MMM MPs resigned from the coalition and joined the opposition. These political events weakened the strength of the Labour party and were interspersed with ethnic tensions which continuously played out in political party alliance and voter behaviour (see Carroll & Carroll, 2000; Kadima & Kasenally, 2005; Srebrnik 2000; Selway, 2015).

In 1999, ethnic relations in Mauritius took a turn following the death of a reggae singer Kaya, a Creole, in the custody of a Hindu-dominated police. His death led to a three-day mass insurrection which eventually degenerated into Hindu-Creole violence. Four people were reported dead, and a dozen more people were injured. Looting became widespread, forcing the government to threaten a state of emergency (Selway, 2015, p. 177). These developments impacted negatively on tobacco control. Like any political party, the priority of the Labour party shifted to building a united party ahead of the 2000 general election. Unfortunately for Labour, they lost the 2000 general election to the Militant Socialist Movement (MSM)-Mauritian Militant Movement (MMM) alliance. Sir Anerood Jugnauth, the leader of MSM, became the Prime Minister while Paul Berenger, the leader of MMM became the Deputy Prime Minister and

Minister for Finance. However, Paul Berenger became the first non-Hindu Prime Minister in Mauritian history following the resignation of Anerood Jugnauth in 2003. Unfortunately, tobacco control was not on the agenda of the MSM-MMM government. As a result, from 2000 to 2007, no improvements or amendments were made to existing tobacco control regulations. This is not to suggest that the MSM-MMM coalition government favoured the tobacco industry. Indeed, it was during their tenure that the FCTC was signed and ratified in 2003 and 2004 respectively. However, the MSM-MMM did not attach the same level of political priority to tobacco control as the MLP government before it.

Things changed in favour of tobacco control with another MLP victory in 2005. This was good news for tobacco control activism and anti-tobacco lobby groups. The Labour-led coalition was dubbed the "alliance social," and it included the Mauritian Party of Xavier-Luc Duval (PMXD), and the Mauritian Militant Socialist Movement (MSM). Their victory saw the return of Navinchandra Ramgoolam as the prime minister of Mauritius. Because the Prime Minister had a previous record of favouring tobacco control policies, the hopes were high for anti-tobacco groups emerging after 2000. The first anti-tobacco organization, VISA, was established in 2001. Subsequently, Mauritius ratified the WHO FCTC in 2004, and much was expected of the Labour-led government. At this point, the tobacco policy subsystem was under intense pressure. Anti-tobacco groups had started building momentum. The Labour government's anti-tobacco stand boosted the energy of anti-tobacco groups. The Prime Minister, once again, appointed a health minister who was passionate and committed to tobacco control, Dr. Rajeshwar Jeetah.

The new health minister was convinced of the need for stringent tobacco control laws. He also saw comprehensive tobacco control regulations as a political opportunity for Mauritius to maximize its integrity in the international system given that it was among the first forty countries

to sign onto the FCTC. A senior bureaucrat had this to say about the impact of the new minister on opposition from other ministries to the Health Ministry's tobacco control proposal:

> It all worked well with the other ministries because we had at that time a minister who was very committed to tobacco control. We did not have resistance from the minister of finance or agriculture. Because there were very few people growing tobacco we did not have much issue with the agricultural ministry. From the revenue side there was not much of a problem because the tax policy seems to favour increase in tobacco taxes … so, I don't think there was much resistance, although it seems to me that the tobacco industry lobby tried to work through their front-line groups…and at point in the process these groups tried to argue against provisions in the regulation. (Personal interview, May 2015, Port Louis, Mauritius).

By 2007, a new set of tobacco control regulations were on their way for cabinet approval. The policy window had been opened for the adoption of tobacco control policies. The Prime Minister and his Cabinet were in support of tobacco control. Top tier cabinet ministers like the Finance Minister and Attorney General were all in favour of tobacco control (see Burhoo et al., 2011). With this level of political support and the institutional capacity of the MOH&QL to make and implement tobacco control regulations, the health minister wasted no time in proposing a new tobacco control regulation to the cabinet. After few deliberations and review, the 1999 tobacco control regulations were amended to include new regulations that surpassed the necessary provisions in the FCTC.

Thus, in November 2008, the Public Health (Restrictions on Tobacco Products) Regulations, 2008, were adopted by the cabinet and implementation started in 2009. The 2008 tobacco control regulations broadly govern the following aspects of tobacco control in Mauritius: smoke-free places; tobacco advertising, promotion, sponsorship, and corporate social responsibility; and tobacco packaging and labeling. The Consumer Protection (Price and Supplies Control) Act 1988 and the Occupational Safety and Health Act 2005 complement the 2008 Tobacco Control Regulations. The two Acts deal, respectively, with point of sale of

product displays and smoke-free policies in the workplace. Upon implementation, however, it was realized that some provisions in the Occupational Safety and Health Act 2005 (concerning smoke free policies in the work place) were at odds with the new tobacco control regulations that banned workplace smoking. The Act was quickly amended to exclude work places that have smoking designated areas. Further amendments to the 2008 tobacco control regulations were adopted in 2009 during the implementation process by the MOH&QL as Public Health (Restrictions on Tobacco Products) (Amendment) Regulations, 2009. The amendment imposed excise duties on business owners focusing on the enforcement of smoke-free policies, pictorial health warnings, and emission yields on product packaging.

The pace of tobacco control implementation and adoption is astonishing in the case of Mauritius. The lesson from the Mauritian case is that the political alacrity that occasioned their tobacco control policy adoption can bring about rapid change. How Mauritius was able to overcome the vested interests of the tobacco industry at such an amazing pace is explained in detail by a former senior civil servant who played a lead role in the adoption of both the 1999 and 2008 tobacco control regulations at the MOH&QL. During an interview with him, he noted:

> What is interesting in what Mauritius did, and most probably how Mauritius differs from other African countries is that…in many African countries, after the ratification of the FCTC…the first thing they go for is to have a tobacco control bill passed by parliament…but you see, the process of passing a bill is time consuming. First of all, the tobacco industry will interfere in the legislative process. The industry will do everything to delay and dilute the policy…the industry's interference is something you have to deal with every day during the legislative process. The industry lobbies a lot! It uses front groups and ultimately slows the legislative process. Mauritius did not proceed that way, and this is why we are today ahead of other countries. I was at that time in the ministry, and I said to the Minister… if we are going to work out a bill or a legislation the process will be too long, so I suggested'…'why don't we just pick the important articles of the FCTC and we just use these articles and amend our existing regulations'. We have our Public Health Act, a very comprehensive one, within that Public Health Act we can amend existing regulations so that we don't go for a new legislation. So, we all agreed at the ministry to go that route. That is why we are today ahead of many countries in Africa (Personal interview 2015, Rose Hill, Mauritius).

Burhoo et al. (2011, p.191) believe that the tobacco control trajectory of Mauritius is a rare case in Africa in that the highest level of the executive members (i.e., the Prime Minister, the Attorney General, and the Health Minister) actively supported tobacco control. This can be compared to South Africa, where cabinet ministers were divided in the run-up to the 1993 tobacco control legislation, though subsequent tobacco control legislation in South Africa witnessed unanimous political support from cabinet and top political elites. Mauritius is a parliamentary political system, and like most Westminster parliamentary systems, rarely do cabinet ministers openly oppose the Prime Minister in public, so it would have been a political surprise if any cabinet minister had openly expressed a divergent view against tobacco control, especially considering that the Prime Minister was an avid supporter of tobacco control. In 2009, on Mauritius Independence Day, the Prime Minister reiterated his commitment to tobacco control:

> The Public Health (Restrictions on Tobacco Products) Regulations have recently been promulgated. Contrary to what some may think, this is not a measure that restricts liberty. It is meant to free you from a scourge that was becoming far too widespread and wrecking innocent lives. Smoking, far from being a liberating act of defiance, is the first step to an addiction that enslaves you and destroys your health. Smoking is neither cool nor smart, be resolute in resisting the pressure of your peers who would lead you astray (Burhoo et al., 2011, p. 192).

The introduction of comprehensive tobacco control regulations in 2008 brought with it the need for a national plan for implementation. The Labour-led coalition government showed its political commitment to tobacco control by adopting a national framework for tobacco control implementation called the National Action Plan on Tobacco (NAPT). The implementation of NAPT was in two phases, from 2008 to 2012 and from 2013 to 2017 (MOH&QL, 2008a). By the end of 2012, the MOH&QL had successfully instituted a number of anti-smoking regulations: smoking was banned in indoor places and workplaces except in designated areas; the display of

tobacco, the sale of single cigarettes and automatic vending machines used in selling cigarettes, and the display of tobacco products at the point of sale, except duty free shops at the airport was restricted. As well, smoking in private vehicles carrying passengers was banned and misleading descriptions of tobacco products was made illegal. In 2009, the MOH&QL was successful at ensuring that retailers displayed a warning sign saying that tobacco is not for sale to children and the minimum package size of cigarettes was set to 20. Not only that, the MOH&QL implemented pictorial health warning labels: eight pictorial health warnings were rotating on cigarette packages covering 60% of the front and 70% at the back in both French in English. By the end of 2012 cigarette taxes were also 65% of the retail price on the most popular brands in Mauritius (MOH&QL, 2008a).

Although the MOH&QL was the main driver of tobacco control in both 1999 and 2008, political parties also played an important role in the policy-making process. Political parties and their influence in the policy process are rarely discussed in the policy literature. The reality, though, is that in a country like Mauritius, political parties are instrumental in the adoption and implementation of the policy programs of government, especially social policies and public health policies. Selway (2015) has observed that in Mauritius, political parties

> have independent policy-making capabilities that help formulate detailed campaign platforms, including in the area of health care. Indeed, parties are differentiable by their policies, each emphasizing unique programs, targeted groups, and funding methods. Thus, candidates can and do rely on party labels and policy details in their interactions with the electorate, whose vote is heavily influenced by the party's policy and image rather than exclusively by personalities… (p.178).

Because electoral promises are made to reflect political party aspirations and philosophies, political parties assume significance in the Mauritian governance system. Often, a political party's policies and programs are more elaborate than some national policies (see Selway, 2015). Political parties in Mauritius are able to make comprehensive policies and programs because

they have robust internal offices that research and advise party leaders about social and health programs. The MPL, for instance, has a central body, the National Policy Forum (NPF), that synchronizes the work of other committees within the party to formulate programs for the party (Bunwaree & Kasanelly, 2006).

A similar type of party arrangement exists in MMM and MSM. However, these two parties use ad hoc committees for drafting policy programs, and health issues are addressed by a separate committee. Take for example the 2012 MPL-MSP-PMSD alliance program on health. The document addresses a wide range of health issues, including HIV campaigns, stigmatization, testing and prevention, food safety, robust cervical and breast screening programs, essential nutrition programs, student health, child health, the scaling up of harm reduction strategies and more importantly, fighting against NCD risk factors including smoking, alcohol use, and sedentary behavior. Of essence to this research is the commitment that was expressed to support the Mauritius Institute of Health as well as the Diabetes and Vascular Health Centres on the prevention and treatment of diabetes and cardiovascular diseases. The document further discusses the organization of diploma courses in health areas like diabetes, cervical cancer, and cardiovascular diseases prevention (Selway, 2015, p. 180).

6.3 Institutional Legacies and the Pace of Tobacco Control Policy in Mauritius

To understand how Mauritius was able to adopt comprehensive tobacco control, we need to understand the institutional context that facilitated the pace of change. Examining the role of institutions as either facilitators or challengers of policy change allows for a better understanding of what motivates the behaviour of tobacco control policy actors in the policy subsystem. As such, this work argues that the pace of tobacco control policy adoption and implementation in

Mauritius was facilitated partly by the institutional powers of the MOH&QL in public health policy-making. This argument draws insight from the enabling role of institutions and the attendant path dependency in fostering policy change (Van Gestel & Hillebrand, 2011; Peters, Pierre, & King, 2005; Pierson, 2000).

Institutions do not only constrain actor behaviour, but they shape the goals and policy preferences of actors. In Mauritius, the institutional powers of the MOH&QL in the sphere of public health policy-making have made it a strong venue of influence in tobacco control policy making and implementation. Despite the role played by other factors (i.e., interests, ideas, and political agents) in tobacco control policy making, the institutional powers of MOH&QL played a major role in accelerating the pace of tobacco control policies in Mauritius. Since 1925, following the passage of the Public Health Act into law, the MOH&QL has been vested with the institutional powers to make and implement public health policies when necessary to protect public health. However, the MOH&QL's authority is subordinate to the cabinet. The overwhelming powers of MOH&QL over public health policies accelerated the pace of policy change in Mauritius because there was no existing institutional veto player that could challenge the jurisdictional authority of the MOH&QL. An interviewee from the Mauritius Chamber of Commerce highlighted the institutional powers of the MOH&QL in tobacco control policy making in these words, "in Mauritius, the MOH&QL has all the powers to control tobacco …whatever they want to do they can do…the ministry is powerful in public health decision" (Personal interviews May 2015, Port Louis, Mauritius).

Apart from the MOH&QL's jurisdictional authority to adopt tobacco control regulations, it has the administrative and the functional capacity to formulate and implement tobacco control policies. The ministry has an up-to-date health information system on NCD prevalence, the

population burden of NCDs, as well as the healthcare cost of treating NCD-related diseases (Ramful, 2015). As such, the only thing missing to pass tobacco control legislation was the political will from cabinet. Because the minister and the ministry are subordinate to the cabinet, the broader political environment has, for a long time, hampered the MOH&QL's ability to make tobacco control regulations. The MOH&QL has had the desire to control tobacco since 1987. This is evident in the institutionalization of periodic national NCD surveys and the establishment of a special unit that focuses only on communicable diseases and health promotion at the MOH&QL. However, despite the MOH&QL's institutional proclivity to control tobacco, its efforts were hampered by the political influence of the tobacco industry, and the existence of the tobacco board as well as the lack of political will by successive governments in Mauritius to adopt and implement tobacco control policies. However, things changed after 1995 following the electoral victory of the Labour Party alliance with MMM and the restoration of government sponsored health promotion campaign against tobacco in 1998 on radio and television (Cox et. al., 2000).

The MOH&QL and the cabinet are the two main institutional venues exploited by actor participants in the policy process. Unlike the case in South Africa, tobacco control policy actors did not exploit the court system and parliament in Mauritius. Three main reasons can explain this: first, public health policies in Mauritius are under the jurisdiction of MOH&QL, thus, all the regulations on tobacco control were adopted by the MOH&QL with Cabinet approval and not Parliament; second, in 2007, BAT, the only tobacco manufacturer in Mauritius moved its production plant to Kenya to enjoy economies of scale, thus significantly reducing its economic interest in Mauritius prior to the passage of comprehensive tobacco regulations in 2008; third, the government negotiated with BAT, through the tobacco board, to keep buying tobacco from

Mauritian farmers until 2013. In this way, all tobacco farmers were in the position to recoup their invested capital and court challenges would not have been of benefit to any of the parties involved (Tobacco Board, 2013b).

Another institutional venue which anti-tobacco groups and government actors have exploited since 2004 is the WHO. Because tobacco use and control are multifaceted and transnational in scope, the WHO and the FCTC have become the authoritative policy venues for both governmental and non-governmental actors in Mauritius to exploit for policy legitimacy. Cairney et al. (2012) argue that the FCTC has "institutionalised norms on tobacco control and fostered collaboration and cooperation among governmental and non-governmental actors who seek to encourage common practices and goals" (p. 197). Since Mauritius ratified the FCTC in 2004, the WHO has become an active institutional venue for tobacco control actors in Mauritius. For this reason, a new policy environment at the global level was created with the promulgation of the FCTC in 2003. The WHO's institutional importance to tobacco control policy adoption in Mauritius is aptly expressed in the National Action Plan on Tobacco Control (2008-2012) prepared by the MOH&QH (2008a):

> The National Action Plan on Tobacco Control sets out the objectives of the Government of the Republic of Mauritius regarding tobacco control for the period 2008-2012. It is the first attempt of the Ministry of Health and Quality of Life to develop a comprehensive, long-term action plan to confront the tobacco problem in a sustained and concerted manner. It is the product of a wide consultative process that involved all stakeholders and reflects the views and suggestions of as many partners as possible. It has been worked out to conform to the Millennium Development Goals and the Framework Convention on Tobacco Control of the World Health Organization. The action plan addresses all the major areas of tobacco control and proposes actions that could have a positive impact on non-smokers and smokers alike and change the tobacco landscape in Mauritius for the betterment of society in general. The stage is thus set for effective action during a five-year period to combat the scourge of tobacco use on individuals, families and the Mauritian community at large and contribute to the global efforts to curb the growing epidemic of tobacco use. (p. ii).

At the core of the WHO's tobacco control structure is the FCTC secretariat. There are also tobacco-related units created within the WHO to help channel global resources to fighting the tobacco epidemic. The Tobacco-Free initiative (TFI) is one such example. The objective of the TFI is to ensure that "governments, international agencies and other entities are equipped effectively to implement national and transnational approaches to tobacco control in order to maximize the number of States becoming parties to and implementing the WHO FCTC." The TFI also aims "to increase the number of countries with effective tobacco control plans, policies and practices that take account of the provisions of the convention" (TFI, 2018). The WHO hopes to achieve these policy objectives through collaboration with national agencies, state-level ministries, and other international organizations like the World Bank and the UN.

6.4. The Rise of Anti-Tobacco Interest Groups and Networks in the Policy Subsystem: 2000-2018

This section examines the role of interest groups and pressure participants in tobacco control policymaking in Mauritius from 2000 to 2017. It does so by explaining how tobacco control interest groups exploited different policy venues to influence the tobacco control efforts in Mauritius. The formation of anti-tobacco interest groups was not noted until 2001. Despite the absence of any formally organized anti-tobacco interest group before 2000, known individuals like Veronique Le Clezio publicly expressed concerns about the rising tobacco epidemic in 1998. Thus, in 2001, she formed the first anti-tobacco NGO, VISA, to campaign for effective and responsive tobacco control policies in Mauritius. Since then, VISA has combined evidence from different sources to campaign for tobacco control. VISA draws extensively on ideas and evidence from western and non-western countries in its advocacy for tobacco control. VISA is also in alliance with several tobacco control NGO networks across Africa and the world. They

share ideas and learn from one another about international tobacco control best practices. Since its establishment, VISA has taken on the task of exposing the tobacco industry's covert and overt operations. It does so by "sending letters of protest, petitions, emails and flyers to the concerned people or associations, enterprises, NGOs, to ministers, media and to international agencies…so that each one realizes his share of responsibility in the tobacco epidemic and stop any collaboration with the killer industry" (Le Clezio July 13, 2006).

Since 2001, the tobacco control landscape has been characterized by political battles, vested interests, and group politics. In Mauritius, the rise of anti-tobacco groups in the 2000s changed the power dynamics in the tobacco policy subsystem. While the MLP-led government was politically committed to tobacco control long before the first anti-tobacco civil society group was established, VISA's formation contributed significantly to the development and implementation of comprehensive tobacco control policies. VISA's main contribution comes with its relentless effort to work with the government to ensure continuous revisions and tightening of existing tobacco control regulations. As one senior bureaucrat noted:

> The government took the first initiative to control tobacco and later, the only NGO, VISA, got involved in the anti-tobacco campaign. So, it was mostly government but with support from VISA…however, the government was committed to bringing up these changes (Personal interviews, June 2015, Port Louis, Mauritius).

Mauritius' anti-tobacco interest groups date back to 2000, however their impact on the policy process was mostly felt during the institution of the 2008 tobacco control regulations. Even then, their role was mostly confined to supporting the government in policy drafting and implementation. For this reason, this research is careful not to overstate the role of anti-tobacco interest groups in tobacco control policy. That is not to say that anti-tobacco interest groups did not influence the policy process, however, the available evidence points out that severity of the

tobacco problem and the political will of the Labour government, along with the institutional capacity of the MOH&QL led to Mauritius' rapid tobacco control policies.

Since 2000, the Mauritian government has been working closely with the public health community and anti-tobacco groups to adopt and implement tobacco control policies. Mauritius has an active anti-tobacco interest group community. They are VISA, Link to Life (a cancer support group), the Mauritius Heart Foundation (MHF), the Cancer Association of Mauritius (CANAM), and the Mauritius Medical Association (MMA). Unlike South Africa where major anti-tobacco advocacy groups formed a coalition, the case of Mauritius is different. Each public health pressure group pursued their own style of advocacy by forming a strategic alliance with the MOH&QL, the Mauritius Institute of Health (MIH), university researchers, and international organizations.

In the early 2000s, the public health community, for the most part, focused their anti-tobacco activism on public education and sensitization about the dangers of smoking. Most of the advocacy campaigns by the public health community were clinically based and not focused on policy change. However, following the establishment of VISA Mauritius in 2001, anti-tobacco groups intensified their campaign for stringent tobacco control policies. For instance, the Mauritius Heart Foundation disseminated information about the negative health impact of smoking by organizing public walks, distributing pamphlets, engaging in public talks, and holding open forums designed to educate the public on the dangers associated with smoking and second-hand smoke. Apart from that, the Heart Foundation gathered evidence of the dangers of smoking and second-hand smoke from countries across the globe and shared that evidence with the MOH&QL.

Another health based anti-tobacco group is Link to Life. Link to Life is a cancer patient support group that provides counselling and education about behaviours that can increase the risk of cancer-related diseases. Because smoking is linked to lung cancer and other cardiovascular diseases, Link to Life got involved in anti-tobacco activism. Link to Life has been effective at organizing a cancer awareness campaigns and public education campaigns in schools focused on the dangers of smoking. Link to Life is also good at speaking to young people about smoking's addictive properties. However, the most vociferous anti-tobacco civil group in Mauritius is VISA. Since 2001, VISA has collaborated with the MOH&QL to design, adopt and implement tobacco control measures. For some years now, VISA has been headed by charismatic and enthusiastic leaders with strong policy beliefs about the need for tobacco control. The pioneering role played by Veronique Le Clezio in establishing the first anti-tobacco NGO, VISA, in Mauritius deserves particular mention. Her leadership at VISA helped to negotiate an effective tobacco control policy that was directly aimed at protecting the rights of children, non-smokers, and youth from falling into the luring traps of the tobacco industry. Le Clezio, a former smoker, has a deep core policy belief about the dangers of big tobacco. She is aware of the dangers of smoking and was determined to influence the policy process in favour of tobacco control. Le Clezio's decision to get involved in anti-tobacco advocacy was due to the tobacco industry's penchant for distributing free cigarettes to young people in Mauritius. Le Clezio saw this corporate activity as a grotesque and disgusting strategy to get children hooked on tobacco. Although she was a smoker then, Le Clezio was outraged by the tobacco industry's tactics. It is within these circumstances that she joined the anti-tobacco movement.

VISA continues to influence the government's policy direction in favour of tobacco control. It uses data and compares best practices of tobacco control in other countries for the

purposes of influencing national tobacco control policies. Not only that, VISA excels at lobbying and shaming persons perceived to be benefitting from tobacco industry philanthropy. An anti-tobacco activist explained this tactical strategy of shaming:

> In 1999, the tobacco industry started sponsorship just to make up for the advertisement ban. And one of the more brilliant successes was the undergraduate scholarship schemes for the University of Mauritius. Every year there will be a great show of the tobacco industry people with government officials to remit the bursaries to the deserving students. Each year, I will write to the media and all the scholars who received the scholarship. To the scholars, I will say, congratulations to have worked very hard, you surely deserve a bursary but not from a killer industry. You should know that they are responsible for millions of deaths a year and when you receive money from this killer industry you become part of the problem. I will also write to the head of university saying similar things. Then I will write to the government representative that was on stage with the tobacco industry to shame them, but I do it gently. I will at times write to the WHO and copy government…You know is like a checkers game, you have to know how to play… (Personal interview, June 2015, Port Louis, Mauritius).

Because the tobacco industry is a transnational actor, VISA exploits international channels to guarantee their tobacco control efforts in situations where local remedies are ineffective. Where local efforts are not enough to effect change, VISA exploits international channels to pressure the government to respond favourably. For example, in June 2013, VISA Association uncovered that an undisclosed international tobacco company based in Dubai was in secret talks with the government to establish a tobacco manufacturing plant in the free port of Mauritius for products to be exported to other African countries (see VISA Association, 2014; Mohee, 2014, p. 3). VISA protested against the construction of a tobacco manufacturing plant in Mauritius on the fact that it "violates the WHO FCTC as well as the United Nations Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (Mohee, 2014, p. 3). As such, VISA circulated both domestic and international petitions through its networks. With the help of Action on Smoking and Health

(ASH) based in Washington DC and the African Tobacco Control Alliance (ATCA) VISA circulated two international petitions.

The first petition was circulated with the help of ASH from 5-12 July 2013 and was endorsed by 183 organizations and tobacco control advocates. The second petition was circulated with the help of ATCA and was endorsed by 50 organizations and tobacco control activists. Petitioners were from 46 different countries (VISA, 2014, p. 12). The petition was sent to prime ministers and other appropriate government ministries, departments, and agencies, as well as international organizations like the WHO. The Ministry of Agro-Industry's official response to VISA was that "cigarettes are a legal product worldwide and smokers will purchase the product whether manufactured in Mauritius or in any other country" (Mohee, 2014, p. 3). However, due to the persistence of VISA and the pressure that was brought to bear on the government by the international petition and some anti-tobacco groups, the planned project was cancelled, and the government eventually pulled out of the negotiations.

The majority of what VISA achieves in the policy process is through strategic persuasion and socialization by using the power of information, communication tools, ideas, and the formation, where necessary, of strategic alliances with overseas tobacco control NGOs. This kind of approach to advocacy follows Keck and Sikkink's (1998) seminal work on advocacy networks in international relations. Transnational advocacy networks seek influence in the same way as domestic advocacy groups (Keck & Sikkink, 1998). Transnational advocates use of persuasion, socialization, and strategic influence include:

> (1) information politics, or the ability to quickly and credibly to generate politically usable information and move it to where it will have the most impact; (2) symbolic politics, or the ability to call upon symbols, actions, or stories that make sense of a situation for an audience that is frequently far away; (3) leverage politics, or the ability to call upon powerful actors to affect a situation where weaker members of a network are

> unlikely to have influence; and (4) accountability politics, or the effort to hold powerful actors to their previously stated policies or principles (Keck & Sikkink, 1998, p. 16).

As a small organization, VISA combines different strategic tools to get the attention of political policymakers. Its strength as a small NGO is mostly dependent on its ability to gather credible information from everywhere necessary and use that information to lobby the MOH&QL where necessary. For this reason, VISA publishes a periodic tobacco control newsletter where it highlights the state of the tobacco epidemic in Mauritius, what the government is doing about it, and what can be done to improve. Ever since Mauritius signed the FCTC, VISA has been continuously reminding the government of its international and moral obligations to live true to the FCTC, but it does so with tact and persuasion. Consider this statement by the president of VISA, Dr. Deowan Mohee in 2013. It encapsulates his ability to apply pressure but with tact and diplomacy:

> VISA wishes to place on record the tremendous efforts and bold steps taken by the Government of Mauritius and in particular the Ministry of Health and Quality of Life - the focal Ministry of the implementation of the FCTC - to meet our national obligations under the treaty. Mauritius has made significant progress on most of the key pledges under the treaty and is often cited in international fora as a model for other developing countries with regards to tobacco control. However, further actions are required for Mauritius to remain a regional and international leader in tobacco control. On the local front, the battle against tobacco use and its impact on the Mauritian population is far from being won. The prevalence of smoking is still high with two out of five adult males being smokers (VISA, Shadow Report, 2013, p. i).

Despite VISA's advocacy skills and lobbying tactics, the government's lackadaisical attitude to tobacco control in the last three years has become a source of worry for some anti-tobacco activists. An anti-tobacco activist expressed worry about this development:

> Tobacco control is a constant fight. The biggest challenge these days, for the last few years, is the lack of political support for tobacco control. And I am afraid that if we continue like this we might not progress in tobacco control because we are going to stagnate. We need amendments, but these amendments are not coming. The previous minister did not do anything new…nothing new happened in terms of tobacco control. Enforcement was very poor, like in nightclubs…If the minister is not interested in

> tobacco control, unfortunately, senior government officials will not be able to do anything. This is our biggest challenge. I have always written to the new minister. He has not given me any meetings until now…so we have to keep lobbying. If we happen to influence the minister, things will move quickly because I know the people around him are supportive of tobacco control (Interview with anti-tobacco activist, June 2015, Rose Hill, Mauritius).

6.5 Tobacco Control in Mauritius: An Idea Whose Time Has Come.

The scientific evidence of tobacco's carcinogenic properties was well documented as far back as 1987 when the first NCD survey was conducted, however, tobacco control became a dominant idea in the mid-1990s in Mauritius when the political environment became conducive to accept tobacco as a public health problem. For this reason, this section argues that the reframing of tobacco as a public health crisis, and not as a threat to the public good, caught the attention of policymakers because the Labour Party-led government was receptive to tobacco control. For the purpose of this research, this section examines how tobacco control ideas were able to catch the attention of policy makers in Mauritius. The source of those ideas as well as the method of articulating the actors' preferred policy idea is also explained.

The government's political agenda to fight the NCD epidemic in Mauritius provided actors the opportunity to exploit windows of opportunity in favour of tobacco control. While the change in government provided the necessary political ambiance for tobacco control policies, other events, like diffusion of global ideas against tobacco and the economic cost of treating tobacco-related illnesses, provided the ideational framework upon which governmental actors constructed their policy preference. Policy ideas cannot be easily disengaged from other phases of the policy process (for example, material interest, institutions, and problem definition), but the rest of this chapter will focus solely on the role of ideas, knowledge, and expertise rather than material interest in the policy process. While ideas are an essential part of the policy process, they are not unrestrained. Ideas, whether good or bad, are restrained by embedded institutional

properties and policy legacies. Tobacco control in Mauritius was driven by an overarching idea and knowledge about tobacco. As discussed earlier, the scientific evidence of tobacco's association with diseases and ill health was the main idea that drove a change in elite attitudes toward tobacco. By 1990, Mauritius had accumulated enough scientific evidence to link smoking with risk factors associated with the NCD crisis, but the lack of political will to make tobacco control policies plagued governmental policy response for over a decade.

Apart from the domestic evidence, the international evidence on tobacco's association with ill health was overwhelming and yet it took over a decade for the government to adopt comprehensive tobacco control policies. Currently there is both an elite and popular consensus on the accuracy of scientific evidence related to the dangers of smoking and second-hand smoke in Mauritius. With the help of the WHO FCTC, the world appears to have accepted tobacco as a harmful product. However, this was not the case two decades ago. On the surface, it seems that tobacco control is an idea "whose time has come, though the reality of the situation is much different, and there is a wide gap between the size of the policy problem and government response" (Cairney et al. 2012, p. 1).

Despite the fact that Mauritius was slow in responding to the tobacco epidemic, it is now one of the few countries in the world with comprehensive tobacco control regulations. Of note here is the importance of time in determining the receptivity to an idea. Time in this sense is defined as the period when conditions are favourable for a policy idea to gather political momentum. Thus, the time frame in which an idea is articulated is as important as the idea itself. The receptivity of an idea is largely dependent on its political, technological, and economic practicality (see Kingdon, 1995; Cairney, 2009). Lieberman (2002) notes that:

> an idea's time arrives not simply because the idea is compelling on its own terms, but because opportune political circumstances favour it. At those moments when a political

> idea finds persuasive expression among actors whose institutional position gives them both the motive and the opportunity to translate it into policy – then, and only then, can we say that an idea has found a time" (p. 709).

Mauritius' tobacco control policies follow this kind of ideational trajectory. The translation of scientific evidence against tobacco consumption to policies to prohibit its use was challenging and initially slow. Mauritius' tobacco control program did not gather momentum until 1995 despite the unequivocal domestic and international evidence that existed against tobacco smoking in the 1980s. The lesson though, is clear, and is in line with Lewig, Avery and Scott's (2006) conclusion that "research evidence must compete with individual, organisational, institutional, political, economic, and ideological factors for the attention of policy-makers and practitioners" (p. 18). The mid-1990s was a good time for anti-tobacco actors, who were mostly found within the government's bureaucracy, to push for tobacco control because tobacco was no longer viewed as a viable economic product due to its attendant health care costs, disability indicators, and mortality rates. The government health sector strategy from 2017-2021 in Mauritius explains the problem:

> NCDs impose substantial burden on the national health care system. It is estimated that around 60% of the hospital budget in the public sector is spent on patients suffering from NCDs and their complications. These expenditures are the direct costs incurred by the State to treat patients afflicted by NCDs. The indirect costs include lost productivity caused by morbidity, disability and premature death, and intangible costs are costs associated with reduced quality of life for people with NCDs. These costs impact heavily on the economy, household and individual. Escalating costs of clinical interventions further impact on the public health bill (MOH&QL, 2017).

While the health evidence against tobacco was the primary catalyst that drove the government's eagerness to control tobacco, the idea nonetheless faced several obstacles. First, the tobacco industry's funding of social programs like scholarship awards and sports competitions made them a powerful social and policy actor. Second, since independence, successive governments

had favoured tobacco because of the political influence of the tobacco industry, therefore making it initially difficult to convince them to control the sale and use of tobacco. Third, public health advocacy outside of the government was weak or nonexistent in the 1980s and 1990s in Mauritius, thus making it increasingly difficult to sustain tobacco control on the government's policy agenda despite the years of cumulative evidence against tobacco. And fourth, the government was a direct participant in the tobacco business thus making tobacco control a counterproductive exercise.

When the results of the first NCDs survey in 1987 was released, it prompted governmental action. The then-government preferred public education and public sensitization to regulative or legislative action. However, to the credit of the governments before the Labour Party's victory in 1995, a series of educational awareness and health campaigns were launched against tobacco right after the 1987 NCD report was released. In most cases, campaigns were directed at helping smokers quit smoking and dissuading non-smokers from starting (see Cox et al., 2000). Excise duty on cigarettes was increased from 75% of the ex-factory price in 1988 to 180% in 1998. These initial responses from the government, although not meant to control tobacco per say, contributed to a positive reduction in the prevalence rate of smoking. Cox et al.'s 2000 study, for instance, shows that the prevalence of smoking from 1987 to 1998 decreased "greatly in men (23%) and women (61%) between 1987 and 1998" (p. 346).

By 1998, Mauritius had built enough national evidence against tobacco to force the government to act. It had successfully carried out three national NCD surveys, a component of which was on smoking and its prevalence. Based on the years of cumulative knowledge on tobacco, the MPL government was in a better position to make an informed tobacco control policy. In addition, well-resourced governmental organizations from developed countries such

as the Centers for Disease Control and Prevention (CDC), the Canadian International Development and Research Center (IDRC), and Swedish International Development Agency (SIDA) began to collaborate during the 1990s with developing nations, including Mauritius, to build national data and knowledge on tobacco control (see Cairney et al., 2012). The Mauritian government, through the MOH&QL, has collaborated with a host of governmental organizations since the 1980s to boost local knowledge and capacity to confront the problem of NCDs. However, in recent years, the WHO has had the most ideational influence on Mauritius' tobacco control.

6.6 Lesson Drawing, Global Diffusion of Ideas and an Activist WHO

There is a growing scholarly interest in policy diffusion among public policy scholars. Often, this scholarly interest has led to numerous scholarly labels of policy diffusion and policy learning. Most famous among them are policy shopping (Freeman, 1999), lesson drawing (Rose, 1993), systematically pinching ideas (Schneider & Ingram, 1988), policy band-wagoning (Ikenberry, 1990), and policy borrowing (Cox, 1999). However, for the purpose of this research, the paper sees the different labels as complementary with no serious conceptual difference. By 1999, most countries in the developed world had adopted tobacco control policies. In Africa, South Africa was widely seen as a tobacco control success model by 1999. By the time Mauritius attempted to control tobacco, developed countries had accumulated enough research data against tobacco use. For example, in 1999, CDC, WHO, the United Nations Children's Fund (UNICEF), the World Bank (WB) and representatives from countries from each of the six WHO regions joined efforts to establish the Global Tobacco Surveillance System (GTSS) which uses The Global Youth Tobacco Survey (GYTS) as its primary source of data collection (see WHO Tobacco Free Initiative, 2018). The ultimate objective of the GTSS is to enhance country

capacity to design, implement, and evaluate tobacco control policies and programs (see CDC Web, 2018). Over time, this global research effort has been disseminated to countries looking for ways to effectively control tobacco. Through these research channels, some countries in the developing world have been able to build the local research capacity needed to make and implement effective tobacco control policies.

Mauritius also drew policy lessons and ideas from countries like the UK, the US, Canada, Singapore, Australia, and New Zealand. Numerous interviews with civil servants, NGOs, and individuals from the public health community revealed that Mauritius learned policy lessons from other countries. For example, in the area of an awareness campaign against smoking, the MOH&QL adopted Australia's 1979 Sponge campaign. The use of sponges to demonstrate the destructive nature of cigarettes was adopted in Mauritius in 2011. With the help of the World Lung Foundation (WLF), the Sponge Mass Media Campaign was launched in Mauritius. The Sponge Campaign was advertised on TV, radio, and billboards in Mauritian Creole and Bhojpuri. The nationwide campaign showed the amount of cancer-producing tar which goes into the lungs of a pack-a-day smoker. The objective of the advert was to educate the public on the dangers of smoking and second-hand smoke with the ultimate goal of getting smokers to quit. Findings from the wave 3 of the ITC Mauritius survey show that the Sponge Campaign in Mauritius was successful. Close to 94% of the respondents to the ITC survey wave 3 reported being exposed to the campaign messages at least once, with 91% of smokers and 92% of non-smokers strongly agreeing that messages were effective (ITC, 2011).

Since 2004, the WHO and the FCTC have become a source of ideas for tobacco control in Mauritius. Not only is the WHO a source of tobacco control ideas, but it is also an institutional channel through which ideas are diffused on tobacco control with a cascading effect for many

countries across the world. Starting in the 1970s, especially after the publication of the Canadian Lalonde report on the new perspective of the health of Canadians, the WHO has shown increasing interest in health promotion globally. It is within this context of global health promotion that aggressive tobacco control agitation began in the 1980s. For this reason, in 1983, the WHO's general assembly constituted an expert committee on smoking control strategies in developing countries (WHO, 1983). The expert committee urged developing countries to draw on tobacco control lessons and ideas from developed countries that have implemented successful tobacco control programs. The UK, the US, Australia, and some of the Nordic countries, were cited as model case studies.

Following the work of the expert committee on developing nations, the WHO committed resources to promoting tobacco control initiatives in developing regions. For example, in 1998, the WHO launched the Tobacco Free Initiative (TFI) under the leadership of Gro Harlem Brundtland. The TFI provides expert advice on how countries can build their capacities to fight against the tobacco epidemic. Also, the TFI offers the platform for countries to learn from each other about the most effective strategies to overcome the tobacco epidemic as well as implement the WHO FCTC.

Ideas and policies from the WHO have diffused to member countries, and these ideas have helped in many ways to shape the tobacco control policy direction of Mauritius and South Africa. In the case of Mauritius, civil society organizations and government ministries adopted some provisions and policies in the WHO FCTC as a blueprint for domestic policy formulation and implementation. The FCTC also provided the Mauritian Labour Party government the policy legitimacy needed to rally the support of domestic actors. All the interviewees were unanimous on the role of WHO FCTC in the design and implementation of tobacco control policies since

2008. For example, a Professor of Medicine in Mauritius was categorical on the role of WHO FCTC as a source of policy ideas and an institutional venue: "our tobacco control program started when we ratified the WHO FCTC. The FCTC has inspired us to develop comprehensive tobacco regulations" (Interview June 2015, Reduit, Mauritius). A senior bureaucrat made a similar assertion when asked to give a brief chronological explanation of tobacco control in Mauritius.

> It all started when we signed and ratified the WHO framework convention on tobacco in 2004…once we had signed and ratified the FCTC we developed the first national action plan on tobacco control…it eventually resulted in a new regulation on tobacco control which was in line with the recommendation of the FCTC (Personal interview, June 2015, Port Louis, Mauritius).

Mauritius played an active part in the preparation and adoption of the WHO FCTC. Since then, both governments and anti-tobacco advocates in Mauritius look to the WHO for policy direction and inspiration. Indeed, the FCTC has helped to foster a national consensus on the economic and health dangers associated with tobacco. Alongside the efforts of the FCTC, Mauritius currently owns the copyright of seven picture warnings that are printed on tobacco packages. Mauritius has shared those pictorial warnings with WHO to be included in the database of the WHO FCTC secretariat. Mauritius has allowed the WHO and member countries to use their images on a royalty-free basis. Currently, Mauritius' neighbour, the Seychelles, is using four of Mauritius' picture health warning labels.

6.7 Conclusion

This chapter has examined the tobacco control policy-making process in Mauritius. It has explained the factors that facilitated the gradual but transformative tobacco control policies over time. This work adopted a historical, empirical, and theoretical approach to explaining the factors

that influenced Mauritius' tobacco control policies. Four main causal factors, according to the evidence available, were present to ensure tobacco control policy adoption in Mauritius. They include the severity of the tobacco problem, the political will of the MLP government, the institutional legacies and the administrative capacity of the MOH&QL, ideas and global diffusion of tobacco control norms, and interest group participants. These factors combined to produce transformative tobacco policies in Mauritius over time.

The chapter proceeded by examining how tobacco was framed as a problem needing governmental policy intervention. After that, the institutional properties and administrative capacity of the MOH&QL to adopt and implement tobacco control policies was discussed. A careful analysis of the institutional arrangement reveals that tobacco control in Mauritius is embedded within a particular institutional framework and that the Public Health Act of 1925 empowered the MOH&QL with authority to make tobacco control policies. Of particular importance in this regard is that once the political will to effect change was active, the tobacco industry had little political space to resist or delay regulations on tobacco. However, the tobacco industry always found ingenious ways to exploit institutional loopholes and gray areas to their advantage. The role of interest groups in the policy process was also explained. Interest groups in Mauritius formed strategic alliances with other political actors to speed up the process of tobacco control policy making. After analysing the role that anti-tobacco groups played in tobacco control, this chapter examined the role that ideas and policy beliefs of actors played in the process of tobacco control policy. Most importantly, it discussed the role of new ideas, scientific knowledge, and economic ideas about taxation played in the tobacco control policy process. The next chapter comparatively examines the points of convergence and divergence between the two countries in their tobacco control policy making process.

Chapter Seven
Policy Convergence in Tobacco Control in Mauritius and South Africa.

7.1 Introduction

In chapters five and six this work presented a detailed analysis of the political and policy making processes of tobacco control in Mauritius and South Africa. This chapter aims to further that analysis to understand the factors shaping the dynamics of policy convergence in the two countries. By researching policy convergence, this work is interested in understanding the extent to which the two policies have moved closer to each other instead of moving parallel over time. Drawing on chapters five and six, this chapter presents evidence to support that cross-national convergence in tobacco control is taking shape in South Africa and Mauritius, and is due to the following: first, the severity of the tobacco problem; second, the evolution of international epistemic and policy communities; three, international policy promotion led by the WHO; and four, the institutional capacity of the two countries to adopt tobacco control policies. These factors cannot be understood in isolation, neither is it the case that one factor is more important than the other, and there is a clear interactive relationship among policy variables in South Africa and Mauritius. By focusing on policy convergence, this work does not suggest that there are no differences in policies in the two countries, but that, on the whole, policy outcomes in the two countries have become more similar than different over the last twenty years.

7.2 What is Policy Convergence?

There is a rich body of scholarly interest in cross-national policy convergence in comparative public policy (see for example Bennett, 1988, 1991; Drezner, 2001, 2005; Jörgens, 2004; Holzinger & Knill, 2005; Heichel, Pape & Sommerer, 2005; Albrecht & Arts, 2005;

Phillips & Smith, 2014; Strunz, Gawel, Lehmann, Söderholm, 2017; Kiess, Norman, Temple & Uba, 2017). Yet the literature is diverse with different conceptual and analytical understandings of the process of convergence. Consequently, the convergence literature is plagued with a limited understanding of the causes, mechanisms, and conditions that drive cross national policy convergence over time (Knill, 2005; Holzinger & Knill, 2005; Heichel et al., 2005). Two main factors can explain this problem. First, the literature overemphasizes empirical presentations of results as compared to systematic theory building (Holzinger & Knill, 2005). Second, policy convergence researchers are from diverse fields in the social sciences, and most of them have different understandings of what constitutes convergence (Knill, 2005; Bennett, 1991).

In the subfield of public policy, for example, some scholars have likened policy transfer, policy learning, lesson drawing, policy emulation, and policy diffusion as synonyms for policy convergence or as evidence that convergence is taking place. While these assertions may not necessarily be wrong, they also do not necessarily constitute convergence of policy instruments or policy outcomes. In the study of international relations, scholars have linked cross-national policy convergence to globalization and international harmonization (Baddeley, 2006; Drezner, 2001, 2005; Hoberg, 2001), international governmental organizations (Meyer et al., 1997; Finnemore, 1996), global civil societies (see Keck & Sikkink, 1998; Wapner, 1995), and policy diffusion and transfer (Marsh & Sharman, 2009; Braun & Gilardi, 2006; Newmark, 2002). For Adam Crawford (2013), policy "convergence may be the product of both international and purposive activity and the unintentional by-product of indigenous adaptations to policy dilemmas and social" (p. 21).

Despite the seemingly conceptual confusion that has suffused the policy convergence literature, some leading scholars in the field have attempted an operational definition of

convergence. Broadly speaking, scholarly interest in policy convergence has emphasized changes in policy similarity across two or more jurisdictions over time (Knill, 2005, p. 767). In his oft-cited editorial introduction, Christopher Knill defined policy convergence as

> "any increase in the similarity between one or more characteristics of a certain policy (e.g. policy objectives, policy instruments, policy settings) across a given set of political jurisdictions (supranational institutions, states, regions, local authorities) over a given period of time. Policy convergence thus describes the end result of a process of policy change over time towards some common point, regardless of the causal processes" (2005, p. 768).

With respect to Knill's definition, policy convergence is a process over time, thus, the mere existence of policy similarity across different jurisdictions does not constitute convergence itself. In another widely cited review article of policy convergence, Colin Bennett (1991) defines policy convergence as:

> a process of 'becoming' rather than a condition of 'being' more alike: 'convergence' means moving from different positions toward some common point. To know that countries are alike tells us nothing about convergence. There must be a movement over time toward some identified common point (p. 219).

These definitions call for a deeper inquiry into the study of policy convergence. First, convergence is seen as the process of policies becoming similar though not necessarily identical over time. Second, policy convergence implies a pattern in policy similarity over an extended period of time. Finally, policy similarities across countries are not synonymous with policy convergence, although they can indicate some level of convergence taking place. Regardless of the definitional difference in the convergence literature, the convergence of policy across differing jurisdictions can manifest in the following ways according to Bennett (1991). First, convergence can be a result of similar policy goals in dealing with similar policy problems across different jurisdictions. Second, convergence can take place as a result of similar policy content. According to Bennett (1991), policy content is the "formal manifestation of government

policy-statutes, administrative rules, regulations, court decisions and so on" (p. 218). Third, convergence can occur on policy instruments, meaning the institutional tools that are available to administer a policy. Finally, convergence might happen on the policy outcomes or policy impact.

In this work, convergence includes the process of policy change toward similar policy outcomes over an extended period of time. However, convergence can be caused by unrelated domestic factors. Likewise, policy convergence can occur through several distinct processes (Bennett, 1991). What is clear in this work is that policy convergence does not have to follow the same pattern or process of policy change in the two countries. To put it differently, political actors in Mauritius and South Africa do not have to share similar motives before convergence can take place. The processes of convergence, for all intents and purposes, are mediated by domestic institutional factors, which at times, and in most cases, produce divergence. However, in the case of South Africa and Mauritius, the severity of the tobacco problem, transnational communication and elite networking, and international policy promotion by the WHO compelled policy makers to adopt globally proven tobacco control instruments to fight the soaring cases of NCDs. This, among other things, like domestic institutional capacity to make and implement tobacco control in both countries, has ultimately led to similarities in tobacco control policies in South Africa and Mauritius.

7.3 What has Converged? Policy Instruments and Policy Outcomes

Tobacco control policies in Mauritius and South Africa have been converging over time. Since 2003, the two countries have adopted similar policy instruments, and over time, these policy instruments have led to similar policy outcomes, albeit with some differences due to implementation and the enforcement capacity of the two countries. The following data was

compiled from the WHO (2017d) tobacco epidemic country report. It shows the different types of tobacco control instruments that are in place in the two countries and the extent to which those instruments have precipitated similar policy outcomes in the South Africa and Mauritius.

- ***WHO FCTC***: South Africa signed the FCTC in June 2003 and ratified it in April 2005. Mauritius also signed the FCTC in June 2003 and ratified it in May 2004. Both countries are among the first thirty countries to sign the FCTC framework.
- ***Subnational Laws on Tobacco*:** In South Africa, provinces and municipalities do not have the legal and administrative jurisdiction to make tobacco control laws. Tobacco control laws are prepared by the national Department of Health and are passed into law by the General Assembly. Similarly, in Mauritius, tobacco control regulations are adopted by the MOH&QL. In both countries municipalities and districts implement laws or regulations adopted by the central government.
- ***Treatment of tobacco legislation:*** In South Africa, designated smoking areas exist in universities, hospitals, government facilities, restaurants, and in most public places. Currently, there is new draft legislation before parliament that is seeking to adopt complete smoke free laws in indoor and outdoor public places. As a result of this law, most designated smoking areas will be closed. The draft legislation also has provisions for plain packaging laws. The bill regulates electronic cigarettes in the same way it regulates regular tobacco. It is anticipated that the new law will be passed by the General Assembly by the end of 2019. Similarly, in Mauritius, smoke free laws exist in the following places: health care facilities, universities, educational facilities, restaurants, government facilities, and public transport. In most cases, tobacco control regulations allow for designated smoking areas at work places and in public places. Mauritius' 2008

tobacco control regulation applies the same regulative tools against regular tobacco to electronic tobacco. Currently, the MOH&QL has proposed a draft regulation which is seeking to adopt complete smoke free laws in most public places and government facilities. It is expected that the new regulations will come into force by 2019.

- ***Treatment of tobacco dependence*:** South Africa combines different treatment methods for smoking-dependent users. Nicotine replacement therapy (e.g. patch, gum, lozenge, spray or inhaler) can be purchased in a pharmacy without prescription. Bupropion (eg Zyban, Wellbutrin), and Varenicline can also be purchased in pharmacies. South Africa also has smoking cessation support in most community-based clinics, but in most cases, the public does not finance the cost of these treatments because South Africa does not have publicly-funded free pharma care. However, this is likely to change with the adoption of a universal National Health Insurance Scheme. Like South Africa, Mauritius combines different treatment methods for tobacco-dependent users. Nicotine replacement therapy (e.g. patch, gum, lozenge, spray or inhaler) can be purchased in a pharmacy without prescription. Bupropion (eg Zyban, Wellbutrin) can also be purchased in pharmacies. Unlike South Africa, Mauritius has extensive smoking cessation support. It currently has publicly funded tobacco cessation clinics in all the seven administrative regions of the country.
- ***Health warnings on tobacco packages*:** South Africa's tobacco control laws mandate health warnings on tobacco packages. The law also mandates health warnings to be rotating and must clearly describe the health hazards of tobacco without any ambiguity. The current law also mandates pictorial health warning labels but administrative and enforcement difficulties have delayed implementation. In Mauritius, the 2008 tobacco

control regulation mandates the printing of health warnings on tobacco packages. These health warnings are supposed to be rotating on packages. Like South Africa, Mauritius' health warnings regulations require that the warnings on the packages be visible and clearly written with no technicalities. The law also guards against obscuring the warning labels. While Mauritian and South African laws mandate the printing of pictorial health warning labels, South Africa has not been able to implement this legal mandate, while Mauritius has been able to successfully implement this law.

- ***Fines for violating health warnings*:** The current tobacco control laws in South Africa mandate fines for violating health warnings. Moreover, the laws require that tobacco packaging and labelling do not use misleading terms which might imply that the product is less harmful than similar products. These may include terms such as "low tar," "light," "ultra-light" or "mild." Most importantly, the laws also require that health warnings must not be written in figurative language, and must not be expressed in signs that can be misleading. Finally, there are laws mandating that a quit line number appears on packaging or labelling. Currently though, there is no quit line number on smokeless tobacco packaging due to implementation challenges. When passed, the 2018 Control of Tobacco Products and Electronic System Bill will provide a comprehensive and holistic solution to the tobacco problem in South Africa. The draft bill is harsh on violators, and it even proposes a jail sentence for violators depending on the severity of the offence. For example, those caught smoking in banned areas will receive a fine or prison time of up to three months. On the other hand, the current regulations in Mauritius mandate fines for violating health warnings. Like South Africa, there are laws requiring that tobacco packaging and labels are straightforward. Terminologies that might imply that the

product is less harmful than similar products, such as “low tar,” “light,” “ultra-light” or “mild.” Contrary to South Africa, the tobacco regulations are silent on the use of figurative language in communicating the health hazards of smoking and there is no jail sentence for violation. Finally, there are no laws mandating that a quit line number appears on labelling. Currently though, like South Africa, there are no quit line numbers on smokeless tobacco.

- ***Enforcement of bans on tobacco advertising, promotion and sponsorship*****:** South Africa has been successful in enforcing bans on direct tobacco advertising on national TV, radio, local magazines, billboards, and newspapers. The laws also ban tobacco promotion and sponsorship which includes free distribution and promotional discounts. Internet promotion of tobacco products is also banned in South Africa. However, the current laws do not ban tobacco industry corporate social responsibility initiatives, but the law prohibits the industry from broadcasting such activities when undertaken. Like South Africa, Mauritius has been successful at enforcing bans on direct tobacco advertising on National TV, radio, newspapers, in local magazines, on billboards and outdoor advertising, as well as advertising at the point of sale. The law bans tobacco promotion and sponsorship which includes free distribution and promotional discounts on tobacco. Internet promotion of tobacco products is also banned in Mauritius. Unlike South Africa, the current tobacco regulation bans tobacco industry corporate social responsibility initiatives, promotional discounts, and free distribution of cigarettes in Mauritius. The law prevents the tobacco industry from funding or making contributions to smoking prevention and media campaigns including those targeted at youth on any social issues (WHO, 2017c).

- ***Taxation Policy:*** The South African tobacco control tax structure is mixed. It combines specific excise taxes with value added tax (VAT). There are taxes on the most sold brand of smoked tobacco other than cigarettes. Taxes on the most sold brands of Roll Your Own tobacco (Standardized to 20grams) is 49.3% which is break down as 37% for specific excise and 12.3% for value added tax. Also, the current tobacco control measures have special tax policies for the most sold brands of cigarettes. It combines specific excise taxes (40.1%) with a Value Added Tax (VAT) of (12.3%) making it a total of 52.4% of taxes for this category. Like South Africa, Mauritius's tobacco control tax structure is mixed. It combines specific excise taxes with value added tax (VAT). Mauritius has taxes on the most sold brand of smoked tobacco other than cigarettes. It combines specific excise taxes (57.2%) with a value added tax (VAT) of 13% for a total of 70.2% of taxes for this category. Like South Africa, Mauritius's tobacco control tax regimes have special tax policies for the most sold brands of cigarettes. It combines specific excise taxes (57.2%) with a value added tax (VAT) of 13% for a total of 70.2% of taxes for this category. This percentage is one of the highest in the world (WHO, 2017b).
- ***Anti-tobacco mass media campaigns*:** From July 2014 to June 2016, there were no national campaigns aired against tobacco smoking in South Africa (WHO, 2017c). However, during the peak of the tobacco control negotiations in 1993 and 2008 the country supported mass media campaigns against smoking with the goal to influence the national mood in favour of tobacco control. In Mauritius, there was a national campaign aired against tobacco smoking from July 2014 to June 2016 (WHO, 2017b). The Sponge

campaign is a case in point. Most of the media houses in Mauritius supported the government's national campaign against tobacco on national TV and on radio.

Following from the above policy instruments, it is easy to understand why tobacco control policies are converging in the two countries. South Africa and Mauritius share many similarities in both the content and outcome of their respective tobacco control policies. The two countries have, over time, adopted similar tobacco control policy instruments amidst their different institutional and policy-making contexts. Nonetheless, because the policy instruments have been similar over time, similar policy outcomes have been achieved. By 2019, it is expected that the two policy regimes will move even closer if currently proposed policy changes to implement plain packaging, and complete smoke free environments are approved and implemented in South Africa and Mauritius.

7.4 Different Pathways to Policy Convergence

The comparative public policy literature offers different routes, pathways, or causal mechanisms to understanding policy convergence. Although the causes of convergence vary in the literature, they can be grouped into five main broad types for the purpose of this chapter**.** First, policy convergence can result from a higher order power that imposes policy compliance. Policy imposition is when an international organization exploits its power to force weak countries to adopt and implement a policy model (see Phillips & Smith, 2014; Dobbin et al., 2007; Dolowitz & Marsh, 1996). For example, in the 1970s and 1980s, the International Monetary Fund (IMF) and the World Bank imposed structural adjustment and economic recovery programs on developing countries. There is no evidence to suggest that tobacco control

policies in Mauritius and South Africa were an imposition from a supranational authority like the WHO, World Bank, or the United Nations.

The second factor that can be a cause of policy convergence is the severity of the policy problem (such as economic decline, epidemics, the ageing of society, or environmental degradation). This is the case when countries respond independently to similar problem pressures without necessarily learning or drawing lessons from the experience of other countries directly (Phillips & Smith, 2014; Holzinger & Knill, 2005). Bennett (1991), for instance, has identified two conditions for parallel problem pressures resulting in similar solutions in different countries: first, the policy problem must have certain intrinsic features that would inevitably result in a similar policy response, and secondly, these characteristics must be universal in nature. The case of South Africa and Mauritius support this type of policy convergence in the sense that, by the end of the 1980s, the tobacco epidemic had become pervasive in both countries, thereby necessitating a similar policy response in both countries in the 1990s. With time, both countries realized the need to continuously alter or change their existing tobacco control regulations to reflect worldwide tobacco control 'best practices.'

Another means of policy convergence is through transnational communication (Knill, 2005). This type of policy convergence is largely due to the accelerated tempo of global communication and information exchange among countries. Due to global technological advancement and economic integration, most countries share ideas about common problems. Under transnational communication, convergence of policy can take the form of policy diffusion, lesson drawing, policy emulation or imitation (Dolowitz & Marsh, 1996). Thus, countries facing similar policy problems borrow policy solutions or share ideas with countries that have

experienced similar problems in the past. Transfer of policy solutions is often seen as convenient and practical for most governments because it is done "without lengthy analysis and investigation" by the borrowing government (Bennett, 1991, p. 223). While the research did not find enough evidence to support a theory that the two countries learned from each other or emulated each other's policies, evidence suggests that transnational communication existed among anti-tobacco activists and policy makers in Mauritius and South Africa with countries like Australia, Canada, the USA, Singapore and the UK.

Transnational communication can also facilitate elite networking and global epistemic communities (Crawford, 2013; Bennett, 1991). This type of convergence is driven by the existence of an elite consensus on the appropriate way of tackling a specific policy problem across countries because elites share information and expertise about policy problems. While it is difficult to measure the influence of epistemic communities in a policy domain, the proliferation of scientific materials on tobacco control from reputable scientific institutions (for example the CDC, the WB, the WHO, and the IDRC) has influenced tobacco control policy actors in the two countries. Governments and anti-tobacco groups in South Africa and Mauritius have great respect for research on tobacco control from other countries, especially when conducted by reputable institutions in developed countries like the US, Canada, the UK and Australia.

Fourth, convergence can take place through International or supranational laws or conventions (Knill, 2005). This is mostly the case when an international organization develops a model solution of a policy problem and recommends it to member countries (see Albrecht & Arts, 2005). This type of convergence can also result from the harmonization of policy solutions through transnational institutions like the WHO, the WB, and the UN. In the case of tobacco, the

FCTC has become the gold standard for the WHO member countries. Under this circumstance, a country's decision to adopt the FCTC is voluntary, but essential once the FCTC is ratified by a member country. While the WHO lacks the coercive enforcement powers, countries feel morally obligated to respect WHO conventions because it offers them respect in the international system.

Finally, cross-national policy convergence can be due to regulatory competition as a result of economic integration, the formation of regional trade blocs, labour agreements, and trade and health regulations across the world (Knill, 2005; Holzinger & Knill, 2005; Vogel, 1995). An example can be seen from the World Trade Organization (WTO) rules for member countries on subsidy limits and other trade regulations. However, the research finds no evidence to support regulatory competition as a source of cross national-policy convergence in tobacco control in Mauritius and South Africa.

The research finds evidence to support that in both countries, cross-national policy convergence was caused by similar problem pressures, transnational communication and elite networking, global epistemic networks, and international policy promotion by the WHO. However, these exogenous factors were mediated by similar national events that occurred in both countries in the mid-1990s. Political events like the change in governments in the 1990s in both countries were the turning point of policy convergence for Mauritius and South Africa. Some of these events were sheer coincidence, but they have nonetheless triggered changes in the policy subsystem that eventually catapulted tobacco policy changes in South Africa and Mauritius into existence.

Table 7.1. *Causes of Tobacco Control Policy Convergence in South Africa and Mauritius*

CAUSES CONVERGENCE	SOUTH AFRICA	MAURITIUS
Similar Problem Pressure	The rise in NCD-related mortality. By the start of 1990, the government of South Africa began to view the tobacco epidemic as dangerous to public health and the going concern of the country.	The first NCD survey in Mauritius in 1987 highlighted the devastating nature of tobacco smoking on the Mauritian people.By 1995 political elites viewed the tobacco epidemic as a threat to the human resources of Mauritius.
Similar Political Events in the 1990s	The demise of the apartheid government and the coming into power of the ANC in 1994 led to new political leaders with interest in tobacco control. The ANC had the overwhelming majority in office needed to pass tobacco control laws.The president of South Africa and key cabinet ministers became sympathetic to tobacco control.	The political victory of the Labour Party led to a new political policy maker with interest in tobacco control in 1995. The Minister of Health is empowered by the Public Health Act 1925 to make tobacco control policies without elaborate consultation. The Prime Minister and the Minister of Health were committed to tobacco control.
Elite network and global epistemic community	The rise of active civil society groups and individuals with interest in tobacco control between the 1970s and 1990s. The entry of the World Bank into the global tobacco control debate. The founding of *Tobacco Control* Journal. The sharing and exchange of scientific ideas among tobacco control actors within and outside South Africa	The rise of active civil society groups like VISA, and Link to Life. The WHO, the World Bank, the Global Youth Survey, the Global Tobacco Research Network, Tobacco Information Online System and the ITC project have become the main source of international knowledge collection and learning for Mauritius.
International policy promotion by the WHO	In 2003, South Africa signed the FCTC and ratified it in 2005.In 2008 and 2009, the Tobacco Control Act, 1993 was amended to incorporated articles from the FCTC. In May 2018, The Control of Tobacco Products and Electronic System Bill was published for public comments. If passed, the bill seeks to fully comply with all the provisions in the FCTC.	In 2003, Mauritius signed the FCTC and ratified it in 2004. In 2008, Mauritius streamlined its existing laws in line with the FCTC by adopting new sets of tobacco control regulation. Since 2015, a draft regulation on plain packaging has been under review at the MOH&QL

7.5 Similar Problem Pressure in South Africa and Mauritius

Anti-tobacco actors in South Africa and Mauritius adopted, to a large extent, similar tactics and strategies to frame tobacco as a problem. In both countries, the state historically participated in tobacco production. For example, in Mauritius, the state invested in the production and cultivation of leaf tobacco until 2013 when the Tobacco Board was dissolved (see Tobacco Board, 2013b). The dissolution of the Board was largely due to the government's commitment to wean itself from tobacco production. In the same way, South Africa had a long-standing relationship with the tobacco industry until 1994 when the ANC formed the government (see chapters five and six). Indeed, the idea of establishing a Tobacco Board, a parastatal organization, to regulate the production and sale of tobacco was first conceived and established in South Africa, and Mauritius subsequently learned from South Africa (Tobacco Board, 2013a).

Chapter five described the South African government's support for tobacco companies during the apartheid era as a nationalistic duty because tobacco was a symbol of Afrikaans industrial wealth. The corollary of South Africa's government support for tobacco was that it created a positive image of tobacco companies until 1994 when the ANC formed the government. Before the ANC's political victory, though, then-health minister Rina Venter became sympathetic to tobacco control at the tail end of the National Party's administration. Amidst political opposition from her own political party colleagues, Venter was able to convince President FW de Klerk to support moderate tobacco control laws in 1993. In Mauritius, the government's lack of tobacco control measures continued until 1995 when the Mauritian Labour Party won office (see chapter six for more details). The MLP government was politically determined to control tobacco use with the Prime Minister and Health Minister both committed

to tobacco control. Thus, in the two countries we see that the government played a role in the construction of a positive image of tobacco through the lack of political will to control tobacco use in the 1980s and early 1990s. However, changes in political leaders paved the way for a new political attitude against tobacco to emerge.

In Mauritius and South Africa, the positive image of tobacco was reinforced by the political influence of the tobacco industry, as well as the philanthropic and social contributions that the tobacco industry made to their host countries. However, in the late 1980s and 1990s, major events in South Africa and Mauritius helped to chart a new image of tobacco. In South Africa, for example, the rise in NCD-related mortality (tobacco smoking is deemed to be the number one risk factor for many of these diseases), fiscal problems, and the global wave of health promotion snowballed into a shift in the national mood in favour of tobacco control. Similarly, in Mauritius, the tobacco epidemic reached its pinnacle in 1987 as the first national non-communicable disease survey demonstrates. The findings from the 1987 and subsequent NCD surveys identified four main behavioral risk factors that are responsible for NCD epidemics. They are: tobacco smoking, physical inactivity, alcohol consumption, and unhealthy diet. Thus, from the 1990s onward political policy makers in Mauritius had cause to adopt and implement tobacco control policies partly due to the severity of the tobacco epidemic in Mauritius (see NCD Survey, 2006). Following the adoption of the 2008 tobacco control regulations in Mauritius, the government of Mauritius responded with a national action plan against tobacco which was executed in two phases: 2008 to 2012, and 2012 to 2017.

7.6 Institutional Changes and Administrative Capacity of both Countries

In both countries, the Ministers of Health have the strongest institutional incentive to control tobacco. However, because of the political influence of the tobacco industry in the 1970s

and 1980s tobacco control was not on the formal government agenda. In South Africa, for example, some government ministries initially opposed tobacco control when the first attempts were made by the Ministry of Health to control tobacco use (Malan & Leaver, 2003). With time, opposition to tobacco control from government agencies dwindled, in part due to the change in government and the emergence of new ideas about tobacco. The changes in government that occurred in South Africa and Mauritius in 1994 and 1995 respectively paved the way for new anti-tobacco actors to participate in the policy processes. Chapters five and seven described how the electoral victory of the ANC changed the tobacco policy making context in South Africa. The ANC was pro-tobacco control and the government had promised while in opposition that it would control tobacco should they form a government. After assuming office in 1994, Nelson Mandela appointed a well-known anti-tobacco activist as the Health Minister.

The same is true for Mauritius before and after the coming into office of the MLP in 1995. In chapter six, it was revealed that, prior to 1995, the Health Ministry had initiated several health promotion interventions against tobacco, but none of these interventions translated into official tobacco control regulations. Remember that until the Tobacco Board was dissolved in 2013, the government of Mauritius had a vested interest in tobacco profits. The Tobacco Board was established primarily to safeguard the government's interest in tobacco, with the Ministry of Agro-Business having the responsibility to protect the government's investment and tobacco farmers' interest (Tobacco Board, 2013a). However, in 1995 when the MLP-MMM won the national elections and formed the government, tobacco policies changed. The MLP had a clear strategy for tobacco control. The Health Minister, Finance Minister, and the Agro-Business Minister worked hand in hand to ensure that tobacco control laws were adopted and implemented. This was possible because the Prime Minister also supported tobacco control.

In both countries, the timing of the institutional response was very much dependent on the political and value preferences of the ruling party. As already argued in chapters five and six, both the Ministry of Health in Mauritius and the Department of Health in South Africa had strong incentives to carry out tobacco control policies. Moreover, the administrative capacity of these two governments were, in most cases, enhanced by the legacies of past policy options. In Mauritius, for example, the Public Health Act of 1925 came to define the institutional authority of the Ministry of Health to make public health policies. Although the Public Health Act of 1925 was a colonial law, the postcolonial legal system adopted all the provisions in the Public Health Act as part of the country's legal framework and jurisprudence. Due to the Public Health Act of 1925, the Ministry of Health in Mauritius had the legal and the administrative authority to carry out measures necessary to protect public health without going through the elaborate process of seeking parliamentary approval. This institutional leverage allowed the MOH&QL to make and implement tobacco control policies with little or no external consultation.

Unlike Mauritius, the government of South Africa chose to use the legislation process to control tobacco. That means drafted tobacco control policies by the Department of Health had to get parliamentary approval before they passed into law. The institutional capacity of the Department of Health to make tobacco control policy is, therefore, constrained by parliament. For this reason, successive Ministers of Health in both apartheid and post-apartheid South Africa faced stiff opposition and resistance from both within and without the political structure. The existence of institutionally-based vested interested groups within the policy process in South Africa constrained the Department of Health's ability to carry out tobacco control policies. However, because of well-resourced anti-tobacco civil society groups, the Department of Health was able to offset the institutional opposition to tobacco control.

As discussed in chapter five, the decades of policy privilege that the tobacco industry enjoyed in South Africa during apartheid rule continued to influence tobacco policy making. The tobacco industry and its affiliated institutions built strong policy alliances for decades with influential people and organizations in South Africa, alliances that were so formidable that they were able to frustrate and delay tobacco control. However, when the ANC government under Nelson Mandela assumed office in 1994, South Africa's tobacco control policy began to change gradually. The gradual changes in South Africa's tobacco control programs have, over time, diminished the powers of the tobacco industry in the policy-making process. The evidence points to a policy making process that has, since 1994, become less consultative with the tobacco industry and its affiliated institutions. A pro-tobacco activist interviewed in South Africa argued that post-apartheid governments failed to engage the tobacco industry on policies and programs that affect their business engagement. The Tobacco Institute of Southern Africa, for instance, has complained about the government's deliberate refusal to engage them in policy-making processes and have vowed to use all legal means "to further the interests and disseminate the views of the Industry in Southern Africa" and "to protect the constitutional, statutory and common law rights of its Members and the Industry in Southern Africa" (TISA, 2017 Webpage).

The government's refusal to engage the tobacco industry in tobacco control policy-making heightened the rift between the tobacco industry and the South African government. This is evident in the political conversation that followed when the government announced its intention to draft a new tobacco control bill called The Control of Tobacco Products and Electronic Delivery System bill. As already explained in chapter five, the draft bill, when passed into law by parliament, will do away with designated smoking areas across the country. Smoking will be banned in public, both indoors and outdoors. In response to the government's proposed

bill, the Gauteng Liquor Forum chastised the government for the lack of consultation on the bill. The Health Minister, Dr. Aaron Motsoaledi, in a radio interview with Bongani Bingwa, the host of the 702 FM Breakfast show and SABC Prime Time, in November 2017, defended the government's draft bill on tobacco. He argued that tobacco has no benefit to humanity except the few so called jobs the industry provides:

> From time immemorial until now, nobody can show us a single advantage of smoking, except that they will tell us employment…as if the whole human life revolves around employment. There is no advantage for smoking…It is just a killer. Smoking is destroying the world (Health Minister Dr. Aaron Motsoaledi, 2017 interview on Radio702. Author did the transcription).

Pro-tobacco groups have reacted furiously to the proposed bill. Fanny Mokoena, the chairperson of the Gauteng Liquor Forum in South Africa, responded to the Minister's explanation on the same radio interview and criticized the Health Minister for failing to get his priorities right:

> It is easy for the minister to say that there is a small price to pay. The Minister had earlier said the only thing we worry about is employment. Of course, for us, employment is not a small thing. It is big thing because people have to earn a living. The people that sell cigarettes are running a business and they are responsible people. The people that are buying cigarettes are supposed to be elderly people, they are supposed to be….responsible. What the minister should be doing is to educate the community not to sell cigarettes to small children, but the government is not playing their role. They need to educate the people (Fanny Mokoena interview on Radio 702. Author did the transcription).

British American Tobacco criticized the proposed bill and have even threatened to close their plant in South Africa if parliament passes the proposed bill into law. The company's Head of External Affairs in South Africa, Joe Heshu is reported in the newspapers as saying the "company might have to close shop as the mooted regulation would have an adverse impact on the group's financial viability". He stated further:

> When it comes to plain packaging, we have always believed that this policy is disproportionate, will not deliver its intended results and significantly erodes our intellectual property rights by stripping us of our right to use our trademarks…We know cigarettes pose real and serious health risks and that the only way to avoid these risks is

> not to use them. But many adults continue to smoke, so working to develop and commercialise less risky products has been a strategic priority for the group (IOL Business Report March, 2017).

Indeed, the growing culture of not consulting the tobacco industry on tobacco control is not unique to South Africa. The seeming lack of consultation of the tobacco industry by political policy makers has become a global best practice. Article 12 (e and f) of the WHO Framework Convention on Tobacco allows for no consultation with tobacco industry and its affiliated organization in the making of tobacco control policies and programs. Article 12 (e and f) ask states to create public awareness by encouraging the participation of the public and private agencies, as well as nongovernmental organizations not affiliated with the tobacco industry, when developing and implementing tobacco control policies. Clearly, countries like South Africa and Mauritius are not obliged, by the FCTC protocol, to consult the tobacco industry and its affiliate organizations in the making of tobacco control policies. Government interviewees in both countries argued that the industry is not consulted because it is against FCTC regulations to consult the tobacco industry and other pro-tobacco organizations in making tobacco control policies.

Another institutional feature that is common among South Africa and Mauritius and which is contributing to the policy convergence is the role of a centralized authority in tobacco control policy making. South Africa and Mauritius have different sets of political arrangements with obvious structural differences (for example, political administration and party system). In South Africa, tobacco control legislation is drafted by the Department of Health with cabinet approval or authorization which must then be approved by Parliament. Conversely, because Mauritius opted to use regulations and not legislation to tobacco control, the MOH&QL is the main institutional actor in the adoption of tobacco control with no need for parliamentary

approval. However, the role of local authorities or devolved structures in tobacco control policy making are similar across the two countries. Provinces, municipalities, and districts have quasi-autonomy in the two countries, although provincial, district, or municipal autonomy in South Africa and Mauritius is not the same as that of Canada or the US. However, provinces or municipalities look up to the central political authority to make and direct tobacco control policy in Mauritius and South Africa (Asare, 2007).

Once the policies are adopted by the appropriate central authority, municipalities and districts are compelled by law to implement these policies and programs from the central government. Based on these institutional characteristics in Mauritius and South Africa, it can be argued that the tobacco control policy-making capacities of provinces and municipalities are dependent on the political decision making of the central government. That is not to suggest that the provinces, regions, and municipalities in Mauritius and South Africa have no policy making role in tobacco control. Indeed, there is historical evidence to show the pioneering role played by municipalities like Cape Town and Johannesburg in breaking new ground for tobacco control regulations during the apartheid era (Asare, 2007). However, ever since the current political arrangement was established in 1994, no province or municipality has attempted to independently make its own tobacco control laws or isolated laws to regulate smoking. Instead, these decentralized authorities have confined their tobacco control engagements to implementing the directives of the central government. So, despite the institutional differences in the two countries, tobacco control policies are becoming similar over time because of the similar set of policy instruments and tools that are being adopted by both countries from the WHO and other western countries.

7.7. Interest Groups and Networks in South Africa and Mauritius: A Source of Policy Convergence

In chapters five and six, this research explained the role of material interest and interest groups in the policy making process. South Africa and Mauritius have active tobacco control interest groups. However, the degree of interest group engagement and participation in the policy process varies across time, country, and context. Both anti-tobacco advocates and pro-tobacco advocates in South Africa are more active than their counterparts in Mauritius. This is partly due to the differing institutional process that is used in tobacco control policy adoption. The Mauritian Ministry of Health has prerogative over regulations on public health, thus, consultation with external actors, especially those actors that are against tobacco control, is largely a matter of discretion. As a result, the tobacco industry has fewer institutional venues, except, of course, the usual lobbying of political actors by the tobacco industry. Currently, the Ministry of Health in Mauritius is a dominant actor in the tobacco control policy subsystem with huge jurisdictional and administrative capabilities to make tobacco control policies. However, because South Africa uses legislative instruments to control tobacco, the lengthy institutional process involved in making tobacco control legislation allows the tobacco industry lots of institutional venues to exploit for the sake of influencing the policy outcome. The tobacco control policy process in South Africa goes through three main institutional venues before it is passed into law. The Department of Health drafts the bill upon consulting relevant stakeholders, the bill is then sent to cabinet to be gazetted, thereafter, the bill is sent to Parliament for consideration and eventual passage into law. The lengthy process allows the tobacco industry the freedom to frustrate, influence, or delay the policy process.

Anti-tobacco interest groups in South Africa and Mauritius differ in their organizational structures and the alliances they fostered. In South Africa, anti-tobacco interest groups came

together to form a coalition called the Tobacco Action Group (TAG) (see chapter five), while in Mauritius, there was no known formal coalition formed by anti-tobacco interest groups (see chapter seven). Despite the organizational differences in anti-tobacco advocates in the two countries, their value preferences, sources of information, and advocacy tactics have been similar across the two countries. It can be seen in chapters five and six that the policy prescriptions proffered by anti-tobacco groups in the two countries are similar in features: taxation, designated smoking areas, bans on advertising, bans on the sale of tobacco to minors, health warning labels, medical support for smokers who want to quit, and capacity building.

Since 2015, both countries have been looking into introducing new sets of tobacco control regulations that will include plain packaging and a complete ban on smoking in all public places. It is anticipated that these proposed policies will be accepted by the appropriate authorities in their respective countries by 2019. It is important to note that although anti-tobacco interest groups in South Africa and Mauritius have different organizational styles, their advocacy for tobacco control has over time produced converging policy outcomes. For instance, anti-tobacco activists in Mauritius and South Africa continue to advance tobacco control measures that have worked effectively elsewhere. Plain or standardised packaging of tobacco, introduced in Australia in 2011, the United Kingdom in 2015, France in 2015, and Hungary in 2016 have inspired anti-tobacco activists in Mauritius and South Africa to agitate for similar tobacco control measures.

Thus, while the two countries are not directly learning from each other, they are learning policy lessons from the same countries across the world. Anti-tobacco interviewees in both Mauritius and South Africa admitted to learning and taking policy insights from leading tobacco control countries like Australia and the UK in relation to plain packaging. In September 2014,

the Minister of Health in Mauritius announced the government's commitment to plain packaging regulations and that the MOH&QL intend to include those regulations in its National Action Plan for Tobacco Control (2014-2017). This commitment was reiterated in 2016 by the Health Minister (Campaign for Tobacco Fee Kids, 2017). Around the same time (2014), a similar commitment was made by the South African Minister of Health about the government's commitment to plain packaging with that commitment being reiterated by the health minister in 2016. As already stated, there is currently draft legislation before parliament that includes plain packaging regulations in South Africa.

Another factor that has helped to facilitate the activities of anti-tobacco activists was a change in governments in 1994 and 1995 respectively. The electoral victory of the ANC in 1994 provided anti-tobacco groups in South Africa the confidence to intensify their advocacy for comprehensive tobacco control policies because the ANC and most of its leaders, including the president, were in support of tobacco control. Likewise, in Mauritius, the political change in 1995 led to the coming into office of a new breed of political elites that were sympathetic to tobacco control including the Prime Minister. So, despite the institutional differences in both countries, the political will for change was strong enough to overcome any institutional or ideational obstacle that was likely to block tobacco control policies.

In both countries, anti-tobacco groups shared information, ideas, knowledge, and learned from one another with the goal of influencing the policy process in favour of tobacco control. In Mauritius, interest groups like Link to Life, VISA, and the Heart Foundation did not form a formal advocacy coalition as was the case in South Africa, instead, these interest groups in Mauritius collaborated with one another by sharing ideas, knowledge, and information among themselves to ensure that their ultimate goal of adopting tobacco control laws was achieved. In

South Africa, however, some of the interest groups came together to form an advocacy coalition called TAG, and though the Medical Research Council in South Africa did not officially join TAG, it nonetheless collaborated with TAG by sharing vital scientific information on the negative health consequences of smoking.

Furthermore, the mid 1990s ushered in a new era in the fight against tobacco control. By the end of 1994, the role of the tobacco industry in policy making and social discourse had diminished in South Africa. The tobacco industry no longer enjoyed the policy dominance it had historically commanded in South Africa. Its monopoly over the policy subsystem had dwindled, it lost its influence over the media, and public opinion that was once in the industry's favour had turned against the industry. The same is true in Mauritius: by 1995 the tobacco industry had lost its dominance in the tobacco control policy subsystem. This afforded anti-tobacco interest groups in both Mauritius and South Africa the opportunity to push for comprehensive tobacco control policies.

Currently, in the two countries, the tobacco industry and some pro-tobacco organizations have adopted tactics aimed at undermining existing tobacco control laws. For example, the FCTC secretariat reported in 2014 that the tobacco industry supported a regional meeting in South Africa to discuss the illicit trade in tobacco. The FCTC secretariat considers the tobacco industry's support in the fight against illicit tobacco trade as a marketing tool designed to paint a good image of the industry as socially responsible (see WHO FCTC Secretariat Report, 2014). The tobacco industry continues to exploit the grey areas in existing laws and regulations in both countries (see BBC News June, 28, 2008). In 2012, for example, BAT signed a memorandum of understanding with the government of Mauritius to agree to the sharing of information, expertise and best practices against the illicit trade. The signing of such MOUs is not unique to Mauritius

and South Africa. It is instead a worldwide trend aimed at political maneuvering of the policy process to the advantage of the tobacco industry (see Bialous, 2016). The tobacco industry continues to manipulate public opinion with the goal to maximize public respect. It has done so by cooperating with government officials, hosting political leaders, and showing public concern in fighting the illicit tobacco trade. In 2012, Imperial Tobacco published that it had signed 21 MOUs with governments across the world to combat the illicit trade of tobacco products. In 2014, Philip Morris International also announced that it had signed over 20 similar MOUs with governments across the world. In most cases, the content of these agreements are not disclosed to the public.

In Mauritius in 2012, BAT signed an MOU with the Mauritian Revenue Authority on information sharing in connection with illicit trade. In 2014, the Tobacco Institute of Southern Africa, an affiliate of the tobacco industry, organized and hosted a meeting of government officials from countries like Kenya, Uganda, Zambia, Zimbabwe, and South Africa (WHO FCTC Secretariat Report 2014, p. 9). In attendance were representatives of international law enforcement organizations from the Southern African Development Community (COMESA) and Europe (including Europol and Interpol) (WHO FCTC Secretariat Report 2014, p. 9). Despite the many cases of political maneuverings by the tobacco industry in Mauritius and South Africa, anti-tobacco civil societies and advocacy coalitions are vigilant and have consistently agitated against the industry's clandestine tactics to undermine tobacco control successes in these two countries. It appears that this trend will continue into the foreseeable future.

7.8 Ideas, International Policy Promotion, and the Global Diffusion of Tobacco Control: A Cause of Convergence.

Where did the policy idea come from for both countries to pursue tobacco control? This question provides the basis by which this research interrogates the role of policy ideas in the adoption of tobacco control in both countries. Interviewees from both countries stressed the importance of both scientific and non-scientific ideas in tobacco control policy-making. For this reason, this section argues that, among other factors, the main driver of convergence is the global diffusion of the scientific evidence against active and passive smoking. In some developing countries, including South Africa and Mauritius, domestic data is insufficient and not well analyzed and for this reason, the global diffusion of scientific knowledge against tobacco has become a supplementary source of policy learning and lesson drawing about tobacco control. Increasingly, for the last 15 years, the global discourse on tobacco control has shifted and the carcinogenic properties of tobacco are no longer debated. Tobacco control based on public health concerns has become an idea in good currency (Cairney, 2009). This is largely due to the diffusion of global norms on tobacco use, the accelerated tempo of transnational communication on tobacco control, and the proliferation scientific knowledge against tobacco use by global tobacco control epistemic networks.

The epistemic community is defined as a "network of professionals with recognized expertise and competence in a particular domain" (Haas, 1992, p. 3). It is distinguished from social movements and advocacy coalitions because epistemic networks are experts whose reputations are built on authoritative claims to consensual knowledge (Mukherjee & Ekanayake, 2009; Mamudu, Gonzalez, & Glantz, 2011). Mukherjee and Ekanayake (2009) argue that "tobacco control evolved into a global issue from a purely domestic issue by a process of

dissemination of 'best practices' knowledge selected from various parts of the world" (p. 212). The rise of a tobacco control global epistemic community dates to the first World Conference on Tobacco or Health (WCTOH) in 1967 in New York. The conference attracted experts, scientist, public health professionals, and politicians from a host of developed countries to brainstorm ideas about tobacco control. The conference was the first attempt to reframe tobacco use as a global problem. From 1967 to 2006, 13 WCTOH meetings took place around the world and included the participation of experts, scientists, and healthcare professionals from both developed and developing nations. The 1990 WCTOH meeting led to the founding of *Tobacco Control* (Studlar, 2006), an influential peer reviewed scientific journal aimed at disseminating tobacco control issues to the global audience.

Due to global pressure, the World Bank stopped lending money for tobacco production in 1991 (World Bank, 1992). Since then, the Bank has involved itself in the generation and dissemination of economic knowledge on tobacco taxation in the 1990s and 2000s. An important turning point in the Bank's involvement in the generation and dissemination of knowledge on tobacco taxation was in 2000 when it published two books: *Tobacco Control in Developing Countries* and *Curbing the Epidemic.* The books were edited by Jha and Chaloupka (2000) with chapter contributions mad*e* by authors across the world including Dr. Derek Yach, a member of the South African Medical Council and a leading advocate of tobacco control in South Africa. The World Bank justifies its involvement in tobacco control in the following terms:

> While the effects of tobacco on health are less and less disputed, attention has turned increasingly to the economic arguments for and against tobacco control. However, the debate usually occurs in the absence of empiric and systematic analyses of the economics of tobacco control. The World Bank, with its comparative advantage in economic and inter-sectoral analyses, can help fill that gap…. (World Bank, 2006).

Apart from the World Bank's spirited involvement in global tobacco control, a groundswell of research networks on tobacco control emerged in the 1990s. Prominent among them was the National Tobacco Information Online System (NATIONS), the Global Tobacco Research Network (GTRN), and the International Tobacco Control Policy Project (ITC Project). NATIONS is a database on tobacco control issues and information on the tactics used by tobacco companies in over 200 countries. GTRN was developed to stimulate global tobacco research via information generation and dissemination with major research organizations and government departments across the world. The ITC Project on the other hand, drew on the work of policy researchers and professionals across participating countries to evaluate the efficacy of country specific tobacco control laws. The work of global tobacco control epistemic networks laid the ground work for the establishment of the FCTC in 2003 as the ideational repertoire for global tobacco control. The negotiating process of the FCTC saw the coming together of organizations, individuals, and public health researchers across the world, including experts from Mauritius and South Africa to share ideas about best way to curb the global tobacco epidemic. As Warner (2005) argues:

> Ultimately, the FCTC exists because research has forced the world to confront the fact that a highly profitable economic enterprise is also an incredibly deadly one. Still, and as would be expected, the final provisions of the FCTC clearly represent a mix of politics and science-based knowledge. . . But the results of research were ever present in the debate that took place during the FCTC negotiations. The document that emerged and that may shape global tobacco control in the coming decades bears the distinct imprint of the contributions of research. (Warner, 2005, p. 982).

The WHO's FCTC has become the main source of scientific and policy ideas for tobacco control. The WHO is the hub of scientific knowledge for anti-tobacco interest groups in Mauritius and South Africa. Over time, the WHO FCTC has helped to build global consensus on policies that work in tobacco control regulations and this negotiation process has contributed to the establishment of a global network for tobacco control. South Africa and Mauritius were part

of the drafting and negotiation of the FCTC. The goal of the WHO in designing the FCTC was to make the FCTC the gold standard for tobacco control. In the words of WHO's Director General, Dr. Lee Jong-wook:

> The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all (WHO, 2003, p. IV).

Despite the spread of scientific and economic ideas against tobacco use, the time frame within which an idea is articulated is equally important. By the 1980s, the evidence surrounding the health hazards of tobacco use was well known among the public health community in both countries, but the political receptivity to the evidence was non-existent. Scientific evidence doesn't win all the time in policy making. It must compete with material interests, institutional constraints, and the political agenda of the ruling government. The time frame within which a policy idea is articulated and framed has a tremendous effect on its acceptability in South Africa and Mauritius. Anti-tobacco advocacy groups in both countries timed their ideas to coincide with major events that were likely to be understood by policy makers. For example, after years of reluctance, the government of South Africa significantly increased tobacco excise taxes between 1988 and 1993. This was largely due to the economic crisis that had plagued the apartheid government as a result of fiscal indiscipline and a global boycott of South African goods and services. Tobacco taxes then became an avenue to generate revenue for the government, however, it also resulted in the reduction of tobacco consumption. In a similar way, but with somehow different political intentions, the Mauritian government saw tobacco taxes as a way to reduce tobacco consumption and health care costs. As such, the Mauritian government was compelled to investigate the feasibility of taxation as a means to reduce the demand for tobacco

and to raise government revenue to offset the health care costs arising out of tobacco related illness.

As already stated in chapters five and six, both the Mauritian and the South African governments have historically favoured the tobacco industry. Initial tobacco control proposals in the 1980s faced stiff opposition and political resistance in South Africa. It is important to remind ourselves that South Africa and Mauritius established "tobacco boards" primarily to ensure the protection of government's economic and political interest in the tobacco trade. In Mauritius, the lack of strong anti-tobacco groups in the 1980s and early 1990s led to the normalization of smoking until the late 1980s when the first NCD survey showed that tobacco smoking is the number one risk factor of NCDs in the country. It was at this point that the government attitude toward smoking started changing. However, it was not until the change in government in 1995 that a decisive political commitment was made to control tobacco.

To overcome the initial lack of government support for tobacco control, anti-tobacco groups in both countries combined different sources of ideas in their advocacy campaigns against tobacco. Ideas that ranged from emphasizing the health hazards of tobacco use to the social and economic cost of tobacco smoking on healthcare were combined effectively to make a case against tobacco. Not only did anti-tobacco actors combine different ideas to support tobacco control efforts, they adopted a unique but simplistic style of presenting and framing their ideas in ways that resonated with political policy makers (see chapters, five, and six). In South Africa, for example, domestic researchers and scientists had long studied and concluded that tobacco use causes lung cancer and other diseases. As already stated in chapter five, the first scientific study that linked tobacco to cancer in South Africa was in 1963, one year before the US Surgeon

General's office came out with its conclusion that tobacco use causes cancer. However, the scientific evidence against tobacco did not translate into policy change until the early 1990s.

In the 1990s, anti-tobacco advocates in the two countries employed symbols, artwork, cartoons, paintings and images to invoke emotional responses against tobacco. These emotional symbols were effective at getting the attention of political policy makers because they entailed a concise appreciation of a rather complex problem of tobacco. Popular phrases and words like: "Philip Morris kills 3000 people per year," "smoke is poison," "filthy habit," and "smoking causes mouth and throat cancer" that were in used in other countries were adopted by anti-tobacco advocates in Mauritius and South Africa. Simplistic messages like these had a profound impact on the construction of tobacco use as a problem. They also helped to put tobacco control measures on the government agenda in both countries. Mauritius has historically borrowed policy ideas from South Africa, especially state involvement in tobacco production and tobacco manufacturing in the 1930s (Tobacco Board, 2013a). However, this research finds no evidence of policy learning from each other. South Africa was the first country in the Southern Africa region to adopt and implement comprehensive tobacco control and their initial success inspired most countries on the continent, including anti-tobacco groups in other African countries. However, none of the interviewees, especially those in government and civil society, recall learning tobacco control policies from South Africa.

South Africa also learned policy lessons from other countries. However, interviewees in Mauritius were unanimous that the WHO's FCTC has had the greatest influence on their tobacco control policies. Interviewees in government, NGOs, and academic researchers all admitted that the FCTC provided their advocacy work with the ideas, the scientific evidence, and the power to

agitate for a more restrictive policy against tobacco use. The government interviewees at the Ministry of Health and Quality of Life indicated that the biggest source of ideas for tobacco control since 2004 has been the WHO. Nonetheless, the current proposed regulations on plain packaging in Mauritius is designed along the Australian plain packaging regulations (see Tobacco Asia July 1, 2016).

South Africa, on the other hand, did not have an African country to learn or draw lessons from in 1993 when it adopted its first tobacco control. However, anti-tobacco activists in South Africa learned policy ideas from Europe, Australia, and North America. Indeed, most of the pioneering leaders of tobacco control in South Africa had lived, were educated, and had worked in Europe and North America and were very conversant with the tactics of the tobacco industry, especially when it came to the industries' covert resistance tactics. Asare (2007) has also observed that South Africa's tobacco control policies were inspired by 'best practices' from western countries like Canada, Australia and the United Kingdom. These three countries, according to Asare (2007) have had a tremendous impact on South Africa's tobacco control policies. The United Kingdom's influence on South Africa's tobacco policy is not surprising at all. For instance, one of the main tobacco control champions in South Africa, Yussuf Saloojee lived and was educated in the UK. The Canadian influence is equally not surprising because South Africa's international consultant who helped in the negotiation of tobacco control policies was Professor David Sweanor, a Canadian law professor with interest in tobacco control policy development. He has testified before parliamentary committees in Canada, and before Senate and House committees in the United States. Professor Sweanor was part of the first wave of international experts who helped South Africa draft its first comprehensive tobacco control legislation. Sweanor worked closely with Saloojee, Yach, Health Minister Venter, and others to

fashion country-specific tobacco control policies. Sweanor's involvement brought a rich experience of tobacco control abroad to bear on South Africa.

The Australian influence is also understandable because over the course of time, Australia has established itself as a leader in tobacco control, and most countries whether in the global South or North look up to Australia as a model for tobacco control best practices. In Mauritius, for example, an interviewee from a civil society talked about plans to bring the former Attorney General of Australia, Nicola Roxon, to Mauritius to help lobby the MOH&QL to pass plain packaging regulations (Interviews May 2015, Rose Hill, Mauritius). Tobacco control policies in South Africa and Mauritius were also influenced by the global mood that favoured health promotion and healthy public policy. Appah (2007) has indicated that the global wave of health promotion greatly influenced anti-tobacco advocates and government policy makers in South Africa. The WHO FCTC has become the main source of tobacco control ideas. Once Mauritius signed the FCTC, anti-tobacco advocates started pointing out the gaps in their existing tobacco control policies. The signing of the FCTC gave anti-tobacco groups the ideational capacity to agitate for restrictive laws on tobacco. All the interviewees in Mauritius agreed that the FCTC has helped to shape tobacco control policies.

7.9 Conclusion

This chapter has explained the causes of cross-national policy convergence in South Africa and Mauritius. Four main factors were established as causing policy convergence. These are: 1) similar problem pressure in the two countries, 2) transnational communication and elite networks, 3) international policy promotion and the diffusion of global norms on tobacco control by transnational organizations, 4) internal political changes in the 1990s in both countries. The

first part of the chapter reviewed the literature on cross-national policy convergence. It examined the different pathways to understanding cross national policy convergence. Thereafter, the chapter examined how tobacco was constructed by the policy actors as a problem that needed governmental policy intervention in the two countries. It does so by examining the similarities in interest group engagement in the policy process as well as the similarities in the tactics that anti-tobacco actors adopted to frame tobacco as a problem in the two countries.

This chapter further demonstrates how the rise in reported cases of NCDs plus the high cost of treating tobacco related illness contributed to constructing tobacco as a problem in Mauritius and South Africa. The chapter also realized that the Ministry of Health and the Department of Health in Mauritius and South Africa respectively have had the greatest incentive to control tobacco. As such, the role of international institutions, like the WHO, impacted significantly on the institutional response to tobacco control in the two countries. This chapter has also examined the role that interest groups played in highlighting the harmful nature of tobacco. Here, interest groups were seen largely as actors with vested interests in the tobacco control policy process. Finally, this work has examined and explained the sources of ideas that have influenced tobacco control policy making in both countries. The research finds evidence to support the role that scientific research has played in the adoption of tobacco control policies. The two countries have, over time, benefited from the diffusion of global ideas on tobacco, especially with the emergence of the WHO FCTC. Western countries like Canada, Australia, the UK, and New Zealand have become the source of tobacco control ideas for governments and anti-tobacco activists in South Africa and Mauritius. The final chapter concludes this thesis by looking at the implication of the research findings on the public policy literature and tobacco control.

Chapter Eight
Conclusion and Recommendations

8.1 Introduction

This chapter concludes this study with a summary of the empirical findings. It highlights the theoretical contribution of the research to the public policy literature, as well as the policy lessons that can be learned from this study. From the outset, the primary concern of the dissertation has centered around the comparative analysis of tobacco control with emphasis placed on understanding and explaining the policy making process in South Africa and Mauritius. Beyond understanding the policy making process, chapter seven discusses the factors that cause cross-national policy convergence of tobacco control in the two countries. Two main questions have been explored in this study: first, how did tobacco control rise to the status of government policy agenda and eventually become a policy. Second, what explains the convergence of tobacco control policies in Mauritius and South Africa despite noticeable differences in their legal and political systems, structural positions in the international system, different levels of tobacco production, and different composition and size of the population.

To answer these research questions, four causal variables, with their respective subsets, were generated through the synthesis of multiple theories of the public policy process in chapter two. In answering these two broad questions, this research examines how the interplay of agendas and problem definition, ideas, interests, and institutions affected the adoption of tobacco control policies over time in the two countries. Given the inherent presence of multiple causal factors involved in explaining tobacco control policy adoption, this study could not have used a single theory or framework of the policy process to examine the multiplicity of causal variables that have precipitated change over time. For this reason, the study drew extensively on some of the existing theories of the policy process.

As stated in chapters one and two, two main reasons necessitated the decision to draw insights from multiple theories of the policy process. First, existing theories of the policy process, including the ACF, MSF, PEF, and PNA were developed to suit the American and European political systems. Thus, it is hard for these theories or frameworks to individually capture the political, social, and economic complexities that constrain or facilitate tobacco control policy-making in developing democracies like Mauritius and South Africa. Second, the tobacco problem is beyond one nation-state, it is a global health problem that requires both global and country specific measures. However, because existing theories of the policy process were primarily developed to examine country specific policy problems, it is difficult to rely on one theory when an analysis is extended to explaining policy issues that are transnational in nature. For this reason, this study combined insights from different theories of the policy process with the ultimate goal of explaining the many independent variables that have led to the evolution of tobacco control in Mauritius and South Africa over the last three decades.

To answer the first research question, five main causal factors have emerged to explain the rise of tobacco control onto the governmental policy agenda in Mauritius and South Africa. First, the successful construction of a new policy image of tobacco primarily as a public health problem led to government policy intervention in the 1990s in both countries.

Second, the change in governments in the mid-1990s in both countries led to the coming into office of governments that had a tobacco control agenda. With the political commitment and will for policy change, tobacco control eventually became a priority of government.

Third, the institutional capacity of the Ministry of Health and the Department of Health in Mauritius and South Africa respectively helped in the formulation and implementation of tobacco control measures. Institutional capacity is important because in both countries we see

that the Health Ministry and the Department of Health in Mauritius and South Africa respectively had the strongest political incentive to make tobacco control policies. As it has already been explained in chapters five and six, the Ministers of Health in both countries made tobacco control a political priority beginning in the 1990s.

Fourth, the rise of new ideas, both domestic and international, on the negative health and economic effects of smoking in both countries helped to change governmental attitudes towards tobacco in the 1990s. In chapters five and six, this research demonstrates that evidence of the negative health impact of smoking and second-hand smoking helped to change the governments' initial reluctance to control tobacco.

Fifth, this research also finds evidence to suggest that, in both countries, the WHO FCTC influenced the adoption and implementation of tobacco control policies since 2004 when the two countries signed and ratified it. Although tobacco control policy in the two countries predates the FCTC, over time, the two countries have been influenced by the FCTC. Amendments to the tobacco control policies of the two countries since 2005 have been done with the goal of meeting the FCTC requirements.

To answer the second research question, four main causal factors were identified for the convergence of tobacco control policies in the two countries despite their differing structural and institutional characteristics. In chapter seven, this work identified the following as causing cross-national convergence in tobacco control policy. First, the two countries faced similar tobacco related problems due to the upsurge of the tobacco epidemic in the 1990s. By the mid-1990s, the ravages of the tobacco epidemic had become alarming in the two countries. The effects of tobacco smoking on smokers, nonsmokers, households, the economy, and the health sector were realities that plagued the two countries. Second, in the mid-1990s, the two countries witnessed

changes in political leadership. These changes produced political leaders that had a tobacco control agenda.

Third, the influence of the global anti-tobacco network helped in no small way to accelerate the pace and adoption of tobacco control policies. Over time, these global networks began fostering global policy convergence. This is largely due to the use of similar tobacco control policy instruments by countries across the world. This is true in the sense that anti-tobacco activists in both countries have well established national and global networks of influential people with similar policy beliefs on tobacco. Because of these shared beliefs, when national efforts are insufficient, anti-tobacco activists liaise with their global networks to exert influence on their national political systems.

Fourth, international policy promotion and the global diffusion of tobacco control norms and ideas through the WHO, the IMF, and the WB have, over the years, been pushing for stringent tobacco control policies in both the global North and South. In Mauritius and South Africa, this study found evidence to reveal the ways that the global leadership of the WHO in terms of tobacco control influenced national tobacco control policies of the two countries. Thus, in chapter seven, this study found evidence to explain how these four causal mechanisms contributed to the convergence of policy outcomes over time in the two countries. The answers that have been given to the two research questions speak to how we understand tobacco control policy making in African countries. The next section will examine the implications of these findings on the theories of the policy process and the broader public policy literature on policy change.

8.2 Implications for Theories of the Policy Process

Even a cursory reading of public policy theories will reveal that the field of public policy has evolved over time with theories and frameworks that are focused on explaining policy change or policy stability. This theoretical evolution in public policy, however, has occurred with less theoretical communication across theoretical boundaries (see Real-Dato, 2009). This obvious lacuna in the public policy literature makes this study an important step toward the burgeoning scholarly interest in synthesizing existing theories of the policy process. This study thus makes an important contribution to the policy process literature by proposing a hybrid explanatory framework to understand the mechanism of policy change in Mauritius and South Africa. Instead of treating the theories of the policy process as distinct from one another, this study has shown how insights from different theories of the policy process can facilitate a robust explanation of the process of policy change. As such, four main analytical categories were used to aid in a systematic explanation of policy change in the two countries.

In what follows, the value of the hybrid explanatory framework used in this research is explained. The four main analytical categories that were used in this dissertation were linked to some of the existing theories of the policy process. First, in using agendas and problem definition as a causal process, the research was able to pull together insights from Kingdon's MSF and Baumgartner and Jones' (1993). PEF to explain how and why tobacco control rose to the government agenda even though tobacco was once viewed as having enough positive economic values to attract substantial government subsidies and support. When combined to explain the process of policy change, the MSF and PEF provides a robust theoretical lens to understand how policy problems rise onto the government agenda, how policy problems are defined, how new policy images are developed, as well as how issues are framed. MSF is mostly useful in

explaining change, although some scholars like Zahariadis (1999) have modified it to explain policy adoption. On the other hand, PEF is good at explaining policy stability and change, and is more effective at explaining the long periods of policy stability, as in the case of tobacco control, and the 'bursts' of change due to the interaction of new policy images and institutions. The two frameworks show that policy change is more likely when change proponents (in this case policy entrepreneurs) can overcome the existing policy monopoly by constructing a new image as well as exploiting all necessary policy venues needed to get a policy problem to rise onto the formal government agenda.

Thus, by drawing on MSF and PEF to explain agendas and problem definition, this research was able to present evidence to show how the tobacco industry monopolized the tobacco policy subsystem for decades thereby ensuring subsystem stability. This work also shows how anti-tobacco activists succeeded in constructing a negative image of tobacco as well as the ways that anti-tobacco activists exploited different venues of power to get tobacco control to rise onto the government policy agenda.

In South Africa, the nature of policy-making structures allowed for multiple institutional venues in tobacco control policy making. As such, anti-tobacco and pro-tobacco activists exploited different venues: parliament, the courts, and the Department of Health, with the goal of influencing the policy outcome in their favour. In explaining the South Africa case, this research was able to show that the tobacco industry enjoyed a decades-long policy monopoly because the ruling National Party viewed tobacco as a viable economic product. However, the construction of a new policy image of tobacco by anti-tobacco activists created the political awareness that tobacco was a problem that needed the government's policy intervention.

Similarly, in explaining the Mauritius case, the research showed how the decades of government support for tobacco, both colonial and post-colonial, helped to establish a positive image of tobacco and the tobacco industry. Like South Africa, the construction of tobacco as a problem causing the rising cases of NCDs and the severity of the tobacco epidemic led to a new image of tobacco that was constructed mainly around the negative health effects of smoking on the smoker, the second-hand smoker, the economy, and the health sector. Thus, the construction of tobacco as a problem gave it a negative image which eventually propelled political action against tobacco.

Secondly, because the MSF and PEF pay less attention to the behavior of interest groups or pressure participants in the policy making process, there was the need for this research to draw on Sabatier's ACF (1998) to explain the role of interest groups and advocacy coalitions in the policy making process. By using the ACF, this work understands the beliefs of anti-tobacco advocates and how those beliefs influenced their attitude toward tobacco control. By incorporating ACF in the analysis of policy change, the research was able to pay attention to the process of policy-oriented learning among policy actors and the role of external 'perturbations' in the process of policy change.

In the case of South Africa, using the ACF provided the needed theoretical lens to identify pro-and anti-tobacco coalitions, their policy belief structures, and the tactics they deployed to influence tobacco control policy making. For South Africa, there were two main competing advocacy coalitions: pro-tobacco and anti-tobacco. Actors within these coalitions learned from one another by sharing information and developing communication channels.

In the case of Mauritius, this study was able to show how policy actors learned from one another. Additionally, the Mauritian case showed how policy beliefs shaped actors' attitude

toward tobacco control policies even though there were no formal advocacy coalitions formed, as in the case of South Africa. While there were no known formal anti-advocacy coalition groups formed in Mauritius, anti-tobacco actors nonetheless formed loose alliances, shared information and learned policy lessons from each other. The goal in this regard was to maximize the acceptance of their preferred policies. Interest groups in Mauritius, in most cases, collaborated with government policy makers. Anti-tobacco activists in Mauritius also formed loose international networks with other anti-tobacco groups across the world. In both South Africa and Mauritius, it was discovered that interest groups formed global networks with like-minded organizations and individuals so that where local efforts were not enough, anti-tobacco groups could invoke their external networks to influence domestic policy process.

Third, this research reveals that policy ideas matter in the adoption and implementation of tobacco control policies. All the public policy frameworks that were synthesized take ideas seriously in the conceptualization of policy change. Sabatier's ACF, for instance, argues that advocacy coalitions share knowledge and that actors in advocacy coalitions are joined by common ideas defined as beliefs but not material interests. Thus, an advocacy coalition's position on a policy issue is based on specific knowledge, beliefs, and ideas, not material interests. In the same way, Kingdon's MS framework takes policy ideas seriously. Of the three "streams" that Kingdon discusses as the cause of policy formation, the policy stream is where policy ideas are much discussed. The policy stream notes the importance of ideas, but also explains how ideas emerge, and are accepted or rejected by policy makers.

Similarly, Baumgartner and Jones' (1993) PEF notes that ideas matter in the redefinition of a new policy image. It is through the discursive process of the policy debates that a new policy image of a policy issue is defined. Thus, without ideas, a stable political monopoly will be hard

to destabilize in order to give way to new policy. Often ideas in the PEF can be exogenously driven, for example the WHO FCTC, which has become the repository of policy ideas on tobacco globally. Thus, a new policy image has emerged with the ratification of the FCTC by WHO member countries. Enough evidence was found in both South Africa's and Mauritius's case studies to explain the importance of expert knowledge in the policy process. Indeed, the rise of new ideas about the association of tobacco, including second-hand smoke, with ill health, as well as the impact of smoking on the economy and the costs of treating tobacco related health illnesses were among the scientific evidence that helped to move tobacco control onto the government agenda. Anti-tobacco activists in both countries translated scientific research into useable policy knowledge. In both countries, it was revealed that the source of ideas included international networks and organizations like the WHO, the WB, the CDC and the FCTC.

Finally, institutions mattered in the policy process in both countries. To a large extent, institutions determine the extent to which policy actors can influence the policy process. As such, institutions have taken central stage in the study and analysis of public policy. In chapter five and six, this work notes that institutional legacies and government turnovers played a role in determining the pace and nature of tobacco control policy change in the two countries. By drawing insights from new institutionalist literature and case studies, this work accounts for the role of institutions from different theoretical perspectives. Institutions are important in PEF because they help to define a problem in a way that reveals the structures and the resources necessary for a policy alternative option to be accepted. In PEF, institutions also dictate which policy venue can be exploited by actors in the policy process. Through institutional analysis, this research describes which government institution in the two countries had the strongest incentive for tobacco control.

In Mauritius the evidence showed that the MOH&QL is the single most important institution for tobacco control policy making. However, institutions are often shaped by a shift in agendas which are often a result of the rise of new ideas and the change in the interest dynamics of policy actors (John, 2012). For Kingdon's MSF, institutions are vital in shaping change, explaining the evolution of policies and the definition of a policy problem. In the same way, by using the ACF this work accounts for not only networks and ideas in the policy process, but shows, most importantly, how advocacy coalitions interact with different levels of government agencies in shaping the policy process and policy outcomes. In this research, the use of a hybrid policy framework demonstrates that there were multiple causes leading to policy change in South Africa and Mauritius. Thus, no one public policy theory can robustly explain the complexity of the change. Because these frameworks are different in many respects, they are better served if they supplement one another. The importance of such an approach to policy analysis is multifaceted.

First, instead of using a single framework to explain a rather complex and continually changing public policy issue like tobacco control, a hybrid approach allows policy researchers the theoretical latitude to account for the multiple causal variables that lead to policy change. Second, while most of the existing public policy frameworks are good at either explaining stability or change, a hybrid approach to policy analysis allows researchers to examine stability and change concurrently without sacrificing theoretical rigour. Third, because this research is a comparative analysis of two countries across two different jurisdictions, a hybrid approach to theory development is a bigger step to developing a mid-range theory that is robust enough to capture the cross-sectoral, cross-national, and global dimension of tobacco control policy making.

The process of synthesizing theories can present its own challenges: for instance, the research stands the risk of oversaturation of terminologies, definitions, and clarification of concepts and labels in the presentation and writing of the research (see John, 2012). When that happens, it can overburden the reader with unnecessary complexity and vagueness. While complexity ought to be encouraged in public policy analysis, it must be carefully done in ways that will not lead to unnecessary flooding of the research with multifarious concepts and theoretical labels. With these considerations in mind, this research carefully and systemically defined in chapters one and two every concept, label and theory that was used.

8.3 Policy Lessons

There are long and short answers to every research question. In answering its research questions, this work has given a long answer to questions that could have been answered in not less than two pages. For this reason, this section explains, albeit briefly, the policy lessons that can be learned from this research and its implications for countries with similar tobacco problems. In both countries we see a mix of evidence-based advocacy, interest group campaigns, political will of elected leaders, institutional capacity to adopt and implement tobacco control policies, as well as the global diffusion of tobacco control policies as the factors that caused the adoption of tobacco control policies.

Several inferences can be drawn from the discussions of the two countries. First, political will is needed to ensure the successful adoption and implementation of tobacco control policies. Before 1993 and 1995, neither South Africa's nor Mauritius' governments saw a need to control tobacco because tobacco was framed largely as economically positive. As such, the scientific evidence against tobacco consumption had less impact on policy change because the

governments were reluctant to adopt tobacco control laws. However, once the governments in both countries became committed to tobacco control, the pace of change accelerated.

The second lesson is rooted in the institutional and administrative capacity of Mauritius and South Africa to adopt and implement tobacco control policies. For instance, the MOH&QL in Mauritius had more institutional leeway to adopt tobacco control regulations compared to the Department of Health in South Africa. In Mauritius, the MOH&QL had the power to make tobacco control policies without parliamentary approval while in South Africa the Department of Health had to seek parliamentary approval before it could adopt tobacco control regulations. This institutional difference impacted the pace of tobacco control policy adoption and implementation. In Mauritius, the centralization of tobacco control policy-making in the MOH&QL gave the tobacco industry little room to resist tobacco control while in South Africa, the tobacco industry has had more institutional venues to exploit to block the policy making process.

Another lesson that can be learned from tobacco control policy making in the two countries is that international alliances, networks, and the global diffusion of ideas matter in national tobacco control policy making. In both countries, the proliferation of tobacco control ideas globally, particularly from the WHO, played a role in bringing pressure to bear on national policy makers. For some years now, anti-tobacco groups in the two countries have exploited international networks especially where domestic influence has not been enough to compel tobacco control policy development. For this reason, it is imperative for anti-tobacco activists to establish international alliances so that those can be exploited when national efforts are not adequate to cause change. But, as the case of South Africa and Mauritius show, while global policy actors played a part in the policy process, national political circumstances, along with

institutional capacity for reform and the legacies of past policies guided the policy making process.

Finally, in both countries we saw that scientific evidence against tobacco had to compete with material interests and parochial political calculations. It was never the case that scientific evidence against tobacco was easily accepted by political policy makers. However, due to tactful advocacy efforts as well as the skillful construction of tobacco as a public health problem, anti-tobacco groups were able to get the attention of policy makers on the devastating nature of tobacco. Therefore, one can infer that successful advocacy for tobacco control requires the tactful articulation of ideas and smart presentation of scientific evidence to political authorities.

8.4 Recommendation for Future Research

Existing theories of the policy process have evolved with less communication across the theoretical divide (see Real-Dato, 2009). It is for this reason that this research draws insights from multiple theories of the policy process. Future scholars of these issues are urged to think about innovative ways to engage multiple theories of the policy process in research that involves multiple causal factors. After all, the real-world policy-making process, as has already been argued, does not follow one theoretical route. The next stage in this research agenda is to use the hybrid theoretical approach developed in this work to explain tobacco control policies in three very different countries in Africa. That way, a robust mid-range theory can be generated on policy convergence. A further step in this research program will entail evaluating the efficacy of the tobacco control policies that have been implemented by Mauritius and South Africa. In doing so, a mixed method approach will be employed with the goal of benefitting from the thickness of qualitative methods and the parsimony that comes with quantitative methods. This will require

taking into account the historical evolution of tobacco control, and the political factors and the policy-making context that shape tobacco control outcomes before generating evaluative indicators that can be applied across the two countries.

Future research must look precisely into the political economy of tobacco control policy - making in more than six African countries. A possible research agenda in this sense will seek to select three countries that have adopted and implemented comprehensive tobacco control programs and another three countries that have failed or have been unable to adopt tobacco control policies in Africa. In this way, we can make a comfortable generalization about the factors that promote and/or hinder tobacco control policy development in African countries. Another area for future research to examine is the global politics of tobacco control and how that impacts the national tobacco control policies in developing countries. A comparative assessment of some selected African countries in this regard will be a great enrichment to the policy analysis literature and the tobacco control literature. In the future, I urge researchers to examine the extent to which countries in the global south and north have integrated provisions in the FCTC into their domestic tobacco control policies. Finally, I suggest that future research should investigate the reasons why some countries have failed to adopt comprehensive tobacco control despite ratifying the FCTC. The findings from these studies will go a long way to enrich our understanding of policy change, and theories of the policy process, as well as the politics of tobacco control policy making.

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APPENDIX 1

Notification of Approval

Date:	May 7, 2015	
Study ID:	Pro00054405	
Principal Investigator:	Owuraku Kusi-Ampofo	
Study Supervisor:	W. John Church	
Study Title:	**Ambiguity, Resistance, and Change: The Politics of Tobacco Control Policy-Making in South Africa and Mauritius**	
Approval Expiry Date:	Friday, May 06, 2016	
Approved Consent Form:	Approval Date 5/7/2015	Approved Document Informed Consent.pdf

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

William Dunn, PhD
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

APPENDIX 2

Interview guide for pro-tobacco control organizations (Civil society, NGOs, and Academics).

1. Could you please start by telling me a little bit about yourself and your involvement in tobacco control in South Africa or Mauritius? Also, in which of the policy phases were you involved?
2. As somebody who has been around for quite some time, who has a pretty good handle on the overall history, can you please walk me through some of the major historical events that precipitated tobacco control policy change?
3. How was tobacco framed as a problem? What framing message was most effective and how was it articulated?
4. What were some of your lobbying tactics?
5. What ideas and beliefs informed your position on tobacco control, and how did you articulate those ideas?
6. To what extent were your arguments shaped by the global or domestic wave of preventive health care or health promotion?
7. What evidence was most effective in advancing your position on tobacco? What was the role of science and research?
8. What was the overall government response in the initial stages of your pro-tobacco control campaign?
9. How would you describe the nature of deliberation and interactions between pro-tobacco control advocates and government during the policy making process?
10. Did you face any particular problems with national authorities in carrying out your pro tobacco control campaigns?
11. What do you think was the main factor that pushed tobacco control on government policy agenda?
12. At what point in the policy process did a policy window open?
13. What do you feel are your main successes in the campaign for tobacco control?
14. What do you feel are the main challenges, and why?
15. Is there anything else you would like to add?

16. *Snowballing: Who else do you think may have some important information that will be useful for this research?*

Interview guide for the tobacco industry.

1 Could you please start by briefly telling me a bit about yourself and how long you have been involved in the tobacco industry, and in what capacity?

2 Before the first major tobacco control policy, what was the nature of tobacco regulation?

3 Which part of the policy did you oppose and how did you articulate your opposition?

4 Were there any other actors/individuals or/and organizations who agreed with you? Who were they? Were their beliefs the same, similar or different from yours?

5 What ideas and beliefs informed your position or your organization's position on tobacco, and how did you articulate those ideas?

6 What argument has your organization used to shape unfavourable policies? What arguments have been most effective in this regard?

7 Have you had cause to use the court of law to protect your interest? What was the centrality of your case?

8 What do you think triggered the government's decision to implement restrictive laws on tobacco?

9 What was the overall government engagement and consultation with the industry?

10 How would you describe the nature of deliberation and interactions between your organization and government during the policy making process? Do you think you were fairly treated in the process?

11 Did you face any particular problem with national authorities in articulating your preferred policy option on tobacco?

12 Was government receptive to your ideas and interest?

13 What do you think was the main factor that pushed tobacco control onto the government policy agenda?

14 How have the different phases of restrictive tobacco control laws affected your business or organization's interest?

15 Is there anything else you would like to add?

16 *Snowballing: Who else do you think may have some important information that will be useful for this research?*

APPENDIX 3

Strengths and weaknesses of selected policy theories

FRAMEWORK	STRENGTHS	WEAKNESSES
Advocacy coalition framework	1). The ACF's analytical focus on advocacy coalitions allows researchers to categorize hundreds of actors in the policy subsystem based on their policy belief system. ACF has a well-defined hypothesis that can easily allow falsification. 2). ACF examines complex policy problems for no less than a ten-year time frame, thus allowing longitudinal and detailed explanations of policy pattern. 3). ACF assumes that actors are not necessarily motivated by economic and personal goals but rather by beliefs and values.	1). The framework is more rooted in objective scientific methodology, which does not allow itself an interpretive explanation of policy making that includes the use of discourse, narrative, and storytelling. 2). ACF does not discuss institutional variables that structure the actions and beliefs of coalitions in policy making. Hajer (1995) argues that the ACF rests on false assumptions that policy beliefs structure the work of advocacy coalitions. According to Hajer (1993, 1995), advocacy coalitions are structured by narrative story lines instead of beliefs because it is the story lines that condense the facts and values of coalitions. 3). As a framework, the ACF is more American-centered and its application is more effective in pluralistic and contentious political systems like that found in the US.
Punctuated - equilibrium framework (PEF)	1). While most theories in public policy have been designed to explain either policy stability or change, the punctuated equilibrium theory seeks to explain both stability and change in a single theory. 2). PEF is built on a dual foundation of political institutions and bounded rational behaviour 3). The concepts of policy images and venues of action are helpful in understanding problem framing by policy actors and the institutional venues they exploit to advance their policy interest. 4). PEF also explains periods of extreme	1). The punctuated equilibrium framework suffers from definitional problems regarding the core concepts that define the theory. For example, the framework is not clear on when and how punctuations occur in the policy subs system. 2). The methodological basis of PEF is less clear. How a concept like frame is defined and how such a concept changes over time in the policy subsystem is not clearly defined

	policy stability and short periods of rapid change via exogenous hits on the policy subsystem.	
Multiple streams framework (MSF)	1). MSF deals with policy making under conditions of ambiguity and is most useful in demonstrating why some policies are able to a catch the attention of policy makers while others do not. 2). The assumption that policy makers operate under significant time constraints is among the core assumptions of the MSF and reflect the real-world policy making process of policy makers 3). MSF is a system level framework which allows for easy conceptualization and understanding of policy making at the macro level of political engagements. 4). The five structural features of MSF (i.e. problem, politics, policy, policy windows, and policy entrepreneur) give researchers the opportunity to test the analytical validity of the framework.	1). The MSF is more focused on explaining the domestic variables of policy making. This makes it difficult to use the MSF as the only analytical lens to explain transnational policy problems. 2). The analytical value in constructing three independent streams has been questioned since the framework needs the streams to converge before a policy change can occur. 3). The Framework does not explicitly say when a problem is looking for a solution or a solution is looking for a problem (Mucciaroni, 1992).

Policy Networks	1). PNA is a Meso level analytical framework because it is analytically placed within the institutional arrangements of policy making at the macro level and individual behavior at the micro level. 2). It synthesizes state-and-society centered approaches. The network approach to policy analysis allows actors to interact and relate to both formal and informal structures of the state 3). Policy Networks allows room for examining transnational actors and their linkages with domestic actors in the policy process. 4). Policy Networks also account for policy-specific or domain- specific contexts because policy networks vary within countries	1). Adam and Kriesi have argued that the main problem of network analysis is the "lack of adequate connections between theoretical concepts and sound methodological operationalization." Because the network approach borrows its hypothesis from other approaches, it runs the risk of merely relying on a list of factors that are arbitrarily incorporated (Adam & Kriesi, 2007, p. 147) 2). Recent improvements in policy network analysis have made the approach more descriptive, thereby making it less generalizable.
Policy Diffusion and Innovation	1). Policy diffusion allows scholars of public policy to examine how a state adopts policies and how those policies diffuse across units within the state or across the states 2). Policy diffusion also allows policy scholars to examine the extent to which states learn, draw on, or are influenced by the policies and programs of neighboring states 3). Policy diffusion is not confined to only examining the national diffusion of ideas across states but also the global diffusion of norms and ideas from transnational organizations to nation states.	1). Policy diffusion is narrowly constructed as a policy framework that focuses more on how ideas and policies get diffused from one unit to the other either within the state or across states. 2). Policy diffusion does little to explain the mechanism and process of policy change at the national and international levels.

Institutions	1). Institutions are defined simply as the rule of the game. It facilitates and structures policy discourse and deliberations in the subsystem. Institutions create incentive and learning opportunities for policy actors.	1). Institutional structures favour some policy outcomes over others. 2). Institutions impose constraints on policy actors. 3). Institutional rules are inherently discriminatory.
Interests	1). Interests explain the preferences and power is embedded in policy actors.	1). The exercise of interest is dependent on actor power and resources allocation in the policy domain.
Policy Ideas	1). Ideas are causal beliefs held by individuals. 2). Ideas offer the policy blueprint for policy actors. 3). Ideas diffuse among policy actors and across units. 4). Ideas can alter institutions over time.	1). Institutions constrain the extent to which an idea can be articulated by policy actors.