

**Tobacco control in Zimbabwe and the WHO Framework
Convention on Tobacco Control (WHO FCTC): State of Affairs**

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Dissertation submitted in fulfilment of the requirements for the
degree **Master of Commerce specialising in Economic**

Development

in the

School of Economics

At the

University of Cape Town

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February 2019

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ABSTRACT

Zimbabwe's government has, in the past, expressed opposition to the WHO Framework Convention on Tobacco Control (WHO FCTC). Since the country's ratification of the WHO FCTC in 2014, the government has put in place financial incentives to promote tobacco production, contrary to the WHO FCTC. The conflicting signals, coupled with seemingly contradictory actions, have raised doubts about the country's true intent when it ratified the treaty. This thesis assesses the implementation of Zimbabwe's current tobacco-control legislation, through a synthesis of information from semi-structured interviews with key informants involved in tobacco control in the country. This is supplemented by a situation analysis examining government efforts to align existing tobacco-control legislation with the WHO FCTC. Results show that Zimbabwe's existing tobacco-control legislation was biased because of tobacco-industry interference during the early stages of the drafting of the bill. There is currently no prioritisation of tobacco-control efforts by government, even after their ratification of the WHO FCTC. As of February 2019, government actions run counter to the supply-reduction measures and recommendations stipulated in the WHO FCTC and associated policy guidelines. Indications are that the government's ratification of the treaty does not represent a weakening of the government's resolve to promote tobacco production and protect the country's tobacco farmers. Accession to the WHO FCTC appears to have been an opportunity to present the country's concerns, particularly those relating to the supply-side provisions of the WHO FCTC, and possibly disrupting WHO FCTC efforts to limit tobacco-industry interference and advance global tobacco-control efforts.

ACKNOWLEDGEMENTS

I would like to begin by thanking Professor Corné van Walbeek for seeing the potential in me and the work that I could produce. I hope I have made you proud.

To my second supervisor Dr Catherine Oritsebemigho Egbe, I am grateful to have had you on board for this journey. I would not have been able to produce such work without your close guidance and supervision.

To my family and friends who were always supportive and patient with me while I wrote this thesis and accepting of all the missed events- thank you. A special thank you to my colleagues at the School of Economics 4th Floor Computer Labs who provided a quiet working environment where most of the work on this thesis was done.

Returning to do my Masters after four years of being out of Academia was daunting but my classmates made this transition much easier- thank you to the Economic Development class of 2018. We made it!

Of course, this research would not have been possible without funding from the Bill and Melinda Gates Foundation through the African Capacity Building Foundation. For this, I am grateful. I also extend my appreciation to all the informants who gave of their time and knowledge to be part of this study.

Finally, to Samuel Manu. Your support and presence throughout this work has meant the world to me.

Chipo Yvette Rusere

Cape Town

10 February 2019

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Abbreviations

BAT	British American Tobacco
BSAC	British South Africa Company
COP	Conference of the Parties
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
ESAP	Economic Structural Adjustment Programme
FAO	Food and Agriculture Organisation of the United Nations
FCA	Framework Convention Alliance
WHO FCTC	Framework Convention on Tobacco Control
GDP	Gross Domestic Product
GYTS	Global Youth Tobacco Survey
HRW	Human Rights Watch
IDRC	International Development Research Centre
LMIC	Low to Middle Income Country
WHO	World Health Organisation
RBZ	Reserve Bank of Zimbabwe
RTA	Rhodesia Tobacco Association
STP	Sustainable Tobacco Programme
TAPS	Tobacco Advertising, Promotion and Sponsorship
TMB	Tobacco Marketing Board
TIMB	Tobacco Industry Marketing Board
ZIMRA	Zimbabwe Revenue Authority
ZTA	Zimbabwe Tobacco Association

Chapter One: Introduction

1.1 Background

Tobacco use is estimated to kill more than seven million people each year. Six million of these deaths are as a result of direct tobacco use, with the rest being attributed to non-smokers exposed to second-hand smoke (WHO, 2018a). Deaths from the use of and exposure to tobacco are a global epidemic that have warranted an equally global response through the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC comprises of three legal documents – the Convention, Implementing Guidelines and the Protocol to Eliminate Illicit Trade in Tobacco Product. For the rest of this paper, all three documents will be referred to collectively as the WHO FCTC or the treaty (WHO, 2018a).

The treaty promotes both demand- and supply-reduction measures in the control of tobacco, through regulatory strategies and legally binding obligations for parties to the Convention, with the objective of protecting public health from the commercial interests of the tobacco industry and the harms of smoking (Anderson *et al*, 2016). It was adopted by the World Health Assembly on the 21st of May 2003 and entered into force on the 27th of February 2005 (FCA, 2008). Currently, 181 countries are Parties to the treaty, a symbol of its world-wide acceptance (WHO, 2018a). The WHO FCTC is the first international health treaty and one of the most rapidly-enacted treaties under Article 19 of the WHO constitution (Fidler, 2003). This is indicative of global leaders' concerns about the devastating effects of tobacco use and their commitment to finding a lasting solution to what has been declared a global epidemic by the WHO.

Primarily, tobacco-control strategies seek to reduce the demand for tobacco products, such as cigarettes, through measures like taxation that raise the price of tobacco products and thus discourage smoking initiation (Callard *et al*, 2005). Great progress has been made in this regard, particularly in high-income countries. Anderson *et al*. (2016) find that high-income countries had the highest proportion of legislated WHO policy recommendations, which had reached 70% by 2014, compared to 45% in the least developed countries. Despite being in the early stages of the tobacco epidemic, without the implementation and enforcement of proper tobacco control policies, the African region remains particularly vulnerable to increased smoking prevalence (Anderson *et al*, 2016).

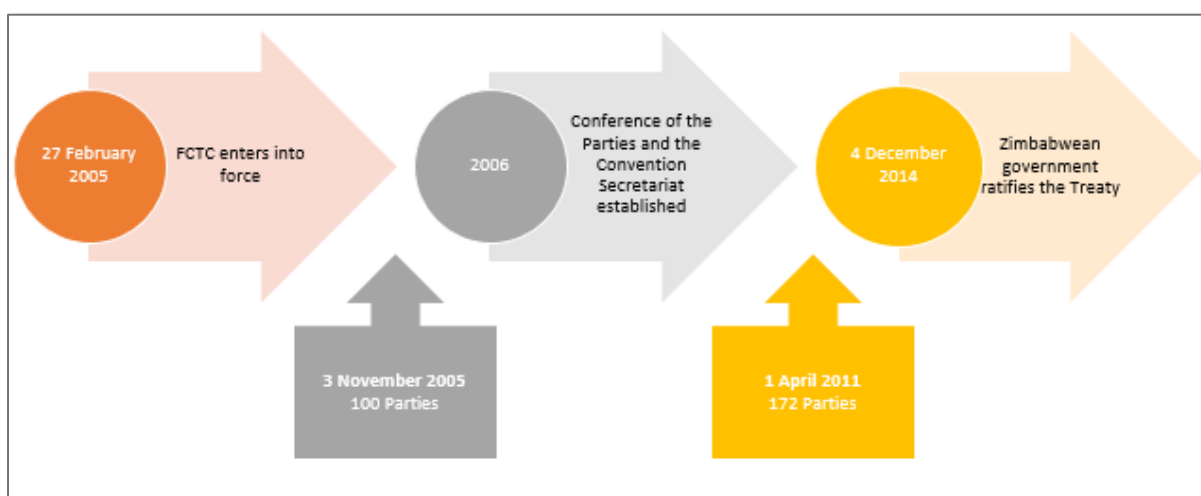
This study assesses the implementation of Zimbabwe's current tobacco-control legislation and identifies government efforts to bring it in line with the WHO FCTC. This is motivated by opportunities that exist for countries like Zimbabwe, a leading producer of tobacco, to curtail the tobacco epidemic before it reaches predicted high levels, by making use of the legal framework provided by the WHO FCTC to legislate and enforce strong tobacco-control policies.

Legislating for effective tobacco control in tobacco-producing countries such as Zimbabwe goes beyond measures to reduce demand and extends to supply-reduction measures as well. This is particularly difficult in contexts where there is a heavy economic reliance on tobacco production. In these instances, tobacco-control measures would not only have positive health impacts as envisioned by the WHO FCTC, but economy-wide negative consequences as well, owing to the financial and labour implications of a reduction in the demand for tobacco produced in these countries. This apparent conflict of interests provides the objective of this study: to investigate how a tobacco-producing country like Zimbabwe is making efforts to meet its obligations to the global health treaty, while balancing conflicting national interests.

Further to this, tobacco companies are business corporations. As such, they seek to maximise profits and will, as much as they are legally able to, use marketing strategies not only to maintain their customer base but also to target potential new markets for the sustainability of their businesses (Callard *et al.*, 2005). They therefore have vested commercial interests in individuals continuing to smoke and in being able to rely on the continued supply of tobacco leaf for production. In light of Zimbabwe's tobacco-producer status, it is particularly relevant to investigate how the country might align its tobacco-control legislation and policy with the WHO FCTC for both the demand *and* supply of tobacco.

Despite expressing opposition to the objectives of the WHO FCTC, the Zimbabwean government ratified the Treaty on the 4th of December 2014 (WHO FCTC Secretariat, 2016; Lown *et al.*, 2016). A timeline of events relating to Zimbabwe and the WHO FCTC is presented in Figure 1 below.

Figure 1. Timeline of events relating to Zimbabwe and the WHO FCTC



Source: Author's own

Lown *et al.* (2016) have most recently studied the potential implications of Zimbabwe's accession to the Framework Convention on Tobacco Control by conducting a qualitative archival case study based on various documents. The present study extends and complements that work with an

investigation of the progress made in implementing all the provisions of the WHO FCTC since Zimbabwe's ratification. This study adds to the literature on tobacco control by analysing the opportunities and challenges which exist for low-income countries in implementing effective tobacco-control measures in the context of a strong tobacco industry and significant economic reliance on export earnings from tobacco. The methodology which underpins this study combines key stakeholder interviews with an extensive review of tobacco-related media articles from Zimbabwean national newspapers to achieve the study's objectives.

1.2 Problem Statement

Signatories to the WHO FCTC are obliged to make efforts, through various means, to implement the treaty's recommendations in order to reduce both the demand and supply of tobacco. These efforts are monitored through scheduled reporting to the WHO FCTC Secretariat. Tobacco-producing countries, like Zimbabwe, are obliged to promote economically viable alternatives to tobacco (Article 17) and protect the environment in relation to the cultivation and manufacture of tobacco and the health of persons involved (Article 18). Tobacco-producing countries seeking to implement measures stipulated by the WHO FCTC, in particular Articles 17 and 18, may face additional challenges in the form of opposition from the tobacco industry in their countries or even from government, which regards tobacco as a major contributor to the country's economy. This is usually because in such countries, the tobacco industry has a heavy presence in the form of merchant companies, buyers and so forth. Such is the case in Zimbabwe, and this presents an opportunity to investigate the implementation of the WHO FCTC, with a special emphasis on Part IV of the WHO FCTC and measures relating to the reduction of the supply of tobacco, in the context of heavy economic reliance on the tobacco crop and a prominent tobacco industry entrenched through legislation.

1.3 Objectives of the Study

The broad objective of this study is to assess the implementation of Zimbabwe's current tobacco-control legislation, and to present an analysis of the current situation in the country regarding tobacco-control activities and efforts to align the Public Health (Control of Tobacco) Regulations (Statutory Instrument 264 of 2002) with the WHO FCTC, since Zimbabwe's accession in 2014. The specific objectives are:

- To investigate the rationale behind Zimbabwe acceding to the WHO FCTC and the country's role in the future;

- To investigate the impact of acceding to the WHO FCTC on Zimbabwe's current tobacco-control legislation;
- To compare Zimbabwe's current tobacco-control legislation with the recommended standards of the WHO FCTC through a situation analysis of the current law;
- To examine, through interviews with key stakeholders, the implementation of the current tobacco-control legislation and opportunities that exist for tobacco control in the country.

1.4 Methodology

The methodology underlying this study makes use of face-to-face interviews with government officials and tobacco control advocates either currently or previously involved in tobacco-control related work in Zimbabwe. The data/information obtained from the interviews is supplemented by an examination of tobacco-related news articles from Zimbabwean national newspapers, which evaluate efforts being made to align national tobacco-control legislation with WHO FCTC standards.

1.5 Justification of the Study

The purpose of this study is to gain an understanding of the reasons behind Zimbabwe's accession to the WHO FCTC and the possible implications of this to tobacco-control efforts in the country. The Framework Convention on Tobacco Control advocates both demand-side and supply-side measures for reducing tobacco use and this study seeks to determine which opportunities exist for tobacco control in Zimbabwe in the short, medium, and long terms, with a view to making recommendations on how these opportunities can be embedded in existing developmental policies.

1.6 Organisation of the Study

This thesis is structured into five chapters. The second chapter reviews the literature related to the study. The third chapter describes, in more detail, the methodology that is used to answer the study's research questions. Chapter four presents and discusses the results of the analysis of primary and secondary data gathered for the study. Lastly, chapter five gives a summary, a conclusion, and some policy recommendations.

Chapter Two: Literature Review

2.1 Introduction

This chapter first reviews the literature of the underlying study. It begins with a discussion of tobacco production in Zimbabwe, from a historical perspective as well as in the modern day, clarifying its contribution to the economy. This leads into a discussion of alternative livelihoods to tobacco farming, beginning with a review of the theoretical framework underpinning this particular WHO FCTC policy recommendation. An analysis follows of the research work that has been done thus far on alternative livelihoods, in Zimbabwe. The next section presents an overview of changing patterns in cigarette consumption, among both youths and adults in Zimbabwe. This is important when trying to understand where opportunities lie for demand-reduction tobacco control measures in the country.

2.2 Tobacco production in Zimbabwe

2.2.1 History of tobacco production in Zimbabwe

The commercial production of tobacco in Zimbabwe has its roots in the era of European occupation of the land north of the Limpopo River which would be later known as Southern Rhodesia. In 1890, Cecil John Rhodes and his British South Africa Company (BSAC) led a group of settlers, known as the Pioneer Column, north from South Africa in search for gold deposits to match those discovered in South Africa. By 1893, the directors of the BSAC acknowledged the absence of rich gold claims and instead shifted their policy towards promoting settler agriculture. Large tracts of land were awarded to members of the Pioneer Column for farming and, by September 1892, nearly 300 farms had been registered (Rubert, 1998). These tracts later became the large commercial farms that formed a significant proportion of tobacco-growing land up to the early 2000s (Woelk *et al.*, 2001). In 1909, “a contemporary observer reported that ‘tobacco may already be considered an established industry’” in the then Rhodesia (Rubert, 1998: 4). By 1918, the farming of flue-cured tobacco was the mainstay of commercial agriculture in the territory then known as Rhodesia (Rubert, 1998: 2).

In addition to distributing land for farming, the colonial government played an important role by making large investments in research on tobacco production, as well as in the search for export markets (Woelk *et al.*, 2001). From as early as 1904, the colonial administration invested in training farmers for the production of tobacco. By 1913, over 800,000 pounds of tobacco were produced for the South African market from an area covering 5,627 acres (Woelk *et al.*, 2001; Rubert, 1998). Farming tobacco was recognised as a way to make a good return on investment in a short space of time and, in the years to follow, the number of registered tobacco farmers grew rapidly, with total production reaching 24 million pounds in 1927 (Rubert, 1998). In that same

year, the market for the crop was flooded and prices plummeted. Hundreds of tobacco farmers went bankrupt and, at the beginning of the 1928/29 farming season, only 272 growers registered to grow the crop, down from 987 in the previous season (Rubert, 1998). Following the 1928 crisis, the Southern Rhodesian government sought to regulate the industry through a series of laws, in order to avoid a similar crisis by stabilising production, controlling the marketing of the crop, and improving its quality through research (Rubert, 1998). Thus began the legal entrenchment of the tobacco industry in the country.

The tobacco farmers also became more organised. In 1928, the Rhodesia Tobacco Association (RTA) was formed to represent the growers' interests to the colonial administration, with respect to the production and marketing of tobacco (Woelk *et al.*, 2001). Two years later, the RTA's lobbying led the Rhodesian government to form a Tobacco Control Board through the 1930 Tobacco Sale and Export Control Act (Woelk *et al.*, 2001; Rubert, 1998). The 1933 Tobacco Levy Act provided financial support for the board through levies charged on all raw tobacco grown or sold in the country. Initially, the board was only responsible for registering tobacco growers. The Tobacco Marketing Act of 1936 changed the name of the Tobacco Control Board to the Tobacco Marketing Board (TMB) and expanded its mandate (Rubert, 1998). The TMB now not only registered tobacco farmers, it also put in place sales quotas for every registered farmer and operated auction floors through which farmers were required to sell their tobacco (Rubert, 1998). In addition, the TMB was responsible for securing export markets for the locally-produced crop. The Tobacco Marketing Board of 1936 is now the Tobacco Industry and Marketing Board (TIMB), as established by the Tobacco Marketing and Levy (Amendment) Act of 1997 (TIMB, 2017a).

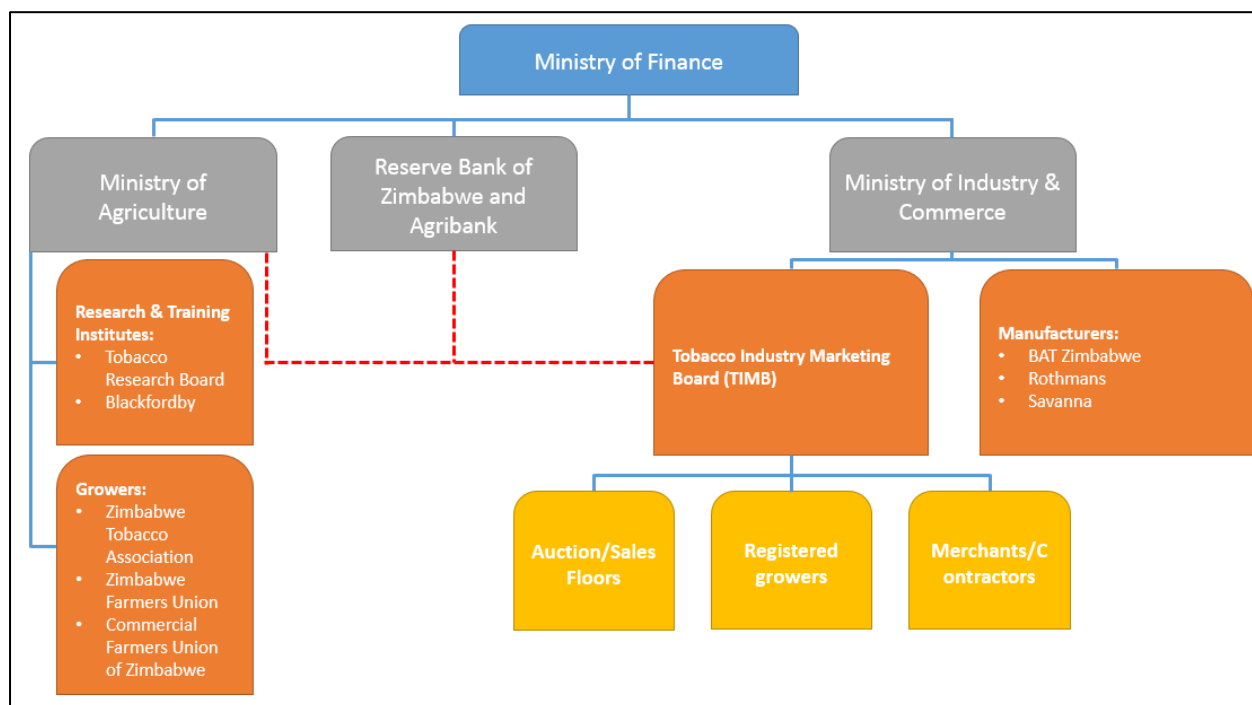
Woelk *et al.* (2001: 182) wrote that "by 1965 all aspects of tobacco production, from seed selection to the auction floor, had been investigated...The centrality of tobacco production and wealth within the political economy of the country combined to create considerable political power and influence for the industry." The tobacco industry was firmly entrenched in the economic and political landscape of Rhodesia.

2.2.2 Tobacco production and the industry in modern-day Zimbabwe

The legislative entrenchment of the tobacco industry initiated nearly a century ago has been maintained. The government of Zimbabwe is responsible for appointing the board of the TIMB, through the Minister of Agriculture and after consultation with the President (Tobacco Industry and Marketing Act 18:20). Among the functions of the TIMB and, by inference, the government, is "to promote, *protect and maintain* the sale of tobacco" (Tobacco Industry and Marketing Act 18:20). This potentially has negative implications for supply-side tobacco-control measures as different government arms have conflicting mandates with respect to the regulation of the crop.

To add more complexity to this, the government acts as both a regulator of and financier to the tobacco industry, with some of the regulatory body’s board members contracted as farmers of the crop by TIMB-registered tobacco merchant companies (Chikwati, 2018; TIMB, 2017a). This makes the boundary between the tobacco industry, growers, and the government unclear. Figure 2 below illustrates the tobacco industry and its regulatory oversight.

Figure 2. Relationships between the government and the tobacco industry in Zimbabwe



Source: Adapted from Woelk et al., 2001.

Woelk et al. (2001) note the level of integration between the government and the tobacco industry as a key concern. The balance of power is strongly in favour of the tobacco industry (Woelk et al., 2001: 186). This makes it difficult to implement tobacco-control measures because of industry interference and lobbying. Owing to the history of tobacco production in Zimbabwe, the tobacco industry has evolved into a very organised and powerful political force entrenched by legislation, industry financing and government oversight. The tobacco industry in Zimbabwe remains protected, with government and industry being very sensitive to both real and perceived threats.

Along with legal entrenchment, global political and economic trends have further increased the economic reliance on exports of the tobacco leaf over time. Zimbabwe’s World Bank inspired Economic Structural Adjustment Programme (ESAP), launched in 1991, failed to achieve a new era of globally competitive export-led industrialisation in the country (Woelk et al., 2001). Instead, the programme led to some deindustrialisation, with the agricultural sector performing

relatively better than manufacturing. These economic factors increased the relative importance of and reliance on tobacco exports, strengthening the influence of the tobacco industry in Zimbabwe (Woelk *et al.*, 2001; Global Analysis Project Team, 2000). Tobacco-control efforts must take into account the political economy and the interconnected nature of the tobacco industry. This is particularly important, noting the influence of economic interests to shape policy discourses and research that shows the lack of penetration of tobacco control into non-health sectors (Lencucha *et al.*, 2018). Without the economic case for tobacco control being understood by policymakers and economic players, tobacco control efforts may continue to find little support in Zimbabwe.

Land reform and tobacco production

The most significant structural change in Zimbabwe's agricultural industry generally and in the tobacco industry more specifically was ushered in by the government's "fast track" land reform program, introduced in 2000 (Moyo, 2011; Scoones *et al.*, 2018). Through the program, the government subdivided large-scale commercial farms, reclaimed from largely white Zimbabwean farmers, and created smallholder (known as A1 resettlement farms) and medium-scale farms (known as A2 resettlement farms), and redistributed these among mostly landless black Zimbabweans (Moyo, 2011; Scoones *et al.*, 2018). By 2009, the government had redistributed nearly 10 million hectares of farm land to more than 168,000 recipients. Between 1980 and 2010, the area covered by large-scale commercial farms was reduced from 15.5 million hectares to 3.4 million hectares (Scoones *et al.*, 2018).

Prior to the land redistribution program, tobacco was grown by less than 4,000 farmers, largely white, and, after harvesting, was sold to the highest bidder through an auction system. In the 2017 Annual Report, TIMB reported registering 98,927 tobacco farmers (TIMB, 2017b). The farmers are categorised into one of four farm- types based on the size of the farm: A1 or A2 resettlement farms, small-scale commercial farms, and communal farms (HRW, 2018; TIMB, 2017b). Of the 98,927 registered farmers, 45,761 were characterised as either A1 or A2 (TIMB, 2017b).

After the land reform, tobacco production numbers did not follow the same trajectory as that of farmer numbers. From a production output of 190 242 tonnes in 2000, tobacco production progressively declined to 44 451 tonnes in 2006 (FAO, 2018). Without access to the same inputs and capital to undertake production, as was available to their predecessors, small-scale farmers were not able to match the production levels of the former large-scale commercial farmers. In this way, land reform threatened the survival of tobacco as a subsector of the agricultural industry in

the country, which was traditionally reliant on a reliable supply of the crop from a few thousand commercial farmers.

As the land reform structurally changed the tobacco-farming landscape, the tobacco industry was forced to innovate to help small-scale farmers participate more effectively in the market for tobacco. In response, tobacco companies introduced out-grower schemes, also known as contract farming, in 2004. In this business model, a private company enters into a contractual agreement with the farmer (IDRC, 2014; FAO, n.d.). The role of the company is to provide the farmer with inputs such as seed, fertiliser, and pesticides, as well as agricultural extension services such as training and loans. These services, provided by the company or contractor, are supplied as a package, at a fixed price (IDRC, 2014). In exchange, the farmer is obliged to sell his produce to the contractor, at a pre-arranged price, depending on the grade of the tobacco produced. In the event that the farmer is unable to repay the cost of the package through supplying the pre-determined crop, the loan supplied by the contractor is carried forward to the next season, with interest (IDRC, 2014).

While both the auction and contract marketing systems are still operational in Zimbabwe, contract marketing has gained dominance. In 2017, 84% of total tobacco sales were the result of contract marketing. This is in comparison to 23% at the introduction of contract farming in 2004 (TIMB, 2017b). Contract farming is now a key determinant of the participation of smallholder farmers in the farming of tobacco. It provides “a complete technological and financial package, unavailable to farmers for any other agricultural product” (IDRC, 2014: 23). In a study evaluating contract-farming arrangements in the Mazowe district in Zimbabwe, Moyo (2014) found that contract farmers recorded better performance in terms of production when compared to non-contract farmers. This is due to the supportive infrastructure associated with contract farming. Any efforts to promote alternative livelihoods must put in place a similar supportive infrastructure. However, there are studies which illustrate that contract farming fails to improve the welfare of farmers due to low prices offered by the tobacco merchants and accumulating debt on the part of the farmer (Cipriano *et al.*, 2017).

2.2.3 Economic contribution of tobacco in Zimbabwe

Tobacco contributes significantly to Gross Domestic Product (GDP), employment, and export earnings in Zimbabwe. As a share of total exports, tobacco has grown from 27% in 2014 to 33% in 2016 (KPMG, 2017). In 2016, tobacco exports earned the country the highest amount of earnings at US\$880,229 million (World Bank, 2018). Table 1 below shows further economic indicators of the significance of tobacco in Zimbabwe.

Table 1. Indicators of the economic contribution of tobacco in Zimbabwe

Indicator	Tobacco's contribution
Foreign earnings (US\$)	US\$900million
Foreign earnings (%)	25%
Proportion of total exports	33%
Proportion of agricultural exports	50%
Proportion of agricultural GDP	25%
Proportion of overall GDP	11%
Tobacco levy earnings	US\$14million
Tobacco excise duties	US\$2,8million
Registered growers	98,927

Sources: Reserve Bank of Zimbabwe (2018), KPMG (2017), Reuters (2018), ZIMRA (2017), TIMB (2017), GoZ (2018d)

The country's current liquidity crisis has bolstered the importance of tobacco production to the economy due to the foreign currency earned from its export. In an economy where cash is in short supply, the foreign currency earnings from tobacco provide temporary respite to the country's financial situation and bolster its economic significance. The Reserve Bank of Zimbabwe (RBZ) acknowledges "the growing significance of tobacco as a key foreign currency earner for the country...and the need to ensure sustained growth of the sector to enhance its contribution to foreign currency earnings" (RBZ, 2017). In line with this, the bank reviewed the current export incentive scheme. Ordinarily, the scheme pays exporters 5% of the export value to incentivize exports. However, for the 2018 tobacco marketing season, the RBZ increased the export incentive to 12.5% for tobacco growers (RBZ, 2017). In addition to this, the RBZ has promoted production through a finance facility of US\$28 million which assisted 5,360 farmers in 2017 to access seed, fertilizers, and chemicals. The fund has been increased to US\$70 million for the 2018 planting season (Chikwati, 2018).

2.3 World Health Organisation Framework Convention on Tobacco Control and Zimbabwe's Accession

The WHO FCTC is an evidence-based public health treaty "developed in response to the globalization of the tobacco epidemic" (WHO, 2003: v). The WHO FCTC entered into force on 27 February 2005, nearly ten years after the initial idea of an international instrument for tobacco control (FCA, 2008). It contains tobacco-control measures which target both the demand for and supply of tobacco, as outlined in Table 2 below. The treaty emphasises the importance of adopting a balanced approach to tobacco-control efforts.

Table 2. Overview of World Health Organisation Framework Convention on Tobacco Control Articles

WHO FCTC Section	Articles
Part II: Objective, guiding principles and general obligations	Article 4: Guiding principles Article 5: General obligations. Parties to develop, implement, update and review national tobacco control strategies; establish and finance focal points for tobacco control. Article 5.3: Develop a multisectoral national tobacco control strategy and protect tobacco control policies from the commercial and other vested interests of the tobacco industry.
Part III: Measures relating to the reduction of demand for tobacco	Article 6: Price and tax measures to reduce the demand for tobacco. Article 7: Non-price measures to reduce the demand for tobacco Article 8: Protection from exposure to tobacco smoke Article 9: Regulation of the contents of tobacco products Article 10: Regulation of tobacco product disclosures Article 11: Packaging and labelling of tobacco products. Article 12: Education, communication, training, and public awareness. Article 13: Tobacco advertising, promotion, and sponsorship (TAPS) Article 14: Demand reduction measures concerning tobacco dependence and cessation
Part IV: Measures relating to the reduction of the supply of tobacco	Article 15: Eliminate illicit trade in tobacco products Article 16: Sales to and by minors Article 17: Provision of support for economically viable alternative activities
Part V: Protection of the environment	Article 18: Protection of the environment and the health of persons

Source: WHO, 2003

The WHO FCTC has also advanced tobacco control efforts towards a ‘whole of government approach’, which goes beyond treating tobacco control as an issue delegated only to governments’ health departments, but rather as one requiring cross-departmental collaboration within government to enable its implementation and effectiveness (WHO, 2009). The WHO FCTC is supported by the work of the Convention Secretariat which was established through Article 24 of the treaty. The Secretariat works to advance the implementation of the treaty and, in doing so, works in collaboration with the Framework Convention Alliance (FCA). The FCA consists of nearly 500 organisations, all working to advance global tobacco-control efforts (FCA, 2018b). As a *framework convention*, the agreement is a legally binding instrument that sets out broad commitments for its parties and establishes the objectives and principles of the treaty (UNECE, 2011). Its implementation is reinforced through subsequent protocols which are, in fact, more detailed agreements with specific targets. In addition to this, implementation guidelines are negotiated by parties to the treaty and outline what constitutes effective implementation of specific Articles (FCA, 2008). To date, there are 181 Parties to the Convention (WHO, 2015). On 4 December 2014, Zimbabwe acceded to the WHO FCTC and became the 180th Party to the Convention.

In the past, the Zimbabwean government and growers’ associations within the country have been known to express opposition to the WHO FCTC and its global tobacco-control efforts (Lown *et al.*, 2016; ZTA, 2000). This was because of the prominence of tobacco production and the influence

of the tobacco industry in the country, along with the misconception, both from government and the industry, that the WHO FCTC was designed to ban tobacco production (Lown *et al.*, 2016; ZTA, 2000). Lown *et al.* (2016: 1) assert that Zimbabwe's accession to the treaty could potentially "undermine ongoing efforts to implement and strengthen the treaty", owing to potential industry interference with the government's representatives involved in tobacco control. This view is supported by government statements prior to the accession, which allude to the fact that the decision to accede to the treaty was not necessarily the result of weakening opposition to its objectives (Lown *et al.*, 2016). Instead, the main incentive for ratifying the treaty was because "the country's outsider status made it more difficult to protect its tobacco interests and it needed to work in concert with other countries" (Lown *et al.*, 2016: 4).

Nevertheless, being a Party to the WHO FCTC places an obligation on the member government to implement the treaty's policy recommendations, both demand- and supply-side provisions. This could therefore be an opportunity to strengthen existing tobacco-control policies in Zimbabwe, as they become aligned with the WHO FCTC, contingent on the extent to which WHO FCTC measures effectively restrict tobacco industry interference and enforce and support their implementation (Lown *et al.*, 2016).

2.4 Exploring Alternatives to Tobacco

The WHO FCTC specifies both demand and supply reduction measures for tobacco. Three of the treaty's Articles specifically address the latter and require signatory countries to eliminate the illicit trade in tobacco products, prohibit the sale of tobacco products to minors, and provide farmers with support for the cultivation of economically viable alternatives to the tobacco crop. The third measure is embodied in Article 17 of the WHO FCTC. With over 90,000 registered tobacco farmers in Zimbabwe (TIMB, 2017b), the proper implementation of Article 17 is essential to ensure that the livelihoods of vulnerable farmers are protected in the face of a declining global demand for tobacco.

This section discusses changing patterns in the global tobacco supply and their implications for low- to middle-income countries (LMICs) like Zimbabwe. This is followed by an overview of the concept of alternative livelihoods for tobacco farmers, as envisioned by the WHO FCTC and outlined in the implementation guidelines for Articles 17 and 18. Finally, the research work that has been done thus far which explores sustainable diversification and alternative livelihoods in Zimbabwe is reviewed, as well as the progress made globally in this regard.

2.4.1 Global trends in tobacco supply and implications for LMICs

Over the last twenty years, global tobacco leaf production has shifted from high-income countries to middle- and low-income countries, with a notable concentration in Africa (Hu and Lee, 2015). By 2006, 90% of the land devoted to the cultivation of tobacco could be found in LMICs. This is contrasted to 70% in 1961 (IDRC, 2014). Table 3 below demonstrates clearly this source drift from high- to low-income countries.

Table 3. Trends in tobacco production (1997-2017)

Indicator	Region	1997	2017	% change
Area harvested	Europe & NA	655,924 ha	238,957 ha	-64%
	Africa	385,152 ha	609,387 ha	+58%
	Zimbabwe	80,607 ha	150,124 ha	+86%
Production quantity	Europe & NA	1,453,984 tonnes	563,463 tonnes	-61%
	Africa	508,182 tonnes	713,266 tonnes	+40%
	Zimbabwe	171,191 tonnes	181,643 tonnes	+6%

Source: FAO, 2018

Between 1997 and 2017, the total area harvested for tobacco in Europe and North America decreased by 64%. Over the same period, the area harvested for tobacco in Africa increased by 58%. In line with the changes in the area harvested for tobacco, during the same period production quantity in Africa has risen, while dropping by 61% in Europe and North America. The trends in Zimbabwe have mirrored those of the rest of the continent. The area harvested for tobacco in Zimbabwe has nearly doubled over the same period. However, the yield per hectare has fallen drastically from 21 238 hg/ha to 12 100 hg/ha (FAO, 2018). This is probably caused by the inefficiencies associated with smallholder tobacco production.

The increase in land under cultivation for tobacco in LMICs has also meant that these countries have suffered the environmental impacts associated with tobacco farming. In LMICs, including Zimbabwe, flue-cured tobacco is the most common type of tobacco produced (TIMB, 2017a). This type of tobacco is dried using heated curing barns that distribute heat through pipes known as “flues” (HRW, 2018). This curing process consumes a large quantity of energy, usually in the form of wood or coal (IDRC, 2014). It is estimated that one kilogram of cured tobacco requires approximately 14 kilograms of wood energy (Manyanhaire & Kurangwa, 2014).

The cutting down of trees to supply fuel, along with the clearing of land for tobacco farming, leads to soil erosion and deforestation (Lecours *et al.*, 2012). In a review of literature on the environmental health impacts of tobacco farming, Lecours *et al.*, (2012) confirm that tobacco-related deforestation affects the developing world disproportionately. On average, between 5%

and 25% of total deforestation in developing countries can be attributed to tobacco-related activities (Lecours *et al.*, 2012).

In an effort to address and counter the high levels of deforestation associated with tobacco farming, both governments and tobacco companies have undertaken reforestation programs in tobacco-producing countries, planting fast-growing exotic trees (IDRC, 2014). An example of similar government efforts in Zimbabwe is the promulgation of legislation in 2012 to control firewood, timber, and forest produce, with particular reference to tobacco cultivation. Statutory Instrument 116 of 2012 requires tobacco farmers to obtain a license for the use of firewood or timber for curing the crop, unless the farmer establishes a woodlot of fast-growing trees. The government of Zimbabwe also introduced an afforestation levy for all tobacco farmers in 2015, levied at 1.5% initially and 0.75% in subsequent years (CFU, 2018). These efforts at reforestation have, however, not occurred at the same rate as that of the deforestation, and tobacco-related deforestation is still a problem for tobacco-producing countries (IDRC, 2014).

Tobacco farmers also face health risks from the production of the crop, particularly when harvesting and handling uncured tobacco leaves (Fotedar & Fotedar, 2017). Green tobacco sickness, also known as nicotine poisoning, is caused by absorbing nicotine through the skin in the process of handling uncured tobacco leaves. It can be prevented through the use of protective clothing, such as chemical-resistant gloves and plastic aprons, when handling the leaves (Fotedar & Fotedar, 2017).

An independent international organisation, Human Rights Watch (HRW), reported in 2018 on human rights abuses on tobacco farms in Zimbabwe, including incidences of child labour. Most of the adult tobacco workers and all of the child workers involved of their investigation described experiencing at least one of the symptoms associated with green tobacco sickness while harvesting or curing the crop (Human Rights Watch, 2018). Farmer unions interviewed for the same investigation highlighted the lack of protective clothing as a major concern among farm workers.

Despite earlier reports of green-tobacco related symptoms among tobacco-farm workers, in October 2018, at the 8th Conference of the Parties and six months after the release of the Human Rights Watch report, the Zimbabwean government reported that there were no cases of green tobacco sickness (FCA 2018a). Such a claim raises concerns about Zimbabwe's commitment to the WHO FCTC and whether they hope to dilute its effectiveness in the future.

In Zimbabwe, there are currently no health and safety laws specifically for the agricultural sector (Human Rights Watch, 2018), although Statutory Instrument 85 of 1993, a labour law, which is the Collective Bargaining Agreement for the Tobacco Industry, in s27 (1) stipulates that "every

employer shall supply, free of charge, adequate protective clothing and appliances to each employee, who in the course of his duties, is habitually exposed to adverse conditions.” Of the eight tobacco merchant companies which were a part of the HRW investigation, only two reported that they give personal protective equipment (PPE) to contracted small-scale farmers (HRW, 2018).

Findings from the HRW report indicate a lack of the necessary care, by both the government and tobacco companies in the country, to address and prevent such human rights abuses along the tobacco supply chain, as even contracted farmers who are trained by representatives from tobacco merchant companies knew little or nothing about nicotine poisoning (Human Rights Watch, 2018). The Zimbabwean government currently has only 120 labour inspectors for the whole country. There is therefore a lack of government capacity for effective labour inspections in tobacco and other industries. The lack of government oversight leaves the onus on tobacco merchant companies to address and prevent issues of abuse. With no strong domestic regulations or enforcement, there may be an opportunity to strengthen compliance through international operational standards, such as the tobacco industry’s Sustainable Tobacco Programme (STP) in addition to the requirements of the WHO FCTC. The STP has been operational since 2016 and sets standards on labour, environmental, and farmer health and safety for tobacco companies. Tobacco companies therefore face pressure internationally to fulfil the programme’s requirements (BAT, 2016).

2.4.2 Livelihood diversification: beyond crop substitution

a. WHO FCTC theoretical framework for livelihood diversification

In February 2006, at its first session, held in Geneva, Switzerland, the Conference of the Parties (COP) established a study group to investigate policy options and recommendations for economically sustainable alternatives to tobacco, in relation to WHO FCTC Articles 17 and 18. In 2008, this study group was replaced with a working group at COP 3 (WHO, 2014).

The working group adopted a holistic approach which went beyond considering only the income and profit gains associated with alternatives to tobacco but also took into account other aspects of farmer livelihoods (WHO, 2014). The policy framework developed, as outlined in the policy options and recommendations for Articles 17 and 18, is underpinned by this holistic approach, framed around six guiding principles. The guiding principles centre on the concept of sustainable livelihood diversification, promote the participation of the tobacco growers and workers concerned and seek to protect policies promoting economically sustainable alternative livelihoods from the vested interests of the tobacco industry (WHO, 2013).

Policy coherence across different government departments is a critical factor for effective tobacco control, particularly in relation to supply-reduction measures. This is in line with the ‘whole of government approach’ which the WHO FCTC seeks to advance (WHO, 2009) and which demands multisectoral and cross-departmental collaboration to support crop diversification and alternative livelihoods. Specifically, the WHO FCTC policy recommendations discourage governments from incentivising tobacco production and instead recommend that governments remove barriers to diversification and consider reallocating public funds used for tobacco production to alternative livelihood activities (WHO, 2013).

WHO FCTC Articles 17 and 18 promote sustainable diversification rather than crop substitution. Sustainable diversification involves adopting a developmental approach which promotes sustainable farming practices and rural development more generally (IDRC, 2014). Sustainable diversification reduces farmers’ dependence on a single-crop production system or income source and can expand the scope for local economic development (Schneider *et al.*, 2009). Simply replacing tobacco with another cash crop does not reduce the vulnerabilities of small-scale tobacco farmers. However, promoting sustainable diversification requires national support, particularly in terms of market infrastructure and agricultural extension services for alternative crops, including public financing (IDRC, 2014: 140). The sustainable diversification approach elevates the discussion beyond one merely on crop substitution to one on the socio-economic vulnerabilities of single-crop dependence and the possible economic opportunities from diversification. The benefits of and distinction between crop substitution and sustainable diversification are made clearer in Table 4 below.

Table 4. Distinctions between crop substitution and sustainable diversification

Crop Substitution	Sustainable Diversification
Reduces dependence on the tobacco industry	Offers greater stimulus towards independence
Increases farm incomes	Diversifies farming and non-farming income
Promotes intensified resource use (land, water, labour) in production	Promotes less intensive use of productive resources
Maintains technological bases tied to the use of agrochemicals	Provides the foundation for the transition to organic and agroecological production
Contributes to reducing soil fertility and biodiversity	Fosters recovery of soil fertility and biodiversity
Promotes economies of scale and sector growth	Generates positive spin-offs for the economy
Poses risks to the health (disease) and livelihoods of producers	Fosters a greater commitment to quality of life

Fulfills the objectives of industry: continued tobacco production and supply	Fulfills public health objectives: reduced tobacco supply and consumption
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Source: IDRC (2014), adapted from Schneider *et al.* (2009)

Beyond the benefits associated with livelihood diversification at the farmer level, diversification can expand the scope for local and national economic development. The national economic reliance on tobacco poses a number of risks to and creates vulnerabilities for the economy, driven, for example, by fluctuating global prices of raw tobacco. This is of particular importance to Zimbabwe which exports 98% of its production. Diao *et al.* (2002) analyse the general equilibrium effects of a decline in world demand for tobacco products for four countries, including Zimbabwe. Their findings highlight the extent to which a high dependence on the tobacco sector is a vulnerability for the Zimbabwean economy. In light of the increasing number of smallholder tobacco farmers in Zimbabwe and increased land under cultivation, similar research in this current context would likely produce a worse prognosis.

b. Exploring sustainable diversification and alternative livelihoods in Zimbabwe

Governments in low-income countries continue to promote tobacco farming as a means to alleviate poverty and improve the livelihoods of farmers, while contributing to the fiscus through tax revenue and export earnings (Hu and Lee, 2015). Tobacco leaf export earnings play an important role in the economy of the top tobacco-producing countries in Africa, particularly Malawi and Zimbabwe. The economic contribution of tobacco to Zimbabwe have already been presented in Table 1 (Section 2.4.3). Underpinning the foreign exchange earnings from the export of the tobacco crop are thousands of farmers, largely smallholder farmers, responsible for delivering a crop for auction or sale at the start of each tobacco-marketing season. While farmers are in agreement with their governments on the economic benefits reaped from the sale of the crop, the extent of the economic returns of tobacco farming to the livelihoods of farmers have been questioned (Hu and Lee, 2015). Some recent research studies have shown higher returns for the farmer, from alternative crops, than from tobacco (Hu and Lee, 2015).

In seminal research on the profitability of tobacco, compared to other crops in Zimbabwe, Keyser (2002) found that, at the time, large-scale commercial farmers were aware of the risks associated with relying on one cash crop and had begun diversifying to other crops, such as coffee, paprika, and horticultural crops. Financially, this was made possible by profits from tobacco sales. A significant limitation of this study’s applicability in today’s Zimbabwe is that the type of tobacco farmer has drastically changed. At the time, the tobacco industry was comprised of 2,000 large-scale commercial farmers and 16,000 smallholder tobacco growers (Keyser, 2002). The diversification strategies of large-scale commercial farmers may differ significantly from those of small-scale farmers because the former had diversified sources of income while the latter mainly

relied on tobacco for income. As discussed in the previous section, determining the profitability of other crops compared to tobacco, is not by itself enough to promote alternative livelihoods for tobacco farmers.

Makate *et al.* (2016) demonstrate how crop diversification impacts increased productivity and enhanced resilience (household income, food security, and nutrition) in rural Zimbabwe. They also find that crop diversification can be adopted as climate-smart agriculture (CSA) with a view to building resilience and the capacity to adapt to the effects of climate change for smallholder farmers. This again takes a holistic approach to livelihood diversification that considers the effects on the environment, as was envisioned by the WHO FCTC.

Barriers to crop diversification involve a large number of interlinked and context-dependent factors (Ncube, 2002). Some of these include the lack of extension support, uncertain returns, limited access to appropriate inputs, and a lack of market access (Keyser, 2002; Ncube, 2002). As noted by Barrett *et al.* (2001) and Ruben and Pender (2004) (as quoted in Mutenje (2010:341)), poor households face the paradox of wanting to engage in livelihood diversification but are less able to do so because of entry barriers and the difficulty of financing initial investments. Consequently, livelihood diversification in rural Zimbabwe, which is mostly limited to unskilled wage labour, is characterised as 'desperation-led'. Identified determinants of diversification in Hurungwe were available skills, availability of ready markets, initial capital requirement/asset portfolio, and availability of credit facilities for initial start-up requirements, land size, and unattractive maize-producer prices.

Another possible reason that farmers continue to grow tobacco is the weak response of the farmer to price changes. Leaver (2004) in measuring the supply response function of tobacco in Zimbabwe, estimates a short-run price elasticity of +0.34 and a long-run price elasticity of +0.81. These estimates suggest that tobacco farmers are relatively unresponsive to price changes in the short run. This inelastic behaviour of farmers is attributed to two things: the high fixed capital costs of infrastructure associated with tobacco production and the high profitability of the tobacco crop relative to other alternative crops. Today, compared to 2002, the decline of capital-intensive commercial farms in favour of smallholdings with far lower capital investment may present an opportunity to push the sustainable diversification agenda, as it is less costly for smallholder farmers to switch from tobacco to sustainable alternative crops than for large commercial farmers.

In line with Principle 2 of the Policy Options and Recommendations for Articles 17 and 18, the Zimbabwean government undertook a survey in 2017 to get an understanding of tobacco growers' perspectives on matters relating to tobacco growing and alternative livelihoods. The

survey was undertaken in Makoni and Hurungwe districts, which account for approximately 40% of the tobacco grown by smallholder farmers in the country. The survey revealed that key reasons why farmers choose tobacco over other crops include the income-generating ability of the crop (59.7%), readily available inputs (15.9%) and the availability of a market (15.3%). The reasons provided for farmers' reluctance to grow other crops are also informative. These were cited as a lack of markets (57%), a lack of funding (32%), and limited agronomic knowledge (11%) (Government of Zimbabwe, 2018). The main reasons for growing alternative crops were consumption, availability of a market, and climate suitability. This survey reveals the extent to which barriers to promoting alternative livelihoods go beyond finding an alternative crop that is as profitable as tobacco and extend to issues of market infrastructure and the need for farmer education. (GoZ, 2018a).

2.5 An overview of changing patterns in cigarette consumption

The tobacco industry in Zimbabwe is “a highly organised and powerful political force” (Woelk *et al.*, 2001: 181). The paradox is that while Zimbabwe is a major tobacco-producing country, 98% of the tobacco it produces is for export, and the country itself is relatively a minor consumer of tobacco products (Woelk *et al.*, 2001; FAO, 2018). However, globally, cigarette consumption is shifting from high-income countries to middle- and low-income countries (World Bank, n.d.). In Africa, aggregate cigarette demand increased by 44% between 1990 and 2012 (Bilano *et al.*, 2015). Over this period, the continent has moved from being a net importer to a net exporter of cigarettes, as a result of cigarette production being more concentrated on the continent. This section explores the relevance of these global trends to Zimbabwe in an effort to understand where there are opportunities to reduce demand, and also where there are threats from the tobacco industry.

Effective tobacco control policies have been to a large extent successful at reducing the demand for tobacco in high-income countries (World Bank, n.d.). On the other hand, most middle- to low-income countries are characterised by lax tobacco-control legislation, often lacking enforcement, unregulated markets, and low cigarette prices (Vellios *et al.*, 2018). Another dimension of the shifting patterns in global cigarette consumption is the changing demographic in middle- to low-income countries. Cigarette companies increasingly target young smokers as future customers. Such trends have been captured through tobacco surveillance systems and other national surveys collecting information on tobacco use, including the Global Youth Tobacco Survey (GYTS) and the Demographic and Health Survey (DHS).

Tobacco taxation is the most effective measure to deter new smokers and encourage existing smokers to quit, particularly in lower socioeconomic groups (WHO, 2016). Chelwa (2015) has estimated a long-run price elasticity of demand for Zimbabwe of -0.85, which translates to a 0.85% fall in demand for every 1% increase in price. An estimated income elasticity of demand of 1.67 from the same study suggests that a 1% increase in income will lead to a 1.67% increase in demand. The WHO finds that such a high income elasticity is more likely to be observed in low- and middle-income countries such as Zimbabwe. These countries are at an earlier stage of the tobacco epidemic and because many low- and middle-income countries are growing rapidly, a large increase in tobacco consumption is likely to occur over a short period of time (WHO, 2018a).

The lowest-priced cigarettes in the world can be found in the African region, at US7 cents a pack of 20 cigarettes (WHO, 2018b). In addition, the lowest median tax burden globally is 34% in the African region, compared to 78% for the European region (WHO, 2018b). The tobacco industry has taken advantage of this and other vulnerabilities to capture a new market in Africa and other low-income regions, with aggressive marketing to promote initiation. Of the world’s 1.1 billion smokers, approximately 80% live in low- and middle-income countries (WHO, 2018a).

Consistent with findings from other countries, tobacco use in Zimbabwe is more prevalent among men than among women (DHS, 2005-6; 2010-11; 2015). Trends among the youth have also been in line with global ones and are captured through the GYTS. The GYTS has been administered in Zimbabwe since its inception in 1999. Results from the four rounds of this survey provide insight into tobacco-use trends among the country’s adolescents. Because the country’s sole tobacco control legislation came into place in 2002, the first round of the GYTS presents a baseline of tobacco use among the youth in Zimbabwe before the country legislated for its control. The second round, in 2003, and subsequent rounds provide an *ex-post* analysis of the law’s effectiveness in controlling tobacco use among the youth.

Table 5 below is a grouping of some of the key trends relating to four of the indicators: prevalence, access and availability, exposure to second-hand smoke, and media and advertising.

Table 5. A grouping of key trends in tobacco use among youth from the Global Youth Tobacco Survey (1999-2014)

Indicator	GYTS Round			
	1999 (%)	2003 (%)	2008 (%)	2014 (%)
<i>Prevalence</i>				
Students who had ever smoked cigarettes	24.2	21.5	9.9	18.6
Students who currently use any tobacco product	20.4	16.2	11.1	20.0
Students who currently smoke cigarettes	11.0	9.1	2.3	11.2
Students who currently use other tobacco products	13.4	10.8	9.9	6.2

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Percentage of never smokers likely to initiate smoking next year	-	22.6	23.9	35.2
Access				
Bought cigarettes & were not refused because of age	60.7	57.2	-	37.9
Second-hand smoke				
Live in homes where others smoke in their presence	36.1	42.6	22.6	31.8
Are around others who smoke in places outside their home	56.5	65.2	47.9	49.3*
Advertising and marketing				
Saw anti-smoking media messages in the past 30 days	74.5	77.4	74.1	44.6
Saw pro-cigarette ads in newspapers or magazines in the past 30 days	68.8	69.3	62.6	-
Have an object with a cigarette brand logo	-	17.6	12.5	23.9
Were offered free cigarettes by a tobacco company representative	-	18.6	10.0	20.3

*Aggregate of those exposed to tobacco smoke inside any enclosed public place and at any outdoor public place
Source: GYTS (1993), GYTS (2003), GYTS (2008), GYTS (2014)

In 2014, the most popular way to purchase cigarettes was from a street vendor (23.5%) and the majority of students (23.4%) reported having purchased a pack of 20 cigarettes for less than 50 cents. Prevalence showed a drastic reduction in 2008, a time of economic crisis in the country, but since then the proportion of students who currently smoke has increased to pre-tobacco control legislation levels. The percentage of students who have never smoked but are likely to start in the next year has also increased significantly. While increasingly fewer students are observing anti-smoking media messages, increasingly more youth are exposed to tobacco advertising and promotion through owning an object with a cigarette brand logo on it or being offered free cigarettes by tobacco-company representatives. This confirms the aggressive marketing by the tobacco industry.

The global shift in cigarette demand, from high-income countries to middle- and low-income countries which are mostly in the early stages of the tobacco epidemic, provides added impetus to strengthen tobacco-control measures in these countries in order to discourage new smokers and motivate current smokers to quit. Particularly vulnerable in these countries are the young and the poor, who are disproportionately targeted by cigarette companies. GYTS survey results show an increased uptake of smoking among the young. The survey results have also revealed the extent to which current tobacco-control measures have not been effective in restricting the marketing and sale of tobacco products to the young. There is an opportunity to strengthen

tobacco-control measures in the country, particularly in deterring young people from taking up smoking, or encouraging them to quit.

Chapter Three: Study Design and Research Methods

This section sets out the methodology used for this study, outlining the approach used in data collection and information gathering and the tools employed for analysing the data collected. The specific issues covered in this section include the overall research design, sampling technique, data collection procedure, and data analysis method for data collected via interviews and data gathered through a systematic search of media reports.

3.1 Research design

The study made use of a qualitative research methodology to identify the gaps between the current tobacco control legislation and the WHO FCTC standard, and to assess its implementation. This involved two phases: semi-structured face-to-face interviews and a review of newspaper articles.

Consistent with the approach adopted by Tam and van Walbeek (2014) and Owusu-Dabo *et al.* (2010) in similar studies, the first phase involved data collection through semi-structured face-to-face interviews. In the second phase, the researcher examined tobacco-control issues in Zimbabwe from the perspective of the news media. This analysis of media content was done in order to supplement the views of the key informants to determine what kind of activities were being undertaken by the government and the tobacco industry to support or undermine the implementation of WHO FCTC provisions. For this analysis, a systematic search protocol was developed. This methodology was adapted from the systematic review methodology which “attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question” (Chandler *et al.*, 2017: 5). The protocol was applied to two of the most widely-read daily newspapers in Zimbabwe, with a combined market share of 78% of the total newspaper readership (Zimbabwe Advertising Research Foundation, 2016).

3.2 Sample, sampling technique, and procedure

Purposive sampling, a non-probability sampling technique, was used in the first phase of this study to select informants. It involves purposively selecting knowledgeable stakeholders as participants to provide insight on the issue under investigation (Dolores & Tongco, 2007). The individuals sampled fell into five strata: government, civil society, research organisations, statutory bodies and non-governmental organisations. These categories were included in the

sample because they have been identified as key stakeholders in the formation of tobacco policies and advocacy in Zimbabwe.

The study initially aimed at a total of 15 interviews (3 per strata) over a one month period and concluded with 13 successful interviews, with approximate success rate of 87%. The researcher finally settled on 13 interviews after reaching saturation and realising that the 13 interviews conducted forms a good representation of the targeted categories of people. A distribution of the 13 individuals interviewed shows that the categories mentioned above were adequately represented, therefore the outcome could be said to be reflective of the collective opinions of all the categories (see table 6).

Table 6. Summary of interviewees and assigned code names

Organisation type	Code name	Targeted Interviews	Number of interviewees
Government	GOV	3	3
Statutory body	SBO	3	3
Civil Society organisation*	CSO	3	2
Research organisation	RES	3	1
Non-governmental organisation*	NGO	3	4
Total		15	13

*CSOs can be defined to include all non-market and non-state organisations outside of the family in which people organise themselves to pursue shared interests in the public domain” (UNDP, 2013). NGOs are a subset of CSOs but specifically involved in development cooperation (UNDP, 2013).

Of the 13 interview participants, 7 were purposively sampled initially. The rest were identified using a snowball sampling technique until reaching saturation. This technique involved asking each of the interviewed participants whether they would be able to recommend any relevant additional people to take part in the research. The advantage of complementing the purposive sampling with the snowball sampling technique is to ensure that no important stakeholders were excluded.

The 13 interviewed participants included officials from government, including the Ministries of Health and Agriculture, statutory bodies such as the Forestry Commission of Zimbabwe, the Environmental Management Agency, the Zimbabwe Youth Council, and non-governmental organisations such as the World Health Organisation and civil society organisations. Of the 13 informants interviewed, 7 were female and 6 were males.

The sample consisted of individuals involved in tobacco control, with a good knowledge of tobacco-control efforts in the country and the political circumstances surrounding them. In an attempt to construct an even more heterogeneous sample of stakeholders, seven representatives from tobacco companies in Zimbabwe were also invited to take part in the study, but they declined.

3.3 Data collection

The data collected for this research study using interviews took place in Harare, Zimbabwe, between 4 May and 31 May 2018. The data collection was aided by a structured interview schedule which guided the interview process. The interview schedule (see Appendix 1) was constructed by the researcher and examined by both supervisors to validate its content and construction. It included open-ended which cut across all categories of interviewees, and sought to corroborate or dispute the information received across all participants. The schedule acted only as a guide to the researcher, to ensure that the same general areas were covered in each interview, allowing for a degree of freedom and the adaptability to explore new areas of discussion arising during the interview process. The questions included generally covered participants': (i) knowledge of tobacco-control efforts in Zimbabwe and awareness of the WHO FCTC, (ii) observations about the implementation of existing tobacco-control legislation and recommendations for future implementation, (iii) perceptions of barriers to tobacco control in the country, including their perception of the extent of tobacco-industry interference, and (iv) achievements of or challenges to Zimbabwe's tobacco-control policy for selected WHO FCTC Articles.

As part of the interview process, the researcher repeated or paraphrased statements made by the participants in order to verify her understanding of the participants' responses. All interviews were conducted in English language and lasted on average 30 minutes per participant. All interviews were recorded using a USB voice recorder and transcribed by the researcher. The researcher transcribed each interview verbatim, sent it back to the relevant participant for verification in order to give them an opportunity to add or retract any statement. Once approved by the participant, each interview transcription was analysed.

3.4 Ethical considerations

Ethical clearance (see Appendix 2) to carry out the study was obtained from the University of Cape Town Ethics Committee. Written informed consent to take part in the study and have it recorded was received from each participant at the beginning of the interview process. Subsequently, the researcher re-explained the purpose of the study, the rights of the participants to confidentiality and to withdraw from the study at any time, and that the researcher would transcribe the interview and the participant would then have an opportunity to remove or add anything to the transcription. Thereafter, each participant was requested to sign an informed consent form (see Appendix 3). Code names were used in order to maintain the confidentiality of each participant, for example GOV1 for an informant from a government department.

3.5 Data analysis

Data obtained from the interviews underwent thematic analysis, with the aid of the qualitative data analysis software NVivo version 12. This analysis was deductive in nature, consistent with the Framework Analysis approach outlined by Ritchie and Lewis (2003). Comparing this approach to Grounded Theory, another common qualitative research data analysis methodology, Ritchie and Lewis (2003) explain that one of the main differences between the two is that Grounded Theory is inductive while the Framework Analysis approach is deductive.

Deductive means that the research design is not strictly predefined, but develops in response to the data obtained and the ongoing analysis of data. Quite often, researchers making use of Grounded Theory will find themselves going back and forth between data collection and analysis as new themes are developed with each round of data collection. For the purposes of this research and because of constraints in terms of time and capacity, the Framework Analysis approach, which is more deductive in nature, allows the use of more structured topic guides during the data-collection process in order to identify patterns in the data.

The advantage of such a descriptive and interpretive approach to data analysis is that it is more likely to resemble the reality of a situation and in this way “offer insight, enhance understanding, and provide a meaningful guide to action” (Strauss & Corbin, 1998:12). This approach was favoured by the researcher as it would provide a clearer picture of the current state of tobacco control in Zimbabwe than explanations based on past experiences and speculation might provide.

Through the process of transcribing, reading, and re-reading the transcripts, the researcher became familiar with the data. In keeping with qualitative research data and the Framework Analysis approach, repeated ideas and concepts (*in-vivo* codes), which were initially identified through the reading process, were developed into categories which became themes (Smith and Firth, 2011; Ritchie and Lewis, 2003).

3.6 Systematic search protocol

This section outlines the protocol developed to guide a systematic search of media articles, relating to tobacco control and WHO FCTC implementation, in Zimbabwean newspapers. The search was guided by the following review question:

What kind of activities are being/have been undertaken by government and the tobacco industry, at the national level, to support or undermine the implementation of WHO FCTC provisions?

Upon ratifying the WHO FCTC, it is expected that Parties take steps to implement its provisions. Owing to the potential lengthiness of legal processes, official legislative records may not reflect other efforts being made to implement the treaty. For this reason, tobacco-related news articles from national newspapers complement the data from key informants' interviews by providing current information about efforts being made either to support the implementation of the WHO FCTC in Zimbabwe or oppose or delay such efforts.

This search reviewed media articles from two of the country's most widely-read daily newspapers, *The Herald* (with 43% readership) and *Newsday* (with 35% readership) (Zimbabwe Advertising Research Foundation, 2016). Combined, the two newspapers cover 78% of the market. The article search was constrained to the period between 4 March 2015, which is the date when the WHO FCTC entered into force in Zimbabwe, and 30 September 2018, which is the date when this study was being conducted.

Data collection and analysis

Articles were collected from *The Herald* and *Newsday* websites. On both websites, four separate searches were conducted, using the search terms 'tobacco' 'cigarette' 'smoking' and 'WHO FCTC'. Details from articles resulting from these searches were captured on an MS Excel sheet (Appendix 4). The details captured were the article title, date of publication, and URL address. As both *The Herald* and *Newsday* databases only show results for articles with the search term in the *title* of the article and not in the body of the text, not all articles that met the search criteria appeared. For this reason, the initial database search was supplemented by another search from a secondary source, Lexis Nexis Academic. This electronic database allows users to search using a combination of search terms and includes results for articles with the search terms in the body of the text, not only in the title of the article.

The following table summarises the parameters applied to the newspaper article search:

Table 7. Defining parameters for newspaper search

Item	Parameters
Dates	4 March 2015- 30 September 2018 (inclusive)
Media sources (online)	Herald, Newsday
Supplementary source	Lexis Nexis Academic
Individual search terms for media sources	"tobacco" "cigarette" "WHO FCTC" "smoking"
Search terms for supplementary source	"Zimbabwe" AND "tobacco" OR "cigarette" OR "WHO FCTC" OR "smoking"

The following basic information was captured and saved on an MS Excel spreadsheet for all articles that emerged from the initial search:

- Newspaper source;
- Date of publication;
- Author
- Article title;
- URL link (web address).

In this study, the eligibility criteria were applied *after* the above-mentioned basic details had been captured for all articles that appeared from the initial search. This was done to reduce the risk of losing articles during the search process as a result of the search limitation associated with *The Herald* and *Newsday* online databases and the incompleteness of the supplementary source (Lexis Nexis Academic). The researcher observed that the supplementary source was missing some articles that had appeared on either the *Herald* or *Newsday* online databases, after a search with the same search terms. Capturing details of all articles that appeared from the initial search across the three databases (*Herald*, *Newsday* and Lexis Nexis Academic) ensured that the researcher had a complete database of articles that met the search criteria on which to start implementing the eligibility criteria.

The researcher used a three-stage approach to selecting articles, which involved removing duplicates, reviewing the title, and then screening the full text. The inclusion criteria were guided by the WHO FCTC Articles and key provisions of existing guidelines for each Article. Articles that covered the provisions of the WHO FCTC, as outlined in Table 8, were included in the review. Excluded articles were those not relating to Zimbabwe, or not relating to government activities relating to the implementation of the WHO FCTC provisions, or opinion pieces with no information on government or tobacco-industry efforts to implement or undermine WHO FCTC measures.

Table 8. Inclusion criteria (WHO FCTC Guidelines)

WHO FCTC Article No.	WHO FCTC Article	Newspaper articles related to implementation activities (or contravention) concerned with the following:
5.3	Protection of public health policies with respect to tobacco control from commercial and	Reports of interactions between government and the tobacco industry; government partnerships with the tobacco

	other vested interests of the tobacco industry	industry; industry involvement in policymaking; regulation of 'socially responsible' activities by the industry
6	Price and tax measures to reduce the demand for tobacco	Adoption of price and tax measures in order to reduce tobacco consumption; dedicating tax revenue to tobacco control activities.
8	Protection from exposure to tobacco smoke	Implemented measures for protection from exposure to tobacco smoke in indoor public places, workplaces, public transport and, as appropriate, other public places; smoking bans to outdoor spaces.
9	Regulation of the contents of tobacco products	Prohibition, restriction and regulation of the contents and emissions of tobacco products.
10	Regulation of tobacco product disclosures	Implemented measures requiring manufacturers and importers of tobacco products to disclose information about contents and emissions.
11	Packaging and labelling of tobacco products	Prohibition of misleading tobacco packaging and labelling and ensuring that packages display prominent health warnings.
12	Education, communication, training, and public awareness	Awareness-raising on tobacco control issues, tobacco products and tobacco industry activities.
13	Tobacco advertising, promotion, and sponsorship (TAPS)	Ban on all forms of TAPS; banning of corporate 'socially responsible' activities by the tobacco industry; banning use of identifiable tobacco brands in entertainment media.
14	Demand reduction measures concerning tobacco dependence and cessation	Providing cessation support and treatment; establishing a national cessation strategy and treatment guidelines; integrating brief advice into existing health care systems.
15	Illicit trade in tobacco products	Eliminating forms of illicit trade including smuggling, illicit manufacturing and counterfeiting.
16	Sales to and by minors	Prohibition of sales of tobacco products to and by minors
17	Provision of support for economically viable alternatives	Promoting economically viable alternatives for tobacco workers, growers, and sellers.
18	Protection of the environment and the health of persons	Protecting the environment and health of persons in relation to the environment in respect of tobacco cultivation and manufacture

Source: Adapted from WHO, 2003

A total of 952 articles were collected through the method described above. The process followed for screening the newspaper articles collected had the following stages:

1. **First screening stage** - This involved screening for duplicates in the database and removing them. Of the 952 articles identified through database searching, 201 duplicates were removed, which yielded 751 articles.
2. **Second screening stage** - Screening was carried out using article titles to exclude those not relating to Zimbabwe and those that clearly did not meet the inclusion criteria, i.e. did

not relate to any of the WHO FCTC Articles. Those that were included were labelled according to which WHO FCTC Article they appeared to relate to. 106 articles met the inclusion criteria.

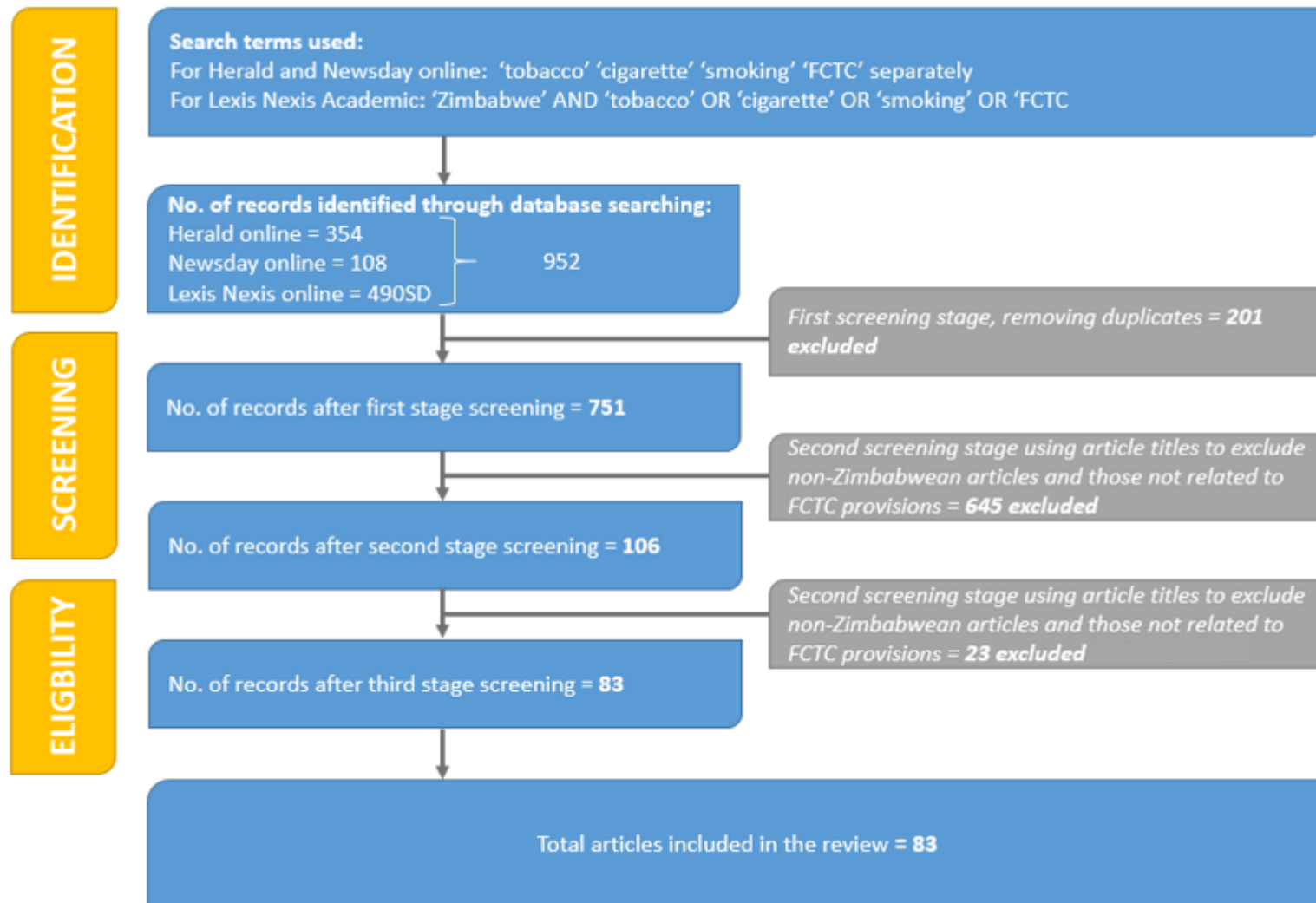
3. **Third screening stage** – This involved applying the inclusion and exclusion criteria to the full text of all articles that remained after the second screening stage. Reasons for exclusion were noted in the Excel spreadsheet. This final stage yielded 83 articles.

This process is represented diagrammatically in the flow diagram on the next page. Thereafter, the 83 full articles were classified according to which WHO FCTC Article they related and examined for government efforts to align tobacco control activities with the measures stipulated in the WHO FCTC or for government efforts which were contrary to this.

3.7 Limitations

In an effort to include a perspective from the tobacco industry, the researcher approached potential informants from the industry to take part in the study. However, these efforts were unsuccessful as the individuals approached rejected the offer. While the study would have benefitted from their perspective, the findings from this research remain valid and informative of the status quo of tobacco control in Zimbabwe. It should also be emphasised that the qualitative nature of the methodology applied, which was contextualised by a purposive sample and local media reports, limits the applicability of the results more broadly but can be informative for other similar study settings.

Figure 3. Flow diagram illustrating screening process



Chapter Four: Results and Discussion

This section presents and discusses the results obtained from an analysis of the interview data from key informants and the database of newspaper articles related to the government's attempts to align national policy with the WHO FCTC measures.

4.1 Understanding Zimbabwe's accession to the WHO FCTC

Zimbabwe's government has, in the past, expressed opposition to the WHO FCTC (Lown *et al.*, 2016). The number of active tobacco growers in Zimbabwe has increased since its accession to the WHO FCTC (TIMB, 2017b), accompanied by a corresponding increase in the land area under tobacco cultivation (FAO, 2018). Since WHO FCTC ratification, the Zimbabwean government has put in place financial incentives to promote tobacco production, contrary to the WHO FCTC Implementation Guidelines for Articles 17 and 18 (WHO, 2013). The conflicting signals, coupled with seemingly contradictory actions, have raised doubts about the country's true intent when it ratified the WHO FCTC. In the interviews held as part of this study, the line of questioning probed first into why the treaty was ratified (questioning intentions) and, secondly, into why it was ratified when it was (questioning timing). The first line of questioning also sought to interrogate the level of understanding, particularly among government officials, of the objectives of the WHO FCTC, drawn from their perceptions of the treaty. This revealed a misconception of the WHO FCTC's aim. While the WHO FCTC does not call for a ban on tobacco production (FCA, 2010), this was perceived by participants to be its main objective.

A total ban on tobacco I think ultimately, that's WHO, that's the intention [of the WHO FCTC], a total elimination of tobacco, that's the intention. (GOV1, Male)

Affirming the assertion of Lown *et al.* (2016) that the government sought to work with other tobacco-producing countries to protect its tobacco interests, the same government official explained:

We don't have power as Zimbabwe, but you must appreciate that there are also other players who are big producers of tobacco. Brazil is one of the big producers. Those concerns worry Brazil as much as Zimbabwe. China is a major consumer of tobacco so obviously they may stand on our part. So basically, the way these Conventions work is that there will be groupings of people. Those with a particular interest definitely will group as one. Those who want tobacco industry will stand as one... (GOV1, Male)

A combination of factors was presented by the informants, regarding the timing of the government's ratification of the treaty, particularly the length of time it took to reach the decision

to ratify. The participants suggested that the government took time to consider the implications of ratification for the country's tobacco farmers.

So, the best approach, we felt as Zimbabwe, was to be part of that Convention and make noises within the Convention... The fundamental thing was that we need to be heard from within. If you are not there, you are an observer, you have no voice... (GOV1, Male)

I think the country was trying to understand the implications of signing this good document against depriving their poor farmers from enjoying the benefits of selling the product... It's the supply side. (NGO1, Male)

Ultimately, the decision to sign the treaty was the result of both international and domestic pressure, as well as the desire to be a part of the conversation and 'to be heard from within.'

I think there was so much pressure internationally and Zimbabwe I think was one of the only 4 or 3 countries which had not ratified it and I can't remember whether there was a carrot or whether it was our Minister of Health who just put pressure on the president to say that we are the only country who are not recognising the Convention which we are also a member state of the United Nations and so on and I think that's what really pushed. (NGO3, Male)

Recent government efforts have been to support and expand tobacco production (RBZ, 2017; Chikwati, 2018). Some of the participants reported a lack of similar commitment to efforts to align Zimbabwe's current tobacco-control policy with the WHO FCTC. Generally, there is a perception on the part of the participants that there had not been much progress made in tobacco control since Zimbabwe's accession to the WHO FCTC.

Since ratification of the WHO FCTC I think we have not moved that much... (NGO1, Male)

We haven't started reviewing it [tobacco-control legislation] but plans are that we review it so that is in line with the WHO FCTC... We haven't done the strategies [intersectoral strategies for tobacco control] at the moment but we are going to do that when the technical working group has been appointed (GOV2, Female)

While past research (Lown *et al.*, 2016) has attempted to interrogate Zimbabwe's ratification of the WHO FCTC, it remains to be seen whether, with more time, the government will begin to make efforts to align domestic tobacco-control policy with the WHO FCTC. At the time of this study, four years after ratification, not much had been done. Informants confirm that the government's ratification was mainly driven by the desire to be a part of the conversation on global tobacco control, with the motive to protect the interests of its tobacco farmers by joining groups of other Parties with similar interests.

4.2 Implementation and effectiveness of current tobacco control legislation

Zimbabwe's existing tobacco-control legislation, the Public Health (Control of Tobacco) Regulations, Statutory Instrument 264, was promulgated in 2002 and had been in place for 16 years at the time of this study. To understand the future prospects of tobacco control in the country, in light of WHO FCTC ratification, the researcher investigated the extent to which the current tobacco-control legislation is being implemented. This may inform expectations for the implementation of a revised legislation.

Enforcement of current tobacco control legislation

All participants reported lax enforcement of the country's existing tobacco-control instrument. This is in line with the literature on tobacco-control implementation in middle- to low-income countries (Vellios *et al.*, 2018).

So, no enforcement, even of this statutory instrument that we have in the country. There is no enforcement at all. (NGO3, Male)

The legislation is there; they have that Statutory Instrument 264 or something but in terms of the actual implementation, it's been lacking. (RES1, Female)

Challenges for implementation

Interview findings confirm that both a weak tobacco-control instrument and a lack of enforcement are challenges to tobacco-control in Zimbabwe. The lack of enforcement is attributed to inadequate financial and human resources and a lack of staff capacity, within government, to drive tobacco-control efforts. Statutory Instrument 264 of 2002 has a strong focus on demand-reduction measures, such as controlling public smoking, restricting sales to and by minors, and labelling. Research has shown that despite this, key indicators of tobacco use and exposure among the youth show increased use, exposure to second-hand smoke, and access to tobacco products, validating the interview findings (GYTS, 1999; GYTS, 2003; GYTS, 2008; GYTS, 2014).

It [SI 264 of 2002] really focused on the youths, young people, not really on the crux of the matter...They [government and tobacco industry] were more focused on the economic benefits than the health hazards of tobacco. (NGO3, Male)

Maybe the resources [for enforcement] are not enough, even if it comes, maybe they cannot take this program as a priority to other programs because funding is less in every and all other ministries...it [tobacco control] gives us more work, so much that maybe the attention which we should be giving to tobacco control is divided among many things (GOV2, Female)

The obstacles to implementation of tobacco control measures identified through the interview process are in line with those recognised in other developing-country contexts (Dhavan and Reddy, 2007).

Tobacco-industry influence and interference has been identified in the literature as a significant challenge to the effective implementation of tobacco-control policy (Dhavan and Reddy, 2007; Otanez *et al.*, 2009). This influence is evident in the aggressive marketing of tobacco products to counter tobacco-control efforts, 'corporate social responsibility programs' by tobacco companies, and the lobbying of governments to refuse tobacco control policies in favour of perceived economic benefits or to apply weak tobacco-control instruments (Dhavan and Reddy, 2007; Otanez *et al.*, 2009). Tobacco marketing in low-income countries like Zimbabwe has been found to be more aggressive than in high-income countries (Savell *et al.*, 2015). In a sample of low-income countries, tobacco marketing in Zimbabwe was found to be the most aggressive (Savell *et al.*, 2015). The tobacco industry in Zimbabwe has historically lobbied the government to support their interests (Woelk *et al.*, 2001; Rubert, 1998), including, most recently, lobbying for a 'sustainable excise duty' which is as low as possible (*Newsday*, 27 July 2016). This is of particular concern and is illustrative of the conflict between tobacco-industry interests and public health, as tobacco taxes have been shown to be the most effective measure to reduce tobacco use (Gravelly *et al.*, 2017).

One participant interviewed identified the country's high economic dependence on foreign earnings from the export of tobacco as leverage for the tobacco industry.

Tobacco brings in a lot of money for the country, for the growers, for the cigarette manufacturers. So, I think one of the biggest barriers [to better tobacco-control interventions] is their [tobacco industry's] ability to use their financial force, their ability to bribe even or their ability to buy their way out... (CSO2, Female)

Another participant, who was involved during the drafting process of the existing tobacco-control legislation, revealed the industry's influence through lobbying government for a weak instrument biased towards demand-reduction measures, particularly exposure to second-hand smoke. This was confirmed by a representative from the government.

So, the tobacco industry was also very influential including our politicians when we came to that instrument... They give you drinks, they give you meals, they take you to hotels because they have the money and they can bribe people... (NGO3, Male)

The instrument covers on tobacco control. It is really on tobacco control. It is not on tobacco farming control. It is on tobacco control in terms of smoking, the consumption side...we are

concentrating on those who are smoking in public. We are trying to prevent people to smoke in public places, we are trying to prevent the under 18s from smoking, we are trying to prevent the under 18s from selling or buying cigarettes (GOV2, Female)

Availability of cigarettes

With the identified shifting trend of cigarette consumption in low-income countries, particularly among the youth, most interview participants highlighted a major concern with the extent to which cigarettes were readily available at affordable rates through formal retail structures and informal vendor-type street markets. Research has shown that the tobacco industry provides an affordable product that is readily available and marketed aggressively in order to initiate new smokers and to retain current smokers (Hiscock *et al.*, 2018; Savell *et al.*, 2015).

The price of tobacco seems extremely cheap, so it remains very attractive for those who want to initiate (GOV3, Male)

If you just visit any high-density suburb, you will find a vendor somewhere and you will probably find cigarettes there and they are so cheap. I think for ten cents you get two or something like that. So that's how cheap cigarettes are (CSO1, Female)

Results from the GYTS survey in Zimbabwe highlight the extent to which young people increasingly have access to cigarettes through unregulated street markets. In the most recent survey, the most popular source of cigarettes was street vendors (GYTS, 2014). The majority of young people surveyed reported having purchased a pack of 20 cigarettes for less than 50 US cents. Hall *et al.* (2014) report similar findings in Mexico, where the prevalence of street vendors drove the increasing availability and consumption of single cigarettes, although this was among the adult smoking population.

In Harare, cigarettes are available through unregulated street vendors or stalls, similar to the one pictured below. The stalls are usually also stocked with matches for customers purchasing cigarettes.

Figure 4. Contents of a vendor stall selling cigarettes



Source: Picture taken by researcher

4.3 Environmental effects of tobacco farming

A major theme apparent across all the participants' submissions was a concern with the environmental degradation that has occurred as a result of tobacco farming and production. A high rate of deforestation and a slow rate of reforestation efforts were singled out as a cause for concern and a potential threat to the environment and to the sustainability of tobacco farming. One participant noted that in certain communal areas, farmers had to walk increasingly longer distances from their homesteads in order to get wood for tobacco curing, as the woodlots close to their farms were disappearing.

Go at any farm where there is tobacco agriculture - they are using firewood and they are cutting down trees like something else. It's really really bad, bad, bad news...Now our environment is really, really, really going down the drain (NG03, Male)

We have got examples of certain areas where there were trees initially but now there are no longer there because of over-usage and this is also very possible even with our own tobacco growing (SB1, Male)

Both the Zimbabwean government and tobacco companies have undertaken reforestation programs, planting fast-growing exotic trees (Sustainable Afforestation Association, 2018; Zimbabwe Tobacco Association, 2015). The tobacco industry's Sustainable Tobacco Programme

mandates tobacco farmers to use only sustainable wood energy for tobacco curing, and it appears that this is the primary driver of government and industry reforestation efforts (BAT, 2016). It is however not clear how this requirement is being monitored or enforced which is potentially a flaw in the programme.

4.4 Creating an enabling environment for tobacco control in Zimbabwe

While various barriers to the implementation of tobacco-control measures in the country were identified during the interviews, several suggestions were made on how to move forward post-WHO FCTC ratification and advance tobacco-control efforts in the country. A significant barrier in this regard will be the failure to prioritise tobacco control on the government's agenda.

I think the priority is relatively low and what makes the priority low is the lack of funding to support the implementation of the activities...So, the tobacco [control] is not on the top priority, relatively, unfortunately so (NGO1, Male)

For me, as long as Zimbabwe is going to really be a big tobacco growing country, tobacco control will remain very weak on the government agenda because they don't have any other choice than using it as a means to get foreign currency so it's a tricky situation (NGO2, Participant 1, Male)

Egbe *et al.* (2018) attribute the low implementation of the WHO FCTC and its measures in the AFRO region to a lack of political will to drive forward tobacco-control policies. This finding is of particular concern to the Zimbabwean context.

Despite being a Party to the WHO FCTC, participants identified that the Zimbabwean government was confronted with multiple developmental challenges and pressing economic concerns. Tobacco control was therefore not a priority for the government, particularly in light of tobacco's perceived economic benefits. This perception has resulted in a near-schizophrenic situation where one set of rules applies to the demand side of tobacco control (i.e. reducing consumption) but another applies to the supply side (i.e. economic development through boosting production). Such contradictory tobacco-control activities can deprive the government of the benefits of making tobacco control a development priority and adopting a multi-sectoral approach to its implementation.

An increased prominence of tobacco control on the government's agenda is key to advancing tobacco-control efforts in Zimbabwe to bring it into alignment with the WHO FCTC. Interview participants highlighted the role that civil society can play in holding the government accountable

for the commitments made by becoming a Party to the WHO FCTC. The research of Lencucha *et al* (2018a) and Mamudu and Glantz (2009) illustrates the potential influence of NGOs in strengthening tobacco control policy and in mobilising support for more robust tobacco control policy.

If you don't have like a CSO or a counter party to make the government accountable to these obligations, nothing will happen. But if you have someone to hold the government accountable that after the ratification you have to put in place smoke-free environment, you have to implement the graphical warnings, you have to do this and that. I think it is a starting point for Zimbabwe to move. (NGO2 Participant2, Female)

One participant was of the view that independent research was important to document the tobacco industry in Zimbabwe so as to establish a robust evidence base to inform future tobacco control policy.

For me, research is also very important, first of all, to even document the tobacco economy here in Zimbabwe - maybe there are some studies from the industry perspective and I think there needs to be other independent studies to demonstrate the size of the industry because when we say the industry it's not just the manufacturing...I would recommend to really have a serious look at the situation and make an analysis of what is going on; have a good understanding of the current situation and then make a plan for how do you address the situation (NGO2 Participant1, Male)

Lastly, strong leadership is necessary to drive these concurrent processes and initiate change to align the country's current tobacco control legislation with WHO FCTC best practice. One participant highlighted the role played by the late Minister of Health, Dr Timothy Stamps in legislating for tobacco-control through the SI 264 of 2002. The participant identified the importance of such strong leaders to drive forward stronger tobacco control legislation.

We need strong leadership. If the Minister could appoint a strong leader to drive this. I don't know why it is like this. But if he can find somebody who has the energy, who can call people, who can make applications for funding and who can fight for funding in the country, even small amounts. (NGO3, Male)

4.6 Situation analysis of Zimbabwe's tobacco control policies in relation to the WHO FCTC

While tobacco control legislation is often lax and lacking enforcement in LMICs, WHO FCTC ratification can provide international support for government departments and civic organisations to develop stronger tobacco-control instruments in such contexts (Lown *et al.*, 2016; Wisdom *et al.*, 2018). Upon ratification of or accession to the treaty, Parties to the Convention are expected to begin the process of aligning domestic tobacco-control laws with the provisions prescribed by the WHO FCTC. Two of the treaty's Articles are time-bound. Articles 11 and 13 require Parties to adopt the prescribed measures (i.e. packaging and labelling of tobacco products, and banning tobacco advertising, promotion and sponsorship) within three and five years respectively. It has been four years since Zimbabwe's ratification of the treaty and this section explores actions taken by government to support WHO FCTC implementation since then.

This is presented as a situation analysis of Zimbabwe's current tobacco-control laws vis-à-vis actions undertaken to align it to the WHO FCTC, as informed by a media content analysis, reviewed literature and semi-structured interviews which were part of this study. Table 9 below provides a summary of these findings.

Table 9. Summary Situation Analysis of Zimbabwe’s tobacco control policies and activities

WHO FCTC Articles		Situation Analysis	
		Public Health (Control of Tobacco) Regulations (Statutory Instrument 264 of 2002)	State of Affairs
Part II: Objective, guiding principles and general obligations	Article 5: General Obligations. Develop and implement tobacco control measures; finance and coordinate the work nationally.	<ul style="list-style-type: none"> SI 264 provides for the establishment of a Tobacco Control Committee whose mandate extends to advising on the development of national tobacco control strategies. No legal provision for establishing and financing focal points for tobacco control. 	<ul style="list-style-type: none"> Since ratification of the WHO FCTC, the government has established and financed a single national focal point for tobacco control under the Ministry of Health’s Mental Health Care department (GoZ, 2018b). There is no evidence of a Tobacco Control Committee as stipulated in the tobacco law (GoZ, 2018b). Zimbabwe 2018 report to the WHO FCTC states that the Minister of Health is “yet to appoint a technical working group to develop a strategic plan of action and draw a road map for the implementation of the WHO FCTC” (GoZ, 2018b).
	Article 5.3: Multisectoral national tobacco control strategy and protecting tobacco control policies from the commercial and other vested interests of the tobacco industry	<ul style="list-style-type: none"> The Tobacco Control Committee stipulated in the law should have twelve members, including representatives from health, consumer council, Ministry of Industry, Ministry of Agriculture and five representatives directly involved in the tobacco industry. Tobacco Control Committee with industry representatives meant to take on the role of developing tobacco control strategy and monitoring the enforcement of tobacco control regulations. No statutory provisions to protect tobacco control policies from tobacco industry interests. No legislated transparency requirements for government engagement with the tobacco industry. 	<ul style="list-style-type: none"> Media reports detail the tobacco industry engaging government and <i>vice versa</i>, resulting in concessions on excise duty on cigarettes and an increased export incentive for tobacco farmers (RBZ, 2017; Mtomba, 2016; Machivenyika and Chikwati, 2017; Mhlanga, 2017). Financial contributions have been made to government bodies by the tobacco industry in order to “enhance tobacco production in the country” (Makichi, 2015). In 2016 BAT Zimbabwe, the largest cigarette manufacturer in the country, lobbied the government for a ‘sustainable excise duty’ (Mtomba, 2016). Memorandum of Understanding (MoU) signed between BAT and the government where the latter received US\$527 000 for the provision of technical, financial, and infrastructural support to enhance tobacco production by providing training, building tobacco curing barns, and improving access to credit for tobacco farmers (Makichi, 2015). An unclear separation exists between the tobacco industry and the government with government being a regulator of the industry but also promoting tobacco production through distributing inputs and providing financial support to tobacco farmers (TIMB, 2018).
Part III: Measures relating to the reduction of demand for tobacco	Article 6: Price and tax measures to reduce the demand for tobacco	<ul style="list-style-type: none"> SI 264 of 2002 does not make provision for the taxation of tobacco products. 	<ul style="list-style-type: none"> Excise duty was revised in the 2019 national budget speech to US\$25 per 1000 as a revenue enhancing measure. This was up from US\$20 per 1,000 sticks in the 2015 national budget (GoZ, 2018c). Media reports of BAT Zimbabwe lobbying government for a ‘sustainable excise duty’ (Mtomba, 2016).
	Article 8: Protection from exposure to tobacco smoke	<ul style="list-style-type: none"> Smoking prohibited in any educational or health care facility, theatre, cinema, museum, youth centre, library or place of worship or public meeting hall, and on public transport. SI 264 allows for a designated smoking area in any public premises or food premises. 	<ul style="list-style-type: none"> Fine of US\$500 for violators but law enforcement found to be an issue (Lown <i>et al.</i> 2016).

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	Article 9: Regulation of the contents of tobacco products and of tobacco product disclosures	<ul style="list-style-type: none"> No regulations identified. 	<ul style="list-style-type: none"> Limited skills and capacity identified by government as a barrier to monitoring the information reported by cigarette companies on the contents of tobacco products (GOV2, Female).
	Article 10: Regulation of tobacco product disclosures	<ul style="list-style-type: none"> SI 264 section 7(3) requires every tobacco product to carry information on the percentage of the tar and nicotine content. 	<ul style="list-style-type: none"> Government informant identifies a lack of capacity and skills within the government to monitor the information reported by cigarette companies (GOV2, Female).
	Article 11: Packaging and labelling of tobacco products	<ul style="list-style-type: none"> SI 264 section 7(1) requires packaging to contain one of three written health warnings which must cover 20% of the cigarette package. SI 264 section 8(7) prohibits the sale of unpackaged tobacco products (single cigarettes). 	<ul style="list-style-type: none"> Sale of unpackaged tobacco products common among street vendors.
	Article 12: Education, Communication, Training and Public Awareness	<ul style="list-style-type: none"> One function of the Tobacco Control Committee established by the tobacco law, as set out in section 13(a) of SI 264, is to “advise the Minister on the development of informational and educational materials and programmes for the protection of youth from smoking”. 	<ul style="list-style-type: none"> There is no evidence of a Tobacco Control Committee (GoZ, 2018b). World No Tobacco Day has been celebrated in Zimbabwe since 2013. Owing to a lack of funding, it is usually combined with World No Drug Day which is celebrated on 26 June (GOV2, Female; Lown <i>et al.</i>, 2016).
	Article 13: Tobacco Advertising, Promotion and Sponsorship (TAPS)	<ul style="list-style-type: none"> SI 264 s8 allows promotional events for adults only (18 years and above) and sample tobacco products may be offered to adults. 	<ul style="list-style-type: none"> 20.3% of youth were offered free cigarettes by a tobacco company representative (GYTS, 2014).
	Article 14: Demand reduction measures concerning tobacco dependence and cessation	<ul style="list-style-type: none"> No regulations identified. 	<ul style="list-style-type: none"> No national quitline (Eriksen <i>et al.</i>, 2015).
Part IV: Measures relating to the reduction of the supply of tobacco	Article 15: Eliminate illicit trade in tobacco products	<ul style="list-style-type: none"> No regulations identified. 	<ul style="list-style-type: none"> Wide reporting of cigarette smuggling between Zimbabwe and South Africa, partly driven by weak border controls and a lack of enforcement (Mapakame, 2016; Muleya, 2015). Zimbabwe still to ratify the Protocol on Illicit trade (WHO, 2018c).
	Article 16: Prohibit sales to and by minors	<ul style="list-style-type: none"> SI 264 of 2002 s6 prohibits the trading of tobacco to or by minors (under age 18); no information on verification. 	<ul style="list-style-type: none"> 20% of youth smokers purchase their cigarettes in a store. 40% of those who bought cigarettes in a store were not denied purchase because of their age (GYTS, 2014).
	Article 17: Provision of support for economically viable alternative activities	<ul style="list-style-type: none"> No regulations identified. 	<ul style="list-style-type: none"> No government sponsored research or programs promoting alternative crops. Government conducted a WHO-funded farmer survey to assess farmers’ concerns about growing alternative crops (GoV, 2018a). Continued government support for tobacco production e.g. increasing financial incentives for tobacco growing (export incentive) (RBZ, 2017); US\$70 million finance facility in place through the Central Bank to support tobacco farmers (Chikwati, 2018).

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			<ul style="list-style-type: none"> ▪ Government support for the growing of new tobacco varieties e.g. drought resistant, and for cigar tobacco production (“Zim explores alternatives...”, 2016; “Adapting tobacco growing...”, 2015). ▪ Government calls to diversify driven by alarming rates of deforestation caused by tobacco production (Pito, 2018). ▪ Cigar-wrapper tobacco leaf explored as an alternative to flue-cured tobacco (“Zim explores alternatives...”, 2016).
Part V: Protection of the environment	Article 18: Protection of the environment and the health of persons	<ul style="list-style-type: none"> ▪ No provision in SI 264 of 2002 for the protection of the environment and the health of persons. ▪ SI 116 of 2012 controls the use of firewood, timber, and forest produce with reference to tobacco production, among other things. 	<ul style="list-style-type: none"> ▪ Tobacco-caused deforestation widely reported (Pito, 2018; Gogo, 2018; Pito, 2016; Manyepo, 2016; Gora, 2018). ▪ Government and private-sector led reforestation programs in place, driven by international pressure from global tobacco sustainability programs (Gora, 2018, Marufu, 2018). ▪ Lack of enforcement of SI 116 of 2012 and its requirement for tobacco farmers to obtain a firewood licence (SBO3, Female). ▪ Government-funded research into energy efficiency tobacco curing process (Gogo, 2015). ▪ Tobacco levy introduced in 2015 for reforestation, now totalling US\$23 million, remains unused (Chikwati, 2015; Chikwati, 2016; Chikwati and Mutasa, 2018).

Chapter Five: Conclusion and Policy Recommendations

This dissertation set out to investigate the impact of acceding to the WHO FCTC on Zimbabwe's current tobacco control legislation. This was firstly assessed by determining whether or not the tobacco control legislation had been revised since accession. In the case of Zimbabwe, this had not yet been done. This research then sought to assess the implementation of Zimbabwe's current tobacco-control legislation, through a synthesis of information from interviews with key informants involved in tobacco control in the country. This information was supplemented by a situation analysis that examined government efforts to align existing tobacco-control legislation with the Framework Convention on Tobacco Control. The interviews, along with the newspaper articles analysed and other literature (e.g. the review of Zimbabwe's biennial update to the Secretariat) were used to investigate whether or not efforts were being made to revise this legislation and what these efforts were.

5.1 Summary of Findings

The interview findings revealed that Zimbabwe's existing tobacco-control legislation was biased because of tobacco-industry interference during the early stages of the drafting of the bill. As a result, the final tobacco-control legislation was not robust enough to encompass all areas of tobacco control comprehensively. Demand-reduction measures are central to the law and it focuses on protecting non-smokers from second-hand smoke, controlling public smoking, as well as restricting sales to and by minors and the promotion of tobacco products. Although at its inception the existing tobacco control legislation had a champion in the then-Minister of Health, the late Dr Timothy Stamps, it appears that it now lacks someone to push for its revision and enforce implementation. While the enforcement of certain sections of the law, such as those covering smoking on public transport, has largely been successful, other areas of the law are not uniformly enforced. There are reports of public smoking, particularly in restaurants and bars. Restrictions on the sale of tobacco products to and by children were identified as lacking proper enforcement, with under-age tobacco vendors a common sight on the streets of Harare.

There are multiple challenges to effective tobacco-control efforts in Zimbabwe. Prominent among these is the economic dominance of the tobacco crop and the leverage this has given the tobacco industry to interfere with tobacco-control efforts in the country. There is currently no prioritisation of tobacco-control efforts by government, even after their ratification of the WHO FCTC. Indications are that the government's ratification of the treaty does not represent a weakening of the government's resolve to promote tobacco production and protect the country's

tobacco farmers. Accession to the WHO FCTC was rather an opportunity to present the country's concerns, particularly those relating to the supply-side provisions of the WHO FCTC, and possibly disrupting WHO FCTC efforts to limit tobacco-industry interference and advance global tobacco-control efforts. Ratification, although a commendable action, has not ensured implementation or deterred tobacco-industry interference. Tobacco-control advocates in the Zimbabwean government must therefore be wary of any direct or indirect tobacco industry influence on the process of updating Zimbabwe's tobacco legislation.

While various barriers were identified to the implementation of tobacco-control measures in the country, several recommendations can be made on how to advance tobacco-control efforts in the wake of WHO FCTC ratification. Key among these are:

1. Strong leadership within the Ministry of Health to champion the cause;
2. A strong civil society presence to hold government accountable for fulfilling provisions of the WHO FCTC;
3. The need for more independent research to map the size and strength of the tobacco industry in the country and to inform future tobacco-control policy, particularly relating to supply-side measures;
4. More awareness-raising programs to educate the public on the harms of smoking, particularly targeted at the young.
5. Members of the Conference to the Parties (COP) should be alert about member countries who signed into the WHO FCTC in order to protect country industry interests and consider sanctions for countries who are found representing contrary WHO FCTC stands.
6. The need to build in-country capacity for tobacco control and monitoring tobacco industry interference.

5.2 Conclusion

The strong tobacco industry in Zimbabwe poses a threat to the effective implementation of tobacco-control measures. However, because 98% of the country's tobacco crop is exported, measures to reduce the supply of tobacco will likely face strong resistance from the industry. This makes demand-reduction measures low-hanging fruit for the government to demonstrate its commitment to the WHO FCTC and its objectives, albeit only partially. Efforts should be made to put in place measures to ban tobacco advertising, promotion, and sponsorship, as well as to regulate the packaging and labelling of tobacco products more effectively. These time-bound measures of the WHO FCTC provide an external impetus for the government to act and will have positive effects in reducing the demand for tobacco products.

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At present, government actions run counter to the supply-reduction measures and recommendations stipulated in the WHO FCTC and associated policy guidelines. It remains to be seen whether external forces, such as reduced global demand for tobacco or fluctuating tobacco prices, can trigger government action on promoting alternative livelihoods as a priority.

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Appendix 1. Interview Schedule/Topic Guide

INDIVIDUAL INTERVIEW TOPIC GUIDE

Status of implementation of Framework Convention on Tobacco Control (WHO FCTC) in Zimbabwe: a qualitative study

Nature of Discussion

The interviews will be semi-structured with the topic guide acting as a prompt to remind the interviewer of topics to cover, questions to ask and areas to probe. The format will be that of a guided interview which is intended to ensure that the same general areas are covered with each interviewee. This allows for a degree of freedom and adaptability which is likely to unearth more information in a more focused manner compared to the conversational approach.

Topic Guide for the Interviews:

- What is known of tobacco control legislation in Zimbabwe?
- Why Zimbabwe joined the WHO FCTC when it did?
- What is the government's agenda going forward?
- What is the awareness of the WHO Framework Convention on Tobacco Control (WHO FCTC)?
- Which areas has Zimbabwe made progress in its bid to implement the WHO FCTC?
- What is your perception on the harm tobacco causes?
- What are some of the achievement and challenges, if any, of Zimbabwe's tobacco control policy in:
 - Price tax measures to reduce demand on tobacco products
 - Protection from exposure to tobacco smoke
 - Regulation of the contents of tobacco products
 - Regulation of tobacco product disclosure
 - Packaging and labelling of tobacco products
 - Education, communication, training and public awareness through media campaigns
 - Demand reduction measures concerning tobacco dependence and cessation services
 - Illicit trade in tobacco products
 - Sales to and by minors
 - Provision of support for viable alternative activities
 - Managing environmental effects of tobacco farming, manufacturing and smoking
- What are some recommendations on the way forward if progress is to be made in the area of tobacco control and policy implementation with regard to the WHO FCTC?
- What are some of the barriers to protecting the right to public health with the current tobacco control laws in place?
- What kind of support has your organisation received for advocacy work on the harm of smoking and from who?

Appendix 2. Ethics Clearance

	<p>Faculty of Commerce Private Bag X3, Rondebosch, 7701 2.26 Leslie Commerce Building, Upper Campus Tel: +27 (0) 21 650 4375/ 5748 Fax: +27 (0) 21 650 4369 E-mail: com-faculty@uct.ac.za Internet: www.uct.ac.za</p> <p> @Commerce_UCT  UCT Commerce Faculty Office</p>
<p>31 May 2018</p>	
<p>Mr Chipo Rusere School of Economics University of Cape Town</p>	
<p>REF: REC 2018/005/035</p>	
<p>Dear Chipo Rusere,</p>	
<p>Evaluation of WHO Framework Convention on Tobacco Control Implementation in Zimbabwe</p>	
<p>We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid for 1 year and may be renewed upon application.</p>	
<p>Please be aware that you need to notify the Ethics Committee immediately should any aspect of your study regarding the engagement with participants as approved in this application, change. This may include aspects such as changes to the research design, questionnaires, or choice of participants. The ongoing ethical conduct throughout the duration of the study remains the responsibility of the principal investigator.</p>	
<p>We wish you well for your research.</p>	
<p>Modie Sempu Administrative Assistant University of Cape Town Commerce Faculty Office Room 2.26 Leslie Commerce Building</p>	
<p>Office Telephone: +27 (0)21 650 2695/4375 Office Fax: +27 (0)21 650 4369 E-mail: modie.sempu@uct.ac.za Website: www.commerce.uct.ac.za<http://www.commerce.uct.ac.za/></p>	
<p><small>"Our Mission is to be an outstanding teaching and research university, educating for life and addressing the challenges facing our society."</small></p>	

Appendix 3. Informed Consent Form

INFORMATION SHEET

Status of implementation of Framework Convention on Tobacco Control (WHO FCTC) in Zimbabwe: a qualitative study

Hello, my name is Chipo Rusere and I am conducting research towards a Masters degree, specialising in Economic Development. I am researching the progress in implementation of the World Health Organisation's Framework Convention on Tobacco Control (WHO FCTC) in Zimbabwe along with the awareness among government officials, civil society organisations, health practitioners and other stakeholders, of the WHO FCTC articles in relation to tobacco control in Zimbabwe. I would like to invite you to participate in this study.

Project Explanation

In 2016, Zimbabwe was the 6th largest tobacco-producing country in the world and the largest in Africa. On 21 May 2003, the World Health Organisation adopted the WHO FCTC which entered into force two years later. The WHO FCTC is a global treaty designed as a strategy to address addictive substances through demand reduction strategies as well as addressing supply issues. The treaty was developed particularly to address the globalization of tobacco supply and demand. Zimbabwe acceded to this treaty on 4th December 2014.

There have been concerns about slow implementation of Articles of the treaty, particularly in the developing world, with implementation proving difficult. I am interested in finding out about any progress that has been made in the implementation of this treaty in Zimbabwe. I would also like to identify key issues relating to the awareness of the WHO FCTC and the key challenges and achievements in Zimbabwe to date. To that end, I would like to interview people who are involved in tobacco control reporting, advocacy and publicity.

Please understand that your participation is voluntary and should you choose not to participate, there will be no negative consequence. If you choose to participate, but wish to withdraw at any time, you will be free to do so without negative consequence. However, I would be grateful if you would assist me by allowing me to interview you.

Voluntary Participation

Should you wish to take part in this study, you will be asked to take part in an interview of not more than one hour. I will interview you at a venue of your choice and you are not expected to incur any travel costs. If you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. There will be no direct benefit to you, but your participation is likely to help us find out more about tobacco control efforts in Zimbabwe. You are being invited to take part in this research because we feel that your experience as a _____ can contribute much to our understanding and knowledge of tobacco control challenges in Zimbabwe.

Confidentiality

The interview data will be transcribed and analysed for the purposes of this research. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The information recorded is confidential, and no one else except Professor Corne van Walbeek will have access to the

information documented during your interview. I will give you feedback in the form of the final graded write-up of the research, should you wish to receive it. There are no known risks or dangers to you associated with this study. The researchers will not attempt to identify you with the responses to your questionnaire, or to name you as a participant in the study, nor will they facilitate anyone else's doing so.

I will give you an opportunity at the end of the interview/discussion to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

CONSENT FORM

Should you wish to take part in this study, please may you complete the section below:

I consent voluntarily to be a participant in this study. I understand that I may refuse to participate or stop participating at any time without penalty. If I wish, I will be given a copy of this consent form.

Signature of participant Date

Name of participant

CONTACT

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact:

Name: Professor Corne van Walbeek, UCT

Email: cwalbeek@gmail.com

Telephone Number: +27(0)21 650 3608

This proposal has been reviewed and approved by the UCT Ethics in Research Committee (EiRc), which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the UCT EiRC, please contact Professor Michael Kyobe, Deputy Dean of Research and Internationalisation on michael.kyobe@uct.ac.za

The Research Council of Zimbabwe has also been contacted regarding information on the registration of this research.

Tobacco control in Zimbabwe and the WHO FCTC: State of Affairs

Appendix 4. Extract from Newspaper Articles Database

Newspaper	Source	Date	Title	Initial title s	Full text scr	Author	Reason	URL
Herald	Lexis Nexis online	16-Apr-15	Motherly counsel to errant youths	Exclude	Exclude	Nhambura, F.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Herald online	21-Apr-15	Average tobacco price down 9pc	Exclude	Exclude	No author		https://www.herald.co.zw/average-tobacco-price-down-9pc/
Herald	Lexis Nexis online	21-Apr-15	Wet conditions to persist- Met Dept	Exclude	Exclude	Chikwati, E. & Nherera, D.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Herald online	22-Apr-15	Editorial Comment: Let's prepare for a smoking-free era	Article 17	Exclude	No author	Opinion piece, r	https://www.herald.co.zw/editorial-comment-lets-prepare-for-a-smokin
Newsday	Lexis Nexis online	01-Jun-15	Endorsement deals: Cash cow or mere exploitation	Article 13	Article 13	Samukange, T.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Newsday	Newsday online	13-Jun-15	Cigarette thief jailed	Article 15	Exclude	Samukange, T.	Not in connectio	https://www.newsday.co.zw/2015/06/cigarette-thief-jailed/
Newsday	Lexis Nexis online	15-Jun-15	TSL plans to add cereals to the group	Article 17	Exclude	Samukange, T.	No in connectio	http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Herald online	17-Jun-15	Bogus cops steal car, tobacco at 'roadblock'	Exclude	Exclude	Rupapa, T.		https://www.herald.co.zw/bogus-cops-steal-car-tobacco-at-roadblock/
Newsday	Newsday online	17-Jun-15	Bogus cops rob farmers, get away with car, 31 tobacco	Exclude	Exclude	Samukange, T.		https://www.newsday.co.zw/2015/06/bogus-cops-rob-farmers-get-awa
Herald	Herald online	18-Jun-15	Tobacco deliveries expected to surpass target	Exclude	Exclude	No author		https://www.herald.co.zw/tobacco-deliveries-expected-to-surpass-targe
Herald	Herald online	20-Jul-15	Cigarette dealer fined	Article 15	Article 15	Muleya, T.		https://www.herald.co.zw/cigarette-dealer-fined/
Herald	Herald online	11-Aug-15	R1,1m cigarettes smuggler intercepted	Article 15	Article 15	Muleya, T.		https://www.herald.co.zw/r11m-cigarettes-smuggler-intercepted/
Herald	Herald online	12-Aug-15	\$577m tobacco sold so far: TIMB	Exclude	Exclude	No author		https://www.herald.co.zw/577m-tobacco-sold-so-far-timb/
Herald	Lexis Nexis online	12-Aug-15	Eight SA Police Officers Arrested for Smuggling	Article 15	Exclude	No author	Enforcement ca	http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Lexis Nexis online	13-Aug-15	Eight cops arrested for smuggling	Article 15	Exclude	Razemba, F.	Enforcement ca	http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Lexis Nexis online	19-Aug-15	Smuggling Worries SA Police	Exclude	Exclude	No author		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Herald online	21-Aug-15	Govt mulls use of ethanol to cure tobacco	Article 18	Article 18	No author		https://www.herald.co.zw/govt-mulls-use-of-ethanol-to-cure-tobacco/
Herald	Herald online	24-Aug-15	Tobacco industry moves to reverse crop's ecological foc	Exclude	Exclude	Gogo, J.		https://www.herald.co.zw/tobacco-industry-moves-to-reverse-crops-ecoc
Herald	Lexis Nexis online	26-Aug-15	Raid nets 420 000 fake tablets	Exclude	Exclude	Razemba, F.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Lexis Nexis online	26-Aug-15	Harare Agricultural Show- Day 2	Exclude	Exclude	Chikwati, E.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Newsday	Lexis Nexis online	26-Aug-15	As China sneezes...Zim companies to record mixed fortu	Exclude	Exclude	Samukange, T.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Lexis Nexis online	27-Aug-15	Establish national seed authority now	Exclude	Exclude	Mugano, G.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Herald online	28-Aug-15	New tobacco varieties out	Continued gove	Continued gove	Shirichena, L.		https://www.herald.co.zw/new-tobacco-varieties-out/
Herald	Lexis Nexis online	28-Aug-15	No one will starve- Mphoko	Exclude	Exclude	Chikwati, E.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc
Herald	Lexis Nexis online	28-Aug-15	Deport hundreds from the street, published	Exclude	Exclude	Razemba, F.		http://www.lexisnexis.com/Inacui2api/results/docview/docview.do?doc