

# **ASSESSING 20 YEARS OF WHO FCTC**

## **Implementation in the Early Adopters of the African Region**

**By the Global Alliance for Tobacco Control**



**Global Alliance  
for Tobacco Control**

## Acknowledgements

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## About GATC

The Global Alliance for Tobacco Control (GATC), formerly the Framework Convention Alliance (FCA), is a global network of civil society actors working towards a world free from the devastating health, social, economic, and environmental consequences of tobacco. GATC is the only global network dedicated solely to implementing the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) and serves as the leading voice of civil society in strengthening and accelerating progress. GATC's leadership ensures there is a cohesive global movement of civil society organizations (CSOs) addressing the work of the Treaty, and its work in policy development and advocacy, knowledge translation and exchange, capacity building, and the convening of stakeholders has resulted in significant policy achievements and outcomes in global tobacco control.

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# Introduction

After three years of negotiations, the World Health Organization Framework Convention (WHO FCTC) came into force in 2005, becoming the first treaty in the world dedicated to public and global health. The WHO FCTC changed the world not only for tobacco control, but it also quickly became a standard for regulation for public health policies at a global level.

Twenty-one years have passed since the entry to force and 183 Parties, meaning 90% of the world are covered by the WHO FCTC. In its first decade alone, an estimated 24 million fewer young people took up smoking, and 2 million people quit tobacco use. Overall tobacco use prevalence has declined steadily, falling from an estimated 29.3% in 2005 to a projected 18.1% globally by 2030<sup>1</sup>.

In parallel, the WHO FCTC has played a critical role in strengthening governments' legal capacity to defend tobacco control measures, serving as a key reference in legal challenges brought by the tobacco industry and contributing to at least 35 major global litigation victories.

While all parties are legally committed to implementing WHO FCTC measures, not all countries have the same support and opportunities to turn policy into action. Low- and Middle-Income Countries (LMICs) are disproportionately affected by NCDs, with 80% of the world smokers living in LMICs<sup>2</sup>. Commercial and social determinants of health directly impact the implementation rates of tobacco control measures around the world.

Tobacco industry interference has been identified as one of the main barriers for implementation of the WHO FCTC for decades. The tobacco industry has a track record of undermining efforts to reduce the harm of tobacco products and the risks posed by nicotine addiction.<sup>3</sup>



**90% OF THE WORLD  
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ON TOBACCO CONTROL

The African region (AFRO) countries are considered “*early adopters*” for the WHO FCTC, as 8 out of the 40 needed countries for the treaty to come into force were from the region: Botswana, Ghana, Kenya, Lesotho, Madagascar, Mauritius, Senegal, and Seychelles all ratified the WHO FCTC by February 2005. Seychelles was one of the first five countries in the world to ratify the treaty, following the inaugural steps of Norway as the first country in the world, early 2003<sup>4</sup>.

This research paper seeks to better understand the journey that the early adopters in the AFRO region have gone through in the implementation process for the WHO FCTC. The hope is that this in-depth analysis will not only highlight disparities and implementation gaps but also identify valuable lessons learned and best practices. The paper will provide a set of actionable recommendations, tailored to the different stakeholders, seeking to provide a vital roadmap for targeted interventions, inform future global strategies discussed at the COP, and ultimately reinvigorate commitment to the WHO FCTC’s goals in these pivotal nations.

- 1 World Health Organization (2025) Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2025. License: CC BY-NC-SA 3.0 IGO.
- 2 World Health Organization (2025) “Tobacco: key facts”, accessible here <https://www.who.int/news-room/fact-sheets/detail/tobacco>
- 3 World Health Organization (2023), Stop the lies: tobacco exposed, accessible at <https://www.who.int/news-room/spotlight/tobacco-exposed-2023>
- 4 United Nations Treaty Collection (2003), “WHO Framework Convention on Tobacco Control”: list of signatures and ratifications. Accessible at [https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg\\_no=ix-4&chapter=9&clang=en](https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=ix-4&chapter=9&clang=en)

## Rationale

While the WHO FCTC has brought impactful changes to public and global health, there are still gaps and challenges in accelerating full implementation of the treaty. Better understanding those barriers can lead to deciphering new avenues for change that can help overcome even the ever-evolving tactics by the tobacco industry to influence policy.

This research paper focuses on the twenty “early adopters” countries from the AFRO region, meaning the first twenty countries from the region that ratified the WHO FCTC between 2003 and 2007. After passing the mark of 20 years, the hope is that this work will help assess the current state of tobacco control in early adopters, revealing the progress and evolution of their efforts, successes, and persistent challenges in policy implementation, resource constraints, and public awareness.

The key objective of this analysis is to contribute to the evidence base seeking to understand the long-term impact of the FCTC on early adopters, fostering accountability and transparency. By pinpointing specific areas for improvement, this scoping exercise can serve as a crucial foundation for developing and implementing more effective tobacco control strategies, ensuring that the initial enthusiasm for the FCTC translates into sustained and impactful public health gains across diverse national contexts. Crucially, the assessment also seeks to highlight

opportunities to strengthen the sustainability of tobacco control efforts by shifting from a reliance on often unpredictable external donor funding toward greater domestic resource mobilization.

Within those twenty selected countries, this analysis will highlight the experiences from four different countries: Senegal, Benin, Uganda and Kenya. These case studies were selected to ensure representation of both francophone and anglophone contexts within the WHO African Region, while also reflecting countries that have demonstrated notable leadership and progress in advancing WHO FCTC implementation. The country cases will showcase in depth the lessons learned and challenges from two francophone countries and two anglophone countries.

The African Region’s early engagement with the WHO FCTC mirrors the commitment demonstrated by the earliest global adopters, including Norway. As one the first countries worldwide to ratify the Convention, Norway helped establish the momentum that ultimately contributed to the treaty entering into force. Examining the experiences of AFRO early adopters provides an opportunity to assess how early political commitment translated into implementation in diverse national and regional contexts.

## Methodology

For this scoping exercise, we conducted the data collection process in three different phases:

- 1. Comprehensive desk review:** a tobacco control specialist from the AFRO region carried out a comprehensive desk review to identify gaps in the existing literature, potential common themes and note important aspects to consider for our data collection questionnaires.
- 2. Online survey:** To complement the desk review findings, the research team developed and disseminated an online survey targeting stakeholders from the twenty early adopter countries in the African Region. The survey consisted of 22 questions, including a combination of multiple-choice questions and four open-ended questions. Responses were received from representatives across 13 countries, including government representatives, civil society organizations, academia, and international organizations, providing additional insights into implementation experiences, challenges, and priorities.
- 3. Semi-structured interviews with participants from the four countries selected (Senegal, Benin, Uganda and Kenya).** To support a more in-depth qualitative analysis, semi-structured interviews were conducted with key stakeholders from four selected country case studies: Senegal, Benin, Uganda, and Kenya. Eight interviews were carried out with representatives from government, academia and civil society organizations. The interviews followed a guide composed of eight semi-structured questions and lasted approximately 45–60 minutes, allowing participants to share detailed reflections on successes, persistent barriers, and lessons learned related to WHO FCTC implementation.

# Key Findings, Trends and Emerging Themes

The data collection process provided different perspectives and points of view of the process of early adoption of the WHO FCTC in the African Region. It highlighted challenges, lessons learned and successes in tobacco control, both regionally, nationally and locally. The data also underlined the challenges between the ratification and implementation phase.

## Key Areas of Progress and Positive Developments

Strong political will and leadership from government officials have been a vital enabler for progress and positive developments in tobacco control at both regional and national levels. In some early adopter countries, awareness around the tobacco epidemic and the need for prioritization of tobacco control policies started before the WHO FCTC negotiations. In those countries, the WHO FCTC brought international legitimacy and validation to the local efforts by civil society and policy makers that were advocating for tobacco control regulations. In other early adopter countries, the WHO FCTC brought political momentum that led to the development of tobacco control laws and political changes in public health.<sup>5,6</sup>

Multisectoral collaboration also has been identified as a key enabler for progress. Respondents highlighted the increasing recognition of tobacco control as a multisectoral issue beyond health, needing to involve finance, trade, environment and non-state actors. The collaboration within government, and between governments, civil society and international organizations has shown to be vital in achieving higher levels of implementation. Data shows that civil society monitoring the tobacco industry ensures higher levels of transparency and accountability. Furthermore, international organizations have supported both government officials and advocates in capacity building efforts, to increase technical skills in tobacco control matters.<sup>7</sup>

Institutional development was also repeatedly identified as a major success. Several countries established tobacco control institutional structures, including national tobacco control programs, tobacco control units within Ministries of Health, focal points, committees and multisectoral mechanisms. The creation of these institutions together with the obligations brought by the WHO FCTC led to an increase in tobacco control research, surveillance and data collection across the different countries.

The Conference of Parties to the WHO FCTC (COP) is the main governing body of the Convention. It serves as the primary decision-making platform for the world's first global public health treaty. Parties to the Convention and observers gather every two years to negotiate global tobacco control measures and assess progress. Participation in COP processes was described by respondents across different countries and stakeholders as being impactful in the strengthening of national tobacco control policies and policy making. Participants described the participation in COP highly relevant to better understand technical matters within tobacco control but also to increase awareness about the implementation experiences from other countries from the African region and at a global level.<sup>8</sup>

5 WHO FCTC Secretariat Global progress report on implementation of the WHO Framework Convention on Tobacco Control <https://fctc.who.int/convention/progress/global-progress-reports>

6 World Health Organization Global Adult Tobacco Survey (GATS) <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey>

7 World Health Organization Tobacco control in the WHO African Region WHO Regional Office for Africa, accessible here, <https://www.afro.who.int/health-topics/tobacco-control>

8 WHO FCTC Secretariat Conference of the Parties (COP) documentation <https://fctc.who.int/convention/conference-of-the-parties>

## Key Challenges and Persistent Barriers

Participants identified as a barrier the limited existence of regional and local evidence base that advocates and policymakers can consult, independent from the tobacco industry influence and bias. Advocacy relies on solid and transparent evidence to make breakthroughs on tobacco control and to promote awareness on the need to better comply with WHO FCTC obligations to address the tobacco epidemic and nicotine addiction.

Another key challenge that was identified through data analysis is the emerging threats such as non-medicinal nicotine products and alternative marketing strategies that have become aggressive, such as social media campaigns and the role of influencers in targeting youth to push for alternative products such as e-cigarettes and pouches. Evidence shows that the tobacco industry disguises its products as “harm reduction” strategies, when in reality global sales data indicate that alternative nicotine products are not replacing cigarettes but expanding nicotine consumption through dual use and the recruitment of new users.<sup>9</sup> Respondents alerted the need for regulations to stay updated

to address these emerging challenges, both the alternative marketing/sponsorship and the emerging products.<sup>10</sup> Notably, these threats and regulatory gaps are not unique to the AFRO region, even global pioneering early adopters like Norway continue to face significant policy challenges as they attempt to catch up and regulate the rapid influx of non-medicinal nicotine products such as nicotine pouches and e-cigarettes<sup>11</sup>.

Limited enforcement has been mentioned consistently across different countries and stakeholders as a key challenge for implementation of the WHO FCTC and tobacco control policies. In many countries, this is a direct result of limited financial resources that can support human resources and logistics to enforce policies and procedures. In others is a result of administrative and technical difficulties, that impact directly on the availability of resources to guarantee sustained enforcement. A recurring pattern across early adopter countries is the fact that legislative adoption is more consistently documented than enforcement effectiveness.<sup>12</sup>



- 9 WHO FCTC Secretariat (2025), FCTC/COP/11/10 Implementation of measures to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke, and the protection of such measures from commercial and other vested interests of the tobacco industry in light of the tobacco industry's narrative on “harm reduction” (Articles 5.2(b) and 5.3 of the WHO FCTC) – proposed by Parties, accessible at <https://fctc.who.int/resources/publications/item/fctc-cop-11-10-implementation-of-measures-to-prevent-and-reduce-tobacco-consumption-nicotine-addiction-and-exposure-to-tobacco-smoke-and-the-protection-of-such-measures-from-commercial-and-other-vested-interests-of-the-tobacco-industry-in-light>
- 10 Tobacco Control Research Group, University of Bath. TobaccoTactics country profiles, accessible here: <https://www.tobaccotactics.org/topics/country-profiles/>
- 11 National Committee against Smoking (2025), Norway is considering strengthening regulations on several forms of oral tobacco, including snus, accessible here: <https://www.generationsanstabac.org/en/actualites/la-norvege-envisage-de-renforcer-la-reglementation-de-plusieurs-formes-de-tabac-oral-dont-le-snus/>
- 12 Egbe CO, Magati P, Wanyonyi E, et al (2023) Landscape of tobacco control in sub-Saharan Africa Tobacco Control 2022;31:153-159.

Across all stakeholder groups and countries, tobacco industry interference emerged as a cross-cutting challenge affecting legislation, taxation, enforcement and implementation timelines. Examples of interference include lobbying government officials, corporate social responsibility activities, funding political campaigns, litigation against tobacco control regulations, participation in legislative proceedings and drafting of legislation, targeting youth and vulnerable population in aggressive marketing strategies,<sup>13</sup> among others.<sup>14,15</sup> Similarly, this challenge is also frequently reported by other early adopters outside of the AFRO region.<sup>16</sup> Even among some of the earliest adopters of the WHO FCTC, tobacco industry interference remains a challenge. Norway and Fiji, two of the first five countries worldwide to ratify the Convention, received scores of 41 and 65 out of a 100 in the Global Tobacco Industry Interference Index 2025<sup>17</sup>, respectively, indicating moderate levels of interference.<sup>18,19</sup>

Financial constraints were one of the most relevant barriers that came across the data collected. Across the different countries, the limited financial resources dedicated to tobacco control policies were mentioned in all different interviews and by most of the survey respondents. The implementation of WHO FCTC aligned policies is heavily impacted by the limited funds available at national, regional and global levels. Tobacco control budgets compete with other public programs for public fund allocations and more often than not, other health issues are prioritized. To counter this systemic underfunding, evidence from best practices suggests that health ministries must actively engage with ministries of finance to frame tobacco taxation not only as a fiscal tool, but as a direct health financing mechanism. By dedicating a percentage of excise tax revenues specifically for tobacco control and non-communicable disease (NCD) programs, countries can save lives, cut healthcare costs, and raise revenue simultaneously.<sup>20,21,22</sup>



- 13 Global Center for Good Governance in Tobacco Control (2025) Global Tobacco Industry Interference Index 2025, accessible at <https://globaltobaccoindex.org/upload/assets/KQr7Gk2U31T35wovWKlijEU0ekdREvylmiD5A6vtlAL6RICGfm.pdf>
- 14 STOP (2023) Global Tobacco Industry Interference Index 2023, <https://exposetobacco.org/wp-content/uploads/GlobalTIIndex2023.pdf>
- 15 University of Bath, TobaccoTactics (2021), The BAT Files: How British American Tobacco Bought Influence in Africa, accessible at <https://www.tobaccotactics.org/article/the-bat-files/>
- 16 Global Tobacco Interference Index 2025, accessible at <https://globaltobaccoindex.org/gti/2025>
- 17 The Global Tobacco Industry Interference Index 2025 assesses the extent of tobacco industry interference in 100 different countries, based on publicly available information. Countries are scored and ranked according to their overall level of interference, with lower scores indicating stronger protection of public health policies from tobacco industry influence. More information at: <https://globaltobaccoindex.org/gti/2025>
- 18 Global Tobacco Interference Index 2025, Norway country case, accessible at <https://globaltobaccoindex.org/country/NO>
- 19 Global Tobacco Interference Index 2025, Fiji country case, accessible at <https://globaltobaccoindex.org/country/FJ>
- 20 World Health Organization (2025), Raise taxes on tobacco, accessible at <https://www.who.int/data/gho/data/themes/topics/raise-taxes-on-tobacco>
- 21 World Health Organization (2025), WHO technical manual on tobacco tax policy and administration, accessible at <https://www.who.int/publications/item/9789240019188>
- 22 Foluke Akinwalere (2024), Dateline Health Africa, Challenges of Tobacco Control in Africa, accessible here: <https://www.datelinehealthafrica.org/challenges-of-tobacco-control-in-africa>

# Roles of Key Stakeholders

## Government, Civil Society, International Organizations and Academia



### Government

The evidence reviewed highlighted the critical role that government officials play in accelerating and sustaining implementation of the WHO FCTC in early adopter countries. Strong leadership and political will are key enablers for successful implementation of tobacco control policies. Given their central role in developing and implementing tobacco control policies, government institutions are often the primary target of tobacco industry influence. As such, establishing and institutionalizing clear measures to prevent conflicts of interest and protect policymaking from undue influence, in line with WHO FCTC Article 5.3, is essential to safeguarding public health objectives and ensuring effective implementation.

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### Civil society

The data collection process showcased the vital role of civil society in enabling progress and positive changes in tobacco control at national and regional levels. Across the different early adopter countries and stakeholder groups, civil society was consistently recognized as essential in the negotiations for WHO FCTC, the ratification processes and the implementation of tobacco control policies. Civil society plays a key role in monitoring and countering the tobacco industry interference, providing technical support to policymakers and promoting transparency and accountability at a governance level. Their sustained advocacy and engagement have been critical to maintaining momentum and strengthening tobacco control efforts over time.

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### International Organizations

International organizations such as WHO and global tobacco control partners were repeatedly described as key sources of technical assistance, funding and institutional strengthening. The role played by organizations as WHO was vital in supporting legislative processes, public awareness campaigns, surveillance and monitoring activities and facilitating collaboration with other WHO FCTC Parties.

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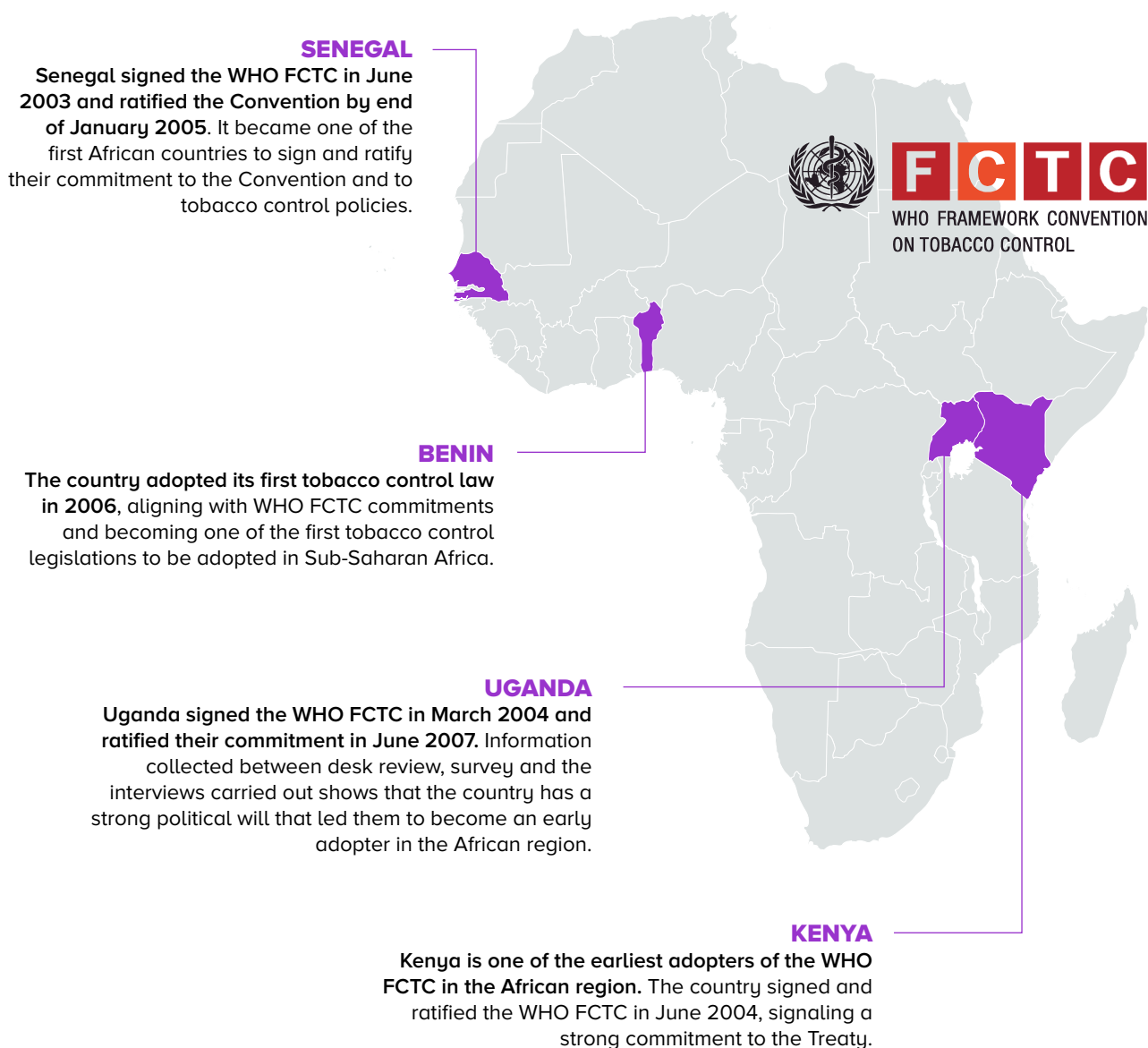
### Academia and research institutions

Several interviewees and survey respondents stressed that reliable data and evidence were essential for policy development, advocacy, implementation and countering tobacco industry arguments. Academia brings a key element to the development and implementation of tobacco control policies: solid and independent evidence. Policy makers and advocates rely on scientific research to support their tobacco control efforts.

# From Ratification to Implementation

## Country Experiences from Senegal, Uganda, Benin and Kenya

The regional findings identified several recurring themes across early adopter countries, including the importance of political leadership, civil society engagement, institutional development and participation in WHO FCTC governance processes. At the same time, challenges related to enforcement, sustainable financing and tobacco industry interference emerged consistently across stakeholder groups. The following country case studies illustrate how these themes have manifested in different national contexts.



## SENEGAL

Senegal signed the WHO FCTC in June 2003 and ratified the Convention by end of January 2005<sup>23</sup>. It became one of the first African countries to sign and ratify their commitment to the Convention and to tobacco control policies. The country showed dedication to tobacco control policies even before their participation in the negotiations of the WHO FCTC. Senegal passed their first tobacco control law from 1981, which laid the groundwork for Senegal's early adoption to the WHO FCTC.<sup>24</sup>

The data reviewed and the respondents identify the adoption of Law n° 2014-14 in March 2014 as crucial and a steppingstone to implementation of the commitments established by the WHO FCTC.

### Enablers for implementation and progress in tobacco control include:

- **Strong political will and commitment to tobacco control:** Senegal showed early awareness of the harms caused by tobacco use and the need to act at a public health level. Data shows that the different stakeholders identify as vital the strong commitment showed by government officials to tackle the tobacco epidemic. This political will has extended to collaboration with neighboring countries, where Senegal has in numerous occasions helped push progress at a regional level.
- **Strong participation of civil society:** the data reviewed showed that civil society played a key role in creating awareness about the importance of implementing tobacco control regulations. Respondents identified civil society as a key partner in accelerating implementation, awareness campaigns and support in recent advancements as the sustained increase in tobacco taxes. Civil society also has become a key component in transparency and accountability through their monitoring of the tobacco industry work.

### Challenges identified for implementation include:

- **Delays between adoption and implementation:** The WHO FCTC was ratified in 2005; however, it took 9 years for the country to pass a new tobacco control law that aligned with the requirements of the treaty. Data shows that the tobacco industry attempted to delay, weaken and stop regulations to be adopted.<sup>25</sup> Respondents identified that while the tobacco industry managed to delay the process, other challenges were faced such as limited human and financial resources and limited enforcement capacity.
- **Resource constraints:** the respondents and the data identified the limited resources as one of the main challenges to implementation. Implementation depends heavily on financial and human resources. Respondents highlighted that tobacco control must compete with many other national priorities for limited public funding and mentioned that certain tobacco control initiatives were funded by civil society.

Within the resource constraints, limited human resources were highlighted as a challenge. The implementation of the 2014 tobacco control law required technical expertise that was limited. Enforcement required interpretation of specific technical regulations, which the country lacked and could not afford to establish training programs.

In terms of **future priorities**, the data shows the following:

- Further work is needed in implementation of Article 5.3 and protection against conflict of interest and industry interference.
- Non-medicinal nicotine products pose a threat to tobacco control and regulations need to catch up to cover these products.
- The need for sustainable funding for tobacco control policies at a national, regional and global level.
- Continued multisectoral collaboration and regional cooperation to strengthen technical capacity.

23 United Nations WHO Framework Convention on Tobacco Control: Status of signatures and ratifications United Nations Treaty Collection <https://treaties.un.org/>

24 République du Sénégal (2014) Loi n° 2014-14 relative à la fabrication, au conditionnement, à l'étiquetage, à la vente et à l'usage du tabac

25 Global Tobacco Industry Interference Index 2025, Senegal, accessible here <https://globaltobaccoindex.org/es/country/SN>

## UGANDA

Uganda signed the WHO FCTC in March 2004 and ratified their commitment in June 2007.<sup>26</sup> Information collected between desk review, survey and the interviews carried out shows that the country has a strong political will that led them to become an early adopter in the African region. As in the case of Senegal, the introduction of the Tobacco Control Act took eight years and resulted in one of the most comprehensive legislative alignments with WHO FCTC in the region<sup>27</sup>.

### Enablers for implementation and progress in tobacco control include:

- **Strong Civil Society-Government collaboration:** the data showcases a long-term collaboration between civil society advocates and the Ugandan government. Civil society played a key role in promoting awareness and pushing the development and passing of the Tobacco Control Act<sup>28</sup>. Respondents also identified the support from international civil society and international organizations such as the World Health Organization, in providing technical support, local civil society capacity building and resource mobilization.
- **Strong Political Commitment:** the data collection process highlighted the mobilized political support behind the ratification process of the WHO FCTC and tobacco control policies, ranging from members of Parliament, Presidents, the Ministry of Health, among others. Uganda's commitment to tobacco control included a review of regional legislation, to address potential challenges and gaps in implementation. Furthermore, the country had to face litigation challenges with the Tobacco Control Act. Uganda successfully won a constitutional petition challenging the Act and managed to stop a legal challenge to tobacco control regulations that took place after the Act was passed.

### The challenges for implementation identified include:

- **Resource Constraints:** Evidence shows that Uganda relies heavily on donor support, with limited government funding allocated to tobacco control. Respondents noted that the Tobacco Control Committee does not have a dedicated budget and that civil society organizations have faced challenges sustaining their work due to inconsistent financial support. Limited resources have also constrained awareness-raising activities, technical capacity and implementation efforts.
- **Institutional Capacity and Enforcement:** Respondents identified limited visibility and institutionalization of tobacco control within government structures. Tobacco control activities are implemented under broader substance control programs, which can dilute visibility and prioritization. Political turnover and competing priorities have also contributed to limited awareness among policymakers of the harms caused by tobacco use and of Uganda's obligations under the WHO FCTC. Respondents highlighted the need to strengthen enforcement mechanisms and institutional capacity to support implementation.

**Tobacco Industry Interference:** Data collected through the desk review, survey and interviews highlighted continued tobacco industry efforts to oppose, delay and influence tobacco control policies. Respondents identified industry interference as an ongoing challenge requiring continued vigilance and implementation of measures to protect public health policies from commercial and other vested interests.<sup>29</sup>

In terms of **future priorities**, the data highlights the following:

- The need to strengthen implementation and enforcement of the Tobacco Control Act.
- Securing sustainable domestic funding for tobacco control activities and institutions.
- Increasing awareness of WHO FCTC obligations among policymakers and government stakeholders.
- Further strengthening implementation of Article 5.3 and measures to address tobacco industry interference.
- Promoting independent research to build regional/local evidence base to support and strengthen tobacco control advocacy.

26 United Nations WHO Framework Convention on Tobacco Control: Status of signatures and ratifications United Nations Treaty Collection <https://treaties.un.org/>

27 Republic of Uganda (2015) Tobacco Control Act, 2015. Government of Uganda

28 Uganda, Tobacco Control Act 2015, accessible at [https://bills.parliament.ug/attachments/Laws%20of%20Uganda%20\(Acts\)%20-%20THE%20TOBACCO%20CONTROL%20ACT,%202015.pdf](https://bills.parliament.ug/attachments/Laws%20of%20Uganda%20(Acts)%20-%20THE%20TOBACCO%20CONTROL%20ACT,%202015.pdf)

29 University of Bath, Tobacco Tactics (2021), Uganda Country Profile, accessible at <https://www.tobaccotactics.org/article/uganda-country-profile/>

## BENIN

Benin actively participated in the negotiations and drafting process of the WHO FCTC, which respondents believe led to a smooth transition to signature in June 2004 and ratification in November of the Treaty.<sup>30</sup> The country adopted its first tobacco control law in 2006, aligning with WHO FCTC commitments and becoming one of the first tobacco control legislations to be adopted in Sub-Saharan Africa. In 2017, the tobacco control law was revised to adhere to the guidelines for implementation that had come out since 2006 on the WHO FCTC.

### Enablers for implementation and progress in tobacco control include:

- **Evolution of Civil Society Capacity:** the data collected showcased a clear evolution of the capacity of local civil society. Respondents described that civil society had a crucial role in early adoption, promoting awareness and supporting the legislative process. However, the ever-changing scenario of tobacco control, industry interference and political turnover has required civil society to adapt and adopt other roles such as watchdog of tobacco industry interference, holding the government accountable for the delays in implementation and developing a stronger technical understanding of tobacco control policies and strategies.
- **Support from International Organizations:** the data reviewed showed strong support from international organizations, particularly the World Health Organization (WHO). Both governments and local civil society have benefited from capacity building and support provided by WHO. The technical support has alerted Benin about the arguments used by the tobacco industry tactics, strengthened participation at the Conference of Parties to the WHO FCTC and provided recommendations to support tobacco taxation policies.

### Challenges identified for implementation include:

- **Delays in implementation and enforcement:** Benin passed its revised tobacco control law in 2017, however, nine years later, the decrees needed to fully implement the provisions of the law are still pending. Evidence shows that Benin lacks a fully institutionalized tobacco control body and has limited enforcement capacity and resources.
- **Tobacco industry interference:** While Benin does not have tobacco farming or local tobacco industry presence, the tobacco industry has still managed to delay the tobacco control legislative processes and overturn the tobacco tax previously stated at 100% and dropped at 50% in 2024. The drastic drop in the tobacco tax has been supported by arguments mimicking industry narrative such as the tax increases leading to higher rates of illicit trade in the country and an increase in counterfeit tobacco products.<sup>31</sup>

### In terms of future priorities, the data shows the following:

- The need to adopt the institutionalization decree, as this would establish a national tobacco control institution, ensure a dedicated budget and improve implementation across the treaty.
- Return to tobacco tax levels that align with the WHO FCTC requirements.
- Strengthening enforcement of smoke-free laws across the country.
- Increase awareness of the threat posed by non-medicinal nicotine products.

30 United Nations WHO Framework Convention on Tobacco Control: Status of signatures and ratifications United Nations Treaty Collection <https://treaties.un.org/>

31 WHO FCTC Secretariat, (2016) Kenya's case: tobacco industry interference, accessible at <https://share.google/nRDn68t7RdPAjpaQU>

## KENYA

Kenya is one of the earliest adopters of the WHO FCTC in the African region. The country signed and ratified the WHO FCTC in June 2004, signaling a strong commitment to the Treaty<sup>32</sup>. Civil society and public health advocates had been pushing for tobacco control regulations for years, therefore, the ratification of the WHO FCTC gave the momentum to those efforts and resulted in the enactment of the Tobacco Control Act in 2007<sup>33</sup>. The ratification and the passing of the Tobacco Control Act were followed by unprecedented levels of industry interference with litigation challenges by the tobacco industry that quickly became famous worldwide.

### Enablers for implementation and progress in tobacco control include:

- **Commitment to tobacco control even prior to the existence of the WHO FCTC:** Civil society advocates and public health advocates had been pushing for a tobacco control act for many years prior to the ratification of the WHO FCTC. The ratification brought a validation to their early cause and political momentum that allowed for an initial successful implementation of tobacco control policies.
- **Strong Protection Against Tobacco Industry Interference:** Kenya's tobacco control legislation operationalized Article 5.3 of the WHO FCTC through a dedicated section defining tobacco industry interference, establishing transparency requirements for interactions with the industry, and addressing conflicts of interest and revolving door issues. Respondents identified these provisions as particularly important during the unprecedented legal challenges brought by the tobacco industry against the tobacco control regulations in 2014. Despite litigation lasting several years and reaching the Supreme Court, Kenya successfully defended its regulations, demonstrating the strength of its legal and governance framework.

### Challenges identified for implementation include:

- **Tobacco industry interference:** the data reviewed shows the country has had to face high levels of industry interference. The tobacco industry challenged several regulations put in place by the WHO FCTC and the Tobacco Control Act, such as the graphic health warnings, the tobacco control fund, among others.<sup>34</sup> The Excise Duty Act of 2015 also faced interference from the industry, seeking to weaken the tax structures introduced. Initially, Kenya experienced momentum in terms of implementation, however the litigation process fueled by British American Tobacco, delayed and deaccelerated the progress.<sup>35,36</sup>
- **Governance and administration restructuring:** Kenya constitutional transition after 2010 resulted in a shift in the responsibility for enforcement of tobacco control regulations to county level of government. This administrative restructuring temporarily slowed down implementation, as there were limited human resources with technical skills to guarantee enforcement.

In terms of **future priorities**, the data shows the following:

- The tobacco industry continues to interfere, even with the strong policies on conflict of interest in place and Article 5.3. Keep strengthening the protection of public health policies from interference.
- New tactics by the tobacco industry as social media campaigns and introduction of non-medicinal nicotine products pose a threat to existent regulations.
- Enforcement is still uneven across the country
- Regional cooperation has been successful in establishing a relationship with Uganda and other African countries, where Kenya has benefited from regional experience in tobacco control and vice versa.

32 United Nations WHO Framework Convention on Tobacco Control: Status of signatures and ratifications United Nations Treaty, accessible at <https://treaties.un.org/>

33 Republic of Kenya (2007) Tobacco Control Act, 2007. Government of Kenya, accessible at <https://www.tobaccocontrolaws.org/legislation/kenya>

34 British American Tobacco Kenya Ltd v Cabinet Secretary for Health & 2 others [2016] eKLR (High Court of Kenya), accessible at <https://kenyalaw.org/akn/ke/judgment/kesc/2019/15/eng@2019-11-26>

35 British American Tobacco Kenya Ltd v Cabinet Secretary for Health & 2 others [2017] eKLR (Court of Appeal of Kenya), accessible at <https://kenyalaw.org/akn/ke/judgment/kesc/2019/15/eng@2019-11-26>

36 University of Bath, TobaccoTactics, (2025) Kenya Country Profile, accessible here <https://www.tobaccotactics.org/article/kenya-country-profile/>

# Tailored recommendations by Stakeholder Group

Accelerating and sustaining progress in tobacco control requires strong governance, political commitment, sustainable resources, meaningful stakeholder engagement, and effective protection of public health policies from tobacco industry interference. The findings from this analysis highlight that successful implementation of the WHO FCTC depends on coordinated action across government sectors and the complementary contributions of civil society, academia, international organizations, and other relevant stakeholders.

The following recommendations aim to support more effective implementation of the WHO FCTC by strengthening collaboration, institutional capacity, accountability, and safeguards against undue influence. Organized by stakeholders, they reflect the distinct yet interconnected roles that different actors play in advancing and sustaining tobacco control efforts. By linking domestic enforcement efforts to the broader mandates of COP decisions and the Global Strategy to Accelerate Tobacco

Control<sup>37</sup>, Parties can leverage international solidarity, access targeted technical assistance, and safeguard their regulatory frameworks from industry interference. Sustaining this momentum is vital to ensuring that the regional and national progress of the last two decades aligns with the future of global public health governance.

## Civil society organizations

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- Sustain monitoring and watch dog efforts that track and allow to expose the tobacco industry's ever-changing tactics to influence public health policies.
  - Provide technical assistance to policymakers to support policy change.
  - Monitor transparency and accountability in policy making and institutional work.
  - Collaborate with academia and international organizations, to increase civil society capacity and resources.
  - Facilitate the translation of WHO FCTC obligations, COP decisions and implementation guidelines into practical, context-specific measures that can support national implementation efforts.
  - Hold government accountable of their commitment to global decisions made at COP (to the WHO FCTC) and obligations set out in the WHO FCTC.
  - Promote and support governments in investing in NCDs and tobacco control, through domestic resource mobilization.
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<sup>37</sup> WHO FCTC Secretariat (2023) Global Strategy to Accelerate Tobacco Control, accessible here: <https://fctc.who.int/resources/publications/m/item/global-strategy-to-accelerate-tobacco-control-2025>



## Government

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- Promote and invest as much as possible in improving enforcement rates of tobacco control regulations.
- Multistakeholder collaboration: governments should collaborate with the different key stakeholders in tobacco control, which does not include the tobacco industry or any other vested commercial interests.
- Multisectoral coordination: Establish or strengthen mechanisms to ensure a whole-of-government approach to WHO FCTC implementation, engaging non-health sectors such as finance, trade, environment customs, and education to align national priorities and prevent policy incoherence.
- Institutionalize code of conduct and conflict of interest policies to align with Article 5.3 in protecting public health policies from the vested interests of the tobacco industry.
- Invest in periodic surveys to inform public policies, to better understand the challenges faced by the country in terms of tobacco control and to report to the WHO and the WHO FCTC Secretariat.
- Urgently prioritize domestic resource mobilization, to sustainably and permanently fund tobacco control programs by implementing health taxes, establishing industry cost-recovery mechanisms, and embedding financing into broader national development and universal healthcare frameworks.



## International organizations

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- Support governments with technical needs on emerging threats such as non-medicinal nicotine products and evolving tactics from the tobacco industry.
- Promote collaboration between different WHO FCTC and Protocol Parties, to share lessons learned and experiences in implementation of the Treaty and Protocol.
- Assist other stakeholders with access to regional and global reporting and surveillance data that can support policy development and change.



## Academia

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- Strengthen the generation of local and regional evidence base to support tobacco control advocacy and regulations, free from the bias and influence of the tobacco industry.
- Promote comparative studies that analyze the tobacco control experiences in neighboring African countries, that bring regional perspectives to policymakers and public health advocates.
- Conduct and disseminate evaluations of the effectiveness and impact of tobacco control policies to strengthen the evidence base for maintaining and advancing regulations, particularly when they are challenged or contested.



## Conclusion

**Twenty years after the entry into force of the WHO FCTC, the experiences of early adopter countries in the WHO African Region demonstrate both the transformative potential of the Convention and the persistent challenges that continue to delay full implementation.**

Across the countries analyzed, the WHO FCTC has provided an essential framework for advancing tobacco control, strengthening public health governance, and fostering multisectoral collaboration. The findings highlight that strong political commitment, active civil society engagement, institutional development, and support from international organizations have been critical enablers of progress.

At the same time, common barriers remain. Limited financial and human resources, gaps in enforcement, insufficient local and regional evidence, and continued tobacco industry interference continue to undermine implementation efforts. Emerging challenges, including the growing presence of non-medicinal nicotine products and evolving industry tactics, require renewed attention and adaptive policy responses.

The country experiences from Senegal, Uganda, Benin, and Kenya illustrate that progress is possible even in challenging contexts. While each country followed a distinct implementation pathway, all demonstrated the importance of sustained leadership, collaboration among stakeholders, and monitoring of the tobacco industry interference.

As Parties continue implementing their WHO FCTC obligations, greater investment in enforcement, research, capacity building, and regional cooperation will be essential. The lessons learned from the African Region's early adopters provide valuable insights not only for the countries examined in this analysis, but also for other Parties seeking to accelerate implementation of the Convention. Sustaining momentum and strengthening protections against emerging threats will be critical to ensuring that the public health gains achieved over the past two decades continue to advance in the years ahead.



# Global Alliance for Tobacco Control

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