

# Strengthening Comprehensive Tobacco Control Policy Development in South Africa using Political Mapping

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# Abstract

The Tobacco Products Control Act was passed in 1993 in South Africa. This Act is not a comprehensive Act since it only deals with the regulation of smoking in public places, the prohibition of sales to minors under the age of 16 years and the regulation of advertising of tobacco products in certain respects and circumstances. The strengths and weaknesses of the Act are highlighted in this technical report.

This study aims to develop strategies to support the formulation and implementation of a comprehensive tobacco control policy in South Africa. It utilises Political Mapping, a Computer-Assisted Political Analysis program, which constructs maps of the political terrain around the responses to the current policy and future amendments to it. Descriptive information on policy content, policy consequences, key players (supporters, potential supporters and opponents), objectives of players, networks of players and transitions in organisations and political environments have been collected and organised. This information will be represented by means of tables, maps and graphs which will enable the detailed planning of a comprehensive policy.

Potential strategies for the successful acceptance of comprehensive tobacco control amendments to the present Act are identified and analysed so as to improve its political feasibility. It is recommended that tobacco control activities need an active focal point in the Department of Health, that an active tobacco control network develops among all relevant government departments, and that the network of tobacco control activists and organizations be extended and strengthened so as to facilitate the acceptance of a comprehensive tobacco control policy in South Africa.

## Introduction

### Consequences of tobacco use

In many countries the main causes of premature adult deaths are due to cardiovascular diseases, cancers, accidents and suicides. Many of these may be related to the excessive and inappropriate use of substances, such as tobacco. Cigarette smoking is one form of risk behaviour that forms part of an unhealthy lifestyle. Tobacco smoke contains 43 known cancer-causing agents.<sup>1</sup> Tobacco use, which is addictive, is a risk factor for a range of chronic diseases of lifestyle, viz.: tobacco-induced cancers, chronic obstructive lung diseases, cerebrovascular diseases and ischaemic heart diseases.<sup>2</sup>

Chronic diseases of lifestyle were responsible for 24,5% of deaths of all South Africans and 28,5% of deaths of those aged 35-64 years whose deaths were reported in 1988.<sup>2</sup> The impact of these diseases on the potentially economically productive age group has far-reaching

consequences. The total number of deaths due to chronic diseases of lifestyle increased to 42% for deaths recorded in 1990,<sup>3</sup> and the loss from the labour force due to these diseases is about 40%.

Tobacco was the cause of 3 million deaths globally in 1993, and it has been projected that it would cause 10 million deaths per annum by 2025. A net loss of US \$200 billion to the global economy has also been reported.<sup>4,5</sup> Half of lifelong smokers who start smoking in adolescence and continue throughout their lives will be killed by tobacco, and half of these will be in their middle age when death occurs.<sup>1</sup> In North America significant reductions in tobacco use have been reported. The last 3 decades have seen the prevalence of smoking reduced by nearly half after 75 years of steady increases.<sup>6</sup> This demonstrates that establishing non-smoking as a norm can be a slow process, and that not all parts of society accept it at the same pace. It is interesting to note the large financial resources that the tobacco industry makes available for advertising and promoting their products. In the USA alone during 1993, they spent \$6.2 billion on tobacco advertising and promotion.<sup>1</sup> This amount was nearly 5000 times more than the entire budget of the World Health Organization for tobacco or health activities in the same year.

## Tobacco use in South Africa

Tobacco use in South Africa is an ever-increasing health problem. By 1990, 25 000 tobacco-related deaths were reported annually. The 1994 estimates of economic costs of tobacco in terms of lost productivity due to premature deaths and hospitalisation exceeded R2,5 billion, while the direct cost of hospitalisation and outpatient treatment for smoking-related diseases in the public sector alone is approximately R1,5 billion per year.<sup>7</sup> Reddy *et al.*<sup>4</sup> report that 34% of adult South Africans - a total of 7 million - smoke. This overall figure has increased by 1% per year since 1992, but the smoking rate among 'coloureds' has increased alarmingly - by 12% over the 1992 figure. The highest rate of tobacco-related deaths (1 in 5) occurs in the Western Cape. The high smoking rates are also reflected in the 100% increase in lung cancer mortality rates among 'coloured' men and the 300% increase among 'coloured' women over the past 2 decades in the Western Cape.<sup>4</sup>

Flisher *et al.*<sup>8</sup> report that of their sample in the Cape Peninsula, 18,1% of high school students smoked at least one cigarette per day. Of these, 66,9% had tried to quit. Of those who did not smoke at least one per day, 41,2% had smoked previously and 3,6% intended to start smoking. A very small percentage of Xhosa-speaking females smoked. Since almost half of all South African household have smokers in them, exposure of children and non-smokers to cigarette smoke has reached critical levels.<sup>4</sup>

Adolescent health is a major concern in South Africa.<sup>9-11</sup> The population of young people is growing rapidly.<sup>12-13</sup> Children of school-going age (5-19 years) dominate the South African demographic profile and their number is nearing 15 million.<sup>14</sup> There are unacceptable levels of mortality, morbidity and risk-taking behaviours within the group, and much of the consequences of these are preventable.<sup>15</sup> A significant burden of illness on the community arises since many of

these problems persist in adult life.<sup>11</sup> Adolescent behaviours can also lead to a range of chronic diseases of lifestyle, which become a burden because of the significant cost implications.<sup>2,3,7</sup>

Cigarette smoking in adolescence represents a crucial entry-point in the progression to illicit drugs.<sup>16</sup> This means that risk factors for adolescent smoking have definite public health implications. Adolescents who experiment with drugs, and those who ultimately become heavy users, almost invariably first use cigarettes or alcohol. The earlier an adolescent begins to experiment with cigarettes and alcohol, the greater the severity and persistence of his or her subsequent involvement with illicit drugs. This illustrates the importance of understanding the motives and factors that predict smoking in children so that effective interventions are developed that prevent the experimentation, initiation and maintenance of smoking behaviour.

Lifestyles may be defined as mediating structure reflecting a whole range of social values, attitudes and activities. An individual's choice of behaviour may be either health-promoting or detrimental to health. To modify a young person's lifestyle, comprehensive tobacco control measures are required to change factors that determine it. Flisher *et al.*<sup>8</sup> state that behaviour of adolescents influences their eventual morbidity and mortality, and there is an association between different forms of risk-taking behaviour. A comprehensive approach to deal with the special problems that affect youth (i.e. the way they are targeted by the tobacco industry) is necessary. This comprehensive approach must have elements from an educational and an environmental perspective within a tobacco control programme.

Despite the harmful effects of smoking, it remains an important preventable determinant of morbidity and mortality. The prevalence of smoking is increasing in developing countries and South Africa is yet to experience the full impact of smoking-related deaths. This is due to the tobacco industry targeting the youth and developing populations in marketing their products.<sup>2</sup> There is an urgent need for the full implementation of the WHO recommendations<sup>1</sup> for comprehensive tobacco control in South Africa.

## History of tobacco control in South Africa

### Successes

Local Authorities banned smoking in cinemas in the 1970s and on domestic air flights in the late 1980s the agenda for current tobacco control activities was set after the 1988 Medical Research Council report<sup>17</sup> on the health and economic costs of tobacco use in South Africa. This report raised questions which moved the then Minister of Health (Mrs Rina Venter) to consider initiating legislation. The Tobacco Action Group (TAG) was formed in 1991. It was a coalition between existing organisations like the National Council Against Smoking (NCAS), the Cancer Association of South Africa (CANSA) and the Heart Foundation of Southern Africa (HFSA). It

lobbied successfully using media advocacy to raise public awareness of the necessity for tobacco control.<sup>18</sup>

The need for a strong coalition to support the drive for legislation was also recognised. The coalition was broadened to involve churches, trade unions and health groups. Strong collaboration occurred between the Department of Health (DoH), TAG, the MRC and non-governmental organisations. Nelson Mandela demonstrated his support for tobacco control by issuing a statement on World No Tobacco Day in 1992 (he was awarded the WHO Director-General's Tobacco or Health Medal in 1995). Thus he became a powerful symbol for the tobacco control lobby.

Groups who might oppose tobacco control measures were identified, e.g. the South African Broadcasting Corporation (SABC), which feared that the loss of advertising revenues would adversely affect its radio stations. Guided by the American experience with the 'fairness doctrine' in the 1970s, TAG suggested that radio stations could be exempted from the legislation, provided that they offered to give a pro rata amount of advertising space to broadcast health messages.

The Tobacco Products Control Act was passed in 1993.<sup>19</sup> The Bill was endorsed by all the political parties. This came at a time when dramatic political changes were occurring which provided a climate for new opportunities. It is not a comprehensive Act, but it is an enabling document. Its limitations are that it only deals with:

- the regulation of smoking in public places;
- the prohibition of sales to minors under the age of 16 years; and
- the regulation of advertising of tobacco products in certain respects (e.g. labelling).

It enables local authorities to apply this law. The development of a more comprehensive Act was constrained by:

- the powerful influence that the tobacco industry had on the government;
- the tobacco industry was seen as an example of an Afrikaner Nationalist business success story;
- the then President (Mr F.W. de Klerk) only supported limited action; and
- the 1992 Canadian court ruling that a ban on tobacco advertising was unconstitutional mitigated against stronger measures to control tobacco advertising in SA.

Other limited successes include the increase in excise taxes and the control over the importation of tobacco products without health warnings. There has also been a strong willingness shown by Environmental Health Officers to realise the implementation of the Act.

## Weaknesses

The major weaknesses of the Tobacco Products Control Act of 1993 are that:

- it does not address all the aspects of a comprehensive tobacco control policy required to optimally reduce tobacco use in a country;

- the definition of advertising was changed to exclude radio advertisements;
- smoking in public places was not banned completely and it was not specific with respect to the definition of public places, e.g. workplace is not specified as being a public place;
- no enforcement mechanism was built into the Act (especially with regard to tobacco sales to children and the correct proportional sizing of warnings on billboards). This could have arisen because the planning process did not include any consultation with law enforcement agencies.

Many of the weaknesses stem from:

- the tobacco industry's connection with the government and the power they wielded in the Cabinet;
- government ministers protected the tobacco industry;
- the economic influence of the tobacco industry on the media, e.g. magazines receiving large amounts of money for tobacco advertisements and radio stations being threatened with closure if the tobacco industry removed their support;
- advertising agencies were supportive of the tobacco industry;
- the tobacco control movement does not represent the composition of the South African population;
- the limited number of dedicated national tobacco control experts;
- health warnings only being applicable at the point of sale so that customs officials cannot seize cigarettes without health warnings as they enter the country;
- lack of impetus from the legal sector of the DoH and the State's legal advisors;
- the DoH's failure to seize the opportunity to harness free advertising space effectively on the radio;
- only 14 local authorities have requested powers to restrict smoking in public places;
- change in social norms takes a very long time; and
- a lack of research-based interventions.

Another major weakness is the insufficient increases in excise tax that have occurred over the years. These increases have not kept up with the rate of inflation. Between 1970 and 1990, the real value of tobacco taxes fell.<sup>20</sup> This resulted in a fall in the real price of cigarettes. In March 1997, tobacco excise taxes were increased significantly - greater than expected inflation. Despite taxes making up 52% of the retail price of cigarettes, the South African smoker still pays less tax on cigarettes than do smokers in other countries.

## Using information to correct weaknesses and maintain strengths

Much data already exist in South Africa that can be used to strengthen tobacco control activities. It is necessary to access this information and to use it strategically in a structured, co-ordinated way.

## Health effects and tobacco consumption

There is a lack of reliable national data on current and projected morbidity and mortality rates. Data on the causes of death are weak. Accurate recordings of causes of death and smoking status 5 years before death is necessary so that future mortality predictions can be made based on current rates of tobacco use. It is difficult to record the burden of diseases such as bronchitis and emphysema.

## Tobacco trade, economics and promotion

This information is easily accessed from the annual reports of tobacco companies and from government departments. The Department of Finance can supply information on excise taxes, the Department of Agriculture can supply the mass of tobacco produced and the Centre for Statistical Services can supply the average price of a pack of 20 cigarettes. An audit of tobacco advertisements also has to be completed (how much is spent, in which media, sponsorship, etc.).

More information about price elasticity is needed (the relationship between an increase in price and smoking consumption). More cost-benefit studies need to be undertaken. The relationship between tobacco production and employment rates in the tobacco industry should be investigated. The global network of the tobacco industry should be exposed (the diverse influence that they have on other industries). More information needs to be found on the state of tobacco smuggling (the export of tobacco products from SA and the amount that returns to be sold in SA).

## Population surveys

Frequent general health surveys are needed (as part of larger surveys). Information about youth tobacco use behaviours is needed so as to predict future trends. Longitudinal studies are needed to assess public responses to the legislation, and the effect of the health warnings on their decision-making processes. The public's knowledge of the health consequences of tobacco use and the extent of risk involved are not known. National information could be generated much quicker if international protocols are modified and used appropriately.

## Current tobacco control policies

Local authorities have to be supported and monitored as to how they respond to tobacco control. Frequently a lack of knowledge underpins insufficient action on the part of local authorities. There is very little tobacco control activity in schools. The health promoting schools concept

needs to be developed in all schools as it provides an opportunity for tobacco control activities to take root in schools. This includes the need for tobacco control policies and programmes as they apply to the schools' setting. National policy on tobacco control in schools is needed to protect school-going children/youth. Consultation with the National Education Department and Teacher Unions and Associations need to occur so that agreement can be reached on the importance of schools and school events being tobacco free. This can be incorporated into a code of conduct for teachers. It requires intersectoral action and groundwork before legislation is passed. This process can be facilitated since the Director-General of Health has issued a cabinet memorandum requesting intergovernmental collaboration on tobacco control.

## The Political Mapping program

### Aim

To strengthen the development of comprehensive tobacco control policy in South Africa by making use of Political Mapping software program (a computer-assisted political analysis).

### Objectives

1. To conduct a literature search on tobacco control policy development in South Africa.
2. To conduct a literature search on tobacco control policy development internationally.
3. To network and liaise with various role players working in tobacco control in South Africa (e.g. NCAS, MRC, HSRC, CANSA, HFSA).
4. To use the program to collect and organise descriptive information on policy content, policy consequences, key players, objectives of players, networks of players and transitions in organisations and political environments.
5. To use the program to explain how a particular policy was decided in the past and which strategies were effective in that particular political environment.
6. To use the program to develop an effective political strategy for formulating and implementing the proposed policy.
7. To use the program to improve the political feasibility of the proposed policy by identifying potential supporters, supporters and opponents and analysing potential strategies.

### Methods

The Political Mapping computer program was used after collating information gathered from literature reviews and from interviews and discussions with key role players involved in tobacco control policy development in South Africa.

The South African Development Directory,<sup>21</sup> Business Day: Directory of Politics and Business in South Africa<sup>22</sup> and the 1995 South African Directory of Service<sup>23</sup> were used extensively to

compile a list of players. Professor Judith Mackay's article<sup>24</sup> on the crucial role that government departments play in comprehensive tobacco control provided vital information to challenge and mobilise other Ministries that have not joined in supporting comprehensive tobacco control measures. Information from Chollat-Traquet's book also proved valuable in completing the tables in the Political Mapping program.<sup>25</sup>

## About political mapping

Political mapping is based on a methodology by M. R. Reich. The Windows implementation was designed and built by D. M. Cooper (version 1.3 August 1995).<sup>26</sup> It consists of the following main sections:

### **Section 1. Where to go: Decisions and Policies**

This section generates a Decision List and a Policy Content Table. The main decision (or policy) statements are defined in the Decision List. The Policy Content Table specifies goals of the policy, identifies mechanisms for implementing the policy and identifies indicators for evaluating the success of the policy.

### **Section 2. Circumstances on the Ground: Mapping**

Four tables are generated in this section. The Player Table identifies all organisations, sub-units of organisations, individuals and social groups that might affect or be affected by the policy. The Consequence Table summarises the consequences of the policy for all affected players. The Objectives Table analyses the objectives of all players who might be affected by or might affect the implementation of the policy. The Network Table analyses actual and potential influences exerted on players or conflict which arises between different players affected by the policy.

### **Section 3. How to get there: Strategy**

This section generates an Opportunity Table and a Strategy Table. In the Opportunity Table, transitions affecting players are defined. Opportunities to influence key players and strategies for future action are identified. Actions that can improve the political feasibility of the policy are identified and described in the Strategy Table.

## Output

The output of the program includes: 8 tables, a position map and a series of strategy maps and feasibility graphs. From the strategies that have been formulated, plans of action can be identified and monitored on an ongoing basis as the policy develops.

## Conclusion

This program is useful since it presents a structured approach to the political analysis for the development of comprehensive tobacco control policy. The step-by-step approach is particularly useful as it forces the user to consider policy development, support and implementation from all angles. The program must be used by someone who has a good understanding of all aspects of

tobacco control. It is also necessary for this person to liaise with a broad range of people involved with tobacco control so as to limit the use of subjective information.

During the mapping process and the strategy development process, the 7 principles for converting tobacco control plans into action<sup>1</sup> were applied. This involved: always being prepared, being flexible by taking changes or potential changes into account, seizing opportunities, turning potential losses into gains, identifying and using arguments to motivate others to support comprehensive tobacco control, being active and persistent.

The 7 strategies for tobacco control action<sup>1</sup> also proved useful. These are: making comprehensive tobacco control a top public policy priority, making it self-financing, encouraging active participation, mobilising potential partners, answering those opposed to tobacco control measures, anticipating opposition, always being ready to respond and never to assume victory.

The player list gives a slight distortion as it counts individuals, organisations and sub-units of organisations as equal entities. Some organisations consist of smaller ones (e.g. the South African Council of Churches, Islamic Unity Convention, United Cricket Board of SA, etc.). The maps and graphs do not reflect this. It is useful that there are sections for notes that can be used to insert such comments so as to supplement information that has been entered into the program.

Some practical problems were experienced in using the software package. Problems were also experienced when printing the tables and maps. The tables, maps and graphs produced by this program must be loaded individually before they can be printed. This is inconvenient when printing the output of the program since it is time-consuming and all the pages are not numbered consecutively as one report. The last column of some of the tables was not printed completely. This problem was partially overcome by exporting the tables to another program namely word for Windows. The horizontal and vertical lines of the tables were lost during this process. Additionally, parts of each map were printed over a few pages. This could have been caused by the printer not having sufficient memory. This problem could be overcome if the software has export functions that allow a larger variety of file formats to be used in various other word processing packages. These aspects should be addressed in upcoming versions of this program.

## Recommendations

A **national committee** consisting of representatives from the government, non-governmental organisations and members of the public must be formed to drive the campaign to support comprehensive tobacco control.

This committee must **consider the output** of this project.

An **active tobacco control network** among all relevant government departments should be established to ensure the benefit of **intersectoral co-operation**.

The **campaign must be decentralised** to the provincial, regional and district (local) levels. The recent signature campaign by CANSA (signatures were obtained from the public in support of certain aspects of comprehensive tobacco control) has provided a valuable database of potential volunteers who could assist in the campaign. Active volunteers can serve as focal points for anti-tobacco activities.

**Broad popular support** for tobacco control initiatives must be mobilised to achieve a sustainable tobacco control programme - the tobacco control movement needs to be owned by all South Africans and not just by concerned and “well meaning” few.

These tables, maps and graphs must **continually be updated** as developments and changes around tobacco control are occurring at a fast rate. Strategies have to be adapted or reformulated and plans of action developed to take this into account.

This project could be **repeated** by focussing on the most important aspect which the committee wishes to investigate (e.g. a ban on tobacco advertising, sponsorship and promotion).

Political mapping can be used as a **valuable educational tool** in the training of tobacco control activists.

There is a need to **collaborate with neighbouring countries** in order to strengthen tobacco control in the region.

The software program can be improved by:

- printing the tables, maps and graphs as part of one report;
- giving different weightings (for power) to individuals and organisations; and
- indicating which players are individuals or organisations (with or without sub-units).

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