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An Overview of a Regionalist Approach to Tobacco Control in Africa

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Abstract

The tobacco control network has been finding ways to prevent a tobacco epidemic in developing countries through the adoption of tobacco control laws. However, their efforts are obstructed by the tobacco companies. Using transnationalism and transnational advocacy network theories, the study examines new strategies adopted by the tobacco control network to obstruct the activities of the tobacco industry network in the African region. The study finds that the tobacco control network is adopting a *continental/regional* approach whereby common tobacco control ideas/strategies are shared with actors from different countries at the same venue to promote compliance with the tobacco prohibition regime. The network is creating and funding regional organizations, which are used to promote a common tobacco control campaign. The study concludes that the promotion of a common tobacco control strategy/message through the *regional* approach may help curtail or proscribe the activities of the tobacco industry in the African region and possibly other regions of the developing world. This is because the strategy used by the tobacco companies to spread their products in the developing countries is similar. The *regional* approach will also ensure that the meagre resources can be spread to promote tobacco control in many parts of the developing world.

Résumé

Le réseau de lutte antitabac a trouvé des moyens de prévention d'une épidémie de tabagisme dans les pays en voie de développement, à travers l'adoption de lois sur la lutte contre le tabac. Cependant, leurs efforts sont entravés par les entreprises de tabac. Utilisant les théories du transnationalisme et du réseau d'activistes transnationaux, cette étude examine les nouvelles stratégies adoptées par le réseau de lutte contre le tabac pour entraver les activités du réseau de l'industrie du tabac dans la région africaine. L'étude conclut que le réseau de lutte contre le tabac adopte une approche *continentale/régionale* par laquelle les idées/stratégies communes de lutte antitabac sont partagées avec les acteurs

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de différents pays au même endroit pour promouvoir la conformité avec le régime de prohibition du tabac. Le réseau est en train de créer et de financer des organisations régionales, qui sont utilisées pour faire une campagne commune de lutte contre le tabagisme. L'étude conclut que la promotion d'une stratégie/ d'un message commun (e) de lutte contre le tabac à travers l'approche *régionale* peut aider à réduire ou proscrire les activités de l'industrie du tabac dans les pays africains et éventuellement dans d'autres pays en voie de développement. C'est parce que la stratégie utilisée par les entreprises de tabac pour répandre leurs produits dans les pays en voie de développement est similaire. L'approche *régionale* veillera également à ce que les maigres ressources puissent être réparties afin de promouvoir la lutte antitabac dans de nombreux pays en voie de développement.

Introduction

The effort to prevent a tobacco epidemic has led to the adoption of a global treaty on tobacco control in the form of the Framework Convention on Tobacco Control (FCTC) in 2005. Proponents of the first ever global treaty on public health posit that the signing, ratification and adoption of the FCTC provisions as domestic law are essential to control a tobacco epidemic. Some studies have been done on the activities to transfer best practices of tobacco control to developing countries (CDC 1999; Laugesen 2000). The best practices are tobacco control ideas implemented and found to be effective in other countries. Other studies have examined the activities of individual NGOs or IGOs or collaboration between NGOs, IGOs and/or groups of tobacco control actors to promote the adoption of tobacco instrument in a specific jurisdiction (Asare 2009; Farquharson 2003; Studlar 2002).

Using the transnationalism and the transnational advocacy network theories, this article examines the collaboration between IGOs and NGOs to use a regional/continental approach to promote tobacco control in a group of countries. Specifically, this paper examines the collaborative effort to prohibit the production, manufacture, and consumption of tobacco products in the African continent. The article is an outcome of interviews of 20 officials comprising tobacco control experts, NGOs and IGOs in the African region and in the USA, which was conducted between March 2010 and July 2011 based on a questionnaire approved by the Institutional Review Board of West Virginia University. The interviews were mostly conducted through telephone and emails. There were emails follow-ups in instances where telephone was the primary means for conducting the interview. This enabled some participants to send some relevant information as attachments after the initial interviews. The interviewees are de-identified to comply with the confidentiality promised in the letter approved by the Institutional Review Board.

A triangulation approach that combines data gathered from reviews of existing materials on tobacco control from documentary sources, legal documents, policies, laws and conventions on tobacco control in Africa with that of the interviews is used to analyse and present the findings as means of contributing to public policy and political science literature. In using the transnationalism and the transnational advocacy network theories, the issues the study seeks to address are three fold: (i) how the tobacco control network is promoting the implementation of the FCTC as a prohibition regime; (ii) why the network considers a regional/continental approach to tobacco control as the best strategy to neutralize the activities of the tobacco industry network in the African region; and (iii) the relevance of the regional approach for tobacco control in other parts of the developing world.

History of Tobacco Production and Consumption in Africa

The cultivation of tobacco in the African region dates back to the pre-colonial and colonial period when western settlers/colonial masters introduced certain cash crops such as tea, cocoa, coffee, cotton, cashew nuts, and tobacco, etc., to meet their demand. However, commercial tobacco growing continued after the colonial period to either feed the local tobacco manufacturing plants established during/after the colonial period or as major export communities. Tobacco grown for export and raw materials is often grown on a large scale using mechanization and chemicals. The tobacco leaves are cured before they are exported or sold to local manufacturing companies to manufacture cigarettes. Sometimes, the tobacco is consumed locally by the peasant farmers.

Tobacco, a green leafy plant often grown in warmer climates is either smoked (as cigarette, cigar or pipe), sniffed through the nose (as snuff), or chewed (as smokeless tobacco or chewing tobacco). The consumer of tobacco often feels energized and the body tends to demand for more to keep the energy high. The stimulating effect of tobacco has different uses for different groups and societies – an effective means to relax the nerve, temporary means of generating happiness to address anxiety and psychological trauma, or as means of suppressing hunger. Some religious organizations also believe that the leaf has power that takes you to a supernatural world through meditation. The tobacco leaf is also considered medicinal for the treatment of certain diseases such as toothache or for causing witches to confess their diabolical activities to the public (Personal Communication, 2010). These economic, cultural and religious beliefs have caused the cultivation, sales and consumption to continue even after the end of the colonial rule in spite of the negative cultural and religious perceptions associated with the growing and consumption of tobacco products.

Tobacco Control Efforts in Africa

The effort to control tobacco has been an ongoing practice in Africa since the product was introduced during the pre-colonial and colonial periods. However, the tobacco control attempt has always met resistance from tobacco growers, workers and the manufacturing companies. Different ways have been adopted to treat tobacco smokers and consumers as deviant and isolate them on cultural and religious grounds. Culturally, tobacco smoking or consumption is perceived as an alien behaviour to the practices of many societies of Africa and consumers have been looked down upon and disrespected. The story is not different among the Christians and Muslims who consider smoking and chewing of tobacco against their religious beliefs and practices. Therefore, tobacco consumers have been isolated from society for cultural and religious reasons for a long time. In accordance with the cultural and religious beliefs, governments often impose higher taxes on tobacco products to discourage the consumption of the product in many countries. However, cigarette smokers have reacted by associating smoking with the movement from primitiveness to modernity and affluence as means of offering a different image to smoking. The smokers associate smoking pipes, local cigars and/or chewing tobacco with primitiveness, etc. As a result, smoking is prevalent mostly in cities and urban areas in many African countries where people feel they are away from their relatives and the heavy influence of culture often experienced in the rural areas. In an economic culture where the colonial state and its successors were supportive of manufactured imported goods, the cigarette smokers have emerged victorious in the clash between the locally produced tobacco and the imported manufactured tobacco, and tobacco smoking has been on the ascendancy.

However, since the tobacco issue was internationalized in the 1990s, tobacco control has become a widespread measure adopted in different forms by almost every country (Cairney et al. 2012). It should be noted that while the initial effort at controlling tobacco was due to cultural and religious beliefs and practices, the latest attempts to control the growing, sales and consumption of tobacco products are motivated by economic, health and environmental concerns. The relocation of the activities of the tobacco companies to the developing countries in the 1970s and the experience with the tobacco epidemic in the developed world led to a prediction of a similar epidemic in developing countries (Jha and Chaloupka 1999). However, the active role of the transnational tobacco network in transferring tobacco control ideas has generated a different policy pattern for developing countries, which may be inconsistent with the initial expectation (Lopez et al. 1994). Recent evidence shows that almost every country around the globe

has some tobacco control programmes but the developed countries have more programmes than the developing countries (Mamudu and Studlar, 2009).

The role of the transnational network in transferring tobacco control ideas on the African continent (as against using locally developed measures) became essential because of the involvement of the multinational tobacco corporations to promote tobacco activities in the region. Multinational corporations such as the British American Tobacco (BAT) and Philip Morris have formed an alliance with the governments of some countries to exploit tobacco farmers and distributors. As a result, the governments often fail to adopt restrictive tobacco control laws because of their interest in tax revenue from tobacco activities. In addition, the multinational tobacco companies often use their political influence to block the adoption of tobacco control laws considered detrimental to their activities, in spite of the scientific evidence that tobacco is dangerous to public health.

The tobacco control network believes that it can draw on tobacco control initiatives successfully applied in many western countries to achieve the same result in the African region because of the similarities of the activities of the tobacco companies globally (Asare 2009). Historically, tobacco control gained impetus after the official recognition of the harmful effect of tobacco by the reports of the Royal College of Physicians and that of the US Surgeon General released in the 1960s (Asare 2007). The two reports and recent scholarly research confirming the harm caused by tobacco strengthened the tobacco campaign and the sharing of tobacco control ideas in the developed countries. Subsequently, the campaign has been extended to the developing countries by a transnational tobacco network from the 1970s in response to the increased activities of the tobacco companies in the region. The campaign of the transnational network is aimed at neutralizing the political influence of the tobacco industry network on policy making in developing countries (Cairney et al. 2012).

The tobacco control network promotes tobacco control ideas in a manner reminiscent of a prohibition regime to encourage compliance with the FCTC protocol, which is recognized as measures to prohibit the hazards associated with the production and consumption of tobacco products. A prohibition regime is characterized by the establishment of international institutions and conventions that serve as a coordinating body for the enforcement of the norms of the regime (Nadelmann 1990: 485). The FCTC measures are considered as an international norm for controlling the tobacco epidemic (Mamudu 2005). Therefore, a network of NGOs, IGOs and experts is collaboratively promoting the adoption of the measures as

tobacco control policies in individual countries of the developing world to prevent the negative social, environmental and public health problems associated with tobacco. The actors within the network share a similar commitment to stop the spread of tobacco related health hazards globally (Nathanson 1999). Often, the actors use the Conference of Parties of the FCTC and that of the World Health Organization, the World Conference on Tobacco or Health (WCTOH) as well as Globalink (an online forum) as venues to share tobacco control ideas and also to promote the norms of the global tobacco prohibition regime (Mamudu 2005).

However, the activities of the tobacco control network are often countered by the tobacco industry network made up of the tobacco farmers, manufacturing and distributing companies, and their affiliates. The tobacco industry network has substantial resources, which are often translated into political power to influence policy regarding tobacco control in their favour (Brenya 2012c). The industry network usually tries to prevent the adoption of effective tobacco control laws in countries in which its members operate, and enter into voluntary agreements with certain governments to adopt less effective policies as tobacco control instruments instead. The voluntary agreements are measures to control the production, manufacturing, and distribution of tobacco agreed to by the tobacco farmers, manufacturing and distributing companies as accepted instruments for controlling tobacco. The voluntary agreements are not usually legislated by the National Assembly and so often lack legal backing. Therefore, their adoption enables the tobacco farmers and companies to undertake their activities but simultaneously spread the hazards associated with tobacco.

Consequently, the transnational tobacco control network has been promoting ideas to neutralize the political influence of the tobacco industry network and motivate the adoption of stricter tobacco control laws in individual countries. The network uses public awareness around the hazards of tobacco to promote tobacco control in a bottom-up approach in the developing countries (Cairney et al. 2012). For instance, tobacco control interest groups and organizations spread ideas regarding the harm of tobacco and the possible benefits of adopting tobacco control laws. The members of the network from the developed world offer funding and promote skills necessary to influence the outcome of tobacco control in a specific country by using legislative testimonies and legal suits against the government and tobacco manufacturing and distributing companies (Brenya 2012c). The companies are often the target of legal suits because they fund the activities of the tobacco farmers.

The transnational tobacco control network was initially under the umbrella of International Union against Cancer (UICC) and the International Liaison Committee on Smoking Control (ILCSC) in the 1970s and 1980s (Leonard Zahn & Associates 1981). However, the scope has expanded and is currently spearheaded by the American Cancer Society, which advocates the adoption of tobacco control policies, especially in the developing countries (*Observer* 1985). The provision of scientific evidence on the harm of tobacco smoke to non-smokers in the 1990s broadened the campaign of the tobacco control network and also attracted other groups (Nathanson 1999; CDC 1999). Subsequently, health organizations and groups that were already in existence have also incorporated tobacco control as part of their activities to protect public health. In recent times, western donors such as Mayor Michael Bloomberg of New York City, and the Bill and Melinda Gates Foundation have emerged as major financiers of the tobacco control network to promote tobacco control in developing countries (Cairney et al. 2012).

The NGOs of the two donors currently provide funding for the activities of the tobacco free initiative, an umbrella body of the FCTC that oversees the implementation of the FCTC protocol (Personal communication 2011). Currently, the members of the tobacco control network are made up of international and domestic NGOs, IGOs, governmental officials, individual researchers, scientific research groups, and media practitioners who share a common passion of controlling tobacco globally. The members are bonded by their core values to prohibit the production, manufacture and consumption of tobacco products in developing countries because of the health hazards and negative economic and environmental factors associated with tobacco (Farquharson 2003). Tobacco contains several thousand chemicals, one of which is the highly addictive chemical, nicotine. Once nicotine gets into the body through the consumption of tobacco, it stimulates the nervous system, causes the heart to beat faster, and raises the blood pressure. The addictive nature of tobacco is why it has been officially identified as a drug. Recent research has shown that children working on tobacco farms can also be exposed to high levels of nicotine in a manner similar to the chewing, sniffing or smoking of cigarette (Plan 2009). Often, the children working on the farm do not wash their hands or bath after picking the tobacco leaves before eating and so indirectly consume the nicotine on their hands.

Research shows that close to one hundred of the several thousand chemical compounds contained in tobacco smoke are cancer-causing agents or toxic that can cause diseases such as emphysema, bronchitis, and lung cancer (Ali 2012). The chemicals have also been found to be a major cause of the high incidence of cardiac diseases, which makes tobacco an ex-

tremely injurious substance to the health of both smokers and non-smokers. The diseases associated with tobacco have also been identified as a major cause of death in many developed countries and it is estimated that over 350 million tobacco-related deaths resulting from similar diseases will occur in developing countries if action is not taken to prevent such an epidemic (WHO 2008; Lopez et al. 1994).

Tobacco farming is also considered as a major source of poverty for farmers in developing countries because the workers are often paid a meagre income and many of the products are often destroyed when there is a fall in the international tobacco market prices (WHO 2008). Tobacco production also deprives the farmers of the viable land to grow food crops and so the tobacco farmers use their small income to buy food from the market, which results in poverty and hunger. Tobacco growing has also been identified as the major cause of environmental degradation because of the deforestation caused by cutting down trees to grow tobacco and the wood used for curing the tobacco leaf, a process that requires the burning of much fire wood. The wood is used for building curing huts, which is often replaced every one to two years (Madeley 1993). It is estimated that three acres of wood are used to cure one acre of tobacco leaf in some countries. These negative economic, health and environmental concerns have rallied the members of the tobacco control network and their activities are well coordinated. The network promotes the sharing of ideas and also galvanizes support for the tobacco campaign and its other activities through informal and formal means. The members are known to promote specific tobacco control instrument(s) that they consider relevant to solving the tobacco issue. The members also share relevant ideas on innovative ways to control tobacco production and consumption through joint research projects and sometimes by serving on an advisory or expert panel (Farquharson 2003).

The network members believe that collaborative actions involving individuals, communities, countries, regional, and international organizations are effective means to promote tobacco control programmes. Therefore, they collaborate with local tobacco control NGOs and groups and use them to put pressure on policymakers to adopt tobacco control laws to protect public health. Consequently, many domestic NGOs and interest groups who actively promote tobacco control ideas have emerged to champion the adoption of policies to protect citizens from the harm of tobacco through tobacco farming, consumption, or the exposure to tobacco smoke. The domestic tobacco control groups engage all stakeholders in policymaking, including traditional institutions and religious groups who are equally influential in the policymaking process to promote the adoption of relevant to-

bacco control laws (Personal communication 2011; Brenya and Asare 2011). The interest groups educate the traditional and religious authorities and other policy players on the hazards of tobacco to win their support for tobacco control programmes.

Transnationalism and Transnational Advocacy Network

Mamudu (2005: 44), and Keohane and Nye (1972) define transnationalism as the process whereby governmental and non-governmental actors move tangible and intangible items across the boundaries of countries. Usually, the items moved across state borders include money, information, physical objects, people, and other tangible and intangible items (Mamudu 2005: 44; Keohane and Nye 1972). Keck and Sikkink (1998: 2) define a transnational advocacy network as a group of actors bonded by their shared values and common discourse, who use the global exchange of dense information and services on the issue to achieve their common objective. The network members are bonded by the belief that tobacco has a negative economic, social and health hazard that needs to be addressed urgently. This strong shared belief and the prolonged interactions aimed at swaying policy in their favour bind them together (Sabatier and Jenkins-Smith 1999).

The advocacy network uses the dissemination of relevant information on tobacco control to promote reform of institutions and the manner of interactions within the international community, which makes them indispensable in the politics of tobacco control in the global scene. The network is further strengthened by the high level of uncertainty of the tobacco issue and the urgent demand for addressing it (Keck and Sikkink 1998; Haas 1992). Keck and Sikkink (1998: 9) identify core actors of the network as (i) international and domestic non-governmental research and advocacy organizations; (ii) local social movements; (iii) foundations; (iv) the media; (v) churches, trade unions, consumer organizations, and intellectuals; (vi) parts of regional and international intergovernmental organizations; and (vii) parts of the executive and/or parliamentary branches of governments. They note that some NGOs offer training services and provide funds to others within the network. The advocacy network also puts pressure on their target actors as means of promoting the adoption of norms as public policies. For instance, Asare (2009) shows that some anti-tobacco groups collaborated with IGOs and NGOs such as the WHO, WCTOH, World Heart Federation, and the International Union against Cancer to promote the adoption of tobacco control ideas as domestic law in South Africa.

Transnationalism, Transnational Advocacy Network and Tobacco Control

The transnational tobacco control network is characterized by a high level of interconnectedness and interchanges among different actors who promote tobacco control globally. The NGOs and IGOs often translate the vital resources they control into political power and use it to promote major tobacco control policy changes (Piper and Uhlin 2004). They use the political power to persuade and change the behaviour of other actors who may not have active interest in the tobacco issue. In spite of their interconnectedness, the members have some differences, which sometimes affect the nature of policies they promote for addressing the tobacco issue in a specific jurisdiction. For instance, some members of the tobacco control network consider the tobacco issue as local and therefore seek local, culturally sensitive policies to address it. However, others consider the issue as global and push for the adoption of global scientific policies for addressing it (Diani 2000). Irrespective of how the issue is perceived, the policy outcome is often influenced by the interplay of domestic societal forces and the transnational dynamics because of the activities of the multinational tobacco companies and the global nature of the tobacco issue (Cairney et al. 2012).

The tobacco control network helps to resist the distribution and use of a substance considered detrimental to the health of the poor and voiceless by fighting for their rights and interest in the global politics of tobacco control. The concern for protecting the wellbeing of the voiceless motivates the members from the developed countries to offer funding, technical assistance and skills to promote the adoption of appropriate domestic tobacco laws. Therefore, the network act as a channel through which tobacco control policies diffuse to developing countries, which enable them to partake in the administration of global tobacco control (Cairney et al. 2012).

On the other hand, the tobacco industry network is also influential in the politics of tobacco control and it promotes the interest of the tobacco industry. The tobacco industry network resists the activities that seek to end the operations of the tobacco companies, farmers, and businesses in the developing countries (BAT 1980). The members of the tobacco industry network comprise tobacco manufacturing companies such as British American Tobacco and Phillip Morris, domestic tobacco manufacturing and leaf buying companies, international and local tobacco growers associations, farmers, businesses, distributors, researchers, individuals, advertising and hospitality industries (Verkerk & INFOTAB 1985). The network actively supports its members to organize and effectively obstruct tobacco control activities in developing countries through the wealth of the tobacco companies. The net-

work translates its wealth into political power and uses it to organize and adopt effective resistance measures against the adoption of policies that will hamper the successful operation of its members in a specific area.

The tobacco companies often use monetary and employment incentives to win the support of influential policy makers or to penetrate and obstruct or sometimes forestall the ability of tobacco control groups to push for the adoption of domestic tobacco laws in certain jurisdictions (WHO 2008). This wealth also enables the tobacco companies to hire people to conduct research and present reports favourable to the interest of the industry as well as use media propaganda to protect their interest in their operating areas (Mamudu and Glantz 2009; World Bank 1999; Jha and Chaloupka 1999). The network is able to alert its members of unfavourable policies adopted somewhere and motivate them to resist the adoption of similar policies in their areas. Generally, the role performed by the industry network across developing countries includes undermining tobacco control programmes and policies, expanding and consolidating new markets, as well as promoting the cultivation of tobacco leaf and the use of tobacco products (Personal communication 2011).

In spite of this, the transnational tobacco control network still promotes tobacco control based on the belief that they can mobilize norms in different arenas to exert pressure on their targeted actors elsewhere (Trubek et al. 2000). The tobacco control network takes advantage of an increased interdependence, improvement in communication technology, and the desire to cooperate to achieve mutual interest to halt the harm associated with tobacco (Slaughter 2004). Often, the network helps to link tobacco control groups in the south and north to influence policies and actions of individual countries (Hudson 2001). The collaboration between the network members across the globe enables them to move items such as money, information, and people, etc., across boundaries of countries to prevent a tobacco epidemic.

Structure and Operations of Actors

The power structure of the transnational tobacco control advocacy network is not clearly defined because the network members are loosely connected by their common interest and shared belief controlling a possible tobacco epidemic. The members of the network are prepared to incur considerable costs to achieve goals they care about deeply and they use persuasion to influence decision making and also to effect behavioural changes in multiple political arenas (Keck and Sikkink 1998). However, there is no formal mechanism for enforcing the obligations of the members within the network, which makes it difficult to establish a group with total control over the activities of the network (Jordan and Tuijl 2000).

In spite of that, the transnational tobacco control network uses global campaigns that focus on the dissemination of relevant information and transfer of expertise to confront the status quo (Trubek et al. 2000). The members engage in research and the analysis of policies and activities of the tobacco companies and individual countries, which are used to channel relevant information to influence the actions of their target actors. The network also uses awareness-raising, education, lobbying, capacity building, and occasionally, direct action to promote its objectives (Hudson 2001). The transnational advocacy enables it to strategically mobilize relevant information to 'persuade, pressurize, and gain leverage over more powerful organizations and governments' (Keck and Sikkink 1998: 89). The network shapes the structure of policy debate and policy outcome towards its interest in certain jurisdictions through its activities.

The members are convinced that acting in unison to promote the adoption of tobacco control policies in the developing world will leave no place for the tobacco companies to hide. Therefore, they frame their issue to match the correct institutional venue where they can gain an audience to support tobacco control. Additionally, the actors use their access to relevant tobacco control information and ideas to influence the content of tobacco control policies of individual countries. The network also influences the public agenda by creatively reframing old problems and seeking hospitable venues to change the way the target groups understand their interests on the issue. For instance, tobacco control advocates in the US and Canada increased their impact in their campaign by framing the tobacco issues as protecting the right of the non-smokers in the 1990s (Studlar 2002). The framing of the tobacco issue as one regarding second hand or passive smoking changed the focus of the tobacco control campaign from protecting the rights of the smoker to that of protecting the right of a third party who has not consented to consume tobacco but is affected by the actions of the smokers. It also brought to bear the need to protect the rights of non-smokers such as children who are forced to inhale the tobacco toxic because of the unhealthy choices of adults around them (Asare 2007). Similarly, the actors have framed the tobacco issue as poverty and public health to galvanize support for tobacco control in the African region.

Keck and Sikkink (1998) identify four main strategies used by the network to influence the behaviour of their target actors as information politics, symbolic politics, leverage politics, and accountability politics. The network through information politics transmits politically relevant information quickly and credibly to venues where it will have the most impact. Symbolic politics occurs when the actors use symbols, actions and emotional stories to present

problems of people in faraway areas to draw attention to their issue. In leverage politics, the network uses powerful actors to champion issues in areas where weaker actors may lack the needed influence. Lastly, the network through accountability politics puts pressure on more powerful governmental actors to comply with agreements they have previously sanctioned.

Prohibition Regime in Tobacco Control

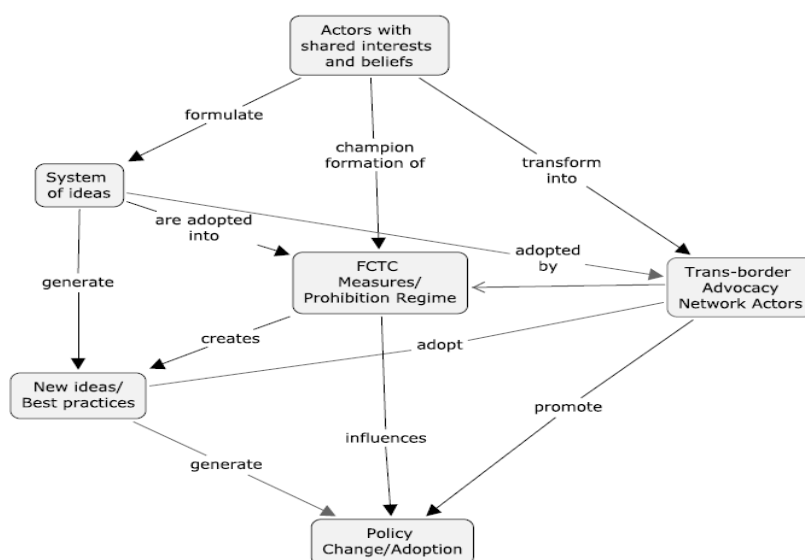
The tobacco control regime is influenced by the structure, rules, agents/actors and their impact on the actions of target actors within the regime. Trubek et al. (2000: 1194) define ‘a regime as a set of institutions in international space that establishes and reinforces norms or rules of the game for public and private actors’. The tobacco control regime uses laws and norms from the local, national, and international arenas to influence policy outcomes in different countries (Farquharson 2003). The campaigns are mostly influenced by the belief that effective regulatory systems can be created through the mobilization of overlapping jurisdictions and the continued operation of network actors across the borders of individual countries. The tobacco control network promotes the tobacco control prohibition regime – a set of institutions that have emerged globally to reinforce the adoption of the WHO-FCTC measures – as appropriate tobacco control laws at the national level. The members of the network use information dissemination and campaigns, which highlight the FCTC measures as an important international norm to achieve their objectives.

The tobacco regime concentrates on developing countries where the multinational tobacco companies have shifted their attention in recent times despite of the global nature of its activities (WHO 2008). The network operates on the assumption that socially constructed ideas elevated as the core beliefs and practices within a certain structure can influence the adoption of those ideas as policy (See Figure 1). Therefore, they have elevated their shared belief regarding prohibiting the growing of tobacco leaf, sales and consumption of tobacco products because of its harm to public health as the FCTC protocol. Currently, the FCTC is serving as a structure for promoting the adoption of global tobacco control measures as domestic tobacco laws to proscribe the cultivation and consumption of tobacco products globally.

The tobacco control network actors – especially those from developed countries – put social pressure on all countries to acknowledge and enforce the norms of the FCTC, which serves as an umbrella body that coordinates the transnational activities of the network. The actors are seeking to make the FCTC measures a subject of criminal law that will help to restrict the

cultivation and consumption of tobacco globally. The actors engage the developing countries based on the belief that many of the countries are weak and are unable to or do not have the political will to crack down on the violators of the FCTC measures, which is considered an international global norm.

Figure 1: Structure of Transnational Tobacco Control



Source: (Brenya 2012b)

The actors also contact deviant countries such as Malawi and Zimbabwe that have refused to sign and ratify the FCTC protocol because of the dependence of their economies on tobacco sales to offer incentives that will influence them to diversify their economies. These countries have not signed or ratified the FCTC protocol because tobacco production contributes a high percentage of their GDP and they lack alternative major export crop or mineral resource to supplement the contribution to the GDP. Therefore, the signing and ratification of the FCTC protocol will be detrimental to their economies. Many countries in the developing world have mineral resources or other crops such as cocoa, tea, coffee, cashew nuts, cotton, etc., to supplement their main export commodity. The regime believes that once the countries obtain other sources of economic activities and employment that contribute to their GDP, they will be willing to become parties to the FCTC and also adopt tobacco control instruments. In addition, the network also

contacts other countries that have signed and ratified the FCTC protocol, but have not adopted stricter tobacco control laws, to encourage them to do so.

Transnational Tobacco Control Network and Global Tobacco Prohibition Regime

The FCTC is now a well-established prohibition regime. Its establishment finalizes the creation of the global tobacco prohibition regime because the FCTC requires all member countries to translate its provisions into national laws that are effectively implemented (Brenya 2012b). The FCTC places specific regulations on members in a way similar to 'hard law' (Studlar 2002). Moreover, the member countries are obligated by the guidelines set by the Conference of Parties and the FCTC ratification and implementation processes to adopt tobacco control laws and also meet specific tobacco control requirements. The adoption of tobacco control laws is meant to institute punitive measures and sanctions that will deter the cultivation, sales and consumption of tobacco products. In Africa, the transmission of the tobacco control ideas is used to shape the behaviour of the countries to ensure that they implement effective tobacco control laws to regulate the activities of the tobacco industry (Cairney et al. 2012). In that regard, the WHO Tobacco Free Initiative (TFI) plays a crucial role in achieving this objective. The Tobacco Free Initiative promotes the development of national tobacco control policies and programmes, champions a tobacco free environment, and serves as a clearinghouse for scientific information on tobacco use (WHO-FCTC 2009).

The Africa regional office of the WHO, the TFI, and its country representatives offer advice and technical knowledge for adopting effective tobacco control laws. The TFI also educates the public of the dangers of tobacco consumption to promote the adoption of the FCTC measures. For instance, the celebration of the Annual No Tobacco Day highlights the harm associated with tobacco to curtail the cultivation and consumption of the product. The event is very popular in the developing countries (Cairney et al. 2012). Other IGOs such as the World Bank, United Nations, and the Commonwealth also play key roles to enforce the tobacco control prohibition regime. The World Bank currently prohibits the use of its agricultural loan for growing tobacco in order to promote the economics of tobacco control (Asare 2007). In addition, an Ad Hoc Interagency Task Force on Tobacco was created by the UN in 1999 as a focal point on Tobacco Control (Mamudu and Glantz 2009). The task force helps to familiarize developing countries with the fundamentals of the scientific evidence and arguments associated

with tobacco use and control (Shafey et al. 2009). Consequently, many African countries have increased their interest in tobacco control, especially in the areas of health education, using warning labels and the annual no tobacco day celebrations to create awareness of the health hazards of tobacco (Personal communication 2011).

Other means through which developing countries experience the enforcement of the tobacco control prohibition regime are bilateral and multi-lateral relations, which serve as sources of learning and channel for diffusing tobacco control ideas. Cairney et al., (2012: 13) indicate that the US Center for Disease Control and Prevention (CDC) has since 1999 collaborated with the WHO and other IGOs and NGOs in Canada, UK, and US to launch the global tobacco surveillance system (GTSS) to systematize tobacco use and control data. Under the initiative, the global youth tobacco surveys (GYTS) were conducted in 162 countries between 1999 and 2008 for all the six regions of the WHO. In addition, a total of 165 tobacco control research projects funded by organizations and institutions based in the developed countries have been undertaken in several countries of the six regions (Warren et al. 2009; Mackay et al. 2006). The activities of the tobacco control network have generated a lot of tobacco control research in developing countries in recent decade and this has given policy makers easy access to local evidence on tobacco use and control. They have also made public health a major concern for policymaking.

In addition, donor organizations and NGOs from the developed countries have been collaborating with the WHO and some organizations to promote tobacco control ideas in many developing countries (Becker 2010). These organizations propagate three main ideas: (i) the shift of tobacco related health hazards and deaths to the developing countries; (ii) socio-economic costs of tobacco use; and (iii) the tobacco industry target of developing countries, to influence their behaviour (Cairney et al. 2012). The transnational tobacco control network is strategically promoting a shift of the focus of policy making on tobacco from political-economic to public health concerns in the developing world (Barnum 1994; Panos Institute 1994; Mamudu and Glantz 2009).

Findings

Tobacco Control in the African Region

The economic contributions from the cultivation and sales of tobacco products in tobacco producing economies are well known. Tobacco growing and sales provide jobs and income for farmers and other workers. Many governments also obtain tax revenues and foreign earnings from the export

and foreign investments in some cases. However, the jobs and income come at a cost to the countries and the risk factors are high. For instance, major non-communicable diseases such as heart attacks, strokes, cancers, diabetes, asthma, and other chronic diseases, which together account for 60 per cent of all deaths, are associated with the jobs and income offered by tobacco (WHO 2009). The WHO estimates that 46 per cent of deaths by 2030 – up from 25 per cent in 2004 – from non-communicable diseases will occur in the 46 countries of WHO Africa region.

The members of the tobacco control network from the developed countries believe in the benefit of engaging their African counterparts to collectively assist them with the adoption of best practices as domestic tobacco laws because of the similarities of the activities of the tobacco companies in the region (Personal communication 2010). Therefore, the network has been creating and funding regional organizations, which are used as agents of disseminating tobacco control ideas. A staff of the ACS indicated that it is easier to extend the meagre resources to many countries if they are engaged collectively at the regional level. He maintains that the strategy helps to promote a united front in reducing the activities of the tobacco industry in the region. However, funding has been provided directly to domestic tobacco control activists and NGOs to campaign for the adoption of specific policy in areas where the tobacco control situation is unique (Personal communication 2010).

The Framework Convention Alliance (FCA), an association of tobacco control governmental and NGOs, has championed and facilitated the establishment of the Africa Tobacco Control Alliance (ATCA), which is serving as a Pan-African network for tobacco control to promote a healthy and tobacco-free Africa (ATCA 2009). The FCA gave a grant of US \$10,000 to the ATCA to organize its first board meeting in Nairobi, Kenya in April 2009 (ATCA 2009). The meeting enabled the ATCA to identify five priority areas of focus for five years. The ATCA also received a grant of CAN \$122,000 from the IDRC to establish a secretariat and expand its activities to attract more audiences and support. The Norwegian Cancer Society (NCS) also granted US \$50,000 to the ATCA to develop and distribute materials that indicate a link between tobacco control, poverty alleviation, and development (ATCA 2009). The ATCA uses the resources and materials to lobby government officials for the inclusion of tobacco control in the poverty alleviation strategies and developmental plans. So far, the ATCA has organized several activities to promote its tobacco control agenda. Some of its activities include tobacco control exhibitions and side events during meetings and conferences of regional and sub-regional bodies of the African Union, ECOWAS, SADC, EAC and ECCAS officials (ATCA 2009).

The Bill and Melinda Gates Foundation has also offered grants of \$7 million over five years to the ACS to coordinate and lead evidence-based tobacco control approaches to control the consumption of tobacco and its related health problems in the African region (Becker 2010). The grant was to enable the ACS to organize and assert leadership of the Africa Tobacco Control Consortium to prevent a tobacco public health hazard in the region. The Consortium is made up of the Africa Tobacco Control Regional Initiative (ATCRI), ATCA, FCA, the Campaign for Tobacco-Free Kids (CTFK), and the International Union against Tuberculosis and Lung Disease (The Union). The Consortium seeks to promote a common message on tobacco control that will help to curtail the activities of the tobacco industry in the region.

In addition, many tobacco control organizations and activists from the region have benefited from a joint grant of \$500 million provided by the Bill and Melinda Gates Foundation and the Bloomberg Foundation for global tobacco control initiatives (Personal communication 2010/2011). A staff member from the Bloomberg Foundation indicated that the disbursement of funds for tobacco control activities are normally channelled through five major organizations – the WHO, CTFK, CDC, the World Lung Foundation, and John Hopkins University's Bloomberg School of Public Health – to NGOs and tobacco control agencies. However, the grant from the Bloomberg Foundation is jointly managed by The Union, and CTFK (Personal communication 2010/2011). The question that remains to be answered is why the donor agencies channel the fund through Western organizations instead of sending them directly to the African organizations. The question becomes moot, especially after the Bill and Melinda Gates Foundation suspended its funds to the IDRC in 2010 after it found out the Director of the IDRC doubled as the Director of Imperial Tobacco Canada, Ltd.

Nonetheless, the Foundation has offered grants directly to certain groups to promote measures considered essential for tobacco control in certain countries. For instance, an NGO in Ghana, Vision for Alternative Development, was offered a grant by the Bloomberg Foundation to promote the adoption of smoke-free laws in Ghana (Personal communication 2011). A staff member with the Bloomberg Foundation indicated that the total commitment of the Foundation for tobacco control was US \$375m, to be disbursed over six years starting from 2007. So far, the Foundation has disbursed about US \$ 250 million, averaging about US \$ 58.5 million a year (Personal communication 2011). She indicated that the Gates Foundation joined the Bloomberg Foundation in 2008, and the Gates Foundation has offered US \$15 million in support of the tobacco control activities. She also noted that Mayor Michael Bloomberg believes that helping other countries

to control their tobacco situations indirectly help New York City because the city attracts people from all over the world, especially from developing countries. Therefore, if other countries succeed in addressing tobacco and cigarette smoking problem, the city might likely attract fewer people who smoke and be in a position to focus on the smokers already in the city.

The ACS and the Cancer Research UK (UKCR) also offered funding to the ATCRI to provide the stage for sharing relevant information and also to provide institutional support and capacity building to adopt, implement, and enforce efficient tobacco control laws and programmes in Africa. Additionally, tobacco control groups from different countries in Africa have benefited from a grant of \$10 million provided to vulnerable countries by the ACS, the UICC, and the UKCR to create awareness about the dangers of tobacco, and to put pressure on their governments to sign and ratify the FCTC (ACS, UICC and UKCR 2004).

In 2007, the RITC and IDRC of Canada also established the Africa Tobacco Situational Analysis (ATSA), with the support of the Bill and Melinda Gates Foundation to analyse the tobacco control situation of certain African countries. The ATSA helps to build the capacity of researchers to gather, synthesize, and analyse relevant tobacco control information. It also assists tobacco control groups to use information generated through research to support broader strategies for tobacco control in Africa. The objective of the ATSA has expanded to include the use of country specific case studies that analyse and document the broader social, economic and political tobacco control activities as a way of identifying policy priorities and interventions (IDRC, 2009). The ATSA adopted twelve countries – Malawi, Ghana, South Africa, Senegal, Cameroon, Eritrea, Tanzania, Zambia, Kenya, Mauritius, Burkina Faso, and Nigeria – as case studies for analysis with the hope that the study will be extended to other countries in the future.

In addition, the WHO and other IGOs periodically organize training and conferences for tobacco control actors (mostly in the health sector), to offer them technical expertise for tobacco control and some members of the network have also been offered funding to attend such conferences. For instance, several tobacco control activists and NGOs were offered financial assistance to attend the premier of the Livestrong Global Cancer Summit in Dublin, Ireland, in August 2009 (Nelson 2009). The summit discussed essential strategies for controlling cancer to eliminate its burden globally. Nonetheless, some IGOs fund research to assess how tobacco control may impact the economies of developing countries. A case in point is a study commissioned by the Commonwealth of former British colonies to examine the impact of tobacco control on the member countries (Latif

2004). The study provided policy recommendations to member countries that have not adopted comprehensive tobacco laws because it is considered essential to the achievement of the Millennium Development Goals (MDGs).

The UN MDGs were adopted by the Commonwealth Head of Governments Meeting (CHOGM) held in Coolumb, Australia on March 2002 because of the perceived link to tobacco consumption, poverty, and poor health (Latif 2004). The MDGs were initially embraced by 189 nations of the United Nations seeking to among other things, eradicate extreme poverty and hunger globally, promote universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, ensure environmental sustainability, combat HIV/AIDS, malaria and other diseases, and develop global partnerships for development.¹

Other studies funded by the Commonwealth have recommended the sharing of expertise on tobacco research and legal skills among member countries (Krishnan et al. 2003). The study recommended that the Commonwealth should ensure that BAT, which operates in almost all the member countries, should maintain the same operational and ethical standards internationally as it does in the UK (Krishnan et al. 2003; Latif 2004). Subsequently, the Commonwealth tasked its legal division with developing a model tobacco bill based on the best practices in the developed member countries to save the developing countries the resources that would have been used to develop new policies. The IDRC and Canadian Public Health Association (CPHA) have also used the conferences of the Commonwealth Health Ministers as a venue for sharing knowledge on the best practices of tobacco control, where they champion the signing of the FCTC protocol and the adoption of domestic tobacco control laws by the member countries (CGTCF 2006).

The Commonwealth Health Ministers also supported the activities of the Canadian Global Tobacco Control Forum (CGTCF), a multi-agency consortium for which the CPHA is the coordinating and administrative agency (CGTCF 2006). The CGTCF, with the support of the Commonwealth Health Ministers and the FCTC-COP, undertook a regional action towards the implementation of FCTC and organized activities that focused on tobacco control alliance-building in Burkina Faso, Congo-Brazzaville, Mozambique, and Niger. The Forum provided financial and technical support to NGOs and government partners in various countries to expose them to Canadian expertise to promoting the ratification and/or implementation of FCTC measures (CGTCF 2006).

The meeting of the Commonwealth Heads of Government held at Trinidad and Tobago in 2009 identified tobacco consumption as one of the major factors of non-communicable diseases (NCDs), which is a huge public

health problem for all the member countries (Commonwealth Secretariat 2011). Therefore, they agreed to reduce the incidence of NCDs by adopting different policies and community-based initiatives to discourage tobacco use, unhealthy diets, and to promote physical activity. So far the activities of the Commonwealth have been limited to deliberation and advocating the adoption of tobacco control laws and there is no clear evidence that the decision has actually led to the adoption of legislation that is well implemented but that cannot be ruled out. However, tobacco control groups identify the recognition by the Heads of Government that tobacco causes health hazards, which could be avoided with the adoption of relevant tobacco control laws as a huge step forward, especially for countries in Africa. This is because such a realization could motivate the political will to promote the adoption of relevant tobacco control laws to protect public health (Personal communication 2011).

The Framework Convention Alliance has used the conferences of the Africa Union (AU) to champion the adoption of effective regulatory tobacco control policies. The FCA in its 2007 report indicated that the WHO-AFRO Coordinator, Dr Ahmed Ogwell, has attended several conferences of the AU, one of which was the third ordinary session of African Union Health Ministers' Conference held at Johannesburg, South Africa, from April 9-13, 2007. The meetings discussed measures to improve the health situation within the continent and recognize the adoption of effective tobacco control legislation as a major component to achieving that objective (FCA 2007). The Ministers adopted a health strategy and a declaration to strengthen the health system for equity and development of the African continent at the end of the conference. The meetings and declarations are significant to tobacco control because domestic tobacco control groups can use that as accountability politics to put pressure on their respective governments to abide by their commitments by formulating and adopting tobacco control legislation.

Discussion and conclusion

This paper has broadly examined the activities of transnational tobacco control network to promote the adoption of tobacco control ideas as domestic laws for protecting public health in the African region. The finding is that members of the transnational tobacco control network are promoting the adoption of tobacco control policies in individual countries of the African region. The NGOs, IGOs and donor agencies engage their tobacco control counterparts in the African region collectively to provide them with skills and resources to promote the adoption of domestic tobacco policies. The members of the network from the developed countries sponsor the creation of regional

organizations and offer funding to the organizations to spread the tobacco control ideas and skills to the countries within the region as means of ensuring compliance with the FCTC international treaty to protect public health.

The funds to the regional organizations enable them to promote a collective tobacco control campaign and also offer technical skills to the tobacco groups from the individual countries. For instance, the African tobacco control research initiative was able to organize a training workshop for tobacco groups from the African region to offer them the legal skills for changing policy in their respective countries (Personal communication 2011). The ATCRI is funded by ACS and UKCR and the training was meant to develop their skills for using litigation as a tobacco control instrument in their respective countries. The network belief is that the regional approach will promote a collective action for addressing the tobacco problem by providing tobacco control actors in the region with the requisite skills to promote the adoption of tobacco control policies and also to neutralize the political power of the tobacco industry network, which has been influencing tobacco policies in their own favour over the years.

The study concludes that the regional/continental approach to disseminate tobacco control ideas will lead to a common tobacco control campaign, which could promote compliance with tobacco control prohibition regime in the African region. The dissemination will lead to the adoption of tobacco control policy in individual countries, which can curtail the activities of the tobacco companies and protect public health. The tobacco companies normally take advantage of weak or the absence of tobacco law in a country to promote their profit making activities in Africa. Therefore, the approach will send a common policy message to all tobacco companies operating in the region and leave no room for using any tactic to operate in different countries. Giving that the strategy of the multinational tobacco companies is mostly similar in all the areas they operate, the success of the regionalist/continental approach in Africa could lead to the application of similar strategy in other regions such as Southeast Asia, the Caribbean and South American to proscribe the activities of the tobacco companies. This will also promote compliance with the FCTC treaty so as to protect public health in the developing world.

Note

1. For details, refer to <http://www.undp.org/content/undp/en/home/mdgoverview.html>

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