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Challenging Ties between State and Tobacco Industry: Advocacy Lessons from India

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ABSTRACT

Background: Globally, tobacco use is a major public health concern given its huge morbidity and mortality burden that is inequitably high in low- and middle-income countries. The World Health Organization has suggested banning the advertisement, promotion and sponsorship of tobacco. However, governments in some countries, including India, are either directly engaged in tobacco industry operations or have a mandate to promote tobacco industry development. This paper analyses a short-term advocacy campaign that challenged the state-tobacco industry ties to draw lessons for effective public health advocacy.

Method: This paper uses a case study method to analyze advocacy efforts in India to thwart the state-tobacco industry partnership: the Indian government's sponsorship and support to a global tobacco industry event. The paper explores multiple strategies employed in the five-month advocacy campaign (May to October 2010) to challenge this state-industry tie. In doing so, we describe the challenges faced and the lessons learnt for effective advocacy.

Results: Government withdrew participation and financial sponsorship from the tobacco industry event. Use of multiple strategies including engaging all concerned government agencies from the beginning, strategic use of media, presence and mobilization of civil society, and use of legal tools to gain information and judicial action, were complementary in bringing desired outcomes.

Conclusion: Use of multiple and complementary advocacy strategies could lead to positive outcomes in a short-time campaign. The Framework Convention on Tobacco Control could form an important advocacy tool, especially in countries that have ratified it, to advocate for improvements in national tobacco control regulations.

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Introduction

Globally, tobacco use is a major public health concern considering a huge and rising number of attributable deaths and disabilities, which is, and which will be, inequitably high in low- and middle-income countries[1]. India is ranked third in total tobacco consumption worldwide, followed only by China and the United States of America[2]. In 2010, smoking was projected to account for one million adult deaths in India[3]. India is world's second larg-

est producer and the sixth largest exporter of tobacco leaf [4]. In 2004, the economic cost of tobacco use was estimated to be 1.7 billion USD and was 16% greater than the total revenues collected from tobacco in that fiscal year[5].

One of the six policies suggested by the World Health Organization (WHO) in its policy package to reverse the tobacco epidemic is the prohibition of advertisements, promotion and sponsorship of tobacco[6]. The same is recommended through the article 13 of the Framework Convention on Tobacco Control (FCTC), United Nations' first ever and most widely endorsed public health treaty. Furthermore, the article 5.3 of FCTC recommends, "Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses". The FCTC aptly recognizes the fundamental and irreconcilable conflict between tobacco industry's interests and public health policy interests and recommends rejection of any partnership between governments and tobacco industry[7].

However, governments in some countries are directly engaged in tobacco industry operations (e.g. China) or have a mandate to promote tobacco industry [4]. In India, the Indian Tobacco Board (ITB), a statutory body established in 1975 under the union ministry of commerce and industry (UMCI) to regulate tobacco industry, has a mandate to promote the Indian varieties of tobacco and development of tobacco industry in India[8]. This mandate of ITB has remained unchanged since its inception in spite of more recent tobacco control commitments by the Indian government including, ratification of FCTC in 2004 and enactment of the national tobacco control legislation called the Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA) in 2003.

Apart from promotion of tobacco use, such ties between the state and tobacco industry are easy opportunities for tobacco industry to interfere with and influence public policy making with their vested interests. There are many well-documented examples of industry's attempts to influence countries' tobacco control policies[9-15]. India too, like other countries, presents examples of tobacco industry's negative influence on tobacco control policies[16]. More recently, repeated delays and dilutions of graphical warnings on tobacco packs in India have been clearly linked with the pressure exerted by tobacco industry on the government[17-19].

Advocacy is one of the main strategies for promoting health at population level, and has been widely used for tobacco control[20]. The WHO defines advocacy as a "combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal; or programme"[21]. There have been several campaigns using advocacy strategies to change industry practices that damage health[22]. In India, there have been some examples of advocacy campaigns by civil society organizations using community mobilisation, litigations and mass media as strategies to challenge tobacco industry tactics[2]. However, there is dearth of literature documenting and analyzing such campaigns to draw lessons on effective health advocacy, especially in low- and middle-income countries. In fact, advocacy, in general, has remained a largely neglected branch of public health[23].

During October 4-8, 2010, the Global Tobacco Networking Forum (GTNF), organized by the USA-based tobacco industry magazine (Tobacco Reporter) and publicized as the "greatest tobacco talk show on earth", sought to bring together tobacco industry representatives from all over the world to Bangalore city in southern India. The event comprised a two-day trip to tobacco farms and sale platforms (providing an "up close view of the tobacco industry") followed by a two-day interactive meet where a pool of experts were to discuss a variety of issues from tobacco manufacturing to trade and policies. A close

look at the agenda (with topics like "FCTC: what it is, what it should be"), profile of the speakers (mainly from tobacco industry and some established pro-tobacco scholars), expected audience (restricted to tobacco industry representatives only) and secrecy about the event (restrictions on cameras, phones and even note-taking by delegates) made it clear that GTNF was an exclusive tobacco industry event aimed at promoting tobacco trade. Along with some of the major Indian and international tobacco companies, the logo of ITB, a statutory government body, featured in the list of sponsors for the event. This was a clear violation of India's commitment to FCTC and COTPA.

The Institute of Public Health Bangalore (IPH), in collaboration with other non-government organizations (NGOs), government agencies and specific community groups coordinated nationwide collaborative multi-channel advocacy efforts. The objectives of this campaign were (1) to demand withdrawal of government's sponsorship of and participation in GTNF; (2) to ensure that GTNF proceedings comply with COTPA (especially smoke-free environments and prohibition of tobacco advertising); and (3) to prevent any such future sponsorship by government.

This paper aims to analyse one such advocacy campaign from India that aimed at challenging government's sponsorship and support to a global tobacco industry event.

Materials and Methods

We used a case study approach to analyse a short-term advocacy campaign in India in order to generate lessons that can be used to formulate effective advocacy campaigns to address similar issues in India and other countries. This campaign employed the four major strategies over a period of around five months (May to October 2010): administrative and political advocacy, media advocacy, legal advocacy and community mobilisation. In this section, we now describe, step-by-step, how the campaign was implemented.

Administrative and political advocacy

We preferred to engage with various government officials (technical, programme managers and bureaucrats) in existing government agencies dealing with tobacco regulation. In total, seven meetings were held with officers from the health department at various levels: one at national level with the director of tobacco control of the Union Ministry of Health and Family Welfare (UMHFW), two at the state level with the member secretary of the State Anti Tobacco Cell (SATC), and two meetings each, with officials of the District Anti Tobacco Cell (DATC) and the District Anti Tobacco Monitoring Committee (DATMC) Bangalore Urban district. Apart from personal meetings, periodic telephonic and email correspondence was maintained with state and district level officers. These interactions were primarily aimed at sensitising officers on the issue and its implications, seeking their suggestions for possible solutions, and providing them with periodic updates. We engaged the concerned politicians through the letter campaign, persuading NGOs, professional networks and leading tobacco control professionals to express their concern on this issue by writing letters. These letters, providing legal and public health implications and demanding withdrawal of ITB's support to GTNF, were addressed to the prime minister of India with copies to the chairman of the national advisory council, the chief minister and the governor of the state, and all the concerned union and state ministers (health, commerce and industry, finance). To our knowledge, at least 21 Indian organizations and four international organizations wrote letters as part of the letter campaign. We also sent out a total of 221 letters to all the members of parliament and of the legislative assembly in the state of Karnataka to engage with them on this issue.

Media advocacy

We mainly aimed for earned media coverage through constant interactions with journalists. A limited budget for advocacy restricted us from using billboards (for three days) and buying airtime on mass media. We planned for dissemination of press releases every fortnight to print and electronic media. In total, seven press releases were written during the campaign and two press conferences (before and after the litigation) were organised. This apart, personal communication through phone/email with journalists was maintained especially with journalists, who had covered tobacco related issues before. Over the time, we expanded our networking to journalists covering 'health', 'legal' and 'civic' issues.

Legal advocacy

A series of enquiries using the Right to Information Act were made to first understand possible involvement of relevant government agencies in GTNF and later to understand follow-up actions taken by them. Table-1 provides details of public enquiries initiated during the campaign.

Table1: Public enquiries on GTNF issue over the campaign period

Sr. No.	Government agency where enquiry was directed	Purpose of the enquiry	Enquiry initiated by
1	ITB	Information on participation and any form of support to GTNF	IPH
2	State Department of Commerce and Industry, Karnataka	Information on participation and any form of support to GTNF	IPH
3	State Department of Finance, Karnataka	Information on participation and any form of support to GTNF	IPH
4	Office of the Chief Minister, Karnataka	Information on participation and any form of support to GTNF	IPH
5	UMCI	Information on actions taken on GTNF issue and others	Binty*
6	UMHFW	Information on actions taken on GTNF issue and others	Binty
7	ITB	Information on actions taken on court order in regard to GTNF issue	IPH

* Binty is a voluntary organization working on consumer rights and based in New Delhi, India

Later in the campaign, we filed public interest litigation in the high court of Karnataka in Bangalore. The ITB, the state government (through SMHFW), the union government (through UMHFW and UMCI) and the Hotel ITC Royal Gardenia (a tobacco industry owned hotel that formed the venue for GTNF) were the respondents to the litigation. Using article 13 and article 5.3 of FCTC, and section-5 of COTPA, we demanded an immediate court directive prohibiting participation and sponsorship of GTNF by ITB, prohibiting participation of state and union government representatives in GTNF, and monitoring of GTNF by state government to ensure

that GTNF proceedings comply with COTPA. Long-term reliefs sought in the litigation included prohibition of sponsorship of any tobacco industry events by state and union governments in future and the formulation of a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry.

Mobilizing NGOs and community groups

In India, there is a thriving civil society movement working on tobacco control. One such prominent national network of over 60 NGOs is the Advocacy Forum on Tobacco Control (AFTC). AFTC represents a diverse group of NGOs including those working on consumer rights, public health, cancer care etc. In its national level meeting, the GTNF issue was taken up as an important agenda for collaborative advocacy by its members and a detailed action plan was charted out with IPH as a coordinating agency.

Apart from collaboration with NGOs and concerned professionals, a signature campaign was launched to garner support from specific community groups for a petition demanding withdrawal of ITB's sponsorship to GTNF. Signatures were collected from students at schools/colleges and health professionals at various social events. Later in the campaign the online petition was also launched and disseminated using emails and social media like Facebook and Twitter. An anti-tobacco walkathon was organized where over 400 students participated displaying posters and chanting slogans in a prominent area of Bangalore city.

Results

In this section, we describe, for each of the campaign strategy mentioned in Methods section, the results achieved, challenges faced and lessons learnt.

Administrative and political advocacy

Interactions with relevant government agencies resulted in cooperation and supportive action at all levels of governments. At national level, the UMHFW sent a communication to the department of commerce suggesting withdrawal of support to GTNF. It additionally urged them to call off the GTNF[24]. The state government, represented by state ministry of health and family welfare, submitted to the court that it was neither supporting nor participating in GTNF and also sent a correspondence to UMHFW informing about GTNF and its implications (Personal communication from the SATC member secretary)[25]. The state health secretary provided commendable support by sending correspondence to relevant ministries and secretaries within the state advising them not to attend or support GTNF. SATC carried out an inspection visit during GTNF to ensure that the event proceedings complied with the national tobacco control legislation (Personal communication from SATC member secretary). DATMC took cognizance of the GTNF and its implications and assured that they would carry out a compliance check during the event.

The letter campaign resulted in a few members of parliament asking the commerce minister to justify ITB's sponsorship to GTNF[26]. The minister's reply confirmed the sponsorship and ITB's intent of promoting Indian varieties of tobacco through GTNF. This official acknowledgement served as a testimony in subsequent court proceedings.

In the process, we learnt some important lessons. We found it crucial to involve the relevant government agencies from the beginning and maintain sustained communication throughout the campaign. It helped us understand the power equilibrium across ministries having conflicting mandates (i.e. health and commerce) and the relative potential of different actors in influencing the situation. Such an understanding helped us prioritize key stakeholders where advocacy efforts can gain greatest impact e.g. state health ministry appeared

to have a relatively minor role compared to the union health ministry in dealing with FCTC related issues. We noted the supportive approach of the union health ministry towards achieving FCTC compliance but also its limitations in bringing a definitive impact on the GTNF issue in short-term, implying need for additional strategies to target the ITB and union commerce ministry (e.g. litigation, media pressure).

In such a scenario where government ministries have conflicting mandates, the relationship between government (especially the health sector) and NGOs working on tobacco control takes a delicate form that needs careful nurturing. We made the state and union governments represented by state and union health ministry respectively, as respondents in the litigation, despite the supportive role of these ministries to our actions. This was done in order to (1) rule out governments' support and participation in GTNF through any ministry (that may be impossible for an NGOs to get information about in a short timeframe); and (2) have a favourable court verdict that shifts the power equilibrium within governments in favour of health ministry ruling out dominant interests/influences of commerce ministry and/or tobacco industry. However, the SATC (part of the state health ministry) perceived such involvement of the state government in litigation as going against the spirit of collaborative partnership between IPH and the state government. A few organizations, especially medical and dental colleges, acknowledged our concerns on the GTNF issue but refused to participate in letter/signature campaign as the campaign was targeting a government agency (ITB). We believe that more frequent communication and detailed reasoning for such actions from IPH would have perhaps improved the situation. Nevertheless this is a structural constraint.

There were no tangible effects of letters sent to the members of parliament and legislative assembly in Karnataka, at least not to our notice. This may be because of the language (letters were written in English and not in the regional language), medium of communication (mails not followed-up with phone/meetings) and timing (too late; letters reached these officials only a few days before the final court verdict, which prohibited the sponsorship in any case).

Media advocacy

The campaign received good media coverage: 24 stories in print media, three television stories and one radio story, in a period of three months. We realised that media coverage was attained only at the time of particular events in the campaign. Hence we planned to have media releases that accompanied periodic events. This meant we also had to carefully plan the events (like launch of the signature campaign, letter campaign, demonstrations etc.) over the campaign period to achieve sustained media coverage. Furthermore we observed that there was relatively low awareness on issues related to tobacco control among journalists, even among those covering health issues. Hence we found the role of press releases critical in achieving timely and meaningful media coverage. Figure-1 provides graphical association of these elements.

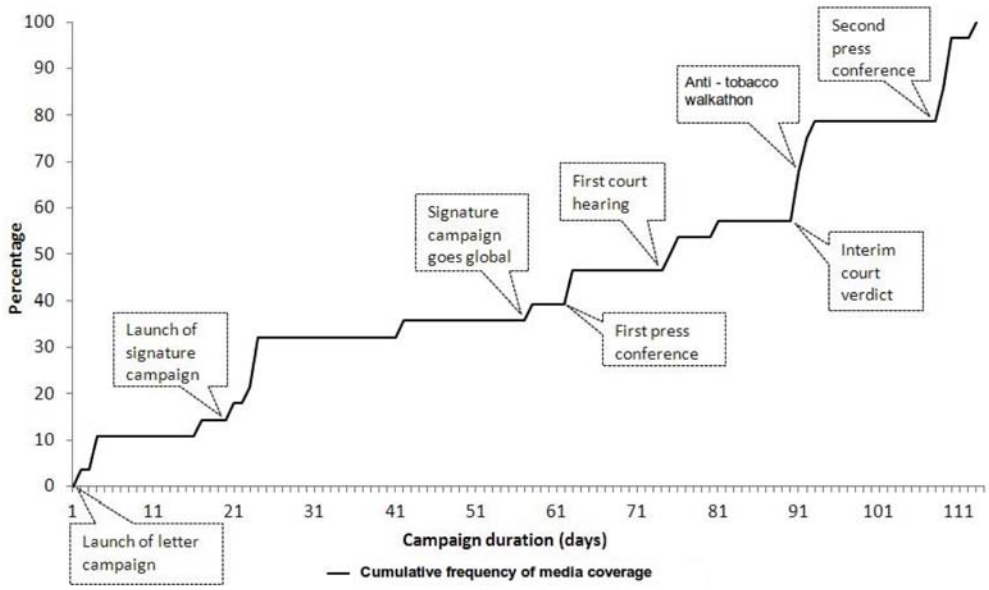

Fig. 1: Media coverage over the time in relation to press releases issued on various campaign events

Most of our media contacts were from print media. A lot more attention could have been paid to broadcast media – especially to regional television channels. We observed that emerging competition among regional television news channels, not having enough 'content' to run these channels round the clock, provided relatively easy opportunity to get media slots for our campaign. Also we realized through our interactions with journalists working for the vernacular media that we should have had our press releases also written in regional languages to increase uptake by vernacular press. In summary, relationship building with journalists, sustained information feeds, prioritisation of relevant media form, and strategic planning of campaign events to improve media potential are essential to achieve good media coverage even with limited budget.

Legal advocacy

In a situation –like this– where a conflict of interest within the government can potentially hamper access of non-government agencies to transparent information, use of public enquiry through the Right to Information Act (RTI) proved to be invaluable. In fact, the ITB's sponsorship to GTNF (as assumed from ITB logo on the GTNF website) was difficult to confirm as ITB's response (over the phone) was either ignorance of the issue or a denial to acknowledge any such sponsorship in writing. It was only at the end of July 2010, through ITB's written response under RTI, that we were able to officially substantiate the sponsorship[27].

In course of the public interest litigation, the Hotel ITC Royal Gardenia agreed to comply with all the provisions of COTPA. State government also submitted that they were not sponsoring or participating in GTNF and will not to do so for any such future events[25]. Thus, with respect to these respondents, no court directives were required. With respect to ITB, the court, in its interim order, relying on the provisions of COTPA section 5(3) and the FCTC article 13, directed withdrawal of sponsorship, as the same would amount to promotion of tobacco use[25]. Following the interim order, ITB committed non-participation in GTNF and recovery of GTNF sponsorship. The union government also submitted not to sponsor or participate in

any tobacco industry events in the future[28]. In regard to the final plea that government shall frame and adopt a protocol or code of conduct for interaction of government officials with the tobacco industry, a draft code of conduct was submitted by IPH. In its final order, the court directed the respondents to consider this draft while framing its own code of conduct[28]. Thus, the respondents granted virtually all the reliefs sought by IPH in the litigation, either on their own or under court direction.

We found the court directive extremely important in bringing immediate desired outcomes and in pre-empting a long-term policy change towards prohibition of conflict of interest between governments and tobacco industry. It also provided a clear judicial interpretation of indirect promotion of tobacco use, which is a key provision of COTPA. It is the first time in India that judiciary questioned the mandate of the ITB in light of FCTC and COTPA, and made an observation in the interim order that the ITB can engage in tobacco industry development only as far as it is meant for production of tobacco for non-human consumption[25]. In fact, the interim order made repeated references to FCTC and India's international obligations under it[25]. We also like to highlight the importance of continuous interactions and close partnership between lawyers and IPH that allowed a mix of legal expertise, contemporary scientific knowledge and campaign achievements to inform and enhance the strength of the court arguments. Achievements of other advocacy strategies (e.g. minister's statement in parliament, media coverage, responses to RTI applications) helped shape favourable legal arguments and evidence, pointing to need for use of multiple strategies.

Mobilizing NGOs and community groups

Framing of GTNF issue in different ways (e.g. promotion of tobacco leading to health harms, waste of public money for tobacco industry event, promotion of tobacco leading to financial burden on poor and health systems etc.) helped to appeal NGOs working on related issue like health, governance, and consumer rights. Partnership between IPH and the Lawyers' Collective, an NGO of lawyers working on social issues, was instrumental in providing legal help on GTNF issue.

Over 33,000 signatures were collected by IPH and two of the AFTC member NGOs (Pasumai Thayyagam and Gramin Shikshan Charity Foundation) from BangaloreCity and other parts of Karnataka and Tamil Nadu states. The signature campaign at schools and colleges provided IPH with the opportunity to engage with and mobilize youth that resulted in over 400 students participating in the anti-tobacco walkathon displaying posters and chanting slogans in the prominent area of Bangalore city.

Involvement of NGOs and specific community groups not only expanded and strengthened the advocacy efforts but also ensured the continuity of the cause. For example, one of the organizations continued to initiate public enquiries on similar issues in different parts of the country. Community engagement was not as large scale as we expected it to be. We realized that it is not easy for the general public to comprehend and relate to an issue of sponsorship-led tobacco promotion by tobacco industry, and hence more time and efforts are needed for broader community engagement. We also realized that online mobilisation tools could add value but not replace the need for direct community engagement that was found to be crucial in generating momentum and support for the campaign events. Furthermore, we believe that even targeted and limited community engagement is crucial in projecting the issue as a concern of larger public rather than the one conceived and propagated by specific professional groups. As mentioned earlier, strategic planning of these activities over the campaign period was important in generating sustained media attention.

Discussion

In this paper, we analyzed a successful advocacy campaign that challenged sponsorship and support by the government agency to the global tobacco industry event. We summarized achievements, challenges as well as lessons learnt while conducting a short-term advocacy campaign using a mix of advocacy strategies.

Our experience highlights the broad features of public health advocacy as summarized by Johnson[29] i.e. (1) collective actions through collaboration across many players to bring systematic change (e.g. different levels and wings of government, community, media, judiciary, NGOs working in different sectors); (2) addressing more upstream factors going beyond individual approach (e.g. seeking change in mandate of ITB and advocating for policy change to avoid conflict of interest beyond GTNF issue); and (3) explicitly political nature of public health advocacy process (e.g. dealing with government having tobacco promotion mandate and powerful tobacco industry).

We found that use of multiple strategies including engaging all concerned government agencies from the beginning, strategic use of media, presence and mobilization of coalition of civil society, and use of legal tools (RTI, COTPA, FCTC) to gain information and judicial action, were complementary in bringing desired outcomes.

Chapman[23] highlighted that most of the public health objectives are strongly contested by opponents. We found ourselves in a conflict with a part of the government (ITB), and against a powerful tobacco industry. As described earlier, maintaining a cordial partnership with the government was challenging in the face of tobacco promoting mandate of UMCI. Furthermore, institutional restrictions (e.g. in our case, a government funded school and college) to engage with advocacy (explicitly political in nature) and a dogmatic value-free approach to see public health are other challenges for some actors to engage in advocacy. We realized that framing the issue, timing it appropriately to coincide with some visible events/actions, targeting the right media, provision of factual information, linking journalists with potential commentators/experts, and fostering individual relationships with journalists were all important in achieving strategic media support. We found that guidelines provided by Chapman[23] on effective public health advocacy (especially media advocacy) very useful and relevant.

On the legal front, FCTC, especially in countries that have ratified it, serves as a potential tool to advocate improvements in national tobacco control legislations. Given that India has ratified FCTC, its articles 5.3 and 13 provided important foundation for litigation.

The issue of government-industry partnership is a complex policy level issue and was easy to see as an issue more related to corruption (waste of public money), vested interests (to generate more money from tobacco trade), legal violations, and governance than of health. This reflects the relatively poor engagement in the campaign from health professionals and the community in general while there were active interest/actions from groups like consumer rights advocates and lawyers. Coming together of diverse groups of stakeholders bringing different perspectives to pursue overall objectives of the advocacy campaign was crucial in achieving success.

Post-campaign, we have been now working to build on campaign success demanding for a stringent policy that prevents conflicting interests between state and tobacco industry. We believe some of the advocacy lessons described in this paper along with detail description of the context will be helpful in planning and executing advocacy campaign in countries facing similar issues.

Conclusion

Public health advocacy using multiple, context-based complementary strategies

including engaging all concerned government agencies from the beginning, strategic use of media, presence and mobilization of coalition of civil society, and use of legal tools to gain information and judicial action could bring desired outcomes in a relatively short time-frame. We highlighted some of the lessons we learnt while using these advocacy strategies in India that might help formulating effective future advocacy campaigns in India and other countries for tobacco control.

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Competing interests

The authors declare that there is no conflict of interests.

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