

SPECIAL COMMUNICATION

Malawi: addicted to the leaf

P Davies

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The east African country of Malawi, one of the poorest in the world, derives most of its economic income from tobacco production. The challenges facing Malawi if it is to decrease its dependence on the leaf are discussed here

Malawi, an east African nation of 10 million people, is ranked among the 10 poorest nations in the world. It is also one of the world's most prolific tobacco producers—first in the world for burley and seventh for overall production. No other world economy is more dependent on the leaf; according to government statistics over 70% of the nation's export income comes from tobacco.¹ While the majority of tobacco control efforts have focused on consumption, interest has evolved in the viability of action at the tobacco production level. There are compelling public health (and many would argue ethical) imperatives for countries such as Malawi to begin the transition away from high levels of tobacco production.

However, in the case of Malawi, at least, there are equally formidable political, social and economic barriers in the way of this transition, some perceived, some unfortunately real. From the Malawian perspective on purely pragmatic grounds it is hard to find compelling reasons why alternatives to tobacco should be sought—in fact an argument can be mounted that tobacco is actually good for Malawians' health, an essential element in preventing the nation's economic and social collapse. What follows is a discussion of some of the challenges facing Malawi if it is to decrease its dependence on the leaf.

ILLUSORY ECONOMIC BENEFITS?

In Malawi, tobacco is considered "green gold", incontestably the most profitable crop in this highly agrarian economy. Per tonne it has over 20 times the value of Malawi's next biggest export, tea.² After foreign aid, tobacco is the largest source of income for the country, comprising over 70% of export earnings. With little sign that worldwide demand for tobacco is set to fall in the near future, the profitability of the crop appears set to continue.

The unique feature of tobacco growing in Malawi is its highly decentralised production, and hence how widely profits are distributed; 430 000 Malawians make a living from the small scale production of tobacco.³ The infrastructure is in place to allow individual freehold farmers to sell directly to processors in the major cities and receive \$US cash in hand. Few, if any, industries can compare with this potential for dissemination

of wealth. Many more are employed on large plantations, where, although poorly paid, some refuge is found from poverty in a country where unemployment can equal starvation.⁴ Malawi depends on export income to build and maintain its infrastructure—health, transport, industry, and even food supplies all rely heavily on expensive imports. The vacuum left behind after the phasing out of tobacco production would result in severe social and health consequences unless effective alternatives are put in place.

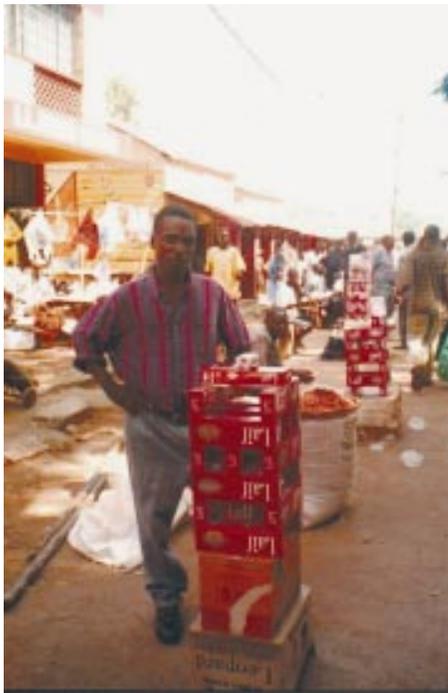
The counter argument to this is that growers see little of the economic benefits enjoyed by the tobacco industry—indeed much of the faith in tobacco is fuelled primarily by industry propaganda rather than good evidence. The most naïve analysis bears this out: if tobacco is such a profitable crop why is Malawi still among the poorest nations in the world? Tobacco prices are certainly higher than for other crops; however, some reports suggest potential profits are offset by high input of fertilisers, pesticides, and labour, making net profits modest at best.⁵ Furthermore, land that is growing tobacco is not being used for food crops or livestock and importation of such also chips away at profits. At the macro level reliance on a single crop is an unwise strategy, leaving the nation vulnerable to fluctuations in price. While the profits of processors attest to the financial rewards of tobacco it seems likely that industry claims about the benefits to growers are grossly inflated.

TOBACCO NOT A HEALTH PRIORITY

Even if we accept that the economic benefits of tobacco are indeed far less than are claimed, a case still must be established as to why Malawi should move away from the industry. A core argument used to convince developing nations to reduce tobacco production is that the health consequences of tobacco use far outweigh any economic benefit. But in Malawi it appears that this is not the case. Certainly tobacco grown in Malawi has a terrible health impact, but the brunt of this is felt in the developed nations where it is consumed. Tobacco grown in the country is almost exclusively for export. Relatively few Malawians smoke: 19% of men and 2% of women.⁶ Indeed with an average annual income of less than US\$200 many people struggle to afford food, let alone cigarettes. Life expectancy is low: 44 years for women, 40 for men, thus much of the population dies before the health effects of tobacco manifest themselves. Consequently tobacco related illness is rare. Data are scarce but several case series^{7,8} have reported low rates of lung cancer, and anecdotal evidence suggests that chronic obstructive pulmonary disease caused by smoking and ischaemic heart disease are uncommon.

Correspondence to: Peter J Davies, Department Public Health and Community Medicine, University of Sydney, Sydney, New South Wales 2006, Australia; pdavies@gmp.usyd.edu.au

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Cigarette vendor, Limbe market, Blantyre. Although expensive imported cigarettes are out of reach of most Malawians, cheaper local brands are widely available. Despite this only 19% of men and 2% of women smoke and tobacco related illness is uncommon (photo: Peter Davies).

Diseases of poverty are paramount in causing Malawi's ill health. Malaria, tuberculosis, and HIV/AIDS are endemic, while the country is currently experiencing one of the worst famines in its history. For people struggling to meet their basic needs, a struggle aided by the revenue that tobacco brings, epidemics of tobacco related illness in distant nations remain an abstract and un compelling concern. From the Malawian perspective it appears that public health cannot provide a compelling rationale for reducing tobacco production.

LACK OF VIABLE ALTERNATIVES

Perhaps the most formidable barrier to Malawi moving away from the leaf is the question: if not tobacco, then what? There are many specific ways in which tobacco is the ideal crop for Malawi. Few crops are as hardy and non-perishable, requiring little in the way of storage and transport infrastructure. It can be grown by the individual farmer in a highly decentralised fashion, ensuring that profit, however modest, is distributed widely. Above all, few crops equal tobacco in price.

Unsurprisingly, viable alternatives prove to be elusive. Transport and refrigeration costs and the highly protected food markets of the USA and Europe preclude food crops as a profitable alternative, while attempts at growing other cash crops such as tea, sugar, and coffee have been economically disappointing. Cotton and cut flowers represent possible alternatives but require extensive infrastructure and cannot equal tobacco in its suitability as a decentralised crop. Furthermore they have their own attendant problems of environmental degradation and toxic exposure of workers. There is potential for the tapping of natural resources such as oil drilling on Lake Malawi and mining in highland regions, but wealth from such projects is unlikely to be distributed widely and in the long term may threaten Malawi's fledgling tourism industry. Tourism itself shows potential but Malawi has a long way to go before it can compete on equal terms with the established tourist industries of its neighbours. Labour export



Tobacco drying racks, 20 km north of Lilongwe, the national capital. Malawi is the world's largest producer of burley tobacco and is seventh for tobacco production overall (photo: Damon Shorter).

to mines in Zimbabwe and South Africa has traditionally provided much needed foreign exchange, however with unrest and unemployment in these countries these sources have been greatly reduced.

SOCIAL AND POLITICAL PRESSURES

There are historical reasons for Malawi's intimate relationship with tobacco. For many years the late dictator Hastings Banda was the largest individual tobacco grower in Malawi. Many current senior government officials are deeply involved in tobacco production, many of them plantation owners themselves. It was first Banda, then subsequent government ministers that have disseminated the view that tobacco is the only crop for Malawi. The strong association with the past regime and today's government mean that even today criticism of tobacco remains somewhat taboo.

The power that the tobacco industry enjoys in Malawi is reflected in the ability of its propaganda to shape public opinion in the country. For example, it is widely reported in the Malawian media that the World Health Organization intends to impose a reduction and eventually a ban on tobacco production in Malawi through initiatives such as the Framework Convention on Tobacco Control (FCTC). Such claims are untrue but are widely believed in all strata of Malawian society.

Such tradition and propaganda may go some way to explaining the entrenched resistance of Malawi to international tobacco control measures and lead us to question the



A small freehold farmer and her child stand in front of their harvested tobacco. Some 430000 Malawians grow tobacco on their own small plots. They will receive US dollars on the spot for their crop at one of the country's three major tobacco floors (photo: Damon Shorter).

degree of critical analysis of the tobacco industry within Malawi. Malawi's cosy relationship with the tobacco industry makes the challenges for tobacco control advocates even more difficult.

PRAGMATISM NOT IDEOLOGY

If developing nations are to reduce dependence on tobacco persuasive arguments must be found as to why it is in their best interests. In the case of a country such as Malawi it can be argued that the major health benefits will be to consumers in the developed world, while loss of income may effect a worsening of Malawian health. The issue of economic value remains unclear and viable alternatives prove to be elusive. The argument for maintaining tobacco production is one of pragmatism rather than ideology—and refutations must appeal on that same level. There is a desire to escape dependence on a deadly crop in some segments of Malawian society, but self interest remains the principal concern. While the nation struggles to feed itself, tobacco control appears to be a luxury Malawi cannot afford.

THE WAY FORWARD

The case for Malawi to continue tobacco production is based on a number of assumptions. In a country where the tobacco industry is such an influential player—from the governmental level to the individual grower—it is important to challenge existing beliefs and not allow the propagation of myths based on industry rhetoric. It may be that these assumptions will not stand up to serious scrutiny.

Several lines of questioning suggest themselves. In the health domain, if it became apparent that tobacco related illness is more common than is thought in Malawi the pro-tobacco argument would be significantly weakened. In a country whose health concerns are overwhelmingly dominated by diseases of poverty, research on tobacco related disease is limited. The perception that tobacco related disease is rare in Malawi is based predominantly on anecdotal evidence. Clinicians in Malawi are trained to recognise infectious causes of disease. It is possible that significant amounts of tobacco related disease are being ascribed to other causes. The true rates of tobacco related illness need to be accurately assessed if meaningful debate is to proceed.

Similarly, if a categorical refutation of claims of the economic benefits of tobacco were made it would be difficult to make a case for sustaining tobacco production over less contentious industries. To date most economic assessments of the tobacco industry in Malawi have been commissioned by

the companies themselves. There is a need for independent studies to test these accepted beliefs and, if refuted, for awareness to be raised of their findings in Malawi so that the people can make informed choices about their economic future.

The most urgent priority is to provide assistance in identifying and developing alternative sources of income and employment for Malawians. Internal studies of agricultural alternatives have unsurprisingly been strongly biased towards tobacco. Independent assessment of alternatives has occurred but the reality is that an ideal substitute for tobacco does not exist. Successful implementation of alternatives will require substantial input of capital and changes to the Malawian workforce, infrastructure, and culture.

Any transition away from tobacco production must offer tangible benefits to the country involved. It is the responsibility of tobacco control activists to seek ways to ease the transition away from tobacco. Unless creative, equitable solutions are found to overcome the country's economic dependence on the leaf, tobacco is in Malawi to stay.

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REFERENCES

- 1 **Government of Malawi.** *Malawi in figures 2001*. Zomba: National Statistical Office, 2001.
- 2 **Government of Malawi.** *Annual external trade report 1999*. Zomba: National Statistical Office, 1999.
- 3 **Government of Malawi.** *Malawi national gemini micro and small enterprise baseline survey 2000*. Zomba: National Statistical Office, 2000.
- 4 **Government of Malawi.** *Malawi population and housing census 2000*. Zomba: National Statistical Office, 2001.
- 5 **Campaign for Tobacco Free Kids.** *Golden leaf, barren harvest: the costs of tobacco farming*. Washington DC: CFTFK, 2001.
- 6 **Government of Malawi.** *Demographic and health survey 2000*. Zomba: National Statistical Office, 2000.
- 7 **P Reeve, M D Newa.** Lung cancer in Malawi: experience of bronchoscopy in Zomba General Hospital. *J Med Assoc Malawi* 1988;**5**(2):45–9.
- 8 **Brown KGE.** Analysis of admissions to the adult medical wards of Queen Elizabeth Central Hospital, Blantyre, Malawi. *E Afr Med J* 1975;**52**:509.