WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Submission for the President of the Conference of the Parties to the WHO Framework Convention on Tobacco Control

a) An assessment of the situation regarding the principle of "ensuring that no one is left behind" at the global level

Tobacco use, driven by industry marketing and fuelled by social inequities, is killing 6 million people per year, inhibiting socio-economic development at household, national and global levels, exacting economic burdens on national health care systems, infringing human rights and obstructing progress towards achieving the Sustainable Development Goals (SDGs)[1]. The tobacco industry and the deadly impact of its products cost the world's economies more than US$ 1 trillion annually in healthcare expenditures and lost productivity, while global tobacco excise taxes generated nearly 269 billion U.S. dollars (US$) in government revenues in 2013–2014. Of this, governments spent a combined total of less than US$ 1 billion on tobacco control[2].

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the only international public health treaty in the 21 century. This international convention inspires and informs the United Nations to work on global tobacco control. This "blueprint" for tobacco control policies is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. There are currently 180 Parties to the Convention, which together include more than 90% of the world's population. The global answer to curtail the tobacco epidemic is full implementation of WHO FCTC.

In 2015, a successful campaign by the Convention Secretariat and others led to the inclusion of Target 3.a in the 2030 Agenda for Sustainable Development, requiring the strengthening of WHO FCTC implementation. Similar efforts in partnership with World Health Organization (WHO) at the Addis Ababa Financing for Development meeting secured an agreement that tobacco taxation should be a key source of funds for achieving the SDGs.

Under its guiding principles, the WHO FCTC recognizes that strong political commitment is necessary to develop and support comprehensive multisectoral measures and coordinated responses, taking into consideration the need: (a) to take measures to protect all persons from exposure to tobacco smoke; (b) to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any form; (c) to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives; and (d) to take measures to address gender-specific risks when developing tobacco control strategies.

Implementation of the Convention has progressed steadily since entry into force in 2005. More than half the world's countries, representing nearly 40% of the world's population, have implemented at least one of the WHO FCTC's most cost-effective measures to the highest level. However, progress appears uneven between different articles of the Convention, with average implementation rates varying from less than 20% to 88%.

[1] http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/development-planning-and-tobacco-control--integrating-the-who-fr/

[2] https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/docs/m21_exec_sum.pdf

As was observed in the previous WHO FCTC reporting cycle, Article 8 (Protection from exposure to tobacco smoke), Article 11 (Packaging and labelling of tobacco products), and Article 16 (Sales to and by minors) achieved the highest implementation rates reported in 2016. Article 17 (Provision of support for economically viable alternative activities), Article 18 (Protection of the environment and the health of persons) and Article 19 (Liability), seem to have remained the three least implemented articles. However, their average implementation apparently improved as compared to 2014, which was also observed with Article 6 (Price and tax measures to reduce the demand for tobacco) and Article 15 (Illicit trade in tobacco products)[3]. For detail, please see figure 1.

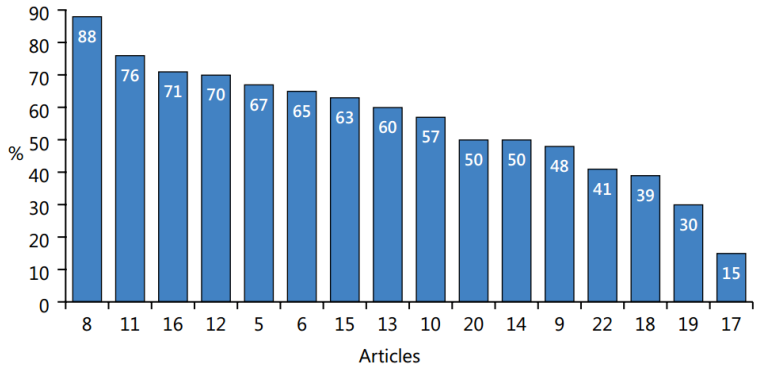

Figure 1 Average implementation of substantive articles of the Convention in 2016

The first signs of a general downward trend in tobacco use prevalence among Parties now seem to be emerging, according to analyses by WHO and the impact assessment expert group established by the Conference of the Parties (COP). These findings have also been supported by the latest prevalence data provided by the Parties in the 2016 reporting cycle. At the same time, WHO projections show that most Parties need to accelerate tobacco control activities in order to achieve the global noncommunicable disease (NCD) target to reduce tobacco use by 30% between 2010 and 2025. Some Parties are expected to experience increases in smoking prevalence if effective policies are not urgently established.

b) The identification of gaps, areas requiring urgent attention, risks and challenges

Based on the latest implementation reports by the Parties, various barriers still prevent states from effective implementation of the Convention (see figure 2), with interference by the tobacco industry, lack of human resources and weak enforcement of existing legislation being the three leading ones.

[3] http://www.who.int/fctc/reporting/2016_global_progress_report.pdf?ua=1

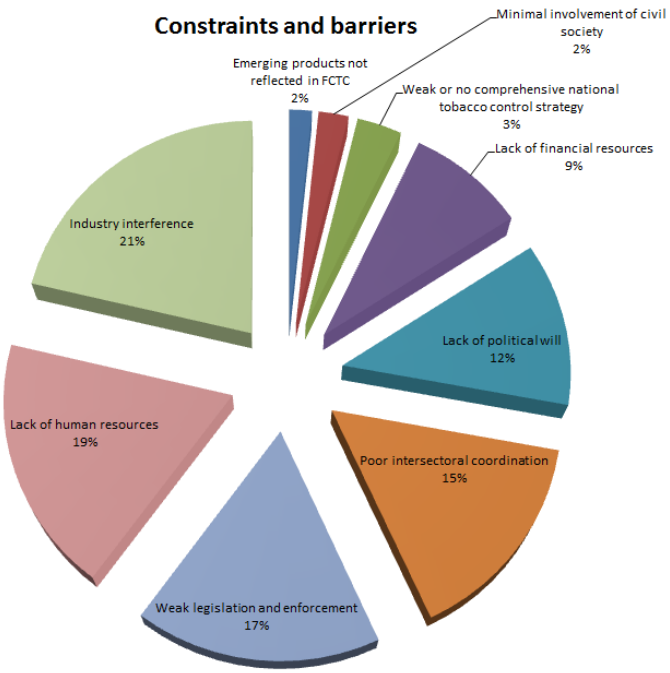

Figure 2 Constraints and Barriers

A critical challenge to advance the implementation of the WHO FCTC is to integrate tobacco control into broader development agendas. As stated in the Convention, comprehensive multisectoral measures and responses at the national, regional and international levels are essential so as to prevent disease, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke. Although the implementation of the WHO FCTC will always be anchored in the public health sector, it also requires new relationships beyond the health sector. This must be done at national level through multisectoral coordinating mechanisms, but also at the international level through the recognition of the importance of the Convention by the whole UN system.

Inclusion of the WHO FCTC in the SDGs is a major step which can accelerate progress and help overcome barriers in global and national tobacco control efforts. Together, targets 3.a and 3.4 (on reducing premature mortality from non-communicable diseases) have the potential to raise awareness of tobacco as a sustainable development issue, commit national governments and other stakeholders to tackle tobacco for the next 15 years, intensify and harmonize tobacco control efforts, and mobilize resources for WHO FCTC implementation, thus better aligning health financing priorities with epidemiological burdens. The Convention Secretariat has now become co-custodian of target 3.a, thus strengthening its cooperation with WHO in monitoring this target.

But these benefits of inclusion are by no means guaranteed in the context of the broad and ambitious SDGs. According to a forthcoming analysis by United Nations Development Programme (UNDP), the WHO FCTC was not mentioned in any national consultation final reports which inputted into Agenda 2030 design, despite the fact that 62 of the 71 national consultation final reports available for review (87 percent) were submitted by countries that are Parties to the WHO FCTC. Mere inclusion of the WHO FCTC in Agenda 2030 alone will clearly not ensure greater attention and investments in tobacco control. Strengthened and more coordinated advocacy and capacity building efforts would help ensure that the ambition to Leave No One Behind takes full advantage of all tobacco control can offer.

c) Valuable lessons learned on eradicating poverty and promoting prosperity

Tobacco and poverty are inextricably linked. In every region of the world tobacco use is highest among the poor[4]. Nearly 80% of 1 billion smokers worldwide live in LMICs. The addiction to nicotine among the poor drives them to spend money on tobacco, diverting critical resources that could otherwise be spent on vital necessities. When scarce family resources are spent on tobacco products instead of food and other essential needs such as schooling and nutrition, tobacco use increases poverty at individual and family level.

Money spent on tobacco is not available to be spent on basic necessities such as food[5], education[6] and healthcare[7]. For those families living on very low incomes, where a significant portion of their meagre dispensable income is required to buy food, expenditures on tobacco may make the difference between an adequate diet and malnutrition. In the poorest households in some countries in Africa, 15% of disposable income is spent on tobacco.

Additionally, poor smokers, who are at a greater risk of illness, are, therefore, also at a greater risk of not being treated or of falling into greater poverty if they seek treatment. Illness due to tobacco is not only caused by smoking or chewing. Those who harvest and cure tobacco frequently report poor health. Pesticides used in farming of tobacco also cause illness, including increased rates of depression and suicide among tobacco farmers. Moreover, tobacco production has been associated with unlawful and exploitative labour, including unpaid child labour as well as low-cost and bonded adult labour. Cigarette manufacturers and leaf buying companies often exploit farmers to obtain profits from below-cost leaf.[8]

Tobacco not only impoverishes those who use it, it puts an enormous financial burden on countries through its negative effects on health and productivity. The costs of tobacco use at the national level encompass increased health-care costs, lost productivity due to illness and early death, foreign exchange losses, and environmental damage.

Progress in the implementation of the WHO FCTC, the answer to the tobacco epidemic and thus a poverty reduction measure, has been good, and the Convention has made a difference within countries, regions and globally. According to the 2016 Global Progress Report, some advanced trends are detectable in more and more Parties, such as inclusion of reference to Article 5.3 (Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry) in Parties' new tobacco control legislation, regulations and programmes. Other important measures include extending smoking bans in outdoor public areas; introducing plain packaging and large pictorial warnings; moving towards point-of-sale advertising bans and bans of tobacco product displays at points-of-sale; promoting alternative livelihoods and the utilization of liability as a tobacco control measure.

A recent Article published on The Lancet[9] shows that many case studies point to the successful uptake and enforcement of WHO FCTC components in many countries with especially prominent reductions in smoking prevalence. The Article highlights that Pakistan, Panama, and India stand out as three countries that have implemented a large number of tobacco control policies over the past decade and have had marked declines in the prevalence of daily smoking since 2005, compared with decreases recorded between 1990 and 2005. Authors mentioned that Brazil, which has achieved the

[4] World Health Organization. Systematic review of the link between tobacco and poverty. 2011. World Health Organization: Geneva. Available from: http://www.who.int/tobacco/publications/economics/syst_rev_tobacco_poverty/en
[5] Shah S, Vaite S. Choosing tobacco over food: daily struggles for existence among the street children of Mumbai, India. In: Efroymson D , FitzGerald S, editors. Tobacco and poverty: observations from India and Bangladesh. PATH Canada, 2002
[6] Kinh HV, Nguyen TL, Vu TBN, Nguyen TM, Nguyen TTH. Burden of tobacco smoking on households in Vietnam. Presented at the Workshop New Evidence on Tobacco Control Policies: South East Asia. August 5, 2003, Helsinki, Finland. Available from: http://tobaccoevidence.net/pdf/sea_ activities/Kinh_Helsinki_Burden.pdf
[7] Efroymson D, Ahmed S, Townsend J, Alam SM, Dey AR, Saha R, et al. Hungry for tobacco: An analysis of the economic impact of tobacco consumption on the poor in Bangladesh. Tobacco Control. 2001 September: 10(3): 212-7.
[8] 2016. UNDP and WHO NCD sectoral brief: What Ministries of Labour Need to Know, citing Hu, T, and Lee, A (2015). "Tobacco Control and Tobacco Farming in African Countries." J Public Health Policy, 36(1): 41-51.
[9] http://thelancet.com/journals/lancet/article/PIIS0140-6736(17)30819-X/fulltext?elsca1=tlpr

third largest significant decline in age-standardised smoking prevalence since 1990, is a noteworthy success story. Brazil accomplished this reduction through a combination of tobacco control policies and the achievement of high levels of compliance through enforcement. Policies were comprehensive and were supplemented with fiscal interventions that included raising taxes and establishing minimum prices for tobacco products.

Tobacco and poverty create a vicious circle, from which it is often difficult to escape. It contributes to poverty through loss of income, loss of productivity, disease and death[10]. In view of this, lessons can be learnt from India. Several substantive measures like enhancement of pictorial warnings on tobacco product packs[11]; gradual increase in tobacco taxes; depiction of tobacco use in films and television programmes[12]; and tobacco cessation programmes through mCessation[13] and Quitline serviceshave been undertaken to discourage the consumption of tobacco; to ensure that effective protection is provided to non-smokers from involuntary exposure to tobacco smoke; and to protect children and young people from being addicted to the use of tobacco.

Effective tobacco price and tax measures are an important means of reducing tobacco consumption by various segments of the population, in particular young persons, women and the poor, who have been shown to be more responsive to price increases. A tax rise that increases the cost of tobacco by 10% has been shown to decreases tobacco consumption by an average of 4% in high-income countries and about 5% in low- and middle-income countries (LMICs). The COP, the governing body of the WHO FCTC, adopted the Article 6 guidelines on tax and price measures, recommending that each Party increase taxation progressively to achieve at least 75 percent tax relative to the retail price of tobacco products.

Mechanism of assistance to Parties has also been established or identified and supported. Technical support to the Parties is available from the Convention Secretariat and other partners, including the UNDP and WHO. Consistent with decisions made by COP, the Convention Secretariat has initiated a new project to assist Parties to strengthen implementation of the treaty. The FCTC 2030 project aims to support Parties to the WHO FCTC that are eligible to receive official development assistance (ODA) to achieve the SDGs by advancing implementation of the Convention.

As per COP6 Decision FCTC/COP6(17)[14], the Convention Secretariat has requested UNDP and the World Health Organization to work with the World Bank and other partners to help Parties develop the business case for investment in implementation of the Convention. As part of the FCTC 2030 project, the Investment Case is built to help countries advocate for fuller implementation of the Convention. The purpose of the FCTC Investment Case is to allow the Government to better assess the costs of inaction and the benefits of accelerating WHO FCTC implementation, as well as mapping out policy and legislative pathways to this effect. A set of advocacy tools are developed, featuring products making the economic case for scaled up FCTC implementation backed by national data and a return on investment analysis to persuade policy-makers beyond the health sector that tobacco control makes financial, not just health, sense.

d) Emerging issues likely to affect the realization of poverty eradiation and achieving prosperity

Analysis of Parties' 2016 reports shows that tobacco industry interference remains the most important barrier to effective implementation of the Convention. The reports indicate that interference by the tobacco industry prevents the timely passage of legislation, imposing a burden on Parties' time and resources. Recently, the tobacco industry has become more aggressive in fighting new and

[10] Report on Tobacco Control in India, 2004, http://www.mohfw.nic.in/showfile.php?lid=2332
[11] http://www.mohfw.nic.in/showfile.php?lid=2989
[12] http://www.mohfw.nic.in/showfile.php?lid=1343
13 https://www.nhp.gov.in/quit-tobacco
[14] http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6(17)-en.pdf

progressive legislation, as many legal cases seeking to challenge Parties' tobacco control measures have been initiated by the industry. On the other hand, the cases have generally been defeated, with courts around the world ruling in favour of public health interests against the commercial and other vested interests of the tobacco industry and its allies.

Additionally, as a trend increasingly observed in recent decades, tobacco use has evolved. Parties' reports revealed that around two thirds of Parties have smokeless tobacco products, water pipes and/or ENDS/ENNDS (e-cigarettes) available in their markets. Smokeless tobacco and water pipes have traditionally been used in many Parties, but recently we see an expansion of the availability of such products in many parts of the world. Additionally, the use of ENDS, such as e-cigarettes, and other novel tobacco products is increasing in many countries as multinational tobacco companies and other manufacturers enter this new market. The rapid growth of the e-cigarette industry is visible also in Parties' reports, as 59% had ENDS/ENNDS on the national market. However, remarkably fewer Parties have adopted and implemented policies or regulations specific to those products. There is an urgent need for Parties − with or without new and emerging tobacco products on the national market − to enact and enforce protective policies and regulations.

Further, steps needs to be taken to track/identify the companies involved in illicit trade so as to counter illicit trade through law enforcement measures. With the increase in use of diverse range of Smokeless Tobacco (SLT) products, attention is required to implement specific measures to curb the use of Smokeless Tobacco (SLT) products also.

e) Areas where political guidance by the HLPF is required

As recommended in the forthcoming discussion paper *The World Health Organization Framework Convention on Tobacco Control – an Accelerator of Sustainable Development*[15] prepared by UNDP in partnership with the Convention Secretariat, strategies and support is needed to ensure SDG target 3.a is achieved. Due to the depth and breadth of Agenda 2030, win-win interventions that can accelerate progress across multiple SDGs are in high demand. Tobacco control is central to the social, economic and environmental strands of development, including the specific areas covered above: poverty and inequity reduction, decent work and economic growth, environmental sustainability, and development financing. Governments must be supported to routinely consider and address the interactions between tobacco and other sustainable development priorities and, accordingly, to treat WHO FCTC implementation as an obligation for not just health but all relevant sectors. Critical will be ensuring inclusion of the WHO FCTC in national development planning and any other SDG implementation and domestication processes.

The Parties to the WHO FCTC recognize that achieving the SDGs will require significant new investments in development, which will increasingly need to be generated from domestic sources. Tobacco tax revenue can fund tobacco control, also fund other development policies. Addis Ababa Action Agenda of the Third International Conference on Financing for Development recognized that, "as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries". Parties to the WHO FCTC are committed to strengthen implementation of the Convention and will support mechanisms to raise awareness and mobilize resources. Raising excise taxes on cigarette purchases by about US$ 0.80 per pack in all countries, for example, would lead to as many as 66 million fewer smokers and generate an extra US$141 billion in revenue globally.

Even so, tobacco products are rarely taxed at the rate agreed to in the COP Article 6 Guidelines. Only 33 countries, accounting for 10% of the world's population, have introduced taxes on tobacco products so that more than 75% of the retail price is tax. Revenue generated from tobacco taxes are on average 269 times higher than spending on tobacco control, based on available data.

[15] To be launched in May 2017.

Despite the evidence, misperceptions about tobacco taxes continue to stand in the way, such as the notion that taxing tobacco (and other health-harming products such as alcohol, sugar-sweetened beverages and processed foods) is unfair to the poor, because the poor tend to consume these products more, and the taxes would represent a larger share of their income. However, the health gains that yield from such price and tax measures would accrue disproportionately to the poor, young people and women, making these policies a strong embodiment of the SDG principle of "leaving no one behind." And economically, policies that reduce the demand for tobacco, such as a decision to increase tobacco taxes, would not cause long-term job losses in the vast majority of countries, nor would higher tobacco taxes reduce tax revenues; rather, revenues would climb in the medium term. Such policies could, in sum, bring health benefits without harming economies.

The HLPF will be an important platform to raise awareness and help Parties to fulfil their political commitment to include the achievement of Target 3.a in each country's overall national SDGs plan.

f) Policy recommendations on ways to accelerate progress in poverty eradication

The Convention is one of the most rapidly and widely embraced treaties in United Nations history. Since its entry into force, nine sets of implementation guidelines or policy options and recommendations have been adopted by COP to assist Parties in fulfilling the Articles of the WHO FCTC. The Protocol to Eliminate Illicit Trade in Tobacco Products, the first Protocol to the Convention, has been adopted and should soon enter into force. The WHO FCTC asserts the importance of demand reduction strategies as well as supply issues, providing a comprehensive set of policies that must be put in place to tackle the tobacco epidemic. It also establishes an obligation to protect public health policies from the interests of the tobacco industry.

The seventh session of the COP (COP7) fully embraced the principle of "Leaving No One Behind" and gave due attention to vulnerable and marginalized populations. The Delhi Declaration[16] fully acknowledges that the heaviest burden of tobacco-related disease continues to be borne by the most marginalized populations and is disproportionately borne by lower-income countries.

The Delhi Declaration calls on Parties to actively pursue the achievement of SDG Target 3.a and strengthen implementation of the WHO FCTC. In collaboration with WHO and other development partners, the State Parties are encouraged to promote additional related targets including but not limited to gender equality and reduced inequalities; specifically, by (i) engaging non-health government departments to prevent tobacco industry interference at all levels, in accordance with Article 5.3, (ii) supporting effective enforcement and implementation of the Protocol to Eliminate Illicit Trade and increasing coordination and cooperation between health and trade/investment departments, (iii) promoting alternative livelihood of tobacco growers and workers, (iv) increasing financial, technical and human resources particularly for and in developing countries, (v) strengthening national capacities for tobacco taxes in accordance with Article 6 (to meet the commitments contained in the Addis Ababa Action Agenda and support the implementation of the SDGs), (vi) strengthening United Nations and bilateral interagency collaboration and other.

Decision FCTC/COP7(12)[17] discussed the need to address gender-specific risks when developing tobacco control strategies and identified the particular risks faced by women in LMICs and those of lower socioeconomic status. In particular, it gave attention to the fact that women and girls in LMICs face risks specific to working in tobacco cultivation and manufacture and that tobacco industry tactics may specifically target women and girls, especially those of lower social and economic status.

[16] http://www.who.int/fctc/cop/cop7/FCTC_COP7_29_EN.pdf?ua=1
[17] http://www.who.int/fctc/cop/cop7/FCTC_COP7_12_EN.pdf?ua=1

COP also adopted Decision FCTC/COP7(26)[18], which encourages Parties to cooperate internationally to address the issue of increased tobacco consumption that is exacerbated by transnational tobacco companies' strategies to enter emerging-market economies, particularly in lower-income countries, by linking the human rights framework and development to tackling the global tobacco epidemic.

Considering that policies focused on economically, socially and environmentally sustainable alternatives to tobacco growing have a multilevel and crosscutting impact on the 2030 Agenda for Sustainable Development, COP adopted Decision FCTC/COP7(10)[19], which encourages Parties not growing tobacco to not introduce tobacco growing and urge the international community to support mobilization of resources to promote economically viable alternatives to tobacco growers and workers.

All countries benefit from fully implementing the WHO FCTC, above all by protecting their citizens from the harms of tobacco use and reducing its economic toll on national economies. Tobacco control can break the cycle of poverty, contribute to ending hunger, and promote sustainable agriculture and economic growth.

[18] http://www.who.int/fctc/cop/cop7/FCTC_COP7_26_EN.pdf?ua=1
[19] http://www.who.int/fctc/cop/cop7/FCTC_COP7(10)_EN.pdf?ua=1