

Submission of the President of the Conference of the Parties to the WHO Framework Convention on Tobacco Control to the thematic review of the 2019 United Nations High Level Political Forum

“Empowering people and ensuring inclusiveness and equality”.

The objective of the WHO Framework Convention on Tobacco Control (WHO FCTC) and its Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol) is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce steadily and substantially the prevalence of tobacco use and exposure to tobacco smoke.¹

The inclusion of Target 3.a: *Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate* was a milestone and the acknowledgment of the benefits of an implementation of the WHO FCTC for the people and the planet.

At its eighth session, the Conference of the Parties to the WHO FCTC (COP8) presented the last Progress Report on the Implementation of the WHO FCTC which confirms the advancement of the 181 Parties to the implementation of the Convention and its provisions. Parties’ reports evidence that the status of implementation of the Convention has consistently improved; however, implementation of the various articles remains uneven. Time-bound measures, such as smoke-free environments, and packaging and labeling, are among the most comprehensively implemented, while the provision on the ban on tobacco advertising, promotion and sponsorship remains less regulated and difficult to enforce.

In order to track the progress in implementing target 3.a and to share experiences as a treaty body, the Convention Secretariat has been participating actively in the Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs), and has recently joined its Working Group on Interlinkages of SDG Statistics, which will allow the Convention Secretariat to contribute to the facilitation of global, regional and national SDG monitoring and analysis of the SDG indicator framework.

On 25 September 2018, the Protocol entered into force followed by the first session of its governing body, the Meeting of the Parties. The Protocol was developed in response to the growing illicit trade in tobacco products, often across borders. Illicit trade poses a serious threat to public health because it increases access to – often cheaper – tobacco products, thus adding to the tobacco epidemic and undermining tobacco control policies. This has direct impact on consumption of youth and socially disadvantaged populations. It also causes substantial losses in government revenues, and at the same time contributes to the funding of criminal activities.

Last but not least, the Convention Secretariat has joined UNDP in launching a publication entitled “The WHO Framework Convention on Tobacco Control, an accelerator for sustainable development”, which describes the linkages and contribution of the implementation of the provisions of the Convention to the achievement of the several SDG2030 goals providing a reference of the commitment of the Conference of the Parties to the global development agenda.

¹ Article 3 of the WHO FCTC

(a) the identification of progress, gaps, areas requiring urgent attention, risks and challenges in achieving the SDGs; and, or in relation to the theme within the area under the purview of your intergovernmental body;

SDG 4 (Quality education): Article 12 of the WHO FCTC (Education, communication, training and public awareness) is among those that have been implemented most successfully across Parties. Education, communication, training and public awareness campaigns have been carried out widely at the national and regional levels, by more than 90% of Parties, often in conjunction with World No Tobacco Day (WNTD) celebrated annually by the World Health Organization.

Parties have targeted their training and awareness activities not only to health workers and educators, but also to decision makers and media professionals. However, there is still a need to better reflect the socioeconomic, educational and cultural differences of the target population and the needs of considering ethnic groups when planning and implementing programmes, in order to promote and strengthen public awareness of tobacco control, which will allow complying with the 2030 Agenda.

SDG 8 (Decent work and economic growth): Over 90% of all Parties to the Convention have implemented measures to protect their citizens and their workers from exposure to tobacco smoke by applying a ban on tobacco smoking indoor workplaces, public transports and other public places. Additionally, by enforcing smoke-free regulations, they have promoted changes in social norms that are conducive to reducing smoking and exposure to second hand tobacco smoke in households, where children, women, the elderly, disabled and handicapped may stay longer.

SDG 10 (Reduced inequalities): Tobacco use widens inequalities, within and amongst countries, not just in terms of health outcomes but across development dimensions. Besides the losses to national economies due to medical expenses and lost productivity, the treatment of tobacco-related illnesses can represent significant out-of-pocket expenditures for families. As tobacco use tends to be higher among less affluent people, these health costs can disproportionately affect poorer communities.

In addition, there is a sizable amount of literature that indicates that household expenditure on tobacco products crowds out expenditures on other basic needs, such as education and food that often is consumed by children. Particularly among the poor, increasing tobacco tax can help to redirect income towards the consumption of other products, promoting good health and well-being. It can also help reduce poverty by redirecting income away from tobacco consumption to other goods and services.

According to the 2018 Global Progress Report on the Implementation of the WHO FCTC, the proportion of Parties that levy some form of excise tax on tobacco products increased from 93% in 2016 to 96% in 2018. There have been substantial improvements in the structure of the excise system in several reporting Parties.

SDG 13 (Climate Change): The negative effect of tobacco cultivation, production and consumption on the environment is a less well-known aspect of tobacco control and one on which very few Parties to the treaty had taken action. Nevertheless, several Parties reported progress in the implementation of Article 18 of the WHO FCTC, including: China has reported on energy-saving and emission-reduction initiatives in the cigarette-production process. Ecuador, Panama and European Union have comprehensively addressed the protection of the environment and the health of people working in the tobacco sector. Honduras has reported new multisectoral engagement on environmental protection, while Pakistan has organized training programmes for tobacco farmers regarding safe use of pesticides. In the Philippines, a particular focus has been placed on reforestation projects. In the Russian Federation, the Ministry of Health proposed a new ecological tax on cigarettes.

SDG 16 (Peaceful societies, justice and strong institutions): Tobacco control requires good governance as a key element to fulfill the WHO FCTC's general obligations, including the development and implementation of comprehensive multisectoral national tobacco control strategies and the establishment or reinforcement of national coordinating mechanisms for tobacco control. Advancements in meeting these obligations can promote a range of broader governance objectives in turn, including: enhanced capacities for intersectoral engagement and conflict of interest management; greater transparency and accountability; reduced corruption and stronger protection against undue interference in policy making (e.g. from the tobacco industry); and progress in combating organized crime

(e.g. with respect to the illicit trade of tobacco products). Tobacco control has already shown to be a concrete entry point for strengthening the legislative and oversight capacities of lawmakers and parliamentarians.²

Article 19 of the WHO FCTC entails the criminal and civil liability with regards to the purpose of tobacco control. To further assist Parties in possible civil liability proceedings, an online toolkit was developed and published in 2018.³ This interactive Toolkit is a guide for tobacco victims, health care providers, insurers, civil society groups and lawyers who want to take legal action against the tobacco industry.

Further, the Protocol to Eliminate Illicit Trade in Tobacco Products, a new legal instrument in the field of tobacco control aims at strengthening the controls over the supply chain of tobacco and tobacco products, criminalizes activities related to illicit trade and enhances the possibilities of international cooperation between Parties with regards to those activities. Provisions related to due diligence for all natural and legal persons in the supply chain of tobacco control and on the prevention of corruption, bribery and money laundering are aimed at strengthening the abilities of Parties to control the tobacco industry and ensure safe and transparent practices. To achieve these goals of the Protocol, it is vital that the domestic legal frameworks of Parties are adapted accordingly to ensure that law enforcement cooperation, mutual legal assistance and extradition can take place.

SDG 17 (Global Partnership): ‘New Global Partnership’ and policy coherence are highly pertinent to tobacco control because all sectors have a fundamental responsibility to protect the right to health. Trade agreements must preserve national policy space to implement strong tobacco control measures which protect this right, for example plain packaging laws and access to affordable health technologies including tobacco cessation therapies. Moreover, tobacco taxation, and the intersectoral collaboration it requires, enhances domestic capacity for tax and other revenue collection. Tobacco control efforts also leverage and promote South-South and Triangular Cooperation.⁴

Also in line with the New Global Partnership concept, the COP8 recently adopted WHO FCTC Global Strategy, calls Parties to build international alliances and partnerships across sectors and civil society to contribute to WHO FCTC Implementation. The strategy foresees forging partnerships with a wide range of sectors with a view to confronting tobacco-related harms and the tobacco industry and fostering policy coherence across sectors, internationally and nationally. Further, COP8 urged Parties to enhance policy coherence within governments and required that all government sectors relevant to the implementation of the Convention, not only the health sector, comply with the requirements of Article 5.3 of the WHO FCTC, and reflect the same in positions put forward in different governing bodies of the United Nations system.

Different international platforms for cooperation promote Global Partnerships around the implementation of the WHO FCTC and The Protocol and include the United Nations Governing Bodies Group and the United Nations Inter-Agency Task Force on the Prevention and Control and Non-Communicable Diseases (UNIATF). The engagement with a number of intergovernmental and nongovernmental entities in official relations with the COP and MOP successfully promotes, the WHO FCTC and the need to safeguard its implementation from tobacco industry interference.

Cooperation is also a key ingredient in the implementation of various provisions of the WHO FCTC. In 2018, about one third of all Parties provided assistance to other Parties on tobacco control expertise, including in the frame of South–South and triangular cooperation, and, increasingly, in areas related to litigation, taxation, legislation and programme development and Article 5.3.

The tobacco industry interference combined with a reported insufficiency of human and financial resources of Parties calls for reinforced partnerships in the area of expertise-sharing for specific tobacco control measures and the implementation of Article 5.3. International cooperation, articulated in Goal 2 of the WHO FCTC Global Strategy, is a prerequisite to achieve the overall objective of the WHO FCTC, which, similar to the holistic nature of the SDGs, recognizes the interlinkages between the social, economic and environmental facets of tobacco control.

² The WHO Framework Convention on Tobacco Control, an accelerator for sustainable development, UNDP (2017)

³ <https://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/>

⁴ The WHO Framework Convention on Tobacco Control, an accelerator for sustainable development, UNDP (2017)

(b) valuable successful experiences and lessons learned on empowering people and ensuring inclusiveness and equality;

SDG 4 (Quality education): WHO celebrated WNTD has been the most highlighted event by the WHO FCTC Parties, allowing for many to build national activities around the date and/or the theme of WNTD. In parallel, national education and public awareness programmes target either children or young people, and adults or the general public, with some Parties addressing these initiatives to ethnic and to socially disadvantaged groups. Age and gender sensitive interventions have also been considered among these targeted groups in most of the Parties.

This range of initiatives is allowing to comply with the Guidelines for implementation of Article 14, implementing measures to “successfully educate, communicate with and train people on the health, social, economic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke”, although the last two remain the least covered and additional work is required, based on the principle to protect individuals from threats to fundamental rights and freedoms and leave no one behind.

SDG 8 (Decent work and economic growth): A report was published entitled Tobacco Control: Evidence and options for policies and programmes⁵ that provides with set of recommendations for gender-responsive policies. They are prompted by the WHO FCTC and also promoted on the several Guidelines adopted by successive COPs and there are many successful experiences reported in progress in implementing the Convention with gender lens.

SDG 10 (Reduced inequalities): Consistent with decisions made by the COP, the Convention Secretariat initiated in 2016 the FCTC 2030 project to assist Parties to strengthen the implementation of the treaty. This first hand United Kingdom funded project represents an example and eventually a place holder of Official Development Assistance (ODA) contributions to the implementation of the WHO FCTC placing it definitively in the global ODAs agenda. Through the project, the Convention Secretariat technically supports 15 Parties to strengthen tobacco taxation, develop and implement government-wide tobacco control strategies, end tobacco advertising, introduce effective health warnings on tobacco packs, and introduce smoke-free work and public places. With the support received, countries are making very good progress as, for example, Cabo Verde, Chad and Sierra Leone that have increased tobacco taxation. The aim is to make tobacco products increasingly unaffordable, reducing tobacco use and narrowing inequalities.

SDG 13 (Climate Change): COP8 organized a high level segment (HLS) on tobacco control and global climate action to raise awareness about growing concerns in specific areas of the treaty implementation and to highlight the connection between the WHO FCTC, the environment and climate change. The HLS explored the possible synergies between the WHO FCTC and other UN environment treaties such as the United Nations Framework Convention on Climate Change (UNFCCC), the United Nations Convention on Biological Diversity (UNCBD) and the United Nations Convention to Combat Desertification (UNCCD) and potential joint efforts with these Treaty Secretariats to address the issue.

In addition, Palau⁶ is the first nation on earth to change its immigration laws for the cause of environmental protection. Upon entry, visitors need to sign a passport pledge to act in an ecologically responsible way on the island, for the sake of Palau’s children and future generations of Palauan’s. Every tourist/ visitor/anyone who takes the pledge needs to follow sustainable tourism checklist or risk a fine. One item on the checklist is related to tobacco use: «Do not smoke in restricted areas.» Additionally, pledgers are warned as follows: «Do not throw cigarette butts in the ocean or on the beach; throw your butts away in appropriate receptacles; do not pollute others with your second-hand smoke. »

SDG 16 (Peaceful societies, justice and strong institutions): The civil liability toolkit is aimed specifically at the empowerment of people (and governments) to provide them with the option to hold the tobacco industry legally liable for the harm that is caused by the use of their products. It is challenging to bring claims against the tobacco industry to court and even more so to win them.

⁵ <https://www.who.int/fctc/cop/sessions/cop8/Gender-Responsive-Tobacco-Control.pdf?ua=1>

⁶ More details are available on: <https://palaupledge.com/>.

SDG 17 (Global Partnership): The WHO FCTC recognizes the vulnerability of certain population groups, such as children, women, indigenous peoples, in the face of the threat posed by the tobacco industry and calls for suitable tobacco control policies, strategies and programmes. In response to tobacco industry tactics to exploit these vulnerabilities, both the Parties and the Convention Secretariat have intensified efforts to safeguard public health interests, underpinned by the principles of inclusion and non-discrimination, from the commercial and other vested interests of the tobacco industry. In 2018, 71% of all Parties reported to have adopted or implemented at least one measure to prevent tobacco industry interference, a notable increase as compared to 2016. The Convention Secretariat also played a leading role to develop and promote the endorsement of the UN Model Policy on preventing tobacco industry interference among the UN agencies by UNIATF and two ECOSOC resolutions both in 2017 and 2018.

(c) emerging issues likely to affect inclusiveness and equality at various levels;

SDG 4 (Quality education): Research-based evidence have shown that, in 2011, approximately 1.3 million children (14 and under) were engaged in tobacco farming worldwide. Additionally, some 10-14 percent of children from tobacco growing families are out of school because of working in tobacco fields.

A way to tackle these challenges is through improving health from tobacco control, increasing the opportunities in education, labour and other domains which can further reduce inequalities. Moreover, education, communication and training programmes and its tools, when implemented in the aforementioned domains, become the means of raising public awareness and achieving social change on tobacco use and exposure to tobacco smoke, supporting the achievement of the highest level of attainable health in all populations.

SDG 8 (Decent work and economic growth): The promotion and the use of loopholes in tobacco control legislation by the tobacco industry to push for their novel tobacco products are of worrying matter. Recently, two major tobacco companies announced their multi-million-dollar-partnerships with famous Formula One and MotoGP teams to promote their heated tobacco, marking the return of tobacco advertising in racing sports after more than 15 years. Those novel products use the “bait and hook” pricing strategy, where the starter pack and base device is typically sold at discounted price, with a recurrent price being charged for refills to life-long users.⁷

SDG 10 (Reduced inequalities): Over 80% of tobacco smokers live in low- and middle-income countries (LMICS), which already endure 87 percent of the world’s premature mortality from non-communicable diseases (NCDs). Despite the progress made on the implementation of the WHO FCTC globally, prevalence of smoking is decreasing more slowly in LMICs than in high-income countries. Trends to 2017 and projections to year 2025 show that most Parties need to accelerate tobacco control activities in order to achieve the voluntary global NCD target to reduce tobacco use by 30% between 2010 and 2025.

SDG 13 (Climate change): The finding of the report entitled “Cigarette smoking: an assessment of tobacco’s global environmental footprint across its entire supply chain, and policy strategies to reduce it”⁸ demonstrates how tobacco destroys the environment and undermines sustainable development. Cigarette butts are an environmental threat and a source of pollution, with consequences on marine environment and human health.

SDG 16 (Peaceful societies, justice and strong institutions): Illicit trade in tobacco products undermines global tobacco prevention and control interventions and increases their availability and affordability. Tax evasion associated with the illegal tobacco market reduces government tax revenue; revenues that are often used to invest in national health care systems and the prevention of tobacco use. Finally, it is important to address the relationship between illicit tobacco trade, public safety and governance, since illegal networks both thrive in and contribute to weak governance contexts.⁹

⁷ https://www.who.int/tobacco/publications/prod_regulation/https-marketing-monitoring/en/

⁸ <http://www.who.int/fctc/publications/WHO-FCTC-Environment-Cigarette-smoking.pdf>

⁹ World Bank. 2019. *Confronting Illicit Tobacco Trade: a Global Review of Country Experiences (English)*. WBG Global Tobacco Control Program. Washington, D.C. World Bank Group

SDG 17 (Global Partnership): Tobacco industry interference continues to be considered the most serious barrier to progress with WHO FCTC implementation. Considering the relentless tobacco industry efforts to monitor progress and exploit shifting gender norms, maintain the dependency of poor households on tobacco-related earnings in the absence of alternative livelihoods and on tobacco spending in the absence of strong tobacco cessation programmes, as well as the increasing challenge for regulators and enforcers to cope with the arrival of new and emerging tobacco products highly appealing to youth, it is imperative to strengthen the collaboration between stakeholders, at national and international level, to raise awareness about the different provisions of the WHO FCTC, and COP decisions, that tackle these specific topics, beyond the health sector.

(d) an assessment of the situation regarding the principle of “ensuring that no one is left behind” at the global, regional and national levels;

SDG 4 (Quality education): In any country considered, the poorest and most marginalized are more likely to consume tobacco and at younger ages, and to be exposed to second-hand smoke. Between countries, tobacco use is rising rapidly in many low- and middle-income countries (LMICs). Under these circumstances, Parties to the WHO FCTC should use all available means to raise awareness, provide enabling environments and facilitate behavioral and social change through sustained education, communication and training.

The exercise of integration of the WHO FCTC in national plans of action for implementing the SDGs is critical, ensuring inclusiveness of priority populations, considering and addressing key differences among population groups. Interventions should include effective messages and ensure that everyone is reached without discrimination or unequal allocation of resources. Special attention should be paid to those most affected by marketing and rising tobacco use, such as young people, as well as frequently neglected groups such as those who are illiterate, uneducated or undereducated, the poor, and people with disabilities.

SDG 8 (Decent work and economic growth): More progress needs to be made in supporting tobacco growers to switch to more economically viable alternatives. Even though tackling tobacco growing, with its bonds to poverty, debts and child labour, would provide better and safer working conditions and help diversifying economies, only a quarter (27%) of Parties reporting growing tobacco have declared promoting alternatives for tobacco farmers. While four out of five Parties declared enforcing a complete ban on smoking in public and work places, every effort is needed to protect all workers from the harmful effects of secondhand smoke, especially those with low income.

SDG 10 (Reduced inequalities): Various forms of social disadvantage and deprivation – stress, isolation, unsafe neighborhoods and limited recreation, for example – are associated with greater vulnerability to smoking, which leads back to inequitable conditions. Meanwhile, the tobacco industry is increasingly targeting LMICs and vulnerable populations in their marketing strategies, and disadvantaged groups face difficulties accessing essential health services and information. Industry marketing has been labelled ‘predatory’ as it takes direct aim at the culture and lifestyles of youth and lower socioeconomic groups.

Tobacco control can close gaps, especially when revenues from tobacco taxes are reinvested into disadvantaged communities. Improved health from tobacco control can confer important opportunities in education, labour and other domains which can further reduce inequalities.

SDG 13 (Climate change): Tobacco control is a development issue and an indispensable part of any solution to accelerating progress in protecting the environment. Tackling climate change must be linked to sustainable development target 3.a¹⁰. The public, political leaders, farmers need to be aware of the environmental impact of the tobacco. There is need to raise awareness that tobacco is a major environmental concern.

SDG 16 (Peaceful societies, justice and strong institutions): It is essential for all actors in the field of tobacco control, including individuals, to have access to legal proceedings and instruments. This requires national governments to implement both the WHO FCTC and its Protocol in their domestic national legislation and inform each other on relevant jurisprudence and other developments in this regard.

¹⁰ SDG target 3.a “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”.

Furthermore, with regards to the Protocol and its provisions aimed at combating organized crime, corruption, bribery and money laundering, it is important to provide other international fora with the information on this new legal instrument and to promote its use among relevant global and regional organizations and their delegates.

SDG 17 (Global Partnership): In 2018, 91% of the Parties to the WHO FCTC reported to have implemented measures to protect their citizens from exposure to tobacco smoke, making Article 8 the most implemented of all WHO FCTC articles. Given the evidence of disease and disability provoked by exposure to tobacco smoke, these measures contribute to the protection of the right to health. Further, in respect to Article 14, 60% of all Parties reported facilitating the accessibility and affordability of pharmaceutical products for the treatment of tobacco dependence. The right to health is an inclusive right and access to health care is a key element of its realization that the WHO FCTC contributes to.

(e) areas where political guidance by the high-level political forum is required;

SDG 4 (Quality education): The integration of the WHO FCTC in the SDG2030 agenda is key for a sustainable development, and also to advance key global programmes, such as those centered on education and formation. The HLPF will serve as a platform to showcase the importance of this integration and the interlinkages between target 3.a directly linked to tobacco control and all the rest, as well as to strengthen among governments this consideration in their decision-making to achieve the SDGs. Focus should be primarily put on Parties which are tobacco growers, where child tobacco workers are regularly denied opportunities to pursue education, and also in those where there is a need for education and public awareness programmes.

SDG 8 (Decent work and economic growth): Further guidance and strategic leadership on how to address decent work deficits, including child labour and economically viable alternatives to tobacco growing and retail should be provided.

SDG 10 (Reduced inequalities): An analysis from the United Nations Development Programme (UNDP) of the attention given to tobacco control in Agenda 2030 design processes confirms that WHO FCTC inclusion in the SDGs is an opportunity that must actively be seized. UNDP's analysis examined different categories of inputs into Agenda 2030, finding that tobacco and tobacco control were mentioned and presented far less frequently than comparator health terms such as HIV/AIDS, reproductive and maternal health.

Given the detrimental impact of tobacco on social, environmental, and economic development, effective WHO FCTC implementation should be recognized as a high-impact intervention that can accelerate progress across multiple SDGs. Conceptualization and awareness raising of tobacco control as cross-cutting and integral to priorities such as poverty and inequality reduction should be promoted. 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.

SDG 13 (Climate change): The forum may want to take to guide on the introduction of “polluter pays” levy on the tobacco industry for all of the health and environmental damage caused by their products, based on an assessment of the real costs.

SDG 16 (Peaceful societies, justice and strong institutions): The high-level political forum may want to raise awareness to new and existing international legal instruments that can benefit tobacco control litigation on one hand and that may prevent any criminal activity related to the tobacco trade on the other hand.

SDG 17 (Global Partnership): Despite the crosscutting nature of the WHO FCTC, there is a persistent challenge to ensure policy coherence in the implementation of the Convention, both with regard to Parties' capacities to face a tobacco industry that increasingly targets sectors beyond the health sector, as reported in the WHO FCTC 2018 Progress Report, as well as within the UN decision-making fora. The spirit of collaboration to inform about and counter the tobacco industry threat to public health interests is embedded in different tools to implement Article 5.3, from Implementation Guidelines and a dedicated Knowledge Hub for Parties, to a Model policy on preventing tobacco industry interference for agencies of the United Nations system. The high-level political forum has great potential to raise the visibility and application of these tools, relevant to SDGs target 3.A and beyond.

Finally, there is an inherent contradiction between the tobacco industry – an industry which proposes a product that kills half of its consumers – and corporate responsibility, a message that should be delivered in a common voice by the high-level political forum.

(f) policy recommendations on ways to accelerate progress in empowering people, ensuring inclusiveness and equality, and achieving SDGs.

SDG 4 (Quality education): Child development is directly linked to SDG 4, as well as the empowerment of those most vulnerable, including women and indigenous people. The integration of these populations, being at the center of decision-making, and the attainment of benefits for their development will transform is a high priority.

Health literacy must be enhanced across the population, empowering them to advocate and participate in the decision-making processes, with people at the center of health systems, as well as their engagement in health promotion actions.

The smoke-free schools must be enforced, as well as the support and training to teachers to promote non-smoking behavior. Formal tobacco control and health-related information must be integrated in the formal education system. Child labor laws should protect them and keep them away from the tobacco fields. Educational programmes on tobacco prevention and control should also be addressed to out-of-school children. And the affordability (through taxation) and accessibility (through bans of sales to and by minors) to tobacco products should be reduced to children and adolescents.

Political commitment and financial investment are key strategies to continue the acceleration of the implementation of the WHO FCTC, and its beneficial effects on the broad spectrum of the SDGs.

SDG 8 (Decent work and economic growth): Where appropriate, it is vital to demonstrate the relevance of alternative livelihoods and successful shifting crop production away from tobacco toward new sources of revenue. Such shifts can deliver widespread benefits to societies; they can provide workers with higher rates of return, increase food security, reduce industry exploitation of labour, keep children in school, protect the environment and, of course, improve health.

SDG 10 (Reduced inequalities): Provide strong political commitment to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration the implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to the needs and perspectives of marginalized groups.

SDG 13 (Climate change): Share best practices to address the environmental externalities associated with tobacco growing and manufacturing, engage in collaboration across sectors aimed at mitigating the environmental damage caused by tobacco and to raise awareness on the impact of tobacco cultivation, production and consumption on both the terrestrial and marine environment and the health of persons.

SDG 16 (Peaceful societies, justice and strong institutions): Promote international cooperation to minimize the tobacco industry interference related to legal proceedings and request the Convention Secretariat to continue its work on the promotion of the implementation of article 19¹¹, increase the cooperation with competent international and regional intergovernmental organizations to further the work on tobacco control and against illicit trade in tobacco products.

SDG 17 (Global Partnership): Elaborate gender-sensitive tobacco control programmes and strategies, design culturally appropriate and inclusive decision-making in respect to indigenous peoples (Article 4.2), call for tailored measures with regard to minors (Article 16) and address the issue of economic vulnerability through a provision for alternative livelihoods (Article 17), engage in international cooperation to facilitate the implementation of the WHO FCTC, and draw attention to the importance of implementing the WHO FCTC in its entirety, build on the synergies between its various provisions.

¹¹ FCTC/COP8(18) and FCTC/COP7(11)