

## **Submission of the President of the Conference of the Parties to the WHO Framework Convention on Tobacco Control to the thematic review of the 2022 United Nations High-level Political Forum**

*“Building back better from the coronavirus disease (COVID-19) while advancing the full implementation of the 2030 Agenda for Sustainable Development”*

### **The WHO FCTC and recovery from the COVID-19 pandemic**

The objective of the WHO Framework Convention on Tobacco Control (WHO FCTC) is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. There are 182 Parties to the treaty, all of which “are determined to give priority to their right to protect public health”.

Tobacco constitutes a serious challenge to sustainable development around the world. Target 3.a of the Sustainable Development Goals (SDGs) specifically calls for strengthening implementation of the WHO FCTC, as the treaty is considered an accelerator for sustainable development overall.<sup>1</sup> The contribution of the WHO FCTC to advance sustainable development and the *2030 Agenda for Sustainable Development* has been recognized in the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*, adopted by the Conference of the Parties (COP) to the WHO FCTC at its Eighth session.<sup>2</sup>

In its submission to the thematic review of the 2021 United Nations High-level Political Forum, the President of the COP already had highlighted the negative impact of the coronavirus disease 2019 (COVID-19) pandemic on the implementation of the WHO FCTC, as well as its related impact on the SDGs. One of the main highlights of the Ninth session of the COP (COP9) in November 2021 – delayed by one year due to the pandemic – was the adoption of the Declaration on WHO FCTC and recovery from the COVID-19 pandemic.<sup>3</sup> In the Declaration, the COP acknowledged the role of the WHO FCTC as an accelerator for the achievement of the SDGs and stated that comprehensive implementation of the WHO FCTC would play a crucial role in supporting efforts by Parties towards recovery from the pandemic. It has also explicitly called on Parties to include actions to achieve SDG Target 3.a and SDG Target 3.4 on the prevention and control of noncommunicable diseases (NCDs) as an integral component of national recovery from the COVID-19 pandemic. The Secretariat of the WHO FCTC (Convention Secretariat) is promoting the inclusion of a reference to SDG Target 3.a in the voluntary national reviews of Parties’ progress towards the SDGs.<sup>4</sup>

#### **(a) Implementation of WHO FCTC and SDGs 4, 5, 14, 15 and 17 during the COVID-19 pandemic**

The *2021 Global Progress Report on the Implementation of the WHO Framework Convention on Tobacco Control*, considered at COP9, reflected progress in implementing the WHO FCTC as the global community confronted the most serious pandemic in more than a century.<sup>5</sup> Tobacco has continued to claim millions of

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<sup>1</sup> Convention Secretariat and the United Nations Development Programme, [WHO Framework Convention on Tobacco Control: an accelerator for sustainable development](#).

<sup>2</sup> [Global Strategy to Accelerate Tobacco Control](#): Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025

<sup>3</sup> FCTC/COP9(10) [Declaration on WHO FCTC and recovery from the COVID-19 pandemic](#)

<sup>4</sup> Convention Secretariat, [Guide for WHO FCTC Parties on including SDG Target 3.a in voluntary national reviews](#)

<sup>5</sup> FCTC/COP/9/5 [Global progress in implementation of the WHO FCTC](#) and full [2021 Global Progress Report](#)

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lives annually,<sup>6</sup> not only on its own but also as a risk factor that has increased morbidity and mortality related to COVID-19.<sup>7</sup> Over the past two years, implementation of the WHO FCTC has suffered as countries worldwide were overwhelmed as they responded to the pandemic. In a handful of countries, however, the attention to some tobacco control measures has increased, aiming to support control of the pandemic and address its consequences. This increased attention included research on lifestyle habits, including tobacco use and the impact of tobacco control measures on health-care costs during the pandemic; research on the relationship between nicotine and COVID-19; evaluation of the impact of the current pandemic on tobacco prevalence; and an assessment of restrictions on the production, sale or use of tobacco products.

The following provides a glimpse into the linkages between the WHO FCTC and the highlighted SDGs, noting that the implementation of various tobacco control measures has a synergistic impact on multiple SDGs.<sup>8</sup>

#### **SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

For the poor, tobacco expenditures divert money from basic necessities, such as food, shelter, health care and education.<sup>9</sup> Therefore, implementation of the WHO FCTC as a whole will help more children access education, among other things.

Price and tax measures on tobacco, in line with Article 6 of the WHO FCTC, are important to reduce tobacco consumption and its associated costs, while bringing governments substantial revenues to finance development that could be directed to the provision of quality education to the most disadvantaged. Unfortunately, this article is one of the least implemented.<sup>10</sup>

Implementation of Article 17 of the WHO FCTC – supporting tobacco farmers to transition to economically viable alternative livelihoods – directly contributes to healthier and wealthier households. This will not only increase family earnings but also will contribute to preventing the involvement of children in tobacco farming, a situation that is still rampant in some countries despite the global efforts to stop it.<sup>11</sup> However, over two thirds of tobacco-growing Parties still do not promote viable alternatives for tobacco growers, and efforts to reduce the environmental consequences of tobacco must still be scaled up.

Also, at its Fourth session, the COP adopted *Guidelines for implementation of Article 12* of the WHO FCTC to assist Parties in achieving the highest attainable standard of health through education, communication and training.<sup>12</sup> Emphasizing that the exercise of fundamental human rights and freedoms is one of the principles that underpin implementation of Article 12, the Guidelines stress the importance of effective education “on the harm caused by the use of all tobacco products, including new and alternative products, and the impact these may have on vulnerable groups, as well as the strategies and practices of the tobacco industry to undermine tobacco control efforts”. In 2021, 92% of Parties to the Convention reported that they had implemented educational and public awareness programmes, including campaigns to primary schoolchildren, to increase awareness of the harmful effects of tobacco and to prevent early experimentation, as well as school class programmes on the prevention of the use of electronic nicotine

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<sup>6</sup> WHO, [Tobacco Control Fact Sheet](#)

<sup>7</sup> WHO, [Tobacco and Coronavirus disease \(COVID-19\)](#)

<sup>8</sup> See reference 1

<sup>9</sup> Tobacconomics, [Tobacco and Poverty](#)

<sup>10</sup> See reference 5

<sup>11</sup> Tobacco Tactics, [CSR: Child Labour](#)

<sup>12</sup> [Guidelines for implementation of Article 12 of the WHO FCTC](#)

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delivery systems (commonly known as e-cigarettes or vaping devices) and anti-smoking campaigns for educational institutions and universities.

### **SDG 5: Achieve gender equality and empower all women and girls**

In its preamble, the WHO FCTC recognizes, with alarm, the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and recalls that the *Convention on the Elimination of All Forms of Discrimination against Women* requests its Parties to take appropriate measures to eliminate discrimination against women in the field of health care. Article 4.2(d) of the WHO FCTC provides that, in implementing the treaty, Parties should be guided by the need to address gender-specific risks when developing tobacco control strategies.

A report reviewing the relationship between gender and tobacco, produced at the request of the COP,<sup>13</sup> found that many tobacco control measures were still gender blind, while societal gender norms continued to be exploited by the tobacco industry. For decades, the industry has targeted the young, the poor and women, with the false claim that smoking represents independence, fitness and a modern lifestyle. Of the 8 million tobacco-attributable deaths annually, 1.2 million deaths are the result of non-smokers being exposed to second-hand smoke, with women and children paying a particularly high price.

The comprehensive implementation of the WHO FCTC protects women and girls. In particular, the ban on tobacco advertising, promotion and sponsorship, in accordance with Article 13 of the WHO FCTC and its Guidelines for implementation,<sup>14</sup> protects them from being targeted by tobacco industry campaigns.

During the pandemic, Parties have reported progress in enhancing the protection of women and girls from the harms of tobacco use and exposure to tobacco smoke, in particular through the adoption of complete and partial smoking bans (Article 8), tobacco control communication campaigns, and educational and public awareness programmes (Article 12), as well as measures concerning tobacco dependence and cessation (Article 14). With respect to the latter, around one third of Parties reported in 2020 that they had activities and programmes to promote tobacco cessation especially designed for pregnant women and women in general. However, this proportion has remained stable since previously reported in 2018, and recovery from the pandemic is once again a time of opportunity to increase measures in this regard.

### **SDG 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development; and**

### **SDG 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss**

Article 18 of the WHO FCTC calls for the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture. Cigarette butts, which are made of cellulose acetate fibres – a microplastic, containing toxic substances such as arsenic, lead, nicotine and ethyl phenol – are estimated to be the most improperly discarded waste item worldwide, in water and on land. Tobacco cultivation is also to blame for 2–4% of deforestation globally, even though it accounts for less than 1% of the world’s agricultural land use.<sup>15</sup> The entire tobacco supply chain has a carbon footprint that contributes heavily to climate change either directly through the emission of greenhouse gases or by using

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<sup>13</sup> Convention Secretariat, [Gender-Responsive Tobacco Control: Evidence and Options for Policies and Programmes](#)

<sup>14</sup> [Guidelines for implementation of Article 13 of the WHO FCTC](#)

<sup>15</sup> FCTC/COP/3/11, [Study group on economically sustainable alternatives to tobacco growing](#)

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materials that have carbon footprints of their own. The sector’s annual contribution to climate change is nearly 84 million tonnes of CO<sub>2</sub> emissions.<sup>16</sup>

While the environmental harms of tobacco growing, processing and exporting are widely recognized, few Parties reported progress in this regard during the pandemic. Tobacco control as a key element in tackling a major environmental threat that must be further explored by Parties in the post-pandemic era.

In July 2020, the Convention Secretariat launched a new WHO FCTC Knowledge Hub focusing on Articles 17 and 18 to support Parties in the implementation of these articles. Tobacco control – particularly supporting economic alternatives to tobacco growing – can help restore biodiversity and protect land resources. The Convention Secretariat has collaborated with the United Nations Convention to Combat Desertification to mark the World Day to Combat Desertification and Drought, and with the United Nations Environment Programme, as part of its Clean Seas Campaign, to raise awareness about the issue of hidden plastics in cigarettes and the harm they inflict on oceans and marine life.<sup>17</sup> Additionally, the Convention Secretariat is joining WHO in a campaign for the World No Tobacco Day 2022, under the theme “Tobacco: Threat to our environment”.

### **SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development**

SDG 17 calls for a global partnership for implementation of the SDGs. Cooperation at the national, regional and global levels, including with intergovernmental organizations and civil society,<sup>18</sup> is deeply embedded in the WHO FCTC and is an integral part of the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*.<sup>19</sup> Policy coherence is also highly pertinent to tobacco control because all sectors have a fundamental responsibility to protect the right to health.<sup>20</sup> The COVID-19 pandemic has increased the need for cooperation as synergies and cost-efficiencies were sought by all stakeholders in their efforts to respond to and recover from the pandemic. This is all the more critical as the lack of financial resources available for Parties to implement the WHO FCTC has become more acute during the pandemic.

In relation to strengthening domestic resource mobilization, the *Addis Ababa Action Agenda*<sup>21</sup> recognizes tobacco taxation (Article 6 of the WHO FCTC) for its potential to improve health, avert the costs of poor health and generate significant revenue for development financing. In line with the call through the SDGs for implementation of official development assistance commitments, in 2021 an increasing number of Parties to the Convention reported both receiving and providing assistance for tobacco control. In addition, the Convention Secretariat has continued implementation of its FCTC 2030 project to support Parties to achieve the SDGs by accelerating implementation of the WHO FCTC.<sup>22</sup> With respect to mobilizing additional financial resources for developing countries from multiple sources, in a landmark decision, COP9 launched a WHO FCTC Investment Fund to support implementation of the WHO FCTC.<sup>23</sup> Finally, South–South and Triangular Cooperation for tobacco control and for development continued to be promoted by the Convention Secretariat, with special attention to those in need.<sup>24</sup>

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<sup>16</sup> Convention Secretariat, [Cigarette smoking. An assessment of tobacco's global environmental footprint across its entire supply chain, and policy strategies to reduce it](#)

<sup>17</sup> [2021 Desertification and Drought Day: Message from the Head of the WHO FCTC Secretariat](#)

<sup>18</sup> The COP9 has accredited five new non-governmental organizations as observers in decision [FCTC/COP9\(3\)](#)

<sup>19</sup> See reference 2

<sup>20</sup> See reference 1

<sup>21</sup> United Nations [Addis Ababa Action Agenda](#)

<sup>22</sup> Convention Secretariat, [FCTC2030](#) - a multi-partner project

<sup>23</sup> FCTC/COP9(13) [WHO FCTC Investment Fund](#)

<sup>24</sup> Convention Secretariat, [South-South triangular cooperation to support implementation of WHO FCTC](#)

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In seeking partnerships, however, it is critical to protect public policies against tobacco industry interference, which continues to be a major barrier to WHO FCTC progress. COP9 expressed concern that the tobacco industry and those furthering its interests are increasing promotion of novel and emerging tobacco products and are interfering in national regulatory policies, as well as decision-making processes in regional and international forums. The COP reaffirmed its determination to prevent tobacco industry interference from jeopardizing public health, in accordance with Article 5.3 of the WHO FCTC and its Guidelines for implementation.<sup>25</sup>

The Convention Secretariat continued to promote the *Model Policy for Agencies of the United Nations System on Preventing Tobacco Industry Interference*,<sup>26</sup> referenced by United Nations Economic and Social Council in several resolutions, recalling that engagement with the tobacco industry is contrary to the United Nations system's objectives, fundamental principles and values.

**(b) Assessment of the situation regarding the principle of “leaving no one behind” against the background of the COVID-19 pandemic and for the implementation of the 2030 Agenda**

Tobacco use during the COVID-19 pandemic has helped further expose and increase social inequalities. Groups in vulnerable situations are generally less able to afford health care and have less access to prevention and treatment. Over 80% of the almost 1.3 billion tobacco users worldwide live in low- and middle-income countries,<sup>27</sup> and spending on smoking diverts financial resources from basic necessities such as food, education and health care. Tobacco growers and farmers are also caught in a vicious cycle of poverty and debt because of the industry's unfair pricing practices.<sup>28</sup> For decades, tobacco companies have preyed on the young, the poor and women through targeted marketing.<sup>29</sup> Recognizing these facts, the Convention proposes tailored protections for groups in vulnerable situations, including through price and tax measures to reduce tobacco consumption, particularly among youth and the poor, as well as a ban on tobacco sales to minors, the integration of gender-specific risks into tobacco control strategies, the inclusion of indigenous communities in culturally appropriate tobacco control programmes, and access to sustainable livelihoods for tobacco workers, growers and individual sellers.

To ensure that “no one is left behind”, full implementation of the WHO FCTC is required, taking into account specific measures that are needed to address tobacco-related disparities over the long term. Further, the global community has been alerted to the need for vigilance as the tobacco industry intensifies its so-called “corporate social responsibility” activities, taking advantage of the vulnerable situation of some governments in the context of the pandemic, portraying itself as a partner in addressing COVID-19 consequences. Considering the irreconcilable conflict between the tobacco industry and public health policy interests, the industry's “socially responsible” business practices constitute advertising and promotion, and they should be banned.<sup>30</sup>

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<sup>25</sup> [Guidelines for implementation of Article 5.3 of the WHO FCTC](#)

<sup>26</sup> Convention Secretariat, [Model Policy for Agencies of the United Nations System on Preventing Tobacco Industry Interference](#)

<sup>27</sup> WHO, [Tobacco Key Facts](#) and [WHO global report on trends in prevalence of tobacco use 2000-2025, 4<sup>th</sup> edition](#)

<sup>28</sup> Convention Secretariat, [Viable Alternatives to tobacco growing: an economic model for implementing Articles 17 and 18 WHO FCTC](#)

<sup>29</sup> See reference 13

<sup>30</sup> [Guidelines for implementation of Article 5.3](#) and [Guidelines for implementation of Article 13 of the WHO FCTC](#)

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**(c) Actions and policy recommendations in areas requiring urgent attention in relation to the implementation of the SDGs under review**

As declared by the Parties at COP9, strengthening the implementation of the WHO FCTC is an integral part of recovery from the COVID-19 pandemic. The comprehensive implementation of several articles of the WHO FCTC can remove barriers and positively contribute to the achievement of the cited SDGs by:

- increasing tobacco taxes (Article 6) will contribute to increasing domestic funds to support development, including increasing expenditures on education;<sup>31</sup>
- equipping health systems to assist smokers to quit tobacco use (Article 14), and tailoring measures to address the needs of the most vulnerable, will lead to healthier populations;
- scaling up the support for the transition to economically viable livelihoods and an environment that is free from tobacco (Articles 17 and 18) will contribute to wealthier households, healthier people and a cleaner planet;
- adopting smoking bans (Article 8) and increasing education, communication, training and public awareness on the harms of tobacco (Article 12), combined with implementation of other core measures of the Convention (such as adopting plain packaging and comprehensive bans on tobacco advertising, promotion and sponsorship) will contribute to populations that are both informed of, and protected from, the tobacco threat; and
- increasing cooperation among Parties (Article 22), directly or through competent international bodies, will contribute to leveraging resources to scale up implementation of the WHO FCTC as a whole.

It is to be noted that eliminating illicit trade in tobacco products (Article 15) is also key to reducing the severity of the pandemic and that a separate submission to the thematic review of the 2022 United Nations High-level Political Forum is made in relation to the Protocol to Eliminate Illicit Trade in Tobacco Products.

Overall, integration of the WHO FCTC in national plans of action for implementing the SDGs is critical, and Parties are encouraged to establish tobacco control as a sustainable development priority.

**(d) Policy recommendations, commitments and cooperation measures for promoting a sustainable, resilient and inclusive recovery from the pandemic while advancing the full implementation of the 2030 Agenda**

In reiterating its resolve to accelerate comprehensive implementation of the WHO FCTC, COP9 called Parties to action in three areas in the recovery from the COVID-19 pandemic, namely:

- taking appropriate measures to prevent tobacco industry interference and involvement in COVID-19-related public health policies and actions, in accordance with Article 5.3 of the WHO FCTC;
- ensuring those measures include actions to achieve SDG Target 3.a on implementation of the WHO FCTC and SDG Target 3.4 on NCDs as an integral component of national recovery from the COVID-19 pandemic, including in national SDG plans; and
- exploring health system adaptations to support alternative service delivery options for tobacco dependence and cessation services consistent with Article 14 of the WHO FCTC.

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<sup>31</sup> See reference 1

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**(e) Key messages for inclusion into the Ministerial Declaration of the 2022 HLPF**

Based on the above considerations, the following takeaways can be highlighted:

- Tobacco use is a major risk factor for NCDs, and both tobacco consumption and NCDs contribute to severe COVID-19-related outcomes and to increased social inequities.
- The WHO FCTC is an accelerator for the achievement of the SDGs, and comprehensive implementation of the treaty should be an integral part of the recovery efforts.
- Core measures, such as increasing tobacco taxes, smoke-free environments, increasing availability of tobacco cessation services and countering tobacco industry interference, are critical to recovery from the pandemic.