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STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2018–2022: FINAL REPORT

Background

1. The purpose of this document is to present to the Governing Bodies of the Pan American Health Organization (PAHO) the final report on the progress made in the implementation of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 (Document CSP29/11) (1), adopted by the Member States through Resolution CSP29.R12 (2) during the 29th Pan American Sanitary Conference, held in 2017. The objective of this strategy and plan of action was to give new impetus throughout the Region to the implementation of the measures contained in the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), regardless of whether or not countries were States Parties to the Convention.
 2. Tobacco use continues to be a major public health problem worldwide, as it is the leading preventable risk factor for the four main groups of noncommunicable diseases (NCDs): cardiovascular disease, cancers, chronic respiratory diseases, and diabetes. In the Region of the Americas, NCDs are the leading cause of mortality and disability, accounting for 81% of deaths each year (3). Furthermore, the outbreak of the COVID-19 pandemic in 2020 exacerbated the devastating consequences of smoking, given that tobacco users are at increased risk of severe illness and death from COVID-19 (4). This made the need to prevent and control NCDs and their risk factors (such as tobacco use) even more evident, since such a deadly relationship between an infectious disease and NCDs had never been seen (5).
 3. Despite the global consensus that the WHO FCTC represents an evidence-based tool to combat the tobacco epidemic, implementation of its measures is not uniform and showed a slowdown during the period 2010–2015 (6). The strategy and plan of action, through its four strategic lines of action, sought to accelerate implementation of measures aligned with the WHO FCTC, particularly those considered by the World Health Organization (WHO) to be the most cost-effective for the prevention and control of NCDs,
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and those related to the protection of public health policies for tobacco control from interference by the tobacco industry.

4. This report presents progress to December 2022. In addition to evaluating the implementation of the strategy and plan of action, consideration is also given to the provisions contained in Resolution CD48.R2 (2008) on the WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas (7), and CD50.R6 (2010) on Strengthening the Capacity of Member States to Implement the Provisions and Guidelines of the WHO Framework Convention on Tobacco Control (8).

Analysis of Progress Achieved

5. Steady progress has been made in the implementation of tobacco control measures, and progress is reported on the four strategic lines of action and nine of the ten indicators, although only one of the targets set in the strategy and plan of action was achieved. The indicators in which the greatest progress was made are those related to: *a*) countries that have mechanisms for the identification and management of conflicts of interest for government officials and employees with responsibility for tobacco control policies; *b*) countries in which total taxes represent 75% or more of the final retail price, or in which the increase has been substantial enough to promote a change of category in the classification; and *c*) countries that increase excise taxes on tobacco products in a way that promotes an increase in the affordability index (9).¹ The indicators that showed the least progress are those related to: *a*) countries that are States Parties to the WHO FCTC; *b*) countries that adopt a policy of neutral and/or standardized (single presentation) packaging; and *c*) States Parties to the WHO FCTC that are also States Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (10). According to Member States themselves, the difficulty in achieving the targets is largely explained by lack of adequate funding, persistent interference by the tobacco industry, and difficulties in establishing a multisectoral approach. The main sources of information used for the presented assessment are national laws and other legal documents compiled in the framework of the WHO Report on the Global Tobacco Epidemic, which has been published biennially since 2007 (9), as well as the 2021 global progress report on implementation of the WHO FCTC (11).

6. The assessment of the indicators follows the criteria for rating progress with the regional indicators presented in Annex B of Addendum I to the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018–2019/Final Report on the Implementation of the PAHO Strategic Plan 2014–2019 (Document CD58/5, Add. I) (12).

¹ This index is calculated according to the percentage of per capita gross domestic product (GDP) needed to purchase 100 packets of the country's most popular brand of cigarettes. See technical note III of the WHO report on the global tobacco epidemic, 2023 (9).

Strategic Line of Action 1: Implementation of measures for the creation of completely smoke-free environments and the adoption of effective measures on the packaging and labeling of tobacco products

7. In relation to smoke-free environments, in December 2020, almost 20 years after the launch of PAHO's "Smoke-free America" initiative in 2001, South America became the first subregion to be completely smoke-free, in line with Article 8 of the WHO FCTC (13). By the end of 2021, 63% of the total population of PAHO's 35 Member States was covered by this public health policy. In Caribbean countries, there is still room for progress, but the tobacco industry is expected to continue to exert strong opposition, using the demonstrably unfounded argument that smoke-free environments harm the tourism industry (14).

8. During the period of implementation of the strategy and plan of action, the Pan American Sanitary Bureau (PASB or the Bureau) has successfully mobilized a significant flow of additional technical and financial resources from organizations such as the International Union Against Tuberculosis and Lung Disease, and the Campaign for Tobacco-Free Kids, as well as the Secretariat of the WHO FCTC.

Objective 1.1: Enact smoke-free environment legislation throughout the Region of the Americas	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries with national regulations creating 100% smoke-free environments in all enclosed public and work spaces and public transportation</p> <p>Baseline (2016): 18 Target (2022): 35</p>	<p><i>Partially achieved.</i> As of 2022, 24 countries met the indicator.</p> <p>In four Caribbean countries there is draft legislation to implement this measure, pending presentation to lawmakers for discussion and potential approval. There is also evidence that systematizes the different ways that Member States can achieve the measure, taking as a reference the experience of South America (13).</p>

Objective 1.2: Include health warnings on the packaging of tobacco products	
Indicator, baseline, and target	Status
<p>1.2.1 Number of countries with graphic health warnings on tobacco packaging that meet the criteria of the WHO Report on the Global Tobacco Epidemic</p> <p>Baseline (2016): 16 Target (2022): 35</p>	<p><i>Partially achieved.</i> As of 2022, 21 countries met the indicator.</p> <p>Of the 14 countries that do not yet meet the indicator, almost half have implemented partial measures that meet some of the criteria of the WHO Report on the Global Tobacco Epidemic (9). In four Caribbean countries there is draft legislation to implement this measure, pending presentation to lawmakers for discussion and potential approval.</p>
<p>1.2.2 Number of countries that adopt a policy of neutral and/or standardized packaging</p> <p>Baseline (2016): 1 Target (2022): 6</p>	<p><i>Partially achieved.</i> As of 2022, two countries met the indicator.</p> <p>Both neutral and standardized (single presentation) packaging were the subject of lawsuits in international forums related to trade policies and investment agreements between 2010 and 2020, most prominently in Australia and Uruguay (15). In both cases, the lawsuits were resolved in favor of public health, and the measures were declared legal. However, the tobacco industry's 'policy freeze' strategy (seeking to stall implementation of the measures while the discussions were taking place) may have contributed to delaying progress.</p>

Strategic Line of Action 2: Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their affordability

9. The two objectives in this strategic line of action are the ones that have met the most resistance from the tobacco industry since the entry into force of the WHO FCTC in 2005. For this reason, PASB has provided technical cooperation and organized subregional and regional activities, with the support of the Bloomberg Initiative to Reduce Tobacco Use, to promote the inclusion and discussion of both measures in the public agenda, and to socialize evidence and key arguments that counter the arguments of the industry and those who defend its interests (16, 17).

10. Specifically regarding tobacco taxes, the Bureau, in partnership with research centers and international organizations, has promoted the production and dissemination of evidence to counter the opposition of the tobacco industry; for example, through

independent measurements of the size of the illicit tobacco trade (18), which show that it is significantly smaller than the tobacco industry claims, and through the creation of a network of governmental and non-governmental professionals involved in tobacco tax policies. Also, as part of the support that PAHO provides to health authorities in incorporating economic reasoning in their dialogue with other sectors, a WHO primer on health taxes (19) was published in different languages, summarizing the evidence on the economic and health impacts of taxes on products that have negative effects on public health, such as tobacco, alcohol, sugar-sweetened beverages, and fossil fuels, as well as specific analyses of tax policies on tobacco and nicotine products (16).

Objective 2.1: Impose a total ban on the advertising, promotion, and sponsorship of tobacco products	
Indicator, baseline, and target	Status
<p>2.1.1 Number of countries with a total ban on the advertising, promotion, and sponsorship of tobacco products</p> <p>Baseline (2016): 5 Target (2022): 20</p>	<p><i>Partially achieved.</i> As of 2022, nine countries met the indicator.</p> <p>This is one of the measures against which the industry has employed the most strategies to prevent progress.</p>
<p>2.1.2 Number of countries whose ban on the advertising, promotion, and sponsorship of tobacco products includes a ban on the display of these products at the point of sale</p> <p>Baseline (2016): 4 Target (2022): 19</p>	<p><i>Partially achieved.</i> As of 2022, nine countries met the indicator.²</p> <p>This is a measure with strong resistance from the tobacco industry. As internal industry documents acknowledge, packaging plays an increasingly important role in promoting tobacco products. For this reason, the display of a product at points of sale and its placement at strategic points, such as near sweets, is itself used as an advertising and promotional strategy to attract consumers (20).</p>
Objective 2.2: Reduce the affordability of tobacco products by increasing excise taxes on tobacco	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries in which total taxes represent 75% or more of the final retail price, or in which the increase has been substantial enough to promote a change of category in the classification</p> <p>Baseline (2016): 2 Target (2022): 10</p>	<p><i>Partially achieved.</i> As of 2022, eight countries had increased the tax burden on tobacco products.</p>

² Two of these Member States prohibit the display of tobacco products at points of sale, but their ban on advertising, promotion, and sponsorship is incomplete.

Objective 2.2: Reduce the affordability of tobacco products by increasing excise taxes on tobacco	
Indicator, baseline, and target	Status
<p>2.2.2 Number of countries that increase excise taxes on tobacco products in a way that promotes an increase in the affordability index presented in the WHO Report on the Global Tobacco Epidemic 2015</p> <p>Baseline (2016): 0 Target (2022): 20</p>	<p><i>Partially achieved.</i> As of 2022, 14 countries raised their excise taxes in such a way as to decrease the relative affordability of cigarettes by 10% or more compared to their affordability in 2014, according to the affordability index presented in the 2015 Global Report (9, 21).</p>

* Percentage of per capita GDP needed to purchase 100 packages of the country's most popular brand of cigarettes.

Strategic Line of Action 3: Ratification of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by Member States that have not yet done so

11. There has been no progress in terms of ratification of the WHO FCTC, but progress has been made regarding the Protocol to Eliminate Illicit Trade in Tobacco Products, which was ratified by three new Member States (22). These international treaties are key tools to combat the tobacco epidemic. Ratification by Member States makes countries subject to the mandates derived from them, requiring evidence-based tobacco control measures. Furthermore, the WHO FCTC is one of just three international conventions referenced in the United Nations Sustainable Development Goals (SDGs) and their related targets (23). PASB has taken action at the national and regional levels to promote the ratification and implementation of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products, with the support of the WHO FCTC Secretariat (24, 25).

Objective 3.1: Achieve ratification of the FCTC	
Indicator, baseline, and target	Status
<p>3.1.1 Number of countries that are States Parties to the FCTC</p> <p>Baseline (2016): 30 Target (2022): 33</p>	<p><i>Not Achieved.</i> As of 2022, 30 countries met the indicator. No progress was made in the strategy period.</p> <p>In two countries, some measures were implemented to promote ratification of the WHO FCTC, but they did not achieve results.</p>

Objective 3.2: Achieve ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products	
Indicator, baseline, and target	Status
<p>3.2.1 Number of States Parties to the FCTC that are also States Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products</p> <p>Baseline (2016): 4 Target (2022): 20</p>	<p><i>Partially achieved.</i> As of 2022, seven countries met the indicator.³</p> <p>While some countries carried out consultation processes during the strategy period with a view to ratification, the process was not completed in most countries.</p>

Strategic Line of Action 4: Strengthening of Member States' capacity in terms of public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests

12. The Bureau has been supporting efforts to implement measures to protect the design and implementation of tobacco control policies from commercial and other vested interests of the tobacco industry and those who defend its interests. Technical cooperation has been provided and subregional training activities have been carried out with the support of the Secretariat of the WHO FCTC (FCTC 2030 project, with financial assistance from the Government of the United Kingdom), the United Nations Development Program, and the WHO Secretariat's Knowledge Hub on Article 5.3 (Global Center for Good Governance in Tobacco Control in Thailand) (26).

Objective 4.1: Establish effective mechanisms to prevent interference by the tobacco industry and those who work to further its interests	
Indicator, baseline, and target	Status
<p>4.1.1 Number of countries that have mechanisms for the identification and management of conflicts of interest for government officials and employees with responsibility for tobacco control policies</p> <p>Baseline (2016): Not available⁴ Target (2022): 20</p>	<p><i>Achieved.</i> As of 2022, 20 countries met the indicator.</p>

³ The Bolivarian Republic of Venezuela ratified the Protocol to Eliminate Illicit Trade in Tobacco Products in 2021. However, it has not yet deposited the instrument of accession with the United Nations Secretariat in New York.

⁴ As mandated by the strategy and plan of action, and also, since the information on indicator 4.1.1 is the only data not collected biennially since 2007 in the framework of the WHO Report on the Global Tobacco Epidemic (9), PASB developed the methodology to calculate this indicator with the support of experts in the field and based on the recommendations of the guidelines in Article 5.3 of the FCTC. For the purposes of data collection and systematization, the Bureau developed a set of questions that was included in the questionnaire in the WHO report (27). The year 2016 baseline was 17 countries, but this information was not available when the strategy and plan of action was adopted.

Lessons Learned

13. The significant progress made toward establishing regulatory frameworks that effectively control the use and marketing of tobacco products in the Region clearly shows that these health measures—which require multisectoral consensus and multidisciplinary evidence—are economically, legally, and politically viable. Considering that a large part of the opposition to these measures comes directly or indirectly from multinational corporations, leadership by the health authorities is essential, as are closely coordinated efforts involving other sectors of government, such as economy, finance, and trade, as well as civil society and academia. This is what has allowed tobacco control measures that have been litigated in international investment and trade forums to be validated by the respective decision-making bodies and to remain in force in the corresponding countries.

14. Lessons in tobacco control can be applied to addressing other NCD risk factors, such as harmful use of alcohol and unhealthy diets, where industries implement strategies very similar to those of the tobacco industry in order to encourage consumption and influence regulatory decision-making. It is necessary and urgent to engage in interprogrammatic work aimed at protecting the design, implementation, and evaluation of health policies from undue interference in order to advance in a coordinated manner in the prevention of NCDs.

Action Needed to Improve the Situation

15. The following actions are presented for consideration by the Member States:
- a) Strengthen technical and legal assistance, as well as continuous capacity building, focusing on those initiatives that have yet to be widely implemented in the Region, such as tobacco taxes, neutral packaging, and a ban on advertising, promotion, and sponsorship of tobacco products, as well as restrictions on electronic commerce, which has become a tool to reach groups in conditions of vulnerability such as children and adolescents. It is essential that such actions contemplate the regulation of novel and emerging nicotine and tobacco products, such as electronic cigarettes and heated tobacco products.
 - b) Reinforce national commitments to approve regulations that are largely the exclusive competence of health authorities, such as establishing 100% smoke-free and emissions-free environments, and requiring large and visually impactful health warnings on packaging.
 - c) Address the challenges presented by the COVID-19 pandemic as a window of opportunity to strengthen the use of health taxes, to reduce the consumption of unhealthy products, and to generate additional revenue for investing in health, while strengthening the alignment of tax and health policies. Also, redouble efforts to establish national coordination mechanisms that facilitate alignment between health, economic, trade, and any other policies that may be necessary to provide a comprehensive response to the tobacco epidemic.

- d) Make use of forums for the exchange of experiences among countries, through active participation in the Conferences of the Parties to the WHO FCTC, the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, and intersessional meetings, depending on each Member's status as a State Party or Observer to each of these treaties.
- e) Continue to strengthen measures to protect tobacco control policies from commercial and other vested interests of the tobacco industry and those who defend it, and redouble efforts to achieve the remaining targets of this strategy to reduce NCD mortality and achieve the Sustainable Development Goals.

Action by the Directing Council

- 16. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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