



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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*Provisional Agenda Item 7.4*

CD52/INF/4 (Eng.)

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ORIGINAL: SPANISH

### **D. IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

#### **Background**

1. This is a progress report on tobacco control in the Region of the Americas, as of 30 June 2013, in the framework of two resolutions, CD48.R2 (2008) adopted by the 48th Directing Council (1) and CD50.R6 (2010) adopted by the 50th Directing Council of the Pan American Health Organization (PAHO) (2).

#### **Progress Report**

2. The number of States Parties to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) that have ratified the Convention is 29 and remains unchanged since the last report was submitted (document CD51/INF/5). Although there have been certain advances in implementation of the “best buys” (3) (smoke-free places; health warnings; bans on tobacco advertising, promotion, and sponsorship; and tax increases), these have been slow and uneven both among the different measures and among countries.

3. The countries that have moved forward with the most comprehensive implementation of the Convention have begun to see results. Brazil and Uruguay show a substantial reduction in tobacco consumption in adults (4, 5) and other studies have found reductions in hospital admissions for myocardial infarction (6, 7).

4. In general, there is a trend toward the feminization of tobacco use in the Region, with a reduction in the consumption gap between adult women and men (8), which is even more pronounced in adolescents (prevalence in male adolescents 12.3%, in female adolescents 11.3%) (9).

5. The Global Tobacco Surveillance System furnishes information disaggregated by sex for both adults and adolescents. However, many countries in the Region still have not

set up a national tobacco surveillance system. In this period, there has been a noteworthy increase in the number of countries that have comparable and nationally representative adolescent surveys; also noteworthy is the case of Panama, which will obtain representative data for its indigenous population in the Global Adult Tobacco Survey.

6. Brazil, Costa Rica, and Ecuador have adopted measures intended to increase tobacco taxes. Furthermore, for the first time, governmental delegates of tax-related administrations and ministries of health in the Region met to discuss effective tobacco tax and contraband control policies.

7. In 17 countries, all indoor public places and workplaces and public transportation are 100% smoke-free. Brazil,<sup>1</sup> Chile, Costa Rica, Ecuador, Jamaica, and Suriname are recent additions.

8. Twenty countries have legislation on tobacco packaging and labeling that is consistent with the minimum requirements of the FCTC. However, it should be noted that: (a) in one of these countries, the law does not require health warnings to include images: although it is true that this requirement is not mandatory in the FCTC, it is recommended in the guidelines on the issue approved by the States Parties; and (b) four of these countries still have not implemented the law. At the end of this biennium, 11 countries will have missed the deadline for implementation of this article.

9. Brazil<sup>2</sup>, Chile, and Suriname have joined Colombia and Panama in a total ban on tobacco advertising, promotion, and sponsorship, while five other countries have broad but not total restrictions. At the conclusion of this biennium, 22 countries that have still not complied with this article will have missed the FCTC deadline for its implementation.

10. Intense interference by the tobacco industry against tobacco control policies persists, including national and international lobbying and lawsuits. World Trade Organization (WTO) consultations have now been added.

11. The Pan American Sanitary Bureau has kept in continuous contact with the countries to provide technical support for both the drafting and the approval and implementation process for tobacco control legislation, and to defend it against industry attacks. The Manual for Developing Tobacco Control Legislation in the Region of the Americas<sup>3</sup> was prepared, including the fundamental human rights that underlie tobacco control, as well as lessons learned at the country level in the implementation of the FCTC. The manual was presented at the 152nd session of the Executive Committee in

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<sup>1</sup> Regulation and implementation of the law are pending.

<sup>2</sup> *Idem*.

<sup>3</sup> Available at:

[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=1371%3Apublications-and-resources&catid=1279%3Ade-publications-and-resources&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=1371%3Apublications-and-resources&catid=1279%3Ade-publications-and-resources&lang=en)

June 2013. Furthermore, regional forums are being encouraged for discussion of supranational issues (such as the control of illicit trade and the interactions between trade agreements and the FCTC) and to facilitate exchange of information and experiences, not only among countries, but within them among sectors other than the health sector.

### **Recommended Measures to Improve the Situation**

12. It is recommended that States Parties consider signing and subsequent ratification of the new Protocol to Eliminate Illicit Trade in Tobacco Products, adopted by the Fifth Session of the Conference of the Parties to the WHO FCTC.

13. It would be important for Member States to consider ratification of the WHO FCTC if they have still not done so, as well as the possibility of implementing the four tobacco control “best buys.”

14. Establishing, strengthening, and allocating resources for coordinating units and technical units responsible for tobacco control continues to be a challenge. The specific allocation of funds from tobacco taxes is one possible source of financing for this purpose.

15. Member States should consider the possibility of establishing national surveillance systems with data that is disaggregated by sex and, if possible, by socioeconomic status, and that is representative of minority populations, including indigenous populations. A standardized module of questions on tobacco is currently available. This module can be included in national surveys on broader topics, as a way to ensure international comparability of data with data from tobacco surveys in other countries, without creating an additional burden on national surveillance systems (10).

16. It is recommended that Member States consider including tobacco use detection and brief advice on smoking cessation in their primary health care systems, as well as more complex services at other levels, for people with serious addiction.

17. Regarding the existence of dissimilar positions in different international forums, for example, in WTO and WHO, Member States are reminded that there is no incompatibility between implementation of the FCTC and trade agreements (11). Furthermore, it is recommended that they consider the possibility of not including tobacco in future trade agreements.

18. Taking into account the impact that tobacco control will have on chronic noncommunicable diseases,<sup>4</sup> it is recommended that Member States consider inclusion of

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<sup>4</sup> In accordance with the Political Declaration of the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, and pursuant to the Economic and Social Council (ECOSOC) resolution of July 2012.

the issue of tobacco control in the agenda of all United Nations agencies at the country level, as well as in all United Nations Development Assistance Framework (UNDAF) projects (12, 13).

### **Action by the Directing Council**

19. The Directing Council is requested to take note of this progress report.

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