Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

174th Session of the Executive Committee
Washington, D.C., 24–28 June 2024

CE174/18
Provisional Agenda Item 4.7

31 May 2024
Original: Spanish

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2025–2030

Introduction

1. Tobacco use continues to be one of the greatest threats to global public health. In addition to generating a heavy social, economic, and environmental burden for countries, tobacco use exacerbates household poverty and increases inequalities. Tobacco is harmful in all its forms, and there is no safe level of exposure to tobacco smoke. Tobacco use constitutes a preventable risk factor for the four main groups of noncommunicable diseases (NCDs): cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. In the Region of the Americas, NCDs are the leading cause of death and disability, accounting for 81% of deaths each year. Tobacco use causes one million deaths annually in the Region and disproportionately affects those living in low- and middle-income countries *(1)*. There is now a large body of evidence showing how the tobacco epidemic can be tackled in highly cost-effective ways by applying the mandates of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) *(2)* and the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol) *(3)*, as well as the WHO MPOWER package guidance *(4)*. WHO has recognized five measures contained in the FCTC as best buys for the prevention and control of NCDs (5); their implementation, together with other measures that go beyond those required by the Convention and its protocols in order to better protect human health *(6)*, is important for all Member States, irrespective of whether or not they are States Parties to the FCTC.

2. Although considerable progress has been made in recent years in the fight against the tobacco epidemic in the Region *(4, 7)*, and the economic, political, legal, and social feasibility of measures to combat it has been demonstrated, most Member States have not fully met their international commitments in this area *(8)*. This document proposes a roadmap for the period up to 2030 that prioritizes key actions to accelerate the implementation of the FCTC and enable Member States to meet the targets established for the reduction of tobacco use and premature death from NCDs. This strategy and plan of action incorporates an equity perspective, with special attention to groups in situations of vulnerability. It is aligned with regional and global decisions and mandates, incorporates the lessons learned from unmet targets of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 of the Pan American Health Organization (PAHO) *(8)*, and covers both conventional and emerging tobacco products, and electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery system (ENNDS), commonly referred to collectively as “e-cigarettes.”[1]

[1] This document uses the terms used in the decisions and reports of the Conference of the Parties to the FCTC. Heated tobacco products, ENDS, and ENNDS will hereinafter be collectively referred to as “emerging products” to differentiate them from conventional products.

Background

3. This strategy and plan of action is aligned with the commitments made by States Parties to the FCTC and the Protocol and with the decisions taken by the Conference of the Parties to the FCTC and the Meeting of the Parties to the Protocol.[2] It is also in line, both in its contents and its duration, with the Strategy and Plan of Action to Strengthen Tobacco Control 2018–2022 and the final report thereon *(8)*, the Sustainable Development Goals for 2030 *(9)*, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (extended to 2030) *(10)*, the Sustainable Health Agenda for the Americas 2018–2030 *(11)*, and the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 (extended to 2030) (12), as well as with several international human rights instruments ratified by Member States, some of which are explicitly cited in the preamble to the FCTC *(13, 14)*.

4. This strategy and plan of action is also in line with PAHO Directing Council resolutions specifically related to tobacco control *(15–17)*, the 2007 Declaration of Port-of-Spain of the Caribbean Community (CARICOM) (18), the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly *(19)*, the PAHO Strategic Plan 2020–2025 *(20)*, the Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2025 *(21)*, and the PAHO Initiative to Scale Up and Accelerate Integration of Comprehensive NCD Services in Primary Health Care 2023–2030 *(22)*.

5. Although tobacco control policies are expressed in the commitments and mandates set out in the aforementioned documents, Member States have had difficulty moving forward with their implementation, as evidenced in the final report on the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 *(8)*. Member States therefore requested support from the Pan American Sanitary Bureau (the Bureau) in developing a new strategy and plan of action to continue efforts to implement the most cost-effective tobacco control measures and address new challenges, thereby demonstrating their political will and commitment to advancing the agenda for tobacco control and related emerging issues.

Situation Analysis

6. Tobacco use is an important risk factor for the major NCDs, which are the leading cause of death (which occurs prematurely in one third of cases) and disability in the Region *(1)* and are estimated to cost the equivalent of 1.8% of annual gross domestic product worldwide (2.4% in the Region) *(23, 24)*. Tobacco use, nicotine addiction, and exposure to tobacco smoke pose a global threat to sustainable development, causing environmental, social, and economic harm due to tobacco cultivation, production, distribution, use, and waste products *(25)*.

7. According to WHO estimates, there are about 1245 million people over the age of 15 (hereinafter referred to as “the adult population”) who use tobacco worldwide, 133 million (11%) of whom live in the Region of the Americas. Since 2000, the year in which WHO began to produce estimates, there has been a 16.35% decrease (from 159 million to 133 million) in the number of

[2] The governing and deliberative bodies of the two treaties, which take the necessary decisions to advance their effective implementation.

tobacco users in the Region, even though the total population has grown *(26)*. The Region has some distinctive features: although there have been some rapid declines in tobacco use in the adult population, they will not be sufficient to achieve the target of a relative reduction of 30% or more by 2025 compared with 2010[3] (the current projection is that the Region will achieve a relative reduction of 27%). While the prevalence of tobacco use in the male population is lower than the global average (21.7% compared with 34.4% worldwide), the opposite is true in the female population (regional average of 11.4% compared with 7.4% worldwide). However, by 2025, it is expected that prevalence among women will have fallen by 30% relative to 2010 *(26)*. From a gender perspective, women generally take on primary responsibility for the care of sick people (men face the greatest burden of disease associated with tobacco use) and they also have the highest burden of mortality related to exposure to second-hand smoke *(7)*.

8. It is estimated that at least five million of the Region's population of adolescents between 13 and 15 years of age use some form of tobacco. The average prevalence rate for both sexes is about the same as the global figure (10%). It is worth noting that the Region of the Americas is one of the two regions with the smallest difference in gender prevalence among adolescents (9.4% among females and 10.3% among males) *(26)*, which suggests a trend toward feminization of tobacco use when these data are viewed alongside the data for the adult population. This trend may be attributable in part to tobacco industry marketing strategies that are specifically designed to appeal to female audiences *(27)*.

9. Since the entry into force of the FCTC in 2005, the tobacco control landscape in the Region has changed markedly, with a significant number of countries having adopted legislative or executive measures, or a combination of both, at the national level, in accordance with the mandates set out in the Convention *(7)*. The application of these measures, especially when it has been comprehensive, has contributed to reductions in tobacco use, although progress has been uneven in terms of both the types of measures applied and the numbers of countries that have adopted them. Progress has been achieved mainly in establishing smoke-free environments and requiring health warnings on tobacco product packaging, while limited headway has been made in implementing other key measures, such as tobacco taxes and bans on tobacco advertising, promotion, and sponsorship. This limited progress may be attributable, among other reasons, to greater industry interference with such measures and to the fact that their adoption requires the consensus of a larger number of government sectors. The implementation of measures related to the provision of tobacco cessation services, meanwhile, has been hindered largely by lack of human and financial resources *(4)*.

10. While there was steady progress in the implementation of tobacco control measures during the period covered by the previous strategy and plan of action, only one target related to the identification and management of conflicts of interest for public officials *(8)* was achieved, which points to a need to strengthen and broaden progress in this area. In fact, the main obstacle to advancing the tobacco control agenda is persistent interference by the tobacco industry and those who work to further its interests, including interference in policy-making processes through non-health sectors and the use of litigation *(28)*.

[3] Voluntary target established in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases.

11. The COVID-19 pandemic exacerbated the devastating consequences of tobacco and nicotine use, as users who contracted the disease had a worse prognosis. PAHO urges countries to scale up and accelerate the integration of comprehensive NCD services, including smoking cessation counseling, in primary health care as one of the actions necessary to promote recovery in the post-pandemic era *(22)*. The pandemic highlighted the fragility of health systems and services, causing disruptions and delays in care, but at the same time it opened up an opportunity to improve these systems and services, for example in response to demands to strengthen tobacco cessation services around the world.

12. Progress among Latin American countries, particularly those in South America and the CARICOM Member States, has been uneven. For example, in 2020, measures were implemented throughout South America to make environments completely smoke-free, while in CARICOM Member States this milestone has yet to be achieved, despite various government commitments to do so by 2022 *(29)*. Factors that might explain these differences include better organization of civil society, greater availability of research at the national level to inform policy advocacy, constitutional recognition of the right to health, and the importance attached to human rights *(30)*, along with certain deeply rooted cultural practices in some communities, such as the symbolic prominence of cigars.

13. Although conventional cigarettes remain the most widely consumed tobacco product, a latent challenge throughout the Region is the growing market availability of emerging products, such as e-cigarettes and heated tobacco products, together with the increasingly aggressive strategies of the industries that are marketing these products to young people *(31)*. For example, there is concern about the alarming increase in the use of electronic cigarettes among adolescents aged 13 to 15, who in many countries are using e-cigarettes at higher rates than adults *(32)*. WHO and PAHO have highlighted the need to take urgent action to prevent tobacco use and counter nicotine addiction, while implementing a comprehensive approach to tobacco control. It is important for countries to ensure compliance with regulations prohibiting or restricting the sale of these products. Worryingly, however, many countries in the Region still do not have any regulations for such products, which demonstrates insufficient action and opens the door to products that are strongly marketed and advertised to young people.

14. Another challenge that has come to the fore in recent years is digital marketing, including advertising on websites or apps, and endorsement of products that are harmful to health by social media influencers. The digital transformation era has brought significant challenges for governments *(33),* and Member States, in line with the international consensus on the importance of a total ban on advertising, promotion, and sponsorship of tobacco products *(2, 34)*, will need to move existing initiatives to the digital environment, while also developing new approaches and strategies to adapt to this environment.

15. All the measures that have proved effective in addressing the negative consequences of tobacco and nicotine addiction are set out in the FCTC and the Protocol and in the decisions of the Conference of the Parties to the FCTC and the Meeting of the Parties to the Protocol. WHO has recognized five measures contained in the FCTC as best buys for preventing and controlling NCDs, as they are cost-effective interventions that can be applied even in low-resource contexts: increased tobacco taxes (Article 6), smoke-free environments (Article 8), measures relating to tobacco product

packaging and labeling (Article 11), bans on tobacco advertising, promotion, and sponsorship (Article 13), and measures relating to tobacco dependence and cessation (Article 14) *(5)*.

Proposal

16. The five FCTC measures recognized by WHO as best buys for preventing and controlling NCDs form the basis and starting point for this strategy and plan of action. The strategy aims to accelerate the implementation of the FCTC in the Region, promoting healthier, more sustainable, and more equitable environments, and prioritizing the protection of young people, women, and lower-income persons. By seeking to discourage tobacco use and nicotine addiction, the strategy will also contribute to environmental protection by reducing the negative impacts on natural resources that occur all along the chain of production and use of tobacco and other emerging products and those that result from the waste generated by such products. The strategy will also encourage countries to promote an inclusive economy and a society characterized by greater well-being and equity that prioritizes the health of its population over the profits of industries whose survival depends on demand for products that are extremely harmful to health. In addition, the strategy seeks to promote greater technical and legal assistance and continuous capacity-building initiatives, together with the mobilization of financial resources, in particular to advocate for measures that still have low levels of implementation in the Region.

Strategic Line of Action 1: Implementation of effective measures to regulate the use, commercialization, and advertising of conventional tobacco products and other emerging products

17. The evidence supporting smoke-free environments is very clear and conclusive: there is no safe level of exposure to tobacco smoke and exposure causes cancer and serious diseases of the respiratory and cardiovascular systems in children, adolescents, and adults that often lead to death *(4)*. A new challenge is the potential use of e-cigarettes in these smoke-free spaces, which, as with any tobacco product, including heated tobacco products, increases exposure to exhaled toxic substances that are potentially harmful to the people around the smoker, reduces incentives to quit, and may interfere with efforts to denormalize tobacco use (particularly in the case of adolescents, who are more susceptible to visual references and social behaviors) *(7, 31)*.

18. There is also strong evidence supporting the implementation of effective comprehensive measures relating to tobacco product packaging and labeling, such as the use of prominent health warnings about the harmful effects of tobacco use and exposure to tobacco smoke, and measures to prevent packaging and labeling from promoting such products in a false, misleading, or deceptive manner. Packaging, which gives tobacco products a high degree of visibility and symbolic power at points of sale and during use *(35)*, can be a powerful promotional tool enabling the industry to attract new consumers *(36)*. Consequently, more and more countries around the world are adopting plain (or standardized) packaging requirements, which restrict or prohibit the use of logos, colors, brand images, or promotional information on packaging *(35)*.

19. The tobacco industry invests substantially in expensive advertising, promotion, and sponsorship tactics in order to attract new consumers (mainly young people), increase sales to those who already use these products, decrease the desire to quit using them, and motivate those who have succeeded in quitting to restart. The evidence supports a total ban on both direct and indirect

advertising, promotion, and sponsorship of tobacco products, as stipulated in the FCTC (Article 13) and the guidelines for its implementation, both in traditional media and via the internet and other new technologies, in accordance with the constitution and constitutional principles of each country *(34).* Any legal measure that does not require a total ban only opens the door for industry to creatively exploit loopholes; besides, comprehensive bans are simpler to enforce and monitor *(37)*. Displaying tobacco products at the point of sale is also a form of advertising that increases sales *(36)*.

20. This strategic line of action seeks to ensure that Member States prioritize policies that, in addition to being best buys, require legal enforcement measures, are linked to FCTC articles that set deadlines for their adoption by States Parties, and cover all products, both conventional and emerging, according to the national context, to avoid erroneously suggesting that some products are less harmful than others. While each State may adopt different paths to implement them *(30)*, many countries have included these three measures in their comprehensive tobacco control laws as part of the comprehensive adoption of measures suggested in the FCTC. Moreover, these measures have been endorsed by national and international courts in litigation, thus demonstrating their legal soundness *(38)*.

Objective 1.1: Adopt legislation on smoke-free environments		
Indicator	**Baseline (2022)**	**Target (2030)**
1.1.1 Number of Member States with national regulations creating 100% smoke-free environments in all enclosed public spaces and workplaces and in public transportation	24	30
Objective 1.2: Adopt legislation on packaging and labeling of tobacco products		
Indicator	**Baseline (2022)**	**Target (2030)**
1.2.1 Number of Member States with large graphic health warnings on tobacco packaging (covering an average of at least 50% of the front and the back of the packaging) that meet the criteria set out in the WHO Report on the Global Tobacco Epidemic *(7)*	21	30
1.2.2 Number of Member States adopting a plain packaging policy	2	5

Objective 1.3: Adopt a total ban on advertising, promotion, and sponsorship of tobacco products		
Indicator	**Baseline (2022)**	**Target (2030)**
1.3.1 Number of Member States with a total ban on both direct and indirect advertising, promotion, and sponsorship of tobacco products, including via the internet	9	15
1.3.2 Number of Member States banning tobacco product displays at points of sale	7	13
Objective 1.4: Adopt legislation to regulate e-cigarettes		
Indicator	**Baseline (2022)**	**Target (2030)**
1.4.1 Number of Member States with national-level standards that prohibit the commercialization of e-cigarettes, or that allow commercialization but apply at least one of the tobacco control measures referred to in the other indicators of Strategic Line of Action 1, or that regulate e-cigarettes as medicinal products[a]	21	27

[a] Member States take different approaches to regulating e-cigarettes, depending on their national contexts. This indicator therefore measures the number of countries that adopt various approaches wholly or partly in line with global governance mandates (FCTC and decisions of the Conference of the Parties).

Strategic Line of Action 2: Implementation of price and tax-related measures to reduce demand for tobacco

21. Tobacco taxes are considered the most cost-effective intervention for reducing tobacco use. Their implementation does not entail high costs, and it generates higher revenues for the State *(4)*. An effective tax increase is one that results in a price increase that significantly reduces consumption and that, in the short term, constitutes an important source of revenue and, in the long term, leads to a reduction in costs arising from diseases associated with tobacco use. Despite the overwhelming evidence supporting the cost-effectiveness of this measure, it is the one on which the least progress has been made, both globally and regionally.

22. This strategic line of action seeks to encourage Member States to prioritize a little-used measure that has significant benefits: raising the price of products, which makes them less affordable and attractive, leading to a reduction in tobacco use and in associated diseases. This in turn discourages consumption, especially among lower-income groups, who are more sensitive to price increases. It also avoids the displacement of expenditure that should be allocated to essential goods and services, such as education and health. Finally, tobacco taxes generate additional revenue that can be used to strengthen health and social welfare programs for the benefit of groups in situations of vulnerability and to improve their quality of life *(39, 40)*. Moreover, if countries move forward with the adoption of this measure based on the extensive existing experience and lessons learned over the

years, this could have a knock-on effect of advancing and accelerating the adoption of taxes on other unhealthy products (generally under the umbrella of the same regulatory instrument), such as alcoholic beverages and sugar-sweetened drinks *(41)*.

Objective 2.1: Reduce the affordability of tobacco products by increasing excise taxes on tobacco		
Indicator	**Baseline (2022)**	**Target (2030)**
2.1.1 Number of Member States in which total taxes represent 75% or more of the final retail price, or in which the increase has been sufficient to promote a change in category of classification, based on the criteria set out in the WHO Report on the Global Tobacco Epidemic *(7)*	4	10
2.1.2 Number of Member States that score at least 4 points on the Tobacconomics Cigarette Tax Scorecard, or that raise their score to the next category[a]	0	5

[a] Tobacconomics publishes a cigarette tax scorecard using a 5-point scale with four scoring components calculated on the basis of data from the WHO biennial report on the global tobacco epidemic. It provides policymakers with an assessment of tobacco tax policies. Available from: https://tobacconomics.org/files/research/919/tobacco-scorecard-report-3rd-ed-eng-v5.0.pdf.

Strategic Line of Action 3: Provision of quality comprehensive services that promote effective measures for cessation and appropriate treatment of tobacco dependence

23. WHO has prioritized the provision of tobacco cessation services as an essential element in tobacco control programs and has incorporated the provision of such services into the MPOWER package *(4)* and, more recently, into the list of best buys for NCD prevention and control *(5)*. There is a set of recommended interventions available to help in the tobacco cessation process, including brief advice, toll-free telephone quit lines, text messages, individualized and group sessions with specialists, cessation clinics, substitution therapies, and nicotine replacement therapies. The available evidence indicates that primary health care facilities can be a potentially useful and less expensive setting for implementing rapid interventions that can reach the majority of people who use tobacco *(4)*, an approach that is in line with the recent PAHO Initiative to Scale Up and Accelerate Integration of Comprehensive NCD Services in Primary Health Care 2023–2030 *(22)*. There is also evidence demonstrating the positive return on investments made in tobacco cessation strategies and interventions *(42)*.

24. Meeting the goal of significantly reducing mortality and the burden of disease from tobacco use in the short and medium terms will require countries to work not only to prevent tobacco use but also to persuade the majority of people who use tobacco to quit. This goal can be met and impact can be maximized if population-based tobacco control policies (described in the other strategic lines of action) are complemented by interventions that help people quit tobacco use. For example, bans on

tobacco use in public spaces and workplaces, advertising bans, and price increases facilitate abstinence and prevent triggers that can lead to relapse.

Objective 3.1: Provide quality comprehensive tobacco cessation services		
Indicator	**Baseline (2022)**	**Target (2030)**
3.1.1 Number of Member States with a national quit line, nicotine replacement therapy, and smoking cessation services with all costs covered[a]	6	12

[a] The aspects assessed in relation to the provision of a full tobacco cessation support services are the following: (1) availability of nicotine replacement therapy with total or partial cost coverage; (2) availability of smoking cessation services in health centers or other primary care facilities, hospitals, or health care professionals' offices, or in the community, with full or partial cost coverage; (3) availability of a free national quit line (or a mobile application).

Strategic Line of Action 4: Ratification of the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products

25. The response to this global epidemic must be universal, collaborative, multisectoral, and based on national and international cooperation strategies, and it is therefore important that Member States ratify the FCTC. The Convention is the first international public health treaty to be negotiated under the auspices of WHO. It was adopted unanimously in 2003 and entered into force in 2005. The FCTC has given a new legal dimension to international cooperation on health issues and is today one of the most widely accepted treaties in the history of the United Nations *(43)*. The Convention includes mechanisms to reduce both supply of and demand for tobacco products and is also one of only three international treaties referred to in the Sustainable Development Goals and their related targets.

26. The Protocol to Eliminate Illicit Trade in Tobacco Products is the first and only protocol to the FCTC and is a new international treaty in its own right. It was adopted in 2012 and came into force in 2018. Illicit trade in tobacco products poses a serious threat to global public health, as it undermines tobacco control policies, makes tobacco products more affordable, reduces government revenues, and, at times, contributes to the financing of criminal activities. With a view to preventing illicit trade, the Protocol aims to protect the tobacco product supply chain through a series of measures to be implemented by governments *(4)*.

27. This strategic line of action seeks to ensure that States ratify legally binding treaties that establish the basis for the adoption of effective measures for the prevention and control of tobacco and nicotine addiction, that impose obligations on States to protect the right of everyone to the enjoyment of the highest attainable standard of health, that raise national standards to international levels, and that ensure the participation of States in the forums in which relevant global policy decisions are made to address the tobacco epidemic and related emerging issues.

Objective 4.1: Achieve ratification of the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products		
Indicator	**Baseline (2022)**	**Target (2030)**
4.1.1 Number of new Member States ratifying the WHO Framework Convention on Tobacco Control (FCTC) or the Protocol to Eliminate Illicit Trade in Tobacco Products[a] during the implementation period of this strategy and action plan	0[b]	6

[a] Because of the legal relationship between the Protocol and the FCTC, a State can only be a Party to the Protocol if it is a Party to the FCTC.

[b] As of 2024, 30 Member States had ratified the FCTC and seven had ratified the Protocol. This baseline will be set at zero in order to be able to count the new States that ratify one or the other treaty during the period of implementation of this strategy and plan of action.

Strategic Line of Action 5: Strengthening Member States' capacity with respect to public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests

28. The interests of the tobacco industry are irreconcilable with the interests and purposes of public health policies, a fact that is recognized in the FCTC, in Article 5.3 *(2, 34)*, and in a growing number of international documents. Member States have also recognized that the interference tactics of the industry and its allies are the main cross-cutting factor hindering the achievement of tobacco control targets *(8, 28)*.

29. This strategic line of action aims to encourage Member States to employ or strengthen measures to prevent interference by the tobacco industry and its allies and to draw attention to the need to monitor various industry tactics, which will make it possible to counter them more effectively—for example, by making it easier to detect and counter the tobacco industry's attempts to circumvent applicable liability regulations or undermine tobacco control efforts through corporate investments or reorganizations, detecting industry interference in public policy-making processes, countering so-called "corporate social responsibility activities", and protecting tobacco-related environmental policies, taking into account that the tobacco industry makes environmental and sustainability claims to cover up the harm it causes *(44)*. The Bureau, in consonance with this strategy and plan of action, will strengthen efforts to systematize these experiences and foster effective sharing of information among Member States.

Objective 5.1: Establish effective mechanisms to prevent interference by the tobacco industry and/or those who work to further its interests		
Indicator	**Baseline (2022)**	**Target (2030)**
5.1.1 Number of Member States that have mechanisms in place for the identification and management of conflicts of interest for government officials and employees with responsibility for tobacco control policies	20	25
5.1.2 Number of Member States that have an observatory to monitor the activities of the industry in order to draw attention to industry strategies and reduce their effectiveness during the period of implementation of the strategy and action plan	0	10

Monitoring and Evaluation

30. Information on the indicators for the first four lines of action has been collected biennially in a systematic and uniform manner for all 35 Member States in the framework of the WHO reports on the global tobacco epidemic. The only new information that will have to be collected is related to the fifth strategic line of action. To that end, the Bureau will add a small number of additional questions to the form used for the WHO reports on the global tobacco epidemic, as was done for the strategy and plan of action on tobacco control for the period 2018–2022. Hence, this strategy and plan of action will not increase the reporting burden on Member States.

31. It is proposed that a midterm review be prepared and presented to the Governing Bodies in 2028, with a final report to be submitted in 2031.

Financial Implications

32. It is expected that Member States will prioritize this issue and allocate resources toward the implementation of this strategy and plan of action, as appropriate, in the context of the post-pandemic recovery. The Bureau will endeavor to mobilize additional resources for the implementation of this strategy to support Member States (see Annex B).

Action by the Executive Committee

33. The Executive Committee is invited to review the information presented in this document, provide any comments it deems pertinent, and consider adopting the proposed resolution presented in Annex A.

Annexes

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Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

174th Session of the Executive Committee
Washington, D.C., 24–28 June 2024

CE174/18

Annex A
Original: Spanish

Proposed Resolution

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2025–2030

The 174th Session of the Executive Committee

(PP) Having reviewed the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025-2030* (Document CE174/18),

Resolves:

(OP) To recommend that the 61st Directing Council adopt a resolution in the following terms:

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2025–2030

The 61st Directing Council,

(PP1) Having reviewed the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030* (Document CD61/__),

(PP2) Recognizing that tobacco use continues to be one of the greatest threats to global public health and that, in addition to generating a heavy social, economic, and environmental burden for countries, it exacerbates household poverty and increases inequalities;

(PP3) Considering that, while conventional cigarettes remain the most widely used tobacco product, the use of electronic cigarettes is increasing among children and adolescents in some countries;

(PP4) Recognizing that there is abundant evidence and international consensus on how the tobacco epidemic and nicotine addiction should be addressed in a cost-effective manner through the implementation of the mandates of the World Health Organization Framework Convention on Tobacco Control (FCTC), the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol), the decisions taken by the Conference of the Parties to the FCTC and the Meeting of the Parties to the Protocol, the World Health Organization (WHO) MPOWER package guidance, and the best buys for prevention and control of noncommunicable diseases;

(PP5) Recognizing that there are various circumstances that have made it difficult to implement at the national level the national and international mandates and commitments undertaken by Member States to address the issue, but stressing that the common and most important challenge faced by all countries is interference by the tobacco industry and those working to further its interests;

(PP6) Recognizing that the objective of this strategy and plan of action is to accelerate the implementation of the FCTC in the Region by all Member States, whether or not they are States Parties to the Convention;

(PP7) Noting that the Global Action Plan for the Prevention and Control of noncommunicable diseases 2013–2020 and the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 have been extended to 2030, owing to the challenges presented by the COVID-19 pandemic and to ensure coherence and harmonization with the 2030 Agenda for Sustainable Development,

Resolves:

(OP)1. To approve the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030* (Document CD61/__).

(OP)2. To urge Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a) promote the implementation of the objectives and indicators contained in the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030;

b) prioritize the adoption of comprehensive legal measures relating to smoke-free and emissions-free environments, health warnings and plain packaging, and total bans on the advertising, promotion, and sponsorship of tobacco products, in accordance with their constitutions or constitutional principles and adapting to new digital realities, covering both conventional tobacco products and other emerging products;

c) strengthen the use of tobacco tax policies as a means of reducing the affordability of products that are harmful to health; that discourage consumption, especially among lower-income groups; and that provide Member States with an additional source of revenue that can be used to strengthen health and social welfare programs;

d) strengthen primary health care services to increase the coverage, access, availability, and quality of tobacco cessation treatment services, in the context of building stronger and more resilient health systems in the post-COVID-19 pandemic period;

e) consider ratifying the FCTC and the Protocol in order to assume legally binding obligations to protect the right of every person to the enjoyment of the highest attainable standard of health;

f) counter attempts by the tobacco industry and its allied groups to interfere with, delay, hinder, or impede the implementation of tobacco and nicotine addiction control measures aimed at protecting the public health of the population;

g) strengthen their national surveillance systems in order to assess not only the prevalence of tobacco and nicotine use but also the effectiveness of the measures implemented, and to obtain information disaggregated by sex, gender, ethnicity, and other factors, including usage data where possible, and to use this information to develop evidence-based interventions aimed at reducing disparities;

h) take into account the environmental impact of tobacco and the need to strengthen liability regulations for the tobacco industry, ensuring respect for and protection of the human rights of all people.

(OP)3. To request the Director to:

a) provide support to Member States to strengthen national capacities that will contribute to the implementation of the strategy and plan of action and the achievement of its objectives.

b) promote the exchange of information among Member States and partnerships with other international agencies and subregional bodies, and with members of civil society and academia at the national and international levels, including the mobilization of human and financial resources in support of the implementation of this strategy and plan of action;

c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and the challenges faced in the implementation of the plan of action through a midterm review in 2028 and a final report in 2031.

Analytical Form: Programmatic and Financial Implications

1. **Agenda item:** 4.7 - Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030

2. **Responsible unit:** Risk Factors and Nutrition Unit, Department of Noncommunicable Diseases and Mental Health (NMH/RF)

3. **Preparing officers:** Dr. Anselm Hennis and Dr. Rosa Carolina Sandoval

4. **List of collaborating centers and national institutions linked to this Agenda item:**

   WHO Collaborating Centre on Tobacco Control Policy Development (USA-302)

   WHO Collaborating Centre on Tobacco Control Surveillance and Evaluation (USA-307)

   WHO Collaborating Centre for Tobacco Control (BRA-54)

5. **Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:**

   The strategy and action plan will contribute to many of the Agenda's goals and targets, but in particular to Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.

6. **Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020–2025:**

   This strategy and plan of action is in line with the most important regional priorities identified by Member States, which are detailed in Annex C of the PAHO Strategic Plan 2020–2025. Specifically, it addresses the priorities related to access to health services for noncommunicable diseases (NCDs) and mental health conditions (top priority in the highest-level group of priorities) and risk factors for NCDs (second priority in the highest-level group), taking into account that tobacco use is the foremost preventable risk factor for NCDs.

   Specifically, the proposed measures will contribute to the following outcomes:

   > Outcome 5: Access to services for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care for noncommunicable diseases (NCDs) and mental health conditions. Outcome 13: Risk factors for NCDs. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.

7. **Time frame for implementation and evaluation:**

   The proposed Plan of Action will cover the period 2025–2030. A midterm review will be carried out and presented to the PAHO Governing Bodies in 2028, and a final report will be presented in 2031.

8. Financial implications:

a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):

Areas	Estimated cost
Human resources	1 356 000
Training	180 000
Consultants/service contracts	360 000
Travel and meetings	150 000
Publications	10 000
Total	2 056 000

b) Estimated cost for the 2024–2025 biennium (including staff and activities):

The estimated cost for 2025 is US$ 316 000.

c) Of the estimated cost noted in *b)* above, what can be subsumed under existing programmed activities?

The estimated costs in *b)* could be covered by existing voluntary contributions (up to 60%) and by resource mobilization efforts.

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