

E. WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: OPPORTUNITIES AND CHALLENGES FOR ITS IMPLEMENTATION IN THE REGION OF THE AMERICAS

Background

65. In September 2008, the PAHO Directing Council recognized that, notwithstanding some successful experiences in the Region in the area of tobacco control, progress has been uneven and it adopted [Resolution CD48.R2 \(I\)](#).

66. The references to this Resolution note with concern the increase in smoking among youth in some countries of the Region. Considering the aspect of gender, the main issue of the last World No Tobacco Day was tobacco marketing targeting women, the purpose of which was to raise awareness among governments about the growing smoking epidemic among women.

Progress Report

Regarding point 1(a) of the Resolution

Ratification of the Framework Convention on Tobacco Control (FCTC)¹

67. Suriname and Bahamas ratified the Convention, bringing the number of States Parties to 27 (77% of the total PAHO Member States).

Implementation of FCTC Measures

Price- and tax-related measures to reduce the demand for tobacco – Article 6

68. Although several countries (Bahamas, Brazil, Colombia, Guyana, Jamaica, Mexico, Nicaragua, Suriname, Trinidad and Tobago, and Uruguay) increased tobacco taxes, none ensured that they represent 75% of the retail price of tobacco products. At present, only three countries in the Region (Chile, Cuba, and Venezuela) have achieved this goal.

¹ Table 1 shows the status of ratification of the Framework Convention on Tobacco Control (FCTC) in the Americas. The information provided is updated to 12 July 2010.

Protection from exposure to tobacco smoke – Article 8

69. Six countries (Canada, Colombia, Guatemala, Paraguay, Peru, and Trinidad and Tobago) joined the nations that have national or subnational legislation covering over 90% of the population that bans smoking in all enclosed public areas and work places, without exception. With Uruguay and Panama, this brings the total number of countries in the Region that are 100% smoke-free to eight. Conference of the Parties (COP) guidelines recommend that Article 8 be implemented within five years of the Convention's entry into force in each Party in December 2010; in six States Parties, this deadline will come and go without their having met this goal.

Packaging and labeling of tobacco products – Article 11

70. Six countries in the Region (Bolivia, Colombia, Mexico, Paraguay, Peru, and the United States) adopted regulations banning the use of misleading labels. They also required the use of pictorial warnings that occupy more than 30% of the main surfaces of tobacco product packaging. These six countries join the six pioneers (Brazil, Canada, Chile, Panama, Uruguay, and Venezuela), and Jamaica and Cuba (this last country is not a Party to the FCTC, therefore is not legally bound by it) that do not include images but meet the basic requirements of the FCTC, for a total of 14 countries that already comply with this measure. Furthermore, the Convention establishes a three-year period from the date the Convention enters into force for each Party as the deadline for compliance with this article. For 11 States Parties, this period will expire in December 2010 without their having met the article's minimum requirements.

Tobacco advertising, promotion, and sponsorship – Article 13

71. Colombia became the second country in the Region, after Panama, to pass a comprehensive law banning all forms of tobacco advertising, promotion, and sponsorship. Again, the Convention establishes a period of five years from the date the Convention enters into force for each State Party for implementation of this article. For 10 States Parties, this period will expire in December 2010 without their having fully complied with the provisions of this article.

Table 1: Status of WHO Framework Convention on Tobacco Control (FCTC) Ratification in the Americas

Country	Ratification Date	Country	Ratification Date	Country	Ratification Date
Mexico	28 May 2004	Brazil	3 November 2005	Costa Rica	21 August 2008
Panama	16 August 2004	Saint Lucia	7 November 2005	Suriname	16 December 2008
Canada	26 November 2004	Guatemala	16 November 2005	Bahamas	3 November 2009
Trinidad and Tobago	19 August 2004	Belize	15 December 2005	Argentina	Not a Party
Uruguay	9 September 2004	Antigua and Barbuda	5 June 2006	Cuba	Not a Party
Peru	30 November 2004	Venezuela	27 June 2006	Dominican Republic	Not a Party
Honduras	16 February 2005	Dominica	24 July 2006	El Salvador	Not a Party
Chile	13 June 2005	Ecuador	25 July 2006	Haiti	Not a Party
Jamaica	7 July 2005	Paraguay	26 September 2006	Saint Kitts and Nevis	Not a Party
Bolivia	15 September 2005	Grenada	14 August 2007	Saint Vincent and the Grenadines	Not a Party
Guyana	15 September 2005	Nicaragua	9 April 2008	United States of America	Not a Party
Barbados	3 November 2005	Colombia	10 April 2008		

Regarding point 1(b) of the Resolution

72. PAHO has facilitated the sharing of experiences among countries to achieve implementation of the provisions of the Convention and facilitated technical cooperation agreements among countries.

Regarding point 1(c) of the Resolution

73. There has been no significant progress on this point. In the vast majority of countries, there is still no intra- and interministerial unit to coordinate implementation of the FCTC, and when one does exist, it is rather weak. PAHO should play a more active role at the national level in helping the Region's ministries of health create or strengthen their coordinating units and in getting other relevant players involved.

Regarding point 1(d) of the Resolution

74. Some subregional integration bodies, such as MERCOSUR and CARICOM, have made considerable progress by putting the issue of tobacco control—specifically, discussions on the Convention and its effective implementation in their subregions of influence—on their agendas.

Regarding point 1(e) of the Resolution

75. There has been no significant progress on this point. PAHO should play a more active role at both the regional and national level in efforts to fund opportunities and support the preparation of proposals toward this end.

Regarding point 2 of the Resolution

76. Seeking to make technical and financial support for Member States more effective and efficient, PAHO has promoted the articulation of partnerships and engaged in a coordinated effort with international and regional partners in the field of tobacco control. One example of this is the joint work with the Campaign for Tobacco-free Kids (CTFK) in Costa Rica, Guatemala, and Peru to push for the passage of tobacco control legislation and with the Inter-American Heart Foundation in El Salvador to promote ratification by that country of the Framework Convention on Tobacco Control (FCTC).

77. Furthermore, within the context of negotiations for the drafting of a Protocol on Illicit Trade in Tobacco Products (established within the framework of the FCTC), PAHO has worked with the FCTC Secretariat in fostering coordination between the health sector and sectors such as the economy, finance, and customs in the States Parties.

78. It is important to point out that tobacco industry opposition is what is behind the slow progress. This opposition hinders all processes before, during and even after legislation has been passed. It bears noting that, in order to achieve significant progress in the Region, in addition to political will in the Member States, it will be necessary to join forces with civil society and other partners to take the appropriate action to curb the influence of the tobacco industry in the Region. To this end, the recommendations of Article 5(3) of the FCTC should be taken into account.

Reference

1. Pan American Health Organization. WHO Framework Convention on Tobacco Control: Opportunities and Challenges for Its Implementation in the Region of the Americas (Resolution CD48.R2) [online], 48th Directing Council, 60th Session of the WHO Regional Committee for the Americas; 2008 29 Sept.-Oct.. 3; Washington, D.C.: PAHO; 2008 [cited 16 April 2010]. Available at: <http://www.paho.org/english/gov/cd/cd48.r2-e.pdf>.