PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

48th DIRECTING COUNCIL
60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

Provisional Agenda Item 4.8

CD48/12 (Eng.)
21 August 2008
ORIGINAL: SPANISH

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

Justification

1. Of all the regions of the World Health Organization (WHO), the Region of the Americas has the lowest percentage of Member States (68%)* that have ratified the WHO Framework Convention on Tobacco Control (FCTC).[1] In the other regions, the percentage of States Parties to the Convention ranges from 78% in AFRO to 100% in WPRO.* Implementation of the measures in the treaty has been slow.

Background

2. Smoking is the world's leading cause of preventable death[2] and is responsible for roughly 1 million deaths annually in the Americas. It is a risk factor for six of the eight leading causes of death, and it is the only legal product that kills from one-third to one-half of those who use it. However, smoking not only harms the smoker; there is sufficient scientific evidence that exposure to second-hand smoke causes illness and death in nonsmokers as well.

3. According to the Global Youth Tobacco Survey,[3] the percentage of adolescents aged 13 to 15 who smoke is around 20% in many countries of the Region. More troubling still is the fact that a percentage of adolescents who are currently nonsmokers indicate

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* To 8 August 2008.

1 Full text of FCTC available online: http://www.who.int/tobacco/framework/WHO_fctc_english.pdf

2 WHO Report on the Global Tobacco Epidemic 2008. The MPOWER Package. pg 8.

3 *Youth and Tobacco in Latin America and the Caribbean. Results from the Global Youth Tobacco Survey,* http://www.paho.org/English/AD/SDE/RA/emtj_eng_06062006.pdf.

that they will "definitely" or "probably" be smoking next year or will smoke if a friend offers them a cigarette. This, combined with the aggressive advertising of the tobacco industry, which targets mainly young people, reveals that the future of this group in the Region is in serious jeopardy.

4. Smoking has spread worldwide, and this phenomenon will continue, especially in developing countries, due to a combination of low prices, aggressive advertising, the public's lack of knowledge about the extent of the harm caused by smoking, and inconsistent public policies to control it. The WHO FCTC was drafted specifically to address the globalization of the smoking epidemic.

Analysis: Status of the WHO FCTC in the Region

5. The WHO FTCT is the first international public health treaty to be negotiated under the auspices of WHO. It entered into force and became binding on 27 February 2005, 90 days after the 40th country ratified it. To date, it has been ratified by 157 countries* worldwide, 24 of them from the Region of the Americas.[4] Eleven countries in the Region, however, have not yet ratified it: Argentina, Bahamas, Costa Rica,[5] Cuba, Dominican Republic, El Salvador, Haiti, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, and the United States of America.

6. Regarding implementation of the measures contained in the FCTC,[6] great strides have been made in recent years in the passage of measures regulating the packaging and labeling of tobacco products (Art 11 of the WHO FCTC). In the past three years, countries such as Chile, Jamaica, Panama, Uruguay, and Venezuela have banned the use of deceptive terms such as "light" or "smooth" that create the false impression that one tobacco product is less harmful than another, and they have required that warnings occupy no less than 30% of the package surface. These countries have joined Canada and Brazil, pioneering nations that have had this type of regulation in place for many years. Other countries such as Ecuador and Mexico have made progress with regulations in this area, although they do not yet fully meet FCTC standards. The deadline for compliance with this article is three years from the date the WHO FCTC went into effect in each State Party. For the vast majority of countries in the Region, the deadline falls between 2008 and 2009.

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[4] http://www.who.int/tobacco/framework/countrylist/en/index.html.

[5] Ratification approved by Congress, pending deposit of the ratification instrument in the United Nations.

[6] WHO Report on the Global Tobacco Epidemic 2008. The MPOWER Package. pg 8, and questionnaires from the GTCR.

7. Progress has been made in the creation of smoke-free environments. Panama and Uruguay are the only countries in the Region with totally smoke-free indoor environments, having enacted legislation totally banning in all public areas and workplaces, including bars and restaurants. At the subnational level, Canada and the United States have made great advances in this area, such that today, 80% of the Canadian population and 50% of the U.S. population lives in smoke-free jurisdictions. The same holds true for Argentina's Córdoba, Santa Fe, and Tucumán provinces.

8. Notwithstanding, a highly effective measure where significant progress has yet to be made in the Region is raising taxes on tobacco products and requiring that the revenues be allocated to specific ends such as tobacco control programs, the prevention of chronic diseases, or health promotion. To date, only one Member State levies taxes on tobacco that represent more than two-thirds (66%) of the final sale price to the public, and only a minority of the States have regulations allocating tax revenues from tobacco products to specific ends.

9. In 2007 the Bloomberg Family Foundation launched the Bloomberg Global Initiative to reduce tobacco consumption, targeting the 15 countries with the highest number of smokers in absolute terms. The participating countries in the Region are Brazil and Mexico. This is an excellent opportunity to advance the tobacco control agenda in these two countries.

10. As part of the Bloomberg Global Initiative, early this year WHO launched the MPOWER[7] package, a series of measures that provides a clearly delineated roadmap for helping the countries meet the obligations assumed on ratification of the WHO FCTC and, in general, for assisting all countries, Parties or Non-parties to the Convention, in combating the smoking epidemic and thus saving millions of human lives.

The WHO FCTC Package of Six Key Measures and the Roadmap Created by the MPOWER Package

a) *Keep track of the epidemic and the policies to combat it: set up surveillance and monitoring systems and a national coordinating unit.* This is essential for governments, opinionmakers, and civil society to develop tobacco control policies, build capacity for effective implementation and enforcement of the

[7] WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. http://www.who.int/tobacco/mpower/en/ **MPOWER**= acronym for the six key measures for tobacco control. **Monitor=** Monitoring tobacco use and prevention policies. **Protect:** Protect the population from second-hand tobacco smoke; **Offer=** Offer help to quit smoking; **Warn**= Warn about the dangers of smoking; **Enforce**= Enforce bans on the advertising, promotion, and sponsorship of tobacco products; **Raise** = Raise taxes on tobacco products.

policies, and monitor their efficacy. Good monitoring systems should track a number of indicators, including:

- the prevalence of smoking
- the impact of the measures implemented
- tobacco industry marketing and lobbying

b) *Protect the population from tobacco smoke: Ban smoking in all enclosed public spaces and workplaces.* Scientific evidence shows that there is no safe level of exposure to second-hand tobacco smoke. The Conference of the Parties to the FCTC[8], the International Agency for Research on Cancer[9] of WHO, the Surgeon General of the United States[10] and the United Kingdom's Scientific Committee on Tobacco and Health[11] all concur that exposure to second-hand smoke contributes to a wide range of diseases in adults and children, including heart disease, cancer, and sudden infant death syndrome. The only effective measure for protecting the population from second-hand smoke is a total ban on smoking in enclosed public places and workplaces. Neither ventilation nor the separation of smokers and nonsmokers is effective. Therefore, WHO and the COP have formulated specific recommendations[12] and guidelines[13] for implementing this measure. There is growing scientific evidence of the rapid health benefits of smoke-free environments, chiefly in terms of a decline in the incidence of acute cardiovascular events and respiratory problems.[14, 15]. Finally, it is important to point out that, contrary to tobacco industry claims, these measures do not harm business in bars and restaurants.[16]

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[8] http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_17P-en.pdf. Last accessed on 7 April 2008.

[9] http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf. Last accessed on 7 April 2008.

[10] http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf. Last accessed on 7 April 2008.

[11] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4101475.pdf. Last accessed on 7 April 2008.

[12] http://www.who.int/tobacco/resources/publications/wntd/2007/pol_recommendations/en/index.html Last accessed May 2008.

[13] http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_7-sp.pdf Last accessed May 2008.

[14] Patrick Goodman1 , Michelle Agnew2, Marie McCaffrey3, Gillian Paul4, and Luke Clancy5Effects of the Irish Smoking Ban on Respiratory Health of Bar Workers and Air Quality in Dublin Pubs AJRCCM Articles in Press. Published on 4 January 2007 as doi:10.1164/rccm.200608-1085OC.

[15] Carl Bartecchi, Robert N. Alsever, Christine Nevin-Woods, William M. Thomas, Raymond O. Estacio, Becki Bucher Bartelson and Mori J. Krantz Reduction in the Incidence of Acute Myocardial Infarction Associated with a Citywide Smoking Ordinance DOI: 10.1161/CIRCULATIONAHA.106.615245.

[16] Scollo M et al. Review of the quality of studies on the economic effects of the smoke-free policies on the hospitality industry. Tob. Control 2003, 14 (2):73-74.

c) *Help people who want to quit smoking: Offer smoking-cessation services.* The nicotine in tobacco is a highly addictive drug. Among smokers who are aware of the dangers, three out of four want to quit smoking, but as with most addictions, the majority find it difficult to quit. While prevention is fundamental, it should be recalled that the heaviest burden of mortality in the short and medium term will be among people who currently smoke. Any tobacco control program should therefore include three types of basic interventions:

- smoking-cessation counseling in primary care services;
- free, easy-to-access telephone hotlines for quitting;
- access to inexpensive pharmacologicall therapies.

d) *Warn the population about the dangers of smoking: Require strong pictorial health warnings.* Many people do not know that there is no such thing as a minimum level of smoking that is not harmful to health, since the same cannot be said for other risk behaviors. Most smokers know that lung cancer is linked with smoking but are unaware of its association with other diseases. such as heart attack, chronic respiratory disease, and other types of cancer. For the tobacco industry, packaging is an important medium for communicating with its customers, especially the tighter the restrictions on advertising and promotion. The experience in countries like Brazil and Canada, which years ago adopted graphic illustrations, shows that more than half of smokers in the two countries have thought more about the health consequences of smoking or have changed their attitude about it as a result of the warnings. In Brazil, 67% of smokers say that the warnings have made them think about quitting, and in Canada, 27% of smokers smoke less in their homes now that they know about the danger to others.[17]

e) *Protect the population from tobacco advertising, promotion, and sponsorship.* Selling a product that kills as many as half of its users requires extraordinary marketing skills. Publically, the tobacco industry claims that its marketing efforts are not geared to attracting new consumers but to obtaining a greater share of the market, a claim that is contradicted by internal documents subpoenaed by the courts. The message of this year's World No Tobacco Day focuses precisely on this: ban all promotion of tobacco products to protect young people from this threat. To be effective, the ban must be comprehensive and include all forms of advertising, publicity, and sponsorship of tobacco products in any medium.

[17] http://www.paho.org/spanish/ad/sde/ra/tab_paq_principal.htm Last accessed May 2008.

National studies have shown that when there is a complete ban on tobacco advertising, consumption drops by as much as 16%.[18,19,20]

f) *Reduce the accessibility of tobacco, mainly for youth: Raise taxes.* Raising the tax on tobacco is one of the most effective ways of reducing smoking, especially among youth and the poor. Allocating the revenues from such taxes to tobacco control programs and/or other social or health programs further increases the popularity of this measure and offsets any "regressive" effects that could be attributed to it. In the past, it was thought that addictive nature of tobacco would cause smokers to keep smoking to the same extent, no matter what the price of the product. However, more and more studies show that the demand for tobacco is heavily influenced by prices. In general, it can be said that in middle- and low-income countries, a 10% increase in prices, will produce an 8% drop in consumption. Contrary to tobacco industry claims, this drop in consumption will not reduce fiscal revenues, nor will higher prices necessarily lead to an increase in the smuggling of these products.[21] This has been confirmed in countries around the world, with studies conducted in at least six countries in the Americas.[22]

Action by the Directing Council

11. After it examines the report, the Directing Council is requested to consider the recommendations issued by the 142nd Session of the Executive Committee in Resolution CE142.R11 (see Annex B).

Annexes

[18] Smee C et al. Effect of tobacco advertising on tobacco consumption: a discussion document reviewing the evidence. London. Economic and Operational Research Division, Department of Health, 1992. Cited in WHO, Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. http://www.who.int/tobacco/mpower/en/.

[19] Country profiles. Fifth WHO Seminar for a Tobacco-Free Europe. WHO Regional Office for Europe Warsaw, 26-28 October 1995 WHO Report on the Global Tobacco Epidemic, 2008. Cited in The MPOWER Package. http://www.who.int/tobacco/mpower/en/

[20] Jha, P, Chaloupka FJ. Curbing the Epidemic: governments and the economics of tobacco control. Washington DC World Bank, 1999 . Cited in WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. http://www.who.int/tobacco/mpower/en/

[21] Curbing the epidemic cit up supra Chapter 4

[22] http://www.paho.org/Spanish/AD/SDE/RA/tab_estudios_Mercosur.htm. Last accessed on 7 April 2008.

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD48/12 (Eng.)
Annex A

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

1. Agenda Item: 4.8	**2. Agenda Title:** WHO Framework Convention on Tobacco Control: Opportunities and Challenges for Its Implementation in the Americas

3. Responsible Unit: SDE, Tobacco Control Team

4. Preparing Officers: Adriana Blanco and Rosa Sandoval

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

1. Johns Hopkins Bloomberg School of Public Health, Institute for Global Tobacco Control (USA)
2. University of California at San Francisco, Center for Tobacco Control, Research and Education (USA)
3. Centers for Disease Control and Prevention, Office of Smoking and Health (USA)
4. Instituto Nacional de Cancer (INCA) (Brazil)

Other partners:

1. Bloomberg Philanthropies through WHO Tobacco-Free Initiative
2. Campaign for Tobacco-Free Kids and The World Lung Association (Partners of WHO to implement the Bloomberg Global Initiative to reduce Tobacco Use).

6. Link between Agenda item and Health Agenda of the Americas:
Areas of Action: A Health Agenda for the Americas:

Mainly:

- Item (e) Paragraphs 58 and 59

Also

- Item (a) Paragraphs 36 and 37
- Item (b) Paragraphs 40 and 41

7. Link between Agenda item and Strategic Plan 2008-2012:
Mainly:
SO 6.3 (6.3.1, 6.3.2, 6.3.3, 6.3.4)
SO 6.2 (6.2.3)
SO 6.1 (6.1.1)
SO 3.6 (3.6.5)

Also,
SO 2.6 (2.6.1)
SO 8.2 (8.2.1)

8. Best practices in this area and examples from other countries within AMRO:

1. 23 Member States have ratified the WHO FCTC.
2. Some counties have important progress in implementing its provisions:
    a. Uruguay has implemented smoke free environments, packaging and labeling of tobacco products, bans of advertisement, promotion and sponsorship.
    b. Brazil in packaging and labeling of tobacco products, bans of advertisement, promotion and sponsorship and national coordination unit for tobacco control.
    c. Canada and USA in smoke-free environments (although at State level) and Canada also in packaging and labeling of tobacco products
    d. Chile, Jamaica, and Panama in packaging and labeling of tobacco products
    e. Argentina provinces (Santa Fe, Córdoba and Tucumán) in smoke-free environments

9. Financial implications of Agenda item:

1. Ministries of health to allocate funds to set up a minimal unit or focal point (full time) to work exclusively on tobacco control and on the implementation of WHO FCTC mandates.
2. Needed funds can come from increasing tobacco taxes and earmarking them. This is win-win situation: it reduces tobacco consumption and provides funds for strengthening tobacco control.
3. Additional resources to those already included in PB 08-09 and SP 08-12 are being mobilized directly and through WHO.

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

142nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 23-27 June 2008

CD48/12 (Port.)
Annex B

ORIGINAL: SPANISH

RESOLUTION

CE142.R11

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

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the document presented by the Director, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas* (Document CE142/23);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned at the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control; and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties to keep striving to incorporate the measures of the Convention into their national legislation,

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas* (Document CD48/12);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned at the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control; and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties to keep striving to incorporate the measures of the Convention into their national legislation,

RESOLVES:

1. To urge Member States to:

a) Consider ratification of the WHO Framework Convention on Tobacco Control if they have not yet done so and, regardless of their status as Parties or Non-parties

to the Convention, to consider implementing, when appropriate, the WHO MPOWER package of six key measures contained therein;

b) Share successful experiences on tobacco control related to the ratification and States Parties' implementation of the measures in the Convention through existing bodies such as the Convention Secretariat;

c) Where appropriate, create or strengthen a national coordinating unit responsible for the intra- and interministerial coordination necessary to implement the Convention, as outlined in Article 5, General Obligations of the WHO Framework Convention on Tobacco Control;

d) Promote the subregional integration agencies to put tobacco control on their agenda and actively participate in the Ibero-American Network for Tobacco Control and existing English-speaking networks;

e) Take advantage of new financing opportunities from private donors to support tobacco control initiatives in the Region.

2. To request the Director to support the coordination of intersectoral partnerships and the call to international financial partners to support implementation of the WHO Framework Convention on Tobacco Control and, specifically, the WHO MPOWER package of six key measures, as appropriate, in all countries of the Region, regardless of their status as a Party or Non-party to the Convention.

(Ninth meeting, 27 June 2008)

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

48th DIRECTING COUNCIL

60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48/12 (Eng.)
Annex C

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Directing Council

1. Resolution: WHO Framework Convention on Tobacco Control: Opportunities and Challenges for Its Implementation in the Americas
2. Linkage to program budget **Area of work** SDE **Expected result** SO6
3. Financial implications: There are no new financial implications for the development of the proposed actions, unless Member States request a more active participation of the Secretariat on tobacco control. **a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US$ 10,000; including staff and activities):** **b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US$ 10,000; including staff and activities):** **c) Of the estimated cost noted in (*b,)* what can be subsumed under existing programmed activities?**
4. Administrative implications **a) Implementation locations (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):** All levels (HQ

and country offices

b) Additional staffing requirements (indicate additional required full-time staff equivalents, and required skills profile): There are no new staffing requirements for the development of the proposed actions, unless Member States request the Secretariat's additional involvement in promoting tobacco control.

c) Time frames (indicate broad time frames for the implementation and evaluation): End of 2008-2009 biennium.

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