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NEWS AND NOVEL PROGRAMS

WHO Framework Convention on Tobacco Control and the United Nations' High Level Meeting on NCD

Progress and Global Expectations

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TOBACCO USE AND NCD

Noncommunicable diseases (NCD) are now the leading cause of death and disability worldwide and are projected to cause over three-fourths of all deaths by 2030 [1,2]. Cardiovascular diseases account for the majority of the NCD-related deaths under the age of 70 years (39%), followed by cancers (27%), and together with chronic respiratory disease and diabetes are responsible for almost 80% of deaths caused by NCD. As approximately 44% of all NCD-related deaths occur before the age of 70 years, premature deaths and resultant loss of productivity are concerns worldwide. Four of five NCD-related deaths now occur in low- and middle-income countries (LMIC) [3].

The main risk factors for NCD are tobacco use, unhealthy diet, harmful consumption of alcohol, and lack of physical activity. These factors cause more than two-thirds of all new cases of NCD and increase the risk of NCD complications [4]. Tobacco is the single risk factor common to the 4 major NCD, causing 1 in 6 of all NCD deaths. Tobacco use has fallen in many high-income countries, at least in men, but is now rising rapidly in many LMIC. Tobacco-related deaths are projected to decline by 9% between 2002 and 2030 in high-income countries, but unless stronger action is taken now, they will double from 3.4 million to 6.8 million in LMIC by 2030 [2].

Effective tobacco-control policies reduce NCD: cardiovascular diseases and respiratory diseases decrease first, followed by cancers and other diseases. Healthcare costs are reduced and productivity is increased. For instance, reduction in exposure to tobacco smoke, both direct and secondhand, will reduce the burden of cardiovascular diseases within 1 year [5,6]. As the Lancet Group on NCD pointed out, the response to the crisis is to lower the prevalence of the major risk factors through population-wide methods. Tobacco control and salt reduction are the top priorities, tobacco control being the foremost [7]. Full implementation of the Framework Convention on Tobacco Control (FCTC) would avert 5.5 million deaths over 10 years in 23 LMIC with a high burden of NCD [8].

SOCIOECONOMIC IMPLICATIONS OF TOBACCO USE

Tobacco use poses a heavy burden to the individual and society as a whole. Tobacco use is the highest among the lower income groups and money spent on tobacco is money not spent on basic needs such as food, shelter, healthcare, and education [9]. Recent studies carried out in Africa, Asia, and Latin America on the linkages between tobacco and poverty consistently found that smokers spend more on tobacco than on education, water, food, and healthcare [10]. The studies found that in Mexico the poorest smokers spend an average of 175 pesos per month (according to prices in Mexico in 2010, approximately US$13) , which is the equivalent of about 3 days of minimum wage salary, on tobacco in 2010; and in Vietnam, the poorest tobacco-using households spent 1.6× more on cigarettes than on healthcare and 2.2× more than on education.

The poor also carry the heaviest economic burden as healthcare costs and lost productivity

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due to tobacco-related illness are proportionally higher for them and pose a heavier burden on low-income households [11–13].

Countries also suffer economic losses as a result of both increasing healthcare costs and lost productivity resulting from tobacco use and NCD, premature deaths, and morbidity. The Tobacco Atlas [14] found that the direct costs of smoking in India, Nigeria, South Africa, and Argentina are US$1,195 million, US$591 million, US$127 million, and US$2,200 million, respectively. These costs do not take into consideration the indirect costs of smoking, such as losses in labor and savings and environmental harm. The Oxford Health Alliance found that in 1995 costs associated with tobacco use in China accounted for 1.5% of the gross domestic product [15]. A recent paper by the alliance [15] suggested that the loss of productivity and savings resulting from the incidence of diabetes, heart disease, and stroke are expected to lead to a loss of economic output of US$4.18 billion in Brazil between 2006 and 2015. The burden of tobacco use and NCD to individuals and society are thus already a reality, and countries and healthcare systems will be faced with new challenges as the burden of NCD increases even as the needs posed by communicable diseases continue.

UN HLM ON NCD

In response to the alarming increase in NCD, the Member States of the United Nations decided in May 2010 to convene a high-level meeting (HLM) of the General Assembly with the participation of heads of state and government, on the prevention and control of NCD in September 2011 [16]. The summit was the second of its kind to address a public health challenge, coming a decade after the UN Special Session on HIV/AIDS in June 2001 [17], indicating the increasing political attention the growing epidemic of NCD was gathering globally. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (PD) consolidates the outcomes of this landmark global event [18].

TOBACCO CONTROL AND THE UN HLM ON NCD

Tobacco control has the benefit of evidence-based, population-wide approaches that are highly feasible, cost-effective, and proven effective in reducing tobacco use in diverse settings with immediate and positive effect in the short term [19–21]. It is further augmented by an international, legally binding treaty, the World Health Organization (WHO) FCTC adopted by the Member States of the WHO in 2003 [22]. The treaty entered into force in 2005 and delineates the commitments made by governments to address the tobacco epidemic. Nevertheless, implementation of the treaty has yet to gather momentum across the world. Therefore, the HLM was not expected to create new commitments for tobacco control, but it presented an opportunity for heads of states to agree to act on and accelerate the implementation of obligations already made under the treaty through renewed political will, resources, and international cooperation [23,24].

The FCTC negotiations and treaty implementation have helped mobilize the public health community within governments and outside of them to address the tobacco epidemic. Nevertheless, the development and implementation of some of the tobacco-control policies go beyond the scope of Ministries of Health. For instance, the development of implementation guidance to parties on articles pertaining to tax and price measures (Articles 6 and 7), control of illicit trade of tobacco products (Article 15), developing alternative livelihood options for tobacco farmers and retailers (Articles 17 and 18), and liability of tobacco firms (Article 19) require participation and inputs from diverse arms of the government such as Ministries of Finance, Customs, Law Enforcement, Agriculture, and Law. Similarly, implementation of the treaty at the national and subnational levels requires involvement and input from a host of nonhealth agencies in the government. These call for a "whole-of-government" approach, with political leadership emerging from the highest offices of governance. Additionally, there are areas of international cooperation, such as with regard to trade, technical, legal, and development assistance, that have implications for the effective implementation of the treaty. The UN HLM was therefore anticipated to provide a unique opportunity for Member States to address FCTC implementation and its challenges at the level of heads of states and governments, involve nonhealth sectors, and develop and promote a whole-of-government approach across sectors and countries.

PROSPECTS OF UN HLM FOR THE FCTC

A UN political declaration is considered to be one of the most powerful tools within the UN system

for promoting international cooperation and global action. In addition to the recognition of, and commitment to global action on NCD, the summit's PD recognized prevention as the "cornerstone" of the response to NCD and made specific commitments to reduce tobacco use.

The declaration:

- Called on UN Member States to accelerate the implementation of FCTC, serving as a timely reminder that could infuse fresh momentum and political will into treaty implementation nationally and globally.
- Highlighted price and tax measures on tobacco products as important and effective in reducing tobacco use providing a timely opportunity to reach out to Ministries of Finance to stimulate national level action, even as parties to FCTC are slated to elaborate draft guidelines on these measures (Article 6 of FCTC—Price and Tax Measures) ahead of the Fifth Conference of Parties (COP-5) in November 2012.
- Reinforced FCTC and asserted the fundamental conflict of interest between the tobacco industry and public health.
- Acknowledged that NCD epidemic constitutes 1 of the major challenges for development in the 21st century, including the Millennium Development Goals.
- Recognized the vicious cycle whereby NCD and their risk factors, including tobacco, worsen poverty, which in turn contributes to the burden from NCD. This recognition is significant in ensuring long-term sustainability of tobacco control in countries.

The declaration also contains 4 major, time-bound follow-up actions for Member States, WHO, and the UN secretary general, among others, and these provide further opportunities to champion FCTC implementation. It:

- Committed governments to establish or strengthen multisectoral national policies and plans on NCD by 2013, providing an opportunity to stimulate FCTC implementation at the national level and requested the secretary general to submit to the General Assembly by the end of 2012 options for strengthening multilateral action for NCD prevention.
- Committed governments, led by WHO, to develop a comprehensive global monitoring framework for NCD, with a set of indicators and voluntary global targets, that could include tobacco-control policy targets by the end of 2012.
- Mandated the UN secretary general to report to the 68th session of the General Assembly (2013 to 2014) on progress achieved in implementing the commitments thereof. Governments need to be encouraged to provide a clear overview of efforts to accelerate FCTC implementation in this report.
- Agreed on a comprehensive review and assessment of progress achieved for 2014. That date needs to be framed as a deadline to assess progress on accelerated FCTC implementation.

In brief, the NCD Summit and its Political Declaration catapulted tobacco control and FCTC onto the priorities of the UN system and the international development agenda. Governments and the civil society now have the opportunity to resource and effectively implement tobacco control.

GLOBAL EXPECTATIONS FROM THE HLM

Fiscal measures. FCTC implementation is a cost-effective investment in public health as reduction in tobacco consumption will reduce the health and socioeconomic burden of all major NCD, while costing as little as US$0.14 per person per year in China, US$0.16 in India, and US$0.49 in Russia [4]. WHO Director-General Margaret Chan called it "the best of the 'best buys'" for saving lives globally [25].

International evidence shows that one of the most cost-effective means to reduce tobacco use and its attendant morbidities are tobacco tax and price measures that reduce affordability and consumer demand, especially among vulnerable populations, such as youths and the poor [26–28]. It is significant that this is recognized by parties to the FCTC (under Article 6) [22] and re-emphasized in the recent PD (¶ 43) [18].

Even though external donor aid is important, the most important source of financing for health and social development lies within the mandate of LMIC themselves [29,30]. Governments can raise significant resources by increasing tobacco excise taxes to the WHO-recommended level of 70% of retail price [31]. This will both save lives and bring in additional revenues that can be allocated for public health and other social development initiatives. The 10-year experience of the Thai Health Promotion Foundation as a sustainable funding mechanism and long-term investment for a healthy nation, based on a dedicated 2% surcharge on tobacco and alcohol taxes, is noteworthy in this regard. In 2011, Thai Health's annual budget amounted to US$100 million [32].

Furthermore, similar to carbon taxes being proposed as a way of addressing climate change or other suggested revenue sources such as taxes on international currency flows and environmental

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and arms trade taxes, tobacco taxes are often viewed as an exercise of tax justice in addressing not only tobacco's harms to global health but also providing significant financial resources to minimize the entire NCD pandemic [33].

WHO's Tobacco Tax Administration Manual (2010) has suggested a global solidarity tobacco contribution, under which countries would raise their tobacco excise taxes and allocate a portion of the increased revenues to global health. WHO estimates that if G20 countries and other members of the European Union implemented the solidarity tobacco contribution, with high-income countries allocating to global health US$0.10 per pack of cigarettes sold, middle-income countries US$0.06, and low-income countries US$0.02, they would generate approximately US$10.8 billion for global health in addition to the health benefits of reduced consumption resulting from increasing tobacco taxes.

The "whole-of-government and whole-of-society effort" that the PD promotes is particularly important in the area of tobacco taxation and fiscal regulation. Although intentionally excluding the tobacco industry (based on its fundamental conflict of interest as recognized in the PD), this holistic approach to the NCD epidemic would imply that taxation and trade are to be considered more than economic tools to raise government revenues; they are important public health instruments, with shared roles and responsibilities for relevant health and nonhealth agencies.

Public health is traditionally considered the ambit of Ministries of Health with minimal involvement or responsibility given to nonhealth agencies. These include the Ministry of Finance, which traditionally is not concerned with the public health objectives of taxation, and the Ministry of Trade, whose policies have significant impacts on tax and fiscal policies and which also often does not consult Ministry of Health counterparts regarding public health impacts of trade and investment agreements, tobacco industry subsidies and tax breaks, and other trade-related policies (e.g., trade in services, intellectual property, and duty-free products) that promote commercial interests to the detriment of public health.

The complex interlinkages between various social sectors and the growing trends in globalization and international cooperation make it critical that the responsibility for public health, as a vital and inherent part of social development, is shared across government ministries. A whole-of-government approach would provide an enabling economic and political environment in which more resources could be made available for public health. An excellent example and opportunity for such collaborative work among finance and health officials is presented by the international guidelines on FCTC Article 6 (tobacco tax and price measures) currently being developed by parties to the FCTC, so that they yield optimal health and fiscal gains through the shared effort.

Tobacco control in the development agenda. Health is a human right recognized by the Universal Declaration on Human Rights. Over the years, various initiatives have emerged to strengthen and coordinate efforts to improve health outcomes in LMIC. However, to date, funding for NCD prevention and control continues to be insufficient to address the needs of LMIC [34] (Table 1).

The UN HLM outcomes offer an opportunity to mobilize commitment from and engagement of countries and development partners to make health

Table 1. Development assistance for health by category, 2001–2007

	2001	2002	2003	2004	2005	2006	2007
HIV, TB, malaria	1,226	1,708	2,217	3,146	4,196	5,063	6,315
Health sector support	14	72	124	215	424	776	937
Other	5,431	5,495	6,383	6,740	7,015	6,270	6,570
Unallocable*	4,237	5,165	4,825	5,266	6,018	6,618	7,687
NCD	NA	NA	NA	238	399	425	503
DAH†	10,907	12,440	13,548	15,604	18,052	19,152	22,013
NCD funding as percentage of overall DAH‡	NA	NA	NA	1.5%	2.2%	2.2%	2.3%

Amounts in US$ millions. Reprinted, with permission, from Nugent and Feigl [34].
HIV, human immunodeficiency virus; NA, not available; NCD, noncommunicable disease; TB, tuberculosis.
* Adjusted to exclude estimated NCD funding.
† Years 2004 to 2007 augmented by investigators' NCD totals.

a priority and to reduce the burden of NCD to society. However, it is now of utmost importance that governments in LMIC take advantage of the opportunities presented and 1) recognize tobacco control as a key contributor to development, 2) integrate tobacco control and NCD prevention into National Development Plans and national health programming, and 3) utilize existing mechanisms and platforms such as those provided by the FCTC to reduce tobacco use and NCD incidence. Governments, donors, and civil society organizations (CSO) should work together to develop a holistic approach that focuses on prevention, implementation of cost-effective interventions already available, and comprehensive policies to reduce the burden of tobacco use. This will involve establishing linkages between tobacco control, health, and other areas of work, such as women's rights and poverty reduction, by increasing coordination between the various relevant ministries, agencies, donors, and CSO, as well as the integration of tobacco-control measures into ongoing programmatic actions and initiatives.

The FCTC provides a platform for action on tobacco control and to reduce the burden of tobacco-related diseases. The Australian government and the European Union have recently announced extrabudgetary contributions to the FCTC secretariat to carry out work on implementation guidelines and needs assessments in LMIC [35,36]. These initiatives are geared to advance and strengthen FCTC implementation in LMIC and stimulate action at the national level.

The needs assessment presents further opportunities to mobilize commitment and leadership at the national level to ensure that tobacco control is included in National Development Plans, mainstreamed into ongoing initiatives on health and poverty reduction, and taken into serious consideration in the forthcoming review of the Millennium Development Goals in 2014. While governments, the FCTC Secretariat, and relevant intergovernmental organizations will play a key role in mobilizing commitment and coordinating initiatives at the national level, CSO can support the process through the provision of expertise. CSO need to also engage with the various relevant ministries and agencies at the national level to raise awareness and build support for the inclusion of tobacco control in National Development Plans, by participating in the process of priority setting, and building the knowledge base on tobacco- and development-related issues.

Preventing tobacco industry interference in NCD initiatives. In the PD, governments have committed to reduce NCD risk factors, create health-promoting environments, and strengthen national policies and health systems and international cooperation, including collaborative partnerships. These are all avenues that the tobacco industry has been known to directly obstruct or indirectly influence [37]. Governments must thus make a conscious effort to actively insulate these processes from such industry interference.

In this regard, a 2005 Global Health Watch report pointed to some key victories of the FCTC: setting precedents for global industry regulation; giving governments the right to put the health of their citizens above commerce; advancing corporate accountability; and affirming the role of civil society in national and international policymaking while barring the industry from similar involvement [38]. At its core is FCTC Article 5.3 that obligates parties to protect their public health policies from the commercial and vested interests of the industry, based on the "fundamental conflict of interest between the tobacco industry and public health," which the PD also clearly recognizes in its 38th paragraph.

As WHO and Member States work together over the next 12 months to create a NCD monitoring framework and set targets and indicators, it will be important to involve public interest nongovernmental organizations not only for their experience and as a way to engage the broader population, but also to safeguard this policy development process from interference by the tobacco industry. At the national policy level, governments need to develop new codes of conduct or strengthen existing ones so that they are consistent with the FCTC Article 5.3 guidelines [39], such as the joint memorandum circular issued by the Philippine Civil Service Commission and Department of Health [40]. Finance, trade, and agriculture ministries, which have clear roles in tobacco industry regulation, must be specially sensitized to the subversive tactics of the industry, which has historically manipulated and abused these business relationships with governments to undermine public health [37]. In the guise of protecting legitimate business and under the cloak of corporate social responsibility, the tobacco industry opposes all government regulation related to excise taxes, public smoking bans, advertising and marketing bans, health warnings, and other effective tobacco-control measures, often spreading misinformation, making dire predictions

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of economic collapse, and even funding health-related research.

RECOMMENDATIONS

The UN Member States have set up deadlines in 2012 and 2014 to report and comprehensively review in the General Assembly, the progress made by Member States in meeting the commitments regarding NCD, including tobacco control. These deadlines could be engaged to stimulate a sense of urgency and in-country implementation of FCTC such as on fiscal and trade measures. The 2014 report will also address the impact of NCD on the achievement of the international development goals such as the Millennium Development Goals. This report presents an opportunity to highlight how tobacco impedes development, to promote tobacco control as a development issue, and to integrate it into National Development Plans. This could in turn facilitate, in particular, developing countries in accessing official development assistance and help channel greater resources to NCD control and, therefore, FCTC implementation assistance.

The UN HLM has called for action on a variety of aspects that are of significance to the future of FCTC. This includes among others HLM's call to set up a global monitoring framework and indicators, to monitor trends, and to assess progress made in the implementation of national strategies and plans on NCD. The COP of the FCTC has set up a reporting mechanism for parties to the treaty. UN Member States need to identify ways to support and complement the existing monitoring framework and avoid overlaps and duplication. It is important that the Fifth Conference of Parties to the FCTC in November 2012 carefully examine the outcomes of the HLM that are relevant to the treaty such as this one and decide to leverage the renewed momentum generated around the treaty at the UN level and create synergies.

A particular area of challenge for the COP has been the mechanisms of assistance, despite continuing efforts and 4 COP decisions to elaborate work in this area [41]. The HLM's commitment to enhance national plans on NCD and the quality of development aid need to be leveraged as opportunities to address the apparent impasse between donor and recipient nations in prioritizing tobacco control and FCTC implementation in aid negotiations.

The HLM has also called for recommendations for voluntary global targets for NCD prevention and control before the end of 2012. Challenging as setting and achieving global targets can be, if done carefully, the targets could drive a sense of urgency and channelize political will and resources to achieve the objective of the FCTC "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" [21].

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