

THE 2030 AGENDA AND TOBACCO CONTROL



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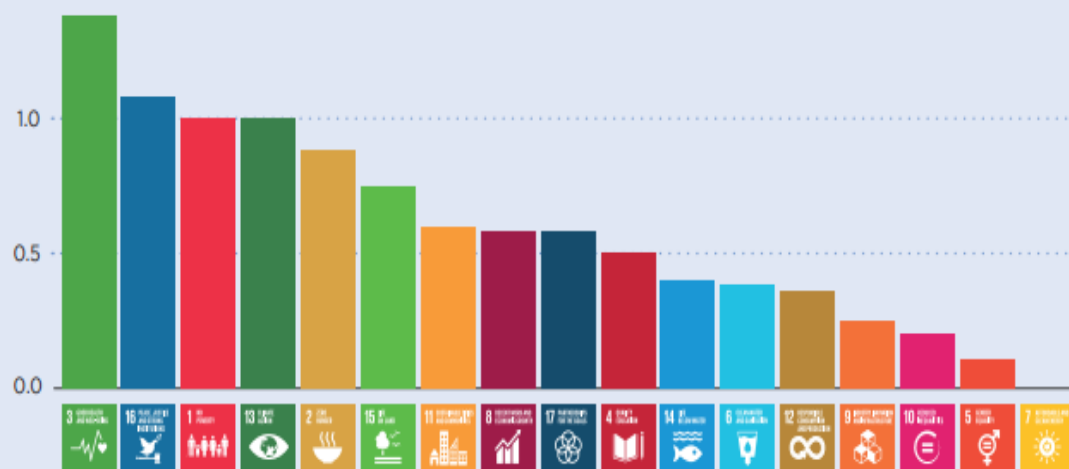
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DISCUSSION PAPER

THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL AN ACCELERATOR FOR SUSTAINABLE DEVELOPMENT



FIGURE 3. WHO FCTC interaction scores (averages) for all 17 goals*



* The average interaction scores were calculated to produce a high-level sense of WHO FCTC-SDG interactions; they are not meant to be prescriptive in terms of where to devote efforts.

TABLE 1. WHO FCTC interactions with the 'non-health' SDGs - summary narrative and key facts¹⁵



Tobacco control can help accelerate poverty alleviation efforts. This is because tobacco use results in premature death and disability, with breadwinners exiting the labour market in the prime of their lives, and caregivers – often women and girls – denied the opportunity to stay in school or productive employment. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures especially for the poor, trapping families in a 'vicious cycle' of poverty and poor health. In every region of the world the poor are those most likely to use tobacco,

have reduced access to critical prevention and treatment services, and endure lower levels of access to education and other health messaging opportunities. Meanwhile, spending on tobacco can divert a significant percentage of household resources from food, education, and other investments which can lift people out of poverty. Pro-poor tobacco control policies can confront the debilitating tobacco-poverty dynamic, especially when combined with adequate social protection and universal health coverage, including access to tobacco cessation support.

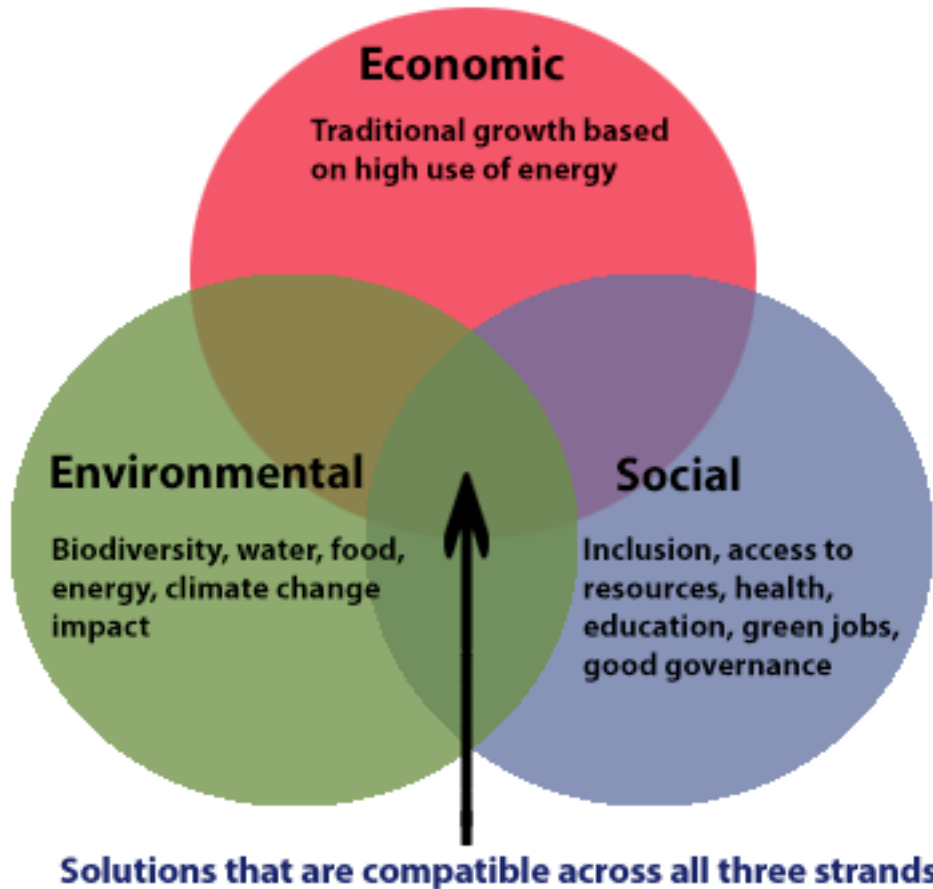
KEY FACTS

- Of the world's one billion smokers, close to 80 percent live in LMICs [14].
- Globally, each year 100 million people are driven into poverty due to out-of-pocket health spending [4].
- In India alone, tobacco consumption impoverished roughly 15 million people in 2004-2005 [64].
- In Thailand, low-income families spend 13.6 percent of their annual income on tobacco products, a proportion five times greater than what high-income Thai families spend [60].
- To purchase ten of the cheapest cigarettes to smoke each day, a smoker in Zambia must expend 18.2 percent of the national median income [53]; in Georgia this number, while smaller, is still a sizable 4.2 percent [54].

17 goals, 169 targets: a 'Forest of Christmas trees'

Goal 1. End poverty in all its forms everywhere	Goal 10. Reduce inequality within and among countries
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
Goal 3. Ensure healthy lives and promote well-being for all at all ages	Goal 12. Ensure sustainable consumption and production patterns
Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all	Goal 13. Take urgent action to combat climate change and its impacts
Goal 5. Achieve gender equality and empower all women and girls	Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
Goal 6. Ensure availability and sustainable management of water and sanitation for all	Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all	Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	

The three “pillars” of sustainable development



The 2030 Agenda is ‘indivisible’ – countries should avoid ‘cherry picking’ goals. It is important to assess the interlinkages across goals and targets.

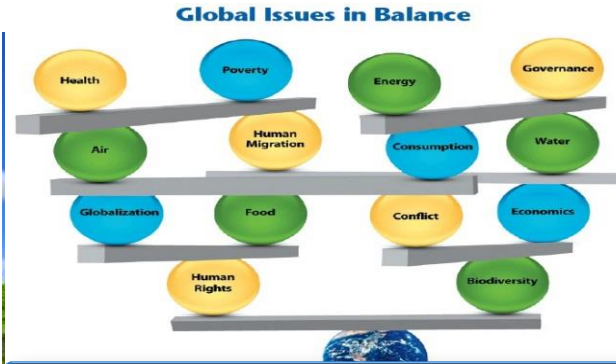
The considered ‘sweet spot’ areas are limited. Countries need to carefully assess the **‘trade-offs’ across goals/targets.**

2030 AGENDA AND THE SDGs



UNIVERSALITY

- Implies that goals and targets are relevant to **all governments and actors**.
- Universality does not mean uniformity. It implies differentiation (What can each country contribute?)



INTEGRATION

- Policy integration means **balancing all three SD dimensions**: social, economic growth and environmental protection
- An integrated approach implies managing trade-offs and maximizing synergies across targets



'NO ONE LEFT BEHIND'

- The principle of '**no one left behind**' advocates countries to go beyond averages.
- The SDGs should benefit all – eradicating poverty and reducing inequalities.
- Promotion and use of disaggregated data is key

ACCELERATING SDG PROGRESS

- Not all goals can be pursued equally and at the same time
- Pursuit of catalytic actions with impacts across multiple SDG targets



- Inspiring cross-sectoral collaboration, **breaking down silos.**
- **Identifying and investing in ‘accelerators’** – intervention areas that can yield multiple dividends
- Identifying the **bottlenecks** limiting progress of development interventions
- **Institutional context analysis** to identify viable policy scenarios

Sustainable Development Goal 3

Contains 13 targets covering:

- ❖ Health MDGs
- ❖ Emerging health priorities (including non-communicable diseases)
- ❖ Means of implementation (including universal health coverage, Framework Convention on Tobacco Control)

3 GOOD HEALTH AND WELL-BEING



Target 3.3 aims to end the epidemics of HIV, TB and malaria

Also includes neglected tropical diseases and other diseases of poverty

Health system strengthening mainstreamed throughout

Two SDG targets on tobacco-control



3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Tobacco control is a development issue

- 1.4 trillion dollars in economic losses each year due to medical expenses and lost productive capacities
- Up to 5 percent of deforestation globally
- 4.5 trillion cigarette butts littered each year
- The poor are more likely to smoke, increasing inequities and deepening poverty
- Tobacco control intersects positively with 67 other targets



Financing the 2030 Agenda: mechanisms in the Addis Ababa Action Agenda

- SDGs price tag – 3.3 to 4.5 trillion dollars per year.
- Shortfall of 2.5 trillion dollars in developing countries.
- Donors not inclined to make this up on their own.



Financing the 2030 Agenda

Financing
mechanisms
in the
Addis Ababa
Action
Agenda



Addis Declaration on Financing for Development

The Conference from 13 to 16 July 2015 in Addis Ababa gathered high-level political representatives, including Heads of State and Government, and Ministers of Finance, Foreign Affairs and Development Cooperation, as well as all relevant institutional stakeholders, non-governmental organizations and business sector entities.

Resolution 69/313 was adopted by the General Assembly on 27 July 2015, including paragraph 32:

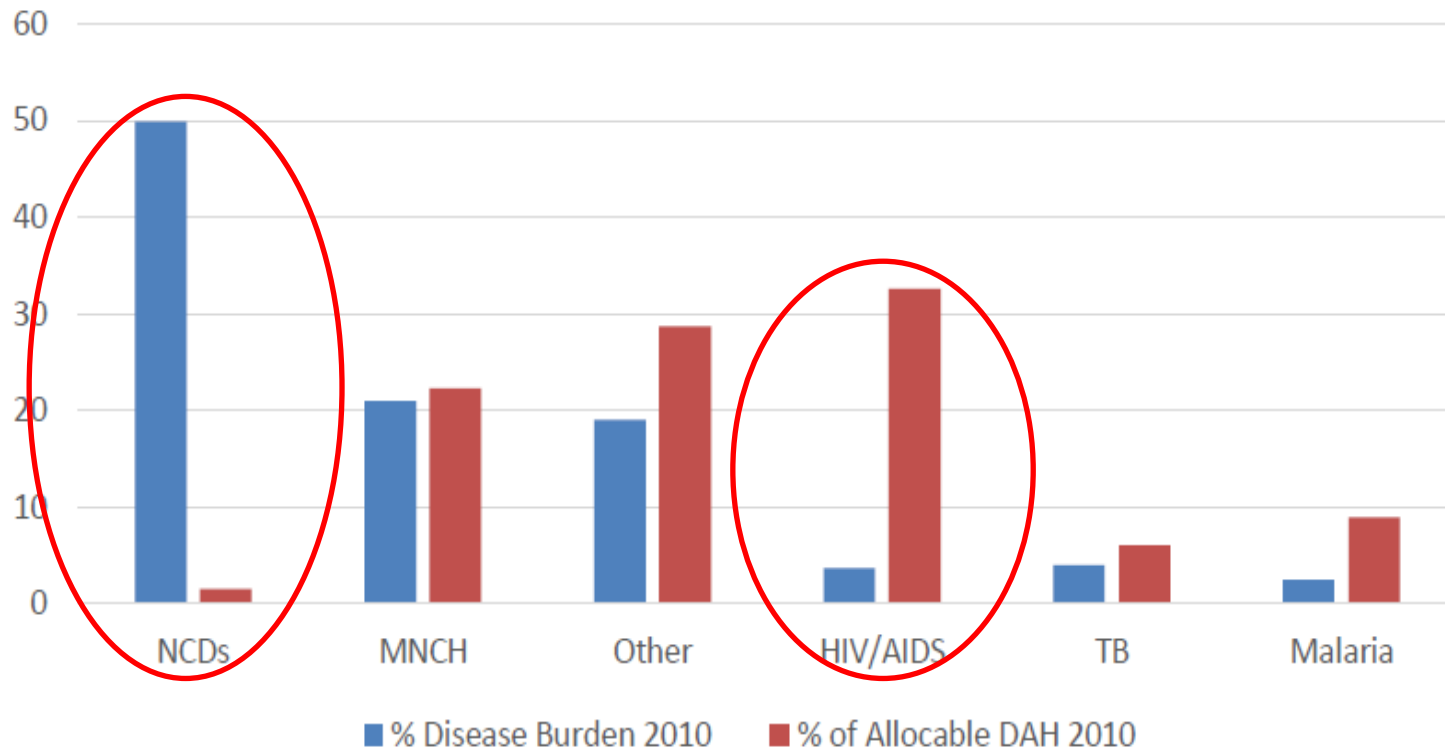
“We note the enormous burden that non-communicable diseases place on developed and developing countries. These costs are particularly challenging for small island developing States. We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, **price and tax measures on tobacco** can be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries.”

Relative health spending on NCDs

DAH and Disease Burden by Health Area

Source: IHME DAH Database,

Note: excludes health systems and non-allocable DAH



- In 2013, cigarette and smokeless tobacco companies spent over USD 9 billion on advertising and promotional expenses in the US alone.
- Development assistance for tobacco control globally was USD 100 million in 2010.

Financing Toolbox

	Domestic	International
Public	<ul style="list-style-type: none"> • Taxation (personal income, value added, corporate, property, etc.) • Natural resource revenues • National development banks • Bonds (national capital market) • Savings 	<ul style="list-style-type: none"> • Sovereign (and in some cases sub-national) governments • Multilateral agencies • International capital markets (bonds and other instruments) • Guarantees and insurance schemes • Global taxation (proposed)
Private	<ul style="list-style-type: none"> • Household income and savings • Banking sector • Private sector (large, medium and small-scale enterprises) • Private agents (e.g. domestic philanthropists, NGOs, religious institutions, etc.) 	<ul style="list-style-type: none"> • Diaspora (especially remittances) • Banks • Multinational companies (including M&A and “social investment”) • Private actors (philanthropists, NGOs, religious institutions, etc.)