



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 152nd SESSION OF THE EXECUTIVE COMMITTEE

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*Provisional Agenda Item 7.7*

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### **D. IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

#### **Background**

1. This is a progress report on tobacco control in the Region of the Americas, as of 31 December 2012, in the framework of two resolutions, CD48.R2 (2008) adopted by the 48th Directing Council (1) and CD50.R6 (2010) adopted by the 50th Directing Council of the Pan American Health Organization (PAHO). (2)

#### **Progress Report**

2. The number of States Parties to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) that have ratified the Convention is 29 and remains unchanged since the last report was submitted (document CD51/INF/5). Although there have been certain advances in implementation of the “best buys” (3) (smoke-free places; health warnings; bans on tobacco advertising, promotion, and sponsorship; and tax increases), these have been slow and uneven both among the different measures and among countries.

3. The countries that have moved forward with the most comprehensive implementation of the Convention have begun to see results. Brazil and Uruguay show a substantial reduction in tobacco consumption in adults (4, 5) and other studies have found reductions in hospital admissions for myocardial infarction. (6, 7)

4. In general, there is a trend toward the feminization of tobacco use in the Region, with a reduction in the consumption gap between adult women and men (8), which is even more pronounced in adolescents (prevalence in male adolescents 12.3%, in female adolescents 11.3%). (9)

5. The Global Tobacco Surveillance System furnishes information disaggregated by sex for both adults and adolescents. However, many countries in the Region still do not

have a national tobacco surveillance system set up. In this period, there has been a noteworthy increase in the number of countries that have comparable and nationally representative adolescent surveys; additionally noteworthy is the case of Panama, which will obtain representative data for its indigenous population in the Global Adult Tobacco Survey.

6. Brazil, Costa Rica, and Ecuador adopted measures intended to increase tobacco taxes. Furthermore, for the first time, governmental delegates of tax-related administrations and ministries of health in the Region met to discuss effective tobacco tax and contraband control policies.

7. In fourteen countries, all indoor public places and workplaces and public transportation are 100% smoke-free. Brazil,<sup>1</sup> Costa Rica, and Ecuador are recent additions.

8. Nineteen countries have legislation on tobacco product packaging and labeling that is consistent with the FCTC, although two of them do not include pictures and four have not still implemented the law. At the end of this biennium, 12 countries will have missed the deadline for implementation of this article.

9. Brazil<sup>2</sup> has joined Colombia and Panama with a total ban on tobacco advertising, promotion, and sponsorship, while five more countries have broad restrictions that are not total. At the conclusion of this biennium, 22 countries that have still not complied with this article will have missed the FCTC deadline for its implementation.

10. Intense interference by the tobacco industry against tobacco control policies persists, which includes national and international lobbying and lawsuits. World Trade Organization (WTO) measures have now been added.

11. The Pan American Sanitary Bureau has kept in continuous contact with the countries to provide technical support for both the drafting and the approval and implementation process for tobacco control legislation, as well as in defending it against industry attacks. A manual was written about development of tobacco control laws, including fundamental human rights underlying tobacco control as well as lessons learned at the country level, which will be published in mid-2013. Furthermore, regional forums are being encouraged for discussion of supranational issues (such as interactions with trade agreements and contraband control) and to facilitate exchange of information and experiences, not only among countries, but within them among sectors other than the health sector.

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<sup>1</sup> Regulation and implementation of the law are pending.

<sup>2</sup> Idem.

### **Recommended Measures to Improve the Situation**

12. It is recommended that States Parties consider signing and subsequent ratification of the new Protocol to Eliminate Illicit Trade in Tobacco Products, adopted by the Fifth Session of the Conference of the Parties to the WHO FCTC.

13. It would be important for Member States to consider ratification of the WHO FCTC if they have still not done so, as well as the possibility of implementing the four tobacco control “best buys.”

14. The establishment and strengthening, as well as allocation of resources for, coordinating units or technical units responsible for tobacco control continue to be a challenge. The specific allocation of funds from tobacco taxes can be one of the sources of financing for this purpose.

15. Member States should consider the possibility of establishing national surveillance systems with data disaggregated by sex and, if possible, by socioeconomic status, as well as representative of minority populations, among others, indigenous populations. A standardized module of questions on tobacco is currently available. This module can be included in national surveys on broader topics, as a way to ensure international comparability of data with data from tobacco surveys in other countries, without creating an additional burden on national surveillance systems. (10)

16. It is recommended that Member States consider inclusion of tobacco use detection and brief advice on smoking cessation in their primary health care systems, as well as higher complexity services at other levels, for people with serious addiction.

17. Regarding the existence of dissimilar positions in different international forums, for example, in WTO and WHO, Member States are reminded that there is no incompatibility between implementation of the FCTC and trade agreements. (11) Furthermore, it is recommended that they consider the possibility of not including tobacco in future trade agreements.

18. Taking into account the impact that tobacco control will have on chronic noncommunicable diseases,<sup>3</sup> it is recommended that Member States consider inclusion of the issue of tobacco control in the agenda of all United Nations agencies at the country level, as well as in all United Nations Development Assistance Framework (UNDAF) projects. (12, 13)

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<sup>3</sup> In following up on the Political Declaration of the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, and in fulfillment of the Economic and Social Council (ECOSOC) resolution of July 2012.

### Action by the Executive Committee

19. The Executive Committee is requested to take note of this progress report.

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