



# **Pan American Health Organization**



*Regional Office of the  
World Health Organization*



## **WHO Framework Convention on Tobacco Control: Situation in the Region of the Americas**

**Workshop on Policy Analysis and Decision-Making with Emphasis on CNCDs**

**(Bridgetown, Barbados, 15–17 October 2007)**

# WHO Framework Convention on Tobacco Control (F.C.T.C.)

- ✓ First global treaty on public health negotiated under the auspices of the World Health Organization.
- ✓ International legal instrument.
- ✓ Binding multilateral agreement approved by the 192 WHO Member States at the 56<sup>th</sup> World Health Assembly in 2003.
- ✓ Went to effect in February 2005.



# Main Measures



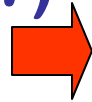
- ✓ **Article 6**  
Price increases and taxes imposed on tobacco products.
- ✓ **Article 8**  
Protection from exposure to second-hand tobacco smoke.
- ✓ **Article 11**  
Packaging and labeling of tobacco products.
- ✓ **Article 13**  
Bans on advertising, promotion, and sponsorship of tobacco products.

- ✓ **22 States have become Parties to the WHO FCTC**
  - **63% of Member States**
- **11 countries signed but did not yet ratify**
- **2 countries did not sign**
  - **Colombia** (*process of access to FCTC finalized in the country, pending registration of document in the UN*)
  - **Dominican Republic**

# Article 6: Raising Prices and Taxes

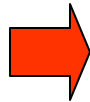
Countries that have implemented price hikes for public health reasons:

**URUGUAY (05 & 07)**



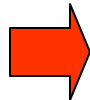
Nominal rate of IMESI for cigarettes increased from 68.5% to 70% in consumer prices.  
In July 2007, sales tax went into effect (22%).

**MEXICO (2006)**



IEPS approval of progressive measures from 110% to 140% in 2007, 150% in 2008, and 160% in 2009.

**BRAZIL (2007)**

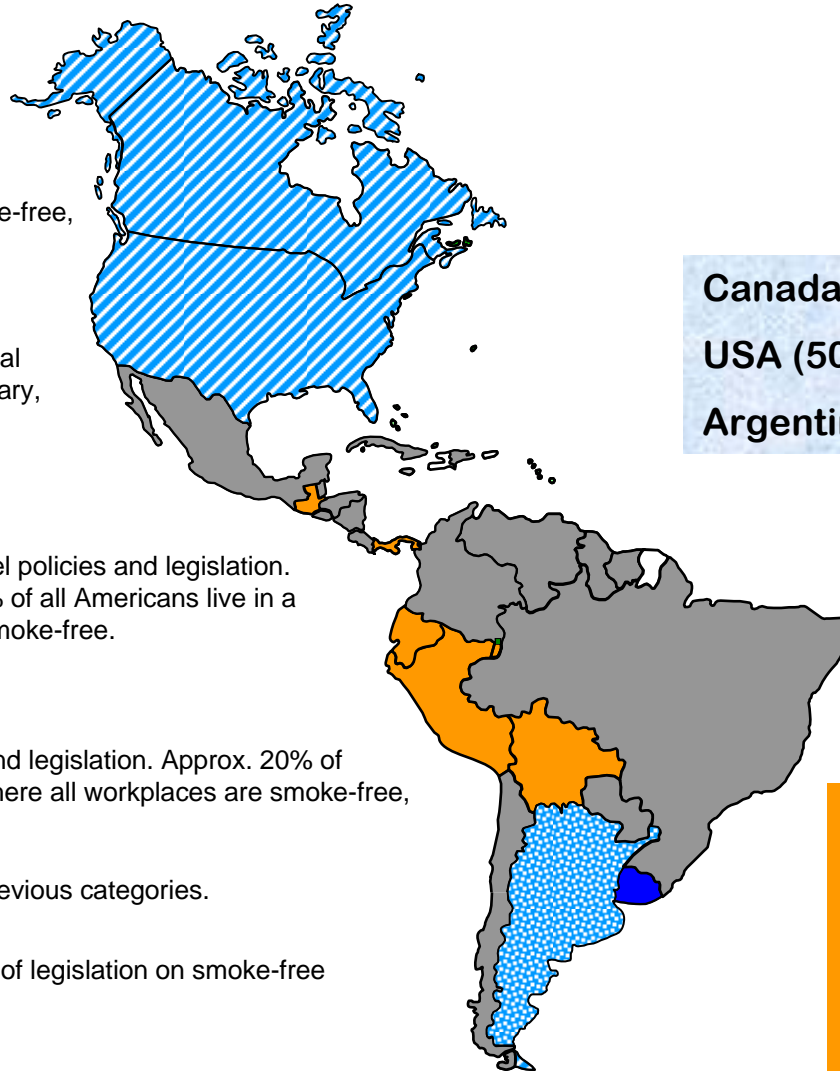


In April, the IPI was increased by 30%, depending on the type of cigarette. The increase went into effect on 11 July 2007 (IPI fixed in non-specific way, not in %). Despite this, tobacco is still very inexpensive in Brazil.



# Article 8:

# Smoke-Free Environments in the Americas



**Uruguay**

**Canada (80% of the population)**  
**USA (50% of the population)**  
**Argentina (20% of the population)**

**Bolivia, Ecuador,  
El Salvador,  
Guatemala, Honduras,  
Panama, Peru,  
Santa Lucia,  
Trinidad and Tobago**



Countries with workplaces 100% smoke-free, including bars, pubs, and restaurants.



Countries with 100% smoke-free environments in workplaces: educational facilities (including elementary, secondary, and university levels), health facilities, government offices.



Canada and the USA: Subnational-level policies and legislation. Approx. 80% of all Canadians and 50% of all Americans live in a jurisdiction where all workplaces are smoke-free.



Argentina: Subnational-level policies and legislation. Approx. 20% of all Argentineans live in a jurisdiction where all workplaces are smoke-free, including bars and restaurants.



Countries not included in any of the previous categories.



No information available on the status of legislation on smoke-free environments.



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Source: PATIOS database  
(<http://www.paho.org/tobacco/PatiosHome.asp>)

# Article 11 of the WHO-FCTC: Packaging and Labeling

## *Comply with the FCTC:*

Brazil

Canada

Venezuela

Chile

Uruguay

Jamaica (no pictograms)

- ✓ Health warnings taking up at least 30% of the main visible surfaces.
- ✓ Ban on deceptive wording.
- ✓ Include pictograms.\*

(\* ) Recommended but not obligatory according to the WHO FCTC.

➤ Ecuador and Panama: Do not prohibit deceptive wording.

# **Art. 13 of the WHO FCTC: Advertising, Promotion, Sponsorship**

**No country in the Region has a total ban on advertising, promotion, or sponsorship of tobacco products.**

**Three countries have gone ahead with partial but broad restrictions.**

- ✓ Brazil**
- ✓ Chile (goes into effect in November 2007)**
- ✓ Venezuela**

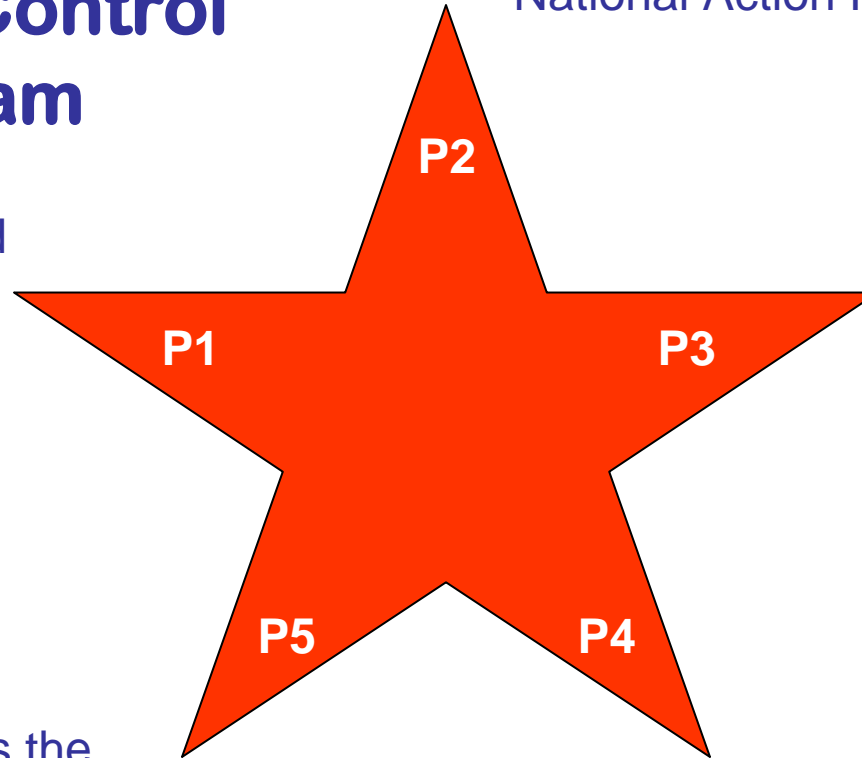
# ***What are the main components of an Integrated Tobacco Control Program?***

- 1. They implement integrated policies.**
- 2. They have broad geographical coverage.**
- 3. They have intersectoral government commissions.**
- 4. They include issues of equity, gender, and special population groups.**
- 5. They have components for compliance, monitoring, and evaluation.**
- 6. They monitor the tobacco industry.**

# Key Points (the 5 “P”s) of a Tobacco Control Program

**Program:** Where should the tobacco control program be based? Infrastructure? Management? National Action Plan?

**People:** Who should work in tobacco control and what skills should they have?



**Policies:** Does an integrated tobacco control program exist?

**Funding:** Where does the funding come from? Are there any strategies for fundraising?

**Partnership:** Who should work with us? Commissions / working groups / task forces?

- ✓ Tobacco is the main cause of preventable death and illness.
- ✓ 22 countries of the Region are parties to a legally binding international treaty.
- ✓ PAHO should provide technical cooperation to help countries comply with their mandates.