

C. ADVANCES IN THE IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Background

31. The objective of this report is to provide an update on the progress made with respect to tobacco control measures in the Region of the Americas pursuant to Resolutions CD48.R2 (2008) of the 48th Directing Council of the Pan American Health Organization (PAHO) (1) and CD50.R6 (2010) of the 50th Directing Council of PAHO (2).

Progress Report

32. Saint Vincent and the Grenadines ratified the Framework Convention on Tobacco Control (FCTC), bringing the number of Parties to 28 (80% of all PAHO Member States).

33. Mexico and Panama raised taxes on tobacco products; however, these levies still fail to represent 75% of the retail price, which means that only three countries have reached that goal (Chile, Cuba, and Venezuela).

34. Ten countries have national or subnational legislation covering more than 90% of the population that bans smoking in all indoor public places and workplaces, without exception. Barbados, Honduras, and Venezuela are the three new countries that joined Canada, Colombia, Guatemala, Panama, Peru, Trinidad and Tobago, and Uruguay. One country, Paraguay, suffered a setback with the repeal of a decree that addressed this issue, due to a lawsuit filed by the tobacco industry.

35. Fifteen countries have regulations governing the packaging and labeling of tobacco products that are consistent with the FCTC, although two of them do not require images in the warnings. Honduras and Nicaragua are the new countries that have joined this group. Paraguay suffered a setback with the repeal of the decree that addressed this issue, due to a lawsuit filed by the tobacco industry. For 12 countries, the deadline for application of the pertinent article of the FCTC is the end of 2011.

36. Although Honduras and Nicaragua have adopted partial restrictions on tobacco advertisement, promotion and sponsorship, and other countries have broad restrictions, the two only countries with a total ban continue to be Colombia and Panama. For 20 countries, the deadline for application of the pertinent article of the FCTC is the end of 2011.

37. Recent years have witnessed an increase in the number and aggressiveness of measures adopted by the tobacco industry to fight tobacco control policies. PAHO is collaborating closely with civil society organizations to provide immediate and appropriate technical assistance to the Member States in this area under Article 5(3) of the FCTC.

38. With respect to the cross-cutting issues of gender and human rights, PAHO, in collaboration with the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) continues to buttress the Global Tobacco Surveillance System through the use of a standard protocol that makes it possible to have information with a breakdown by sex in all components of the system. It has also provided technical assistance for implementation of the tobacco control measures with a human rights approach. This has been particularly important in its support to counteract the interference of the tobacco industry, which opposes measures to promote smoke-free environments.

Measures to Improve the Situation

39. The issue of tobacco control must remain a priority, since full implementation of the FCTC will save countless lives, not only in the long term, but in the short term as well, as demonstrated by studies that show a significant reduction in the incidence of acute myocardial infarction following implementation of policies on smoke-free environments.

40. Since 80% of the member States are legally bound by the Convention, it is essential to foster the inclusion of tobacco control in cooperation plans with the countries, along with use of the horizontal cooperation mechanism, through technical cooperation among countries.

41. It is necessary to play a more active role at the national level to facilitate the creation or strengthening of coordinating entities and technical units responsible for addressing the issue of tobacco control.

42. Action by the tobacco industry usually requires a rapid and coordinated response. The Organization should widely disseminate information on the different types of technical cooperation available in each case, in addition to promoting coordination with other government and civil society actors in order to optimize the interventions.

43. It is recommended that tobacco control be a component of broader projects, since many areas, such as chronic noncommunicable diseases and maternal and child health, could benefit and at the same time help to mobilize new sources of financing. Moreover,

it is important to continue and intensify inclusion of the gender and human right perspective in the tobacco control agenda.

Action by the Executive Committee

44. The Executive Committee is requested to take note of this progress report and establish that a progress report be submitted every two years to coincide with the end of the biennium.

References

1. Pan American Health Organization. WHO Framework Convention on Tobacco Control: Opportunities and Challenges for Its Implementation in the Region of the Americas [online]. 48th Directing Council of PAHO, 60th Session of the WHO Regional Committee for the Americas (Resolution CD48.R2) , 29 September-3 October 2008; Washington (DC), US. Washington (DC): PAHO; 2008 (Resolution CD48.R2) [accessed 22 March 2011]. Available at:
<http://www.paho.org/english/gov/cd/cd48.r2-e.pdf>.
2. Pan American Health Organization. Strengthening the Capacity of Member States to Implement the Provisions and Guidelines of the WHO Framework Convention on Tobacco Control. [online]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 27 September-1 October 2010; Washington (DC), US. Washington (DC): PAHO; 2010 (Resolution CD50.R6) [(accessed 22 March 2011). Available at:
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