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STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2018-2022

Introduction

1. Tobacco use remains a major public health problem. It is the main preventable risk factor for the four main groups of noncommunicable diseases (NCDs)¹. In 2012, NCDs were responsible for almost 80% of all deaths in the Region of the Americas 35% of which were premature (occurring between the ages of 30 and 70) (1). Tobacco control is therefore key to reducing premature mortality from these diseases.

2. The World Health Organization's Framework Convention on Tobacco Control (FCTC) (2) contains all the measures proven effective in reducing the smoking epidemic. However, 12 years since its entry into force and despite the fact that 30 Member States of the Region are Parties to the Convention², its measures have not been uniformly implemented by the countries. Furthermore, implementation is slowing. This document offers a roadmap for prioritizing key provisions of the Convention that will enable the Member States to accelerate its implementation to meet targets established for the reduction of tobacco use and premature deaths from NCDs.

Background

3. The Strategy and Plan of Action is aligned with the commitments of the States Parties to the FCTC and with the Declaration of Port-of-Spain of the Caribbean Community (CARICOM) (2007), the Political Declaration of the High-level Meeting of the United Nations General Assembly (2011), the PAHO Strategic Plan 2014-2019, the Global Plan of Action for the Prevention and Control of NCDs 2013-2020 and the Regional Plan of Action 2013-2019, and the United Nations 2030 Agenda for Sustainable Development (3-8).

4. The Strategy and Plan of Action is also aligned with international human rights instruments such as the International Covenant on Economic, Social, and Cultural Rights,

¹ Cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes.

² https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en

the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women, which are expressly cited in the FCTC (9).

5. Although tobacco control policies are expressed in the commitments and mandates of these instruments, the Member States have had difficulty moving forward with their implementation and have requested support from the Pan American Sanitary Bureau to develop the capacity to implement tobacco control measures, regardless of whether they are a Party to the Convention (10, 11).

6. Strengthening tobacco control policies is essential for enabling the Member States to meet global targets in reducing the prevalence of tobacco use and premature mortality from NCDs (8, 12, 13).

Situation analysis

7. According to WHO estimates, mortality from tobacco use in the Region accounts for 16% of the deaths from cardiovascular disease, 25% of those from cancer, and more than half (52%) of those from chronic respiratory diseases. Tobacco use or exposure to second-hand smoke kills nearly one million people in the Americas annually (14). Furthermore, tobacco-related illnesses and premature mortality put direct pressure on national health systems and economies, especially in low- and middle-income countries (15).

8. There are around 127 million smokers in the Region today. The current age-standardized prevalence of smoking among people aged 15 and over is 17.1%, with a higher prevalence in men (21.9%) than women (12.7%). However, the difference between the sexes is one of the lowest in comparison with other regions of WHO, with a ratio of 1.6 men for every woman who smokes, indicating the feminization of tobacco use. This phenomenon is even more pronounced when the data for young people aged 13-15 is analyzed; here, we see that in some countries, the prevalence of tobacco use among girls is similar to or even higher than among boys. In this age group, prevalence rates for the use of any type of tobacco product range from 1.9% in Canada to 28.7% in Jamaica (16).

9. The FCTC contains all the measures necessary for reducing the smoking epidemic. Full and comprehensive implementation of these measures should be the objective of all States Parties. The WHO Global Plan of Action for the Prevention and Control of NCDs 2013-2020 has prioritized four FCTC interventions, known as “best buys,” classifying them as highly cost-effective measures that can be implemented even in contexts of limited resources (6, 17). These measures, which include FCTC Article 6 (raising taxes on tobacco products), Article 8 (smoke-free environments), Article 11 (large graphic health warnings on the packaging of tobacco products), and Article 13 (prohibition of advertising, promotion, and sponsorship of tobacco), can be considered the starting point for comprehensive implementation of the Convention. The fact that the four measures require legislation for their implementation, in turn, makes it easy to

monitor the indicators, which are already being compiled biennially for the WHO Report on the Global Tobacco Epidemic (18).

10. Since the FCTC's international entry into force in 2005, the tobacco control picture in the Region has changed dramatically, with many countries adopting legislative and regulatory measures aligned with the mandates of the Convention. However, as mentioned earlier, progress has been uneven in terms of the type of measures and number of countries that have adopted them. Furthermore, the adoption of these measures has slowed in recent years (Table 1).

Table 1. Implementation status of “best buy” measures in the Region of the Americas, December 2016

Type of measure (Article of the FCTC)	Total countries with full implementation of the measure ^a		Total
	As of 2012	From 2013 to 2016	
Taxation above the threshold recommended by WHO * (Article 6)	1	0	1
Creation of completely smoke-free environments in all enclosed public and work spaces and public transportation (Article 8) ^a	14	4	18
Strong health warnings on the packaging of tobacco products, covering large surfaces and containing images (Article 11)	11	6	17
A complete ban on the advertising, promotion, and sponsorship of tobacco products (Article 13)	3	2	5

Notes: * Taxes represent more than 75% of the final retail price of the product (19).

^a Refers only to national or subnational legislation that covers least 90% of the country's population.

Source: Data from Reference (16) on Articles 8, 11, and 13, updated to December 2016 by the PAHO tobacco control team.

11. As Table 1 shows, progress has basically been concentrated in the creation of completely smoke-free environments and the requirement of health warnings on the packaging of tobacco products, with very little headway made in the other two measures. It should be noted that while only one country has met the threshold recommended by WHO (19) (with total taxes representing more than 75% of the product's retail price), 21 have raised taxes on tobacco since 2007 (when monitoring began). In most cases, however, the increases were minimal (only seven countries increased taxes by over 10 percentage points), and the expected impact on tobacco prices and tobacco use was therefore very low (20).

12. Several factors that may account for the differences in implementation of the measures should be considered. Regulations on smoke-free environments and health warnings on packaging are by and large the exclusive purview of the health authorities. In addition to the overwhelming scientific evidence that supports them (and the rest of the FCTC measures), these two measures in particular have proven to be on firm legal ground, having been upheld by domestic and international courts in litigation usually initiated by the tobacco industry. For example, in Guatemala and Peru, where suits contesting the constitutionality of smoke-free environment laws were filed, the courts ruled in favor of the State. More recently in Uruguay, the World Bank's International Centre for Settlement of Investment Disputes (ICSID) ruled that the country's packaging and labeling regulations do not violate trade rights (23). Another factor that should be underscored is that these measures are very inexpensive to implement and, as demonstrated by cases in the Region, have been established both by executive order and congressional legislation (9).

13. In the case of the ban on advertising, promotion, and sponsorship, the Member States are often concerned about the constitutionality of such a measure. Some of them have reviewed their constitutional principles, and most have found no constraints to a total ban. In the event of such constraints, the FCTC and the Guidelines for Implementation of Article 13 state that countries should impose the strictest regulations possible under their constitutional principles (24, 25).

14. Regarding measures to increase taxes on tobacco products, these policies are not determined by the health authority. Moreover, fiscal authorities sometimes believe that a tax increase necessarily leads to an increase in illicit trade and other economic problems. However, the evidence generally shows no proof of a direct correlation between taxation and the level of illicit trade (26). Furthermore, in 2012 the States Parties to the FCTC adopted the Protocol to Eliminate Illicit Trade in Tobacco Products (27), a new international treaty in itself that it is open for ratification; as of December 2016, four countries from our Region were parties to this protocol (28).

15. It should be pointed out that beyond the aforementioned factors, the States Parties to the FCTC have indicated that the greatest obstacle to implementation of its measures is interference by the tobacco industry (29).

16. If we examine the progress made by the countries, we find that five of them are implementing three of the four "best buys" at the highest level of achievement, according to the definitions of WHO (30), and another 15 are implementing only one or two of them. However, 15 countries, 11 of them States Parties in the FCTC, have not yet implemented any at the highest level of achievement (16). Articles 8, 11, and 13 have a deadline for implementation, identified in the Convention itself or in its Guidelines for Implementation (within five years of the Convention's entry into force for the State Party, in the case of Articles 8 and 13, and three years in the case of Article 11). For the majority of the States Parties, this deadline has already passed (24, 31, 32).

17. There is a certain geopolitical concentration that shows that the countries of Latin America, especially those in South America, have made greater progress than those in the Caribbean region (CARICOM and Spanish-speaking Caribbean). For example, of the five countries that have implemented three of the four “best buys,” four are in Latin America (Brazil, Colombia, Panama, and Uruguay) and one is a CARICOM member (Suriname). Of the 15 countries that have not yet implemented any of the measures at the highest level of achievement, 10 are CARICOM members. The factors that may be responsible for these differences include: the existence of a better-organized civil society, as seen in the Latin American countries, and greater availability of domestic research and, thus, domestic evidence to support the policies, as well as better surveillance and monitoring systems for tobacco use and better policy implementation, (16). Added to this is the comparative advantage of the larger countries with more robust economies in terms of human and financial resources.

18. Finally, it should be borne in mind that the existence of legislation does not *per se* guarantee the anticipated effects, since it must be accompanied by monitoring and compliance mechanisms. This point is hard to assess, although there are signs that it poses a challenge in some countries (33, 34).

Proposal: Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022

Guiding principles

19. The FCTC and its Guidelines are the basis for the development and implementation of tobacco control policies and are key to meeting the target of a 30% reduction in the prevalence of tobacco use. WHO has recognized four articles of the FCTC as “best buys” and considers them important for meeting the goal of reducing premature mortality from NCDs. Implementing these articles is important for all Member States in the Region, regardless of whether they are parties to the Convention.

20. Implementation of the measures contained in this Strategy and Plan of Action should be accomplished through binding legal instruments rather than voluntary agreements. In addition to adopting its provisions, it is also important to verify the degree of compliance with their measures and look into the causes of any noncompliance.

21. The determination of fiscal policies in particular, and domestic policies in general, is the sovereign right of the Member States, meaning that the strategic lines of action proposed in this document will be implemented at the domestic level, as appropriate, in keeping with the context of each country.

General objective

22. The general objective of this Strategy and Plan of Action is to accelerate implementation of the FCTC in the Region, especially the articles that WHO considers

“best buys” for NCD prevention and control, in order to meet Output Indicator 2.1.2e (number of countries that have implemented policies, strategies, or laws in compliance with the FCTC) of Outcome 2.1.2 (countries enabled to implement very cost-effective interventions to reduce four modifiable risk factors for noncommunicable diseases) of the Proposed Program and Budget 2018-2019 of PAHO. This would help to meet Impact Goal 5 (Improve the health of the adult population with an emphasis on NCDs and risk factors) and Outcome 2.1 (Increase access to interventions to prevent and manage noncommunicable diseases and their risk factors) of the Strategic Plan 2014-2019. It would also contribute to meeting the global target of reducing the prevalence tobacco use by 30% in people over 15 years of age and the global targets of reducing premature mortality from NCDs by 25% by 2025 (WHO) and by one-third by 2030, as established in Sustainable Development Goal 3.4 (6, 8).

Strategic lines of action

- 1) Implementation of measures for the creation of completely smoke-free environments and the adoption of effective measures on the packaging and labeling of tobacco products as a priority for the Region.
- 2) Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their availability.
- 3) Ratification of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by Member States that have not yet done so.
- 4) Strengthening of Member States’ capacity in terms of public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests.

Strategic line of action 1: Implementation of measures for the creation of completely smoke-free environments and the adoption of effective measures on the packaging and labeling of tobacco products

23. Exposure to tobacco smoke causes disease and death. Thus, protecting people from this exposure “is implicit in, inter alia, the right to life and the right to the highest attainable standard of health.” Effective measures include a total ban on smoking and should cover at least all enclosed public and work spaces and public transportation; they could include other semi-enclosed or open public spaces, pursuant to each country’s needs (31).

24. Posting health warnings on the packaging of tobacco products is essential for raising public awareness about the effects of tobacco use on health. Article 11 of the FCTC and its Guidelines state that health warnings should meet certain criteria to ensure their maximum visibility: they should cover 50% or more of the main surface of the packaging (in no case less than 30%) and include rotating images and messages in the

main language(s) spoken in the country. Furthermore, the packaging should not contain any element, such as the words “mild,” and “light,” that could lead to the mistaken conclusion that the product in question is less harmful than another and should provide qualitative information on its components and emissions. The Region’s most advanced countries in this respect – Canada and Uruguay – have health warnings that respectively cover 75% and 80% of the main exposed surfaces (16, 32).

25. Finally, the Member States could consider adopting neutral or plain packaging (35), as Australia, France, Ireland, and the United Kingdom have done (36-39). Neutral or plain packaging is a measure designed to restrict or prohibit the use of logos, colors, trademark imagery, and/or promotional information other than the brand or product name, which should appear in a nondescript color and font. This measure not only increases the visibility of the health warnings but makes the product less appealing and eliminates the possibility of using the packaging as advertising (24, 32). The Member States can also consider the adoption of a standardized format per brand name, as Uruguay does (allowing one format for every brand of tobacco product), to ensure that variants of the brand name are not used to create the mistaken idea that some variants are less harmful than others. In the Region, where the feminization of tobacco use is on the rise, this would be especially useful in preventing packaging specifically designed to appeal to women.

Objective	Indicator	Baseline (2016)	Target (2022)
1.1 Enact smoke-free environment legislation throughout the Region of the Americas.	1.1.1 Number of countries with national regulations creating 100% smoke-free environments in all enclosed public and work spaces and public transportation.	18	35
1.2 Include health warnings on the packaging of tobacco products.	1.2.1 Number of countries with graphic health warnings on tobacco packaging that meet the criteria of the WHO Report on the Global Tobacco Epidemic.	17	35
	1.2.2 Number of countries that adopt a policy of neutral and/or standardized packaging.	1	6

Source of information on the indicator: States Parties’ reports to the FCTC Secretariat, to be submitted in 2018 and 2020, and data collected for the WHO Report on the Global Tobacco Epidemic 2017, 2019, and 2021.

Strategic line of action 2: Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their availability

26. It is widely documented in the literature that the advertising, promotion, and sponsorship of tobacco products contribute to greater tobacco use, especially among

young people (40, 41, 42). For the ban to be effective, it must be comprehensive and applicable to all forms of advertising, promotion, and sponsorship, direct or indirect and even transborder. The ban should also extend to all media, time frames, and audiences. A partial ban is useless, or its effects are limited (9, 24). Part of the explanation for the feminization of tobacco use in the Region is that industry marketing efforts deliberately target women. This strategic line of action will therefore be especially useful for protecting women and young people (43).

27. Packaging is also recognized as a way to advertise and promote tobacco products, and their display at points of sale is a key element for advertising and encouraging tobacco use. It also creates the impression that tobacco use is socially acceptable—especially when, as is common, the products are placed near candy and other articles targeting children (42). This is why the Guidelines for Implementation of Article 13 of the FCTC call on States Parties to consider banning the display of tobacco products at points of sale (24).

28. According to the Guidelines for Implementation of Article 6, an effective tax increase is one that results in higher prices that substantially reduce consumption and, in the short term, constitute an important source of revenue and, in the long-term, lead to a reduction in the cost of tobacco-related illness. Furthermore, since low- and middle-income population groups are more sensitive to increases in taxes and prices, the reduction in tobacco use and prevalence are more pronounced in these groups than in higher-income groups, reducing tobacco-related health inequalities and poverty (44, 45).

Objective	Indicator	Baseline (2016)	Target (2022)
2.1 Impose a total ban on the advertising, promotion, and sponsorship of tobacco products.	2.1.1 Number of countries with a total ban on the advertising, promotion, and sponsorship of tobacco products.	5	20
	2.1.2 Number of countries whose ban on the advertising, promotion, and sponsorship of tobacco products includes a ban on the display of these products at the point of sale.	4	19
2.2 Reduce the availability of tobacco products by increasing excise taxes on tobacco.	2.2.1 Number of countries in which total taxes represent 75% or more of the final retail price, or in which the increase has been substantial enough to promote a change of category in the classification.†	1	10

Objective	Indicator	Baseline (2016)	Target (2022)
	2.2.2 Number of countries that increase excise taxes on tobacco products in a way that promotes an increase in the affordability index presented in the WHO Report on the Global Tobacco Epidemic 2015. *	0	20

Notes: * Percentage of per capita GDP needed to purchase 100 packages of the country's most popular brand of cigarettes.† According to Reference (30).

Source of information on the indicator: Reports by States Parties to the FCTC Secretariat, to be submitted in 2018 and 2020, and data collected for the WHO Report on the Global Tobacco Epidemic 2017, 2019, and 2021.

Strategic line of action 3: Ratification of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by Member States that have not yet done so

29. The FCTC has been adopted faster and more widely than many other international treaties. Only five countries in the Region are not yet parties to it. Notwithstanding, some of these countries have embraced its measures or stated their intention to do so.

30. The Protocol for Elimination of Illicit Trade in Tobacco Products is based on and complements the mandate of Article 15 of the FCTC. In particular, the purpose of the protocol is to protect the tobacco product supply chain in order to eliminate illicit trade, requiring, among other things: a) the establishment of a global tracking and tracing regime; b) licensing, due diligence, record keeping, measures related to international transit, such as Internet and duty-free sales, sanctions, and special investigative techniques, and; c) aspects of information-sharing and international cooperation (27). It is urgent to secure the first 40 ratifications needed for the Protocol's entry into force, so that countries can begin implementing its measures.

Objective	Indicator	Baseline (2016)	Target (2022)
3.1 Achieve ratification of the FCTC.	3.1.1 Number of countries that are States Parties to the FCTC.	30	33
3.2 Achieve ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products.	3.2.1 Number of States Parties to the FCTC that are also States Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products.	4	20

Source of information on the indicator: Treaties section of United Nations website.

Strategic line of action 4: Strengthening of Member States' capacity in terms of public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests

31. Tobacco industry interests are irreconcilable with public health policy interests and purposes – a fact recognized in a growing number of international documents (4, 46, 47).

32. The Guidelines for Implementation of Article 5.3 of the FCTC recommend that countries: *a)* establish measures to limit interactions with the tobacco industry and those who work to further its interests and ensure the transparency of those interactions that occur; *b)* reject partnerships and non-binding agreements; *c)* avoid conflicts of interest for government officials and employees; *d)* require that information provided by the tobacco industry be transparent and accurate; *e)* denormalize and, to the extent possible, regulate activities described as “corporate social responsibility” and similar activities, and *f)* do not to give preferential treatment to the tobacco industry, even if a State-owned industry is involved (48).

Objective	Indicator	Baseline (2016)	Target (2022)
4.1 Establish effective mechanisms to prevent interference by the tobacco industry or those who work to further its interests	4.1.1 Number of countries that have mechanisms for the identification and management of conflicts of interest for government officials and employees with responsibility for tobacco control policies.	Unavailable	20

Source of information on the indicator: Information to be collected by the PAHO tobacco control team.

Monitoring and evaluation

33. The Strategy and Plan of Action will help to achieve Outcome 2.1 of the PAHO Strategic Plan 2014-2019 (“Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors”), and indicator 2.1.2e of Output 2.1.2 of the Proposed Program and Budget of PAHO 2018-2019 (Number of countries and territories implementing policies, strategies, or laws in line with the Framework Convention on Tobacco Control). Since 2007, information for the indicators of the first three strategic lines of action has been systematically and uniformly compiled for the 35 Member States on a biennial basis for the WHO Report on the Global Tobacco Epidemic. Therefore, this task will not increase the Member States’ commitments to provide that information. The only new information that they will need to submit is linked to the fourth strategic line of action. To that end, the Bureau will add a few additional questions to the form used for the WHO Report on the Global Tobacco Epidemic. A mid-term report will be prepared for the PAHO Governing Bodies in 2020, and a final report, in 2022.

Financial implications

34. The total cost calculated for implementing the Plan of Action throughout its lifecycle from 2018 to 2022, including staff and activities, is US\$ 5 million.

Action by the Executive Committee

35. The Executive Committee is requested to review the information provided in this document and consider recommending that the 29th Pan American Sanitary Conference adopt the proposed resolution found in Annex A.

Annexes

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160th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26-30 June 2017

CE160/19
Annex A
Original: Spanish

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2018-2022

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CE160/19),

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution in drafted in the following terms:

STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL IN THE REGION OF THE AMERICAS 2018-2022

THE 29th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having examined the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/___);

(PP2) Recognizing that tobacco use and exposure to tobacco smoke remain a serious public health problem and are a common risk factor for the main noncommunicable diseases;

(PP3) Recognizing that noncommunicable diseases are the primary cause of mortality in the Region and that approximately one-third of the deaths from noncommunicable diseases are premature, occurring in people aged 30-70;

(PP4) Recognizing the high cost of tobacco-related illness to households and health systems in the Member States, which exacerbates poverty and inequalities in health and hinders achievement of the objective of universal health in the Region;

(PP5) Recognizing that even though the Framework Convention on Tobacco Control (FCTC) of the World Health Organization has been internationally in force for 12 years and that 30 Member States in the Region are parties to it, progress in implementing its measures has been unequal among the countries and in terms of the types of measures approved, and the pace of their implementation has been slowing;

(PP6) Recognizing that many circumstances have hindered domestic implementation of FCTC measures by the States Parties, but underscoring that the common and greatest challenge to all countries is interference by the tobacco industry and those who work to further its interests;

(PP7) Observing that this Strategy and Plan of Action prioritizes the FCTC measures contained in the interventions for NCD prevention and control, which WHO has determined to be highly cost-effective and capable of implementation even in contexts of limited resources, making its implementation important for all Member States, regardless of whether they are parties to the FCTC;

RESOLVES:

(OP)1. To approve the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/__) within the context of the specific conditions of each country;

(OP)2. To urge the Member States, considering their national context, to:

- a) promote public health practices that protect the general public, and children and adolescents in particular, from the dangers of tobacco use and exposure to tobacco smoke, with the ultimate goal of reducing the burden of disease and death that they entail;
- b) prioritize the adoption of a national regulation on smoke-free environments and the inclusion of health warnings on the packaging of tobacco products, as well as the strengthening and eventual improvement of existing regulations on these matters and their enforcement, so that these measures protect the entire population of the Americas;
- c) consider adopting or strengthening implementation of the remaining FCTC measures, with special emphasis on banning the advertising, promotion, and sponsorship of tobacco products and adopting fiscal measures to reduce the demand for tobacco;
- d) regard taxes on tobacco as a source of revenue that, pursuant to domestic legislation, could be used as a domestic source of financing for health in particular and development in general;

- e) strengthen their national surveillance systems to enable countries to evaluate not only the prevalence of tobacco use, but the effectiveness of the measures implemented and to obtain information disaggregated by gender, ethnicity, and other factors, insofar as possible;
- f) oppose attempts by the tobacco industry and its front groups to interfere with, delay, hinder, or impede implementation of tobacco control measures designed to protect public health, and recognize the need to monitor, document, and, pursuant to current domestic legislation, publicize industry activities to expose its strategies and reduce their effectiveness.
- g) consider the need for legal instruments to address the issue of conflicts of interests among government officials and employees with respect to tobacco control;
- h) consider, if a Party in the FCTC, ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to ensure its speedy entry into force at the international level.

(OP)3. Request the Director to:

- a) assist the Member States in the preparation, review, and execution of tobacco control regulations and policies, regardless of whether they are Parties to the FCTC;
- b) promote technical cooperation with and among countries to share best practices and lessons learned;
- c) promote partnerships with other international organizations and subregional entities, as well as domestic and international civil society organizations, for the execution of this Strategy and Plan of Action.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. **Agenda item:** 4.9 -Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022

2. **Linkage to :** [PAHO Program and Budget 2016-2017:](#)

Categories:

a) **Strategic Plan – Category 2:** Noncommunicable diseases and risk factors.

b) **Program areas and outcomes:**

Impact goal: Improve the health of the adult population with an emphasis on NCDs and risk factors. Related indicators:

5.1 At least a 9% reduction in premature NCD mortality compared to 2014.

5.2 A relative gap of no more than 6% increase in premature NCD mortality between the top and bottom country groups of the health needs index (HNI).

5.3 An absolute gap of no more than 18 excess premature deaths due to NCDs per 100,000 population between 2014 and 2019 across the HNI country gradient.

Program area 2.1: Noncommunicable diseases and risk factors

Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Output:

2.1.2a Prevalence of current tobacco use among adolescents 13-15 years of age

2.1.2b Age-standardized prevalence of current tobacco use (18+ years of age)

Output 2.1.2 Countries enabled to implement very cost-effective interventions (“best buys”) to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful alcohol consumption).

Output indicator: 2.1.2e Number of countries and territories implementing policies, strategies, or laws in line with the Framework Convention on Tobacco Control.

3. Financial Implications:

a) **Total estimated cost for implementation over the lifecycle of the resolution (2018-2022) (including staff and activities):** US\$5,000,000

b) **Estimated cost for the 2018-2019 biennium (including staff and activities):** US\$2,000,000

Expenditure lines	Annual (US\$)	Biennium 2018-2019 (US\$)	5 years (US\$)
Human resources:	480,000	960,000	2,400,000
STP P3 Caribbean	120,000		
STP P3 Central America	120,000		
STP P3 South America	120,000		
STP P3 Regional	120,000		
Activities:	520,000	1,040,000	2,600,000
Symposia, training activities, trips, etc.	300,000		
Communications and campaigns	100,000		
Monitoring and evaluation	70,000		
Publications, pamphlets and brochures	50,000		
Total:	1,000,000	2,000,000	5,000,000

c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?**

As seen in the table above, the budget considered for staffing expenditures corresponds to three new posts for subregional temporary advisors (P3) and one for a regional advisor. These new staff would make it possible to expand and reinforce the work of national consultants responsible for noncommunicable diseases (NCD). This is critical for meeting the objectives of the Strategy and Plan of Action. It should be noted that not all Representative Offices have an NCD consultant. In some cases, the office has a consultant in charge of the prevention and control of both communicable and noncommunicable diseases. Moreover, in cases where a consultant works exclusively on NCDs, tobacco control is only one of a wide range of issues. This undoubtedly hinders the continuous monitoring required by the legislative provisions for tobacco control, given the strong and aggressive opposition of the tobacco industry. Therefore, the proposed budget for hiring new personnel cannot be subsumed under current program activities.

It is possible, however, to subsume 50% of the budget allocated to the activities already planned for the next biennium.

4. Administrative implications:

- a) Indicate the levels of the Organization at which the work will be undertaken:** The work will be undertaken at all levels of the Organization – that is, at the national, subregional, and regional level. It will be heavily concentrated at the subregional level to coordinate and facilitate technical cooperation and assistance for domestic legislative processes. It should be noted that this Strategy and Plan of Action will not require States to submit new reports (except on action taken to counter interference by the tobacco industry), since the measures included have been monitored biennially since 2007 within the framework of the WHO Report on the Global Tobacco Epidemic and the PAHO Regional Report on Tobacco Control.
- b) Additional staffing requirements (indicate the additional required staff full-time equivalents, noting necessary skills profile):** As seen in the table, four temporary P3 consultants are required, three of them at the subregional level, in addition to the current members of the tobacco control team.
- c) Time frames (indicate broad time frames for the implementation and evaluation):** The proposed Strategy and Plan of Action covers the period 2018-2022.

A midterm evaluation will be conducted and submitted to the Governing Bodies in 2020, after which a final evaluation will be conducted and submitted in 2023, together with the evaluation of a potential extension of the Strategy for an additional period.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.9 –Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022

2. Responsible unit: Risk Factors (NMH-RF)

3. Preparing officer: Rosa Carolina Sandoval

4. Link between Agenda item and [Health Agenda for the Americas 2008-2017](#):

Noncommunicable diseases have become the main cause of mortality and morbidity in the Americas. In this context, the Member States should strengthen and increase prevention and control measures for those diseases. Tobacco use is known to be the primary preventable risk factor for noncommunicable diseases. Tobacco control policies are essential for promoting healthy lifestyles and environments.

5. Link between Agenda item and the [PAHO Strategic Plan 2014-2019](#):

Tobacco control measures promote the reduction of the burden of noncommunicable diseases stipulated in the PAHO Strategic Plan 2014-2019 under category 2: Noncommunicable diseases and risk factors.

6. List of collaborating centers and national institutions linked to this Agenda item:

Five collaborating centers work in tobacco control in the Americas, namely:

- United States:
 - Johns Hopkins Bloomberg School of Public Health - Department of Epidemiology, Institute for Global Tobacco Control (IGTC)
 - Centers for Disease Control and Prevention (CDC) - (Global Tobacco Program) Office on Smoking & Health (MS K50)
 - University of California - Center for Tobacco Control, Research and Education
 - Virginia Commonwealth University - Center for the Study of Tobacco Products, Department of Psychology
- Brazil: Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA) - Secretaria Executiva da Comissão Nacional para Implementação da Convenção-Quadro para o Controle do Tabaco (CONICQ)

PAHO also engages in ongoing collaboration with several other organizations, including the Campaign for Tobacco-Free Kids (CTFK), the Framework Convention Alliance (FCA), the University of Illinois, the American Cancer Society (ACS), Alfonso Ibáñez University, and the International Union against Tuberculosis and Lung Disease (The UNION).

7. Best practices in this area and examples from countries within the Region of the Americas:

- Eighteen countries in the Region have implemented laws at the highest level for the creation of smoke-free environments, and 17 already require the packaging of tobacco products to contain health warnings that make effective use of images and messages. This demonstrates that in addition to being evidence-based, the two measures are politically viable and feasible in the Region.
- Countries such as Brazil, Colombia, Panama, Suriname, and Uruguay have approved a complete ban on the advertising, promotion, and sponsorship of tobacco products, and seven countries have increased the tax burden by more than 10 percentage points (Bahamas, Colombia, Costa Rica, El Salvador, Nicaragua, Panama, and Saint Lucia). Furthermore, Chile is the first country in the Region to reach the tobacco tax threshold of more than 75% of the final retail price.
- As of 31 December 2016, the Protocol to Eliminate Illicit Trade in Tobacco Products had been ratified by four countries in the Region (Ecuador, Nicaragua, Panama, and Uruguay).

8. Financial implications of this Agenda item:

- The total estimated cost of implementing the resolution during its lifecycle (2018-2022) is US\$5,000,000.
- The estimated cost for the 2018-2019 biennium is approximately US\$2,000,000.
