

Status of implementation of the WHO FCTC and related regional commitments in the Caribbean

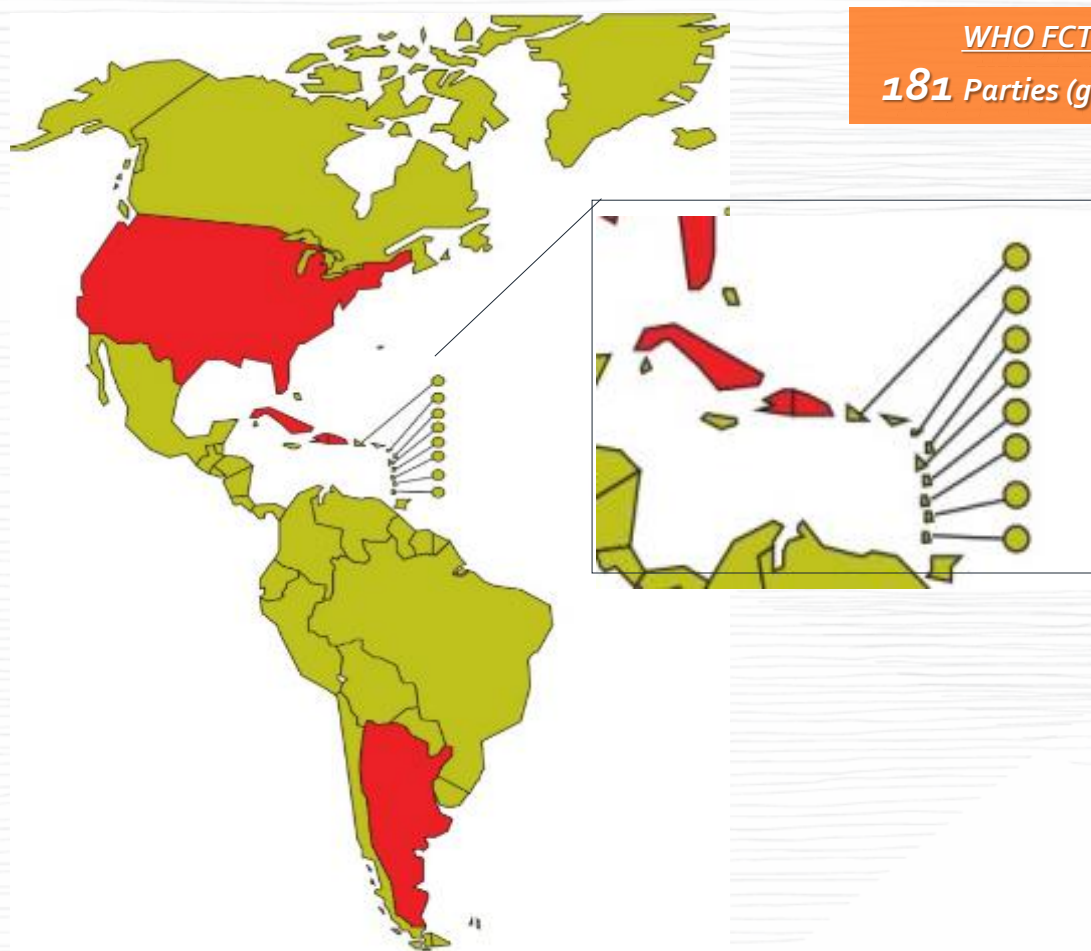
Tobacco Control Team - NMH/RF

Miami, USA, March 2020



PAHO

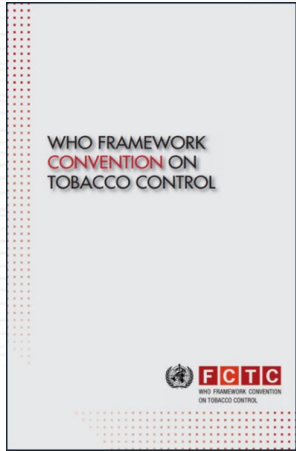
PARTIES OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL IN THE AMERICAS REGION



WHO FCTC
181 Parties (globally)

30 of 35
countries in the Americas Region are Parties of WHO FCTC

Countries Not Parties of WHO FCTC
Argentina
Cuba
United States of America
Haiti
Dominican Republic



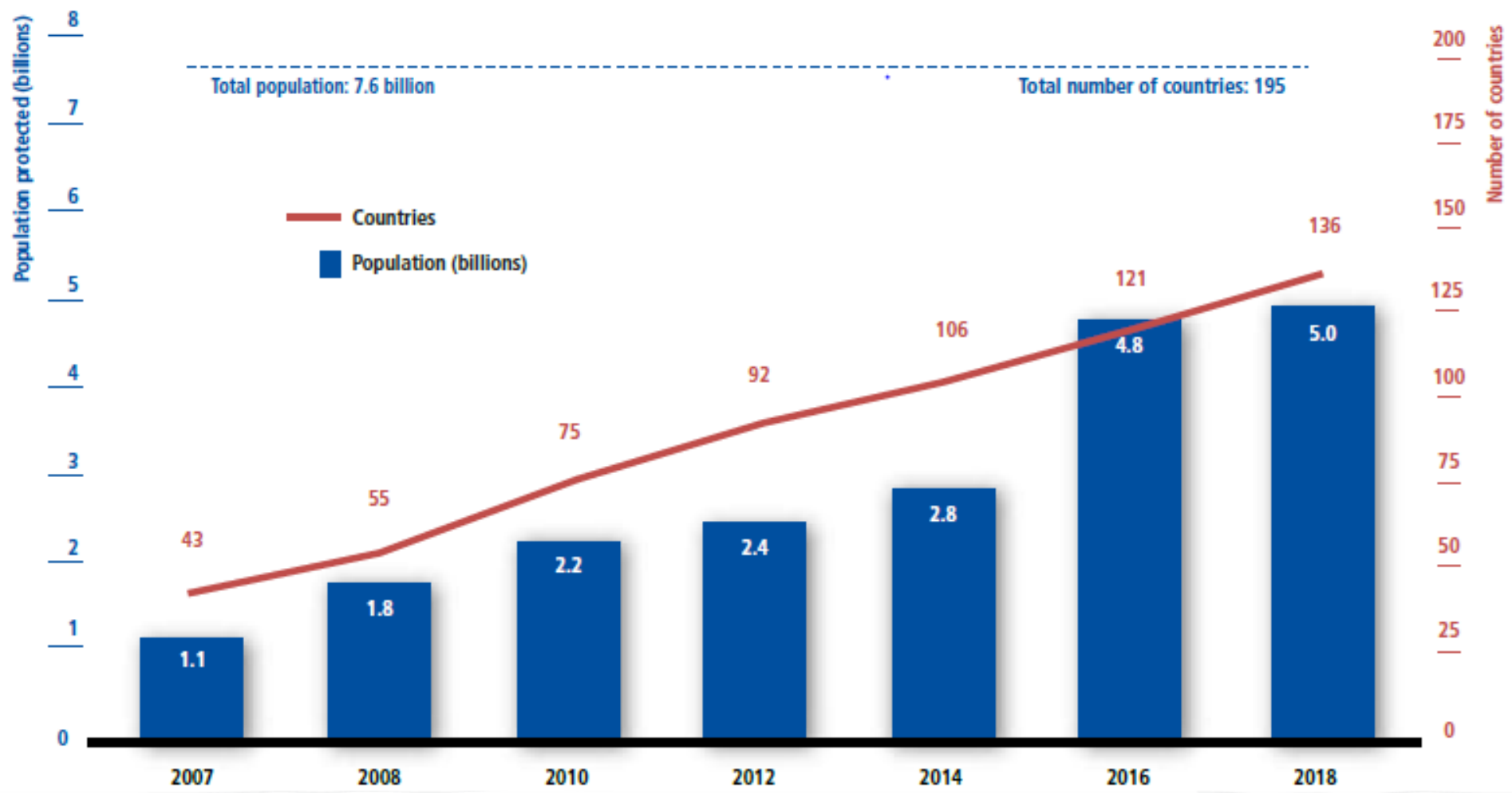
PAHO/WHO

WHO MPOWER



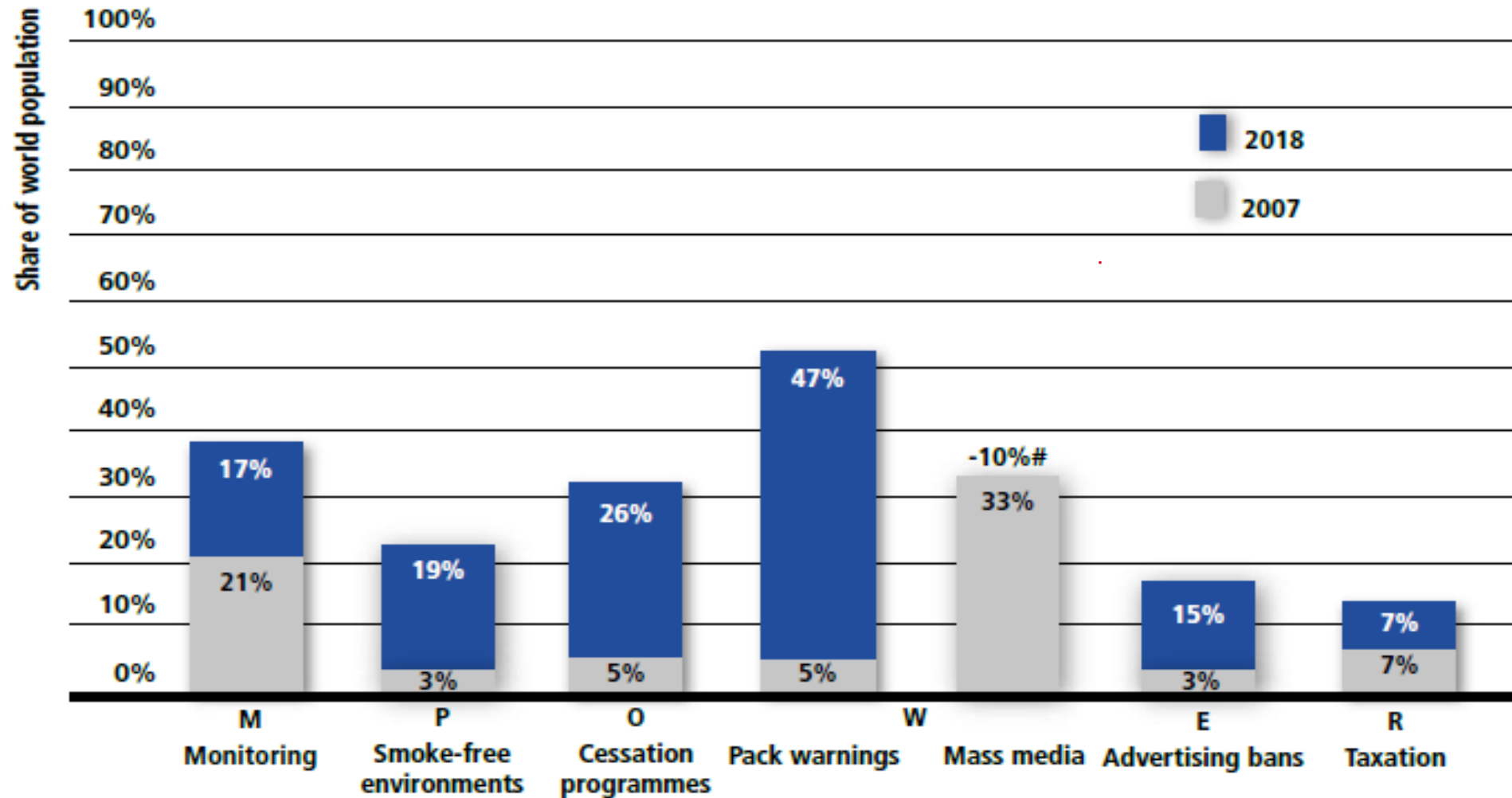
WHO FCTC article 20	➔	M onitor	...tobacco use and prevention policies
WHO FCTC article 8	➔	P rotect	...people from tobacco smoke
WHO FCTC article 14	➔	O ffer	...help to quit tobacco use
WHO FCTC article 11 & 12	➔	W arn	...about the dangers of tobacco
WHO FCTC article 13	➔	E nforce	...bans on advertising, promotion and sponsorship
WHO FCTC article 6	➔	R aise	...taxes on tobacco

AT LEAST ONE MPOWER POLICY AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2018)



<https://apps.who.int/iris/bitstream/handle/10665/326043/9789241516204-eng.pdf?ua=1>

Progress by MPOWER measure, 2007- 2018



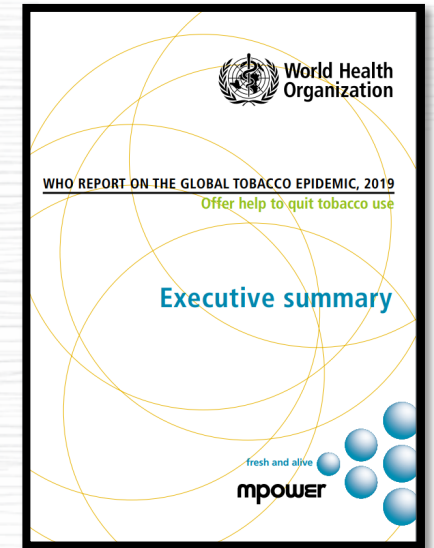
Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level.

* Mass media coverage refers to 2010, not 2007. Taxation coverage refers to 2008, not 2007.

#The population covered by mass media campaigns decreased since 2010.

PAHO/WHO

Monitoring



Best practice level	According to the WHO indicators used to evaluate the MPOWER measures which are aligned with corresponding FCTC articles
Non existing or minimal advancement	
Data not reported	

<https://apps.who.int/iris/bitstream/handle/10665/325968/WHO-NMH-PND-2019.5-eng.pdf?ua=1>

“The Past” 1999

Countries with legislation consistent with FCTC articles that have a specific deadline for their application



FCTC Art 8



FCTC Art 11



FCTC Art 13



"The Present"

Countries with legislation consistent with FCTC articles that have a specific deadline for their application (up to 2019)



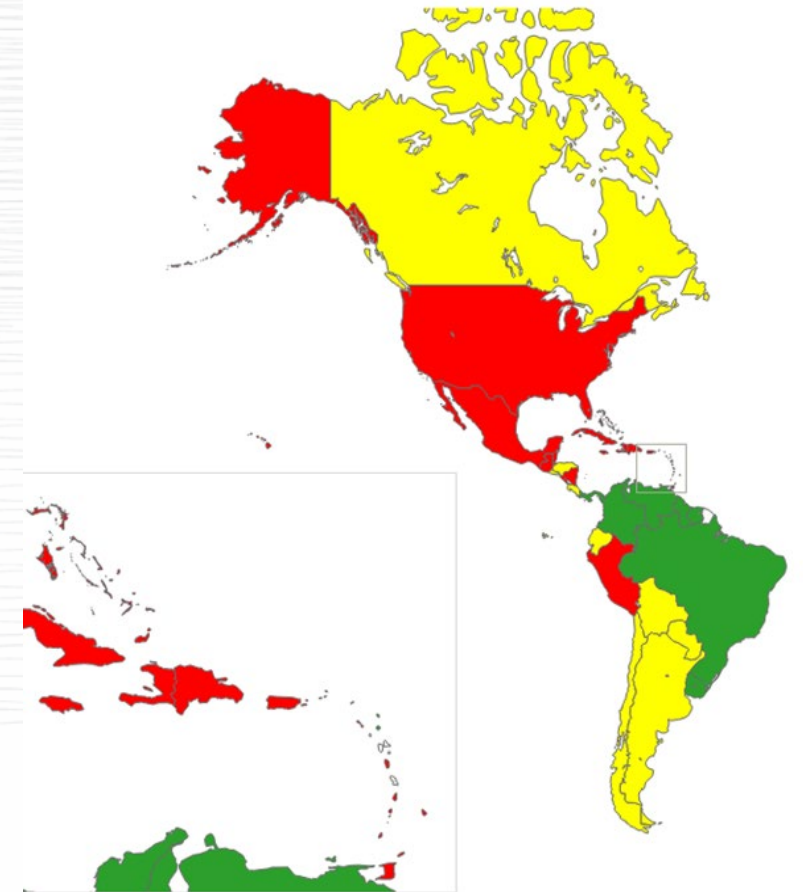
FCTC Art 8



FCTC Art 11







FCTC Art 13



STATUS OF MPOWER MEASURES WHICH CORRESPOND TO INTERVENTIONS CONTAINED IN THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

	FCTC Art. 20	FCTC Art. 8	FCTC Art. 14	FCTC Art. 11	FCTC Art. 13	FCTC Art. 6
		<i>Best Buy</i>		<i>Best Buy</i>	<i>Best Buy</i>	<i>Best Buy</i>
COUNTRIES	M	P	O	W	E	R
Antigua & Barbuda	↑	2018		2018↑/**	2018↑	13.36%
Argentina	↓	2011		2012		76.22%
Bahamas	2018 ↑					...
Barbados	↓	2010		2017		47.11%
Belize	↓					43.61%
Bolivia	↓	2020	↓	2009		36.78%
Brazil	2015	2011	2002	2003	2011	82.97% ↑
Canada	2007 or earlier	2007	2008	2011		64.35%
Chile	2007 or earlier	2013		2006		82.36%
Colombia	↓	2008			2009	78.43% ↑
Costa Rica	2007 or earlier	2012		2013		55.11%
Cuba	↑					70.25%
Dominica			↓			23.57%
Dominican Republic						51.11%
Ecuador	2016 ↑	2011		2012		69.97%
El Salvador		2015	2016	2011		47.54% ↓
Grenada	↓					44.00%
Guatemala		2008				48.98%
Guyana		2017		2018 *	2017	27.54% ↑
Haiti	↑					...
Honduras		2010		2017 ↑		33.40%
Jamaica	↑	2013	2016	2013		43.62%
Mexico	↓	*	2013	2009		67.00%
Nicaragua						40.18%
Panama	2012	2008	↓	2005	2008	56.52%
Paraguay	↓					17.40%
Peru	2007 or earlier ↑	2010		2011		49.00%
Saint Kitts & Nevis						19.76%
Saint Lucia	↓			2017		51.20%
Saint Vincent & the Gren.	↓					16.90%
Suriname	2018 ↑	2013		2016 ↑	2013	47.6% ↓
Trinidad and Tobago	↓	2009		2013 *		25.71%
United States of America	2007 or earlier		2008			43.00%
Uruguay	2007 or earlier	2005		2005	2014	66.08%
Venezuela	↓	2011		2004	2019 ↑	73.04%
	11	21	6	21	8	4

2020

-  Fully Achieved – policy/measure consistent with the FCTC
-  Partially achieved but the policy/measure is still not consistent with the FCTC
-  Medium achievement
-  Minimum achievement or there is no policy or measure in place

21

21

8

STATUS OF MPOWER MEASURES WHICH CORRESPOND TO INTERVENTIONS CONTAINED IN THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

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Haiti	↑					...
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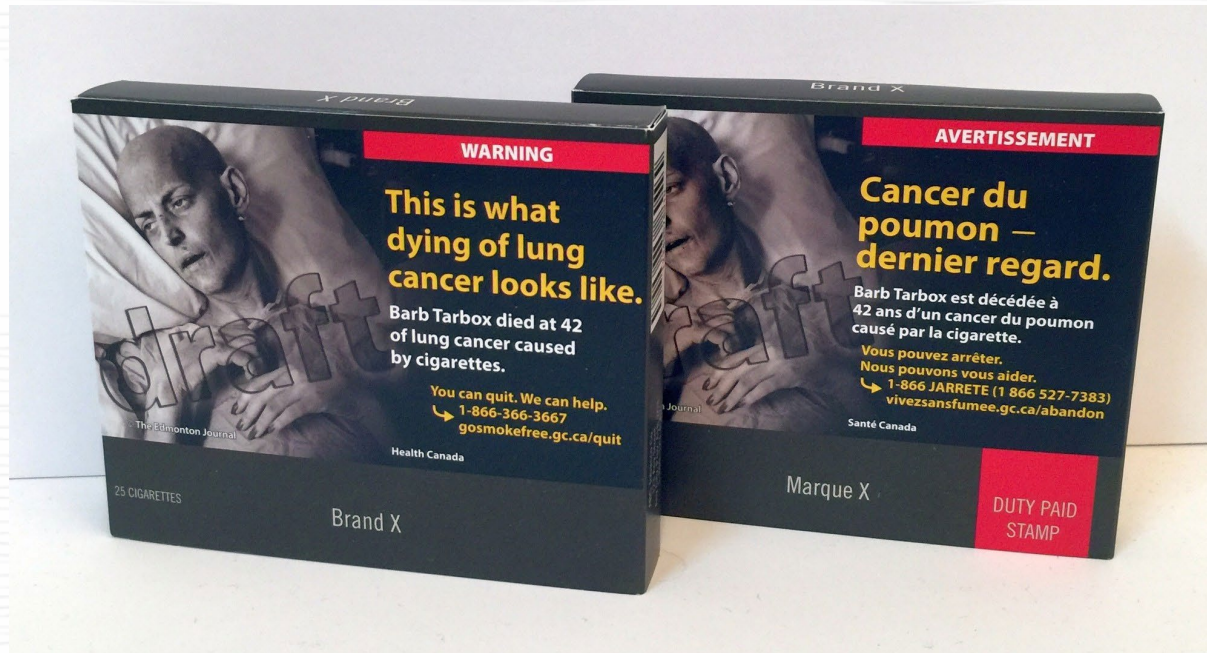
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7

3

			Years passed since the date of effect of the FCTC for interventions with established periods for their implementation		
			31-Dec-19	31-Dec-18	31-Dec-18
COUNTRIES	DATE OF RATIFICATION OR ADHESION TO THE FCTC	FCTC DATE OF EFFECT	P 5 year	W 3 years	E 5 years
Antigua & Barbuda	5-Jun-06	3-Sep-06			
Bahamas	3-Nov-09	1-Feb-10	9.92	8.92	8.92
Barbados	3-Nov-05	1-Feb-06			12.92
Belize	15-Dec-05	15-Mar-06	13.81	12.81	12.81
Dominica	24-Jul-06	22-Oct-06	13.20	12.20	12.20
Grenada	14-Aug-07	12-Nov-07	12.14	11.14	11.14
Guyana	15-Sep-05	14-Dec-05			
Jamaica	7-Jul-05	5-Oct-05			13.25
Saint Kitts & Nevis	21-Jun-11	19-Sep-11	8.29	7.29	7.29
Saint Lucia	7-Nov-05	5-Feb-06	13.91		12.91
Saint Vincent & the Gren.	29-Oct-10	27-Jan-11	8.93	7.93	7.93
Suriname	16-Dec-08	16-Mar-09			
Trinidad and Tobago	19-Aug-04	27-Feb-05			13.85

Plain packaging



- Canada
- Uruguay

25 September 2018

PAHO/WHO



- Brazil
- Costa Rica
- Ecuador
- Nicaragua
- Panama
- Uruguay

What is required?



Organización
Panamericana
de la Salud



Organización
Mundial de la Salud

OFICINA REGIONAL PARA LAS Américas

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

Introduction

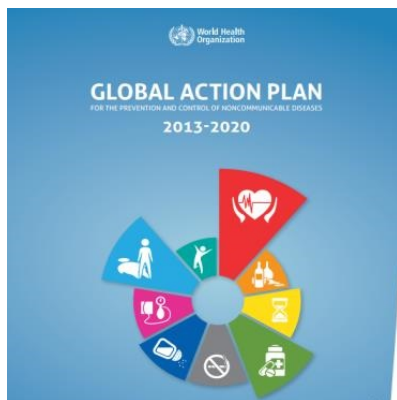
1. Tobacco use remains a major public health problem. It is the main preventable risk factor for the four main groups of noncommunicable diseases (NCDs).¹ In 2012, NCDs were responsible for almost 80% of all deaths in the Region of the Americas, 35% of which were premature (occurring between the ages 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 Convention,³ 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 (5-6).

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



Mandates to address the tobacco epidemic in the Region

- WHO Framework Convention on Tobacco Control
- Protocol to eliminate Illicit trade in tobacco products
- Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022
- Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020

By 2022 the Strategy calls for:



- ✓ All 35 PAHO Member States to comply with FCTC Arts 8 and 11
- ✓ Ban of the advertising, promotion and sponsorship of tobacco FCTC Art 13
- ✓ Increase taxes on tobacco products FCTC Art 6
- ✓ Ratification of the Protocol on Illicit Trade
- ✓ Protection from the interests of tobacco industry FCTC Art 5.3



29th PAN AMERICAN SANITARY CONFERENCE
69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS
Washington, D.C., USA, 25-29 September 2017

Provisional Agenda Item 4.9

CSP29/11
27 July 2017
Original: Spanish

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

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

² <https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&ndis= no:IX-4&chapter=9&clang= en>

THE TOBACCO BODY



Tobacco is deadly in any form. Smoked tobacco products, including waterpipes, contain over 7000 chemicals, including at least 250 chemicals known to be toxic or to cause cancer. Use of smoked tobacco products can result in serious – sometimes fatal – health problems. Exposure to second-hand smoke has also been implicated in adverse health outcomes, including death. Fewer tobacco products contain similar chemicals to traditional tobacco products and are harmful to health. Living tobacco smokers lose at least 10 years of life on average. Globally, over 22 000 people die from tobacco use or second-hand smoke exposure every day – one person every 4 seconds. Tobacco use affects almost all organs of the human body. Some of the health effects are depicted below – from head to toe.

DISEASES CAUSED BY ALL FORMS OF TOBACCO

HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR DISEASES

Use of any tobacco product is associated with cardiovascular disease. Tobacco use causes blood vessels to narrow, which increases the risk of heart disease, stroke, and other cardiovascular diseases. Tobacco use also causes changes in the heart, including thickening of the heart muscle and changes in the heart's electrical system, which can lead to irregular heart rhythms and heart failure. Tobacco use is also a major risk factor for atherosclerosis, a condition in which plaque builds up in the arteries, narrowing them and increasing the risk of heart attack and stroke.

ORAL CANCER AND OTHER ORAL DISEASES

Tobacco use causes oral cancer and other oral diseases, including gum disease and periodontitis. Tobacco use also causes changes in the mouth, including thickening of the mouth lining and changes in the color of the mouth lining. Tobacco use is also a major risk factor for oral leukoplakia, a condition in which white patches form in the mouth, which can lead to oral cancer.

THROAT CANCER

Use of any tobacco product is associated with throat cancer, including laryngeal cancer and oropharyngeal cancer. Tobacco use also causes changes in the throat, including thickening of the throat lining and changes in the color of the throat lining. Tobacco use is also a major risk factor for laryngeal cancer and oropharyngeal cancer.

OTHER CANCERS

Tobacco use is associated with several other types of cancer, including bladder cancer, pancreatic cancer, and esophageal cancer. Tobacco use also causes changes in the bladder, including thickening of the bladder lining and changes in the color of the bladder lining. Tobacco use is also a major risk factor for bladder cancer, pancreatic cancer, and esophageal cancer.

FETAL DEATH

Use of any tobacco product is associated with fetal death, stillbirth, and miscarriage. Tobacco use also causes changes in the fetus, including low birth weight and preterm delivery. Tobacco use is also a major risk factor for fetal death, stillbirth, and miscarriage.

REDUCED FETAL GROWTH, LOW BIRTH WEIGHT AND PRETERM DELIVERY

Use of any tobacco product is associated with reduced fetal growth, low birth weight, and preterm delivery. Tobacco use also causes changes in the fetus, including low birth weight and preterm delivery. Tobacco use is also a major risk factor for reduced fetal growth, low birth weight, and preterm delivery.

Smoked tobacco products: any product made or derived from tobacco through a combustion process. Examples include manufactured cigarettes, roll-your-own tobacco, cigars, and pipe tobacco (including cigars, kreteks, and bidis).

Smokeless tobacco: any product that consists of cut, ground, powdered, or leaf tobacco and is intended to be used in the oral or nasal cavity. Examples include snuff, chewing tobacco, pipe tobacco, and cigars.

Second-hand smoke (SHS): the combination of "mainstream" products released by the smoker and "sidestream" smoke inhaled into the environment from lit cigarettes and other smoked tobacco products. The terms "passive smoking" or "involuntary smoking" are also often used to describe exposure to SHS.

All forms of tobacco are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include bidis, kreteks, cigars, cigarillos, various smokeless tobacco products, roll-your-own tobacco, pipe tobacco, waterpipe tobacco and other newer tobacco products.

BENEFITS OF QUITTING

It is never too late to quit. The cessation of tobacco use has the potential to reduce the risk of many of these diseases significantly and, in some cases, to reduce risk to that of a person who has never smoked. For more information, please visit: www.who.int/tobacco/en



DISEASES CAUSED BY TOBACCO SMOKE

LUNG CANCER

Tobacco use is the leading cause of lung cancer, which is the most common cause of cancer death in the United States. Lung cancer is a disease of the lungs, and it is caused by the damage to the cells of the lungs that is done by the chemicals in tobacco smoke.

ASTHMA

Smoking is a major risk factor for asthma, a chronic respiratory disease characterized by inflammation of the airways and narrowing of the airways. Smoking also causes changes in the airways, including thickening of the airway lining and changes in the color of the airway lining.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a disease of the lungs, and it is caused by the damage to the cells of the lungs that is done by the chemicals in tobacco smoke. COPD is a disease of the lungs, and it is characterized by inflammation of the airways and narrowing of the airways.

TUBERCULOSIS

Tobacco use is a major risk factor for tuberculosis, a bacterial infection of the lungs. Tobacco use also causes changes in the lungs, including thickening of the lung lining and changes in the color of the lung lining.

OTHER RESPIRATORY ILLNESSES AND REDUCED LUNG FUNCTION

Tobacco use is associated with several other respiratory illnesses, including chronic bronchitis and emphysema. Tobacco use also causes changes in the respiratory system, including thickening of the respiratory lining and changes in the color of the respiratory lining.

TYPE 2 DIABETES

Tobacco use is a major risk factor for type 2 diabetes, a condition in which the body does not produce enough insulin or does not use insulin properly. Tobacco use also causes changes in the body, including thickening of the blood vessels and changes in the color of the blood vessels.

DEMENTIA

Tobacco use is a major risk factor for dementia, a condition in which there is a loss of memory and other cognitive functions. Tobacco use also causes changes in the brain, including thickening of the brain lining and changes in the color of the brain lining.

REDUCED FERTILITY IN MEN AND WOMEN

Tobacco use is a major risk factor for reduced fertility in men and women. Tobacco use also causes changes in the reproductive system, including thickening of the reproductive lining and changes in the color of the reproductive lining.

ERYCTHELYSIS

Tobacco use is a major risk factor for erythrythemia, a condition in which there is an overproduction of red blood cells. Tobacco use also causes changes in the blood, including thickening of the blood and changes in the color of the blood.

SUDDEN INFANT DEATH SYNDROME

Tobacco use is a major risk factor for sudden infant death syndrome (SIDS), a condition in which an infant dies suddenly and unexpectedly. Tobacco use also causes changes in the infant, including thickening of the infant's airways and changes in the color of the infant's airways.

MENSTRUATION AND MENOPAUSE

Tobacco use is a major risk factor for irregular menstruation and early menopause. Tobacco use also causes changes in the reproductive system, including thickening of the reproductive lining and changes in the color of the reproductive lining.

BIRTH DEFECTS

Tobacco use is a major risk factor for birth defects, including cleft lip and palate, neural tube defects, and congenital heart disease. Tobacco use also causes changes in the fetus, including low birth weight and preterm delivery.

VISION LOSS

Tobacco use is a major risk factor for vision loss, including cataracts and glaucoma. Tobacco use also causes changes in the eyes, including thickening of the eye lining and changes in the color of the eye lining.

HEARING LOSS

Tobacco use is a major risk factor for hearing loss, including noise-induced hearing loss and age-related hearing loss. Tobacco use also causes changes in the ears, including thickening of the ear lining and changes in the color of the ear lining.

GASTROINTESTINAL DISEASES

Tobacco use is a major risk factor for several gastrointestinal diseases, including stomach cancer, pancreatic cancer, and esophageal cancer. Tobacco use also causes changes in the gastrointestinal system, including thickening of the gastrointestinal lining and changes in the color of the gastrointestinal lining.

WEAKENED IMMUNE SYSTEM

Tobacco use is a major risk factor for a weakened immune system, which increases the risk of infection and disease. Tobacco use also causes changes in the immune system, including thickening of the immune system lining and changes in the color of the immune system lining.

WEAK BONES

Tobacco use is a major risk factor for weak bones, including osteoporosis and osteoarthritis. Tobacco use also causes changes in the bones, including thickening of the bone lining and changes in the color of the bone lining.

SKIN DAMAGE

Tobacco use is a major risk factor for skin damage, including skin cancer and other skin conditions. Tobacco use also causes changes in the skin, including thickening of the skin lining and changes in the color of the skin lining.

PAHO/WHO Evidence and Interventions

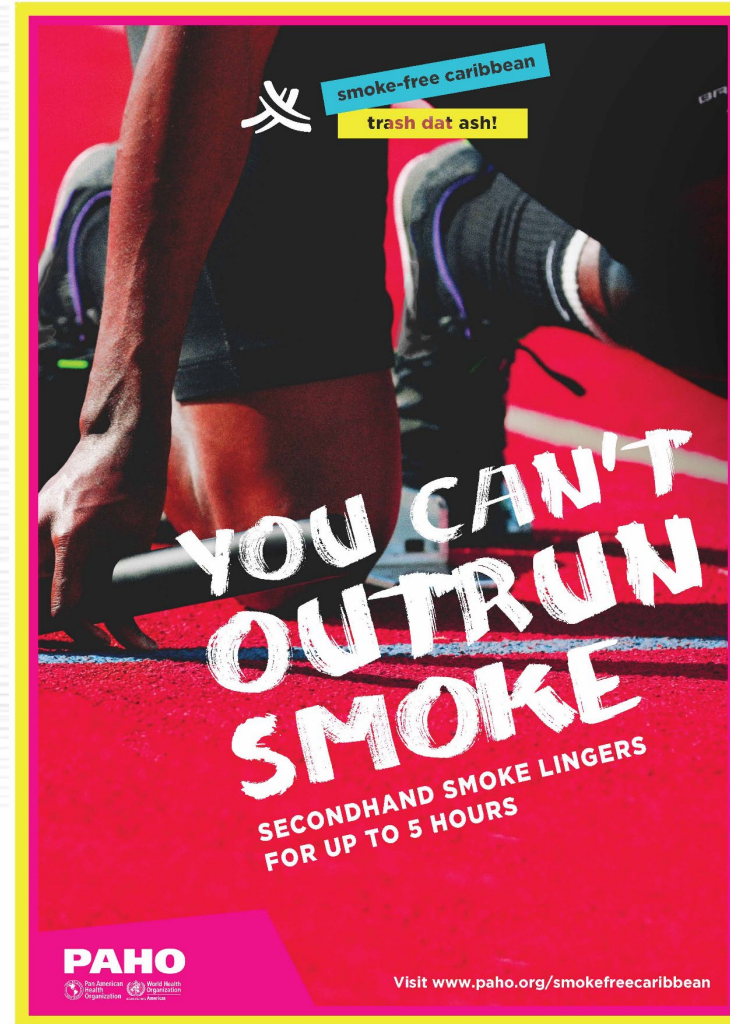
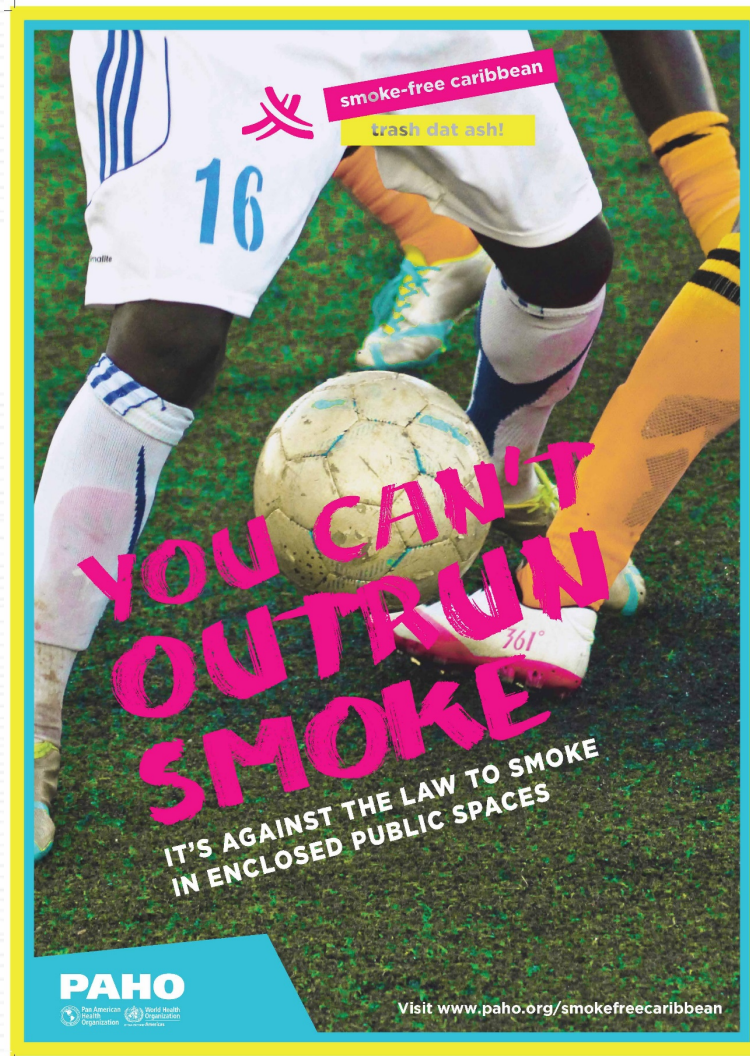
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL



<https://apps.who.int/iris/bitstream/handle/10665/324846/WHO-NMH-PND-19.1-eng.pdf?ua=1>



Communication campaigns



Port Mourant woman alleges police brutality Page 12

Guyana Chronicle

THE NATION'S NEWSPAPER

No. 104987 FRIDAY, JULY 28, 2017 Price: \$80 (GST Inclusive)

NOW AVAILABLE!
BACK TO THE FUTURE
10 BIRTHDAYS
WIN UP TO \$1,000,000
64

Tobacco bill passed

— tough fines for violators Page 10



Dr Joseph Pasternak, a visiting corneal specialist surgeon screening a patient at the Georgetown Public Hospital on Thursday ahead of conducting a corneal transplant. Dr Pasternak is part of the Subraj Foundation transplant team here in Guyana on their 25th mission. Other members of the team look on (Samuel Maughn photo)

TV News anchor credibility questioned Page 8

Constitutional Reform Bill tabled Page 5

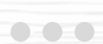
Damaged GTT cable... Sabotage could deter future investments Page 4

'Not fit for man or beast' ... President says accommodation for hinterland teachers must be fixed Page 8

TRISTAR Air Conditioning
9000BTU TO 60000BTU
AC Spare Parts, Installation, Servicing, Repairs and Free Site Visits
220-2049, 220-2086

TRISTAR New Heavy Duty Batteries
POWER MASTER
220-2099, 220-2116

MMC Security Force
The Most Powerful Response
220-6580, 220-5366



Commitment / Will

https://issuu.com/guyanachroniclee-paper/docs/guyana_chronicle_e-paper_28-07-2017

lightly.

In a blazing and very lengthy statement issued yesterday, the company said "DEMTOCO rejects the assertion by the PAHO/WHO Representative that as an Industry we would seek to deter President, Brigadier David Granger, from carrying out his constitutional responsibility of assenting to the recently passed Tobacco Control Bill of 2017."

But even as the statement underscored that "We further reject the notion that as a company, we would seek to delay the passage

of this legislation and instead point to our public pronouncements as proof of the contrary," the company in its statement continued to clearly advocate for a delay.

It was outlined that the company had called on President Granger to place the Bill in the Joint Select Committee of Parliament in order for a more reasonable solution be arrived at before the gazetting of the Bill.

The company noted that although it understands and appreciates the need for a Government to enact laws it feels will protect all its citizens. "We do not believe that it is unreasonable to ensure that that same bill does not unfairly discriminate against its people and infringes upon their rights in doing so.

In this light, we wish to therefore categorically reject this effort to impugn the character of the industry, and to reaffirm our support for the passage of a Tobacco Control Bill that is fair, balanced, and non discriminatory. We do not believe that the bill in its present form is balanced and non discriminatory."

The statement moreover went on to add, "We... restate our call for the President to ensure that these discriminatory elements are removed and that the Bill be sent to a Select Committee where all stakeholders are finally consulted resulting in a

better law being passed to regulate the tobacco industry. We understand the interests of PAHO, and their representative in attaining their objectives across the Caribbean, but we reject this false assertion, and urge them to allow the Guyanese people and democratic consultative processes, to institute a good piece of legislation that will be progressive, non- discriminatory and fair."

Dr. Adu-Krow had however told this publication that while it is the view of PAHO/WHO, that "you should not go to bed with your enemy," it also respects the fact that the level of consultations



INTIMIDATION

STOP TOBACCO INDUSTRY INTERFERENCE





**It is necessary
and possible**



**Organización
Panamericana
de la Salud**



**Organización
Mundial de la Salud**

OFICINA REGIONAL PARA LAS **Américas**