



Photo: WBB Trust

## **HOW TO TAKE 'FCTC IMPLEMENTATION' FROM THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) AND TRANSLATE IT INTO ACTION IN-COUNTRY**

**An Advocacy Toolkit by:  
Framework Convention Alliance**

**October 2015**



## ADVOCACY TOOLKIT: HOW TO TAKE 'FCTC IMPLEMENTATION' FROM THE SUSTAINABLE DEVELOPMENT GOALS (SDGs) AND TRANSLATE IT INTO ACTION IN-COUNTRY

### VICTORY!

#### Tobacco control is now included in the world's development goals

Implementation of the WHO Framework Convention on Tobacco Control (FCTC) is included in the [Sustainable Development Goals](#) (SDGs) that world leaders adopted in September 2015 at the UN General Assembly. In fact, it is recognised as one of the “means of implementation” to reach the

overall health goal (SDG 3) and a target on non-communicable diseases (NCDs)\*. This is a huge achievement.

In addition, governments agreed to support mechanisms to raise awareness and mobilise resources for FCTC implementation. They also agreed that governments should increase tobacco taxes in order to address the NCDs and tobacco epidemics and mobilise additional resources for development<sup>+</sup>.

These achievements were accompanied by many other commitments on health and development, including a call to set national spending targets for health, education, sanitation and other public services.

#### Now what do we do?

Nothing is going to happen automatically just because accelerated implementation of the FCTC is included in the SDGs. This decision certainly gives the FCTC a higher profile, but

**LOCATING THE WHO FCTC IN THE POST-2015 AGENDA**

**Health:**  
1 of 17 Sustainable Development Goals

**NCDs:**  
1 of 9 health targets

**FCTC:**  
1 of 4 means of implementation targets

**3. Ensure healthy lives and promote well-being for all at all ages**

**3.4. By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being**

**3a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate**

**FRAMEWORK CONVENTION ALLIANCE**  
BUILDING SUPPORT FOR TOBACCO CONTROL  
<http://ow.ly/S6z4T>

The 2030 Agenda for Sustainable Development was adopted at the UN Summit, 25 Sept. 2015.

there are 169 commitments in the SDGs and governments will have to choose the ones that they will focus on.

**It will be up to us to ensure that governments know that the world community has endorsed the FCTC and its measures, and how effective they can be. In-country advocates will play a huge role in this awareness-raising.**

#### \* Goal 3. Ensure healthy lives and promote well-being for all at all ages

- **3.4.** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- **3.a.** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

<sup>+</sup> See the [Outcome Document](#) of the Financing for Development conference held in July 2015 and a [press release](#) by FCA and partners.

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### Actions you can take:

- Send the attached 'Swiss cheese' press release to the media and government officials (Tobacco Control/NCD Focal Points, Ministers of Health, Finance and Development). There are two versions – one for governments of low- and mid-income countries, another for governments of high-income countries. Both outline how the FCTC is included in the SDGs and that a specific FCTC measure (tobacco taxation) has been endorsed by world leaders as a tool for raising revenue to finance development measures.
  - Send a copy of the press release to the country office of the UN Development Programme (UNDP), World Bank and development banks, and bilateral donors.
  - Contact FCA if you need help reaching out to your media. We are happy to be interviewed, provide a quote, etc.
- Find out if your government has planned events about the SDGs. If not, suggest that it should. Engage on this with the national chapter of the NCD Alliance ([see list here](#)), or if one does not exist, development campaigners who may be operating in your country. While they will be focusing on their own priorities, discussion could lead to collaboration. You can also brief them on tobacco taxation as a tool for raising revenue (referencing the outcome of the Financing for Development conference, FFD3<sup>+</sup>). These partners might agree to join your advocacy with the government on tobacco tax because it is a potential revenue stream for development.
- Urge TC/NCD focal points to request WHO, UNDP or World Bank to undertake "costing" of FCTC implementation in your country, in order to introduce national spending targets for FCTC implementation. (See our [Fact Sheet](#) for details).

#### WHAT ARE THE SDGs?

The Sustainable Development Goals (SDGs) represent a global consensus on how to achieve a sustainable future for everyone. All countries are expected to be guided by the goals when preparing their plans and policies for the next 15 years. The international community, including United Nations agencies, the World Bank and regional development banks, as well as public and private donors, are expected to assist governments to reach the SDGs.

The SDGs will succeed the Millennium Development Goals, which expire at the end of 2015. Unlike the MDGs, the SDGs are expected to apply to all countries, not just developing ones. Tobacco control was not included in the MDGs, which made it difficult to mobilise development assistance for implementation of the WHO FCTC.



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### Actions you can take (continued)

- Learn about your government's development plans and the process that produces them. (See the attached article for advice from FCAers who have already taken this step). With this knowledge, approach an official directly and offer to talk about the importance of making accelerated implementation of the FCTC a national priority.
- Submit the op-ed article in the toolkit to influential media. Customise it to be more relevant for your country's circumstances.

\* See the [Outcome Document](#) of the Financing for Development conference (July 2015) and our [press release](#).

### Countries have already agreed to take steps: remind them!



Countries have already committed to promoting NCDs in their national development plans. It's time to remind them that identifying FCTC implementation as a development tool in these plans is the way to fulfil their commitments!

#### [NCS Summit 2014](#)

"30. We commit to addressing non-communicable diseases as a matter of priority in national development plans, as appropriate within national contexts and the international development agenda, and to take the following measures with the engagement of all relevant sectors, including civil society and communities, as appropriate:

(v) Integrate measures to address non-communicable diseases into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Framework;"

At the last meeting of FCTC Parties, governments also agreed to work with civil society to raise the profile of the FCTC as a health and development priority ([COP6 decision 17](#)).

"The Conference of the Parties (COP), ...

DECIDES to urge Parties to take action in line with the suggested actions and recommendations set out in the Annex to the report of the working group, including:

(h) promoting joint campaigns championed by relevant stakeholders, including suitable personalities, groups and civil society organizations, to raise the profile of the WHO FCTC and tobacco control as a health and development priority;"

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### Swiss cheese press release targeting governments of low- and mid-income countries

Your Logo here

#### Tobacco control measures included in world's Sustainable Development Goals (SDGs)

*Governments need to plan now how they will accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC)*

#### PRESS RELEASE – FOR IMMEDIATE DISTRIBUTION

Contact:

**Date, Location** – Now that world leaders have formally adopted the Sustainable Development Goals (SDGs), the Government of **Your Country** will need to plan how to include accelerated implementation of the global tobacco control treaty, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in its overall development agenda, says **Your Organisation's Name**.

The SDGs have just replaced the Millennium Development Goals (MDGs) as the global blueprint for development for the next 15 years. SDG 3 focuses on health, and in it accelerated implementation of the FCTC is recognised as one of the “means of implementation” to reach the goal and a target on non-communicable diseases (NCDs).

In addition, governments that adopted the SDGs at the United Nations General Assembly agreed to support ways to raise awareness and mobilise resources for FCTC implementation. They also agreed that governments should increase tobacco taxes in order to address the NCD and tobacco epidemics and mobilise additional resources for development.

We urge the Government of **\_\_\_\_\_** to take the steps necessary to ensure that accelerated implementation of the WHO FCTC is included in its development planning. Specifically, we recommend that:

- The Government inform its development partners, particularly the UN Development Programme, World Bank and other multilateral and bilateral donors, that it intends to make accelerated FCTC implementation a key part of its strategy of implementing the SDGs;
- The Government revisit the commitments it has made as a Party to the WHO FCTC. Using an all-of-government approach, which includes the Ministry of Finance, Customs and other bodies responsible for taxation – along with the Ministry of Health – it should identify any gaps in its tobacco control legislation and take steps to strengthen them. The Government should also seek the advice of the local/regional office of the WHO in doing this assessment.

**Here your organisation can provide details on one or more TC measures that your government should focus on. This could include the following paragraphs on tobacco taxation.**

We strongly urge the Government of **\_\_\_\_\_** to examine its current tobacco taxation policies. At a global meeting in Addis Ababa in July, the world's governments concluded that a combination of

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domestic revenue streams (such as higher tobacco taxes), together with international development assistance, will be required to meet all SDGs by 2030.

A wealth of evidence shows that high tobacco taxes help to increase domestic government revenues while simultaneously reducing tobacco use – which in turn helps to decrease the economic burden of tobacco use and NCDs. A 2014 paper in the New England Journal of Medicine found that raising taxes to double the price of tobacco products would raise US\$100 billion per year while simultaneously reducing tobacco consumption by one-third. US\$100 billion would pay for the ['best buys' to reduce the economic burden of NCDs](#) in low and middle income countries (LMICs) nine times over, or pay for childhood vaccinations in all LMICs.

With tobacco taxation as a potential revenue stream, implementation of the WHO FCTC can be easily integrated into our country's development plan. Let's take this important step now to save lives and achieve the SDGs by 2030.

Signed

ENDS

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### Swiss-cheese press release targeting governments of high-income nations

Your Logo here

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*Governments need to plan now how they will accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC)*

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In addition, governments that adopted the SDGs at the United Nations General Assembly agreed to support ways to raise awareness and mobilize resources for FCTC implementation. They also agreed that governments should increase tobacco taxes in order to address the NCD and tobacco epidemics and mobilize additional resources for development.

We urge the Government of **\_\_\_\_\_** to take the steps necessary to ensure that accelerated implementation of the WHO FCTC is included in its framework for international assistance. Specifically, we recommend that:

- The Government work with its development partners, including multilateral agencies such as the World Bank or WHO, to support FCTC implementation in low- and middle-income countries;
- The Government revisit the commitments it has made as a Party to the WHO FCTC. Using an all-of-government approach, which includes the Ministry of Foreign Affairs, Ministries of Finance, and Customs – along with the Ministry of Health – it should identify any opportunities to strengthen its tobacco tax policies and share its experience with other governments.

We strongly urge the Government of **\_\_\_\_\_** to examine its current tobacco taxation policies, and share its experience internationally. At a global meeting in Addis Ababa in July, the world's governments concluded that a combination of domestic revenue streams (such as higher tobacco taxes), together with international development assistance, will be required to meet all SDGs by 2030.

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**ENDS**

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### Op-ed article to submit to influential media, in your name

#### What should our government's next step be on the Sustainable Development Goals (SDGs)? *Strengthening tobacco control is a proven, effective approach, with built-in revenue*

The world has a new blueprint for development. On 25 September 2015, United Nations member states agreed that the Sustainable Development Goals (SDGs) will replace the Millennium Development Goals (MDGs) as the guide to improving the lives of the world's people, and the Earth itself, until 2030.

Now the hard work of translating the words into action, and ultimately progress, begins. A first step will be for governments to establish priorities. The SDGs contain 169 commitments so it is impossible for every government to give equal weight to each of them.

We believe that the Government of [REDACTED] must invest in fighting non-communicable diseases (NCDs), which include these devastating, frightening killers: diabetes, cardiovascular disease, cancers and chronic lung disease. It was long thought that NCDs were 'lifestyle' diseases of people living in high-income countries. No longer.

NCDs account for 60 percent (35 million) of global deaths, but the largest burden – 80 percent (28 million) – falls on low- and middle-income countries, making NCDs a major cause of poverty and an urgent development issue. Globally, the impact of NCDs will increase 17 percent in the next 10 years, 27 percent in Africa. Low-income countries, many of which are still grappling with heavy burdens of infectious disease, risk being overwhelmed by this wave of largely preventable NCDs.

[ADD ANY RELEVANT NATIONAL INFORMATION HERE]

One risk factor is common to the NCDs listed above: tobacco use. Tobacco use kills more than six million people every year, the majority of them in their most productive years (aged 30-69). In the 20<sup>th</sup> century, 100 million people were victims of tobacco use: in this century it will kill one billion people, unless trends change.

Fortunately, we know what steps to take to fight the tobacco epidemic, and to prove that dire forecast wrong. They're contained in the World Health Organization Framework Convention on Tobacco Control (FCTC). The FCTC was adopted in 2005 and today has 180 Parties, which represent almost 90 percent of the world's population. [REDACTED] Country ratified the FCTC on this date. WHO has described FCTC measures as a 'best buy' in fighting NCDs. WHO Director-General Margaret Chan told the NCD Summit in 2011 that fully implementing the FCTC "would bring the single biggest blow to heart disease, cancer, diabetes and respiratory disease".

That message was heard. FCTC implementation is included in the SDGs. SDG 3 (the 'health goal') is: **Ensure healthy lives and promote well-being for all at all ages.** Target 3.4 of SDG 3 is: **by 2030, reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.** And target 3.a is: **strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.**

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### Op-ed article (continued)

A WHO report released in 2011 found that tobacco control can be put in place in low- and middle-income countries for a cost of just US\$0.11 per person per year. Even that low number is an overestimate if you consider the revenue-generating potential of one of the FCTC's measures: tobacco taxation. It is estimated that governments already collect nearly US\$ 270 billion in tobacco excise tax revenues each year. Yet low-income countries lag behind. In these countries, total tax as a proportion of the price of cigarettes varies between 45 percent and 55 percent. In high-income countries, on the other hand, taxes account for almost 65 percent of the price.

There is ample room for governments, like ours, to raise tobacco taxes to generate revenue that could finance tobacco control measures. Most importantly, raising tobacco taxes is known to be one of the most effective ways to cut tobacco consumption. In South Africa, total taxes on cigarettes rose from 32 percent to 52 percent of the retail price between 1993 and 2009. This contributed to halving tobacco consumption from about four cigarettes per adult per day to two cigarettes per day over a decade, and generated a nine-fold increase in government tobacco tax revenues.

Higher tobacco prices also discourage young people from starting to smoke, and were strongly endorsed by former entrepreneur and philanthropist Bill Gates: "Among the revenue proposals I have examined, tobacco taxes are especially attractive because they encourage smokers to quit and discourage people from starting to smoke, as well as generate significant revenues. It's a win-win for global health."

The world's governments endorsed tobacco taxation as a potential revenue source to finance development activities, at the Financing for Development conference in Addis Ababa in July. The WHO FCTC has also developed guidelines on how governments can both raise taxes and make them more effective.

Not only would comprehensive tobacco control programmes help us to achieve SDG 3, fighting tobacco and tobacco use would advance progress on many other goals, including: end poverty in all its forms everywhere, end hunger, promote sustainable agriculture, promote economic growth, and combat climate change.

So what are we waiting for? NCDs are a huge barrier to development in   one that threatens to overwhelm government resources. The leaders of the WHO and the UN Development Programme have instructed their in-country representatives to work together to support governments that want to make the fight against NCDs a national priority. World leaders have now signalled that taking action is essential to attaining sustainable development by 2030. Let's seize this opportunity to invest in one of the 'best buys' – strengthened tobacco control. It will pay dividends in the health of our citizens and in accelerating development overall.

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### Getting tobacco control into countries' development plans

#### *Lessons learned*

FCA members have completed projects in recent years designed specifically to get tobacco control – particularly implementation of the WHO Framework Convention on Tobacco Control (FCTC) – into countries' development plans. This is because tobacco use is a major risk factor for non-communicable diseases (NCDs). This work has had three areas of focus:

1. Building alliances among civil society, which go beyond tobacco control to include advocates for action against NCDs, and others;
2. Persuading government officials that tobacco control is not a health issue only, and that multiple ministries, including finance and customs, should be engaged;
3. Encouraging governments to include tobacco control and FCTC implementation in their UN Development Assistance Framework (UNDAF) plans, which are designed to help countries meet UN treaty obligations and SDGs, and to work with UN teams at country level, particularly the UN Development Programme (UNDP) and WHO, to facilitate this process.

Here are some of the lessons that they've learned:

- **Meet the UN:** The magnitude of NCDs and their impact on countries' development means that the UN system could play a major role in supporting governments to prevent and control these diseases. Tobacco control civil society and the UNDP have many overlapping interests and the sooner we start coordinating our activities, the better.

[\*Listen to Mr Dudley Tarlton of the UN Development Program speak about different ways that advocates can engage with UNDP at the country level\*](#)



- **Messaging matters:** Government authorities see tobacco use as a health issue, not a development challenge. However, demonstrating the links between tobacco (and NCDs), poverty and development, allowed us to raise the profile of tobacco control among non-health audiences. They came to understand that tobacco use is a problem that affects social and economic development, so it should be addressed by all relevant government ministries.
- **Get linked:** Building connections and alliances is key. A national NCD Alliance ([see list here](#)) is an obvious partner, and an important player for establishing relationships with international donor agencies and government officials. Other networks can also be fruitful, such as groups focused on protecting public health from transnational interests and interference.

[\*Listen to Mr Carlos Farias, President of COLAT \(civil society tobacco control network\) Peru, speak about an important alliance made by tobacco control advocates in Peru\*](#)



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- **Speak their language:** Advocates should 'speak the language' of the people they are trying to convince. For example, if you will be discussing the economics of tobacco control, make sure that your group includes not only health experts but someone who is comfortable with economics, and ideally with tobacco taxation.

### ENGAGING WITH THE UNDP

Because tobacco control is such a cross-cutting issue, there are many ways to engage on it at country level, with the United Nations Development Programme, according to Dudley Tarlton, Programme Specialist, Health and Development.

The obvious one is health, but because UNDP sees tobacco control primarily as a governance issue – involving legislation and coordination, etc. – approaching the UNDP governance unit at country level is another 'entry point' for civil society.

Fighting tobacco and tobacco use through their impact on poverty and development and the environment and development are other possible avenues to engage, says Mr Tarlton. "It's good not to think of it just as a health sector issue, and we're always advocating for that as well."

- **Long-term:** There will be no overnight miracles. If we want to get tobacco control among national priorities, we are in for a long struggle. It takes about a year for advocates to get familiar with the process of setting national priorities and to be in a position to promote the FCTC and NCDs within it. However, this is an essential first step in raising the profile of tobacco control, which can lead to mobilising additional resources and support for FCTC implementation at country level.

[Listen to FCA's Regional Coordinator, Mr Eduardo Bianco, speak about the importance of doing your 'homework' before advocating for tobacco control to be included in country's development plans.](#)



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### Tobacco taxes and financing for development

At the Financing for Development conference, which took place in July 2015, world leaders and ministers of finance and development agreed that “price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health care costs, and represent a revenue stream for financing for development in many countries” (See text in box below). They also agreed that Parties will strengthen implementation of the WHO Framework Convention on Tobacco Control (FCTC) and support mechanisms to raise awareness and mobilize resources. These commitments were later [endorsed by the UN General Assembly](#).

In practice, this means that governments should routinely look at the role that their tobacco tax policy might play when they consider how to reach development objectives, including the SDGs.



[Putting the FCA Article 6 guidelines to work.](#)

Raising tobacco taxes is the most effective, and cost-effective, strategy for reducing tobacco use. As emphasised by the [WHO report released in July 2015](#), tobacco taxation is also the FCTC measure that is least implemented, so there is lots of room for governments to increase taxes as part of a long-term strategy to save lives and raise revenue for tobacco control. How to do that is outlined in implementation guidelines to Article 6 of the FCTC, and explained in our document,

32. We note the enormous burden that non-communicable diseases place on developed and developing countries. These costs are particularly challenging for small island developing States. We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries.

77. Multi-stakeholder partnerships, such as the Global Alliance for Vaccines and Immunization (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have also achieved results in the field of health. We encourage a better alignment between such initiatives, and encourage them to improve their contribution to strengthening health systems. We recognize the key role of the World Health Organization as the directing and coordinating authority on international health work. We will enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve universal health coverage. We commit to strengthening the capacity of countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks, as well as to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States. Parties to the World Health Organization Framework Convention on Tobacco Control will also strengthen implementation of the Convention in all countries, as appropriate, and will support mechanisms to raise awareness and mobilize resources. We welcome innovative approaches to catalyse additional domestic and international private and public resources for women and children, who have been disproportionately affected by many health issues, including the expected contribution of the Global Financing Facility in support of Every Woman, Every Child.

[http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/69/313&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313&Lang=E)

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### Tobacco use hinders development in many ways

(article online at <http://ow.ly/RWDKm>)

Many people now know that tobacco use is the world's number one cause of preventable death, responsible for over 6 million deaths each year. Thus, the link between tobacco use and the health goal\* included in the new [Sustainable Development Goals](#) (SDGs) is no surprise.



Photo: Anne Jones, The Union

But tobacco use also affects many other dimensions of development, including poverty. Low-income families that spend money on tobacco have fewer resources for on food, health and education, which are all essential to development.

See below for details on how tobacco use affects each aspect of sustainable development, and about how tobacco control can contribute to development.

Evidence of the various impacts of tobacco and tobacco use is available for many countries and growing steadily. We have begun to collect it [in this data sheet](#), a document that was developed in June 2015 and will be regularly revised with new data and evidence.

If you have any additions to suggest, [email us](#).

\* **Goal 3. Ensure healthy lives and promote well-being for all at all ages:**

**3.4.** by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

**3.a.** strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate.

### The intersection of tobacco use and sustainable development



#### **Sustainable Development Goal (SDG) 1: End poverty in all its forms everywhere**

Money spent on tobacco is money not spent on other household needs. In Thailand for example, low-income families spent 13.6 percent (5 times more than high income families) of their annual income on tobacco products, money that could be used for food, clothing and education ([SEATCA, 2008](#)). In China, this figure was estimated to be 11 percent of total household spending ([Hu TW, et al, 2005](#))



#### **Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

In 2005, Indonesian households with smokers spent 11.5 percent of their income on tobacco products, compared to 11 percent on fish, meat, eggs and milk combined ([Barber S, et al, 2008](#)). In a tobacco-growing region of Tanzania, clearing land to plant tobacco accounts for 3.5 percent of annual deforestation while cutting trees to burn wood for curing tobacco adds another 3 percent to deforestation ([Mangora M, 2006](#)).

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### **Goal 3: Ensure healthy lives and promote well-being for all at all ages**

Tobacco use kills. In Mexico, 10 percent of all deaths are attributable to tobacco use ([CONADIC, 2003](#)) while roughly 100,000 patients demand healthcare services each year to treat tobacco-related illnesses ([Arredondo A, Carrillo C, Zuniga A, 2007](#)). In Russia, tobacco use is the third leading cause of premature death after high blood pressure and high cholesterol ([Marques P, et al, 2007](#)). Every year smoking kills at least 225,000 people in Indonesia ([IHME, 2013](#)).



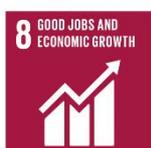
### **Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

In Malawi, at least 78,000 children are forced to work in tobacco fields, preventing most of them from attending school ([Plan Malawi, 2009](#)). In 2005, Indonesian households with smokers spent 11.5 percent of their household income on tobacco products, compared to just 3.2 percent on education ([Barber S, et al, 2008](#)).



### **Goal 5: Achieve gender equality and empower all women and girls**

Women need to know about the dangers of tobacco. Already, women comprise 20 percent of the world's more than 1 billion smokers ([WHO 2010](#)). In 2012, 17 percent of women in developed countries and 4 percent of women in developing nations were daily smokers ([Ng M, et al](#)). In China, 53 percent of women of reproductive age were exposed to secondhand smoke at work and 65 percent were exposed at home, which raises the risk of complications in pregnancy ([Caixeta RB, Khoury RN, Sinha DN, 2012](#)). In Uruguay, comprehensive tobacco control policies improved the health of newborns by encouraging pregnant women who smoke to quit ([Harris JE, Balsa AI, Triunfo P, 2014](#)).



### **Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**

Tobacco related deaths can affect countries' economies. For example, in highly populated, developing countries like Pakistan, lost economic opportunities are severe because up to half of all tobacco-related deaths occur during the population's prime productive years, ages 30–69 ([Ng M, et al](#)). In Egypt, almost 61 percent of all people who work indoors are exposed to secondhand smoke ([CDC, WHO, 2009](#)). Exposure to secondhand smoke is responsible for about 600,000 deaths a year globally ([WHO, 2004](#)).



### **Goal 10: Reduce inequality within and among countries**

More than 80 percent of the world's smokers live in low- and middle-income countries, which have fewer resources to devote to the health and other costs of tobacco and tobacco use ([Jha P, 2009](#)). In Uruguay smoking rates are highest among the poor. 35 percent of adults in the poorest quarter of the population smoke, while 19.6 percent of adults in the wealthiest quarter do ([Bonilla-Chacín, ME, 2014](#)).



### **Goal 11: Make cities and human settlements inclusive, safe, resilient & sustainable**

Breathing in secondhand smoke is deadly, in workplaces and homes. Exposure to secondhand smoke kills 100,000 people in China every year ([MOH China, 2007](#)). In Mexico nearly 20 percent of adults are exposed to secondhand smoke at work and 17 percent at home ([GATS Mexico, 2010](#)). In Thailand, 68 percent of youth (age 13–15) are exposed to secondhand smoke in public places and 49 percent in their homes ([GYTS Thailand, 2009](#)).

## ADVOCACY TOOLKIT: HOW TO TAKE 'FCTC IMPLEMENTATION' FROM THE SUSTAINABLE DEVELOPMENT GOALS (SDGs) AND TRANSLATE IT INTO ACTION IN-COUNTRY



### **Goal 13: Take urgent action to combat climate change and its impacts**

Tobacco cultivation accounts for 1 percent of the world's agricultural land use, yet it is responsible for 2-4 percent of global deforestation, "making a visible footprint for climate change" ([Tobacco Atlas, 2015](#)).



### **Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development**

Cigarette butts, which can take up to 12 years to decompose, were the most common debris item found in the 2013 International Coastal Clean-Up in 92 countries, making up 15 percent of total items ([Ocean Conservancy, 2013](#)).

Thousands of chemicals are present in a cigarette, and the residues may be found in littered butts. Leachate from cigarette butts is acutely toxic to some marine and freshwater fish species, and even unsmoked filters are slightly toxic ([Slaughter et al., 2011](#)).



### **Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss**

Tobacco growing is responsible for biodiversity losses, land pollution through the use of pesticides, as well as soil degradation, deforestation and water pollution ([WHO 2008](#)). Tobacco manufacturing is related to 30 percent of deforestation in Bangladesh ([John S, Vaite S, 2002](#)) and between 1990 and 1995, tobacco growing accounted for 26 percent of deforestation in Malawi ([Millington A and Jepson W, 2008](#)). In Brazil, 200,000 tobacco-growing families used an average of 3kg of wood to cure 1kg of tobacco ([Geist H, Chang K-t, Eteges V, Abdallah JM, 2009](#)).



### **Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

In 2000, the European Community accused tobacco companies Phillip Morris and RJ Reynolds of smuggling cigarettes, obstructing governments' tobacco control, bribing foreign public officials and illicit trade with terrorist groups. The case was dropped but led to a legally-binding agreement that PMI pay the EC \$1 billion and put in place measures to prevent smuggling ([Joossens and Raw, 2008](#)).

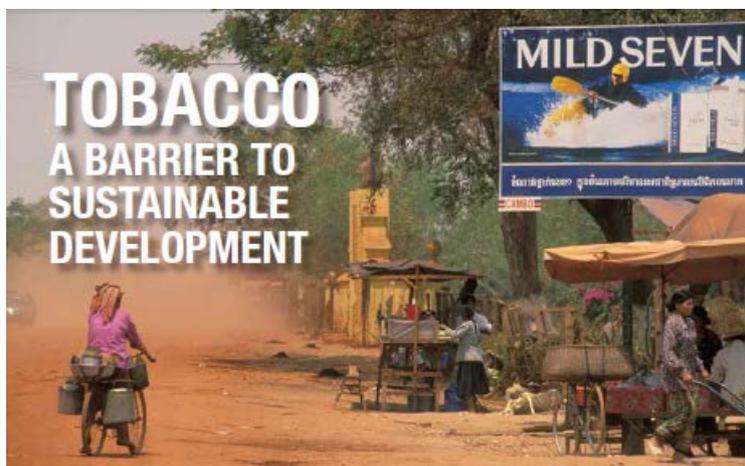


### **Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development**

The UN General Assembly has endorsed the policies and actions in the outcome document of the Third International Conference on Financing for Development (FfD3). One of these policies is to increase tobacco taxes, because price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and, in many countries, to raise revenue to finance development programmes ([FfD3, 2015](#)).

## ADVOCACY TOOLKIT: HOW TO TAKE 'FCTC IMPLEMENTATION' FROM THE SUSTAINABLE DEVELOPMENT GOALS (SDGs) AND TRANSLATE IT INTO ACTION IN-COUNTRY

Read more in our publication **Tobacco: A barrier to sustainable development:**



**Tobacco is extraordinarily dangerous to human health and highly damaging to national economies.**

Nearly one billion people in the world smoke every day; about 80% of them are in low- and middle-income countries (LMICs).<sup>1</sup> Over six million people die from tobacco use every year, the majority in their most productive years (30-69 years of age).<sup>2</sup>

**Over-burdened health systems in all countries are already caring for countless people who have been disabled by cancer, stroke, emphysema and the myriad other non-communicable diseases (NCDs) caused by tobacco.**

The diseases caused by tobacco use impose high productivity costs to the economy because of sick workers and those who die prematurely during their working years. Lost economic opportunities in highly-populated developing countries will be particularly severe as tobacco use is high and growing in those areas.

**The vector of the tobacco epidemic is a wealthy, powerful, transnational industry.**

From 1970 to 2000, cigarette consumption tripled in developing countries due to aggressive acquisition and marketing strategies.<sup>3</sup> Tobacco industry revenue dwarfs the GDP of many countries. Manufacturers' worldwide profits were about \$50 billion in 2012.<sup>4</sup> The industry uses its wealth to battle for market share in the developing world.<sup>5</sup>

**We know exactly how to tackle the scourge of tobacco.**

We have an internationally-negotiated, legally-binding package of evidence-based tobacco control measures, the WHO Framework Convention on Tobacco Control,<sup>6</sup> the world's first treaty devoted to improving public health. 179 countries and the European Union are Parties to the FCTC. The slow pace of FCTC implementation causes immeasurable suffering, and imposes economic hardship on governments facing rising healthcare costs and lost opportunities to invest in sustainable development.

**As the world comes together this year to agree on the post-2015 agenda for sustainable development, no country can afford the health, social, economic or environmental consequences of tobacco.**