

## FCA COMMENTS ON THE UN SUSTAINABLE DEVELOPMENT SOLUTIONS NETWORK REPORT ON THE SUSTAINABLE DEVELOPMENT GOALS

The Framework Convention Alliance (FCA) welcomes the opportunity to provide its views on the report of the UN Sustainable Development Solutions Network (SDSN) on the sustainable development goals (SDGs).

FCA is made up of over 350 non-governmental organisations from more than 100 countries working on the development, ratification and implementation of the WHO Framework Convention on Tobacco Control (FCTC)<sup>1</sup>.

### What do you agree with about the narrative sections and why?

We welcome the report – *An Action Agenda for Sustainable Development* – and its recognition that in order to take the sustainable development path, business as usual (BAU) is not an option anymore. FCA strongly agrees that the BAU trajectory fails to achieve sustainable development in multiple ways<sup>2</sup>. The need to respond to tobacco use and non-communicable diseases (NCDs) was not included in the Millennium Development Goals (MDGs). NCDs and their risk factors cannot be overlooked now. It is in this context that we would like to bring attention to the devastating social, economic, and environmental consequences of tobacco use.

Tobacco use is a leading preventable cause of disease, disability, and death. It damages the health of its users and of bystanders exposed to second-hand smoke. Tobacco is the only widely sold consumer product that kills a high percentage of its users – roughly 50% – when used as intended. Although all these facts have been known for decades, tobacco still kills 6 million people each year<sup>3</sup>.

### What do you disagree with about the narrative sections, and what do you propose instead?

Although the SDSN report rightly highlights the importance of health within the SDGs, it insufficiently and inappropriately describes necessary steps to address NCDs and tobacco use.

FCA was disappointed to see the SDSN report frame NCD risk factors, such as tobacco use, as life choices of individuals<sup>4</sup>.

This is a particularly poor choice of words with respect to tobacco use, given the highly addictive nature of tobacco products. Many individuals start using tobacco too early in their lives to appreciate its harms and addictive nature.

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<sup>1</sup> For more information about the FCA, see: [www.fctc.org](http://www.fctc.org)

<sup>2</sup> Page 4 of the SDSN report on the sustainable development goals

<sup>3</sup> WHO. 2011. WHO Report on the global tobacco epidemic. Geneva: WHO.

<sup>4</sup> Page 16 of the SDSN report on the sustainable development goals

In this regard, the role of the tobacco industry, which seeks to market its products to children, should be emphasized.

Another FCA's concern is that the SDSN report frames the role of public policies to address NCD risk factors as tools that can merely "help" in promoting healthy behaviours<sup>5</sup>.

The truth is that NCDs have increased as a result of changes in social, economic and physical environments. In the case of low- and middle-income countries, the rapidly growing burden of NCDs is clearly accelerated by the negative effects of globalization, rapid unplanned urbanization and increasingly sedentary lives<sup>6</sup>. Since NCDs are expected to become a most common cause of death in all parts of the world by 2030<sup>7</sup>, their prevention may very well become one of the key ways of ensuring sustainable development.

In the case of tobacco, the overwhelming majority of governments are legally obliged to address tobacco use. The WHO FCTC is a legally binding and widely accepted framework for multi-sectoral action on tobacco control. It has been ratified by 177 Parties as of July 2013<sup>8</sup>.

The SDSN mentions several UN Conventions and recommends that the SDGs should be complementary to the tools of international law<sup>9</sup>. FCA was disappointed to see that the WHO FCTC – a unique global health tool – was not highlighted in the report.

## What do you agree with about the goals, targets and indicators and why?

FCA is pleased to see a stand-alone goal on health among the illustrative SDGs proposed by the SDSN report. We agree that the MDG health targets need to be retained, updated, and expanded<sup>10</sup>. The proposed goal to *Achieve Health and Wellbeing at All Ages* provides a good basis to address continuing as well as emerging health threats, and balance both prevention of diseases and their treatment.

We particularly welcome the specific inclusion of NCDs and their risk factors, such as tobacco use, among all three illustrative health targets. NCDs were recognized to represent one of the major challenges for development in the 21<sup>st</sup> century<sup>11</sup>. It is, therefore, imperative to include NCDs and their drivers within SDGs.

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<sup>5</sup> *ibid*

<sup>6</sup> WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

<sup>7</sup> *ibid*

<sup>8</sup> See full list of Parties to the WHO FCTC at: [http://www.who.int/fctc/signatories\\_parties/en/index.html](http://www.who.int/fctc/signatories_parties/en/index.html)

<sup>9</sup> Page 26 of the SDSN report on the sustainable development goals

<sup>10</sup> Page 16 of the SDSN report on the sustainable development goals

<sup>11</sup> UN resolution A/RES/66/2 – Political Declaration of the UN HLM on NCDs



## What do you disagree with about the goals, targets and indicators, and what do you propose instead?

FCA welcomes the inclusion of NCDs among all three targets proposed by the SDSN report. We were particularly pleased to see a specific target on NCDs risk factors, including smoking. However, we would like to propose revisions to this target so that it addresses tobacco use – not only smoking – directly and becomes measurable. We propose the existing target 5c to be:

*“Bring down tobacco use prevalence by [xx]% by 2030, promote healthy diets and physical activity, discourage unhealthy behaviours, such excessive alcohol intake, and track subjective wellbeing and social capital.”*

The tobacco use prevalence target – recently adopted by the World Health Assembly<sup>12</sup> – of a 30 percent relative reduction by the year 2025, should serve as the technical basis for a tobacco-related target in the post-2015 development agenda.

Finally, any ambitious target, be it on tobacco use or NCD mortality, needs to be linked to effective interventions. In the case of tobacco control, the WHO FCTC contains a comprehensive set of tobacco control policies. Accordingly, the tobacco-related target or the NCD-related target should be monitored through tobacco control indicators based on these policies, such as affordability of tobacco products, the presence of large and effective pictorial health warnings on packaging, comprehensive bans on tobacco advertising, promotion and sponsorship, access to tobacco dependence treatment and requirements for smoke-free public spaces, among others.

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<sup>12</sup> WHA resolution WHA66.10 – Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases