

## TOBACCO CONTROL AND THE MILLENNIUM DEVELOPMENT GOALS

At the 2000 UN Millennium Summit, governments across the world agreed to eight Millennium Development Goals (MDGs), to be met by 2015. All 192 UN member states and at least 23 international organisations have adopted these goals. The MDGs form the basis for global development policy, and have a large impact on public health policy because they recognise the close relationship between poverty and disease.

Tobacco use has an adverse impact on health, poverty, malnutrition, education and the environment and is relevant to almost all aspects of the MDGs. Focusing just on poverty, the consequences of tobacco use are highly significant for low- and middle-income countries. The diseases it causes and exacerbates – including cancer, heart disease, lung disease and diabetes – kill millions of people in their most productive years; and money spent on addictive tobacco products is money not spent on such essentials as food, medicine and education.

MDG 6 concerns action to combat HIV/AIDS, malaria, tuberculosis “and other diseases”, however this is not interpreted as extending to “noncommunicable” diseases (NCDs), including those caused or exacerbated by tobacco use and exposure to tobacco smoke. As a consequence, developing countries have been denied access to development funds to combat the NCD epidemic they are facing – an epidemic that is undermining their efforts to tackle infectious diseases and reduce poverty.

To address the global tobacco epidemic, the World Health Assembly (WHA) unanimously adopted the first global public health treaty, the Framework Convention on Tobacco Control, which entered into force in February 2005. The WHA has also adopted the 2008-2013 Action Plan on NCDs; and on 13 May 2010, the UN General Assembly unanimously adopted a resolution on the prevention and control of NCDs, seeking to halt the increasing trends in premature deaths from NCDs worldwide, with a particular focus on developing countries.<sup>2</sup> The resolution also calls on UN member states and the international community to convene a High-Level meeting of the General Assembly in September 2011 on the prevention and control of NCDs.

### Noncommunicable Diseases

NCDs include cancer, cardiovascular disease, diabetes, and chronic obstructive lung disease. They are responsible for more than 35 million deaths each year worldwide, or about 3/5 of all deaths, with 80% in low- and middle-income countries. Up to 4/5 of these deaths could be prevented by attention to key risk factors: tobacco use; unhealthy diet; physical inactivity; and misuse of alcohol. The World Health Organization (WHO) projects that, globally, NCD deaths will increase by 17% over the next 10 years. The greatest increase will be in the African region (27%) followed by the Eastern Mediterranean (25%). The highest absolute number of deaths will occur in the Western Pacific and South-East Asia.<sup>3</sup>

In 2008, cancer alone accounted for 7.6 million deaths globally, more than AIDS, malaria, and tuberculosis combined. More than 5.3 million, or about 70%, of these deaths occur in low- and middle-income countries.<sup>4</sup>

1 <http://www.un.org/millenniumgoals/>

2 <http://documents-dds-ny.un.org/doc/UNDOC/LTD/N10/335/20/pdf/N1033520.pdf?OpenElement>

3 WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

4 World Health Organization. Fact Sheet No. 297: Cancer; February 2009.

## **Tobacco Consumption**

The age at which people in developing countries first start to smoke is falling. Between 82,000 and 99,000 young people start smoking every day, over 80% in developing countries. While many developing countries have low rates of smoking among females, these rates are also on the rise. It is estimated that the proportion of female smokers will rise from about 12% in the first decade of this century to 20% of all smokers by 2025.<sup>5</sup>

In a number of high income countries, tobacco consumption is falling significantly, affected by tough tobacco control policies including regular tax rises, bans on advertising and promotion, and restrictions on smoking in workplaces and enclosed public places.

The leading tobacco multinationals have responded to declining sales in the developed world by targeting developing countries as new markets. For example, an internal document of British American Tobacco (BAT) stated: *"We should not be depressed simply because the total free world market appears to be declining. Within the total market, there are areas of strong growth, particularly in Asia and Africa...It is an exciting prospect."*<sup>6</sup>

According to the latest WHO Global Report, less than 10 percent of the world's population is adequately protected by proper tax policies, smoke free laws or advertisement bans. The combination of current development and public health priorities with the tobacco industry's marketing strategy means that there is a clear danger that low income countries will face an emerging public health crisis from tobacco use and its consequent NCDs, without the infrastructure required to prevent, detect, treat, and cure. This could change if the MDGs directly address the tobacco epidemic.

## **Tobacco Control Policy**

The WHO Framework Convention on Tobacco Control was agreed in May 2003 and came into effect in February 2005. 171 countries are now Parties to the FCTC, representing more than 86% of the world's population. The FCTC provides a clear and evidence-based set of tobacco control policies, including:

- Tobacco tax and price increases;
- Smoke-free environments in enclosed public places (including workplaces);
- A comprehensive ban on tobacco advertising, promotion and sponsorship;
- Public education, including large pictorial warning labels on tobacco packages;
- Prohibition of deceptive labels such as "light" and "mild".<sup>7</sup>

These policies can most effectively be developed if there is a close relationship between global tobacco control efforts and development and public health policy.

## **Conclusion**

FCA, a civil society alliance of more than 350 health and tobacco control organisations from more than 100 countries, believes that NCDs caused by tobacco use should be explicitly addressed as a critical development issue when the existing MDGs are revised in 2015. NCDs and tobacco control should also be highlighted at the September 2010 UN Summit on the MDGs, in line with the General Assembly resolution of 13 May 2010 on the prevention and control of NCDs.

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5 Samet J, Young Yoon S, eds. *Women and the tobacco epidemic – challenges for the 21st century*. Geneva, World Health Organization, 2001.

6 [http://www.ash.org.uk/files/documents/ASH\\_685.pdf](http://www.ash.org.uk/files/documents/ASH_685.pdf)

7 [http://www.who.int/tobacco/framework/WHO\\_FCTC\\_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf)