

Policy Briefing: United Nations High Level Meeting on the Prevention and Control of Non-Communicable Diseases

Fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 15-20 November 2010, Punta del Este, Uruguay

Recommendations

The Conference of the Parties (COP) should adopt a decision:

- Welcoming the efforts of the United Nations (UN) and the World Health Organization (WHO) in addressing non-communicable diseases (NCDs), including the UN General Assembly resolution calling for a High Level Meeting on the Prevention and Control of NCDs in September 2011 (hereafter the NCD Summit);
- Re-emphasising the impact of tobacco use on the poor, and the importance of tobacco control in poverty alleviation and progress towards internationally agreed development targets; in particular the Millennium Development Goals (MDGs);
- Endorsing the recognition of the threat posed by NCDs to the achievement of the MDGs, and the challenges faced by developing countries in preventing and controlling those diseases;
- Affirming the role of tobacco control as a leading prevention strategy in the fight against NCDs;
- Requesting the Secretariat, under the guidance of the Bureau, to provide any required support for the preparation of the NCD Summit;
- Requesting the Secretariat, under the guidance of the Bureau, to prepare for COP-5 a report on the outcomes of the NCD Summit and its impact on the implementation of the Convention. The report should include an analysis of the impact of the NCD Summit final outcomes document on the strategic directions for implementation assistance for the Convention, as well as on any related changes and improvements that may be required to current tools and mechanisms of assistance; and
- Urging Parties to support the inclusion of full and rapid implementation of measures required under the FCTC as a key goal of the international community, in the final document of the NCD Summit, and further the inclusion of NCDs and tobacco control in the successor goals of the MDGs and any subsequent global indicators of development.

Background – Financial Resources, Mechanisms of Assistance and International Cooperation

Parties have repeatedly recognised that financial assistance for implementation at the national level is crucial for the long-term success of the FCTC. In Article 26, Parties stress “the important role that financial resources play in achieving the objective of this Convention”. They recognise that financial support for tobacco control may come as part of broader multilateral initiatives, agreeing that ‘all relevant potential and existing resources’ should be mobilised and utilised. Article 26.4 requires “Parties represented in relevant ... intergovernmental organisations, and financial and development institutions [to] encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition”.

Parties have also recognised that greater cooperation with UN and other intergovernmental organisations and bodies will advance implementation of the Convention. Article 23.5 (g) provides for the Conference of the Parties (COP) to cooperate with “competent and relevant organisations and bodies of the United Nations system and other international and regional intergovernmental organisations and nongovernmental organisations and bodies as a means of strengthening the implementation of the Convention”, and Article 25 provides that the COP may request the cooperation of intergovernmental organisations, including financial and development institutions, “[i]n order to provide technical and financial cooperation for achieving the objective of this Convention’.

International cooperation activities under the Convention include aspects such as law enforcement and environmental protection;¹ international development arrangements are particularly important. During COP-1, Parties affirmed their strong determination to secure funding from diverse channels when they “[called] upon the Health Assembly to give full support to the prioritisation of resource mobilisation for tobacco control at the national and international levels” and requested the Secretariat to “launch an awareness-raising campaign among potential development partners” (decision FCTC/COP1 (13)).

Furthermore, all sessions of the Conference of the Parties (COP) have considered the issue of financial resources for implementation of the Convention. The COP has requested the Secretariat to prepare and present, at every session, an implementation report on activities undertaken to implement the COP’s decisions on financial resources and mechanisms of assistance. Reports prepared for COP-3 (document FCTC/COP/3/12) and COP-4 (document FCTC/COP/4/16) on the progress of implementation assistance highlight progress in the development of tools and mechanisms for this purpose. However, both reports stress that further action and progress is threatened by a lack of financial resources.

COP-3 also requested the Secretariat to prepare and present a report on cooperation with international organisations and bodies for strengthening implementation of the Convention (document FCTC/COP/4/17), which gives an overview of important opportunities to strengthen implementation of the Convention by cooperating with various UN bodies. Such international cooperation is vital to any strategy to secure sustainable funding for implementation assistance.

Tobacco and Development

The Millennium Development Goals, agreed upon by the United Nations and member states, set global targets for reducing poverty and encouraging development in low- and middle-income countries². Tobacco control has been recognised as having an important role to play in realising these goals³, although tobacco control is not mentioned in the MDGs.

Tobacco use is unequivocally linked with underdevelopment and poverty. In 2004, WHO estimated that two-thirds of the poor nations for which data were available had male smoking rates above the average 35% prevalence rate for the developed world⁴. Data from many countries show that the poor are most likely to smoke.

Tobacco use negatively affects important development objectives such as health⁵, nutrition⁶, employment⁷ and gender equality⁸. Furthermore, money spent on tobacco consumption

¹ Secretariat’s report on Cooperation with International Organizations and Bodies for strengthening the implementation of the Convention (FCTC/COP/4/17), paragraph 18.

² Road map towards the implementation of the United Nations Millennium Declaration; Report of the Secretary-General, A/56/326, September 2001.

³ The Millennium Development Goals and Tobacco Control. World Health Organisation. 2004.

⁴ The Millennium Development Goals and Tobacco Control. World Health Organisation. 2004.

⁵ Hu T-w, Mao Z, Shi J, Chen W. Tobacco taxation and its potential impact in China. Paris: International Union Against Tuberculosis and Lung Disease, 2008.

reduces the amount of money available to spend on food, healthcare, shelter and education. For example, in Indonesia, on average, poor families spend 22% of their monthly income on cigarettes⁹.

The links between tobacco use and poverty, as well as the role of tobacco control in poverty alleviation efforts, have been recognised by development organisations¹⁰ and United Nations bodies¹¹. The UN Secretary-General's 2006 report about the work of the UN Interagency Task Force on Tobacco Control concludes that "[b]y helping tobacco users to quit and by discouraging young people to take up smoking, through strong tobacco control measures, the damage to health and the loss of basic income can both be substantially reduced, in turn leading to poverty alleviation and to better economic development in developing countries"¹².

In this respect, securing more funding for tobacco control activities should be considered in the larger context of initiatives on NCDs. The NCD Summit in September 2011 is an excellent opportunity to put tobacco control at the forefront of the global health agenda and to ensure that FCTC implementation is a key aim of the development community.

Non-Communicable Diseases

The WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases has identified the following four diseases as the leading threats to human health: cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The four leading risk factors for these diseases are tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Tobacco use is the leading risk factor and the only risk factor for all four major NCDs¹³. Hence, tobacco control has been widely accepted as a priority NCD prevention measure¹⁴.

NCDs are a leading threat to human health and development and pose a threat to all national economies and to the global economic system¹⁵. The NCD epidemic demonstrably holds back the attainment of the MDGs in developing countries, where health systems are poorly prepared to carry the double burden of infectious diseases and NCDs.

According to UN Secretary General Ban Ki-Moon, "Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion."¹⁶

⁶ Efroymsen D, Ahmed S, Townsend J, Alam S, Dey A, Saha R et al. Hungry for tobacco: an analysis of the economic impact of tobacco on the poor in Bangladesh. *Tob Control* 2001;10:212-217.

⁷ Warner, K. The economics of tobacco: myths and realities. *Tob Control* 2000;9:78-89.

⁸ Greaves L, Jategaonkar N, Sanchez S. (Eds). *Turning a new leaf: women, tobacco and the future*. British Columbia Centre of Excellence for Women's Health (BCEWH) and International Network of Women Against Tobacco (INWAT). Vancouver: British Columbia Centre of Excellence for Women's Health, 2006.

⁹ The collaborative funding program for Southeast Asia tobacco control research regional research. Report on tobacco. Southeast Asia Tobacco Control Alliance, 2007. www.seatca.org.

¹⁰ Bobak M, Jha P, Nguyen S. Poverty and smoking. In: Jha P, Chaloupka FJ, eds. *Tobacco control in developing countries*. Oxford: Oxford University Press, 2000: 41–61.

¹¹ Report of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, A/FCTC/COP/2/4.

¹² Ad Hoc Inter-Agency Task Force on Tobacco Control. Report of the Secretary-General [presented to the Economic and Social Council]. E/2006/62, p. 9.

¹³ WHO. (2008). 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.

¹⁴ Ibid.

¹⁵ United Nations General Assembly Resolution on Prevention and control of noncommunicable diseases A/RES/64/265.

¹⁶ http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=515.

Slow but steady development of NCD initiatives

In 2000, the World Health Assembly adopted the Global Strategy on the Prevention and Control of Non-communicable Diseases¹⁷. In 2008, the Global Action Plan was adopted. The implementation of the plan has been hampered by lack of funding. A 2009 report from the Center for Global Development¹⁸ estimates that less than 3% of the \$22 billion spent on health in developing countries by international aid agencies is spent on NCDs, despite NCDs forming 60%¹⁹ of the burden of disease in those countries.

However, recent developments suggest that chronic under-funding for the fight against NCDs may soon be addressed. In May 2010, the UN General Assembly passed a resolution to hold a High-Level Meeting on NCDs in September 2011 (now known as the NCD Summit), with the participation of Heads of State²⁰. In making the case for the NCD Summit, the resolution refers to the Millennium Declaration, the FCTC and the Global NCD Action Plan. The resolution further emphasises the link between NCDs and the international development agenda by reaffirming with conviction the “urgent need to undertake multilateral efforts [...] in order to raise the priority accorded to non-communicable diseases in development cooperation”, as well as by recognising that NCDs are “threatening the achievement of internationally agreed development goals, including the Millennium Development Goals”²¹.

In September 2010, the UN General Assembly reviewed progress towards the MDGs; its decisions included “[u]ndertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by noncommunicable diseases ... and working towards a successful high-level meeting of the General Assembly in 2011”²².

These are growing signs that the international community is moving towards acknowledging the importance of the fight against NCDs and their link with development goals. Tobacco control is a recognised pillar of NCD prevention strategies. In order to secure long-term, sustainable funding for tobacco control initiatives, as a component of NCD prevention programmes, efforts to tackle the tobacco epidemic must be supported by the development community. The NCD Summit in September 2011 is a great opportunity and an important milestone in raising the profile of tobacco control in the development agenda.

Preparation for the NCD Summit

The Framework Convention Alliance (FCA) welcomes the Secretariat’s cooperation with relevant international organisations to strengthen implementation of the FCTC. Given the importance of the NCD Summit for tobacco control and the FCTC, the FCA recommends that, in addition to the international cooperation initiatives suggested by the Secretariat, preparation for and participation in the NCD Summit should become a matter of strategic importance and that the relationship between tobacco control, NCDs, and development assistance should be an ongoing focus of the Secretariat’s work.

¹⁷ WHA53.17, Prevention and Control of Noncommunicable Diseases.

¹⁸ Rachel Nugent and Andrea Feigl, “Where Have All the Donors Gone?: Scarce Funding for Chronic Diseases.” CGD Working Paper, November, 2010.

¹⁹ WHO.(2008). 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.

²⁰ United Nations General Assembly Resolution on Prevention and control of noncommunicable diseases A/RES/64/265.

²¹ Ibid.

²² A/65/1.1, p.25.