

ASH comments on the HLP report

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

Action on Smoking and Health (ASH) welcomes the opportunity to provide its views on the report of the UN High-level Panel (HLP) on the post-2015 development agenda.

ASH works to be a prime mover in domestic and global tobacco control through advocacy, communication, the force of law and our essential partnership with the Framework Convention Alliance for Tobacco Control. Despite misconceptions that tobacco use is no longer an issue in the developed world, it is still a major concern and causes a major threat to sustainable development. More than 25% of all deaths in the U.S. are attributable to tobacco¹. In the United States, each pack of cigarettes sold costs society an estimated \$18.05¹.

We welcome the report – A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development – and its recognition that in order to leave no one behind, health and social development play a critical role. Health is truly central to sustainable development: health is a beneficiary of development, a contributor to development, and a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve².

ASH, shares the Panel's belief that the post-2015 development agenda needs to be ambitious; there is a chance now to do something that has never before been done – to eradicate poverty and preventable deaths³. Tobacco use is a leading preventable cause of disease, disability, and death. It is in this context that we would like to bring attention to the devastating social, economic, and environmental consequences of tobacco use.

Tobacco damages the health of its users and of bystanders exposed to second-hand smoke. It 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 kills 6 million people each year⁴.

¹ Action on Smoking and Health. Tobacco Statistics and Facts. <http://ash.org/resources/tobacco-statistics-facts/>

² Reference to WHO/UNICEF "Botswana" report

³ Ref to the HLP report, p.4

⁴ WHO. 2011. WHO Report on the global tobacco epidemic. Geneva: WHO.

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

Although the Panel report rightly highlights the importance of health and wellbeing in the post-2015 development agenda, it does not mention threats such as non-communicable diseases (NCDs) or tobacco use. NCDs were recognized to represent one of the major challenges for development in the 21st century⁵. One of the major risk factors for NCDs – tobacco use – kills over 6 million people each year.

Action on Smoking and Health (ASH) would like to provide examples of where NCDs and their risk factors, such as tobacco use, should have been mentioned in the narrative section of the Panel report. Here are some examples of parts of the report where mentioning NCDs would have been, in our opinion, appropriate:

First, the Panel report stresses that it is important to ensure that globalisation bring maximum benefits to all⁶. Unfortunately, globalization, at it occurs now, contributes to the rapidly growing burden of NCDs in low- and middle-income countries⁷. Each year, two in three people die because of NCDs⁸. Nearly 80% of these deaths occur in low-and middle-income countries, impeding development at a household and national level⁹.

Second, the report recommends that solutions to speed up development should be implemented. Tobacco use is the one risk factor common to the main groups of NCDs. A legally binding and widely accepted framework for multi-sectoral action on tobacco control exists – the WHO Framework Convention on Tobacco Control (FCTC). The WHO FCTC has 177 Parties as of July 2013¹⁰. The Panel report, unfortunately, does not recognize the benefits of tobacco control and does not mention the WHO FCTC as a tool for development.

Finally, there is no doubt that business, together with national governments and other stakeholders, plays an important role in driving economic growth. But economic growth on its own does not constitute sustainable development. For instance, the tobacco industry has no role to play in achieving sustainable development. Its economic contributions in terms of employment or profit taxes are entirely dwarfed by the millions of deaths caused by tobacco use, which are perpetuated by marketing and other tactics of the industry.

⁵ UN NCD Summit - resolution

⁶ Ref to the HLP report, p.3

⁷ WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

⁸ *ibid*

⁹ *ibid*

¹⁰ Ref to the official list of Parties

ASH agrees that multi-sectoral and multistakeholder partnership provides great opportunities to address the world's challenges¹¹. However, in order to contribute to sustainable development, when partnering with industry, governments, inter-governmental and non-governmental organizations should adopt ethical guidelines which address any real, perceived or potential conflicts of interest. Governments, inter-governmental organizations, non-governmental organizations and other stakeholders should fully reflect that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests¹².

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

Action on Smoking and Health (ASH) is pleased to see a stand-alone goal on health among the illustrative development goals proposed by the Panel report. As the report states: investing more in health, especially in health promotion and disease prevention, is a smart strategy to empower people and build stronger societies and economies¹³. The proposed goal to "Ensure health lives" provides a good basis to address continuing, well as emerging health threats, and balance both prevention of diseases and their treatment.

We particularly welcome the specific inclusion of non-communicable diseases (NCDs) among the illustrative health targets. NCDs represent a global health emergency in slow motion. It is expected that by 2030 NCDs will become the most common cause of death in all parts of the world¹⁴. It is, therefore, imperative to include NCDs in the post-2015 development agenda and focus on bringing down death and suffering caused by these diseases.

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

ASH welcomes the inclusion of non-communicable diseases (NCDs) among the targets proposed by the Panel report – target e) Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases. However, we were surprised to see that the Panel report frames NCDs as diseases specific to the high-income countries¹⁵. NCDs are no longer diseases of affluence; they now plague the global south as well. In fact, low- and middle-income countries now bear nearly 80% of the burden from NCDs¹⁶.

¹¹ Ref to the HLP report, p.22

¹² FCTC Art 5.3 guidelines

¹³ Ref to the HLP report, p.38

¹⁴ WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

¹⁵ Ref to the HLP report, p.39

¹⁶ WHO. 2010. Global status report on noncommunicable diseases. Geneva: WHO.

ASH calls for a strong action on the side of the global community to tackle NCDs. NCDs are an unprecedented health threat. Moreover, economic analysis suggests that each 10% rise in NCDs is associated with 0.5% lower rates of annual economic growth¹⁷. Addressing NCDs and their risk factors is what sustainable development should be about.

Additionally, while the Panel report and its section on the health goal and targets promote prevention of diseases, they do not mention the complexities of NCD prevention and how to address them. The prevention of the four most common NCDs (cancer, cardiovascular disease, chronic respiratory disease, and diabetes) is by far more cost-effective¹⁸ and less costly to the global economy than treatment and chronic disease management¹⁹. But the prevention of NCDs is a complex challenge requiring interventions largely outside of traditional health sector roles.

Political will, whole-of-government and whole-of-society commitment will be needed to address health challenges in the next few decades. To be effective in the long term, governments must be able and willing to tackle the forces that drive up the prevalence of health risk factors. For tobacco use, the one risk factor common to the four main groups of NCDs, preeminent among those forces are the activities of the tobacco industry, whether in the form of aggressive marketing techniques or efforts to block tobacco control measures through frivolous but costly legal challenges in international trade fora.

Clear and ambitious commitments will be needed to bring down preventable deaths such as those caused by tobacco. ASH would like to elaborate on the Panel's proposals and introduce additional health targets and indicators.

ASH would like to propose an additional health target on tobacco use. The tobacco use prevalence target – recently adopted by the World Health Assembly²⁰ – 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 Framework Convention on Tobacco Control (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

¹⁷ Stuckler D. Population causes and consequences of leading chronic diseases: a comparative analysis of prevailing explanations. *Milbank Quarterly*, 2008, 86:273–326.

¹⁸ WHO. 2011. *Scaling up action against noncommunicable diseases: How much will it cost?* Geneva: WHO.

¹⁹ Bloom, D.E. et al. 2011. *The Global Economic Burden of Noncommunicable Diseases*. Geneva: World Economic Forum.

²⁰ Ref to WHA resolution

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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.
