
Provisional Agenda item 8.2

Annual report on monitoring progress on UHC and health-related SDGs

The Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) welcomes the Annual report on monitoring progress on UHC and health-related SDGs and congratulates the South-East Asia Region for a steady decline in tobacco use as well as good implementation of Articles 8 and 11 of the WHO FCTC.

This much-needed result indicates that all the joint efforts to fight the tobacco epidemic have not been in vain. However, much more is to be done considering that tobacco is still an ongoing epidemic and is a common risk factor among the four main noncommunicable diseases (NCDs): cardiovascular and chronic respiratory conditions, cancer, and diabetes. Furthermore, a scientific brief published by WHO in June 2020 states that, the available evidence suggests that smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients.¹

NCDs are a tragedy in slow-motion because frequently, it takes decades to develop obvious signs of illness. However, exposure to risk factors is known to begin early in life, requiring a lifelong prevention and control approach. On the other hand, many people die from NCDs prematurely, that is before the age of 70. In 2016, approximately 23 per cent of NCD deaths in the Region were premature.²

SDG Target 3.a that calls for strengthening the implementation of the WHO FCTC, recognizes that tobacco control is indispensable to sustainable development. Achieving Target 3.a will have far-reaching impact beyond Goal 3 on health and well-being and has direct positive impacts on 77 other targets.³ This is also reflected in the WHO FCTC Global Strategy to Accelerate Tobacco Control,⁴ which includes a commitment to contribute meaningfully to achieving SDG 3. Furthermore, the creation of the strategic goals of the Global Strategy was guided by their contribution to advancing the SDGs, as well as to their impact on tobacco use, tobacco-attributable

¹ See: <https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19>.

² Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory (%) [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-(-)) / <https://vizhub.healthdata.org/cod/?id=435085>

³ Discussion paper: The WHO Framework Convention on Tobacco Control. An accelerator for sustainable development. New York (NY): United Nations Development Programme; 2017 (<https://www.who.int/fctc/implementation/publications/who-fctc-undp-wntd-2017.pdf>, accessed 28 June 2020).

⁴ Global Strategy to Accelerate Tobacco Control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025 (online) (<https://www.who.int/fctc/implementation/global-strategy-to-accelerate-tobacco-control/en/>, accessed 28 June 2020).

deaths and diseases, and building cross-sectoral and sustainable country-level capacity for tobacco control.

The Political Declaration of the 2019 High-level Meeting on Universal Health Coverage urges the need to promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the *impact of the main risk factors for non-communicable diseases*, and promoting healthy diets and lifestyles, consistent with national policies, noting that *price and tax measures can be an effective means to reduce consumption* and related health-care costs and represent a potential revenue stream for financing development in many countries.

Meanwhile, price and tax measures on tobacco (Article 6 of the WHO FCTC) are recognized in the Addis Ababa Action Agenda⁵ as 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”.

In light of the above, we urge countries to relentlessly continue their efforts to curb the tobacco epidemic through targeted policy, legislative and regulatory measures. In particular, greater effort is needed for implementation of Article 6 (increase in tobacco taxation), Article 13 (tobacco advertising, promotion and sponsorship ban) and Article 14 (strengthening tobacco cessation). Furthermore, as the Region is one of the major tobacco producers with a large youth population, it will be helpful to work on supply side issues by strengthening work on Articles 16 (sales to and by minors) and 17 (provision of support for economically viable alternatives). We also call on Member States that are not yet Party to the WHO FCTC to become Party. The Convention Secretariat stands ready to work together with the WHO South-East Asia Regional Office to support countries in the Region.

Lastly, we call on all Parties to the WHO FCTC to also become Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products. The Region faces illicit trade issues in most countries and only India and Sri Lanka have ratified the Protocol (from the Region). The Protocol is an international treaty with the objective of eliminating all forms of illicit trade in tobacco products through a package of measures to be taken by countries acting in cooperation with each other.

⁵ General Assembly resolution A/RES/69/313. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda). United Nations General Assembly, 27 July 2015 (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313&Lang=E, accessed 28 June 2020).