



World Health  
Organization

REGIONAL OFFICE FOR Europe

# TOBACCO CONTROL & THE SUSTAINABLE DEVELOPMENT GOALS



## WHAT ARE THE SDGs?

The Sustainable Development Goals (SDGs) are a United Nations initiative, formally adopted by the United Nations General Assembly on 25 September 2015 in a resolution entitled *Transforming our world: the 2030 Agenda for Sustainable Development*. The SDGs build on and succeed the Millennium Development Goals.

They include 17 goals and 169 targets to be achieved over the next 15 years, with the aim to “end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda”.

## WHY DO THE SDGs MATTER?

The SDGs were endorsed by the United Nations and hence all of its 193 member countries. They are part of the United Nations programmes and processes. They were developed following a lengthy process of negotiation. They provide a remarkable commitment from governments to act, and a platform for those outside government to press for and participate in action in critical areas such as tobacco control.

The SDGs represent a commitment at the highest levels to approaches and targets that will benefit humanity. They do not stand alone, but as part of the 2030 Agenda for Sustainable Development; as such, they are much more than merely a declaration. Alongside the SDGs are governmental commitments to action that will enable progress towards the targets.

The SDGs apply to all countries, rich and poor, and recognize the crucial interrelationship of health, poverty, education, gender, and many other issues.

## WHICH GOALS ARE ESPECIALLY RELEVANT TO TOBACCO CONTROL?

Reducing tobacco use plays a major role in global efforts to achieve the SDG target to reduce premature deaths from noncommunicable diseases (NCDs) by one third by 2030.

Many of the 17 Goals have a direct or indirect relation to tobacco control. The most immediately relevant are the following.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.

Goal 1: End poverty in all its forms everywhere.

Goal 5: Achieve gender equality and empower all women and girls.

Goal 10: Reduce inequality within and among countries.

Goal 12: Ensure sustainable production and consumption patterns.

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.



## GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

A key target for Goal 3 is to “strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate”.

The inclusion of tobacco control and WHO FCTC implementation as a key target recognizes the magnitude of the smoking epidemic. It indicates the priority that all countries should attach to tobacco control, the need to ensure evidence-based action on the basis of WHO FCTC recommendations, and the reality that Goal 3 cannot be implemented without a strong commitment to tobacco control.

Beyond this, several additional Goal 3 targets can be related to tobacco.

- “By 2030 reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.”
- “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”
- “Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing states.”
- “Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global risks.”

As the NCD Alliance points out, almost two thirds of NCD deaths are linked to tobacco, alcohol, unhealthy diets and physical inactivity. The cost of inaction on NCDs far outweighs the cost of action. Further, investing in NCD reduction makes sense for sustainable development – it saves lives, promotes social cohesion, improves economies and supports a healthy planet.

WHO sets out the specific tobacco-related target of a 30% relative reduction in prevalence of current tobacco use by 2025. This ambitious but vital target is key to achieving the broader NCD target. It will require a strong commitment by governments and others to continuing action, as recommended by WHO.

Commitment to strengthening implementation of the WHO FCTC is a crucial component of action by governments. The WHO FCTC, which came into force in 2005, is legally binding in 180 ratifying countries. It commits governments to implementing a comprehensive, evidence-based approach to tobacco control. It also reflects the unique status of tobacco as the world’s largest preventable cause of death and disease, and an issue for which we know exactly what needs to be done.

Committing to support WHO FCTC implementation includes recognizing the importance of tobacco taxation and appropriate financing, as well as measures ranging from bans on tobacco advertising and promotion to excluding tobacco interests from having any influence in policy development.

While Goal 3 is the most obviously applicable to tobacco, other goals are also relevant.



## GOAL 1: END POVERTY IN ALL ITS FORMS EVERYWHERE

Tobacco makes well documented contributions to increasing poverty, particularly in developing countries. Tobacco companies continually target disadvantaged countries and communities, thereby increasing health disparities.

Approximately 80% of the world's smokers are in low- and middle-income countries, where the burden of mortality and morbidity caused by smoking is increasingly felt. These countries will be most affected by the predicted increase in deaths from tobacco to 8 million each year by 2030. Their economies and health systems will be especially adversely affected in the absence of effective tobacco control action.

A recent report from the National Cancer Institute (NCI) of the United States of America and WHO entitled *The Economics of Tobacco and Tobacco Control* concludes the following.

Tobacco control reduces the disproportionate burden that tobacco use imposes on the poor. Tobacco use is concentrated among the poor and other vulnerable groups, and tobacco use accounts for a significant share of the health disparities between the rich and poor. These disparities are exacerbated by a lack of access to health care and the diversion of household spending from other basic needs, such as food and shelter, to tobacco use. Moreover, tobacco use contributes to poverty, as illnesses caused by tobacco lead to increased health care spending and reduced income.

The report further emphasizes that “tobacco control does not harm economies” and that “tobacco control reduces the disproportionate burden that tobacco use imposes on the poor”.



## GOAL 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Historically in Europe and elsewhere, smoking prevalence among men was much higher than among women. However, trends have been changing dramatically: across Europe, smoking has been increasing among women, particularly among young women and girls.

In addition to the harms of smoking that have been well documented over many years, women are at special risk – as are their unborn children. They are also at significant risk from the harms of passive smoking.

Tobacco industry marketing has targeted women heavily, and particularly girls and younger women. Marketing targeted to women and girls includes both direct and indirect advertising and promotion through all media (including social media), as well as other means such as pack and product development and design, flavourings and association with desirable behaviours.

It is especially disturbing that as evidence unequivocally affirming the harms of smoking continued to accrue – including in relation to women and their children – and as smoking among males started to decline, tobacco companies clearly and directly began focusing on women and girls as a priority target. This has been an area of great concern in many European countries, and remains so as tobacco promotion and products continue to clearly target women.

In the past, many public education programmes on smoking have focused primarily on males. Going forward, it will be especially important to ensure adequately funded and evidence-based

education for women and girls, complemented by cessation supports. It will also be crucial to ensure that tobacco marketing is effectively controlled by comprehensive legislation, and that warning materials of any kind include research-based approaches that will help to protect women and girls.



## GOAL 10: REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES

Smoking is recognized as a key factor in increasing and exacerbating inequalities in health and related areas. Further, vulnerable groups and countries are increasingly targeted by the global tobacco industry. As one of the world's largest tobacco companies commented, "BAT [British American Tobacco] sees emerging markets as the source of future profit growth."

The NCI–WHO report *The Economics of Tobacco and Tobacco Control* concludes the following.

- "The global health and economic burden of tobacco use is enormous and is increasingly borne by low- and middle-income countries (LMICs)."
- "Tobacco control reduces the disproportionate health and economic burden that tobacco use imposes on the poor. Tobacco use is increasingly concentrated among the poor and other vulnerable groups."
- "The number of tobacco-related deaths is projected to increase from about 6 million deaths annually to about 8 million annually by 2030, with more than 80% of these occurring in LMICs."

Smoking-related inequities are also apparent in developed countries and regions such as the WHO European Region, along with their consequent impacts on health and mortality. In developed countries, smoking is increasingly a behaviour of people with lower educational attainment or socioeconomic status, and of disadvantaged groups such as those with mental health problems or indigenous populations. This plays a critical role in the life expectancy gaps that these groups face in comparison with the overall population.

It is important to note that as tobacco use harms these populations disproportionately, effective tobacco control can disproportionately benefit them. As the NCI–WHO report states, "Tobacco control reduces the disproportionate health and economic burden that tobacco use imposes on the poor." Further, tobacco control does not harm economies and can bring substantial economic benefits.

All government programmes addressing tobacco control should place a special focus on measures that will assist and support disadvantaged groups and reduce the contribution of smoking to health and social inequities. They should also counter the unremitting efforts of tobacco companies to target vulnerable populations.



## **GOAL 12: ENSURE SUSTAINABLE CONSUMPTION AND PRODUCTION PATTERNS**

Tobacco is the only consumer product known to kill at least 50% of its consumers when used precisely as intended. Recent evidence shows even higher proportions of smokers likely to die because of their smoking in countries with mature epidemics. There are no circumstances under which tobacco production and promotion can be seen as responsible.

As the NCI–WHO report notes, “The market power of tobacco companies has increased in recent years, creating new challenges for tobacco control efforts.”

Additionally, tobacco farming as practised in low- and middle-income countries is often disadvantageous to tobacco farmers. The use of child labour in tobacco farming is further cause for serious concern.

All programmes to address tobacco control, NCDs and indeed the SDGs overall should be seen and implemented in the context of the WHO FCTC. This includes all measures aimed at reducing the activities and influence of the global tobacco industry, as stated in Article 5.3: “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”



## **GOAL 17: STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT**

Achieving the SDGs requires partnerships that facilitate cooperation across a range of areas, and that ensure international support for developing capacity and implementing specific programmes in countries.

Tobacco control activity has a long history of strong cooperation among governments and nongovernment health and related sectors. Maintaining and strengthening this approach should be a high priority for ensuring further progress in both developed and developing regions.

### **WHAT IS THE IMPLEMENTATION PROCESS?**

The United Nations resolution on the 2030 Agenda for Sustainable Development sets out a strong commitment to “a revitalized Global Partnership to ensure its implementation”. The Partnership will “facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available resources”. It will also ensure the “systematic follow-up and review of implementation of this Agenda over the next fifteen years”.

### **WHAT CAN PEOPLE WORKING IN TOBACCO CONTROL DO TO INCREASE AWARENESS OF THE SDGs AND ENSURE FURTHER ACTION?**

The United Nations emphasizes that the SDGs need broad support across communities: “For the goals to be reached, everyone needs to do their part: governments, the private sector, civil society and people like you.”

Governments play a critical role in implementing the SDGs. As the United Nations resolution points out, “Our Governments have the primary responsibility for follow-up and review, at the national, regional and global levels, in relation to the progress made in implementing the Goals and targets over the coming fifteen years.”

Work to achieve goals relevant to health in general and tobacco control in particular should, as recognized by the WHO FCTC, be seen as a whole-of-government responsibility, not one for health departments alone.

While governments must take responsibility for developing strong, sustained, comprehensive tobacco control programmes, as recommended by WHO, the United Nations resolution also emphasizes the critical role of other stakeholders.

We acknowledge the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments. Governments and public institutions will also work closely on implementation with regional and local authorities, sub-regional institutions, international institutions, academia, philanthropic organizations, volunteer groups and others.

Vital roles for nongovernmental organizations and civil society include:

- increasing public awareness of the SDGs and governments’ commitment to their implementation;
- developing appropriate national or international coalitions to ensure support for the SDGs (these may be subject-specific, for example, on tobacco control (as with the Framework Convention Alliance) or more broadly based, for example, on reducing NCDs);
- ascertaining what governments are doing about the SDGs both in specific sectors and across government; monitoring and reviewing progress; and, when appropriate, reminding governments of their obligations and the need for plans, programmes and reports;
- drawing continuing attention to the potential to address not only tobacco and NCDs but also many other SDGs and targets through increases in tobacco taxes, which remain the single most effective means of reducing smoking and which thereby contribute to progress in many other areas;
- further promoting awareness that tobacco taxation can play an important role in financing action on the SDGs; and
- maintaining pressure for strong action on tobacco and comprehensive approaches to tobacco control, consistent with the commitments from governments set out in both the SDGs and the WHO FCTC.