

The Millennium Development Goals and the WHO FCTC – An Opportunity for Global Partnership

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Outline of Presentation

- An Opportunity Not to be Missed
- Introduction to Millennium Development Goals (MDGs)
- Link between MDGs and Tobacco Control
- Ways forward

An Opportunity Not to be Missed

- There is a renewed focus on the need for global partnership to enhance development in the world's poorest nations
- There is an opportunity *now* to incorporate tobacco control into global development initiatives, such as the Millennium Development Goals (MDGs)
- This could save the developing world millions of lives and increase productivity and economic progress for decades to come

The Millennium Declaration, 2000

- Ensure globalization is positive for everyone
- Free people from extreme poverty
- The right to development
- Nexus between alleviating poverty, improving health, and social and economic progress

The Millennium Development Goals (MDGs)

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Special characteristics of the MDGS

- Represent two-way compact of 'mutual obligations' between developed and developing world
- MDGs 1-8 are interrelated and interdependent
- Equity is central – progress must occur both globally and for the poorest

Advantages and disadvantages of the MDGs

- They provide a strong focus for international development efforts
- With their associated targets, they represent an outcomes-oriented approach to development
- MDGs do not currently include tobacco or non-communicable diseases
- Short-sighted – ignores double burden of disease

The globalization of the tobacco epidemic

- MDGs also ignore globalization of tobacco epidemic
- Studies of more than 80 countries show that trade liberalization increases tobacco consumption, especially in low and middle income economies
- As poverty reduction occurs and economies grow, tobacco industry targets new countries
- In Africa, total cigarette consumption rose by nearly two thirds between 1995 and 2000

MDG 1 – Eradicate extreme poverty and hunger

- Tobacco use sits side by side with poverty and malnutrition in the world's poorest nations
- Tobacco tends to be used more by the poor than the rich in most countries
- The opportunity costs of tobacco use are very high
- Tobacco can contribute to national impoverishment

Male smoking rates versus percent in poverty and child malnutrition (selected countries)

	Male smoking	% < \$1	% Child maln.
Yemen	77.0	15.7	46
Uganda	52.0	82.2	23
Nicaragua	51.0	82.3	12
Bangladesh	48.3	36.0	48
Zambia	40.0	63.7	24

Sources: WHO Tobacco Control Country Profiles, 2003; Human Development Report 2003; World Bank Indicators Database, 2002

The Opportunity Costs of Tobacco Use in Bangladesh

- 10 million men in poverty use tobacco.
- Money spent daily on tobacco could buy 1400 calories of rice or significant protein
- If these men quit, and put **70%** of the money they saved into food, **10.5 million children would be saved from malnutrition**

MDG 1 and the macroeconomic costs of tobacco

- 5.3 million hectares of arable land under tobacco cultivation – land could feed 10 to 20 million people
- Two-thirds of 161 countries are net importers of tobacco, some by > \$US100 million: including Cambodia, Malaysia, Nigeria, Republic of Korea, Romania and Vietnam
- Profits from manufactured cigarettes go to shareholders in a small number of transnational companies

Poverty and the longer term macroeconomic costs of tobacco

- Lost productivity due to tobacco-related premature deaths is \$82 billion in the US and already \$2.4 billion in China per annum
- Health costs
- Social security and other costs will rise due to deaths and disability (e.g. widows)

MDG 2 – Achieve universal primary education

- Poverty and child labor are key reasons why children are not sent to school
- The tobacco industry uses children in cultivation and production
- Some very poor families choose tobacco over education of their children

MDG 3 – Promote gender equality and empower women

- Scarce resources can mean less spent on girls' and women's health and education than on boys' and men's
- Passive smoke disproportionately affects women and children
- Advertising encourages women in developing countries to smoke as a sign of independence and success

MDGs 4 & 5 – Reduce Child Mortality and Improve Maternal Health

- Money spent on tobacco may contribute to malnutrition for mothers and babies
- Poor maternal health and nutrition is a major cause of infant mortality
- Women who use tobacco have smaller babies who are weaker and more likely to die
- Passive smoke increases respiratory and other ailments in infants and children

MDG 6 – Combat HIV/AIDS, Malaria and Other Diseases, including tuberculosis (TB)

- Smoking and exposure to passive smoke most affect those who are ill and whose immune systems are weak (HIV)
- Smoking causes sub-clinical TB to advance to clinical TB and possible death
- 1 billion people may have sub-clinical TB
- In India, smoking causes 50% of TB deaths

MDG 7 – Ensure environmental sustainability

- **200,000 hectares per year are cleared for tobacco farming and wood-fired curing.**
- **5% of deforestation in tobacco growing countries caused by tobacco - particularly serious among major tobacco producers e.g. China, Zimbabwe, Malawi**
- **Environmental degradation caused by pesticides and leaching of soil nutrients**
- **More than 2.5 billion kilograms of waste from tobacco manufacture a year**

MDG 8 Develop a global partnership for development

- Tobacco seriously threatens health and sustainable development in the world's poorest nations and for the world's poor in all nations
- International agencies and countries in the developed and developing world should include tobacco control as a tool to address the MDGs, and address the MDGs in tobacco control

Actions - All Countries

- Sign and ratify the WHO FCTC and adopt multi-pronged approach to tobacco control as one way to achieve poverty reduction
- Include poverty and sustainable development in national tobacco action plans (e.g. include tax increases to limit tobacco use among the poor)
- Push for inclusion of tobacco control on the international development agenda, including in the 2005 MDG review
- Cooperate on global issues such as tobacco smuggling, cross-border sponsorship and internet sales

All countries: The Role of Civil Society

- Work to overcome political barriers to tobacco control (and to MDGs, where poverty reduction is not a priority)
- Involve media, politicians, various government agencies, NGOs, professional organizations, lobbyists and others in these efforts
- Encourage NGOs to focus on common ground and to collaborate

Developing Countries

- **Include tobacco control as an important tool for achieving the MDGs and focus on poverty in tobacco control programs.**
 - **Include tobacco taxation in poverty reduction initiatives such as PRSPs**
 - **Include information on tobacco and poverty in MDG reports**
 - **Address MDGs through tobacco control initiatives**
 - **Integrate anti-smoking measures into primary health care services**
 - **Include alternatives to tobacco cultivation in agricultural programs**

Exemplar Countries/Developed World Actions

- Follow lead of EC and SIDA in including tobacco control in their development agendas
- Encourage exchanges of experts to build political momentum for tobacco control and poverty reduction in all countries
- Provide technical assistance on all aspects of tobacco control and on tobacco and poverty
- Address poverty and tobacco at home

UN Agencies/International Financial Organizations

- Include tobacco in their development agendas and MDG initiatives, including the 2005 MDG Review
- Provide technical assistance to developing countries to adopt comprehensive tobacco control as a tool for development and as a public health measure
- Consider applying limits to tobacco trade
- Increase awareness of the economic and other impacts of tobacco in the developing world

Surveillance and Information Needs

- Include data on tobacco and poverty in national and international surveillance systems e.g. the Health Metrics Network and MDG reporting mechanisms
- For example, more information needed on:
 - the economic impact of tobacco cultivation in developing countries
 - the economic impact of tobacco use among the poor
 - the specific health impacts of tobacco on the very poor

Current WHO Initiatives

- World No Tobacco Day 2004 – Tobacco and Poverty
- Inclusion of a call to strengthen tobacco control in UN development and trade initiatives in official papers of the recent UNCTAD conference
- Recommendation through UN Economic and Social Council (ECOSOC) for UN development agencies and regional economic commissions to include tobacco control in MDG and development assistance programs