

CCICT EDITORIAL

Content

- "CCICT Editorial", Miguel Asqueta (on cover).
- "A different COP and MOP: Our challenge in 2021", Reina Roa (p. 2).
- "Parties must safeguard the treaty from Big Tobacco by implementing "maximizing transparency" decisions and submitting declarations of interest", Daniel Dorado, Jaime Arcila and Ari Rubenstein (p. 3).
- "Focus on The WHO FCTC Protocol to Eliminate Illicit trade in Tobacco Products", Luk Joossens (p. 4).
- "Investing in tobacco control and addressing the global funding gap", Sara Rose Taylor y Leslie Rae-Ferat (p. 5).
- "The old-new tobacco industry", Gustavo Sónora (p. 6).
- "Global Strategy to Accelerate Tobacco Control", Miguel Sena (p. 7).
- "Tobacco use and COVID-19: A harmful combination", Laura Llambí (pp. 8-9).

Upcoming events

Regional meetings

Pre-COP9 Consultation
(October 13 and 14).
Pre-MOP2 Consultation
(October 15).

International meetings

COP9 (October 8-13).
MOP2 (November 15-18).

Uruguay's Center for International Cooperation on Tobacco Control (CCICT) is one of the Knowledge Hubs established by the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), back in 2014, in order to promote international cooperation for the implementation of the Convention, in particular in respect of areas such as smoke-free environments, pictorial health warnings and cessation treatments. This is attained through the exchange of information on legal, medical, communication and management matters related to tobacco control and to facilitate the development and transfer of expertise and knowledge in accordance with Article 22 of the Convention, with a view of promoting and fostering scientific and technical cooperation among the Parties to the Convention. It is a form of cooperation that works in coordination with the Secretariat of the WHO FCTC to respond to the need for cooperation of the Parties to the Convention, providing technical assistance and cooperation to all countries, national and international institutions of the Region of the Americas and the World, regarding the implementation of tobacco control policies and the application of the WHO FCTC, with a particular emphasis on the needs of developing country Parties.

For the better development of multisectoral and international cooperation with those countries that need it, in the implementation of new policies that generate significant weight in the fight for tobacco control and in achieving the health objectives of the Convention, the CCICT has a technical group with a good level of training and experience, constituted by people and institutions committed to tobacco control.

It is worth highlighting the fact that the establishment of the CCICT in Uruguay was part of the international recognition for the country's achievements in the development and application of tobacco control policies and the WHO FCTC, and of its willingness to protect these policies against the threat posed by the international arbitration between Philip Morris (the main tobacco multinational corporation in the world) and our country, being until recently the only WHO FCTC Knowledge Hub in the Region of the Americas.

The CCICT is a platform that aims to contribute to the highest level in the implementation of the WHO FCTC globally and therefore to continuously and substantially reduce the prevalence of tobacco consumption, exposure to tobacco smoke and its consequences. The cooperation provided and promoted by the CCICT helps those Parties most in need to exercise greater control over the interference of the tobacco industry and to make their population aware of the damage caused by tobacco consumption.

The implementation and efficiency of the cooperation process granted by the CCICT are the result of the accumulation of experiences carried out in its seven years of work.

During these years, the CCICT has carried out workshops, consultations, as well as coordinated the implementation and actively participated in two meetings of South-South and Triangular Cooperation held in Montevideo, the first in 2015 and the second in 2017. The meetings were organized by the United Nations Development Program (UNDP) and the Secretariat of the WHO FCTC with the coordination of the CCICT on the following topics: smoke-free environments; development of a national tobacco cessation strategy; effective use of health warnings on the plain packaging of tobacco products; generic packaging; tax policy as a control measure; protection against the interests of the tobacco industry; creation of national coordinating mechanisms; among others.

During this time, the Center has provided assistance to more than thirty countries on different articles of the WHO FCTC, having worked together with international agencies such as the Pan American Health Organization (PAHO) and UNDP both in the coordination and organization of activities, and it has also served as a link between countries to obtain the most appropriate technical assistance for their needs. In this sense, the CCICT has shown that it has the potential to cooperate in different ways and on the wide range of issues that both the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol).

Objectives (general and specific):

The mission of the CCICT, acting also as the Knowledge Hub on International Cooperation, is to cooperate and promote the exchange of skills, knowledge and experiences among countries, as well as to provide assistance when appropriate; promoting the development of capacities, the generation of knowledge and resources, and the integration of other public policies to achieve the objectives of the Convention and its Protocols.

The objectives of this good practice coincide with the objectives of the CCICT. These are:

- Provide assistance, facilitate the exchange of knowledge and share experiences on the implementation of the WHO FCTC among countries.
- Prepare, collect and disseminate materials and documents for exchange and capacity building.
- Identify and facilitate access to human, technical and financial resources available to implement the WHO FCTC.
- Coordinate the participation of national, regional and international organizations, agencies and institutions involved in the matter, not related to the tobacco industry nor its allies.

The Center is also prepared to advise countries in the implementation of various articles of the WHO FCTC, primarily Articles 8, 11 and 14, in the areas listed in Article 22 of the Convention; organize face-to-face seminars, workshops and webinars; participate and present in workshops; collect, systematize and disseminate information on regulations and experiences for the Parties; among others.

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A DIFFERENT COP9 AND MOP2 OUR CHALLENGE IN 2021

In November of this year, the Parties to the WHO FCTC will come together virtually, but with the same force that has motivated the deliberations in favor of tobacco control, promoting the full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Protocol to Eliminate the Tobacco Products Illicit Trade (the Protocol), after more than a year of bearing the burden that the COVID-19 Pandemic has imposed on the world. It is a challenge for all the Parties to these conventions to comply with an already abridged agenda, to negotiate without options for evening and night sessions, which were often the most conducive spaces for reaching consensus.

As part of the process for building regional consensus, which is essential for the good performance of both conventions, the Region of the Americas, on its way to the Ninth Session of the Conference of the Parties to the WHO FCTC (COP9) and the Second Session of the Meeting of the Parties to the Protocol (MOP2), has convened Parties and observers in relation with the WHO FCTC and the Protocol, through the Government of the Republic of Paraguay, host country, to the preparatory virtual meetings that will take place in October 2021 and through which it is expected to reach consensus positions on various issues and with this, facilitate regional participation and, as always, support the global consensus process. This makes it essential that the delegates to Pre-COP9 and Pre-MOP2 be the same ones who will represent the Parties at COP9 and MOP2, respectively, thus consolidating the integration and participation of the Region of the Americas (AMR).

Surely, on the way to COP9 and MOP2, logistical, communication, and connectivity difficulties will be present, but the fundamental thing is that, as the Region of the Americas, we will have a single voice that integrates the opinions and positions of all, where NGOs and other observers come together as a force that helps to comply with the proposed agenda and therefore, to achieve the implicit goals of our participation.

One concern that I have, as representative of the Region of the Americas at the COP8 Bureau, is related to the inequalities in access to technology and connectivity that affect various countries from the region. The Parties may consider coordinating with the Pan American Health Organization/World Health Organization (PAHO/WHO), which could constitute a facilitating link in this chain, through its offices at country level. That way access to the COP9 and MOP2 sessions could be improved.

Budgetary and financial issues have been, over time, a concern of all, and today they continue to be a strategic element necessary to progressing and achieving the goal of the Global Strategy to Accelerate Tobacco Control, which is to promote Sustainable Development through the Application of the WHO FCTC between 2019-2025. These issues are also key in continuing to develop coherent actions contained in the WHO FCTC and the Protocol, such as the investment fund, which is a strategic option to give sustainability to our conventions and their mandates, because it will generate financial stability to progress in their application.

Let's look in depth, with certainty and flexibility, taking advantage of and reflecting on the accumulated experience, regarding the continuity of the working groups on Articles 9 and 10, new and emerging tobacco products, and the implementation review mechanism of the WHO FCTC. With respect to the Protocol, it is necessary to make decisions on issues such as assistance and cooperation and the tracking and tracing of tobacco products, including the Global Information Sharing Focal Point (GISFP).

During this experience, the maximization of the transparency of the delegations of the Parties and of the observers to the COP and the MOP, defined in documents FCTC/COP8(12) and FCTC/MOP1(15), becomes more relevant. That is why I invite everyone to present declarations of non-conflict of interest, to comply with the accreditation procedures and with the established technological processes, so that within the virtual framework, it is possible to guarantee the confidentiality and security of both treaties, avoiding the interference of the tobacco industry at any time.

The WHO FCTC, the first global public health treaty, entered into force on February 27, 2005 and it has been ratified by 182 Parties. During its 16 years of implementation, it has been the object of interference from the tobacco industry, an industry that is constantly rebuilding and searching for "legal loopholes and opportunities" to promote the flexibility of its application, claiming benefits to products that are only capable of generating addiction, disease, disability and death.

Among the arguments used by the tobacco industry is the increase of illicit trade in tobacco products, products; however and contradictorily, the industry also aims to hinder the implementation of the Protocol, which has been negotiated and in place now precisely to promote measures for the control and elimination of illicit trade. The COP to the WHO FCTC and the MOP to the Protocol, undoubtedly constitute opportunities for the Parties to take decisions and activate the political will necessary to advance the full implementation of the two treaties, and to generate a renewed vision for the work under these treaties that save lives.

In the governing body meetings to come, various technical, administrative and financial processes will be at the center of our deliberations. From my perspective, the message that we need to send to all those who interfere permanently with our work to prevent us from moving forward in the implementation of the WHO FCTC and the Protocol with transparency and adherence to the mandates and commitments that we assume as Parties, is, and will always be, that we are focused on the enjoyment of the human rights to health and life of our national, regional and global populations.

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PARTIES MUST SAFEGUARD THE TREATY FROM BIG TOBACCO BY IMPLEMENTING “MAXIMIZING TRANSPARENCY” DECISIONS AND SUBMITTING DECLARATIONS OF INTEREST

As COP9 and MOP2 approach, governments are grappling with many uncertainties and challenges posed by the COVID-19 pandemic. But one thing is certain: The tobacco industry's attempts to undermine public health policy have only increased. And industry interference threatens the future of the WHO FCTC and its potential to save lives around the globe. (1)

The tobacco industry and its front groups' tactics for derailing the treaty process are well-documented. At COP7, Philip Morris International set up a covert operations room at a hotel an hour away from the COP convention center. There, corporate representatives held secret meetings with Party delegates. (2) In 2015, a British American Tobacco (BAT) employee-turned-whistleblower exposed evidence of BAT presumably bribing WHO FCTC delegates from several East African nations. (3)

And just in the month of September, new bombshell evidence (BBC Panorama documentary (4), along with newly published research (5)), came to light showing how BAT, one of the biggest tobacco corporations in the world, engaged in a years-long, widespread, systematized scheme of questionable payments across 10 African countries.

There is no doubt that the tobacco industry will attempt to take advantage of the all-virtual format of COP9 and MOP2, using new and old tactics to interfere with the treaty process.

Fortunately, Parties already created a powerful solution: At COP8 and MOP1, Parties agreed upon groundbreaking decisions to maximize transparency among delegations to the treaty negotiations. These decisions enhance Article 5.3 of the WHO FCTC, known as the 'backbone of the treaty,' which guides Parties to protect negotiations from the undue influence of the tobacco industry.

Specifically, Parties decided to require members of the public, the media, and accredited observer organizations attending negotiations to submit declarations of any conflicts of interest with the tobacco industry.

Moreover, when designating representatives to meetings such as COPs and MOPs, each Party agreed to formally indicate that it has "observed Article 5.3 of the WHO FCTC and has been mindful of [...] the Guidelines for the implementation of Article 5.3 of the WHO FCTC." (6) (7) Parties may do this via a declaration-of-interest form, or the format they determine to be in accordance with their internal procedures and domestic legislation. (8)

These measures are groundbreaking. When fully implemented by all treaty delegations, they will help ensure that treaty meetings are free of the corrosive interference of the tobacco industry, and that treaty decisions advance public health and save lives first and foremost.



That is why it is critical that Parties fully implement the "maximizing transparency" decisions this year and submit declarations of interest prior to COP9 and MOP2. In so doing, Parties are leading by example and demonstrating their integrity and commitment. They are sending a strong message to the world that public health is essential and that the WHO FCTC will not be undermined by the vested interests of the tobacco industry.

For more information, Parties are encouraged to visit the COP9 Resource Hub developed by a coalition of well-respected public health organizations not affiliated with the tobacco industry (some of them longtime observers to the WHO FCTC process): www.CorporateAccountability.org/COP9

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Notes

- (1) For more information: Statement from the Head of the Convention Secretariat, Dr Adriana Blanco Marquizo, "Tobacco control during the COVID-19 pandemic: how we can help" May 4, 2020, <https://www.who.int/fctc/secretariat/head/statements/2020/tobacco-control-during-covid-19-pandemic/en/>
- (2) Aditya Kalra et al., "Inside Philip Morris' Push to Subvert the Global Anti-Smoking Treaty," Reuters, July 13, 2017, <https://www.reuters.com/investigates/special-report/pmi-who-fctc/>
- (3) "The Secret Bribes of Big Tobacco Paper Trail," BBC News, November 30, 2015, <http://www.bbc.com/news/business-34944702>
- (4) BBC Panorama, "Dirty Secrets of the Cigarette Business", September 13, 2021, <https://www.bbc.co.uk/programmes/m000zpd5>
- (5) STOP & TCRG, "Sabotage, Deceit and Duplicitous British American Tobacco Uncovered", September 2021, <https://bat-uncovered.exposetobacco.org/>
- (6) Decision FCTC/COP8(12), October 6, 2018, [https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP8\(12\).pdf?ua=1](https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP8(12).pdf?ua=1)
- (7) Decision FCTC/MOP1(15), October 10, 2018, [https://www.who.int/fctc/protocol/mop/FCTC_MOP1\(15\).pdf?ua=1](https://www.who.int/fctc/protocol/mop/FCTC_MOP1(15).pdf?ua=1)
- (8) WHO FCTC, "Governance, declarations of interest", <https://fctc.who.int/who-fctc/governance/declaration-of-interest>
- (9) Non-governmental organization that prevents transnational companies from devastating democracy, violating human rights and destroying our planet. <https://www.corporateaccountability.org/>

FOCUS ON THE PROTOCOL TO ELIMINATE ILLICIT TRADE IN TOBACCO PRODUCTS

The Protocol to Eliminate Illicit trade in Tobacco Products (the Protocol) is the first protocol to the WHO Framework Convention on Tobacco Control (WHO FCTC), and a new international treaty in its own right. The Protocol was negotiated by the Parties to the WHO FCTC over several years and was adopted by consensus on 12 November 2012 at the fifth session of the Conference of the Parties (COP) to the WHO FCTC (Seoul, Republic of Korea, 12–17 November 2012). The Protocol entered into force on 25 September 2018. The Protocol builds upon and complements Article 15 of the WHO FCTC, which addresses means of countering illicit trade in tobacco products, a key aspect of a comprehensive tobacco control policy.

The objective of the Protocol is the elimination of all forms of illicit trade in tobacco products. In order to prevent this illegal trade, the Protocol aims to secure the supply chain of tobacco products through a series of government measures. It requires the establishment of a global tracking and tracing regime within five years of the Protocol's entry into force, comprising national and regional tracking and tracing systems and a global information sharing point located within the Secretariat of the WHO FCTC (Convention Secretariat). Other provisions to ensure control of the supply chain include licensing and record-keeping requirements, as well as regulation of Internet-sales, duty-free sales and international transit.

By September 2021, there were 63 Parties to the Protocol. The list of Parties is impressive and includes countries such as Brazil, Egypt, the European Union, France, Germany, India, Islamic Republic of Iran, Kenya, Nigeria, Pakistan, Panama, Saudi Arabia, Turkey, UK and Uruguay.

The first First Session of the Meeting of the Parties (MOP1) to the Protocol took place 8–10 October 2018. The second MOP was initially postponed due to the COVID-19 pandemic, but will take place 15–17 November 2021.

The opportunities presented by this new international treaty are evident. The elimination of the global illicit tobacco trade would lead to more revenue and less tobacco sales. Using 2007 data, the total lost revenue to illicit cigarette trade was estimated at about US\$40.5 billion a year. If this illicit trade were eliminated governments would gain at least \$31.3 billion a year, and expect a fall in consumption of 2%. New research, released in 2020, confirmed that the elimination of illicit cigarettes in 36 countries with solid data from independent sources on illicit trade would reduce total cigarette consumption by 1.9%. The study confirmed also that tax revenues from the legal sale of cigarettes would increase by 11.2% across those countries⁴. Elimination of illicit tobacco trade can have a positive impact on public finances and should be part of the COVID-19 recovery plan in each Party.

One of the core elements of the Protocol is the tracking and tracing regime. According to the Protocol, each Party shall require that unique, secure and non-removable identification markings, such as codes or stamps, are affixed to or form part of all unit packets, packages and any outside packaging of cigarettes within a period of five years and other tobacco products within a period of ten years of entry into force of the Protocol.

In addition, each Party shall require that the following information be available, either directly or accessible by means of a link, to assist Parties in determining the origin of tobacco products, the point of diversion -where applicable-, and to monitor and control the movement of tobacco products and their legal status:

- (a) date and location of manufacture;
- (b) manufacturing facility;
- (c) machine used to manufacture tobacco products;
- (d) production shift or time of manufacture;
- (e) the name, invoice, order number and payment records of the first customer who is not affiliated with the manufacturer;
- (f) the intended market of retail sale;
- (g) product description;
- (h) any warehousing and shipping;
- (i) the identity of any known subsequent purchaser;
- and (j) the intended shipment route, the shipment date, shipment destination, point of departure and consignee.

In 2021, a survey of the Convention Secretariat revealed that twenty-three Parties to the Protocol indicated that they have implemented a tracking and tracing system, whereas five responses reported being in the process of implementing a system within the next two years. Most Parties reported requiring or planning to require between two and five years to fully implement a tracking and tracing system.

Discussions on tracking and tracing will be highly on the agenda of the next MOP in November 2021.

Luk Joossens,
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References

1. World Health Organization. Protocol to Eliminate Illicit Trade in Tobacco Products World Health Organization; 2013. Accessed May 12, 2021. <http://apps.who.int/iris/bitst...>
2. Protocol to Eliminate Illicit Trade in Tobacco Products. World Health Organization; 2013.
3. Joossens L, Merriman D, Ross H, Raw M. The impact of eliminating the global illicit cigarette trade on health and revenue. *Addiction*. 2010;105(9):1640-1649. doi:10.1111/j.1360-0443.2010.03018.x
4. Goodchild M, Paul J, Iglesias R, Bouw A, Perucic AM. Potential impact of eliminating illicit trade in cigarettes: a demand-side perspective. *Tob Control*. 2020. doi:10.1136/tobaccocontrol-2020-055980

INVESTING IN TOBACCO CONTROL AND ADDRESSING THE GLOBAL FUNDING GAP

The WHO FCTC has provided the tobacco control community with a list of evidence-based policies and priorities for decreasing tobacco consumption and prevalence, but there is a significant lack of resources required to implement these policies nationally, regionally, and globally. Rough estimates suggest a gap of US \$27 billion between existing domestic and international resources and those required to achieve a global scale-up of the WHO FCTC's demand reduction measures. This is particularly a problem in the many low- and middle-income countries that do not have the resources necessary to support comprehensive tobacco control, as recognised in the *Global Strategy to Accelerate Tobacco Control*; in some cases, no protected budget for tobacco control exists at all.

One of the facets of this financial resource problem is obtaining sustainable funding for the Convention Secretariat, as investment in their work is critical but can be hampered by a combination of unpaid Assessed Contributions and the unpredictability of Extrabudgetary Funding. The proposed investment fund structures for COP and MOP, to be discussed this year at COP9 and MOP2 respectively, could help by providing a third revenue stream for COP and MOP budgets. The sustainability, simplicity, and predictability of such funds make them attractive options for Parties to establish.

The establishment of the investments funds, however, represent just one strategy that could be used to address such a large, multifaceted global funding gap. Other complementary mechanisms need to be put in place to supplement costed national tobacco control budgets in addition to other regional and global initiatives.

One complementary strategy is pursuing greater domestic resource mobilisation (DRM), a process of collecting and spending government funds. Increasing tobacco taxes, in line with Article 6 of the WHO FCTC, is a critical component of effective DRM for tobacco control. Tobacco tax increases are a reliable and predictable source of extra revenue for governments, in addition to their positive impact on health outcomes. It is important that the extra revenue is, at least in part, devoted to funding national costed tobacco control plans.

Another strategy is the creation of a global pooled funding mechanism, similar to the multi-donor trust funds and the vertical funds found under other treaties that were created to fund policies and programs run by countries, UN bodies, and civil society. The WHO FCTC does not currently have a pooled funding mechanism, despite many low- and middle-income countries calling for the creation of a global fund during treaty negotiations and COP1. Such a mechanism, which would need to be explored further, could be used to directly fund WHO FCTC implementation at national levels in addition to regional and global initiatives. Given that examples for similar funds exist under other conventions and treaties, and given the increasing popularity of such funds, a pooled funding mechanism for WHO FCTC implementation represents a realistic and sustainable option to pursue in addressing the global funding gap.



Given the magnitude of the global funding gap, and the fact that many different stakeholders in the tobacco control community face significant resource constraints, we as a community should pursue a combination of strategies simultaneously and harmoniously. The investment fund proposals are a welcome part of the solution at a time when we need to both find new ideas but also better commit to existing solutions. Ultimately, our collective action as a community is urgently needed to address the threat that the global funding gap presents to supporting healthy, resilient populations.

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THE “OLD-NEW” TOBACCO INDUSTRY

In 2016, Uruguay defeated Philip Morris International (PMI) in an international “leading case” that laid a milestone in the history of the WHO FCTC (1). Despite PMI losing entirely its claim, immediately issued a press release following this defeat, that drew attention:

“We reiterate our willingness to meet with representatives of the Uruguayan Government, especially to explore regulatory frameworks that would enable the hundreds of thousands of adult smokers in the county to have informed access to reduced-risk alternatives to smoking” (2).

The preceding declaration, in violation of the Article 5.3 of the WHO FCTC, became a change in the rhetorical speech of the tobacco industry, which was moving towards a new phase: “novel products” of “lower risk”, with the purpose to make this industry a “different and legitimate interlocutor” to aspire to have a place at the policy negotiating table (3).

This is not new. In the 70s of the 20th century, the tobacco industry introduced in the market the ventilation of cigarettes through filters as a new design that makes it more “attractive” and easy to inhale (4). Later, along with this feature, messages with descriptors such as “light”, “ultra-light”, up to quantitative information such as “low tar content” were added in the package.

Today we know that *“filter ventilation is an inherently deceptive technology, and its promotion by the tobacco industry has been misleading consumers so that they may believe that ventilated cigarettes are less harmful than higher-yield or non-ventilated cigarettes”*. (5) This matter, currently in the 2nd decade of the XXI century and despite having been proven to be a misleading strategy of marketing, is still a matter of discussion for the COP9(5).

Since many countries have already prohibited the use of misleading descriptors (by application of Article 11 of the WHO FCTC), it was then the tobacco industry said that the prohibition must be respected, but this was not the case, because at the same time, reinvented itself and announced that prohibited descriptors can be associated with colors.

Also, the traditional cigarette is having changes with flavorings or flavor capsules, (pending regulation by articles 9 and 10 of the WHO FCTC (6)) and in parallel, it begins to coexist with a new product portfolio: electronic cigarettes and heated tobacco products (7)(8).

To keep its discourse of a “smoke-free world”, in 2018 through a million-dollar investment, PMI created a “third party” (9), which states to be independent, although it generates science to suit it. In parallel, dozens of “influencers” (10) use social networks to promote these innovative products, circumventing the advertising prohibition measures of Article 13 of the WHO FCTC.

That is why, while the tobacco industry has announced the end of the production of “combustible cigarettes” and a “smoke-free world”, their actions go in the opposite direction.

Indeed, the recent WHO Global Survey 2021 has expressed that it notes with concern because “when children use ENDS, or even try them, they are more than twice as likely to use conventional cigarettes in the future. The tobacco industry gains new customers” (11).

And this is supported by research on how the industry is counting on “hooking” young people to finance their next business (12).

When an activity or a new product causes harm and science cannot reach a conclusively prove on its health impact, the governments should be cautious about its authorization or trying this through an intensive regulation, thus, its prohibition is even a good possibility until more evidence is available. In any case, any phase of a regulatory process should be subordinated to better governance and rapid implementation of the WHO FCTC.

Bypassing and weakening the WHO FCTC is the goal of the tobacco industry. Governors cannot yield to science with a conflict of interest (13), to actions of corporate social responsibility and subordinate the superior interests of public health to the commercial interests of the tobacco companies.

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References

1. UNCTAD. *Philip Morris v. Uruguay Philip Morris Brand Sàrl (Switzerland), Philip Morris Products S.A. (Switzerland) and Abal Hermanos S.A. (Uruguay) v. Oriental Republic of Uruguay* (ICSID Case No. ARB/10/7). <https://investmentpolicy.unctad.org/investment-dispute-settlement/cases/368/philip-morris-v-uruguay>
2. PMI. Press Release. *Philip Morris International Comments on Tribunal's Decision in Arbitration Between PMI and Uruguay*. <https://philipmorrisinternational.gcs-web.com/static-files/e46adb31-ef55-4124-9c21-bbccf7f774c2>
3. *Understanding the emergence of the tobacco industry's use of the term tobacco harm reduction in order to inform public health policy*. Disponible en <https://tobaccocontrol.bmj.com/content/24/2/182>
4. *Cigarette filter ventilation is a defective design because of misleading taste, bigger puffs, and blocked vents*. https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC_COP9_7_SP.pdf
5. https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC_COP9_8_SP.pdf
6. https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC_COP9_9_SP.pdf
7. https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC_COP9_10_SP.pdf
8. <https://tobaccotactics.org/wiki/foundation-for-a-smoke-free-world/>
9. <https://www.ethos.org.mx/ethos-publications/los-influencers-de-la-nicotina/>
10. <https://www.who.int/es/publications/i/item/9789240032842>
11. <https://exposetobacco.org/wp-content/uploads/Modern-Addiction-Mythbuster-ES.pdf>
12. <https://www.theguardian.com/science/2021/apr/22/scientific-paper-claiming-smokers-less-likely-to-acquire-covid-retracted-over-tobacco-industry-links>

GLOBAL STRATEGY TO ACCELERATE TOBACCO CONTROL

The Global Strategy to accelerate tobacco control was developed in accordance with decisión FCTC/COP7(13).

While implementation of the WHO FCTC has been progressing, it is far from complete and there are several articles of the WHO FCTC that have been unevenly applied globally. For this reason, the Parties to the WHO FCTC, meeting at the COP, recognized the need to commit to immediate urgent action to address the remaining gaps.

The Global Strategy, consisting of purposes, objectives and indicators, calls upon parties to the WHO FCTC to intensify their collaborative efforts in support of its implementation and seeks to accelerate their implementation of the WHO FCTC and contribute to the 2030 agenda for sustainable development.

It will serve as the basis for the preparation of the budget for the bienniums 2022-2023, 2024-2025 and will also guide the implementation of the WHO-FCTC until 2025. At the same time, it will guide the agenda and the work of the COP, which will periodically evaluate the performance of the Global Strategy with an implementation review mechanism (IRM) and that will serve as well to identify good practices.

For its application, the Parties should adopt coordinated measures that encompass all Public Administration levels working from a multi-sectoral perspective, to ensure coherence in national and international policies and thus reduce the obstacles that hinder the application of commitments under the WHO FCTC.

The Global Strategy also aims to raise awareness and publicize all tobacco control related issues, including the WHO FCTC, at the national and international levels while helping to manage the increased demand for support and the limited resources of the WHO FCTC Convention Secretariat, while ensuring the effectiveness of its work.

Carrying out these tasks will be supported by three pillars: accelerating implementation; forging international alliances and partnerships between different sectors, including civil society; as well as protecting the integrity of the WHO-FCTC and consolidating its achievements.

The first pillar, *accelerating implementation*, proposes to prioritize the adoption of measures that accelerate the implementation of the Convention, including technical and financial assistance and strengthening the exchange of knowledge and empirical data.

For this, the Parties will formulate comprehensive and budgeted national tobacco control strategies (Article 5) focused on multi-sectoral policies, giving priority to prices and taxes measures (Article 6), measures subject to deadlines (Articles 8, 11 and 13), and improving South-South and triangular cooperation mechanisms, which includes strengthening the WHO FCTC Knowledge Hubs.

For the second pillar, *building alliances*, in order to achieve the WHO FCTC objectives, it is proposed:

- Strengthening cooperation between different participating organizations, to ensure that the WHO-FCTC is fully incorporated into the SDGs and other UN forums related to the Convention.
- Including the FCTC in the implementation of the WHO Global Plan of Action for the prevention of NCDs 2013-2030.
- Promoting the creation of alliances with public or intergovernmental organizations and institutions;
- Preparing a communication plan on the Global Strategy to give visibility and publicity to the FCTC;
- Increasing the participation of civil society.

The third one, suggests *protecting the integrity and consolidate the WHO- FCTC achievements* by:

- Improving the governance and administrative mechanisms of the Convention to ensure that all activities related to the WHO-FCTC are prioritized, effective and sustainable, and are protected from any influence of the tobacco industry.
- Harmonizing COP programs, work plans and budgets with the Global Strategy.
- The creation of an IRM, so that the COP has a better understanding of the difficulties faced by the Parties when implementing the WHO-FCTC, while allowing sharing experiences acquired and offering better support to the country's implementation, providing protection to the COP and the Parties of all interests related to the tobacco industry.

The Global Strategy has as operational objectives the sustainable financing and operational efficiency in the implementation of the Convention to maximize returns, as well as the search for new funding sources to support FCTC related activities (including new or innovative domestic and international funding mechanism) and technical assistance for the development of national, budgeted, results-oriented tobacco control plans.

At the same time, it suggests the Convention Secretariat to establish WHO FCTC *Goodwill Ambassadors to the Convention*- high profile international individuals highly committed to tobacco control- that would contribute to the FCTC's visibility and to help making political decision-makers, international organizations and the general population more aware of the health, economic and social repercussions of tobacco consumption and the need to finance and support the implementation of the WHO FCTC, as part of Sustainable Development.

Finally, the implementation of the Global Strategy and its outcomes will be evaluated, and biennial reports will be prepared for the COP with proposals for corrective measures to continue accelerating the implementation of the FCTC.

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TOBACCO USE AND COVID-19: A HARMFUL COMBINATION

The SARS-CoV2 Coronavirus disease, COVID-19 first occurred in China in December 2019 and quickly assumed pandemic dimensions. As of September 2021, it has infected more than 217 million people and caused more than 4.5 million deaths. (1)

Risk of acquiring SARS-CoV2 infection

Tobacco use can increase the risks of COVID-19, both due to its biological effects on human health and due to behaviors and habits of smokers. Tobacco smoke alters the defense mechanisms of the respiratory system, cellular and humoral immunity, as well as other nonspecific mechanisms such as the mucociliary sweep. (2) These alterations predispose to suffering bacterial and viral respiratory infections in general. In previous outbreaks of other coronaviruses, such as the so-called MERS-Cov (Middle East Respiratory Coronavirus Syndrome) outbreak in 2012, tobacco use was identified as a risk factor for acquiring the infection (3). On the other hand, the World Health Organization (WHO) has warned that behaviors associated with smoking such as repetitive hand-to-mouth or removing the mask to smoke could also put people at greater risk of acquiring COVID-19. (4,5) This has been clearly verified with regard to the use of electronic smoking devices. In two studies that included thousands of cases, they showed that vaping or dual consumption of electronic devices and cigarettes increased the chances of acquiring coronavirus by more than 7 times. (6,7)

Additionally, several studies have shown that smoking per se, even in the absence of these or other conditions, is an independent risk factor for having a worse progression of COVID-19, greater chances of requiring mechanical ventilatory assistance and admission to critical care areas. Also, the smoker condition increases mortality from the disease. A meta-analysis that included 19 good quality studies conducted in different countries, covering more than 11,000 patients, showed that smoking almost doubled the chances of a more serious progression of COVID-19 (Odds Ratio 1.91 Confidence Interval 95% 1.42-2.59, $p = 0.001$) (10) implying higher mortality.

More recently, another meta-analysis was published adding 27 additional studies to the previous study, increasing the sample of cases analyzed to 22,939 patients. This study showed that while non-smoking patients had severe forms of COVID-19 in a percentage of 21.9%, smokers suffered severe forms in 33.5% of cases. Additionally, the study analyzed the results according to the different age groups, concluding that smoking has a more negative influence on young people with COVID-19. (11)



Risk of severe forms of COVID-19

Tobacco use underlies different non-communicable diseases such as atherosclerotic cardiovascular disease and Chronic Obstructive Pulmonary Disease that are associated with more severe forms of COVID-19. (8,9)



The Tobacco Industry and the COVID-19 Pandemic

The dissemination of erroneous or misleading scientific information has been a very common tactic used by the tobacco industry for several decades. The context of the coronavirus pandemic has not been a barrier to the tobacco industry marketing campaigns, but on the contrary, inaccurate and misleading information about the tobacco and COVID-19 link has been disseminated, hinting that smoking or using electronic cigarettes would protect users in the face of the pandemic. Thus, authors with conflicts of interest and linked to tobacco industry have published articles on non-refereed websites proposing hypotheses about a supposed protection that nicotine would offer against the coronavirus. (12,13) Unfortunately, this inaccurate and not very rigorous information was later taken and disseminated by high-impact digital media, causing disinformation and risks for the population.

According to the available scientific evidence, in the context of the COVID-19 pandemic, supporting the cessation of tobacco and nicotine consumption in all its forms should be a public health priority. Both health authorities and health professionals must transmit that unanimous message to the population, promoting actions that support cessation in COVID-19 times.

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References

1. Johns Hopkins University. Coronavirus Resource Center [Internet]. 2021. Disponible en: <https://coronavirus.jhu.edu/map.html> Fecha de consulta: Agosto 2021
2. Arcavi L, Benowitz NL. Cigarette smoking and infection. Arch Intern Med. 2004;164(20):2206-16.
3. Alraddadi BM, Watson JT, Almarashi A, Abedi GR, Turkistani A, Sadran M, et al. Risk factors for primary Middle East respiratory syndrome coronavirus illness in humans, Saudi Arabia, 2014. Emerg Infect Dis. 2016;22(1):49.
4. Organización Mundial de la Salud. Preguntas y respuestas sobre el tabaco y la COVID-19: [Internet]. 2020. Disponible en: <https://www.who.int/es/emergencias/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-tobacco-and-covid-19> Fecha de consulta: Agosto 2021
5. World Health Organization. Tobacco and waterpipe use increases the risk of suffering from COVID-19 [Internet]. 2020. Disponible en: <http://www.emro.who.int/fr/tfi/known-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html> Fecha de consulta: Agosto 2021
6. Li D, Croft DP, Ossip DJ, Xie Z. The association between statewide vaping prevalence and COVID-19. Prev Med Reports. 2020;20:101254.
7. Gaiha SM, Cheng J, Halpern-Felsher B. Association between youth smoking, electronic cigarette use, and COVID-19. J Adolesc Heal. 2020;67(4):519-23.
8. Guan W, Ni Z, Hu Y, Liang W, Ou C, He J, et al. Clinical characteristics of coronavirus disease 2019 in China. N Engl J Med. 2020;
9. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet. 2020;
10. Patanavanich R, Glantz SA. Smoking is associated with COVID-19 progression: a meta-analysis. Nicotine Tob Res. 2020;22(9).
11. Patanavanich R, Glantz SA. Smoking is associated with worse outcomes of COVID-19 particularly among younger adults: A systematic review and meta-analysis. BMC Public Health. 2021;21(1):1-9.
12. STOP. Studies That Suggest Smoking And Nicotine Protect Against COVID-19 Are Flawed [Internet]. STOP. 2020. Disponible en: https://exposetobacco.org/news/flawed-covid19-studies/#_ftn1 Fecha de consulta: Agosto 2021
13. Changeaux J. A nicotinic hypothesis for Covid-19 with preventive and therapeutic implications [Internet]. Qeios. 2020. Disponible en: <https://www.qeios.com/read/FXGQSB> Fecha de consulta: Agosto 2021

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