Tobacco use is the single greatest cause of preventable death worldwide – a risk factor not only for lung diseases, such as chronic obstructive pulmonary disease (COPD) and lung cancer, but also for a host of other diseases. More than 5 million deaths occur annually due to tobacco-related illnesses, with the majority occurring in low- and middle-income countries.

The Union recognised the need to address tobacco use and has been working in the field of tobacco control for more than 25 years. It has identified practical strategies to achieve tobacco control in low- and middle-income countries. This was boosted by the passage of the World Health Organization’s Framework Convention on Tobacco Control (FCTC) in 2003 that came into force in 2005, and the subsequent release of the WHO tobacco control strategy MPOWER.

Since late 2006, The Union has played an active role in the Bloomberg Initiative to Reduce Tobacco Use, working to implement tobacco control interventions in the countries with the highest burden of tobacco-related diseases.
Why is tobacco control important?

**TOBACCO USE IN LOW- AND MIDDLE-INCOME COUNTRIES**

Tobacco is the only legal product that kills half of the people who use it, along with hundreds of thousands of non-smokers. Tobacco use will account for more than 8 million deaths each year by 2030, if the tobacco epidemic continues unchecked.

As markets open around the world and tobacco sales decline in higher-income countries, the tobacco industry is employing increasingly aggressive marketing and sales tactics in developing countries. More than 80% of smokers live in low- and middle-income countries, which makes them particularly vulnerable. In poorer families, up to 10% of household income accounts for tobacco purchases, money that would have been better spent on food instead. Public health services are under strain to cope with increased demand for their services as a result of tobacco-related illnesses.

**TOBACCO IS A MAJOR RISK FACTOR FOR NCDs**

Tobacco use is a risk factor for all of the major non-communicable diseases (NCDs), including cancer, cardiovascular disease, chronic lung disease and diabetes. According to the World Health Organization, 1.5 million premature deaths a year are caused by cancer as a result of tobacco use, and overall it accounts for one in six NCD deaths.

In addition to the suffering and death caused by NCDs, these diseases are pulling low- and middle-income countries into further poverty due to the lost productivity and the strain on the health services.

Reduction of tobacco use by implementing effective tobacco control programmes will therefore not only serve public health but also combat poverty and challenge inequalities in health. The implementation of the FCTC is crucial in the fight against the rise in NCDs, which according to the World Economic Forum will cost a trillion US dollars if not tackled in an appropriate and timely manner.

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**Cumulative tobacco-related deaths, 2005-2030**

<table>
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<th>Year</th>
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</table>

Reversing the tobacco epidemic

To support global efforts for tobacco control, The Union focuses on several key policies that are proven to reduce tobacco consumption. Adherence to them helps the more than 174 countries that are Parties to the FCTC to meet their commitments.

A 10% price rise decreases consumption by up to 8% in low- and middle-income countries.

▶ TAXATION
Increasing the price of tobacco via taxation is the single most effective way to reduce tobacco consumption. The Union supports governments, legislators and tobacco control advocates to develop, implement and increase national tobacco control taxes. Countries where taxes have been added to the cost of tobacco products include Egypt, where taxes were raised by 40% on cigarettes and 100% on Shisha tobacco (water pipe), and Mexico, which raised taxes to up to 37% of retail price.

▶ SMOKEFREE POLICIES
Smokefree policies are essential because there is no safe level of exposure to second-hand tobacco smoke. Despite smokefree policies being relatively easier to implement than other tobacco control measures, only 5.4% of the world’s population is protected by comprehensive smokefree legislation. The Union works with governments to develop national smokefree laws and supports organisations – hospitals, schools, sports facilities – to implement smokefree policies. This has been one of the most successful aspects of the Bloomberg Initiative grants programme.

▶ HEALTH WARNINGS
Graphic health warnings on cigarette packs encourage users to quit and discourage others from starting. The Union works with governments and non-governmental organisations (NGOs) to legislate for health warnings of specified size, content and design on all tobacco products. Campaigns in Egypt, Madagascar, Mexico, Nepal, Niger and Pakistan have successfully introduced graphic health warnings.

▶ BANS ON ADVERTISING, SPONSORSHIP AND PROMOTION
Tobacco advertising is proven to increase tobacco consumption. The Union provides training to counter industry advertising tactics and supports legislation imposing bans on all forms of tobacco promotion, from point-of-sale ads to sponsorships. Countries that have recently instituted bans include Brazil, Nepal and Niger.

Recent successes in tobacco control:

A health-worker guide in India has been disseminated throughout a number of states and translated into regional languages. The guide is used by health workers to advise patients on the harms of tobacco use and ways to quit.

The Union Russia Office is working on a national level and, since 2009, the Smoke-Free Health Care guidelines developed by Union experts have been used for the regional training programmes offered by the Ministry of Health. These materials are also used by a postgraduate course for doctors.

In the Middle East region, tobacco control legislation is high on the agenda. In Egypt smokefree initiatives were introduced in two cities, Alexandria and Port Said, in 2010. Government commitment to tobacco control legislation remains high in Pakistan with Islamabad declared a smokefree city.
China introduced a National Development Plan in March 2011 that will include measures to protect the public from exposure to second-hand smoke. In August 2011, Harbin passed the most stringent smokefree legislation at a local level to date, which was also the first legislation to be in line with Article 8 of the FCTC.

Since Bangladesh ratified the FCTC in 2003 it has made progress on smokefree legislation through the collaborative efforts of the relevant ministries and civil society. Smokefree public transportation has spread to include the water transportation network, which accounts for approximately 10% of the country’s transportation system.

Nepal passed a comprehensive tobacco control law in April 2011 that includes smokefree public places, workplaces and public transportation. The new law also includes provisions for 75% graphic health warnings on tobacco packets. Advertising bans have also been introduced.

Two years after the implementation of smokefree laws in Bogor City, Indonesia, a public opinion poll found that the 100% smokefree policy had become more popular among its residents, with support rising from 90% in 2009 to 94% in 2011.

**Grants for Priority Countries**

The Union regional offices in China, Egypt, India, Mexico, Russia and Singapore administer grants under the Bloomberg Initiative to Reduce Tobacco Use (BI) in collaboration with the Campaign for Tobacco-Free Kids. The offices also offer technical assistance to governments to help them manage and implement tobacco control programmes. Assistance also includes legal advice on drafting legislation, given by an international team of legal experts. The competitively awarded grants fund tobacco control programmes in low- and middle-income countries, with particular focus on the 15 priority countries that account for two-thirds of the world’s tobacco users.

BI grants provide up to US$ 500,000/year to governments and NGOs for effective interventions to reduce tobacco use.

Since the inception of the grants programme in 2007, The Union has worked with over 80 organisations in more than 30 countries.

The Union provides ongoing assistance to grantees to ensure the successful completion of projects. Current projects focus on increased tobacco taxation, smokefree public places, bans on tobacco advertising, implementation of graphic health warnings and other evidence-based initiatives.

**Top 15 Priority Countries:**

China, India, Indonesia, Russia, Bangladesh, Brazil, Mexico, Turkey, Pakistan, Egypt, Ukraine, Philippines, Thailand, Vietnam, and Poland

**Strengthening National Tobacco Control Programmes Around the World**

The involvement of governments in tobacco control efforts is crucial to ensure that countries meet their obligations towards the FCTC, but this remains one of our biggest challenges. Despite constraints we continue to achieve positive incremental change by supporting government-led tobacco control programmes for which results are often immediately tangible, such as smokefree initiatives.

Productive and collaborative working relationships with diverse groups, such as ministries, state-run health facilities and universities, have resulted in the passage of significant legislation and smokefree policies in a number of countries, such as Bangladesh, China, India and Indonesia. The Union also supports civil society as a crucial element in tobacco control initiatives.

Grants administered by The Union have focused on the development and implementation of policies recommended by the MPOWER strategy. This has helped establish a strong infrastructure to ensure the inclusion of tobacco control in public health agendas around the world.

The Union aims to ensure the sustainability of the programmes it funds beyond the life of the Bloomberg Initiative grants. Initial funding is intended to help launch tobacco control initiatives that will encourage ongoing tobacco control programmes, especially in the top-15 priority countries.
Technical support, training and resources provide the latest knowledge

Technical training courses focused on tobacco control are an integral part of our work, alongside the production of policy-oriented briefings, reports and guidelines on tobacco control. Courses cover MPOWER measures based on the FCTC, designed to reverse the tobacco epidemic. Our regional offices facilitate access to the latest knowledge for governments and civil society organisations. The training courses allow local policymakers to interact with international experts in tobacco control.

Participants who have attended our workshops have gone on to contribute to legislation in their countries building on the knowledge and skills they have acquired.

Other courses include legal workshops, which are currently being offered in Latin America. The need for increased skills in this area has arisen there in face of legal challenges posed by the tobacco industry and interest groups against new tobacco control laws.

The Effective Coalitions for Tobacco Control workshop was piloted in 2010 and aims to equip participants with knowledge and skills to foster collaboration for effective tobacco control.

These technical and management courses are in high demand and have attracted 2,400 participants from more than 36 countries, since they were first offered in 2007. The Union also offers a set of management courses for professionals working in tobacco control to increase their effectiveness in managing tobacco control programmes.

Topics include:
> Management and Leadership
> Budget and Financial Management
> Human Resources Management
> Management of Managers
> Project Management

As a result of these training courses, participants have developed action plans to support their governments’ efforts in meeting their commitments towards the FCTC.

GIVING LEGAL ADVICE IN TOBACCO CONTROL

Large populations and high rates of smoking, particularly among males, have made Latin America an important strategic hub in tobacco control. The region has recently made significant advances in tobacco control, despite challenges that include illicit tobacco trade and the prevalence of tobacco farming. The lack of political will and the slow pace of implementation have also been discouraging for tobacco control proponents. Nonetheless, 14 countries in the region have passed legislation, including Argentina, Ecuador, Mexico and Peru.

The Union staff in the region have extensive legal experience and are readily available to offer legal advice to governments, members of parliament and NGOs on the drafting of tobacco control legislation in the region.

Some recent successes include:
> Mexico passed tobacco control regulations in 2009 and a health warning law in 2010
> Peru and Ecuador are also making strides in tobacco control laws and have introduced policies in 2011
> Buenos Aires, Argentina became a smokefree city in 2010, which was followed by a nation-wide smokefree policy in June 2011
Major sporting and cultural events afford opportunities to raise public awareness about the harms of tobacco use and introduce smokefree policies.

In preparation for the 2014 Winter Olympics in Sochi, the Krasnodar Health Care Department and the Governor of the Krasnodar region have been working together with the regional assembly to encourage a healthy lifestyle in the region.

The Union has worked with a number of organising committees of mega-events, such as the 2008 Summer Olympics and Para-Olympics in China, to promote smokefree games. The success enjoyed at those games in a country where 300 million people use tobacco and approximately one million people die annually as a result, was significant and encouraged other mega-events to go smokefree, such as:

> The Commonwealth Games, India
> The Cricket World Cup, Bangladesh
> The Shanghai Expo, China
> The 16th Asian Games, China
About
The Union

The Union’s mission is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With nearly 10,000 members and subscribers from 150 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis, HIV, lung health and non-communicable diseases, tobacco control and research. Each department engages in research, provides technical assistance and offers training and other capacity-building activities leading to health solutions for the poor.

For more information about The Union and the Department of Tobacco Control, please visit: www.tobaccofreeunion.org.

Become a Member of The Union
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