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EVENTS TODAY

THURSDAY 16 OCTOBER 2014

13:30 LUNCHEON SESSION ON NEW RESOURCES FOR PICTORIAL HEALTH WARNINGS, FOR THE AFRO REGION, PART OF AN UPDATE FROM THE SECRETARIAT. PRESENTED BY WORLD LUNG FOUNDATION. ENESEI ROOM

DEATH CLOCK

SINCE THE OPENING OF THE FIRST WORKING GROUP FOR THE FRAMEWORK CONVENTION ON TOBACCO CONTROL ON 25 OCTOBER 1999,

74'465'410

PEOPLE HAVE DIED FROM TOBACCO RELATED DISEASES.
(AT 9AM 16 OCTOBER 2014)



DOES THE COP WANT TO GIVE FARMERS A GUARANTEED SEAT AT THE FCTC POLICY TABLE?

The Article 17 & 18 working group report poses a serious threat to the integrity of Article 5.3 and will give tobacco manufacturers and their agents a guaranteed back door to tobacco control policy discussions, if Guiding Principle 2 is adopted in its present form.

Many delegates to COP6 may not have had the stamina to read through the lengthy working group's report – and may as a result have missed some of the key problems with the document.

Firstly, the second “guiding principle” of the report stipulates: “Tobacco growers and workers should be involved in policy development in line with Article 5.3 of the WHO FCTC and its guidelines.” The text adds that “the involvement of farmers in decision-making processes should be guaranteed by providing adequate channels for them to voice their needs and concerns.”

It is necessary to consult poor small-scale farmers on policies that deal with their livelihood, health, working conditions and other matters contained in the Article 17 & 18 draft report. But that is not what the text *says*: it says “policy development”, without qualification. So if this text is adopted by the COP, we can expect groups claiming to represent farmers to use it to demand input into discussions

about tobacco tax increases, tobacco advertising bans or the content of pictorial health warnings.

Of course, if they did this, such groups would clearly be quoting this “guiding principle” out of context. But as many Parties will have noticed, the tobacco industry (and the many front groups it funds) is really rather good at quoting things out of context.

And the problems with this wording don't end there. Quoting Article 5.3 does not provide full protection against industry-dominated groups claiming to represent farmers. The definition of “tobacco industry” in the Convention includes only “tobacco manufacturers, wholesale distributors and importers of tobacco products” – a definition which does not appear to include leaf multinationals such as Alliance One or Universal Leaf, or more generally, companies in the leaf business.

MUST GOVERNMENTS SPEND LARGE SUMS TO GET TOBACCO GROWERS TO MOVE TO OTHER LIVELIHOODS?

Another difficulty in the Article 17 & 18 working group report is the assumption that the transition from tobacco growing to alternative livelihoods necessarily involves substantial investments of public money.

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INDIA'S NEW PICTORIAL WARNINGS: A REFLECTION OF ABIDING COMMITMENT TO THE FCTC

Yesterday marked a historic day for India's public health, with the country leapfrogging to the league of nations with the largest pictorial warnings in the world. At a function in Delhi, India's Health Minister Dr. Harsh Vardhan announced that the new picture-based warnings would cover 85 percent of the principal display area of tobacco packs, even as the Indian delegation continued to toil to raise the bar for WHO Framework Convention on Tobacco Control (FCTC) implementation here at COP.

This is a giant improvement on the current average of 20 percent of the principal display areas of packs (40 percent of one side of cigarette packs). When enforced, India would have the unique distinction of joining Thailand in having the largest health warnings in the world across all tobacco products. Notably, India's warnings are applicable to all tobacco products: beedis and smokeless tobacco products included.

This is significant particularly for the lower socio-economic sections of the population, among whom the use of non-cigarette tobacco products is considerably high. The new warnings are slated to appear on packs in under six months, on 1 April 2015.

India's move reflects its efforts to learn from and improve upon its past efforts. Tobacco companies take advantage of the current warnings that are aligned to the bottom of the pack. They instruct retailers to stack the packs in a manner that obscures the warnings from public view, thus defeating the right to informed choice by potential consumers. In line with FCTC Article II



guidelines, the new warnings are required to be aligned to the top edge of the pack, and will be rotated every two years.

Additionally, the packs cannot carry any messages or pictures that promote specific tobacco brands or tobacco use that are inconsistent with the stipulated warnings. This could perhaps help to address misleading or

deceptive descriptors like "light" and "mild" that are used by tobacco companies to downplay the harm caused by their products.

Developing tobacco pack warnings is no mean task in the Indian context! In addition to the country's myriad of tobacco products, the packs themselves come in all shapes and sizes. From boxes to pouches to containers, cylindrical, conical or rectangular, all are on the market. The warnings also need to consider the numerous languages used across the country. The Ministry of Health regulation requires the warnings to appear in the language already appearing on the packs, such as the language of the brand name. This is a particularly clever way to ensure that the warnings would appear in the language of the industry's intended market and targeted consumers.

The road to new warnings has been fraught with several challenges. India had proposed pictorial warnings occupying 50 percent of the total display area of tobacco packs way back in 2006. Industry interference delayed and diluted its implementation in and out of courts. The new warnings are therefore a true reflection of the confluence of political will and meticulous preparations by the Government of India, and consistent advocacy by civil society groups.

The endgame has begun for on-pack promotions in the country. Well done, India! Onwards to effective implementation!!

Shoba John
Founder Member, Forum for Tobacco Control, India's national tobacco control

WHAT WOULD COP BE LIKE IF MORE THAN A THIRD OF PARTIES WERE EXCLUDED FROM DECISION MAKING?

COP, could be said to be the heart of the WHO Framework Convention on Tobacco Control (FCTC). COP makes the whole process of tobacco control throb with the excitement of finding practical solutions to countries pressured by the manipulation of the tobacco industry. Nearly 80 percent of deaths caused by tobacco use occur in developing countries. However trying to find solutions without consulting the very countries affected most could make the COP a fruitless exercise.

In 2010, COP4 adopted a decision to the effect that the policy on travel support under the FCTC should be harmonised with that of the WHO. The implementation of

this decision would affect 78 Parties that had been supported by travel funds in previous COP sessions. When the budget of the FCTC was discussed at COP5, significant pressure was brought by Parties affected, and the decision was taken to extend existing travel support to COP6. Without action at COP6, the decision taken at COP4 to reduce travel support will be implemented for COP7.

FCA asks COP to find a permanent situation to this overarching problem and rescind the decision taken by COP4... We wish to emphasize that non-participation of Parties because of the inability to attend COP sessions due to financial

considerations will seriously jeopardize tobacco control work : one-third of Parties will not be able to express their views.

To achieve a 25 percent reduction of premature mortality due to NCDs globally within the next 11 years, there has to be a 30 percent drop in tobacco use prevalence. This will be possible only through the accelerated and effective implementation of the FCTC. In this regard, COP has an important role to play and any decision taken should truly reflect the views of all Parties.

Olcott Gunasekera
National Authority on Tobacco and Alcohol (NATA), Sri Lanka

A NEW TOOL TO HELP AFRICAN GOVERNMENTS ENACT PACK WARNINGS (FCTC ARTICLE II)

THIS TOOL WILL BE LAUNCHED AT A BRIEFING TODAY, 16 OCT, AT 13:30 IN THE ENESEI ROOM

Article II of the WHO Framework Convention on Tobacco Control (FCTC) requires Parties to adopt and implement pack warnings within three years of becoming Parties to the Convention. And to date, more than 50 Parties have implemented pictorial warnings – also called graphic health warnings – on cigarette packages or other tobacco product packaging. But only three of them are in Africa.

We hope to change that with a new resource for the AFRO region.

Pictorial pack warnings are a critical and inexpensive intervention for communicating health information, especially to populations with low literacy. In countries that lack funds for media or tobacco control campaigns, pack warnings may be the only consistent communication channel available to educate and warn the public of the harm caused by tobacco use.

Pack warnings can also serve as catalysts to encourage support for tobacco control interventions, and are an essential component to any comprehensive strategy to reduce tobacco use.

As one of five partners in the Bloomberg Initiative to Reduce Tobacco Use, the World Lung Foundation (WLF) works in the public health area in low and middle-income countries with a focus on mass media communication. By centring on research and evaluation, an evidence base when developing tobacco control communications campaigns is ensured.

WLF resources include a number of ready to use, easily licensable databases, including libraries of mass media advertising and pack warnings. The latest resource offers graphic pack warnings specifically for Africa, using messages and images appropriate for this region. This new database can be viewed at www.worldlungfoundation.org/Afropackwarnings.

The African pack warning resource was commissioned by the WHO FCTC with the purpose of expanding the existing WHO database of pictorial health warnings for tobacco products with pack warnings that could be accessed easily by African governments to fulfil their FCTC obligations. Another aim of the resource is to offer FCTC Parties assistance in implementing Article II.

To create this resource, WLF analysed data on country specific death rates and causes attributable to tobacco, as well as available knowledge, attitude and behaviour surveys

from the region. WLF staff also met with in-country tobacco control stakeholders to seek expert opinion. As a result, an initial list of 24 messages – each illustrated in three different styles – was developed.

A broad range of graphic pictorial warnings, available globally and targeting smoking health consequences, were then collected. A task force of international tobacco control communication experts rated the concepts on potential effectiveness and adaptability for Africa, taking into account visual ethnicity and cultural specifics of the sub-Saharan region.

Messages were each illustrated in three execution styles: a medical focus on damaged organs, images of the body and images depicting quality of life issues, as shown below:



At a communications training in Uganda in March 2014, WLF ran a focus group to get stakeholders' responses to pack warning images created for AFRO. The group included officials from ministries of health, journalists and civil society representatives from South Africa, Kenya, Uganda, Rwanda, Botswana, Mali and Nigeria. Subsequently, the images were shared with tobacco control stakeholders in Senegal, Cameroon and Togo.

Additional images for the pack warnings were then collected or taken in hospitals, while some were staged in real settings across countries including Tanzania, Senegal, Kenya, Malawi and Uganda. A few final images were shared by the Australian Ministry of Health and the New York Department of Health and Mental Hygiene.

Subsequently, 72 selected images were tested among 1,200 people in cities and towns across Senegal and Botswana in May and June 2014 to ensure effectiveness

and cultural appropriateness. Participants rated each image against certain criteria including:

- The image is easy to understand;
- The image is believable;
- The image makes me want to stop smoking;
- The image is relevant to me.

The testing found that:

- Images illustrating specific health consequences were the most effective overall;
- Images showing the visible damage tobacco causes (such as mouth cancer) had a high impact;
- Graphic, simple, and clear illustrations scored higher on motivating smokers to quit;

- Images of vulnerable children (such as those with ear infections due to secondhand smoke) were found to be very engaging.

The final database will include some 50 images found to be most effective, while others that rated less well were not included.

The final images are free for Parties to use, and will be housed on both the WHO and WLF websites to provide easy access. As there are a large number of images available, Parties can select sets for rotation as per Article II guidelines.

WLF can also help governments implement pictorial warnings by launching supportive mass media campaigns that include the pack warning images. Some mass media adverts and posters are already available for use and can be requested.

Rebecca Perl and Irina Morozova
World Lung Foundation

ARTICLES 9/10 SHOULD NOT HAVE GUIDELINES ON SMOKE EMISSIONS TEST METHODS, WHICH ARE FLAWED

COP is being asked to decide on future work for the Articles 9/10 Working Group. The Working Group could focus on some useful areas, for example product design characteristics such as slims. However, it is crucial that the Working Group does NOT develop guidelines on cigarette emissions test methods.

The only cigarette emissions test methods that exist are the flawed ISO and modified ISO test methods. It is ISO methods that have led to the disastrous experience of "light", "mild" and "low-tar" test methods. There should not be FCTC guidelines that give legitimacy to the flawed ISO test methods.

FCA recommends that, in a COP Decision on Art. 9/10, any reference to potential guidelines on emissions be deleted.

There are many reasons not to develop guidelines on emissions test methods:

The ISO methods are based on smoking machines which do not reflect actual human smoking behaviour: Humans adjust their smoking behaviour through compensation in order to get the nicotine they want.

It has long been well documented that the flawed ISO test methods have been abused

by the tobacco industry: Tobacco companies sell low tar cigarettes on the promise that they are less harmful when that is not the case.

No country has had a positive regulatory experience using cigarette emissions test method data.



FCA RECOMMENDS THAT, IN A COP DECISION ON ART. 9/10, ANY REFERENCE TO POTENTIAL GUIDELINES ON EMISSIONS BE DELETED



No testing regime that relies on smoking machines provides an accurate indication of the relative harm of different products/brands.

Very few Parties have the capacity to deal with the vast amounts of data that would be produced when implementing cigarette emission test method requirements.

There is no longer a perceived need to place cigarette emissions test yield numbers on the side of the package. Countries are now increasingly requiring qualitative text messages, as recommended by the Article 11 guidelines (packaging and labelling).

The Progress Report from the Art. 9/10 Working Group includes Annex 2, which was prepared by key facilitators regarding emissions. However, there was no time at the working group meeting to discuss emissions – thus, this Annex is not based on Working Group discussions.

Guidelines are not needed if Parties want to somehow use existing test methods to build experience. Parties, should they want, can use existing test methods in the absence of guidelines. The emissions tests are available from WHO TobLabNet; so long as they are not relevant to policy-making, they should not be enshrined in guidelines.

It is one thing for test methods to exist. It is an entirely different thing for there to be FCTC guidelines endorsed by COP.

Rob Cunningham
Canadian Cancer Society

Deborah Arnott
ASH (UK)

continued from page 1

DOES THE COP WANT TO GIVE FARMERS A GUARANTEED SEAT AT THE FCTC POLICY TABLE?

This comes up in a number of places, starting with the explanation given under the third guiding principle, which states: "A successful shift from tobacco growing to alternative economic activities requires profitability, the provision of technical and financial assistance, research," etc.

The statement is clearly incorrect: farmers of all kinds regularly shift between different crops, depending on anticipated prices, market access, weather conditions and a host of other factors. Most farmers who have quit tobacco growing in the last 20 years have probably done so because they could no longer grow tobacco profitably and alternatives had become more attractive. Only a minority may have received targeted government assistance of any kind to help them switch.

So why would Parties want to approve a document that associates a successful shift from tobacco growing with the provision of "financial assistance"? Like the reference to policy development in Principle 2 of the draft policy options and recommendations, this one can and will be quoted out of context – as a global commitment to throw money at tobacco growers, whatever the reason for the problems they may be facing.

Article 17 commits Parties to promote, as appropriate, alternative livelihoods – not to pay substantial amounts of money.

We invite Parties – not just those with significant tobacco growing – to read the Article 17 & 18 report and to eliminate key problems in the document.

NEW BOOK: INDUSTRY CLAIMS ABOUT TOBACCO FARMING FALSE

Tobacco Control and Tobacco Farming – Separating Myth from Reality. Edited by Wardie Leppan, Natacha Lecours and Daniel Buckles. IDRC and Anthem Press, 2014.

Download free PDF, or order print books: www.idrc.ca/tobaccobook

USING ADVOCACY FILM TO REFRAME THE DEBATE ON TOBACCO TAXATION IN INDIA

Scientific evidence is only one step in the process of shaping good policy. Science can inform its content but adopting and implementing policy requires that stakeholders – from governments to the media and the public – be moved to act. Herein, policy advocacy, or the process by which “citizen voices” influence systemic change in order to improve their communities, plays a critical role.

However, the effective empowerment and representation of citizen voices is a difficult task, particularly when those voices represent the more vulnerable segments of society. The challenge is infinitely compounded when the vector of the public health issue is a powerful, rich industry lobby with significant voice and political muscle – as is the case with Big Tobacco.

In fact, the tobacco industry has been successful in twisting narratives and using the very people it exploits as justification for self-interested policies: for example, by using the impoverished tobacco farmer as an argument against alternative livelihoods when the poverty of that farmer may be attributed to tobacco industry exploitation.

Fortunately, decades of tobacco control health communication science offer important and valuable lessons for countering pro-tobacco arguments and promoting effective policy.

Firstly, tobacco control mass media campaigns have been identified as an important tool for policy advocacy: they not only reduce tobacco prevalence but by changing social norms they can create public demand and support for effective tobacco control policies. Secondly, a large body of evidence has identified that certain kinds of messages have the greatest efficacy and cost-efficiency. Anti-tobacco messages that elicit negative emotions, such as sadness, discomfort, fear and health concerns, have been found to be most effective.

THE PRICE WE PAY

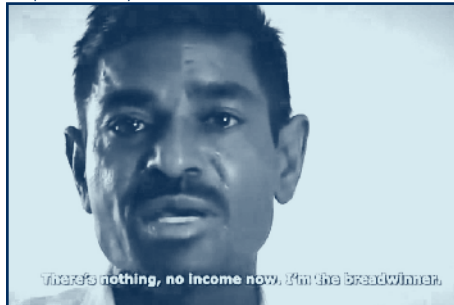
Tobacco taxes are now well established as the single most effective measure to reduce tobacco consumption, especially among youth and economically disadvantaged populations that suffer most from tobacco use. Yet, achieving tobacco tax increases in India has been a significant challenge for a number of reasons including insufficient political will.

The summer of 2014 was an opportune time for increasing policy advocacy on tobacco

taxation as a newly elected national government was in place. In addition, the theme for World No Tobacco Day 2014 (WNTD) was ‘Raise Tobacco Tax, Lower Death and Disease’. WNTD was also the occasion for the joint release of a report, the ‘Economic Burden of Tobacco Related Diseases in India’, by the Indian Ministry of Health and Family Welfare (MoHFW), the World Health Organization and the Public Health Foundation of India.

In this context, the World Lung Foundation – working with the Voice of Tobacco Victims project, an initiative by the Tata Memorial Hospital and Healis-Sekhsaria Institute for Public Health – developed a policy advocacy film titled *The Price We Pay*.

The fundamental objective of *The Price We Pay* was to reframe the narrative around tobacco taxation in India. Featuring unscripted interviews and using a documentary style of film-making, the film sought to present the true economic reality of tobacco users and their families: the direct costs for treatment of tobacco-related illnesses; losses of productivity and livelihoods; reduced incomes



leading to diminished prospects for the children of tobacco users; and the psychological uncertainty and trauma created by serious tobacco-related illness.

The MoHFW released *The Price We Pay* during a public event held for WNTD. The film instantly generated media attention. At the request of the national government television channel, Doordarshan, it was subsequently aired in its entirety twice during primetime hours. CNN-IBN ran a segment on the film during a new programme and *The Price We Pay* was profiled in 14 online and print national newspapers. The value of the earned media generated was calculated as US\$106,000.

We believe that *The Price We Pay* successfully generated a significant amount of news coverage and conversation because

of the careful application of the principles of effective tobacco control mass media campaigns identified in the existing literature:

The film featured unscripted interviews of real individuals, thus rendering it credible and relateable;

The raw and natural emotion displayed during the interviews was deeply moving and poignant;

The harsh economic facts presented in the film were able to cut through arcane arguments and present a real face to an abstract issue.

Dr. Nandita Murukutla
World Lung Foundation, New York, NY, USA

Ms. Sandra Mullin
World Lung Foundation, New York, NY, USA

Ms. Vaishakhi Mallik
World Lung Foundation, New York, NY, USA

Dr. Tahir Turk
World Lung Foundation, New York, NY, USA

Dr. Pankaj Chaturvedi
Tata Memorial Hospital, Mumbai, India

Dr. Prakash Gupta
Healis-Sekhsaria Institute for Public Health, Mumbai, India

“
TOBACCO INDUSTRY HAS BEEN SUCCESSFUL IN TWISTING NARRATIVES AND USING THE VERY PEOPLE IT EXPLOITS AS JUSTIFICATION FOR SELF-INTERESTED POLICIES

”



DIRTY ASHTRAY AWARD

To Vietnam, for consistently parroting tobacco industry positions under the guise of state sovereignty.



ORCHID AWARD

To Committee B, for agreeing to read and digest all three documents on the upcoming budget (2016-2017) overnight before discussing them on Thursday.



The Framework Convention Alliance (FCA) is a global alliance of NGOs working to achieve the strongest possible Framework Convention on Tobacco Control. Views expressed in the Alliance Bulletin are those of the writers and do not necessarily represent those of the sponsors.

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OBJETIVOS DE DESARROLLO SOSTENIBLE, ENFERMEDADES CRÓNICAS NO TRANSMISIBLES Y CONVENIO MARCO PARA EL CONTROL DE TABACO

Nuestro objetivo primordial es la salud humana, entendiendo la misma como un Derecho Humano fundamental y como una prioridad para el desarrollo humano. En este sentido, la COP6 no puede desligarse del proceso internacional de prevención y control de las Enfermedades No Transmisibles (ENT), las que atentan contra la salud y el desarrollo a nivel mundial.

Los Objetivos de Desarrollo del Milenio (ODM) planteados en el año 2000, han logrado progresos, pero aún existe una importante brecha, en cuanto a reducción de la pobreza, escolaridad de niños y niñas, reducción de mortalidad infantil, vidas salvadas por VIH/SIDA, mayor acceso al agua potable, pero sobre todo falta un mayor compromiso a nivel mundial, y la inclusión de las ENT en los mismos.

Desde el impulso dado por la Declaración Política de la Reunión de Alto Nivel de la Asamblea General de las ONU sobre la Prevención y el Control de las Enfermedades No Transmisibles, de septiembre de 2011, el tema se ha posicionado en los organismos mundiales (ONU, OMS), en las instituciones del desarrollo, en las esferas gubernamentales, académicas y la sociedad civil.

El compromiso de la salud de los pueblos, afecta el desarrollo. Por lo tanto, si queremos avanzar en el desarrollo de nuestros países, no podemos dejar de considerar la prevención y el control de las ENTs. Sin embargo, según el último informe de la Directora General de la OMS sobre el tema señalan que los mismos han sido insuficientes y muy desiguales.

Finalmente, el Plan de Acción Global de ENT aprobado por la OMS en el 2013, incluye en su objetivo 3, la reducción de un 30% en la prevalencia del consumo de tabaco, como una de las herramientas necesarias para alcanzar el objetivo global de reducir la prevalencia de muertes por ENT en un 25% para el 2025.

El Control de Tabaco en el mundo está teniendo un importante y casi privilegiado avance, como política de salud pública, debido a la aplicación del Convenio Marco de



Dr Carlos Farias delivers a statement on behalf of FCA at the UN in June 2014.

la OMS para el Control de Tabaco (CMCT) (3), aunque aún quedan muchas barreras por superar en muchos países .

Sin ninguna duda la forma más idónea para lograr la reducción del tabaquismo propuesta en el Plan de Acción de las ENT, es la plena aplicación del Convenio Marco para el Control del Tabaco y sus Directrices.

Para seguir adelante forjando un camino global en esta aldea común que es "el Planeta Tierra", nos encontramos ahora con el reto de definir los "Objetivos de Desarrollo Sostenible (ODS) post 2015". Los líderes acordaron celebrar una Cumbre de alto nivel en septiembre de 2015 para adoptar un nuevo grupo de Objetivos a partir de los logros de los ODM.

Las Partes, en esta COP6 y en las futuras, deberíamos posicionarnos e impulsar fuertemente la iniciativa global para que el CMCT sea el instrumento necesario e indiscutible para alcanzar el objetivo 3 del Plan de Acción Global de las ENTs y la Conferencia de las Partes su principal foro intergubernamental internacional para la negociación de la respuesta mundial a la epidemia de tabaquismo como búsqueda para lograr uno de los Objetivos de Desarrollo Sostenibles post 2015.

Dr. Carlos Farias A.
Presidente de la Comisión Nacional
Permanente de Lucha Antitabáquica
(COLAT-PERU)