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Ad Hoc Inter-Agency Task Force on Tobacco Control

Report of the Secretary-General

Summary

The present report responds to Economic and Social Council decision 2000/236 of July 2000, in accordance with which the Secretary-General would report to the Council at its substantive session of 2002 on progress made by the Ad Hoc Inter-Agency Task Force on Tobacco Control in the implementation of multisectoral collaboration on tobacco or health. A first report was submitted at the substantive session of 2000.

Along with HIV/AIDS, cigarette smoking is the largest growing cause of death in the world. Recent estimates show that 4.2 million deaths per year were caused by tobacco in 2002; that figure is expected to rise to about 8.4 million in 2020. Based on current smoking trends, it is predicted that tobacco will be about 1 in 8 deaths in the 2020s and of these deaths, 70 per cent will occur in developing countries. Studies in China and India show that the range of outcomes attributable to tobacco has included cancers, and heart and lung disease, categories previously described only in developed countries. In addition, recent studies have pointed to the importance of tobacco as an important cause of tuberculosis death. Tobacco-related diseases are the single most important cause of preventable deaths in the world. It is also important to notice that the costs imposed by smoking on non-smokers are often high. The costs to non-smokers clearly include health damage as well as nuisance and irritation from exposure to environmental tobacco smoke. With regard to tobacco consumption among women, it is predicted that the total number of female smokers will rise from 257.8 million in 2000 to 324 million in 2020. The large increase in the number of women smokers around the world will have enormous consequences for health, income and family unless measures to curtail the epidemic are effectively addressed.

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Despite the widely recognized fact that smoking is damaging human health, many Governments have been reluctant to implement effective and comprehensive tobacco control policies because of fears of harmful economic consequences as a result of a decrease in tobacco consumption. Accumulating evidence shows those economic fears to be largely unfounded. WHO has recently examined future trends in tobacco use prevalence taking into account projected increases in population or income and hypothesizing that effective and comprehensive tobacco control policies are implemented. Results show that, even when it is assumed that prevalence decreases at an annual rate of 1 per cent for the next 20 years and the next 50 years — which would be considered formidable success in tobacco control — the total predicted number of smokers would still be increasing compared to the year 2000.

Cigarette smuggling is a very important issue considered by Governments and international organizations. Smuggled cigarettes lead to a loss of tax revenues for Governments and an increase in tobacco consumption due to lower prices; this represents a public health problem. Estimates show that illicit cigarette trade has reached between 6 per cent and 8.5 per cent of global cigarette consumption, or 330 to 467 billion cigarettes annually.

Since the last report submitted at the substantive session of 2000, the Task Force has met two times. In terms of inter-agency cooperation, considerable inter-agency work has been initiated and has been completed or is nearing completion. This work includes the FAO study on the implications of tobacco control in the agricultural sector covering case studies on projected tobacco economy by 2010, including levels of production, consumption and trade; the ILO work on manufacturing employment and safe work practices, employment trends and prospects in the world tobacco industry, smoking in the workplace and bidi industry in India; and a World Bank and WHO work on the impact of privatization on tobacco and public health and contraband tobacco products and its indirect effects on public health, as well as case studies on employment issues in tobacco manufacturing.

Principal themes for future collaboration could focus on inter-agency work on employment issues, children and youth, smoke-free policies in the United Nations system and smuggling. Additionally, numerous entry points have been identified for the Task Force members to facilitate the technical work related to the framework convention on tobacco control, and active inter-agency collaboration related to the framework convention has already been initiated.

Contents

I. Origins of the Ad Hoc Inter-Agency Task Force on Tobacco Control and update on its mechanisms

1. The Economic and Social Council, in its resolution 1993/79 of 30 July 1993, requested the Secretary-General to establish, under the auspices of the World Health Organization (WHO) and within existing resources, a focal point among existing institutions of the United Nations system on the subject of multisectoral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use. Accordingly, the United Nations Conference on Trade and Development (UNCTAD) was given this responsibility. Between 1993 and 1998 the focal point submitted three reports to the Secretary-General at the substantive sessions of 1994, 1995 and 1997 of the Council (E/1994/83, E/1995/67 and Add.1, and E/1997/62).

2. In 1998, the Secretary-General agreed to the designation of an Ad Hoc Inter-Agency Task Force on Tobacco Control under the leadership of WHO, thereby replacing the focal point arrangement located at UNCTAD. This decision was taken in order to intensify a joint United Nations response and to galvanize global support for tobacco control. The establishment of this new Task Force was endorsed by the Organizational Committee of the Administrative Committee on Coordination (now named the United Nations System Chief Executives Board for coordination (CEB)), at part II of its first regular session of 1999, held at Geneva on 12 and 13 April 1999 (see ACC/1999/2, sect. VII).

3. In line with resolution 1999/56 adopted by the Council at its substantive session of 1999 and in which the Council endorsed the establishment of a United Nations Ad Hoc Inter-Agency Task Force under WHO leadership, the Secretary-General reported to the Council at its substantive session of 2000 (E/2000/21) on progress made by the Task Force in the implementation of multisectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives. The present first report was prepared subsequent to the first two sessions of the Task Force.

4. The first session of the Task Force was convened at the United Nations Children's Fund (UNICEF), New York, 29 and 30 September 1999. Thirteen United Nations organizations, the World Bank and the International Monetary Fund (IMF) attended the first session of the Task Force. The objectives of the first session were to outline current and future action by ACC members in respect of tobacco in general and to develop an operational approach that would ensure that one United Nations voice was heard throughout the framework convention on tobacco control process.

5. The second session of the Task Force was convened at the Food and Agriculture Organization of the United Nations (FAO) headquarters, Rome, 7 March 2000. Ten United Nations organizations, the World Bank and the World Trade Organization participated in the second session. The principal objective of the second session was to consider specific strategies and projects for strengthening and extending inter-agency collaboration among the Task Force member organizations.

6. The present report responds to Council decision 2000/236, whereby the Secretary-General was requested to submit a report on the continuing work of the Task Force at the substantive session of 2002. Since the first report, the Task Force met again twice.

7. The third session of the Task Force was organized in a global videoconference format on 8 December 2000. Eight United Nations organizations, as well as the World Bank and the World Trade Organization were linked together during the videoconference session. The third session provided an update on the work of each agency related to tobacco, and updated members on the discussions of the substantive session in July 2000. The members of the Task Force also focused on developing a work plan for inter-agency cooperation for 2001 and discussed technical cooperation in support of the Framework Convention on Tobacco Control.

8. The fourth session of the Task Force was held in Kobe, Japan, 5 December 2001. Seven United Nations organizations, as well as the World Bank and the World Customs Organization, participated in that session. The fourth session focused on the drafting of the present report and an update was made on the smoke-free policies in the United Nations system. The Task Force

members also discussed the International Meeting on Economic, Social and Health Issues in Tobacco Control, which had been held in Kobe on the two days preceding the fourth session. At that meeting, international experts reviewed the ongoing United Nations work in the area of international tobacco control, and explored the economic transition issues relevant to the technical mandates and ongoing work of the members of the Task Force, in particular WHO, FAO, the International Labour Office (ILO) and the World Bank.

II. Public health, economic and social factors and implications of the global tobacco epidemic

A. Public health context

9. In the early 1990s, an estimated 1.1 billion individuals used tobacco worldwide. This figure had increased to almost 1.3 billion by 2000, and assuming no change in global prevalence, the global number of smokers is expected to reach 1.7 billion in the year 2020. Along with HIV/AIDS, cigarette smoking is the largest growing cause of death in the world. According to the forthcoming World Health Report 2002, currently, an estimated 4.2 million deaths per year are caused by tobacco, and the figure is expected to rise to about 8.4 million in 2020, resulting in about 1 in 8 deaths.[1] Of these deaths, 70 per cent will occur in developing countries, where cigarette smoking was once rare. Tobacco-related diseases are the single most important cause of preventable deaths in the world. Smoking is, for example, the cause of 25 major categories of fatal and disabling disease, including lung and other cancers, ischaemic heart disease and chronic respiratory diseases.

10. Moreover, tobacco use among women is increasing worldwide. In general, 8.8 per cent of women in developing countries, 20.2 per cent in transition economies and 22.3 per cent in developed countries currently smoke cigarettes; in addition, tobacco is chewed by women in India and several other countries. It is predicted that the total number of female smokers will rise from 257.8 million in 2000 to 324 million in 2020; most of this increase will occur in developing countries. The large increase in the number of women smokers around the world will have enormous consequences for health, income and the family unless measures to curtail the epidemic are effectively addressed.

11. Many smokers are not fully aware of the high risks of disease and premature death that their choice entails. In low- and middle-income countries, many smokers may simply not know about these risks. Smoking is usually started in adolescence or early adulthood. Young people may be less aware than adults of the risk to their health that smoking poses. Most smokers later regret ever having started and wish they could quit. The costs imposed by smoking on non-smokers are often high. The costs to non-smokers include health damage as well as nuisance and irritation from exposure to environmental tobacco smoke. In addition, smokers may impose financial costs on others. In high-income countries, smoking-related health care accounts for 6-15 per cent of all annual health-care costs. In most low- and middle-income countries, reliable studies in this area have yet to be carried out.[2]

12. Studies have reported massive impacts of tobacco on adult mortality in China[3] and India.[4,5] In these studies, the range of outcomes attributable to tobacco has included cancers, and heart and lung disease, categories previously described only in developed countries. In addition, recent studies have pointed to the link between tobacco use and tuberculosis; recent epidemiological studies in China show a significant increase in the risk of contracting tuberculosis among tobacco users. In different regions of the world, the tobacco epidemic has taken on different profiles. In India, the widespread use of smokeless tobacco is associated with a high rate of oral cancer. Also, a recent cohort study in India shows that bidi cigarettes (cheap cigarettes made using unprocessed tobacco) are no less hazardous than cigarette smoking (the relative risk of mortality for bidi smokers is 1.78 while it is 1.39 for cigarette smokers).

13. The issue of cigarette smuggling has become high on the agenda of Governments and international organizations. According to the World Bank Report *Curbing the epidemic*, studies of the impact of smuggling show that when smuggled cigarettes account for a high percentage of the total sold, the average price for all cigarettes, taxed and untaxed, will fall, increasing sales of cigarettes overall. In 2001, the negative consequences of smuggling were highlighted by the United States Surgeon General David Satcher, in

the *Journal of the American Medical Association*: "Smuggled cigarettes represent a loss of tax revenue for governments and a public health problem. Smuggled cigarettes are sold at below-market prices. These cheaper cigarettes thwart national health polices that use price increases to reduce tobacco consumption, leading to greater tobacco consumption than would occur if they were not available. This is a cross-border problem that requires cross-border cooperation to solve."[6] Although it is difficult to calculate the full extent of smuggled cigarettes within overall supply, estimates based on three separate empirical analyses show that illicit cigarette trade has reached between 6 per cent and 8.5 per cent of global cigarette consumption, or 330 to 467 billion cigarettes annually. At a conservatively estimated average tax of $1-$1.50 per cigarette pack (this is much higher in most developing countries), cigarette smuggling (20 billion packs) accounts for $20-30,000 million lost by Governments annually.[7]

B. Activities of the Task Force since the substantive session of the Economic and Social Council of 2000

1. Activities of the World Health Organization

14. A WHO and World Bank consultation on effective collaboration between the health and financial sectors for tobacco control took place in Malta[8] (5-7 September 2001); Ministries of Finance and Health from 15 Mediterranean countries participated. Four studies focusing on the economics of tobacco control in Egypt, the Islamic Republic of Iran, Morocco and Turkey were commissioned by WHO and the World Bank. Results demonstrate, along with many other studies, that price increases are one of the most powerful mechanisms for reducing demand. According to the forthcoming World Health Report 2002, it has been shown, based on several studies, that, on average, a price rise of 10 per cent on a pack of cigarettes would be expected to reduce demand for cigarettes by about 4 per cent in high-income countries and by about 8 per cent in low- and middle-income countries, where lower incomes tend to make people more responsive to price changes. It is also important to note that children and adolescents are more responsive to price rises so this intervention would have a significant impact on them.

15. An international consultation on economic, social and health issues in tobacco control organized by WHO and hosted by the WHO Centre for Health and Development was held in Kobe (3-4 December 2001). This meeting gathered international technical experts to explore the employment implications of tobacco control in the agriculture and manufacturing sectors and to discuss issues related to smuggling and privatization.

16. Few people now dispute that smoking is damaging human health on a global scale. However, many Governments have avoided implementing effective and comprehensive tobacco control programmes — such as higher taxes, comprehensive bans on advertising and promotion, or restrictions on smoking in public places — because of concerns that their interventions might have harmful economic consequences. Despite accumulating evidence summarized by the World Bank, that these economic fears are largely unfounded, strong tobacco control policies have not been adopted in many countries. The evidence from the World Bank includes a number of points. To begin with, changes in the demand for tobacco products will be gradual and decades will pass before dramatic reductions take place. Also, as the absolute number of smokers grows — because of global population increases — this will ensure a large enough market to keep the current generation of tobacco farmers in business. Any slowing of demand will take place so gradually that it will allow for an equally slow process of adjustment for those most directly affected. Moreover, as smokers quit, the expenditure saved is spent on other goods or services. This, in turn, generates new employment in other sectors across the economy.

17. That is not to say that the short-term transition costs that may be associated with a global reduction in the demand for tobacco products should be ignored. With this mind, WHO commissioned, based on a tool kit provided by the World Bank, country case studies on the likely impact of tobacco control policies on employment in Armenia, Bulgaria, Egypt, Kenya and Viet Nam. Preliminary results show that for the most part, reduction in employment, if any, will be gradual. In some cases, the impact of effective tobacco control policies on national employment may even be positive because consumers will switch from tobacco products to other goods and services that are produced in a more labour intensive way, thereby increasing the demand for and the production of those products, and generating new jobs.

18. In order to illustrate that catastrophic scenarios of massive job losses and economic dislocation brought about by effective tobacco control policies are fictitious and unrealistic, WHO examined future trends in tobacco use prevalence while taking into account projected increases in population and hypothesizing that effective and comprehensive tobacco control policies are implemented globally.

19. From the American Cancer Society prevalence database, 144 male prevalence estimates and 143 female prevalence estimates covering about 95 per cent of the world's population, were used to produce regional estimates of smoking prevalence. Additionally, the number of smokers is projected using two scenarios of population increases and changes in prevalence. The medium variant projected population from the United Nations World Population Prospects (2000 Revision) is used to forecast the number of smokers in 2020 and 2050. In order to examine the potential impact that the implementation of comprehensive tobacco control programmes might have on the future number of tobacco users, it is assumed that all countries implement effective and comprehensive tobacco programmes and achieve results similar to those achieved by the States of California, Massachusetts, Arizona and Oregon during the past decade.

20. A. Bitton and others estimated, using data from state and federal sources, the average rate of decline in consumption and prevalence in California, Massachusetts, Arizona and Oregon. The authors estimate that the four programmes produced an average rate of decline in adult prevalence of 1 per cent a year over the duration of the programmes.

21. Table 1 presents tobacco use prevalence by WHO regions and levels of development for the year 2000. Men were almost four times as likely to smoke as women, yet more than 23 per cent of females were smokers in the Region of the Americas and in the European Region. These estimates clearly show that most tobacco users reside in developing countries. Out of the 1.28 billion tobacco users, more than 1 billion lived in developing countries or in transitional economies. Table 2 presents the projected number of smokers in 2020 and in 2050. On the assumption that there will be no change in prevalence in the next 20 and the next 50 years, it is predicted that there will be close to 1.7 billion smokers in 2020 and more than 2.2 billion in 2050. Even when it is assumed that prevalence decreases at an annual rate of 1 per cent for the next 20 and the next 50 years, the total predicted number of smokers would still stand at more than 1.3 billion in 2020 and 2050. In other words, if countries achieve successes on the scale experienced in the states of California, Massachusetts, Arizona and Oregon, there will still be more smokers in 20 years' and 50 years' time than there were at the beginning of the century. It is important to note that the 1 per cent scenario would represent a formidable success in the battle to improve health by reducing the prevalence of tobacco use. Moreover, the aforementioned state tobacco control programmes were well financed and very comprehensive. Such resources devoted to tobacco control are not readily available in many countries, especially in developing countries.

22. It is also important to note that tobacco use is generally positively related to income. That is, an increase in income would lead to higher consumption of tobacco products. Since national incomes are expected to rise over time, increased income can be expected to lead to higher tobacco consumption levels, notably in developing countries, where incomes are predicted to grow faster than those in developed countries. In summary, for the global tobacco market to contract, effective policies would have to yield reductions in tobacco use large enough to offset the increasing world's adult population (which is predicted to rise from about 4.2 billion in 2000 to 5.6 billion in 2020, to reach more than 7 billion in 2050), and the increasing global income. Regardless of how satisfying it would be to see the global tobacco market contract, several decades, at best, will be necessary to reach such formidable achievements.

23. In addition, economic studies on tobacco are ongoing in the WHO South-East Region in seven countries, namely, Bangladesh, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. This region is unique in relation to the problem of tobacco. The prevalence of tobacco use is very high, reaching 60 per cent in almost all the countries. Many smokers use locally produced tobacco products such as bidis, kreteks and cheroots that are very cheap and attract poor people. They contain very high levels of nicotine. The purpose of the studies was to gather, inter alia, data on the trends in real price of tobacco products, price elasticity and cross price elasticity, income elasticity, direct medical costs of tobacco, optimum tobacco taxes and impacts of tax increases on a number

Table 1
Tobacco use prevalence by WHO regions and levels of development, 2000

	Weighted prevalence (%)		*Number of smokers (millions)*		
	Male	*Female*	*Male*	*Female*	*Total*
WHO region					
AFRO (Africa)	35.0	8.7	60.9	15.7	76.6
PAHO (the Americas)	34.0	23.0	99.2	70.3	169.5
EMRO (Europe and the Mediterranean)	35.0	5.5	52.5	7.9	60.4
SEARO (South-East Asia)	48.2	7.8	253.7	39.6	293.3
WPRO (Western Pacific)	62.2	5.8	397.4	36.3	433.7
EURO (Europe)	44.5	23.2	149.5	85.1	234.5
Levels of development					
Developed	34.4	22.3	116.5	80.1	196.5
Developing	51.1	8.8	835.8	141.6	977.3
Transition	52.0	20.2	74.9	33.1	108.0
Human Development Report (UNDP)					
High	36.4	21.8	149.7	94.3	244.0
Medium	53.1	9.5	792.4	140.2	932.6
Low	31.1	8.1	58.6	15.4	74.0
World*	48.4	12.1	1 024.8	257.8	1 282.5

* The total estimate of the world population includes countries and territories that are not members of WHO.

Table 2
Projected number of smokers, 2020 and 2050
(in millions)

Scenario 1. Constant prevalence, medium variant projected population

	2020			*2050*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Developed	127.6	88.8	216.4	131.7	90.8	222.6
Developing	1 090.1	200.0	1 290.1	1 531.2	276.0	1 807.2
Transition	76.8	33.4	110.2	70.2	29.6	99.8
World*	1 369.5	324.0	1 693.5	1 767.0	450.9	2 217.9

Scenario 2. Reduced prevalence (-1.0%), medium variant projected population

	2020			*2050*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Developed	104.4	72.7	177.0	79.7	55.0	134.7
Developing	891.6	163.6	1 055.2	926.4	167.0	1 093.4
Transition	62.8	27.3	90.1	42.5	17.9	60.4
World*	1 120.1	265.0	1 385.1	1 069.0	272.8	1 341.8

* The total estimate of the world population includes countries and territories that are not members of WHO.

of factors. This information will help to create awareness among policy makers of what may happen in their own countries if prices of tobacco products are increased, and will encourage them to take a step forward in implementing price measures among their policies. Those studies are still under way and will be finalized by mid-2002.

24. WHO is also working on a joint project with the United States Environmental Protection Agency, "Clearing the air from Tobacco Smoke Pollution", in order to create healthy and safe environments for children. The overall goal of the project is to reduce children's exposure to second-hand smoke in the home and in indoor places in the community. WHO estimates that approximately half of the world's children (an estimated 700 million children) are regularly exposed to second-hand smoke. There is also a clear scientific consensus that passive smoking is a real and substantial threat to child health, causing a variety of adverse health effects. These health risks have yet to be seriously addressed from a prevention perspective, particularly in developing and transition countries. The project will focus on two WHO Regions (EURO — Poland and Latvia, and WPRO — China and Viet Nam). It specifically aims to increase awareness among health professionals and parents of the serious health consequences of children's exposure to second-hand smoke, and to increase the number of smoke-free homes and other indoor places where children are regularly present. This is a two-year project and so far, it is being implemented in Latvia and Poland. Pre-planning and planning workshops on communications process were organized in late 2001-early 2002, where national work plans were prepared and discussed.

25. With input from the secretariat of the World Trade Organization, WHO has published a report, entitled "Confronting the Tobacco Epidemic in an Era of Trade Liberalization". This paper was originally prepared for the WHO Commission on Macroeconomics and Health.[9] The econometric work discussed in the report shows that there is a positive relationship between trade liberalization and tobacco consumption, with the greatest correlation in low income countries. Trade in manufactured products, such as cigarettes, has been increasing rapidly since the mid-1980s. This trend is likely to continue with the lowering of trade barriers to tobacco, resulting in an increased supply and lower prices. Furthermore, trade liberalization is associated with increased competition that also leads to lower prices and an increase in advertising expenditures, while brand proliferation can further increase the size of the market. All these factors are likely to contribute to a further increase in tobacco consumption. The decrease in prices seems to be a strong incentive for increased consumption in tobacco, especially in low income countries.

26. WHO and the United States Centers for Disease Control and Prevention have created the Global Youth Tobacco Survey (GYTS),[10] a worldwide collaborative surveillance initiative that includes Governments and non-governmental organizations (NGOs). Funding for the GYTS has been provided by the Centres for Disease Control and Prevention, the Canadian Public Health Agency, the National Cancer Institute, UNICEF, and the WHO-Tobacco Free Initiative. The GYTS was designed to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programmes. It is a self-administered survey, with a standard methodology, that applies a core questionnaire to a representative school-based sample of students, aged 13 to 15 years. Data are presented from 75 sites in 43 countries and the Gaza Strip/West Bank. The results of this survey show that current use of any tobacco product ranges from 5 per

cent to 60 per cent, with high rates of oral tobacco use in certain regions. Current cigarette smoking ranges from less than 1 per cent to 40 per cent, with nearly 25 per cent of students smoking their first cigarette before the age of 10. The majority of current smokers want to stop smoking and have already tried to quit, but very few students who currently smoke have ever attended a cessation programme. Exposure to advertising is high (75 per cent of students had seen pro-tobacco advertisements), and second-hand smoke exposure is very high in all countries. Information on the health consequences of tobacco consumption is not well circulated: in about half of the surveyed countries, students report that they have not been taught in school about the dangers of smoking.

27. A new project has been established to gather all the available data on tobacco into one system. The National Tobacco Information Online System[11] (NATIONS) is an electronically integrated information system containing country-specific information on a wide variety of tobacco control issues. It provides a standardized structure to monitor and assess the impact of tobacco, assist in the design of tobacco prevention and control programmes and policies, and enhance future tobacco surveillance and evaluation research. It is capable of reporting time trend data for some variables and updating information as new facts become available. NATIONS is a collaborative effort of WHO-Tobacco Free Initiative, the American Cancer Society, the World Bank and the Centers for Disease Control and Prevention.

28. The WHO/University of California at San Francisco Digital Tobacco Documents Library went online on 31 January 2002. The Tobacco Free Initiative of WHO will help to publicize the launch of this web site. It is the world's largest online site for tobacco industry documents, which were made available after the Minnesota Tobacco Litigation. WHO is continuing discussions to establish a WHO Collaborating Center at the University of California, San Francisco, which would undertake industry monitoring with case studies from countries.

29. WHO is looking for ways to strengthen national capacity, an essential component to implementing the WHO framework convention on tobacco control at the country level. Requests from member States for technical support in legislation and planning are currently being considered. A draft plan to strengthen capabilities for tobacco control at the country level, based on an assessment of countries' needs, is now being considered by the countries and partners. The draft plan is primarily based on a country's existing public health infrastructure, and includes a strong training component for human resources. Assessment, planning, advocacy, communication and evaluation are essential parts of the plan. An information kit on tobacco-control legislative interventions is being assembled to assist member States. The Global Health Leadership for the Twenty-first Century project commissioned case studies on strengthening the enactment, enforcement and evaluation of tobacco-control legislation. An economic tool kit for tobacco control is also being finalized in partnership with the World Bank, and additional materials on planning and implementing tobacco control measures are being commissioned.

30. The Scientific Advisory Committee on Tobacco Product Regulation was created in 2000 by WHO to collect inputs and information from the leading experts in the area of product regulation. A fourth meeting of the WHO Scientific Advisory Committee (Oslo, 4-6 February 2002) was hosted by the Government of Norway. Working groups discussed collection of information, control of tobacco products, ensuring proper operation of systems, control over marketing and communication, integration of recommendations into tobacco control, and international coordination and cooperation.

31. In accordance with resolution WHA54.18 on transparency in the tobacco control process, WHO is currently working in close collaboration with NGOs to undertake extensive research on the negative impact of the activities of certain tobacco corporations on public health and tobacco control in over 15 countries. Monthly monitoring of the media has begun in order to collect reported information on tobacco-industry activities. With meagre resources, NGOs have done much to sustain public momentum for international tobacco-control regulation.

2. Activities of the International Labour Organization

32. The ILO programme on occupational safety and health, Safe Work, is implementing a new training programme, known as SOLVE, in various parts of the world. SOLVE is a training programme for workers and management, focusing on the integration of the safety and health aspects of tobacco, alcohol, drugs,

HIV/AIDS, stress and violence into enterprise policy. The SOLVE programme was tested at the ILO international training centre in Turin, Italy, in 2001 and subsequently piloted in Kuala Lumpur, Malaysia, Chennai, India, and Windhoek, Namibia. In April 2002, the SOLVE methodology and a train-the-facilitator course was taught to participants from various Governments, universities, institutes, enterprises and trade unions from a wide diversity of countries. Safe Work is also developing a Code of Practice on tobacco in the workplace and a database covering work issues and tobacco use.

33. The ILO, the World Bank and WHO have worked together on the under-researched issue of the employment effects of tobacco control in developing countries. The ILO Sectoral Activities Department has published two working papers: a research study entitled "Making ends meet: Bidi workers in India today" and "The world tobacco industry: Trends and prospects". These studies were conducted as preliminary research with a view to more in-depth study of employment trends in the tobacco industry. The ILO work is continuing to explore alternative employment strategies for bidi workers, many of whom are poor women, with the goal of creating sustainable, productive, and safe jobs. Further studies are being processed for publication, targeting regions in the following countries where the tobacco industry (including growing and leaf processing) employs a significant number of workers: Malawi (Kasungu), Brazil (Santa Catarina and Rio Grande do Sul), Bulgaria (Kurdjali, Smolia and Blagoevgrad in the south), United States of America (Georgia, North Carolina, Kentucky, Tennessee and Virginia), Cambodia (Kompong Cham province), China (Yunnan), and Turkey. These papers will focus on employment trends in the tobacco sector. Such research has brought to light the profiles of many of these workers. They are for the most part unskilled. Many are migrant workers, belong to scheduled castes or ethnic minorities. They are also found in conflict border territories. So the problems of employment in the tobacco industry are multifaceted and of direct concern to the ILO mandate as a standard-setting organization whose core concerns are employment promotion, employment protection, and social dialogue.

34. Within its Sectoral Activities Programme, the ILO has scheduled a Technical Tripartite Meeting on the future of employment in the tobacco sector for the first semester of 2003.

35. The International Programme for the Elimination of Child Labour has launched two projects in the tobacco sector, one in the commercial agriculture in East Africa (tobacco plantations) and another in Bangladesh, under the 1999 ILO Worst Forms of Child Labour Convention, No. 182.

3. Activities of the World Bank

36. The partnership between the World Bank and the WHO Tobacco Free Initiative, IMF, FAO, the ILO and other organizations, notably the United States Centers for Disease Control and Prevention Office of Smoking and Health, and the Canadian secretariat for Research for International Tobacco Control (RITC), has been strengthened, in response to the mutual benefits and payoff it has for the work on the economics of tobacco control. The recent focus has been on the following key economic issues: taxation and government revenue, whether tobacco control affects employment, the economic and health impact of privatization of tobacco producers, the impact on poor people of tobacco tax increases and ways to target tobacco control interventions to benefit poor smokers.

37. The key message of the analysis of the economic implications of tobacco control, as summarized in the World Bank study entitled *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, is that reducing tobacco use through taxation and a set of non-price interventions can have a significant impact on health outcomes, without harming most economies. The interventions that have been proved to be effective and cost-effective can reduce tobacco use, and tax increases will also generate government revenues — even after taking account of smuggling. The evidence and analysis shows that fears of net job losses are unfounded. The findings and analytic results continue to be spread through the Internet, other mass media as opportunities permit, print media, and through presentations and discussions at numerous meetings of policy makers, academics, media and others. Joint meetings with WHO/PAHO (several with IMF participation) have been held across the globe, with regional meetings in Eastern Europe, the Mediterranean, the Caribbean and sub-Saharan Africa, and country-specific meetings in Hungary, Indonesia, China, Kenya, Turkey and Ukraine. Economic issues were high on the agenda of the 11th World Conference

on Tobacco or Health, held in Chicago in August 2000, and attended by approximately 10,000 people. Thousands of copies of the World Bank study *Curbing the Epidemic* in 13 languages have been distributed and the World Bank tobacco web site attracts an average of 2,000 users each month.

38. A four-page easy reference summary of the key cost-effective interventions to reduce tobacco use, entitled *Tobacco at a glance*, was published.

39. Analyses of the economics of tobacco (in most cases by national economists, in some cases with technical support from World Bank staff and consultants) have been completed in China, Egypt, Estonia, Indonesia, Latvia, Morocco, Poland, South Africa, Sri Lanka, Turkey, Venezuela, Ukraine and Zimbabwe.

40. A tool kit has been written and has begun to be used, which provides detailed methodological guidance to researchers/analysts wishing to conduct economic analysis. It is freely available on the web at www.worldbank.org/tobacco.

41. The links between poverty and tobacco have been analysed, using data on household expenditures from Bulgaria, Egypt, Kazakhstan and Tajikistan. These studies show that many poor households devote quite significant proportions of their expenditures to tobacco products, which has a very high opportunity cost, given high levels of malnutrition and other pressing family needs. Analysis has also shown that tax increases would not greatly increase the tax burden on these poor households, because they tend to cut back their tobacco consumption in reaction to price increases much more than higher-income households, and thus would also benefit strongly from reduced levels of risk to health.

42. A small pilot project has begun in a low-income part of Central Java, Indonesia, to see if well-tried and tested programmes to help smokers who want to quit can be successfully implemented in a very low-income setting.

43. Analytic work has been done to explore the impact on sales and consumption, and on employment of privatization of tobacco manufacturing in Armenia, Ukraine and Turkey.

44. The World Bank continues to support tobacco control activities through Bank-funded projects. In one of these projects, in Argentina, the Government is supporting and encouraging more smoke-free workplaces, because of the demonstrated health and economic benefits to both employers and employees. This project will be able to draw on the ILO's considerable experience in the promotion of healthy workplaces.

4. Activities of the Food and Agriculture Organization of the United Nations

45. Within the context of inter-agency cooperation, particularly within the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, FAO is undertaking a project consisting of a number of studies focusing on various aspects of the global tobacco economy, particularly to ascertain the potential effects, if any, that reductions in global demand might have on the economic conditions, earnings and food security of farming communities in developing countries particularly dependent on the crop for their livelihood. The underlying goal of this research is to provide a well defined and thoroughly researched analysis of economic issues as a basis for promoting the necessary international and national measures to achieve a healthier and more economically sustainable global environment.

46. The project was implemented by FAO with cooperation from other agencies and organizations, including the ILO, RITC in Canada, Swedish International Development Co-operation Agency (SIDA), the United States Department of Agriculture (USDA), the World Bank and WHO. Substantial funding was provided by SIDA.

47. The project, which was launched in March 2000, comprises an initial literature review, projections of global production, consumption and trade in tobacco to the year 2010; case studies on Brazil, China, India, Malawi, Turkey and Zimbabwe; and detailed economic (general equilibrium) modelling on China, Malawi, Turkey, Zimbabwe.

- Projections

  Likely levels of production, consumption and trade for tobacco leaf were projected to the year 2010. Production and consumption of tobacco are expected to continue to expand, but patterns for both demand and supply of tobacco are expected to differ quite markedly between developing and developed countries. In developed countries consumption is declining at a rate of 0.5 per cent annually and is expected to be about 6

per cent lower in 2010 than in 1998. Consumption in the developed countries in 2010 is likely to represent only 25 per cent of the global total, the other 75 per cent being consumed in the developing countries. Thus, the world picture of tobacco demand in the future will be determined mainly by the developing countries, where consumption is growing. Taking into account projected population and GDP growth, an annual growth rate of 3.2 per cent is projected for this decade. About 80 per cent of developing country consumption takes place in Asia and much of it in China, and the share of this region in the total world tobacco market is projected to increase during the decade. Tobacco production is expected to continue to expand during this decade and to exceed 9.3 million tons in 2010, 20 per cent more than in 1991. As with consumption, there are expected to be strongly divergent trends between developing and developed countries. In developed countries, production is declining and is expected to be about 8 per cent lower in 2010 than in 2000. On the other hand, in developing countries, production is expected to increase to over 8.1 million tons or about 20 per cent more than in 2000. Much of this increase is expected to take place in China, but higher production levels are expected also in other countries of Asia, Africa and Latin America. Thus, the observed trends show a shift in production from the developed to the developing countries, where the market is growing strong. Also, the higher profitability of tobacco production in comparison with other cash crops in developing countries strengthens this tendency for tobacco production to shift to developing countries.

- Country studies

The projections study showed that, taking into account the current trends where global population and income are growing, tobacco consumption is expected to increase strongly in the next decade. But other scenarios could be considered, such as the adoption in many countries of effective policies to reduce use of tobacco products, which could lead to a gradual reduction in global demand. This would likely weaken world demand for tobacco and possibly weaken world prices for tobacco. A second major thrust of the FAO project has been to assess the impact, if any, which global reduction in demand for tobacco might, over time, have on farmers and the economies of selected tobacco-producing countries. Case studies were supplemented by computerized general-equilibrium modelling to assess quantitatively the likely impact which tobacco control might have on the selected countries. In those countries with large and diverse economies and with a diversified agriculture, the implications of weakening of demand for tobacco are clearly less serious than for smaller countries with less diverse economies. In China, for example, farmers typically have alternatives to tobacco which, in some cases offer at least the same, if not more, potential for employment and income. Generally, in those countries highly dependent on the crop, there is limited scope for diversification under current market conditions. Some alternatives might become more attractive if either tobacco prices fall or if concerted efforts, including international support, are made to enhance the profitability of producing those alternatives. Alternatives should be carefully assessed to ensure long-term viability. In the event that the global tobacco market were to contract, production might be reduced the most in developed countries and in countries where adjustment can be effected readily. Countries which cannot adjust as readily and which maintain a comparative advantage as tobacco producers, would bear lower returns and continue their role as major tobacco exporters. A crucial factor here would be the time taken for the economic adjustment, relative to the rate at which global tobacco consumption might change. These studies also raise some demand issues to be considered in tobacco control. In contrast to the developed countries, there is a wide range of tobacco products in many developing countries, such as China and India. Governments typically increase taxes on relatively expensive tobacco products (manufactured “white” cigarettes) more than on cheaper products (like bidis) that are consumed mostly by poorer people so as not to increase the tax incidence on low income consumers or because of difficulties of collecting taxes from large numbers of small producers. The resulting increase in price differentials may cause some people to switch to lower-priced products, rather than quit or reduce their consumption.

Complementary measures, such as counter advertising, banning of advertising and smoking restrictions, may need to be used with more vigour in order to reduce consumption of tobacco in those countries. Inevitably, the analysis undertaken as part of this project falls short of providing a precise picture of the economic impact that international action on tobacco control might have. It is not possible to assess the impact of developments that have yet to be defined. Once some clarification becomes available of a set of measures which the international community is likely to adopt, then it would be feasible to revisit the analyses in an attempt to estimate with some measure of concreteness what the impact might be. A better understanding of the adjustment processes in these national economies, particularly of the existing barriers to adjustment, would assist in any assessment of the requirements that might arise for international assistance. Assistance would need to focus on those countries where alternatives to tobacco production are limited, and the emphasis should logically be on assisting those countries to adjust their economies away from tobacco production to other remunerative activities both within and outside agriculture. Such adjustment would help to minimize the economic damage arising from a contracting market for tobacco while at the same time encouraging a reduction in the supply of tobacco. The requirements for adjustment assistance have not been addressed in the FAO work to this point. It is to be expected, however, that they would include the identification of goods and services that have suitable market prospects, and the development of markets for them, coupled with the provision of technical and financial assistance to facilitate their production and marketing. Any further analysis might usefully be directed towards gaining a better understanding of the requirements of those countries likely to be affected by tobacco control.

5. Activities of the World Customs Organisation

48. Governmental measures to control the supply of tobacco are circumvented by smuggled cigarettes. Although it is impossible to calculate the full extent of smuggled cigarettes within overall supply, many countries acknowledge that it is significant. To promote multilateral cooperation to address cigarette smuggling, a close liaison is being developed with the WCO and a memorandum of understanding between the WCO and WHO is in the final draft stage. A WCO strategic expert group on combating tobacco smuggling is drawing up guidelines for customs administrations to assist their effectiveness in dealing with the illicit trade. In addition, the WCO is undertaking a global analysis of cigarette smuggling, the results of which may be useful for national and regional policy. It is also possible that mutual assistance measures to combat tobacco smuggling could be included in a WCO convention; if so, the convention would be developed so as to be complementary to the WHO Framework Convention on Tobacco Control and a possible protocol on illicit traffic in tobacco products.

III. Prospects for future collaboration

49. The establishment of the Task Force has significantly expanded opportunities for multisectoral collaboration across the United Nations system, as documented in the previous section. Since the establishment of the Task Force, several new areas of cooperation have emerged, and prospects for future partnerships exist in a number of areas. The present section provides a list of possible areas for future cooperation.

Priority themes for future work

50. The principal themes for future work emerging from the third and fourth sessions of the Task Force are the following:

- *Employment*. The last two sessions of the Task Force, particularly the last one, have focused on inter-agency work on employment issues. As stated before, the ILO has done two studies on employment in the bidi industry in India and is undertaking further studies on employment issues in specific regions in seven different countries. FAO has been working on supply-side issues and looking at the economic effects of demand reduction, including the effect on employment; this project is currently being finalized. WHO has commissioned five country studies to measure the effects of tobacco control policies on employment, which were able to use the methodological guide, or tool kit produced by the World Bank. A significant amount of work

remains in this area, given the importance of jobs and livelihoods, and the unsubstantiated claims that continue to be made about the likely impact of tobacco control on jobs. Inter-agency collaboration should continue to focus on this area of analysis.

- *Smoke-free policies in the United Nations system*. The idea of smoke-free policy was first addressed by the WHO member States in the World Health Assembly, which adopted in May 1993 resolution WHA46.8. The members of the United Nations Task Force have now developed tobacco control policies, and are now sharing and exploring ways to improve the effectiveness of these policies. The ILO has considerable experience in the promotion of healthy workplaces, and it is incorporating support to employers and employees to achieve smoke-free workplaces; its input could be very valuable on this issue. The members of the Task Force are reviewing the implementation of these policies in their own buildings. In this regard, a questionnaire aiming to help the Task Force to have a clearer idea of what is happening in every organization will be prepared by WHO and sent to the agencies. A survey looking at tobacco use in the United Nations agencies based in Geneva was completed. The participation was the highest in WHO, the ILO and ITU, and results showed that the majority of the respondents were in favour of smoke-free policies, and the majority of smokers stated that they would like to quit.

- *Framework Convention on Tobacco Control* (see sect. IV below).

- *Children and youth*. Children and young people are among the most vulnerable groups with regard to tobacco. Along with women, they constitute a very lucrative target for the tobacco industry, which uses aggressive marketing to encourage these groups to smoke. Being less informed and less aware of the dangerous health consequences of tobacco use, and more concerned with present pleasures than with their future consequences, these age groups are likely to experiment with tobacco and quickly become addicted smokers. In 1998 the United Nations Foundation (UNF) supported a joint project between WHO and UNICEF, entitled “Building Alliances and Taking Action to Create a Generation of Tobacco-Free Children and Youth”. The aim of the project is to pull together the evidence, technical support and strategic alliances necessary to address the negative impact of tobacco and to encourage and support children and adolescents in leading healthy and active lives free from tobacco. This project is still under way. Inter-agency collaboration, specifically with UNICEF, in order to raise the profile of tobacco control with a special emphasis on children and young people, will continue to be valuable. The World Bank is also working with the multi-donor School Health initiative (FRESH) to incorporate tobacco control into school health programmes.

- *Trade and investment issues.* The implications for tobacco control of global trade liberalization have already been studied by WHO in collaboration with the World Trade Organization and the World Bank and need to be examined further in the future.

IV. World Health Organization framework convention on tobacco control

51. On 24 May 1999, the World Health Assembly paved the way for multilateral negotiations to begin on a set of legally binding rules that will govern the global rise and spread of tobacco and tobacco products in the next century. Resolution WHA52.18, entitled “Towards a WHO framework convention on tobacco control” initiated the multilateral negotiations of a framework convention on tobacco control and possible related protocols. In that resolution two intergovernmental bodies were established as subsidiary bodies of the World Health Assembly: a pre-negotiation Working Group on the WHO Framework Convention on Tobacco Control, and an Intergovernmental Negotiating Body, the formal body established to negotiate the convention. The Working Group, open to participation by all WHO member States, regional economic integration organizations and observers, prepared proposed draft technical elements of the framework convention and submitted a report at the fifty-third World Health Assembly in May 2000, at which time it completed its work. The Intergovernmental Negotiating Body, open to participation by all WHO member States, regional economic integration organizations, and observers, as

specified in the resolution, is charged with the responsibility of negotiating the text of the convention and possible related protocols. The rationale for the development of the framework convention and possible related protocols derives from an aim to address the globalization of the tobacco epidemic, and above all to negotiate and implement an international treaty that will help to reduce the crippling burden of disease directly attributable to tobacco consumption. The underlying objective of the convention will be to reduce the morbidity and mortality attributable to tobacco.

52. At the first session of the Intergovernmental Negotiating Body (October 2000), three working groups were established, the first one focusing on public health issues, particularly non-price issues and issues related to demand reduction and cessation. The second one addressing trade-related, economic issues and youth access and the third one concentrating on legal, procedural institutional questions, and also the issue of compensation and liability. Specifically, the major topics considered by each group are as follows:

- **Working Group 1**

  Regulation of tobacco products;

  Regulation of tobacco disclosure;

  Packaging and labelling;

  Education, training and public awareness;

  Passive smoking;

  Advertising, promotion and sponsorship;

  Treatment of tobacco dependence;

  Surveillance, research and exchange of information.

- **Working Group 2**

  Economic and agricultural transition;

  Tobacco taxes and duty-free sales;

  Measures to eliminate smuggling;

  Other trade-related issues;

  Subsidies;

  Surveillance and information exchange;

  Tobacco sales to youth.

- **Working Group 3**

  Scientific and technical cooperation;

  Development of the convention;

  Support by the World Health Organization;

  Secretariat;

  Exchange of data;

  Financial resources;

  Settlement of dispute.

53. A first Chair's text was proposed, at the request of the Negotiating Body, by the first Chair of the negotiations, Ambassador Celso Amorim, of Brazil, prior to the second session; this partial draft contained proposals for several possible elements that could be included in the final convention. During the second session (May 2001), the Chair's text was discussed and the Co-Chairs of the Working Groups developed a compendium of all of the textual proposals on the Chair's text which were submitted by member States. The Co-Chairs' Working Papers in effect constituted a rolling text of the framework convention. These three Co-Chairs' Working Papers were the basis for initiating the third round of the negotiations.

54. During the third and fourth round of the negotiations (November 2001) significant progress in advancing the negotiations was made. By the end of the fourth session, the Co-Chairs for each of the Working Groups had issued revised Co-Chairs' "streamlined" texts. Working Group 3 also completed two readings of the textual proposals submitted by member States for article J (Compensation and Liability), article S (Amendment of the Convention), and article T (Final Clauses) which had not been addressed in the initial Chair's text. Significant progress was also achieved in informal drafting groups, which were convened during the fourth session, on a number of issues, including passive smoking, price measures and packaging and labelling. Furthermore, substantial progress was made in designing the intersessional steps designed to result in a new consolidated Chair's text, to be issued in July 2002, that will be considered by the Negotiating Body at its fifth session (14-25 October 2002); the consolidated text will be drafted by the newly elected Chair of the Negotiating Body, Ambassador Luiz Felipe de Seixas Corrêa, of Brazil.

55. Numerous entry points exist for other United Nations organizations to facilitate the technical work related to the framework convention. At the third and fourth sessions of the Task Force, possible areas for inter-agency collaboration on the framework convention were identified as follows:

- The possible provisions on restricting tobacco sales to youth and youth-related surveillance have direct links to the Convention on the Rights of the Child (UNICEF);
- In the development of the reporting provisions, the experience of monitoring the United Nations International Drug Control Programme (UNDCP) drug control treaties is relevant, as well as the experience of UNDCP in the area of crop diversification;
- Provisions of the framework convention and a possible protocol on illicit trade will benefit from multisectoral collaboration between public health and customs and from close institutional linkages between WCO and WHO;
- Potential provisions focusing on the protection from exposure to passive smoking in the workplace will complement existing ILO conventions pertaining to occupational health and safety, and issues arising in the convention pertaining to alternative livelihoods represent another area of possible collaboration between WHO and the ILO;
- Potential framework convention provisions overlap with WTO instruments, such as the Trade-Related Aspects of Intellectual Property Rights agreement (TRIPS); General Agreement on Trade in Services (GATS); General Agreement on Tariffs and Trade (GATT 1994), Technical Barriers to Trade Agreement (TBT), and Agreement on Agriculture;
- The WHO secretariat has actively collaborated with the Ozone secretariat, United Nations Environment Programme, regarding several substantive treaty negotiations and monitoring questions.

V. General conclusions, recommendations and other proposed actions

56. **Fifteen United Nations organizations, the World Bank, IMF, WCO and WTO are participating in the ongoing work of the Task Force (see annex). The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control has, in its three years of work, provided an opportunity for useful information-sharing, as well as for extending multisectoral collaboration across the United Nations system and developing inter-agency projects to address the tobacco epidemic.**

57. **States members of the Economic and Social Council can assist the work of the Task Force by:**

- **Encouraging the implementation of smoke-free policies in the United Nations system in order to protect its employees from the harms of smoking;**
- **Including tobacco control in priority programmes in the United Nations organizations;**
- **Encouraging the dissemination of the work of the Task Force to national policy makers;**
- **Facilitating studies focusing on diversification and alternative livelihood options for those countries that are most dependent on tobacco farming and manufacturing;**
- **Increasing awareness with regard to the efforts of the member States of WHO to develop, negotiate and implement a framework convention on tobacco control and related protocols focusing on transboundary issues, for example, illicit trade, packaging and labelling, regulation of the tobacco product, and advertising/sponsorship;**
- **Encouraging multisectoral collaboration between different ministries and sectors, to establish coordinating mechanisms to advance tobacco control efforts at the national level, and to strengthen capacity for adopting and implementing sustainable tobacco control programmes at the country level.**

Notes

[1] C. J. L. Murray and A. D. Lopez, "Assessing the burden of disease that can be attributed to specific risk factors", in *Investing in Health Research and Development*. Ad Hoc Committee on Health Research Relating to Future Intervention Options. Report of the World Health Organization, Geneva, 1996.

[2] See *Curbing the Epidemic: Governments and the Economics of Tobacco Control* (World Bank, Washington, D.C., 1999). www.worldbank.org/tobacco/book.

[3] B. Q. Liu, R. Peto, Z. M. Chen, J. Boreham, Y. P. Wu, J. Y. Li, et al., "Emerging tobacco hazards in China: Part 1. Retrospective proportional mortality study of one million deaths", *British Medical Journal*, 21 November 1998, vol. 317, Issue 7170, pp. 1411-1422. bmj.com/cgi/content/full/317/7170/1411.pdf. http://www.ctsu.ox.ac.uk/tobacco.

[4] Prakash C. Gupta and Hemali C. Mehta "Cohort study of all-cause mortality among tobacco users in Mumbai, India", *Bulletin of the World Health Organization, 2000*, vol. 78, No. 7. www.who.int/bulletin/pdf/2000/issue7/bu0169.pdf.

[5] P. C. Gupta "Mouth cancer in India: a new epidemic?", *Journal of the Indian Medical Association*, 1999; 97:370-373.

[6] David Satcher, "International Tobacco Control: An Update", *Journal of the American Medical Association*, vol. 286, p. 296, July 18, 2001. jama.ama-assn.org/issues/v286n3/ffull/jsg10002-1.html. www.who.int/bulletin/pdf/2000/issue7/bu0169.pdf.

[7] David Merriman, Ayda Yurekli and Frank J. Chaloupka, "How big is the worldwide cigarette-smuggling problem", in *Tobacco Control in Developing Countries*, Prabhat Jha and Frank Chaloupka, eds. (Oxford University Press, 2000). tigger.uic.edu/~fjc/.

[8] Report of the Malta consultation on effective collaboration between health and financial sectors for tobacco control: www5.who.int/tobacco/page.cfm?tld=114.

[9] The Commission on Macroeconomics and Health (CMH) was launched by the Director-General of WHO, Dr. Gro Harlem Brundtland, in January 2000. Over a two-year period, the mandate of the Commission was to analyse the impact of health on development and examine the appropriate modalities through which health-related investments could have a positive impact on economic growth and equity in developing countries.

[10] C. Warren, et al., "Tobacco use by youth: a surveillance report from the Global Youth Tobacco Survey Project", *Bulletin of the World Health Organization, 2000*, vol. 78, No. 7, pp. 868-876. www.who.int/bulletin/pdf/2000/issue7/bu0703.pdf.

For information about the GYTS project: www5.who.int/tobacco/page.cfm?sid=68.

[11] For information on NATIONS: apps.nccd.cdc.gov/nations/.

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Annex

List of collaborating organizations

Department of Economic and Social Affairs of the United Nations Secretariat

Food and Agriculture Organization of the United Nations (FAO)

International Civil Aviation Organization (ICAO)

International Labour Organization (ILO)

International Monetary Fund (IMF)

United Nations Children's Fund (UNICEF)

United Nations Conference on Trade and Development (UNCTAD)

United Nations Development Fund for Women (UNIFEM)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Environment Programme (UNEP)

United Nations Fund for International Partnerships (UNFIP)

United Nations International Drug Control Programme (UNDCP)

United Nations Population Fund (UNFPA)

World Bank

World Customs Organisation (WCO)

World Health Organization (WHO)

World Intellectual Property Organization (WIPO)

World Trade Organization