PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

35th SESSION OF THE SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., USA, 14-16 March 2001

Provisional Agenda Item 9

SPP35/8 (Eng.)
23 January 2001
ORIGINAL: ENGLISH

FRAMEWORK CONVENTION ON TOBACCO CONTROL: A PUBLIC HEALTH OPPORTUNITY FOR THE AMERICAS

Tobacco use is the leading preventable cause of death in the Americas and in the world. At least 845,000 people die from tobacco use every year in the Americas. Despite a growing consensus on the most cost-effective ways to reduce tobacco use, the stagnation of smoking rates in the Region indicates that the response to the tobacco epidemic has been insufficient. Outside of North America, no countries have implemented the comprehensive package of legislative and fiscal policies known to be most effective in reducing tobacco use, and few countries have dedicated adequate resources to tobacco control activities.

The tobacco industry has presented major obstacles to progress by promoting fears about potential negative economic consequences of tobacco control and by arguing that tobacco control policies do not work. Tobacco promotion is largely unregulated, and continues to entice our children into believing that tobacco use is glamorous and a normal part of growing up.

The development of an international treaty to address tobacco use, the Framework Convention on Tobacco Control (FCTC), represents a unique opportunity to globally combat tobacco use. Although some Member States have actively prepared for negotiation of the FCTC, many have not participated in negotiations or have not developed a national position on the FCTC.

Preparation for the FCTC will require all Member States to examine their national tobacco control policies and programs and to initiate national multisectoral discussions to develop a national position. Member States are urged to use the FCTC process to identify priority areas innovative national funding sources for tobacco control, and to determine how technical cooperation can best assist them in moving forward nationally and as part of the FCTC negotiation process.

A commitment to action is necessary to ensure that children grow up in an environment free of inducements to smoke, that adults who want to quit smoking are given the support to do so, and that nonsmokers are protected from the harmful effects of tobacco smoke. The guidance of the Subcommittee on Planning and Programming is sought to identify specific strategies and priorities to translate the evidence on tobacco control into action, both through national programs and the FCTC.

CONTENTS

Page

1. Introduction

The tobacco epidemic is a unique public health dilemma. The nature and scope of the epidemic is well known and is unparalleled in modern times. Tobacco products are addictive for most users, and most addiction begins in adolescence. Conversely, the mechanisms to reduce tobacco use are well known and are highly cost-effective relative to other preventive health measures and the devastating health and economic costs of tobacco use.

Despite this compelling situation, steps to slow or reverse the epidemic have been insufficient. As our knowledge of the health and economic harm caused by tobacco use and of the most cost-effective responses has increased, action based on this knowledge has lagged behind.

This paradox can be explained by a number of factors. First, the most serious health effects of tobacco use usually do not become apparent until after several years, even though their development may begin relatively early. Second, tobacco-related diseases are not communicable and therefore are not perceived as fast spreading, even though aggressive promotion of tobacco products certainly defines tobacco-caused diseases as socially communicable. Finally, the vector of the disease is a highly profitable, politically influential industry. The vector actively opposes effective measures to reduce its strength and defies traditional public health approaches. The tobacco epidemic will not be stemmed by physicians, teachers, or researchers, but by politicians and opinion leaders.

This context requires Member States to implement innovative public health approaches and effect sustained political will in order to significantly reduce tobacco-caused diseases.

The development of an international treaty to address tobacco use, the Framework Convention on Tobacco Control (FCTC), represents a unique opportunity to globally mobilize new public health tools to combat tobacco use. It will encourage PAHO and WHO Member States to examine and prioritize their national responses to the tobacco epidemic and to share experiences with other Member States to identify coordinated mechanisms to support national action.

A commitment to action is necessary to ensure that children grow up in an environment free of inducements to smoke, that adults who want to quit smoking are given the support to do so, and that nonsmokers are protected from the harmful effects of tobacco smoke.

2. Current Situation: Where Do We Stand?

2.1 *Tobacco Use: The Leading Killer in the Americas*

Tobacco use is the leading preventable cause of death in the Americas and the world. At least 845,000 people die from tobacco use every year in the Americas. Tobacco use causes one-third of all deaths from heart disease and cancer in the Region. Tobacco addiction usually begins in adolescence: in most countries in the Region, more than 70% of all smokers started smoking before the age of 18. Half of all long-term smokers will die from smoking, and half of these deaths will occur in middle age.

Smoking rates vary widely in the Region, with the lowest prevalence occurring in countries of Central America and in some Caribbean countries and the highest in the Southern Cone countries, particularly Argentina and Chile. Smoking prevalence in most countries has remained reasonably stable over the past decade, with only Canada and the United States experiencing sustained declines. (Figure 1). However, regional per capita consumption as measured by legal tobacco sales has declined. It is difficult to know whether this represents a true decline in all consumption or merely a distributional shift to take advantage of smuggling. For example, a recent report from Peru indicates a quadrupling of tobacco smuggled in the past four years, which may explain why Peru's official per capita consumption has remained low.

2.2 *Level of Tobacco Use Is Unequal in Populations*

Although women in most countries in the Americas have lower smoking prevalence than men, there are indications that women's tobacco use may be increasing. In addition, because of high male prevalence rates, women are exposed to tobacco smoke in the home and workplace. In 1998 in Mexico, 61% of nonsmoking women indicated exposure to second hand smoke while only 39% of nonsmoking men did.

Regional data from developing countries regarding tobacco use among different socioeconomic groups is mixed. In Peru and Bolivia, smoking is still more prevalent among higher socioeconomic groups than lower ones, while in Chile and Colombia this pattern is reversed. This may reflect a trend experienced in developed countries, where smoking rates were initially highest among higher socioeconomic levels. As those with higher education and income responded to public health information, their prevalence rates declined while lower socioeconomic groups began to smoke in greater numbers. It is important to understand this pattern in order to help prevent it from being repeated in developing countries.

Figure 1. Tobacco Prevalence by Sex. Region of the Americas
(% using tobacco in month prior to survey)

	Sex	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
	M										46.8
Argentina	**F**										34.0
	M			38.2				45.6		42.7	
Bolivia	**F**			14.3				21.0		18.1	
	M					28.4					27.0
Canada	**F**					25.6					23.0
	M					45.4		45.4		47.2	
Chile	**F**					36.2		36.5		35.5	
	M			29.2				25.2			
Colombia	**F**			14.3				12.1			
	M	28.6					28.6				
Costa Rica	**F**	8.8					6.6				
	M				38.3					42.9	
Mexico	**F**				14.2					16.3	
	M		21.7								
Panama	**F**		7.4								
	M						44.2		48.3	41.5	
Peru	**F**						20.0		20.7	15.7	
United States	**M**		35.2	34.1	32.2	31.5	31.0	31.1	31.2	29.7	
	F		31.1	30.0	27.3	26.0	26.8	26.7	28.2	25.7	
	M										38.0
Uruguay	**F**										26.0

Fuente**:** OPS, El tabaquismo en América Latina, Estados Unidos y Canadá, 2000.

2.3 *Tobacco Harms Family Health*

Tobacco use affects children and families in various ways. In low-income families, expenditures on tobacco products take money away from food, shelter, and other necessary items. Exposure of spouses and children to second-hand smoke in the home is high. In addition to causing asthma, bronchitis, pneumonia and ear infections in children, and lung cancer and heart disease in adults, second-hand smoke has an enormous impact on perinatal health. Exposure of the fetus to smoking by or around the mother greatly increases risk of miscarriage, birth complications, low birth weight, and developmental problems. Second-hand smoke is responsible for up to 40% of crib deaths.

2.4 *PAHO's Response Needs to Be Strengthened*

PAHO recognizes the need for strengthened action to support efforts to reduce tobacco use and has increased its ability to support Member States on this issue. The creation of a full-time tobacco post in the Program to supplement the existing substance abuse post, along with increased extrabudgetary funding, has allowed PAHO to support Member States' participation in FCTC meetings, develop new guidelines on surveillance and policy, and provide training in surveillance and policy development. However, as described below, significantly greater resources will be required to adequately support technical cooperation in the months and years ahead.

2.5 *National Responses Leave Room for Improvement*

Although WHO Member States have not yet determined the content of the FCTC,[1] the issues presented in this document are among those that PAHO Member States should consider when examining national responses.

Approximately 25 countries in the Region have attended at least one FCTC meeting, with 24 countries participating in the first session of the Intergovernmental Negotiating Body in October 2000. However, far fewer countries have formulated a national position on the FCTC or have invested resources to participate in the development of the FCTC.

The lack of success in reducing smoking prevalence over the past decade demonstrates the need for strengthened tobacco control efforts by Member States. The most effective measures to reduce tobacco use, described in detail below, include tobacco tax increases, bans on tobacco promotion, and bans and restrictions on smoking in public places. While a few countries have strengthened their regulatory controls over tobacco promotion and tobacco use, these changes are likely to have minimal impact because they are not sufficiently comprehensive and contain loopholes that compromise their intent.

Brazil has recently passed comprehensive restrictions on tobacco promotion and has implemented tobacco control training for its municipal public health staff. Both of these actions are likely to have a positive impact; however, their effect has not yet been evaluated.

---

[1] A detailed summary of discussions on the FCTC is included in Document A/FCTC/INB1/2 and is available at www.who.int/wha-1998/Tobacco/INB/anglaisINB.htm.

A few countries, including Brazil and Chile, have tobacco tax incidence (the portion of retail price comprised of tax) of 70% or more. However, even in these countries tobacco products are still affordable relative to other consumer goods.

Only Canada and the United States have made significant progress in more than one major type of intervention among those known to be most effective in reducing tobacco use.

Canada has comprehensive national legislation that severely restricts tobacco promotion, requires prominent health warnings on tobacco packages, and authorizes regulation of cigarette manufacture and design. In 2000, health warnings were implemented on cigarette packages that cover half of the package area and include graphic color photos. A growing number of provinces and municipalities are banning smoking in all public places, including restaurants and bars. For many years, Canada's tobacco taxes were among the highest in the world, resulting in impressive declines in per capita consumption and in youth smoking. Although a significant decrease in tobacco taxes in the mid-1990s slowed these declines, Canada still has achieved a 19% reduction in smoking prevalence since 1994.

Several states within the United States have implemented comprehensive tobacco control programs that have produced significant declines in tobacco use and tobacco-related diseases. Two states (California and Massachusetts) reduced smoking by pregnant women so much that the savings in medical costs offset the costs of the entire tobacco control program. Recent data estimate that California's tobacco control program has prevented more than 33,000 deaths from heart disease over a decade, and about 4,000 lung cancer cases in the year 2000 alone. These experiences demonstrate not only that the benefits of tobacco control are measurable, but that they may be quickly realized.

3. Evidence-Based Best Practices: Where Should We Go?

The goals of tobacco control include ensuring that children grow up in an environment free of inducements to smoke, that adults who want to quit smoking are given the support to do so, and that nonsmokers are protected from the harmful effects of tobacco smoke. Although these goals are distinct, they are most effectively addressed by the same tobacco control measures.

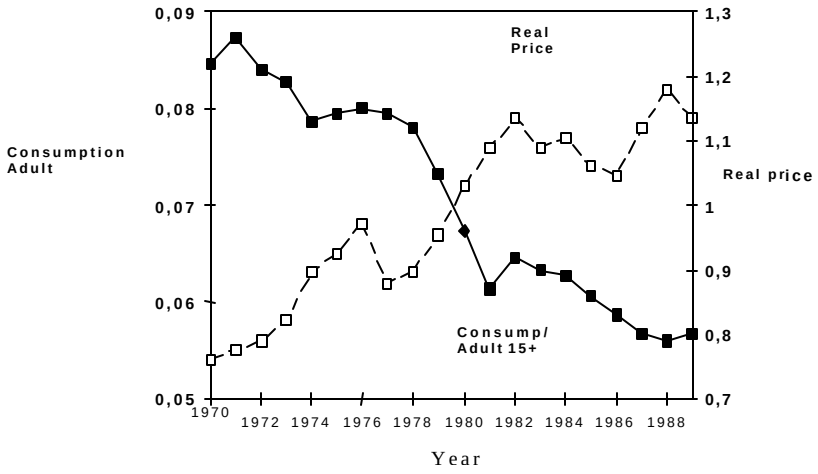
There is a strong consensus on the most cost-effective measures to reduce tobacco use. Much of the evidence is summarized in the 1999 World Bank report Curbing the Epidemic: Governments and the Economics of Tobacco Control. This report concludes that comprehensive policy initiatives, particularly tobacco tax increases, bans on tobacco

promotion, and the creation of smoke-free spaces, are the most effective ways to achieve the above goals.

3.1 *Tobacco Taxation*

The single most effective tobacco control measure is tax policy. There is a strong relationship between per capita consumption of tobacco products and real price (for example, see South Africa's experience shown in Figure 2). In developed countries, a 10% increase in the real price of tobacco products will result in a decline in per capita consumption of about 4%. In Latin America and the Caribbean (LAC), consumption would decline by about 8%. In other words, this measure alone would result in an additional 4 million smokers in LAC quitting, and 1 million lives saved. This does not include the impact of deterring potential smokers from smoking or on encouraging smokers to smoke fewer cigarettes.

Figure 2. Cigarette Consumption and Real Prices in South Africa 1970-1989



Source: World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, 1999.

Taxes are even more effective with low-income groups and youth, who have less disposable income and are much more price-sensitive that the general population. The impact of tax policy on tobacco consumption is unparalleled by any other evaluated measure. At a cost of between US$ 4–$34 in most countries in the Region per year of life saved, taxes rank

among the most cost-effective measures in public health, comparable with childhood immunization and integrated management of the sick child.

Australia, New Zealand, and the United States, have found that the impact of tobacco taxes can be strengthened by using tax revenue to replace tobacco sponsorships with health promotion sponsorships or to fund comprehensive tobacco control measures. Those states in the United States that have implemented tobacco tax-funded tobacco control programs have experienced declines in tobacco use far greater than the national average.

3.2 *Restrictions on Tobacco Promotion*

Tobacco promotion, including direct advertising, advertising of tobacco brand names through event sponsorship, other goods and services, and promotional activities such as giveaways, affect tobacco consumption. Promotion also is a major factor contributing to smoking initiation. Evidence shows that comprehensive restrictions (bans or near-bans) on tobacco promotion decrease tobacco use. In contrast, partial restrictions on promotion have little or no impact on use.

3.3 *Restrictions on Smoking*

Restrictions on smoking in public and work places reduce both overall smoking prevalence and consumption by smokers who continue to smoke. In addition, smoking restrictions are the most visible manifestations of a society's changing norms with regard to tobacco use. Young people who grow up around smoke-free spaces are more likely to see tobacco use as uncommon and socially unacceptable. If smoking is prohibited in the social settings most important to many adolescents moving into young adulthood (bars, for example) then smoking loses its status as a perceived "rite of passage" into adulthood. For this reason, smoke-free spaces are a central social marketing tool for tobacco control.

3.4 *Other Demand-Reduction Measures*

Consumer information and public education can raise awareness of the health effects of tobacco use and motivate smokers to quit. Strategies include publicizing the findings of new research, mass media campaigns to inform and to change attitudes, and health messages on tobacco packages. Well-funded, sustained mass media campaigns have been used successfully in the United States to support comprehensive tobacco control programs. Health messages on tobacco packages that are clear, large, and conspicuous have motivated

cessation attempts in Australia, Canada, and Poland. However, these strategies work best in combination with community-based efforts and within a strong national policy framework.

Direct support for smokers who want to quit smoking is also effective and requires access to affordable behavioral and pharmaceutical treatments for tobacco addiction. The provision of such services, presently limited in our Region, entails the development of health systems that facilitate affordable access to trained health professionals who provide the necessary therapy; cover pharmaceutical treatments under government and private insurance plans; make available without prescription certain pharmaceutical treatments, and provide support for and sponsorship of nonprofit health organizations to provide community-based counseling services.

3.5 *Control of Smuggling*

The initiatives described above aim to reduce demand for tobacco. The only effective intervention aimed at reducing the supply of tobacco is the control of tobacco smuggling because the availability of cheaper, smuggled tobacco products undermines the impact of tobacco taxes on consumption.

Smuggling often is used as an argument as to why governments should not raise tobacco taxes. However, the strongest predictor of smuggling is not tax differentials, but the degree of corruption in a given jurisdiction. Effective methods exist to control smuggling, and governments should consider such controls an integral part of an effective tobacco control program. In addition, since cigarette smugglers often use existing smuggling networks, controls will also help countries reduce smuggling of other goods.

3.6 *Public Health Impact*

A package of non-price tobacco control measures, including most of the above initiatives, would result in declines in prevalence of between 2% and 10% solely as a result of current smokers quitting. This translates into 2 – 10 million fewer smokers and 500,000 – 2 million fewer smoking-related deaths in Latin America and the Caribbean. Combined with a price increase of just 10%, these measures could prevent a staggering 1.5 to 3 million deaths just by persuading a greater number of current smokers to quit. In reality, more lives would be saved due to fewer potential smokers starting and current smokers cutting down.

3.7 *Economic Impact*

Although the beneficial impact on public health of tobacco control measures should be reason enough to adopt them, many governments have expressed concerns about the impact of reduced tobacco use on the economy. Fortunately, the goals of tobacco control and economic well-being are very compatible.

Numerous studies have shown that the reduction or elimination of tobacco use will have no negative economic impact for the vast majority of countries, and in some cases will be beneficial. When people do not spend money on tobacco, they spend money on other things, most of which impose far fewer costs on society than tobacco.

Brazil, the world's fourth-largest producer of tobacco and its second-largest exporter, has committed to strong action to reduce tobacco use, recognizing that the goals of tobacco control and a healthy economy are compatible.

4. Bridging the Gap between Potential and Reality: Proposed Actions

4.1 *Actions by Member States*

If Member States are to succeed in protecting children from tobacco marketing, helping smokers quit smoking, and protecting nonsmokers, actions must focus on the most effective measures to reduce tobacco use. In order to set achievable priorities, Member States could commit themselves to implementing at least two significant measures. In particular, health impact would be maximized by increasing taxes on tobacco products sufficient to sustain increases in their real price, and by expanding the number of smoke-free spaces, ultimately eliminating smoking from all public places.

As described above, tobacco taxes are the single most effective means of reducing tobacco use, particularly among youth and low-income groups. In addition, tobacco taxes are highly cost-effective and can help finance other tobacco control measures.

Creating smoke-free spaces is highly justified based on the need to protect all nonsmokers, but in particular children and pregnant women, from exposure to harmful second-hand smoke. Smoke-free spaces can be implemented at all jurisdictional levels and can be implemented rapidly or gradually. They send a powerful educational message, provide an activity around which to build community advocacy, and help build support for other tobacco control measures by establishing smoke-free behavior as the norm.

Member States also would benefit from examining their own situations to determine how to prepare for negotiation and implementation of the FCTC. This examination could include an assessment of tobacco use, its health and economic impact, surveillance systems, programmatic and policy responses, and enforcement of laws. This process will allow Member States to set priorities with regard to strengthening efforts in accordance with potential FCTC commitments. Member States may wish to adopt targets not only for the implementation of various tobacco control measures, but for reductions in tobacco use, as well. This can facilitate the development of surveillance systems necessary for measuring progress.

A multisectoral process that involves various government ministries and, potentially, nongovernmental organizations with expertise in tobacco control and surveillance, will facilitate a national consensus. As part of the process, Member States should consider devoting adequate resources for government and nongovernmental national representation at FCTC negotiation meetings.

4.2 *Actions by the Secretariat*

Many of the measures recommended to reduce tobacco use fall outside of traditional public health experience. In addition, attempts to reduce tobacco use will face opposition unique among public health initiatives. For these reasons, the Secretariat recognizes the need for increased and specialized technical cooperation that meets the goals of:

- building capacity to implement cost-effective initiatives
- promoting multisectoral processes to support an effective policy framework for action, and
- positioning tobacco control as a key component of the health sector reform process.

Technical cooperation activities could include support for economic and health research related to the issues raised in this document, training to support the development of policies and surveillance systems, development of legislative guidelines, and convening of regional meetings to discuss the FCTC and related issues.

5. Financial Implications

Although tobacco control policies will save money in the medium and long term, initial investments will be needed to build effective, sustainable programs. By supporting research, surveillance, consultation, and enforcement, these investments can generate a positive environment for tobacco control and change norms regarding tobacco use.

Successful tobacco control programs in developed countries cost between US$ 6 and $ 10 per capita annually. While it is not known whether these figures apply in developing countries, they nonetheless provide a useful basis for Member States to determine resource needs depending on their specific circumstances.

The Secretariat will also require greatly expanded human and financial resources if it is to meet the increased demand for technical cooperation anticipated with increased action by Member States. Currently, the Secretariat commits approximately $ 225,000 biennially in operational allotments to the tobacco control program. Additional over-the-ceiling resources of approximately $ 150,000 have been provided in the past year or so to support FCTC-related activities and other initiatives.

Given the current environment of intense competition for funding for international tobacco control, a concerted effort by the Secretariat and Member States will be required to seek extrabudgetary funds to support technical cooperation. In order to adequately support training, research, and other needs in 2001 and beyond, the Secretariat anticipates the need for, at minimum, an additional $ 500,000 annually.

6. Key Issues for Deliberation

In August 2000, WHO released a report detailing a comprehensive, sophisticated and secretive strategy by tobacco companies to undermine efforts by WHO and other UN agencies to address tobacco use.[2] The report concludes that the tobacco companies can be expected to use both overt and covert methods to undermine development of the FCTC, and recommends the implementation of countermeasures to discourage the tobacco industry's efforts.

PAHO conducted a follow-up investigation concluding that the tobacco companies were unsuccessful in influencing PAHO's work, but confirming that a consultant allegedly paid by a tobacco company also served as a member of a PAHO committee. The Secretariat has

---

[2] *Report of the Committee of Experts on Tobacco Industry Documents and Company Strategies to Undermine Tobacco Control Activities at the World Health Organization*: http://tobacco.who.int.

committed to implementing key recommendations of the WHO report to prevent such conflicts of interest and minimize potential influence in the future.

6.1 *Countering Opposition from Tobacco Companies and Their Allies*

Member States that attempt to implement effective tobacco control initiatives will face opposition on a variety of fronts from tobacco companies and their allies. However, numerous Member States and other countries around the world have successfully overcome tobacco industry opposition to protect public health. A key factor in success is the ability to respond to the arguments against effective tobacco control measures.

Member States will hear economic arguments against tobacco control. However, most of these will be based on tobacco industry estimates. Do Member States consider it a priority to support health-related economic studies that are independent of the tobacco industry? How can this research be better developed to counter industry arguments?

The concerns of tobacco farmers about potential damage to their livelihood from reduced tobacco use may be valid in the longer term, if not in the short term. These concerns, distinct from those of tobacco companies, are not incompatible with tobacco control. How can Member States incorporate the public health perspective into strategies to address the concerns of tobacco farmers? Have Member States considered using tobacco tax revenue to compensate farmers for losses or to assist them in developing alternative livelihoods?

Hospitality associations, often created by and usually funded by tobacco companies, have initiated strong opposition on economic grounds to smoking bans in bars and restaurants. However, evaluations of sales receipts before and after smoking bans in these sectors have consistently found that business is not harmed, and often improves, following a smoking ban. Many bar and restaurant owners who opposed smoking bans have since publicly indicated that the ban has not affected sales receipts and that they were misled by tobacco companies.

How can Member States involve community and public health organizations to mobilize public support for smoke-free public places? What role can the tourism industry play in supporting smoke-free policies? What research can Member States engage in to support these efforts (e.g. support for pilot studies on smoke-free communities and studies on exposure levels of workers, children, and pregnant women)?

Opposition may rest on arguments that the measures recommended in this document are ineffective, and that the focus should be on educational programs, potentially with financial support by tobacco companies. The evidence for the policy measures described here is strong

and clear. Educational programs implemented as part of a comprehensive strategy can support tobacco control efforts, but they are ineffective on their own. Programs funded by tobacco companies have been shown to not be effective at all. What safeguards exist in Member States to prevent the undue influence of tobacco companies on educational strategies and other government policies?

For all of the obstacles described above, the process of consultation and implementation is critical. Policies that are well designed, enjoy public support and awareness, and are pragmatically implemented, are much easier to enforce. What improvements to surveillance and evaluation systems are needed to measure the impact of interventions? What are the Member States' priorities for a national research and evaluation agenda? How can the media be used to raise public awareness of the need for strong tobacco control policies?

6.2 *Creating Support for Policy Priorities*

Member States need to choose among the most effective interventions to determine which are feasible and how to create the environment to support them. Effective interventions will require either a significant investment of resources or strong political action and, ideally, will require both.

How can Member States mobilize political will behind effective policies? What implementation strategies are needed for these policies? How can resources be mobilized for enforcement of laws and policies?

6.3. *Engagement of Other Public Sectors*

Many effective tobacco control measures lie outside of the jurisdiction of the Region's ministries of health. Even when public health evidence supports these measures, other sectors may be reluctant to take action because they perceive that the ministry of health does not have the expertise to advise on issues outside of its area of responsibility.

For example, the public health value of using tobacco tax revenue to support tobacco control programs is undisputed. However, most ministries of finance dislike taxes dedicated to specific purposes because they fear they will leave the government with little discretion on spending. Creative alternatives will need to be developed to guarantee resource commitments for tobacco control while addressing this and other concerns of finance ministries.

How can ministries of health work collaboratively with other sectors and government leadership to address their concerns? Do Member States have a process for multisectoral consultation and discussion of evidence to arrive at a consensus on priorities for national action and for the FCTC? If not, how can this be developed?

7. Requested Actions

The Subcommittee on Planning and Programming is asked to consider the importance of Member States to set national priorities for implementation of strong initiatives to reduce tobacco use and, in particular, tax increases and the creation of smoke-free spaces, and to commit to actively participating in negotiation of the FCTC.

The Subcommittee is also requested to provide guidance to the Secretariat with regard to appropriate technical cooperation to assist them with the implementation of these recommendations, and to identify sources of financial support as necessary to meet these technical cooperation needs.