

# FCA

Framework Convention Alliance  
for Tobacco Control

## TOBACCO & THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

**T**obacco use has an adverse impact on health, poverty, malnutrition, education and environment. Consequently, tobacco control has to be recognized as a key component of efforts to reduce poverty, improve development and progress towards the Millennium Development Goals (MDG). Tobacco control needs to be included in the programmes of countries working on achieving the MDGs. Tobacco control also needs to be a key component of development assistance programmes in general.

—UN Secretary General's report on Tobacco Control, July 2004<sup>1</sup>

In 2000, the largest-ever gathering of heads of state adopted the Millennium Declaration. The Millennium Development Goals (MDGs) which followed from that declaration concretely defined 8 goals which the international community promised to achieve by 2015. The improvement of public health, which is central to the achievement of most of the MDGs, is directly threatened by the increase in tobacco consumption in the following ways:

### Goal 1: Eradicate extreme poverty and hunger

- In low-and-middle-income nations, tobacco use consumes a high percentage of household income needed for

food, health care, education and other priorities. Tobacco use also contributes substantially to malnutrition, disability and other major causes of poverty. In Bangladesh for example, over 10.5 million malnourished people could have an adequate diet if money spent on tobacco were spent on food instead, saving the lives of 350 children under age five each day.<sup>2</sup> Among lower income households in Egypt, more than 10% of household expenditures go to cigarettes or other forms of tobacco.<sup>3</sup>

### Goal 2: Achieve universal primary education

- Money spent by poor households on

tobacco is money that cannot be spent on education, depriving people of educational opportunities that could help lift them out of poverty. Currently, the poorest households in Bangladesh spend almost 10 times as much on tobacco as they do on education.<sup>4</sup>

- The labour-intensive nature of tobacco production means that in many tobacco-producing countries, children work in the tobacco fields rather than attend school.<sup>5</sup>

### Goal 3: Promote gender equality and empower women

- The number of women who smoke is expected to nearly triple over the next generation to more than 500 million.<sup>6</sup> The vast majority of this increase is occurring in low-and-middle-income nations, where tobacco companies are focusing slick advertising campaigns that portray smoking as part of women's freedom, emancipation and empowerment.<sup>7</sup> The rise in smoking rates among women poses a significant threat to advances in the economic and health status of women.

### Goal 4: Reduce child mortality

- Children born to women who smoke have lower birth-weights than those born to non-smoking women.

Exposure to tobacco in utero is a major cause of spontaneous abortion, still-birth and neo-natal mortality, and is a likely cause of sudden infant death syndrome (SIDS).<sup>8</sup>

- In poor households, money spent on tobacco may mean the difference between an adequate diet and malnutrition.<sup>9</sup>
- According to the World Health Organization, exposure to secondhand smoke “causes a wide variety of adverse health effects in children, including lower respiratory tract infections such as pneumonia and bronchitis, coughing and wheezing, worsening of asthma, and middle ear disease. Children’s exposure to environmental tobacco smoke may also contribute to cardiovascular disease in adulthood and to neuro-behavioural impairment.”<sup>10</sup>

### Goal 5: Improve maternal health

- Women who smoke are at much higher risk of cardiovascular disease, chronic obstructive pulmonary disease, as well as lung cancer, oral cancer and cervical cancer.<sup>11</sup>
- Smoking during pregnancy seriously compromises maternal health and is a major cause of complications in pregnancy, premature birth, stillbirth, and low birth weight delivery. It is also associated with long-term developmental and behavioural problems among children of smokers.<sup>12</sup> In 1995, an estimated 12 million women worldwide smoked during pregnancy and an additional 50 million were subjected to second-hand smoke in the home.<sup>13</sup>

### Goal 6: Combat HIV/AIDS, malaria and other diseases

- Approximately 5 million people die from tobacco-related illnesses each year. By 2030, 10 million people will die each year, with 70% of those deaths occurring in developing countries.<sup>14</sup> If current trends continue, about 650 million people alive today will eventually be killed by tobacco,<sup>15</sup> half of them in productive middle age, each losing 20 to 25 years of life.<sup>16</sup>
- According to the U.S. Department of Health and Human Services, “Smokers with the HIV virus develop full-blown AIDS twice as quickly as nonsmokers.”<sup>17</sup>
- Tobacco use also promotes the onset and outcome of tuberculosis, a disease that mainly affects the poor. In India, a recent study showed that half of all male TB deaths can be attributed to smoking.<sup>18</sup>

### Goal 7: Ensure environmental sustainability

- Around the world an estimated 200,000 hectares of forest are cut down each year to make way for tobacco farming and for wood to cure tobacco.<sup>19</sup>
- Tobacco growing requires large amounts of harmful pesticides and fertilizers. Cigarette manufacturing also creates an enormous amount of solid waste. In 1995, an estimated 2.3 billion kilograms of manufacturing waste and 209 million kilograms of chemical waste were created by the global tobacco industry, a figure that does not include the enormous amount of litter caused by cigarette butts and cigarette packaging.<sup>20</sup>

### Goal 8: Develop a global partnership for development

Governments, international agencies, donors and NGOs need to work together to ensure that tobacco control gets the funding and political attention it deserves. The entry into force of the Framework Convention on Tobacco Control (FCTC) should provide new impetus for strengthening these global partnerships and spurring others to get involved in both funding and capacity building.

- Despite the necessity to combat the horrible toll on human health, poverty and the environment, global tobacco control efforts continue to be woefully under-funded. For example, the World Health Organization’s proposed expenditure on tobacco control in 2004-2005 was \$20.5 million, or only about 1% of the agency’s total budget.<sup>21</sup>

Tobacco remains one of the leading causes of preventable death and disability in adults globally, claiming approximately 5 million lives each year.<sup>22</sup> Enhanced support by international donors for tobacco control efforts in low and middle-income countries could reverse this tragedy, while helping to achieve the ambitious Millennium Development Goals that the international community has agreed upon. As the UN Secretary General put it in his report:

*[R]educing tobacco use would help achieve the Millennium Development Goals of reducing poverty, disease, hunger and environmental degradation....Incorporating tobacco control into development assistance programmes aimed at the attainment of the MDGs could provide important improvements in poverty, malnutrition and the environment.*<sup>23</sup>

## Resources on the Web:

World Health Organization, *Tobacco & Poverty: A Vicious Cycle*

<http://www.who.int/tobacco/resources/publications/wntd/2004/en/index.html>

Katherine Esson and Stephen Leeder, *The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership* (World Health Organization, 2005)

<http://www.who.int/tobacco/resources/publications/en/index.html>

2004 United Nations Economic & Social Council Resolution on Tobacco

<http://www.un.org/docs/ecosoc/documents/2004/resolutions/eres2004-62.pdf>

UN Secretary General's Report on Tobacco Control

<http://www.un.org/esa/coordination/ecosoc/Tobacco.Rpt.2004.pdf>

## Endnotes

- 1 United Nations, E/2004/55. "Ad Hoc Inter-Agency Task Force on Tobacco Control, Report of the Secretary General". <http://www.un.org/esa/coordination/ecosoc/Tobacco.Rpt.2004.pdf>
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- 3 Hebra Nassar, *The Economics of Tobacco in Egypt: A New Analysis of Demand*, World Bank, HNP Discussion Paper, Economics of Tobacco Control Paper #8, March 2003; <http://www1.worldbank.org/tobacco/pdf/Nassar%20-%20The%20Economics%20-%20whole.pdf>
- 4 Efroymson, op. cit.
- 5 Campaign for Tobacco Free Kids, *Barren Leaf, Golden Harvest: The Costs of Tobacco Farming*, 2001; <http://tobaccofreekids.org/campaign/global/FCTCreport1.pdf>
- 6 British Medical Association, *Smoking and Reproductive Life*, February 2004, [http://www.bma.org.uk/ap.nsf/Content/smokingreproductivelife/\\$file/smoking.pdf](http://www.bma.org.uk/ap.nsf/Content/smokingreproductivelife/$file/smoking.pdf); World Health Organization, "Women and the Rise of Non-communicable Diseases," *NMH Reader* No. 1, January 2002, WHO/NMH/02.01.
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- 8 *Women & Smoking: A Report of the US Surgeon General* (2001); World Health Organization, "International Consultation on Environmental Tobacco Smoke (ETS) and Child Health," 1999.
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- 10 World Health Organization, "International Consultation on Environmental Tobacco Smoke (ETS) and Child Health," 1999; [http://www.who.int/tobacco/research/en/ets\\_report.pdf](http://www.who.int/tobacco/research/en/ets_report.pdf)
- 11 World Health Organization, *Women & the Tobacco Epidemic: Challenges for the 21st Century* (2001); <http://www.who.int/tobacco/media/en/WomenMonograph.pdf>
- 12 British Medical Association, op. cit.
- 13 RA Windsor, "Smoking Cessation in Pregnancy," in WHO, *Women and the Tobacco Epidemic: Challenges for the 21st Century*, WHO/NMH/TFI/01.1, 2001.
- 14 World Health Organization, *The Tobacco Atlas* (2002), <http://www.who.int/tobacco/en/atlas11.pdf>; Majid Ezzati & Alan Lopez, "Estimates of Global Mortality Attributable to Smoking in 2000," *The Lancet*, 2003 September 13; 362: 847-52.
- 15 World Health Organization, *World Health Report 2003: Shaping the Future*.
- 16 World Bank *Curbing the Epidemic: Governments and the Economics of Tobacco Control* (1999). <http://www1.worldbank.org/tobacco/book/html/cover2a.html>
- 17 US Department of Health & Human Services, "Tips for Teens: The Truth About AIDs," <http://www.health.org/govpubs/PHD725/>
- 18 Gajalakshmi V et al. "Smoking and Mortality from Tuberculosis and Other Diseases in India: Retrospective Study of 43000 Adult Male Deaths and 35000 Controls," *The Lancet*, 2003 Oct 11;362(9391):1243-4; <http://www.prajnopaya.org/pdf/IndiaTB.pdf>
- 19 World Health Organization, *Tobacco & Poverty: A Vicious Cycle* (2004); <http://www.who.int/tobacco/resources/publications/wntd/2004/en/index.html>
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- 21 See: World Health Organization, "Proposed Programme Budget for the Financial Period 2004-2005," EB111/INF.DOC./8, 19 January 2003; [http://www.who.int/gb/ebwha/pdf\\_files/EB111/eeb111id8.pdf](http://www.who.int/gb/ebwha/pdf_files/EB111/eeb111id8.pdf) and A/FCTC/IGWG/2/3.
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- 23 United Nations, E/2004/55. "Ad Hoc Inter-Agency Task Force on Tobacco Control, Report of the Secretary General".

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