

LETTER TO THE DELEGATES OF THE SEVENTY-THIRD WORLD HEALTH ASSEMBLY

15 May 2020

Delegates of the 73rd World Health Assembly

United Nations Headquarters
Geneva, Switzerland

To the Distinguished Delegates of the Seventy-third World Health Assembly:

On behalf of civil societies working in tobacco control, we express our highest regard for your commitment and solidarity in addressing global health governance during a tremendously difficult time. We welcome the WHA draft resolution as it brings us all to a common understanding of how we shall emerge from the pandemic.

We are, however, concerned that the draft resolution failed to address the serious challenges posed by the tobacco industry during the crisis.

We believe that strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), a treaty that aims to address the tobacco epidemic to reduce the global toll of [8 million tobacco-related deaths](#) and USD [1.4 trillion in economic costs](#) annually, should play a key role in the COVID-19 response.

Tobacco use is a major risk factor for a range of non-communicable diseases (NCDs), which in turn are high risk for [developing severe](#) and even fatal COVID-19. However, the tobacco industry has played [a role in health messages that sow confusion](#)--- depriving smokers of the opportunity to quit outright. It is also [branding itself](#) as part of the solution and [maximizing visibility of its donations](#) while seeking [trade](#) and [tax](#) privileges. With these tactics, the tobacco industry has successfully masked the fact that its products cause [USD \\$460 billion in health care costs annually](#), and obscured the potential for [tobacco-sourced financing to be tapped for health and development](#).

It bears stressing that WHO FCTC implementation can help break down the barriers created by the tobacco industry's manipulation of public perception throughout the pandemic. The WHO FCTC and its protocol are treaties negotiated under the auspices of the WHO, and are now a core part of fulfilling the [United Nations \(UN\) Sustainable Development Goals \(SDGs\)](#).ⁱ The WHO FCTC mandates governments to [protect public health from the commercial and vested interests of the tobacco industry](#) and calls for a ban on so-called corporate social responsibility (CSR) of the tobacco industryⁱⁱ. The United Nations General Assembly has also recognized the [fundamental conflict of interest](#) between the tobacco industry and public health.ⁱⁱⁱ WHO's Framework of Engagement with Non-State Actors ([FENSA](#)) safeguards the WHO from conflicts of interest through non-engagement with the tobacco industry and those representing its interests^{iv}. And because the tobacco industry uses the UN agencies to gain legitimacy, the Economic and Social Council

([ECOSOC](#)) recommended the adoption of the [Model policy](#) for agencies of the United Nations system on preventing tobacco industry interference.^v

In a recent [statement](#), the WHO FCTC Secretariat noted that “there has never been a more appropriate time to support citizens in their efforts to quit tobacco use” and warned that “We can expect the tobacco industry to follow its usual game plan by claiming it provided significant support to governments during the pandemic, but then pressuring or interfering with the efforts of those same governments to strengthen tobacco control.”

To ensure that we find ourselves in a healthy and sustainable world after this public health crisis, governments must promote policy coherence in their COVID-19 responses and strengthen implementation of the WHO FCTC. To this end, we call on the WHA to urge Member States to take WHO FCTC implementation into account in COVID-19 responses and pandemic preparedness plans; and to request the WHO Director General to integrate the WHO FCTC in its work on improving pandemic preparedness as well as to include tobacco industry interference in efforts to counter misinformation.

We look forward to supporting you in this endeavor. You may reach us through Ms. Bungon Ritthiphakdee (bungon@ggtc.world), Executive Director of the Global Center for Good Governance in Tobacco Control (GGTC), a partner in STOP (Stopping Tobacco Organizations and Products).

Signed

1. **Action on Smoking and Health (ASH US)**, Laurent Huber, Executive Director, United States
2. **Advocacy Center "LIFE"**, Lilia Olefir, Executive Director, Ukraine
3. **Alan Maryon-Davis**, Honorary Professor of Public Health, Kings College London, United Kingdom
4. **Alcohol and Drug Information Centre (ADIC)**, Pubudu Sumanasekara, Executive Director, Sri Lanka
5. **Alessandra Lugo, PhD**, Department of Environmental Health Sciences - Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Italy
6. **ASH Finland**, Mervi Hara, Executive Director, Finland
7. **ASH Ireland**, Council of the Irish Heart Foundation, Mark Murphy, Ireland
8. **ASH Scotland**, Sheila Duffy, Chief Executive, United Kingdom
9. **Asian Consultancy on Tobacco Control**, Judith Mackay, Hong Kong, China
10. **Association of European Cancer Leagues (ECL)**, Wendy Yared, Director, Belgium
11. **Australian Health Promotion Association**, Gemma Crawford, President, Australia
12. **Austrian Council on Smoking and Health**, Kurt Aigner, President, Austria
13. **Balajee Sewa Sansthan**, Awadhesh Kumar, Executive Director, India
14. **BlueLink Foundation**, Pavel Antonov, PhD, Executive Editor/Co-founder, Bulgaria
15. **Boyd Swinburn**, Professor of Population Nutrition and Global Health, University of Auckland, New Zealand

16. **Buenalyn Teresita Ramos-Mortel**, MD, Professor of Health Promotion, University of the Philippines Manila - College of Public Health, Philippines
17. **Campaign for Tobacco-Free Kids**, Matthew L. Myers, President, United States
18. **Cancer Council Victoria**, Todd Harper, CEO, Australia
19. **Center for Advocacy, Treatment and Recovery**, Portugal
20. **Centre for Combating Tobacco**, University of Colombo, Mahesh Rajasuriya, MD, Director, Sri Lanka
21. **Coalition for a Tobacco Free Arkansas**, Katherine Donald, Executive Director, United States
22. **Coalition for a Tobacco-Free Hawaii**, a program of Hawaii Public Health Institute, Jessica Yamauchi, Executive Director, United States
23. **Comité Nacional para la Prevención del Tabaquismo (CNPT)**, Andrés Zamorano Tapia, CNPT President, Spain
24. **Consumers Association of Penang (CAP)**, Uma Ramaswamy, President, Malaysia
25. **Corporate Accountability**, Michél Legendre, Associate Campaign Director, United States
26. **David Thomas**, Professor and Head of Tobacco Control Research, Menzies School of Health Research, Australia
27. **Dutch Alliance for a Smokefree Society**, Guy Muller, Public Affairs Consultant International, KWF Kankerbestrijding, Netherlands
28. **European Network for Smoking and Tobacco Prevention - ENSP**, Cornel Radu-Loghin, Secretary General, Belgium
29. **FAECAP Federation of Family and Community Nursing Associations**, Adelaida Lozano Polo, Coordinator group of smoking, Spain
30. **FCTC for Indonesia**, Margianta SJD, Spokesperson, Indonesia
31. **Framework Convention Alliance**, Francis Thompson, Executive Director - Strategy and Policy,
32. **Fresh (Making Smoking History)**, Ailsa Rutter, Director, United Kingdom
33. **GAT SEMFYC (Family Doctors)**, Clara Isabel Soria Lopez, General Practitioner, Spain
34. **Global Center for Good Governance in Tobacco Control (GGTC)**, a partner in STOP, Nuntavarn Vichit-Vadakan, Chair, Thailand
35. **Godwin Aja**, Professor, Adventist International Institute of Advanced Studies, Philippines
36. **Grambangla Unnayan Committee (GUC)**, A K M Maksud, Executive Director, Bangladesh
37. **Gramin Vikas Sewa Samiti**, Ram Lalit, Tobacco Control, India
38. **Group for Research on Inequalities and Tobacco Control**, University of Edinburgh, Amanda Amos, Convenor, United Kingdom
39. **H. H. R. Prabath Hewasundara**, University of Colombo, Sri Lanka
40. **Harry Rutter**, Professor of Global Public Health, University of Bath, United Kingdom
41. **Health Promotion Foundation**, Witold Zatoński, President, Poland
42. **HealthBridge Foundation of Canada Vietnam Office**, Nguyen Thi An, Director, Vietnam
43. **HealthJustice Philippines**, Jacky Sarita, Managing Director, Philippines
44. **Indonesian Public Health Association (IAKMI)**, Ede Surya Darmawan, Chairman, Indonesia
45. **Israeli Association of Public Health Physicians**, Hagai Levine, Chairperson, Israel

46. **Jamie Pearce**, Professor of Health Geography, University of Edinburgh, United Kingdom
47. **Janet Hoek**, Professor of Public Health and Marketing, University of Otago, New Zealand
48. **Jim McCambridge**, Professor, University of York, United Kingdom
49. **Laura Rosen**, Professor, Tel Aviv University, Israel
50. **Lentera Anak Foundation**, Lisda Sundari, Chairperson, Indonesia
51. **Malaysian Council for Tobacco Control**, Datuk Dr. Lekhraj Rampal, President, Malaysia
52. **Malaysian Green Lung Association**, Ho Rhu Yann, Founding President, Malaysia
53. **Malaysian Medical Association**, Rissa Soetama, COO, Malaysia
54. **MANT (Manbhumi Ananda Ashram Nityananda Trust)**, Nirmalya Mukherjee, Director, India
55. **Marathwada Gramin Vikas Sanstha**, Aurangabad, Akash Kasliwal, State Project Officer, Advancing Tobacco Control Program, India
56. **Mark Petticrew**, Professor of Public Health, London School of Hygiene and Tropical Medicine, United Kingdom
57. **Melissa Mialon**, PhD in nutrition, BSc in food science and engineering, University of Sao Paulo, Brazil
58. **Mike Daube**, Emeritus Professor, Curtin University, Australia
59. **Mira B. Aghi**, Consultant, Healis Sekhsaria Institute of Public Health, India
60. **National Coalition "For smoke-free Kazakhstan"**, Jamilya Sadykova, Director, Kazakhstan
61. **National Committee on Tobacco Control**, Hasbullah Thabrany, President, Indonesia
62. **NCD Alliance**, Katie Dain, Chief Executive Officer, United Kingdom
63. **Nofumadores.org (non-smokers.org)**, Raquel Fernandez Megina, President, Spain
64. **Norbert Hirschhorn**, Tobacco Industry watcher, United Kingdom
65. **Norwegian Cancer Society**, Nonguebzanga Maxime Compaore, Special Advisor, International Affairs, Norway
66. **NPO Tobacco-Free Advocacy Japan (TFAJ)**, Jun Sono, MD, Chairman, Japan
67. **Oswaldo Cruz Foundation**, Silvana Rubano Turci, Coordinator of the Observatory of the Strategies of the Tobacco Industry of the Tobacco and Health Studies Center, Brazil
68. **OxySuisse**, Pascal Diethelm, President, Switzerland
69. **Pandit Govind Ballabh Pant Institute of Studies in Rural Development**, Shiv Pujan Pandey, Director, India
70. **Philippine Pediatric Society, Inc.**, Rizalina Racquel H. Gonzalez, Chair, PPS Tobacco Control Advocacy Group, Philippines
71. **Portuguese Confederation of Tobacco Prevention**, Portugal
72. **Portuguese NGO Movement for Tobacco Control**, Portugal
73. **PRASAR**, Shishupal, Secretary, India
74. **Pratyasha Anti-Drugs Club**, Helal Ahmed, Secretary General, Bangladesh
75. **PROGGA**, ABM Zubair, Executive Director, Bangladesh
76. **Red PaPaz Sede Nacional**, Colombia

77. **Renee Bittoun**, Tobacco Treatment Specialist / Founding Editor in Chief, Journal of Smoking Cessation (Cambridge University Press) / Adjunct Associate Professor, University of Notre Dame Australia, Australia
78. **Rob Moodie**, Professor of Public Health, Melbourne School of Population and Global Health, Australia
79. **Ruth E. Malone**, Professor of Nursing and Health Policy / Editor-in-Chief, Tobacco Control, University of California, San Francisco, United States
80. **Sarah Hill**, Senior Lecturer, Global Health Policy Unit, University of Edinburgh, United Kingdom
81. **SGSS**, Vijay Kumar Rao, CEO, India
82. **Sharon Lawn**, Professor & Director, Flinders University of South Australia - Flinders Human Behaviour and Health Research Unit, Department of Psychiatry, Australia
83. **Silvano Gallus**, Head, Laboratory of Lifestyle Epidemiology, Department of Environmental Health Sciences - Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Italy
84. **Simon Capewell**, Professor of Clinical Epidemiology, University of Liverpool - Department of Public Health & Policy / Institute of Psychology, Health & Society, United Kingdom
85. **Simon Chapman**, Emeritus Professor, University of Sydney - School of Public Health, Australia
86. **Smoke Free Israel**, Shira Kislev, CEO, Israel
87. **Smoke Free Kuala Lumpur (KLBAR)**, Liza Ali, Board Member, Malaysia
88. **Smoke Free Life Coalition**, Gergana Geshanova, Chair of the Board, Bulgaria
89. **Smoke Free Partnership**, Anca Toma Friedlaender, Director, Belgium
90. **Sociedad Española de Espacialistas en Tabaquismo (SEDET)**, César Minué-Lorenzo, President, Spain
91. **Southeast Asia Tobacco Control Alliance**, Ulysess Dorotheo, Director, Philippines
92. **Spanish Heart Foundation**, Carlos Macaya Miguel, MD, President, Spain
93. **Stanton A. Glantz**, Professor of Medicine and Director, University of California San Francisco - Center for Tobacco Control Research and Education, United States
94. **Stephan Lewandowsky**, Professor, School of Psychological Science and Cabot Institute, University of Bristol, United Kingdom
95. **Tanzania Tobacco Control Forum**, Lutgard Kokulinda Kagaruki, Executive Director, Tanzania
96. **The International Union Against Tuberculosis and Lung Disease**, a partner in STOP, Gan Quan, Director of Tobacco Control, United States
97. **Tobacco - Free Association of Zambia**, Brenda Chitindi, Executive Director, Zambia
98. **Tobacco Control Research Group**, University of Bath, a partner in STOP, Anna Gilmore, Professor of Public Health, Director, United Kingdom
99. **Tony Jewell**, Retired Chief Medical Officer for Wales (2006-12), United Kingdom
100. **Vital Strategies**, Sandra Mullin, Senior Vice President, United States
101. **Yong Check Yoon**, Independent researcher, Malaysia

ⁱ UN General Assembly resolution 70/1, *Transforming our world: the 2030 Agenda for Sustainable Development*, A/RES/70/1 (21 October 2015), available from https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E – “**Target 3.A** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.”

ⁱⁱ World Health Organization (2005). WHO Framework Convention on Tobacco Control. Retrieved from https://www.who.int/tobacco/framework/fctc_en.pdf?ua=1 – “WHO FCTC Art 5.3 3. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law...Art 13. 2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross border advertising, promotion and sponsorship originating from its territory”; World Health Organization (2008). Guidelines for implementation of Article 12 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship). Retrieved from https://www.who.int/fctc/guidelines/article_13.pdf?ua=1 – “WHO FCTC Art 13 Guidelines: 25. It is increasingly common for tobacco companies to seek to portray themselves as good corporate citizens by making contributions to deserving causes or by otherwise promoting “socially responsible” elements of their business practices. 26. Some tobacco companies make financial or in-kind contributions to organizations, such as community, health, welfare or environmental organizations, either directly or through other entities. Such contributions fall within the definition of tobacco sponsorship in Article 1(g) of the Convention and should be prohibited as part of a comprehensive ban, because the aim, effect or likely effect of such a contribution is to promote a tobacco product or tobacco use either directly or indirectly...Recommendation The Parties should ban contributions from tobacco companies to any other entity for “socially responsible causes”, as this is a form of sponsorship. Publicity given to “socially responsible” business practices of the tobacco industry should be banned, as it constitutes advertising and promotion.”

ⁱⁱⁱ United Nations, General Assembly, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, A/RES/66/2 (24 January 2012). Retrieved from https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf - “Note with appreciation the World Health Organization Framework Convention on Tobacco Control, 1 reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the World Health Organization 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases² as well as the Global Strategy on Diet, Physical Activity and Health³ and the Global Strategy to Reduce the Harmful Use of Alcohol...38. Recognize the fundamental conflict of interest between the tobacco industry and public health;”

^{iv} World Health Organization (28 May 2016). Sixty Ninth World Health Assembly: Framework of engagement with non-State actors WHA69.10. Retrieved from https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf - “44. WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry.”

^v United Nations, Economic and Social Council, *United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Disease*, E/2017/L.21 (30 May 2017). Retrieved from https://www.un.org/ga/search/view_doc.asp?symbol=E/2017/L.21 - “Principles: Engagement with the tobacco industry is contrary to the United Nations system’s objectives, fundamental principles and values. The United Nations system, including the intergovernmental agencies that are observers to COP and members of the UN Inter Agency Task Force shall establish measures to limit interactions with the tobacco industry, and where interactions still occur, the recommendations of the guidelines for implementation of Article 5.3 of the Convention shall apply”