



The Smokefree Partnership contribution to the Consultation on the EU role in global health

The Smokefree Partnership

The Smoke Free Partnership (SFP) is a strategic, independent and flexible partnership between the Cancer Research UK, European Heart Network, European Respiratory Society and the Institut National du Cancer. It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.

General comments

The SFP welcomes the Commission initiative to consult with stakeholders on global health issues. Good health, as defined by the WHO, contributes to poverty reduction and is crucial for economic growth, sustainable development and social security. However, the global health landscape is changing and so are the challenges faced by governments and national health systems in low- and middle-income countries. The SFP believes that the EC should take into consideration these new challenges by integrating them into the EC development policy framework and scale up action on global health at international level.

Non-communicable diseases are among the great neglected global health issues. Studies show that they are a main cause of death in low- and middle-income countries, posing a heavy burden on governments, national health systems and society at large. However, these diseases and their risk factors, such as smoking, have received very little political attention and are absent from the global health agenda. As a result, limited funding has been allocated to tackle the challenges posed by non-communicable diseases and their risk factors. Urgent action is thus needed to keep people well and active, and to reduce the burden of these diseases to the world population and fragile health systems.

The SFP urges the EC to recognize the changing landscape of global health and to step up the fight against non-communicable diseases in low- and middle-income countries. Only a broad health agenda which takes into consideration the full range of health threats will ensure progress towards the MDGs and the best possible health outcomes for everyone in every country.

Key recommendations:

- Acknowledge the changing features of the health landscape in low- and middle-income countries
- Acknowledge the immense social and economic burden of non-communicable diseases to low- and middle-income countries
- Recognise the contribution of non-communicable diseases to health inequalities and widening gaps in health outcomes
- Recognise non-communicable diseases as a global health priority, and develop a comprehensive strategy aimed at strengthening the overall capacity of health systems in developing countries which takes into account non-communicable diseases

- Support full implementation of the Framework Convention on Tobacco Control within and outside the EU by making resources available and by including the Treaty in EC programming documents
- Promote other cost-effective interventions aimed at preventing non-communicable diseases and/or reducing their associated morbidity and mortality
- Recognise that involvement of CSOs in national planning, decision making, implementation and evaluation is crucial
- Train staff across all relevant sectors to understand the role that social determinants of health and other policies such as trade and taxation play in the wellbeing of citizens and hence the economic prosperity of countries

The burden of smoking:

- Worldwide tobacco related illnesses already kill 5.4 million people a year. If current patterns of tobacco use persist, smoking will cause more than 8 million deaths a year by 2030, of which more than 80 per cent will occur in low- and middle-income countriesⁱ.
- Everyday, tobacco kills over 13 500 people worldwideⁱⁱ
- WHO projects that, globally, non-communicable diseases will increase by 17% over the next 10 yearsⁱⁱⁱ
- A study using 1998 data in China found that medical costs related to premature tobacco deaths amounted to US \$2.76 million or 6% of all Chinese medical costs^{iv}
- A study in rural China found that every 100 yuan spent on tobacco was associated with a decline in spending on education by 30 yuan, on medical care by 15 yuan, on farming by 14 yuan and on food by 10 yuan^v
- Tobacco use already costs \$590.63 million (direct costs) in Nigeria^v
- In most African countries for which data are available, the cost of 20 Marlboro cigarettes or an equivalent brand is more than half an average day's wage; and in India, Vietnam and Indonesia a pack of 20 Marlboro cigarettes or equivalent costs more than 1 Kg of rice ^v. In Bangladesh it costs over 2 times more.

Specific comments:

Question 1. In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other factors would you suggest?

Ill-health, along with climate change, pose a serious threat to global security. Over the past few years, the world has seen the impact of pandemics on the health of populations worldwide and its impact on global, national and local economies. While scientific evidence has shown the links between health and development, and contributed to put global health high on the Development agenda, recent events have also played a key role in raising awareness of the impact that 'good' health has on social security.

However, global health should not be limited to the control of communicable and emerging diseases. While the consultation document mentions the epidemiological transition taking place in low- and middle-income countries and the increasing burden of non-communicable diseases in these countries, communicable and emerging diseases still seem to dominate the proposed concept of global health.

The burden of non-communicable diseases is rapidly rising across the globe. According to a report by the Oxford Alliance^{iv}, non-communicable diseases already account for the major share of the mortality burden in all World Bank regions except in Sub-Saharan Africa. Achievements in controlling communicable diseases, increasing ageing populations, development and changing patterns of physical activity and food, alcohol and tobacco consumption are all contributing to changes in mortality and morbidity patterns in low- and middle-income countries^{vi}. Weak health systems, already struggling to respond to the challenges posed by communicable diseases, will face new challenges as countries increasingly suffer this double burden of disease^{vii}.

Urgent action is thus needed to tackle the health determinants of non-communicable diseases, to control their impact and mitigate their effects on the population and health services in low- and middle-income countries. The WHO estimates that globally non-communicable diseases will increase by 17% over the next 10 years. The greatest increase will be in the African region (27%) and the Eastern Mediterranean region (25%). The highest absolute number of deaths will occur in the Western Pacific and South East-Asia regionsⁱⁱⁱ. A recent report by WHO notes that if the risk factors considered in the report, such as high blood pressure and tobacco use¹, had not existed the life expectancy would have been in average almost a decade longer in 2004 for the entire global population, with greater increases in low- and middle-income countries than in high-income countries.

Global health should therefore emphasize prevention and promotion of health, and focus on tackling structural and social factors that undermine ill-health^{viii}. In order to do so, it is crucial to acknowledge the role that non-communicable diseases and their risks factors play in global 'ill-health'.

In an opinion article published in the Lancet Jeffrey P Koplan et al^{viii} suggest global health as '*an area for study, research and practices that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual care clinical care*'. Global health should not be limited to the control of communicable diseases but it should embrace a new agenda which encompasses all health threats and health determinants, as well as other policies that may have an impact on global health to ensure that decisions made in one policy area do not adversely impact on other policies.

Question 2. Are the effects of globalization on health, on the spread of disease (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?

The effects of globalization described in the consultation document are closely related to communicable and emerging diseases. Although some aspects have similar impacts on the treatment and control of non-communicable diseases eg. availability of human resources and medicines, trade and weak health systems, other factors also play a key role in the increasing incidence of non-communicable diseases.

Non-communicable diseases do not result from an acute infection. The broad group of diseases, which includes cancer, cardiovascular diseases and chronic respiratory diseases, is linked by common risk factors i.e. smoking, unhealthy diet and air quality among others. Many risk factors for non-communicable diseases are preventable and it has been estimated that their elimination would prevent 80% of heart disease, 80% of strokes, 80% of type 2 diabetes and 40% of cancer in the WHO African region^{ix}.

Non-communicable diseases are closely linked to life-styles. Thus an analysis of the effects of globalisation on health should also take into account the role of industries in promoting unhealthy life-styles and policies that regulate the availability, marketing and price of products.

¹ The recent report by WHO, Global health risks – mortality and burden of disease attributed to selected major risks, notes that the leading global risks for mortality in the world are high blood pressure, tobacco use, high blood glucose, physical inactivity, and overweight and obesity.

Tobacco is a key example here. The tobacco epidemic is man-made and entirely preventable. The tobacco industry is a global industry and it is increasingly looking for new markets in areas of the world where there are weaker controls. Through aggressive strategies the tobacco industry is increasingly targeting, marketing and promoting its products to vulnerable groups, in particular women and youthⁱ. According to the WHO the number of women smoking was set to increase from 218 million in 2000 to 259 million in 2005^x. Tobacco will eventually kill 250 million of today's teenagers and children worldwide^v.

Furthermore, trade liberalisation also has an impact on health. According to the WHO Commission on health determinants report 'Closing the gap', there is evidence that trade liberalisation when applied to tobacco leads to adverse health consequences. The report goes on to say that '*World Bank research found that reduced tariffs in some parts of Asia resulted in a 10% increase in smoking rates above what it would have been without liberalization. Increases within certain population groups, such as teenage males (18.4% to 29.8% in one year) and teenage females (1.6% to 8.7%) in Republic of Korea was even starker*'ⁱⁱ.

The example of tobacco shows that the health impacts of globalisation are much broader than those highlighted in the consultation document; it shows that other policies, such as marketing and trade, are cross-border and can adversely impact on global health measures. The regulation of goods and services with an impact on health is crucial if governments are to succeed in the fight against non-communicable diseases. The Framework Convention on Tobacco Control (FCTC) is an example of a coherent global action. It recognises the global nature of the problem and proposes global solutions by promoting a policy-coherent approach to tackling the impact of tobacco on health. The Treaty foresees interventions in a number of areas such as, product regulation, cross-border advertising, taxation, smuggling and smokefree policies. So far, the FCTC has been ratified by 168 countries, the majority in low- and middle-income countries. However, to become reality, resources will need to be made available to implement the Treaty at national level.

Question 3. Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?

Communicable diseases, maternal & child health and neglected tropical diseases have dominated the global health agenda over the past years. However, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases represent a leading threat to health and development, causing an estimated 35 million deaths each year with 80% in low- and middle-income countriesⁱⁱⁱ. Risk factors include, tobacco, unhealthy diet and air pollution among others. According to the latest WHO report 'Global health risks', tobacco use alone causes 71% of lung cancer, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease globally. It is responsible for 12% of male deaths and 6% of female deaths. The WHO estimates that mortality due to smoking-related illnesses will continue to rise for at least two decades in low- and middle-income countries, even if efforts to reduce smoking are successful as the effects of tobacco use may take years and even decades to develop. By implementing tobacco control policies low- and middle-income countries can avoid the levels of disease currently found in high-income countries. Furthermore, smoking can also increase the severity of infectious diseases such as TB^{xi}.

Non-communicable diseases require long-term and often life-long treatment. There is evidence that cost-effective interventions, which do not require large investments of capital and could be incorporated into existing structures, are successful and could address non-communicable diseases in low- and middle-income countries.

Despite the evidence available, non-communicable diseases are currently absent from the MDGs and global health priorities. A number of policy initiatives and documents from the WHO and the European Commission² already acknowledge the increasing burden of non-communicable diseases in low- and middle-income countries and the impact that these are likely to have in health systems. However, more

² WHO Framework Convention on Tobacco Control, WHO 2008-2013 Action plan for the global strategy for the control of noncommunicable diseases, EC thematic programme 'Investing in people' and EC communication on health and poverty reduction in developing countries.

needs to be done to ensure that the global health agenda recognises the impact of these diseases on health systems and the burden they pose on the poorest people in the world and on development.

Support for the implementation of the Framework Convention of Tobacco Control (FCTC) is a key example. The FCTC provides the framework to implement effective tobacco control measures and interventions. The SFP welcomes the Commission support for the negotiations of international agreements on health, such as the FCTC, and for its inclusion in a more comprehensive dialogue held on a regular basis with candidate countries, potential candidates and European Neighbourhood Policy countries. However, to date limited resources have been allocated to implement the Treaty. The FCTC has been ratified by 168 countries, which shows the importance that governments give to the issue. The full implementation of the Treaty will, however, require the development and implementation of technical programmes to translate the Treaty into national laws and build and strengthen capacity at national level. Furthermore, technical assistance will be required at both governmental and societal level for training and cooperation in the scientific, technical and legal fields. While the SFP understands that countries should prioritise tobacco control in their own strategies, the SFP believes that the Commission can draw from its long experience in tobacco control and take the lead in providing the technical and financial assistance to low- and middle-income countries through its various funding mechanisms. By doing so, the Commission would be promoting a comprehensive approach to global health, which takes into consideration the full breath of important health threats.

The concept of global health is changing and so should the policy framework governing global health. Any comprehensive strategy aiming at strengthening the overall capacity of health systems in low- and middle-income countries to accessible health care and addressing global health issues should recognise the challenges posed by non-communicable diseases and their steadily rise. Policy instruments to address the problems posed by non-communicable diseases are already available but resources are needed for their implementation. Their integration into the global health agenda and set of priorities is crucial for the control of non-communicable diseases in low- and middle-income countries.

Question 5. Could you identify health problems that have been neglected by the EU and International health research agenda and propose the best means to support innovation to address them, especially in low- and middle-income countries?

Non-communicable diseases are currently absent from the policy framework governing global health. As a result, research into the challenges faced by countries and health systems in low- and middle-income countries has been neglected by the EU. Research is needed into the social burden of non-communicable diseases to health systems, as well as into the economic consequences of non-communicable diseases in particular in low- and middle-income countries. Furthermore, research is needed into ways to build and use evidence for improving the health of the poor.

Evidence should feed into the development of national health strategies and plans.

Question 6. Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?

The WHO Commission on Social Determinants on Health notesⁱⁱ that although development assistance for health has increased substantially in recent years, the total funding allocated to health remains too low to cover the need for health services. A number of options are available and have been used to strengthening public finance around the world. Taxation is one of them. The International Health Partnership report ‘More money for health, and more health for the money’^{xii} found that tobacco taxation is the most cost effective mechanism to generate income. Tobacco taxation has been used by countries, such as Romania and Thailand, as a source of revenue to finance health initiatives and health promotion.

Tobacco taxation can help both fund-raising and reaching public health objectives. Historically tobacco taxes have been a stable source of revenue for governments. Tobacco taxes have also proved to be the single most effective intervention to prevent smoking. Increasing tobacco taxes by 10% generally

decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries, while tobacco tax revenues increase by nearly 7%ⁱ. In a time when innovative development funding is needed for health services and health initiatives, tobacco taxation can potentially raise funds for health promotion and health systems^{xiii, iv}. Most national legislation around the world already includes provisions for tobacco taxation. Structures to implement and collect the tax are already in place and there is broad political support for the FCTC, which includes provisions on tobacco taxation.

Romania introduced a 'Tax for Health' in 2007, aiming to increase its health budget. The 'Tax for health' also known as the 'sin-tax' adds EUR 0.2 to the overall price of a pack of cigarettes that is included in the excise duties. The use of a fixed amount per pack allows revenues from excise duties, which go to the Finance Ministry, to be maintained while creating a new source of revenue for health. In terms of administration, the most important aspect is that the "tax for health" is collected directly by the Ministry of Health. Romania has 20 million inhabitants, of whom at least five million are smokers. In 2007 and 2008 the Tax for Health raised approximately EUR300 million a year. The revenue was for a number of measures, namely strengthening health systems and financing national health programmes, including new high-performance equipment for hospitals and ambulances, as well as a national TB programme. Tobacco control also benefited from the Tax for Health, the programmes for complete coverage of smoking cessation and smoking prevention were funded. Notably, the creation of the Tax for Health did not lead to a reduction in the total revenues from excise duties on tobacco products. On the contrary, these increased in 2007 and 2008.

Question 13. What should be the role of civil society in the health sector, at national and local levels? Question 26: What is the role of civil society in global and national health governance and how can potential conflicts of interest between advocacy and service provision be avoided?

Long-term change such as that required by the FCTC should encompass economic, institutional and social considerations. Thus broad involvement and empowerment of local and national actors in national life is a key dimension to support change. The Commission should invest more on capacity building of local and national actors and provide them with the necessary tools to build a solid and knowledge based society. Furthermore, empowerment of local and national actors, especially civil society, is of the utmost importance to promote good governance and increasing accountability.

Civil society organisations can contribute to the implementation and enforcement of legislation in countries lacking the resources to monitor implementation of national legislation and international Treaties such as the FCTC. Civil society organisations can also support national governments identifying local, regional and national priorities, as well as developing and implementing national action plans. Furthermore, civil society organisations can voice concerns of marginalised groups, provide services, and engage citizens in the process of policy making.

International, European, national and local tobacco control organisations have been and continue to be instrumental in the FCTC process: from negotiation, throughout ratification and implementation. They have contributed to gathering the public support necessary to the negotiation and adoption of the Treaty, as well as ratification. They have contributed with expertise, which contributed to the adoption of a strong text and are supporting efforts at national level to adopt national plans and implement their provisions.

Question 21: Which do you think are the priority areas for coherence on global health policies, and how should they be addressed?

Policy coherence and implementation is crucial to enhance effective action on global health and achieve improvements on health equity. To promote policy coherence and enhance its role on global health at international level, the EU should ensure that all its internal policies and health principles shared by all EU Members are reflected in its development policy and programming guidelines. The EU should make sure that any policy initiative on global health is evidence-based and aims to tackle current and new challenges, such as the rise of non-communicable diseases, faced by low-and middle-income countries.

The FCTC is a clear and global framework developed to tackle the burden of tobacco use to countries. The Treaty has been ratified by 26 of the EU Member States and about 140 other countries all over the world. The UK Government Strategy 'Health is Global', recognises the importance of scaling up efforts in tackling non-communicable diseases globally and the need to provide an internationally agreed approach to reducing the problem of tobacco use, in particular smuggling, by continuing to work on the development of an illicit trade protocol. Furthermore, in 2008 the WHO adopted a comprehensive action plan for the prevention and control of non-communicable diseases. The strategy highlights the scope of the problem and defines objectives and actions, which should be implemented to tackle non-communicable diseases globally.

The two policy documents and framework mentioned, offer a global approach to tackle non-communicable diseases and tobacco use, a major risk factor for non-communicable diseases. The consultation document notes the work that the EU is carrying out for strong international agreements on health such as the FCTC, and its implementation through a dialogue with a candidate and neighbourhood countries. However, non-communicable diseases are absent from the EU development policy framework and the FCTC is absent from the EC programming guidelines.

There is evidence that cost-effective interventions, which do not require large investments of capital and could be incorporated into existing structures, could address non-communicable disease in low- and middle- income countries. Although challenges to implement the existing interventions and deliver treatments on a global scale remain, addressing non-communicable diseases at global level and as an integral part of any global health strategy will contribute to advances in knowledge, reduce the pressure that these diseases pose on health systems, reduce health and gender inequalities, and ultimately contribute to the achievement of the MDGs. Thus any strategies aiming at strengthening the overall capacity of health systems in low- and middle-income countries should take into account all health threats, including non-communicable diseases, to ensure that the burden of these diseases to society and health systems does not undermine progress and efforts to strengthen national systems and progress towards achieving the MDGs.

The SFP welcomes the Commission initiative to promote policy coherence and evidence based policies. In order to do so, the SFP believes that the international public health treaties, which are evidence based and which have been ratified by the EC and its Member States, should be integrated into the EC development policy framework and programming guidelines; and staff should be trained to ensure that health issues are included in policy dialogues with partner countries. The EC should make sure that its internal and external policies are coherent with international treaties and internationally agreed objectives.

Question 27: What, in your view, is the main added value offered by the EU in the field of global health?

The EU can play a key role in promoting policy coherence and coordination within the EU and at international level. As the largest donor in the world providing over 50% of Official Development Assistance worldwide, the EU can promote a coherent framework for global health through its various policies and participation in political forums. The EC should make sure that its health policies and actions on health, including actions on the social determinants of health, are coherent with its policy framework on development policy. Global health policies should be evidence-based and mechanism should be put in place to measure new challenges, such as the rise of non-communicable diseases, evaluate action, expand the knowledge base and raise awareness on all social determinants of health.

Through its dialogue with partner countries, the EU can reinforce the importance of health for development and support comprehensive national health strategies. The EC should strengthen the capacity of all staff to systematically address health issues in the policy dialogue with partner countries and in programming guidelines. It is also vital to strengthen the capacity of governments and CSOs in the overall planning, management and implementation of plans to ensure effective implementation of policies.

Notes and sources:

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- ^{iv} The Oxford Health Alliance, Chronic disease: an economic perspective, London, 2006
- ^v American Cancer Society & World Lung Foundation, The tobacco Atlas, 3rd edition, Atlanta, 2009
- ^{vi} The Lancet, Editorial: Health is global, vol. 374, October 3, 2009, p. 1120
- ^{vii} The Lancet, Perspectives: Global Health Governance, vol. 374, October 10, 2009, p. 1231
- ^{viii} The Lancet, Viewpoint: Towards a common definition on global health, vol. 373, June 6, 2009, p. 1993-1995
- ^{ix} WHO Regional office for Africa, African Health Monitor 'Fighting non-communicable diseases: Africa's new silent killers', vol 8, number 1, January-June 2008
- ^x WHO, The Millennium Development Goals and tobacco control, Geneva, 2005
- ^{xi} WHO South East Office, <http://www.searo.who.int/en/Section1174/Section2469/Section2475.htm>, accessed 12 July 2009
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