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The United States' Engagement in Global Tobacco Control: Proposals for Comprehensive Funding and Strategies

Thomas J. Bollyky
Center for Global Development

Lawrence O. Gostin
Georgetown University Law Center, gostin@law.georgetown.edu

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TOBACCO USE ACCOUNTS FOR MORE DEATHS GLOBALLY than human immunodeficiency virus/AIDS, tuberculosis, and malaria combined—more than 5 million deaths annually—and this is expected to increase to more than 8 million by 2030, with nearly 80% of those deaths occurring in developing countries.[1(pp13-14)] Beyond health effects, tobacco has dramatic social and economic consequences, consuming health care budgets, depriving families of wage earners, and hindering economic development. Tobacco consumption is shifting from industrialized to developing countries, spurred by increasing incomes, trade liberalization, and intensive marketing. This shift is well established among men and in Asia, Eastern Europe, and Latin America, with smoking in Africa projected to increase over the next decade.[2] Women are a major target of opportunity for the industry, which uses advertising tactics such as purse packs containing super-slim cigarettes.[3]

Although Congress empowered the US Food and Drug Administration to regulate tobacco domestically, the United States has failed to lead globally. The United States is among a small minority of countries that has signed, but not ratified, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) that 171 countries have ratified, covering 87% of the world's population.[4] In 2009, the United States dedicated only $7 million of the more than $8 billion it spent on global health to international tobacco control, principally for surveillance and capacity building.[5] Moreover, US trade policy supports and enables the industry to expand tobacco use overseas. Nearly every investment and trade agreement negotiated by the United States eliminates or reduces trading partners' tobacco tariffs and protects US tobacco companies' overseas manufacturing and investments.[5] In this Commentary, we argue for robust US engagement in global tobacco control, first explaining why it is in the national interest of the United States and then suggesting a comprehensive strategy.

US National Interests in Global Tobacco Control

Global Health Diplomacy. United States Secretary of State Clinton frames foreign policy as "smart power," with 3 pillars—defense, development, and diplomacy. The Global Health Initiative (GHI) stresses global health diplomacy designed to save lives and enhance US credibility. Foreign health assistance remains a rare area of political consensus, led first by President Bush's President's Emergency Plan for AIDS Relief and President's Malaria Initiative and now by President Obama's GHI. Yet the principal emphasis has been on infectious diseases, with modest expansion to maternal/child health, nutrition, and health systems. Given that smoking remains a leading cause of death in developing countries, the lack of US funding and engagement is counterproductive. Importantly, smoking in Eurasian countries of significant US geostrategic interest, such as China and Russia, poses a major health threat, potentially affecting political stability and trading capacity. Young Indonesian children smoking US-brand cigarettes tarnishes the stature of the United States. If health diplomacy is a key strategic priority, then global tobacco control must be as well.

Increased US Support for Global Tobacco Control Can Make a Difference. Tobacco use is one of the most preventable causes of illness and early death. Cost-effective, evidence-based tobacco control programs have succeeded in developed and developing countries. The FCTC, if adequately resourced and implemented, could offer the opportunity to sustainably avert millions of premature deaths.[6] FCTC implementation, however, has been slow. Less than 10% of the world's population is covered by any of the WHO recommended measures to reduce demand for tobacco (eg, taxation, marketing restrictions, and public smoking bans).[1(pp7-10)] The United States could close that gap, working multilaterally through WHO and across sectors with the Framework Convention Alliance.

Ineffective Collective Action Harms US Interests. Without effective collective action on tobacco control, governments unilaterally adopt their own regulations and taxes, breeding trade and investment disputes. For example, the tobacco industry claims that Australia's plain cigarette packaging regulations are in breach of that country's international trade obligations.[7] Similarly, the tobacco industry claims that a Uruguayan law requiring that health warnings cover 80% of the cigarette package undermines its investment rights.[8] Trade dis-

Author Interview available at www.jama.com.

Author Affiliations: Center for Global Development (Mr Bollyky) and O'Neill Institute on National and Global Health Law, Georgetown University (Mr Gostin), Washington, DC.
Corresponding Author: Thomas J. Bollyky, JD, Center for Global Development, 1800 Massachusetts Ave NW, Washington, DC 20036 (tbollyky@cgdev.org).

putes also threaten implementation of the Food and Drug Administration's much-expanded regulatory mandate for tobacco products. The absence of international coordination increases cigarette smuggling, which fuels smoking rates and harms US interests. Notably, an FCTC protocol on illicit trade is languishing, with difficulties in finding agreement on an effective multilateral approach. Cigarette smuggling provides opportunities for corruption and is a potential source of funding for terrorist organizations and organized crime.

New Strategies for US Engagement

Make Tobacco Control a Global Health Priority. Ratification of the FCTC would be the clearest signal of increased US commitment. Given the political community's disinterest in international law and the current political divisiveness, however, ratification is unlikely in the near term. Nevertheless, the Obama administration has wide scope to fully integrate tobacco control into the GHI and its development strategy. The 2011 G20 meeting in France and the UN High-Level Summit on Non-Communicable Diseases provide excellent opportunities for US leadership. Beyond the health and development sectors, the United States should refrain from seeking or granting tobacco tariff reductions and exclude tobacco-related investments from future trade and investment agreements.

Expand Resources for Global Tobacco Control. Tobacco control is underfunded, particularly in developing countries. Nearly 4 billion people live in low- and middle-income countries that spend less than $20 million annually combined on tobacco control.[1(p62)] Successful tobacco control programs require adequate and predictable resources. Excise taxes have been used to support other global health programs like UNITAID. The United States should seek a G20 commitment to institute a surtax on tobacco consumption. Surtax revenues should go into a dedicated fund administered by the WHO, World Bank, or an independent body modeled on the Global Fund. The surtax could be modest on a per-product basis, with WHO estimating that a $0.05-per-pack voluntary solidarity levy in high-income countries would generate $4.6 billion—more than quadrupling current global tobacco control funding.[9] Low- and middle-income countries also have the potential to levy increased tobacco taxes and must do so to reduce domestic consumption. The surtax funds should be invested in tobacco control expertise and capacity, with money from domestic tobacco taxation used to fund sustainable tobacco control programs.

Create Incentives for FCTC Implementation. Consistent with the GHI principle of local country "ownership," the United States should build the necessary incentives for outcome-driven, bottom-up approaches to complement the policy-driven, top-down FCTC approaches. The Center for Global Development's Cash-on-Delivery Aid concept, for example, encourages institution-building and local solutions whereby a funder and recipient agree on mutually desired outcomes, with payment tied to units of confirmed progress.[10] Here, the outcome could be linked key indicators in global tobacco surveillance surveys from WHO and the Centers for Disease Control and Prevention, with the G20 surtax funding the payments. Cash-on-Delivery Aid would align the incentives of local leaders with tobacco control objectives and increase appetites for improved surveillance and technical assistance.

Increase Technical Assistance, Surveillance, and Support. Tobacco control requires a mix of expertise and inputs—customs, taxation, regulatory reform, and program evaluation—that have not historically resided at the WHO or in regional or national health sectors. The United States should work with its G20 partners to use surtax resources to scale up technical assistance, which is squarely within developed countries' areas of expertise. The United States should seek to leverage and support international antitobacco activities at the Bloomberg Initiative, the Bill and Melinda Gates Foundation, and the Framework Convention Alliance, coordinating tobacco control with other donors such as the Global Fund and UN Women.

The Obama administration could transform the global health landscape and advance national interests through innovative tobacco funding, incentives, and technical assistance, while engaging bilaterally and multilaterally beyond the health sector in trade, finance, and development. A comprehensive global tobacco strategy could improve health prospects for the world's poorest individuals.

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