

TOBACCO

STRATEGY OVERVIEW

OUR MISSION

Guided by the belief that all lives have equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. Our Global Health Program supports this mission by harnessing advances in science and technology to save lives in poor countries. We focus on problems that have a major impact on poor people in the developing world, but get too little attention and funding. Where proven tools exist, we support sustainable ways to improve their delivery. Where they don't, we invest in research and development of new interventions, such as vaccines, drugs, and diagnostics. Our financial resources, while significant, represent a very small fraction of the overall funding needed to improve global health on a large scale. We therefore advocate for the policies and resources needed to provide people with greater access to health solutions. Strong partnerships are essential to our success in making a difference and saving lives.

THE OPPORTUNITY

Tobacco use is the leading cause of preventable death in the world today.¹ There are multiple cost-effective tobacco control interventions that are successful in preventing the initiation of tobacco use, reducing exposure to secondhand smoke, and encouraging smokers to quit. These include tobacco tax increases that raise the price of cigarettes for the consumer, enforcement of smoke-free environments, comprehensive bans on tobacco advertising and promotion, and graphic warning labels on cigarette packaging that increase knowledge of tobacco's harmful effects and change attitudes related to tobacco use.² Campaigns to change attitudes, knowledge and behavior related to tobacco use also play a strong role and drive support for policy change interventions. The four policy changes outlined above come at low cost to governments; in fact, tax reform provides an opportunity to generate revenue that can in turn be invested in public health.

The importance of tobacco control interventions and their impact is increasingly being recognized across the world. Clean indoor air smoking policy (protection from secondhand smoke) is included in the 12th Five-Year Plan (2011-2015), the first time China has put smoking control into its national economic and social development program. Cities such as Mexico City, Mexico; Abuja, Nigeria; and Beijing, China, have implemented smoke-free laws and regulations. The Philippines enacted a ban on tobacco advertising in all forms of mass media. In Thailand, graphic warning labels have benefited consumers, with 53 percent stating that the labels made them think about the health risks "a lot," and 44 percent stating that the labels made them "a lot" more likely to quit.³ Niger introduced graphic warning labels covering 50 percent of the front and back of cigarette packs and banned point of sale displays.

Globally, despite this progress, more than 1 in 4 adults—1 billion people—smoke.⁵ Unless they quit, half of these smokers will die.⁸ Almost 6 million people worldwide are killed annually by tobacco. This includes 600,000 non-smokers who are exposed to secondhand smoke—165,000 of whom are children.^{5,6} If current trends continue, tobacco will cause 8 million deaths annually by 2030—80 percent of them in developing countries.⁵ Tobacco use, as well as exposure to secondhand smoke, is associated with lung disease, cancer, heart disease, low birth weight, stillbirths, increased mortality in tuberculosis patients, and many other problems. Smokers also put families at risk of sliding into poverty due to poor health and premature death.

In 2003, the World Health Organization (WHO) adopted its first international global health treaty, the Framework Convention on Tobacco Control (FCTC), which compels its signatories to take strong, specific actions to reduce smoking. With 174 signatory countries covering 87.4 percent of the world, the FCTC is one of the most widely embraced treaties in UN history; tobacco control policies in many signatory countries have been strengthened.⁷

OUR STRATEGY

Our aim is to significantly reduce tobacco-caused death and disease in developing countries by preventing the initiation of new smokers, decreasing overall tobacco use, and reducing exposure of the most vulnerable people to secondhand smoke. Specifically, we hope to help prevent the onset of the tobacco epidemic in Africa before smoking prevalence nears 60 percent, as it has in many parts of Asia, Latin America, Europe and the U.S. In China, India, and Southeast Asia, our investments are aimed at reducing tobacco-related death and disease and supporting local champions for tobacco control. We believe that when policy change approaches are combined with campaigns to change social norms they are mutually reinforcing and lead to more significant and sustainable change. Our four priority policies (tobacco tax, protection from secondhand smoke, advertising bans, and graphic warning labels) fall within the provisions of the FCTC and we support accelerated adoption of these treaty measures while also making countries accountable to their FCTC commitments.

While not a primary focus of our strategy, clinical cessation services play a critical role in limiting overall death and disease. We applaud the efforts of our partners and other organizations that are working to help people reduce their tobacco consumption. We also recognize the importance of other areas of tobacco control, such as alternative crops to support tobacco farmers and addressing cross-border smuggling. We consider these gaps as we strategically decide how to use our limited funds most effectively to reduce tobacco use.

INTERVENTION AREAS

Prevent tobacco use in Africa

As incomes rise in a young and growing Sub-Saharan population, evidence shows that tobacco use could double in the coming years if strong tobacco control measures are not implemented.⁹ Between 1995 and 2000, the tobacco consumption rate rose by 2.7 percent in the developing world overall; in Sub-Saharan Africa, the rate rose by 3.2 percent. In Senegal, 4.78 billion cigarettes were consumed in 2009, an increase of 218.7 percent since 1990. Though the majority of governments in Sub-Saharan Africa have committed to the WHO FCTC,⁷ tobacco control remains a low health priority for many African governments, as they are faced with a myriad of other health problems and lack data on the burden of tobacco related death and disease.

Given the early nature of the tobacco epidemic in Africa, now is a critical time to invest in campaigns and research to support policy and social norm change. We must show governments the win-win of tobacco control interventions

that save lives and raise much needed revenue for health and development.

In July 2008, Bill Gates and New York City Mayor Michael Bloomberg launched a partnership with a commitment of \$375 million (U.S.) for the Bloomberg Initiative to Reduce Tobacco Use (Bloomberg Initiative). We continue to invest in the Bloomberg Initiative, which has catalyzed the global effort to fight tobacco use since 2006. Recognizing the need to increase our advocacy efforts in Africa and to obtain more and better data on tobacco, our investment supports the Campaign for Tobacco Free Kids, Global Youth Tobacco Surveys (GYTS), and Global Adult Tobacco Surveys (GATS) through the Center for Disease Control Foundation, among other projects.

We are also supporting two resource centers in Africa through the American Cancer Society (ACS) sponsored African Tobacco Control Consortium (ATCC) and the WHO sponsored Center for Tobacco Control in Africa (CTCA) at the Makerere University College of Health Sciences School of Public Health. These centers will provide technical assistance, mobilize resources, and build capacity to implement sustained tobacco control interventions that prevent further increases in tobacco use prevalence in Sub-Saharan Africa. They will also represent a cross-sector partnership of governmental and nongovernmental organizations (NGOs) throughout the region. We are also supporting economists at the ACS and WHO to work with governments, advocates and African researchers on the economics of tobacco control.

Reduce tobacco use in Asia

Given the high burden tobacco use places on the health of people in India, China and Southeast Asia, we are focused on country-level efforts to substantially reduce tobacco use. China is the world's largest producer and consumer of tobacco. An estimated 27 percent of China's population—over 350 million people—smoke.⁵ One million Chinese die every year of tobacco-related illnesses. Over the past 30 years, deaths from lung cancer have increased 465 percent and are now responsible for one out of every five cancer deaths in China.¹⁰ As many as 100 million Chinese men currently under age 30 will die from tobacco use.¹¹ In India, the situation is similarly dire. 48 percent of men use tobacco products¹², and about a quarter of deaths among middle-aged men are caused by tobacco.¹³

In China, our focus is on encouraging policy change and increasing public awareness of the dangers of tobacco use. Driving toward these goals, we are working with the Red Cross Society of China to increase support for tobacco control among China's leaders, and to help shift the behavior

of both smokers and non-smokers so that smoking becomes undesirable and unacceptable. Complementary to this, we are funding a project through Emory University to build sustainable, comprehensive city-level tobacco control programs designed to prevent initiation among youth and women; promote quitting among adults and youth; and eliminate exposure to second hand smoke. The project is also building national resource centers that can provide expertise in developing tobacco control programs. We have also established a partnership with the Baidu Charitable Foundation that will expand our efforts to highlight the risks of tobacco use in China, a country where, according to the 2010 Global Adult Tobacco Survey (GATS), only 21.2 percent of smokers believe that smoking causes lung cancer, heart attack or stroke. We also continue to work with the Bloomberg Initiative in the region to support their current projects and build national champions.

To reduce tobacco use in additional high-burden Asian countries, we are funding the Southeast Asia Tobacco Control Alliance, which encourages regional collaboration and provides technical assistance in support of specific, focused efforts in Indonesia, Cambodia, Lao PDR, Philippines and Vietnam to change public attitudes about tobacco and reduce tobacco use. The project also aims to demonstrate the effectiveness of increased tobacco taxes and graphic pack warnings; this in turn can support future expanded policy change.

In India, we are working with partners to reduce the health burden of tobacco use. We are supporting the Public Health Foundation of India in piloting district-level tobacco control initiatives which can in turn serve as a model for the strengthening and scale-up of tobacco control programs. Additionally, a grant is underway to St. Michael's Hospital which seeks to reduce premature deaths from tobacco use in the next few decades by supporting tobacco control policies that reduce tobacco use among current smokers.

Build the evidence base

Without accurate information on the size and nature of challenges and successes in tobacco, governments in developing countries are understandably reluctant to spend more on tobacco control and lack the technical expertise to draft effective policies. In partnership with the Bloomberg Initiative, we are supporting a number of efforts to provide policymakers with the evidence base for increased tobacco control. Our investment has supported the development and launch of a series of papers that detail the economic impacts of tobacco in ten countries, including Indonesia, Russia, Ukraine, China, Mexico, Vietnam, India—bidis (an inexpensive cigarette common in South Asia), India—general, Egypt and Turkey. These reports are now used by

advocates to educate the government and public on tobacco taxation as a tool to reduce tobacco use and save lives. In Egypt and Turkey, these papers were used to develop a new tobacco excise tax system and raise existing tobacco taxes.

CHALLENGES

Over the last several years, tobacco companies have increasingly marketed their products to people in the developing world. Not only is there a relatively untapped market in countries throughout Sub-Saharan Africa, but many countries lack government regulation and their citizens are not fully aware of the harms of tobacco. As a result, tobacco companies are able to market and promote their products to the most vulnerable, including children and women. Companies give away free packs or single regular, low tar and light cigarettes, many times in connection with sports, music, and other events, and market their cigarettes as stylish, sexy and a way to express independence.

Funding to support the involvement of NGOs, health professionals, and other advocates in smoke-free initiatives is lacking in the developing world. Tobacco control efforts are typically underfunded and, when funding is available, programs are not integrated fully into other health initiatives in the world's poorest countries. Furthermore, many countries lacking tobacco control measures also grow tobacco and produce tobacco products, giving the industry enormous influence there. Leadership at the country level and funding for NGOs, health professionals, and other advocates are needed to catalyze change and continue momentum for tobacco control efforts in the developing world.

WHAT WE'RE LEARNING

Advocates, researchers, NGOs, donors, multi and bilateral, and government workers that have leadership or expertise in tobacco control are critical to reducing tobacco use; however, these constituencies need to improve coordination and continue to expand. The potential for catalyzing significant support for prevention of tobacco use is great, and we need to build the capacity of these individuals to further its momentum and maximize the impact of our investments. In Sub-Saharan Africa, our future investments will aim to strengthen the capacity of advocates, NGOs, civil society, academia, and governments to engage in reducing tobacco use by educating the public on the harms of tobacco and by providing the technical assistance, training, and mentoring opportunities necessary to advocate for tobacco control. We will promote African participation in decision-making and technical assistance

from African and developing-world experts who have successfully implemented tobacco control measures.

Through our work with the Bloomberg Initiative, we are also learning that models of tobacco control that were successful in Western countries such as the United States are not always readily accepted or equally successful in other countries. Each country needs local information and data to support its case to governments—and to counter the tobacco industry’s promotional campaigns. Countries need new and updated economic analysis on tax policy, burden of disease, and recent data on consumption. Countries also need to understand the consequences of tobacco on their health and economies. To address this challenge, we will continue to support the development of advocates and strengthen NGOs globally, increase the public’s understanding of the importance of tobacco control policy, and fund measures to assess tobacco use prevalence through new and existing, on-going country surveys.

THE WAY FORWARD

The global tobacco control community has been rejuvenated by the resources generated from the Bloomberg Initiative, the Bill & Melinda Gates Foundation, and other important donors including the U.S. National Institutes of Health, Australia, the Canadian Institutes for Health Research, the European Commission, the International Development Research Center, the United Kingdom, and the Pfizer Foundation. The tools are in place to dramatically reduce tobacco use, and evidence shows what works. Now all that’s need is the public knowledge on the harms of tobacco, better understanding of the most effective policy interventions, the political will to make change and coordinated action to implement those tools. This will require the dedication of all our government, donor, private sector, nongovernmental, and community partners. We look forward to working with them and engaging new partners and donors, to achieve a tobacco-free world.

TO LEARN MORE

About the Global Health Program:
www.gatesfoundation.org/global-health

About Tobacco: www.gatesfoundation.org/tobacco

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Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people’s health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Jeff Raikes and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

For additional information on the Bill & Melinda Gates Foundation, please visit our website: www.gatesfoundation.org.

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