BURNING PROBLEMS, INSPIRING SOLUTIONS

Sharing lessons on action against tobacco and fossil fuels

NCD Alliance

10 YEARS 2009-2019

IISD International Institute for Sustainable Development

Global Subsidies Initiative

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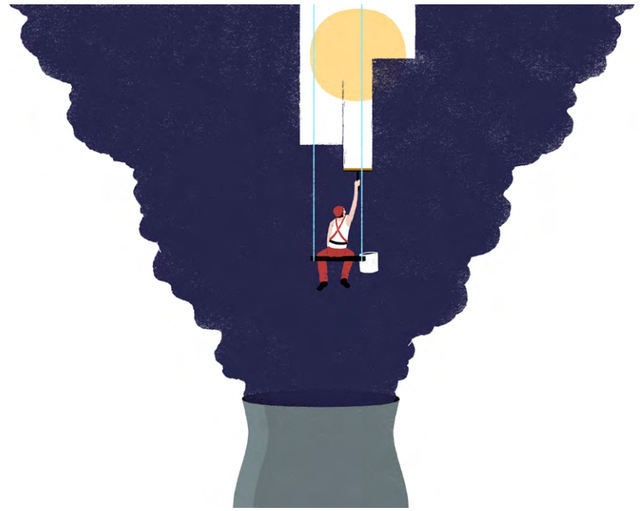
Report written by
Lourdes Sanchez (IISD), Ivetta Gerasimchuk (IISD), and Jessica Beagley (NCD Alliance)



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Foreword

We now know that toxic air pollution, largely caused by the burning of fossil fuels, seeps into every organ of the body. It even finds its way past the placenta into unborn babies. This pollution contributes to a wide range of debilitating chronic illnesses and causes over seven million premature deaths each year, with children the most endangered.

Air pollution is now more deadly than tobacco smoking. Yet unlike smoking tobacco, the nine out of ten of us who are breathing toxic, health-damaging air do not do so by choice.

Carrying on along this trajectory is irresponsible and absolutely unacceptable. We know we can tackle climate change and air pollution at the same time: it is an indisputable fact that addressing the causes of air pollution — made more feasible thanks to the exponentially declining costs of renewable energy and battery storage technology — results in immediate health benefits and helps preserve our future climate.

The case studies evaluated in this report offer compelling examples of mechanisms to restrict the production and consumption of fossil fuels, which must be achieved with absolute urgency.

The global economy has to be at net zero emissions by 2050 at the latest. This is not a dream or an ideology it is an imperative. The consequences of not reaching that goal are so threatening to our health and to life on this planet that we cannot even contemplate the possibility of failure.

I urge all political leaders to read this report and take immediate action to clean up our air.

Christiana Figueres,
Former Executive Secretary of the United Nations Framework Convention on Climate Change and Founding Partner, Global Optimism

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Tools examined in the case studies

Frameworks · Economic · Command & Control · Communications

Introduction

Fossil fuel[1] extraction and combustion drive some of the world's most burning problems for humans and the planet: air pollution, climate change, and the interlinked global health and environmental challenges (Blanco et al., 2014; United Nations Environment, 2019; World Health Organization, 2018a). Air pollution in particular, due to the current dominance of fossil fuels in transport and energy systems, leads to non-communicable diseases[2] (NCDs), especially cardiovascular diseases, chronic respiratory conditions and some cancers, as well as other health issues, such as acute respiratory infections (Figure 1) (Schraufnagel, 2019; WHO, 2018d).

Furthermore, a rapidly changing climate has dire implications for every aspect of human life, exposing vulnerable populations to extremes of weather, altering patterns of infectious disease, and compromising food and water security (Watts, 2018). Due to the multiple interlinkages (see Figure 1), there has been increasing interest in cooperation among the health, air pollution and climate communities. Linkages between air pollution and health have been studied for several decades, but the climate community has only joined these discussions more recently.

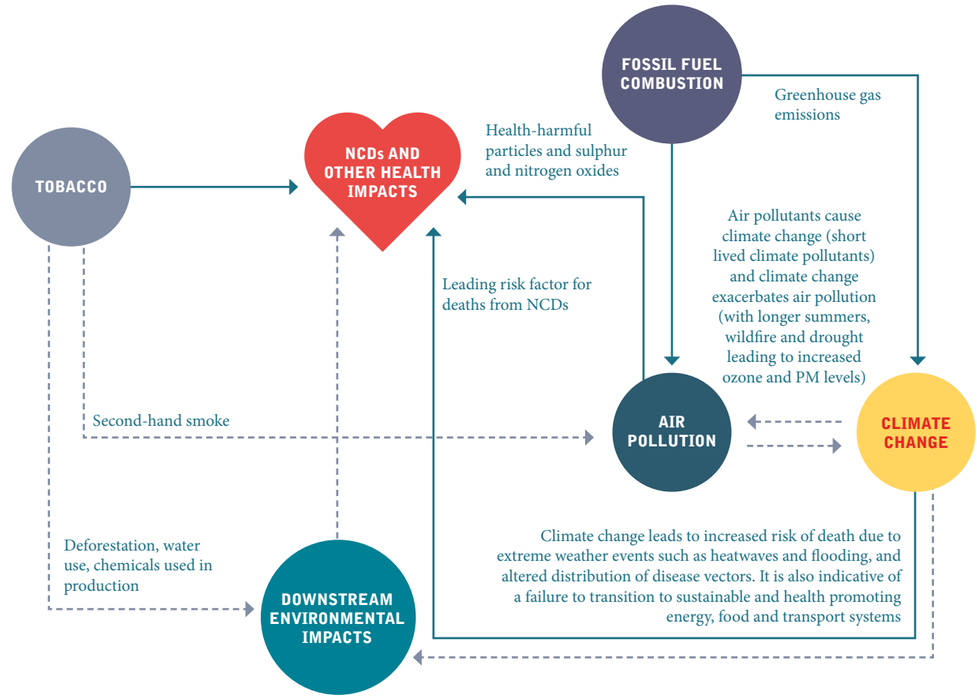
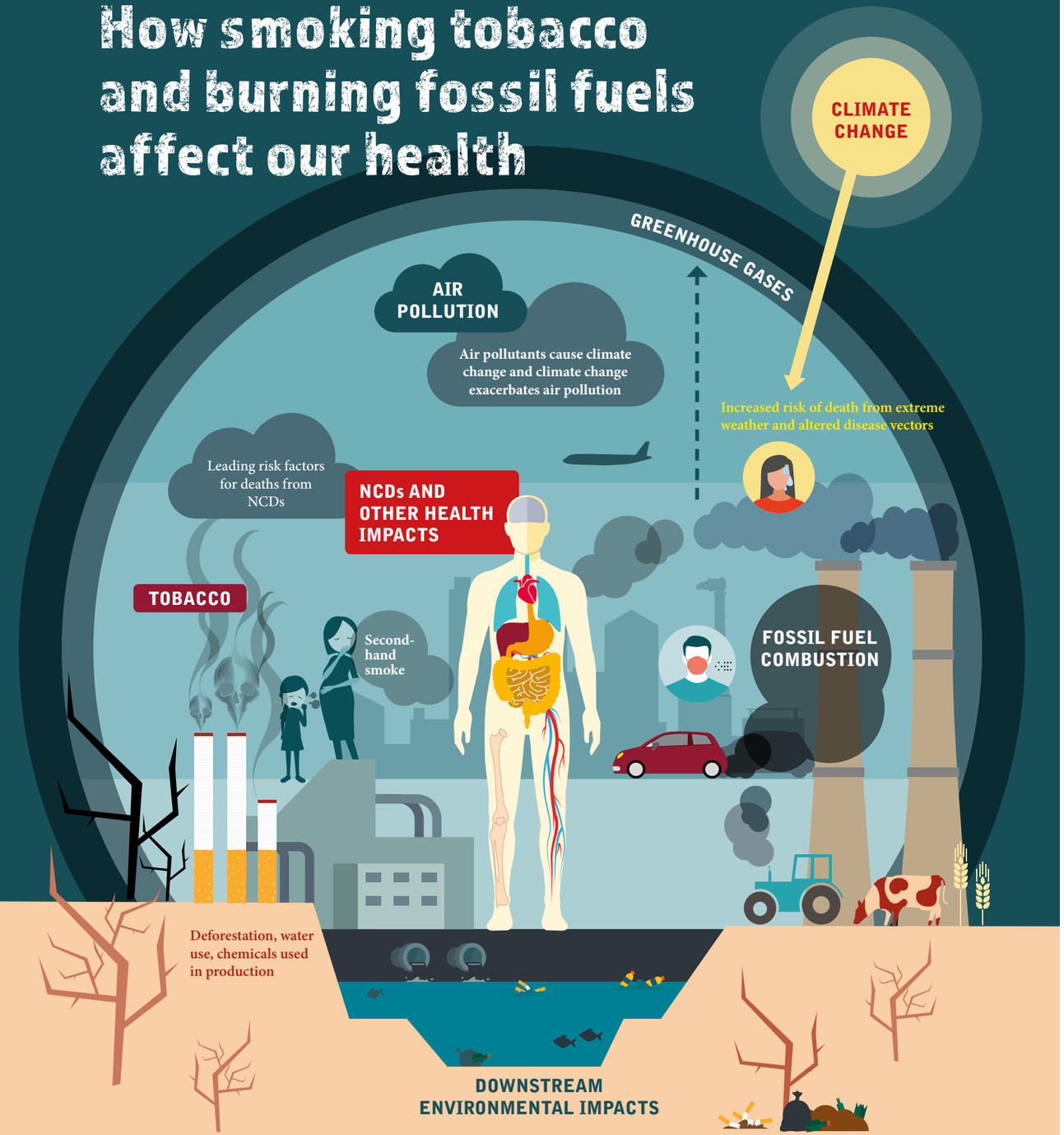


Figure 1. Climate Change, Air Pollution and Health Nexus[3]

1 Raw fossil fuels include oil, gas, and solid fuels (peat, lignite, sub-bituminous or brown coal, and bituminous or black coal or anthracite). For the purposes of this paper, the notion of fossil fuels is extended to include electricity and heat generated with raw fossil fuels. Emissions from fossil fuel combustion as well as dust from coal production and transport are one of the major, but not a single source of air pollution. The degree to which fossil fuels account for air pollution differs by location.

2 In 2018, the third United Nations High-Level Meeting on NCDs recognised indoor (household) and outdoor (ambient) air pollution as a major risk factor for NCDs, alongside tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity (United Nations, 2018). See Text Box 1.

3 In Figure 1, links in solid lines indicate those which are discussed in this report, while dotted lines indicate those which are relevant to the topic of this paper but not explicitly discussed. Similarly, the downstream environmental impacts of both tobacco and fuel consumption are not examined in detail in the paper, but the report authors recognise that these are relevant and cannot be neglected.



Joining forces can increase support, public acceptance and the success of implementation of individual solutions to air pollution, climate and health challenges. Moreover, some of the solutions can generate triple wins: for climate, for air quality and for health. Furthermore, some of the solutions, although each one has its nuances depending on the sector, can be similar in nature on the design and implementation level (e.g. information campaigns and setting appropriate prices for certain commodities). Exchange on local, national, regional and international solutions among health, air pollution and climate professionals can offer inspiration and lessons learned.

This report focuses on one particular area of such cross-pollination: action on air pollution and climate change through the regulation of fossil fuels on the one hand and tobacco control on the other.

Tobacco control is an area of special interest for two reasons. First, in terms of the health burden, the scale of the problem is comparable to that of air pollution. Tobacco smoking and air pollution are leading causes of death worldwide, causing eight million and seven million deaths per year, respectively (Prüss-Ustün et al, 2019; World Health Organization, 2019a). Healthcare expenditure due to smoking-attributable diseases totalled US $422 billion in 2012, while the total economic cost of smoking (health expenditures and productivity losses together) totalled US $1.4 trillion (Goodchild et al, 2017). Premature deaths due to air pollution in 2013 cost the global economy about US $225 billion in lost labour income, and the exposure to air pollution cost approximately US $5.11 trillion in welfare losses worldwide - equivalent to the gross domestic product of India, Canada, and Mexico combined (WHO, 2018b and World Bank, 2016). Current estimates of mortality due to climate change are highly conservative (250,000 deaths annually from 2030-2050)[4] but are likely to increase rapidly in future years, and with health costs alone estimated to be between US $2-4 billion/year by 2030 (World Health Organization, 2018). The impact of these challenges on sustainable human and economic development is irrefutable. Second, tobacco control has scored significant successes in both developed and developing countries[5] (World Health Organization, 2019), and there are efforts being made to replicate them in restricting the production and consumption of other unhealthy commodities (see Text Box 1) (Taylor, 2019).

TEXT BOX 1

Unhealthy Commodities

The term 'unhealthy commodities' was initially used by the health community to refer to NCD-causing tobacco, alcohol, sugar-sweetened beverages ('soft drinks'), and processed foods that are high in salt, fat, and sugar (Stuckler, McKee, Ebrahim, & Basu, 2012). 'Unhealthy' generally refers to the direct impact of products on the personal health of the consumer.

For the purpose of this report, the term 'unhealthy commodities' is also used to refer to fossil fuels, aligned with the recognition by the World Health Organization and the United Nations of air pollution as a leading risk factor for NCDs (United Nations, 2018), and of fossil fuel combustion as one of the main drivers of air pollution (United Nations, 2018; United Nations Environment, 2019; World Health Organization, 2018a, 2018b). However, current infrastructure necessitates fossil fuels to cover a large proportion of the global energy needs, whereas other unhealthy commodities, such as tobacco, are not a basic need (see more in **Text Box 2**).

The scale of air pollution and greenhouse gas (GHG) emissions driving climate change depends on the type of fossil fuel and its combustion technologies. Of all fossil fuels, and ranked per unit of energy produced, coal is the most polluting and most intense driver of climate change, followed by diesel, other oil and gas products, and natural gas.

For all fossil fuels, air pollution can be reduced through technical solutions, such as air scrubbers, or switching from subcritical to supercritical and ultra-supercritical technologies. However, such air pollution reduction technologies have been deployed only to a limited extent and are considerably more expensive than conventional oil and coal technologies. In view of the plummeting costs of renewables, the viability and feasibility of technologies to reduce air pollution from fossil fuels increasingly comes into question (Kubik, 2019).

4 This WHO estimate is based on only four climate-sensitive causes of death: malnutrition, malaria, diarrhoea and heat stress, due to the methodological issues of quantifying the health burden of climate change.

5 In this report, countries are categorised as 'developed' and 'developing', a classification which is commonly used in the energy sector. In the health sector, the terms 'high-, middle- and low-income' are more usual. In seeking to unify language across sectors, the authors use 'developed' and 'developing' in the hope that this can be understood by a range of audiences.

This report has been prepared for both health and environmental audiences, including policymakers, NGOs and academics. Its objective is to facilitate a common language and vision by sharing similarities between tobacco control, air quality improvement and climate change mitigation. It discusses local, national and international measures that can be employed to restrict the production and use of tobacco, on the one hand, and fossil fuels, on the other. While the differences between these two commodities and the sectors that regulate their use are important to bear in mind (see Text Box 2), this should not stand in the way of mutual learning and collaboration. This report can also serve as a background for identification of effective measures to improve air quality and mitigate climate change through the creation of pro-health policies that regulate tobacco and fossil fuels.

The report draws on a review of the existing literature complemented by interviews and feedback from 39 experts from both tobacco control and environmental fields (see acknowledgements, page 4). Following this brief introduction, the report is structured around 19 case studies relating to nine key measures employed to address tobacco control, climate change and air quality, and concludes with a set of recommendations.

TEXT BOX 2

Commonalities and Differences Between Tobacco and Fossil Fuels

Both tobacco smoking and fossil fuel combustion lead to non-communicable diseases (NCDs) caused by inhalation of toxic particles. Such NCDs include heart disease, stroke, chronic obstructive pulmonary disease, and lung cancer (Neira, Prüss-Ustün, & Mudu, 2018). The scale of tobacco's negative impacts on health as well as that of the climate change threat has necessitated international cooperation, including negotiation of global treaties and targets under the UN Sustainable Development Goals. For both tobacco and fossil fuels, phase-out is met with strong resistance from the respective industries and requires transition solutions for workers and communities that depend on the production of unhealthy commodities. Phase-out of these unhealthy commodities is impeded by human addiction to nicotine as well as long-term 'lock-in' effects of investments in fossil fuel infrastructure.

Populations beyond those consuming the unhealthy commodities, whether tobacco or fossil fuels, can also experience adverse effects. Children are often among the worst affected, further increasing the perception of these impacts as a social injustice and a tragedy. Of the 1.2 million deaths every year from second-hand smoke, 65,000 are children (World Health Organization, 2019), while more than half a million children die every year from the effects of air pollution (World Health Organization, 2018c). These impacts can provide a powerful narrative to drive regulatory action.

However, there are also important differences between tobacco and fossil fuels:

- Tobacco smoking does not serve a socially justifiable need, and therefore regulators eradicating tobacco use have no duty to offer alternative products satisfying the same need. In contrast, fossil fuels meet society's need for energy, and therefore regulators of fossil fuels should deliver affordable and accessible alternatives.
- The political power of the fossil fuel industry is greater than that of tobacco companies, due to the larger role of fossil fuels in the economy. Furthermore, a far higher share of the population consumes fossil fuels (through transportation, cooking, etc.) than uses tobacco.
- While the main impacts of tobacco use directly affect the consumer on an individual basis (with the exception of second-hand smoke), consuming fossil fuels anywhere in the world has a global impact through climate change, and air pollution can travel across cities, countries and regions. The effects of consuming tobacco are of a much smaller reach.

While political barriers to designing and implementing tobacco control measures should not be underestimated, for the above reasons, confronting fossil fuels is more difficult. A more realistic political strategy may necessitate sequencing of actions by fossil fuel type, depending on the pollution and GHG emission factors: beginning with coal, and followed by diesel, other oil and gas products, and natural gas.

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Tools for regulating unhealthy commodities

There is a wide range of approaches and tools to regulate the production and use of unhealthy commodities. At the very high level, regulation starts through political will from governments and businesses. At a more practical level, political will translates into framework statements and commitments. Frameworks include foundational documents such as strategies, programmatic documents and conventions.

These frameworks have to be operationalised with mechanisms including economic and command-and-control tools, as well as public communications. Economic tools include taxes and the removal of subsidies, as well as financial regulations designed to disincentivise production and use of unhealthy commodities. Command-and-control tools include health and environmental standards, codes, quotas, bans, phase-outs and licenses. Underlying these tools there are different legal documents that can also provide for legal action, including cases initiated by various stakeholders. Figure 2 illustrates this toolbox of measures.

In most cases, regulations of unhealthy commodities come from governments. However, financial institutions (private, public and international) can have an impact through diminishing financial support to fossil fuel and tobacco sectors. All types of tools in Figure 2 can work at subnational, national and international levels. Furthermore, these tools can work across different elements of the unhealthy commodities value chains, from 'upstream' production of raw fossil fuels and tobacco to their processing, marketing and consumption leading to 'downstream' effects including negative impacts on health, air quality and climate.

These tools and can be combined and deployed in parallel for better results. In practice, many measures addressing tobacco, air pollution and climate change are hybrid or cross-cutting, combining frameworks, economic, command-and-control, and communication instruments and working at various levels of jurisdiction.

To exemplify the tools, the next sections present some pro-active practices in tobacco control and the regulation of fossil fuel consumption and production, as well as the impacts on air quality and climate change. The different examples and the types of tools that apply are mapped in Table 1[6]. The case studies presented in this report do not cover all of the possible types of approaches and tools for the regulation of unhealthy commodities[7]. However, they have been selected in a way to represent different types of countries (both developed and developing), jurisdictions (subnational, national and international), and tools (frameworks, economic, command-and-control and communications). In each category in Table 1, at least one case study is related to tobacco, and one to fossil fuels. For each case study, a brief background is provided, followed by an exploration of strengths and weaknesses. This report closes with the main learnings and conclusions drawn from these case studies.

Figure 2. Tools for Action on Tobacco Control, Air Pollution and Climate Change

6 Note that several tools can apply to some of the examples presented in this report. However, for simplification, only the one or two most relevant tools have been highlighted in the table.

7 In particular, legal challenges against the tobacco and fossil fuel industry have been instrumental in advancing tobacco control and climate action. However, they remain out of scope of this paper.

TABLE 1. Case Studies and Featured Tools

Frameworks · Economic · Command & Control · Communications

TEXT BOX 3

Positions of Different Interest Groups

There are different interest groups that may take distinct positions in the development of regulations on tobacco, air pollution and climate. Two examples are especially noteworthy.

Industry influence and resistance

Unhealthy commodity industries are often especially active during the development of national legislation or international agreements. They typically oppose any regulations that might incur additional costs to them or limit their markets. In doing so, unhealthy commodities industries can dispute scientific evidence (e.g. that smoking tobacco leads to cancer and that climate change is driven by anthropogenic emissions). They also can cite their contribution to the economy and employment, without due consideration to the costs saved nationally and internationally through protecting human and planetary health. This makes the case for the need for regulators and negotiators to remain independent from the influence of unhealthy commodity industries.

Differing priorities between developing and developed countries

Developing countries reap significant benefits from production of both tobacco and fossil fuels, and furthermore are often reliant on cheap energy sources to support their populations. In the case of fossil fuels, developed countries have benefitted from rapid economic growth for decades, in part due to industrial processes using fossil fuels and thus contributing to climate change from their early days of industrialisation. Developed countries also have more resources to transition to clean energy. There is thus a need to balance the interests of developing and developed countries, when concerning measures to phase out fossil fuels and when considering the transfer of funds from developed to developing countries.

1

International agreements

International agreements emerge when a number of countries coordinate to solve a particular problem that requires bilateral or multilateral efforts. International agreements can elevate such issues of cross-country cooperation and thus provide a valuable mechanism to ensure that even countries with less capacity or ambition are aware of the issue and potential solutions. Hence, international agreements often provide standards that ensure some degree of action is taken by all countries.

International agreements reflect inputs from many countries, and therefore they most frequently offer a balance between consensus and ambition. While international agreements add great strength to international coordination, negotiations may last years or even decades, and do not offer a substitute for more immediate action. Furthermore, international commitments have different levels of operationalisation, ranging from frameworks and aspirational documents to specific and legally binding commitments with or without penalty clauses.

The following case studies present and evaluate the WHO Framework Convention on Tobacco Control (WHO FCTC), the Convention on Long Range Transboundary Air Pollution (CLRTAP) and, in the absence of a specific framework for fossil fuels, the United Nations Framework Convention on Climate Change (UNFCCC). These conventions are not the only ones addressing health-damaging environmental issues. For example, the Vienna Convention for the Protection of the Ozone Layer (adopted in 1985), with its Montreal Protocol (an international treaty originally agreed in 1987, which provided the framework necessary to create regulatory measures), is a successful one.

The Montreal Protocol addressed production and consumption, trade between non-parties, and financial support, and it has not only succeeded in controlling ozone-depleting substances, but has also made positive contributions to climate change. Its last amendment, known as the Kigali Amendment to the Montreal Protocol on Substances that Deplete the Ozone Layer, entered into force on 1 January 2019, following ratification by 65 countries. According to the United Nations Environment Programme (UNEP), it should prevent further global warming by up to 0.4°C this century. (Leone, 2019).

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1A
CASE STUDY

WHO Framework Convention on Tobacco Control (WHO FCTC)

Background

The WHO Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly in May 2003 and entered into force in February 2005. The stated objective of the WHO FCTC is to 'protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke…', with Parties showing a shared determination 'to give priority to their right to protect public health'. (World Health Organization, 2003). Initial coordination between a coalition of several countries led to the elevation of discussions at global level and culminated in the adoption of the WHO FCTC. At the time, the tobacco industry was formally excluded from the process[8]. The conditions under which the WHO FCTC were negotiated were therefore unique, and would be challenging to replicate for any other unhealthy commodity.

The FCTC includes measures to reduce both supply and demand of tobacco, including price and tax measures, marketing and sponsorship, packaging, illicit trade and sale to minors.

There are currently 181 'Parties' (i.e. countries who have acceded to or ratified the WHO FCTC), covering 90% of the world's population. The governing body of the Convention is the Conference of the Parties (COP), which comprises all Parties to the Convention and typically meets every two years. The COP regularly reviews the implementation of the WHO FCTC and takes the decisions necessary to promote its effective implementation.

8 Under the terms of World Health Assembly (WHA) resolution 52.18 in 1999, which established the negotiating body, non-State entities had to be in established or official relations with WHO to take part in the negotiations, thus disqualifying the tobacco industry.

1A
CASE STUDY

STRENGTHS

WHO FCTC is legally binding: all 181 Parties are legally bound by its provisions. It has resulted in significant and rapid adoption of tobacco control measures at the domestic level. As a legal and normative instrument, the WHO FCTC can support Parties facing legal challenges in many ways, including limitations on commercial rights or interests (Zhou et al, 2019).

Despite being called a "framework convention", the WHO FCTC dives deep into the regulation of tobacco, equipping its signatories with specific tools.

The WHO FCTC sets a clear limit to the participation of the tobacco industry in public health policymaking and implementation, notably through the article 5.3, which states that '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'. Furthermore, delegates at WHO FCTC COP meetings are obliged to declare any potential conflict of interest prior to participating.

The evidence-based nature of the WHO FCTC, supporting the specific measures contained, has been valuable when responding to suggestions by the tobacco industry that certain measures are unnecessary or ineffective.

The WHO FCTC regulates the unhealthy commodity (tobacco) directly, rather than a secondary effect (as in the case of the UN Framework Convention on Climate Change, which considers the secondary effects from fossil fuel combustion and from other processes and activities).

An impact assessment of the WHO FCTC concluded that 'remarkable developments' had been made in tobacco control in the decade since the WHO FCTC entered into force (WHO FCTC, 2016). In 2018, the COP adopted a Medium Term Strategic Framework (MST), oriented towards the voluntary global target of "a 30% relative reduction in the age-standardised prevalence of current tobacco use in persons aged 15 years and over by 2025", which will serve to enhance focus and action in tobacco control globally (WHO FCTC, 2019).

WEAKNESSES

While the FCTC is legally binding, the FCTC Conference of the Parties is only now discussing how to monitor and reduce non-compliance. Rather, the WHO FCTC supports action at the national level and cooperation between its Parties, and can be cited as defence in cases brought by the industry against governments.

The WHO FCTC was drafted before e-cigarettes/new vaping devices came onto the market and hence does not address them. Such devices are seen by some public health authorities to be a safer form of nicotine delivery and a viable tool to reducing smoking - whereas others see it as a route for youth into nicotine addiction (Bareham et al, 2016; Newton et al, 2018). As a result, WHO FCTC Parties are unlikely to reach a global consensus on a regulatory approach to such products.

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1B
CASE STUDY

Convention on Long Range Transboundary Air Pollution (CLRTAP)

Background

The Convention on Long-range Transboundary Air Pollution (CLRTAP) was signed in November 1979 in Geneva by 32 countries of the pan-European region during a high-level meeting within the Framework of the UN Economic Commission for Europe (UNECE) on the Protection of the Environment, with the main purpose of combating acid rain (UNECE, n.d.b). It entered into force in 1983 and since then it has been ratified by 51 Parties. Eight protocols identify specific measures to be taken by Parties to cut their emissions, including measurement and modelling data and information on the effects of air pollution on ecosystems, health, crops and materials. Over the years, the number of substances covered by the Convention and its protocols has been gradually extended, notably to ground-level ozone, persistent organic pollutants, heavy metals and particulate matter (UNECE, n.d.b).

STRENGTHS

The CLRTAP has a large number of UNECE Member State Parties and a well-established secretariat, hosted by UNECE. Fossil fuels and the petroleum industry are covered by the Convention protocols as sources of air pollution.

The Convention defines regional cooperation among Parties to share best knowledge, practices and technologies (Yamineva & Romppanen, 2017). It is complemented by a series of protocols setting national emissions reduction targets for specific pollutants. It provides a scientific basis for decision making through a series of scientific and technical programmes established by the CLRTAP (Johansson et al., n.d.). For example, a Joint Task Force was set up together with the WHO to assess the impacts of transboundary air pollution on human health and provide supporting documentation (World Health Organization, 2019b).

WEAKNESSES

Even though the CLRTAP has made significant improvements through time in its mandate – evolving from tackling single pollutants and problems (e.g., SO_2 and acid rain) to covering a larger number of pollutants– it 'still faces limitations in relation to funding, participation, implementation procedures, etc.' (Byrne, 2015). The Convention is also limited to UNECE members, being less effective than if it was applied globally.

In its Emissions database, there is no measure of particulate matter (PM) (UNECE, n.d.a), even though its negative health effects are recognised[9] (UNECE, 2018).

9 According to the WHO, "PM is a common proxy indicator for air pollution", "affects more people than any other pollutant" and is "most closely associated with increased cancer incidence, especially lung cancer." (WHO, 2018d)

1C

CASE STUDY

United Nations Framework Convention on Climate Change (UNFCCC)

Background

The United Nations Framework Convention on Climate Change (UNFCCC) was one of the three Rio Conventions adopted at the Earth Summit in 1992. The UNFCCC entered into force on 21 March 1994 and today has near-universal membership (197 members) (United Nations Framework Convention on Climate Change, n.d.a). It acts as a "platform to collect, synthesize and disseminate information" (Bhushan, 2019).

The first concrete tool of the UNFCCC to address climate change was the Kyoto Protocol, a top-down agreement where Annex 1 Parties to the Convention committed to emission reduction targets. However, the Kyoto Protocol had a legally binding force only for its first period, from 2008 to 2012. Attempts to extend the same top-down approach for a second period did not find support from enough countries. Instead, a bottom-up approach (that is, individual countries submitting their proposed contributions through Nationally Determined Contributions [NDCs] and setting voluntary long-term goals against climate change) proved to be more successful and led to the negotiation of the Paris Agreement in 2015. The Paris Agreement entered into force on 4 November 2016 and has been ratified by 185 of 197 Parties to the Convention (United Nations Framework Convention on Climate Change, n.d.b).

STRENGTHS

The UNFCCC and the Paris Agreement have a large number of endorsing Parties and are backed by the UN. Both consider the need to preserve health.

In their NDCs, Parties include specific measures to reach their climate targets, which are aligned with limiting global temperature rises to within 2C, or ideally 1.5C. For instance, 26 Parties included either fossil fuel subsidy reform or carbon prices. Many other NDCs consider the promotion of renewables, energy efficiency, etc. as an alternative to fossil fuels. (Terton et al., 2015).

WEAKNESSES

UNFCCC is a high-level framework agreement, which means limited commitments are contained in the actual UNFCCC (see for example article 4 on commitments), and thus provides for limited concrete action. Under Framework Conventions, commitments are commonly contained in subsequent agreements, such as the Paris Agreement and the Kyoto Protocol in the case of UNFCCC.

The focus of the Convention is emissions rather than their sources, such as fossil fuel combustion. The Paris Agreement does not mention fossil fuels (their inclusion in NDCs is voluntary), so the Agreement regulates the effect of fossil fuels but not them as a cause, thus diverting attention away from the root of the problem that must be addressed if climate change is to be mitigated. Neither the Paris Agreement nor the UNFCCC directly address air pollution. However, some countries have contained explicit references to air pollution in their NDCs.

Furthermore, unlike the FCTC, neither the UNFCCC or any associated policy, protocol, or agreement include a measure to protect against the undue influence of the fossil fuel industry or conflicts of interest. Delegates at UNFCCC Conferences of the Parties are not obliged to declare any potential conflict of interest prior to participating.

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2

Coordination and peer groups

Another important tool to support collective action is through platforms that unite countries with similar interests, in order to represent members, support public advocacy, facilitate peer learning and coordinate action.

In the case of tobacco control, FCTC COP meetings offer a dedicated forum for coordination, with support from the FCTC Secretariat. In the area of action against fossil fuels, the UNFCCC is focused on climate change (see Case Study 1C), and UNEP is a programme focused on catalysing action and covering environmental issues more widely.

Alternative and sometimes informal groups of countries, the so-called "coalitions of the willing", tackle specific issues and raise ambitions on climate action. These include, for example, the Friends of Fossil Fuel Subsidy Reform (FFFSR) and, more recently, the Powering Past Coal Alliance (PPCA) (see Case Study 2B).

In cases where spontaneous or organic coalitions have formed through shared motivation to address a particular issue, discussions and an agreed way forward can progress with relative smoothness. In cases where countries have already grouped together, for example on the basis of geography or economic cooperation (as outlined in Case Study 2A), difficulties may arise in regard to securing consensus on topics that are outside the initial main area of cooperation.

Coordination and peer groups can mobilise their members around specific forums, activities and initiatives that support the common cause. In the case of the FFFSR, the group has launched initiatives supporting the reform of fossil fuel subsidies in major international venues, such as negotiations around climate (UNFCCC COPs), SDGs (UN High-Level Political Forum, HLPF) and trade (Ministerial Conferences of the World Trade Organization). They can also act as generators of information and research supporting the topic of interest.

2A

CASE STUDY

Early tobacco control coordination in Europe[11]

Background

Prior to the development and adoption of the FCTC, efforts were made to coordinate tobacco control in Europe. In 1986, the Single European Act was signed, setting out the path to the creation of a European single market. The European Commission was authorised to take actions which facilitated market integration across countries, including developing regulations designed to protect health in that context.

The European Commission began addressing tobacco use in 1985 with the launch of the Europe Against Cancer programme. The first European laws addressing tobacco control spanned matters including health warnings on tobacco packaging, advertising of tobacco products on television, maximum levels of tar in cigarettes, and minimum taxation levels for tobacco products. However, while the European Commission had the ability, at least in theory, to address public health, it was not authorised to pursue public health protections outside of its market integration activities. Directive 98/43/EC banned all tobacco advertising across the EU. It took almost 10 years to pass, and upon approval was immediately challenged by one Member State on the grounds that the rules went further than necessary to promote the smooth operation of the single market. It was claimed that, rather than serving the objective of market integration, the directive sought the opposite goal. Moreover, it was argued that the directive had public health as its primary goal, rather than as a secondary consideration (Duina et al, 2004). The European Court of Justice reasoned that the Commission had overstepped its mandate and that the total ban on advertising tobacco products was not justified (Mastroianni, 2000). The directive was annulled.

STRENGTHS

After the annulment of Directive 98/43/EC, legal activity increased, arguably becoming more adversarial than before; for example, 10 EU member states have sued tobacco companies over smuggling in American courts between 2000-2004, culminating in a US $1.25 billion settlement in favour of the European states. The EU's new version of the directive, eventually realised as the 'Tobacco Products Directive' (TPD), quickly faced a legal challenge from the industry; but this time, the challenge failed. This happened, in part, because officials had taken care to frame the law as driven by market integration and emphasising its role in harmonising disparate rules across member states. The Court concluded that the TPD did indeed seek to facilitate market integration, and that having the protection of public health as a 'decisive factor' driving the law did not preclude the measure from also supporting market integration. This thinking made its way into a subsequent string of jurisprudence and also influenced future actions taken by EU officials.

At this time, the EU and its member states also played a key role in the WHO FCTC. The European Community and all 28 EU member states are parties to the FCTC.

WEAKNESSES

Several factors contributed to the fragility of EU tobacco control policy in this early period. The most significant was that the European Commission was primarily established to direct market integration activities and did not have a dedicated health directorate until 1999. Over time, however, health became a broader part of the Commission's agenda.

Friction between the goals of market integration and public health protection continues to exist. In October 2014, an Italian law introducing minimum pricing for cigarettes was successfully challenged via the EU court system. In 2018, restrictions on the sale of snus (banned in all EU countries except Sweden) were also challenged, but in this instance, the European Court of Justice stood by the ban.

11 Unless otherwise referenced, this content is drawn from text by Jarman, 2018 (see references).

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

2B

CASE STUDY

Peer coordination for restricting fossil fuels - The Friends of Fossil Fuel Subsidy Reform and the Powering Past Coal Alliance

Background

The Friends of Fossil Fuel Subsidy Reform (FFFSR or "the Friends") is a group of nine non-G20 countries, set up in 2010. FFFSR includes both developed and developing countries: New Zealand, Norway, Sweden, Finland, Denmark, Switzerland, Ethiopia, Costa Rica, Uruguay[12]. The Friends' aim is to build political consensus on the importance of fossil fuel subsidy reform. They work on and acknowledge the climate, social and economic impacts of fossil fuel subsidies (Friends of Fossil Fuel Subsidy Reform, n.d.).

The Powering Past Coal Alliance (PPCA), launched in November 2017, is co-led by the UK and Canadian governments and includes 30 national governments (both developed and developing countries in and outside G20), 22 subnational governments as well as 31 businesses and organisations (12 August 2019). PPCA members commit to: phasing out existing unabated coal power generation (government members); powering operations without coal (business and other non-government members); supporting clean power generation through their policies and investments; and restricting financing for unabated coal power generation, i.e. without carbon capture and storage (all members) (Powering Past Coal Alliance, n.d.).

12 The Friends have also committed to other positive actions to reduce climate change. For example, Costa Rica is also a first mover in the phase-out of fossil fuels (see Case Study 7B.), and Finland pledged to become carbon neutral by 2035 (Henley, 2019).

13 SDG target 12.c aims to "rationalize inefficient fossil fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances" by 2030. To measure and monitor the progress on this target, the associated indicator 12.c.1 comes as the "amount of fossil fuel subsidies per unit of GDP (production and consumption) and as a proportion of total national expenditure on fossil fuels".

STRENGTHS

Peer groups are relatively low cost and do not require heavy institutional architecture. As they are united by common agendas, consensus and action are relatively easy to reach. They are useful to promote transparency and benefits of action, as well as to fuel global momentum around reform, which can encourage other countries to increase their own ambitions.

The FFFSR promote transparency of fossil fuel subsidies by supporting the SDG indicator 12.c.1[13] and encouraging voluntary peer or self-reviews of fossil fuel subsidies. They also support action to phase out fossil fuel subsidies under different venues. FFFSR members are champions in the reform of fossil fuel subsidies, helping other countries through research and best practises to reform inefficient fuel subsidies.

PPCA quickly managed to get a large number of endorsers, growing from 27 to 80 members in its first year. Members work together to share real-world examples and best practices to support the phase-out of unabated coal.

WEAKNESSES

Declarations under peer groups are non-binding and there might be political sensitivities that could soften the joint-action plan of these groups or could lead to not well-defined objectives or those less ambitious than what they could be if the countries were alone.

The PPCA is a new initiative and has yet to grow its membership beyond the members that have already set their mind on coal phase-out and engage large fossil fuel producers and consumers (Jewell et al., 2019)- a process that started with South Korea's South Chungcheong Province becoming the first Asian jurisdiction to join the PPCA in October 2018.

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

3

Provisions of trade and investment agreements on health and climate

When countries restrict the production and use of certain commodities, these restrictions can be challenged under certain international trade and investment agreements.

These agreements include the World Trade Organization's agreements as well as sectoral (e.g. Energy Charter Treaty [ECT]), regional (e.g. North American Free Trade Agreement [NAFTA]) and bilateral treaties. They may include dispute settlement mechanisms whereby countries (in both the trade and investment areas) or companies (in the investment context) can start costly and protracted litigation against sectoral restrictions in the countries implementing new regulations if they are seen as having an unfair impact on trade and investment.

For example, both Australia and Uruguay's tobacco control measures were challenged by tobacco giant Philip Morris International (see below Case Study 3A on Uruguay) (Brauch, 2016; Siqueira de Oliveira, 2016). Australia had to defend its right to implement its measures in several international litigation processes (IISD Investment Treaty News, 2015). Oil companies challenged the Canadian province of Quebec, the United States and Italy for restricting fossil fuel supply (Bernasconi-Osterwalder & Haas, 2017; The Creative Disrupters, 2018). For example, in January 2016, the TransCanada energy company used NAFTA to sue the United States, claiming US $15 billion in losses after President Barack Obama denied a permit for the Keystone XL oil pipeline. The company suspended its suit after President Donald Trump approved the project in January 2017 (Bernasconi-Osterwalder & Haas, 2017).

Governments need to be able to exercise their right to regulate in the public interest. In doing so, governments seek to avoid costly investor-state disputes. Many of these cases have been precluded by goodwill and negotiating solutions before bringing cases to court. Another avenue is renegotiating trade and investment agreements themselves. Although it takes considerable time and effort, this is a crucial measure that governments should consider. New sectoral international agreements in the areas of environment and health (such as the Paris Agreement on climate change and the WHO FCTC) can provide the policy and legal grounds for countries to implement the necessary regulations and renegotiate the relevant trade and investment clauses.

Several innovative approaches have emerged to preclude governments' health and environmental actions from investor challenges. One is the so-called "tobacco carve-out" in new trade and investment agreements such as the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (2018) (formerly the Trans-Pacific Partnership, until the United States opted out), the Singapore-Australia Free Trade Agreement (2017) and Australia-Hong Kong Free Trade Agreement (2019), and the Kazakhstan-Singapore Bilateral Investment Treaty (International Economic Law and Policy Blog, 2019).

In the area of climate and energy policy, the EU-Singapore Free Trade Agreement (2015), not yet ratified at the time of writing this report, states that "the Parties share the goal of progressively reducing subsidies for fossil fuels". Several Members signed the Fossil Fuel Subsidy Reform Ministerial Statement (2017), aiming to support the process of disciplining fossil fuel subsidies in the World Trade Organization (WTO), although to date there has not been a single case in the WTO on fossil fuel subsidies.

For the facilitation of both health and climate action, there are also other, more universal approaches. They include: i) allowing state parties to mutually terminate an investor's claim if they consider it to challenge public welfare (China-Australia Free Trade Agreement, 2015); and ii) the use of general health exceptions (Agreement between Australia and the Oriental Republic of Uruguay on the Promotion and Protection of Investments, 2019).

Below are two cases where countries have found or may find ways to overcome possible challenges due to existing trade and investment clauses and go ahead with their regulations on tobacco control (Philip Morris International vs Uruguay) and climate action (Proposals for Trade & Investment Treaties on Climate and Energy).

3A
CASE STUDY

Philip Morris International vs Uruguay

Background

In 2010, Philip Morris International (PMI, specifically two Swiss and one Uruguayan subsidiary companies) challenged two of Uruguay's tobacco control measures: the *Single Presentation Regulation*,[14] which prohibited the use of brand variants (meaning PMI had to maintain only one type of Marlboro cigarettes) and the 80/80 Regulation (which increased the size of the health warnings on packages from 50 to 80%, on both sides)[15] (Brauch, 2016).

Philip Morris filed a request for arbitration, claiming that the 80% health warnings left insufficient room on the packs for it to use its trademarks and branding as they were intended, and the Single Pack Regulation meant it could not market some of its brands. PMI therefore alleged that Uruguay had breached the terms of the Switzerland-Uruguay Bilateral Investment Treaty because the Single Presentation Regulation and the 80/80 Regulation expropriated its trademark property rights without compensation; were arbitrary as they were not supported by an evidence base and thus did not allow PMI a fair and equitable treatment (a central norm in international investment treaties); and did not comply with the PMI Legitimate Expectations of a stable regulating environment. In addition, PMI claimed that the Uruguayan Courts had not dealt properly with PMI's legal challenges, resulting in a 'denial of justice'.

STRENGTHS

The strong political support of Dr Tabaré Vázquez, the President of Uruguay at the time who not only implemented the challenged measures, but also collaborated with the (now former) President Mujica to defend the measures in the face of industry influence.

Local, regional and international civil society groups engaged actively and developed close relationships with government officials, provided evidence-based information to policymakers, closely monitored swift government actions and industry activity to advance tobacco control in Uruguay, and facilitated financial support to Uruguay. In October 2010, Mayor Michael Bloomberg issued a press release and offered US $500,000 to help finance Uruguay's legal defence against PMI. This was later supplemented with additional funding by Bloomberg, with US $1.5 million of the defence (out of the US $3.3 million spent by Uruguay) (Crosbie et al, 2018).

Support by the international tobacco control network was also granted: the decision of WHO Director General Dr Margaret Chan to support Uruguay was key. In addition to technical assistance to support Uruguay, two 'amicus curiae' briefs were submitted during the arbitration by the Pan American Health Organization (PAHO), and a joint brief by WHO and the FCTC Secretariat supported Uruguay. Furthermore, the Punta del Este Declaration was developed and adopted by FCTC COP4 in light of 'concern regarding actiontaken by the tobacco industry that sought to subvert and undermine the policies on tobacco control' and with the aim to strengthen the implementation and protection of public health policies in relation to tobacco control, thus supporting Uruguay's cause.

WEAKNESSES

Tobacco control measures may be challenged under trade and investment agreements. These measures may be at risk if they are not bona-fide and evidence based or if they are found to be discriminatory or to breach fair and equitable treatment (e.g Clove Cigarettes case) (IISD Investment Treaty News, 2015; International Economic Law and Policy Blog, 2019). Although in general, regulatory space exists within trade and investment agreements for governments to introduce evidence-based, non-discriminatory, bona-fide measures to protect public health, the interpretation of the relevant clauses by international tribunals can restrict the exercise of States' right to regulate.

14 Ordinance 514 of 18 August 2008
15 Presidential Decree 287/009 of 15 June 2009

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

3B

CASE STUDY

Proposals for Trade and Investment Treaties on Climate and Energy

Background

When governments adopt disruptive but necessary policies limiting fossil fuel production and use, there is a risk that they will be found in breach of their obligations under existing international investment agreements and ordered to pay damages. Such compensations to investors may run counter to the goals of the Paris Agreement on climate change and other sustainable development objectives.

Several proposals are under discussion to rethink international trade and investment agreements and bring them in line with the needs of climate action and sustainable development (two examples are included in the introduction of this section). On the trade side, one example is the recognition of the need to phase out fossil fuel subsidies in the EU-Singapore Free Trade Agreement (2015) (not yet ratified at the time of writing this report). Further, 12 WTO Members issued a Fossil Fuel Subsidies Ministerial Statement (2017) "to advance discussion in the World Trade Organization aimed at achieving ambitious and effective disciplines on inefficient fossil fuel subsidies that encourage wasteful consumption".

On the investment side, examples include the European Commission's proposed negotiating directives for the modernisation of the Energy Charter Treaty (ECT) (European Commission, 2019) and independent proposals from think-tanks and NGOs (The Creative Disrupters, 2018). The European Commission's proposal contains the inclusion of a right-to-regulate provision, a closed list of circumscribed cases constituting a breach of fair and equitable treatment as well as stronger provisions on sustainable development, including on climate change and the clean energy transition. The Creative Disrupters' proposal contains provisions allowing nations to discriminate against unsustainable investments in favour of sustainable investments. It clearly defines the scope of protection available under the treaty. It also bars unsustainable investors from seeking protection under the treaty, subjecting them instead to the exclusive jurisdiction of the host state's domestic courts.

STRENGTHS

The proposals seek to move the trade and investment system from a regime that is climate- and SDG-blind to a regime that allows governments to discriminate against investments that are incompatible with climate and sustainable development objectives, including through restriction of production and use of, as well as subsidies to, fossil fuels.

WEAKNESSES

These proposals have not yet been adopted by countries. The adoption process could take considerable effort and time in the face of the climate emergency.

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

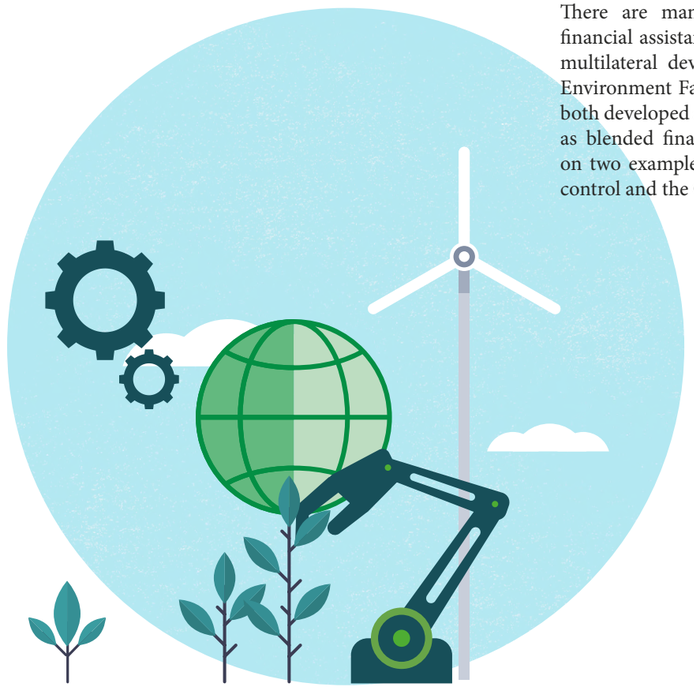
4

International development assistance

Undertaking and implementing measures to regulate unhealthy commodities, such as tobacco or fossil fuels, requires financing and in some cases, significant amounts of it. Developing countries are not only the most vulnerable to the negative effects of the use of certain unhealthy commodities, but are also in a weaker position to meet the costly process of defining and implementing regulations to control them.

There are many ways in which developing countries can benefit from multilateral or bilateral financial support to implement sustainable practices. This section focuses on targeted development aid, including for tobacco control and against climate change. The advantage of this targeted support linked to specific treaties (as the examples described in the case studies below) is that they focus on supporting measures that respond to mechanisms such as standards and recommendations defined in the respective treaties, accelerating their effective implementation. Also, this type of targeted support facilitates mutual learning and sharing of best practices among beneficiaries, thus increasing the efficiency of the support.

There are many more examples of technical and financial assistance. For example, climate financing by multilateral development banks (MDBs), the Global Environment Facility (GEF, with 390 donor countries, both developed and developing), and mechanisms such as blended finance. The following case studies focus on two examples: the FCTC 2030 project for tobacco control and the Green Climate Fund of the UNFCCC.



4A

CASE STUDY

The FCTC 2030 project

Background

Through the FCTC 2030, the WHO FCTC Secretariat, UNDP, WHO and other partners are supporting 15 low and middle-income country (LMIC) Parties to accelerate implementation of the WHO FCTC as part of broader efforts to achieve the 2030 Agenda for Sustainable Development. The FCTC 2030 Project is funded by the UK Government and implemented with the assistance of the Australian Government Department of Health (WHO, n.d.a).

Total funding for the initiative is approximately US $18.5 million over five years, and technical assistance is a strong component of the project. The direct technical and financial support from the project is focused on general obligations and time-bound measures of the Convention, strengthening tobacco taxation, and implementing other articles of the WHO FCTC in line with national priorities.

The LMIC Parties selected for the project were announced in April 2017. They were selected based on several criteria, including demonstrated motivation and readiness to accelerate implementation of the WHO FCTC (WHO Framework Convention on Tobacco Control, n.d.).

Through the FCTC 2030 Project, in addition to the direct support for the 15 selected LMIC Parties, the Convention Secretariat is providing general support and materials for all developing countries to promote the implementation of the treaty. This support includes workshops, toolkits, facilitation of South-South cooperation, and other forms of assistance to national governments.

STRENGTHS

The FCTC 2030 project provides direct in country support to Parties that are motivated and ready to strengthen tobacco control. The 15-Party cohort enables sharing and scaling-up of good practice across Parties in all WHO regions and at different income levels.[16] The initial five-year project window (2017-2021) supports the sustainability and continual advancement of tobacco control of measures.

WEAKNESSES

55 FCTC Parties applied to receive the direct intensive support under the initiative, however the finite funding available meant that only 15 Parties could be selected for this support. While the project provides general support and materials for all developing countries to implement the treaty, it is of greatest benefit to the 15 selected Parties. The other 40 Parties that sought the intensive direct support cannot currently receive it through the project.

16 Seven of the selected Parties are classified as least developed countries, six as lower- or middle-income countries, and two as upper-middle income countries, according to the OECD.

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

4B

CASE STUDY

The Green Climate Fund (GCF)

Background

The Green Climate Fund (GCF) was established within the framework of the UNFCCC as an operating entity of its financial mechanism to assist developing countries in adaptation and mitigation practices to counter climate change. The aim of all GCF activities is to support developing countries in limiting or reducing their greenhouse gas emissions and adapting to climate change impacts. Between 2015 and 2018, 93 funding proposals of US $4.6 billion in value were approved, mostly for "energy access & power generation" (38% of total GCF funding). "Health, wellbeing, and food & water security" projects collected 12% of the total funding (Green Climate Fund, 2019).

Established by the 194 parties at UNFCCC in 2010, the GCF is governed by a 24-member Board, comprised equally of developed and developing countries, representing the United Nations Regional Groups. The Board approves funding projects, which then have to go through a multi-stage process to get the funding disbursed.

STRENGTHS

The GCF enables financing for projects to support the mitigation and adaptation efforts of developing countries, focusing on the needs of societies that are most affected by the negative effects of climate change, in particular the Least Developed Countries (LDCs), Small Island Developing States (SIDS), and African States. The GCF board comprises all regions.

Funding comes mostly from developed countries, although developing countries, regions and cities can also contribute. There is also the possibility to engage the private sector through its Private Sector Facility (PSF). The GCF recognises country ownership, thus making projects country specific.

WEAKNESSES

The establishment of the GCF has been slow and its achievements are below targets: the GCF was created in 2010, but the first investment approvals were taken in 2015. By the end of 2018, it raised only US $4.6 billion out of the US $100 billion 2020 target set in the Paris Agreement for total climate finance. By the end of 2018, 61% of the projects approved by the Board had not started implementation as they did not go through the post-approval stages (GCF, 2019).

The GCF relies on voluntary donations from governments. The GCF lacks a well-defined general approach to evaluate projects. Instead, recipient countries have to go through a heavy bureaucratic process, due to the "micro scrutiny" of projects (that is, decisions are taken on project-by-project basis) (Huq, 2012). Given the limited resources and capacity of many developing nation governments, access to GCF funding could be limited to project developers with well-established political connections (Burger, 2016). In the fund receptor side, large private financial firms can also benefit from GCF support, raising questions on transparency and other issues (Nacpil, 2017).

The GCF is surrounded by high controversy linked to membership, contributions, corporate influence, the limited role of observer CSOs, and other political sensitivities between funders and fund receivers (Arkin, 2018; Darby, 2018; Nacpil, 2017).

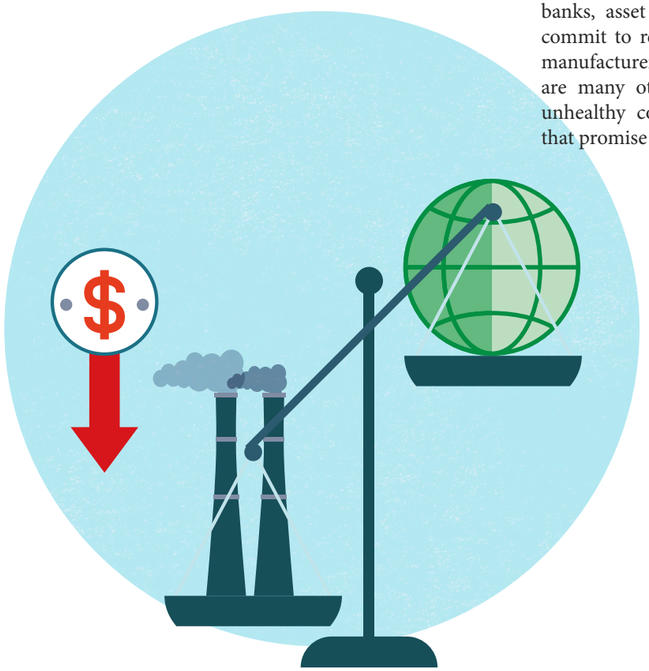
5

Divestment from unhealthy commodities

Private investors have traditionally funded profitable businesses such as tobacco or fossil fuel companies, without explicit attention to the potential harmful nature of those businesses. Public finance has also invested in fossil fuel-based infrastructure, including oil, gas and coal. Financial institutions have a strong responsibility and influence, as their investment decisions can affect or protect specific industries. Their role is very relevant in supporting the limitation of unhealthy commodities and sending adequate signals to markets and other investors.

Article 2.1(c) of the Paris Agreement on Climate Change, commits Parties to "making finance flows consistent with a pathway towards low greenhouse gas emissions and climate-resilient development" (Parties to the United Nations Framework Convention on Climate Change, n.d.). The commitment applied to the private and public financing provided via bilateral export credit, national and bilateral development finance, and G20 and other countries' contributions to multilateral development banks (MDBs).

The following case studies include the decision by several MDBs and national governments to adopt financing restrictions and divest from coal, oil and gas infrastructure, as well as the Tobacco-Free Finance Pledge where pension funds, insurers, banks, asset managers and Sovereign Wealth Funds commit to reconsidering financial links with tobacco manufacturers. These are not exhaustive and there are many other examples that restrict financing to unhealthy commodities. For example, ethical funds that promise not to invest in tobacco, coal, etc.



5A

CASE STUDY

The Tobacco-Free Finance Pledge[17]

Background

In September 2018, the Tobacco-Free Finance Pledge ('the Pledge') was launched at United Nations Headquarters, New York, on the side lines of the UN General Assembly (UNEP FI, n.d.). The objectives of the Pledge include encouraging financial institutions to reflect on and reconsider their business relationships with the tobacco industry in light of the global tobacco epidemic, and accelerating the transition towards tobacco-free finance policies. The work in fact goes beyond divestment alone, and spans all elements of financing – including lending money (banks), investing in companies and insuring companies.

Two years earlier, AXA – one of the world's largest insurers, which went on to become one of the Founding Signatories of the Pledge, announced they would divest tobacco industry assets valued at EUR 1.8 billion (AXA, 2016). AXA was amongst the first European financial organisations to go tobacco-free, with other companies following suit. AXA's decision to disassociate from tobacco was based on a review framework questioning the safety of product made by companies, the existence of a UN treaty regulating the issue, and the futility of engagement with tobacco companies to effect change.

Currently, the Pledge has over 150 Signatories and Supporters, representing US $7.5 trillion in Assets under Management; US $2 trillion in Corporate Loan Book and US $190 billion in Gross Premiums. Financial institutions from more than 20 countries have moved to tobacco-free finance and include BNP Paribas (the largest European bank); Fonds de Réserve pour les Retraites (the French Sovereign Wealth Fund); ABP (the largest European pension fund); HOOPP, AIMCo and the Ontario Teachers' Pension Plan (three of Canada's largest pension funds); and more than 40 Australian pension funds.

> "Insurers should always be part of the solution rather than the problem when it comes to health risk prevention. Hence it makes no sense for us to continue our investments with the tobacco industry."
>
> Thomas Buberl, then incoming CEO of AXA, May 2016. (AXA 2016)

17 Further details can be found in the Tobacco Free Portfolios Toolkit (2019), available here.

5A
CASE STUDY

STRENGTHS

The high-level launch of the Pledge at the United Nations, provided a public opportunity to demonstrate solidarity across government, health and finance on the issue of tobacco.

AXA announced its rationale clearly and publicly, making it plain to its clients that the company places health first and takes its role in society seriously - particularly its contribution to achieving the Sustainable Development Goals. The profile of the decision was elevated by the launch of the Pledge.

As the number of other insurers making tobacco-free decisions grows, it is likely that the health insurance providers who continue to invest in tobacco will face increasing reputational risk. Furthermore, as more investors speak up, this could empower governments to take more steps to protect public health.

An organisation named Tobacco Free Portfolios supports divestment initiatives by providing resources on how to present advocacy messages in a way that is tailored to finance experts.

WEAKNESSES

A large-scale shift to tobacco-free finance, for example by government pension funds and Sovereign Wealth funds, requires liaison with the Ministry of Finance. This can present difficulties as the entities seeking change in a health policy area tend to have the strongest links with Ministry of Health representatives. However, with sustained efforts and open dialogue, it is possible to bridge these two Ministries and implement tobacco-free finance policies.

While implementing tobacco-free finance policies and having the support of the global finance sector in bringing an end to the tobacco epidemic is a new and important element of comprehensive, cross-sector collaboration on tobacco control, the revenues of tobacco companies are so high that the impact of tobacco-free financing initiatives (whether in terms of divestment, banks restricting credit, or insurers ceasing insurance) on their operations is limited, and additional measures are also needed.

Member States that have ratified the WHO FCTC are urged to consider several provisions in the treaty which emphasise that government-controlled funds should not be invested in tobacco. However, only a handful of Sovereign Wealth funds and public pension funds (including entities in New Zealand, Norway, Australia, France, Ireland, Sweden, the Netherlands, Panama and California) have aligned their investment policies with the WHO FCTC thus far (Craig, 2017; Tobacco Free Portfolios, 2019).

5B
CASE STUDY

Phasing out public finance for fossil fuels

Background

Between 2013 and 2015, multilateral development banks (MDBs) mobilised US $72 billion globally to finance fossil fuels, involving nearly 200 member countries, either as donors or recipients (Doukas et al., 2017).

In 2013, several MDBs and national governments began to adopt significant restrictions on international public financing of coal, mainly due to climate change-related concerns. 29 export credit agencies of the Organisation for Economic Co-operation and Development (OECD) joined the movement by agreeing to restrict financing to coal-fired power generation starting in January 2017. The Powering Past Coal Alliance (PPCA) also includes the restriction of financing for unabated coal power generation in their objectives (see case study 2B).

In December 2017, the World Bank announced its plan to stop funding upstream oil and gas after 2019.

In March 2019, the Norwegian sovereign wealth fund, which manages US $1 trillion of assets, announced its divestment from oil and gas exploration (Davies, 2019). In May the same year, Norwegian pension fund manager KLP (managing US $70 billion) also announced its divestment from companies linked to coal[18] (Reuters, 2019).

Several other countries have instituted at least some restrictions on their bilateral public financing for fossil fuels, including: Brazil, Canada, France, Germany, the United Kingdom, the United States, Denmark, Finland, Iceland, the Netherlands, Norway and Sweden.

STRENGTHS

Restricting financing can be a very powerful mechanism to avoid the expansion of fossil fuel infrastructure.

As a consequence of the implementation of these measures, public finance supporting coal has declined significantly in recent years (Gerasimchuk et al., 2018), allowing institutions to pursue alternative investments and achieving environmental and social benefits, favouring clean alternatives that can significantly improve health.

WEAKNESSES

Most of the restrictions are focused on coal. Only a few initiatives restrict oil or gas investments. The types of coal finance restrictions vary across institutions, and many of the policies include exceptions and do not cover other uses of coal beyond coal-fired power plants (with the exceptions of the World Bank Group and the Dutch FMO, which also cover coal mining).

There is also a risk of backsliding as political dynamics shift.

Some countries apply different standards in internal and external regulations. China, which has deployed important actions against coal infrastructure within its borders, includes financing of coal power abroad as part of its Belt and Road Initiative (BRI), financing 26% of the total coal power capacity currently under development (Darby, 2019; Hao, 2017a; Hao, 2017b).

18 The sovereign wealth fund will maintain investments in companies like BP or Shell, which also have renewable energy divisions; KLP would not invest in companies that have more than 5% of their revenue from coal-based activities.

BURNING PROBLEMS, INSPIRING SOLUTIONS
Sharing lessons on action against tobacco and fossil fuels

6

Reform of taxes and subsidies on unhealthy commodities

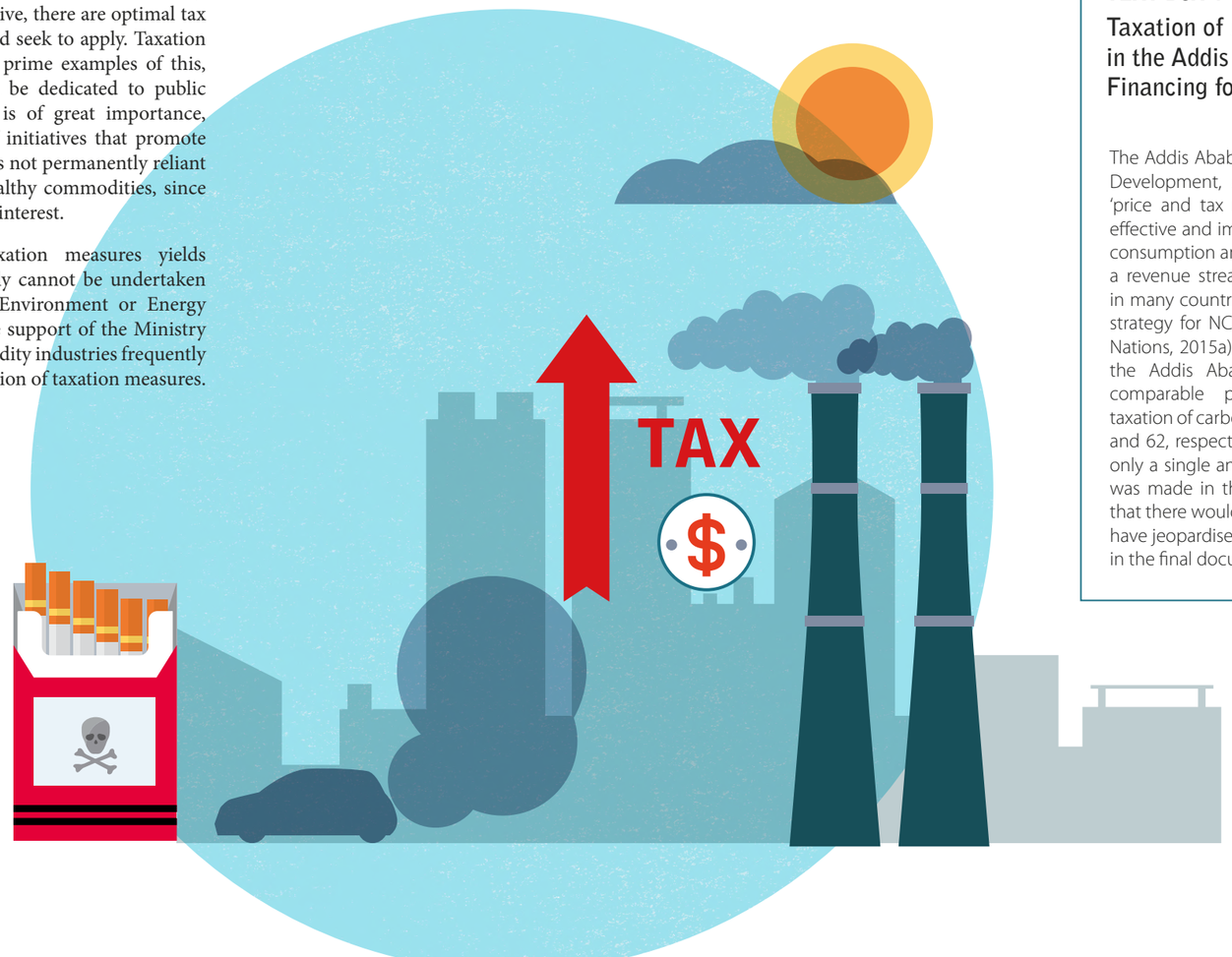
The taxation of unhealthy commodities and the removal of subsidies to them are well-recognised levers to decrease their production and use.

Tobacco taxes are the most effective tobacco control tool, but are rarely implemented at optimal level: only 38 countries levy taxes as high as the WHO-recommended 75% of the retail price of a pack of cigarettes (American Cancer Society and Vital Strategies, 2018; World Health Organization, 2019a). In the case of carbon pricing, there were only 57 initiatives implemented across all jurisdictions in 2018, but this number is set to grow according to climate pledges (World Bank, 2019). Many countries subsidise fossil fuel production and consumption, encouraging their use and expending funds that could be devoted to clean alternatives, such as renewable energy technologies. Furthermore, subsidies to fossil fuels are a poor social welfare policy that, counter-intuitively, tend to benefit wealthier consumers instead of the most vulnerable (Coady et al. 2015). Fossil fuel subsidies were estimated at more than US $500 billion in 2018[19].

As a secondary benefit to reducing consumption, funds levied from taxation of unhealthy commodities can be reinvested in healthy alternatives such as universal health coverage or social support, or used to subsidise health promoting products ranging from fruit and vegetables to renewable energy.

Taxation of unhealthy commodities can help reduce their consumption (Mccoy et al, 2017; WHO, 2018e). From a public health perspective, there are optimal tax levels that governments should seek to apply. Taxation of cigarettes and alcohol are prime examples of this, yielding revenues which can be dedicated to public health (see Text Box 4). It is of great importance, however, that the funding of initiatives that promote human and planetary health is not permanently reliant on the consumption of unhealthy commodities, since this would create a conflict of interest.

The implementation of taxation measures yields positive impacts, but normally cannot be undertaken by the Ministry of Health, Environment or Energy alone, and rather requires the support of the Ministry of Finance. Unhealthy commodity industries frequently lobby against the implementation of taxation measures.



TEXT BOX 4

Taxation of unhealthy commodities in the Addis Ababa Action Agenda on Financing for Development

The Addis Ababa Action Agenda on Financing for Development, adopted in 2015, mentions that 'price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries' when part of a comprehensive strategy for NCD prevention and control (United Nations, 2015a). Early in the process to negotiate the Addis Ababa Action Agenda, there were comparable proposals that mentioned the taxation of carbon and fossil fuels (in paragraphs 34 and 62, respectively) (United Nations, 2015b), but only a single and brief mention of 'carbon pricing' was made in the final version following concern that there would be strong pushback, which could have jeopardised any mention of tobacco taxation in the final document.

19 This is the result of adding more than US $400 billion in subsidies to the consumption of fossil fuels (IEA, 2019) and US $100 billion in subsidies to the production (Lang & Wooders, 2010).

6A
CASE STUDY
Thailand's Health Promotion Fund

Background

In the early 1990s, budget for tobacco control in Thailand was not only limited but also showed a decreasing trend. A health promotion fund was proposed, simultaneously with the idea of setting up a universal health insurance fund, financed by a 2% additional levy on the excise taxes for tobacco and alcohol[20]. This was complemented by the Fiscal and Financial Master Plan (1997–2001) of Thailand's Ministry of Finance, which made it possible to earmark tobacco and alcohol taxes for the health promotion fund (World Health Organization, 2016a). After seven years (1994–2001) of planning, the Thailand Health Promotion Foundation (ThaiHealth) was formed in 2001 and enacted as an independent organisation under the Health Promotion Foundation Act (BE 2544).

In 2019, estimated annual funds from this earmarked tax totalled THB 4076 million (US $132 million) or 4.6% of the Ministry of Health budget and 2.2% of the National Health Insurance Fund. Prevalence of smoking among adults (> 15 years) decreased from 25.47% in 2001 to 19.1% in 2017 due to strong tobacco control, including increased taxation (World Health Organization, 2016a).

STRENGTHS

Tobacco pricing is the main focus of Article 6 in of the WHO FCTC, with countries committing to provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the COP.

Taxation of tobacco, alcohol, and other unhealthy commodities offers a 'win-win' solution for public health. Guidelines for the implementation of Article 6 of the WHO FCTC include recommendations that Parties should take inflation, and price and income elasticity into account when establishing or increasing their national levels of taxation in order to make tobacco products less affordable over time (WHO FCTC, 2014a).

In Thailand, the mechanism provides sustainable funding by a Parliamentary Act, which helps to safeguard the fund from easy abolishment by the industry.

WEAKNESSES

Earmarking is criticised by some economists for reducing governments' flexibility to react to changing circumstances.

A 2% surcharge is relatively low. A higher surcharge would have greater benefit, but would not be as straightforward to secure.

20 I.e. each time the industry pays US $100 in excise tax to the Ministry of Finance, they must pay 2% (of the excise tax paid) to ThaiHealth.

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6B
CASE STUDY
Fossil Fuel Subsidy Reform in Indonesia

Background

Indonesia reformed its subsidies to gasoline and diesel consumption in December 2014 to generate savings in the national budget (around US $16 billion were saved in 2015, which is 10% of government expenditure). These savings allowed major investments in social welfare and infrastructure through

increased budgets for ministries, state-owned enterprises and transfers to regions and villages (Pradiptyo et al., 2016). The reform happened during a time of low international prices for oil, which had decreased sharply in the second half of 2014 and remained low for several years after. Thus, consumers were not affected by higher prices.

STRENGTHS

To support the change of prices on the demand side, Indonesia already had in place cash transfer mechanisms and support measures targeted to the poorest 40% of the population. Indonesia also counted on programmes to expand health coverage and education access (FFFSR, n.d.). Government social safety networks were used to mitigate the eventual impacts of price reforms on the poor.

WEAKNESSES

Reform depends strongly on political will and macroeconomic conditions (especially international oil prices). In 2018, as international oil prices increased and Jokowi prepared for the 2019 presidential elections, gasoline and diesel prices were frozen, not reflecting the international price increases and re-establishing a subsidy.

7

Bans and restrictions of unhealthy commodities

Banning, or establishing zones free from production, marketing, sale or consumption of unhealthy commodities is a powerful tool to alter social norms.

In the case of declining industries, as may be the case for some fossil fuels, these bans and 'free' zones (e.g. smoke-free or car-free) can bring important benefits to governments and taxpayers, such as saving large amounts of subsidies, improving health, preserving both health and the environment and creating opportunities for economic diversification.

The case studies covered here focus on examples from first mover countries. First movers can reinforce the positive arguments to ban production or consumption of unhealthy commodities, such as health improvements, bringing examples for other countries to learn from. Understanding the advantages and risks of first movers in regulation of tobacco use or sale to minors and fossil fuels consumption or production can help countries design and implement similar measures that also take into account the broader specific context, allowing a just transition (see Text Box 5).

TEXT BOX 5

Just transition away from the production of unhealthy commodities

In many cases, bans on production or consumption of unhealthy commodities ultimately affect industries, businesses, workers and the communities that depend on them for income (as is the case for coal miners or tobacco farmers) or for day to day life (as is cases where there is no access to clean energy alternatives). To respond to this, governments need to identify 'just transition' strategies to ensure the mid- and long-term social and economic viability of the affected regions. These strategies have to consider the impacts on workers and communities within their geographical, political, cultural and social context. (Zinecker et al., 2018).

There are several examples of just transition efforts in the energy sector such as the Just Transition Task Force in Canada (Zinecker et al., 2018). The term is less often used in the health sector, but some countries, such as the USA, have programmes to help tobacco farmers transition to alternative crops (US Department of Agriculture, Farm Service Agency, 2013).

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7A

CASE STUDY

Bans on tobacco use and marketing in Singapore and Norway

Background

Singapore was one of the first countries to implement a comprehensive tobacco control programme. Its first legislation on smoke-free public places, particularly buses, cinemas and theatres, was implemented in 1970. It was also the first country to ban all tobacco advertisements in 1971, (Amul & Pang, 2018). In 1970, 42% of men and 4.5% of women in Singapore smoked (World Health Organization, 1997). An overall decrease (despite an increase in female smokers) followed, with 17.9% of men and 6.3% of women smoking daily in 2015 (American Cancer Society and Vital Strategies, 2018).

Norway included very similar measures in its 1971 Tobacco Act, with restrictions including a ban on smoking on public transport and work premises and prohibition of all forms of tobacco advertising. Between 1973 and 2015, daily smoking by men and women fell from 52% and 32% respectively to 13% in both sexes (Norwegian Institute of Public Health, n.d.).

Marketing and other bans and restrictions have since been imposed by the majority of countries worldwide, with 69% of countries fully or partially having implemented a policy to eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport, and 74% enforcing comprehensive bans on tobacco advertising, promotion and sponsorship (World Health Organization, 2017).

STRENGTHS

For both countries, these initial policies provided a firm ground in tobacco control policy domestically and internationally.

Both countries are now perceived as leaders in tobacco control, with the WHO FCTC itself having been negotiated under the Norwegian leadership of former WHO Director General Gro Harlem Brundtland, and Singapore being described by the tobacco industry as "the world's most hostile environment for our industry" (Unknown Author, n.d.).

In both countries, the introduction of bans in advertising alongside bans of smoking in public places presented a successful two-pronged approach to redefine social norms relating to tobacco.

Actions pertaining to the advertising, promotion and sponsorship of tobacco control are set out in Article 13 of the WHO FCTC. Detailed guidance on implementation is also provided (WHO FCTC, 2014b).

WEAKNESSES

In both countries, decreases in tobacco use by men were significant, but were not matched by decreases in use among women, and in fact were accompanied by an increase in use by women in Singapore. This is attributable to tobacco promotion campaigns targeted directly at women, identified by the industry as an untapped gap in their market (Amos & Haglund, 2000; Bach, 2019). This demonstrates that multicomponent policy packages must be implemented, including measures to counter efforts by the tobacco industry to target specific groups. Due attention must also be paid to the industry shifting its products to new markets in other countries, where the regulatory environment for tobacco products is less rigid.

It is also important to remain wary of efforts by the tobacco industry to leverage social media and digital outlets to circumvent longstanding advertising laws.

7B

CASE STUDY

First movers banning fossil fuel consumption and production

Background

There are several countries that have taken the first steps towards ending support to or development of fossil fuel related activities. On the production side, in December 2017, France passed legislation banning all oil and gas exploration and extraction by 2040 (Independent, 2017). In early 2018, Ireland took its first steps towards a similar legislation. New Zealand and Belize announced an end to new offshore exploration activities for oil and gas. The Netherlands committed to phasing out gas production in Groningen, and in May 2018, Costa Rica's newly-elected President announced a plan to permanently ban fossil fuels and to make Costa Rica the first fully decarbonised country in the world (Gerasimchuk, 2018).

China has committed to cap coal production and consumption, and the members of the Powering Past Coal Alliance have deadlines for phasing out unabated coal-fired electricity generation (see section 2).

Bans have also affected the consumption of fossil fuels, with major cities such as Paris, Stuttgart and Madrid defining access bans for diesel or old cars in order to reduce air pollution.

STRENGTHS

First movers establish politically binding targets and actions, which lead to concrete activities. First movers can also lead movements and peer groups supporting similar targets in other countries (as with the UK and Canada leading the Powering Past Coal Alliance), working together with campaigners and civil society.

First movers normally have specific strategic or economic interests behind their decisions that can create a case for other countries in similar situations (Green, 2018). The type of action they focus on first (e.g. banning of fossil fuel extraction) might also lead to engaging more countries due to the co-benefits of this action (e.g. promoting tourism in Belize; protection of the population in the Netherlands from damaging earthquakes, with the associated social, environmental and economic costs; or Costa Rica attaining energy independency; etc).

WEAKNESSES

Voluntary bans are mid- or long-term targets that could be reversed by new or different government administrations.

First movers are not usually big players who have a major impact in the global supply or demand of fossil fuels.

Most of these bans only cover one or a few activities in the fossil fuel production and consumption chain, not enough to meet the Paris Agreement targets. In most cases, they respond to strategic moves or to activities that are predicted to decline anyway. The effectivity of the timelines defined can also be debatable.

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8

Urban and subnational action on unhealthy commodities

In many respects, subnational entities such as states, provinces and cities are the nexus of health and environmental challenges and opportunities.

They are hubs of activity across a variety of sectors – most notably including energy, industry and transport – and home to highly dense populations. In most countries, subnational governments enjoy a degree of autonomy, with power to decide on the implementation of certain policies devolved from the central national government. This, coupled with the fact that municipal governments are, in all senses, closer to the populations they serve, means that subnational governments are often swifter to implement more ambitious policies which promote human and planetary health (WHO, 2016b).

A number of initiatives help to foster and scale positive change at city level, including the C40 Cities Climate Leadership Group, which supports a network of the world's megacities to address climate change; the Bloomberg Partnership for Healthy Cities which supports cities to implement tobacco control measures and other public health interventions; and groups with broader scope including United Cities and Local Governments (UCLG) and Local Governments for Sustainability (ICLEI). While change at subnational level does not have the same level of impact as change at national level, it can demonstrate the benefits of reforms, inspire other states, provinces and cities to implement similar policies, and ultimately can encourage or extend national activity. In many countries, local legislative changes may also be more difficult to counter for large unhealthy commodity corporations because they are dispersed in many geographies at once; as opposed to national legislation that is most often subject to concentrated political lobbying. In such contexts, subnational legislation can be a valuable option when national level policy development and implementation is delayed. On the other hand, while change may be comparatively rapid to bring about in one city, there are often delays in implementing comparable advances in others, meaning policy implementation takes longer to spread than if executed at national level.

8A

CASE STUDY

Smoke-free Mexico City[21]

Background

In February 2008, the Legislative Assembly of Mexico Federal District (Mexico DF) approved amendments to the Law for the Protection of the Health of Non-Smokers ('Ley de Protección a la Salud de los No Fumadores'), and the Law for the Functioning of Commercial Establishments ('Ley para el Funcionamiento de Establecimientos Mercantiles'). Under these legislations, all enclosed public places and workplaces, including offices, shops, factories, restaurants, bars, hospitals, and public buildings must be 100% smoke-free. The laws came into effect in April 2008.

The proportion of people exposed to second-hand smoke fell between March and August from 3 in 10 to 1 in 10. Furthermore, the proportion of people reporting no exposure to second-hand smoke "in the previous 30 days" doubled from 19% to 40%.

Also in February 2008, the Mexican Senate passed the federal General Law on Tobacco Control that similarly addresses exposure to second-hand smoke. However, the local law was stronger than the national law, since the national law permitted indoor smoking within designated smoking areas. The federal law came into force in August 2008, and regulations under the law were finally issued in May 2009.

The local health ministry for Mexico City also set other tobacco control priorities, including preventive campaigns, promoting compliance with the regulations on tobacco sales, and enhancing the quality of smoking cessation services.

STRENGTHS

The relative rapidity of the process (from adoption in February 2008 to implementation in April) made it difficult for the tobacco industry or other opponents to react or coordinate their response effectively.

Key actions by Sr Mondragón, the Mexico DF Secretary for Health, included ordering all departmental buildings in the city to be smoke-free in advance of the legislation. Mondragón thus led by example, and avoided the risk of undermining the law from the outset.

Penalties are set out in the regulations to the smoke-free law; both for individual smokers, who can be fined up to 30 times the minimum daily wage (in Mexico City, this is MXN 55, or approximately US $4), and also for the owners and managers of premises where smoking violations occur, who can be fined up to 2,500 times the daily minimum wage and risk closure of their establishment following a repeat violation.

Despite concern that the law would have a detrimental effect on the restaurant and wider hospitality industry, no such impact was observed (Guerrero López et al, 2011).

WEAKNESSES

States surrounding Mexico DF did not have strong smoke-free laws, and anecdotal reports indicated that immediately after the DF legislation came into effect, the number of people travelling out of DF to visit bars and restaurants where smoking was allowed increased. However, it seems that over time this is receding.

21 Except where otherwise referenced, this content is drawn from a case study published by the International Union Against Tuberculosis and Lung Disease (2009), available here.

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8B

CASE STUDY

Ontario coal phase-out

Background

The government of the Canadian province of Ontario phased out coal power plants by the end of 2014.

Civil society (environmentalists and medical doctors, supported by foundations) played a very relevant role in the phase out, by increasing public awareness of coal's contribution to the smog that was creating air pollution warnings in Ontario's cities; in particular Toronto, Ontario's largest city.

Issues that drove the phase-out initiative included concerns about air pollution, the environment, climate change and health, promoted by Ontario-based green energy environmentalists (Ontario Clean Air Alliance), doctors (Ontario Medical Association), and foundations, who joined efforts toward the common goal of phasing out coal.

There were also other factors that helped to make the case for their shutdown, including the facts that: coal-fired plants were publicly (state) owned and relatively old; coal was mostly imported; and natural gas prices were low.

The success of the campaign made health concerns around coal a key issue in the 2003 provincial elections. The Ontario government absorbed the costs of the phase-out (Harris et al, 2015).

STRENGTHS

The Ontario case sets an example to follow by other regions or countries, providing learnings and demonstrating that phase-outs are possible.

It also benefitted from multi-party commitment and subnational champions and demonstrated that raising public awareness and mobilisation in the consequences of using fossil fuels can lead to concrete results.

The coal phase-out in Ontario was part of a broader reform of the electricity sector, which included policies promoting renewables.

The phase-out led to the direct benefit of reducing the number of smog days in Ontario from 53 before the phase-out to zero after (Flanagan and Gass, 2017).

Furthermore, the Ontario phase-out could be considered as a precursor to a national coal phase-out that is currently happening in the country (Government of Canada, 2019).

WEAKNESSES

The case of Ontario was special, given the autonomy that the region had on energy decisions and the fact that the government was able to absorb the shutdown related costs.

In this type of phase-out, just transition measures have to be considered, especially if the region is a coal producer (which was not the case in Ontario) and if the alternatives require a specialised workforce.

9

Government communication of reforms and health measures to people

Mass public awareness campaigns offer an effective means to influence a population's behaviours and can mobilise it to act on a specific issue.

There is a strong need to increase public awareness of the impacts of consumption of unhealthy commodities. The role of governments in enforcing bans on advertising or sponsorships for industries producing or distributing these commodities is one step towards improving communication to the public from any source (see Case Studies 7A and 7B). Furthermore, governments themselves can disseminate communications to actively educate consumers and prevent potential new consumers from adopting unhealthy habits.

The power of an informed population should not be underestimated - whether as consumers, shareholders or advocates - and can be a powerful driving force behind reformulation of company operations or the development and enforcement of public policy.

There may be interest from unhealthy commodity industries to shift all responsibility to consumers, which is not justifiable since supply patterns are a defining factor of consumer behaviour. In particular, tobacco smoking is addictive and successful tobacco control campaigns demonstrate that the tobacco epidemic is driven by the nature of the product and its industry, and that smokers require assistance to quit. It is also important to consider the urgency and reach of the topic in message framing.

In addition to raising awareness about the negative effects, public communication campaigns are also very important tools to support reform, notably in the case of measures which are often unpopular at first glance, such as removing fossil fuel subsidies or increasing taxation.

Building support for reform by coordinating the different stakeholders and communicating the rationale of the reform adequately to consumers is one of the three pillars for a successful reform (Beaton et al., 2013). A failure to do so can result in the refusal by the population of measures that support a transition towards clean forms of energy, as was the case of the 'gilets jaunes' ('yellow vests') in France at the end of 2018 (Roth and Gerasimchuk, 2018).

The following case studies present examples of successful government communications against smokeless tobacco and subsidies to liquified petroleum gas (LPG) in India. Although not covered in the examples, advocacy and awareness campaigns from the population are also of great importance and provide channels through which governments may be made aware of citizens' priorities. This is the case in examples such as the 'Fridays for Future' youth movement, the UK's declaration of a state emergency on climate change, and direct citizen actions by people in places like Lebanon against breaking the smoke-free laws. Governments and public groups should listen to each other and leverage communications, making them a central element of any strategy to support reforms of unhealthy commodities and/or the promotion of more viable alternatives.

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9A

CASE STUDY

Tobacco mass media campaigning in Myanmar[22]

Background

In 2018, the People's Health Foundation Myanmar (a social development NGO) and Vital Strategies (a global public health organisation with communication expertise) in close cooperation with the Ministry of Health and Sports, designed, implemented and evaluated a mass media campaign to discourage smokeless tobacco use in Myanmar. The main objective of this smokeless tobacco campaign was to generate positive changes in the behaviour of current smokeless tobacco users, motivating quit attempts and preventing non-users from starting. A secondary objective was to raise awareness about smokeless tobacco use in Myanmar and its harmful effects on health, in order to reduce social acceptability.

The campaign, which was active in October and November 2018, comprised three testimonial ads/public service announcements (PSAs) of 30 seconds each (two TV messages and one radio message), featuring real people suffering the health effects of using smokeless tobacco. The ads were presented for six consecutive weeks on television, social media, radio and posters. In interviews with 678 individuals across six townships in Myanmar, 81% of respondents recalled at least one of the PSAs (either on TV, social media or radio) when prompted, and seven out of 10 correctly remembered the campaign's message. Among those who recalled the campaign, nine out of 10 reported that the ad made them 'stop and think'; a precursor to attempting to quit.

STRENGTHS

This campaign was designed to reach a maximum percentage of the population in Myanmar. Surveys, focus group discussions, and in-depth interviews were conducted to define the best media channels and to articulate the campaign messaging.

Following the survey outcomes from an earlier campaign, changes were made to the media used. Paid airtime was narrowed down to the two most popular channels/stations. Intense engagement with the Ministry of Health and Sports led to more free airtime on MRTV, the state TV and radio channel. This resulted in quadrupling the number of free TV and radio spots for the 2018 campaign.

Television was the most often mentioned source of information for this campaign, and it was a prioritised communication channel. State channels were also used successfully in this campaign to augment reach.

Although it had relatively low coverage nationwide, radio was also a successful channel, considering its higher reach in rural areas.

Engagement with the Ministry of Health was valuable throughout the campaign.

Two well-organised media events around the campaign drew a total of 57 journalists, generating free publicity valued at US $33,720 (Vital Strategies, 2018).

WEAKNESSES

Careful attention needs to be taken to ensure that the media used (e.g. television, radio, social media) will reach the intended audience and that messaging is culturally appropriate and relevant. This will vary from country to country and within different socioeconomic groups and can be better obtained by way of surveys and/or focus group discussions before PSAs are aired.

22 The authors wish to note that while they are in full support of the successful work outlined in this case study, it is crucial to also remain wary of the highly negative ways in which social media can and has also been used.

9B

CASE STUDY

'Give It Up' campaign on fossil fuel subsidies in India

Background

The 'Give It Up' campaign launched by the Narendra Modi government in India aimed at encouraging wealthier households to voluntarily surrender their liquefied petroleum gas (LPG) subsidies (The Ministry of Petroleum & Natural Gas, n.d.). The campaign was part of a broader strategy to lower the cost of subsidies to LPG, which reached a peak of US $7.4 billion in FY2013/14. The initiative was joined by other measures to restrict consumption of LPG and increase subsidies to the needy (Garg et al., 2017).

STRENGTHS

This was a broad, targeted and government supported communication campaign, that focused on positive actions to reduce subsidies to fossil fuels by directly addressing those that did not need the subsidy. By 2018, 10 million households (around 5% of active consumers) had given up their LPG subsidies (GSI, n.d.).

WEAKNESSES

This was a voluntary campaign. A study performed by the government found out that most of the volunteers were middle class, not upper class, missing a large opportunity to target wealthier households (Prasad, 2016). A subsequent income-based criteria was used to forcefully remove subsidies for wealthier households and this resulted in cancelling the subsidy for 800,000 customers (less than 1% of active connections).

The measure presented little stability when the oil minister offered consumers that had given up the subsidy voluntarily the option to claim it back after a year, fearing population protests if prices were to rise (Prasad, 2016).

Targeted measures depend strongly on existing consumer databases, which are not often strong in developing countries. India is an outlier as it possesses a digitised registry of LPG consumers, which helps set the stage for embarking on any reforms.

Conclusions and recommendations

The case studies evaluated above offer examples of mechanisms that can be used to restrict the production and consumption of unhealthy commodities, so that the health, air pollution and climate communities can learn from one another, using shared approaches and language. These case studies show that the connection with health is a strong argument to support sustainable change, as shown by the coal power phase out in the Canadian province of Ontario or the taxation of tobacco in Thailand to support a health fund.

The examples above also allow us to draw the following conclusions regarding best practices for policy makers and NGOs when developing actions against unhealthy commodities in general and tobacco and fossil fuels:

1

Name the unhealthy commodity

The difference between tobacco control and existing measures on air pollution and climate action is that the FCTC first addresses tobacco, the root cause of the issue, while climate agreements are focused on greenhouse gas emissions as a downstream consequence. Most of the emissions driving air pollution and climate change come from fossil fuels, yet fossil fuels are not even mentioned in the Paris Agreement and many other documents related to climate and air pollution - by contrast, the WHO FCTC names tobacco. Some case studies highlight the trends of identifying fossil fuels as subject of regulation; e.g. through fossil fuel subsidy reform or coal phase-outs.

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2

Create new social norms

Tobacco control is a perfect example of the necessity to match government action with new norms of social attitudes to tobacco, with smoking bans in public spaces being a key factor in 'denormalising' smoking. In this vein, advertising and sponsorship restrictions for unhealthy commodities and their producers can help the society shift its values. New social norms should also recognise that fossil fuels played an important role in the past, but need to be phased out and substituted by sustainable solutions to secure clean air and a safe climate in the future. Also, new social norms should consider air quality concerns as well as fossil fuel restrictions, and transition to alternatives as "mainstream" necessary norms, rather than extreme positions held by environmental groups. Coordination and peer groups, as well as news and publicity about divestment from unhealthy commodities, can support these efforts. Advocacy and awareness campaigns from population groups (for example, from youth climate movements) are very relevant to create these new social norms. Health professionals, by acting as respected health commissioners, can also be crucial actors in raising awareness against air pollution and creating new attitudes against the burning of fossil fuels.

3

Support the affected groups

The tobacco control community recognises that smokers are targets and not offenders, that it is the tobacco industry's rather than individual smokers' behaviour that drive the tobacco epidemic, and that smokers require assistance to quit. This recognition resulted in calls for the tobacco industry to be excluded from public health policy making, placing 'people before profit'. In order to improve air quality, reduce emissions, and ensure healthier people and planet, fossil fuel production and consumption must decline. But it is important to recognise that a shift away from oil, gas and coal will affect many consumers, employees and communities that currently depend on these unhealthy commodities, so that viable alternatives and support are required in order to achieve a just transition away from fossil fuels. The taxation of fossil fuels or reform of subsidies to them also demands special attention to the population groups that would be most negatively affected by price increases, and targeted mitigation measures should help them face the reforms. This is illustrated in the gasoline and diesel subsidy reform example in Indonesia (Case Study 6B), where a series of social support measures targeted to the poorest groups of the population were implemented or used to support them in regard to the resulting price increases. In the meantime, there has been a significant progress in making renewable energy an affordable and reliable alternative.

4

Use every tool in the box

Different instruments work in different circumstances. With the threat to health being so urgent, all available tools must be used:

Get market prices right through subsidy reform and taxation – when applied, such approaches have not only made tobacco and fossil fuels less attractive to produce and consume but have also mobilised finance for transition and various social causes, as is the case of the additional levy on excise taxes for tobacco and alcohol in Thailand (see Case Study 6A).

Introduce regulations banning certain production and consumption patterns, like smoke-free spaces and coal phase-out deadlines, which give clear signals to investors and industry.

Provide incentives to promote and enable healthier behaviours such as tax deductions for electric vehicles or preferential loans for solar panel installation by households.

Set clear, measurable targets that can help international organisations, policy makers, local governments and NGOs monitor progress in the areas of tobacco control, air pollution control and climate action. Failure to meet such targets can inform calls for accountability and legal action.

Divestment from unhealthy commodities by both public and private financial institutions, as explored in the Case Studies 5A and 5B, including divestment by insurers and several public and private financial institutions.

Disseminate public communications about the costs (human, environmental and financial) of unhealthy commodities, the benefits of alternatives, and the impact of regulatory changes.

Take bilateral, regional and multilateral government action, including not only participation in public health, climate and environmental agreements but also renegotiation of trade and investment treaties. These should be renegotiated in a way that do not impede but in fact support national and global goals as well as government rights and duties to regulate in the interests of public health, climate and the environment (see Case Studies 3A and B).

Take action at the national and subnational level, and innovations from city- and community-level.

Continue international development assistance supporting the implementation of the public health, air quality and climate protection measures.

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5

Act now and be a first mover

First movers reap gains by creating new rules of the game. Reduced smoking rates, improved air quality, and mitigation of climate change provide important benefits for public health and the economy (as described in Case Studies 7A and 7B, mentioning promotion of tourism in Belize or protection from earthquakes in the Netherlands). First movers can also form informal groups to exchange best practices and cheerlead for progressive policies, such as the Powering Past Coal Alliance or the Friends of Fossil Fuel Subsidy Reform (see Case Study 2B). In many instances (including Case Studies 8A and B), subnational governments are the first movers, as they are often able to act quicker than national governments, and a trial case after which success can be scaled up.

6

Be patient and persevere

Progress in tobacco control (e.g. through the negotiation of the Framework Convention under the WHO) has taken a great deal of time and effort. The coal phase-out in the Canadian province of Ontario (Case Study 8B) was also a lengthy process which involved a relatively large group of actors. However, the successful initiative could be considered as a precursor to a national coal phase-out. Change happens slowly and only if first movers and other champions are persistent. Progress and interim gains that bring the ultimate goal within reach can be celebrated and serve to motivate further action. When change reaches a tipping point, it rapidly accelerates and becomes irreversible.

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IISD Head Office
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International Environment House 2, 9 chemin de Balexert, 1219 Châtelaine, Geneva, Switzerland
Tel: +41 22 917 8683 | Fax: 41 22 917 8054 | Website: www.iisd.org/gsi

NCD Alliance

The NCD Alliance (NCDA) is a unique civil society network, dedicated to improving NCD prevention and control worldwide. Today, our network includes NCDA members, national and regional NCD alliances, over 1,000 member associations of our founding federations, scientific and professional associations and academic and research institutions. Together with strategic partners, including the World Health Organization, United Nations and governments, NCDA is uniquely positioned to transform the global fight against NCDs through its core functions of global advocacy, accountability, capacity development and knowledge exchange.

The NCD Alliance, 31-33 Avenue Giuseppe Motta, 1202 Geneva, Switzerland
Telephone: +41 22 809 1811 | Website: www.ncdalliance.org | Email: info@ncdalliance.org

This report challenges policy-makers and political leaders to tackle fossil fuel production and consumption as a health control issue, in the same way that smoking has been reduced and regulated. Fossil fuel combustion is a major source of toxic air pollution that kills 7 million people every year, almost the same as the number of deaths caused by tobacco smoking.

In 2018, the World Health Organization (WHO) recognised air pollution as a major health risk factor. There is widespread public discussion about the effects of fossil fuel combustion and emissions on climate change… but what about the effect on our health? Climate change poses a threat not only to the health of the planet, but also to humans.

The case studies evaluated in this report offer examples of mechanisms that can be used to restrict the production and consumption of unhealthy commodities, so that the health, air pollution and climate communities can learn from one another, using shared approaches and language. These case studies show that the connection with health is a strong argument to support sustainable change.

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10 YEARS 2009-2019
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