Dear government members of the ILO Governing Body:

We, the undersigned organizations, write to express our support for the International Labour Organisation (ILO) instituting the strongest possible policies to prohibit cooperation and public-private partnerships with the tobacco industry at the upcoming 331st session of the Governing Body.

In February of this year, the International Labour Office released a detailed report on the ILO's cooperation with the tobacco industry in the pursuit of the Organization's social mandate. In this report, the Office lays out two options for the Governing Body to consider. One option would end the ILO's partnerships with the tobacco industry and advance a conflict of interest policy while the other would allow business as usual to continue.

That same report notes a long-running trend in which tobacco companies are shifting production to lower-income countries where workers are less organized. A recent report from the World Health Organization documented that "recent trends in the organization of the tobacco leaf production and marketing chain...has expanded these multinational corporations' control over price and other factors while making farmers increasingly dependent." Multiple reports have documented that abusive contracting arrangements in countries including Malawi², Bangladesh³, and other countries ⁴ lock tobacco farmers and their families in generational cycles of poverty and indebtedness. Paired with well-documented price fixing by major tobacco multinationals⁵, a picture emerges of a deliberately planned and well-orchestrated strategy by a US\$700-billion industry to boost its profits off decreasing leaf prices at the expense of farmers and governments in Global South countries.

The tobacco industry has invested more than US\$15 million in the ILO to support "charitable partnerships" aimed at reducing child labour in tobacco fields. Such projects have a nominal impact on child labour, primarily because the projects focus on the cycle of poverty of tobacco farmers and neglect to address tobacco industry practices such as the administration of unfair contracts, collusion over leaf prices, and inflation of the costs for farm inputs that perpetuate poverty in the first place. To the contrary, internal documents of the tobacco industry have revealed that these projects are actually intended to provide cover for egregious tobacco industry abuse by being carried out jointly with a respectable organization like the ILO.⁶ Such projects come at significantly less cost to the industry than paying fair prices for tobacco leaf that would provide sustainable livelihoods for farmers and allow them

¹ https://www.cnbc.com/2017/01/10/why-getting-farmers-to-switch-from-tobacco-crops-is-a-struggle.html

² http://www.laborrights.org/publications/tobacco-production-and-tenancy-labour-malawi

³ http://www.who.int/tobacco/framework/cop/events/2007/bangladesh_study.pdf

⁴ http://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1152&context=jhclp

⁵ http://www.economist.com/node/687703

⁶ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/

to pull their children out of hazardous labour. In fact, the tobacco industry has derived nearly twenty times more in economic benefit from unpaid child labor in Malawi alone than it spent on all its social programming.⁷

ILO projects conducted jointly with the tobacco industry also inappropriately prioritize some of the ILO fundamental rights at work, namely prohibition on child labor, above others. The International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF) passed at its latest congress at the end of August a declaration noting the many ways in which global tobacco companies deny workers their rights to freedom of association and collective bargaining. Farmer and farm-worker organizations that could collectively negotiate better leaf prices and working conditions would significantly reduce child labor, as well as other labor exploitation, in tobacco supply chains, but tobacco funding diverts attention into approaches that—while not bad in and of themselves—address symptoms of child labor without addressing root problems. These include increased monitoring and remediation, which may push the cost and risks of combatting child labor onto impoverished farmers, and savings and loan or crop diversification programs that may help individual farmers improve their financial situation, but do not change the economic model that perpetuates exploitation of tobacco farmers.

Collaboration with the tobacco industry also undermines the ILO's obligations as a UN entity. Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) makes clear that the tobacco industry's interests are inherently in conflict with those of public health and, therefore, the industry cannot participate in setting or implementing public health policy. This is the backbone of the FCTC, without which implementation of the treaty cannot succeed.

The ILO's partnerships with the tobacco industry not only undermine the obligations of the 180 Parties that have ratified the treaty, but also contravene the expectation that the ILO is in policy coherence with the FCTC as a UN treaty. There is evidence that the tobacco industry has exploited the ILO to advance its objectives within the UN more broadly. For example, an internal document from British American Tobacco said, "The ILO has a unique role as a UN organisation in bringing together representatives of governments, workers and employers. It thus provides official access to an UN body in a way that is not available from other UN bodies."

The ILO risks tarnishing its reputation and the effectiveness of its work if it chooses to continue these partnerships with the tobacco industry. Such relationships contravene the WHO FCTC and enable the tobacco industry to tout its relationship with a reputable institution while continuing to undermine public health policymaking, exploit farmers, and obstruct farm workers' right to collective bargaining.

We hope you will stand with us against public-private partnerships with the tobacco industry at the 331st session of the Governing Body, and vote to institute the necessary policies to prohibit collaboration with

⁷ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/

⁸ http://www.iuf.org/w/sites/default/files/resolutionsforwebsite_0.pdf (p.34)

⁹ https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/#id=xshl0204

the industry. Should you have any questions or wish to discuss further, please contact Mischa Terzyk at terzykm@fctc.org.

Sincerely, the below-signed individuals and organizations:

ACT Health Promotion

Action on Smoking and Health

Action on Smoking and Health (UK)

Ad hoc Tobacco Free Committee of the Japanese Society of Oral Health

Advocacy for Principled Action in Government

Aer Pur Romania

African Tobacco Control Alliance - ATCA

Airspace Action on Smoking and Health

Alliance contre le tabac / French Alliance against Tobacco

Alliantie Nederland Rookvrij (Dutch Alliance for a Smokefree Society)

Andhra Pradesh State Youth Helath Action Groups

ASH Finland

ASH Northern Ireland

ASH Scotland

Asha Parivar

Association for Community Development

Association of Directors of Public Health

Association PROI

Australian Council on Smoking and Health (ACOSH)

Austrian Council on Smoking and Health

Bangladesh Anti Tobacco Alliance (BATA)

Belau Cares, Inc.

Belgian Foundation Against Cancer

Brazilian Thorax Association - SBPT

Breathe 2025

Butabika National Mental Hospital

Cambodia Movement for Health

Cameroon Coalition for Tobacco Control

Campaign for Tobacco-Free Kids

Campaign for Tobacco-Free Kids (Bangladesh)

Cancer Focus Northern Ireland

Catalan Institute of Oncology/WHO Collaborating Center for Tobacco Control

CEE-HOPE Nigeria

Center for Health Services Research, Department of Hygiene, Epidemiology & Medical Statistics,

Medical School, National & Kapodistrian University of Athens

Centre for the Critical Inquiry into Society and Culture, Aston University

CIET Uruguay/The Tobacco Epidemic Research Center

City Health Center

CNS (Citizen News Service)

COLAT

Comisón Nacional Permanente de Lucha Antitabáquica

Comité Nacional para la Prevención del Tabaquismo (CNPT)

Comité National Contre le Tabagisme

Comité/Club Unesco Universitaire pour la Lutte Contre la Drogue et les autres Pandémies(CLUCOD)

Confederation of Consumer Societies (KONFOP)

Consortium of Ethiopian NCD Associations

Consumer VOICE (Voluntary Organization in Interest of Consumer Education)

ContraPESO

Corporate Accountability International

Council for Public Health and the Problems of Demography

Cuerpo Académico en Salud Materno Infantil. Universidad de Guadalajara

Danish Cancer Society

Dhaka Ahsania Mission

DNF (Droits des Non-Fumeurs)

ENSP - European Network for Smoking and Tobacco Prevention

Environmental Rights Action/Friends of the Earth Nigeria

Ethiopian Diabetes Association

European Heart Network

European Respiratory Society (ERS)

FIC

Focus NGO

Fonds des Affections Respiratoires asbl

Forum Rauchfrei

Foundation "Smart Health - Health in 3D"

Framework Convention Alliance for Tobacco Control

French National Committee for Tobacco Control

Fundación Interamericana del Corazón México

German Smokefree Alliance

HealthJustice Philippines

Human Development, Reproductive Health & Right's NGO Network of Mongolia

Human Rights and Tobacco Control Network

Institute for Legislative Affairs

Institute for Youth Participation, Health and Sustainable Development

International Institute for Legislative Affairs

International Labor Rights Forum

International Union Against Tuberculosis and Lung Disease

INWAT Europe Foundation

IOGT International

Irish Cancer Society

Irish Heart Foundation

Italian Heart Foundation - Fondazione Italiana Per Il Cuore

Jamaica Coalition for Tobacco Control

Japan Cancer Society

Japan Society for the Tobacco Control

Jeewaka Foundation

Kyiv City Health Center

Lina and Green Hands Society

Lithuanian National Tobacco and Alcohol Control Coalition

Mathiwos Wondu-YeEthiopia Cancer Society

Ministry of Health Uganda

MPS GABON

National Association of Consumers

National Authority on Tobacco and Alcohol

National coalition "For Smokefree Kazakstan"

National Heart Foundation and Research Institute

National law School of India University, Bengaluru, India

New Initiative for Social Development (NISD)

NGO Advocacy Center "Life"

Nigerian Heart Foundation

Norwegian Cancer Society

Nucleus of Research and Tobacco Treatment - UFRJ

Observatorio Ecuatoriano sobre el Control del Tabaco

OxyRomandie

Paris Sans Tabac

PAS Center

People's Health Foundation

Physicians for Social Responsibility, Finland

Pratyasha anti-drug's club

PROGGA-Knowledge for Progress

Psychologists against tobacco, Sweden

Public Health Protection Foundation

Public Services International

RAID -THE GAMBIA

Roy Castle Lung Cancer Foundation

Royal Society for Public Health

Salud Crítica

Slovenian Coalition for Public Health, Environment and Tobacco Control

Smart Ungdom

Smoke Free Partnership

Smoke-free Life Coalition

Socialist Party (India)

Society for Alternative Media and Research (SAMAR)

SOS Tabagisme-Niger

Southeast Asia Tobacco Control Alliance

Southeast Asia Tobacco Control Alliance (SEATCA)

Tabinaj (Alliance of Women against Tobacco)

Tanzania Tobacco Control Forum

TC Consult

Teachers against Tobacco Sweden

The Heart Foundation of Jamaica

The Network for Consumer Protection in Pakistan

Tobacco - Free Association of Zambia

Tobacco Committee - Brazilian Medical Association

Tobacco control alliance in Georgia

Tobacco Control Collaborating Centre of the UK

Tobacco-free Finland

Tobaksfakta - oberoende tankesmedja (Tobacco facts - independent think tank, Sweden

UBINIG (Policy Research for Development Alternative)

Uganda Cancer Society

Uganda Health Communication Alliance

Uganda National Health Users'/Consumers' Organization

UK Centre for Tobacco and Alcohol Studies

UK Health Forum

Unfairtobacco

Unión Antitabáquica Argentina UATA

Vaagdhara

Vinoba Sewa Ashram

Vision for Alternative Development

Vital Strategies

Voluntary Health Association of India

Vote For Health campaign

Work for a Better Bangladesh Trust

World Association for Psychosocial Rehabilitation Philippine Chapter

Youth Network No Excuse Slovenia

YPSA

Individuals

Alison Commar, WHO

Aminul Islam, National Tobacco Control Cell (NTCC)

Andrew Russell, Durham University

Anjali Sahajpal, Ics

Anne Buttigieg, Smoking Cessation Specialist

Benjamin Meier, University of North Carolina at Chapel Hill

Bruce Zhang, University Of North Carolina at Chapel Hill

Bryan Stoten, WarwickshireCounty Council

Byambaa Chultemsuren, Global fund supported project on AIDS and TB

Gaurav Gupta, Campaign for Tobacco Free Kids
Hemal Shroff, Tata Institute of Social Sciences
Hugo Córdova, COLAT - Perú
Jose Francisco Pedra Martins, Fiocruz
Luis Fernando Gómez, Pontificia Universidad Javeriana
Luis Madge, World Health Organization
Lynn Silver, Public Health Institute
Marco Ugarte, COLAT

Marine Perraudin, World Health Organization
Marleen Kestens, European Heart Network
Marty Otañez, University of Colorado Denver
Meri Koivusalo, National Institute for Health and Welfare
Roberto Mazza, Istituto Nazionale Tumori Italia
Ronald Labonte, University of Ottawa
Samalie Namitala, Uganda revenue authority
Savannah Loehr, University of North Carolina at Chapel Hill
Sylviane Ratte, Vital Strategies
Takahiro Tabuchi, Osaka International Cancer Institute
Tih Ntiabang, Framework Convention Alliance