



Cape Town Declaration on Human Rights and a Tobacco-free World

We, participants in the 17th World Conference on Tobacco or Health, meeting in Cape Town, South Africa, on 7-9 March 2018, and civil society organizations as well as individuals from across the globe, are firmly committed to promoting and protecting public health and human rights in relation to the tobacco epidemic, which kills 7 million people each year globally, and agree to the following general principles and call to action to achieve a tobacco-free world.

I. General Principles Relating to Human Rights and Tobacco Control

A. Human Rights Applicable to Tobacco Control

1. We agree that the manufacture, marketing and sale of tobacco are incompatible with the human right to health. In this regard, we reaffirm the value of the preamble of the WHO Framework Convention on Tobacco Control (FCTC), in which the Parties express their determination “to give priority to the right to protect public health,” and to respect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as expressed in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).
2. We reaffirm the position taken by the Committee on Economic, Social and Cultural Rights in its General Comment No. 14 that the “failure to discourage production, marketing and consumption of tobacco” constitutes a violation of the obligation to protect under Article 12 (right to health) of the ICESCR.
3. The concept of the right to a tobacco-free world as a component of human rights implies the obligation of States to address human rights implications over the whole life-cycle of tobacco growing, manufacturing, marketing, distribution, consumption and post consumption, including child labor, violations of workers’ rights and the rights of special populations as well as environmental destruction.

B. Human Rights Relevance of the FCTC

4. We further agree that the manufacture, marketing and sale of tobacco are incompatible with other human rights obligations States have accepted by ratifying the FCTC and various global and regional human rights treaties, as well as under their own constitutions, in particular the rights to life; to health, including safe and healthy working conditions; children’s rights, including protection of children in tobacco production and from advertising; and women’s rights, including protection from the impact of smoking on pregnancy.



5. We welcome COP7 Decision 26 on "International cooperation for implementation of the WHO FCTC, including on human rights" and efforts by States Parties to enhance cooperation on the basis of that decision.
6. We support the WHO *Guidelines for implementation of the FCTC*, which explicitly affirm that the duties under Articles 8 and Article 12 are grounded in fundamental human rights and freedoms, including "the right to life, the right to the highest attainable standard of health and the right to education."

C. Litigation Against the Tobacco Industry Based on Human Rights

7. We welcome judgements by national, regional, and international courts that seek to protect the human rights of people from the effects of tobacco and the actions of tobacco corporations.
8. In particular, we welcome the position taken by the Supreme Court of India in allowing a petition to appeal the decision of the Karnataka High Court in the case of *Umesh Narain v. The Tobacco Institute of India*, and its exhaustive review of evidence of the impact of plain packaging and health warnings, its assessment of the obligations of the FCTC, the positions taken at the World Health Assembly and the WCTOH, and especially its analysis of Article 21 of the Indian Constitution, which affirms the right to a healthy life, including the right to health, adding that "tobacco in itself is a dangerous product which leads only to death and disease ... [and] harms and severely prejudices the health and wellbeing of people" and that "[i]mplementing measures to decrease the consumption of tobacco is in furtherance of the duty of the State." The reasoning is similar to that of the English High Court of Justice Queen's Bench Division, in 2016, which found that the tobacco industry "facilitates and furthers, quite deliberately, a health epidemic."

D. Use of the 2030 Development Agenda to Advance Tobacco Control

9. We welcome the inclusion within Goal 3 of the Sustainable Development Goals ("Ensure healthy lives and promote well-being for all at all ages") of Target 3.a ("Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate") and of age-standardized prevalence as the indicator of progress towards that target. However, the addition of "as appropriate" appears to be a concession to the tobacco industry that must not be interpreted at diminishing the rigorous application of the FCTC to achieve Goal 3.
10. We attach special importance in this regard to the adoption by the Human Rights Council of Resolution 35/23 on the Right to Health in the Implementation of the 2030 Agenda for Sustainable Development and to the report the UN High Commissioner on Human Rights is preparing in response to that resolution.



E. Human Rights Justification for Firm Action Against the Tobacco Industry

11. We consider that the United Nations Guiding Principles on Business and Human Rights and its respect, protect and remedy framework require the cessation of the manufacture and marketing of tobacco. The fundamentally harmful nature of the tobacco industry is such that it cannot be a partner in these efforts. The recent experience with the Philip Morris International-funded Foundation for a Smoke-Free World is further evidence of the need to consider initiatives by the tobacco industry as public relations ploys to advance their corporate interests contrary to the human rights of the public.
12. We welcome cooperation between the *Open-ended Intergovernmental Working Group (OEIGWG) on transnational corporations (TNCs) and other business enterprises with respect to human rights* and the FCTC Secretariat in clarifying the obligation to protect human rights against the influence of the tobacco industry and in focusing on how those corporations place profits before the public interest.
13. We support efforts – as part of safeguarding the human right to health – to exclude the tobacco industry from any benefits under international trade agreements, in light of the fact that any advantages of international investment, employment and marketing by international tobacco companies are far outweighed by the harm to the health and lives of the people who work in production of tobacco products and who consume them.

II. Call to action to promote and protect the right to a tobacco-free world

14. We call upon States Parties to all treaties affirming the right to health to include in their reports to treaty monitoring bodies explicit reference to measures taken and challenges faced in tobacco control that affect that right.
15. We call further on States Parties to the FCTC to include in their implementation reports explicit reference to their efforts to promote and protect human rights while implementing the Convention.
16. We urge public health institutions, civil society organizations, and human rights monitoring institutions to provide information on States Parties' tobacco control measures under the reporting procedures of the human rights treaties, in particular the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).



17. We encourage legal support organizations to work with individuals and organizations affected by the tobacco industry to bring cases to support efforts to limit manufacture, advertising, and marketing of tobacco products as violations of the right to health. In this regard, we express the hope that the Supreme Court of India will soon adjudicate that the tobacco industry is “res extra commercium,” thus limiting the legal rights of the tobacco industry to challenge measures that discourage marketing and consumption of tobacco products.
18. We invite the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health to include the right to a tobacco-free world as a component of the right to health in his thematic and country reports.
19. We invite civil society to provide appropriate inputs to the report the UN High Commissioner for Human Rights will prepare for the Human Rights Council at its 38th session in June 2018, pursuant to Council Resolution 35/23.
20. We call upon the Member States in the Human Rights Council to affirm the right to a tobacco-free world as a component of the right to health in a resolution or statement no later than 2021.
21. We encourage all States and other stakeholders to include tobacco control in the information they provide relating to the right to health when submitting reports under the Universal Periodic Review.
22. We urge national, regional and inter-governmental human rights institutions to support Sustainable Development Goal 3 and its target 3.a by actively promoting the implementation of the FCTC and other measures that seek to eliminate tobacco deaths.
23. We call upon the Inter-Agency Expert Group on SDG Indicators (IAEG-SDG) to prioritize Target 3.a, to disregard the qualification “as appropriate,” and to add other relevant indicators of progress towards this target.
24. We call upon the Open-ended Intergovernmental Working Group (OEIGWG) on transnational corporations (TNCs) and other business enterprises with respect to human rights to continue to work with the FCTC Secretariat on concrete measures to eliminate the extraordinary protection the tobacco industry has enjoyed for over half a century, and to explicitly reference tobacco in the new treaty, to encourage mutual reinforcement between the new treaty and the FCTC. The tobacco industry is an example of corporate subversion of public health and human rights measures and Article 5.3 of the FCTC that protects tobacco control policymaking from tobacco industry influence can serve as a model for the treaty negotiated by the OEIGWG.

25. We call upon governments participating in the G7 and G20 negotiations and in multilateral trade negotiations to explicitly exclude the tobacco industry from the benefits of any trade treaty.
26. We urge government, scientists, research entities, foundations, and civil society organizations to reject or cease collaboration with the Philip Morris International-funded Foundation for a Smoke-Free World and similar public relations initiatives of the tobacco industry.
27. We suggest that the steps taken to implement the components of this call to action enumerated above be reviewed at the 18th WCTOH.



Signatory Organizations

1. Action on Smoking and Health (ASH USA)
2. Action on Smoking and Health Foundation Thailand (ASH Thailand)
3. Aer Pur Romania
4. Africa Coalition on TB Swaziland
5. Africa Tobacco-Free Initiative

6. AID Foundation
7. Airspace Action on Smoking and Health
8. Aktionsbündnis Nichtraucher e.V. (ABNR)
9. Alianza Dominicana Antitabaquismo (ADAT)
10. Alianza Nacional para el Control del Tabaco ALIENTO (México)
11. Alliance Contre le Tabac (ACT)
12. Alliance for FCTC Implementation Bangladesh
13. Alternatives Durables pour le Développement
14. American Cancer Society, Inc.
15. ASH Finland
16. Asociación Canaria para la Prevención del Riesgo Cardiovascular (AS.CA.RI.CA.)
17. Associació D'Infermeria Familiar I Comunitària de Catalunya (AIFICC)
18. Association of Tanzania Health Journalists (THJ)
19. Association PROI (Bosnia and Herzegovina)
20. African Tobacco Control Alliance (ATCA)
21. Bangladesh Anti Tobacco Alliance (BATA)
22. Building Capacities for Better Health in Africa (Cameroon)
23. Cameroon Public Health Association (CAMPHA, ACASAP)
24. Cameroonian Coalition for Tobacco Control
25. Campaign for Tobacco-Free Kids
26. Canary Society of Public Health
27. Cancer Society of Finland
28. Centre for Critical Inquiry into Society and Culture
29. CIET Uruguay
30. Cigarette Butt Pollution Project
31. Coalición México Salud-Hable
32. Coalition for Tobacco Control – Pakistan
33. Comité/Club Unesco Universitaire pour la Lutte Contre la drogue et les autres pandémies (CLUCOD)
34. Comité Nacional para la Prevención del Tabaquismo (CNPT)
35. Comité National Contre le Tabagisme(CNCT)
36. Community Nursing Association (Asociación Enfermería Comunitaria, AEC)
37. Corporate Accountability International
38. Danish Cancer Society
39. Danish Heart Foundation
40. Danish Society of Public Health
41. Deutsche Gesellschaft für Pneumologie und Beatmungsmedizin e.V.
42. Doctors against Tobacco (Läkare mot Tobak)
43. Dutch Cancer Society (KWF Kankerbestrijding)
44. Dutch Heart Foundation (Hartstichting)
45. Dutch Lung Foundation (Longfonds)
46. Egypt Health Foundation
47. Environmental Rights Action/Friends of the Earth Nigeria
48. Ethical Shareholders Germany (Dachverband der Kritischen Aktionärinnen und Aktionäre)
49. European Association of Dental Public Health
50. European Network for Smoking Prevention (ENSP)
51. European Respiratory Society (ERS)
52. Faculty of Public Health

53. FCTC Implementation and Monitoring Center
54. Filha (Finnish Lung Health Association)
55. French Addiction Network (RESPADD)
56. French League Against Cancer
57. Fundación Española del Corazón (FEC)
58. Fundación Interamericana del Corazón México
59. Fundación Salud Dr. Augusto Turenne
60. Gesundheitseinrichtung Josefhof (Josefhof health care facility)
61. Global Bridges
62. Global Network for Tobacco Free Healthcare Services
63. Healix - Sekhsaria Institute for Public Health
64. Health and Trade Network
65. Health Healing Network Burundi-HHNB
66. Health Jurists Association
67. Health Promotion Foundation
68. Health Related Information Dissemination Amongst Youth (HRIDAY)
69. Healthy Latin America Coalition/ Coalición Latinoamérica Saludable CLAS (250 organization network)
70. Human Rights and Tobacco Control Network (HRTCEN)
71. Indian Cancer Society, Delhi
72. Indonesia Smoke-Free Agents (SFA)
73. Institute of Leadership and Development (INSLA)
74. Interamerican Heart Foundation (IAHF)
75. International Network of Women Against Tobacco (INWAT)
76. IOGT International (151 member organizations from 60 countries)
77. Israel Medical Association for Smoking Cessation and Prevention
78. Jamaica Coalition for Tobacco Control
79. Japan Society for Tobacco Control
80. Jeewaka Foundation
81. Jogja Sehat Tanpa Tembakau (JSTT)
82. Kenya Tobacco Control Alliance (KETCA)
83. Kosovo Advocacy and Development Center (KADC)
84. l'Alliance Congolaise pour le Contrôle du Tabac
85. l'Association Togolaise de Lutte contre l'Alcoolisme et les Autres Toxicomanies (A.T.L.A.T)
86. Les Droits des Non-Fumeurs (DNF)
87. Lina and Green Hands Society
88. Lithuanian Tobacco and Alcohol Control Coalition (NTAKK)
89. Madok Drabya O Neshu Birodhi Council (MANOBIK)
90. Madrid Association of Public Health
91. Mexican Society of Public Health
92. Ministry of Health of the Region of Murcia (Consejería de Salud de la Región de Murcia)
93. New Vois Association of the Philippines
94. Norwegian Cancer Society
95. Norwegian Public Health Association (NOPAH)
96. Nurses Network against Tobacco and Substance Abuse in Thailand
97. NY SAHY
98. OxySuisse
99. Peter Tatchell Foundation

100. Physicians for a Smoke-Free Canada
101. Polish Association of Public Health (PTZP)
102. Positive Women Together in Action
103. PROGGA (Knowledge for Progress)
104. Public Health Association of Australia
105. Public Health Law Center
106. Public Health Society of Catalonia and the Balearic Islands
107. Resource Centre for Primary Health Care (Nepal)
108. ROCAT
109. School of Health Systems and Public Health University of Pretoria
110. School of Public Health & Family Medicine at the University of Cape Town
111. SERAC-Bangladesh
112. Slovenian Coalition for Public Health, Environment and Tobacco control (SCTC)
113. Smoke Free Israel
114. Socidrogalcohol (Spanish Cientific Society for the Study of Alcohol, Alcoholism and other Drugs)
115. Sociedad Andaluza de Salud Pública y Administración Sanitaria
116. Sociedad Uruguaya de Tabacología
117. Sociedad Española de Cirugía Bucal
118. Sociedad Española de Médicos Generales y de Familia (SEMG)
119. Society for Alternative Media and Research
120. Society for Public Health Education
121. SOS Tabagisme
122. Southeast Asia Tobacco Control Alliance (SEATCA)
123. Spanish Health Economics Association (Asociación de Economía de la Salud, AES)
124. Spanish Primary Care Network
125. Spanish Society of Environmental Health
126. Spanish Society of Public Health and Health Administration Society (SESPAS)
127. Spanish Society of Epidemiology
128. Swarna Hansa Foundation
129. TABINAJ (Alliance of Women against Tobacco), Bangladesh
130. Tanzania Tobacco Control Forum
131. TB Proof
132. The Asian Consultancy on Tobacco Control
133. The Austrian Council on Smoking and Health
134. The Belgian Foundation Against Cancer
135. The Brazilian Association of Collective Health (ABRASCO)
136. The Fondation Cancer
137. The Heart Foundation of Jamaica
138. The International Union Against Tuberculosis and Lung Disease
139. The International Union for Health Promotion and Education (IUHPE)
140. The NCD Coalition in Latin America
141. The School of Public Health, University of the Western Cape
142. The Spanish Federation of Associations of Community Nursing and Primary Care (FAECAP)
143. The Public Health Advocacy Institute at Northeastern University School of Law
144. The Public Health Association of South Africa (PHASA)
145. The Swiss Association for Smoking Prevention
146. The World Federation of Public Health Associations
147. Tobacco Free Association of Zambia

148. Tobacco-Free Finland 2030 Network
149. TobaccoFree Research Institute Ireland
150. Truth Initiative
151. UBINIG
152. Uganda National Health Consumers' Organization (UNHCO)
153. Ukrainian NGO Advocacy Center "Life"
154. Unfairtobacco
155. Università del Terzo Settore (UniTS)
156. UNITED SIKHS
157. Vietnam Public Health Association
158. Vision for Alternative Development (VALD)
159. Vital Strategies
160. VIVID – Fachstelle für Suchtprävention
161. Youth against Alcoholism and Drug Dependency
162. Youth Network No Excuse Slovenia
163. Zambia Consumer Association (ZACA)

Experts Signing as Individuals

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|--------------------------------|-------------------------------|
| 1. Albert Hirsch | 32. Maria Espinosa |
| 2. Aminul Islam | 33. Maria Paz Corvalan Barros |
| 3. Amit Yadav | 34. Maryam Rumaney |
| 4. Benjamin Mason Meier | 35. Mawya al Zawawi |
| 5. Clémence Cagnat-Lardeau | 36. Mervi Hara |
| 6. Cornel Radu-Loghin | 37. Michael Moore |
| 7. Dominique Kondji | 38. Mihaela Lovse |
| 8. Dr. Alain Rigaud | 39. Mike Daube |
| 9. Dr. Joanna E. Cohen | 40. Pascal Diethelm |
| 10. Dr. Mira B. Aghi | 41. Per Haglind |
| 11. Dr. Muhammad Aziz Rahman | 42. Regina Dalmau |
| 12. Dr. Pongsri Srimoragot | 43. Richard Thode |
| 13. Dr. Prakash Gupta | 44. Robyn Johnston |
| 14. Dra. Elba Esteves Di Carlo | 45. Ronald Labonté |
| 15. Eduardo Bianco | 46. Ruth Malone |
| 16. Farida Akhter | 47. Satu Lipponen |
| 17. Ferdaous Ouni | 48. Shahzad Alam Khan |
| 18. Fikreab Kebede | 49. Stanton A. Glantz |
| 19. Francisco Rodriguez Lozano | 50. Stephen LeQuet |
| 20. Gallege Punyawardana Alwis | 51. Valentina Sri Wijiyati |
| 21. Gérard Dubois | 52. Winnie Botha |
| 22. Julio Bobes | 53. Yumiko Mochizuki |
| 23. Khurram Hashmi | 54. Zachary Taylor Smith |
| 24. Kuku Vovi | |
| 25. Laura Graen | |
| 26. Laura Llambi | |
| 27. Laurent Huber | |
| 28. Lina Hammad | |
| 29. Loïc Josseran | |
| 30. Mafayo Phiri | |
| 31. Mark Levin | |