

October 30, 2018

Dear Members of the International Labour Organisation Governing Body:

The expiration of the International Labour Organisation's (ILO) contract with Japan Tobacco International – the organization's last contract with the tobacco industry - this December creates an opportunity for the ILO to start afresh in 2019. While the world waits for the ILO to align itself with the 181 countries party to the WHO Framework Convention on Tobacco Control (FCTC)¹, at this 334 governing body meeting, we, the undersigned organizations, respectfully request the following decisions be adopted:

1. No longer accept any funding from the tobacco industry including corporations profiting from tobacco and ancillary groups that receive tobacco industry funds, in accordance with the UN model policy;
2. Implement the integrated strategy using Regular Budget Supplementary Account funds in the short term; and
3. Work closely with relevant UN agencies, e.g. FAO, UNDP, to assist tobacco farmers and workers to find alternate livelihood; and
4. allow current contracts with the tobacco industry to expire, do not negotiate for the renewal of expired contracts, and do not establish new contracts with the tobacco industry or its proxies.

Collaboration with tobacco companies presents several conflicts of interest for the ILO and risks global public health:

- **The ILO's acceptance of funding from the tobacco industry undermines the ILO's obligations as a UN entity.** Article 5.3 of the 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.
- **Internal tobacco industry documents reveal partnerships with respectable organizations like the ILO are intended to provide cover for egregious tobacco industry abuse.** Indeed, tobacco industry investments in the ILO have a nominal impact on child labour as they 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. 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 to pull their children out of hazardous labour. In fact, the tobacco industry has derived nearly

¹https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en

twenty times more in economic benefit from unpaid child labour in Malawi alone than it spent on all its social programming².

- **The ILO's acceptance of funding from the tobacco industry contravenes 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 bodies³." Earlier this month (1-6 October) 181 Parties to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) met in Geneva and made an important decision that is relevant to the ILO: *"to further enhance policy coherence within governments and require that all government sectors relevant to the implementation of the Convention, not only the health sector, comply with the requirements of Article 5.3 of the WHO FCTC, and reflect the same in positions put forward in different governing bodies of the United Nations system"*
- **The ILO risks tarnishing its reputation and the effectiveness of its work if it chooses to continue accepting funding from the tobacco industry.** Such financial 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.

Last year on 16 October 2017, 154 organizations called on the ILO to end its PPP with the tobacco industry and its collaborators. However, due to extenuating circumstances, the ILO Governing Body has postponed the decision three times (March 2017, November 2017, March 2018). In June 2018, the ILO's contract with the Eliminating Child Labor in Tobacco Growing (ECLT) Foundation expired, and this December the contract with Japan Tobacco International (JTI) will terminate. This 334th governing body meeting provides another opportunity for the ILO to make the much-awaited decision to help end the global tobacco epidemic and not accept more funding from the tobacco industry and its collaborators.

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

Sincerely, the below-signed public health, development, human rights, and corporate accountability organizations:

Action on Smoking and Health (Finland), Finland

Action on Smoking and Health (Northern Ireland), Northern Ireland

²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/>

³<http://blogs.bmj.com/tc/2016/02/08/big-tobacco-child-labour-and-the-international-labour-organization/>

Action on Smoking and Health (Scotland), UK - Scotland
Action on Smoking and Health (Thailand), Thailand
Action on Smoking and Health (UK), UK
Action on Smoking and Health (USA), USA
ADRA, SAMOA
Advocacy Center "LIFE", Ukraine
Aer Pur Romania, Romania
African Tobacco Control Alliance, Africa
afriquesanstabac@yahoo.fr, Sénégal
Airspace Action on Smoking and Health, Canada
American Cancer Society, USA
Anti - Alcohol and Drug Abuse Zambia, Zambia
Asian Consultancy on Tobacco Control, China
Asociación Dominicana de Estudiantes Evangélicos ADEE, República Dominicana
Asociación Mexicana de Médicos en Formación A. C., México
Association of European Cancer Leagues, Belgium
Association of Secondary school students in Bosnia and Herzegovina (ASuBiH), Bosnia and Herzegovina
Association PROI, Bosnia and Herzegovina
Association Togolaise de Lutte contre l'Alcoolisme et les Autres Toxicomanies (A.T.L.A.T), Togo
Belgian Foundation Against Cancer, Belgium
Berlin Working Group on Environment and Development BLUE 21, Germany
British Heart Foundation, United Kingdom
British Lung Foundation, United Kingdom
Caja Costarricense del Seguro Social de Costa Rica, Costa Rica
Cambodia Movement for Health, Cambodia
Cameroon Coalition to counter tobacco, Cameroon
Campaign for Tobacco-Free Kids, United States
Cancer Focus Northern Ireland, Northern Ireland
Cancer Research UK, United Kingdom
CCSS, Costa Rica
Center for Law and Policy Affairs, Bangladesh
Centro de investigación Para la Epidemia del Tabaquismo, CIET/Uruguay, Uruguay
Ciet, Uruguay
COLAT, PERU
Comité National Contre le Tabagisme, France
Comunidad de Profesionales Cristianos CPC Santo Domingo, Republica Dominicana
Corporate Accountability, USA
Costa Rican Social Security System (Caja Costarricense de Seguro Social), Costa Rica
CTR, Dominican Republic
Dhaka Ahsania Mission, Bangladesh
DNF-Pour un Monde Zéro Tabac, France
Doctors Against Tobacco Finland, Finland

EDUCAR CONSUMIDOES, Colombia
EuroHealthNet, European Partnership based in Brussels, Belgium
European Network for Smoking and Tobacco Prevention (ENSP), Europe region
Facultad de medicina, Uruguay
FEMI (Federación Médica del Interior), Uruguay
Fic Bolivia, Bolivia
Fundación Anáas, Colombia
Fundacion Dominicana de Obesidad y Prevencion Cardiovascular, República Dominicana
Fundación InterAmericana del Corazón México, México
Health & Environment Advocacy Leadership Network - Asia, Philippines
Health For All Coalition, Sierra Leone
Health Healing Network Burundi-HHNB, Burundi
HealthJustice, Philippines
Hospital San Vito, Costa Rica
HRIDAY, India
Human Rights and Tobacco Control Network, USA
Indian Cancer Society, Delhi, India
Innovation Management & Business Association - Philippines, Philippines
Institute fo Public Health of R. MACEDONIA, Republic of Macedonia
InterAmerican Heart Foundation, Latin America and Caribbean
InterAmerican Heart Foundation (IAHF), Uruguay
International Corporate Accountability Roundtable, USA
International Labor Rights Forum (ILRF), US
International Union Against Tuberculosis and Lung Disease, France
Japan Society for Tobacco Control, Japan
KADC, Kosovo
Kenya Tobacco Control Alliance, Kenya
Kom op tegen Kanker, Belgium
Ligue Sénégalaise Contre le Tabac LISTAB, Sénégal
Lithuanian Tobacco and Alcohol Control Coalition, Lithuania
Madak Drayba O Nesho Birodhi Council MANOBIK, Bangladesh
MENTAL HEALTH USERS NETWORK OF ZAMBIA, ZAMBIA
Mouvement Populaire pour la santé au Gabon, Gabon
NCD Alliance, Switzerland
NGO NOVI POGLED, Bosnia and Herzegovina
North Karelian Center for Puplic Health, Finland
Norwegian Cancer Society, Norway
Observatoire Contre le Commerce Illicite des Produits du Tabac, Sénégal
One for Nursing Empowerment - Philippines, Philippines
ONG Ecole Sans Tabac = Vie Ecolo (ESTAB), Côte d'Ivoire
OxySuisse, Switzerland
Pratyasha' anti-drug's club, bangladesh
PROGGA (Knowledge for Progress), Bangladesh

Red Nacional Antitabaco de Costa Rica (RENATA), Costa Rica
The Romanian Association for Health Promotion, Romania
RURAL HEALTH UNIT-TALISAYAN, MISAMIS ORIENTAL, Philippines
Samoa Cancer Society Inc, Samoa
Sci Artes MARCIALES uruguay, URUGUAY
Scottish Thoracic Society, UK
Smoke Free Partnership, EU
Sociedad Dominicana de Neumologia y Cirugía de Torax, República Dominicana
Southeast Asia Tobacco Control Alliance (SEATCA), Thailand
Swiss Association for Smoking Prevention, Switzerland
Tamak Birodhi Nari Jote (TABINAJ), Bangladesh
Tanzania Tobacco Control Forum (TTCF), Tanzania
The Finnish Heart Association, Finland
The Organisation for Respiratory Health in Finland, Finland
The Royal Environmental Health Institute of Scotland, Scotland
The Wellbeing Initiative and Young Professional And Student Assembly- Society for Public Health Professionals of Nigeria, Nigeria
The World Heart Federation, Global
Tobacco control alliance in Georgia, Georgia
Tobacco Facts - Independent Tobacco Control Think Tank, Sweden
Tobacco Free Association of Zambia, Zambia
Tobacco-free Finland, Finland
UBINIG (Policy Research for Development Alternative), Bangladesh
University of Costa Rica, Costa Rica
Venezuela Heart Foundation, Venezuela
Vision for Alternative Development, Ghana
Vital Strategies, US
Youth Communication Centre, Bosnia and Herzegovina
Zambia Consumer Association, Zambia
Zambia Heart and Stroke Foundation, Zambia
Zambia Media Network Against Tobacco, Zambia