

June 7, 2018

Dear Government Members of the ILO Governing Body:

We, the undersigned organizations, request current ILO contracts with Japan Tobacco International (JTI) and a group that is dominated by the tobacco industry, “Eliminating Child Labor in Tobacco” (ECLT), set to expire December and June 2018, respectively, not be considered for renewal or extension until a decision can be reached on whether the ILO will prohibit cooperation and public-private partnerships with the tobacco industry in compliance with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

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 not yet made a decision on the matter. The looming expiration of the ECLT contract this month places renewed urgency on the ILO to, at a minimum, not perpetuate its entanglements with the tobacco industry until such time that a decision on the broader question can be reached

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

- **Internal tobacco industry documents reveal partnerships with respectable organizations like the ILO are intended to provide cover for egregious tobacco industry abuse.**¹ Indeed, tobacco industry investments in the ILO have a nominal impact on child labor 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 twenty times more in economic benefit from unpaid child labor in Malawi alone than it spent on all its social programming.²
- **ILO collaboration with the ECLT legitimizes a known tobacco industry front group.** British American Tobacco co-founded the ECLT in October 2000 with the nominal aim of protecting children from harmful agricultural work practices in tobacco growing through research and education; later, Philip Morris International and other tobacco industry organizations joined.³ ECLT is an alliance of tobacco companies and growers and according to their most recent annual report, led exclusively by tobacco companies and members of the tobacco industry.⁴ ECLT’s stated intention may be to ensure tobacco-growing communities can ensure that their children are healthy, educated and safe, but the reality is that it is an industry that profits from people

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/>

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

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/>

⁴ https://www.eclt.org/user/pages/downloads/ECLT_Foundation_Annual_Report_2016.pdf

who overwhelmingly become addicted to its products as children, and which inflicts enormous hardship and poverty.⁵

- **Collaboration with the tobacco industry 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 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 bodies."*⁶

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.

This month's expiration date of one of the ILO's tobacco industry partners creates a matter of some urgency for our request. While the world waits for the ILO to decide on whether or not it will comply with the WHO FCTC, we respectfully request that current contracts with the tobacco industry be allowed to expire, expired contracts not be negotiated for renewal, and no new contracts with the tobacco industry be established.

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:

Academie de médecine, France

ACT Promoção da Saúde (ACT Health Promotion), Brazil

Action on Smoking and Health (UK), UK

Advocacy Center "Life", Ukraine

African Tobacco Control Alliance (ATCA), Togo

Afrique Contre le Tabac, Burkina Faso

Airspace Action on Smoking and Health, Canada

⁵ <http://blogs.bmj.com/tc/2016/02/08/big-tobacco-child-labour-and-the-international-labour-organization/>

⁶ <https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/#id=xshl0204>

Alianza Dominicana Antitabaquismo (ADAT), Republica Dominicana
ALIANZA ENT-PERÚ, PERU
Argentine Society of Cardiology, Argentina
ASH, USA
ASH Finland, Finland
ASH Ireland, Ireland
ASH Scotland, Scotland, UK
ASH Thailand, Thailand
Association for Community Development, Bangladesh
Austrian Council on Smoking and Health, Austria
Bangladesh Institute of Theatre Arts (BITA), Bangladesh
Belgian Foundation Against Cancer, Belgium
Brazilian Medical Association (AMB), Brazil
C3t, Cameroun
Cambodia Movement for Health, Cambodia
Campaign for Good Governance (SUPRO), Bangladesh
Campaign for Tobacco-Free Kids, USA
CANCER AID SOCIETY, INDIA
Cancer Research UK, United Kingdom
Center for Tobacco Contril in Africa, Uganda
Centre for Workers' Management, India
Centro de Investigación para la Epidemia del Tabaquismo, Uruguay
CNS (Citizen News Service), India
Coalición Latinoamérica Saludable, USA
Coalición México Salud-Hable, México
COALICION PANAMEÑA CONTRA EL TABAQUISMO, PANAMA
COALITION PANAMENIAN AGAINST TOBACCO (COPACET), PANAMÁ
COMISION NACIONAL PERMANENTE DE LUCHA ANTITABÁQUICA - COLAT, PERU

Comité National Contre le Tabagisme, France

Consortium for Tobacco Free Karnataka, India

Consumer Voice, India

Consumers Association of Penang, Malaysia, Malaysia

Corporate Accountability, United States

Council for Public Health and the Problems of Demography, Russia

CRES, SENEGAL

Danish Cancer Society, Denmark

Dhaka Ahsania Mission, Bangladesh

División de prevención de ENT, Rep Dominicana

Dominican Pediatric Society, Dominican Republic

Dutch Cancer Society, The Netherlands

Escuela de Nutricion, Panama

FACIMED, Argentina

FFO, Pakistan

Fic Bolivia, Bolivia

Foundation "Smart Health - Health in 3D", Poland

Framework Convention Alliance (FCA), international

Frente por un Chile Saludable, Chile

Fresh- Making Smoking History, UK

Fundación Anáas, Colombia

Fundación Dominicana de Obesidad y Prevención Cardiovasculara (FUNDO), Republica Dominicana

Fundación Ecuatoriana de Salud Respiratoria FESAR, Ecuador

Fundación InterAmericana del Corazón México, Mexico

Fundación Movicancer, Nicaragua

GenZ GenStrong Thailand, Thai

Global Network for Tobacco Free Healthcare Services, Ireland

Health Action by People, India

Health Development and Anti Malaria Association, Ethiopia

Health Justice Phil., Philippines

HealthBridge, Canada

Help for All, Pakistan

HRIDAY, India

Human Development Foundation, Pakistan

Indian Cancer Society, Delhi, India

Indonesian Public Health Association, Indonesia

Initiative pour l'Education et le Contrôle du Tabagisme, BENIN

InterAmerican Heart Foundation (IAHF), USA

Japan Cancer Society, Japan

Japan Society for Tobacco Control, Japan

Jeewaka Foundation, Sri Lanka

Kenya Tobacco Control Alliance, Kenya

Kyiv city Public Health Center, Ukraine

Lithuanian Tobacco and Alcohol Control Coalition, Lithuania

Longfonds (Dutch Lung Foundation), Netherlands

MINISTERIO DE SALUD, Panamá

Ministerio de Salud de Panamá, Panamá

Movement for Alternatives and Youth Awareness, India

National Authority on Tobacco and Alcohol, Sri Lanka

National Heart Foundation of Bangladesh, Bangladesh

National Poison Centre, Malaysia

National Tobacco Control Cell, Bangladesh

NCD Alliance, Switzerland

Neima Hellen, Uganda

NGO "Advocacy Center "LIFE", Ukraine

Norwegian Cancer Society, Norway

Nucleo de Estudos e Tratamento do Tabagismo (NETT) - Universidade Federal do Rio de Janeiro, Brazil

OxySuisse, Switzerland

Pakistan National Heart Association (PANAHA), Pakistan

Paris sans tabac, France

'Pratyasha' Anti-Drug's Club, Bangladesh

PROGGA (Knowledge for Progress), Bangladesh

PROI, Bosnia and Herzegovina

Slovenian coalition for public health, environment and tobacco control (SCTC), Slovenia

Smoke Free Partnership, EU

Socialist Party (India), India

Sociedad Dominicana de medicina familiar, Santo Domingo Republica Dominicanans

Sociedad Dominicana De Neumología y Cirugía del Torax, República Dominicana

Sociedad Uruguaya de Tabacología, Uruguay

Sodenn, República Dominicana

Southeast Asia Tobacco Control Alliance (SEATCA), Thailand

Swiss Association for Tobacco Prevention, Switzerland

Tanzania Tobacco Control Forum, Tanzania

Tobacco Free Association of Zambia, Zambia

Tobacco-Free Finland, Finland

TobaccoFree Research Institute Ireland, Ireland

Tobaksfakta -(TobaccoFacts)- Independant ThinkTank Sweden, Sweden

Turkish Respiratory Society, Turkey

UBINIG (Policy Research for Development Alternative), Bangladesh

Uganda Cancer Society, Uganda

Uganda National Health Users'/Consumers' Organization, Uganda

Unfairtobacco, Germany

Universidad Centroamericana "José Simeón Cañas", UCA, El Salvador

Vaagdhara, India

Vinoba Sewa Ashram, INDIA

Vision for Alternative Development, Ghana

Vital Strategies, USA

Voluntary Health Association of India, India

Vote For Health Campaign, India

World Heart Federation, Switzerland

XQNS Initiative, SPAIN

Young Power in Social Action (YPSA), Bangladesh

Youth Health Care and Development Africa, Uganda

Zambia Heart and Stroke Foundation, Zambia

Zambia Non-Communicable Diseases Alliance, Zambia