

Index for Tobacco Control Sustainability

BRAZIL

| INDICATORS | | Present (P)/ Absent (A) | Weighted Score | Country Score |
|--------------------|---|----------------------------|-------------------|------------------|
| 1 | Prerequisite Indicator: >4 MPOWER policies in place | P | 9 | 9 |
| 2 | National tobacco control budget (annual) | A | 7 | 0 |
| 3 | National tobacco control law | P | 6 | 6 |
| 4 | National budget allocation for tobacco control capacity building | A | 6 | 0 |
| 5 | Tobacco taxation >75% of retail sales price | P | 6 | 6 |
| 6 | Tobacco taxation increases faster than inflation plus gross domestic product growth | A | 6 | 0 |
| 7 | National tobacco control unit | P | 5 | 5 |
| 8 | Civil society tobacco control network | P | 5 | 5 |
| 9 | Civil society representation in national tobacco control advisory committees | P | 5 | 5 |
| 10 | Health promotion fund for, or including, tobacco control | A | 5 | 0 |
| 11 | National policy against tobacco industry corporate social responsibility | A | 5 | 0 |
| 12 | Tobacco-related mortality and morbidity recording system | P | 5 | 5 |
| 13 | National evaluation framework in place | P | 5 | 5 |
| 14 | Evaluation built into all major policy implementation plans | P | 5 | 5 |
| 15 | National tobacco control strategy | P | 4 | 4 |
| 16 | Tobacco control and non-communicable diseases form part of national health policy | P | 4 | 4 |
| 17 | Tobacco control forms part of national development plan | A | 4 | 0 |
| 18 | Human resource for implementation (national) | P | 4 | 4 |
| 19 | Global Tobacco Surveillance System surveys | P | 4 | 4 |
| 20 | Intergovernmental coordination mechanism | P | 3 | 3 |
| 21 | Capacity building plan for tobacco control personnel | A | 3 | 0 |
| 22 | Developmental assistance funding includes tobacco control | A | 3 | 0 |
| 23 | Code of conduct for government officials and staff | P | 3 | 3 |
| 24 | Ministry of health WHO FCTC Article 5.3 policy | P | 3 | 3 |
| 25 | WHO FCTC Article 5.3 policy across all ministries | P | 3 | 3 |
| 26 | Economic and social tobacco costs data | P | 3 | 3 |
| 27 | National focal point post | P | 3 | 3 |
| 28 | National advisory committee | P | 2 | 2 |
| 29 | Capacity building plans on research and evaluation | A | 2 | 0 |
| 30 | Mass media campaigns funded | A | 1 | 0 |
| 31 | Capacity building plan for non tobacco control specific personnel | A | 1 | 0 |
| Total Score | | | 130 | 87 |

Explanation of the scores:

1. Pre-requisite Indicator: >4 MPOWER policies in place: Brazil has all the MPOWER policies in place except mass media, which puts Brazil among very few countries that fulfill these measures.
2. National tobacco control budget (annual): N/A.
3. National tobacco control law: Law No. 9.294 (July 16, 1996) is the principal law that governs smoking in public places, tobacco advertising, promotion and sponsorship and packaging and labeling of tobacco products.
4. National budget allocation for tobacco control capacity building: N/A.
5. Tobacco taxation >75% of retail sales price: Taxation accounts for 79% of retail price of cigarettes.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: Before 2016, the tax burden on tobacco products exceeded inflation, but currently it does not, as taxes have not increased since 2016 despite rising inflation.
7. National tobacco control unit: The national tobacco control team is functional under the MOH.
8. Civil society tobacco control network: Brazil has a solid network of organizations engaging in the discussion of the tobacco control agenda.
9. Civil society representation in national tobacco control advisory committees: There is an active presence of civil society organizations advising and complementing the efforts by the government, thanks to Publication of MOH ordinance No. 3807/2018, which created the Advisory Council of CONICQ including representatives from civil society.
10. Health promotion fund for, or including, tobacco control: N/A.
11. National policy against tobacco industry corporate social responsibility: N/A.
12. Tobacco-related mortality and morbidity recording system: Brazil has solid systems in place.
13. National evaluation framework in place: Brazil has an evaluation policy that helps to execute the tobacco control agenda.
14. Evaluation built into all major policy implementation plans: There are evaluations in place to assist the analysis of tobacco control policies.
15. National tobacco control strategy: There is a strategy in place that helps implement the tobacco control agenda.
16. Tobacco control and non-communicable diseases form part of national health policy: The national health policy covers tobacco control and NCD prevention.
17. Tobacco control forms part of national development plan: N/A.
18. Human resource for implementation (national): There is an active base of professionals and public servants assisting the implementation of tobacco control policies.
19. Global Tobacco Surveillance System surveys: Several surveillance systems are in place to monitor the use of tobacco products.
20. Intergovernmental coordination mechanism: A solid mechanism exists that is recognized globally due to positive implementation of the WHO FCTC in the country, with the publication of MOH ordinance No. 3807/2018, which created CONICQ.
21. Capacity building plan for tobacco control personnel: Capacity building activities are not financed by the government.

22. Developmental assistance funding includes tobacco control: N/A.
23. Code of conduct for government officials and staff: There is a regulation that helps prevent conflict of interest.
24. Ministry of Health WHO FCTC Article 5.3 policy: - MOH No. 1.083/2011 requires that CONICQ members declare conflict of interest; the CONICQ Ethical Guidelines (MOH No. 713/2012) are also binding for CONICQ members.
25. WHO FCTC Article 5.3 policy across all ministries: The Code of Professional Ethics of the Federal Public Servant (Decree No. 1.171/1994) and the decree on hearings by public agents of the Federal Public Administration (Decree No. 4.334, Aug, 2002) are applied across all ministries, encompassing a wide range of professional activities. These regulations protect against any potential conflicts of interest within the scope of public service, upholding the principles of transparency and accountability.
26. Economic and social tobacco costs data: Brazil has strong scientific evidence on the economic and social costs of tobacco use.
27. National focal point post: There are dedicated tobacco control focal points at the national and subnational levels.
28. National advisory committee: A solid, globally recognized mechanism exists due to positive implementation of the WHO FCTC in the country, with the publication of MOH ordinance No. 3807/2018, which created CONICQ.
29. Capacity building plans on research and evaluation: We were not able to confirm or agree on this element.
30. Mass media campaigns funded: N/A.
31. Capacity building plan for non-tobacco control specific personnel: N/A.

Main findings.

Progress in tobacco control sustainability since 2016:

Brazil has played a pioneering role in the field of tobacco control, particularly in the Americas. In 2019, the World Health Organization recognized Brazil as the second country in the world to have implemented all the measures contained in the MPOWER package. These measures include smoke-free legislation at the national level, advertising prohibition, tax increases, pictorial warning labels, and access to treatment within the National Health System. Brazil was also the second country in the world to adopt pictorial health warnings covering 100% of the package back face in 2001. These warnings were renewed in 2003, 2008, and 2018. However, considering that the current pictorial health warnings have been in circulation since 2018, an urgent need exists to renew the messages. The tax increase and minimum price policy for cigarettes, adopted in 2011, have expedited the decrease of smoking prevalence in Brazil, particularly among lower income and schooling groups. However, since 2015, these policies have stagnated due to pressure from the tobacco industry. Several challenges need to be addressed regarding TAPS, including enforcement of legal restrictions on advertising at points of sale, prohibition of tobacco sales to minors, promotion of cigarette brands at big events and social networks, placement of tobacco products in films and soap operas, and use of cigarette vending machines.

Changes in scores from the 2016 survey:

5. Tobacco taxation >75% of retail sales price: The Law 12.546 of 2011 introduced two distinct taxation regimes for cigarettes, namely the general and special regimes. Under the general regime, the IPI taxation is calculated using an ad valorem rate of 300% applied to 15% of the retail sales price of cigarettes, resulting in an effective rate of 45% on the sales price. However, if the cigarette manufacturer or importer chooses to opt for the special IPI calculation

and payment regime, the tax value will be determined by adding two amounts, one ad valorem, calculated in the same way as the general rule, and another specific. To provide a better understanding of the tax burden under the special regime, we conducted a calculation based on the current best-selling brand and the ICMS tax rate of the state where it is being sold in larger volume. Our analysis revealed that the total tax burden under the special regime results in a tax rate of 79%. (Source: <https://www.gov.br/inca/pt-br/assuntos/gestor-e-profissional-de-saude/observatorio-da-politica-nacional-de-controle-do-tabaco/politica-nacional/precos-e-impostos>)

6. Tobacco taxation increases faster than inflation plus gross domestic product growth: No inflation adjustments have been made in the last six years.

9. Civil society representation in national tobacco control advisory committees: In 2018, the Ministry of Health established the Consultative Council of the National Commission for the Implementation of the Framework Convention on Tobacco Control and its Protocols (CONICQ) through a ministerial order, commonly referred to as Portaria. This council serves as a collegial and permanent technical advisory forum, comprising a maximum of 15 experts with diverse backgrounds in the various areas associated with the implementation of the WHO FCTC. These experts are affiliated with national and international organizations and institutions that have demonstrated their commitment to the Convention's implementation.

12. Tobacco-related mortality and morbidity recording system: INCA/CONICQ's study of the economic burden and mortality with the IECS (source: <https://www.iecs.org.ar/tabacismo-en-brasil/#tab-1-3>) dates back to 2015, with an update in 2020, and now in 2023 with funding from The Union/Bloomberg project.

14. Evaluation built into all major policy implementation plans: The agencies responsible for implementing the Framework Convention on Tobacco Control (FCTC) have made significant investments in evaluation research to assess the effectiveness of the adopted policies. Brazil has established a well-structured system for monitoring epidemiological data, which includes regular surveys such as the VIGITEL survey conducted annually, the National Health Survey conducted every five years, and the National School Health Survey conducted every three years. Furthermore, the National Health Surveillance Agency (ANVISA) has coordinated the evaluation of the current health warnings printed on tobacco product packaging and displays to determine their efficacy. (Sources: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/v/vigitel#:~:text=O%20Vigitel%20faz%20parte%20das,brasileiros%20e%20no%20Distrito%20Federal>. <https://www.ibge.gov.br/estatisticas/sociais/saude/9160-pesquisa-nacional-de-saude.html?=&t=o-que-e>)

21. Capacity building plan for tobacco control personnel: Currently, no established formal plan exists to enhance the capacities of professionals working within the national tobacco control policy. Nevertheless, there have been some recent initiatives aimed at developing professionals who are currently working or intend to work in tobacco control. The Tobacco and Health Studies Center of Fiocruz periodically offers an update course on smoking control policies that is specifically geared towards public health professionals. Also, in 2016, the center held a course on Tobacco Control for inspectors of the National Health Surveillance System (SNVS). INCA regularly conducts courses on the "Saber Saúde nas Escolas" program for education and health professionals. It also provides regular training on the protocol and treatment guidelines for smoking cessation in the public health system. This training is attended by professionals from primary care facilities throughout the country.

24. Ministry of Health WHO FCTC Article 5.3 policy: Since 2012, the Ministry of Health has implemented an ordinance that outlines ethical guidelines for members of CONICQ in their professional conduct within the commission, as well as their interactions with the tobacco industry. These guidelines include the organization of meetings, acceptance of incentives and funding, familial relationships, and more. It is worth noting that certain instances of partiality among CONICQ members have been identified over time, and those members have been dismissed from the commission.

25. WHO FCTC Article 5.3 policy across all ministries: Same comment as above.

Remaining gaps in tobacco control sustainability:

Despite advancements made in the implementation of the WHO FCTC measures in Brazil following its ratification, some areas require further attention to ensure the sustainability of public health policy. Specifically, it is imperative to establish a formalized budget allocation that supports tobacco control initiatives, particularly in bolstering health inspection efforts, as well as investing in public awareness campaigns and training programs for those involved in the implementation of public health policy. An additional need exists to resume the increase in taxes on tobacco products, which has remained stagnant since 2016.