

September 26, 2016

Ariel Pablos-Mendez, MD, MPH
Assistant Administrator
Bureau for Global Health
U.S. Agency for International Development
Ronald Reagan Building
Washington D.C. 20523

Dear Dr. Pablos-Mendez:

As firm supporters of the President's commitment to ending preventable maternal and child deaths, we urge the U.S. Agency for International Development (USAID) to help cement this bold legacy by providing clear directives on measures to control tobacco and secondhand smoke (SHS) within USAID's global health programs and platforms. Since proven, common sense tobacco and SHS control measures can easily be integrated into existing programs and platforms, USAID's failure to do so to date is puzzling. These simple steps will provide a powerful tool for the incoming administration and also position USAID squarely against the aggressive marketing practices of the international tobacco industry.

The science is clear. We know that tobacco and SHS control measures are among the most cost-effective public health measures available to us. Adverse impacts include:

- Threats to [USAID's agenda of ending preventable child and maternal deaths](#) as well as to its broader health and development objectives;
- The U.S. Surgeon General has stated that exposing children to SHS increases their risks for asthma, oral health problems, cancers, obesity, metabolic syndrome, cardiovascular diseases and type 1 diabetes;¹
- According to *The Lancet's* 2010 article on the worldwide burden of disease from exposure to secondhand smoke, "Worldwide, 40% of children, 33% of male non-smokers, and 35% of female non-smokers were exposed to second-hand smoke in 2004."²
- The same *Lancet* article found that an estimated "165,000 children younger than 5 years die every year from lower respiratory infections caused by exposure to second-hand smoke. Two-thirds of these deaths occur in Africa and south Asia." An [IHME risk factor analysis](#) based on 2013 estimates produced different numbers, finding that secondhand tobacco smoke exposure accounted for 0.56% of under-five deaths and 0.54% of under-five DALYs lost through impacts on lower respiratory infections.

We the undersigned call upon USAID to integrate an essential package of tobacco and SHS control activities, beginning with "Acting on the Call" and other maternal and child health programs, and modify and implement its Tobacco Policy ([ADS Chapter 210](#)). These actions can be easily integrated into existing platforms; are affordable, even in low-resource settings; and will help USAID advance its existing health priorities.

In particular, we respectfully ask that USAID immediately undertake four important recommendations:

- That USAID provide written guidance to its field missions to adopt and follow the tobacco and SHS control elements in the WHO’s “Pregnancy, childbirth, postpartum and newborn care” guidelines (2015)
http://www.ncbi.nlm.nih.gov/books/NBK326678/pdf/Bookshelf_NBK326678.pdf, including screening and counseling of pregnant women for use, exposure, and cessation; and requiring collaborating clinics and hospitals to be smoke-free. This guidance should also be incorporated into existing projects such as Acting on the Call and USAID TB programs;
- That USAID acknowledge the important interrelationships between tobacco and SHS and its existing global health priorities, commit to gradually integrating an essential package of tobacco and SHS control activities into its maternal and child health and other global health programs, and modify and implement its Tobacco Policy (ADS 210)
<https://www.usaid.gov/sites/default/files/documents/1864/210.pdf> to:
 - Delete the phrase “While USAID is unable to undertake a large-scale anti-tobacco effort due to staffing, programmatic, and financial constraints;”
 - Actively implement USAID’s Tobacco Policy commitments including: “contribute to significant discussions related to anti-tobacco policies and programs... encourage and support anti-tobacco efforts by these partners and other relevant governmental and non-governmental organizations... strengthen appropriate linkages between global anti-tobacco efforts and relevant performance goals... (and reconfirm that) Missions, Regional Bureaus, and Pillar Bureaus have the latitude to design and implement high impact anti-tobacco activities to attain objectives in health, education, agricultural development, and economic growth...”
- That USAID develop and transmit guidance to the field on a timely basis implementing the above measures; and
- That USAID establish a public-private advisory panel to provide assistance and support to USAID’s efforts to integrate control of tobacco and second-hand smoke (SHS) into its global health programs.

The recommendations are important and easily realized. Their implementation will be transformative, promoting healthy birth outcomes, helping to safeguard children’s health later in life and improving returns on existing U.S. Government global health investments. We stand ready to work with you in implementing these recommendations and look forward to your response.

Sincerely,

Abt Associates
 Action on Smoking and Health (ASH)
 Advancing Synergy
 Alzheimer’s Disease International
 American Academy of Pediatrics
 American Cancer Society Cancer Action Network
 American College of Cardiology
 American Congress of Obstetricians and Gynecologists

American Heart Association
American Lung Association
American Medical Association
American Stroke Association
Arogya World
Campaign for Tobacco-Free Kids
Christian Connections for International Health
Global Health Council
Handicap International
Institute for Global Tobacco Control, Johns Hopkins Bloomberg School of Public Health
John Snow, Inc. (JSI)
Management Sciences for Health
March of Dimes Foundation
National Association of Pediatric Nurse Practitioners
Population Services International
Public Health Institute
Sage Innovation

Cc: The Honorable Gayle Smith, Administrator
Jennifer Adams, Ph.D.
Irene Koek

¹ See, for example, U.S. Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. See also: American Heart Association, “Cardiovascular Consequences of Childhood Secondhand Smoke Exposure: Prevailing Evidence, Burden, and Racial and Socioeconomic Disparities: A Scientific Statement from the American Heart Association.” 2016; 134: <http://circ.ahajournals.org/content/early/2016/09/12/CIR.000000000000443>.

² Oberg et. al., Worldwide burden of disease from exposure to Secondhand smoke a retrospective analysis of data from 192 countries, Lancet, 2010.