



Washington, DC, April 23, 2026

**Request for a Thematic Hearing before the Inter-American Commission on Human Rights
(IACHR)**

Proposed thematic hearing:

**Tobacco and Nicotine Industry Interference and the Right to Health in the Americas: State
Obligations and Protection of Children and Future Generations**

Submitted by:

Action on Smoking and Health (ASH)

Global Alliance for Tobacco Control (GATC)

Campaign For Tobacco Free Kids (CTFK)

CREA Red-Youth Latin America Network

Corporate Accountability – Latin America Program

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I. REQUESTING ORGANIZATIONS

The undersigned organizations respectfully request that the Inter-American Commission on Human Rights (IACHR or the Commission), in accordance with its Rules of Procedure governing public hearings, convene a thematic hearing during its upcoming period of sessions on tobacco and nicotine industry interference and the right to health in the Americas.¹

The requesting organizations are:

- **Action on Smoking and Health (ASH);²**
- **Global Alliance for Tobacco Control (GATC);³**
- **Campaign For Tobacco Free Kids (CTFK);⁴**
- **CREA RED – Latin America Youth network;⁵ and**
- **Corporate Accountability – Latin America Program.⁶**

¹ Inter-American Commission on Human Rights (IACHR), *Rules of Procedure of the Inter-American Commission on Human Rights*, including provisions governing hearings and thematic hearings; see also IACHR public hearing registry guidance.

² Action on Smoking and Health (ASH), “About.” <https://ash.org/about/>

³ Global Alliance for Tobacco Control (GATC), “About Us.” <https://gatc-int.org/about-us/>

⁴ Campaign For Tobacco Free Kids (CTFK), “About Us.” <https://www.tobaccofreekids.org/about/>

⁵ CREA RED – Latin America Youth network; “About Us.” <https://creared.org/>

⁶ Corporate Accountability, “Who We Are.” <https://corporateaccountability.org/who-we-are/>



The proposed hearing is regional in scope and addresses a structural human rights issue affecting the ability of States in the Americas to protect public health policies from commercial interests that undermine the right to health, the rights of children and adolescents, access to information, institutional integrity, and democratic decision-making.

II. PROPOSED TITLE

Tobacco and Nicotine Industry Interference and the Right to Health in the Americas: State Obligations and Protection of Children and Future Generations

This title is intentionally framed around **interference, State obligations, and the protection of children and future generations**. These are concepts already grounded in the Inter-American human rights framework, including the work of the Commission and its Special Rapporteurship on Economic, Social, Cultural and Environmental Rights (REDESCA) on business and human rights⁷ and noncommunicable diseases,⁸ as well as the international legal obligations of States to regulate private actors whose conduct affects human rights.⁹

⁷ Inter-American Commission on Human Rights (IACHR), REDESCA, *Business and Human Rights: Inter-American Standards*, 2019. <https://www.oas.org/es/cidh/informes/pdfs/empresasddhh.pdf>

⁸ Inter-American Commission on Human Rights (IACHR), REDESCA, *Noncommunicable Diseases and Human Rights in the Americas*, 2023. https://www.oas.org/es/cidh/informes/pdfs/2023/redesca_enfermedades_notransmisibles_ddhh_spa.pdf

⁹ Office of the United Nations High Commissioner for Human Rights (OHCHR), *Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework*, 2011. https://www.ohchr.org/sites/default/files/documents/publications/guidingprinciplesbusinesshr_en.pdf



III. PROPOSED SPEAKERS

The requesting organizations propose the following speakers:

1. **Kelsey Romeo-Stuppy**, Managing Attorney, Action on Smoking and Health (ASH);
2. **Leslie Rae-Ferat**, Executive Director, Global Alliance for Tobacco Control (GATC);
3. **Gianella Severini**, Legal Coordinator, Campaign For Tobacco Free Kids (CTFK)
4. **Consuelo Funes**, Executive Director, CREA Red-Latin America Youth Network
5. **Daniel Dorado Torres**, Director of Policy Organizing and Tobacco Control Campaign – International & Latin America, Corporate Accountability.

The requesting organizations may also include one or more additional speakers, should the Commission consider it useful, to further complement the perspectives presented, including from youth-led organizations. This would help ensure a comprehensive reflection on the intergenerational impact of tobacco and nicotine industry practices and the protection of children and adolescents.

IV. OBJECT OF THE HEARING

The requesting organizations respectfully ask the Commission to convene a thematic hearing to receive updated legal, factual, and public health information on the impact of tobacco and nicotine industry interference on the right to health in the Americas.

The hearing would focus on four interrelated issues:



1. **Systemic interference in public policymaking** by the tobacco and nicotine industry and its allies, including through lobbying, corporate social responsibility initiatives, fiscal and regulatory pressure, diplomatic channels, law enforcement partnerships, and public-private arrangements;
2. **Commercial determinants of health**, particularly how corporate practices shape environments that increase exposure to tobacco and nicotine products and weaken public health regulation;
3. **Industry strategies targeting children, adolescents, and future generations**, including the design, promotion, and marketing of tobacco, nicotine, and emerging products; and
4. **State obligations under the Inter-American system** to prevent corporate interference, protect public policy space, regulate harmful commercial practices, ensure transparency, and provide effective accountability mechanisms.

The hearing would not duplicate the 2016 IACHR thematic hearing on tobacco and the right to health. Rather, it would build on that milestone and respond to new legal and factual developments over the past decade: the growth of evidence on commercial determinants of health, the emergence of new products and youth-targeted marketing strategies, the expansion of tobacco and nicotine industry



interference beyond health ministries, and the increasing demand for accountability and protection of future generations.^{10, 11}

V. WHY THIS HEARING IS TIMELY AND NECESSARY

A. Ten years after the first IACHR hearing on tobacco and the right to health, the problem has evolved

In 2016, the IACHR granted the first thematic hearing on tobacco and the right to health, requested by Fundación Interamericana del Corazón (FIC Argentina), ASH, and the O’Neill Institute. That hearing asked the Commission to recognize tobacco control as a tool to protect the right to health and to urge States to adopt effective tobacco control policies consistent with their human rights obligations.¹²

The 2016 hearing was historic. It placed tobacco control on the Inter-American human rights agenda and emphasized that tobacco use affects the rights to health and life, disproportionately impacts

¹⁰ Inter-American Commission on Human Rights (IACHR), *Hearing on the Right to Health and Tobacco Addiction in the Americas*, 156th Period of Sessions, April 5, 2016. <https://www.oas.org/es/cidh/sesiones/audiencia.asp?Hearing=1951>

¹¹ Fundación InterAmericana del Corazón Argentina, “Primera audiencia en la Comisión Interamericana de Derechos Humanos sobre tabaquismo y derecho a la salud,” March 30, 2016. <https://www.ficargentina.org/primera-audiencia-en-la-comision-interamericana-de-derechos-humanos-sobre-tabaquismo-y-derecho-a-la-salud/>

¹² Inter-American Commission on Human Rights (IACHR), *Hearing on the Right to Health and Tobacco Addiction in the Americas*, 156th Period of Sessions, April 5, 2016. <https://www.oas.org/es/cidh/sesiones/audiencia.asp?Hearing=1951>



vulnerable populations, and is reinforced by industry marketing and lobbying strategies aimed at obstructing effective public policy.¹³

A decade later, the evidence and legal framework have advanced. The central question is no longer only whether tobacco control is relevant to the right to health. That issue is now well established. The pressing question is how the Inter-American system should address **corporate interference, regulatory capture, youth targeting, and the lack of effective accountability mechanisms** that continue to prevent States from fulfilling their human rights obligations.

B. The Inter-American system has developed standards directly relevant to this issue

Since the first hearing, the IACHR and REDESCA have developed important standards on business and human rights, noncommunicable diseases, and commercial determinants of health. The IACHR's report *Business and Human Rights: Inter-American Standards* recognizes that States have obligations to prevent, investigate, punish, and redress human rights impacts linked to business activities, and that such obligations require regulation, transparency, due diligence, access to information, and effective accountability.¹⁴

¹³ Fundación InterAmericana del Corazón Argentina, "Carta de organizaciones de la sociedad civil a la CIDH..." March 30, 2016. <https://www.ficargentina.org/carta-de-organizaciones-de-la-sociedad-civil-a-la-cidh-para-que-reconozca-a-las-politicas-de-control-de-tabaco-como-herramientas-para-la-proteccion-del-derecho-humano-a-la-salud/>

¹⁴ Inter-American Commission on Human Rights (IACHR), REDESCA, *Business and Human Rights: Inter-American Standards*, 2019. <https://www.oas.org/es/cidh/informes/pdfs/empresasddhh.pdf>



These standards are directly relevant to the tobacco and nicotine industry. These companies produce and market products that are addictive and lethal when used as intended, and their political and commercial strategies affect States' capacity to protect public health. The Inter-American business and human rights framework therefore provides a basis for examining not only tobacco- and nicotine-related harm, but also States' obligations to protect policymaking from undue corporate influence.

REDESCA's report on *Noncommunicable Diseases and Human Rights in the Americas* further identifies commercial determinants of health as a key human rights concern. It recognizes that corporate practices, market structures, and regulatory environments contribute to the burden of noncommunicable diseases, and that States have duties to regulate private actors whose conduct affects health.¹⁵ The report specifically discusses tobacco as part of the broader NCD burden and underscores the need for policy responses that address the role of commercial actors.

This proposed hearing would offer the Commission an opportunity to apply and deepen these standards in a concrete, regionally documented context. It would also align with broader developments at the global level, including the work of the United Nations Special Rapporteur on the right to health, who has emphasized the need for stronger regulation of commercial determinants of health and corporate practices that contribute to noncommunicable diseases and undermine public health.¹⁶

¹⁵ IACHR, REDESCA, *Noncommunicable Diseases and Human Rights in the Americas*, 2023, https://www.oas.org/es/cidh/informes/pdfs/2023/redesca_enfermedades_notransmisibles_ddhh_spa.pdf

¹⁶ United Nations General Assembly, Report of the Special Rapporteur on the Right to Health, A/79/177, 2024. <https://docs.un.org/en/A/79/177>



VI. Legal Framework

A. Inter-American obligations to protect the right to health and related rights

The proposed hearing is grounded in the Inter-American human rights framework, including the rights to life, personal integrity, health, access to information, rights of the child, equality and non-discrimination, and participation in public affairs. These rights are protected under the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights, the Protocol of San Salvador, and the interpretive standards developed by the Commission and the Inter-American Court.

Article 10 of the Protocol of San Salvador recognizes the right to health and requires States to adopt measures for prevention and treatment of disease and to ensure the satisfaction of health needs. The tobacco epidemic, including the industry practices that sustain it, directly implicates this obligation.

The rights of children and adolescents are also central. Article 19 of the American Convention requires special measures of protection for children. When tobacco and nicotine industries design, market, and promote products in ways that attract young people and foster addiction, States' obligations are heightened. This includes the duty to regulate commercial practices, prevent exposure to harmful marketing, and ensure that public policy is not weakened by industry interference.



B. State duty to regulate private actors and protect public policy space

Under Inter-American standards, States have a duty to prevent foreseeable harm caused by private actors, especially where corporate activities affect rights protected by the regional system. The IACHR has emphasized that this duty includes the adoption of regulatory frameworks, oversight mechanisms, transparency safeguards, and remedies for affected persons and communities.¹⁷

The tobacco and nicotine industry presents a paradigmatic case. Its business model depends on the sale of products that cause addiction, disease, and premature death; its marketing strategies target new consumers, particularly children and adolescents; and its political strategies seek to delay, weaken, or prevent regulation. In this context, State inaction or insufficient regulation is not neutral; it may enable private commercial interests to obstruct rights-protective policymaking and undermine public institutions.

C. The World Health organization (WHO) Framework Convention on Tobacco Control as an interpretive and policy standard

The WHO Framework Convention on Tobacco Control (WHO FCTC),¹⁸ now marking over two decades since its entry into force, is the first global public health treaty and is widely recognized as a

¹⁷ Inter-American Commission on Human Rights (IACHR), REDESCA, *Business and Human Rights: Inter-American Standards*, 2019. <https://www.oas.org/es/cidh/informes/pdfs/empresasddhh.pdf>

¹⁸ World Health Organization (WHO), *WHO Framework Convention on Tobacco Control*, 2003; WHO, *WHO Report on the Global Tobacco Epidemic 2025*, 2025. <https://fctc.who.int/convention>



central instrument for protecting present and future generations from the health, social, environmental, and economic consequences of tobacco use and exposure to tobacco smoke.¹⁹

Article 5.3 of the WHO FCTC requires Parties, in setting and implementing public health policies with respect to tobacco control, to protect those policies from the commercial and other vested interests of the tobacco industry. Although the IACHR is not a treaty body under the WHO FCTC, Article 5.3 is highly relevant to the interpretation of States' human rights obligations in the Americas because it identifies a core governance condition for effective protection of the right to health: **public health policy must be protected from the industry whose commercial interests conflict with public health.**

This is particularly important because industry interference is no longer limited to ministries of health. It occurs through finance, trade, agriculture, security, customs, diplomatic missions, subnational governments, and legislative processes. A human rights approach requires the duty to protect public policy space to be understood as a whole-of-State obligation.

¹⁹ World Health Organization (WHO), Statement by Dr Tedros Adhanom Ghebreyesus and Dr Adriana Blanco Marquizo, "The Tobacco Epidemic Is One of the World's Deadliest Threats – A Global Compact Is Combating It," 2025. <https://fctc.who.int/newsroom/news/item/27-02-2025-the-tobacco-epidemic-is-one-of-the-world-s-deadliest-threats---a-global-compact-is-combating-it>



VII. Factual Basis and Evidence of Regional Urgency

A. The tobacco epidemic remains a major regional and global health burden

The WHO Global Tobacco Epidemic Report 2025 confirms that tobacco use remains a major global health challenge and that tobacco control continues to be a worldwide priority. The report notes that more than 6.1 billion people, over 75% of the world's population, are now covered by at least one MPOWER measure at the highest level of implementation, but also warns that significant gaps remain.²⁰

The same report emphasizes that, despite progress, many countries still lack best-practice measures, and the tobacco and nicotine industries continue to create new and evolving threats, including through e-cigarettes,²¹ nicotine pouches^{22, 23, 24} and other emerging products.²⁵ WHO explicitly warns that these

²⁰ World Health Organization (WHO), *WHO Report on the Global Tobacco Epidemic 2025*, 2025. <https://www.who.int/publications/i/item/9789240112063>

²¹ Campaign for Tobacco-Free Kids (CTFK), *Tobacco and Kids: The Toll of Tobacco on Children*, 2023. <https://assets.tobaccofreekids.org/factsheets/0382.pdf>

For additional information on electronic cigarettes, see:

Campaign for Tobacco-Free Kids (CTFK), *Electronic Cigarettes: Health Harms and Youth Use*, n.d.

<https://www.tobaccofreekids.org/fact-sheets/tobacco-products-and-health-harms-electronic-cigarettes>

²² Campaign for Tobacco-Free Kids (CTFK), *Nicotine Pouches: What They Are and Why They Matter*, 2025. <https://www.tobaccofreekids.org/what-we-do/global/nicotine-pouches>

²³ Campaign for Tobacco-Free Kids (CTFK), *Nicotine Pouches Fact Sheet*, 2024. <https://assets.tobaccofreekids.org/factsheets/0439.pdf>

²⁴ Campaign for Tobacco-Free Kids (CTFK), *Examples of Nicotine Pouch Marketing*, 2021. <https://www.tobaccofreekids.org/media/2021/nicotine-pouch-marketing-examples>

²⁵ Truth Initiative, *Emerging Tobacco Products*, 2026.

<https://truthinitiative.org/research-resources/topic/emerging-tobacco-products>



industries are aggressively targeting young people and that countries must act decisively to protect youth and preserve tobacco control gains.²⁶

In the Americas, the Pan American Health Organization’s (PAHO’s) *Report on Tobacco Control for the Region of the Americas 2022* documents important progress, including reductions in adult tobacco use prevalence. At the same time, PAHO recognizes continuing challenges, including industry interference, misinformation, and the marketing of new and emerging tobacco and nicotine products as purported contributions to public health and tobacco control.²⁷

The regional picture is therefore mixed: there has been progress, but that progress is fragile and under pressure from corporate strategies that adapt faster than many regulatory systems.

B. The tobacco and nicotine industry is targeting children and adolescents

The urgency of this hearing is heightened by recent WHO materials for World No Tobacco Day 2026, whose theme is “**Unmask the appeal – countering tobacco and nicotine addiction.**” WHO states that tobacco and nicotine industries design products to get young people stuck in a cycle of addiction. WHO further reports that 15 million adolescents aged 13–15 worldwide already use e-cigarettes, that

²⁶ World Health Organization (WHO), *WHO Report on the Global Tobacco Epidemic 2025*, 2025. <https://www.who.int/publications/i/item/9789240112063>

²⁷ Pan American Health Organization (PAHO), *Report on Tobacco Control for the Region of the Americas 2022*, Revised Edition, Washington, DC: PAHO, 2023. <https://www.paho.org/en/documents/report-tobacco-control-region-americas-2022>



adolescents are on average nine times more likely to vape than adults in countries with available data, and that 40 million adolescents aged 13–15 worldwide use tobacco.²⁸

This is not simply a matter of individual behavior. It reflects product design, flavors, branding, digital marketing, and regulatory gaps. WHO identifies policy responses that include banning flavors, regulating product design, plain packaging, banning advertising, promotion and sponsorship, tobacco and nicotine-free public places, cessation support, and tax increases.²⁹

Recent developments in the UN Committee on the Rights of the Child reinforce this concern. In 2026, the Committee called attention to children’s use of tobacco and smoking-related emerging products in Colombia and Spain, calling for stronger policy responses to protect children and adolescents.³⁰

These developments are highly relevant to the Inter-American system. When an industry deliberately designs and promotes addictive products in ways that appeal to children and adolescents, States’ obligations are not merely programmatic. They are heightened obligations of prevention, regulation, and protection.

²⁸ World Health Organization (WHO), “World No Tobacco Day 2026: Unmask the Appeal – Countering Tobacco and Nicotine Addiction,” 2026. <https://www.who.int/campaigns/world-no-tobacco-day/2026>

²⁹ Ibid.

³⁰ Action on Smoking and Health (ASH), “Success: CRC Calls to Protect Children’s Rights by Strengthening Tobacco Policies,” 2026. <https://ash.org/crc-win-2026/>



C. Youth organizations are demanding protection and accountability

Youth-led organizations have increasingly framed tobacco industry practices as an issue of intergenerational justice. The Global Youth Voices Declaration and the Youth Open Letter associated with the WHO Framework Convention on Tobacco Control (FCTC) Conference of the Parties (COP11), held in 2025, call for stronger measures to protect young people and future generations from tobacco industry practices and interference.³¹

These youth perspectives are important for the Commission. Children and adolescents are not only a population requiring special protection; young people are also rights holders and civic actors demanding a future free from industry-driven addiction and preventable disease. Including youth perspectives in the hearing would strengthen the Commission’s understanding of the intergenerational dimensions of tobacco-related harm. Recent policy developments, such as the United Kingdom’s adoption of a “smoke-free generation” approach, further reflect the growing recognition of the need to protect future generations from tobacco-related harm.³²

³¹ Global Youth Voices, *Global Youth Voices Declaration*, 2025; Youth Open Letter to COP11, 2025. https://gyv-cms.ggtc.world/wp-content/uploads/2025/09/GYV-Declaration-2025uploadfv2_12052025.pdf

³² *The New York Times*, “Britain Moves Toward a ‘Smoke-Free Generation’ by Banning Tobacco Sales to Those Born After 2009,” April 21, 2026. <https://www.nytimes.com/2026/04/21/world/europe/uk-smoking-ban-2009.html?smid=nytcore-android-share>



D. Interference is systemic and measurable across Latin America and the Caribbean

The *Latin America and the Caribbean Regional Tobacco Industry Interference Index 2025*, coordinated by Corporate Accountability with the technical support of the Global Center for Good Governance in Tobacco Control (GGTC), evaluates implementation of Article 5.3 of the WHO FCTC in 19 countries.³³

The Index documents that tobacco industry interference continues to intrude into public policy across the region and that, as in previous editions, interference is increasing in most countries. The 2025 edition reports that 11 countries showed increased interference compared with the previous index: Colombia, Paraguay, Bolivia, Argentina, Ecuador, Guatemala, El Salvador, Costa Rica, Jamaica, Nicaragua, and Panama.³⁴

The Index identifies recurring patterns: industry participation in policy development, corporate social responsibility initiatives, benefits granted to the industry, unnecessary interactions between government and industry, lack of transparency, conflicts of interest, and weak preventive measures.³⁵

These findings are important because they show that tobacco and nicotine industry interference is not anecdotal. It is regional, documented, and measurable. It affects public policy through multiple institutional pathways and weakens State capacity to fulfill health-related human rights obligations.

³³ Valdivieso, D., Dorado, D., & Arcila, J., *Latin America and the Caribbean Regional Tobacco Industry Interference Index 2025*, Corporate Accountability, 2025. <https://globaltobaccoindex.org/regions/latin-america>

³⁴ Ibid.

³⁵ Ibid.



E. Political influence extends beyond health ministries into core State functions

The 2025 Corporate Accountability report *The Tobacco Industry's Political Influence: The Erosion of Article 5.3 FCTC in Latin America and the Caribbean* provides a qualitative mapping of how tobacco corporations access and shape public institutions across eight countries: Argentina, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Nicaragua, and Panama.³⁶

The report documents a systematic erosion of Article 5.3 through formal agreements, symbolic partnerships, public-private enforcement initiatives, diplomatic alliances, and narratives centered on illicit trade, innovation, and economic contribution.³⁷

Its findings are particularly concerning because they show that tobacco and nicotine industry influence is not confined to health policy. It extends to executive authorities, legislative processes, diplomatic missions, customs bodies, law enforcement agencies, and subnational governments.³⁸ The report documents, among other examples, industry engagement through anti-smuggling partnerships, digital modernization initiatives, diplomatic promotion of tobacco products, and investment-related pressure to weaken regulation.

³⁶ Arcila, J. & Dorado, D., *The Tobacco Industry's Political Influence*, Corporate Accountability, 2025. <https://corporateaccountability.org/tobacco/>

³⁷ Ibid.

³⁸ Ibid.



The report’s central conclusion is that the invisibility or deprioritization of Article 5.3 outside health ministries has facilitated regulatory capture and undermined the normative power of the WHO FCTC.³⁹ From an Inter-American perspective, this reveals a governance problem: States cannot effectively protect the right to health if only the health sector is required to avoid industry interference while other State sectors provide the industry with access, legitimacy, and influence.

F. The problem is not limited to Latin America: evidence from the United States confirms the structural nature of industry influence

ASH’s U.S. Tobacco Lobbyist and Lobbying Firm Registration Tracker demonstrates that tobacco industry political influence remains significant even in high-capacity institutional contexts. ASH reports that, as of July 1, 2025, tobacco companies had spent \$8,375,000 employing 217 lobbyists at the federal level, 72.35% of whom were former government employees, and that in 2025 ASH identified 1,275 tobacco industry lobbyist or lobbying firm registrations, a 24% increase compared to 2024.⁴⁰

ASH also notes that many registrations are linked to companies owned by or affiliated with tobacco corporations found liable under federal racketeering laws, including Altria and Reynolds American.⁴¹

³⁹ Ibid.

⁴⁰ Action on Smoking and Health (ASH), “U.S. Tobacco Lobbyist and Lobbying Firm Registration Tracker,” 2025, <https://ash.org/tobacco-money/>

⁴¹ Ibid.



The tracker underscores that involving tobacco companies in the regulation of their own products undermines public health and conflicts with Article 5.3 of the WHO FCTC.⁴²

This evidence matters for the Commission because it confirms that tobacco industry interference is not merely a problem of weak institutions or isolated national contexts. It is a structural, transnational pattern of corporate influence that requires regional human rights attention.

VIII. Normative Gap Requiring IACHR Attention

Despite the evidence described above, the Inter-American system has not yet developed sufficiently specific standards on the following issues:

1. **The duty of States to protect public health policymaking from tobacco and nicotine industry interference across all branches and sectors of government**, not only ministries of health;
2. **The relationship between commercial determinants of health and business and human rights obligations**, particularly where corporate conduct contributes to addiction, disease, and preventable death;
3. **The protection of children and adolescents from industry strategies designed to increase product appeal and sustain nicotine dependence**;

⁴² Ibid.



4. **Transparency obligations and safeguards against conflicts of interest** in interactions between public authorities and harmful industries;
5. **Accountability and effective remedies**, including the role of liability mechanisms where corporate conduct causes or contributes to health-related harm.

The requested hearing would allow the Commission to receive updated information and consider how existing Inter-American standards should be applied to these evolving challenges. It would also provide an opportunity to explore how these standards could be further developed and extended to other commercial determinants of health, in line with the approach reflected in REDESCA's work on noncommunicable diseases and to inform the progressive development of Inter-American standards in this area.

IX. Relevance to the Commission's Mandate

The requested hearing falls squarely within the Commission's mandate to promote the observance and defense of human rights in the Americas. It concerns a regional issue, affects multiple OAS Member States, implicates rights protected under Inter-American instruments, and raises questions of State regulation, corporate influence, children's rights, public health, access to information, transparency, and democratic accountability.

The hearing would also support the work of REDESCA and relevant IACHR rapporteurships by providing updated evidence on commercial determinants of health, business influence, and the rights of children and adolescents. It would contribute to the Commission's ongoing standard-setting work



and could inform future reports, recommendations, press statements, country monitoring, or thematic engagement.

X. Purpose of the Hearing

The requesting organizations seek to support the Commission in advancing a rights-based approach to tobacco and nicotine industry interference and commercial determinants of health in the Americas.

The hearing would aim to:

- provide updated evidence on tobacco and nicotine industry interference and its impact on the right to health;
- analyze how such interference affects State obligations under the Inter-American system;
- highlight the heightened risks faced by children, adolescents, and future generations;
- examine how tobacco and nicotine industry strategies are evolving through new products, digital marketing, corporate social responsibility, diplomatic channels, law enforcement partnerships, and fiscal influence;
- identify gaps in regional standards regarding transparency, conflicts of interest, and protection of public policy processes;



- invite the Commission to consider the progressive development of standards, monitoring mechanisms, and guidance on the commercial determinants of health and tobacco and nicotine industry interference.

XI. Requests to the Commission

The requesting organizations respectfully invite the Commission to:

1. **Grant a thematic hearing** on tobacco and nicotine industry interference and the right to health in the Americas;
2. **Examine tobacco and nicotine industry interference as a structural human rights issue**, with particular attention to its impact on the right to health, children’s rights, and democratic public policymaking;
3. **Clarify State obligations** to prevent and address corporate interference in public health policy, including whole-of-government implementation of transparency and conflict-of-interest safeguards;
4. **Consider the relevance of Article 5.3 of the WHO FCTC** as an interpretive and policy standard for assessing State duties to protect public health policy from tobacco and nicotine industry influence;



5. **Develop or strengthen guidance on commercial determinants of health** within the Inter-American system, including the role of harmful industries in shaping risk environments and regulatory outcomes;
6. **Incorporate a strengthened child rights and intergenerational justice perspective** in its analysis of tobacco and nicotine industry practices;
7. **Encourage States to adopt robust transparency, disclosure, and accountability mechanisms** for interactions with the tobacco industry and its allies;
8. **Consider future thematic work** on corporate influence, commercial determinants of health, and the right to health in the Americas.

XII. Geographic Scope

The proposed hearing is regional in scope and concerns the Americas as a whole. The evidence to be presented will include examples from Latin America, the Caribbean, and the United States, demonstrating the transnational and structural nature of tobacco industry interference.

XIII. Working Languages

English and Spanish.



XIV. Estimated Time and Format

The requesting organizations propose a one-hour thematic hearing. If granted, the organizations would coordinate a concise oral presentation divided among the proposed speakers, with time reserved for questions and comments from Commissioners and REDESCA. The organizations would also welcome the participation of relevant technical bodies and stakeholders, including the Pan American Health Organization (PAHO), whose expertise would further inform the Commission’s analysis of public health regulation and tobacco control in the region.

XV. Concluding Note

This request comes at a critical moment. Ten years after the IACHR first placed tobacco and the right to health on its agenda, the evidence shows that the core challenge is no longer only tobacco consumption, but the corporate power that sustains it. Tobacco and nicotine industry interference weakens public health regulation, obstructs the effective implementation of evidence-based measures, targets young people, and undermines institutional integrity.

A thematic hearing would provide the Commission with an opportunity to advance the next stage of Inter-American standards: from recognizing tobacco control as a human rights issue to clarifying State obligations to protect public policy from commercial interference and to safeguard children and future generations.



This hearing would support the Commission in consolidating an emerging area of its work at the intersection of business and human rights, public health, and the protection of children and future generations.

Respectfully submitted by the undersigned organizations,

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