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Cigarette taxation reduces inequalities in child mortality



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In *The Lancet Public Health*, Olivia Bannon and colleagues¹ provide empirical data to show the distinctive advantage of tobacco taxes in saving children's lives and reducing health inequalities. The authors found that substantial tax increases on cigarettes reduce mortality in children younger than 5 years (hereafter referred to as under-5 mortality), with the poorest quintile benefiting the most. However, smaller 10 percentage point increases were not associated with a significant difference between wealth quintiles. Furthermore, only specific taxes (based on quantity or weight-based taxes) were associated with reduced socioeconomic inequalities in under-5 child mortality, and not ad valorem taxes, which allow price adjustments to maintain affordability.¹ The study also shows the value in investing in data infrastructure that can be reliably used to inform public health policies.

By examining the association between cigarette tax increases and socioeconomic inequalities in under-5 mortality across 94 low-income and middle-income countries (LMICs), Bannon and colleagues address a crucial gap in the literature.¹ Although raising taxes on cigarettes has been shown to reduce health inequalities,² most of the evidence originates from high-income countries and is based on data from adults. Nevertheless, the handful of studies done in LMICs, where the greatest tobacco-related disease burden is now present, are inconclusive, mainly because of poor study designs and methodological limitations.³ None of the previous studies examined the effect of cigarette taxes on socioeconomic inequalities in relation to deaths of newborns and children younger than 5 years, a key target of Sustainable Development Goal (SDG) 3.2.1 (reducing under-5 mortality) and SDG 10 (reducing health inequalities).⁴

The global trends in child mortality and tobacco use make this analysis important. The global under-5 mortality rate has declined to 37 deaths per 1000 livebirths in 2022, a 51% reduction from 2000.⁴ However, this progress has stalled in many LMICs.⁴ Higher rates have persisted in sub-Saharan Africa and south Asia, which together accounted for more than 80% of the 4.9 million under-5 deaths in 2022.⁴ Tobacco continues to threaten children's lives in LMICs through maternal tobacco use during pregnancy, as well as

antenatal and postnatal second-hand smoke exposure.^{5,6} WHO emphasises tobacco taxation as the most effective strategy to reduce its consumption, while also generating revenue for other health-care initiatives. However, only 41 countries have used this tool effectively by implementing an at least 75% tax on the cigarette retail price (WHO recommended threshold), although more than 7 billion people (88% of the world's population) are living in countries where tobacco taxes are much lower.⁷ None of the south Asian countries and only a handful of sub-Saharan African countries have reached the WHO-recommended tax threshold.⁸ The regressive nature of tobacco taxes and their effect on low-income populations are among the inflated and inaccurate arguments levelled against raising tobacco tax. The analysis by Bannon and colleagues¹ challenges such narratives and highlights a notable opportunity to reduce child mortality, especially among the most impoverished populations through cigarette tax increases.

Although this study makes a substantial contribution to the literature, some questions, highly relevant to LMICs, are unanswered. For instance, what is the effect of tax rises on non-cigarette forms of tobacco (eg, smokeless tobacco, the predominant form of tobacco in south Asia) in reducing under-5 mortality and related socioeconomic inequalities? Furthermore, potential unintended economic consequences of higher tobacco taxes, for example, reduced household spending on essential goods such as food, are unexplored. Given that many countries are yet to meet the WHO threshold, it is crucial to investigate the drivers and barriers to raising tobacco taxes and how to overcome these barriers.

There is a need to integrate tobacco control within broader public health frameworks, particularly in maternal and child health,⁹ and to seek wider support to implement conventional tobacco control strategies such as tobacco taxation and smoke-free laws. This study also highlight the need for adopting and implementing the WHO Framework Convention on Tobacco Control article 5.3, which protects tobacco control policies from commercial and vested interests, ensuring stronger public health outcomes.¹⁰

Overall, the data presented by Bannon and colleagues support large-scale tax increases on tobacco.¹ These

measures will prevent child mortality, particularly among low-income populations and offer financial leverage to governments to invest in children's health and poverty reduction measures.

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