Protecting future generations from the consequences of tobacco consumption and exposure to tobacco smoke

80% of the world's smokers live in developing countries

Tobacco use is the single largest preventable cause of death in the world, killing nearly 5 million people annually. Tobacco, along with HIV/AIDS, is the fastest growing cause of death globally. About 80% of the world's 1.3 billion smokers live in developing countries, where tobacco consumption is on the rise. While developing countries still struggle with communicable diseases, the burden of tobacco-caused disease has already begun to take its toll and is increasing. On current trends, by 2030 1 billion people will die from tobacco-related diseases in the 21st century. 70% in developing countries, accounting for more deaths than from malaria, maternal conditions and injuries combined.

WHO’s proposed Medium-term Strategic Plan 2008-2013 and the WHO’s two-year Programme Budget 2006-2007 build on WHO’s work over recent bienniums, and set out new and emerging areas of global concern. The latter is implemented through operational plans prepared by country and regional offices and headquarters, which define the results to be achieved and draw up their work plan on the basis of products needed to achieve those results. These work plans form the basis for corporate and coordinated resource mobilization aimed at increasing non-earmarked budgetary support. This global programming note highlights activities which are included in the work plan, but lack critical voluntary resources.
was developed under the auspices of WHO and signed by more than 160 countries plus the European Community. It entered into force on 27 February 2005 and, to date, more than 140 countries are Contracting Parties and started to implement the provisions of the Convention. As the WHO FCTC has created a new momentum for national and international tobacco control, the list of Parties to the Convention is constantly expanding.

By addressing both demand- and supply-side measures, the WHO FCTC has established a roadmap for comprehensive tobacco control programmes. Developing countries - both Parties and non-Parties to the WHO FCTC - are at different stages in development of national tobacco control programmes. Developing countries which are Parties to the WHO FCTC, have started to translate the provisions into prioritized results-oriented operational programmes, which form part of broader multi-sectoral national tobacco control strategies and programmes.

As Chair of the UN Ad-Hoc Interagency Task Force on Tobacco Control, WHO is coordinating the global tobacco control work of UN Agencies, the World Bank, and NGOs, as well as other intergovernmental organizations and international financial institutions, to enhance intersectoral technical assistance for strengthening tobacco control and WHO FCTC-related work.

The next steps

Developing countries are requesting WHO to provide enhanced technical assistance to implement the corresponding provisions, as few countries have comprehensive tobacco control measures in place that meet the requirements of the WHO FCTC. Furthermore, developing countries which are not yet Parties are also requesting assistance to develop the necessary legal and technical structures, as the broader infrastructure for tobacco control is still lacking in most developing countries and tobacco control continues to be under-funded relative to other health concerns such as HIV/AIDS and Tuberculosis.

WHO is therefore launching a new strategy - backed by the WHO FCTC - aiming for impact at a high scale by providing the following technical cooperation to developing countries, both Parties and non-Parties:

1. Supporting the implementation of the WHO FCTC provisions and tobacco control measures consistent with the Convention
2. Strengthening research and collaboration for tobacco control, including economic research and product regulation
3. Developing resources for advisory and training services
4. Enhancing communications around the WHO FCTC and tobacco control
5. Developing regional and national databases - accessible over the Internet - with key indicators on tobacco use and on implementation of the WHO FCTC provisions

WHO and its regional and country offices do not have sufficient staffing and regular budgetary resources and continue to depend on extra-budgetary resources to fulfill these increasing demands. Resources for undertaking these technical cooperation services will greatly contribute to ensure the long-term success of the implementation of the WHO FCTC.

The services which WHO plans to provide before the end of 2007 are detailed below.

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Achieving results

Core provisions in the WHO Framework Convention on Tobacco Control

The core demand reduction provisions are contained in articles 6-14

- Price and tax measures to reduce the demand for tobacco, and
- Non-price measures to reduce the demand for tobacco, namely
  - Protection from exposure to tobacco smoke
  - Regulation of the contents of tobacco products
  - Regulation of tobacco product disclosures
  - Packaging and labelling of tobacco products
  - Education, communication, training and public awareness
  - Tobacco advertising, promotion and sponsorship
- Demand reduction measures concerning tobacco dependence and cessation

The core supply reduction provisions are contained in articles 15-17

- Illicit trade in tobacco products
- Sales to and by minors
- Provision of support for economically viable alternative activities

Mechanisms for technical cooperation are set out in articles 22 and 26

- Resources available for tobacco control activities should be mobilized, especially for the benefit of developing countries and countries with economies in transition
- Cooperation should be promoted in the scientific, technical and legal fields in order to strengthen national tobacco control, particularly in developing countries and countries with economies in transition

Additional information is available at www.who.int/tobacco/framework
WHO is receiving a large number of requests from countries - both Parties and non-Parties - for technical support towards implementation of the WHO FCTC provisions as well as comprehensive measures for tobacco control on measures consistent with the Convention including:

- Providing direct technical assistance in the areas of health systems development, legislation, economics, regulation and advice
- Awareness raising about the Convention and tobacco control
- Supporting the reviewing and drafting of legislation for tobacco control, including the development of implementing legislation for the WHO FCTC
- Facilitating global and regional cooperation for tobacco control, including assistance towards exchange of information between countries.

WHO’s immediate objective is therefore to meet these requests from developing countries by establishing a corresponding service line.

Under this service line, WHO will undertake the following activities to support the implementation of the WHO FCTC provisions and national tobacco control measures consistent with the Convention:

- Convening technical assistance and implementing workshops for government officials and civil society
- Providing training to experts focused on legislation and legislative drafting, health systems development, economics and regulation
- Coordinating meetings with WHO’s partner countries and global partners on strategic issues - including smuggling, tobacco cessation, economics
- Providing technical, legal and financial support on the development and institutionalization of national institutions
- Undertaking direct country missions to provide hands-on advice in the areas of legislative drafting, economic surveys and public health advice
- Providing direct country assistance to support the establishment of national tobacco control infrastructure, including focal points and other national institutions for tobacco control
- Developing and disseminating best practices on comprehensive tobacco control
- Drafting technical documentation and policy recommendations

WHO is committed to achieving the following outputs under this service line:

1. A further promotion and endorsement of the implementation of the Convention for Parties
2. An encouragement for non-Parties to become Parties.

In order to achieve these outputs, WHO is seeking the following critical voluntary resources:

<table>
<thead>
<tr>
<th>2006-2007</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>On-site technical assistance</td>
<td>700,000</td>
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<td>Training workshops</td>
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<td>Short-term project personnel</td>
<td>300,000</td>
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<tr>
<td>Publications</td>
<td>200,000</td>
</tr>
<tr>
<td>Support costs</td>
<td>208,000</td>
</tr>
<tr>
<td>Total</td>
<td>1,808,000</td>
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</tbody>
</table>

Service line 2: Strengthening research and collaboration for tobacco control

Research on tobacco control is needed to underpin policy development. In order to make progress in controlling the tobacco epidemic, it therefore essential for tobacco control policies and programmes to be based on strong scientific evidence.

A serious concerted effort is needed to strengthen global tobacco control research. Such an effort should include:

- Advocacy for investment in research
- Building sustainable capacity in developing countries
- Targeting select priority themes
- Establishing appropriate institutional arrangements to move research forward

In July 1999, the Research for International Tobacco Control and WHO proposed a tobacco control research agenda to facilitate conducting research domestically and pooling data globally. The agreed global tobacco control research agenda is still relevant today and includes:

- **Country-specific research** including the need for surveillance systems to cap-
Understanding the needs of high-risk populations: perspectives from micro-, macro- and fiscal-economics

- Policy interventions to determine the impact of tobacco control policies, including taxation and pricing; bans on smoking in public places and clean indoor air policies; ban on marketing, advertising and promotion; and restrictions on young people’s access to tobacco.

- Programme interventions including opportunities/barriers to tobacco control; optimal components of a comprehensive tobacco control strategy; development of effective advocacy messages; behavioral research to test prevention and treatment programmes and socio-cultural research to elucidate differences in responsiveness to interventions; development and evaluation of novel approaches to preventing tobacco use, in particular among populations at disproportionate risk.

- Treatment of tobacco dependence, including examination of a range of approaches to increase the cessation rates in populations; evaluation of new pharmaceutical interventions and delivery mechanisms, their cost-effectiveness and impact in diverse socio-cultural, physiological and genetic subgroups.

- Tobacco product design and regulation to demonstrate how product modification in nicotine and tar content, delivery systems, additives, taste and size can change use patterns or reduce harm among various subgroups.

- Tobacco industry analysis to provide new and compelling evidence about the subversion of science by the tobacco industry; information about the industry’s intentions with regard to addiction, product design and marketing.

- Tobacco farming aspects, including occupational hazards, environmental impact, economic benefits and socio-cultural impact (particularly for women and children) and opportunities for alternative crops and livelihoods.

- WHO FCTC in order to develop evidence-based data to provide technical assistance for ratification, implementation, monitoring and compliance.

- Mechanisms for maximizing global expertise, including the development of tobacco control strategies and establishing links between policy-makers and researchers to ensure that one sector informs the other.

- Economics of tobacco control research that would identify country-level effective tobacco control measures and examine the costs and benefits of tobacco control to smokers, families, society and to the economy. Furthermore, policy relevant questions, such as alleviating poverty through tobacco control, will be examined from micro-, macro- and fiscal-economics perspectives.

- Cross-cutting themes including understanding the needs of high risk populations; assessing the country readiness for various tobacco control measures; improving dissemination of evidence by increasing the understanding of how to translate knowledge into effective practice, how best to use existing delivery channels at the national and international level, and how best to reach policy-makers; assessing and strengthening capacity development; and mobilization of human and financial resources.

Under this service line, WHO aims to strengthen global tobacco control research by advocating policy-relevant research, building sustainable capacity in developing countries to conduct research, ring-fencing tobacco control in broader socio-economic and legislative research and supporting the establishment of institutional arrangements to move research forward.

WHO is committed to achieving the following outputs under this service line:
1. A global map of countries where research is needed most
2. An inventory of institutions which can fund the tobacco control research agenda
3. An annual review of the global tobacco control research agenda
4. A roster of tobacco control researchers
5. A workshop for grant recipients to bring policy-makers and researchers together.

In order to achieve these outputs, WHO is seeking the following critical voluntary resources:

<table>
<thead>
<tr>
<th>2006-2007</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>Research</td>
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<tr>
<td>Project personnel</td>
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<tr>
<td>Support costs</td>
<td>39,000</td>
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<tr>
<td>Total</td>
<td>339,000</td>
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Service line 3: Developing resources for advisory and training services

WHO is committed to offering state-of-the-art knowledge services that engage a global network of tobacco control experts to provide timely and high-quality advice, expertise and know-how to policy-makers - helping them pursue the best possible tobacco control solutions.

Under this service line, WHO will be providing knowledge services principally through two mechanisms. Geographically organized training programmes and expert advisory services that work for specific areas - such as national tobacco control legislation and tobacco use cessation - and have advisory and research capacity to address substantive issues. Thematically defined virtual knowledge networks that can function as global communities having a shared interest and professional focus and promote exchange of best practices and provide distance learning opportunities.

WHO is committed to achieving the following outputs under this service line:
1. An inventory of training programmes and curricula on tobacco control that can be recommended to countries
2. A roster of lawyers providing advisory services on development and enforcement of national tobacco control legislation
3. A second roster of experts providing advisory services on tobacco control planning and programme management, tobacco use cessation, implementation and monitoring of smoke-free policies, and other specialized areas
4. A WHO-led global strategy for standardization and quality management of training and advisory services
5. A programme development for virtual networks and distance learning modules

In order to achieve these outputs, WHO is seeking the following critical voluntary resources:
Service line 4: Enhancing communications around tobacco control and WHO FCTC

Public awareness of tobacco’s harmful effects is essential to lay the foundations for acceptable tobacco control policies and regulations. WHO works to ensure that tobacco remains in the public consciousness by funding anti-tobacco media campaigns. World No Tobacco Day, celebrated around the world on 31 May each year, is the culmination of WHO’s advocacy activities. This yearly event has been running for 19 years.

World No Tobacco Day 2006 under the theme of “Tobacco: deadly in any form or disguise” highlighted that all tobacco products are addictive, harmful and can kill. It also raised awareness of the tactics that the tobacco industry is using to counteract the growing tobacco control advances - by switching to a co-operative approach to gain consumers’ approval and social acceptability, while continuing to produce the same tobacco products, adding flavours to make them more appealing, selling products under different colour coding where they cannot advertise as mild or light, and engaging in ineffective smoking prevention youth programmes.

Under this service line, WHO will establish a network of media professionals in developing countries which can send targeted messages through regional and national communication channels in national languages. These media professionals will be trained in different aspects of tobacco control and the WHO FCTC process.

WHO is committed to achieving the following outputs under this service line:
1. Increased and improved media outreach on World No Tobacco Day 2007 in developing countries
2. Better awareness and understanding of the WHO FCTC process among media professionals in developing countries
   Activities include conducting training workshops for media professionals and producing a World No Tobacco Day advocacy kit, including brochures, fact-sheets and posters, a website where these materials can be downloaded, as well as awards and certificates based on regional nominations.

In order to achieve these outputs, WHO is seeking the following critical voluntary resources:

<table>
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<th>2006-2007</th>
<th>US$</th>
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<tbody>
<tr>
<td>Training</td>
<td>100,000</td>
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<tr>
<td>Project personnel</td>
<td>60,000</td>
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<tr>
<td>Virtual networks and distance learning modules</td>
<td>30,000</td>
</tr>
<tr>
<td>Publications</td>
<td>10,000</td>
</tr>
<tr>
<td>Support costs</td>
<td>26,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>226,000</strong></td>
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</tbody>
</table>

Service line 5: Developing databases with key indicators on tobacco use and on implementation of the WHO FCTC provisions

Under this service line, WHO will be supporting developing countries to establish national tobacco control surveillance systems to monitor tobacco consumption prevalence data, as well as data on economic and legal aspects.

This data is also shared with WHO Regional Offices, where regional tobacco surveillance systems are being established. Three out of the six WHO Regional Offices already have such functional databases. Under this service line, the other three WHO Regional Offices will be assisted in finalizing the development of their regional surveillance systems.

WHO intends to connect these surveillance systems to form a global tobacco surveillance system to monitor the tobacco epidemic.

WHO is committed to achieve the following outputs under this service line:
1. Strengthened capacity in developing countries to develop national surveillance systems for tobacco control
2. Three regional databases at WHO Regional Offices for tobacco control (in addition to the three existing surveillance systems)

<table>
<thead>
<tr>
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<tr>
<td>Advocacy material</td>
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<td>Training</td>
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<td>Support costs</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>226,000</strong></td>
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Who we are

WHO’s Noncommunicable Diseases and Mental Health is charged with the group of diseases and conditions that affect the most people: 70% of the world’s population die from noncommunicable diseases and conditions. They present the largest and fastest growing health burdens worldwide and are the major looming global health issue of today and tomorrow.

WHO’s Tobacco Free Initiative (TFI) is part of WHO’s Noncommunicable Diseases and Mental Health and was established in July 1998 to focus international attention, resources and action on the global tobacco epidemic.

TFI’s objective is to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

To accomplish its mission, TFI:
• provides global policy leadership
• encourages mobilization at all levels of society; and
• promotes the WHO Framework Convention on Tobacco Control (WHO FCTC), encourages countries to adhere to its principles, and supports them in their efforts to implement tobacco control measures based on its provisions.

WHO regional advisers for tobacco control are based in WHO’s regional offices for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific. The WHO regional advisers collaborate with the WHO country representatives and liaison offers to facilitate tobacco control at country levels.

More information is available at: www.who.int/tobacco
3. A portal (web-site) at WHO Headquarters that provides a global tobacco control view by connecting the six WHO Regional Databases

In order to achieve these outputs, WHO is seeking the following critical voluntary resources:

<table>
<thead>
<tr>
<th>2006-2007</th>
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</thead>
<tbody>
<tr>
<td>Training on national surveillance</td>
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<td>Computers</td>
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<td>Portal development</td>
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<td>Support costs</td>
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<td><strong>Total</strong></td>
<td><strong>678,000</strong></td>
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**Further contacts**

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Additional information is available at  
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www.who.int/tobacco

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