A Message from Dr Margaret Chan

Director-General, WHO

We need to strongly support women’s leadership in tobacco control, and we must act now. As the 2009 WHO report on women and health noted, tobacco use is one of the most serious avoidable risk factors for premature death and disease in adult women and is responsible for about 6% of female deaths worldwide. Without action to reduce smoking, deaths among women aged 20 years and over may rise from 1.5 million in 2004 to 2.5 million by 2030; almost 75% of these projected deaths will occur in low- and middle-income countries. Furthermore, second-hand smoke is a killer, and there is no safe level of exposure. In regions where the majority of smokers are men, millions of women and children suffer from exposure to second-hand smoke. Most alarming, the rates of smoking are increasing among youth and young women in several regions of the world. Where tobacco use is still relatively low among women and girls, an opportunity exists for preventing increased uptake and future premature deaths.

Let us remember that tobacco poses a threat to achieving the United Nations Millennium Development Goals (MDGs). The MDGs are about reducing poverty, as well as achieving gender equality. They recognize that poor health anchors large populations in poverty. They also acknowledge that better health allows people the opportunity to find their way out of poverty. Still, there is an alarming trend that links poverty with tobacco use. Poor families are more likely to include smokers than richer families. Poor families spend a substantial part of their total expenditures on tobacco—often more than they spend on education or health care. According to the World Bank, the use of tobacco results in economic losses of billions of dollars each year—and most of those losses occur in developing countries. Cost-effective tobacco control strategies can work. Bans on tobacco advertising, increased tobacco taxes, graphic labels on tobacco packaging, controls on smuggling and counterfeiting, and legislation to create smoke-free environments in all public places and workplaces have helped. Enforcing and enacting such measures with women’s full participation is sound social and economic development policy.

WHO is committed to improving women’s health and promoting women’s leadership and chose Gender and Tobacco with an Emphasis on Marketing to Women as the theme of its 2010 World No Tobacco Day. As I have often said, the challenges are different for women. That is why women need special attention in health agendas. As caregivers in the home, they are an important resource. They are also susceptible to special health problems and have a heightened risk of premature mortality. Also, many women do not have adequate access to health services, even though continuity of care is essential over a life-course. Part of the solution is to empower women to leverage their resources and creativity. We have seen example after example of women who are given the right encouragement and an enabling environment making changes, not only in their own lives, but in the lives of their families and communities.

This monograph makes an important contribution to our scientific understanding of tobacco use among women. It also provides an analytical framework for promoting a gender perspective in policy-making. We have added an important new tool in the effort to scale up technical and other assistance at country level. On 27 February 2005, the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force. Currently, more than 170 Parties have ratified the Convention. Its Preamble recognizes women’s leadership as key to achieving the goal of tobacco control. Most important, it supports a principle central to achieving gender equality in health—that women’s right to health is a human right.