Why is tobacco a public health priority?

Tobacco is the second major cause of death in the world. It is currently responsible for the death of one in ten adults worldwide (about 5 million deaths each year). If current smoking patterns continue, it will cause some 10 million deaths each year by 2025. Half the people that smoke today — that is about 650 million people — will eventually be killed by tobacco.

Tobacco is the fourth most common risk factor for disease worldwide. The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. Tobacco users are also less productive while they are alive due to increased sickness. A 1994 study estimated that the use of tobacco resulted in an annual global net loss of US$ 200 thousand million, a third of this loss being in developing countries.

Tobacco and poverty are inextricably linked. Many studies have shown that in the poorest households in some low-income countries as much as 10% of total household expenditure is on tobacco. This means that these families have less money to spend on basic items such as food, education and health care. In addition to its direct health effects, tobacco leads to malnutrition, increased health care costs and premature death. It also contributes to a higher illiteracy rate, since money that could have been used for education is spent on tobacco instead. Tobacco’s role in exacerbating poverty has been largely ignored by researchers in both fields.

Experience has shown that there are many cost-effective tobacco control measures that can be used in different settings and that can have a significant impact on tobacco consumption. The most cost-effective strategies are population-wide public policies, like bans on direct and indirect tobacco advertising, tobacco tax and price increases, smoke-free environments in all public and workplaces, and large clear graphic health messages on tobacco packaging. All these measures are included in the provisions of the WHO Framework Convention on Tobacco Control.
The World Health Organization’s response to the tobacco epidemic

The Tobacco Free Initiative (TFI) was established in July 1998 to focus international attention, resources and action on the global tobacco epidemic.

TFI’s objective

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.

TFI’s global structure

TFI is part of the Noncommunicable Diseases and Mental Health (NMH) cluster at WHO headquarters (HQ) in Geneva. 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. TFI-HQ works closely with its regional advisers to plan and implement all activities. Its regional advisers, in turn, collaborate with WHO’s country representatives and liaison officers to facilitate tobacco control activities at regional and country levels. Most of TFI’s major activities are coordinated by its regional offices and decentralized to country level.

TFI’s activities

WHO Framework Convention on Tobacco Control (FCTC) interim secretariat

Since the adoption of the WHO Framework Convention on Tobacco Control (see box), the interim secretariat of the WHO FCTC has been concentrating its efforts on ensuring that as many countries as possible sign and ratify the Treaty. Awareness-raising among politicians, policy-makers, health professionals and society at large is essential to this process. TFI is also providing technical support to countries to assist them in their efforts to strengthen their infrastructure and take the necessary steps towards the signature, ratification and implementation of the WHO FCTC.

Research and policy development

TFI collaborates with an international network of scientists and health experts to
promote research on various aspects of tobacco production and consumption and their impact on health and economics. Policy recommendations are developed based on this research and in accordance with the provisions of the WHO FCTC. These recommendations cover different aspects of tobacco control, including regulation and legislation in relation to cessation, second-hand tobacco smoke, smoking and children, smoking and gender, economics and trade.

**Surveillance and monitoring**
TFI monitors and evaluates international tobacco-related issues by reviewing structural elements (existence of task forces, commissions, nongovernmental organizations (NGOs)); process developments (laws and regulations, economics, behaviour, exposure, advocacy) and epidemiological data (prevalence, morbidity, mortality).

Current surveillance projects include the creation of a Global Database, based on a common standard, to maintain tobacco control data worldwide, and the joint WHO/CDC (US Centers for Disease Control and Prevention) Global Youth Tobacco Survey (GYTS), which aims to monitor tobacco consumption trends among 13 to 15-year-olds and evaluate youth tobacco control programmes.

Understanding the tobacco industry’s practices is crucial for the success of tobacco control policies. In recognition of this reality, WHO’s Member States unanimously adopted a resolution (WHA 54.18) calling for transparency in tobacco control. TFI monitors tobacco industry activities so as to provide essential information to countries as they work to develop national tobacco control strategies.

**Training and capacity-building**
In order to encourage and help countries to sign, ratify and implement the WHO FCTC, TFI is working on projects that aim to strengthen national capacity in tobacco control by building on existing national public health systems. With that objective in mind, TFI is organizing a series of regional, sub-regional and national workshops using evidence-based training materials to help countries develop and implement tobacco control measures tailored to their local needs. A series of case studies from different countries on successful tobacco control interventions is in production.

**Communication and media**
Public awareness of tobacco’s harmful effects is essential to lay the foundations for acceptable tobacco control policies and regulations. TFI works to ensure that tobacco remains in the public consciousness by funding anti-tobacco media campaigns and workshops undertaken by local, national and international groups. World No Tobacco Day, celebrated around the world on 31 May each year, is the culmination of TFI’s advocacy activities.
TFI's global network

TFI collaborates closely with other WHO departments at all levels in cross-cluster initiatives to facilitate the integration of tobacco control into other health programmes (e.g. child and maternal health and tuberculosis). Outside WHO, TFI works with Member States, other international organizations and civil society through NGOs working on tobacco control.

The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control was established by the Secretary-General of the United Nations in 1998 to coordinate the tobacco control work being carried out by different United Nations agencies. It is chaired by WHO and comprises 17 agencies of the United Nations system and two organizations outside the UN system.

TFI is expanding its network of WHO Collaborating Centres. WHO Collaborating Centres are a network of national institutions designated by WHO that carry out activities in support of its international health work. TFI’s Collaborating Centres work on research, training and advocacy. Working with national institutions is an effective way of increasing national capacity and paving the way for self-sustainable programmes at country level.

Tobacco is one of the few openly available commercial products that are virtually unregulated. At the same time, it is the only legally available product that kills one half of its regular users when consumed as recommended by its manufacturer. To address this issue, the Director-General of WHO has established a Study Group on Tobacco Product Regulation.

The group, which includes leading scientists in the field, carries out research and drafts recommendations for WHO’s Member States on how to establish regulatory frameworks for the design and manufacture of tobacco products.

TFI’s work is only possible thanks to the collaboration with other institutions and the financial support from several donors.
WHO Framework Convention on Tobacco Control

The WHO FCTC was unanimously adopted by WHO’s 192 Member States in May 2003. It is the first public health treaty negotiated under the auspices of WHO. It represents a turning point in addressing a major global killer and signals a new era in national and international tobacco control. The WHO FCTC reaffirms the right of all people to the highest standard of health. In contrast to previous drug control treaties, it asserts the importance of demand reduction strategies, as well as supply issues.

The Convention has provisions that set standards and guidelines for tobacco control in the following areas:

- tobacco advertising, promotion and sponsorship;
- packaging and labelling;
- regulation and disclosure of contents of tobacco products and smoke;
- illicit trade;
- price and tax measures;
- sales to and by minors;
- government support for tobacco manufacturing and agriculture;
- treatment of tobacco dependence;
- passive smoking and smoke-free environments;
- surveillance, research and exchange of information; and
- scientific, technical and legal cooperation.

The WHO FCTC is deposited in the United Nations Headquarters in New York and is open for signature from 16 June 2003 to 29 June 2004. Member States that sign the Convention indicate that they will strive in good faith to ratify it, and show a political commitment not to undermine the objectives set out in it. The ratification of the WHO FCTC binds a Member State to implement its provisions.

Countries wishing to become a party to the Convention after 29 June 2004 may do so by means of accession, which is a one-step process equivalent to ratification. The WHO FCTC will come into force of law 90 days after it has been ratified by 40 Member States.
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