



Introduction



WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

as of February 2009

- ratified or acceded
- signed only
- neither signed nor ratified



WHO Framework Convention on Tobacco Control

Main provisions

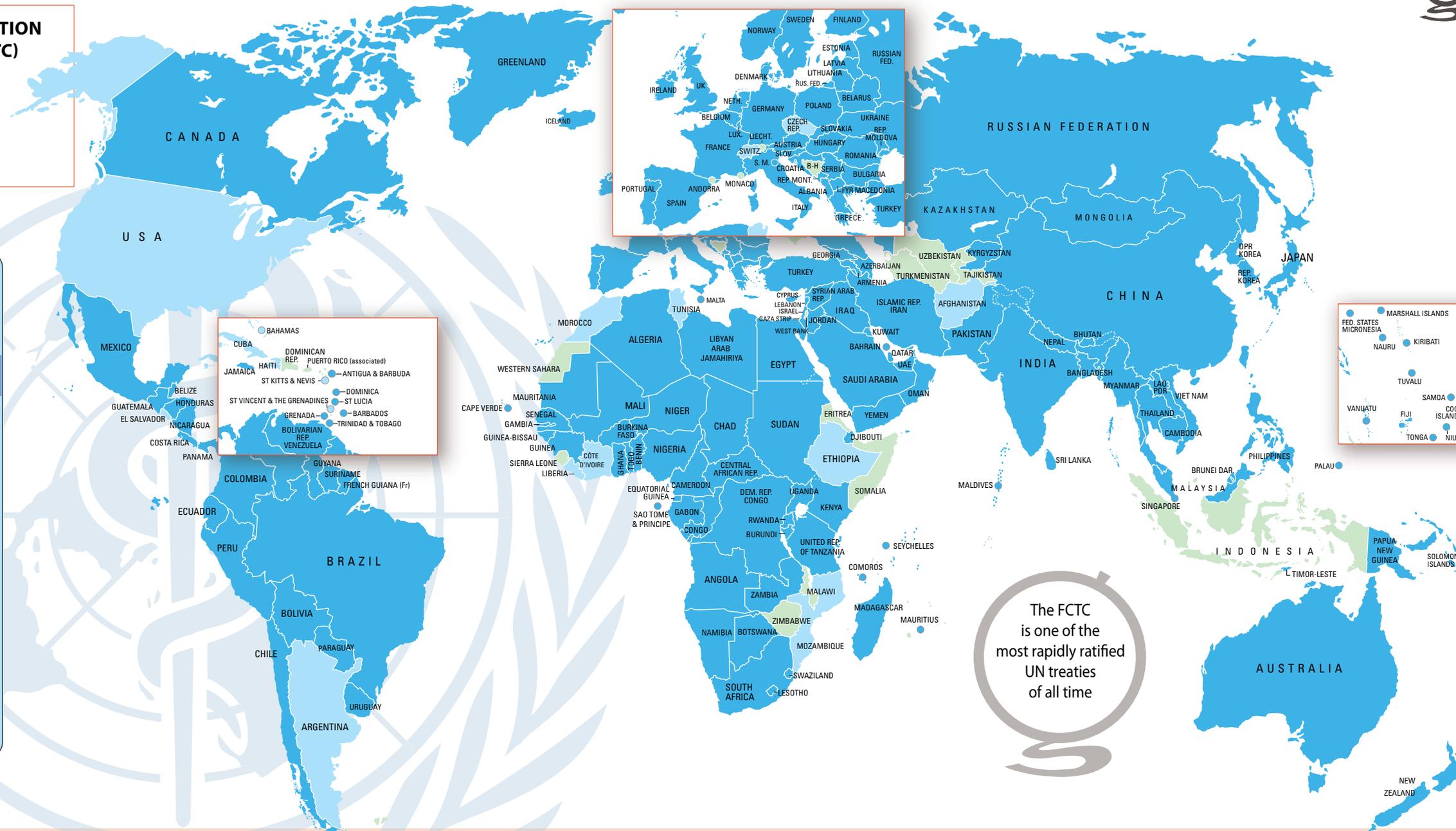
Regulation of:

- contents, packaging, and labeling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking at work and in public places

Reduction in consumer demand by:

- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting

Protection of the environment and health of tobacco workers



The FCTC is one of the most rapidly ratified UN treaties of all time

Over 160 World Health Organization (WHO) member states and the European Community are already parties to the 2005 WHO Framework Convention on Tobacco Control (FCTC). The Conference of Parties Secretariat has been established to develop protocols and guidelines. Article 20 states that parties shall progressively establish and maintain updated data from national surveillance programs.

The WHO Report on the Global Tobacco Epidemic, 2008 recommends:

“that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation, and that rigorous monitoring is done to evaluate their impact.”

The Global Tobacco Surveillance System (GTSS) data is used as a source in monitoring and evaluation as it relates to WHO FCTC and to the MPOWER strategies described in the report (see pages 22–23).

In 1998, WHO, the Centers for Disease Control and Prevention (CDC) and the Canadian Public Health Association (CPHA) initiated the GTSS to assist countries in establishing tobacco control surveillance and monitoring programs. GTSS collects data via two

survey mechanisms – school-based and household. Both types of survey are multi-partner projects representing global, regional and national partners.

The CDC is a WHO Collaborating Center, and is primarily responsible for survey design and sample selection, training, fieldwork implementation procedures, data management and processing, and initial tabulation of the data.

"I call on governments around the world to take urgent action to implement the policies outlined in the MPOWER package."

Dr Margaret Chan
Director-General,
World Health
Organization, 2008

OBJECTIVES

- M**onitor tobacco use
Objective – Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults
- P**rotect people from tobacco smoke
Objective – Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars
- O**ffer help to quit tobacco use
Objective – Easily accessible services to manage tobacco dependence clinically at 100 percent of primary health-care facilities and through community resources
- W**arn about the dangers of tobacco
Objective – High levels of awareness of the health risks of tobacco use across age groups, sexes and places of residence, so that all people understand that the result of tobacco use is suffering, disfigurement and early death
- E**nforce bans on tobacco advertising, promotion and sponsorship
Objective – Complete absence of tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco products
Objective – Progressively less affordable tobacco products

COVERAGE

Share of the world's population covered by comprehensive tobacco control policies
end December 2007

smoke-free environment
5%

cessation programmes
5%

health warnings
4%

advertising bans
5%

taxation
2%

48% of countries met the minimum requirements for recent and representative adult and youth data.

INTERVENTIONS

- P**rotect people from tobacco smoke
Intervention – Enact and enforce completely smoke-free environments in health-care and educational facilities and in all indoor public places including workplaces, restaurants and bars
- O**ffer help to quit tobacco use
Intervention – Strengthen health systems so they can make tobacco cessation advice available as part of primary health care. Support quit lines and other community initiatives in conjunction with easily accessible, low-cost pharmacological treatment where appropriate
- W**arn about the dangers of tobacco
Intervention – Require effective package warning labels
Intervention – Implement counter-tobacco advertising
Intervention – Obtain free media coverage of anti-tobacco activities
- E**nforce bans on tobacco advertising, promotion and sponsorship
Intervention – Enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship
Intervention – Enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco products
Intervention – Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power
Intervention – Strengthen tax administration to reduce the illicit trade in tobacco products

In 2008 the World Health Organization (WHO) developed the MPOWER package. This technical assistance package is intended to help countries meet their commitments agreed upon in the articles of the WHO Framework Convention on Tobacco Control. The package contains the six most effective tobacco-control strategies proven to reduce and reverse the tobacco epidemic of tobacco-related disease and death.



THE STATE OF TOBACCO CONTROL POLICIES

Number of countries
end December 2007

- complete policies
- moderate policies
- minimal policies
- no policy
- no data

