

# WHO'S GLOBAL EFFORTS TO REDUCE TOBACCO AND SAVE LIVES



## About the World Health Organization

The World Health Organization (WHO) is a specialised agency of the United Nations that acts as the directing and co-ordinating authority on international health work, towards all peoples attaining the highest possible level of health. WHO works with governments and other partners through its headquarters, six regional offices and more than 150 country offices in countries, territories and areas. The mission to reduce the global burden of disease and death caused by tobacco is pursued by the Tobacco Free Initiative (TFI) as part of WHO's approach to preventing non-communicable diseases (NCDs). WHO's TFI network works in synergy with the Convention Secretariat to assist Parties to implement the WHO FCTC. WHO leads and coordinates the activities of relevant UN and inter-governmental organizations to support governments to meet their commitments to respond to the global NCDs epidemic, including through the tobacco control measures of the WHO FCTC.

## How does WHO contribute, as part of the UN Country Team, to implementing the WHO FCTC?

WHO supports and assists countries to build a multisectoral response to tobacco control. As part of the UN Country Team, WHO supports Parties' efforts to implement the WHO FCTC and encourages non-Parties to consider implementing measures set out in the WHO FCTC and its protocols. WHO fosters a multisectoral response to health challenges and mobilises additional resources to achieve national health goals. An example of in-country collaboration is the joint programme of WHO and the International Telecommunications Union (ITU), in scaling up 'mobile health' (mHealth) programmes to help reduce the NCDs burden and their major risk factors, which include tobacco use (see box).



## HELPING INDIANS TO QUIT USING TOBACCO

Almost 50% of men and 20% of women regularly use tobacco in India. Limited cessation services are provided, mostly in urban hospital settings. Yet there is clear demand for further support; in 2010 more than 38% of all smokers made at least one attempt to quit. In January 2016, a national mCessation service was launched in English and Hindi, offering support for people wanting to give up smoking and/or smokeless tobacco. People are able to register for the service through a number of channels, including a missed call to a designated short code, and registration online or via SMS. They then receive tailored SMS according to some basic information on their use habits and background. The service is two-way, so people can reach out for additional help when they crave tobacco and receive immediate advice on how to cope. Around 1.9 million tobacco users have registered since the launch of the service, and an impact evaluation is currently being conducted.

## What country-level activities does WHO conduct outside of the UN Country Team mechanism?

WHO's technical assistance includes strengthening countries' capacity to adopt, enforce, monitor and evaluate national tobacco-control policies and programmes, including building their ability to protect public health policies from interference by the tobacco industry. WHO's TFI network works with Member States to implement the WHO FCTC measures, using evidence-based tools and approaches. TFI works with other WHO departments (e.g. Country Cooperation; Information, Evidence and Research; Gender, Equity and Human Rights; Global NCD Coordination Mechanism; Legal; Global TB Programme; Maternal, Newborn, Child and Adolescent Health; etc.) to respond to Member States' requests to implement tobacco-control activities, such as by:

- strengthening countries' health information systems;
- providing monitoring and surveillance support to its Member States to help improve adult and youth tobacco-surveillance systems (more than 180 countries);
- providing technical support for building countries' capacity for developing national tobacco control programmes, for example by undertaking in-country

- capacity assessments jointly with the requesting governments (11 countries in the past nine years); releasing practical tools, operational manuals and training packages; and running national training workshops, (more than 70 during the past five years);
- providing training and technical assistance on legal issues, including international trade and investment law;
  - engagement to help improve tobacco tax policies (more than 40 countries);
  - providing focused financial and technical support for implementing cost-effective tobacco control policies (via a global donor initiative) to a group of 15 high-burden countries;
  - introducing gender-sensitive tobacco-control policies;
  - facilitating integration of tobacco control into other health programmes, including those related to child and maternal health and tuberculosis (TB) (see box below).

### ALIGNING TB AND TOBACCO STRATEGIES

WHO's End TB Strategy, which helps countries align efforts towards ending the global TB epidemic in the 20 years from 2015, includes a component on determinants of tuberculosis, such as tobacco use. The Strategy team and WHO's TFI collaborate with external partners, such as the European Respiratory Society, to raise awareness about the need for joint action on TB and tobacco. This collaboration has resulted in estimates of the burden of co-morbidity and, more recently, the development of target product profiles for digital health tools and mobile text-message content designed to nurture joint action against TB and tobacco.

### What is the WHO doing to help implement WHO FCTC at regional and global levels?

WHO developed a package outlining the six most cost-effective measures to reduce tobacco use<sup>1</sup>. These are: monitor tobacco use and develop prevention policies;

protect people from tobacco smoke; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco. The WHO NCDs Global Plan of Action, 2013-2020 (Appendix 3) includes these measures in its menu for the most cost-effective policy options, and WHO is working with its Member States to implement them.

WHO takes the global lead in reviewing new evidence on tobacco product regulation through the WHO Study Group on Tobacco Product Regulation (TobReg), and on tobacco product testing through the WHO Tobacco Laboratory Network (TobLabNet). It coordinated the founding of the Centre for Tobacco Control in Africa as a regional hub to provide support to African countries (with donor financial support), and established 13 WHO Collaborating Centres specifically for regional and global work on tobacco control. WHO is a technical sponsor and active organiser of, and participant in, many events, e.g. the World Conference on Tobacco or Health. Since 1988, WHO has celebrated World No Tobacco Day (WNTD) every 31st May, through annual global awareness raising campaigns.

### Where can the World Health Organization's published resources be accessed?

[www.who.int/tobacco](http://www.who.int/tobacco); [www.paho.who.int](http://www.paho.who.int); [www.searo.who.int](http://www.searo.who.int); [www.who.int/healthinfo](http://www.who.int/healthinfo); [www.euro.who.int](http://www.euro.who.int); [www.wpro.who.int](http://www.wpro.who.int); [www.afro.who.int](http://www.afro.who.int); and [www.emro.who.int](http://www.emro.who.int)



1. <http://www.who.int/tobacco/mpower/en/>

### ADOPT A 'WHOLE OF GOVERNMENT' APPROACH AND TACKLE INDUSTRY INTERFERENCE

WHO's view on challenges and responses to implementing the Treaty

“One important issue is the lack of a whole of government approach. While being a Party to the WHO FCTC commits governments to a multisectoral comprehensive national response to the tobacco epidemic, the Ministry of Health is generally considered to be solely responsible for the legislative, executive or administrative measures that need to be taken. WHO is consistently working with Parties to create multi-sectoral national bodies, so that the WHO FCTC can be fully implemented.”

### How can Parties approach WHO for support?

The respective WHO Heads of Country Offices should be the first point of contact. More information via WHO's regional offices, accessed through [www.who.int/about/structure](http://www.who.int/about/structure).

