



WORLD HEALTH ORGANIZATION

**INTERGOVERNMENTAL NEGOTIATING BODY
ON THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
Fifth session
Provisional agenda item 2**

**A/FCTC/INB5/4
12 September 2002**

Activities since the previous session

Progress report

Secretariat update

TECHNICAL WORK ON ECONOMICS AND TOBACCO CONTROL

1. In collaboration with the World Bank, studies on the economics of tobacco control in seven countries of the WHO South-East Asia Region (Bangladesh, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand) are gathering, *inter alia*, data on the trends in the real price of tobacco products, tobacco taxes, tobacco-related production, trade and employment, the impact of prices and income on the demand for tobacco products, and direct medical costs of tobacco use. Country and regional reports are expected to be completed and released in early 2003.

2. In collaboration with WHO, the World Bank is conducting country-specific analyses of the economics of tobacco. To date, studies have been completed in China, Egypt, Estonia, Indonesia, Latvia, Morocco, Poland, South Africa, Sri Lanka, Turkey, Venezuela, Ukraine and Zimbabwe. Links between poverty and tobacco have also been analysed, using data on household expenditures from Bulgaria, Egypt, Kazakhstan and Tajikistan; many poor households devote significant proportions of their expenditures to tobacco; this poses a high opportunity cost, given levels of malnutrition and other pressing family needs.

3. In collaboration with ILO and World Bank, WHO commissioned case studies on the likely impact of tobacco-control policies on employment in Armenia, Bulgaria, Egypt, Kenya and Viet Nam. They revealed for the most part that any reduction in tobacco-related employment will be gradual. As expenditure saved is likely to be spent on other goods and services, new employment will be generated, allowing for a slow process of adjustment.

ASSESSMENT, MONITORING AND EVALUATION

4. WHO and the Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America) developed the Global Youth Tobacco Survey to track tobacco use among young people across countries using a common methodology and core questionnaire. The systematic collection, analysis and interpretation of data have been recently decentralized and all activities are carried out by WHO's regional offices. To date, 99 countries representing five regions have organized at least two workshops. The data will make it possible to evaluate and assess various tobacco-control policies. The

Global School Personnel Survey collects information from school staff on their use of tobacco and on tobacco-related school policies and programmes.

5. WHO, with support from the Centers for Disease Control and Prevention, has developed a standardized survey instrument to monitor and document the prevalence of tobacco use in health professionals, in particular general practitioners, and to assess the knowledge, attitudes and behaviours regarding tobacco control. The survey will identify trends in key indicators over time through multiple rounds of data collection; provide evidence-based country-specific data that can be used to advocate, educate and build support to set and strengthen tobacco-control policies and programmes; and contribute to the formulation of appropriate and specific smoking cessation interventions. Data have been collected in six countries; they have been entered and analysed in five, and sent to countries for mass media dissemination and distribution.

6. WHO hosted a planning meeting in March 2002 to update and enhance the National Tobacco Information Online System (NATIONS), set up jointly by the Centers for Disease Control and Prevention, WHO, World Bank and the American Cancer Society. It contains country-specific information on a wide variety of tobacco control issues.

7. WHO designated the cancer prevention unit of the German Cancer Research Centre as a new WHO collaborating centre in the area of tobacco control in May 2002. A meeting of WHO collaborating centres for tobacco control and prevention of noncommunicable diseases is planned for late autumn 2002.

REGIONAL ACTIVITIES

8. WHO/PAHO launched a bilingual resource website on tobacco control,¹ initiated a study of levels of secondhand smoke in workplaces in six countries, and held a stakeholders meeting to link resource institutions with governments. Several countries, including Brazil, Chile, Costa Rica, Paraguay and Uruguay, have drawn up action plans to implement smoke-free environments in a variety of sectors.

9. A legislative template and guidelines for the development of tobacco control policy and legislation was issued in May 2002, and a report on tobacco industry activities in Latin America and the Caribbean in September 2002.

10. Reports on surveys on prevalence of tobacco use in six Member States of the South-East Asia Region, and studies of the economics of tobacco in eight, are being finalized. The Global Youth Tobacco Survey will be initiated in four more countries and six more States in India shortly.

11. The new European strategy called for by the Warsaw Declaration has been drafted by representatives of Member States with the support of the Regional Office for Europe. The meeting of national counterparts (The Hague, 24-25 May 2002) agreed on the draft strategy and submitted it to the 52nd session of the Regional Committee for Europe for adoption.

¹ www.smokefreeamericas.org; www.americalibredehumo.org

12. A second workshop on the Global Youth Tobacco Survey at the Regional Office for the Eastern Mediterranean (21-27 July 2002) trained participants from eight Member States and analysed data from another 11 Member States.

13. Participants from 15 countries of the Western Pacific Region received training in implementation of the Global Youth Tobacco Survey (Singapore, 23-28 June 2002), a collaboration between WHO, the Singapore Health Promotion Board and the Centers for Disease Control and Prevention. Brunei Darussalam hosted an International Seminar on Tobacco and Islam from 11-14 July 2002.

UNITED NATIONS AD HOC INTERAGENCY TASK FORCE ON TOBACCO CONTROL

14. The United Nations Secretary-General's report on the activities of the Ad Hoc Interagency Task Force on Tobacco Control was submitted to the Economic and Social Council on 18 July 2002.¹ Interagency work includes an FAO study on the implications of tobacco control in the agricultural sector, covering case studies on projections for the tobacco economy by 2010, including levels of production, consumption and trade; ILO work on manufacturing employment and safe work practices, employment trends and prospects in the world tobacco industry, smoking in the workplace and bidi industry in India; and Work Bank and WHO work on the impact of privatization on tobacco and public health, smuggling of tobacco products and its indirect effects on public health, and case studies on employment issues in tobacco manufacturing.

SCIENTIFIC ADVISORY COMMITTEE ON TOBACCO PRODUCT REGULATION

15. At its fourth meeting (Oslo, 4-6 February 2002) the Scientific Advisory Committee on Tobacco Product Regulation discussed nicotine and its regulation in tobacco and non-tobacco products, and "light" and "mild" labelling: health claims based on the method of the International Organization for Standardization/United States Federal Trade Commission to measure cigarette yield. It drafted two recommendations on the basis of its discussion.² Its fifth meeting will be held in Brisbane, Australia, from 25 to 27 November 2002.

CAPACITY BUILDING PROJECTS

16. WHO's project, "Protecting youth from tobacco in five countries", funded by the United Nations Foundation, to develop the best mix of effective tobacco control strategies using law and economic interventions to protect children and young people, is under way in five pilot countries – China, India, Kenya, Senegal and Ukraine. China and Senegal have drawn up a full national plan of action for tobacco control; Kenya and Ukraine are currently doing so. WHO is preparing background materials for use by countries in their tobacco control efforts: a speakers' kit, with basic tobacco control guidelines to aid health educators, the best practices in tobacco control kit, and the smoking cessation policy recommendations.

¹ Document E/2002/44.

² Accessible at www.who.int/tobacco

17. A project entitled “Clearing the air from tobacco smoke: healthy and safe environments for children” is being implemented in Latvia and Poland, and progress reports have been issued.

18. WHO has been developing, in collaboration with UNICEF, the third phase of the project funded by the United Nations Foundation on “Building alliances and taking action for generation of tobacco free children and youth”. This phase will include: production and dissemination of resources; strengthening regional capacity to sustain activities; integration of results of the project into ongoing tobacco control work; sharing of experiences and best practices between countries and regions; and strengthening of cooperation and collaboration between different stakeholders.

19. A new project on protecting young people from tobacco in five French-speaking countries is at the planning stage.

20. The project on best practices in tobacco control provides real-life “success-stories” from country-specific studies, accompanied by a presentation of the rationale and evidence for each intervention, and a list of relevant resources. The final product will be a WHO publication for policy-makers.

LEGISLATIVE GUIDELINES

21. The final draft of a guide for legislation on tobacco control is being prepared, with inputs from a consultation of experts in public health law at PAHO (3-5 June 2002).

SMOKING CESSATION

22. Recommendations from a WHO-convened meeting on global policy for smoking cessation (Moscow, 14-15 June 2002), hosted by the Ministry of Health of the Russian Federation, emphasized the need for a comprehensive global policy to guide countries in developing national policies on tobacco cessation. It should include support for smoke-free policies in public and workplaces; increased awareness among health administrators, policy-makers and health-care professionals; increased awareness among health-care professionals of the benefits of smoking cessation interventions; continuing training of health-care providers so that they can effectively deliver brief interventions through the routine health services; and increased awareness that treatment of tobacco dependence (both psychosocial and pharmacological) exists and is cost effective in comparison with other health-care interventions.

RESEARCH

23. In accordance with resolution WHA54.18 on transparency in tobacco control, WHO continues its research on the negative impact of the activities of certain tobacco corporations on public health and tobacco control. Country studies from the Islamic Republic of Iran, Mexico and the Syrian Arab Republic, will be released soon. Monthly media monitoring continues to collect publicly reported information on tobacco industry activities.

24. The World Bank and the Tata Center for Fundamental Research, in coordination with India Ministry of Health and Family Welfare, Centers for Disease Control and Prevention, and WHO organized a research and policy meeting (New Delhi, April 2002) to discuss recently completed and ongoing research in India on the use and health impact of tobacco products, efforts to reduce tobacco use, key policy issues, and identification of research gaps.

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