



WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY
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Tobacco Free Initiative

Report by the Director-General

BACKGROUND

1. The present and future impact of tobacco on health is the primary reason for giving explicit, sustained, and strong support to global tobacco control. Tobacco is a unique public health problem which kills regular users and harms non-users. It is estimated that 4 million deaths were attributable to tobacco in 1998. In the developed world, where data is available, 50% of tobacco-related deaths occurred in middle age, when on average 20-25 years of life are lost prematurely. Over the next few decades declines in tobacco-related deaths in established market economies will be more than offset by deaths in emerging countries; in 2030 there will be about 10 million tobacco-related deaths, of which 70% will occur in developing countries. Tobacco deaths include 25 major categories such as lung and other cancers, ischaemic heart disease, and chronic respiratory diseases.

2. Current and future threats, combined with the availability of successful tools for action, led to the establishment of the Cabinet project, the Tobacco Free Initiative. The long-term mission of the project is to decrease the prevalence of global tobacco use. The following goals will guide the work of the Tobacco Free Initiative:

- stimulate global support for evidence-based tobacco control policies and actions
- build new, and strengthen existing, partnerships for action
- heighten awareness of the need to deal with tobacco at all levels of society
- accelerate implementation of national, regional and global strategies
- commission policy research to support rapid, sustained and innovative action
- mobilize resources to support required actions.

3. Tobacco use has serious negative economic consequences for governments. Their full extent will be revealed in a World Bank report to be released in mid-1999. However, on a positive note, tobacco is unique in that cost-effective interventions have already reduced smoking prevalence in many countries including, in most WHO regions, some developing countries. Leading interventions include tobacco taxation, bans on advertising and promotion, health education and effective cessation, and controls on

smoking in public places. Increases in taxes are particularly effective in reducing consumption by young people and poor people.

4. The Tobacco Free Initiative employs the following principles of work: matrix management across clusters, throughout regions and with other partners; subcontracting of activities to other clusters using the core project budget; and maximum decentralization of functions to partners, with WHO maintaining policy leadership.

5. The work of the core support group in Geneva comprises the following areas:

- building and strengthening of national and regional capacity
- information management: aims to establish a solid evidence base and develop a global surveillance and electronic information exchange system
- WHO framework convention for tobacco control: carries out work related to analysis of industry actions, political mapping, and the trade and international legal aspects of tobacco control, and provides technical and secretariat functions associated with development of the convention
- external liaison and advocacy: focuses on media advocacy, coordination of tobacco control within the United Nations system, mobilization of nongovernmental organizations, and interaction with private sector groupings, in particular the pharmaceutical industry, the entertainment business, media, and leisure groups.

6. To implement the above activities, the Tobacco Free Initiative collaborates with other WHO programmes and is building up external partnerships. The effectiveness of these new partnerships is being tested in an international project focusing on tobacco control activities among young people, which brings together the global and regional levels of WHO, and selected country offices, UNICEF, World Bank, Centers for Disease Control and Prevention, the International Development Research Centre, the Campaign for Tobacco-Free Kids and numerous other nongovernmental organizations. This project is funded through a US\$ 2.8 million grant from the United Nations Foundation, Inc., the largest single contribution given for international tobacco control activities.

ISSUES

7. A disproportionate gap exists between the resources allocated to tobacco control activities and the burden of disease attributable to tobacco. WHO - Member States and Secretariat - need to mobilize more funds for development and maintenance of tobacco control capability, research, and surveillance. These efforts will have a crucial impact on the global tobacco pandemic.

8. Resolution WHA49.17 requested the Director-General “to initiate the development of a framework convention [on tobacco control] in accordance with Article 19 of the WHO Constitution”. Discussions with a number of governments, international lawyers, public health specialists, and trade analysts indicate that a fast-track approach to the development and negotiation of a tobacco control convention is desirable and feasible.

9. The proposed WHO framework convention on tobacco control and possible related protocols will constitute a global complement to national and local action, and will support and accelerate the work of

Member States with weaker tobacco control programmes. All countries will share the benefits and, equally, should contribute fairly to the costs. The development and negotiation of the proposed instruments will demonstrate that global accountability can assure that a serious, global public health threat is tackled appropriately. The framework convention-protocol approach is an incremental, evolutionary process that builds upon an evolving scientific and political consensus. Broad participation in this process will be very important.

10. Development of the proposed instruments will be the first occasion on which WHO uses its constitutional mandate to elaborate and adopt an international convention. Since resolution WHA49.17 did not spell out a process for developing and negotiating the proposed instruments, the next step is to map out clearly the integrated steps and timetable that Member States will follow in drawing up the proposed convention.

11. The Executive Board reviewed these issues at its session in January 1999 and made a number of proposals which are now being forwarded to the Health Assembly.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to consider the resolution recommended by the Executive Board in its resolution EB103.R11.

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