The WHO FCTC and the Global Strategy to Accelerate Tobacco Control 2019-2025

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Tobacco use and second-hand smoke exposure are risk factors for six leading causes of death in the world.

Credit: No Tobacco Unit (TFI), Department of Health Promotion, WHO HQ

Deaths attributable to tobacco in 2016

Tobacco use is a common risk factor for cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes.

For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.

Over 15%* of all deaths globally and 19% of noncommunicable disease deaths are due to tobacco.

*21.4% of all male deaths!


- Available from https://vizhub.healthdata.org/gbd-compare/
Tobacco affects more than just health of people – it also impacts on the health of the economy and also the health of the planet.

Over 80% of the 1.3 billion tobacco users worldwide live now in low- and middle-income countries.

In developing countries, smokers spend up to 30% of their income on tobacco, meaning less expenditures on nutrition, education and health care.

**Economic**

The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use and the lost productivity that results from tobacco-attributable morbidity and mortality.

Global economy loss due to tobacco

$1.4 trillion $2% of global GDP

**Environmental**

Tobacco farming – itself health-harming – often relies on unlawful or exploitative labour, including child labour, and contributes to environmental degradation.

Tobacco farming is responsible for nearly 5% of global deforestation with 200,000 hectares of woody biomass loss per year.

Cigarette butts are by far the largest single type of litter by count. Since the 1980s cigarette butts have consistently comprised 30-40% of all items picked up in annual international coastal and urban clean-ups.
182 Parties covering 90% of the world’s population
Measures relating to the reduction of demand for tobacco

- **Article 8**: Protection from exposure to tobacco smoke
- **Article 6**: Price and tax measures to reduce the demand for tobacco
- **Article 14**: Demand reduction measures concerning tobacco dependence and cessation
- **Article 13**: Tobacco advertising, promotion and sponsorship
- **Article 9**: Regulation of the contents of tobacco products
- **Article 10**: Regulation of tobacco product disclosures
- **Article 11**: Packaging and labelling of tobacco products
- **Article 12**: Education, communication, training and public awareness
Measures relating to the reduction of the supply of tobacco

**Article 17**
Provision of support for economically viable alternative activities.

**Article 15**
Illicit trade in tobacco products

**Article 16**
Sales to and by minors

**Protection of the environment**
Article 18
Protection of the environment and the health of persons

**Scientific and technical cooperation and communication of information**
Article 20, 21, 22
Research, surveillance, and exchange of information, reporting and cooperation.
Goal 3.4 of the 2030 Agenda will not be met if goal point 3.a is not met

HEALTH is key to social, economic, productive and sustainable development
The Convention Secretariat

• Created during the first Conference of the Parties
• Secretariat to the WHO Framework Convention on Tobacco Control (Art. 24) and to the Protocol to Eliminate Illicit Trade in Tobacco Products (Art. 34)
• Mandate to support Parties with the WHO FCTC and the Protocol implementation
• Hosted by WHO in Geneva, Switzerland
• Has its own workplan and budget and reports to the Conference of the Parties to the WHO FCTC and Meeting of the Parties to the Protocol on its implementation

Contact: fctcsecretariat@who.int
TOBACCO CONTROL PROGRESS DESPITE THE COVID-19 PANDEMIC

Kenya: Ratified the Protocol
Andorra: Ratified the WHO FCTC
Netherlands: End the sale of tobacco in supermarkets and gas stations; plain packaging implemented
Ethiopia: Landmark bill to increase tobacco taxes
EU: Ban of flavored cigarettes/new markings on tobacco product filters containing plastics
India: Ban on e-cigarettes and heated tobacco products
Pakistan: Extension of tobacco advertising ban
Bolivia/Paraguay: 100% smoke-free
Myanmar: Strengthened Article 5.3
Cabo Verde/Ukraine: tobacco tax policies
Ban on waterpipe smoking in indoor and outdoor public places in 15 EMRO countries
• Decision FCTC/COP7(13) – Working Group to strengthen implementation of the Convention through Coordination and Cooperation
• Medium term strategic framework constructed by Parties and for Parties involving also the wider tobacco control community
The Strategy aims to:

• Empower Parties to work multi-sectorally, with the health and non-health sectors and other stakeholders engaged in the fight against tobacco at the global, regional and country levels;
• Help Parties prioritize their actions to fulfil their obligations under the Convention;
• Elevate the profile and visibility of tobacco control issues, including the Convention itself, internationally and domestically;
• Manage increased demands and limited resources while ensuring effectiveness of the work of the Convention Secretariat.

https://www.who.int/fctc/cop/g-s-2025/en/
Priority articles are
Article 5, 6, 8, 11 and 13
Strategic Goal

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BUILDING PARTNERSHIPS

STRATEGIC OBJECTIVE 2.1
Mobilize international, intergovernmental and developmental partners to integrate the WHO FCTC into their work, and/or their SDG responses, by raising the profile and visibility of the WHO FCTC, and to influence and stimulate tobacco control action at the regional and national levels.

STRATEGIC OBJECTIVE 2.2
Catalyze and leverage the contributions of external stakeholders, particularly civil society, to achieve the aims of the Convention.
Strategic Goal

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PROTECTING INTEGRITY & BUILDING ON THE ACHIEVEMENTS UNDER THE WHO FCTC

STRATEGIC OBJECTIVE 3.1
Improve the governance and administrative mechanisms of the WHO FCTC to ensure that all WHO FCTC related activities are prioritized, effective and sustainable, and insulated from any influence by the tobacco industry.

STRATEGIC OBJECTIVE 3.2
Support and encourage Parties in their efforts to remove barriers to country-level tobacco control efforts.
OPERATIONAL OBJECTIVES

OPERATIONAL OBJECTIVE 1
SUSTAINABLE FUNDING
Manage the finances of the Convention and find new revenue streams to support WHO FCTC implementation activities.

OPERATIONAL OBJECTIVE 2
OPERATIONAL EFFECTIVENESS
Promote optimal operation of the COP and the capacity of the Convention Secretariat to provide support to the Parties in their implementation, monitoring and reporting work.
- Communications plan and resources available (more to come: brochure, video, fact sheets with targeted messaging, podcasts)
- Global Strategy Indicator Compendium
  https://www.who.int/fctc/cop/g-s-2025/en/
Article 5 of The WHO Framework Convention on Tobacco Control (WHO FCTC):
General obligations

Yoni Dekker
Technical officer
Convention Secretariat
5.1: Multisectoral strategies

5.2: a) Focal points
   b) Measures and cooperation
Article 5.3: protecting public health interests

• Protection of public health policies from commercial and other vested interests of the tobacco industry, in accordance with national law
• Following Preambular para 18 of the WHO FCTC
• Implementation Guidance adopted at COP3
• Pragmatic tools: Knowledge Hub & Observatories
• Embedded in Governing Bodies and Subsidiary Bodies work through subsequent COP decisions