

Overview of the WHO Framework Convention on Tobacco Control (WHO FCTC) and MPOWER

The problem: the tobacco epidemic in the Region^{1,2}

Number 1 preventable risk factor for premature death and disease

20.6% of adults smoke

1 in 3 children exposed to secondhand smoke at home

187 000 annual deaths caused by tobacco use

64 100 annual deaths due to secondhand smoke

1 609 000 disability-adjusted life years (DALYs) lost to secondhand smoke

2 793 000 DALYs lost to tobacco use

6 MPOWER measures with the greatest impact on reducing tobacco use

1 Global treaty to counter the tobacco burden – WHO FCTC

Today, we have the means to effectively curtail the tobacco epidemic, full implementation of the WHO FCTC.

The tobacco epidemic poses a formidable challenge to public health and development. However, with the WHO FCTC, the odds of mitigating the epidemic are no longer insurmountable, provided all countries ratify the Convention, legislate and fully implement the treaty's provisions and assiduously pursue effective enforcement.

Monitor tobacco use and 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.

Raise taxes on tobacco.



The solution: WHO FCTC and MPOWER

The WHO FCTC is the first international public health treaty negotiated under the auspices of WHO. It provides a comprehensive approach to reduce the health and economic burden caused by tobacco. An evidence-based treaty that reaffirms the right of all people to the highest standard of health, the WHO FCTC balances demand reduction with supply reduction, protects public health policies from the tobacco industry and calls for enhanced international cooperation to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to secondhand tobacco smoke.³

In order to help Parties to fulfil their WHO FCTC obligations, WHO introduced MPOWER, a set of policies that build on the demand-reduction measures of the WHO FCTC and have been proven to be “best buy/good buy” measures to reduce tobacco use.

Note: A “best buy” is an intervention that is not only highly cost-effective but also cheap, feasible and culturally acceptable to implement. “Good buys” are other interventions that may cost more or generate less health gain but still provide good value for money.

Impact of MPOWER versus No MPOWER

If fully implemented and enforced, the key WHO FCTC measures represented by MPOWER could reduce smoking prevalence in the Eastern Mediterranean Region (Fig. 1). Statistical modelling shows that without implementation of the best buy/good buy measures, tobacco use may increase. Full implementation of the MPOWER measures, including a 100% price increase in tobacco products, could reduce smoking prevalence by almost half (Fig. 2).⁴

Progress in the Region

Significant achievements have been made by Parties to the WHO FCTC – which represent over 90% of countries in the Region. This includes bans on most/all forms of tobacco advertising, cessation services, health warnings on tobacco product packs, and taxes on tobacco products.⁵

Still, much more action is needed by countries, to fully implement and enforce the key WHO FCTC measures represented by the MPOWER policies. Each of the six policies must be adopted and implemented at the highest recommended level by WHO.

Action needed

Countries that have not ratified the WHO FCTC should do so. Others should legislate and fully implement the treaty's provisions and pursue effective enforcement for a tobacco-free and healthy Region.

Accelerate progress

- Mobilize whole-of-government commitment to implement the WHO FCTC.
- Ensure a multisectoral approach to the tobacco epidemic, guided by a national tobacco control strategy/action plan consistent with the WHO FCTC.
- Protect national tobacco control policies against the interference of the tobacco industry.

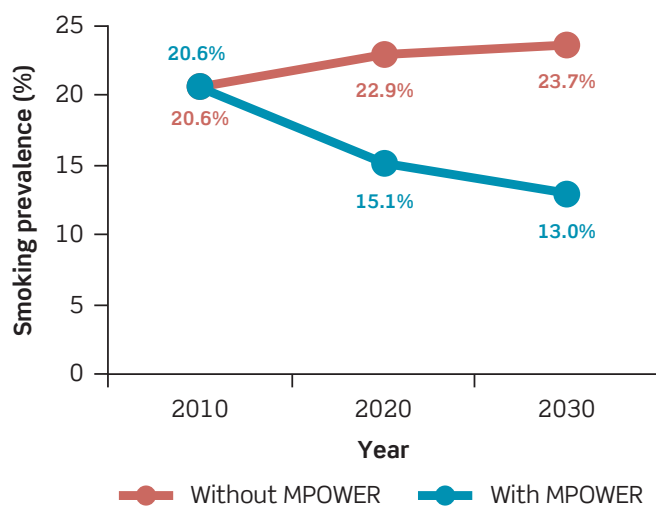


Fig. 1 Impact of implementing versus not implementing MPOWER on smoking prevalence

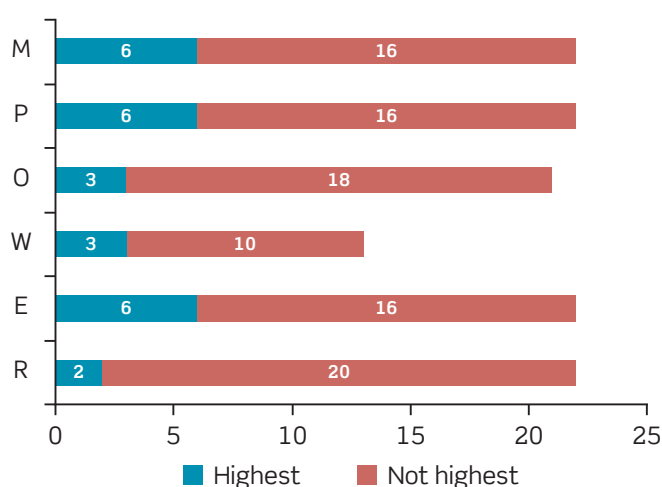


Fig. 2 Number of countries implementing MPOWER measures to the highest level

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5. WHO Report on the global tobacco epidemic, 2013. Geneva: World Health Organization; 2013.

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