FACTSHEET

IMPLEMENTATION OF ARTICLE 20
of the WHO FCTC in low- and middle-income countries (LMICs) in 2018

ARTICLE 20: AVERAGE IMPLEMENTATION RATE BY INCOME GROUP

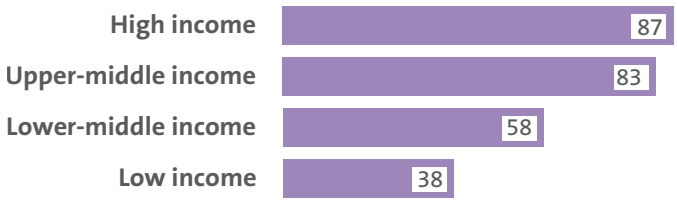
Average % of affirmative responses to Article 20 indicators

The implementation of Article 20 depends strongly on the income level of the country. High-income countries are most active in the implementation, whereas most support is needed in the low-income countries.

The figures in this fact sheet are calculated among all Parties to the WHO FCTC except the European Union, which cannot be classified by income as one Party. The analyses among 180 Parties are based on their latest available responses to the questions under Article 20 in the WHO FCTC reporting instrument. The data used for the analyses in this fact sheet is the same as in the 2018 Global Progress Report.[1]

The income grouping is based on the World Bank country income classification for the 2019 fiscal year.[2]

NATIONAL SYSTEM FOR EPIDEMIOLOGICAL SURVEILLANCE OF PATTERNS OF TOBACCO CONSUMPTION



% of Parties

Surveillance of tobacco use in the population is the foundation of tobacco control monitoring. Less than half of low-income countries have this basic-level surveillance in place.

Age-standardized prevalence of current tobacco use among persons aged 15 years and older is also a progress indicator under the Sustainable Development Goals (SDGs) target 3.a – strengthen the implementation of the WHO FCTC.

Assessing existing data sources and surveillance methods is the first step in building a coordinated national surveillance system. Non-communicable disease (NCD) surveillance often provides opportunities for integrating key tobacco indicators to existing health surveys in a cost-effective way.

EFFECTIVE TOBACCO CONTROL MONITORING

SIMPLE
Reduces the need for intensive training

VALID
Protocols to ensure consistency and minimize errors

TIMELY
Availability of results as quick as possible

FLEXIBLE
Able to adapt to new products and policies

SUSTAINABLE
Investment to human and financial resources

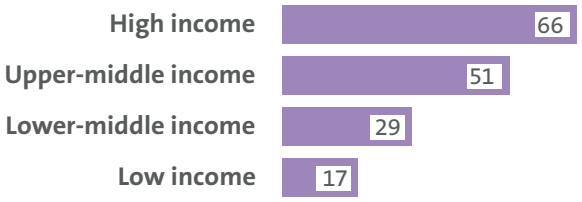
STANDARDIZED
Data comparability over time

REPRESENTATIVE
Of the general population

USABLE
Plans for data dissemination, publication and promotion in place

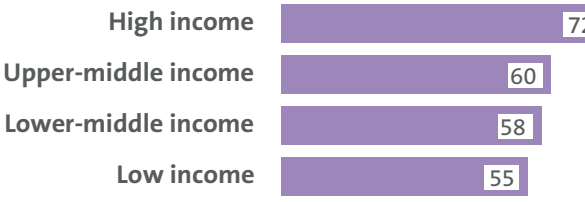
PERIODIC
Captures changes over time

INFORMATION ON TOBACCO-RELATED MORTALITY IN POPULATION



One in five premature deaths from NCDs can be attributed to tobacco, either by direct use or exposure to tobacco smoke.[3] Reducing tobacco use will make a large impact on reducing premature mortality from NCDs by one-third by 2030 – SDG target 3.4. Still less than one-third of low- and middle-income Parties have this mortality information available.

REGIONAL AND GLOBAL EXCHANGE OF SCIENTIFIC, TECHNICAL, SOCIOECONOMIC, COMMERCIAL AND LEGAL INFORMATION



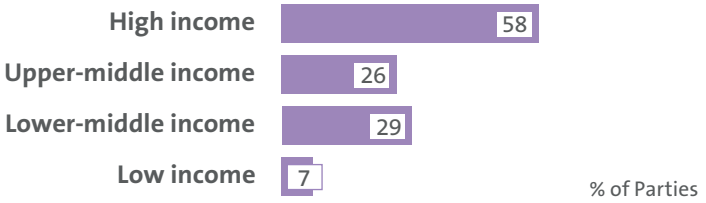
Exchange of information is the key in building national capacity in tobacco control, and tobacco control monitoring. Over half of the Parties in all income groups reported information exchange.

Working with a global scope, the WHO FCTC Secretariat's Knowledge Hubs are meant to be catalysts for sharing experience and knowledge, and helping to build capacity in their respective areas of expertise among the Parties to the WHO FCTC and other relevant partners.

STEPS TO BETTER TOBACCO CONTROL MONITORING:

- Assess existing data sources
- Assess what type of new data is needed
- Identify re-occurring data collections in related fields, such as NCD or tuberculosis surveillance
- Build relationships with the organizations collecting and possessing data
- Sensitize the WHO FCTC focal point and other key stakeholders for seeking political engagement and allocation of sufficient resources

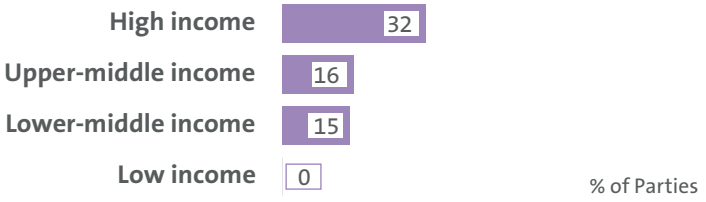
INFORMATION ON THE ECONOMIC BURDEN OF TOBACCO USE IN POPULATION



The availability of information on the local economic burden caused by tobacco use clearly separates the high-income Parties from other income groups. Not even one in ten of the low-income Parties have this information available from their population.

The economic cost is calculated from direct costs, such as hospital fees, and indirect costs representing the productivity loss from morbidity and mortality. In 2012, the global cost totalled US $1436 billion, equivalent in magnitude to 1.8% of the world's annual gross domestic product (GDP). Low- and middle-income countries bear a substantial burden, almost 40% of this cost.[4]

INFORMATION ON THE PERCENTAGE OF ILLICIT TOBACCO PRODUCTS ON NATIONAL MARKET



Lack of reliable national data of the share of illicit tobacco is a global phenomenon and concerns all income groups. It makes Parties vulnerable to the tobacco industry argument number one: the increase in illicit trade.

Despite the general lack of illicit trade data, the high income Parties are still better off than other income groups. The situation is alarming in low-income Parties, of which none reported having the data available.

- Partner with government agencies, academia or non-governmental organizations
- Promote integration of key tobacco indicators to existing surveillance systems
- Train staff already skilled in monitoring and surveillance to tobacco indicators
- Share staff trained in surveillance or analysis between different sectors
- Share and publicise data and results, and use those to advocate for and develop tobacco control policies

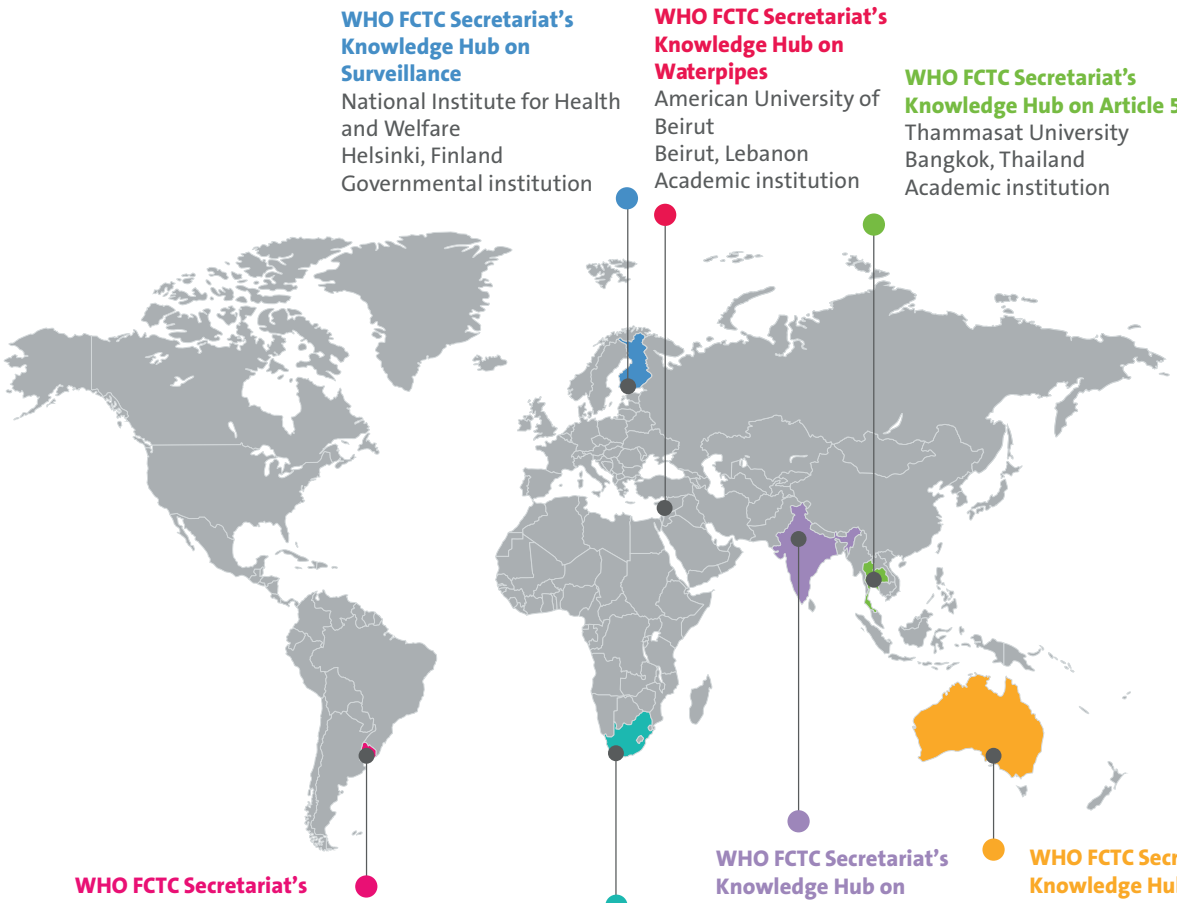
References:
[1]Available at: http://www.who.int/fctc/reporting/summary_analysis/en/
[2]Available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bankcountry-and-lending-groups
[3]Global Burden of Disease Study 2016. Global Burden of Disease Study 2016 (GBD 2016) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2016.
[4]Goodchild M, Nargis N, Tursan d'Espaignet E. Global economic cost of smoking-attributable diseases. Tobacco Control 2018;27:58-64.

"Effective tobacco control monitoring" is based on the WHO report on the global tobacco epidemic 2017: monitoring tobacco use and prevention policies. Geneva: World Health Organization; 2017. (p. 39)

"Steps to better tobacco control monitoring" is based on the 2017 WHO FCTC expert meeting summary observations (https://untobaccocontrol.org/kh/surveillance/fctc-article-20-focus-international-experts/); 2018 WHO FCTC Article 20 webinar presentations (https://untobaccocontrol.org/kh/surveillance/webinars/webinar-presentations/) and the WHO report on the global tobacco epidemic 2017.

Implementation of Article 20 of the WHO FCTC in low- and middle-income countries (LMICs) in 2018

The areas of expertise at the seven established Knowledge Hubs include legal challenges, surveillance, smokeless tobacco, water pipes, taxation, international cooperation (focused on time-bound measures and tobacco cessation), and Article 5.3 of the Convention.



RESEARCH, SURVEILLANCE AND INFORMATION EXCHANGE INCREASE EVIDENCE-BASED DECISION AND POLICY MAKING

Tobacco control monitoring among the Parties to the WHO FCTC is essential for strengthening and ensuring the full implementation of the treaty.

The National Institute for Health and Welfare (THL) Finland, has long experience in public health, including non-communicable disease control and prevention, and promotion of epidemiological surveillance and health-in-all-policies approach.

THL functions as WHO FCTC Secretariat's Knowledge Hub on Surveillance, and works to promote the implementation of Article 20 of the WHO FCTC. It supports the Parties to the Convention in their implementation of the WHO FCTC in areas of tobacco surveillance and health-in-all-policies approach.

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
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NATIONAL INSTITUTE FOR HEALTH AND WELFARE
FINLAND

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