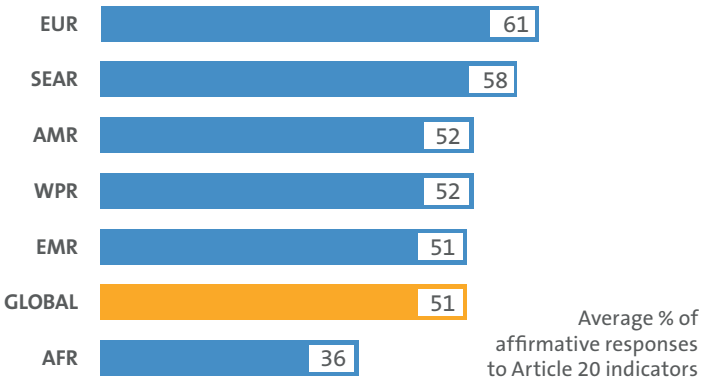
FACTSHEET

Regional implementation of ARTICLE 20 of the WHO FCTC in 2018

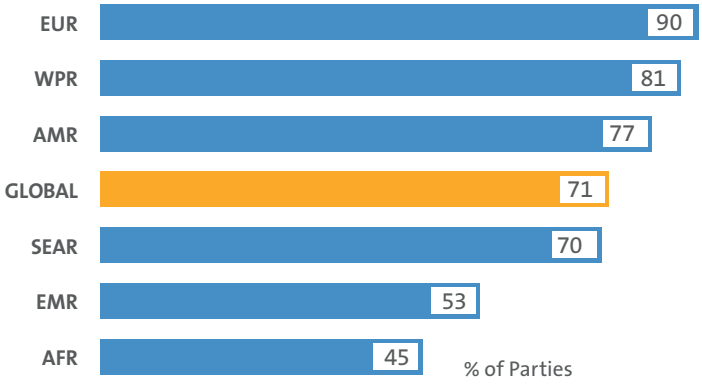
ARTICLE 20: AVERAGE IMPLEMENTATION RATE ACROSS REGIONS



On average, Article 20 is most actively implemented in the European region. In contrast, most support for the implementation is needed in the African region.

The average implementation rate is calculated among all 181 Parties to the WHO FCTC, 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]

NATIONAL SYSTEM FOR EPIDEMIOLOGICAL SURVEILLANCE OF PATTERNS OF TOBACCO CONSUMPTION



Surveillance of tobacco use in the population is the basic level and foundation of tobacco control monitoring.

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.

SUSTAINABLE DEVELOPMENT GOALS

3 GOOD HEALTH AND WELL-BEING

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

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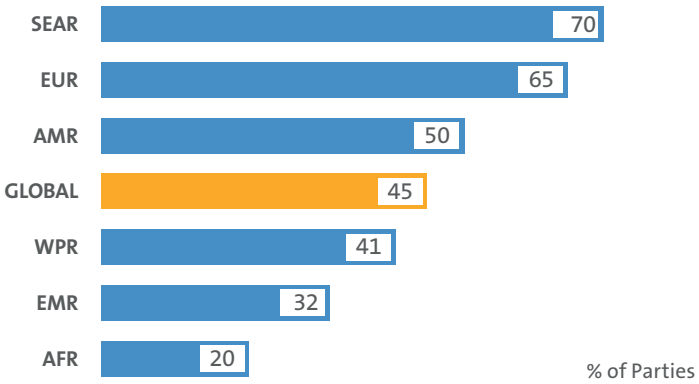
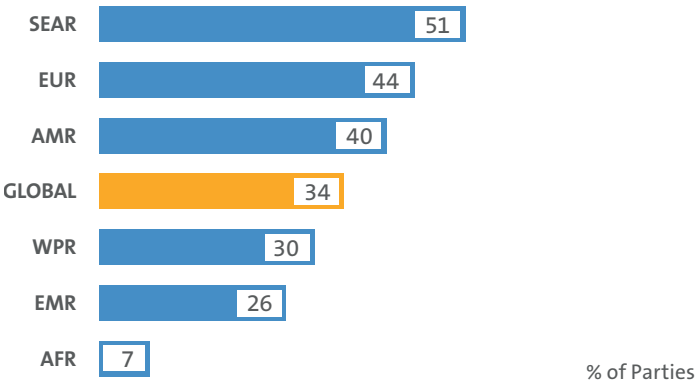
INFORMATION ON TOBACCO-RELATED MORTALITY IN POPULATION



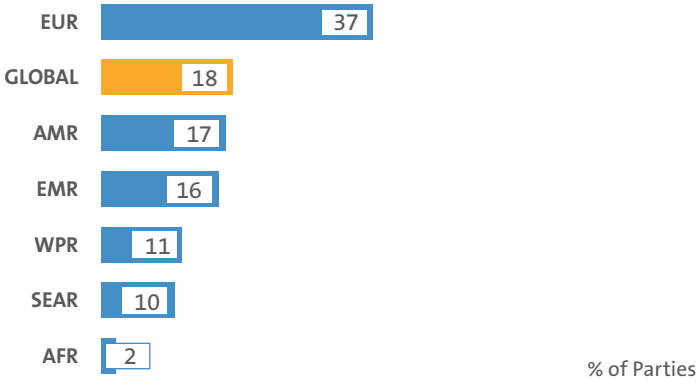
One in five premature deaths from non-communicable diseases (NCDs) can be attributed to tobacco, either by direct use or exposure to tobacco smoke.[2] Reducing tobacco use will make a large impact on reducing premature mortality from NCDs by one-third by 2030 – SDG target 3.4.

INFORMATION ON THE ECONOMIC BURDEN OF TOBACCO USE IN POPULATION



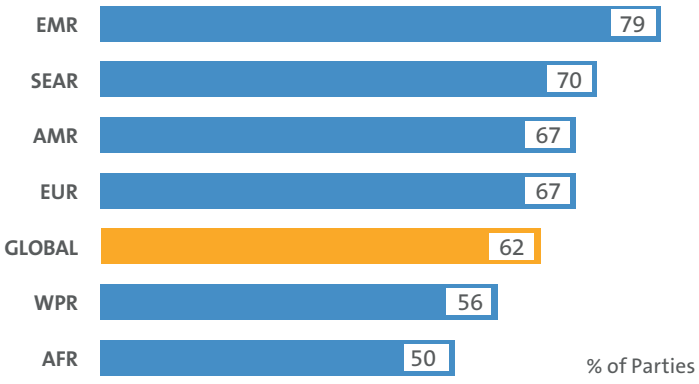
The economic cost is calculated from direct costs such as hospital fees and indirect costs representing the productivity loss from morbidity and mortality. In 2012, global cost totalled US$1436 billion, equivalent in magnitude to 1.8% of the world's annual gross domestic product (GDP).[3]

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. It makes Parties vulnerable to the tobacco industry argument number one: the increase in illicit trade.

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.

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.

Description of WHO regions available at: https://www.who.int/about/regions/en/

References:

[1]Available at: http://www.who.int/fctc/reporting/summary_analysis/en/
[2]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.
[3]Goodchild M, Nargis N, Tursan d'Espaignet E. Global economic cost of smoking-attributable diseases. Tobacco Control 2018;27:58-64.

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

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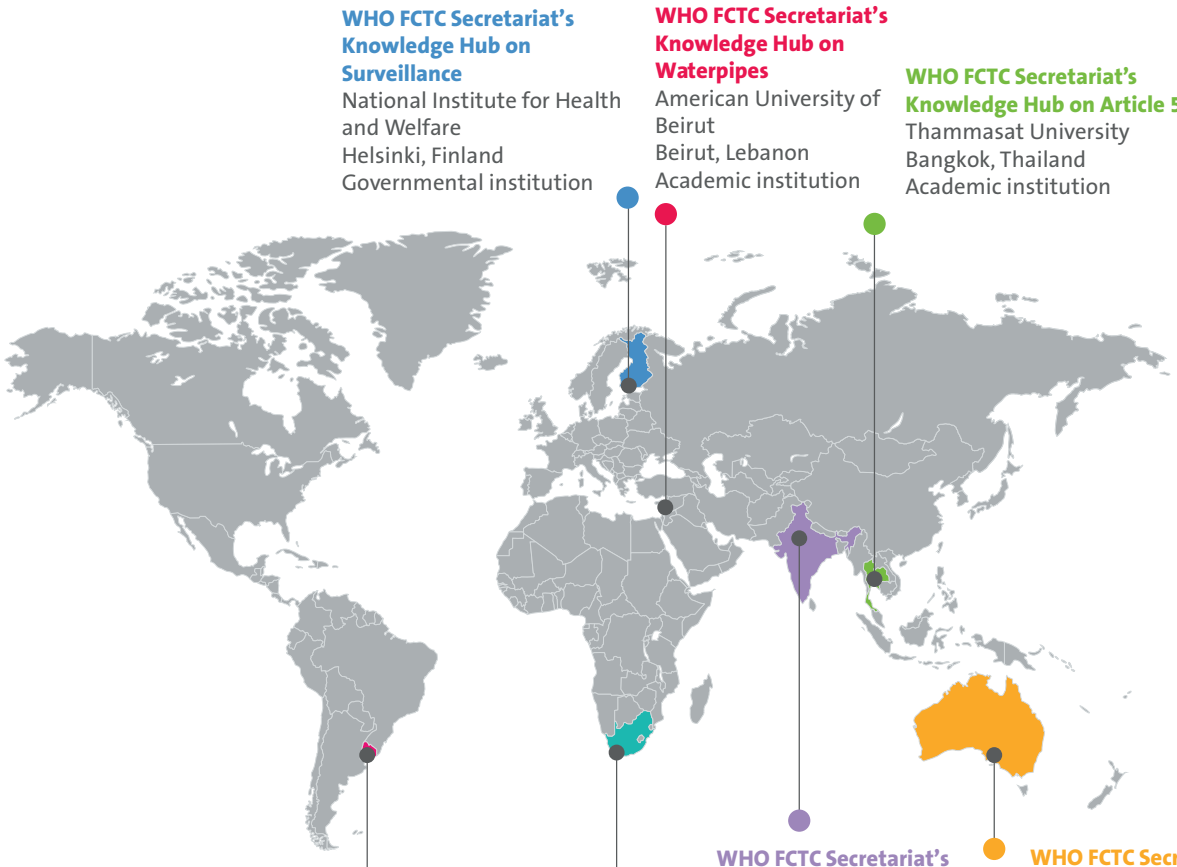
The areas of expertise at the seven established Knowledge Hubs include legal challenges, surveillance, smokeless tobacco, water pipes, taxation, international cooperation (focused on time-bound measures and tobacco cessation), and Article 5.3 of the Convention.



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
SECRETARIAT·KNOWLEDGE HUB

NATIONAL INSTITUTE FOR HEALTH AND WELFARE
FINLAND

WHO FCTC Secreteriat's Knowledge Hub on Surveillance www.untobaccocontrol.org/kh/surveillance/