

## From the World Health Organisation



### WHO programme on tobacco or health: progress report for 1991-92

In January 1993, the ninety-first session of the Executive Board of the World Health Organisation (WHO) discussed the report of the WHO Director-General on progress in the implementation of the WHO programme on tobacco or health. This progress report, covering the period 1991-92, emphasized in particular the steady implementation of the plan of action. Here are some of the highlights:

#### WHO regional offices

In collaboration with governments and non-governmental organisations (NGOs), the **Region of the Americas** has furthered the implementation of the 'Regional plan of action for the prevention and control of smoking' in most countries of the Region; achievements have been attained with the enactment of anti-smoking legislation in a few countries, with the dissemination of information and with the establishment of demonstration projects to adapt intervention strategies developed elsewhere and to document their effectiveness. So far, these projects have been mainly focused on health care providers and worksites. A comprehensive report entitled 'Tobacco or Health: Status in the Americas,' which summarises the current situation and provides examples for further action, was published in 1992. (See p. 61 - ED.)

After the Second European Seminar on Tobacco or Health held in Budapest (see *Tobacco Control* 1992; 1: 143-4), a revised 'Action plan for a tobacco-free Europe' was prepared and subsequently approved by the Forty-second Regional Committee.

The Regional Office for Europe, in collaboration with WHO headquarters, has been particularly active in providing on-site assistance with the development of comprehensive national tobacco control policies in several East European countries including Hungary, Lithuania, Latvia, Poland, and the Czech Republic. The Third European Seminar on Tobacco or Health was held in Vienna in March 1993.

A consultative meeting on 'tobacco or health' held in the Regional Office for the **Eastern Mediterranean** in May 1992 (see *Tobacco Control* 1992; 1: 226-7) to strengthen tobacco control activities, developed guidelines for a comprehensive regional policy and a plan of action which have already gained support for the development of tobacco-or-health activities in individual countries. Legislation banning tobacco advertising on television and radio, and protecting non-smokers from involuntary smoking has been adopted by most Member States in the Region. Each Member

State has produced health education materials and introduced programmes aimed at discouraging smoking and emphasising the importance of protecting non-smokers and their families against passive smoking. A number of countries in the Region conducted tobacco-or-health research focusing on the knowledge, attitudes, beliefs and practices of smokers.

In the **South-East Asia Region**, activities were implemented in Thailand to strengthen its regulations on tobacco advertising and other tobacco control measures; in Bangladesh, to improve national tobacco control policies; in Nepal, for the preparation of a comprehensive tobacco control plan to be carried out during the remainder of this decade; and finally, in India, to advance new tobacco control legislation and tobacco taxation, and other elements of a comprehensive national plan for tobacco control.

In the **African Region**, several countries have made efforts to initiate public information, education, and communication activities to reduce tobacco consumption. Many have also introduced measures against tobacco advertising and/or enacted legislation prohibiting smoking in public places, public transport, schools, and workplaces. Nevertheless, there are a few countries in the Region for which tobacco cultivation is both an essential factor in terms of economic development and a source of foreign exchange, a subject that should be dealt with in a multisectoral context with contributions from involved national and international agencies.

In the **Western Pacific Region**, in order to achieve the targets set by the Regional action plan (endorsed by the Regional Committee in September 1990), support was given to countries for the establishment of national policies or programmes, for example in Samoa, for collecting and disseminating information, and for promoting health education. Advice has been provided for enacting legislative measures and adopting price policies. Despite the considerable efforts made in the Region over the last two years, however, most countries do not report a significant improvement in the tobacco-or-health situation. Consequently, the Regional Committee in 1992 urged Member States to increase their efforts and requested the Regional Director to report to the Regional Committee in 1994, on the status of the implementation of the action plan.

#### WHO headquarters

An increasing number of activities have been aimed at promotion, public information and

education, including the preparation and dissemination of:

- State-of-the-art reports: Two monographs entitled 'Women and Tobacco' and 'Legislative action to combat the world tobacco epidemic', and a document on the 'Interaction of Smoking and Workplace Hazards: Risks to Health', were published in 1992. Further research and studies are currently being carried out on the evaluation of the effectiveness of national tobacco control programmes, and guidelines for surveillance and surveys. Numerous articles published in scientific journals have featured the results of recent research.
- The quarterly newsletter *Tobacco Alert* is distributed (approximately 20000 copies) to all ministries of health, the press, radio and TV stations, as well as personalities and experts in the health field. In addition, it is sent to NGOs concerned with the issues of tobacco control, women, and children; WHO representatives; all UN agencies; UN information centres; and specialists in cardiovascular disease, cancer and health education.
- Specific materials issued for each World No-Tobacco Day have provided essential information and recommendations on a number of themes such as tobacco-free public places and public transport, tobacco-free workplaces, and tobacco-free health services. World No-Tobacco Day is now celebrated in all WHO Member States and receives significant media coverage, even in countries not yet very advanced in tobacco control. The impact of World No-Tobacco Day in bringing about the enactment of legislation and in encouraging smoking cessation has been clearly demonstrated.

Collaboration with other UN organisations

has been designed to develop tobacco-free programmes and premises; specific action has been undertaken with the International Civil Aviation Organisation (see *Tobacco Control* 1992; 1: 310-1). Effective collaboration has been launched with major NGOs actively involved in tobacco control, as well as with political and social leaders. Regular collaborative activities with NGOs (for example, the World Scout Movement) and with national NGOs (for example, the Victorian Health Promotion Foundation), in both developed and developing countries, are important steps towards the realisation of a tobacco-free society.

The establishment and maintenance of a *comprehensive tobacco-or-health data centre* is progressing as follows:

- The programme has stated to collect systematically available data, country by country, on tobacco prevalence, consumption, associated mortality and morbidity, as well as information on national tobacco control activities (see *Tobacco Control* 1992; 1: 143-4).
- To strengthen and systematise the above activities, work has commenced on the compilation of a standard set of guidelines and recommendations for countries to use in monitoring their 'tobacco or health' situation and the evolution of the tobacco epidemic.
- Collaboration has been strengthened with research projects/programmes, both inside and outside WHO, in order to monitor more effectively the patterns of tobacco use and its health effects in different regions of the world. Examples of this collaboration include the establishment of prospective studies in developing countries to monitor more reliably the evolution of tobacco-induced mortality and morbidity.

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