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ACTION PLAN ON TOBACCO OR HEALTH

The Action Plan on Tobacco or Health for 1995–1999 was endorsed by the forty-fifth session of the Regional Committee in 1994. The same session endorsed the document *New horizons in health*, which provides the policy framework for tobacco control activities.

The Action Plan calls upon governments, opinion-formers, associations of health professionals, the mass media, schools, workplaces, and the community in general to participate in tobacco control activities.

This document is the first progress report on the implementation of the Action Plan on Tobacco or Health. It covers five main areas: policies and programmes; data collection; advocacy and education; legislation; and pricing policies.

At the heart of the Action Plan is a call for the Western Pacific Region to be free of tobacco advertising by the year 2000. Member States are urged to take all necessary measures in order to achieve this goal.

1. INTRODUCTION

During the forty-fifth session of the Regional Committee in September 1994, the progress made in implementing the Regional Action Plan on Tobacco or Health for 1990-1994 was reviewed, and a new Action Plan on Tobacco or Health for 1995-1999 was endorsed. Resolution WPR/RC45.R15 urged Member States to take all steps necessary to implement the Action Plan.

The main objectives of the Action Plan on Tobacco or Health for 1995-1999 are: to develop, implement and strengthen comprehensive national policies and programmes on tobacco control; to collect data on tobacco use; to support health advocacy, education and information; to support implementation of appropriate legislation; and to achieve pricing policies that deter tobacco use.

The Action Plan calls on all governments to implement comprehensive tobacco control measures by 1999. These include establishing a national policy and a central coordinating agency on tobacco or health; encouraging health education; passing tobacco control legislation; and pursuing a pricing policy. In particular, the Action Plan recommends:

- a "tobacco-advertising-free Western Pacific Region by the year 2000" as part of comprehensive legislation on tobacco or health;
- a percentage of tobacco taxes to be used to fund sports, arts and health promotion, so that sports and the arts do not suffer from bans on tobacco sponsorship;
- health information and advocacy on tobacco or health to be introduced into medical curricula;
- countries and areas with a long history of tobacco-or-health action to aim to decrease tobacco consumption by at least 1%-2% per annum;
- countries and areas that have not previously taken significant action on tobacco or health to implement national actions with a view to reducing consumption during the next Action Plan which will cover the period 2000-2004; and
- preventing a rise in smoking among women in all countries and areas.

2. PROGRESS IN IMPLEMENTATION

2.1 General developments

Progress made in implementing the Action Plan is measured annually through a questionnaire survey. In addition, as was suggested in the timetable of the Action Plan, the status of the implementation with regard to the five main objectives was reviewed at a meeting in connection with the Fourth Asia-Pacific Conference on Tobacco or Health, held in Chiangmai, Thailand in November 1995. A further meeting to review progress in implementation will take place in connection with the Tenth World Conference on Tobacco or Health to be held in Beijing, China in August 1997.

The Sub-Committee of the Regional Committee on Programmes and Technical Cooperation visited Australia, China and Singapore in June 1995 to review WHO's collaboration with Member States in the field of healthy lifestyles, with a particular focus on tobacco-or-health activities. It was recognized by the Sub-Committee that the Action Plan on Tobacco or Health had had a significant impact on efforts to control tobacco use and to create an environment supportive of healthy lifestyles.

The Regional Committee, during its forty-sixth session in September 1995, endorsed the report of the Sub-Committee and urged Member States to give high-level policy commitment and support to promotion of healthy lifestyles, including tobacco control measures, consistent with the approaches of the regional document *New horizons in health* and the regional Action Plan on Tobacco or Health 1995-1999.

Considerable progress has been made by Member States since the beginning of implementation of the Action Plan in 1995. However, of all WHO regions, the Western Pacific has experienced the highest increase in tobacco consumption. While in 1994 it was estimated that 50% of men and 5%-7% of women smoked, the corresponding figures for 1997 are 60% of men and 8% of women. Increased smoking among young women is of special concern.

2.2 National policies

Nine countries and areas had established comprehensive national tobacco control policies by 1994, i.e. by the end of the period covered by the first Action Plan. The 1996 survey indicated that an additional four countries and areas – French Polynesia, Guam, Mongolia, and Papua New Guinea – had some form of policy in place, and in two others – the Lao People's Democratic Republic and Samoa – policy documents had been presented to the Government. There were ongoing efforts to

strengthen policies in several countries and areas, for example in China, Hong Kong, and Malaysia. The Republic of Korea now has a law on health promotion, which has tobacco control as a major emphasis.

All 36 countries and areas in the Region have nominated a focal person on tobacco or health. They receive regular updated information on tobacco or health and inform the Regional Office about ongoing activities in their countries.

2.3 Collection of data

Most countries collected some data on tobacco use and control activities. Since 1987, national prevalence surveys have been carried out in 18 countries and areas, but they have not been repeated every three years, as recommended in the Action Plan. Twenty-five countries and areas reported on the implementation of the Action Plan to WHO by completing the 1996 questionnaire.

The collection of results of prevalence surveys and other data remained an important task of the tobacco or health programme. A regional database on tobacco or health was regularly updated. Every year, all countries and areas were requested to complete a questionnaire. Consolidated regional data were made available to Member States and to focal persons on tobacco or health.

To facilitate exchange of information, WHO supported a clearinghouse on smoking or health in Hong Kong. The clearinghouse replied to requests for information and organized regular mailings to the focal persons on tobacco or health and other interested persons and organizations.

2.4 Advocacy and health education

Health education activities have been carried out on a regular basis in 23 countries. World No-tobacco Day was observed in 34 countries and areas. The mass media have played an increasingly important role in spreading information on the negative effects of tobacco use and on tobacco control activities.

In collaboration with the International Union against Tuberculosis and Lung Disease, WHO encouraged medical schools to obtain information on the use of tobacco by students. Only a few medical schools have responded so far and a follow-up campaign has begun.

The tobacco-or-health programme is relevant to each of the three themes of the regional document *New horizons in health*. With regard to preparation for life, establishing non-smoking schools will be an important development in helping young people to develop lifestyles free from tobacco use. The second major theme of *New horizons in health*, protection of life, is supported by

the implementation of smoke-free environments, particularly in the workplace. Smoke-free workplaces are being promoted in collaboration with the environmental and occupational health programmes. Finally, activities to promote reduction in use of tobacco among the elderly are being carried out in conjunction with the ageing and health and noncommunicable diseases programmes.

2.5 Legislation

Twenty-nine countries and areas currently have laws or regulations which include some of the following: health warnings on packaging and advertising, smoke-free places, bans on tobacco advertising and prohibitions on sale of tobacco to minors.

At the heart of the Action Plan on Tobacco or Health is the call for the Region to be free of tobacco advertising by the year 2000. However, only six countries and areas in the Region have total bans on advertising. Intensified efforts will be needed to reach the targets set in the Action Plan. The development of an international framework convention for tobacco control, as requested by resolution WHA49.17 at the Forty-ninth World Health Assembly, will be an important development in this regard.

In preparation for the international framework convention, several documents have been drafted, including a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries.

2.6 Pricing policy

Taxes on cigarettes are seen as a valuable way of reducing smoking, especially by the youth. Taxes were increased in 12 countries and areas, although not necessarily for health reasons. Governments are encouraged to consider raising taxes on tobacco and to earmark funds for sponsorship for sports, arts, culture and other activities previously sponsored by tobacco companies. Money raised from tobacco taxation could also be used to fund health education and promotion and health and lifestyles research.

3. WHO COLLABORATING CENTRES ON TOBACCO OR HEALTH

There are two WHO collaborating centres on tobacco or health: the WHO Collaborating Centre for Tobacco or Health, Beijing Respiratory Disease Research Centre, Beijing, China, and the WHO Collaborating Centre for Reference on Smoking and Health, National Cancer Centre Research

Institute, Tokyo, Japan. A national meeting of heads of WHO collaborating centres, with a focus on tobacco or health in Japan, was organized by the Tokyo collaborating centre on 12-13 December 1996. Policies and programmes on tobacco or health were reviewed and discussions focused on the use of the Internet for tobacco-or-health information exchange. The heads of the two collaborating centres participated in a global networking meeting with collaborating centres from other regions in November 1996 in Atlanta, United States of America.

4. PROBLEMS AND CONSTRAINTS

Tobacco poses a major challenge, not just to health, but to social and economic development and environmental sustainability. The population in the Western Pacific Region is predicted to increase from the 1996 figure of 1.6 billion to 2 billion in 2025. Even if smoking rates remain unchanged, the number of smokers will increase for demographic reasons. It is estimated that the smoking rate among women will remain under 10%, but there may be significant underreporting in countries where it is culturally less acceptable for women to smoke. It is important that data collection in Member States be continually improved and used as the basis for national policies and programmes. Financial constraints continue to exist. Only one country in the Region had a specific budget for substance abuse in 1996-1997.

5. FUTURE PLANS

WHO will continue to give support to Member States for the implementation of the Action Plan for 1995-1999. WHO will also continue to collaborate with nongovernmental organizations such as the International Union against Cancer, the International Union against Tuberculosis and Lung Disease and the World Federation for Medical Education in implementing the Action Plan.

The annual collection of data from countries and areas in the Region will continue and information exchange will be intensified.

Tobacco or health will continue to be addressed in Healthy Cities-Healthy Islands initiatives and in health-promoting settings such as homes, schools, workplaces and hospitals.

Close collaboration with the global programme on substance abuse will continue and networking will also be further strengthened. WHO collaborating centres on tobacco or health will play an increasingly important role through international networking.