The Global Burden of Tobacco: Monitoring Non-Communicable Disease (NCD) Targets and Tracking the Tobacco Epidemic

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WHO Geneva
### Causative risk factors

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Tobacco use</th>
<th>Unhealthy diets</th>
<th>Physical inactivity</th>
<th>Harmful use of alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease and stroke</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2015: 15 million people died from NCDs between the ages of 30 and 69

These 15 million premature deaths in 2015 could have been largely prevented

Source: WHO Global Health Estimates
Updates on the Global Disease Burden of NCDs

Premature deaths from NCDs between the ages of 30 and 69 in 2015 (By WHO Region, in Millions)

<table>
<thead>
<tr>
<th>Region</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>AMR</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td>EMR</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>EUR</td>
<td>1.5</td>
<td>0.8</td>
</tr>
<tr>
<td>SEA</td>
<td>2.6</td>
<td>1.8</td>
</tr>
<tr>
<td>WPR</td>
<td>2.4</td>
<td>2.4</td>
</tr>
</tbody>
</table>

% Distribution per Region

- AFR: 9%
- AMR: 13%
- EMR: 7%
- EUR: 15%
- SEA: 29%
- WPR: 27%

Probability of dying from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease between the ages of 30 and 70

WHO estimates for 2015 (both sexes)

2015: Huge disparities between countries

Source: WHO Global Health Estimates
Vision rooted in the landmark WHO Global Strategy for the Prevention and Control of NCDs

- **2000**: Global Strategy for the Prevention and Control of NCDs
- **2003**: WHO Framework Convention on Tobacco Control (FCTC)
- **2004**: Global Strategy on Diet, Physical Activity and Health
- **2008**: 2008-2013 Action Plan on the Global Strategy for the Prevention and Control of NCDs
- **2009**: Global Strategy to Reduce the Harmful Use of Alcohol
- **2010**: First WHO Global Status Report on NCDs
- **2011**: Moscow Declaration
- **2013**: UN Political Declaration on NCDs
- **2014**: WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators
- **2015**: UN General Assembly Comprehensive Review 2014 on NCDs
- **2025**: Adoption of the Post-2015 development agenda
- **2030**: Country Framework for Action to engage sectors beyond health on NCDs
- **2030**: Attainment of the 9 global targets for NCDs by 2025
- **2030**: Attainment of the 9 global targets for NCDs by 2030 (as part of the post-2015 development agenda)
Commitments made by world leaders to curb premature deaths from NCDs

2007 CARICOM
Port-of-Spain Declaration on NCDs

2009 ECOSOC
Doha Declaration on NCDs

2011
Moscow Declaration

2011
Political Declaration

2014
Outcome Document

2015
AAAA

2015
SDGs

2018
3rd HLM
Commits governments to develop national responses:

- **Target 3.4:** By 2030, reduce by one third premature mortality from NCDs
- **Target 3.5:** Strengthen responses to reduce the harmful use of alcohol
- **Target 3.8:** Achieve universal health coverage
- **Target 3.a:** Strengthen the implementation of the WHO Framework Convention on Tobacco Control
- **Target 3.b:** Support research and development of vaccines and medicines for NCDs that primarily affect developing countries
- **Target 3.b:** Provide access to affordable essential medicines and vaccines for NCDs
SDG 2030 Targets Are Aligned with NCD Targets for 2025

- **A 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases**

- **At least a 10% relative reduction in the harmful use of alcohol**

- **A 10% relative reduction in prevalence of insufficient physical activity**

- **A 25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure**

- **An 80% availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs**

- **At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes**

- **A 30% relative reduction in prevalence of current tobacco use**

- **Halt the rise in diabetes and obesity**

- **A 30% relative reduction in mean population intake of salt/sodium**
Based on the set of 10 progress monitoring indicators published by WHO in May 2015

Indicators show progress achieved by countries in implementing the four time-bound commitments for 2015 and 2016

Data drawn from several sources generated by WHO and validated with supporting documentation provided by countries
Progress So Far: The NCD Progress Monitor 2015

Number of "fully achieved" Indicators

Number of Member States
### Progress towards the 9 global NCD targets for 2025

<table>
<thead>
<tr>
<th>Outcome indicator</th>
<th>2010</th>
<th>2014</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconditional <strong>probability of dying</strong> between ages of 30 and 70 from one of the mayor NCDs</td>
<td>20%</td>
<td>19%</td>
<td>↓</td>
</tr>
<tr>
<td>Total <strong>alcohol</strong> per capita (aged 15+ years old) consumption within a calendar year (in litres of pure alcohol)</td>
<td>6.4</td>
<td>6.3</td>
<td>↓</td>
</tr>
<tr>
<td>Prevalence of current <strong>tobacco smoking use</strong> among adults aged 18+</td>
<td>23.1%</td>
<td>21.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Age-standardized prevalence of <strong>raised blood pressure</strong> among persons aged 18+ years and mean systolic blood pressure</td>
<td>23%</td>
<td>22%</td>
<td>↓</td>
</tr>
<tr>
<td>Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years</td>
<td>8%</td>
<td>9%</td>
<td>↑</td>
</tr>
<tr>
<td>Age-standardized prevalence of <strong>overweight and obesity</strong> in persons aged 18+ years)</td>
<td>11%  (obesity) 37% (overweight)</td>
<td>13%  (obesity) 39% (overweight)</td>
<td>↑</td>
</tr>
</tbody>
</table>
### Process indicators (reported to the WHA May 2016)

<table>
<thead>
<tr>
<th>Number of countries</th>
<th>2010</th>
<th>2015</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>with at least one operational multisectoral national NCD action plan</td>
<td>30/166 (18%)</td>
<td>61/166 (37%)</td>
<td>↑</td>
</tr>
<tr>
<td>that have operational NCD unit</td>
<td>88/166 (53%)</td>
<td>110/166 (66%)</td>
<td>↑</td>
</tr>
<tr>
<td>with an operational policy to reduce the harmful use of alcohol</td>
<td>80/166 (48%)</td>
<td>111/166 (67%)</td>
<td>↑</td>
</tr>
<tr>
<td>with an operational policy to reduce physical inactivity</td>
<td>91/166 (55%)</td>
<td>119/166 (72%)</td>
<td>↑</td>
</tr>
<tr>
<td>with an operational policy to reduce the burden of tobacco use</td>
<td>109/166 (66%)</td>
<td>135/166 (81%)</td>
<td>↑</td>
</tr>
<tr>
<td>with an operational policy to reduce unhealthy diet.</td>
<td>99/166 (60%)</td>
<td>123/166 (74%)</td>
<td>↑</td>
</tr>
<tr>
<td>that have evidence-based national guidelines for the management of major NCDs</td>
<td>125/166 (75%)</td>
<td>61/166 (37%)</td>
<td>N/A</td>
</tr>
<tr>
<td>through a primary care approach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that have an operational national policy on NCD-related research</td>
<td>NO DATA</td>
<td>60/166 (36%)</td>
<td>N/A</td>
</tr>
<tr>
<td>with NCD surveillance and monitoring systems in place</td>
<td>60/166 (36%)</td>
<td>48/166 (29%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
“Globally, the probability of dying prematurely from these four main NCDs declined by 17% between 2000 and 2015.

This rate of decline is insufficient to meet the SDG target 3.4 on NCDs (i.e. by 2030, reduce by one third premature mortality from NCDs)”

Source: WHO Global Health Estimates
Projected business as usual trends in premature NCD mortality (global)

Vs. If We Achieve Our Risk Factor Targets

Kontis et al. Lancet 2014
Vs. If We Reduce Tobacco Use by 50%

Kontis et al. *Lancet* 2014
Best-buys: Tobacco

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective mass media campaigns
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
- Ban all forms of tobacco advertising, promotion and sponsorship
So How Are We Doing On Tobacco Control?
The WHO Framework Convention on Tobacco Control

- The first international public health treaty under the auspices of WHO
- Entry into force 2005
MPOWER was created

<table>
<thead>
<tr>
<th>WHO FCTC article</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Monitor</td>
<td>...tobacco use and prevention policies</td>
</tr>
<tr>
<td>8</td>
<td>Protect</td>
<td>...people from tobacco smoke</td>
</tr>
<tr>
<td>14</td>
<td>Offer</td>
<td>...help to quit tobacco use</td>
</tr>
<tr>
<td>11 &amp; 12</td>
<td>Warn</td>
<td>...about the dangers of tobacco</td>
</tr>
<tr>
<td>13</td>
<td>Enforce</td>
<td>...bans on advertising, promotion and sponsorship</td>
</tr>
<tr>
<td>6</td>
<td>Raise</td>
<td>...taxes on tobacco</td>
</tr>
</tbody>
</table>
Six reports published since 2007 that track the status of the global tobacco epidemic and interventions to combat it.
Global progress, 2007–2016

Population covered by at least one MPOWER measure at the highest level of achievement

Total population: 7.4 billion
Total number of countries: 195
Progress in ‘M’ has been steady but slow

Population covered by Monitoring measure at the highest level of achievement
Progress by MPOWER measure, 2014-2016

- **Monitoring**: 4% (2016) vs. 35% (2014)
- **Smoke-free environments**: 1% (2016) vs. 19% (2014)
- **Cessation programmes**: 18% (2016) vs. 15% (2014)
- **Pack warnings**: 27% (2016) vs. 20% (2014)
- **Mass media**: -12% (2016) vs. 56% (2014)
- **Advertising bans**: 4% (2016) vs. 11% (2014)
- **Taxation**: 0% (2016) vs. 10% (2014)
Achieving ‘M’ at best-practice level is a challenge, especially for LMICs.
Progress made in POWER

- Data not reported/not categorized
- No policy or weak policy
- Minimal policies
- Moderate policies
- Complete policies

Proportion of countries (number of countries inside bars):

- P: Smoke-free environments
- O: Cessation programmes
- W: Warning labels
- E: Mass media
- Advertising bans
- R: Taxation

Counts:

- P: 23, 55
- O: 26, 78
- W: 32, 88
- E: 106, 70
- R: 56, 32
We are seeing the impact of these measures being introduced across the world…
Smoking prevalence has declined globally...

...but the number of tobacco users has been steady.
We Need To Protect The Most Vulnerable Populations

WHO-ESTIMATED TREND IN CURRENT SMOKING PREVALENCE, AGES 15+

![WHO-ESTIMATED TREND IN CURRENT SMOKING PREVALENCE, AGES 15+](image-url)

- Global
- High-income
- Middle-income
- Low-income

Tobacco smoking prevalence (%)

- 2007: 27.5%
- 2015: 23.2%
- 2030: 11.5%

- 2007: 23.5%
- 2015: 17.6%
- 2030: 17.0%
More work needs to be done…
Without urgent, accelerated action to curb the tobacco epidemic, the SDG target 3.4 and 3.A will not be achieved.
Thank you

www.who.int/tobacco
Chad, Cote de Ivoire, Gambia, Sierra Leone has no known data, or no recent data or data that are not both recent and representative

Gabon, Mali, West Bank and Gaza Strip has recent and representative data for either adults or youth

Cameroon, Suriname, Tajikistan has recent and representative data for both adults and youth

Qatar, Turkey, Indonesia has recent, representative and periodic data for both adults and youth since