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Statement on Inclusion of Pharmacotherapies for Cessation in the WHO Essential Medicines List

Head of the Secretariat of the WHO FCTC and the Protocol

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The Convention Secretariat, which serves as the secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) and of the Protocol to Eliminate Illicit Trade in Tobacco Products, appreciates the opportunity to make a statement in support of the inclusion of pharmacotherapies used for tobacco cessation on the WHO Essential Medicines List (EML).

The Convention Secretariat, among other functions, supports the governing and subsidiary bodies of the WHO FCTC and also provides direct assistance to Parties to the WHO FCTC. In its work supporting the implementation of the WHO FCTC, the Convention Secretariat follows the mandates granted to it in the Convention and the Protocol and by their governing bodies.

Article 14 of the WHO FCTC refers to *Demand reduction measures concerning tobacco dependence and cessation*, by which the Parties to the Convention “shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”. Additionally, to fulfil this mandate, Parties shall “include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies”, as well as “collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products”.

In 2010, the Conference of the Parties to the WHO FCTC, which serves as the Convention’s governing body, adopted *Guidelines for Implementation of Article 14*, assisting Parties to meet their obligations under Article 14 of the WHO FCTC. The Guidelines recommend that “tobacco cessation and tobacco dependence treatment strategies should be based on the best available evidence of effectiveness”, given that “tobacco dependence treatment is effective and that it is a cost-effective health-care intervention, and thus that it is a worthwhile investment for health-care systems”. The Guidelines further recommend that “tobacco dependence treatment should be widely available, accessible and affordable” in order to have a clear impact on tobacco users.

Among its recommended actions, the Guidelines urge that “medications that have been clearly shown by scientific evidence to increase the chances of tobacco cessation should be made available to tobacco users wanting to quit and where possible be provided free or at an affordable cost”. In this regard, reliable evidence is now available worldwide on the cost-effectiveness and safety of non-nicotine medications, such as bupropion and varenicline, when used for treating tobacco dependence.

In order to support tobacco users who wish to quit, based on data available after the 2020 reporting cycle on implementation of the WHO FCTC, 100 Parties reported that they have some form of nicotine replacement therapy (NRT) available in their national markets, which could take the form of patches, gums, lozenges, sprays or inhalers. These products are already part of the WHO EML. In order to allow

the Parties to strengthen the provision of support for the cessation efforts of tobacco users, the Convention Secretariat supports and endorses efforts to include or add other effective non-nicotine drugs such as bupropion and varenicline on the WHO EML, which may help with the inclusion of these medications in the Parties' national EMLs, and subsequently, their use by patients and in national health-care systems. Based on the latest data available from the Parties, an equal number of Parties (71) reported having bupropion and/or varenicline available in their national markets.

The inclusion of these medications on the WHO EML would allow the Parties to adopt the best measures for their national circumstances and priorities in relation to the provision of treatment for tobacco dependence and cessation. This initiative would allow Parties to the WHO FCTC to reinforce one of the measures related to the reduction of demand for tobacco products, ensuring that their citizens have access to the most adequate treatment for tobacco dependence. Moreover, it would allow the provision of suitable support to the growing number of tobacco users who have expressed their desire to quit during the pandemic of the coronavirus disease 2019 (COVID-19).

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