Part Ⅰ - simplified version-A

## Current situation of tobacco use and tobacco control in the country

Brainstorming

- **What is the prevalence of tobacco use in your country?**

- **What are the current tobacco control efforts in your country?**

World Health Organization

Different countries are at different stages in tobacco epidemic

● There are more than one million smokers in the world. Nearly 80% of them live in low- and middle-income countries
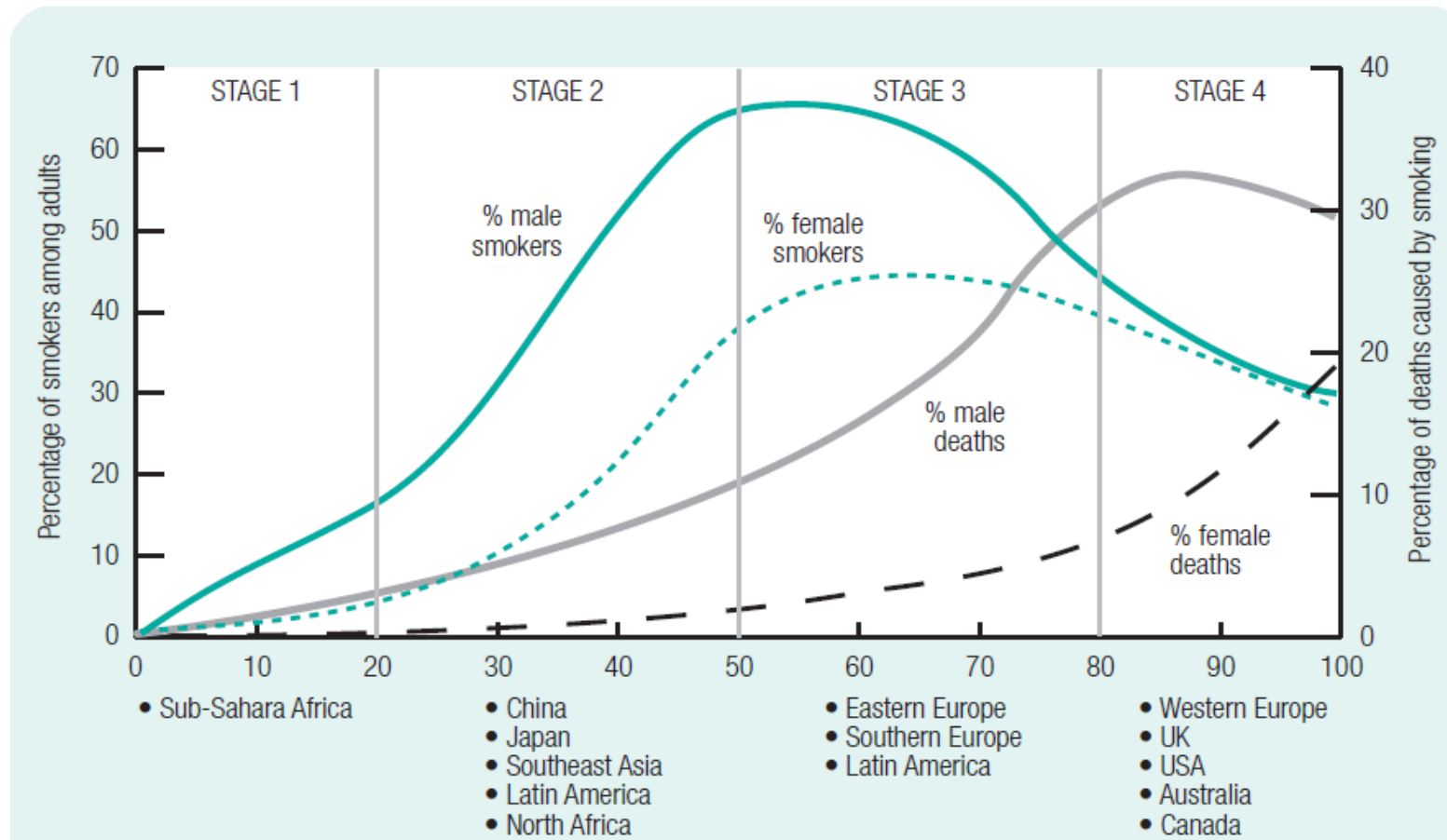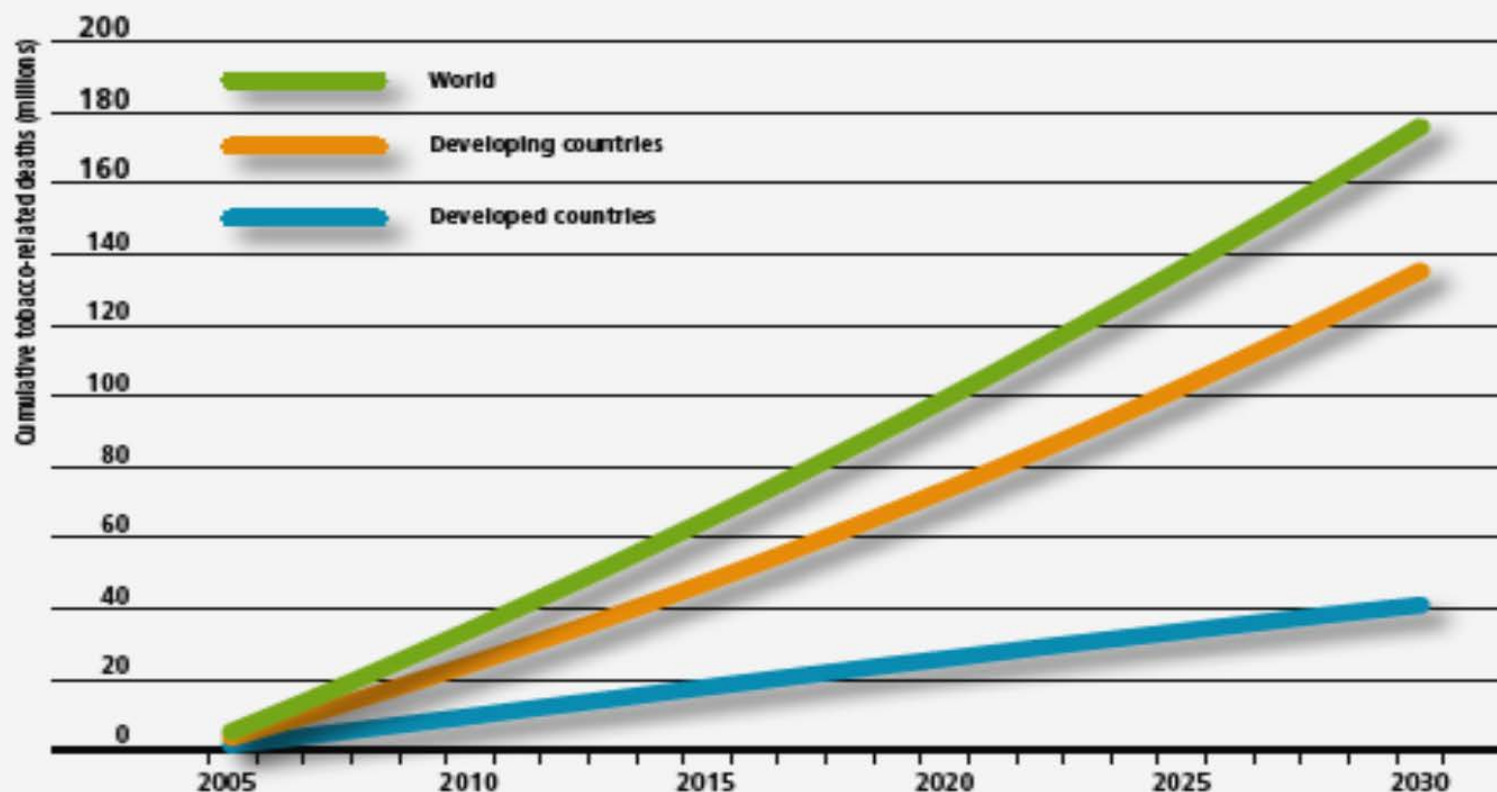
World Health Organization

Tobacco is growing fastest in developing countries

TOBACCO WILL KILL OVER 175 MILLION PEOPLE WORLDWIDE BETWEEN NOW AND THE YEAR 2030

Cumulative tobacco-related deaths, 2005–2030

Legend:
- World
- Developing countries
- Developed countries

Y-axis: Cumulative tobacco-related deaths (millions) — 0, 20, 40, 60, 80, 100, 120, 140, 160, 180, 200

X-axis: 2005, 2010, 2015, 2020, 2025, 2030

World Health Organization

Tobacco use is rising among younger females

GYTS measures of tobacco use, by sex and WHO region 1999-2005

World Health Organization
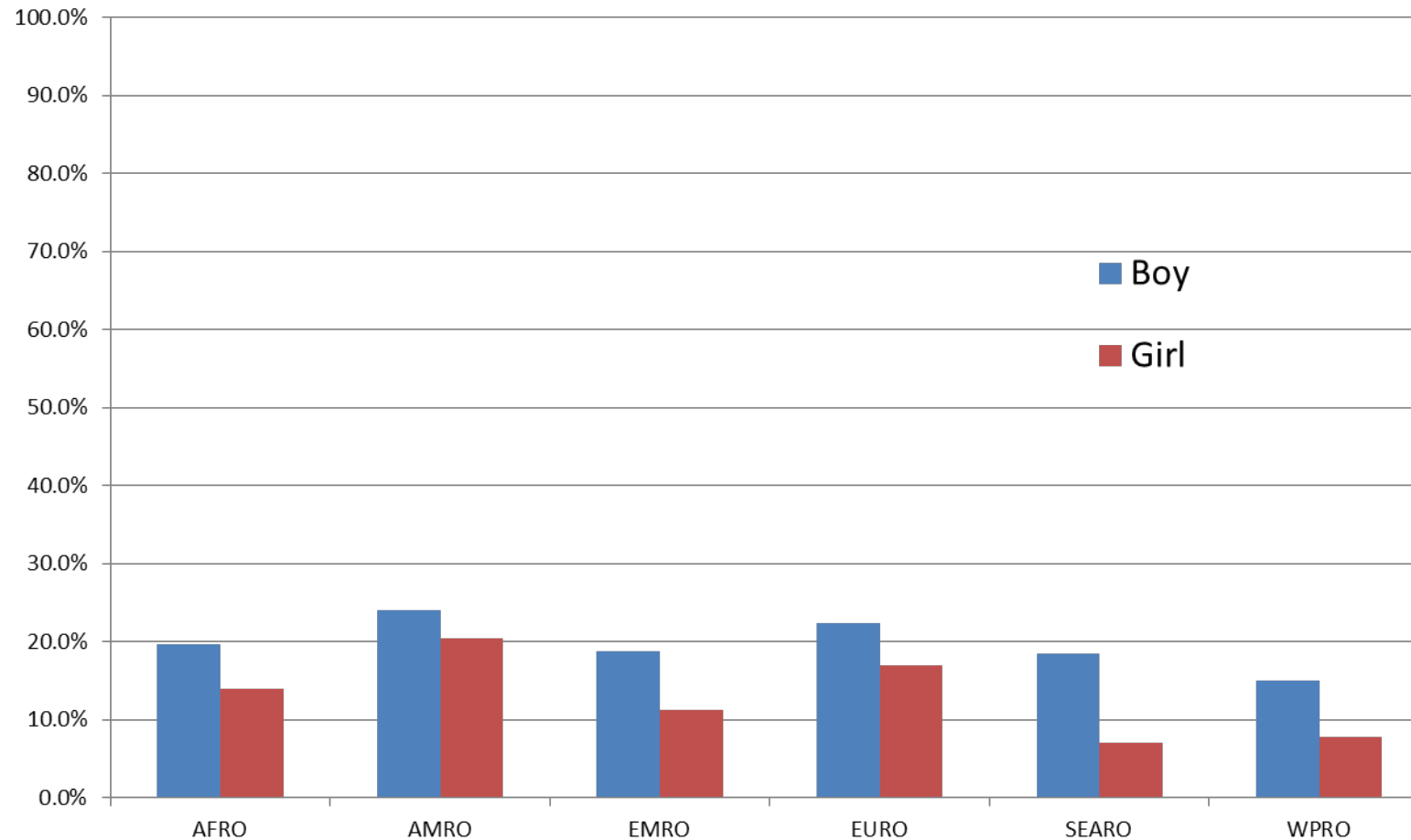
The prevalence of tobacco use, tobacco-related deaths and tobacco control efforts in the country

- **To be added for each specific country based on:**
  - **The WHO tobacco control country profiles**
    http://www.who.int/tobacco/surveillance/policy/country_profile/en/index.html
  - **WHO global report on mortality attributable to tobacco**
    http://www.who.int/tobacco/publications/surveillance/rep_mortality_attributable/en/index.html

World Health Organization

Part Ⅰ - simplified version-B

The Parties' obligations under the WHO FCTC to support tobacco users to quit

WHO FCTC
- The powerful tool to reverse tobacco epidemic

- First global health treaty negotiated under auspices of WHO – adopted in **2003,** entered into force on **27 Feb 2005**

- **176 parties, covering about 90% of the world population**

World Health Organization

Core demand reduction provisions in the WHO FCTC

At the population level:

- Price and tax measures to reduce the demand for tobacco (**Article 6**) and smuggling control (**Article 15**)
- Protection from exposure to tobacco smoke (**Article 8**)
- Packaging and labeling of tobacco products (**Article 11,12**)
- Ban of tobacco advertising, promotion and sponsorship (**Article 13**)
- Monitoring and evaluation (**Articles 20, 21**)

At the individual level:

- **Tobacco dependence reduction and cessation (Article 14)**

World Health Organization

Article 14 of the WHO FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC

"Each Parties…shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence… "
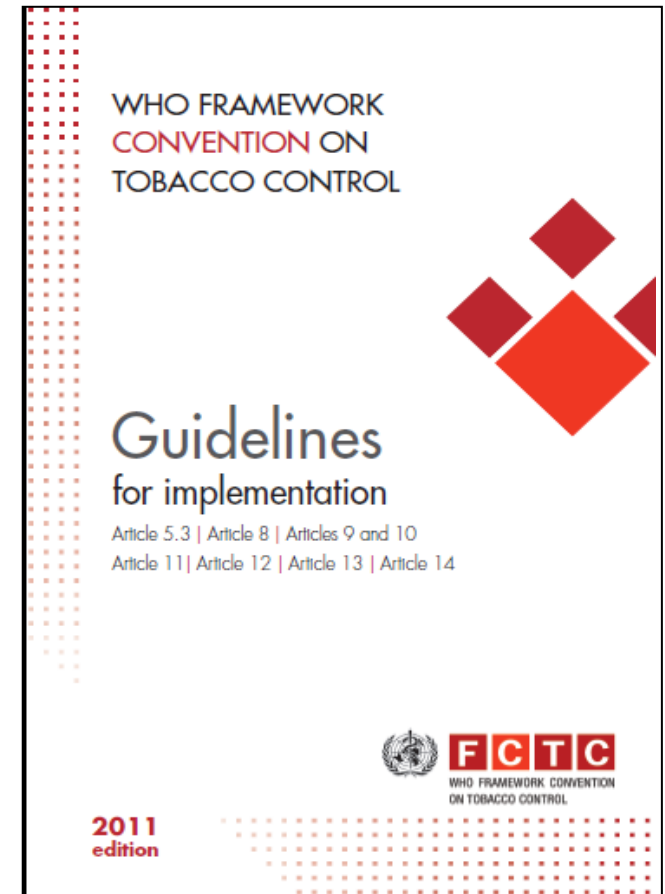
World Health Organization

Guidelines for implementation of Article 14 of the WHO FCTC

When and where adopted

- The Conference of Parties to the WHO FCTC adopted the Article 14 guidelines at its fourth sessions (Punta del Este, Uruguay, 15–20 November 2010)

Purpose

- To assist Parties in meeting their obligations under Article 14 of the WHO FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Guidelines
for implementation
Article 5.3 | Article 8 | Articles 9 and 10
Article 11| Article 12 | Article 13 | Article 14

F C T C
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

2011 edition

World Health Organization

MPOWER package - a tool to assist countries with WHO FCTC demand reduction measures
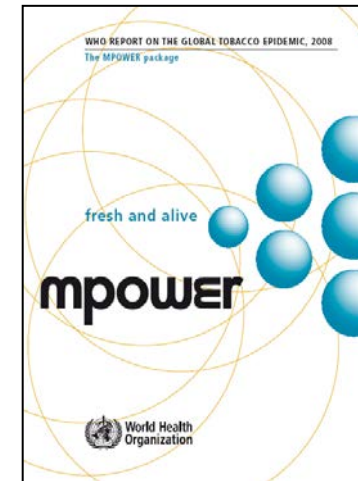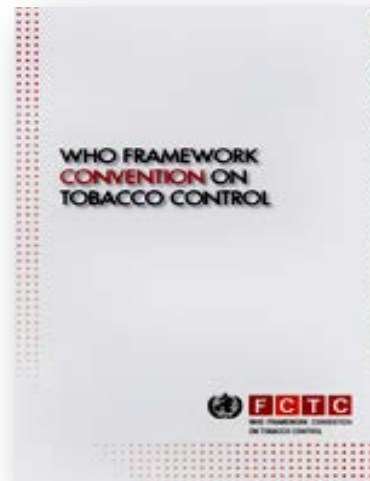
Monitor tobacco use and prevention policies → Article 20

Protect people from tobacco smoke → Article 8

Offer help to quit tobacco use → Article 14

Warn about the dangers of tobacco → Articles 11 & 12

Enforce bans on tobacco advertising, promotion and sponsorship → Article 13

Raise taxes on tobacco → Article 6

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC

Part I : Training for policy makers: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (simplified version)
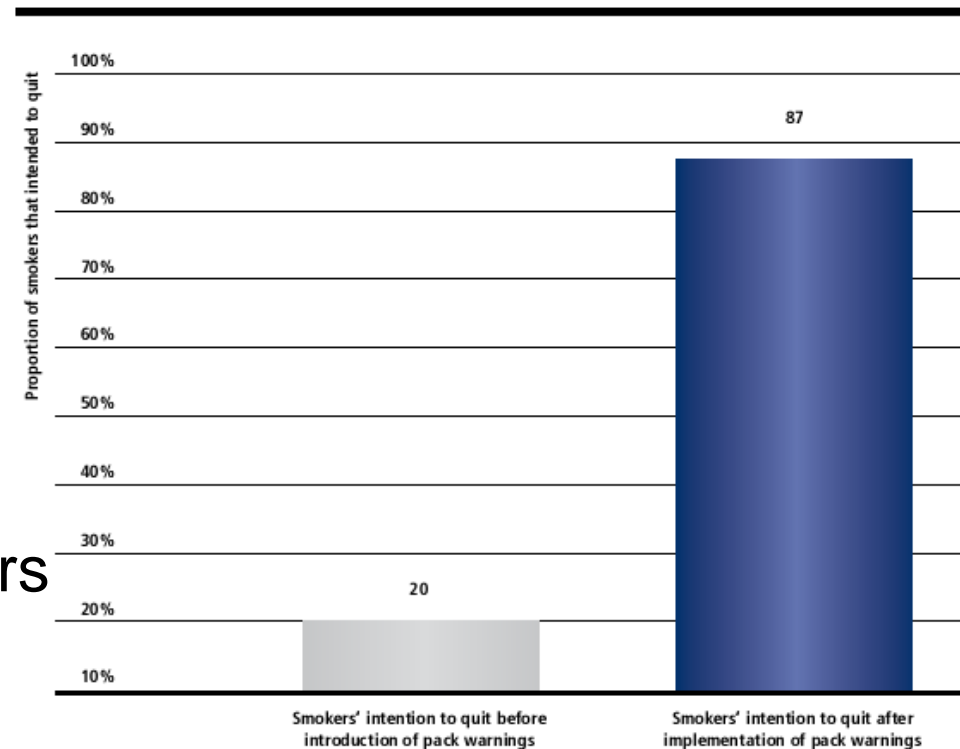
World Health Organization

WHO's Vision

- Only a comprehensive tobacco control strategy can reverse the global tobacco epidemic

- Treatment for tobacco dependence should be a key component of this comprehensive tobacco control policy

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2008
The MPOWER package

fresh and alive

mpower

World Health Organization

World Health Organization

The tobacco control measures are complementary

- Implementing population-level tobacco control policies can motivate tobacco users to quit and create demand for tobacco dependence treatment
    - In England, introduction of smokefree legislation resulted in 20% increase in demand for Stop Smoking Services
    - In the United States of America, federal tobacco tax increase resulted in a 2-3-fold increase in calls to the quit line
    - In Canada, introduction of graphic warning labels made 67% of smokers want to quit.

- On the other hand, helping tobacco users quit can support the implementation of these tobacco control policies

INTRODUCTION OF GRAPHIC WARNING LABELS IN CANADA INCREASES SMOKERS' INTENTION TO QUIT

Proportion of smokers that intended to quit

87

20

Smokers' intention to quit before introduction of pack warnings

Smokers' intention to quit after implementation of pack warnings

World Health Organization

Part Ⅰ - simplified version-C

What a country can do to support tobacco users to quit, and how?

What does a country need to do to support tobacco users to quit ?

The WHO FCTC Article 14 guidelines recommend that:

- **All Parties should aim to develop a comprehensive system to provide a range of interventions:**

  - **Population-level approaches**
    - Mass communication and education campaign
    - Brief advice integrated into all health-care systems
    - Quit lines

  - **Intensive individual approaches**
    - Specialized tobacco dependence treatment

  - **Medications**

  - **Novel approaches and media**
    - Cellphone text messaging

World Health Organization
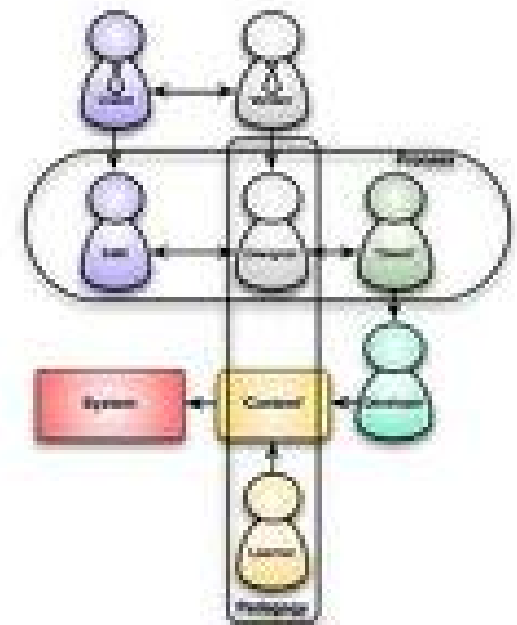
How does a country develop their treatment system?
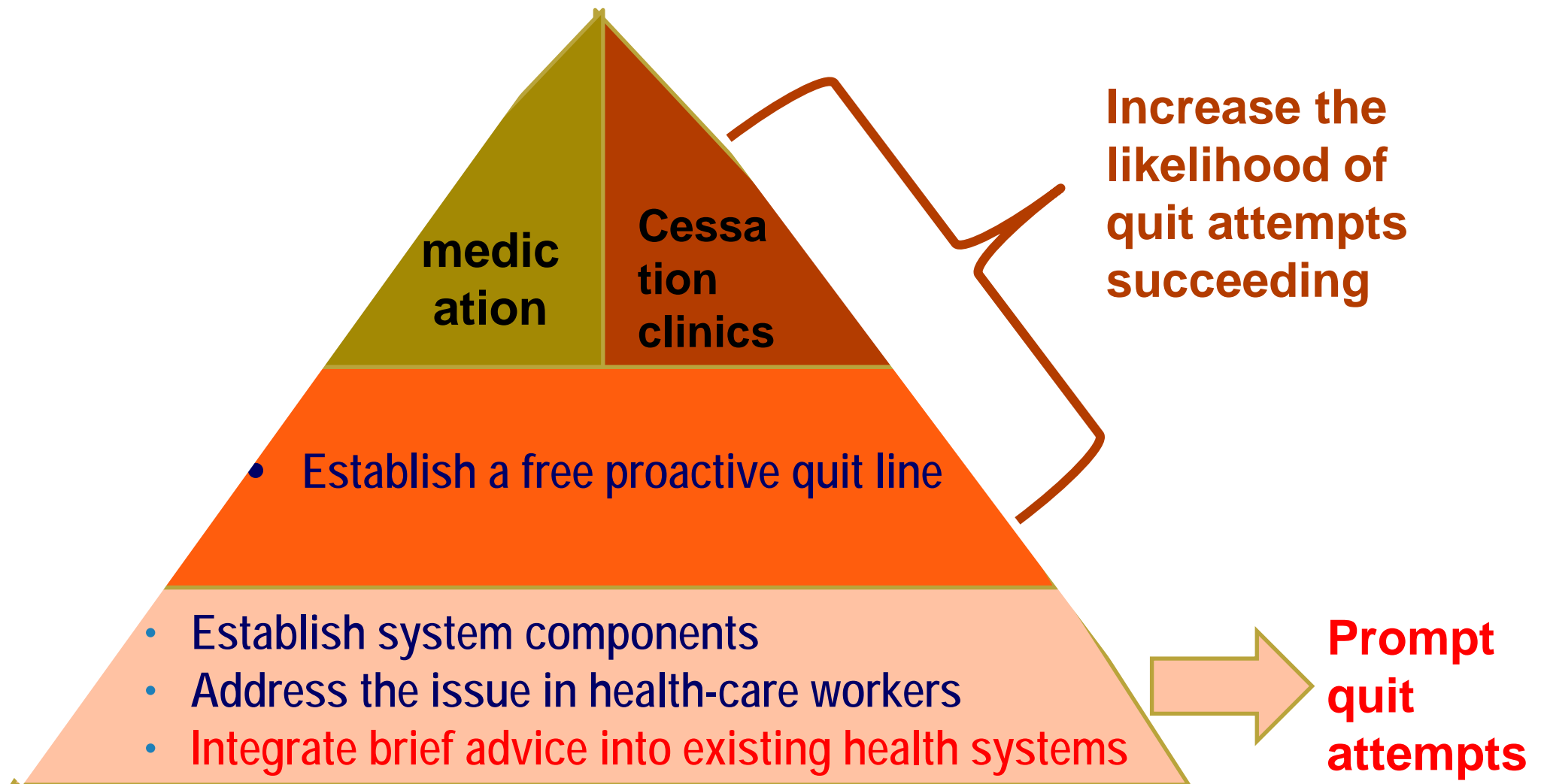
The WHO FCTC Article 14 guidelines recommend that:

- **Parties should use a stepwise approach to developing their treatment system and start by integrating brief advice into primary care, in this way a country can develop their treatment system as rapidly as possible and at as low a cost as possible because brief advice integrated into primary care has the potential to:**
    - Reach > 80% of all tobacco users per year;
    - Trigger 40% of case to make a quit attempt;
    - Help 2-3% of those receiving brief advice quit successfully;
    - Form a promising referral source and create demand for more intensive tobacco cessation services.

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Guidelines for implementation
Article 5.3 | Article 8 | Article 9 and 10
Article 11 | Article 12 | Article 13 | Article 14

FCTC

2011 edition

Source: WHO FCTC Article 14 Guidelines; 2.West et al 2000; 3. Fiore MC et al 2000.

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World Health Organization

A stepwise approach to developing cessation support

medication

Cessation clinics

Increase the likelihood of quit attempts succeeding

- Establish a free proactive quit line

- Establish system components
- Address the issue in health-care workers
- Integrate brief advice into existing health systems

Prompt quit attempts

World Health Organization

Part Ⅰ - simplified version-D

Prioritizing tobacco dependence treatment in primary care

Treating tobacco dependence: one of the best things that a health system can do to improve health for all

At individual level

- **Helping smokers quit at age 60, 50, 40, or 30 years gained, respectively about 3, 6, 9, or 10 years of life expectancy**

At population level

- **Supporting current tobacco users to quit synergistically with other tobacco control measures can bring about immediate changes in prevalence rates and tobacco-related death and disease**

Part I : Training for policy makers: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (simplified version)

World Health Organization

The potential impact of supporting current tobacco users to quit on health gains in the short to medium term

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies
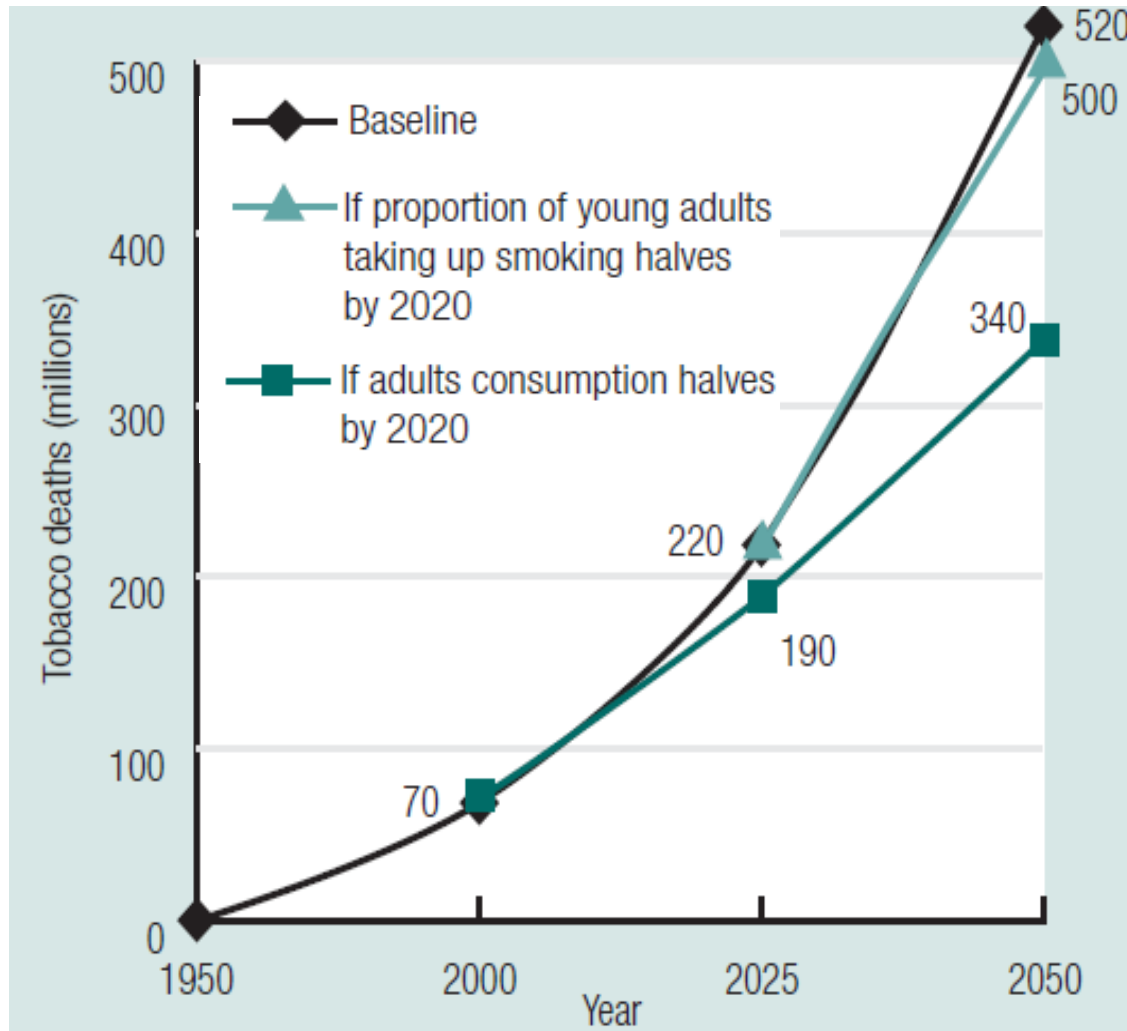
- **If adult consumption were to decrease by 50% by the year 2020, approximately 180 million tobacco-related deaths could be avoided**

World Health Organization

Treating tobacco dependence: more cost-effective than many other common reimbursed disease prevention interventions

Numbers Needed to Treat (NNT) to achieve certain outcomes for various interventions		
Intervention	Outcome	NNT
Statins	Prevent one death over five years	107
Antihypertensive therapy	Prevent one stroke, MI, death over one year	700
Cervical cancer screening	Prevent one death over ten years	1140
GP brief advice to stop smoking< 5 minutes	Prevent one premature death	80
GP brief advice + pharmacological support	Prevent one premature death	38-56
GP brief advice + pharmacological support + behavioral support	Prevent one premature death	16-40

Part I : Training for policy makers: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (simplified version)

World Health Organization

Part Ⅰ - simplified version-E

The need to strengthen health systems to promote brief tobacco interventions in primary care
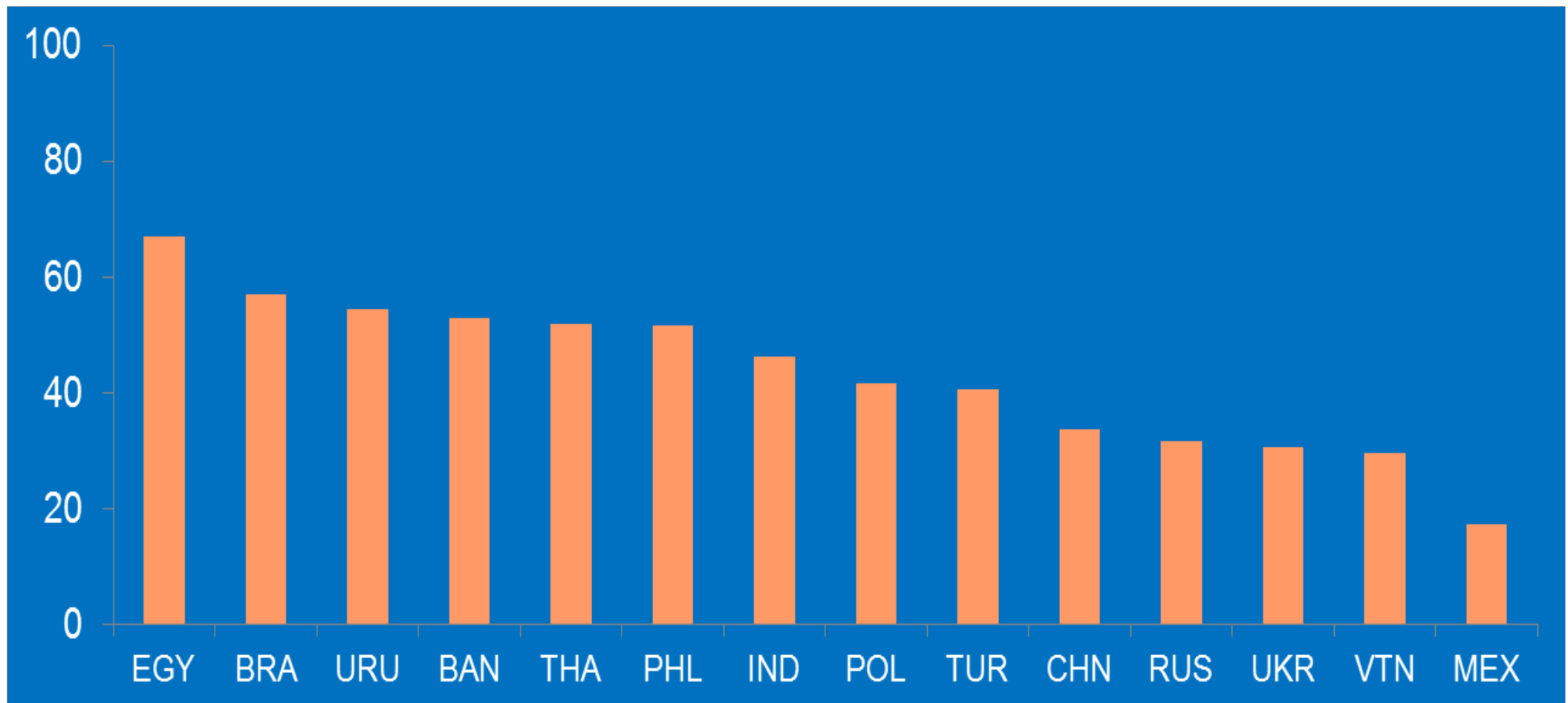
In general, < 50% of primary care providers routinely ask and advise all patients to quit

- **Developed countries**: Overall, only 36% of health professionals in12 European countries reported always advising patients to quit smoking.

- **Developing countries**: Primary care providers performance in 5As delivery is likely to be even lower

  - only 12.9% of the patients were asked for tobacco use, 11.9% of tobacco users reported being advised against tobacco use during the current visit in South African primary care.

World Health Organization

In general, < 50% of primary care providers routinely ask and advise all patients to quit

- Current level of provision – Smokers advised to quit by a health care provider in the past 12 months

Part Ⅰ : Training for policy makers: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (simplified version)

World Health Organization

The main reasons for poor performance of brief tobacco interventions

- **health care providers lack of knowledge and training on treatment of tobacco dependence**

- **lack of integration of tobacco dependence treatment into health systems to enable primary care providers to routinely treat tobacco users.**

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

- **The success of a service is measured by its:**
  - **Reach** (number of people who receive the service/intervention)
  - **Effectiveness** (percentage of people who change their behavior as a result of the service/intervention) and
  - **Cost** per person to deliver.

- **Primary care setting is a less costly setting to reach the majority tobacco users in many countries**

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

- **Reach**
  - Primary care staff have a long and close contact with the community and are well accepted by local people
  - It is the primary source of health care can reach the majority population in many countries
    - Brazil-70% of population receives free health care from public system
    - Cuba-national health care programme addresses needs of over 95% of the population
    - Fiji-70-80% of population has access to health services
    - Thailand-universal coverage scheme provides health care for most of its 64 million people.
  - It appears to reach the poor far better than other types of health programs and the poor smoke the most

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

- **Delivery Cost**

  - Primary care setting is less costly setting as primary care approach emphasizes providing as much care as possible at the first point of contact through integrated service delivery models.

  - Brief tobacco intervention/brief advice is an opportunistic intervention, usually during the course of a routine practice

  - There are various opportunities and entry points exist for integrating brief tobacco interventions into primary care:
    - DOTS strategy, programmes dealing with CVD, COPD, Diabetes, Maternal and Child Health

World Health Organization

Therefore, we need to

- **Strengthen our health systems and make the whole health system function well in order to respond adequately to such opportunities in primary care**

- **Ensure that tobacco users at least receive brief tobacco interventions in primary care!**

Part I : Training for policy makers: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (simplified version)

World Health Organization

Part Ⅰ - simplified version-F

WHO Health System Framework: a tool for strengthening health systems

WHO Health System Framework
-Six building blocks of a health system

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

OVERALL GOALS / OUTCOMES

- IMPROVED HEALTH (LEVEL AND EQUITY)
- RESPONSIVENESS
- SOCIAL AND FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY

World Health Organization

WHO Health System Framework: a useful tool for strengthening health systems to improve the performance of brief tobacco interventions delivery

- **WHO health systems strengthening defined as:**
  - Improving six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes

- **WHO Health System Framework can be a useful tool for strengthening health systems to deliver brief tobacco interventions in primary care:**
  - Locate, describe and classify health system constraints;
  - Identify where and why interventions are needed;
  - Predict the effects of health system strengthening intervention on its results.

World Health Organization

Six building blocks: the content areas of health systems strengthening interventions

Building blocks	Key tasks of policy makers in strengthening health systems
Service delivery	• Form supportive policies for integrated service delivery • List the governance implications of different service delivery models • Influence demand for tobacco dependence treatment
Health workforce	• Form national workforce policies and investment plan
Information support	• Form policy on including tobacco use in all existing medical records, data on health services • Developing standardized tools and instruments for recording tobacco use
Medical products & technologies	• Develop national policy, guidelines and regulations on treatment of tobacco dependence • Monitor the quality and safety of cessation tools
Financing	• Form national health financing policy • Use effective mechanisms to ensure adequate funding for treatment of tobacco dependence
Leadership and governance	• Set appropriate policy guidance for treatment of tobacco dependence • Promote collaboration and coalition building • Design an appropriate system

World Health Organization

System-level interventions are effective

Building blocks	Effective system-level interventions
Service delivery	
Health workforce	• Training health-care professionals to provide smoking cessation interventions had a measurable effect on professional performance. The effects of training on performance of smoking cessation interventions increased if prompts and reminders were used.
Information support	• Introduction of electronic health records (EHR) can, at least in the short term, increase documentation of tobacco status and referral to cessation counselling
Medical products & technologies	
Financing	• Financial benefits extended to health-care providers can significantly increase the use of behavioural interventions for smoking cessation. • Full financial interventions directed at smokers (covering all the costs of treatment), when compared to no financial interventions, could increase the proportion quitting, quit attempts and utilization of pharmacotherapy by smokers.
Leadership and governance	

Source: Cochrane Reviews 2009,2011,2012

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World Health Organization

Thank you for your attention