

WHO Framework Convention on Tobacco Control: WHO MPOWER Policies, A Global Strategy



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Tobacco Control and WHO MPOWER Measures

The tobacco epidemic is one of the biggest public health threats the world has faced killing more than 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco. The economic costs of tobacco use are significant and include considerable health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.

There is a fundamental conflict between the tobacco industry's interests and public health policy interests. The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty. Therefore, countries should protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible.



In this respect, WHO Member States unanimously adopted in 2003 the WHO Framework Convention on Tobacco Control (WHO FCTC). In force since 2005, it has currently 181 Parties including Lebanon covering more than 90% of the world's population. The WHO FCTC is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance.

In 2007, WHO introduced the MPOWER policy package, a practical, cost-effective way to scale up implementation of the main demand reduction provisions of the WHO FCTC on the ground. Each MPOWER measure corresponds to at least one provision of the WHO Framework Convention on Tobacco Control. These six MPOWER measures are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

WHO has been monitoring MPOWER policies since 2007. Lebanon issued the Tobacco Prevention law 174 in 2011 based on the WHO FCTC Convention to which Lebanon adhered since 2005 and accordingly the MOPH adopted this MPOWER strategy. By implementing these highly effective measures, countries including Lebanon would reduce the heavy burden of disease and death attributable to tobacco use or exposure.

For more details on progress made for tobacco control at global, regional and country level https://www.who.int/tobacco/global_report/en/

WHO Tobacco control measures in the context of Covid-19

Smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips, which increases the possibility of transmission of virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity, which would greatly increase risk of serious illness.

Smoking products such as water pipes often involve the sharing of mouthpieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings. Conditions that increase oxygen needs or reduce the ability of the body to use it properly will put patients at higher risk of serious lung conditions such as pneumonia.

Strengthened WHO tobacco control measures including tobacco free public places and protection of people from second hand smoke as per the WHO FCTC Article 8 and its Guidelines will reduce the risk of suffering from severe symptoms. Lower tobacco use will reduce rates of many respiratory and cardiovascular conditions that are strongly associated with more serious COVID-19 symptoms and mortality.

Reducing the demand for tobacco products, including waterpipe, could also indirectly discourage the social gatherings that contribute to the spread of the virus.

Good respiratory and cardiovascular health is important for a COVID-19 patient to positively respond and successfully recover from the disease.

It is important that the control of waterpipe use is taken especially seriously at this time and within a comprehensive approach to control all tobacco use in light of WHO FCTC obligations and MPOWER policy recommendations.

In the context of COVID-19, WHO encouraged countries including Lebanon to take the needed actions to protect the public from the devastating health consequences of tobacco use in light of their international commitments under the WHO FCTC and WHO recommendations.

In Lebanon, the government has declared the general mobilization to confront Covid-19 including the closure of all restaurants and cafes. In this context of Lebanon Covid-19, the Minister of Public Health has issued on 16 march 2020 a memo for banning the serving of waterpipes in restaurants and all public places.

During the gradual lift of Covid-19 lock down and even after the lockdown is over, the government should work for banning the serving of waterpipes in all public places. This could be the best time for the government to work for stronger implementation and enforcement of tobacco control policy (law 174). Lebanon would use the events of Covid-19 pandemic as a window of opportunity for strengthening the tobacco control measures.

Smoking damages your lungs and other parts of your body, and may increase your risk of getting a severe case of COVID-19



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