



**World Health  
Organization**

# **WHO Perspectives in Reducing Lung Cancer Mortality**

**Dr Andreas Ullrich  
Geneva**

**2<sup>nd</sup> International Thoracic Oncology Congress Dresden**

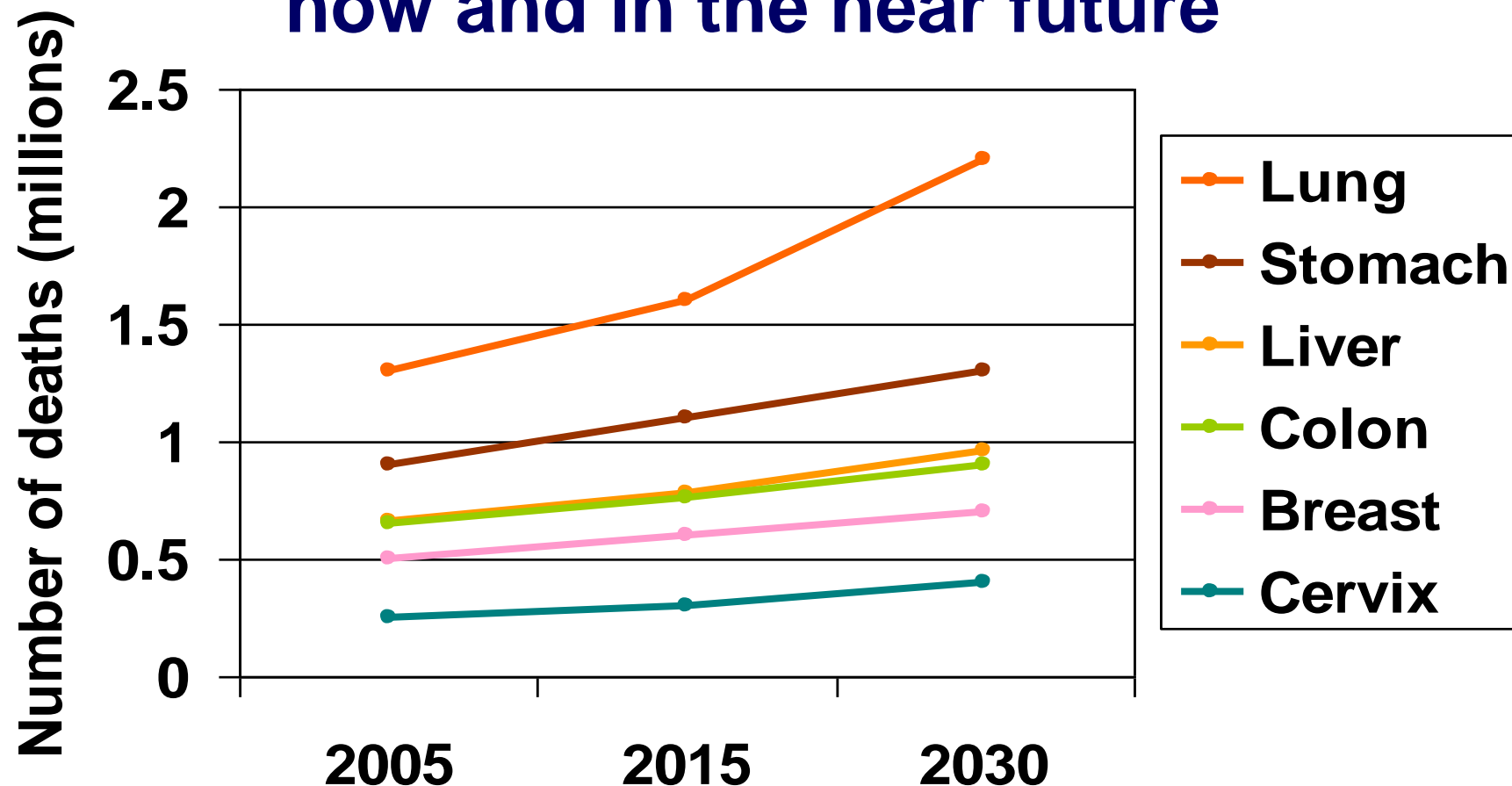
# Overview

- Why is Tobacco and Lung cancer of concern for WHO?
- What is WHO's action plan against tobacco use?
- What are the perspectives in tobacco control?



# Lung cancer: the leading cause of cancer death

## now and in the near future



<http://www.who.int/healthinfo/statistics/>



- Tobacco is risk factor for leading causes of death
- Lung cancer is leading cause of death in MIC

*The top-10 leading causes of death*

Low-income countries	Middle-income countries (MIC)
1. Lower respiratory infections	1. ● Stroke and cerebrovascular disease
2. ● Coronary heart disease	2. ● Coronary heart disease
3. Diarrhoeal diseases	3. ● Chronic pulmonary disease
4. HIV/AIDS	4. Lower respiratory infection
5. ● Stroke and cerebrovascular disease	5. ● Trachea, bronchus, lung cancers
6. ● Chronic pulmonary disease	6. Road traffic accidents
7. Tuberculosis	7. ● Hypertensive heart disease
8. Neonatal infections	8. Stomach cancer
9. Malaria	9. Tuberculosis
10. Premature and low birth weight	10. Diabetes mellitus

> Tobacco and Lung Cancer is of concern for WHO



WHO, 2008



# Tobacco use: a global threat

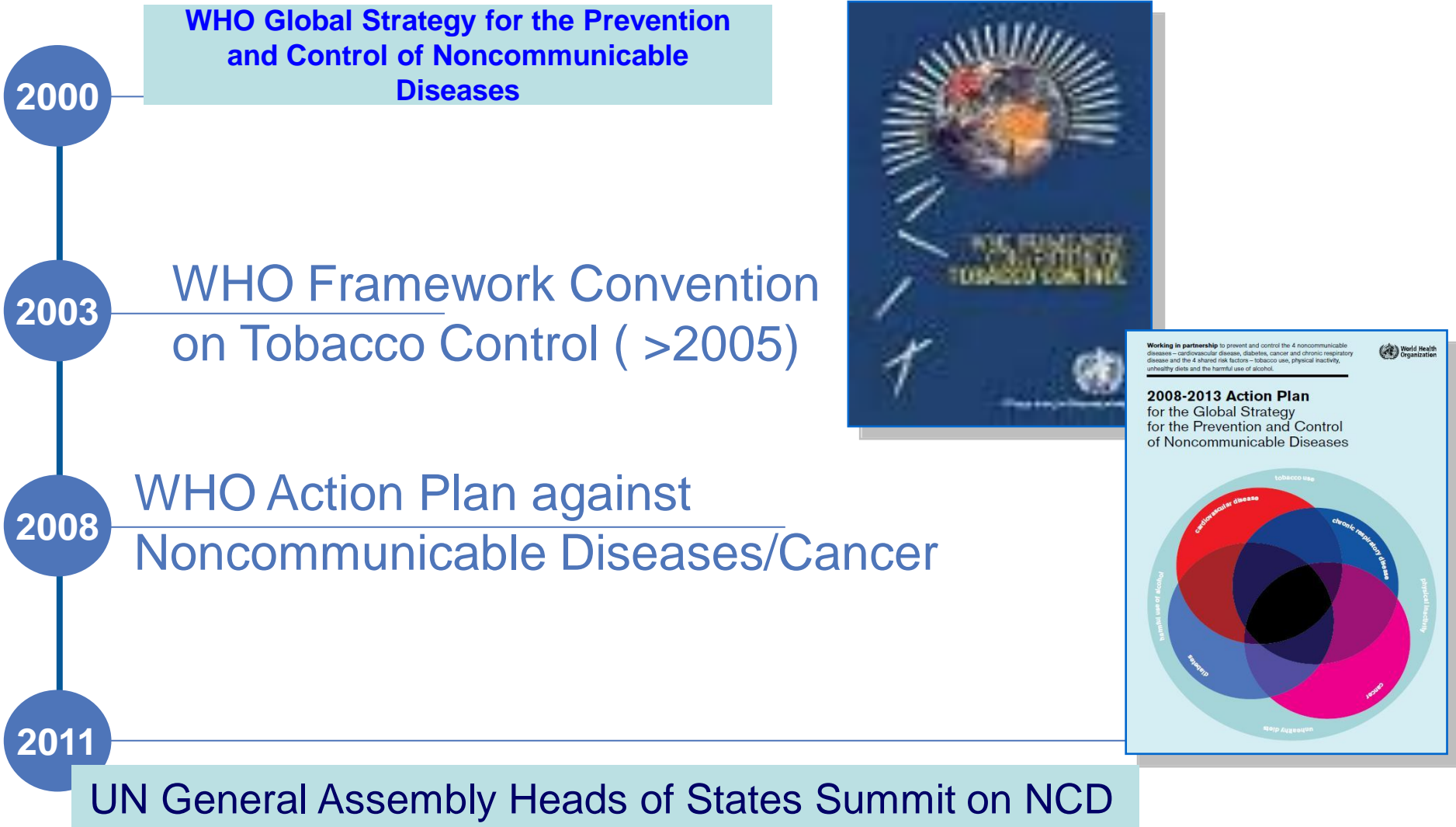
Age-Standardised Prevalence Estimates for Current Tobacco Smoking in Adults  
(15years and above) :

WHO Region	Male (%)	Female (%)	Total (%)
AFRO	18	3	10
AMRO/PAHO	27	17	22
EMRO	32	4	19
EURO	45	24	34
SEARO	39	5	22
WPRO	57	5	31

*WHO Report on the Global Tobacco Epidemic, 2009*



# WHO global vision on how to reduce tobacco use:



# Milestone in Public Health Policy: The WHO Framework Convention on Tobacco Control (FCTC)

- Demand reduction:
  - Price and taxes (Art. 6)
  - Protection from exposure (Art. 8)
  - Packaging and labelling (Art. 11)
  - Tobacco dependence control (Art 14)
- Supply reduction (Art. 15-17)
  - Illicit trade
  - Sales to minors
  - Alternatives to tobacco growing

**WHA, 2003**



# MPOWER: the implementation tool

Set of six policies of tobacco control

**M**onitor

**P**rotect people from tobacco

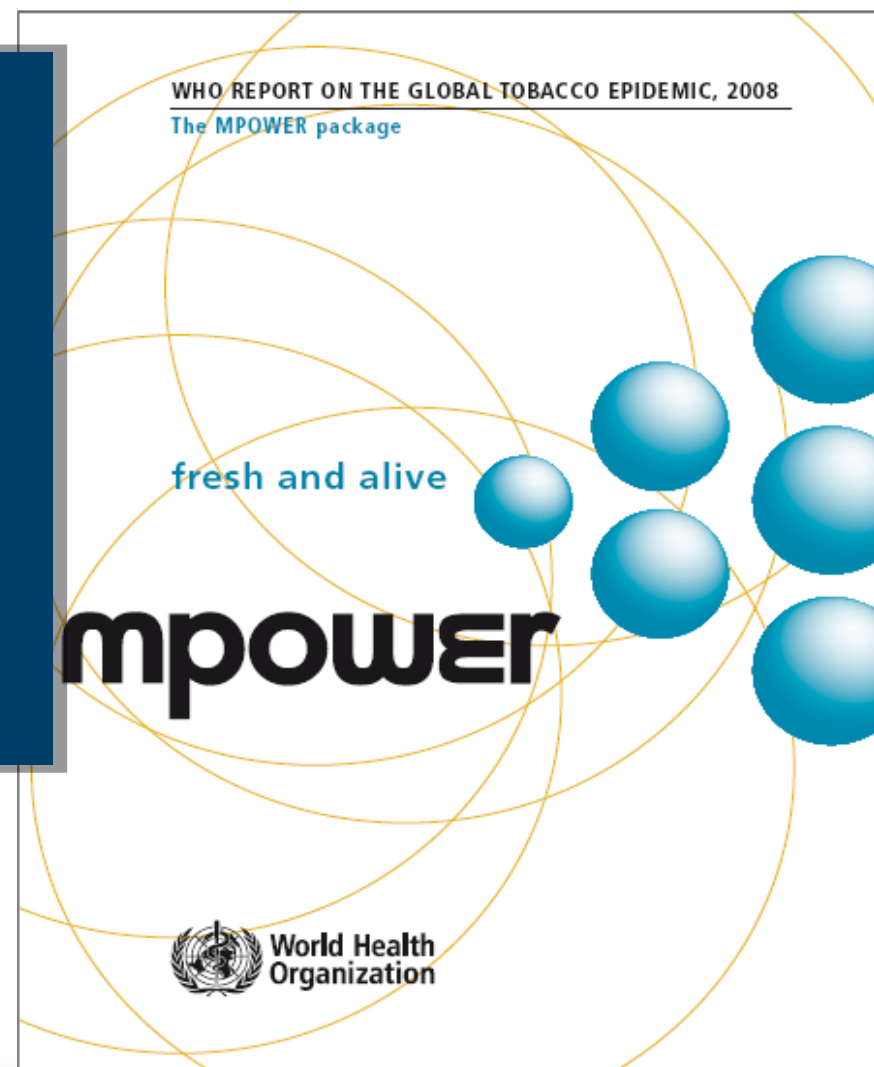
**O**ffer help

**W**arn

**E**nforce advertising bans

**R**aise taxes

**WHO 2008**





# Key role of clinicians



**to MAKE A DIFFERENCE  
because of their:**



- **knowledge of disease**
- **opportunities to advise patients (cessation treatment)**
- **influence on peers and colleagues to quit**
- **reputation as health experts**
- **positions as public health advisers (media!)**
- **access to decision-makers through professional societies**



World Health  
Organization



# Entry points for clinicians to MPOWER

- Monitoring tobacco prevalence
- Protection from exposure: smoke free health care systems
- Offer help: smoking cessation programmes
- Warning about health effects
- Enforce bans on tobacco promotion
- Raise taxes



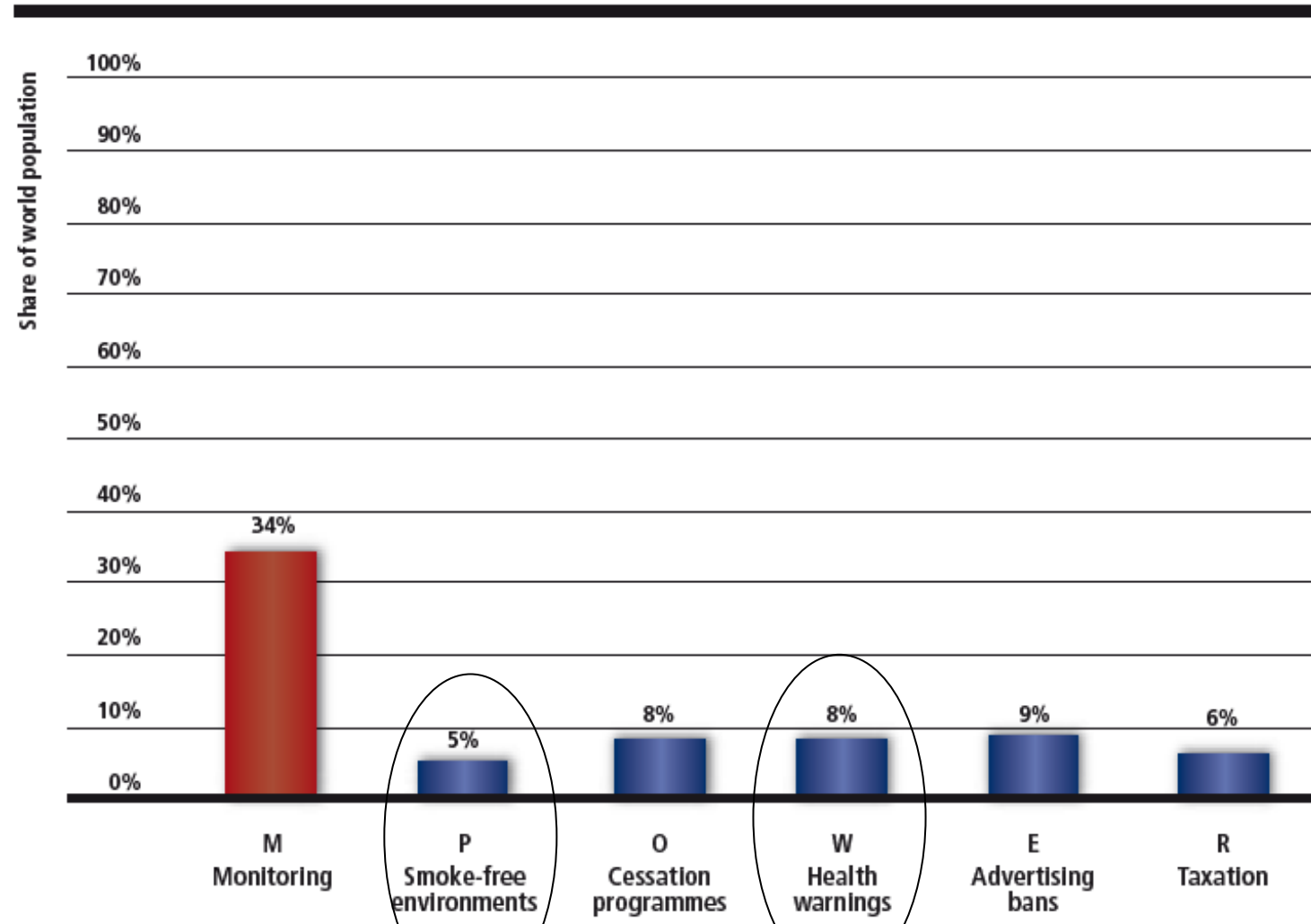
# The way forward:

- The FCTC process
- The governmental NCD agenda
- The NCD NGO Alliance



# Status of global tobacco control

SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2008



# Key findings WHO tobacco report 2009

- + smoke-free laws
- + smoke-free policies
- + health warnings
- +/- tax increases
- +/- advertising bans
- +/- cessation programmes

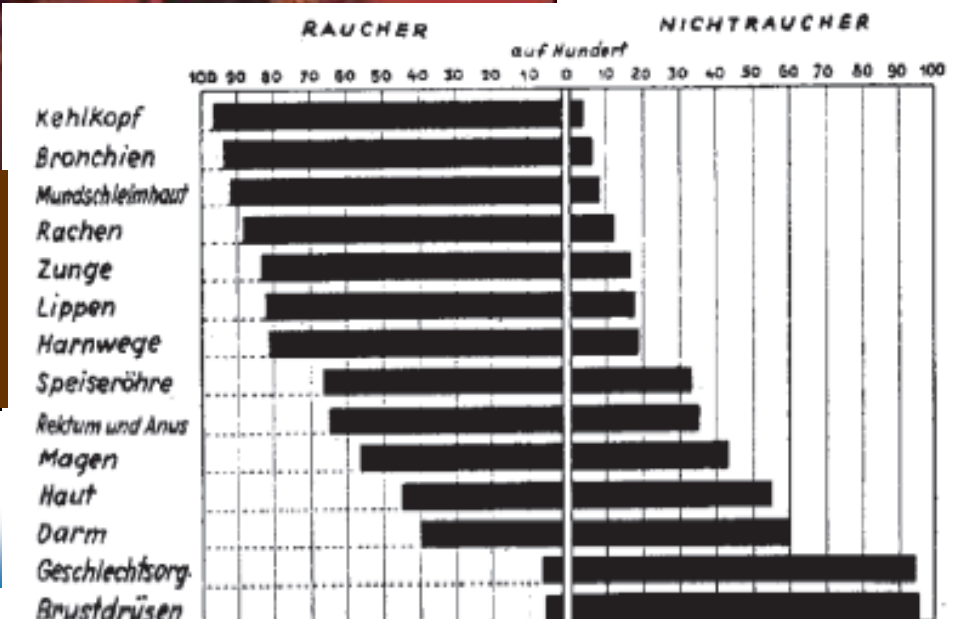


# Translation of knowledge into action: delayed



**Tobacco = causal**

**F. Lickint Dresden, 1929**



# The "NCD" agenda

- UN General Assembly Head of States Summit 2011
- Joint efforts of professional organizations: the NCD alliance



# Lessons learnt

- Tobacco control = key element of cost-effective lung cancer control
- Medical community need to be more actively involved in tobacco control (MPOWER)
- Emerging NCD Alliances and new global health perspective are promising to increase coverage of tobacco control



*Thank you*

