

**FCTC**WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

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## **Fifth anniversary of the entry into force of the WHO Framework Convention on Tobacco Control**

**WHO Headquarters, Geneva (Executive Board room)  
26 February 2010**

### **Report**

#### **Summary**

**The anniversary event was divided into plenary and round table sessions.**

**During the plenary session, the President of the Conference of the Parties, the Director-General, and former and current leaders of the WHO FCTC process were able to reflect on the significance of the treaty, describe the negotiations that led to it being adopted, and to indicate areas in which tobacco-control efforts must be strengthened.**

**They described the complexity of the negotiations that had led to the adoption of the treaty, from beginnings in which such a treaty had been seen as a radical and unlikely goal, to its successful and widespread ratification. That the negotiations had been successful was thanks to the determination of governments and the dedication of numerous individuals, including those leading the negotiations, WHO Directors-General and staff, and civil society.**

**The speakers underlined the fact that the treaty had become essential to the fight against tobacco in many countries, providing the tools needed to implement effective anti-tobacco measures. But this was particularly true in developing countries, where such support was most needed, and in protecting the most vulnerable citizens of those countries.**

**Most speakers also mentioned areas in which efforts must be strengthened. Improved international collaboration was required, notably to ensure that effective support was provided to developing countries. The challenges were to ensure that the WHO FCTC, as a living document, adapted to the changing environment, that it was universally ratified and effectively implemented, so that the fight against tobacco and the devious and powerful tobacco industry could be effectively pursued.**

**During the round table session, participants from governments and NGOs, along with other invited experts, reflected on the past and on the challenges to come in tobacco control.**

**Some governmental representatives outlined developments in their own countries' tobacco-control policies, and the support provided to them by the FCTC. They emphasized once again the importance of the treaty, not only in providing tools to enable governments to put into effect successful policies and to collaborate internationally, but also in showing what could be achieved despite the odds. Several speakers once again paid tribute to the role of civil society during the negotiations and in implementation efforts.**

**When the discussion turned to challenges and next steps, participants spoke of the need to pursue further ratification and of the need to remain vigilant against the tobacco industry, especially given the threat of tobacco to young people. They examined possible sources of funding for tobacco-control measures. They also spoke of the need for improved coordination within governments. The FCTC was an international treaty and therefore it involved entire governments, and shared commitment was required.**

**The speakers again underlined the fact that low-income countries needed financial and legal assistance to be able to fully implement the Convention.**

**There were also hopes that the protocol on illicit trade would be successfully drafted at the fourth session of the Intergovernmental Negotiating Body and would be adopted at the fourth session of the Conference of the Parties.**

## **Plenary session**

**Mr Thamsanqa Dennis Mseleku, President of the Conference of the Parties, opened proceedings by welcoming participants to the celebration. He reminded them of the historic significance of the Convention, and of the rapid progress made since its entry into force in establishing the treaty tools and institutions, and in implementation.**

He suggested that the fifth anniversary was an excellent opportunity to exchange views on progress, challenges, lessons learnt and expectations, both at the anniversary event and more widely in the following weeks and months by Parties and international partners.

He introduced the Bureau members and then **Dr Haik Nikogosian** (Head, Convention Secretariat), who was the next speaker.

Dr Nikogosian reminded participants of the milestones in the history of the Convention, starting when such a treaty was first conceptualized in the late 1970s to the adoption of the Convention by the World Health Assembly on 21 May 2003; and he recalled that the anniversary was a celebration of the moment when on 27 February 2005 the Convention entered into force. The number of Parties had continued to grow from that point, and currently stood at 168, making the Convention one of the most rapidly and widely embraced treaties in the history of the United Nations.

Dr Nikogosian described the importance of the Conference of the Parties, the achievements of past sessions of the Conference of the Parties and expectations for the next session, to be in Uruguay, including the possible adoption of implementation guidelines and the first protocol. He outlined the implementation, technical cooperation and reporting tools which had been developed, and the progress made towards adoption of the first protocol. He noted that there had been many challenges since the treaty had entered into force, but that substantial progress had been made. He thanked the Parties for their support to the Convention Secretariat, former Directors-general of WHO and Dr Chan, those who led negotiations and led the work of the Conference of the Parties and the intergovernmental working group, the expert group, Parties which had served in the Bureau of the Intergovernmental Negotiating Body and the Conference of the Parties, those who had led regional coordination efforts, and colleagues within the WHO Secretariat.

**Dr Margaret Chan** (WHO Director-General), the next to address the plenary, started by describing the pride she felt that that some years previously the tobacco industry had described WHO as its biggest enemy. She added that the FCTC provided WHO with the power to triumph over such a rich, powerful and devious enemy. If the measures of the Convention were implemented fully, it would greatly undermine the power of the tobacco industry.

She also described how the FCTC was a model of cooperation in a world of interdependence, with globalized threats to health that hit developing countries hardest. Their citizens, especially girls and women, had become the primary target of tobacco companies. Developing countries were ill-equipped to face threats to the health of their citizens, including the added costs and demands resulting from the wave of chronic diseases that inevitably follow increased tobacco use. Prevention was better than cure, and this was where the FCTC's preventive power came in. A recent study, she added, had estimated that full implementation of just four cost-effective measures set out in the Convention could prevent 5.5 million deaths within a decade. The Convention's preventive power was a win-win opportunity for governments and the international community.

However, its full preventive power was not yet being realized in terms of implementation, for example in effective laws and tax policies. In many affluent countries, levels of tobacco use had dropped significantly, with resulting reductions in the incidence of many diseases. Even in those countries, however, people from lower income groups and disadvantaged populations had higher tobacco use. Most alarming of all, tobacco use was actually increasing in many developing countries. If "big tobacco" was in retreat in some parts of the world, it was on the march in others.

Five years on, at a time when more and more international threats to health had an international dimension, was a good time to reflect on the FCTC and its power as a collective instrument of defence. The entry into force of the FCTC showed the power of scientific evidence to win over the economic concerns held by various groups. The Framework Convention could also be viewed as an instrument of fairness. People everywhere, regardless of their place of birth or status in society, deserved the same protection from hazards to their health. The FCTC was helping governments tackle big tobacco: it helped developing countries see through and stand up to the powerful tactics of the industry. It helped the public to persuade their governments to take action and hold them accountable. It helped capacity building in countries – and this was where WHO came in, supporting countries to take action.

Dr Chan ended by stating that tobacco kept asking for a seat at the table (which was like asking a fox to take care of your chickens), describing itself as "responsible". The answer was "no".

The next speaker was **H.E. Mrs Maria Nazareth Farani Azevedo, on behalf of H.E. Mr Celso Luis Nunes Amorim**, Minister of External Relations of Brazil (first Chair of the Intergovernmental Negotiating Body on the WHO FCTC). She mentioned the complexities involved in negotiating the Convention and paid tribute to civil society's role in enriching and increasing the legitimacy of discussions.

She mentioned the heavy death toll caused by tobacco, which was comparable to that caused by a world war, the economic losses it caused, particularly for low- and middle-income countries. The Convention consolidated the idea that health issues should be addressed from a global perspective.

Turning to Brazil, she mentioned that the Convention provided the principles and tools the country needed to tackle the epidemic of chronic diseases in the country. Many Parties had done likewise, but results were still mixed, and more needed to be done to encourage ratification of the Convention in every state, and to encourage Parties to take measures to tackle tobacco.

The next speaker, **H.E. Mr Luiz Felipe de Seixas Correa**, Ambassador of Brazil to the Holy See, Vatican City (former Chair of the Intergovernmental Negotiating Body on the WHO FCTC), mentioned that he thought Brazilians had occupied the Chair of the Intergovernmental Negotiating Body because their country was familiar with the whole range of problems associated with tobacco, such as being a major producer of tobacco, and at the same time was one of the leading countries in establishing tobacco-control policies.

He also described the complexity of the FCTC negotiations, and the reasons for success (unlike many similar negotiations which did not reach successful conclusions). These were: (1) a clear mandate; (2) the fact that Parties didn't question their adherence to the

fundamental principles under discussion; and (3) the negotiations explored the limits of consensus and translated these into effective provisions. The result was a strong convention based on the maximum common denominator: an innovative, powerful and meaningful instrument to effectively deal with tobacco control.

Nevertheless, the tobacco epidemic was still claiming nine lives every minute and was increasing inequality between north and south.

The next speaker, **H.E. Mrs Bente Angell-Hansen**, Ambassador, Permanent Representative of Norway to the United Nations Office and other International Organizations at Geneva, paid tribute to all those involved in the FCTC negotiations, throughout all phases, and the role of WHO. She mentioned particularly the major compromises Parties had made to enable the Convention to be adopted, and the fact that they had ratified the Convention so quickly. Norway, as the first party to ratify the Convention, had felt it was important to ratify the treaty as quickly as possible to maintain momentum in the fight against tobacco. The Convention was useful to all countries, including those, like Norway, which already had strong tobacco control legislation in place. She added that the Convention was now "putting on weight", with guidelines and protocols and so on. Yet job was not yet done (for example, in Norway 21% of adults still smoked). As no country could do this job alone, there was a continuing need for mutual support and for the protocol to be adopted at the fourth session of the Conference of the Parties.

**H.E. Mr Juan Martabit**, Ambassador of Chile to the Kingdom of the Netherlands (first President of the Conference of the Parties), also spoke of the complex negotiations leading to adoption of the Convention, whose success required the vision of such leaders as Dr Brundtland, Dr Lee and Dr Chan, and of Ambassador Amorim. He described the difficulties faced by the first and second sessions of the Conference of the Parties, and of the importance of the support received from WHO and the Bureau. Key to success had also been the work carried out by NGOs. Together with numerous experts in public health and diplomats, all these participants had been key to successes, such as adoption of the rules of

procedures and the provision of guidelines for implementation of the most important articles of the Convention.

He described the process of electing the first head of the secretariat, of the need to find someone with not only the necessary technical competence but also a person fully committed who would have the ability to move forward the provisions of the Convention; and of how Dr Nikogosian had fulfilled all these criteria.

He mentioned the fact that he and his colleagues had always borne in mind the global aspect of the tobacco epidemic, and the need for support from a wide variety of people in the battle against powerful forces. In this context, he mentioned the need to support developing countries and vulnerable people there particularly at risk from the many ills caused by tobacco, such as the terrible health consequences of handling dangerous chemicals. Small tobacco producers needed support in finding alternative ways of life.

The next two speakers represented organizations with observer status to the Conference of the Parties.

**Mr Youcef Tiliouant**, speaking on behalf of **Ambassador Saad Alfarargi**, Permanent representative of the League of Arab States, paid tribute to the role of WHO in the adoption and implementation of the FCTC. He drew attention to the tobacco-control efforts of Arab States, through symposiums and workshops in line with the guidance of the Conference of the Parties, and in the adoption of laws to tackle the epidemic, especially among young people. His hope was for increased cooperation among all Parties for a coordinated response.

**Dr Mary Assunta**, former Chairman of the Board, Framework Convention Alliance, described how in the early years, many were doubtful of the feasibility of the WHO FCTC. She explained how the success of the treaty depended on both civil society and governments, and that there was a large amount of work ahead. She mentioned that the tobacco industry would be focusing its efforts on low- and middle-income countries to secure its profits, and that there was a pressing need for effective taxation policies, a totally smoke free

environment, more technical assistance to countries requiring it, and a stringent protocol on illicit trade in tobacco products. She also explained that, in her view, tobacco control needed to be treated as a development issue, linked to the MDGs. Tobacco control was underfunded, and it should not depend on private donors.

The Chair announced that there would be a change in the programme. This meant that rather than a period of reflection and discussion, which the Chair suggested should be combined with the round table discussion scheduled after the break, **Dr Hatai Chitanondh**, President of the Thailand Health Promotion Institute (and former President of the Conference of the Parties), launched the *History of the WHO Framework Convention on Tobacco Control*. He spoke of his sense of elation at the success of the WHO FCTC; and of how the launch of the history was a reminder of the spirit of the journey from radical movement to the mainstream. This first international public health treaty was the result of countless individuals' efforts over more than 20 years. It represented the essence of international and intersectoral collaboration. It had become a pillar of tobacco-control measures in many countries, such as his own. It was also a living document, as Dr Nikogosian described it, that must adapt to keep pace with a changing situation. The history gave insights into the revolutionary movement that should inspire a younger generation.

### **Round table session**

Following the coffee break, the round table session began, again chaired by **Mr Thamsanqa Dennis Mseleku**. He proposed that the discussion should be divided into two parts: the first to be dedicated to an open discussion, and the second to the challenges now being faced.

The representative of **Singapore** reviewed the country's anti-tobacco initiatives. Singapore had ratified the FCTC in 2004, and since then had implemented a number of measures, with a successful impact on smoking prevalence, and in support of the global anti-tobacco effort.

The representative of **Uruguay** also presented various highlights in the country's anti-tobacco efforts, and their impact on smoking prevalence. On behalf of her country she also welcomed

participants to the next Conference of the Parties to be held in November. The aim would be for the health authorities of all the Parties to renew their commitments and to make further important steps towards promoting health.

The representative of the **European Union** paid tribute to the FCTC and congratulated all Parties to the Convention. She emphasized that the Convention had proved to be an outstanding and groundbreaking document, and that she was happy to see the positive results of the painful negotiations. The FCTC was the basis of the EU's struggle against tobacco. The EU had in turn supported the FCTC technically, politically and financially. She said that the treaty was now pregnant with a protocol, which she hoped would be born at the fourth session of the Conference of the Parties, and which would be a major step forward.

The representative of **Canada** congratulated the Secretariat and all Parties to the Convention. She stated that Canada was happy to be involved and looked forward to further successful collaboration with the FCTC. Enhanced international efforts to control tobacco were in the interest of citizens of all countries.

**Mr Mehmet Kucük**, head of **Turkey's** tobacco and alcohol regulatory authority, thanked participants for their efforts in tobacco control on behalf of the Prime Minister of Turkey, the Minister of Health, all public authorities and the citizens of the country whose lives were being saved by anti-tobacco measures. He hoped for a similar future for alcohol control efforts. His colleague, **Mr Galip Hasan Görün**, mentioned the fact that Turkey was one of the world's largest producers and users of tobacco products. However, it had strengthened tobacco-control laws in recent years, thanks to the existence of the FCTC. The FCTC enabled politicians, bureaucrats, the public and civil society to act collectively for the good of public health. In the next five years, he expected that hundreds of thousands of lives would be saved the world over.

**Dr Eero Lahtinen (Finland)** said that the FCTC has changed the world. Finland had been among the first 40 countries to sign and then ratify the Convention, and was about to take the step of inserting onto its new tobacco-control law the objective of "putting an end to

smoking". Many claimed that this is unfeasible, and the tobacco industry continued to lobby heavily against the new law.

The FCTC had shown its importance over the past five years both to local and international policies. The challenges remained huge but there was a chance to put an end to smoking.

**Judith Mackay**, representing the **World Lung Foundation** stated that this celebration was really a culmination of 30 years of anti-tobacco efforts by WHO. She mentioned the work of Dr Brundtland in energizing the process, and the effects of the FCTC: the first was that it had "kicked tobacco upstairs", making it a governmental position; the second was that it had strengthened NGOs working in the field, and not only those associated with the FCA; the third was that it has released funding for tobacco-control measures in low- and middle-income countries.

**Dr Bettcher, of WHO's Tobacco Free Initiative**, once again paid tribute to the range of people involved in the FCTC negotiations and to the Convention Secretariat for their collaborative efforts in tobacco control. He stated that the FCTC had exceeded expectations. In the 1990s, the idea of such a treaty had been described as coming "from outer space". The FCTC had changed the face of public health for ever. There was now a global critical mass (a "web") of anti-tobacco actors, including civil society and researchers, making the commitment to tobacco control unstoppable.

The Chair then asked participants to tackle the question of challenges and next steps for the FCTC. He turned first to the representatives of NGOs.

**Ms Gigi Kellett**, speaking on behalf of Corporate Accountability International and the Network for Accountability of Tobacco Transnationals, paid tribute to the efforts of WHO and the huge steps taken in five years through a collaboration between governments and NGOs. The FCTC had "levelled the playing field" against tobacco companies which five years previously had been unopposed. She emphasized the importance of further ratification of the treaty, and of pressing forward with implementation, and of constant vigilance against

tobacco companies' "deadly tricks". But she ended by saying that there is reason for great optimism given the success of the treaty so far.

**Mr N.E. Collishaw (Physicians for a Smoke-free Canada)**, focused on one challenge: that of obtaining the necessary funding, particularly for country-level implementation. There had been modest success in placing tobacco on the development agenda (in reference to the call by Dr Assunta earlier for this to be done). Currently, more money was transferred from south to north than the other way around, because consumers in the south, in buying tobacco products from multinationals, provided dividends for shareholders in the north.

**Dr Vinayak Mohan Prasad** from WHO's Tobacco Free Initiative spoke of the challenges facing India, where he had previously been Director in the Ministry of Health and Family Welfare and focal point for tobacco control. He mentioned the fact that at the national level it was important to build a coordination mechanism between ministries within governments and between national governments. The aim should be to help countries use guidelines on implementation effectively through capacity building, and to share best practices. One objective should be a more dynamic system of communication between the Secretariat and the Parties.

**The representative of Madagascar** spoke of the country's tobacco control efforts, such as the establishment of a national coordinating body. However, the country faced a number of technical and financial challenges, in the areas of evaluating and monitoring implementation of the Convention, in raising awareness and education, and in successfully punishing law-breakers.

**The representative of Niger** described some of her country's tobacco-control measures and again emphasized the fact that low-income countries needed financial and legal assistance to be able to fully implement the Convention.

**Ambassador Martabit** of Chile stated that it was necessary to tackle the problems facing small and medium producers, especially in developing countries. Many were effectively

slave labourers, and were in many cases children and women. Returning to the theme of funding, he suggested that there was a need to involve the World Bank, the FAO and WTO as well as the private sector in global anti-tobacco campaigns, money which should be used to help enable these vulnerable people to be protected and supported.

**Ms Egle Granziera (WHO Office of the Legal Counsel)** reiterated the fact that the commitment of WHO to tobacco control dated back many decades. In the 1970s resolutions on the topic had been passed in the World Health Assembly. She mentioned as two outstanding challenges national implementation and international collaboration.

**Dr Vera Luisa da Costa y Silva**, an expert who had previously led WHO's Tobacco Free Initiative, mentioned several challenges facing tobacco control efforts, such as the need for improved international collaboration, the need to see tobacco control through gender lenses and to understand the impact of tobacco on the ground, and the need to provide more support at the country level through WRs.

**Dr Luk Joosens** stated that a key challenge was the fourth session of the Intergovernmental Negotiating Body, and ensuring that a healthy baby is delivered.

Turning to the members of the Bureau present, the Chair asked for their views.

**Dr Abdullah Ben Mohamed Al-Bedah** (Saudi Arabia) spoke of the fact that participants had been united in the challenge of freeing the world from tobacco. The FCTC provided great support to developing national legislation. He mentioned the fact that in the Middle East there had been many positive results, but that the region suffered from the practices of big tobacco. In particular, there was a need to protect young people from tobacco.

**Professor Modasser Ali** (Bangladesh) stated that some health ministers were still smokers. He suggested that we should ask our governments to ensure that non-smokers were in high-level positions related to health. He also mentioned that he had thought the atmosphere

would be more festive, but found instead a more serious atmosphere. He stated that there was a need to ensure harmonization of resources and expertise within WHO Secretariat.

**Mr Carlos Chocano Burga** (Peru) supported previous speakers' words on the negotiations and the high value of the FCTC. On the need to support countries in their efforts to tackle the tobacco lobby, he mentioned the late payment of contributions from some countries. Turning to the Conference of the Parties, he mentioned the difficulties in achieving consensus and the need for increased support to the Bureau, especially in organizing intersessional work.

**Mr Jos Draijer** (Netherlands) stated that one of the main challenges was achieving the huge potential of the multisectoral approach of the treaty (such as in supply reduction). He then discussed the fact that as an international treaty, the FCTC involved the whole of government. The challenge was to ensure commitment across governments and to create a sense of ownership at policy and financial level. The FCTC had a huge regulatory potential, and such measures had the benefit of being sustainable.

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