Dr Catherine Le Gales-Camus  
Assistant Director-General  
Noncommunicable Diseases and Mental Health  
World Health Organization

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'WHO FCTC: Mobilizing the world for global public health'

Thank you for your kind tribute to Dr Lee. It has certainly been a huge loss for the World Health Organization and for global public health.

But I must tell you that Dr Lee was very proud of the WHO Framework Convention on Tobacco Control, and considered it one of the highlights of WHO's achievements. When he met with our management team just a couple of months ago, his very first question was about progress on the Treaty and the Conference of the Parties.

I would like, in fact, to share a passage from the address he gave in February to the first session of the Conference of the Parties of the Convention in Geneva. He said, and I quote,

'Smoking is an advance contract. Those who smoke don't pay now, but will do so 30 to 40 years later, when their health fails. They pay with lung cancer, with obstructive airways disorders, with cardiovascular diseases. One in two smokers pays with their life. We have to help them stop smoking. We have to prevent them from starting. This convention is something that we all committed to. Its provisions are bold. They are based on knowledge of what is effective. We will make it work.'
The WHO FCTC is something we should all be proud of, as it has certainly been an historic and monumental achievement: It has been the most rapidly embraced global treaty of all time, and it is a testament to the strength, endurance and solidarity of the tobacco control community.

But celebration and self-congratulation must not consume our energies, as the real challenges lie ahead. Ratification is but a milestone on the road of achieving our goals: Implementation is where we must now aim our collective sights.

When this conference last convened three years ago, it was right after passage of the resolution by the World Health Assembly, and we were looking ahead with hopeful anticipation at success for the treaty.

A year later, in July 2004, the WHO FCTC had just closed for signature, with nearly 90% of countries signed on, 23 Countries had already become Parties, and several more were well on the way to ratification.

The first step was to reach the required 40 Contracting Parties which would bring the treaty into force. That was achieved very quickly, by the end of 2004, with entry into force taking place in February of 2005. It was a record-setting UN treaty, having taken only 16 months for the first public health treaty to enter into force.

And the seemingly unstoppable momentum has continued - we have been hard-pressed to keep up with the ratifications which have come in at a rate of two or three countries per week at times. In fact, even just since this map was created, we have had one more ratification - by Venezuela.

Today, three years on from the WHA resolution, a year and a half from entry into force, there are 132 countries Parties from all regions, all income ranges, all development stages… and the number of countries that become parties is still climbing steadily.

And we are seeing the tangible results, as more and more countries and communities implement the treaty's measures all over the world - Norway, New Zealand, New York City, Irish pubs, soon England's public places, to name a few, will all be smoke-free. Graphic pictorial warnings are being used in countries all over the world: Brazil, Canada, Singapore, for example, and soon to be introduced in Europe; advertising bans are being implemented in many countries, and in some -such as India - quite tight restrictions are in place.
In February of this year, as I mentioned at the start of my comments, the first Conference of the Parties took place. Those countries that are Parties to the Treaty, and including the EC, started to decide the shape and form of implementation, monitoring and structure for the WHO FCTC.

As you are already aware, and among other items, it was decided to establish the permanent secretariat of the Treaty within the WHO, to create working groups on protocols regarding cross-border advertising and illicit trade, and to develop guidelines for implementation.

And I can tell you, as well, that apart from discussions of protocols, budgets and structures, the mood and atmosphere at this first COP was one of strong determination to see the WHO FCTC implemented and in force around the globe.

Because the WHO FCTC is a central and crucial component to a larger battle which we are waging against cancer and other chronic diseases. I spoke this morning at the closing of the World Cancer Congress and reminded them of the huge challenge we face to bring down cancer rates globally as they continue to soar, particularly in developing countries, and the important role the WHO FCTC is playing.

Without action, WHO estimates that cancer-related deaths will increase by 20 percent over the next 10 years, killing over 9 million people in 2015. 70 percent of those deaths will be in low and middle income countries, many of which are concurrently experiencing sudden and dramatic rises in risk factors such as increased tobacco use, alongside unhealthy diets and decreased physical activity. There is not a single country, not a community, and hardly a family, untouched by cancer. In short, we are facing a major, and growing, global health crisis.

But tobacco use and the resulting cancer mortality and morbidity are also wreaking economic and social justice devastation in those countries, communities and families.

Studies across all the regions of the world show that it is the poorest people who tend to smoke the most in both developing and developed countries, and who bear most of the disease burden. The World Bank estimated that high-income countries spend currently between 6% and 15% of their total health-care costs to treat tobacco-related diseases.

The WHO report, 'Tobacco and Poverty: a vicious circle', describes the range of negative economic impact of tobacco on individuals, households and
economies. We know, for example, that poorer people spend a higher percentage of their household income on tobacco products, to the detriment of other basic needs of the family such as food, healthcare or education.

Growers and farmers, too, who are often lamented as affected by tobacco-control measures, are not as well off as it is portrayed by the tobacco industry. Many small tobacco farmers, especially in developing countries, live in poverty, bearing a big part of the health and economic costs related to tobacco. They and their families face poor and uncertain labour conditions, including the use of child labour, and exposure to highly toxic products.

It is for these people most affected by tobacco use and subject to the aggressive marketing techniques now being employed in developing countries where nearly 85 percent of smokers now live, that we must forge ahead to see the WHO FCTC implemented.

Because this is the real challenge: if the provisions of the treaty do not take life on the ground and around the world it will remain a triumphant piece of paper at the UN headquarters in New York.

We must see more smoke-free public spaces, comprehensive bans on advertising and marketing and improved labeling, as well as cross-border cooperation and controls, particularly bearing in mind developing countries.

We must also be vigilant of the new tobacco products coming to the market, and older, traditional products being marketed to new or vulnerable consumers.

The recent World No Tobacco Day focused on this emerging threat, reminding that tobacco is deadly in any form or disguise. We are seeing a rise in the use of alternative tobacco forms and deliveries, such as hookahs, growing in popularity all over the world. We must be prepared to respond, and stay ahead of the new products as they appear on the market.

WHO, will continue to support countries to implement the components of the treaty:

- We will support governments with their implementation plans through research, recommendations, training and sharing of best practices.
- We will continue to collaborate with civil society and NGOs.
- And we will continue to be vigilant of the tobacco industry activities, raising awareness about their new tactics and monitoring their efforts to slow down tobacco control progress.
It has taken the unshakable unity, determination and strength of the tobacco control community working hand in hand with WHO to get us to this point today where we have a treaty and the global momentum to ratify and implement.

However, we must ensure that we, and the governments and authorities who have ratified, carry through on those promises and commitments - particularly as they affect the most vulnerable - those in low income countries, in poverty and particularly children.

Because we have projected that a progressive reduction of 50 percent in tobacco uptake and consumption rates could save 2 hundred million lives by the year 2050, and hundred of millions more thereafter. That is certainly a public health endeavour worthy of global attention and effort.

I began with Dr Lee’s words and I would like to end with them, too, as they continue to resonate with our shared challenge today:

"The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it, in countries in the coming years. A successful result will be global public health gains for all."

Thank you all.