WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD **EB105/11**
105th Session **15 November 1999**
Provisional agenda item 3.2

WHO framework convention on tobacco control

Report of the first meeting of the working group

1. By resolution WHA52.18, the Fifty-second World Health Assembly established an intergovernmental negotiating body open to all Member States to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols. To prepare the work of that body, the Health Assembly also established a working group on the WHO framework convention on tobacco control, similarly open to all Member States, with the following mandate:

- to prepare proposed draft elements of the framework convention;
- to report on progress to the Executive Board at its 105th session;
- to complete its work and submit a report to the Fifty-third World Health Assembly.

2. The working group held its first meeting at the Palais des Nations, Geneva, Switzerland, from 25 to 29 October 1999. The meeting was attended by participants from a wide range of sectors and included representatives of 114 Member States, and observers from the Holy See, Palestine, organizations of the United Nations system, other intergovernmental organizations, and nongovernmental organizations.

3. In accordance with its mandate, the working group submits its progress report at Annex 1. The final list of participants is contained in Annex 2.

WORLD HEALTH ORGANIZATION

WORKING GROUP ON THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

A/FCTC/WG1/7
28 October 1999

WHO framework convention on tobacco control

Report of the first meeting of the working group

25-29 October 1999

Agenda item 1. Opening of the meeting by Dr Gro Harlem Brundtland, Director-General

1. Dr Gro Harlem Brundtland, Director-General of WHO, opened the meeting with an overview of the impact of tobacco on death and disease. The problem extended beyond the bounds of public health, and beyond national frontiers. WHO now led the United Nations Ad Hoc Interagency Task Force on Tobacco Control. Dr Brundtland hoped that the current meeting, the first in which WHO was exercising its constitutional mandate to negotiate a legally binding treaty, would change the course of public health.

Agenda item 2. Election of officers

2. The following officers were elected by consensus: Dr K. Leppo (Finland), Chairman; Dr V.L. da Costa e Silva (Brazil) and Dr M. Chan (China), Vice-Chairmen; Dr Y. Mochizuki (Japan), English-language Rapporteur; and Dr N. Chaouki (Morocco), French-language Rapporteur.

Agenda item 3. Adoption of the agenda and timetable (Document A/FCTC/WG1/1)

3. The Chairman suggested that items 10 to 13 be taken up on Thursday, 28 October, along with item 9. The agenda and timetable were adopted as amended (see Annex).

Agenda item 4. Method of work of the working group

4. The Chairman noted that, by resolution WHA52.18, the Health Assembly had established the working group on the WHO framework convention on tobacco control pursuant to Rule 42 of its Rules of Procedure. As a subsidiary body of the Health Assembly, the working group was governed by those Rules of Procedure. Its task was to provide not detailed text, but a list of proposed draft elements of the framework convention.

Agenda item 5. Overview of the WHO framework convention on tobacco control process

(a) Summary of work to date and resolution WHA52.18

5. Resolution WHA52.18 outlined an integrated process for developing the framework convention and any related protocols. Dr D. Bettcher, Tobacco Free Initiative, reviewed earlier WHO resolutions on the subject that might guide the working group.

(b) Summary reports from the recent WHO regional committees

6. Dr Bettcher reported on the recent sessions of the WHO regional committees and provided information on forthcoming meetings.

(c) Report concerning the first meeting of the Ad Hoc Interagency Task Force on Tobacco Control

7. Dr D. Yach, Project Manager, Tobacco Free Initiative, reported on the first meeting (29-30 September 1999) of the Ad Hoc Interagency Task Force on Tobacco Control, established by United Nations Economic and Social Council resolution E/1999/56 of 30 July 1999, and led by WHO.[1] The Task Force took the place of the UNCTAD focal point for tobacco.

8. Focal points from WHO regions and representatives of several countries reported on intercountry and interministerial activities in support of the proposed framework convention, which was also seen as a rallying point for national work on tobacco control. The contribution of nongovernmental organizations was acknowledged.

Agenda item 6. Technical briefings

(a) Treaties make a difference (Document A/FCTC/WG1/4)

9. Professor L. Boisson de Chazournes, Professor of International Law, University of Geneva, Switzerland, showed how framework conventions allowed action to be taken in stages, at different speeds in different countries, consolidating consensus with regular meetings, in a way that permitted amendments, and facilitated adoption of additional protocols. The framework convention made for general cooperation, and the details were set out in protocols. That type of instrument had proved its worth in disarmament and environmental protection.

(b) Treaty-making process (Document A/FCTC/WG1/5)

10. Professor P. Szasz, New York University School of Law, United States of America, outlined WHO's constitutional authority to adopt international treaties and described the various stages of the treaty-making

[1] United Nations Ad Hoc Interagency Task Force on Tobacco Control, report of the first session, UNICEF, New York, 29-30 September 1999.

process. He outlined the tasks before the working group in relation to the future timetable for the framework convention.

(c) Public health context (Document A/FCTC/WG1/3)

11. Dr A. Lopez, Evidence for Health Policy, provided a briefing on the individual risk to health of smoking and on the implications of the smoking epidemic for public health. There was abundant evidence that smoking caused such diseases as lung cancer and cardiovascular disease, resulting in high excess mortality. Public health measures could substantially reduce the burden of disease attributable to tobacco. Local evidence of the health impact of tobacco use was stressed as an effective tool to promote national policy.

12. Ms R. Walburn, Tobacco Free Initiative, described the process by which the internal documentation of tobacco companies had been placed in the public domain as part of the legal action brought by the State of Minnesota, United States of America, against some tobacco companies ("the industry"). The suit had focused on the conduct of the industry, and particularly what it knew, and at what date, about the dangers of smoking. The more than 35 million pages of documents had shown that the industry had been aware of the health hazards of smoking and the addictive nature of nicotine. Evidence had also been found of strategies to neutralize the efforts of WHO and other organizations.

13. Representatives of Member States stressed the potential value of the working group's efforts in improving national control activities. It was emphasized that tobacco causes a state of chronic intoxication, and that tobacco use is separately classified as a disorder in ICD-10.

(d) Economics of tobacco control (Document A/FCTC/WG1/2)

14. Dr P. Jha, Evidence and Information for Policy, highlighted the salient findings of the World Bank's recent book on *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, which provided a clear rationale for government intervention. The central message of the study was that a number of tobacco control interventions - notably higher taxation - had proved successful and were cost-effective. Developing countries could save millions of lives, especially among the poor, if they controlled tobacco use. At the same time, the impact of reducing or eliminating tobacco consumption or production would have little impact on employment, and that impact would be very gradual.

15. Representatives stressed the importance of applying taxation equally to different tobacco products to discourage users from shifting from one product to another. The importance of effectively combating smuggling of tobacco products was also emphasized.

(e) Strengthening national legislation

16. Ms J. Obitre Gama, Lecturer in International Law, Makerere University, Kampala, Uganda, showed how various international treaties had helped to strengthen national legislation, and described the relationship between international and national law.

17. In the ensuing discussion, the value of establishing a national institution or committee to drive the framework convention process forward, raise awareness, and prepare for changes in national legislation was further stressed.

Agenda item 7. Technical briefing/discussion: preparation of the proposed draft elements of the framework convention (Document A/FCTC/WG1/6)

Section I. Preamble, objectives, principles and definitions

18. Participants made a number of general comments on the framework convention as a whole and expressed views on the elements in section I of document A/FCTC/WG1/6, covering the preamble, objectives and principles of the framework convention.

19. An inclusive, comprehensive, multisectoral approach that drew upon a broad range of sectors was essential at national and international levels. At national level, it was vital to maintain close linkages with a wide variety of stakeholders supportive of Health Assembly resolution WHA52.18, including the legislative, administrative and executive bodies of Member States, private entities, nongovernmental organizations and civil society.

20. The framework convention would contain general provisions, including obligations of a more general nature with possible separate protocols spelling out detailed obligations. An incremental approach was needed that built upon the Health Assembly's past resolutions as a minimum starting point, taking into account the particular circumstances of developing countries. Several countries urged that the provisions of the framework convention should be worded in a manner that would allow broad acceptance from as many countries as possible. Some concern was expressed about reference to creation of rights such as "the right to a smoke-free environment".

21. Complementary national and international approaches were needed that built on WHO's past resolutions, which reflected a comprehensive approach to tobacco control. Several delegations said that the framework convention should be flexible to the needs and realities of countries, especially developing countries.

22. Many countries expressed general support for items contained in section I of the document. Some delegations suggested that issues related, for example, to testing and measurement standards, package design and labelling, pricing, full disclosure of tobacco product contents (including additives) should be considered for inclusion as obligations in the framework convention and not wait for inclusion in protocols.

Preamble

23. Primary attention should be given to the health effects of tobacco use and the harmful effects on national economies. The importance of a focus on youth, women, disadvantaged groups and indigenous people was highlighted. Positive health images should be developed aimed at youth. For that to occur, the framework convention should refer to other conventions that addressed youth behaviour, such as the Convention on the Rights of the Child. Another suggested addition to the preamble was to refer to the WHO Constitution.

24. Evidence-based interventions at the international level were deemed to be important.

25. The importance was also stressed of taking account of agricultural impacts of tobacco control in producing countries and the possible social and economic impacts of tobacco control worldwide, especially in developing countries. Further, explicit attention should be given to the dependence of certain countries on

tobacco growing and to the need to develop and support strategies to minimize the economic and social impact.

26. The increased impact of tobacco use in developing countries should be stressed. Further, the implications of tobacco companies based in developed countries marketing in developing countries needed attention. All forms of tobacco use should be included in the framework convention. Those included smokeless tobacco and water pipes, in addition to cigarettes and bidis.

27. Consideration should be given to treatment of tobacco dependence and support for smoking cessation programmes.

28. Attention should also be given to protection from environmental tobacco smoke.

29. Several delegations stressed that the framework convention should emphasize demand reduction strategies. Multisectoral approaches, planned over the long term, were needed to address supply side aspects of tobacco control. Particular attention should be given to smuggling as a supply side measure.

30. The role, behaviour and accountability of the tobacco industry should be stressed.

31. The special circumstances of developing countries and their need for assistance in implementing the framework convention should be taken into account.

32. The preamble should highlight inequities in tobacco use and in its impact, both within and between countries. Moreover, elements in the preamble should be firmly based on scientific evidence where appropriate.

33. Several delegations stressed that all countries should take immediate action to strengthen and implement comprehensive, multisectoral tobacco control strategies.

Objectives

34. A revised text version of the objective was suggested by some countries and regional economic integration organizations, as follows:

> The aim of this Convention and its related protocols is to establish and agree on international responses to achieve a reduction in tobacco use in order to reduce the public health, social and economic consequences of tobacco consumption, and to provide the mechanism for implementing such responses through the engagement of the Contracting Parties.

35. Another suggested revision of the objective was the following:

> The ultimate objective of the Convention and any appended texts is to engage in integrated tobacco control efforts so as to put an end to tobacco use in any form and begin this by stemming tobacco consumption and to find palliative measures in respect of tobacco use and the health damaging effects with a view to protecting human health.

36. Some countries recommended that time-bound qualitative and quantitative targets for tobacco use be developed for the framework convention.

Principles

37. The principle of "polluter pays" should be explored as a means of holding the tobacco industry accountable for the harm it causes.

38. Building national capacity for tobacco control in developing countries, especially in public health law, should accompany development of the framework convention.

39. The right of the public to information on the health effects of tobacco should be noted.

40. The working group heard statements from a number of observers, including representatives of a number of nongovernmental organizations, who expressed strong support for the framework convention process. The representatives of nongovernmental organizations stressed the important role such organizations could play in achieving the strongest possible outcome, and called for rapid action.

Section II. Obligations

41. There was broad general support for the five subitems set out in document A/FCTC/WG1/6. Many countries considered that issues listed under obligations provide a useful starting point for developing obligations under the framework convention. Under section I several additional possible items for inclusion under obligations were suggested. The final wording of the subitems might need to be adjusted. The need to avoid pre-emption (having obligations under the framework convention that block stronger national action) was stressed.

42. Items in paragraphs 29 and 37 of the document needed to be differently organized, certain items being moved to protocols and others placed under obligations. Some merging of items under these paragraphs was felt to be possible.

43. Some countries considered that supply side measures, particularly those related to tobacco farming and alternative livelihoods, should be limited under obligations and belonged under protocols. Others suggested that certain aspects of smuggling control could be included as an obligation.

National measures to control tobacco use

44. Many speakers stressed the need to include comprehensive tobacco control measures to be implemented at national level in this section. The importance of countries establishing and adequately funding national coordinating mechanisms was stressed. Usually these mechanisms are led by the health ministry but should be inclusive of other relevant ministries and existing institutions of society. A proportion of the excise tax could be used as a possible means of funding tobacco control.

45. In addition to national measures, international cooperative support (including financial assistance) to developing countries was needed to build capacity in research, policy development and implementation.

46. A ban on sales to children, a ban on duty-free sales[1] and provision of treatment for tobacco dependence were suggested by some countries for inclusion under obligations. Many countries also proposed the inclusion of provision for smoke-free environments. It was suggested that the licensing of tobacco sales

[1] Subject to the provisions of the International Convention on the Simplification and Harmonization of Customs Procedures, 1973 (the Kyoto Convention).

outlets and the compulsory inclusion of health warnings on tobacco products and advertisements should also be considered. It was further recommended that regulation of the content of tobacco products should be considered as a national measure. The scientific basis for such regulation will be addressed in a meeting to be held in Oslo in February 2000.

47. Certain Member States agreed that countries that exported manufactured tobacco products had a special responsibility to provide technical support to developing countries to strengthen national tobacco control programmes.

48. Some countries recommended that a distinction be made between essential national measures required for all countries (for example, surveillance, monitoring and programme evaluation) and optional national measures that could be initially executed at a regional level.

Education, training and public awareness

49. Items listed in the document were generally supported. Among vulnerable groups, a particular focus should be given to ensuring that children and youth are fully informed about the risks of tobacco use and protected from tobacco industry marketing, including awareness campaigns in school curricula. Countries differed with regard to whether restrictions and/or bans on direct and indirect advertising should be the subject of protocols or obligations. There was strong support for positive health images to be portrayed through the globally communicated worlds of art and entertainment.

General cooperation

50. Regional approaches to price harmonization were already being pursued within certain regions and were felt to have wider application.

Cooperation in scientific research

51. There was broad support for this subitem as set out in the document. Special attention was given to the need for cooperation in developing a scientific basis for regulating tobacco products.

Exchange of information

52. A mechanism to share positive and negative experiences of policy implementation, as well as epidemiological information related to health effects, should be included in the obligations.

Additional comments

53. It was recommended that, where possible, agreed texts from existing treaties should be used.

54. Several countries supported the need for technical and financial support to allow all countries, especially developing countries, to participate fully in the framework convention process, from development to implementation.

55. Several countries recommended that the implications of provisions of the framework convention for World Trade Organization (WTO) agreements should be specified.

Section III. Institutions

56. The secretariat outlined considerations relating to the creation of institutions.

57. Many speakers stressed that their comments were of a provisional nature, but there were signs of consensus on some basic principles: (1) the institutional set-up would ultimately be dictated by the functions of the treaty; (2) in order to cut costs and overlapping, existing structures should be used where possible, and meetings should be arranged around other events, such as the Health Assembly.

58. It was considered that a conference of parties was needed. The secretariat could be provided by WHO. A scientific advisory mechanism should provide strong multidisciplinary support, but there were differing views as to how. Speakers agreed that effective implementation was essential, but whether to set up an implementation committee was a question that might be left to the conference of parties. Many countries stressed the need for a financial support mechanism - a matter that others preferred to defer, although it was seen by many as important in ensuring the participation of countries that otherwise would not be able to participate fully. The establishment of a tobacco control fund was advocated, to help with a parallel process in WHO and among nongovernmental organizations.

Section IV. Implementation mechanisms

59. Discussion of sections IV, V and VI of document A/FCTC/WG1/6 was introduced by Professor Szasz.

60. Many countries indicated that national reporting and international review were essential to the convention. Nevertheless, reporting requirements should be well designed and cost effective. Several countries called for transparent reporting procedures and unlimited access to every State report by any State Party.

61. Several countries advocated a dispute resolution mechanism that produced binding decisions; others preferred non-binding procedures. Views were expressed both for and against the possible involvement of the International Court of Justice. It was suggested that conciliation procedures should be provided for, though compulsory conciliation was not favoured and that compliance mechanisms should focus on implementation rather than on dispute resolution procedures. It was noted that Article 33 of the United Nations Charter provided a possible model for dispute resolution.

62. It was suggested that an implementation mechanism should be addressed in a protocol, whereas most speakers said that it should be included in the framework convention. The view was expressed that tobacco exporting countries should be held accountable.

Section V. Law-making procedures

63. It was noted that, given consensus, it might be possible to negotiate protocols concurrently with the framework convention. One country spoke in favour of deferring discussion of protocols.

64. A regional economic integration organization stated that two protocols should be adopted concurrently with the framework convention. It was suggested that desirable aspects of comprehensive tobacco control measures - such as a model legislation - be listed in a non-binding annex or addendum to the framework convention.

Section VI. Final clauses

65. A number of countries said it was too soon to address many issues involved in the final clauses.

66. A regional economic integration organization expressed the view that the convention and its possible protocols should be open for accession by such organizations and their member states.

67. Several countries suggested that the framework convention should allow for reservations. Several stated that the framework convention should allow for denunciation whereas others said it should not.

68. It was suggested that entry-into-force requirements for the framework convention and for the protocols need not be identical. Moreover, the final clauses of the framework convention should not be required to apply to protocols. It was further suggested that the United Nations act as depository.

69. It was proposed that entry-into-force provisions should be modelled on the Kyoto Protocol to the Climate Change Convention: in addition to a specified number of ratifications, ratification by a significant proportion of producer countries and consumer countries should be required.

Agenda item 8. Technical briefing/discussion: possible protocols (Document A/FCTC/WG1/3)

(a) Subjects of possible protocols
(b) Relation of possible protocols to the framework convention

70. The secretariat pointed out that protocols could be adopted either at the same time as the framework convention or at a later stage. New protocols could be negotiated as new knowledge arose. The question of which subjects were included in the framework convention itself and which were to be the subjects of protocols was a matter for decision by Member States. Attention was drawn to the series of topics set out in the background document, which focused on key areas for tobacco control from the public health viewpoint.

Procedural issues

71. Many countries considered that it was too early in the framework convention process to discuss procedural or substantive aspects of potential protocols in detail. A number of countries and a regional economic integration organization stated that such discussions should be deferred to the intergovernmental negotiating body.

72. A number of countries suggested that it might be possible to adopt protocols concurrently with the framework convention, depending upon political will. However, some countries noted that there was a potential difficulty in negotiating protocols at the same time as the framework convention until its content was more clearly defined.

73. Some countries stated that parties to the framework convention should not be required to become parties to any protocol, i.e. adherence to protocols should be entirely optional. It was suggested that the protocols should be open to all countries, and not just to parties to the framework convention.

74. Several countries stressed that financial and technical assistance would be necessary to assist developing countries to negotiate and implement protocols. Speakers emphasized that protocols should not restrict countries from taking stronger measures than those required in the framework convention or protocols.

Substantive issues

General comments

75. A number of countries stressed that protocols should focus on items on which there was political consensus. It was proposed that protocols should be addressed during the negotiation phase according to the following criteria: (1) impact; (2) feasibility; and (3) need for international action. Countries from different regions expressed support for that formulation.

76. Several countries considered that the relationship between the framework convention and relevant WTO treaties, as well as other multilateral agreements, needed further consideration.

Themes

77. Many countries expressed the view that it was premature at the present stage in the process to define and limit the subject matter of protocols and that the question should be left open. The potential subjects should not be limited to those enumerated in document A/FCTC/WG1/3.

78. Among specific topics mentioned for possible inclusion in protocols were:

- tobacco price and tax policies;
- environmental tobacco smoke;
- protection of children and adolescents, including prevention programmes;
- smuggling of tobacco products;
- sale of duty-free tobacco products;
- advertising, promotion and sponsorship (with or without counter-advertising);
- packaging and labelling of tobacco products;
- testing and reporting of tobacco product ingredients;
- tobacco industry regulation;
- information exchange;
- health education and research;
- agricultural policies;

- product regulation;

- evidence-based treatment and cessation programmes.

79. A number of countries emphasized the importance of adopting protocols on tax and price policies. On the other hand, it was stated that increased taxes at high levels would encourage smuggling, and that they were unfeasible or would have inflationary effects. It was suggested that all tobacco products and associated paraphernalia should be addressed in a protocol addressing pricing. Other countries pointed out that taxes were already a very high percentage of tobacco prices in their countries. Concern was expressed that there was insufficient research to justify tax increases and that such increases would be a burden on the poor. However, several countries emphasized that the recent World Bank report provided significant evidence to allay concerns about the desirability of tax policies for all countries. Tax and price policies could also be addressed at the regional level.

80. A number of countries expressed support for a possible protocol on advertising, sponsorship and promotion but disagreed on the potential content. Some emphasized that the evidence base fully supported the importance of complete bans on advertising. Several countries stated that an advertising protocol should address both direct and indirect advertising. Other countries suggested that a more flexible approach to advertising and promotion should be included in a protocol that focused on reducing information asymmetries. Some countries noted that constitutional requirements might prohibit a complete ban. Several countries suggested the inclusion of counter-advertising in an advertising protocol, but noted that financial assistance would be needed to implement a protocol in this area. It was also suggested that a possible consensus on the subject might include a ban on all advertising and promotion aimed at children.

81. A number of countries emphasized the global nature of smuggling and the need for a protocol on this topic. Some countries emphasized the importance of contraband cigarettes in their markets. It was reported that, in one country alone, over 80% of foreign brands of cigarettes were smuggled. Small packets of cigarettes were being smuggled into another country's territory, with the support of the tobacco companies themselves.

82. Countries also stressed the importance of a protocol on packaging and labelling of tobacco products. It was noted that the size of warning labels was directly related to the effectiveness of those measures. In response to a question, the secretariat noted that some countries were proposing warning labels covering 60% of the large surface areas of cigarette packets.

83. A number of countries expressed support for protocols that addressed environmental tobacco smoke and the protection of children and adolescents.

84. Several countries supported the regulation of tobacco products, including full disclosure of ingredients and additives, in a protocol. It was suggested that the regulation of new tobacco products should include a provision requiring manufacturers to prove the safety of new tobacco products before they were licensed for sale to consumers.

85. A number of countries emphasized the importance of transparency and information sharing. It was proposed that issues regarding information sharing should be addressed in the framework convention itself, and that a separate protocol was not needed. Other proposals were that the suggested protocol should be renamed "Information sharing, education and awareness", and that a separate protocol be devoted to education and training.

86. A number of countries addressed the question of a protocol on agriculture. It was noted that subsidies for tobacco growing could be eliminated immediately in developed countries, but needed to be phased out gradually in developing countries. Such a protocol would need to provide for gradual implementation.

87. The importance of regulating the tobacco industry through protocols was emphasized. Speakers suggested that the industry should be prohibited from marketing products in developing countries in a manner different from its practices in industrialized countries. The inclusion of the regulation of tobacco retailers through licensing was also proposed.

Agenda item 9. Administrative arrangements: discussion of the work plan and timetable for developing the proposed draft elements of the framework convention (Document A/FCTC/WG1/5)

Agenda item 10. Role of the secretariat

Agenda item 11. Participation in the framework convention process: the use of electronic communication

Agenda item 12. Working group budget

Agenda item 13. Next meeting of the working group

88. The Chairman turned to agenda items 9 to 13, dealing with administrative matters. Introducing the items, the secretariat highlighted the following aspects: distribution of tasks, the role the secretariat could play until the next Health Assembly, and any additional documentation the working group might require. Background material on the technical briefings on health and economic effects would be made available. As regards electronic communication, the secretariat would strive to provide documentation in the six official languages on the Internet in good time, and in readily accessible electronic format.

89. Since the working group was a subsidiary body of the Health Assembly, in accordance with resolution WHA50.1 travel expenses for one representative each from least developed countries would be reimbursed. A Director-General's trust fund was being set up under the WHO Voluntary Fund for Health Promotion to enable other developing countries to take part in meetings. It was hoped that Member States would contribute generously to it. The suggested date for a second meeting was after 20 March 2000, midway between the 105th session of the Executive Board and the Fifty-third World Health Assembly.

90. To questions on the working group budget, the secretariat replied that US$ 125 000 had been budgeted to enable least developed countries to participate in the process, and a total of US$ 1 000 000 for the entire negotiation process in 2000-2001, including meetings. Additional funding was available or being sought for scientific and technical meetings in New Delhi and Oslo and for work in countries, where legislative and economic interventions should be developed in tandem with the framework convention process.

91. Numerous countries commented on the high quality of the background documentation prepared by the secretariat. The working group, after a comprehensive exchange of views during which the Legal Counsel explained that the Executive Board could express views but not rule on the matter, decided to hold a second meeting, between the 105th session of the Executive Board and the Fifty-third World Health Assembly, taking care that the meeting not coincide with the Muslim Feast of Sacrifice.

92. Many countries commented on the considerable progress achieved by the working group and questioned the purpose of a second meeting. However, the predominant view was that a second meeting of the working group would ensure fuller participation of States from all WHO regions, and of the relevant

sectors within States. In order to ensure continuity of work, one delegation recommended that Member States designate the same delegates for the second meeting. The second meeting should neither repeat the work of the first meeting nor encroach on the negotiation process. It should consider further elaboration of the proposed draft elements of the framework convention and possible protocols, and prepare a draft text, indicating where general agreement was reached and including possible options, for consideration by the Health Assembly and the subsequent intergovernmental negotiating body. Documentation for the working group's meeting, including the provisional texts of proposed draft elements, would be prepared by the secretariat in close collaboration with the bureau of the working group.

ANNEX

AGENDA AND TIMETABLE

Monday, 25 October

1. Opening of the meeting by Dr Gro Harlem Brundtland, Director-General
2. Election of officers
3. Adoption of the agenda and timetable
4. Method of work of the working group

Information and technical briefings

5. Overview of the WHO framework convention on tobacco control process
   - (a) Summary of work to date and resolution WHA52.18
   - (b) Summary reports from the recent WHO regional committees
   - (c) Report concerning the first meeting of the Ad Hoc Interagency Task Force on Tobacco Control
6. Technical briefings
   - (a) Treaties make a difference
   - (b) Treaty-making process
   - (c) Public health context
   - (d) Economics of tobacco control
   - (e) Strengthening national legislation

Tuesday, 26 October

7. Technical briefing/discussion: preparation of the proposed draft elements of the framework convention

Wednesday, 27 October

8. Technical briefing/discussion: possible protocols

   (a) Subjects of possible protocols

   (b) Relation of possible protocols to the framework convention

Thursday, 28 October

9. Administrative arrangements: discussion of the work plan and timetable for developing the proposed draft elements of the framework convention

10. Role of the secretariat

11. Participation in the framework convention process: the use of electronic communication

12. Working group budget

13. Next meeting of the working group

Friday, 29 October

14. Approval of the draft report to be submitted to the Executive Board

15. Closure of the meeting

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WORLD HEALTH ORGANIZATION

FIRST MEETING OF THE WORKING GROUP ON THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

A/FCTC/WG1/DIV/1 Rev.2

9 November 1999

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LISTE DES PARTICIPANTS

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REPRESENTANTS D'AUTRES ORGANISATIONS INTERGOUVERNEMENTALES

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Ministre Conseiller
Délégation permanente
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Dr H. Hamouda
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ORGANIZATION OF AFRICAN UNITY
ORGANISATION DE L'UNITE AFRICAINE

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EUROPEAN COMMISSION - COMMISSION EUROPEENNE

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HEALTH MINISTERS' COUNCIL FOR GULF COOPERATION COUNCIL STATES
CONSEIL DES MINISTRES DE LA SANTE, CONSEIL DE COOPERATION DES ETATS ARABES DU GOLFE

Dr A. Al-Suwailanr

Mr A. Al-Khatabi

REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

REPRESENTANTS DES ORGANISATIONS NON GOUVERNEMENTALES EN RELATIONS OFFICIELLES AVEC L'OMS

FDI World Dental Federation
Fédération dentaire internationale

Dr R. E. Mecklenburg

Inter-American Association of Sanitary and Environmental Engineering
Association interaméricaine de Génie sanitaire et de l'Environnement

Mr O. Sperandio

Inter-Parliamentary Union - Union interparlementaire

Mr S. Tchelnokov

International Alliance of Women
Alliance internationale des Femmes

Mrs M. Pal

International Association for Adolescent Health
Association internationale pour la Santé des Adolescents

Dr U. Buhlmann

International Association of Logopedics and Phoniatrics
Association internationale de Logopédie et Phoniatrie

Dr A. Muller

International Council of Nurses
Conseil international des Infirmières

Dr T. Ghebrehiwet

International Council of Women
Conseil international des Femmes

Mrs P. Herzog

International Council on Alcohol and Addictions
Conseil international sur les Problèmes de l'Alcoolisme et des Toxicomanies

Dr L. Ramström

International Epidemiological Association
Association internationale d'Epidémiologie

Dr R. Saracci

International Federation of Business and Professional Women
Fédération internationale des Femmes de Carrières libérales et commerciales

Mrs M. Gerber

Ms G. Gonzenbach

International Federation of Gynecology and Obstetrics
Fédération internationale de Gynécologie et d'Obstétrique

Dr S. Nazeer

International Federation of Hydrotherapy and Climatotherapy
Fédération internationale du Thermalisme et du Climatisme

Dr G. Zaitsev

International Federation of Oto-rhino-laryngological Societies
Fédération internationale des Sociétés d'Oto-rhino-laryngologie

Professor W. Alberti

International Federation of Pharmaceutical Manufacturers Associations
Fédération internationale de l'Industrie du Médicament

Dr H.E. Bale Jr.

Dr E. Noehrenberg

Dr O. M. Carpentier

Mr R. Llewellyn

International Federation of Surgical Colleges
Fédération internationale des Collèges de Chirurgie

Dr S. W. A. Gunn

International Leprosy Union
Union internationale contre la Lèpre

Dr S. D. Gokhale

International Organization for Standardization
Organisation internationale de Normalisation

Mr P. I. Adams

Mr K.-G. Lingner

Dr U. Bohnsack

International Union against Cancer
Union internationale contre le Cancer

Mr R. Isreal

Ms E. Must

International Union against Tuberculosis and Lung Disease
Union internationale contre la Tuberculose et les Maladies respiratoires

Dr N. E. Billo

Dr N. Billo

Ms J. Glanz

Dr M. A. Molinari

Ms K. Bissell

Mr R. Hammond

Medical Women's International Association
Association internationale des Femmes Médecins

Dr C. Bretscher-Dutoit

Rotary International - Rotary International

Dr M. A. Molinari

Soroptimist International - Soroptimist International

Ms I. S. Nordback

Ms S. Pitaccolo

World Association of Girl Guides and Girl Scouts
Association mondiale des Guides et des Eclaireuses

Ms L. Schürch

World Federation for Mental Health
Fédération mondiale pour la Santé mentale

Professor K. A. Al-Saleh

World Federation of Chiropractic
Fédération mondiale de Chiropratique

Dr M. M. Alattar

Mr G. Auerbail

World Federation of United Nations Associations
Fédération mondiale des Associations pour les Nations Unies

Dr R. Masironi

Mrs L. Ciaffei

World Heart Federation - Fédération mondiale du coeur

Ms K. Bissell

World Hypertension League - Ligue mondiale contre l'Hypertension

Dr T. Strasser

World Organization of the Scout Movement
Organisation mondiale du Mouvement scout

Ms S. McElroy

World Self-Medication Industry
Industrie mondiale de l'Automédication responsable

Mr D. Graham

World Vision International
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Dr E. Ram

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