



# WORLD HEALTH ORGANIZATION

CONFERENCE OF THE PARTIES TO THE  
WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

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## **Report of the interim secretariat and status of the WHO Framework Convention on Tobacco Control**

### **INTRODUCTION**

1. The WHO Framework Convention on Tobacco Control was adopted by the Fifty-sixth World Health Assembly in May 2003 by resolution WHA56.1. Article 24.2 of the Framework Convention provides that, “until such time as a permanent secretariat is designated and established, secretariat functions under this Convention shall be provided by the World Health Organization”. Since May 2003, WHO has directed efforts to provide technical and legal support to Member States to strengthen their infrastructures and promote the signature, ratification, approval, acceptance, accession and implementation of the Framework Convention. Through its established network of regional and country offices, WHO has continued its capacity building to render national technical and legal assistance, prepare policy and practical manuals and identify best practices. Through memoranda of understanding and other instruments established between WHO and the United Nations, its specialized agencies and other relevant intergovernmental organizations, the secretariat has been able to draw on expertise and resources and exchange information to promote the treaty and build capacity for tobacco control in Member States. WHO also facilitated the convening of two sessions of the Open-ended Intergovernmental Working Group, the first session from 21 to 25 June 2004 and the second session from 31 January to 4 February 2005. A report on the activities of the secretariat since the convening of the first session to the convening of the second session (from June 2004 to December 2004) was submitted to the second session of the Open-ended Intergovernmental Working Group. This report covers activities of the secretariat since the second session of the Working Group (i.e. from March 2005 to December 2005).

### **WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: AWARENESS-RAISING AND CAPACITY-BUILDING WORKSHOPS AND TECHNICAL SUPPORT**

2. In 2005, WHO has continued to support awareness raising, capacity building, enforcement and implementation workshops for government policy-makers, health professionals and other officials involved in tobacco control. From 5 to 8 April 2005, the first awareness-raising and capacity-building workshop on the WHO Framework Convention on Tobacco Control for the four Members of MERCOSUR and three of its Associate Member States was hosted by the Government of Argentina in Buenos Aires. The second awareness-raising and capacity-building workshop was convened for seven

Caribbean Member States, hosted by the Government of Trinidad and Tobago from 11 to 13 April 2005 in Port of Spain. The third subregional awareness-raising and capacity-building workshop convened by WHO for eight Central African Member States was held from 21 to 24 June 2005 in Brazzaville. The fourth awareness-raising and capacity-building workshop was convened by WHO for 12 Member States of the WHO Eastern Mediterranean Region, hosted by the Government of Jordan, from 28 to 30 July 2005 in Amman. The fifth subregional awareness-raising and capacity-building workshop convened by WHO for 10 Member States of the Southern African Development Community, was hosted by the Government of Namibia, from 3 to 5 October 2005 in Windhoek. These meetings followed one or two days of awareness building for relevant governmental sectors as a means of promoting the Framework Convention and supporting Member States to become Contracting Parties to the Convention, followed by one or two days of consultations for health officials on practical strategies of capacity building for tobacco control.

3. WHO also convened an intercountry workshop on tobacco control legislation and implementation of the WHO Framework Convention for the 11 Member States of the South-East Asia Region, hosted by the Government of Myanmar from 20 to 23 June 2005 in Yangon. The four-day workshop discussed issues relating to implementation of the WHO Framework Convention and enforcement of national legislation. In addition, an awareness-to-action workshop for 14 Member States from the South Pacific including New Zealand and Australia was convened by WHO and hosted by the Government of Fiji from 15 to 17 November 2005 in Nadi. Finally, another “Awareness to Action” workshop was convened by WHO for 10 member countries of the Association of South East Asian Nations plus China, Japan and the Republic of Korea (i.e. ASEAN +3) from 22 to 25 November 2005 in Manila. The consultation aimed to strengthen and sustain current tobacco control efforts, to make rapid progress in implementing the provisions of the WHO Framework Convention, and to fully link tobacco control to initiatives and networks at all levels, including the Global Strategy on Diet, Physical Activity and Health, and noncommunicable disease activities.

4. WHO also convened two national awareness-raising and capacity-building workshops for China from 30 May to 3 June 2005 and for Nigeria from 31 October to 1 November 2005. The workshops aimed to support national processes to become Contracting Parties and to create the conditions for implementing the Convention.

5. In order to proactively address the technical assistance needs at country level and to tailor the awareness-raising and capacity-building workshops to issues that are of concern to participating countries, WHO solicited the feedback of workshop participants through a formal evaluation tool. The annex provides an overview of participation in awareness-raising and capacity-building workshops convened between March 2004 and November 2005, and evaluations of those workshops.

6. WHO has continued to respond to requests to provide legal and technical assistance to Member States in promoting ratification, approval, acceptance or accession to the Convention. It has also supported national activities geared towards the implementation of the Convention, including the provision of advice, briefings, external presentations in various forums and the dissemination of printed and published information to support tobacco control.

## **CAPACITY BUILDING AND TRAINING**

### **Legislation for tobacco control**

7. WHO has continued to respond to requests from Member States by providing legal and technical assistance in the drafting, enactment and implementation of national legislation for tobacco control. It has also continued to prepare and disseminate legal and technical materials to support Member States in developing their legislation for tobacco control.

### **The economics of tobacco control**

8. Three studies on tobacco and poverty have been initiated in Bolivia, Nigeria and the Philippines. The studies will assess the negative impact of tobacco use on poverty and development. The United States National Cancer Institute and WHO will produce an Institute's Monograph on the economics of tobacco control which will provide an update on the last five years' experience of countries in the economics of tobacco control, particularly in developing countries. It will also provide governments with important tools to counter the economics-based arguments used against tobacco control.

### **National capacity-building projects**

9. The first phase of review projects supported by the United Nations Foundation/United Nations Fund for International Partnerships was completed. This phase involved a desk review of the projects. The subsequent phases will involve development of the final product of the review that will be used as a tool for national capacity building for tobacco control. The project "Protect African children and youth from the negative effects of tobacco" covering Burkina Faso, Cameroon, Côte d'Ivoire and Mali and financed by the French Government, entered its second phase, which will be finalized by December 2006.

### **Preparation of background material**

10. The publication "Building blocks for tobacco control: A Handbook" was widely disseminated. The executive summary booklet in French was published and the Chinese, Spanish and Russian versions are under production. The CD-ROM version of the handbook was used as technical reference material in various capacity-building and awareness-raising workshops. A new set of eight reports in the series "Success stories and lessons learnt" will soon be released.

## **SURVEILLANCE AND RESEARCH**

### **Global Youth Tobacco Survey**

11. WHO in collaboration with the United States Centers for Disease Control and Prevention (Atlanta, Georgia) organized two regional programme and policy workshops on tobacco surveillance. These were held in Bangkok for countries of the South-East Asia Region (February 2005); and in Cuernavaca, Mexico, for countries of the Region of the Americas (October 2005). Another workshop for countries of the Eastern Mediterranean Region is scheduled for July 2006. The objective of these workshops is to ensure that data collected from countries through the Survey can be effectively used for policy formulation and implementation.

### **Global Health Professionals Survey**

12. The Global Health Professionals Survey was pilot-tested in each of the six WHO regions. The sites included in the survey's pilot study are Albania, Argentina, Bangladesh, Bosnia and Herzegovina, Croatia, Egypt, India, Philippines and Uganda. The pilot study includes attitudes concerning health professionals' role in tobacco control and the specific training health professionals receive for counselling patients who want to quit smoking. Results from the survey were jointly released by WHO and the Centers for Disease Control and Prevention for World No Tobacco Day 2005. The survey will be expanded to at least 30 additional countries across the six WHO regions. In September 2005, a workshop was held in Bangkok to train additional research coordinators in implementation of the Survey.

### **Youth-related activities and tobacco**

13. WHO provided input on tobacco control for the draft "Facilitators' guidelines for substance use in adolescence", which will be part of the orientation programme on adolescent health for health-care providers.

### **Gender activities and tobacco**

14. In October 2005, WHO participated in the First International Symposium on Women and Tobacco: "Looking for a different approach" organized by the Spanish "Women and Tobacco" network and funded by the Government of Spain.

15. The "WHO policy recommendations for gender-responsive tobacco control" are being developed to ensure that gender-specific risks and needs (for both men and women) are taken into consideration in comprehensive national tobacco control strategies. WHO, in collaboration with Research for International Tobacco Control/International Development Research Centre organized a two-and-a-half day meeting on this subject in November 2005. Other objectives of the meeting included: updating the research agenda in the area of gender, health and tobacco and a discussion on indicators to facilitate monitoring of gender-responsiveness of tobacco control.

### **Tobacco use cessation**

16. The WHO policy recommendations for smoking cessation and treatment of tobacco dependence were translated into French.

### **Second-hand tobacco smoke**

17. WHO is working on a publication "Strategies and policy recommendations on smoke-free places" as part of the WHO series "Tools for advancing tobacco control in the 21st century". With this objective, an international experts meeting was organized in Montevideo in November 2005, in collaboration with the Johns Hopkins School of Public Health, United States of America. The consultation brought together practitioners and researchers on secondhand smoke and clean indoor air campaigns from all over the world to discuss their data and experiences.

### **Cross-cutting activities**

18. Cancer control: The Tobacco Free Initiative is an active participant of the WHO Cancer Steering Group, which is developing a WHO global cancer control strategy. The Initiative provided a contribution on tobacco control for a module on prevention for the global report on cancer control.

19. Stop TB: The Tobacco Free Initiative has initiated a joint project with the STOP TB Partnership to study the association between tobacco and tuberculosis, and for the development of policy recommendations for integrating tobacco control into primary health care services using the practical approach to lung health. A systematic literature review for this project was conducted by the International Union Against Tuberculosis and Lung Disease in conjunction with WHO. This review will be published in 2006.

## **COMMUNICATION AND THE MEDIA**

### **World No Tobacco Day**

20. World No Tobacco Day 2005, with the theme “Health Professionals and Tobacco Control” was marked by the active engagement of health professional associations from around the world, and the follow-up on existing and new initiatives, like the promotion of the code of practice on tobacco control for health professional associations and the completion of the first survey of the global health professionals survey. Preparations for the 2006 World No Tobacco Day, with the theme “Tobacco is deadly in any form or disguise”, are well under way.

### **Monitoring the tobacco industry**

21. Pursuant to resolution WHA54.18 on transparency in tobacco control, WHO has continued to produce monthly reports on industry activities that are available on the Internet. A current project involves the development of a database to make the information of the reports easily available and more useful.

## **TOBACCO PRODUCT REGULATION**

### **Product regulation**

22. As a think-tank for WHO on tobacco product regulation issues, the WHO Study Group on Tobacco Product Regulation, established by the Director-General, has the mandate to advise WHO on recommendations to governments on regulatory frameworks for tobacco products, as well as on issues of tobacco product regulations relevant to the WHO Framework Convention on Tobacco Control. The Study Group conducts research in order to fill regulatory gaps in tobacco control and works to develop the laboratory capacity required to implement Articles 9, 10, and 11 of the Framework Convention. The second meeting of the Study Group was convened in June 2005 in Rio de Janeiro, Brazil. Outcomes of this meeting include the release of a Scientific Advisory Note by the Study Group on water pipes, which will be translated into Arabic, and the drafting of a policy recommendation on the setting of upper limits to tobacco smoke toxicants. The Study Group is also continuing work on biomarkers of tobacco smoke exposure paper which is intended to be part of WHO’s Technical Report Series. Potential uses of biomarkers include surveillance of tobacco exposure in populations,

pre-market hazard identification of novel tobacco products, research and assessment of risks. When best available scientific evidence on biomarkers exists, the Study Group could tie this acquired knowledge into policy recommendations for the setting of upper limits to tobacco smoke toxicants. In the last quarter of 2005, WHO released the Canadian Best Practice Paper on tobacco product regulation.

23. Following the recommendations of the Study Group, WHO established the WHO Tobacco Laboratory Network. The formal establishment of the Network created a global association of 24 government, academic, and independent laboratories to strengthen national and regional capacity for the testing and research of the contents and emissions of tobacco products pursuant to Article 9 of the Framework Convention. Once capacity is established, the Network will be positioned as a counter-balance to the tobacco industry's decades-long predominance in the areas of tobacco testing, research, and international methods development. During its first meeting in April 2005, the Network created a development agenda that includes future collaborative studies, training programmes, communication channels, personnel needs, methods development, and forums for information exchange and priority identification. One such project will train scientists from developing countries in the testing and research of tobacco products at the National Institute for Public Health and the Environment in the Netherlands and Centers for Disease Control and Prevention in the United States of America. Another project, the tar, nicotine, and carbon monoxide round-robin, is designed to test the proficiency of the Network laboratories to conduct tar, nicotine, and carbon monoxide testing on cigarette samples, the inter-compatibility of results, and the feasibility of combining results to achieve a broader understanding of tobacco products on a global basis.

24. WHO and the Tobacco Laboratory Network have been involved in the establishment of an international cigarette machine testing standard that takes into consideration public health concerns. Both have participated in the International Organization for Standardization's Technical Committee 126 Working Group 9, which is a group comprised mostly of tobacco industry scientists, to advocate for a change in the cigarette smoking machine testing protocol, which is flawed and is used by the tobacco industry to misinform the public that some cigarettes are safer than others.

25. The Tobacco Free Initiative of WHO has also been involved in two other groups of the International Organization for Standardization. The first, Technical Committee 205 (building environment design), has produced a draft guideline on indoor air quality standards. WHO's stated position is that currently there are no ventilation/filtration systems available that can completely eliminate second-hand tobacco smoke from the indoor air. Therefore, because ventilation and filtration systems do not protect people from exposure to second-hand tobacco smoke, the Technical Committee 205's indoor air quality standard should include recommendations in this area, and that the only feasible way to protect the public from exposure to second-hand smoke is through separate smoke-free places. The second is the Working Group on social responsibility, which is expected to come up with a social responsibility standard in 2008. At these meetings, WHO's position, due to the nature of tobacco products, is that the tobacco industry and social responsibility are incompatible, contradictory, and mutually exclusive.

## **THE TOBACCO FREE INITIATIVE GLOBAL NETWORK**

### **Nongovernmental organizations**

26. WHO finalized the annual narrative and financial report to the donor agency regarding the global initiative "Chanelling the Outrage", funded by the United Nations Foundation to strengthen the

tobacco control capacity of nongovernmental organizations, particularly in developing countries. The mobilization process was carried out in partnership with the nongovernmental organization community, and resulted in awareness-raising activities and capacity-building workshops organized jointly with nongovernmental organizations. Currently the mobilization process continues, mostly promoted by nongovernmental organizations themselves, which sometimes count on WHO's technical collaboration. An example of such cooperation was a Framework Convention Alliance workshop for francophone African and Eastern Mediterranean countries in Casablanca, Morocco, in June 2005.

### **United Nations Ad Hoc Interagency Task Force on Tobacco Control**

27. The sixth meeting of the United Nations Task Force on Tobacco Control took place on 30 November and 1 December 2005, in Geneva, co-organized and hosted by ILO. Twelve agencies and the European Commission participated in the meeting. The participants discussed different areas of concern, in particular smoke-free workplaces, tobacco and poverty, illicit trade in tobacco products, the tobacco industry and corporate social responsibility, and also agreed on an outline for the next Secretary-General's Report to the United Nations Economic and Social Council on the activities of the Task Force, which will be presented at the Council's Substantive Session in July 2006.

### **WHO Collaborating Centres for Tobacco Control**

28. As an outcome of the meeting with WHO collaborating centres for tobacco control in September 2004, a glossary on WHO collaborating centres for tobacco control was produced. The booklet provides information on (i) collaborating centres and designation procedures; (ii) activities of the WHO Tobacco Free Initiative; (iii) current WHO collaborating centres for tobacco control, and (iv) the network of WHO collaborating centres for tobacco control.

## ANNEX

**WORKSHOP EVALUATIONS**

There have been 21 awareness-raising and capacity-building workshops, held between November 2003 and November 2005, for a total of 79 days.

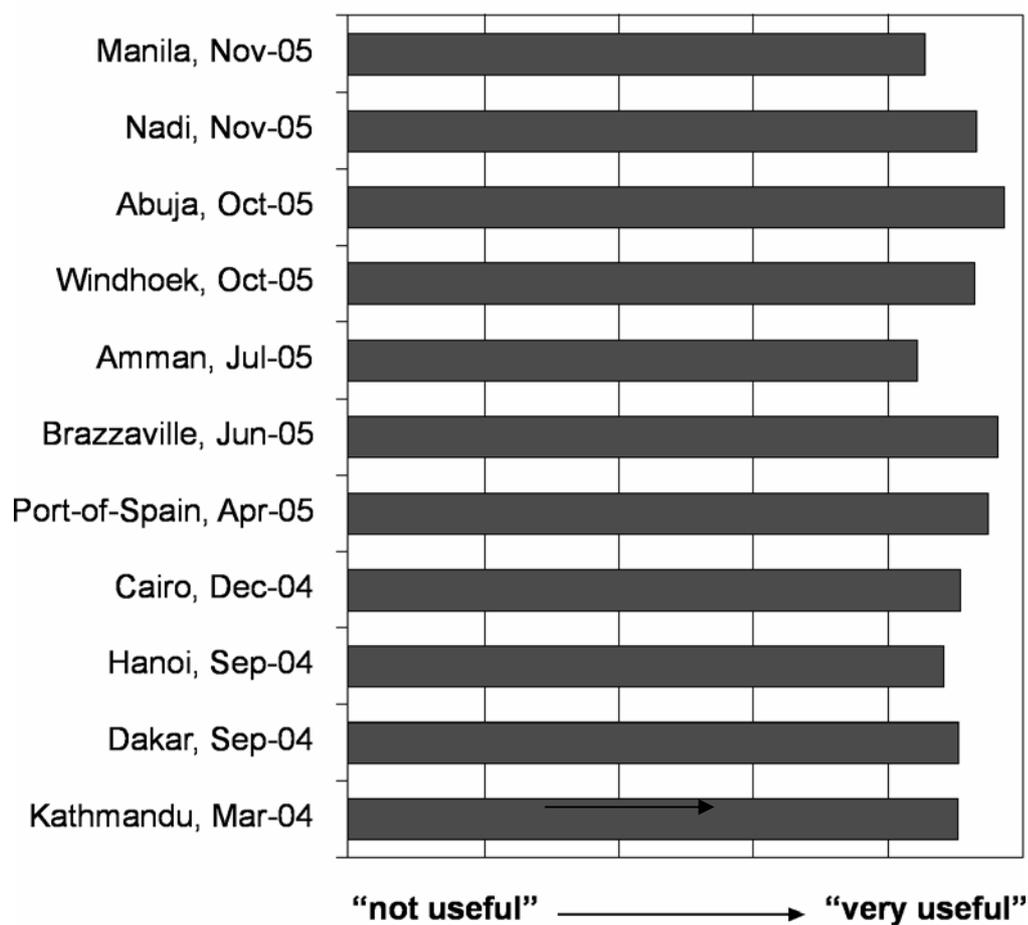
Figure 1 provides a statistical overview of the extent of country participation in workshops, as a percentage of WHO Member States, WHO Framework Convention on Tobacco Control Signatories and WHO Framework Convention on Tobacco Control Contracting Parties

**Figure 1. Participation statistics**

Total number of participant countries	131	68% of all WHO Member States
Total number of current Signatories that have participated	110	65% of all current Signatories
Total number of current Contracting Parties that have participated	78	68% of all current Contracting Parties
Total number of current non-signatories that have participated	21	88% of all current non-signatory WHO Member States
Total number of countries that became Signatories after a workshop	20	49% of countries that participated before becoming Signatories
Total number of countries that became Contracting Parties after a workshop	53	50% of countries that participated before becoming Contracting Parties

Figure 2 summarizes the assessment by workshop participants of the overall usefulness of the workshop.

**Figure 2. Overall usefulness of workshops:  
results from participant surveys**



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