



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

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

First session

GENEVA, 6-17 FEBRUARY 2006

**VERBATIM RECORDS
OF PLENARY MEETINGS**

***CONFERENCE DES PARTIES A LA
CONVENTION-CADRE DE L'OMS POUR LA
LUTTE ANTITABAC***

Première session

GENÈVE, 6-17 FEVRIER 2006

***COMPTES RENDUS IN EXTENSO
DES SÉANCES PLÉNIÈRES***

GENEVA
GENÈVE
2006

PREFACE

This section of the proceedings of the First session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control contains the verbatim records of plenary meetings.

In verbatim records, speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker. The texts include corrections received up to 30 June 2006, the cut-off date announced in the provisional version, and are thus regarded as final.

AVANT-PROPOS

Cette section des actes de la première session de la Conférence des Parties à la Convention-cadre de l'OMS pour la lutte antitabac contient les comptes rendus in extenso des séances plénières.

Les comptes rendus in extenso reproduisent dans la langue utilisée par l'orateur les discours prononcés en anglais, arabe, chinois, espagnol, français ou russe. Ces comptes rendus comprennent les rectifications reçues jusqu'au 30 juin 2006, date limite annoncée dans leur version provisoire, et sont donc considérés comme finals.

ПРЕДИСЛОВИЕ

Данный раздел протоколов Первой сессии Конференции Сторон Рамочной конвенции ВОЗ по борьбе против табака содержит стенограммы пленарных заседаний.

В стенограммах заседаний выступления на английском, арабском, испанском, китайском, русском и французском языках приводятся в оригинале. Указанные тексты включают исправления, полученные Секретариатом до 30 июня 2006 г., как о том было объявлено в предварительных протоколах, и потому настоящая редакция считается окончательной.

INTRODUCCIÓN

En esta sección sobre los debates de la primera reunión de la Conferencia de las Partes en el Convenio Marco de la OMS para el Control del Tabaco se presentan las actas taquigráficas de las sesiones plenarias.

En las actas taquigráficas los discursos pronunciados en árabe, chino, español, francés, inglés o ruso se reproducen en el idioma utilizado por el orador. Las actas contienen las correcciones recibidas hasta el 30 de junio de 2006, fecha límite anunciada en la versión provisional, y por consiguiente se consideran definitivas.

序言

世界卫生组织烟草控制框架公约缔约方会议第一届会议本部分的会议记录包含全体会议的逐字记录。

阿拉伯文、中文、英文、法文、俄文或西班牙文发言的逐字记录，用发言人使用的语言刊载。这些记录只采纳了2006年6月30日以前收到的更正，这是临时文本中宣布的截止日期，因而它们是最后的文本。

CONTENTS

	Page
Preface	iii
VERBATIM RECORDS OF PLENARY MEETINGS	
First plenary meeting	
1. Opening of the Committee	1
2. Election of officers	2
3. Presidential address	3
4. Message of condolence	4
5. Adoption of the agenda and organization of work	4
6. General debate (high-level segment).....	5
7. Credentials of participants.....	23
Second plenary meeting	
1. General debate (high-level segment).....	25
2. Participation of nongovernmental organizations.....	44
3. Provisional rules of procedure.....	45
Third plenary meeting	
1. Report of the Open-ended Intergovernmental Working group on the WHO Framework Convention on Tobacco Control	48
2. First report on credentials of participants	53
3. Adoption of the agenda and organization of work (continued).....	54
4. Report of the interim secretariat and status of the WHO Framework Convention on Tobacco Control.....	54
Fourth plenary meeting	
1. Credentials of the participants (continued).....	64
2. First report of Committee B	64
3. Election of rapporteur.....	65
Fifth plenary meeting	
1. Second report on credentials of participants	66
2. First report of Committee A	67
3. Fourth report of Committee A.....	67
4. Third report of Committee A.....	67
5. Second report of Committee A.....	67
6. Fifth report of Committee A.....	68
7. Second report of Committee B.....	68
8. Third report of Committee B.....	68
9. Date and venue of the second session of the Conference of the Parties.....	69
10. Closure of the session.....	70
<i>Indexes (names of speakers; countries and organizations) [INTERACTIVE].....</i>	76

TABLE DES MATIERES

	Pages
Avant-propos	iii
COMPTES RENDUS IN EXTENSO DES SEANCES PLENIERES	
Première séance plénière	
1. Ouverture de la session	1
2. Election du bureau.....	2
3. Discours du Président de la Conférence.....	3
4. Message de condoléances.....	4
5. Adoption de l'ordre du jour et organisation des travaux.....	4
6. Débat général (de haut niveau).....	5
7. Pouvoirs des participants.....	23
Deuxième séance plénière	
1. Débat général (de haut niveau).....	25
2. Participation des organisations non gouvernementales.....	44
3. Règlement intérieur provisoire.....	45
Troisième séance plénière	
1. Rapport du groupe de travail intergouvernemental à composition non limitée sur la Convention-cadre de l'OMS pour la lutte antitabac.....	48
2. Premier rapport sur les pouvoirs des participants.....	53
3. Adoption de l'ordre du jour et organisation des travaux (suite).....	54
4. Rapport du secrétariat intérimaire et situation de la Convention-cadre de l'OMS pour la lutte antitabac	54
Quatrième séance plénière	
1. Pouvoirs des participants (suite).....	64
2. Premier rapport de la Commission B	64
3. Election d'un rapporteur.....	65
Cinquième séance plénière	
1. Deuxième rapport sur les pouvoirs des participants.....	66
2. Premier rapport de la Commission A	67
3. Quatrième rapport de la Commission A.....	67
4. Troisième rapport de la Commission A	67
5. Deuxième rapport de la Commission A	67
6. Cinquième rapport de la Commission A	68
7. Deuxième rapport de la Commission B	68
8. Troisième rapport de la Commission B.....	68
9. Date et lieu de la deuxième session de la Conférence des Parties.....	69
10. Clôture de la session.....	70
<i>Index (noms des orateurs; pays et organisations) [INTERACTIFS].....</i>	<i>76</i>

VERBATIM RECORDS OF PLENARY MEETINGS

COMPTES RENDUS IN EXTENSO DES SEANCES PLENIERES

FIRST PLENARY MEETING

Monday, 6 February 2006, at 14:15
International Conference Centre, Geneva

President: Mr J. MARTABIT (Chile)

PREMIERE SEANCE PLENIERE

Lundi 6 février 2006, 14h15
Centre International de Conférences, Genève

Président: M. J. MARTABIT (Chili)

1. OPENING OF THE SESSION OVERTURE DE LA SESSION

The DIRECTOR-GENERAL:



Distinguished representatives, ladies and gentlemen, I have the honour to open the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

One hundred and twenty one countries are now Contracting Parties to the Convention. Of these, 110 are represented here today, with full powers of participation. You represent nearly three quarters of the world's population. You represent nations at all levels of income and all stages of development. In this powerful gathering, we have three of the five top tobacco-leaf exporting countries, and four of the five top cigarette-exporting countries. This group of countries represents 69% of the world's cigarette consumption. It might seem astonishing that this group is also preparing to put into action the road map for controlling tobacco, but this group has already changed history.

When the process began there was some scepticism over its success. The sceptics were wrong. You are driving change forward. To name some examples: India has introduced comprehensive bans on tobacco advertising. Australia, Brazil, Canada, Singapore and Thailand have introduced highly visible graphic warnings on cigarette packets. The European Union is on its way to doing the same. In Ireland, Norway, and now in Spain, smoking has been banned in indoor public places. These, and other similar steps, will result in a major reduction in tobacco deaths. New York State has passed a smoking ban. It termed this act its "strongest public health policy ever". Ironically, now it is said that the only place you can smoke with impunity in New York City is in the United Nations building. Both Ann Veneman, Executive Director, UNICEF, and I have said that this is wrong. Smoking should be banned in all United Nations premises. Also, cigarette sales should be banned in all United Nations premises. After all, the people who are smoking in the United Nations building are sometimes the

representatives of the same Member States who have signed up to the Framework Convention. But it can be hard to put agreements into practice. We all face this difficulty. When we know that a smoking ban can really work in pubs in Ireland, then we know that anything is possible.

Smoking is an advance contract. Those who smoke do not 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 have all committed to. Its provisions are bold; they are based on knowledge of what is effective. We will make it work.

2. ELECTION OF OFFICERS ELECTION DU BUREAU

The DIRECTOR-GENERAL:

We will now turn to provisional agenda item 1.1: Election of officers.

We shall proceed first with the election of the President. I understand that the Parties have consulted recently and as a result of those consultations, His Excellency Ambassador Juan Martabit of Chile has been nominated as President of the Conference of the Parties. Are there any other nominations?

As there are no other nominations, I have the honour to declare His Excellency Ambassador Juan Martabit of Chile the elected President of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

**Mr Martabit (Chile) took the presidential chair.
M. Martabit (Chili) prend place au fauteuil présidentiel.**

El PRESIDENTE:



Muchas gracias, señor Director General, distinguidos delegados y delegadas en esta Conferencia.

Seguiremos el Reglamento Interior de la Asamblea Mundial de la Salud hasta que se adopte una decisión acerca del reglamento interior provisional. Por consiguiente, de conformidad con el Reglamento Interior de la Asamblea Mundial de la Salud, propongo que en esta sesión se elijan cinco Vicepresidentes, en representación de las cinco regiones de la OMS que no son la de las Américas, puesto que ésta ya está representada por el Presidente. Permítanme agregar que en el proyecto de Reglamento Interior de la Conferencia se prevé que la Conferencia cuente con un Presidente y cinco Vicepresidentes; por lo tanto, los dos conjuntos de normas son perfectamente compatibles entre sí a este respecto.

Si no hay objeciones, procederemos a la elección de los Vicepresidentes.

Los grupos regionales me han comunicado que los cinco representantes siguientes han sido propuestos como Vicepresidentes: Sra. D. MAFUBELU (Sudáfrica), Dr. HATAI CHITANONDH (Tailandia), Dr. C. LASSMANN (Austria), Sr. R. BAYAT MOKHTARI (República Islámica del Irán) y Embajador SHA ZUKANG (China).

¿Hay alguna objeción? Puesto que no hay objeciones, los cinco representantes cuyos nombres acabo de leer son elegidos Vicepresidentes.

El orden en el cual se sentarán en el estrado o asumirán la Presidencia en caso de que el Presidente por alguna razón no pueda ejercerla se determinará por sorteo. Los nombres de los cinco Vicepresidentes se han anotado en sendas papeletas, que ahora procedo a extraer.

El orden es el siguiente: Dr. C. LASSMANN (Austria), Embajador SHA ZUKANG (China), Sr. R. BAYAT MOKHTARI (República Islámica del Irán), Sra. D. MAFUBELU (Sudáfrica) y Dr. HATAI CHITANONDH (Tailandia). Invito al primer Vicepresidente que pase al estrado y ocupe su lugar allí.

Entiendo que durante las consultas de esta mañana los grupos regionales acordaron que examinaríamos la cuestión de la duración del mandato de los miembros de la Mesa de la Conferencia más adelante en el curso de la reunión, después de que la Conferencia hubiera adoptado una decisión sobre el reglamento interior provisional. Puesto que no parece haber objeciones, así queda decidido.

3. PRESIDENTIAL ADDRESS DISCOURS DU PRESIDENT DE LA CONFERENCE

El PRESIDENTE:

Distinguido doctor Lee Jong-wook, Director General de la OMS, distinguidos Ministros y jefes de delegaciones, distinguidos y distinguidas delegadas y delegados, señoras y señores:

Permítame expresarle, doctor Lee, el profundo agradecimiento a usted y a la Organización Mundial de la Salud por el honor de haber considerado a mi país, Chile, y a mi persona para presidir la primera Conferencia de las Partes del Convenio Marco de la Organización Mundial de la Salud para el Control del Tabaco. Me permito asimismo agradecer el apoyo a esta designación al grupo de las Américas, al que mi país pertenece, y a todos los demás grupos regionales que con su gentil endoso han hecho posible que pueda presidir esta trascendental Conferencia de las Partes.

Como es de público conocimiento y usted lo acaba de recordar, estimado doctor Lee, el tabaco es la principal causa de muerte prevenible en el mundo, con cinco millones de muertes relacionadas al tabaco cada año, y 13 500 muertos por día. La mitad de los niños del mundo están expuestos al humo de tabaco en sus hogares, no necesito mencionar los serios problemas a la salud que provoca el consumo de tabaco. Por cierto, no existe en el mundo ningún otro producto de consumo tan peligroso o que mate a tanta gente como es el tabaco. La necesidad de crear un instrumento internacional para el control del tabaco surgió de la adopción de una resolución de la Asamblea Mundial de la Salud en el año 1995.

En el año 2003, durante la 56ª Asamblea Mundial de la Salud, 192 Estados Miembros adoptaron por unanimidad el Convenio Marco de la OMS para el Control del Tabaco, el primer tratado de salud pública del mundo y el primer instrumento legal diseñado expresamente para reducir las enfermedades y muertes relacionadas con el tabaco. Creo yo que éste es sin duda un gran logro de la comunidad internacional. El camino hacia la entrada en vigor del Convenio Marco fue de una rapidez sin precedentes, pues ya el 29 de noviembre del año 2004 se alcanzó la meta de 40 Partes Contratantes, y para el 27 de febrero de 2005, apenas unos meses después de su adopción por la Asamblea de la Salud, entró plenamente en vigor. Con orgullo podemos decir que tan sólo un año más tarde ya son 120 las Partes en este Convenio, y de ellas 116 nos honran con su participación, ya que los otros, habiendo ratificado el Convenio por una u otra razón no pueden estar con nosotros en esta oportunidad como plenos participantes, pero lo estarán en las próximas conferencias, aportando sus visiones y de esta forma enriqueciendo los debates venideros.

Como ustedes saben, nuestra labor en la primera reunión de la Conferencia de las Partes es discutir y decidir en torno a temas tales como las reuniones ordinarias de la Conferencia de las Partes, participación de observadores, adopción de decisiones, presentación de informes, elaboración de directrices y protocolos, las fuentes y mecanismos de asistencia, programa de trabajo, así como materias relativas al reglamento interior, disposiciones sobre la secretaría, normas de gestión financiera, y el presupuesto. Como ustedes comprenderán, el trabajo por delante no está exento de complejidades, pero estoy seguro de que será muy gratificante debido a la contribución de todas las delegaciones participantes, a las cuales desde ya les manifiesto que estamos a su permanente disposición, teniendo siempre a la vista la necesidad de concluir exitosamente nuestra tarea.

Buena parte de nuestra labor hoy día se verá facilitada por el magnífico trabajo de quienes me antecedieron en el Órgano de Negociación Intergubernamental y el Grupo de Trabajo Intergubernamental de Composición Abierta sobre el Convenio Marco para el Control del Tabaco. Quisiera así aprovechar la ocasión para recordar y ofrecer un modesto homenaje a los que con su esfuerzo y dedicación hicieron en buena parte posible que hoy estemos en esta Conferencia. Me

refiero al entonces Embajador y hoy Canciller del Brasil Don Celso Amorim, a mi estimado amigo el Embajador Luiz Felipe de Seixas Corrêa, y a la Sra. Patricia Lambert, como también a los eficientes funcionarios de la OMS que han jugado un rol tan importante a lo largo de todo este proceso. A todos ustedes mi reconocimiento y profundo afecto. Muchas gracias.

4. MESSAGE OF CONDOLENCE MESSAGE DE CONDOLEANCES

Por último, quisiera, en nombre de la Mesa, transmitir en nombre de toda la Conferencia nuestras condolencias y palabras de afecto a las delegaciones de Egipto y de Filipinas en razón de las tragedias que acaban de afectar a sus respectivos países con un número importante de muertos en ambos casos.

5. ADOPTION OF THE AGENDA AND ORGANIZATION OF WORK ADOPTION DE L'ORDRE DU JOUR ET ORGANISATION DES TRAVAUX

El PRESIDENTE:

¿Está la Conferencia dispuesta a adoptar el orden del día que figura en el documento A/FCTC/COP/1/1? Puesto que no hay objeciones, se adopta el orden del día.

En lo concerniente al método de trabajo, sugiero que adoptemos la propuesta de la secretaría interina sobre la organización y distribución de los trabajos que figura en el orden del día provisional anotado, dentro del punto 1.2. Específicamente, la propuesta es que, de acuerdo con la práctica de la Asamblea de la Salud, la Conferencia establezca dos comisiones que trabajen en paralelo para realizar la enorme cantidad de trabajo que tenemos por delante.

Se podría confiar a la Comisión A los puntos del orden del día referentes a los asuntos de fondo, es decir: presentación de informes, elaboración de directrices y protocolos, fuentes y mecanismos de asistencia para cumplir los objetivos del Convenio, y programa de trabajo (puntos 4.5, 5 y 6).

La Comisión B podría concentrarse en cuestiones de procedimiento e institucionales, tales como el reglamento interior, las disposiciones relativas a la secretaría, el reglamento financiero y el presupuesto (puntos 4.1 a 4.4 del orden del día provisional).

Puesto que no hay objeciones a las propuestas, así queda decidido.

Con respecto a las candidaturas y a la elección de los Presidentes de las dos comisiones, propongo que las deliberaciones sobre este tema se aplacen hasta que las delegaciones y los grupos regionales hayan tenido tiempo de celebrar consultas y designar candidatos. Sugiero entonces que dejemos abierta por el momento esta parte del punto 1.2 del orden del día.

Entiendo que la cuestión del número de Vicepresidentes de cada Comisión se ha examinado en las reuniones consultivas celebradas esta mañana. Propongo que en esta primera reunión de la Conferencia, para asegurar la representación de las regiones consideremos la posibilidad de elegir un Presidente y dos Vicepresidentes para cada Comisión, con lo cual el número total de cargos sería de seis.

Puesto que no hay objeciones, así queda decidido.

La disposición de los asientos en esta reunión se ajustará a la práctica de la OMS, a saber: todas las Partes se ubicarán por orden alfabético; este año se seguirá el orden de los nombres en inglés, comenzando por la letra M, que fue extraída por sorteo para determinar la disposición de los asientos en la 58ª Asamblea Mundial de la Salud. Sin embargo, he recibido una petición de la distinguida delegación de Austria de que los asientos de la Comunidad Europea sean contiguos a los de la Presidencia del Consejo de la Unión Europea, en este caso Austria, para fines de consulta. A menos que haya objeciones, propongo que a partir de mañana por la mañana, en las reuniones de la Conferencia se permita que los asientos de la Comunidad Europea se dispongan junto a los de la Presidencia de la Unión Europea. Puesto que no hay objeciones, así queda decidido.

De esta manera concluye el examen del punto 1.2 del orden del día.

6. GENERAL DEBATE (HIGH-LEVEL SEGMENT) DEBAT GENERAL (DE HAUT NIVEAU)

EI PRESIDENTE:

Me notifican que en la lista de oradores figuran actualmente 30 inscritos. Daré primero la palabra a los integrantes de esta lista, y a continuación a las delegaciones que hayan expresado el deseo de hacer uso de la palabra durante la sesión. Permítanme señalar que la duración de las intervenciones se ha de limitar a cinco minutos, y que las intervenciones se efectuarán desde los propios asientos.

Dr TSHABALALA-MSIMANG (South Africa):



I have the honour today to address you on behalf of the African Region. And I am proud to say that as of today, more than half the countries in the African Region have ratified the WHO Framework Convention on Tobacco Control. We would like to take this opportunity to offer some congratulations. First, we congratulate the President and the Officers of the Conference on their appointment for this historic first session of the Conference of the Parties. Secondly, we congratulate all those countries that have ratified the Convention and are now moving forward into the implementation stage. We wish everyone strength, energy and commitment to their various tasks.

We have a saying in Africa that you have to wait for the fruit to ripen before you take it from the tree. And we have another saying that those who eat the fruit of a tree are also responsible for tending the trees and sowing new seeds. Over the past five years, we in Africa, together with the rest of you, have carefully tended the tree of international tobacco control. Now the time has come to collectively pick and eat the fruit, and also to prepare the soil for new plants to grow more fruits. That is what we have come here to do at the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

Since the beginning of the negotiations towards the Convention, which formally commenced in October 2000, in this very building, we have repeatedly heard the sad statistic that tobacco, which is one of the world's leading causes of preventable deaths, kills nearly five million people per year. For those of us from the global South, it is very alarming to know that, if the current trends continue, 70% of deaths from tobacco-related causes will occur in developing countries.

The prevalence of tobacco use in Africa has always been relatively low, especially among women. Traditionally, our young people do not use tobacco products. But that is now changing, and it is changing rapidly. This is not because we, as Africans, want to adopt unhealthy behaviours. The reason that women and young people in Africa are starting to use tobacco is because the tobacco industry is harshly targeting them. It has decided, cold-bloodedly, that we should become replacement users of tobacco products. At a time when more and more people in the global North, who are now fully aware of the dangers of tobacco use, are quitting, Africans are being targeted to replace them. It has now been established, without question, that the tobacco epidemic is being driven forcefully by the tobacco corporations. In pariah-like fashion they are seeking to make staggeringly large financial profits for themselves and shareholders by enticing people, especially people in the global South, to use their addictive products. This is unconscionable, yet it persists. The tobacco industry has enormous wealth. It can buy seductive and flashy advertising for its deadly products. It can provide enticing sponsorships and thus promote its deadly products. It can use its representatives in great numbers, and in subtle and sophisticated ways, to attempt to influence health policies, especially in developing countries. And, it can afford expensive legal challenges in countries that are trying, by all means at their disposal, to curb tobacco use. For decades, this deadly deception was unfettered. Then the challenges came. Now the challenges to the tobacco industry are growing ever stronger and more forceful.

It is our belief that one of the most effective tools in our struggle to decrease tobacco use, and to raise the level of health of our peoples, is the WHO Framework Convention on Tobacco Control. Through this international treaty, we are uniting to protect our peoples from the expansion of the tobacco industry and the devastating effect that it will have on the lives of individuals and on the

scarce resources that countries in the global South have to spend on health care. We must make sure that as we move forward into the implementation of the Convention, we continue to stand strong so that we can be effective. We must continue to be visionary and vigilant so that we can ensure that the Convention reaches its full potential. In order to do this we need several things. First, we need a secretariat that is accountable to the Conference of the Parties and that will diligently promote and implement the Convention between sessions of the Conference of the Parties. Secondly, the secretariat must be properly and fairly funded. Moreover, we believe that available funding should be distributed in such a way that less of the money is used to run the headquarters in Geneva and more money is allocated for programmes and projects in countries. Thirdly, the secretariat must be able to make use of the services of people with the necessary skills and capacity, including unimpeachable integrity. Finally, the secretariat must be fully capable of excluding interference by the tobacco industry, by non-parties to the treaty, and any others who would wish to interfere unduly with the health goals that have already been clearly articulated in the treaty.

Article 24 of the Convention and the draft rules of procedure clearly establish the authority of the Conference of the Parties over the secretariat of the Convention. However, questions arose during the Open-ended Intergovernmental Working Group meetings, regarding the relationship between the permanent secretariat and WHO. In the interests of smooth functioning and the optimal use of resources, we would like to make the following suggestion: that the World Health Assembly and the Conference of the Parties should enter into an agreement, by means of a formal memorandum of understanding expressly defining the specific terms of their relationship. The memorandum of understanding should then be approved by the Conference of the Parties and the Health Assembly.

Scientific evidence now indicates that the tobacco epidemic is going to affect those of us who live in the global South disproportionately. Ironically, as all of us here today already know, we have insufficient resources to deal with our burden of communicable disease, let alone the burden of noncommunicable diseases. We have already proved, through our committed participation in the negotiations on the Convention, and in the speed with which many of us have ratified the Convention, that we are, indeed, very serious about tobacco control in our countries and Region. But we will need assistance to implement the treaty. Assistance in drawing up the necessary legislation and other relevant interventions. We therefore request, right at the outset of this implementation phase of the Convention, that in all of our deliberations and planning, we bear in mind the special needs of Africa. We trust that we have already, by our deep and unswerving commitment to the treaty negotiation process, proved, beyond any doubt, exactly how serious we are about curbing the tobacco epidemic. But we need your assistance. And we trust that, in the same spirit in which we negotiated the Convention, we can continue to count on your collective support.

May we work well together over the days to come. And may all that we do here bear magnificent fruit so that we can collectively pick and eat the fruit and commit ourselves to preparing the soil and planting new seeds so that we can begin to eat the fruit that we plant.

Mr O'CONNOR (New Zealand):



Kia ora and greetings from New Zealand.

In New Zealand we have made good progress in our fight against the tobacco epidemic. While our tobacco control programme is one of the strongest in the world, we still face significant challenges. New Zealand signed the WHO Framework Convention on Tobacco Control on 16 June 2003 and ratified on 27 January 2004 – the seventh country in the world to do so.

New Zealand has long been a strong supporter of the Convention, throughout the development and ratification process. The Convention is a major global public health agreement. And it is critically important in the global fight against tobacco-related mortality and morbidity. I thus welcome the opportunity to attend this first session of the Conference of the Parties and I look forward to the outcome of discussions on the many critical issues raised by the Open-ended Intergovernmental Working Group, which are now up for discussion.

New Zealand is already in compliance with most of the measures required by Parties to the Convention. Indeed, we have made significant progress over the last three decades. Our most recent achievement has been to provide further protection to indoor workers. On 10 December 2004, all indoor workplaces in New Zealand – including bars, clubs, casinos and restaurants – became smoke

free. This was a large step in the process of changing societal attitudes towards smoking. Some opponents predicted that the hospitality industry as we knew it would end. In fact, hospitality venues experienced either a neutral or a slightly positive economic return in the first nine months following this amendment to the New Zealand smoke-free legislation. Public support for smoking bans in bars has also grown significantly: 75% of the population now support smoke-free bars and restaurants, and this includes increasing numbers of smokers themselves. This groundswell of public support is of great importance, especially to politicians such as myself.

New Zealand still faces many ongoing challenges in tobacco control. One of the biggest challenges is to reduce the twofold difference in smoking rates between the indigenous Maori population and the non-Maori population. And although there have been impressive improvements among Maori men, Maori women still lag behind. For the Convention to achieve its goals, it is imperative that indigenous populations everywhere are included in the decision-making process, as many of these people suffer heavily from the burden of tobacco-related diseases such as heart disease, stroke and cancer. New Zealand is actively promoting Article 4.2(c) which refers to “the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives”. To this end, WHO has approached New Zealand to hold an indigenous peoples’ forum towards the end of this year. New Zealand is supportive of this idea and will be looking at opportunities for advancing this in conjunction with key nongovernmental organizations.

New Zealand is committed to providing technical and financial assistance for tobacco control, especially to other Pacific nations. Our focus has also been on providing assistance to carry out an assessment of what needs to be done to ensure that each country complies with the Convention and puts in place the foundations for an evolving tobacco-control programme. Our approach is to provide substantive funding and technical assistance for countries to develop and implement their own comprehensive tobacco-control programmes. We have provided this assistance to six countries in the Pacific region over the past four years. Our focus is on providing funding for programmes that: are owned and directed by the partner countries; promote capacity building of government and nongovernmental agencies; take into account local circumstances which are culturally appropriate and sustainable; promote regional collaboration on tobacco control; and, above all, that link with other noncommunicable disease prevention and control activities. With the WHO Framework Convention on Tobacco Control requiring nations to cooperate on a regional basis, New Zealand looks forward to continuing its close working association with Pacific nations, as well as contributing to the global tobacco-control movement.

Dr LEE KAH CHOON (Malaysia):



Mr President, first of all, I would like to join other delegations in congratulating you on your assuming the presidency of this important meeting. We also congratulate the Officers of the Conference on their election. My delegation is fully confident that, given your diplomatic skills and vast experience, you will be able to steer this meeting to a successful outcome.

Allow me also at the outset, on behalf of the Malaysian Government, to applaud WHO and in particular the Director-General, Dr Lee Jong-wook, for having accomplished an arduous mission of initiating, developing and, finally, enacting the WHO Framework Convention on Tobacco Control, within a remarkably short period of four years. Our tribute also goes to Dr Gro Harlem Brundtland, the former Director-General, who had aptly made global tobacco control a top priority of WHO, which then started the ball rolling. Being the world’s first public health treaty, the Convention is undoubtedly the most significant strategy and one that is critical for the well-being of our current and future generations. Furthermore, we would like to acknowledge the performance of WHO’s Tobacco Free Initiative as the interim secretariat of the Convention process and thank all the staff both at WHO headquarters and regional offices, particularly the WHO Regional Office for the Western Pacific, for all the support and technical assistance offered to us.

Although tobacco-control activities had been implemented in Malaysia for the past two decades, our involvement in the Convention process in the year 2000 became an impetus for rapid advancement

in this area. Tobacco control has never been as important as it is today. Notable efforts have been carried out by numerous agencies within the Malaysian Government, particularly the Ministry of Health, the Ministry of Finance, the Ministry of Plantation Industries and Commodities plus a number of others. Among the approaches were: amendments to the present legislative tools, that is, the Control of Tobacco Products Regulations, drafting of the Tobacco Control Act that will comply with all the provisions of the Convention, introduction of tracing and tracking procedures for tobacco products, in addition to annual tobacco tax increases. The Malaysian Cabinet has approved the establishment of a local Convention secretariat to oversee multi-agency committees for the coordination, surveillance and realization of our national commitment to this new treaty.

Malaysia has been actively involved in a good number of multicentre, transdisciplinary tobacco-research networks that generate policy-relevant research at national, regional and international levels. Recently, the Malaysian Government also commissioned a comprehensive study on the local tobacco industry that has become a basis to map out the future for this industry. All considerations were seriously weighed against salient key interest areas, especially with regard to the negative impact of tobacco and tobacco products on public health and the national economy. In order to defend Malaysia's obligations under the Convention, the Government then decided that tobacco farmers should be strongly encouraged to move on to crop substitution, where transitional financial support will be given. As for the downstream sector, that is tobacco-product manufacturing, a more stringent law will be enacted to control and regulate the industry. Comprehensive tobacco-control legislation, drafted in accordance with all the provisions of the Convention, is targeted to be tabled in Parliament before the end of 2006.

Now tobacco control in our country has attained a momentum that renders it unstoppable. Although the rate at which it is being propelled may not satisfy many parties, we are still very confident that by moving in the right direction we will finally reach our goal for a tobacco-free Malaysia within the foreseeable future.

Dr ALAVIAN (Islamic Republic of Iran):



In the name of God, the Compassionate, the Merciful. Allow me, at the outset, to seize this moment to extend my most sincere congratulations to you, Mr President, and to the other Officers of the Conference for the high office you have assumed. Our thanks also go to the Director-General and his capable staff for providing the best professional support that one could have expected for this meeting.

Back in May 2004, the adoption of the WHO Framework Convention on Tobacco Control, the first ever health treaty, signified the centrality of the concept of international cooperation for the higher common objectives of the global community on health issues, and set the stage for future action. At a remarkably fast pace, we reached the objective of the Convention almost entering into force early. Being inspired by the depth and relevance of the whole process, we have now arrived at the main phase of our work: the implementation of the Convention.

The threat posed by tobacco to global health is immense. The course of this devastating trend is indeed alarming. Millions of lives are at stake. Its effects, in conjunction with the phenomenon of poverty, have and will entail catastrophic consequences for all nations. Tobacco control is an important part of the wider health agenda of the Islamic Republic of Iran, and a priority area. I am glad to report that the Islamic Republic of Iran has already fully observed its commitment, as a Contracting Party under Article 13 of the Convention. The Government's decree on the total ban of any kind of advertising, promotion and sponsorship is fully implemented. A comprehensive draft national law on tobacco control, taking into account the provisions of the Convention, has already been submitted to the parliament and is under consideration. Its adoption would assist the country in fulfilling its obligations under the Convention. In the Islamic Republic of Iran, the production, importation and supply of tobacco products is the exclusive right of the tobacco company affiliated to the Government. Taking into account the health implications of tobacco use, this has allowed the Government to better control the level of production and importation and curb illicit trade. The Parliament of the Islamic Republic of Iran has unanimously rejected some proposals to liberalize the production and supply of tobacco products. Through a memorandum of understanding with the Ministry of Health and Medical Education, health warning labels currently cover a certain and increasing percentage of tobacco-

product packages. According to the law, there are strict restrictions on the sale and use of tobacco products in public places. Their implementation is encouraged through public awareness programmes devised by the Ministry of Health and Medical Education. These programmes are supported by the civil society organizations active in this area.

The menace of the epidemic of tobacco use cuts across national boundaries, cultures, societies and socioeconomic strata. Hence, controlling it requires a broad-based approach. Addressing the tobacco threat as a multidimensional global scourge makes a multisectoral approach a necessity. It may also include identifying the extent to which the tobacco industry is responsible. The problems we face today are the results of the tobacco industry's actions and it should take responsibility for redressing them.

The Convention has tremendous potential to significantly change the course of history. The first session of the Conference of the Parties marks the beginning of a new era for a global commitment to act decisively to control the epidemic of tobacco use through a meaningful implementation of the Convention. We are all encouraged by the outcome of the Open-ended Intergovernmental Working Group's work, which has brought us to the stage of the real work in the Conference of the Parties. Let me convey my gratitude to the Member States participating in the deliberations of the Intergovernmental Working Group, its distinguished Chairpersons and WHO's Secretariat for all the tireless efforts they put into the production of its documents. Having analysed the outcome of the Intergovernmental Working Group's work, it may suffice to lay out two overreaching considerations, which I would like to share with you: a strong Convention, in terms of its implementation, requires a strong and fully-fledged decision-making body, an entity that enjoys an adequate degree of authority over its affiliated structures and mechanisms. Preserving the integrity of the Conference of the Parties, its functions and its related mechanisms and structures, is of utmost importance. Meanwhile, and to complement that, we should ensure mutual support and maximum coordination between WHO and the Convention by putting in place appropriate ways, means and mechanisms. We need to strike a proper and workable balance. Keeping in the mind the options before us, Iran is of the view that efficiency as well as a results-oriented approach, in terms of providing the fullest and strongest support for the implementation of the Convention, should prevail.

The developing world's active engagement and critical contribution made achieving the Convention's adoption and entry into force possible. It is now looking to the future with hope and anticipation. We are determined in pursuing the implementation of what has been agreed. For us, the implementation of articles on the provision of resources needed for capacity building, economic diversification, and adaptation measures are as imperative as any other issue. We should work together to have an effective Convention that can be implemented by all countries. In this regard, mobilizing technical and financial support, both at national and global levels, is extremely important.

Let me conclude on a note of hope and resolve for the further cooperative work lying ahead of us all. We will be frank and forthcoming in laying out our concerns and interests, and equally well disposed for proactive and constructive engagement in the process of collective multilateral enterprise. Let us help each other to make what has been a painful reality for us, a distant memory for our children.

Dr RAUCH-KALLAT (Austria):



As Federal Minister for Health and Women of the Republic of Austria, I have the honour to address this opening meeting of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control on behalf of the European Union and its Member States. The acceding countries Bulgaria and Romania, the candidate countries Croatia and Turkey as well as Albania and Serbia and Montenegro, the countries of the Stabilisation and Association Process and potential candidate countries associate themselves with this declaration. This statement applies to all the countries mentioned, irrespective of the status of ratification.

First, I would like to congratulate you and the other Officers of the Conference on your election. I wish you all the best in the discharge of your duties during this important conference and would like to offer you the support of all European Union Member States.

Consumption of tobacco causes serious health risks to smokers and people around them. Smoking is responsible for diseases including cancers of the lung and other organs, ischaemic heart disease and other circulatory and respiratory illnesses. Tobacco is still the primary preventable cause of death in the world, killing nearly five million people every year. It causes around 13 500 deaths per day. If current trends continue, this toll will double by 2020. Developing countries will suffer the highest burden, with 70% of the deaths. About 650 million people alive today will eventually be killed by tobacco, half of them in productive middle age, each losing 20 to 25 years of life.

The situation in the European Union is also alarming: the percentage of adult smokers in the Member States ranges from 17.5% to 45%. Nearly 40% of Europeans smoke. Smoking among young people is a major concern. Based on a cautious estimate, tobacco kills more than 650 000 people in the European Union each year and over 13 million are suffering from a serious, chronic disease as a result of smoking. The harmful effects of passive smoking also have to be seriously taken into account. Tobacco control has considerable health implications for chronic diseases. For example diabetes, one of the main topics of Austria's European Union Presidency, is exacerbated by smoking.

Since 1985, tobacco control has been a public health priority and is overseen by the European Community's public health programme. Since then, Community tobacco control has been further developed along three strands: legislation, awareness raising and cooperation at international and European level. Tobacco control at European Union level comprises a wide range of measures such as binding legislation, recommendations or guidelines, information campaigns, support for networking and smoking prevention and cessation projects.

The European Union and its Member States played a key role in the negotiations leading to the adoption of the WHO Framework Convention on Tobacco Control. The European Commission and the European Union Member States remain strongly committed to controlling the harmful effects of tobacco consumption. In line with the spirit of the Convention, an increasing number of European Union Member States and acceding countries have adopted legislation prohibiting smoking in the workplace and in public facilities. For the Austrian Presidency, effective progress in global tobacco control is high on the agenda and we hope that, by playing an active role, the European Union can contribute to the implementation of this Convention as well as to the identification and development of protocols.

Director-General Dr Lee Jong-wook underlined in his report to the Executive Board at its 117th session that the Framework Convention had changed the landscape of global tobacco control. Within only two and a half years of its adoption it has become one of the most widely embraced United Nations treaties ever. The entry into force of the WHO Framework Convention on Tobacco Control on 27 February 2005 represents a decisive step forward. There are now 121 Contracting Parties to the Convention and the countries that have ratified it can now be reassured that their national tobacco policies are backed by an international legally binding instrument. Compared to previous drug-control treaties, the Convention not only addresses supply issues but also the importance of demand-reduction strategies. It constitutes a turning point in addressing a major global killer and signals a new era in national and international tobacco control.

The commitment to the treaty also demonstrates the importance of tobacco control in contributing to the achievement of higher standards of health and of social and development-related objectives, such as the Millennium Development Goals. WHO recently launched a report on preventing chronic diseases, which clearly points to tobacco use as one of the three modifiable risk factors that underlie the major chronic diseases. This report highlights how the global burden of chronic disease is increasing worldwide, but predominantly in low- and middle-income countries. It impacts to a greater extent and more severely on the poorer parts of society and can push individuals and households into poverty. Therefore, fighting tobacco use can also mean fighting poverty.

As Federal Minister not only for health but also for women I am especially concerned by the increasing number of women smoking. The ninth paragraph of the preamble to the Convention states that Parties to this Convention are: "Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies". Attention should therefore be drawn to the development of WHO policy recommendations for gender-responsive tobacco control in order to ensure that gender-specific risks are being taken into account when developing comprehensive national tobacco control strategies. In

this context, special emphasis should also be put on the harmful effects of tobacco consumption during pregnancy.

Finally, I want to emphasize that the attraction of the WHO Framework Convention on Tobacco Control is that it shows governments' determination to curb tobacco use and reduce its detrimental impact on people's health. With the Framework Convention in place we now have – for the first time – an instrument for addressing this problem at a global level. The first session of the Conference of the Parties will have a crucial role to play by marking the major cornerstones of the process. The Conference will have to consider and discuss the recommendations of the Open-ended Intergovernmental Working Group on the WHO Framework Convention on Tobacco Control. Apart from important institutional issues such as the type of secretariat, special attention will be given to the question of protocols and guidelines to assist countries in developing tobacco policy at national and international levels. The Convention itself already requires the Conference of the Parties to consider drawing up a protocol on cross-border advertising, promotion and sponsorship. There are other possibilities for discussion such as the illicit trade of tobacco products. The Conference will have to consider carefully the priorities of work to ensure that the available resources are used in the most efficient way. We expect the first session of the Conference of the Parties to develop a clear timetable for further work with clear priorities.

In conclusion, let me assure you of the determination of the European Union to cooperate constructively with you and the other participants in order to make this first session of the Conference of the Parties a further and decisive step in shaping the future of global tobacco control.

Dr NCHABI KAMWI (Namibia):



Let me first congratulate you Mr President and the Officers of the Conference on your election for this important first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control. Similarly, let me take this opportunity to convey my country's gratitude and congratulations to WHO and all the Officers of the former Open-ended Intergovernmental Working Group. It is clear that you have indeed worked hard and effectively in taking the process forward since we adopted the Convention at the Fifty-sixth World Health Assembly only three years ago. The fact that we can meet here for yet another milestone gathering, namely the first session of the Conference of the Parties, so soon after the adoption of the Convention, bears witness to that.

I have made a point of being present at this first session of the Conference of the Parties. My country regards the Convention as a very timely and important instrument. This is the best vehicle the world has to make a broad impact on the reduction of tobacco use globally. It is also a highly strategic instrument. As health ministers, we find it challenging to move forward agendas that affect the health of our people, but that at the same time also involve many players from outside our sector. This is particularly so where very big commercial interests are in play. Our experience to date in-country has already shown that the Convention is an important facilitating tool to move the process forward at national level despite some resistance from certain quarters, which is to be expected.

After the adoption of the Convention in May 2003, Namibia was among the first African countries to sign it. My country subsequently ratified the Convention last year – and I would like to add that our National Assembly was unanimous on this. All Members of Parliament, including both my governing party and all five opposition parties, voted in favour. At the political level, we therefore have the broadest possible consensus in Namibia to take implementation of the Convention forward.

My Ministry is now proceeding with the compilation of Namibia's first tobacco control bill and seeing to it that the bill will sail through Parliament during the course of this year. Indeed, I am captaining this process, for I believe that time is of the essence. We need to move forward on putting in place effective national legislation. There are a number of reasons for that. First, the more people we can prevent from taking up the habit of smoking, the better. Secondly, during the past 10 years Namibia has experienced a strong increase in noncommunicable diseases. Many of them are tobacco-related. We are very concerned about this, particularly since our population is also experiencing the severe impact of communicable diseases, especially HIV/AIDS, tuberculosis and malaria. Despite Namibia being a lower middle income country, our society can ill afford the double burden of both these disease categories. And thirdly, we have a clear sense in Namibia that the marketing activities of

the tobacco industry have been coming across more forcefully, especially during the past few years. The latter is a trend that is confirmed by many of our sister countries on the African continent. It is for that reason that Namibia has actively participated in the negotiations that preceded the passing of the Convention. And we have always done this as part of the African group of countries.

My country will continue to strongly cooperate with our African sister countries as we move into a new era of work regarding tobacco control globally. My delegation intends to jealously guard what we have achieved during previous negotiations. It is now for the Conference of the Parties to take the process forward. We need to put mechanisms in place that will enable maximum implementation of the Convention. Namibia therefore stands ready to engage actively with our African sister countries during this first session of the Conference of the Parties and henceforth. We are doing this for the health of our people, to protect our children, our youth and also the environment we live in. We are also doing this to stop the tobacco industry from making indecent profits that end up going to a few, while the poorest countries and very many people have to suffer the negative consequences.

Finally, let me assure you that the Namibian delegation is more than determined to see to it that we move the process forward during the coming few days.

Ms HEFFORD (Australia):



Australia recognizes that tobacco use is the world's leading cause of preventable death and we support the comments of many others here today about the burden of tobacco-related diseases. We congratulate WHO on the entry into force of the WHO Framework Convention on Tobacco Control, making the provisions of the Convention binding international law. We also congratulate all those Member States which have moved to ratify this important Convention.

Australia recognizes the need for concerted international action to reduce the harmful consequences of tobacco globally and we have taken an active and prominent role in developing and supporting a strong Framework Convention. Australia is pleased to be one of the countries that have ratified the Convention and we are also pleased that most other nations in the Western Pacific Region have done the same. We are committed to working with the Conference of the Parties.

In Australia, we have comprehensive tobacco-control policies and legislation already in place. No new legislation or regulation is required in Australia to give effect to the Convention. We will, however, strive to learn from our experiences and improve existing policies and legislation on tobacco control wherever possible.

Australia remains committed to strengthening domestic tobacco-control activity. Recent tobacco-control initiatives in Australia include: new graphic health warnings on all tobacco products from 1 March 2006; the development of a new National Tobacco Campaign with a focus on youth; and a national programme aimed at helping women, particularly indigenous women, to stop smoking during and after pregnancy.

Australia strongly advocates and supports the Convention's focus on the provision of support to States Parties, particularly those with developing economies and those with economies in transition, to assist them in meeting their obligations under the Convention. Australia maintains a strong interest in the exchange of information and expertise with other nations, particularly those in the Western Pacific Region. We are keen to work with other Parties to the Convention to share and benefit from each other's experiences. We hope that this meeting will be a constructive and positive opportunity for all of us.

Ms GILDERS (Canada):



The Canadian delegation would like to congratulate the President on his appointment. We also thank the Chair of the Open-ended Intergovernmental Working Group for his valuable contribution to the Conference of the Parties. We also congratulate the new Officers of the Conference and look forward to their guidance in moving forward.

On behalf of the Government of Canada, I wish to share with you our vision of the future steps the Conference of the Parties needs to take to keep alive the momentum created with the coming into force of the Framework Convention almost a year ago. Like all of you, we in Canada are extremely pleased by the number of countries that have ratified the Convention so far.

I would like to say a few words about our situation in Canada. Canada once had one of the highest rates per capita of tobacco use, coupled with a very high prevalence rate. Canada's slow but steady reduction in the rate of tobacco consumption and in smoking prevalence is the fruit of sustained and comprehensive efforts made possible by collaboration between governments and civil society advocates.

There are no sudden victories and no magic recipes against tobacco dependence; that is why it is important for the Parties to put in place the effective measures set out in the Convention in their own territories. We believe that many countries could still truncate the growing tobacco epidemic, and reduce the overall harm to their populations, by intervening now, at an earlier stage than Canada was able to do. We cannot emphasize enough the need to use the Conference of the Parties to exchange useful information such as best practices – for example, regarding communication and public awareness. Although Canada is often considered to be a leader in tobacco-product regulation, we still have much to learn from others who may have put in place new approaches or novel concepts in tobacco control.

As has been often mentioned, the Convention consists mainly of a set of minimum requirements based primarily on a demand-reduction approach. Its success may well rest in our capacity to go beyond these minimum requirements. Looking to the future, we must remember that just like our national strategies, the Convention must also be re-examined from time to time to make sure of its continued relevancy and effectiveness.

One of the issues that makes this Convention unique according to WHO is the detailed provision on liability found in Article 19. Canada would be more than pleased to share its experience in this area with interested parties. Arrangements are being made for a lunchtime session on 16 February with experts from one of our provinces, British Columbia, where the government has taken the lead in seeking cost-recovery for medical-treatment expenses from tobacco-product manufacturers.

We know that this first session of the Conference of the Parties must focus on the important work of establishing the procedures and the administration of the treaty, but we must not forget the people that this treaty is designed to assist. As preceding delegations have mentioned, recognizing that women and girls have substantially increased their consumption of tobacco, it is important to focus on gender issues. Canada, through Research for International Tobacco Control of the International Development Research Centre, and WHO, through the Tobacco Free Initiative and the programme on Gender, women and health, co-hosted a workshop on developing policy recommendations for gender-responsive tobacco control. I encourage fellow delegates to attend a gender and tobacco workshop at lunchtime on 14 February when the results of this workshop will be presented along with recommendations on how governments can operationalize the preamble to the Convention.

In closing, we would like to recognize the valuable role that the public health community, together with nongovernmental organizations, have played and continue to play in Canada and internationally. Their voices are important ones to listen to, and we invite all the Parties here during the next two weeks to do so. We would like to foster a culture in the Conference of the Parties that acknowledges the contributions that nongovernmental organizations can and do make in the field of tobacco control.

I hope that we can move together efficiently during the next two weeks to establish the procedural workings of the Conference of the Parties so that we can move forward with the truly important work of this first health treaty: global tobacco control. We look forward to contributing to a productive two weeks to launch this work.

El Sr. RUIZ GAYTÁN LÓPEZ (México):



Con el permiso del Director General, Dr. LEE Jong-wook, y del Presidente, a quien también felicito por su elección, México agradece la oportunidad de dirigirse al pleno de esta primera Conferencia de las Partes del Convenio Marco de la Organización Mundial de la Salud para el Control del Tabaco, así como el poder compartir los esfuerzos que nuestro país lleva a cabo para combatir la amenaza global a la salud que representa el tabaquismo. Cabe mencionar que México fue el primer país de las Américas en ratificar este trascendental tratado internacional, demostrando con ello su gran

voluntad política a tal efecto. El tabaquismo es sin lugar a dudas un grave problema de salud pública que repercute negativamente en la salud de millones de individuos, sus familias y sus comunidades. Más de 53 000 personas fallecen en México cada año por causas asociadas al consumo de este producto, lo que quiere decir que 147 mexicanos mueren todos los días por la exposición voluntaria o involuntaria al humo de tabaco.

Como respuesta, el Programa Nacional de Salud y el Programa Nacional contra el Tabaquismo, guiados por los valores de justicia, autonomía y corresponsabilidad social, han puesto en marcha diversas estrategias que pretenden evitar o retardar la edad de inicio del tabaquismo, el aumento en el número de personas que buscan apoyo para dejar de fumar, que quienes fuman y no contemplan aún la posibilidad de abandonar su consumo lo reduzcan y que cada vez sean menos quienes en forma involuntaria se encuentran expuestos al producto de su combustión. Es así que la Secretaría de Salud lleva a cabo acciones de prevención, tratamiento, rehabilitación y control, así como campañas de comunicación y movilización social en las que participan diversos organismos de los sectores públicos, social y privado. En cuanto a la prevención, se aplican diversos modelos basados en la evidencia científica y se ha conformado un grupo interinstitucional de evaluación de modelos preventivos integrado por 11 organizaciones de reconocida solvencia teórica y metodológica en materia de prevención. A partir de mayo del año pasado se ha puesto en marcha el programa «Escuelas libres de humo de tabaco».

Esperamos que para fines de 2006 todas las escuelas de educación básica inicien el proceso de reconocimiento como libres de humo de tabaco y que una alta proporción hayan izado la bandera blanca, lo que impacta a una población de un millón de maestros y 20,5 millones de alumnos entre los seis y los 15 años de edad en aproximadamente 130 000 escuelas primarias y secundarias.

En lo que respecta al tratamiento y la rehabilitación, se promueve en todos los Estados de la Federación la aplicación del consejo en salud para favorecer la abstinencia total y sostenida de la dependencia a la nicotina; con esa finalidad se ha incorporado a la norma oficial mexicana para el expediente clínico la obligatoriedad de interrogar y diagnosticar sobre el consumo de tabaco en cualquier acción realizada por el personal de salud. Es importante señalar que al inicio de la presente Administración Federal las clínicas para dejar de fumar eran muy escasas, sólo operaban 36 y, por lo tanto, la disponibilidad de atención era muy limitada. Ante esa situación se intensificaron la promoción y el apoyo para poner en servicio nuevos establecimientos especializados en la materia, destacando las clínicas de los Centros de Integración Juvenil, una organización no gubernamental que se ocupa del tratamiento y la prevención de las adicciones. Actualmente contamos con 250 de ellos en todo el territorio, superando así la meta inicial de 100 clínicas; esto significa que se han quintuplicado los recursos de atención. Conocemos bien que las estrategias de control son aquellas que tienen mayor impacto en el problema; es por ello que gradualmente se han desarrollado y establecido ordenamientos jurídicos sobre la regulación del consumo de tabaco en lugares públicos cerrados. Actualmente, los ordenamientos ya han alcanzado la totalidad de las entidades federativas. El aumento de los impuestos a través de una política fiscal saludable constituye una de las estrategias de lucha más efectiva; es así que las medidas orientadas a elevar el impuesto especial sobre producción y servicios (IEPS) aplicado a los productos de tabaco fueron aprobadas desde 2001 por el honorable Congreso de la Unión, quedando incluidas en la reforma fiscal. De esta forma, entre los nuevos productos que pagan IEPS a partir de 2002 se encuentran los cigarros con filtro; por lo tanto, en lugar de la tasa del 85% vigente hasta 1999, se pagó una tasa del 100% en 2001, del 105% en 2002, del 107% en 2003 y del 110% a partir de 2004. En cuanto a los cigarrillos sin filtro, en lugar de la tasa del 20,9% vigente hasta 2001 se pagó una tasa del 60% en el año 2002, del 80% en 2003, del 100% en 2004 y del 110% a partir de 2005. Desde entonces, ambos tipos de cigarro estarán gravados con la misma tasa impositiva. Esta situación de elemental justicia social rompe definitivamente una inercia de muchos años al elevar especialmente el IEPS aplicado a los cigarros de consumo popular; representa un 426% más de lo que se venía dando con anterioridad; el gravamen se había mantenido permanentemente en tasa baja de acuerdo con un concepto, erróneo desde el punto de vista de la salud pública, de subsidiar su consumo entre el sector más pobre de la población.

En esta nueva relación de obligaciones, en adición al incremento del IEPS se establecieron acuerdos que en materia económica representan ingresos extraordinarios para cubrir los gastos que se deriven de aquellos tratamientos y medicamentos asociados a enfermedades relacionadas con el consumo de tabaco y los gastos de la atención a los beneficiarios, que abarca acciones preventivas y de

promoción de la salud, de infraestructura, de laboratorio, terapéuticas y clínicas, entre otras. Esta aportación impacta directamente en el precio final y, junto con el sustantivo incremento del IEPS, provoca que el costo de los productos de tabaco aumente para el consumidor; aunado a la reducción de la publicidad y a la información específica, esto ha coadyuvado a la disminución de su venta.

Es importante destacar que el tabaco es el único producto cuyo impuesto especial sobre producción y servicios se incrementó en el periodo 2000 a 2005. Esto deja claramente de manifiesto que se trata de una medida de salud pública, y no recaudatoria como habitualmente ocurre, de ahí que se subraye como una política fiscal saludable.

Muchas otras medidas tomadas para modificar las políticas de salud y controlar el consumo de tabaco han impactado en la disminución de la publicidad, la promoción y el patrocinio de esos productos; entre ellas se destacan la prohibición total de la publicidad por radio y televisión, el incremento de un 50% en el tamaño de las leyendas de advertencia, la colocación de un inserto en el 25% de las cajetillas con un mensaje orientador para dejar de fumar. Lo anterior permite afirmar que vamos por el camino correcto. Sin desconocer los avances que en la lucha contra el tabaquismo ha alcanzado en nuestro país, debemos asimismo reconocer que aún nos falta camino por recorrer ya que, si bien el porcentaje general de fumadores ha disminuido, la tasa de fumadores jóvenes de 12 a 18 años continúa en ascenso, así como la incorporación de cada vez más jovencitas a esta adicción. México, sin embargo, está hoy comprometido a ofrecer a su pueblo un aire limpio de humo de tabaco y, si cada uno en nuestra sociedad asume su responsabilidad y actuamos hoy, podremos legar un mundo más sano a nuestros hijos.

Señor Presidente, hago entrega en este acto de un informe que detalla y pormenoriza cada una de las acciones emprendidas por México; reitero su disposición para intercambiar experiencias con todos los países en apoyo de este frente común de lucha contra el tabaquismo. Muchas gracias.

El Dr. MUÑOZ (Chile):



Chile saluda a las delegaciones presentes en esta primera Conferencia de las Partes del Convenio Marco de la OMS para el Control del Tabaco. Al mismo tiempo, expresa su satisfacción por la confianza que las delegaciones han depositado en nuestro Embajador, Sr. Juan Martabit, al elegirlo Presidente de esta importante reunión.

Las políticas públicas dirigidas al control del tabaco en Chile han experimentado un importante desarrollo en los últimos años, lo que ha sido coherente con las obligaciones contraídas por el país al ratificar su aprobación del Convenio en todas sus etapas en septiembre de 2005. Es así como durante el presente año el Gobierno ha tramitado en el congreso nacional un proyecto que modifica la ley que regula la publicidad y el consumo de tabaco en nuestro país. La aprobación de la ley se prevé para marzo próximo, una vez cumplidos los trámites correspondientes en la Cámara de Diputados y el Senado, trámites que ya han avanzado casi en su totalidad; esa ley sanciona en primer lugar la prohibición de la publicidad del tabaco en todas sus formas, con la sola excepción de los puntos de venta autorizados. Pese a una reciente posición en contrario expresada en la Cámara de Diputados, el Gobierno repondrá en el trámite final un artículo que prohíbe la venta de tabaco en las cercanías de las escuelas, lo que es extraordinariamente relevante a nuestro juicio ya que las tasas de consumo de tabaco entre escolares en nuestro país son lamentablemente de las más altas de la Región de las Américas. La ley ya contempla además la prohibición de fumar en oficinas públicas y en establecimientos de salud públicos y privados, así como la obligación de difundir ampliamente los daños atribuibles al tabaco a través de leyendas rotatorias que deben ocupar al menos el 50% de la superficie de los paquetes de cigarrillos. Pese a estos importantes y rápidos avances, es necesario reconocer la persistencia de dificultades culturales y políticas que pueden hacer más lento el avance en materias relevantes como las relacionadas con el precio de los productos a base de tabaco; según estudios recientes desarrollados con la colaboración de la Organización Panamericana de la Salud, esos precios aún admiten elevaciones importantes sin riesgo de inducir al contrabando.

Por todo lo anterior, Chile reitera su decidido apoyo al Convenio y expresa su interés por participar en grupos de colaboración internacional en los que se compartan experiencias y se produzca evidencia que avale las decisiones que todos deberemos tomar a la brevedad para controlar este importante problema de salud pública mundial.

El Gobierno que asumirá en marzo próximo, encabezado por la médico pediatra Dra. Michelle Bachelet, ha reiterado el compromiso con la prioridad de salud pública; por lo tanto, estamos seguros de que la actual preferencia por avanzar en el sentido del Convenio seguirá presente y será incentivada más aún.

Esperamos también profundizar nuestro trabajo conjunto con los países del MERCOSUR, con quienes se ha mantenido un grupo de trabajo permanente en materia de tabaco.

Finalmente, señor Presidente, quiero manifestar y reiterar el agradecimiento de Chile a la Secretaría del Convenio, y especialmente al Director General de la Organización Mundial de la Salud, por la prioridad y apoyo que han dado a esa importante iniciativa de la salud pública mundial. Muchas gracias, señor Presidente.

Dr BURAYZAT (Jordan):

الدكتور بريزات (الأردن):



شكراً السيد الرئيس،

سعادة السفير خوان مارتيث، الصديق والزميل، أود أن أهنئكم بالرئاسة في البداية ومكتب الرئاسة، على الثقة التي فزتم بها بترؤسكم أول اجتماع لهذا المؤتمر الهام، متمنياً لكم التوفيق والنجاح في هذه المهمة، مؤكداً استعدادنا للتعاون الكامل معكم لإنجاح مهمتنا هذه.

أخي السفير خوان، إنني أشعر بسعادة خاصة عندما أرى زميلاً وصديقاً شخصياً يترأس هذا الاجتماع الهام،

سيدي الرئيس، السيد الدكتور لي المدير العام لمنظمة الصحة العالمية، أصحاب المعالي الوزراء، أصحاب السعادة، أيها السيدات والسادة،

نجتمع اليوم لنتوج انجازاً مهماً تحقق بدخول الاتفاقية الإطارية بشأن مكافحة التبغ حيز التنفيذ، مما سمح لمؤتمرنا هذا بأن يلتئم، ولكن لنبدأ مرحلة جديدة من التعاون وتضافر الجهود في سبيل حماية أنفسنا وأطفالنا من أخطار التدخين. لقد مضت سبع سنوات منذ انطلاق جهودنا لأول مرة من أجل وضع هذه الاتفاقية موضع التنفيذ، وكان لمنظمة الصحة العالمية، بقيادة للدكتور لي مديرها العام، دورٌ بارزٌ في هذه الجهود، وهو بدون شك يستحق منا التقدير والامتنان، حيث عملت منظمة الصحة العالمية، من خلال عدة مبادرات أبرزها مبادرة التحرر من التبغ جنباً إلى جنب مع المؤسسات الوطنية في بلداننا، لزيادة التوعية بمضار التدخين ومكافحة انتشاره وتقليل أضراره.

السيد الرئيس لن أسهب في بيان مضار التدخين الفاتلة على الأشخاص ونتائجه على المجتمعات من مختلف النواحي بما فيها الصحية والتنمية، فقد تحدث عن ذلك كثيرون سبقوني، وكذلك لن أنوه بأهمية التعاون الدولي لإنجاح جهود مكافحة التدخين فهذا تحصيل حاصل، ربما سألخص لأستفيد من الدقائق القليلة المتاحة لي، إذا سمحتم، للتركيز على ما قد يسعدكم أن تسمعهو ويروق لكثيرين سماعه، وهو جهود الأردن في هذه المرحلة في مكافحة التبغ. لقد كان الأردن من أوائل الدول التي بادرت إلى التوقيع على هذه الاتفاقية بحيث كان الأول من بين دول إقليم شرق المتوسط الذي صادق على الاتفاقية الإطارية، مثلما احتل الترتيب التاسع والعشرين بين دول العالم في هذه القائمة. ومنذ ذلك العام ضاعفت الحكومة الأردنية من جهودها حيث بدأ التنفيذ من مختلف أو عديد من التشريعات والقوانين منذ شهر شباط/ فبراير ٢٠٠٥. وأعطينا الاهتمام الكامل لتنفيذ هذه الاتفاقية بالاضطلاع بنشاطات وخطط مكافحة التدخين على المستوى الوطني، وبدأنا التشريعات للعمل على تعزيز مختلف قوانيننا مع أحكام الاتفاقية. فقد عملت وزارة الصحة بالتعاون مع المؤسسات الحكومية المعنية والقطاعات التطوعية في المملكة وبالتنسيق مع منظمة الصحة العالمية والمنظمات الدولية المعنية لضمان التطبيق الأمثل لهذه الاتفاقية، ومن أبرز الإجراءات التي اتخذت ما يلي:

- تحديث نظام وقاية الصحة العامة من أضرار التدخين لعام ١٩٦٤ أو رقم ٦٤ لعام ١٩٧٧ وذلك لجعله متوافقاً ومتناسقاً مع أحكام الاتفاقية الإطارية؛
- ثانياً: - تدريب ضباط ارتباط من وزارة الصحة لديهم صلاحيات الضابط العدلية لمراقبة ومحاسبة ومنع أعمال الإعلان والترويج للتبغ بهدف الحد من استهلاك منتجاته حتى صارت عمّان ربما

- العاصمة الوحيدة في منطقة الشرق الأوسط التي تخلو تماماً من أي أشكال للترويج والإعلان عن التبغ وتحت طائلة القانون؛
- ثالثاً:- تطبيق سياسات سعرية أدت إلى رفع أسعار منتجات التبغ بنسبة تتراوح بين ٨٪ و ١٠٪ للمساهمة في جهود الحد من استهلاك التبغ؛
 - رابعاً:- وضع تدابير خاصة توفر الحماية من التعرض لدخان التبغ في أماكن العمل الداخلية ووسائل النقل العام والأماكن العامة من شأنها محاسبة المخالفين، حيث سجلت الأرقام الرسمية أكثر من ١٢٠٠٠ مخالفة ارتكبت خلال عام ٢٠٠٥ وتم محاسبة مرتكبيها، لم نضعهم طبعاً جميعاً في السجن ولكن تمت محاسبتهم بالفعل؛
 - خامساً:- تغيير المواصفات الخاصة بالسجائر المحلية والمستوردة واعتباراً من ١٥ كانون الثاني/يناير ٢٠٠٦، بحيث تحمل تحذيراً صحياً بشكل واضح على وجه علبة السجائر يشكل ثلث مساحتها وصورة منفردة لرئة مسرطنة على الوجه الأخر للعلبة وبنفس المساحة أيضاً، فاسمحوا لي أن أضعها أمامكم السيد الرئيس ومعالي المدير العام؛
 - سادساً:- منع استيراد ماكينات بيع السجائر الآلية وإزالتها خاصة من الأماكن المزدهمة بالسكان والتي تقتصر إلى إمكانية السيطرة على بيع السجائر لفئات المراهقين؛
 - سابعاً:- منع بيع السجائر بالمفرد والمفرق خاصة في المناطق السكنية والمناطق المحيطة بالمدارس وذلك بموجب قانون مراقبة سلوك الأحداث؛
 - ثامناً:- التوسع في أعمال التوعية والتنشيف عن المخاطر الصحية للتدخين بما في ذلك الخصائص الإدمانية للتبغ خاصة بين فئة المراهقين الشباب بصفتهم أكثر الفئات التي تستهدفها شركات التبغ الصانعة؛
 - تاسعاً:- التوسع في جهود عيادة الإقلاع عن التدخين حيث سجلت العيادة في عمان إقلاع أكثر من ٣٥ شخصاً عن التدخين يومياً أي بنسبة ٢٥٪ من مجموع المراجعين لهذه العيادة؛
 - عاشراً:- الإعلان عن مؤسسات خالية من التدخين كالمستشفيات والجامعات والمعاهد والمدارس وغيرها.
- ختاماً سيدي الرئيس، أود أن أؤكد لكم، ومعالي المدير العام الدكتور لي ولجميع المعنيين، تعاون الأردن الكامل خلال الأسبوعين القادمين لإنجاز البنود المدرجة على جدول أعمال هذا المؤتمر من أجل التقدم السريع والثابت نحو برنامج دولي وناجح لمكافحة التبغ.
- وشكراً.

Dr WAQATAKIREWA (Fiji):



Thank you Mr President for giving me the opportunity to make a statement in this august forum. The Government of the Fiji Islands extends its greetings to members of the Conference of the Parties and best wishes to the Secretariat for the successful completion and outcome of its first meeting.

Tobacco use in Fiji is quite common. Fiji has tobacco plantations and farmers that derive their livelihood from the sale of tobacco leaves. Fiji also has one tobacco-manufacturing plant, owned by British American Tobacco. Recent statistics from British American Tobacco showed that between 2001 and 2003, the volume of cigarettes sold in Fiji had increased by 17 million. Statistically, 417 million cigarettes smoked in a country with a population of 800 000 people indicates not only a high prevalence rate of smoking but also suggests the likelihood that non-smokers and children could be victims of passive smoking.

Fiji hosted a WHO subregional workshop on the Framework Convention on Tobacco Control last year with the theme: "Awareness to action". At this meeting, Fiji, along with other Pacific island countries, reaffirmed their commitment to tobacco control and to the Framework Convention. Fiji recognizes and acknowledges the fact that the Convention has the potential to have an historic impact on public health as it seeks to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

Fiji is committed to tobacco control as part and parcel of its overall health promotion strategies. Our commitment is exemplified by our early ratification of the Convention: we were the third country and the first developing country in the world to ratify the Convention. At the national level, I wish to share with this august forum that Fiji has a Tobacco Act and has been implementing its provisions since 2000. Furthermore, following our ratification of the Convention, plans are also under way to revise the Tobacco Act in order to incorporate the various requirements of the Convention. Revision of the Tobacco Act is included in our parliamentary calendar year for 2005-2006.

Our commitment to tobacco control is also demonstrated by the creation of a special unit for tobacco control and enforcement with a legal officer on its staff. Furthermore, in 2003 the Government of Fiji provided a specific budget allocation for tobacco control within the provision for the Ministry of Health. This funding is about \$F 60 000 per year and, for 2006, has been increased by 50% to \$F 90 000. This funding is geared mainly towards the implementation of the Fiji Tobacco Act 1998, particularly in the area of enforcement. Health awareness and other related activities against tobacco use are catered for from another budget provision under health promotion.

Fiji's interest in the Conference of the Parties is mainly to see and ensure that the outcomes that will maximize its capacity to successfully implement the Convention for the benefit of her population and economy are achieved. Indeed, a strong and effective Convention with appropriate procedures and resources for implementation is more important for developing countries such as Fiji than for well-resourced countries that are well advanced in their implementation of tobacco-control policies and regulations.

Fiji thanks and congratulates WHO for its landmark treaty on tobacco control and for its ongoing focus, assistance and support in tobacco control to Member States and stakeholders. Fiji wishes the Conference of the Parties meeting every success in its deliberations.

M. RAMBELOSON (Madagascar) :



Merci, Monsieur le Président. Monsieur le Président, Monsieur le Directeur général de l'OMS, honorable assistance, permettez-moi tout d'abord en mon nom propre et au nom de la délégation de Madagascar d'adresser mes félicitations au Président et aux membres du bureau de cette Conférence des Parties pour leur élection. Mes remerciements vont également à M. le Directeur général de l'OMS et au Secrétariat tout entier pour la bonne préparation de cette première session de la Conférence des Parties. Je voudrais aussi féliciter tous les Etats qui ont ratifié la Convention-cadre ; votre engagement démontre une volonté certaine de donner priorité à la protection de la santé.

Avant d'entrer dans le vif du sujet, permettez-moi d'abord de vous dire, Monsieur le Directeur général, Monsieur le Président, que Madagascar appuie entièrement la déclaration de Mme le Ministre de l'Afrique du Sud au nom du Groupe africain. Madagascar figure parmi les quarante premières Parties contractantes de la Convention-cadre, en étant le vingt-neuvième pays dans le monde et le troisième de la Région africaine à avoir ratifié. Cette ratification reflète également notre engagement dans la mise en oeuvre de cette Convention-cadre : Madagascar l'a en effet ratifiée le 22 septembre 2004. Sur le plan national, la Convention-cadre concorde parfaitement avec la vision de Madagascar et de ses régions, vision résumée en deux mots : Madagascar, naturellement. En effet, le développement d'un pays tel que le nôtre, basé en particulier sur le développement rural, devrait passer par l'amélioration de l'état de santé et la protection de l'environnement. A Madagascar, le tabac, et plus particulièrement le tabac à chiquer, consommé par la majeure partie de la population rurale, est source des trois quarts des cas de cancer vus en milieu hospitalier. Nous estimons ainsi que la mise en place de cette Convention-cadre devrait viser prioritairement l'amélioration du bien-être de chaque citoyen qui est l'acteur principal de tout processus de développement.

En ce qui concerne la réalisation des objectifs du Millénaire pour le développement, nous sommes persuadés que la lutte antitabac a une place prépondérante, notamment en ce qui concerne la réduction de la pauvreté, de la mortalité maternelle et infantile, des cas de maladie telle que la tuberculose, ainsi que de la déperdition des ressources environnementales. En effet, la malnutrition s'aggrave lorsque les faibles revenus dont disposent les ménages sont utilisés pour les dépenses liées au tabac, en particulier pour la prise en charge des maladies liées au tabagisme dont la plupart sont de longue haleine et se terminent généralement par le décès. Il n'est plus à démontrer que la consommation de tabac est plus élevée parmi les populations les plus pauvres et que la part du revenu

familial consacré à l'achat des produits du tabac réduit le budget consacré à l'alimentation et aux soins de santé. Nous réaffirmons ainsi que le fait de tenir compte des contributions apportées par la lutte antitabac constitue une stratégie pertinente dans l'effort pour atteindre les objectifs du Millénaire. A Madagascar, plusieurs mesures de lutte sont actuellement appliquées ; toutes les formes de publicité, de promotion et de parrainage en faveur du tabac sont interdites. Le fait de fumer et de chiquer dans les lieux publics, tels que le lieu de travail, les transports publics et les espaces publics couverts, est également interdit. Les aéroports et les bureaux administratifs publics sont actuellement des zones non fumeurs. La vente de produits du tabac aux mineurs et par les mineurs, ainsi que les distributeurs automatiques de produits du tabac sont aussi interdits. On a également apposé sur les paquets de cigarettes une mise en garde sanitaire recouvrant la moitié de la surface de chaque paquet. Nous avons également mis en place l'Office national de lutte antitabac, qui est un dispositif national chargé de la coordination des programmes et des activités de lutte antitabac.

Toutefois, le renforcement de la sensibilisation de la communauté et du suivi de l'application des réglementations est toujours nécessaire afin de maintenir les acquis. La révision des textes en vigueur régissant la lutte antitabac est actuellement en cours, ainsi que la mise en place de bureaux régionaux de coordination des activités. Dans notre pays, comme nous l'avons mentionné auparavant, des stratégies de lutte spécifiques concernant le tabac à chiquer sont indispensables pour que les interventions soient complètes et efficaces. Et dans tous les cas, l'intégration de la lutte antitabac dans tous les plans de développement du pays est primordiale afin de pouvoir mettre à la disposition de la lutte antitabac tous les moyens disponibles au niveau national. Faut-il également rappeler que l'instauration d'un partenariat technique et financier stable, sur les plans tant national et régional qu'international, est nécessaire pour la pérennisation des acquis en matière de lutte antitabac.

Enfin, Monsieur le Président, je réitère que tous les processus de mise en oeuvre de la Convention-cadre pour la lutte antitabac dépendent de la volonté politique et de l'attachement soutenu à la cause de la santé publique. Je vous remercie, Monsieur le Président.

El Dr. ASQUETA (Uruguay):



El Uruguay fue uno de los primeros 40 países en ratificar el Convenio Marco de la Organización Mundial de la Salud para el Control del Tabaco; por lo tanto, felicitamos también a los demás países que contribuyeron a que con celeridad se hiciera posible su entrada en vigor.

Mi delegación quisiera aprovechar esta oportunidad para manifestar la importancia que ha tenido el proceso de negociación del propio Convenio Marco para el Uruguay. A través del mismo, nuestro país ha podido comprender la magnitud de este grave problema sanitario, social, ambiental y económico, así como la naturaleza altamente adictiva del consumo de tabaco y las fuerzas que lo promueven. Como resultado de ese proceso, para el Estado uruguayo enfrentar la epidemia de tabaquismo es una prioridad. Prueba de ello es el consenso nacional que existe sobre este tema entre el Gobierno, el Parlamento y la sociedad civil, lo cual se refleja también en la integración de esta misma delegación.

Desde la firma del Convenio, el Uruguay comenzó a introducir cambios en su sistema normativo para dar cumplimiento a las disposiciones contenidas en el mismo. Al día de hoy, se han logrado los siguientes avances: las advertencias sanitarias en los paquetes ocupan el 50% de las superficies principales expuestas, las cuales contendrán imágenes a partir de abril del año 2006. Desde el año 2004 se ha iniciado una campaña de sensibilización de la población, la cual se acompaña de acceso gratuito a tratamientos de cesación del tabaquismo tanto en instituciones públicas como privadas. Concomitantemente se inició la capacitación de profesionales de la salud para dichos tratamientos. En lo que se refiere a los ambientes libres de humo de tabaco, en el año 2004 todos los establecimientos sanitarios del país se transformaron en libres de humo de tabaco, y el 5 de septiembre del año 2005 el Presidente de la República, de acuerdo con los Ministros de Salud, de Educación y de Vivienda y Medio Ambiente, emitió el decreto 268/05, por el cual, a partir del 1 de marzo de 2006, es decir, dentro de unos pocos días, estará prohibido fumar en todo local cerrado de uso público y en toda área laboral, pública o privada, destinada a la permanencia en común de las personas, lo cual convertirá al Uruguay en el primer país de las Américas libre de humo de tabaco.

Otras disposiciones que se han aprobado son: regulaciones a la publicidad, incluida la eliminación de publicidad y esponsorización vinculada al deporte, así como incrementos del impuesto a los productos del tabaco. Es de destacar que en marzo próximo está anunciado el ingreso al Parlamento de un proyecto de ley que incluye la prohibición completa de la publicidad, promoción y patrocinio de los productos de tabaco.

Finalmente, señor Presidente, mi delegación quisiera hacer un llamado sobre la importancia de que los países adapten su legislación nacional a las disposiciones y al espíritu del Convenio Marco para el Control del Tabaco, protegiendo las políticas nacionales de salud pública relativas al control de tabaco contra los intereses comerciales y otros intereses creados de la industria tabacalera, y se prevengan de las estrategias de responsabilidad social corporativa, así como también de los acuerdos voluntarios que la misma utiliza para estos fines. Señor Presidente, cuente usted con la cooperación de la delegación del Uruguay durante estas próximas dos semanas. Muchas gracias.

Mr MOKGOTHU (Botswana):



Mr President, I would like to take this opportunity to congratulate you on your election to the presidency of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

The delegation of Botswana would like to associate itself with the statement read by South Africa on behalf of the African group.

My delegation appreciates the assistance rendered to it by WHO in the implementation of the Convention. Botswana had made progress on tobacco control even before the Convention came into force. We had, for example, enacted the Control of Smoking Act in 1992 to prohibit smoking on public transport. The same Act was amended in 2004 to prohibit smoking in public places. Botswana actively participated in the negotiations of the Convention and ratified it in January 2005. Efforts are ongoing to repeal the Control of Smoking Act to bring it into harmony with the Convention. Meanwhile, the Ministry of Health has begun implementing a tobacco-control programme, whose main activities include public awareness and education, a smoking-cessation programme and mitigation of cases or complaints involving second-hand smoking. As a follow-up to the ratification of the Framework Convention, a national stakeholders' workshop was held in December 2005 to develop a comprehensive national strategy for the implementation of the Convention with the full participation and assistance of the WHO country office.

Botswana is classified as a middle-income country and in most cases this classification disadvantages the country. While it is true that the per capita income of the country is relatively high, the country faces many challenges. The high prevalence of HIV/AIDS and the frequent droughts necessitate the diversion of limited resources from planned development programmes. As a result, Botswana continues to need both development and technical assistance just like any other developing country, especially in the implementation of the programmes that will have to be put in place to comply with the Convention.

In conclusion, let me assure you that Botswana is fully committed to the WHO Framework Convention on Tobacco Control.

Dr SOMATUNGE (Sri Lanka):



First of all, let me congratulate you, Mr President, on your election as the President of the first session of the Conference of the Parties; we wish you all the very best in conducting your duties.

Sri Lanka participated actively in the negotiation process of the WHO Framework Convention on Tobacco Control, playing a consistent and positive role together with other south-east Asian countries. Consequently, we were the first country in the Region and the fourth in the world to ratify this first-ever public health treaty. We were proud to be the first contracting party from our Region.

In order to follow up on our ratification, the Ministry of Health conducted an interministerial conference on the implementation of the Convention, inviting all stakeholder ministries. The objective of this conference was to establish a mechanism for the smooth implementation of the provisions identified in the Convention. Planning for multisectoral tobacco-control strategies was extremely important, as the health sector alone cannot implement a comprehensive tobacco-control policy and

programme in a country. We have set a firm initiative for collaborative action towards implementation of the Convention in Sri Lanka and the Ministry of Health will play the leading role as the focal point, ensuring coordinated action by all stakeholders.

We realize that comprehensive national legislation for tobacco control is needed for the implementation of our obligations as a Party to the treaty. While planning for expansion of the scope of existing legislative measures, the Government has already committed to this cause by proceeding with an Act of Parliament in Sri Lanka. Reflecting the concern about the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke, we will continue with our awareness campaign, the “No Tobacco” programme of the Ministry of Health.

Sri Lanka is dedicated to protecting present and future generations from the tobacco epidemic in our country and we affirm our commitment to the global community by supporting and implementing the provisions of the Convention to the highest levels.

Dr HATAI CHITANONDH (Thailand):



My delegation would like to express its sincere thanks to WHO and its Tobacco Free Initiative in preparing the first session of the Conference of the Parties so that we can now embark upon the great mission of saving a great number of human lives from the dangers of tobacco – one of the major public health disasters of all times. This is the best opportunity we have ever had to fight the tobacco menace internationally in a concerted manner. Tobacco-related diseases inflict a massive burden on all, both high- and low-income countries. Whilst individual nations can be more advanced in tobacco control, the impact of their efforts will be limited due to the globalization of the tobacco trade and promotions. Thailand believes the Conference of the Parties has an opportunity to develop and institute sets of standards and strong protocols which should significantly curb the tobacco calamity worldwide.

Since 1992, Thailand has enacted two strong tobacco-control laws: one to control tobacco products and another to protect non-smokers' health. The laws include the prohibition of smoking in public places and workplaces; a total ban on all forms of advertising, sponsorship and promotions such as free sampling and exchanges; a ban on advertising trademark diversification products; the prohibition of tobacco sales to minors, including by vending machines; pictorial health warnings on cigarette packages; and the requirement to disclose the ingredients and emission products in each brand of tobacco product. Recently, we managed to totally ban point-of-sale displays at all 500 000 retail outlets. This is the biggest distribution network in the world. This year, we will have a ban on misleading descriptors, prohibition of the sale of packs with less than 20 sticks and flavoured cigarettes, and also mandate low ignition propensity in products. In spite of all these laws, which are almost the gold standard of the world, Thailand still needs help in solving transboundary problems such as smuggling, free trade agreements, and cross-border advertising and sponsorship.

In short, our work is just beginning. It is to the credit of the Director-General, Dr Lee Jong-wook, and the Tobacco Free Initiative and numerous other responsible organizations that the work has progressed so rapidly and is poised for future success. Thailand stands ready to work with other countries to address future tobacco-control challenges. Not to do so would be to ignore the imperatives of health promotion and forget the tragic consequences of the past century. We look forward to the vital investment in tobacco control as a mechanism to prevent untold suffering and death and to forward a positive commitment to wellness for all countries.

Mr ISLAM (Bangladesh):



Mr President, I warmly congratulate you and the Officers of the Conference on your election. We look forward to a productive first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control under your dynamic leadership. I assure you of our full support. I thank the Director-General and the Secretariat for their tireless efforts to convene this Conference; we appreciate the commitment of WHO to the negotiations for the Convention.

Use of tobacco is one of the most significant public health hazards in Bangladesh. This acute public health problem takes precedence in other developing countries, as well as in Bangladesh. The tobacco industry has taken full advantage of the easy and unregulated market in these countries. The initiative of the Convention has truly facilitated the Governments' fight against tobacco, providing them with powerful tools.

Recent reports in Bangladesh demonstrate an increasing prevalence of tobacco use among females. Consumption of smokeless tobacco, especially by women, is a special feature that deserves priority attention. On average, half the population uses tobacco in some form. Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases have already become major problems in Bangladesh. Rates of oral and respiratory cancers are also very high. A recent health cost study conducted by WHO in Bangladesh revealed that tobacco also poses a major challenge to the economic development of the country. Nevertheless, tobacco control has become an essential component of the Government's poverty-reduction strategy. Bangladesh was the first country to sign the Convention.

Bangladesh enacted a Tobacco Control Law in 2005, in accordance with the provisions of the Convention. A national policy and plan of action for tobacco control have been developed for 2006-2008. Recently, the Government of Bangladesh has strengthened its awareness-raising programme, enforcement of anti-tobacco legislation through a multisectoral approach, school curriculum development and tobacco cessation. The national plan of action and anti-tobacco activities of the governments should be tools for mobilizing resources for tobacco control. WHO should approach prospective donors to initiate technical assistance programmes and adequate funds should be allocated for these tobacco control activities.

The example of collaboration between the Government and nongovernmental organizations is unique in Bangladesh. We implement many tobacco-control activities in our country. We also want to help to establish a network with fellow countries in the Region. We are confident that WHO will support this networking process as usual.

Bangladesh is the largest of the least developed countries. We request WHO and the donor community to support least developed countries in implementing the Convention effectively. We propose that a special mechanism be established under the Conference of the Parties and in the Tobacco Free Initiative in WHO to provide special support to the least developed countries.

El Sr. RODRÍGUEZ CUADROS (Perú):



Muchas gracias señor Presidente. En primer lugar quisiera expresar a usted la satisfacción con que la delegación del Perú ha visto su nominación para presidir esta primera reunión de la Conferencia de las Partes del Convenio Marco para el Control del Tabaco. Estamos seguros de que con su experiencia, su compromiso con la causa y sus habilidades profesionales, esta Conferencia arribará al mejor de los éxitos. Al mismo tiempo, quiero agradecer al Dr. Lee, Director General de la OMS, la fuerza, la prioridad y el compromiso que demuestra en todas las acciones de la Organización para la ejecución del Convenio Marco.

Señor Presidente: desde que el Convenio fue adoptado en Ginebra en mayo de 2003 hemos llegado a una ratificación de sus disposiciones por parte de 168 países, y ello expresa un compromiso definido de la comunidad internacional en la lucha contra el tabaquismo. En el caso específico del Perú, la aplicación del Convenio Marco ha permitido definir las normas de derecho internacional que sirven de contexto a la aplicación de las políticas nacionales que con una visión intersectorial y de participación de la sociedad civil aplica de manera sistemática el Ministerio de Salud de mi país. Creo, señor Presidente, que de las exposiciones del Convenio Marco se derivan algunas obligaciones que los Estados debemos cumplir. Pero estas obligaciones siempre tienen que estar complementadas por estudios de diagnóstico adecuado para saber exactamente cuál es la realidad que debemos modificar para obtener sociedades básicamente libres de tabaquismo.

En el caso del Perú, que ratificó el Convenio Marco el 30 de noviembre de 2004, hemos realizado una serie de estudios de diagnóstico que nos presentan los siguientes indicadores: cada año mueren en el país entre 9000 y 10 000 personas debido a enfermedades relacionadas con el tabaquismo. En una visión global, en este momento el 30% de la población peruana fuma, y desde la perspectiva del tabaco en las escuelas hemos podido determinar, en base a un estudio efectuado con el

aporte financiero de la OMC, que uno de cada cinco estudiantes de la escuela secundaria fuma y más del 50% de la totalidad de los estudiantes han fumado alguna vez en su vida.

Para erradicar el tabaquismo en la sociedad peruana, el Gobierno de mi país ha tomado algunas medidas, en un doble nivel. Por un lado en el ámbito normativo: además de ejecutar las disposiciones del Convenio Marco se ha elaborado un proyecto de ley sobre la prevención y control de las consecuencias y riesgos de la comercialización y el uso de productos que contienen tabaco. En este proyecto de ley, que se encuentra en debate en el Congreso de la República, se adelanta el cumplimiento de la meta que el Convenio Marco estipula para 2010, en el sentido de que este dispositivo prohíbe totalmente la publicidad comercial del tabaco. Asimismo, entre sus disposiciones está la expresa prohibición de emplazar en cualquier lugar del territorio de la República máquinas expendedoras de cigarrillos y consolidar todas las disposiciones en materia de zonas libres del uso del tabaco. Asimismo, se prevé un aumento de los impuestos para gravar adicionalmente el consumo y desalentarlo.

Creemos, señor Presidente, que con estas medidas vamos a avanzar en el compromiso del Gobierno del Perú y de la sociedad peruana, porque en él participan cada vez más numerosos estamentos de la sociedad civil, de obtener una sociedad progresivamente libre de tabaco. Somos conscientes de que nuestra empresa nacional depende en gran medida de los avances que podemos hacer a nivel mundial. Por esa razón, la difusión que hacen el Gobierno y las entidades especializadas responsables de los efectos del tabaquismo no solamente pone énfasis en su impacto en la sociedad peruana, sino en el diagnóstico de su uso a nivel mundial. Nos preocupa en ese sentido, señor Presidente, que las decisiones que vayamos a tomar en esta primera Conferencia nos permitan llegar a algunos consensos básicos para asegurar que la puesta en práctica del Convenio Marco sea útil y efectiva. En ese sentido, mi delegación otorga una especial consideración al punto de nuestro orden del día dirigido a discutir las fuentes de financiamiento para la ejecución de las obligaciones del Convenio Marco. Creemos que la constitución de un fondo especial o de un mecanismo de financiamiento independiente es prioritaria, ya que ello podrá coadyuvar de la manera más adecuada a los esfuerzos nacionales. De la misma manera, estamos persuadidos de que podremos avanzar y eventualmente llegar a consensos específicos en relación con el reglamento interior de la Conferencia de las Partes, a la estructura de la secretaría permanente y al reglamento financiero, así como al presupuesto.

Señor Presidente: la lucha contra el tabaco no solamente tiene un contenido de políticas de salud sustentables desde el punto de vista del desarrollo humano, no solamente tiene un contenido normativo a partir de la aprobación del Convenio, sino que también posee sustantivamente un contenido ético, ya que la ética individual y social apunta sustantivamente a que el ser humano y la sociedad puedan vivir en las mejores condiciones desde el punto de vista de la salud, y ése es el objetivo final del Convenio Marco y ése es el compromiso de la delegación del Estado y del pueblo del Perú. Muchas gracias, señor Presidente.

7. CREDENTIALS OF PARTICIPANTS POUVOIRS DES PARTICIPANTS

El PRESIDENTE:

De conformidad con el artículo 19 del proyecto de reglamento interior, propongo que la Mesa examine las credenciales de las Partes que participan en esta reunión y que más adelante nos informe en el plenario sobre el resultado de su análisis. Puesto que no hay objeciones, se procederá de esa manera.

Deseo hacer un anuncio: mañana, a las 9.30 de la mañana, la Mesa se reunirá para analizar el tema de las credenciales y algunos arreglos necesarios para el establecimiento de las dos comisiones de trabajo: la Comisión A y la Comisión B.

Este plenario se volverá a reunir mañana a las 10 de la mañana, para continuar con el punto 1.3 del orden del día, «Debate general», en el que escucharemos al resto de las delegaciones inscritas. Se levanta la sesión.

**The meeting rose at 16:55.
La séance est levée à 16h55.**

SECOND PLENARY MEETING

Tuesday 7, February 2006, at 10:25
International Conference Centre, Geneva

President: Mr J. MARTABIT (Chile)
later: Dr C. LASSMANN (Austria)
later: Mr J. MARTABIT (Chile)

DEUXIEME SEANCE PLENIERE

Mardi 7 février 2006, 10h25
Centre International de Conférences, Genève

Président: M. J. MARTABIT (Chili)
puis: Dr C. LASSMANN (Autriche)
puis: M. J. MARTABIT (Chili)

1. GENERAL DEBATE (HIGH-LEVEL SEGMENT) DEBAT GENERAL (DE HAUT NIVEAU)

MR SHA Zukang (China):



Mr President, it gives me great pleasure to see you in the Chair. I know that with your experience, your skill and, in particular, your dedication to tobacco control, you will certainly guide our Conference to a successful conclusion. Let me take this opportunity as your friend to promise that I will reduce my own cigarette consumption after this Conference.

The speaker continued in Chinese
L'orateur poursuit en chinois.

首先，中国代表团祝贺您荣任第一次缔约方大会主席。“好的开始是成功的一半”，我们相信，你的智慧和经验定能为缔约方会议开创一个良好的开端。

主席先生，各位部长阁下、女士们、先生们：

《世界卫生组织烟草控制框架公约》是人类公共卫生史上的一座里程碑。我谨代表中国政府对《烟草控制框架公约》的生效和缔约方大会第一次会议的召开表示热烈祝贺。

中国政府一贯支持国际社会采取控烟措施，积极参与并推动《烟草控制框架公约》的形成，并于2003年11月10日签署了公约。2005年8月28日，人大常委会批准了《世界卫生组织烟草控制框架公约》，并声明在中华人民共和国领域内禁止使用自动售烟机。

中国政府高度重视保护人民健康和控制烟草工作，相继颁布的《烟草专卖法》、《广告法》、《未成年人保护法》、《预防未成年人犯罪法》以及国务院颁布的《公共场所卫生管理条例》为烟草控制和公共卫生建设工作提供了法律基础。中国政府力争将2008年北京奥运会办成无烟奥运会。

近年来，国务院有关部门采取积极行动加强了控制烟草的能力建设；开展了无吸烟场所、无吸烟单位、无烟草广告城市的创建和认定工作。对烟草工业企业加大联合重组，严厉打击烟草非法贸易，禁止向未成年人出售卷烟。烟草控制在中国取得了实质性的进展。

同时我们也认为，烟草控制是一项长期、艰巨和复杂的公共卫生问题，也是一项政策性很强的社会与经济问题。中国是一个发展中国家，地区之间经济发展不平衡，贫富差距也很大。我们将结合中国的实际，制定国家的控烟规划，积极稳妥地履行《公约》，并着力做好以下几个方面工作：

一、充分发挥履约工作协调机制的作用。中国政府已建立了由国家发展改革委、卫生部、外交部、财政部、国家工商总局、国家烟草专卖局等部门组成的部际协调机制，共同研究制定控制烟草的战略规划，协调各部门履约工作，保证公约的切实履行。

二、加强《公约》的宣传，提高公众对吸烟有害健康的认识。通过公共场所禁烟、无烟草广告城市认定、创建国家卫生城市和开展控烟综合试点项目，促进无吸烟单位、无吸烟办公楼等社区控烟工作的开展。结合“无烟体育”、“无烟影视及时尚行动”、世界无烟日主题以及国际戒烟竞赛等活动，推动多种形式的控烟健康教育广泛开展，进一步提高广大民众对烟草危害的认识，形成支持履约的社会环境。

三、进一步完善烟草控制有关法律法规，坚决控制烟草对健康的不利影响。我们将根据《公约》的有关规定，结合我国具体实际，进一步完善相关法律法规，鼓励通过行政性法规和地方立法，严格限制在公共场所吸烟。同时加强执法力度，规范烟草生产经营行为，禁止和限制烟草广告、促销和赞助，让青少年远离烟草，让老百姓免受烟草之害。

四、加强对烟草发展的管理。中国对烟草生产实行严格的计划控制的政策不变，对烟叶仍将征税。不容许新设立中外合资卷烟生产企业，不再新建卷烟厂，对现有烟草工业企业加大联合重组，坚决打击烟草非法贸易，禁止使用自动售烟机。

五、积极开展烟草控制的国际合作。中国控烟工作得到了世界卫生组织等国际组织的一贯支持和帮助。我们将一如既往地坚持和加强与世界卫生组织，通过多途径，在多领域开展合作。同时，我们要与其它国家在控烟领域加强合作，借鉴其它国家控烟实践和成果经验，开拓我国烟草控制工作的新局面。

谢谢主席先生。

Mr HUGUENEY (Brazil):



Mr President, let me congratulate you on your election. Under your guidance I am sure this Conference will successfully meet the expectations of the global health community.

Brazil was actively involved in all phases of the process that led to the adoption of the first treaty negotiated under the auspices of WHO. It was a great honour for us to chair the process, under the wise leadership of Ambassador Celso Amorim, currently our Minister of External Relations, and Ambassador Luiz Felipe de Seixas Corrêa, who is here with us today and who is now our Ambassador to Germany. He also chaired the Open-ended Intergovernmental Working Group. We thank all delegations for the confidence placed in us during the whole period and for their commitment to our goals.

The Brazilian delegation would like to share with you the experience we gained during the process that led to the approval of the WHO Framework Convention on Tobacco Control by the Brazilian Congress. During the public debate that preceded this approval, which lasted more than two years, concerns were raised by Brazilian tobacco growers and members of Congress about the defence of the interests of workers in the tobacco production chain. Public hearings, organized in many regions of the country where the economy is based on tobacco production, allowed all parties involved to express their views. This proved a highly successful strategy.

It is also important to underline the support we received from intergovernmental organizations, led by WHO, national and international nongovernmental organizations and associations of Brazilian rural workers, for the ratification of the Convention. Our internal process was long but necessary, particularly because it helped to consolidate a sound foundation within Brazilian society for the implementation of the treaty.

We reaffirm our commitment to implementing the Convention. We count on the continuous support of WHO and its competent assistance, particularly through the Tobacco Free Initiative and the permanent secretariat of the Convention which is to be established within its structure. We expect to benefit from the experience of other countries, and we offer to share our own expertise in support of WHO activities and in cooperation with other governments. In this connection, it is worth stressing that a number of measures related to tobacco control have already been adopted within the framework of the South American Common Market (MERCOSUR).

Brazil has implemented a strong intersectoral policy on tobacco control, which integrates efforts in the fields of legislation and education. This orientation has brought highly positive results: if we compare the percentage of the population who smoked in 1989 to that in 2003, we can see that it had decreased from 32% to 19%. These achievements can be further enhanced by additional measures in the field of multilateral cooperation.

In this context, the Brazilian delegation favours the negotiation of a protocol on illegal trade. We have already started to develop measures to that end and intend to implement new mechanisms this year as part of the system of tracking and tracing of cigarette production, which will be compulsorily applied to all tobacco products produced in Brazil. We will be happy to share that experience in the context of a future protocol. We also favour the consideration by the Conference of the Parties of a protocol on cross-border advertising, particularly in a context where technology has shortened the distances and countries are facing the challenge of improving the governance of virtual space. The Brazilian delegation believes that the preparation of guidelines on the implementation and monitoring of the treaty is equally urgent and we are willing to support that process.

Exchange of information is especially important in the field of regulating tobacco products. We welcome the initiative to establish the WHO Study Group on Tobacco Product Regulation and of facilitating the creation of the WHO Tobacco Laboratory Network. Brazil is firmly committed to this process. In that connection, we are in the final stages of the establishment of the first laboratory in a developing country for analysis and research on tobacco products, which will serve as a focal point for South-South cooperation in this field.

We reaffirm our understanding that this treaty must serve as an effective instrument to foster international cooperation. We will support research and studies designed to evaluate the impact of the implementation of the Convention on thousands of Brazilian families involved in the production of tobacco. They also need a response to their concerns.

This first session of the Conference of the Parties is of paramount importance to ensure a follow-up process that will guarantee the sustainability and the efficiency of the measures foreseen by the Convention. Effective implementation of the WHO Framework Convention on Tobacco Control will be our legacy to present and future generations and our example of how hard work and determination can help to make a better world for us all.

Mr FUJISAKI (Japan):



Thank you very much, Mr President. My respect for you is already very well known.

I believe that this Convention is a major achievement of the first decade of the 21st century; this is a very brave, well thought-out enterprise. Japan is very proud to be one of the first countries to ratify this Convention, because it is very important for the health of the people of the world. In this Conference today, we will be establishing guidelines for implementing this framework. Our responsibility is great. What we have to establish should be effective and balanced.

Japan's philosophy towards tobacco control can be summarized into four points: (1) dissemination of knowledge on the health risks and effects of smoking; (2) prevention of smoking by minors; (3) strict monitoring of the separation of smoking areas in public and workplaces; and (4) promotion of support programmes for those who wish to quit smoking. In order to reflect these thoughts in policies, we are taking measures domestically and internationally. Domestically, we have reflected these four points in our programme "Healthy Japan 21". In this programme we are conducting the following measures, among others; no-smoking week; a world no-smoking day symposium; no-smoking sensitization sessions; and training for schools and private enterprises. In addition to the above programmes, we adopted the following legal measures; revision of the advertising guidelines for manufactured tobacco products; prohibition of advertising for tobacco on television, radio, the Internet and public transport after July 2005; and revision of the enforcement regulation on tobacco business law. Through this revision, existing health warnings on all tobacco products have become much stricter since July 2005.

Japan is not only concerned about the health of its own people; in the international arena Japan has been providing financial and technical support to the Tobacco Free Initiative. In our official development assistance, based on the health and development initiative launched last June, Japan is providing comprehensive health sector systems; this includes capacity building for health workers and development of health facilities. Tobacco-related measures requested by partner countries are an important element and it goes without saying that we will continue to support WHO in this field.

In Asia, when we carve out a statue of Buddha, we need to put a spirit into the statue. We already have in our hands a good statute: that is the Framework Convention. We now need to put a spirit into it and that is our work now. Let us together support WHO and implement this Convention. Let us work together.

Mr MNATSAKIANIAN (Armenia):



Mr President, it is with great pleasure that I join all other previous speakers in congratulating you and the Officers of the Conference on your election. Having had the privilege of working with you on numerous previous occasions and having observed your skilful chairmanship and vast experience before, I have absolutely no doubt that this Conference is indeed in good and confident hands.

The entry into force of the WHO Framework Convention on Tobacco Control is a cause for celebration. However, we are just at the beginning of a long journey towards healthier and more responsible lifestyles.

I represent one of the many countries in which tobacco smoking remains widespread and represents a considerable health, economic and social problem. Unfortunately, we remain among those in the European Region who have one of the highest adult smoking rates. As some of you might have read in our national surveys, 6 out of 10 adult males in Armenia are smokers. As in many other regions, we also have to consider the priority of tobacco control against the background of economic dilemmas concerning tobacco production and the related employment and income-generation issues.

It is quite encouraging that my Government, in recognition of tobacco-related risks and challenges, as well as of its overriding responsibilities before the public, has undertaken to face the

problem and reverse the tide. With these considerations in mind we have also, from the very outset, engaged in the work of the Intergovernmental Negotiating Body. Subsequently, Armenia became one of the first 40 States to ratify the Convention.

Our engagement in tobacco control at the international level has been an effective tool in stirring rigorous domestic public debates and raising public awareness of tobacco-related international concerns. It has also been most instrumental in developing domestic legislation aimed at the gradual implementation of the Convention.

Among the various national legislative acts, the law on limitations of production, sale and consumption of tobacco in Armenia has been in force since March 2005. The law is the first serious legal restrictive document to tackle the problem of smoking in public places and enclosed environments. The law also addresses the question of imposing limitations on trade in tobacco. Having amended our national law at the end of last year, we have also introduced a phased total ban on tobacco advertising, as well as of its promotion and sponsorship. Adjusting effective policies on tobacco control in our legislation, as well as continued monitoring of their implementation, will certainly remain a challenging task.

Armenia has also adopted its own national action plan on tobacco control, which is financed by the national budget and is in force as of the current year. The action plan is elaborated on the grounds of a national policy aimed at the encouragement of cessation. It also aims aggressively to raise public awareness of the dangers of smoking through the mass media, including television. The Government is aiming to establish firm partnerships with civil society in order to expand engagements to collectively address the problem. Developing a broadly established culture of non-smoking requires these broad engagements. Our accession to the Convention has certainly been an important consolidating factor for our national efforts.

The WHO Framework Convention on Tobacco Control is a product of our collective commitment to the attainment of high standards of health for us and for future generations. This Convention is not without opposition. It faces the daunting task of surviving the challenges of multiple pressures. It involves vested interests and collisions. We believe it remains a collective challenge for us to assert our commitment to pursuing and extending the benefits of healthier environments to our societies. This Convention is still in its infant years and needs our continued support.

Professor AKOSA (Ghana):



Mr President, on behalf of the Ghana delegation, may I congratulate you and the Officers of the Conference on your election. I also wish to extend to the Director-General of WHO and all participants a blessed New Year.

Ghana participated actively in the negotiation processes of the WHO Framework Convention on Tobacco Control and witnessed its adoption by the Fifty-sixth World Health Assembly. It became the 39th country to ratify the Convention and is therefore legally bound by the treaty's provisions. The country's laws, however, require the re-integration of international law into domestic law. We have therefore drafted a national tobacco bill containing all the tenets of the Convention, which is ready to go to the country's cabinet.

In ensuring that Ghana ratified the Convention, the Ghana Health Service sent letters to all Members of Parliament asking them to support the Convention and also the national tobacco bill when placed before the House of Parliament. It was therefore gratifying when the country's 200 MPs unanimously ratified the Convention. The national tobacco bill is yet to get to the House of Parliament.

In the interim, we have also appealed to all health professionals to support tobacco control and Ghana has subsequently launched the "Health Professionals Against Tobacco" forum. During the last World No Tobacco Day on 31 May 2005, health professionals held a press conference and made a passionate plea to Ghanaians on the benefits of tobacco control. They have also instituted a nationwide educational programme on the Convention. Equally importantly, an appeal letter was sent to 500 owners of public places seeking their support for tobacco-control policies to make their places tobacco smoke free. We have received a very good response and, currently, some restaurants and bars have voluntarily instituted no-smoking policies.

“Quit and Win” competitions have been organized since 2002 and the percentage of smokers who quit increased from 29% in 2003 to 43.4% in 2005. Of the participants, 94% stated that they would support a law that prohibits smoking in public places.

Ghana established the Tobacco and Substance Abuse Department at the Food and Drugs Board under the Ministry of Health in 2005. The Department will regulate the Tobacco Control Programme and has developed many advocacy programmes for schools. In order to once again ensure that Members of Parliament will enact the national tobacco bill into domestic law, a sensitization workshop is being organized for the Parliamentary subcommittee on health and trade. Activities envisaged after the passage of the tobacco bill include: development of a legislative instrument for the effective implementation of the Act; development of sensitization programmes for the enforcement agencies in both the private and public sectors; and targeting owners and managers of public places for a series of advocacy seminars.

Ghana seeks assistance, both financial and technical, in a number of areas: in the implementation of the provisions of the bill; in conducting a national prevalence study; in support for the National Steering Committee on Tobacco Control to establish monitoring and evaluation programmes; and in the development of cessation programmes in the Ghana Health Service in order to equip health professionals with the appropriate skills. Tobacco growers in Ghana need support for alternative livelihoods. A proposal for the establishment of a national action plan has been finalized. I liked the reference to “No Tobacco Week” in the statement of a previous speaker, which, among other brilliant initiatives in this Conference I shall take back to Ghana for implementation.

Dr JAYLE (France) :



Je vous remercie, Monsieur le Président, et vous félicite pour votre élection. Je remercie également Mme le Sous-Directeur général du Groupe Maladies non transmissibles et santé mentale et son équipe pour leur implication dans cette Convention-cadre qui nous réunit aujourd’hui.

La France adhère pleinement aux termes du discours prononcé par l’Autriche au nom de l’Union européenne. Elle voudrait compléter cette intervention par les observations suivantes.

La réunion qui nous rassemble aujourd’hui est une nouvelle étape cruciale dans la mise en oeuvre de l’initiative Pour un monde sans tabac. Après l’adoption de la Convention-cadre, sa signature et sa ratification par de nombreux Etats dans un délai record, son entrée en vigueur rapide, nous sommes aujourd’hui appelés à organiser les conditions pour la faire vivre, pour l’appliquer, pour en faire une réalité sur le terrain. La France a, dès le départ, soutenu avec enthousiasme et détermination ce processus. Je suis chargé, Monsieur le Président, de vous apporter aujourd’hui l’assurance que notre volonté reste entière et que la délégation française, en liaison avec ses partenaires de l’Union européenne, vous assurera pendant cette Conférence toute l’aide nécessaire pour obtenir le plein succès de cette session.

L’une des questions importantes inscrites à notre ordre du jour concerne les mécanismes de coopération avec les pays en développement pour leur permettre de reprendre pleinement à leur compte et d’intégrer dans leur législation interne les dispositions de la Convention-cadre. La France est particulièrement attentive à cette nécessité et elle mesure pleinement la pression que l’industrie du tabac fait peser sur ces pays qui sont devenus une cible privilégiée pour les industriels. Laissez-moi apporter quelques commentaires supplémentaires à ce sujet. En septembre dernier, notre pays a accueilli la Deuxième Conférence internationale francophone sur le contrôle du tabac qui a réuni 700 délégués de 33 pays. Cette Conférence a permis de renforcer la capacité des pays francophones à s’inscrire dans le mouvement et le cadre juridique international qu’offre la Convention. La France offre déjà à certains pays d’Afrique une aide financière destinée à lutter contre le tabac, sous la forme d’une contribution volontaire que la Mission interministérielle que je préside sous l’autorité du Premier Ministre a versée à l’OMS. De leur côté, le Ministère de la Santé et l’Institut national du Cancer, nouvel Institut très dynamique, contribuent à la coopération avec l’Afrique francophone. Nous sommes convaincus que cette assistance aux Etats est un objectif majeur pour assurer la pleine mise en oeuvre de la Convention-cadre. De même, d’une manière générale, il apparaît nécessaire que l’OMS comme la Conférence des Parties ne négligent pas d’avoir recours aux organisations internationales spécialisées pour les sujets transversaux. Je pense par exemple aux projets de protocoles additionnels

qui pourraient concerner aussi d'autres organisations, telles que l'Organisation mondiale des Douanes ou l'Organisation mondiale du Commerce.

En ratifiant la Convention-cadre dès le mois d'août 2004, la France a montré l'importance qu'elle attachait à cet instrument. Notre pays disposait déjà à cette époque, avec la loi Evin qui remonte à 1991, d'une législation avancée contre le tabagisme. Cette loi dès 1991 avait notamment instauré l'interdiction totale de toute publicité en faveur du tabac dans notre pays et organisé, non sans certaines difficultés d'application, la protection des non-fumeurs dans les lieux publics. Avec 66 000 décès prématurés par an, le tabac reste en France un déterminant majeur de la santé. Ces dernières années, notre pays s'était caractérisé par une prévalence très élevée du tabagisme chez les jeunes et par une augmentation exponentielle de la mortalité due au tabac chez les femmes. Dans le cadre de la priorité fixée par le Président de la République à la lutte contre le cancer, le Gouvernement français a décidé en 2003 de redoubler d'efforts contre le tabagisme. En suivant les recommandations de l'OMS et aussi l'enseignement des expériences étrangères réussies, nous avons mis en place une politique volontariste et complète, portant sur tous les fronts, notamment sur les prix et sur la réglementation. En 2003 et 2004, le prix des cigarettes a ainsi augmenté en France de plus de 40 %. L'effet direct de cette augmentation du prix a été une chute des ventes spectaculaire de 14 % en 2003 et de 21 % en 2004. L'encadrement administratif du marché qui existe en France à travers le réseau des débitants de tabac a permis de limiter et même de diminuer légèrement les effets de la contrebande. En revanche, les achats transfrontaliers ont fortement augmenté. Mais s'agissant de la contrebande, nous sommes vraiment disposés à partager notre expérience pour élaborer un protocole sur le commerce illicite des produits du tabac. En matière réglementaire, plusieurs dispositions récentes, accompagnées de campagnes de communication et de prévention, ainsi que de mesures d'aide à l'arrêt chez ceux qui fument, ont permis de durcir encore la lutte contre le tabac. J'en cite très rapidement les plus importantes : avertissements sanitaires plus dissuasifs sur les emballages, interdiction de la publicité sur l'Internet, interdiction de la vente aux mineurs de moins de 16 ans, interdiction des paquets de moins de 20 cigarettes, élargissement des compétences judiciaires accordées aux associations pour poursuivre en justice les auteurs d'infraction à la réglementation du tabac. Au total, le budget des pouvoirs publics pour la lutte contre le tabac a plus que doublé en France depuis 2003, notamment pour les subventions aux associations, et les résultats de cette action sont réels : la prévalence du tabagisme chez les jeunes de 15 à 19 ans a diminué de 17 % chez les garçons et de 30 % chez les filles. L'effort doit être poursuivi. Avec 30 % de fumeurs dans la population totale, la France est encore loin de l'objectif des 20 % assigné par l'OMS, qu'apparemment le Brésil a déjà atteint. Après la fiscalité, la protection contre la fumée constitue la mesure la plus efficace pour lutter contre le tabac. En suivant avec une très grande attention les expériences conduites chez certains de nos voisins européens, le Ministre français de la Santé a fait part de son intention d'agir en ce domaine et de renforcer la prévention du tabagisme passif.

En reprenant le concept forgé par une économiste française, le tabagisme est une « épidémie industrielle », dont la responsabilité incombe à une industrie puissante, organisée, sachant déployer des stratégies internationales cohérentes et à long terme.

Dans ce combat, nous avons beaucoup progressé mais la tâche reste immense. Pour être efficaces, nous devons continuer à mener ce combat ensemble et dans la solidarité. Je vous remercie.

Mr SINGH (India):



Mr President, on behalf of the Indian delegation may I offer you our congratulations on assuming the Chairmanship of this historic Conference, where countries who have affirmed their commitment to tobacco control have gathered to chart the onward course of the WHO Framework Convention on Tobacco Control. As we celebrate the advent of the world's first public health treaty, we would also like to record our appreciation of all those who have contributed to its development over the last five years. In particular, WHO, which has spearheaded this initiative, deserves high praise for ensuring the speedy completion of the negotiations and the required ratification.

India became the eighth country to ratify the Convention. In clear demonstration of its commitment to tobacco control, India enacted comprehensive legislation in May 2003, shortly before the Health Assembly adopted the Convention. This legislation incorporates most of the provisions of

the Convention and, in several cases, has gone well beyond its minimum requirements. Many of the provisions of this legislation are already being enforced, and have been since May 2004. Among the provisions in force are: a comprehensive ban on all forms of advertising, sponsorship and promotion of tobacco products; a ban on smoking in public places; a ban on the sale of tobacco products to and by minors; and a ban on the sale of tobacco products within 100 yards of any educational institution. Health warnings, with pictograms and a variety of messages, will be introduced very shortly. The ban on tobacco promotion has also recently been extended to cover the depiction of tobacco use in films and the electronic media. Our Government is closely monitoring the practices by which the tobacco industry is attempting to circumvent some of these regulations and is strengthening the rules to prevent such violations.

We believe that the Convention is a powerful instrument for advancing global health, by combating one of the greatest threats to the health and well-being of people in all regions of the world. We need to ensure that the Convention is fully implemented, in letter and in spirit, to meet the objectives of reducing the prevalence of tobacco consumption and averting the disastrous health, social, economic and environmental costs of tobacco use. For this, we need to provide for a strong secretariat and give adequate financial support for global tobacco control programmes. This session of the Conference of the Parties needs to deliberate these important issues and develop sustainable mechanisms for the effective implementation of the Convention. We also need to develop protocols which will extend the ambit of the Convention into specific areas, such as, a ban on cross-border advertising and the prevention of illicit trade in tobacco products. My delegation will extend its fullest support to you in addressing these issues and steering this first session of the Conference of the Parties to a successful conclusion.

Dr ANIBUEZE (Nigeria):



Mr President, on behalf of the Nigerian delegation, let me first join my colleagues in congratulating you on your election as the President of the first session of the Conference of the Parties. I also wish to congratulate the Officers of the Conference who were elected.

Permit me also to congratulate the Director-General of WHO Dr Lee Jong-wook and his Tobacco Free Initiative for the success achieved so far by the WHO Framework Convention on Tobacco Control. The number of parties to the Convention bears true testimony to this.

I wish to state that Nigeria associates itself with the statement made yesterday by South Africa on behalf of the African Region.

In Nigeria, a national survey of noncommunicable diseases carried out in 1990-1992 found that 4.14 million Nigerians over 15 years of age smoked and 1.26 million smoked 10 or more cigarettes a day. The statistics have increased in a study done in Lagos in 2003.

Although the negative public health effects of tobacco use were known in Nigeria many years ago, it was only in 1990 that major actions towards tobacco control were taken by Nigeria. In 1990, the Tobacco Smoking Control Decree No.20 of 1990 was promulgated. The Act provided for a ban on smoking in public places and provided for a warning message on every tobacco advertisement stating that tobacco smoking is injurious to health. But this Act fell short of a total ban and the enforcement was limited. Nigerians began to hear a long tobacco advertisement in which the Federal Ministry of Health warned that smoking was injurious to health or that smokers were liable to die young. The tobacco companies therefore employed public relations experts who packaged their own adverts so professionally that the attractive aspect of the tobacco advert was very apparent while the warnings were fast and not very audible. It is important to note that though this Decree No.20 of 1990 had enforcement problems, it formed the first major attempt at tobacco control in Nigeria. In 2001, on the insistence of the Federal Ministry of Health, the Government of the Federation approved the designation of all Government buildings as "no smoking" buildings. An elaborate ceremony to mount the "no smoking" plaque on the Federal Secretariat building was performed by the Secretary to the Government of the Federation in the full glare of the press. The national Smoking Cessation Committee came into being 1999. Also in 1999, a short-term plan of action for the control of tobacco use in Nigeria was developed.

In 2001, the Nigeria National Assembly passed a Bill seeking the total ban of tobacco advertisement, following a series of seminars organized by the Federal Ministry of Health in

collaboration with some nongovernmental organizations. This Bill amended the earlier Decree No.20 of 1990. Another important action on tobacco control in Nigeria is the total ban on tobacco advertisement in year 2003 by the Advertising Practitioners Council of Nigeria. This was the outcome of collaboration between the Federal Ministry of Health, some nongovernmental organizations and the Advertising Practitioners Council. We are currently developing a comprehensive national policy on noncommunicable diseases including tobacco control. Advocacy and sensitization of high Government officials and the general public are ongoing and having great impact. Advocacy and sensitization are also targeted at the law enforcement agents to ensure that existing laws are complied with.

Nigeria participated in discussions on the Convention from the negotiations to its adoption by the Health Assembly. Nigeria ratified the Convention in October 2005 and has since initiated the process of domestication of the Convention. Currently the Federal Ministry of Health is working on a comprehensive bill taking into consideration all the provisions of the Convention. This bill is expected to be passed into law before the end of the third quarter of 2006.

Nigeria is very keen to ensure the implementation of the Convention and we look forward to working with other countries to ensure that the provisions of the WHO Framework Convention on Tobacco Control are fully implemented.

Mr SAEED (Sudan):

السيد الفاتح محمد سعيد (السودان):



بسم الله الرحمن الرحيم،

السيد مدير الجلسة، الإخوة الأعضاء في مؤتمر الأطراف، الإخوة المشاركين من المنظمات غير الحكومية، الضيوف الكرام، يطيب لي باسم حكومة السودان أن نتقدم بالتهنئة لمنظمة الصحة العالمية ولكل الأعضاء المشاركين في هذا المؤتمر بالنجاح الكبير بعد أن أصبح الحلم حقيقة وها هي اتفاقية منظمة الصحة العالمية قد دخلت حيز التنفيذ منذ ٢٧ شباط/فبراير ٢٠٠٥. وها هو مؤتمر الأطراف قد انعقد في دورته الأولى. فالتحية لكل من أسهم في هذا العمل حكومات وأممًا وشعوبًا.

السيد الرئيس، لقد لعب السودان دوراً أساسياً في دعم الاتفاقية الإطارية لمكافحة التبغ منذ بداية الفكرة، وذلك لقناعة المسؤولين النامة بضرورة مكافحة أنشطة التبغ في العالم. حيث شارك ممثلوه في الدورات الأولى لمناقشة أحكام الاتفاقية، كما شارك السودان في كل دورات الفريق العامل الحكومي المفتوح العضوية المعني بهذه الاتفاقية.

سيدي الرئيس، لا ننسى الدعم الفعال الذي قدمته منظمة الصحة العالمية - إقليم شرق المتوسط - في بناء قدرات الكوادر والبرامج العاملة في مجال مكافحة التبغ. إذ شارك السودان في دورات عدة لبناء قدرات العاملين في مبادرة التحرر من التبغ في القاهرة.

سيدي الرئيس، الإخوة الأعضاء، لقد كللت أنشطة العاملين والناشطين في مجال مكافحة التبغ بنجاحات عديدة تمثلت في الآتي:

- تمت مجموعة من أنشطة الترويج للاتفاقية في احتفالات السودان باليوم العالمي للانقطاع عن التدخين في السنوات الخمس الماضية ضمت كل العاملين في مجال مكافحة التبغ في السودان.
- انضم السودان إلى قائمة الدول الموقعة على الاتفاقية في ١٠ حزيران/يونيو ٢٠٠٤.
- كما توجت نشاطات المعنيين بمكافحة التبغ في السودان بالمسارعة بالمصادقة على الاتفاقية الإطارية في ٣٠ تشرين الأول/أكتوبر ٢٠٠٥ من قبل رئيس الجمهورية ليصبح السودان عضواً أساسياً وفاعلاً في مؤتمر الأطراف.
- هذا وقد شارك السودان في المسح العالمي للشباب والتبغ مرتين الأولى في العام ٢٠٠١ وتجدد المسح في العام ٢٠٠٥.

سيدي الرئيس، توجت هذه الأنشطة بإجازة قانون مكافحة التبغ لعام ٢٠٠٥" بواسطة مجلس الوزراء والمجلس الوطني ورئاسة الجمهورية وقد ضمت مواد هذا القانون كل ما دعت إليه بنود الاتفاقية الإطارية بشأن مكافحة التبغ.

وفي الختام أحب أن أؤكد لكم سيدي الرئيس التزام حكومة السودان بالآتي:

- توفير مناخ مجتمعي يستنكر التدخين ويعتبر عدم التدخين هو التصرف الطبيعي للإنسان، وحظر تناول التبغ في الأماكن العامة وذلك بنشر القانون والتبشير به في أجهزة الإعلام الرسمية المختلفة.
 - توفير الدعم المادي واللوجستي للبرنامج القومي لمكافحة التبغ بالسودان على كل المستويات.
 - إنشاء مراكز للإقلاع عن التبغ بالمركز والولايات وتوفير الإمكانيات والموارد للإعلام والتثقيف الصحي ضد استعمال التبغ.
 - جمع المعلومات والبيانات، ورصد الاتجاهات العامة في استخدام التبغ وإمكانية توفير البدائل الزراعية والصناعية للبيع والمنتجين.
 - وضع سياسات تسعيرية (فرض ضرائب ورسوم) تهدف إلى التقليل من تعاطي التبغ بكل أشكاله وتخصيص جزء منها لأنشطة مكافحة التبغ.
- وشكراً جزيلاً.

Dr MAHMOUD (Egypt):

الدكتور محمد محمود (مصر):



بسم الله الرحمن الرحيم،

معالي السفير رئيس المؤتمر نهني سيادتكم باختياركم رئيساً لمؤتمر الأطراف ونتمنى لكم التوفيق دوماً.

السيد الدكتور لي المدير العام لمنظمة الصحة العالمية، حضرات السادة رؤساء وأعضاء الوفود، اسمحوا لنا أن نسجل حفاوتنا وإعجابنا ونحن نشاهد اليوم قضية التبغ وهي تشغل فكر وضمير العالم ممثلاً في حضراتكم كما شغلت فكر وضمير مصر على مدى ربع قرن من الزمان، الأمر الذي جعل مصر تسارع بالتصديق على هذه الاتفاقية في شباط/ فبراير ٢٠٠٥. وحتى لا نطيل على حضراتكم فإننا نوجز كلمتنا في محورين أساسيين: الأول، الإجراءات التي اتخذتها مصر في سبيل مكافحة التدخين؛ الثاني، رؤيتنا للوسائل والآليات التي تكفل تحقيق أهداف الاتفاقية.

ففيما يتعلق بالمحور الأول: فإن مصر قد فطنت منذ ٢٥ عاماً إلى خطورة التدخين وآثاره المدمرة على الصحة العامة، فسارعت في عام ١٩٨١ إلى إصدار قانون بشأن الوقاية من أضرار التدخين، يحدد المواصفات والمعايير والاشتراطات التي يتعين توافرها في إنتاج التبغ والسجائر، ويلزم بأن يثبت على كل عبوة سجائر تحذير يفيد أن التدخين ضار جداً بالصحة. كما يحظر هذا القانون على الهيئات التابعة للدولة ودور العرض السينمائي والمسارح والأندية الإعلان بأية صورة من الصور أو الترويج لبيع السجائر ومنتجات التبغ. كذلك يحظر هذا القانون التدخين في وسائل النقل العام والأماكن العامة والمغلقة، بل أكثر من ذلك وضع هذا القانون عقوبة جنائية على مخالفة أحكامه تتمثل في الحبس والغرامة أو كليهما في حالة العودة إلى ارتكاب المخالفة.

واستمراراً لهذا النهج أصدرت مصر قانوناً آخر يحظر بيع منتجات التبغ لمن هم أقل من ١٨ عاماً. والجدير بالذكر أن مصر أصدرت مرسوماً في عام ١٨٥٠ يحظر زراعة التبغ في الأراضي المصرية، ومازال هذا المرسوم سارياً حتى الآن.

ولم تكف مصر بذلك، وإنما قامت بفرض ضرائب ورسوم على التبغ بشرائح عالية في محاولة منها لتضييق الخناق على المدخنين، كذلك أنشأت وزارة الصحة إدارة خاصة بمكافحة التدخين، تتولى وضع البرامج والخطط التي تكفل تفعيل القوانين واللوائح الخاصة بالتدخين، وكذلك القيام بحملات التوعية والرقابة.

وتركز هذه الإدارة جهودها على المدارس بمراحلها المختلفة وكذلك الجامعات وقطاع الشباب لخلق جيل خال من التدخين. كما تتعاون مع الجامعات والمراكز البحثية المتخصصة للوصول إلى الاستراتيجيات المثلى للتعامل مع هذا الوباء.

بل إن مصر ذهبت إلى مدى بعيد - إيماناً منها بأهمية القضية وخطورتها - بأن قامت باستطلاع رأي مفتي البلاد الديني في هذه القضية، فأفتى سيادته بحرمة التدخين شرعاً، لأنه يضر بالصحة وهي مقصد شرعي، ويوظف الأموال في غير وجوهها المحققة للنفع المشروع. وما زالت مصر تقف بالمرصاد لكل محاولة تستهدف الخروج على هذا الإطار.

والجدير بالذكر أن الفتوى المشار إليها قد استعانت بها بعض الدول الإسلامية لإقناع المدخنين بها للإقلاع عن التدخين.

أما فيما يتعلق بالوسائل والآليات التي تكفل تحقيق أهداف الاتفاقية، فإننا نضع أمام حضراتكم المقترحات التالية:

١- تطوير أسلوب التوعية: حيث إن الملاحظ أن كثيراً من المدخنين لا يُجدي معهم الأسلوب القائم

على مجرد النصح والإرشاد أو التذكرة بالآثار الضارة للتدخين، حيث يصرون على المضي في طريقهم غير مباليين بالعواقب. ومثل هؤلاء لا تقوم لديهم القناعة بخطأ مسلكهم إلا إذا رأوا هذه الآثار الضارة من خلال وقائع حية ومجسدة تعرض عليهم الحالات التي افترسها التدخين، وذلك من خلال المشاهدة الحية أو الشرائط التسجيلية أو غيرها من الوسائل الأخرى.

٢- تبصير غير المدخنين بخطورة التدخين على صحتهم وبأحقيتهم في الوقوف في وجه المدخنين بالوسائل المشروعة والتخلي عن السلبية والاستسلام.

٣- وضع الحوافز المادية والمعنوية التي تغري المدخنين بالإقلاع عن التدخين، مثل إعطائهم الأولوية في الحصول على بعض الخدمات، أو إعفائهم من بعض الرسوم أو الضرائب، والإشادة بهم في وسائل الإعلام وفي المحافل الرسمية، وما إلى ذلك من الوسائل التي تراها كل دولة مناسبة لظروفها وبيئتها.

٤- إقامة حفل سنوي لتكريم عدد من غير المدخنين وكذلك المدخنين الذي أقلعوا عن التدخين بإرادتهم الحرة.

٥- منح جوائز مالية لمن يقوم بإقناع عدد من المدخنين بالتخلي عن هذه العادة وعدم الرجوع إليها نهائياً.

٦- وضع بدائل صحية للتدخين تساعد المدخن على التخلص تدريجياً من هذا الداء، وكذلك إقامة مصحات علاجية.

٧- دعوة وسائل الإعلام في الدول المختلفة لتغطية الاجتماعات التي تعقد لمكافحة التدخين وعلى الأخص اجتماعات المنظمة.

وفي الختام فأتنا أن نشيد بجهود منظمة الصحة العالمية في إبراز هذه الاتفاقية إلى الوجود، ونؤكد على

تعاون مصر التام مع المنظمة في تحقيق الأهداف التي تصبو إليها.

كما نرجو التوفيق للجميع والسلام عليكم ورحمة الله وبركاته.

Dr LEWIS-FULLER (Jamaica):



Thank you for this opportunity to speak at this session of the Conference of the Parties on behalf of the delegation and Government of Jamaica. Let me first of all congratulate you, Mr President, on your election to this position. We look forward to working with you and commend the Director-General for forcefully continuing the tobacco-control thrust initiated by his predecessors. We have been very pleased with the developments that have taken place since the adoption of the WHO Framework Convention on Tobacco Control in May 2003, then the bringing into force of the treaty in February 2005 which has led to the realization of this Conference of the Parties.

Our Government has shown strong commitment to the Convention, as have many of our fellow countries in CARICOM. Jamaica adopted the Convention in September 2003 and then ratified it on 7 July 2005. Ratification has given us added energy and momentum. While we embarked on the ratification process we were also looking towards formulating domestic legislation which would reflect the principles, objectives and obligations of the Convention. This is now being debated in Parliament and is supported by both sides of the House, so we look forward to an early completion of the process and the enactment of tobacco control legislation in our country.

We have also developed, tested and finalized health warning messages to be placed on cigarette packages in bold print. These should start to appear in six months time and pictorial illustrations should be implemented in 2007. There have been two increases in the taxes on cigarettes over the past three years; one of 23% in 2003 and one of 49.3% was made at the reading of the budget presentation in April 2005. Sustained stepwise tax increases have been shown to be effective in reducing consumption of tobacco products. A study on the economic impact of tobacco control on the economy has shown unequivocally that there will be a win-win situation for public health and for the economy: a reduction in consumption (and its adverse effects) as well as an increase in revenue for the Government. We are working towards making the Cricket World Cup, to be held in Jamaica in 2007, smoke free. We hope to see you all there. We saw 25 health professional groups and their representatives declare their commitment to tobacco control at our last No Tobacco Day celebration in May 2005 and we are very heartened by this.

There has been a steady decline in the per capita consumption of tobacco, cigarettes in particular. Public education is having a positive effect and people are generally in favour of tobacco-control measures: 80% of those interviewed agreed with measures to curb tobacco consumption.

As we proceed to implement the Convention and our own domestic legislation, we are learning many lessons. Lack of funds should not prevent effective tobacco-control strategies being implemented in our countries. Small groups can have a huge impact on the issues surrounding tobacco control. The media can be an important ally – we feed them with information we want them to put out and prime them before the tobacco companies get hold of them; we must keep vigilant on what is happening and let the tobacco companies know that they are being monitored and that we are taking action. It is important to keep updated on what other countries and states are doing – we in the developing world look up to other countries to set the gold standard for us to emulate and we adopt the strategies we find appropriate after watching carefully what you are doing. We must thank countries such as Canada for their initiative and for what they have done; we would particularly like to mention the International Development Research Centre and Health Canada who have helped us in Jamaica with our studies. We have also been looking at countries such as Brazil, the United Kingdom, Ireland and the state of New York for inspiration and to emulate their initiatives. It is also important to keep up to date with what the international and national nongovernmental organizations are doing and form partnerships with them where appropriate. Nongovernmental organizations can provide valuable information, support and encouragement which give further impetus to the movement towards tobacco control and a healthier world which we all strive for. We must also acknowledge the contribution made by our Internet partners who regularly update us on tobacco-control related matters, including scientific evidence and validation of the strategies. One such partner whose name I must mention is Joe Werner; he always ends his updates with words to the effect that it takes only a handful of people to change the world. We here are among this handful of people. Let us all continue to change the world for good.

Mr KYE CHUN YONG (Democratic People's Republic of Korea):



Mr President, first of all, I would like to congratulate you on your election as the President of this meeting and hope that all the items of the agenda will be successfully discussed under your presidency. Our thanks also go to the Director-General of WHO and his staff at the Secretariat and the Open-ended Intergovernmental Working Group on the WHO Framework Convention on Tobacco Control for their preparation of and contribution to the Conference of the Parties.

It is an event to be recorded in history that the first session of the Conference of the Parties is being held after its adoption. With the entry into force of the Convention, an environment has been created to make a tangible advance in activities to control tobacco on a global scale. Since the

adoption of the Convention, 117 countries and 168 countries have become Parties and signatories to the Convention, respectively. This fact itself shows the willingness of the international community to actively cooperate with international efforts to control tobacco.

The Democratic People's Republic of Korea, as a Party to the Convention, is conducting work in various forms and ways to abide by the principles and guidelines set forth in the Convention and to discharge its obligations under it. We are in the process of developing and enacting comprehensive legislation on tobacco control while modifying the existing relevant law and regulations in conformity with the Convention. At the same time, we are conducting activities to raise social awareness on the hazard of smoking and putting in place tobacco-control measures by using the well-organized health and hygiene propaganda system established in the central and peripheral administrative units of the country. We traditionally conduct "World Tobacco Free Day" every year in the capital and the provinces and, through this activity, encourage people to actively participate in tobacco control activities. We have introduced education on tobacco control in the school curriculum so as to make the new generations well aware of the hazards of smoking and the international measures on tobacco control.

The Government of the Democratic People's Republic of Korea has developed a national tobacco-control strategy to make tobacco-control activity a national activity and to decrease production of and demand for tobacco so as to promote the health of the people and reduce the socioeconomic loss. It has also developed a five-year national action plan for tobacco control for 2006-2010 on the basis of the national tobacco-control strategy, the WHO Framework Convention on Tobacco Control and the action plan and strategy of the South-East Asia Region.

The global efforts on tobacco control can only bring about good results when every country makes voluntary efforts in this regard and abides by the provisions of the Convention. In this sense, my delegation holds it necessary to identify the contents of the protocols to strengthen the Convention and take practical measures to observe its provisions. In particular, my delegation would like to insist that an effective and practical mechanism should be established to provide developing countries with financial and technical assistance. From this point of view, my delegation expresses its expectation that an agreement would be made in this respect in the current Conference.

In conclusion, I assure you of our full cooperation in the hope that all issues on the agenda will be successfully discussed.

Dr OTTO (Palau):



I join the previous distinguished speakers in congratulating you and all the Officers of the Conference. Palau stands ready to support your leadership. I bring greetings from the leadership the people of Palau to you, Director-General, and all the Tobacco Free Initiative staff at headquarters and in the regions, and to all the distinguished delegates and observers to this august meeting.

We wish to congratulate everyone here for ratifying the WHO Framework Convention on Tobacco Control and for all the work that has been done to implement its provisions. We also acknowledge with gratitude the contributions from our other significant partners, the nongovernmental and intergovernmental organizations, and others. In ratifying the Convention, we reaffirm that we will work together, in a local and global manner, to help each other achieve our individual and collective goal, as expressed through the Convention. Coming from a small island country where tobacco use is a significant cause of morbidity and mortality, the ratification by 120 countries is a source of inspiration to us and fuels our courage to keep working and moving forward. We thank you for what you will contribute to help us curb the epidemic of tobacco use and its deadly consequences in the life of our people. In this respect, we wish to associate ourselves with the interventions made by Botswana and the Democratic People's Republic of Korea with regard to assistance to developing nations and those with middle- to low-income, as often we are lost in between them and do not receive any assistance.

Palau participated actively in the development of the Convention, and was one of the first nations to ratify it on 12 February 2004. We have introduced a comprehensive control act that addresses all the provisions of the Convention. This legislation will be debated during the upcoming session of our Senate in April. Every effective and positive experience shared by any of the countries here will be helpful in moving this legislation forward during this debate. Palau looks forward to very

fruitful deliberations and a meaningful outcome of our meeting here and we look forward to our collective work to combat the use of this commodity, which is produced and promoted intentionally to addict and thereby ensure profit at the cost of lives, one every eight seconds. Moreover, the promotion of this killer commodity is strategically targeted at vulnerable members of our populations as expressed by the response of the industry executive to the question whether tobacco executives smoked cigarettes. He said “we don’t smoke that s--t. We reserve that right for the poor, the blacks, the young and the stupid”. Beyond the anger that we have for the health and economic devastation inflicted by tobacco use on our people, we should also be quite angry at the way the industry and the tobacco pushers continue to insult us by viewing our people only as target categories for the purpose of profit-making, while slowly but surely killing them.

I think you will agree that we should be angry. Finally, our delegation would like to wish the People’s Republic of China much success in making the 2008 Beijing Olympic venues and games tobacco free.

Dr Lassmann (Austria), Vice-President, took the Chair.
Le Dr Lassmann (Autriche), Vice-Président, assume la présidence.

Mr HETLAND (Norway):



May we first of all convey our congratulations to the President and to the Vice-Presidents, and also the Officers of the Conference, on your election. You have our full support.

We can all look back at an important and impressive process. Having passed the milestone of the Convention entering into force, we have laid the basis for constructive and effective cooperation – providing us all with a tool to target one of the most common risk factors for diseases worldwide. The mere process of shaping the Convention has in itself laid the basis for positive and groundbreaking national activities. We are not the only country that, in this way, has advanced tobacco-control measures in the course of the negotiating process.

Historically, Norway had an early tobacco-control strategy, with an advertising ban in 1975 as an important factor. However, in past years the Norwegian tobacco-control programme has accelerated its momentum. And in the same span of years the prevalence of smoking has dropped substantially.

We have strengthened our efforts through a comprehensive and long-term tobacco-control strategy, incorporating, among other things, larger health warnings, effective school programmes, a proactive “Quitline”, strong multimedia campaigns, and a ban on smoking in bars and restaurants, which was introduced in June 2004, a couple of months after Ireland. When the law was passed, the prime argument was to provide bar and restaurant workers with the same protection as other employees; it was a workers’ rights issue, which meant cooperation with labour unions and employers’ organizations.

Now, one and a half years later, we can say that the transition has gone remarkably well – people respect the total ban, and the bars and restaurants have dealt with this in a very professional manner. More remarkable still is that smokers as well have come to appreciate the ban. Employees report a significant improvement of indoor air quality; significantly increased lung function; fewer symptoms of respiratory illnesses and other illnesses; and high compliance with the ban. The overall impression from the restaurant industry is that it is “business as usual”, with no loss of jobs or income on average. Guests experience improved indoor air quality and improved well-being, and public support has continued to increase; it is now at 76%.

We are convinced that the WHO Framework Convention on Tobacco Control process was helpful in creating the momentum necessary for national legislation. We commend the Tobacco Free Initiative for the good work it has done. We look forward to constructive deliberations during the next two weeks. This will, no doubt, require a will among all of us to make compromises and strive for solutions in a spirit of consensus. We feel proud and privileged to be part of this important task.



Mr KIRATA (Kiribati):

I convey to you warm greetings from my President and the people of the Republic of Kiribati on this truly memorable and historical day. It is proper that my greetings be warm considering the cold weather outside.

Today marks another milestone in the global fight against tobacco, and we should all be happy and satisfied. While we all come to attend the first session of the Conference of the Parties to the Convention, today and for the next 10 days, we also come to celebrate this truly great achievement in the history of international public health. The WHO Framework Convention on Tobacco Control is a remarkable achievement that will pave the way to improving tobacco control not only at the global level but also in our regions and in our own individual countries. It is a landmark for the future of public health and it now stands to guide WHO health goals for the future.

Kiribati is committed to the fight against tobacco use, and we have participated in the Convention process since its inception in 1998 following the launch of the Tobacco Free Initiative under the leadership of the then newly-elected Director-General, Dr Brundtland. The long process included but was not confined to six Intergovernmental Negotiating Body meetings, a number of Intersessional meetings at regional level and two Open-ended Intergovernmental Working Group meetings.

Since its first introduction to Kiribati by European traders in the mid-19th century, tobacco has become heavily ingrained into Kiribati culture and tradition. This has made our work on tobacco control exceedingly difficult. And this is especially so when most decision makers in traditional settings and villages are hooked on tobacco. But despite all that, the signing of the Convention by Kiribati in April 2004 and its eventual ratification by my President His Excellency Anote Tong in September 2005 is the culmination of our well-coordinated, though at times frustrated, national effort on tobacco control in Kiribati. With that ratification we are humble and greatly honoured to be part of the global family to control tobacco use worldwide. We are now part of the team and we are happy to contribute to the success of this programme. We also look forward to the day when all WHO Member States become Parties to the Convention. The road through the negotiation process until the final adoption of the Convention by the Fifty-sixth World Health Assembly in May 2003 was long and tortuous. But it has been worth the effort. Now the next, equally important and more difficult, phase of implementation starts.

Kiribati supports the development of the Convention in view of the recognized negative health impacts of tobacco use. There is worldwide evidence of the enormous burden that noncommunicable diseases such as high blood pressure, heart disease, diabetes and cancer place on developing countries like Kiribati. The major lifestyle risk factors are smoking, alcohol abuse, physical inactivity and an unhealthy diet. Kiribati has one of the highest smoking rates in the Pacific and tobacco-related diseases such as heart disease, chronic lung disease and cancer are on the increase. Therefore, the entry into force of the Convention will ultimately, like any other international treaty, depend on its implementation by Contracting Parties.

Kiribati will continue to work with WHO, regional organizations, such as the Secretariat of the Pacific Community, and other countries, to carry out the implementation and facilitate reporting and exchange of relevant information in accordance with Article 21 of the Convention. The success of the Convention will depend on the energy and political commitment devoted to implementing it in the coming years. As part of that implementation, Kiribati, through its Ministry of Health and Medical Services, is stepping up its efforts to inform the population of the inevitable adoption of comprehensive tobacco-control measures in line with the Convention and backed up by national strategies and legislation. Price and tax measures, Article 6, and non-price measures in Article 7, to reduce the demand for tobacco are effective means of tobacco control and Kiribati is working towards that through its Health Promotion Foundation. Tax measures include removal of tobacco from the price-control list and increasing the price of cigarettes while non-tax measures look at a "no smoking in office" policy and a tobacco-control bill which, hopefully, will be presented for approval at the May 2006 session of the House of Parliament.

I take this opportunity to thank the Director-General and the Secretariat at headquarters for the wonderful support that has been offered throughout the Framework Convention process. I also

congratulate and pay tribute to Ambassadors Amorim and Corêa both from the Government of Brazil, for their excellent leadership as Chairs of the Intergovernmental Negotiating Body meetings. I do not forget the various co-chairs including Australia from our Region, who have also performed an excellent job on many occasions. At the regional level I would like to thank the Regional Director for the Western Pacific Region and members of the Secretariat for the wonderful support that they have offered to our Region and to individual countries not only during the negotiation process but also for tobacco-control efforts in the Region as a whole. Still at the regional level, the Secretariat of the Pacific Community deserves our word of thanks for all the administrative and technical assistance willingly offered including the hosting, together with the Republic of Palau, of one of our intersessional meetings in Nouméa, New Caledonia, in September 2002.

To my colleagues and fellow Ministers of Health from the Pacific island nations I thank you all for your contribution to the successful completion of the Convention and your commitment to it as evidenced by your prompt follow-up on signing and ratifying it. I also pay tribute to the outstanding work and contribution of one of our Pacific island champions in the Convention process, Dr Caleb Otto from the Republic of Palau, who I understand is now a senator. Congratulations! And to all of us who are here today, our children, grandchildren and great-grandchildren would certainly thank us for this wonderful job well done. We have done our part and we should no longer feel guilty about future generations.

M. MBUYU MUTEBA (République démocratique du Congo) :



Monsieur le Président, la délégation de la République démocratique du Congo est heureuse de participer à cette première session de la Conférence des Parties et se réjouit de votre élection à la tête de son bureau. La République démocratique du Congo approuve et fait sienne la déclaration du Ministre de la Santé de l'Afrique du Sud au nom du Groupe africain et le félicite. Nous sommes heureux de la participation de la République démocratique du Congo aux travaux de négociation de la Convention-cadre pour la lutte antitabac de 2000 jusqu'à son approbation le 1^{er} mars 2003 par les experts grâce à l'appui de l'Organisation mondiale de la Santé.

Cela étant, en octobre 2005, la République démocratique du Congo était le quatre-vingt-quatorzième pays à avoir ratifié la Convention-cadre pour la lutte antitabac. Ma délégation félicite tous les délégués ici présents et surtout nos partenaires du Groupe africain en tant que Parties à la Convention-cadre pour la lutte antitabac, sans lesquels cette session aurait probablement été retardée à l'instar de nombreuses autres conventions. La République démocratique du Congo a pris conscience des méfaits du tabagisme et des autres substances comme l'alcool, le chanvre et les autres drogues qui se consomment en même temps que le tabac, surtout parmi les jeunes et les élèves, et qui stimulent par synergie l'augmentation de la consommation de tabac. Pour résoudre les problèmes de santé posés par la consommation de ces substances, le Gouvernement de mon pays a nommé un point focal national pour la lutte antitabac et créé un Programme national de lutte contre les toxicomanies en mai 2003.

Depuis, une série d'activités ont été menées. Nous citerons à titre indicatif quelques-unes de ces activités : sensibilisation des élèves, des jeunes, du personnel de santé, des professionnels des médias avec participation de la société civile en tant que partenaire privilégié ; toutes les démarches nécessaires pour aboutir à la signature et à la ratification de la Convention-cadre ; élaboration et transmission au Gouvernement d'un projet de décret antitabac portant réglementation de la culture, la fabrication, l'importation, la commercialisation, la consommation et la publicité en faveur du tabac et des produits du tabac. Ce décret est maintenant soumis à l'examen du Gouvernement par le Ministre de la Santé. Les matières traitées et réglementées sont notamment les zones non fumeurs dans les établissements hospitaliers, les établissements d'enseignement ou de formation, les lieux publics, les lieux de travail intérieur, les salles d'audience des cours et tribunaux et les prisons, les aéroports et les avions de transport civil, les transports en commun, les bureaux des services publics et tous les lieux de travail ou de rencontres pendant les heures de service, les stades et les installations sportives pendant le déroulement des compétitions, les églises et les lieux de culte, tout lieu public fermé ou réputé comme tel, sauf les lieux où la vocation première de l'activité est la vente d'alcool et de tabac pour une consommation sur place. Sont interdits à ce sujet : toute forme de publicité en faveur du tabac et des produits du tabac par la télévision et la radio ainsi que dans la presse écrite, y compris les

différentes formes de magazines tant commerciaux que d'information générale, et cela est déjà acquis ; toute forme de publicité en faveur du tabac et des produits du tabac sur support routier, y compris les panneaux publicitaires et les banderoles ; toute forme de publicité électronique sur le tabac ou les produits du tabac incorporée dans des cassettes ou vidéos audio, disques compacts, disques vidéo version digitale ou autres moyens similaires ; toute activité de marketing organisée en plein air et orientée vers la promotion d'une marque d'un produit du tabac et/ou destinée à être exploitée par les médias ; l'enregistrement préalable par le Ministère de la Santé de toute marque de cigarette avant sa mise sur le marché. L'importation et la fabrication de cigarettes sont subordonnées à la délivrance d'une vignette délivrée par les services des douanes uniquement après présentation d'une autorisation du Ministère de la Santé. Sont également prévus des mécanismes de contrôle qui concernent les champs, les usines, les entrepôts, les établissements de vente en gros, les magasins, les boutiques, les kiosques, etc. et tout lieu où, sans violation de brevets ou de secrets professionnels, peut être trouvée l'information relative à la fabrication, au stockage, à l'emballage, à l'étiquetage, à la promotion, à la vente ou à la dégustation de tabac et des produits du tabac et de ses dérivés ; ces lieux peuvent être visités par les inspecteurs.

Grâce à l'OMS, la République démocratique du Congo a participé à deux ateliers sur le renforcement des capacités de lutte antitabac ainsi que sur l'organisation des enquêtes épidémiologiques. La République démocratique du Congo est un pays en guerre depuis plus de cinq ans et, grâce à l'appui de la communauté internationale, elle s'apprête à en sortir après les élections démocratiques prévues avant juin 2006. Ces élections inaugurent un départ favorable pour la mise en oeuvre correcte de la Convention-cadre pour la lutte antitabac ; d'où l'importance de disposer de lois, politiques et mesures réglementaires appropriées. Ce qui implique une assistance technique, logistique et financière importante pour un pays qui sort de la guerre.

En septembre et octobre 2005, notre Programme a mené une étude pour évaluer l'ampleur de l'infection à VIH/SIDA chez les toxicomanes parmi lesquels la majorité était constituée de fumeurs. Les résultats obtenus étaient de 5,2 % de toxicomanes séropositifs. Mais 72 % des victimes avaient besoin de prise en charge et de renoncer à la consommation de tabac et de drogues. La République démocratique du Congo se trouve malheureusement sans clinique spécialisée ni laboratoire pour répondre aux besoins exprimés.

Ce que nous attendons de cette première session, c'est d'avoir un secrétariat permanent et dynamique pour appuyer la Conférence des Parties et l'OMS pour atteindre les objectifs de la Convention-cadre pour la lutte antitabac. La bonne stratégie serait, selon la République démocratique du Congo, de transférer le secrétariat de l'initiative Pour un monde sans tabac à la Conférence des Parties ; de donner plus de ressources aux pays ; et de renforcer la coopération entre pays Membres pour échanger et partager différentes formes d'assistance. Ma délégation pense que ce serait l'une des façons de conduire au succès de la Convention-cadre pour la lutte antitabac. Je vous remercie.

Mr J. Martabit (Chile), President, resumed the Chair.

M. J. Martabit (Chili), Président, assume à nouveau la présidence.

Mr SAMO (Federated States of Micronesia):



Mr President, let me first congratulate you and the rest of the Officers of the Conference for your appointment to office in the first session of the Conference of the Parties this year. My Government congratulates you and stands ready to support and work with you throughout your term in office. My Government also wishes to congratulate the Director-General, Dr Lee Jong-wook, for another landmark achievement in convening the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

A decade or so ago, the science on the effects of tobacco use on human health, effective strategies to control and prevent smoking, and non-economic adverse effects of tax schemes on welfare was rather controversial. Today, we have the science and evidence that show us that reducing tobacco use works more effectively when implementing a comprehensive approach to target behavioural modification strategies on the young, adults and those who have not started smoking. In

other words, the science is there to lead us further in our work as public health professionals and agencies charged to eliminate tobacco use.

Without the science, and thanks to all those partners, such as WHO, the Secretariat of the Pacific Community, the United States Centers for Disease Control and Prevention, and many nongovernmental organizations within the Pacific Rim, my country would have reluctantly signed and ratified the Convention. However, that is not the case. When we went to work, the leadership within my country not only overwhelmingly signed and ratified the Convention, but has since put in place certain restrictive measures to control tobacco use and sales. However, the real work still remains ahead for our Ministry of Health and partner agencies to implement the Convention along with you.

We know that tobacco use kills and we also know that some countries are more adversely and disproportionately affected than others. In my country, tobacco use has penetrated the very fabric of our social system that makes us who we are today. If we are to be effective in our work there has to be a comprehensive systems approach to tobacco eradication. If I may borrow the words of wisdom of Dr David Kessler, Commissioner of the United States Food and Drug Administration, some years ago he said:

In the long term, the solution to the smoking problem rests with the bottom line, prohibiting the tobacco companies from continuing to profit from the sale of a deadly, addictive drug. These profits are inevitably used to promote that same addictive product and to generate more sales. If public health is to be centerpiece of tobacco control – if our goal is to halt this manmade epidemic – the tobacco industry, as currently configured, needs to be dismantled.¹

This quote should become the centrepiece and a constant reminder of when we can say “mission accomplished”.

If I may now make a few recommendations with respect to the work of the treaty secretariat towards having a body that not only serves as a secretariat but also serves a monitoring agency: first, a well-designed mechanism must be in place to track and monitor the level of accomplishment each contracting partner has achieved with respect to each of the milestones of the Convention’s objectives. Secondly, that mechanism must serve a purpose for the secretariat to assist contracting partners to move towards accomplishing the goals and objectives of the Convention. Thirdly, in order to maximize the limited resources available to the secretariat, the secretariat must support the concept of regional allocation. Finally, the secretariat must give credence to and work with Contracting Parties to build capacities and systems in order to have resources in the regions that can monitor, across countries and regions, progress towards the Convention’s goals.

We stand ready to work with you and the Secretariat to implement the Convention, a commitment we owe to our children and the world’s children.

M. JAZAIRY (Algérie) :²



Merci, Monsieur le Président. J’adresse toutes nos chaleureuses félicitations à vous pour votre brillante élection, ainsi qu’aux membres du bureau. Nous sommes habitués à vous voir présider des réunions à Genève avec tant d’efficacité que nous nous demandons quelquefois si vous avez le temps de vous reposer. Je voudrais aussi féliciter le Directeur général de l’OMS pour les efforts qui ont été accomplis par son Organisation à l’effet d’établir une Convention-cadre pour la lutte antitabac, Convention qui doit s’inscrire en tant qu’élément parmi d’autres dans la lutte contre la toxicomanie, la lutte aussi contre l’obésité, tous ces maux sociaux qui attendent de manière insensée à la vie.

Cette Convention constitue un document de référence en la matière. Elle bénéficie déjà, fort heureusement, d’une large adhésion des Etats Membres de l’Organisation mondiale de la Santé. L’adoption en mai 2003 par les Etats Membres de l’OMS de la Convention-cadre et son entrée en vigueur en février 2005 sont également de bon augure. Elles attestent en effet de l’existence d’une volonté sans précédent de lutter en commun contre la première cause de mortalité évitable que

¹ Kessler, D. *A Question of Intent: A Great American Battle with a Deadly Industry*. New York, Public Affairs Press, 2001.

² Conformément à l’article 29 du règlement intérieur provisoire de la Convention-cadre.

représente le tabac. La mise en oeuvre de stratégies mondiales et coordonnées de lutte contre cette épidémie est plus que jamais urgente et indispensable du fait de la libéralisation des échanges commerciaux et des effets de la mondialisation. Ce fléau touche désormais de plus en plus les pays en développement et, à l'intérieur de ces pays, en particulier les femmes et les adolescents. La consommation de tabac dans les pays développés, comme on a pu l'entendre tout à l'heure, diminue progressivement du fait de la politique active de ces pays dans le domaine de la lutte antitabac. Par contre, celle des pays en développement a augmenté, elle a augmenté même de manière dramatique ces dernières décennies. Ceci ne peut s'expliquer que par les tactiques agressives de marketing de l'industrie du tabac. L'expansion des marchés de cette industrie dans les pays en développement est souvent soutenue par tout un arsenal de mesures qui sont en vigueur dans les pays dont les multinationales du tabac sont issues. Il s'ensuivra une aggravation des maladies dues à la consommation de tabac qui se concentrera hélas, désormais, dans les pays en développement. Selon les propres prévisions de l'OMS, il est attendu près de 10 millions de décès par an dus à la consommation de tabac d'ici 2020, dont 70 % auront lieu dans nos pays en développement.

La Région à laquelle l'Algérie appartient est durement touchée par le tabagisme, c'est pourquoi mon pays adhère à toutes les initiatives qui visent au renforcement des mesures transnationales pour lutter contre ce fléau. Il faut harmoniser les législations internationales relatives à la lutte antitabac. Il faut promouvoir une coopération internationale multiforme qui donne la priorité à l'attrait de la santé sur l'appât du gain, sans cela il sera très difficile de contenir la propagation généralisée de ce fléau. Parmi les mesures que prévoit la Convention-cadre, il y a lieu de mettre un accent particulier sur la protection des enfants et des adolescents contre le tabagisme tant actif que passif. Il y a également lieu de lutter énergiquement contre le phénomène de la contrebande ; celle-ci est devenue le canal le plus usité pour la propagation du tabagisme, notamment dans la Région à laquelle nous appartenons. Il existe d'ailleurs une relation funeste entre de telles activités de contrebande en matière de tabac, le grand banditisme et même le financement du terrorisme. Nous attachons aussi du prix à l'approche sous-régionale dans le cadre de la coopération internationale sur la lutte antitabac, notamment dans la sous-région maghrébo-sahélienne qui est confrontée à une activité sans précédent de contrebande du tabac et du haschich. Pour ce faire, une meilleure surveillance du commerce transfrontières est absolument indispensable. Elle nécessite une coopération internationale pour l'organisation d'actions concertées et d'échanges d'informations entre les Etats Parties à la Convention. Il faudrait notamment soumettre à des sanctions pénales à effet dissuasif la contrefaçon et la contrebande des produits du tabac. Dans cet esprit, on pourrait procéder à l'élaboration d'un protocole additionnel à la Convention-cadre en tant que moyen efficace de dissuader ces activités illicites ou même illégales.

L'Algérie, je l'ai dit, est un pays très exposé aux dangers du tabac du fait de la jeunesse de sa population. Soixante pour cent de la population dans notre pays a moins de 30 ans, et ce sont les adolescents qui sont le plus attirés par le tabac. La moyenne d'âge de la première cigarette chez nous est de 16 ans, et le nombre moyen d'années de consommation par personne est de 22 années, largement assez pour provoquer la morbidité et la mortalité. Les données médicales disponibles démontrent que la mortalité chez l'homme est en Algérie essentiellement liée au cancer du poumon dont l'incidence connaît une progression inquiétante, tout particulièrement chez les jeunes adultes. Le nombre de malades hospitalisés pour infarctus du myocarde a doublé entre 1995 et 2000, et la notion de tabagisme est retrouvée dans 69 % des cas. Le tabagisme est en définitive responsable de la plupart des pathologies respiratoires et cardio-vasculaires en Algérie. Pour faire face à ce véritable problème de santé publique, l'Algérie s'est dotée depuis l'an 2000 d'un programme de lutte antitabac destiné à lutter contre ce facteur de risque majeur pour la santé. Elle a financé ce programme à partir d'une fiscalité additionnelle, conformément à l'esprit et aux dispositions de la Convention-cadre sur la réduction de la demande de tabac.

L'Algérie s'inscrit ainsi déjà dans le cadre de l'application de la démarche arrêtée par cette Convention, et c'est pour cela que nous avons déjà signé cette Convention en juin 2003. La procédure de ratification, sous forme simplifiée, est actuellement en cours, et dans les très prochaines semaines nous pensons pouvoir annoncer la ratification effective par l'Algérie, qui deviendra ainsi un Etat Partie à la Convention à très brève échéance. C'est avec cet espoir et cette promesse d'une ratification rapide de la Convention que je voudrais conclure mes remarques. Je vous remercie.

El PRESIDENTE:

De esta manera concluye nuestro examen del punto 1.3 del orden del día.

Las distintas exposiciones de los gobiernos han sido extremadamente positivas. Yo creo, doctor Lee, que usted y la Organización Mundial de la Salud, como todos los países aquí presentes, tenemos que sentirnos caminando en la buena senda. Hemos escuchado declaraciones de los países que nos han señalado pasos extremadamente importantes que se están dando en sus respectivas naciones, y hay un progreso considerable. Como se ha dicho, el Convenio es uno de los instrumentos más importantes con que comenzamos el siglo XXI. Creo que es una señal extremadamente positiva de una preocupación mundial por la salud de nuestros habitantes, de todo el género humano, y que esta Conferencia, a través de este segmento de alto nivel que hemos tenido la oportunidad de escuchar, se ha hecho eco de los enormes esfuerzos que están haciendo los diferentes países para avanzar decididamente en la proscripción del tabaco, que tanto daño hace a la salud.

2. PARTICIPATION OF NONGOVERNMENTAL ORGANIZATIONS PARTICIPATION DES ORGANISATIONS NON GOUVERNEMENTALES

Ms LAMBERT (South Africa):

I am sorry to disturb the meeting, but I thought that nongovernmental organizations would have a chance to make statements when the Parties and other Member States had concluded. Could we have clarification on this?

Dr KEAN (Secretary):

Item 1.3 in the agenda indicates that it is a general debate (high-level segment), and I read: "senior government representatives are encouraged to make statements". Also, according to the Rules of the Procedure of the World Health Assembly, the plenary statements are limited to Member States, and nongovernmental organizations will be given the opportunity to intervene in the committees, or in the final plenary perhaps. The issue here is this is indicated as a high-level segment for senior government officials.

Ms LAMBERT (South Africa):

When will nongovernmental organizations get a chance to make their statements to the general debate?

Dr KEAN (Secretary):

The President is prepared to have a nongovernmental organization session included with the intergovernmental organizations and the United Nations agencies, which were not listed either. We will advise you of the planned time for this. The nongovernmental organizations will be given a chance to intervene during the debate in the committees.

El PRESIDENTE:

Agradezco a la Secretaría su explicación y si la distinguida representante de Sudáfrica no tiene otra observación, continuamos, entonces, con nuestro trabajo tal cual está planificado.

3. PROVISIONAL RULES OF PROCEDURE REGLEMENT INTERIEUR PROVISOIRE

El PRESIDENTE:

A continuación procederemos a examinar el punto 1.4, Reglamento interior provisional. Corresponde a la Conferencia aplicar provisionalmente normas de procedimiento que le permitan trabajar hasta que el Reglamento Interior definitivo haya sido acordado y adoptado. La Secretaría interina ha preparado el documento A/FCTC/COP/1/INF.DOC./4 Rev.1 para facilitar este debate.

Invito al Asesor Jurídico de la OMS, Sr. Gian Luca Burci, a que exponga a la Conferencia algunos pormenores y opciones que ésta tiene ante sí sobre la aplicación de normas de procedimiento provisionales.

Señor Burci, tiene usted la palabra.

Mr BURCI (Legal Counsel):

I am going to make a brief introduction to document A/FCTC/COP/1/INF./DOC./4/REV.1 on the provisional rules of procedure issued yesterday. We hope that delegations have had the time to read and to digest it. First of all, the Conference of the Parties is a new body, a new organism, which is holding its first session now. It is not a subsidiary body of WHO therefore, it needs to adopt its own rules of procedure.

The rules of procedure are under item 4.1 in the agenda. Since a number of rules are still in square brackets, negotiation for the final adoption of the rules of procedure may take some time; hopefully it will be solved during this session. However, in the meantime, the Conference of the Parties will need a set of rules of procedure of a provisional nature to be able to operate and to conduct these proceedings until the final rules are adopted. As the document shows, based on the practice of which the Secretariat was aware, there are two main alternatives proposed to the Conference of the Parties. One alternative would be to utilize, *mutatis mutandis*, the rules of procedure of the plenary body or the parent organization, in this case, the Rules of Procedure of the World Health Assembly. The second alternative would be for the Conference of the Parties to apply provisionally the draft rules of procedure submitted by the Open-ended Intergovernmental Working Group.

The Secretariat is proposing, for the consideration for the Conference, the second alternative, namely, the provisional application of the draft rules of procedure that are contained in the annex of the report of the Open-ended Intergovernmental Working Group. The main reason for this is that there are a limited number of rules that have to be finalized, therefore the work required for the final adoption of the rules may be limited in time and in scope. Also, the Conference could start operating, albeit provisionally, under more or less the same rules that will finally be adopted; there will be no shift from one set of rules to the other. The only proviso is that, if the Conference of the Parties is prepared to accept the recommendations of the Secretariat, for the moment they need to find alternatives to those rules which are still in square brackets. The Secretariat has proposed a number of possible solutions in paragraphs 6 to 11 of the document. I am not going into details now, as I understand that the Conference will be led step by step through the various proposals of the Secretariat. Needless to say, the Secretariat stands ready to respond to any question or to resolve any doubts that may arise in connection to this.

El PRESIDENTE:

Las delegaciones que lo deseen pueden formular ahora observaciones y preguntas.

Puesto que no hay observaciones, propongo que la Conferencia aplique provisionalmente los artículos que no contienen corchetes. ¿Es esta propuesta aceptable? Puesto que no hay objeciones, así queda decidido.

Propongo ahora que, con respecto a los proyectos de artículos en los cuales quedan corchetes, la Conferencia examine las recomendaciones de la Secretaría interina sobre cada uno de ellos,

presentadas en el documento A/FCTC/COP/1/INF.DOC./4 Rev.1. ¿Son estas propuestas aceptables? Puesto que no parece haber objeciones, así queda decidido.

Con respecto a los párrafos 10, 11 y 12 del artículo 2, es decir las definiciones de las reuniones o sesiones «públicas», «abiertas» y «restringidas», propongo que la Conferencia aplique provisionalmente las disposiciones pertinentes del artículo 7 del Reglamento Interior del Consejo Ejecutivo de la Organización Mundial de la Salud, en el cual se basa el texto que aparece entre corchetes. ¿Es esta propuesta aceptable? Puesto que no parece haber objeciones, así queda decidido.

En cuanto a los artículos 61 a 64, referentes a la producción y distribución de las actas de las sesiones, propongo que la Conferencia aplique provisionalmente las disposiciones pertinentes de los artículos 93 a 96 del Reglamento Interior de la Asamblea Mundial de la Salud, en las cuales se basa el texto que aparece entre corchetes. ¿Es esta propuesta aceptable? Puesto que no parece haber objeciones, así queda decidido.

A continuación, con respecto a los artículos 7 y 9, referentes a los puntos del orden del día provisional de las reuniones ordinarias de la Conferencia de las Partes, propongo que la Conferencia aplique provisionalmente sólo las partes de los artículos 7 y 9 que no figuran entre corchetes. ¿Es esta propuesta aceptable? Puesto que no parece haber objeciones, así queda decidido.

Debemos examinar a continuación el párrafo 2 del artículo 27 y el artículo 31, referentes a la celebración de reuniones o sesiones «públicas», «abiertas» o «restringidas» de los órganos subsidiarios y la Conferencia. Como la Conferencia ha decidido aplicar provisionalmente las disposiciones pertinentes del Reglamento Interior del Consejo Ejecutivo en lugar de las definiciones 10, 11 y 12 del artículo 2, referentes a los tres tipos de sesiones, definiciones estrechamente relacionadas con el párrafo 2 del artículo 27 y el artículo 31, propongo una vez más que la Conferencia aplique provisionalmente las normas y procedimientos pertinentes del Consejo Ejecutivo.

Propondría además que las sesiones plenarias de la Conferencia y las sesiones de las comisiones fueran sesiones «públicas» para facilitar la participación plena de observadores, a menos que por alguna razón la Conferencia o una comisión decidan otra cosa. Huelga decir que, para facilitar las negociaciones sobre un tema determinado, la Conferencia o una comisión pueden convocar consultas oficiosas o grupos de redacción que pueden celebrar reuniones abiertas o restringidas, según corresponda.

Ms LAMBERT (South Africa):

What is meant by full observer participation? Is that full participation? What does it actually mean in the context you are proposing?

Dr OTTO (Palau):

My first question is the same as that of the delegate of South Africa. My second question for clarification regards the word “provisional”. In other words, does this mean that we will accept things just for now so we can move on and that we will have an opportunity to discuss these items fully later?

Mr BURCI (Legal Counsel):

Full participation, as observers, means the right to make a statement after Parties in the debate on a particular item. It does not imply any upgrade on the normal rights of participation of observers. We would continue, unless the Conference decides otherwise, to follow the normal practice in terms of participation by observers. On the second point, raised by the delegate of Palau, the current discussions entail provisional procedural arrangements to allow the Conference of the Parties to move on, without prejudice to a full consideration of the draft rules of procedure under item 4.1.

El PRESIDENTE:

Puesto que no parece haber más observaciones, se aprueba la propuesta.

El párrafo 2 del artículo 28 se relaciona con la cuestión de si el Presidente de un órgano subsidiario puede ejercer el derecho de voto. En este caso, propongo que la Conferencia aplique

provisionalmente, *mutatis mutandis*, las disposiciones paralelas del Reglamento Interior de la Asamblea Mundial de la Salud, es decir, el artículo 38, lo cual significa que el Presidente de un órgano subsidiario no tendrá derecho de voto. ¿Es esta propuesta aceptable? Puesto que no parece haber objeciones, así queda decidido.

En cuanto a los artículos 29 y 30, referentes a la invitación, asistencia y participación de observadores, dada la divergencia de opiniones manifestada en el Grupo de Trabajo Intergubernamental, propongo que la Conferencia aplique provisionalmente las normas y procedimientos de la Asamblea de la Salud sobre la participación de Estados no Miembros, organizaciones intergubernamentales y no gubernamentales y otros observadores. ¿Es esta propuesta aceptable? Puesto que no parece haber objeciones, así queda decidido.

Por último, en lo concerniente a las modalidades de adopción de decisiones, abordadas en el proyecto de artículo 49, propongo que la Conferencia siga al respecto los precedentes de otros tratados y decida que todas las decisiones se adopten por consenso a la espera de la ultimación del artículo 49.

Dr OTTO (Palau):

In the very unlikely event that there is no consensus, what would happen?

El PRESIDENTE:

En efecto, el trabajo del Presidente de la Conferencia y de los Presidentes de las comisiones será cada vez más difícil, y sin duda las delegaciones ayudarán a lograr los consensos necesarios para que podamos trabajar en esta etapa sobre principios de consenso que nos permitan concluir exitosamente nuestro trabajo. La Presidencia y la Mesa harán todo lo posible para que así sea.

**The meeting rose at 12:55.
La séance est levée à 12h55.**

THIRD PLENARY MEETING

Tuesday 7, February 2006, at 16:05
International Conference Centre, Geneva

President: Mr J. MARTABIT (Chile)

TROISIEME SEANCE PLENIERE

Mardi 7 février 2006, 16h05
Centre International de Conférences, Genève

Président: M. J. MARTABIT (Chili)

**1. REPORT OF THE OPEN-ENDED INTERGOVERNMENTAL WORKING GROUP
ON THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
RAPPORT DU GROUPE DE TRAVAIL INTERGOUVERNEMENTAL A
COMPOSITION NON LIMITEE SUR LA CONVENTION-CADRE DE L'OMS
POUR LA LUTTE ANTITABAC**

El PRESIDENTE:

Examinaremos ahora el punto 3 del orden del día, «Informe del Grupo de Trabajo Intergubernamental de Composición Abierta sobre el Convenio Marco de la OMS para el Control del Tabaco». Tengo el placer de invitar al Excelentísimo Señor Embajador Luiz Felipe de Seixas Corrêa, Presidente del Grupo de Trabajo, a que haga uso de la palabra.

Mr de SEIXAS CORRÊA (Brazil, former Chair of the Open-ended Intergovernmental Working Group on the WHO Framework Convention on Tobacco Control):

Thank you very much, Mr President. It is an honour and indeed a great pleasure to be seated beside you today at this rostrum and to address the Conference of the Parties in order to present the report of the Open-ended Intergovernmental Working Group. I am very happy that you have accepted this job as President and I am entirely convinced that, under your leadership, we will do what is expected of us in this Conference of the Parties.

As you all recall, in May 2003, the Health Assembly unanimously adopted the WHO Framework Convention on Tobacco Control by resolution WHA56.1. It was a landmark in the history of global public health. At the same time, the Health Assembly recognized that significant preparatory work should be undertaken in order for the first session of the Conference of the Parties to be able to fulfil its mandate under the terms of the Convention. As such, the Open-ended Intergovernmental Working Group was established to consider and prepare proposals on matters identified in the Convention for adoption, as appropriate, by the Conference of the Parties. The Working Group's mandate included: the options for the designation of a permanent secretariat and arrangements for its functioning; a draft budget for the first financial period; the rules of procedure for the Conference of the Parties, including criteria for participation of observers at sessions of the Conference; a review of

existing and potential sources and mechanisms of assistance to Parties in meeting their obligations under the Convention; and the financial rules for the Conference of the Parties and its subsidiary bodies and the financial provisions governing the functioning of the secretariat. Furthermore, the Working Group was to oversee preparations for the first session and to report directly to the Conference of the Parties.

As Chair of the Working Group, I am here to report on the outcomes of the two sessions of the Working Group, held from 21 to 25 June 2004 and from 31 January to 4 February 2005, and the ensuing Bureau meetings convened in preparation for the first session of the Conference of the Parties to the Convention. I would like to acknowledge and express my thanks once again, for the support received during the whole process from the Director-General and his team, particularly the Tobacco Free Initiative under the leadership of Dr Vera Luiza da Costa e Silva and Douglas Bettcher, two extraordinary human beings and hard-working international civil servants to whom I wish to pay a special tribute. I would also like to thank the Vice-Chairs for their help and for acting on my behalf when I could not be present to coordinate the work of the Working Group, in particular Ms Patricia Lambert from South Africa, whom I salute, who chaired the second session of the Working Group with her customary skill and dedication.

I will now present activities of the Open-ended Intergovernmental Working Group in preparation for the first session of the Conference of the Parties, in particular the options for the designation of the permanent secretariat and arrangements for its functioning. During its first session, from 21 to 25 June 2004, the Working Group considered the options for the designation of the permanent secretariat and arrangements for its functioning, facilitated by document A/FCTC/IGWG1/7 prepared by the interim secretariat. Over the course of that meeting, the Working Group made significant progress. We were able to narrow our focus and we requested the interim secretariat to prepare a document describing the secretariat arrangements most commonly employed by multilateral Conventions for use at the next session of the Working Group.

As per this request, document A/FCTC/IGWG/2/2, describing three models of secretariat, was released for discussion during the second session. As noted in the document, the primary difference between the common genres of secretariat was the level of integration in or autonomy from the parent institution. Increased autonomy correlated with increased budgetary requirements.

Given the complexity of the issues concerning the designation of the permanent secretariat, at its second session, the Working Group convened an informal open-ended working group to elaborate on core principles and recommendations, whose suggestions were approved by the Working Group. Essentially they are as follows: the permanent secretariat of the WHO Framework Convention on Tobacco Control should be located in Geneva within WHO; the head of the permanent secretariat should be proposed by the Conference of the Parties in consultation with the Director-General, appointed by the Director-General, and should report to the Conference of the Parties on treaty issues and to the Director-General on technical and administrative issues; all staff of the permanent secretariat should be WHO staff and recruited by the head of the permanent secretariat in terms of WHO's recruitment procedures; the staff of the permanent secretariat should report to the head of the permanent secretariat; concerning the administrative governance, WHO's rules and regulations should apply.

It was also decided that facilitation of the implementation of the Framework Convention, with respect to treaty support issues, should be performed by the staff of the permanent secretariat, with support from the Tobacco Free Initiative and other relevant departments of WHO. The facilitation, on technical issues, should be provided cooperatively by the Tobacco Free Initiative, in consultation with the permanent secretariat. The mechanisms for such coordination would be defined by the Director-General in consultation with the Conference of the Parties.

Furthermore, the programmes and budgets should be adopted by the Conference of the Parties, on treaty support issues, and approved by the Health Assembly, on technical and administrative issues. The budget of the permanent secretariat has to be based directly on the functions defined by Article 24 of the Framework Convention. Transparency, efficiency, cost-effectiveness, and avoidance of duplication should be important guiding principles in deciding the structure and functioning of the permanent secretariat. The staffing of the permanent secretariat should take into account the criteria of equitable geographical balance, gender equity, and balanced representation between developed and

developing countries. The functions of the permanent secretariat should cover the tasks mandated by Article 24 of the Framework Convention and be performed progressively, as prioritized by the Conference of the Parties. These priorities may be periodically reviewed and reset by the Conference of the Parties. It was also proposed that, in order to enable a productive and collaborative synergy between the permanent secretariat and the Tobacco Free Initiative, the Health Assembly should consider strengthening the Tobacco Free Initiative.

According to the proposed model, the permanent secretariat would provide support for the treaty, WHO's Tobacco Free Initiative would facilitate implementation of the WHO Framework Convention with respect to technical matters, in collaboration with the permanent secretariat, and WHO's Secretariat would provide administrative support. WHO's Tobacco Free Initiative and the permanent secretariat would cooperate on both technical issues and treaty support. The Initiative would continue to report to the Director-General through the relevant Assistant Director-General.

Of particular concern to the Working Group was how the permanent secretariat – and the Conference of the Parties itself – would be funded. Noting that there was no obligation in the Convention for Contracting Parties to contribute, the Working Group discussed the premise that all payments would be voluntary unless the Conference of the Parties decided otherwise. Given this, the Working Group considered the idea that the Conference of the Parties could reflect the general practice for other similar agreements, particularly in the field of environment, by adopting a system of “voluntary assessed contributions”, which could be based on the WHO scale of assessments. The Working Group noted that although contributions under the multilateral environmental agreement practice are expressly stated as “voluntary”, a specific amount is expected periodically from each Party in accordance with the agreed scale of assessments. In addition, voluntary assessed contributions cannot be earmarked for a particular purpose or project. Regardless of how contributions are obtained, the Working Group feels that the permanent secretariat should have a separate budget approved by the Conference of the Parties and be accountable to the Conference.

In respect of a draft budget for the first financial period, aided by a document prepared by the interim secretariat summarizing the experience of WHO and examining the options used under other similar conventions, during its first session, the Working Group considered the options for composing a budget for the first financial period and identified the required next steps. In the course of the discussions, the Working Group requested the interim secretariat to provide further financial information that might give some indication of the likely costs of implementing the Framework Convention and the possible level and structure of the budget. As per that request, a document subtitled “Financial history of WHO's Tobacco Free Initiative”¹ was prepared for use at the second session. This document responded to two of the specific requests for financial information, namely, the request for a breakdown of the expenditure of WHO's Tobacco Free Initiative over the previous five years and the request for the proposed budget allocations for the Initiative for the biennium 2006-2007.

As discussions during the second session continued, the Working Group determined that it would need additional information to continue its deliberations. As such, the interim secretariat produced a results-oriented projected budget proposal for the permanent secretariat totalling US\$ 8 010 000. After careful consideration, this budget was accepted by the Working Group for inclusion in its report to the Conference of the Parties² and can be found as Annex 3 of the report of its second session.

Recognizing that even further detail was required for the Conference of the Parties to make fully informed decisions, the Working Group requested that the interim secretariat prepare a document for the Conference of the Parties indicating options for ensuring adequate coordination between the Health Assembly and the Conference of the Parties, between the Tobacco Free Initiative and the permanent secretariat and between the permanent secretariat and the regional offices of WHO. The interim secretariat was also asked to expand the proposed budget to include further detail about

¹ Documents A/FCTC/IGWG/2/3 and A/FCTC/IGWG/2/3 Corr.1.

² Document A/FCTC/IGWG/2/7.

activities and outcomes. In response, the interim secretariat has prepared document A/FCTC/COP/1/5 for the consideration of the Conference of the Parties.

We examined the question of the draft rules of procedure on a provisional basis this morning, expeditiously and very successfully; in the coming days, we will need a decision on the definitive rules of procedure. I think that it would be worthwhile recording here the content of the discussions during the Intergovernmental Working Group session. The Working Group prepared a set of draft rules of procedure for consideration by the Conference of the Parties, in accordance with its mandate. Negotiation of the draft rules began at the first session, facilitated by a draft prepared by the interim secretariat based on precedents from other similar Conventions. The Working Group amended and altered the draft rules over the course of both sessions. Most of the wording has been agreed on by the Working Group. Only a relatively small number of rules are still in square brackets, thus requiring particular attention. These are:

- (a) Rules 2.10, 2.11 and 2.12 (defining the terms “public”, “open” and “restricted” sessions or meetings) and Rules 61 to 64 (relating to production and distribution of records of meetings)

As concerns this group of draft rules, the Intergovernmental Working Group asked the interim secretariat to draft language on the basis of the Rules of Procedure of the Executive Board on the issues concerned. It should be noted that the language now appearing in square brackets was drafted by the interim secretariat and has not been seen by the Working Group.

- (b) Rules 7 and 9 (relating to provisional agenda items for regular sessions of the Conference of the Parties)

Regarding Rule 7, new language was proposed during the discussions of the Intergovernmental Working Group on which agreement could not be reached and which was therefore placed in square brackets. As a consequence, the last sentence of Rule 9, which relates directly to Rule 7, was also placed in square brackets pending agreement on Rule 7.

- (c) Rules 27.2 and 31 (relating to the identification of sessions or meetings as “public”, “open”, or “restricted”)

These draft rules have been placed in square brackets by the Intergovernmental Working Group in order to allow the Conference of the Parties to review their content in light of the outcome of the consideration of Rule 2, which will define these terms (based on the language provided by the interim secretariat, as explained under (a) above).

- (d) Rule 28.2 (relating to the question of whether the Chairman of a subsidiary body may exercise the right to vote)

This question has not been decided by the Intergovernmental Working Group.

- (e) Rules 29 and 30 (relating to the invitation and attendance and participation of observers)

During the discussions of the Intergovernmental Working Group, there was a divergence of views on the content of these draft rules. They still require considerable work before they can be applied.

- (f) Rule 49 (relating to the modalities of decision-making)

In the discussion of this draft rule, there was divergence of views on the modalities of decision-making. More work will be needed in order to finalize this rule.

The Working Group approved terms of reference for the study on potential sources and mechanisms of assistance to be carried out by the interim secretariat according to Article 26.5(c) of the Framework Convention. The Working Group indicated that the study should describe the need for assistance and the uses to which it would be put. It was agreed that the study would not seek to make recommendations. In addition, the Working Group suggested that the study should take into account governmental as well as multilateral and bilateral channels of assistance and consider potential contributions from nongovernmental sources, provided they had no links with the tobacco industry. The interim secretariat has published this study as document A/FCTC/COP/1/4.

In preparation for the Working Group's discussion of financial rules during its first session, the interim secretariat prepared a draft set of rules based on the precedent of other Conferences of the Parties. However, because the model for the permanent secretariat proposed by the Working Group suggests that the permanent secretariat be located within WHO, the Working Group questioned whether there was a need to adopt separate financial rules. With this in mind, the Working Group recommends that the Conference of the Parties adopt the Financial Regulations and Rules of WHO. The financial accounts of the permanent secretariat could be audited based on existing mechanisms as per the rules and practice of WHO.

On points of divergence, most saliently regarding the nature of contributions, the Conference would have to adopt resolutions specifying how its budget differs from that of WHO.

Let me close this section of my report by saying that when we adopted the report of the first Working Group, we corrected an inconsistency relating to the naming, in the report, of regional and nongovernmental organizations, representatives and countries. We decided not to attribute comments to particular Member States or observers. This is a common practice for reports of meetings throughout the United Nations system, perhaps with some exceptions. We therefore decided to use the same methodology for presenting the report of the second Working Group. However, we do not intend for this to set a precedent. The Conference of the Parties will be able to determine the style that it wishes to use for the presentation of its reports.

Pursuant to resolution WHA56.1, the Open-ended Intergovernmental Working Group was also mandated to oversee preparations for the first session of the Conference of the Parties. Accordingly, since the close of the second session of the Working Group, the Bureau has met twice, once in October 2005 and once in January 2006, in order to discuss what is needed by the Conference of the Parties and to make recommendations on issues that are likely to arise, but that had not been addressed by the Working Group. With that purpose, the following issues were discussed: the provisional rules of procedure for the Conference of the Parties for use until final rules of procedure are adopted; the status of observers and the modalities of their participation in the Conference of the Parties; the proposed method of work for the Conference of the Parties; the election of officers; and logistical arrangements for the first session.

The Bureau noted that until permanent rules of procedure are adopted, the Conference should adopt provisional rules of procedure, as we did this morning, under which it can operate. The Bureau requested that the interim secretariat draft a note to this effect, including information on the options available to the Conference regarding provisional rules and detailing those rules that remain bracketed and so might require special attention afterwards. The Bureau's recommendations seem to have been to the point and we are agreed on that.

The Bureau also noted that there was a need to clarify the practical modalities of observer participation in the proceedings of the Conference of the Parties. Here also, the Bureau requested the interim secretariat to prepare an information note regarding this issue for the review of the Bureau. As the Bureau considered this a very important issue, it requested that the note be issued as a Conference of the Parties document. It is now available as A/FCTC/COP/1/INF.DOC./5.

In regard to the proposed organization of work, having in mind the quantity of work to be undertaken by the first session of the Conference of the Parties, the Bureau and the interim secretariat recommend that the Conference adopt a method of work similar to that of the Health Assembly; that is, establishing two committees for the purpose of working through the agenda. At the end of the session, the Conference could then reconvene in plenary to discuss and adopt decisions based on the work of the committees and decide on a date and a venue for the second session of the Conference. This is what we are expected to do in order to ensure that, between the time of the approval of the Convention and the Conference of the Parties starting work yesterday, we would have enough

momentum to keep our work on a fast track and for the Conference of the Parties, as we used to say at that time, “to hit the ground running”, as we have fortunately been able to do today.

I would like to conclude by renewing my thanks to all those involved in the fight for tobacco control who have helped me along the way. I would also like to thank WHO’s Member States for having put their confidence in the process and in particular in the chairmanship of Brazil.

This whole experience has been a major victory for global public health. We cannot, however, rest on our laurels. A new battle is now beginning with the inauguration of the Conference of the Parties. I am sure that we will be able to overcome any obstacle we might encounter on our way in order to control tobacco and curb the epidemic it causes. We have come a long way. Let us strengthen our determination and move ahead as fast and as firmly as we can. It has been a privilege for me to serve you and, above all, to be able to associate the image of my country, Brazil, with the noble cause of tobacco control.

I wish you all the best in these next two weeks of very hard work. Good luck.

El PRESIDENTE:

Permítame, Embajador Seixas Corrêa, que en nombre de todos los participantes en la Conferencia, la Mesa y la Secretaría, le dé las gracias por el excelente trabajo realizado bajo su dirección para preparar esta Conferencia. El aplauso que acaba de recibir es una demostración del reconocimiento por el trabajo realizado y el ferviente deseo de todos de que concluya con éxito lo que ustedes tan brillantemente comenzaron. Como usted muy bien ha dicho, este proceso es, respecto a la salud, una de las iniciativas de ámbito mundial más relevantes y que más impacto tendrá en la salud de nuestras poblaciones. Muchas gracias, señor Embajador.

(Applause/Applaudissements)

2. FIRST REPORT ON CREDENTIALS OF PARTICIPANTS PREMIER RAPPORT SUR LES POUVOIRS DES PARTICIPANTS

El PRESIDENTE:

Retomamos el examen del punto 1.5, «Credenciales de los participantes». Tiene la palabra el asesor jurídico.

Mr BURCI (Legal Counsel):

The Bureau met this morning and considered a note by the Secretariat containing information on the credentials of the Parties. The Conference now has before it the report of the Bureau, contained in document A/FCTC/COP/1/6, which was issued this morning. It contains a list of delegations that have submitted formal credentials and provisional credentials.

Since the document was issued and before the Bureau met, formal credentials were received from a few States Parties that had previously submitted provisional credentials, as follows: Bulgaria, Cape Verde, Japan, Kiribati and Niger. Provisional credentials were received from two States Parties which had not previously submitted credentials, that is to say: Saudi Arabia and Solomon Islands.

Moreover, since the meeting of the Bureau, the Secretariat has received formal credentials from a number of delegations that had previously submitted provisional credentials, in particular, from the following delegations: Barbados, Belgium, Bolivia, Brunei Darussalam, Cook Islands, Hungary, Israel, Jamaica, Luxembourg, Niue, Saint Lucia, Samoa, Sri Lanka and Thailand. It has not been possible, in view of the time constraints, for the Bureau to examine these formal credentials. However, these were the originals of previously submitted provisional credentials; the Secretariat had examined them and found them to be in conformity with the provisional rules of procedure. So, unless there is any objection, the recommendation by the Secretariat would be that the Conference should also accept the credentials submitted from these States Parties.

If the Conference is willing to accept this update, the report could be adopted as orally amended.

El PRESIDENTE:

Muchas gracias señor Burci. ¿Está de acuerdo la Conferencia en aprobar el informe? No parece haber objeciones. Por consiguiente, se aprueba el informe, en su forma enmendada oralmente, y se aceptan las credenciales de las Partes enumeradas en el mismo.

De esta manera concluye el examen del punto 1.5 del orden del día.

3. ADOPTION OF THE AGENDA AND ORGANIZATION OF WORK (CONTINUED) ADOPTION DE L'ORDRE DU JOUR ET ORGANISATION DES TRAVAUX (SUITE)

El PRESIDENTE:

Reanudemos ahora el examen del punto 1.2, «Adopción del orden del día y organización de los trabajos». Nos quedan dos cuestiones por resolver.

Primero, necesitamos adoptar una decisión sobre la duración de los mandatos del Presidente y de los Vicepresidentes. A ese respecto, el artículo 21 del reglamento interior provisional prevé que los cargos elegidos en la primera reunión ejercerán su función hasta que concluya la segunda reunión ordinaria de la Conferencia. ¿Puedo entender que la Conferencia no tiene objeciones a que el artículo 21 se aplique al mandato del Presidente y los Vicepresidentes? Puesto que no parece haber objeciones, así queda decidido.

Quisiera recordar ahora el método de trabajo acordado ayer en el marco del punto 1.2. De acuerdo con éste, quedaremos en sesión plenaria hasta la conclusión del punto 3 del orden del día; en ese momento se reunirán las dos comisiones que la Conferencia acaba de establecer para proseguir con el examen del orden del día. Los puntos 4, 5 y 6 del orden del día se distribuirán entre las dos comisiones en función de que se trate de asuntos de fondo o institucionales y de procedimiento, como ya se ha resuelto.

Dicho esto, el último asunto que queda dentro de este punto es la elección de los miembros de las mesas de las comisiones. Después de las consultas, cada grupo regional propuso un nombre y la Mesa examinó esas candidaturas en su última reunión. La Mesa propone que la siguiente recomendación se someta a las Comisiones cuando se reúnan.

Comisión A: Presidente: Dr. K. REDDY (India); Vicepresidentes: Sr. E. CORCORAN (Irlanda) y Sr. C. OTTO (Palau).

Comisión B: Presidente: Sr. M. SECK (Senegal); Vicepresidentes: Sr. P. OLDHAM (Canadá) y Sr. H. AL HUSSEINI (Jordania).

De esta manera concluye el examen del punto 1.2 del orden del día. Queda cerrado el punto 1 del orden del día.

4. REPORT OF THE INTERIM SECRETARIAT AND STATUS OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL RAPPORT DU SECRETARIAT INTERIMAIRE ET SITUATION DE LA CONVENTION-CADRE DE L'OMS POUR LA LUTTE ANTITABAC

El PRESIDENTE:

Procederemos ahora a examinar el punto 2 del orden del día «Informe de la Secretaría interina y situación del Convenio Marco de la OMS para el Control del Tabaco». La Secretaría interina ha preparado dos documentos, que examinaremos dentro de este punto del orden del día; comenzaremos por el documento A/FCTC/COP/1/3.

Invito a la Dra. Mochizuki, Directora de la iniciativa Liberarse del Tabaco, a que nos presente un resumen del informe de la Secretaría provisional, que abarca las actividades desplegadas por ésta desde la segunda reunión del Grupo de Trabajo Intergubernamental de Composición Abierta.

Dr MOCHIZUKI (WHO Secretariat):

It is with great pleasure that I report to you on the activities of the Tobacco Free Initiative as the interim secretariat for the WHO Framework Convention on Tobacco Control since the previous session of the Working Group.

During these past 10 months, numerous achievements on tobacco control have been seen and heard, many of which have been widely shared. Besides gathering political commitment from Member States, these successes have greatly contributed to the creation of a historical momentum towards the ratification and implementation of the Convention.

I feel confident that we, the Tobacco Free Initiative, have played a key role in contributing to this global partnership with concerted actions by Member States, regions, nongovernmental organizations and other international organizations.

**[Dr Mochizuki illustrated her presentation with slides]
[Le Dr Mochizuki accompagne son exposé de diapositives]**

First, let me show you the inside of the Initiative. This is a skeleton of our activities. Our backbone is to provide technical support for policy development, obviously grounding ourselves in scientific evidence, as it is the case with all departments within WHO. Science, however, should be translated into knowledge, and knowledge into intelligence, working with different stakeholders, communicating with the whole of society and looking into a new scientific agenda.

We are not alone in our goal of achieving a tobacco-free world. A global alliance and increasing networking activities will facilitate the process of reaching this common goal.

The next slide shows how we have been working towards achieving a tobacco-free world, the Convention being of course, our major milestone. We have identified six areas as our core functions: surveillance and monitoring; research and development; communications and media; capacity building and training; secretariat functions and the provision of technical support for the implementation of the Convention; and the Tobacco Free Initiative global network.

Surveillance and monitoring are essential tools to provide us with an insight into the tobacco-control situation at national, regional and global levels. Our Global Youth Tobacco Survey is one of the most widely conducted surveys in collaboration with the United States Centers for Disease Control and Prevention. As of December 2005, the baseline survey has been completed in 164 countries. The second round of the survey is being conducted in more than 50 countries. Regional programme and policy workshops are now being organized to translate the data collected from this survey into action at country level. Venues include: Mexico, Thailand and the Eastern Mediterranean Region.

The Global Health Professional Survey is pioneering in its recognition of the importance of the roles to be played by health professionals in tobacco control. Ten countries have conducted pilot studies and the survey will be expanded into 30 or more countries. The first results were published in conjunction with the World No Tobacco Day 2005 under the theme "Health professionals against tobacco".

In addition to these surveys, the Initiative is working to set up a global information system on tobacco control. The purpose of this project is twofold: to promote and facilitate the exchange of standardized global tobacco data through online database systems; and to assess progress towards the adoption of effective national tobacco-control measures. The global information system is currently a portal site which includes the Tobacco Free Initiative surveillance project, regional databases, databases of other departments and databases of other organizations.

Regional databases on tobacco-related issues are being maintained by the six regional offices and provide data on smoking prevalence, legislation, economics, cessation and general tobacco-control policy, among other things. In the near future, the global information system should be rebuilt into a more integrated online database system of standardized data.

The Tobacco Free Initiative also recognizes, pursuant to resolution WHA54.18 on transparency in tobacco control, that a comprehensive understanding of tobacco-industry practices is fundamental to laying the foundations of effective tobacco-control policies. Following WHO Member States' mandate, the Initiative is monitoring and drawing global attention to the activities and practices of the tobacco industry. Monthly reports are being issued and we are planning to develop a web-based database to make the information contained in the reports easily available and more useful.

The Tobacco Free Initiative has continued to respond to requests from Member States and regions by providing technical assistance as well as capacity-building workshops around the world. The [slide] shows what was covered prior to the second session of the Open-ended Intergovernmental Working Group and those countries that participated in the awareness-raising workshops. Since that session, a series of workshops have been conducted, gathering different actors, on issues ranging from awareness raising to more specific topics, such as legislation.

So far, a total of 131 countries have participated in our workshops once or more and endless efforts have been made by both the Tobacco Free Initiative and all other partners. These 131 countries represent 68% of all WHO Member States and the attending 110 signatories represent 65% of all current signatories. Seventy-eight participating countries are also Contracting Parties, representing 68% of current Contracting Parties. Twenty-one non-signatory WHO Member States also participated, which represents 88% of current non-signatory States. All the workshops were evaluated highly by participants, 90% of whom regarded them as useful for further development of tobacco control.

In addition to these workshops, the Tobacco Free Initiative has produced a selection of materials to provide guidelines and best practices. The publication *Building blocks for tobacco control: a handbook* is being widely distributed and its Japanese version is also available on the Government's tobacco-control web site.¹ The CD-ROM version has been used as technical reference material in the various capacity-building and awareness-raising workshops. The executive summary booklet in French has been published and the Chinese, Russian and Spanish versions are in production.

To compile a best practice on tobacco control, a series of success stories and lessons learnt was planned and 24 case studies from around the world have been issued. WHO's *Policy recommendations on smoking cessation and treatment of tobacco dependence* have been translated into French; a booklet with the executive summary and a CD-ROM with the entire text in French have also been produced and are being distributed.

Regarding national capacity-building projects, several projects to assess the tobacco-control situation in francophone countries are being planned in Burkina Faso, Cameroon, Côte d'Ivoire and Mali, and a review of projects funded by the United Nations Foundation/United Nations Fund for International Partnerships is being conducted. The first phase, involving desk review, has been completed and the next phases will involve development of a final review report that will also serve as a capacity-building tool for future projects or workshops. The Tobacco Free Initiative also regards policy development as the basis for future implementation of the Convention. It is also an essential tool to reach the objective of curbing the tobacco epidemic.

The Initiative continues to gather economic evidence to support tobacco control. Three national studies were initiated recently in Bolivia (PAHO), Nigeria (African Region) and the Philippines (Western Pacific Region). These studies will assess the negative impact of tobacco use on poverty and development.

The Tobacco Free Initiative and the United States National Cancer Institute will be producing a monograph on the economics of tobacco control which will provide an update on the experience accumulated by countries, in particular developing countries, over the past five years. It will also provide governments with important tools to address arguments on economic grounds that are often used against tobacco control.

Product regulation is a relatively new area for most of the public health community. The WHO Study Group on Tobacco Product Regulation has been established by the Director-General to fill the regulatory gaps. The second meeting of the Study Group was convened last June in Rio de Janeiro, Brazil. Its outcomes included the release of a scientific advisory note on water pipes, which will be

¹ *Building blocks for tobacco control: a handbook*. Geneva, World Health Organization, 2004.

translated into Arabic, and the drafting of a policy recommendation on the setting of upper limits to tobacco-smoke toxicants. A series of technical consultations will be launched to research and develop policy recommendations in this area as well as to establish a laboratory network called the WHO Tobacco Laboratory Network (TobLabNet).

In addition to these internal activities, the Tobacco Free Initiative has also been involved in three groups of the International Organization for Standardization on tobacco-smoke testing, indoor air quality and social responsibility standards, to express WHO's technical and political positions. This is the area where the tobacco industry has been dominant and where the Initiative has to play a substantive role.

Regarding second-hand tobacco smoke, an international meeting was held in Montevideo to develop policy recommendations on smoke-free policy. A flood of new smoke-free cities and countries, Uruguay among them, will further support these policy recommendations. The Tobacco Free Initiative participated in the First International Symposium on Women and Tobacco, organized by the Spanish "Women and Tobacco" network and organized a meeting of experts on gender-responsive tobacco control in Ottawa.

Based on the close link between smoking and tuberculosis, an integrated approach to tuberculosis and tobacco control is being discussed. As our first joint product with the Stop TB department, a systematic review will be published this year. This collaboration links the tuberculosis and tobacco-control communities and widens our doors, especially to the developing countries where tuberculosis is more dominant.

To raise public awareness on tobacco and disseminate the consolidated evidence among policy-makers, communication and media strategies should be strengthened. World No Tobacco Day 2005, with the theme "Health professionals against tobacco" was characterized by the active engagement of health professional associations from around the world, and the follow-up on existing and new initiatives such as the promotion of the code of practice on tobacco control for health professional associations and the first issue of the Global Health Professional Survey.

As part of the strengthening of communication and media strategies that I mentioned earlier, the World No Tobacco Day 2006 constitutes another milestone to increase the Tobacco Free Initiative's visibility and leadership in tobacco-control activities. Our theme, "Tobacco: deadly in any form or disguise", highlights the importance of product regulation.

As I mentioned in the beginning, the Tobacco Free Initiative's global tobacco-control efforts are not achievable without the help of other partners and collaborators. The Initiative works closely with other departments and clusters within WHO, with regional and country offices and our external network includes nongovernmental organizations, WHO collaborating centres for tobacco-control, and the WHO Study Group on Tobacco Product Regulation (TobReg).

The WHO TobReg and its affiliate, TobLabNet, are the new entity to respond to technical questions regarding product regulation areas, where the tobacco industry has traditionally taken the lead except in some countries.

The United Nations Ad Hoc Interagency Task Force on Tobacco Control organized its sixth session last November, where 12 agencies and the European Commission participated to discuss issues such as smoke-free policies in occupational settings (and United Nations premises). Illicit trade and technical support for the implementation of the WHO Framework Convention on Tobacco Control were recognized as areas for strengthening collaboration in the future.

Eight WHO collaborating centres are now linked to the work of the Tobacco Free Initiative. One of the outcomes of the first WHO collaborating centre meeting in Heidelberg, Germany, was the production of a new glossary on existing centres and an exploration of mechanisms for the engagement of new ones. Given the fact that the participation of civil society is crucial to achieve our goal, the Initiative has been working closely with many nongovernmental organizations. More than 200 of them are members of the Framework Convention Alliance for Tobacco Control, and we value their continuous support for tobacco control at national, regional and global levels.

Our Director-General, Dr Lee Jong-wook, once said that the WHO Framework Convention on Tobacco Control is a public health tool and, yesterday again, he referred to it as the road map. For those countries that already have a comprehensive national plan of action, this treaty will be used as a complementary mechanism. For other countries, those that have either initiated the drafting of plans of

action or are about to do so, this treaty could well constitute their guide. I picture this as a base camp, where countries and civil society are to be provided with support to climb to higher camps and, eventually, reach the top of the mountain. However, we must all be clear and conscious that none of this will be achievable without strong political commitment. What is it like for you?

We, the Tobacco Free Initiative, are opening the throttle wide and shall exercise global leadership by working with all of you: Parties and non-Parties, Member States and nongovernmental organizations, international organizations and financial institutions, until such time as we can enjoy a tobacco-free world. Our dream is to see tobacco fall from being the top preventable cause of death, preferably during our lifetime.

The future is in our and your hands!

El PRESIDENTE:

Ahora pasaremos al segundo tema de este punto del orden del día, «Situación del Convenio Marco de la OMS para el Control del Tabaco», documento A/FCTC/COP/1/INF.DOC./1.

Invito ahora al Dr. Bettcher, Coordinador del Convenio Marco de la OMS para el Control del Tabaco, a que nos informe sobre la situación del Convenio.

Dr BETTCHER (WHO Secretariat):

I would now like to turn your attention to document A/FCTC/COP/1/INF.DOC./1, entitled "Status of the WHO Framework Convention on Tobacco Control", which was released on 23 January. The WHO Framework Convention on Tobacco Control entered into force on 27 February 2005. It is the first-ever global health treaty designed to reduce tobacco-related deaths and disease around the world. Now, with its entry into force in a phenomenally short period of time, Contracting Parties to the WHO Framework Convention are bound to translate its provisions into national laws and regulations. This represents an historic moment in public health, as the treaty gives countries more tools to control tobacco use and to save lives. By 3 November 2005, 100 States or regional economic integration organizations had deposited their instruments of ratification or legal equivalent. This important milestone was reached after Brazil deposited the 100th instrument of ratification. The success of the WHO Framework Convention on Tobacco Control demonstrates that governments are determined to curb tobacco use and its impact on people's health.

As indicated in paragraph 2 of document A/FCTC/COP/1/INF.DOC./1, on 9 January 2006, there were 116 States and regional economic integration organizations who had deposited their instrument of ratification or equivalent. Today, there are 168 signatories and 122 States or regional economic integration organizations that have deposited their instruments of ratification or equivalent. This makes the Convention one of the most successful treaties in United Nations history, something that you, the negotiators of this treaty, can have great, great pride in celebrating.

As evidence of the success of the treaty, since the drafting of document A/FCTC/COP/1/INF.DOC./1 on 9 January, six further Member States have deposited their instruments of ratification, acceptance, approval, formal confirmation or accession. These Member States are: Swaziland, deposited on 13 January 2006; followed by Comoros, on 24 January 2006; Greece, on 27 January 2006; Romania, on 27 January 2006; Chad, on 30 January 2006; and, just three days ago, Cameroon, on 3 February 2006. This is evidence of the continuing power of this phenomenal process. States that were unable to sign the Convention by the 29 June 2004 deadline may still become Contracting Parties to the Convention by means of accession, which is a single-stage process equivalent to ratification. Thus far, as of today, six States have acceded to the Convention. These are: Armenia, Azerbaijan, Equatorial Guinea, Guyana, Nauru and Oman. The 122 States and regional economic integration organizations that have deposited their instruments of ratification or equivalent so far represent over 75% of the world's population. The People's Republic of China is the most populous of the Parties with a population of 1.316 billion, representing over 20% of the world's population. Of these 122 States and regional economic integration organizations, the treaty will have entered into force in 113 before or during the first session of the Conference of the Parties, and these Contracting Parties will be able to participate as full members for all or some portion of the first session. The Convention will enter into force and become binding international law for Cambodia,

Guatemala and Togo during the first session of the Conference of the Parties. This is pursuant to Article 36.2 in the Convention that states that it will enter into force on the ninetieth day following the date of deposit of the State's instrument of ratification, acceptance, approval or accession. The Convention will therefore enter into force for Cambodia and Togo on 13 February 2006, and for Guatemala on 14 February 2006. WHO wishes to congratulate and to welcome the nine States that have deposited their instruments of ratification or equivalent after 20 November 2004. These States are: Burundi, Lebanon, Belize, Swaziland, Comoros, Greece, Romania, Chad and Cameroon. For these States, the Convention will enter into force 90 days after the deposit of their instrument of ratification or equivalent.

For those States that have signed but not ratified, accepted or approved the Convention, WHO encourages them to take this next step as soon as possible. The goal is to have the greatest possible number of States and regional economic integration organizations ratify, accept, approve, formally confirm, or accede to the Convention in order to maximize its full potential as a global public health tool, as a tool to address the globalization of public health, which was the momentum moving forward the negotiation of this ground-breaking treaty.

Dr DA COSTA E SILVA (Brazil):

The Brazilian delegation would like to welcome the new director of the Tobacco Free Initiative, Dr Mochizuki, and commend the work of the Tobacco Free Initiative.

We have some questions in regard to the report of the interim secretariat. First, regarding the awareness-raising workshops and the awareness-to-action workshop, how do these workshops differ? Is the Tobacco Free Initiative willing to have awareness-to-action workshops in other regions apart from the Western Pacific Region?

Secondly, we know that the Initiative has worked on policy recommendations for smoking cessation, gender-sensitive issues, second-hand tobacco smoke and we applaud these initiatives. However, we have also noted that policy recommendations for youth are no longer being considered by the Tobacco Free Initiative. Brazil has a very strong school-based youth problem, we would be very grateful if the Initiative would consider continuing work on policy recommendations for youth.

Thirdly, Brazil has established a national commission for the implementation of the WHO Framework Convention on Tobacco Control. The commission is almost fully represented during this meeting. This shows the importance the Government places on the implementation of the Convention. Different United Nations agencies established in Brazil supported the ratification, although tobacco control has not necessarily been put in their work plans as a priority. WHO works as the secretariat of the United Nations Task Force for Tobacco Control; we wonder how far this initiative is going to go and how much we can rely on or take advantage of the other United Nations agencies to further tobacco control at global, regional and especially at country level.

Dr MOKHTARI (Islamic Republic of Iran):

Iran has taken the floor to speak on behalf of the Member countries of the Eastern Mediterranean Region. The Member countries of the Eastern Mediterranean Region express their thanks for the efforts made by the Secretariat in carrying out its responsibilities in tobacco control prior to the entry into force of the WHO Framework Convention on Tobacco Control. Document A/FCTC/COP/1/3 contains instances of such praiseworthy work, so elegantly reemphasized by the director of the Tobacco Free Initiative today.

The water pipe is a common means of tobacco consumption in the countries of our Region. A pipe can be found in almost every household. Recently, it has become fashionable, attracting the younger generation in coffee shops, restaurants, at parties and during their leisure time. For many, it is used under the false impression that the smoke is filtered because it passes through water. Paragraph 22 of the report of the interim secretariat refers to a Scientific Advisory Note prepared by a WHO Study Group on this issue. The Eastern Mediterranean Region welcomes this note very much and appreciates the work by the Study Group. However, the Region believes that there is still more scope for further scientific and in-depth work on this subject. It should be proved scientifically just

how much risk is generated among the young by this ancient but increasingly popular smoking method, which is also surprisingly popular among women. It should also be known if other elements involved in this practice, such as using charcoal to create smoke or adding artificial flavouring would add extra dangerous toxins to the already dangerous tobacco. Furthermore, we must understand the social, cultural and psychological drives behind its rapid growth in society in order to better educate our people against this method of smoking: tobacco is deadly in any form or disguise.

Although using water pipes is common cultural behaviour mainly in the Middle East and North Africa, one cannot ignore that it has popularity in other parts of the world. The Eastern Mediterranean Region would like to see the Secretariat and any future body of the Convention pay due attention to this phenomenon and make the results of such in-depth studies known to the countries in question and to those who may be interested in them.

Dr AL-LAWATI (Oman):

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M. MBUYU MUTEBA (République démocratique du Congo)

Merci, Monsieur le Président. La délégation se félicite de la qualité du rapport intérimaire qui est extrêmement riche en accomplissements réalisés dans différents pays. Ma délégation note que, dans ce rapport, au moins quatre pays d'Afrique francophone ont été cités pour la réalisation d'ateliers dans le cadre de la lutte antitabac. Ma délégation voudrait rappeler que la République démocratique du Congo, c'est tout de même 60 millions d'habitants qui sont concernés, comme nous l'avons dit tout à l'heure, par la guerre et un pays où la consommation de tabac est très élevée. Elle aurait souhaité être aussi parmi les pays cités pour bénéficier des appuis, parce que, pendant longtemps, elle figurait parmi les pays anglophones de la Communauté de Développement économique de l'Afrique australe (SADEC) ; la langue est un facteur de communication important et la République démocratique du Congo aurait souhaité aussi être prise en compte parmi les pays francophones pour pouvoir bénéficier des appuis qui sont prévus dans ce cadre. C'est là le sens de notre intervention. Merci, Monsieur le Président.

Dr OTTO (Palau):

Thank you, Mr President, for giving me the floor. First of all, I would like to congratulate and to thank Ambassador de Seixas Corrêa on his very clear report on the Open-ended Intergovernmental Working Group on the WHO Framework Convention on Tobacco Control. Congratulations to Director Mochizuki and to Dr Bettcher for their most enlightening reports on the work of the Tobacco Free Initiative. Congratulations on the work you have done for us.

I do have one concern: throughout the negotiations, Palau kept asking that we add focus to non-smoke tobacco use. Yesterday we also heard the distinguished delegates of Bangladesh and Madagascar indicating the problem of non-smoke tobacco use. Perhaps I missed it, but today I did not hear of any scientific study or technical assistance in this area. Could we please have some response on this matter?

Finally, in the report of the second session of the Open-ended Intergovernmental Working Group, recommendation number 12 of Annex 1 was to consider strengthening the Tobacco Free Initiative in order to move the implementation of the Convention forward. We saw that much of the implementation will be done at the regional level. Is WHO going to be increasing the resources to be given to the Tobacco Free Initiative in the regions to assist it in implementing the tobacco programmes at the local and regional levels?

El PRESIDENTE:

Muchas gracias.

Doctora Mochizuki, por favor. ¿Puede usted dar respuesta a las diferentes consultas que han efectuado las delegaciones?

Dr MOCHIZUKI (WHO Secretariat):

On the first question from Brazil, the difference between the awareness-raising and awareness-to-action workshops is very clear. The first one is for the first phase in countries that were not so prepared for strong government policy development on tobacco control. The second one is for countries that are ready to take action and have awoken public awareness that now needs to be converted into practical action. This is why we have initiated two types of workshops in the Western Pacific Region. We are planning to expand that experience to the other regions based on their current situation and on the current preparedness of their policy development.

Regarding the question on the policy recommendations for youth and tobacco, we are now continuing to work with child and adolescent health departments based on the previous negotiations and an additional expert meeting is planned to develop policy recommendations for youth and tobacco issues.

Regarding the national coordination of capacity building, using the United Nations system at the country level, we have set up a United Nations Ad Hoc Interagency Task Force on Tobacco Control, but that subject has not yet been discussed in depth. I think that a potential means of furthering implementation could be to mobilize local capacity using the existing United Nations systems.

Dr BETTCHER (WHO Secretariat):

As Dr Mochizuki has mentioned, now that we have the treaty in force we are changing gears and moving into practical actions, assisting countries to implement measures consistent with the Convention.

We see the Secretary-General's United Nations Ad Hoc Interagency Task Force on Tobacco Control also shifting gears. At our recent Task Force meeting at ILO in November, one of the main agenda items was to discuss practical means by which the various United Nations agencies could provide technical input into assisting in different domains of the Convention. Issues included crop diversification, which was discussed with FAO and regarding issues with taxes and prices, for example, we have now entered into an understanding with the World Bank and the International Monetary Fund. Following on from our awareness-building workshops in Fiji and also in Manila last autumn, where there was a request for capacity building to implement tax systems, the IMF and the World Bank have agreed to initiate some pilot workshops in this area. A number of the other agencies are also involved, as will be summarized in the Secretary-General's report on the Task Force which will be submitted to the United Nations Economic and Social Council this summer.

The Task Force has been increasing its reach over the last years. Given the importance of illicit trade, the World Customs Organization has joined. Recently, the European Commission also provided very important input into the work of the Task Force and, in fact, out of those discussions a new project was launched for providing technical assistance on areas of illicit trade, another interesting area of cross-sectoral collaboration.

In the document prepared for the study on financial and technical resources available for implementation, a number of the United Nations Ad Hoc Interagency Task Force members have responded positively that they would consider providing funds to assist the implementation of the Convention.

I would also like to address the issue of water pipes, an issue brought up by the honourable delegate of Iran. There is great concern that the use of water pipes represents a very harmful trend in the arena of tobacco use and is spreading worldwide. Another concern is that we do not have epidemiological studies, we do not have a good foundation of scientific evidence on which to base our policy recommendations. We know it is harmful, but there has been very little research provided. This first recommendation released by our Study Group on Tobacco Product Regulation, hopefully, will be a catalyst and WHO will certainly be embarking on further studies. Similarly, in relation to the comment of our honourable colleague from Palau regarding non-smoked oral forms of tobacco, two years ago we released a recommendation of the Scientific Advisory Committee on Tobacco Product Regulation on oral forms of tobacco. We will be moving this work forward. This year, it will be featured in the World No Tobacco Day 2006, where we are going to be focussing on "Tobacco: deadly in any form or disguise". Certainly this is on the radar screen; we will be moving forward with both technical and policy assistance with countries.

The question of the translation of our documents is a high priority for the Secretariat. I draw your attention to document A/FCTC/COP/1/4, which says that the WHO budget for tobacco has increased from US\$ 20 million to US\$ 29 million during this biennium. The largest share of these resources is being transferred to regions and countries to make sure that there are more resources available to assist Parties in other countries to implement provisions that are consistent with the Convention.

El PRESIDENTE:

Muchas gracias, doctora Mochizuki y doctor Bettcher, por sus explicaciones. Si no hay ninguna otra consulta, procederíamos a dar la palabra a las dos organizaciones no gubernamentales que la han solicitado.

En primer lugar, se trata de la organización no gubernamental «Framework for Tobacco Control Convention Alliance». Señora Assunta, tiene usted la palabra.

Ms ASSUNTA (Framework Convention Alliance for Tobacco Control):

This intervention is on behalf of the Framework Convention Alliance for Tobacco Control, a group of over 200 tobacco control nongovernmental organizations from across the globe whose vision is a world free of the death and disease caused by tobacco. We congratulate the 122 Parties already implementing evidence-based, life-saving tobacco-control policies. Let us not forget those who are in the process of becoming Parties to this important public health treaty.

Thank you, too, for the recognition you have given to the role played by civil society during the course of the negotiations as reflected in the preamble of the WHO Framework Convention on Tobacco Control, which emphasizes the special contribution of nongovernmental organizations and other members of civil society not affiliated to the tobacco industry in national and international control efforts.

We are here to join forces with you to see the development of the Conference of the Parties that will allow for effective implementation of the Convention at the national level. However, in order for us to do this, we need to be present at meetings and be able to contribute in a timely and meaningful way to the work of the Parties. This will not happen without your support. As you consider the final drafting of rules and procedure, we urge you to take into consideration Article 4.7 of the Convention which states that "the participation of civil society is essential in achieving the objective of the Convention and its protocols". We also endorse the statement made on behalf of the African Region, supporting a strong secretariat, accountable to the Conference of the Parties.

El PRESIDENTE:

Muchas gracias, señora Assunta, por su intervención. Ahora doy la palabra a «Corporate Accountability International». Señor Dorado Mazorra, tiene usted la palabra.

El Sr. DORADO MAZORRA (Corporate Accountability International):

Gracias por esta oportunidad de dirigirme a ustedes en nombre de Corporate Accountability International (anteriormente Infact) y la Red Internacional para la Responsabilidad de las Transnacionales del Tabaco (NATT), que incluye 100 organizaciones no gubernamentales de más de 50 países.

Felicitaciones a los 122 países que han ratificado el Convenio, especialmente a los que lo hicieron a tiempo para participar con todos los derechos en esta primera Conferencia de las Partes.

Ahora, y en espera de avanzar en la implementación del Convenio Marco, esta reunión es una oportunidad para que ustedes, como Partes del Convenio, tomen las decisiones que van a salvar millones de vidas y cambiar la manera como opera la industria tabacalera alrededor del mundo. Es urgente definir los asuntos administrativos, técnicos, financieros y de procedimiento rápidamente, para que la Conferencia pueda centrarse en el apoyo de las Partes para la aplicación de las obligaciones del tratado relacionadas con el control de la oferta y la demanda del tabaco.

Apreciamos los comentarios formulados en la sesión plenaria, demandando establecer mecanismos de protección del Convenio Marco de la interferencia de la industria del tabaco y solicitando la designación de un secretariado fuerte, que rinda cuentas a la Conferencia, libre de la influencia de los que no son Partes, y que tenga los conocimientos y recursos necesarios para implementar el tratado.

Como todos los Estados Miembros de la OMS no son Partes del Convenio Marco, hay un conflicto de intereses potencial entre la Conferencia de las Partes y la OMS. Nos parece prudente sugerir que se tenga en cuenta la propuesta manifestada en la sesión plenaria del día de ayer de elaborar un memorando de entendimiento entre la Conferencia de las Partes y la Asamblea de la Salud, para asegurar que la Conferencia tenga completa autoridad sobre las decisiones sustanciales en relación al tratado.

Durante el desarrollo de la Conferencia de las Partes, la participación de las organizaciones no gubernamentales de interés público en las sesiones plenarias y órganos subsidiarios facilitará la realización de los objetivos del Convenio. Las reglas deben ser bastante amplias para asegurar flexibilidad y adaptabilidad, pero bastante prescriptivas para prevenir interferencias de la industria y países que no son Partes.

Alrededor del mundo, corporaciones transnacionales como Philip Morris/Altria, British American Tobacco (BAT) y Japan Tobacco International (JTI) están intentando interferir con las políticas nacionales de salud y la implementación del Convenio Marco. Miembros de NATT han recogido estudios de casos y los publicamos en la *Guía de Acción para el Tratado Global del Tabaco*. Este reportaje está disponible para los señores delegados y delegadas, en forma impresa y en Internet.

Señores delegados y delegadas: la responsabilidad que ustedes asumen durante esta Conferencia de las Partes es con la salud pública del mundo. La efectividad del Convenio Marco está directamente relacionada con la efectividad de las decisiones que ustedes aprueben. No olvidemos que el Convenio marco es una herramienta poderosa contra la mortal industria tabacalera y crea un importante precedente para controlar otras industrias letales y peligrosas. Otro mundo *sin tabaco* es posible. Muchas gracias.

El PRESIDENTE:

Muchas gracias. De esta manera concluye nuestro examen del punto 2 del orden del día. Se levanta la sesión.

**The meeting rose at 17:45.
La séance est levée à 17h45.**

FOURTH PLENARY MEETING

Wednesday, 15 February 2006, at 12:20
International Conference Centre, Geneva

President: Mr J. MARTABIT (Chile)

QUATRIEME SEANCE PLENIERE

Mercredi 15 février 2006, 12h20
Centre International de Conférences, Genève

Président: M. J. MARTABIT (Chili)

1. CREDENTIALS OF PARTICIPANTS (continued)
POUVOIRS DES PARTICIPANTS (suite)

El PRESIDENTE:

Tengo el placer de anunciar que el lunes 13 de febrero, Camboya y Togo se sumaron a la Conferencia de las Partes, y el martes 14 de febrero hizo lo propio Guatemala.

2. FIRST REPORT OF COMMITTEE B¹
PREMIER RAPPORT DE LA COMMISSION B¹

El PRESIDENTE:

Ruego ahora a la Conferencia que preste atención al primer informe de la Comisión B (documento A/FCTC/COP/1/7. Por favor, hagan caso omiso de la palabra «proyecto», pues el informe ha sido aprobado esta mañana por esa Comisión sin enmienda alguna.

El primer punto que hay que examinar es el proyecto de Reglamento Interior, que figura en el anexo 1 del informe. La Comisión B ha recomendado que la Conferencia adopte el Reglamento Interior tal y como se presenta en este documento.

¿Está dispuesta la Conferencia a adoptar este Reglamento Interior? Puesto que no hay objeciones, así queda decidido.

El segundo asunto que figura en el informe de la Comisión B es la recomendación de que la Conferencia adopte el Reglamento Financiero y las Normas de Gestión Financiera de la OMS como

¹ For report, see under “Committees”.

¹ Pour le rapport, voir la rubrique “Commissions”.

reglamento financiero de la Conferencia. ¿Está la Conferencia dispuesta a adoptar esta recomendación? Al no haber objeciones, así queda decidido.

De este modo concluye nuestro examen del primer informe de la Comisión B.

**3. ELECTION OF RAPPORTEUR
ELECTION D'UN RAPPORTEUR**

De conformidad con el artículo 21 del Reglamento Interior, uno de los Vicepresidentes debe ser elegido para el cargo de Relator. Entiendo que, después de las consultas celebradas, se sugiere que el Dr. C. Lassmann (Austria) sea elegido para ese cargo. ¿Se propone alguna candidatura más? Puesto que no hay otras candidaturas, ¿puedo dar por entendido que el Dr. Lassmann (Austria) queda elegido por la Conferencia para desempeñar el cargo de Relator? Al no haber objeciones, así queda decidido.

Con esto concluyen nuestros trabajos en la sesión plenaria de esta mañana. El viernes se celebrará una nueva sesión plenaria.

**The meeting rose at 12:30.
La séance est levée à 12h30.**

FIFTH PLENARY MEETING

Friday, 17 February 2006, at 11:55
International Conference Centre, Geneva

President: Mr J. MARTABIT (Chile)

CINQUIEME SEANCE PLENIERE

Vendredi 17 février 2006, 11h55
Centre International de Conférences, Genève

Président: M. J. MARTABIT (Chili)

**1. SECOND REPORT ON CREDENTIALS OF PARTICIPANTS
DEUXIEME RAPPORT SUR LES POUVOIRS DES PARTICIPANTS**

EL PRESIDENTE

Buenos días, distinguidos representantes. Bienvenidos a la última sesión plenaria de la primera reunión de la Conferencia de las Partes.

Esta mañana examinaremos los informes de ambas comisiones. Sin embargo, antes de proceder a examinarlos, quisiera volver sobre el asunto de las credenciales. Quisiera dar la palabra al Asesor Jurídico. Señor Asesor Jurídico, tiene usted la palabra.

Mr BURCI (Legal Counsel)

Delegations will have before them document A/FCTC/COP/1/14 containing the second report on credentials. This report contains updated information concerning the credentials of delegations submitted after the previous report and after the fourth plenary meeting, where I read some additional information for the record. Just this morning, we have received formal credentials for Palau. So the draft second report should be considered, as already amended by me, with reference to Palau.

EI PRESIDENTE:

Muchas gracias, señor Burci. ¿Está de acuerdo la Conferencia en aprobar el informe? No parece haber objeciones. Por consiguiente, se aprueba el informe, en su forma enmendada oralmente.

Quisiera señalar ahora a la atención de la Conferencia los informes presentados por las Comisiones A y B. Entiendo que esos informes contienen decisiones sobre cada uno de los restantes puntos del orden del día cuya adopción por la Conferencia se recomienda. En primer lugar nos centraremos en los informes de la Comisión A.

2. FIRST REPORT OF COMMITTEE A¹
PREMIER RAPPORT DE LA COMMISSION A¹

El PRESIDENTE:

El primer informe de la Comisión A, contenido en el documento A/FCTC/COP/1/8, se refiere al punto 4.5 del orden del día, Examen de las fuentes y mecanismos existentes y potenciales de asistencia. En este informe se recomienda una decisión. ¿Está la Conferencia dispuesta a adoptar esa decisión? Puesto que no parece haber objeciones, se adopta la decisión. De esta manera concluye nuestro examen del punto 4.5 del orden del día.

3. FOURTH REPORT OF COMMITTEE A¹
QUATRIEME RAPPORT DE LA COMMISSION A¹

El PRESIDENTE:

El cuarto informe de la Comisión A, que se refiere al punto 5.1 del orden del día, Presentación de informes, figura en el documento A/FCTC/COP/1/13 y contiene una decisión. Les ruego que pasen por alto la palabra «proyecto» porque el informe fue adoptado por la Comisión A esta mañana sin enmienda alguna. ¿Está la Conferencia dispuesta a adoptar la decisión? Puesto que no parece haber objeciones, se adopta la decisión. De esta manera concluye nuestro examen del punto 5.1 del orden del día.

4. THIRD REPORT OF COMMITTEE A¹
TROISIEME RAPPORT DE LA COMMISSION A¹

El PRESIDENTE:

El tercer informe de la Comisión A, relativo al punto 5.2 del orden del día, figura en el documento A/FCTC/COP/1/11 y también contiene una decisión. Les ruego que pasen por alto la palabra «proyecto» porque el informe fue adoptado por la Comisión A esta mañana sin enmiendas. ¿Está la Conferencia dispuesta a adoptar la decisión? Puesto que no parece haber objeciones, se adopta la decisión. Así concluye nuestro examen del punto 5.2 del orden del día.

5. SECOND REPORT OF COMMITTEE A¹
DEUXIEME RAPPORT DE LA COMMISSION A¹

El PRESIDENTE:

El segundo informe de la Comisión A, relativo al punto 5.3 del orden del día, Elaboración de protocolos, figura en el documento A/FCTC/COP/1/10 y también contiene una decisión. Les ruego que pasen por alto la palabra «proyecto» porque el informe fue adoptado por la Comisión A esta mañana sin enmienda alguna. ¿Está la Conferencia dispuesta a adoptar la decisión? Puesto que no

¹ For report, see under “Committees”.

¹ Pour le rapport, voir la rubrique “Commissions”.

parece haber objeciones, se adopta la decisión. De esta manera concluye nuestro examen del punto 5.3 del orden del día.

6. FIFTH REPORT OF COMMITTEE A¹
CINQUIEME RAPPORT DE LA COMMISSION A¹

El PRESIDENTE:

El quinto informe de la Comisión A, relativo al punto 6 del orden del día, Consideración de un programa de trabajo para la Conferencia de las Partes, figura en el documento A/FCTC/COP/1/15 y contiene una decisión. Les ruego que pasen por alto la palabra «proyecto» porque el informe fue adoptado por la Comisión A esta mañana sin enmiendas. ¿Está la Conferencia dispuesta a adoptar la decisión? Puesto que no parece haber objeciones, se adopta la decisión. Concluye entonces el examen de todos los informes de la Comisión A, a la que felicito por su trabajo.

7. SECOND REPORT OF COMMITTEE B¹
DEUXIEME RAPPORT DE LA COMMISSION B¹

El PRESIDENTE:

Quisiera pedir a la Conferencia que a continuación pase a examinar los informes de la Comisión B.

El segundo informe de la Comisión B se refiere al punto 4.2 del orden del día, Designación de la Secretaría permanente y disposiciones para su funcionamiento, y figura en el documento A/FCTC/COP/1/19. Les ruego que pasen por alto la palabra «proyecto» porque el informe fue adoptado por la Comisión B esta mañana sin enmiendas. El informe contiene una decisión. ¿Está la Conferencia dispuesta a adoptar la decisión? Puesto que no parece haber objeciones, se adopta la decisión. De esta manera concluye nuestro examen del punto 4.2 del orden del día.

8. THIRD REPORT OF COMMITTEE B¹
TROISIEME RAPPORT DE LA COMMISSION B¹

El PRESIDENTE:

En el tercer informe de la Comisión B, contenido en el documento A/FCTC/COP/1/12, se recomiendan dos decisiones a la Conferencia. Les ruego que pasen por alto la palabra «proyecto», ya que el informe fue adoptado por la Comisión B esta mañana sin enmiendas.

La primera decisión que se debe examinar es la relativa al presupuesto y el plan de trabajo para 2006-2007. ¿Está la Conferencia dispuesta a adoptar esta decisión? Puesto que no parece haber objeciones, se adopta la decisión.

La siguiente decisión que deben examinar es una recomendación de la Conferencia de las Partes a la Asamblea de la Salud. Doy la palabra al Sr. Aitken.

¹ For report, see under “Committees”.

¹ Pour le rapport, voir la rubrique “Commissions”.

Mr AITKEN (WHO Secretariat):

During the meeting of Committee B this morning, the Committee adopted the report with certain changes to this draft decision, which I will now read into the record: "Recommendation to the World Health Assembly:

"The Conference of the Parties

DECIDES

to recommend to the World Health Assembly to continue to support and, where appropriate, to strengthen, the Tobacco Free Initiative 2008-2009 in order to assist the Convention secretariat in the implementation of the Convention".

El PRESIDENTE:

Muchas gracias, señor Aitken. Espero que hayan podido tomar nota todas las delegaciones del párrafo del cual ha dado lectura el Sr. Aitken.

Si no hay inconvenientes y la Conferencia está de acuerdo, se da por aprobado.

Con esto concluye nuestro examen de los puntos 4.4 y 6 del orden del día.

9. DATE AND VENUE OF THE SECOND SESSION OF THE CONFERENCE OF THE PARTIES

DATE ET LIEU DE LA DEUXIEME SESSION DE LA CONFERENCE DES PARTIES

El PRESIDENTE:

Ahora quisiera referirme al punto 7 del orden del día, relativo a la fecha y el lugar de la segunda reunión de la Conferencia, de conformidad con los artículos 3 y 4 del Reglamento Interior. La Mesa se ha ocupado de este asunto después de un detallado análisis de las diferentes alternativas y puntos de vista existentes y me gustaría proponer a la Conferencia lo siguiente: la segunda reunión de la Conferencia de las Partes se celebraría en una fecha por determinar durante el primer semestre del año próximo, previa consulta. Muchas delegaciones nos hicieron saber que la fecha propuesta de noviembre de 2007 parecía demasiado lejana. Por lo tanto, propongo que la Conferencia autorice a la Secretaría a iniciar consultas sobre la fecha más conveniente, como también sobre el lugar donde se podría celebrar esa reunión. Algunas delegaciones han hecho saber a la Mesa que se sentirían muy complacidas de ofrecer sus respectivas capitales como sede para estos efectos. A fin de poder atender adecuadamente estas solicitudes de diferentes países, propongo a la Conferencia que los interesados en postularse como sede de la segunda reunión de la Conferencia de las Partes en el primer semestre del próximo año se dirijan por escrito en los próximos 60 días a la Secretaría haciendo efectiva y formal su propuesta.

En ningún caso la Secretaría de la Organización Mundial de la Salud ni la Secretaría de esta Conferencia podrán destinar fondos adicionales a los ya autorizados para la segunda Conferencia de las Partes. Consciente de la importancia de este tema, deseo que quede lo más claramente posible registrado con letras grandes en las actas: **NO PODRÁ LA OMS GASTAR MÁS FONDOS DE LOS AUTORIZADOS PARA EL NORMAL DESEMPEÑO DE LA SEGUNDA CONFERENCIA DE LAS PARTES.** Los países que se propongan como sede de la próxima reunión deben asumir ellos mismos, en su calidad de países anfitriones, los costos restantes para llevar adelante la Conferencia. No estamos hablando de cifras menores, pero la Mesa también es consciente de que si la Conferencia de las Partes se reuniera fuera de Ginebra los anfitriones podrían difundir de manera más activa y relevante la buena causa del Convenio en sus respectivos países o regiones; ciertamente es un agrado por una parte realizar estas Conferencias en diferentes partes del mundo, pero tenemos que ser muy conscientes de que es absolutamente imprescindible hacer un esfuerzo económico y de que el Estado

que se ofrezca para llevar adelante esta Conferencia en su segunda etapa, en su segunda versión, también debe destinar fondos para ese efecto. En los próximos 60 días deben hacer llegar su propuesta a la Secretaría; ésta comunicará a esos países las reglas de procedimiento, así como de cuánto dispone la Secretaría y cómo se distribuyen los gastos. Es absolutamente indispensable contar con países sede para recibir la Conferencia. La Secretaría informará a la Mesa sobre los antecedentes que recoja sobre las propuestas que reciba y la Mesa, en nombre de ustedes, escogerá la mejor y más conveniente de las propuestas que se presenten. Pido a la Conferencia un acto de confianza importante. No tenemos tiempo para consultas individuales, pero así están las cosas hasta este momento. También debo decir que, si entre las propuestas que se reciban Ginebra continúa siendo una sede disponible, habida consideración de costos y facilidades en general, la Secretaría también deberá tomarla en cuenta.

Espero haber sido claro, y que la interpretación haya podido llegar a todas las delegaciones. He tratado de hablar muy pausadamente para que la traducción haya sido recibida por todos.

Si la Conferencia está de acuerdo con el procedimiento que he propuesto, y no hay observaciones sobre este generoso acto de confianza de ustedes, se da por aceptada la propuesta de la Mesa de la Conferencia.

¿Alguien pide la palabra? ¿No hay observaciones? Se da por aprobada la propuesta.

En cuanto al orden del día provisional de la segunda reunión, después de las consultas celebradas con los grupos regionales, entiendo que las Partes desean incluir en el orden del día un punto sobre Fuentes y mecanismos existentes y potenciales de asistencia, con miras a proseguir el examen de este importante asunto.

¿Está de acuerdo la Conferencia con que se añada este punto?

Como no hay objeciones, doy por aprobada la propuesta.

10. CLOSURE OF THE SESSION CLÔTURE DE LA SESSION

Distinguidos delegadas y delegados, llegamos al final de nuestra Conferencia. Antes de la clausura y de algunas palabras finales, ofrezco la palabra a las delegaciones que deseen hacer uso de ella. Islas Marshall, tiene la palabra.

Mr JORBON (Marshall Islands):

Thank you for giving me the opportunity to make some brief comments, with specific reference to Convention Articles 5.5 and 23.5(g), to be reflected in the records of the first session of the Conference of the Parties. This is by no means a protest or an objection, but just a comment. As you are fully aware, Articles 5.5 and 23.5(g) of the Convention specifically provide that the Parties shall cooperate as appropriate with competent international, regional and intergovernmental organizations and other bodies, and request, where appropriate, the services and cooperation of other international, regional and intergovernmental organizations, and nongovernmental organizations and bodies as a means of strengthening the implementation of the Convention. We are the Contracting Parties, when drafting the Rules of Procedure to implement the Convention, these should always be in conformity with the letter and spirit of the relevant articles of the Convention. This is why my Government strongly advocates the fullest possible participation of all such appropriate organizations and other bodies, in recognition of the vital importance of their participation in national and international tobacco-control efforts.

Dr OGWELL (Kenya):

We have been here since 5 February and in those 12 or so days since we have been here negotiating long into the night. We should not forget that the reason we are here is because very good children, men and women are dying as a result of exposure to tobacco – be it voluntarily or, in my case, otherwise. I have had the opportunity to visit a restaurant or two in this city and I was unwillingly made a smoker for a few days. Before we go today, I would like to ask our delegates to

stand up for just one minute as a mark of respect for the 161 096 citizens of this world who have passed away in the days that we have been here. Mr President, with your permission, one minute to recognize those who have passed away while we have been here negotiating and attempting to align ourselves with public health above private profit.

A minute of silence was observed.
Une minute de silence est observée.

Mr GOU Haibo (China):

The Chinese delegation, on behalf of the Western Pacific Region, wants to congratulate you on your leadership. We also congratulate the Officers of the Conference, Committee A and Committee B, and all the representatives of the Parties and observers. During this session we have fulfilled successfully all the tasks required in the WHO Framework Convention on Tobacco Control and built conditions for the future implementation of the Convention. This session is the first step towards turning the free idea into reality. We have fulfilled the task from Article 23.3 of the Convention on time, adopting by consensus the Rules of Procedure at this session. The outcome is strictly in conformity with the provisions and spirit of the Convention, establishing Rules to be followed by all possible participants, and embodies fully the spirit of inclusiveness and openness.

In this session we have fulfilled the task from Article 24.1 of the Convention and made suitable arrangements for the permanent secretariat which, together with the approved annual budget and work plan, shall function actively to assist the Parties in implementing the Convention. Also, we have got a gradual reporting system, a work plan for elaborating guidelines for articles of the Convention, and a work plan for elaborating the protocols.

It is not easy to achieve so much in such a short period of time. This is due to the wisdom of all participants and the spirit of trust, mutual understanding and compromise shown by all delegations. We hope and we are confident that with, and only with, such a spirit, with the efforts of the Contracting Parties and assistance of the intergovernmental organization and the nongovernmental organization observers, we will see it have a sound implementation and development. Thank you, Mr President, and we wish all delegates a safe journey home.

Dr TORRES LAO (Perú):

Gracias, señor Presidente. Mi delegación quiere expresar su agradecimiento por el buen desarrollo de esta primera Conferencia de las Partes y felicitaciones a todos los miembros de la Secretaría y de la iniciativa Liberarse del Tabaco. También quiero felicitar a los países que lideraron los grupos de trabajo en los cuales participaron diversas comisiones y especialmente a las delegaciones del Brasil, Canadá, Australia, Nueva Zelandia y México, que han dedicado más tiempo que el asignado en el programa. También felicito al Presidente y a los Vicepresidentes de la Comisión A, que con sus experiencias pudieron orientarnos en el desarrollo de las negociaciones. Finalmente a usted, señor Presidente, porque gracias a su carisma y al respeto que le tenemos, nos brindó una guía estupenda para llegar a buen término en esta primera reunión de la Conferencia de las Partes.

Muchas gracias, señor Presidente.

Dr MOKHTARI (Islamic Republic of Iran):

The Eastern Mediterranean Region is proud to have joined the first steps the world has taken during the past two weeks in order to bring to life the WHO Framework Convention on Tobacco Control. A lot has been achieved in this period. Under your able presidency over this important body, we were able to work as precisely and efficiently as a Swiss watch; we attained most of the goals we had in mind. In Committee B, which I had the privilege to attend, we had to pull out every trick in the book. It took all our diplomatic skills mixed with the managerial capabilities of our Chair and his Vice-Chairs. We benefited from South Africa's wisdom and experience, New Zealand's excellent editorial skills, Austria's persistence and punctuality, and Brazil's sense of duty. We even, from time

to time, used our wise Chair's stories from his grandfather's farm to help us better to understand some issues. At one stage, thanks to Norway, we pretended to be blind people trying to touch and describe an elephant, which we later called the Convention secretariat. We had of course at our disposal the best secretariat one could have wished for, and I commend them for their excellent services. The Eastern Mediterranean Region will be represented in WHO through my delegation during its term in office. My delegation is looking forward to working with you in the coming weeks and months.

Mr HETLAND (Norway):

On behalf of the European Region, I have the pleasure to thank you for the successful way that you have guided these deliberations. We have a positive feeling that the real foundation has now been laid for the further work of a powerful Convention within the framework of improved global public health. We would also thank the Officers of the Conference and the Secretariat of WHO and, especially, the Tobacco Free Initiative for their everlasting service and commitment. We also thank all delegations for the spirit shown and are confident that this will be carried forward into the next session of the Conference of the Parties.

Ms ASSUNTA (Framework Convention Alliance for Tobacco Control):

I speak on behalf of the Framework Convention Alliance. I want to register our appreciation to you and the Parties for concluding on such a positive note. First, we want to thank the Parties for recognizing nongovernmental organizations as partners in the process and for facilitating their meaningful participation in the first session of the Conference of the Parties. Access to regional meetings and the ability to make real-time contributions in meetings fostered a spirit of collaboration that was much appreciated on all sides and that, we believe, contributed to a better outcome.

We are pleased that some consensus has been reached on several issues that can take us forward. The real work starts now. The secretariat has structure and priorities have been identified. Work is now set to begin on developing protocols on illicit trade and cross-border advertising and guidelines on second-hand smoke and product regulation. On product regulation, we would urge caution as this is a complex area and guidelines should be introduced only when clear consumer benefit can indeed be ensured.

We would like to remind Parties that nongovernmental organizations have much expertise to offer and we are happy to assist, particularly in the area of developing protocols and guidelines for optimal implementation of evidence-based WHO Framework Convention on Tobacco Control policies that will save millions of lives. As members of civil society, our effort in tobacco control will continue at the national, regional and international levels. We will continue to support ratification and implementation, as well as starting to prepare shadow reports on the implementation of the Convention.

We are encouraged by the fact that a vast body of knowledge exists. No Party has to start from scratch on the implementation of an evidence-based life saving Convention. You have our assurance that we are committed to tobacco control and will endeavour to do our best. We look towards the parties to give life to the Convention as soon as possible, so that the business of saving lives is done. Our thanks to Kenya for a timely reminder as to why we are really here. Maybe one day, the death clock will stop ticking.

Ms MWANGI (Consumers International):

I am speaking on behalf of Corporate Accountability International and on behalf of the Network for Accountability of Tobacco Transnationals. Congratulations on the progress you have made over the past two weeks towards setting up institutions and mechanisms to support the WHO Framework Convention on Tobacco Control and to assist Parties in implementation. Nongovernmental organizations are ready and willing to be partners in the work ahead. We applaud the Conference of the Parties' commitment to attend and strengthen nongovernmental organization participation and we particularly appreciate the practice of timely interventions by nongovernmental organizations established here at the first session of the Conference of the Parties.

As we return to our countries, members of the Network for Accountability of Tobacco Transnationals will continue to monitor and expose tactics used by the tobacco industry to undermine health policy around the world. We volunteer our experience and assistance in developing guidelines for the implementation of Article 5.3. In this regard, we have a brief comment about Rule 31.3 of the Rules of Procedure. We understand that the intention behind this point is to allow the Conference of the Parties to take prompt action to remove nongovernmental organizations, should evidence of financial or other ties to tobacco corporations come to light. The Network for Accountability of Tobacco Transnationals welcomes this flexibility, and the Conference of the Parties' commitment to protect its deliberations from interference by the vested interests of the tobacco industry. However, we wish to clarify the use of "may" versus "shall" in this paragraph. We caution that the Conference of the Parties should avoid an open-ended discussion about nongovernmental organizations at every session. Instead we recommend a standardized review process through the Convention secretariat. The Network for Accountability of Tobacco Transnationals also trusts that Rule 31.3 would not be invoked to discontinue the observer status of a legitimate nongovernmental organization affiliated with the tobacco industry that was putting pressure on a Party to implement its obligations fully and rapidly. Now, substantive intersessional work is urgent, and Parties must work together to fight for implementation of the Convention. We look forward to collaborating with you and to seeing you again at the second session of the Conference of the Parties.

Mr CUNNINGHAM (International Union Against Cancer):

I make this statement on behalf of the International Union Against Cancer. As this historic first session of the Conference of the Parties comes to a close, it is work celebrating the progress of the WHO Framework Convention on Tobacco Control, so far. This progress exceeds the expectations of most when negotiations began. The treaty, after negotiations concluded, contained many strong provisions, despite the efforts of the tobacco industry. The total of 168 signatories is more than virtually any other multilateral treaty. The 123 Parties so far, representing 75% of the world's population, is an impressive pace of international endorsement compared to other treaties. This is indeed fantastic, and proves wrong the earlier statements of some that, if the treaty was too strong, very few countries would ratify it.

However, now that we are in a crucial implementation phase, enormous work needs to be done at the country level. We urge countries to move speedily, with legislation and other measures to ensure effective implementation. But, and we have this message for countries, be careful! The tobacco industry stands ever ready to protect its financial interests and to oppose the legislation required by the Convention. For example, we have already seen this, on advertising, promotion and sponsorship, the industry will lobby for partial restrictions, even though the Convention requires a comprehensive ban. For package warnings, the industry will press for 30% text warnings, when 50% or larger warnings with pictures would be far more effective, and so on. Industry lobbying must be rejected.

Finally, regarding financial resources: first, we would like to recognize the progress made yesterday afternoon on this issue in Committee B. Now we have an appeal to developed countries: when your delegations come to the second session of the Conference of the Parties, please be ready to announce what new resources you are prepared to contribute to implementation of the Convention internationally. There will be plenty of time between now and the second session of the Conference of the Parties for governments to make these decisions. We will be asking what you will be prepared to do, and hope that your answers will be as generous as they need to be. Together, we can and must work to combat the scourge of the global tobacco epidemic.

El PRESIDENTE:



Muchas gracias a usted por su declaración. Llegando al final de nuestra Conferencia, permítanme dirigir algunas palabras antes de la clausura. Desde luego, y quiero comenzar por ello, debo agradecer a quienes intervinieron en último lugar, a las organizaciones no gubernamentales. Sepan ustedes que su rol es muy importante, que apreciamos enormemente su contribución y que en este proceso de implementación que tenemos por delante deben desempeñar un papel extremadamente

importante. Les agradezco que en las diferentes reuniones me aportaran antecedentes, luces e información valiosa para el proceso en que estamos todos comprometidos. Creo, distinguidas delegadas y delegados, que esta reunión marca logros muy importantes. Hemos puesto en marcha la Conferencia y hemos decidido sobre los mecanismos necesarios, sobre la designación de la Secretaría y el apoyo requerido, sobre la adopción de un Reglamento Interior y normas de gestión financiera, sobre la adopción del presupuesto para el año 2007 y, además, sobre el establecimiento de un plan de trabajo para el futuro inmediato, incluida la presentación de informes y la elaboración de protocolos.

Cuando me eligieron Presidente sentí que tenía una enorme responsabilidad, que era justamente lograr los objetivos que esta Conferencia se había fijado y, con enorme satisfacción, puedo decir que los hemos logrado, pero logrado gracias a ustedes. Creo en el espíritu que inspiró esta Conferencia porque los temas que nos ocupan son importantes, urgentes, cruciales; estamos hablando de la salud, del bienestar, de un ambiente sano, de un desarrollo económico concordante con principios fundamentales para el desarrollo de la persona humana. El desafío no podía ser más relevante, y creo que debemos inscribir los logros de esta Conferencia como una etapa importante en este proceso concordado urgente pero también eficaz de unir voluntades, voluntades de los países, de las opiniones públicas, de nuestras organizaciones civiles, de los sistemas de salud, del sistema internacional como tal, de la prensa, de la publicidad, de todos aquellos que movilizan la opinión pública para que nuestros congresos adopten buenas leyes al respecto, para que la arena internacional, los organismos, se comprometan más en sus planes y proyectos en esta lucha. Como alguien dijo más de una vez en esta Conferencia, se inicia una nueva etapa, y en esta nueva etapa hay más consenso, más voluntad, más decisión. De manera que soy yo quien debo agradecer a ustedes la oportunidad que me dieron de aportar una modesta contribución a esta tarea en la cual todos ustedes, los expertos de salud presentes, las autoridades que han venido de distintos países, los representantes de organismos internacionales, etc., desempeñan ciertamente el rol más importante.

Antes de concluir nuestro trabajo, no puedo dejar de mencionar nuestra gratitud al Dr. Lee, quien esta mañana me ha pedido que lo excusemos de no estar acá porque fue llamado a una reunión importante fuera de Ginebra a la cual debió concurrir, pero me ha pedido que les transmita su decisión de poner a la Organización en la vanguardia de este proceso, de manera que pido a los representantes de la OMS aquí presentes que transmitan también de parte nuestra al Dr. Lee nuestro reconocimiento y gratitud.

No puedo terminar, obviamente, sin agradecer de manera muy especial a la estupenda Mesa que me acompañó en nuestro trabajo, a la distinguida representante de Sudáfrica, el representante de Tailandia, al representante de la República Islámica del Irán, al representante de China y el Primer Vicepresidente y Relator, nuestro colega de Austria. En todo momento recibí de ellos iluminación, claridad, entusiasmo y una voluntad de consenso que, francamente, me gustaría ver en otros organismos internacionales con sede aquí en Ginebra.

Cómo terminar sin agradecer de manera muy especial también a los presidentes de las Comisiones, la Comisión A y la Comisión B, que tuvieron una excelente *performance*. Fue allí, en las Comisiones, francamente, donde se hizo el trabajo. El Dr. Reddy en la Comisión A, el Sr. Seck en la Comisión B, acompañados por excelentes vicepresidentes, hicieron posible que se llegara a tiempo con las conclusiones y recomendaciones que hemos aprobado hoy día. Cómo terminar sin agradecer a estas espléndidas personas que nos han acompañado y que llevan tanto tiempo trabajando en esto. A mi querido amigo Denis Aitken, que es una persona de una inteligencia omnipresente: está en todas partes y lo sabe todo. Tiene muchos talentos, y uno de ellos es que no se hace notar, pero influye enormemente en el curso de nuestros debates. Cómo no mencionar al Dr. Bill Kean, con un fantástico sentido del humor, conocedor en detalle de todos los procedimientos que se requieren para avanzar en este proceso y que conoce con mucha precisión a su Organización y a quienes trabajan en esto. Quiero agradecer de manera muy especial también a nuestro Asesor Jurídico, siempre con certero juicio, no se equivoca, siempre tiene el consejo adecuado y la recomendación pertinente. Ustedes lo han visto, cuando habla el Asesor Jurídico no hay más discusión. Cómo no agradecer, por ejemplo, también, a Douglas Bettcher. Dudo de que alguien tenga más conocimientos que él sobre la problemática del tabaco; es una enciclopedia impresionante, conoce los más mínimos detalles de cualquier informe. Tenerlo cerca ha sido una gran suerte. Douglas, te agradezco mucho. Y cómo no agradecer también a la Dra. Mochizuki, quien tiene una visión de su tarea importante. Ella, de una manera discreta, siempre sabe dónde hay que llegar. A todos ellos mi más profundo agradecimiento

en nombre de la Mesa y en nombre de la Conferencia. Y antes de concluir déjenme también dar las gracias a la cantidad impresionante de funcionarios que hacen en definitiva que la Conferencia pueda caminar. Desde luego, quienes nos interpretan, quienes preparan los documentos hasta altas horas de la noche y muy temprano en la mañana para que podamos tener esas revisiones y esos documentos siempre a tiempo en los distintos idiomas, cómo no agradecer a quienes se preocupan de que todas las instalaciones estén disponibles a tiempo y de que podamos trabajar como debemos en una Conferencia tan importante como ésta. Por último, y de manera muy especial, quiero dirigirme a aquellas delegadas y delegados que han viajado para esta Conferencia y que han venido de sus capitales, algunos de muy lejos, por cierto, y siempre de buen humor, siempre con actitudes positivas, han permitido que logremos aprobar documentos que estoy seguro marcarán una época en la marcha de este largo proceso. A todos quienes han venido de lejos, que tengan un buen retorno a sus capitales. A mis colegas de Ginebra, nuevamente muchas gracias por el apoyo que siempre me han otorgado. Sin más, declaro clausurada esta primera reunión de la Conferencia de las Partes. Muchas gracias, y hasta la próxima.

The session closed at 12:50.

La session est close à 12h50.

INDEX OF NAMES

This index contains the names of speakers reported in the present volume.

INDEX DES NOMS DES ORATEURS

Cet index contient les noms des orateurs dont les interventions figurent dans le présent volume.

- AKOSA, A.B. (Ghana), 29
ALAVIAN, S.M. (République islamique d'Iran/Islamic Republic of Iran), 8
AL-LAWATI, J. (Oman), 60
ANIBUEZE, M. (Nigéria)/(Nigeria), 32
ASQUETA, M. (Uruguay), 19
ASSUNTA, M. (Framework Convention Alliance on Tobacco Control), 62,72
- BURAYZAT, M. (Jordanie/Jordan), 16
- CUNNINGHAM, R. (Union internationale contre le cancer/International Union Against Cancer), 73
- DA COSTA E SILVA, V.L. (Brésil/Brazil), 59
DIRECTEUR GÉNÉRAL/DIRECTOR-GENERAL, 1
DORADO MAZORRA, Y.F. (Corporate Accountability International), 63
- FUJISAKI, I. (Japon/Japan), 28
- GILDERS, C. (Canada), 12
GOU Haibo (Chine/China), 71
- HATAI CHITANONDH (Thaïlande/Thailand), 21
HEFFORD, J. (Australie/Australia), 12
HETLAND, T. (Norvège/Norway), 38, 72
HUGUENEY, C. (Brésil/Brazil), 27
- ISLAM, M.S. (Bangladesh), 21
- JAYLE, D. (France), 30
JAZAIRY, I. (Algérie/Algeria), 42
JORBON, J. (Iles Marshall/Marshall Islands), 70
- KIRATA, N. (Kiribati), 39
KYE CHUN YONG (République populaire démocratique de Corée/Democratic People's Republic of Korea), 36
- LAMBERT, P. (Afrique du Sud/South Africa), 44, 46
- LEE KAH CHOON (Malaisie/Malaysia), 7
LEWIS-FULLER, E. (Jamaïque/Jamaica), 35
- MAHMOUD, M. (Egypte/Egypt), 34
MARTABIT, J. (Chili/Chile) **Président de la première session de la Conférence des Parties à la Convention-Cadre de l'OMS pour la Lutte antitabac/President of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control**, 3, 73
MBUYU MUTEBA, Y.R. (République démocratique du Congo/Democratic Republic of the Congo), 40, 60
MNATSAKANIAN, Z. (Arménie/Armenia), 28
MOKGOTHU, B. (Botswana), 20
MOKHTARI, R. (Iran, République islamique d'Iran, Islamic Republic of), 59, 71
MUÑOZ, F. (Chili/Chile), 15
MWANGI, D. (Consumers International), 72
- NCHABI KAMWI, R. (Namibie/Namibia), 11

O'CONNOR, D. (Nouvelle Zélande/New Zealand), 6

OGWELL, A.E.O. (Kenya), 70

OTTO, C.T.O. (Palaos/Palau), 37, 46, 47, 60

RAMBELOSON, A. (Madagascar), 18

RAUCH-KALLAT, M. (Autriche/Austria), 9

RODRÍGUEZ CUADROS, M. (Pérou/Peru), 22

RUIZ GAYTAN LOPEZ, C.
(Mexique/Mexico), 13

SAEED, E.F.M. (Soudan/Sudan), 33

SAMO, M. (Micronésie, Etats fédérés
de/Micronesia, Federated States of), 41

DE SEIXAS CORRÊA, L.F. (Brésil/Brazil), 48

SHA Zukang (Chine/China), 25

SINGH, S. (Inde/India), 31

SOMATUNGE, T.L.C. (Sri Lanka), 20

TORRES LAO, R. (Pérou/Peru), 71

TSHABALALA-MSIMANG, M.E. (Afrique
du Sud/South Africa), 5

WAQATAKIREWA, L. (Fidji/Fiji), 17

INDEX OF COUNTRIES AND ORGANIZATIONS

This index lists the countries, organizations and bodies represented by the speakers whose names appear in the index on the preceding pages.

- AFRICAN REGION, 5
ALGERIA, 42
ARMENIA, 28
AUSTRALIA, 12
AUSTRIA, 9
- BANGLADESH, 21
BOTSWANA, 20
BRAZIL, 27, 48, 59
- CANADA, 12
CHILE, 3, 15, 73
CHINA, 25, 71
CONSUMERS INTERNATIONAL, 72
CORPORATE ACCOUNTABILITY
INTERNATIONAL, 63
- DEMOCRATIC PEOPLE'S REPUBLIC OF
KOREA, 36
DEMOCRATIC REPUBLIC OF THE
CONGO, 40, 60
- EASTERN MEDITERRANEAN REGION,
59, 71
EGYPT, 34
EUROPEAN REGION, 72
EUROPEAN UNION, 9
- FIJI, 17
FRAMEWORK CONVENTION ALLIANCE
ON TOBACCO CONTROL, 62, 72
FRANCE, 30
- GHANA, 29
- INDIA, 31
- INTERNATIONAL UNION AGAINST
CANCER, 73
IRAN, ISLAMIC REPUBLIC OF, 8, 59, 71
- JAMAICA, 35
JAPAN, 28
JORDAN, 16
- KENYA, 70
KIRIBATI, 39
- MADAGASCAR, 18
MALAYSIA, 7
MARSHALL ISLANDS, 70
MEXICO, 13
MICRONESIA, FEDERATED STATES OF,
41
- NAMIBIA, 11
NEW ZEALAND, 6
NIGERIA, 32
NORWAY, 38, 72
- OMAN, 60
- PALAU, 37, 46, 47, 60
PERU, 22, 71
- SOUTH AFRICA, 5, 44, 46
SRI LANKA, 20
SUDAN, 33
- THAILAND, 21
- URUGUAY, 19
- WESTERN PACIFIC REGION, 71

INDEX DES PAYS ET ORGANISATIONS

Cet index contient les noms des pays, organisations et organismes divers représentés par les orateurs dont les noms figurent dans l'index précédent.

- AFRIQUE DU SUD, 5, 44, 46
ALGERIE, 42
ARMENIE, 28
AUSTRALIE, 12
AUTRICHE, 9
- BANGLADESH, 21
BOTSWANA, 20
BRESIL, 27, 48, 59
- CANADA, 12
CHILI, 3, 15, 73
CHINE, 25, 71
CONSUMERS INTERNATIONAL, 72
CORPORATE ACCOUNTABILITY INTERNATIONAL, 63
- EGYPTE, 34
- FIDJI, 17
FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL, 62, 72
FRANCE, 30
- GHANA, 29
- ILES MARSHALL, 70
INDE, 31
IRAN, REPUBLIQUE ISLAMIQUE D', 8, 59, 71
- JAMAIQUE, 35
JAPON, 28
JORDANIE, 16
- KENYA, 70
KIRIBATI, 39
- MADAGASCAR, 18
MALAISIE, 7
MEXIQUE, 13
MICRONESIE (ETATS FEDERES DE), 41
- NAMIBIE, 11
NIGERIA, 32
NORVEGE, 38, 72
NOUVELLE-ZELANDE, 6
- OMAN, 60
- PALAOS, 37, 46, 47, 60
PEROU, 22, 71
- REGION AFRICAINE, 5
REGION DE LA MEDITERRANEE ORIENTALE, 59, 71
REGION DU PACIFIQUE OCCIDENTAL, 71
REGION EUROPEENNE, 72
REPUBLIQUE DEMOCRATIQUE DU CONGO, 40, 60
REPUBLIQUE POPULAIRE DEMOCRATIQUE DE COREE, 36
- SOUDAN, 33
SRI LANKA, 20
- THAILANDE, 21
- UNION EUROPEENNE, 9
UNION INTERNATIONALE CONTRE LE CANCER, 73
URUGUAY, 19
-