



WORLD HEALTH ORGANIZATION

**INTERGOVERNMENTAL NEGOTIATING BODY
ON THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL**

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First session

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Secretariat update: public hearings on the framework convention on tobacco control

1. For the first time, WHO is negotiating a convention that will legally bind Member States. To prepare for negotiations on the proposed framework convention on tobacco control all parties with an interest in the convention, in particular private sector and nongovernmental organizations and institutions, were invited to transmit written submissions and to deliver oral testimonies at two days of public hearings (Geneva, 12 to 13 October 2000). This was the first time that a United Nations organization publicly sought and secured views from all parties interested in a proposed convention.

2. WHO received 514 submissions meeting the established requirements, which were immediately made accessible for public scrutiny on WHO's website.¹ During the hearings, testimonies were given by representatives of 144 organizations, covering all regions of the world.

3. The public hearings were opened by the Executive Director in the office of the Director-General. Senior WHO officials acted as the hearings panel and took turns in chairing the hearings. On the first day, 76 speakers took the floor: 13 representatives of the tobacco industry, including cigarette and cigar manufacturers and tobacco growers, two sales associations (wholesale tobacco and duty-free), one media group, three consumers associations, nine academic or research bodies, 20 antismoking organizations, 10 groups representing physicians, dentists or nurses, 10 organizations focusing on cancer and health and disease of the heart or lungs, four women or gender issue groups, and four health and development nongovernmental organizations. On the second day, 68 speakers gave testimony: 11 representatives of the tobacco industry, including cigarette and cigar manufacturers and tobacco growers, two advertising and communication groups, two consumers associations, one religious organization, four representatives of the pharmaceutical industry, seven educational or research bodies, nine tobacco control organizations, 10 medical and dental groups, five organizations focusing on cancer and health and disease of the heart or lungs, four women or gender issue groups, and 13 health and development nongovernmental organizations.

4. Cooperation between tobacco industry and WHO and participation of tobacco companies in the framework convention process was mentioned in several testimonies. Tobacco companies said that grounds existed for cooperation in such areas as smoking among young people and reduction of harmful effects. They sought both an active role in drafting of the convention and in global tobacco control in general, and a reasonable dialogue on practical and realistic ways to tackle the health effects of tobacco consumption.

¹ All submissions are accessible on WHO's website <http://www.who.int/genevahearings>

5. Speakers from public health institutions and organizations said that clear differences remained between their public health goals and the objectives of tobacco companies. Tobacco was the only legal consumer product that killed half its regular users. Any role of the tobacco companies in negotiation of the framework convention and drafting should be categorically excluded from consideration by WHO Member States. They urged Member States to monitor national and international activities of cigarette and smokeless tobacco manufacturers.

6. Both sides concurred that smoking among young people was a challenge. Sales to minors was a major cause for concern. Public health advocates cited marketing to children and easy access to tobacco products as obstacles to reduction of smoking among young people. Representatives of tobacco companies maintained that smoking was a choice for informed adults.

7. Various groups emphasized that attention should be given to curbing contraband tobacco products. Member States were urged to hasten work on formulating a global protocol against smuggling. Some speakers proposed a digital identification system that would track all tobacco-product packages from production to final sale in order to ensure that all duties were paid.

8. Tobacco companies cited increased taxes on tobacco products as an incentive to smuggling, whereas public health advocates identified taxes as an effective means to curb tobacco consumption by young and by poor people, as well as a way to increase government revenues for reinvesting in public health.

9. Public health advocates identified environmental tobacco smoke and passive smoking as a major health concern which should be specifically addressed in the framework convention. Some representatives of cigarette manufacturers recognized only that environmental tobacco smoke might be an annoyance; smokers and nonsmokers should coexist with mutual respect.

10. Tobacco farmers and growers associations called on Member States for more research in the fields of economics, agro-economics and agronomy, and more precise data on crop diversification before incorporating agricultural issues in the framework convention. They said that millions of livelihoods currently depended on tobacco cultivation, and that due attention should be given to the potential effects of the convention on the people involved. Public health advocates, however, maintained that dependence on a single crop was not viable in the long term, and that tobacco workers in most countries survived on a subsistence income.

11. Clear differences of opinion were expressed on advertising. Representatives of public health organizations and institutions said that there was a direct causal relationship between increased advertising and the rise in starting and continuing to smoke, particularly among young people, women, and racial minorities. Advertising was a transborder issue because of Internet, television and radio-based communication, and they called on Member States to adopt a global ban on advertising, marketing, and sponsorship. Representatives of tobacco companies and advertisers said that advertising was an issue of freedom of speech, and was intended to lead to brand switching, not to initiation. They also maintained that advertising was regulated so that it reached only the adult market.

12. Most tobacco companies testifying acknowledged the health impact of tobacco use. Some cigarette manufacturers said they were developing safer products to mitigate harm, whereas others admitted that there was no such thing as a safe cigarette. All expressed keen interest in working with WHO Member States to share information on current scientific research on tobacco products.

13. Smokeless tobacco, cigars, bidis and other tobacco products were also evoked at the hearings. Member States were urged to ensure that their harmful effects were adequately dealt with in the convention.

14. Many speakers referred to the targeting by tobacco companies of new markets in developing countries, and Member States were urged to control the unchecked expansion of such markets.

15. Most tobacco companies questioned whether the convention could be a single global regulator. Issues of national sovereignty, the appropriateness of regulation at national level, and self-regulation by companies were raised. Representatives of public health institutions and organizations said that truly viable tobacco control had to be global in reach. The only way to assure that was for Member States to negotiate a strong convention. Member States were requested to pay adequate attention to country and culture-specific solutions, and include in the convention provisions that would ensure technical support to States Parties. Economic and financial considerations also required serious reflection.

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