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FIRST MEETING

Monday, 16 October 2000, at 9:30

Acting Chairman: Dr D. NABARRO (Executive Director, WHO)

later: Chairman: Mr C.L. NUNES AMORIM (Brazil)

1. OPENING OF THE SESSION

The ACTING CHAIRMAN declared open the first session of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control. He welcomed all the participants and thanked them for their much appreciated support of the framework convention process.

The Director-General would speak to the meeting by video-conference link from Sydney, Australia.

Dr BRUNDTLAND (Director-General), after welcoming the participants, pointed out that whereas it had been estimated in 1998 that four million people were dying each year as a result of tobacco use, and projections for 2030 suggested a major epidemic with 10 million deaths a year, most of them in developing countries. That figure was greater than the combined number of deaths from malaria, tuberculosis, AIDS and several major maternal and childhood conditions and that was why she had declared global tobacco control as a priority for WHO.

Data provided by WHO Member States confirmed that dramatic picture. Tobacco caused one-fifth of all deaths due to cardiovascular diseases, which in 1999 had accounted for about one in 10 deaths in Africa, three in 10 deaths in South-East Asia, 33% of all deaths in the Americas, as well as in WHO’s Eastern Mediterranean and Western Pacific regions, and 50% of all deaths in the European Region. Tobacco caused one in three cancer deaths worldwide and cancer accounted for one in 20 deaths in Africa, one in 14 deaths in South-East Asia and the Eastern Mediterranean Region and one in five deaths in the Americas, Europe and the Western Pacific.

The future looked bleak. The continued marketing of tobacco products to the youth of today meant millions of deaths in 30 to 40 years’ time. Surveys in developing and transition countries showed that about 20% of schoolchildren aged 13 to 15 were already current users of tobacco products. One in four of those young people had started the habit before the age of 10, and more than two-thirds of them would like to quit.

WHO had made available to all scientific evidence to prove that tobacco killed and that many of the well over a billion people addicted to it had started when very young, as victims of skilful marketing of tobacco products and now wanted to quit but found it very difficult to do so. Governments could do much more to discourage smoking and to help kicking the habit. Tobacco-related deaths were preventable, and required minimal investment. Strategies to reduce smoking were well-known and cost-effective, but government action was necessary and intergovernmental agreement was the key to progress. Governments that had already introduced measures to control tobacco use had reduced the numbers of tobacco users in their countries.

Over the past 15 years, modern technology had limited the effectiveness of national action. Tobacco advertising was beamed into many countries via satellite and cable. Developing countries were the target of massive marketing campaigns by international tobacco companies. With increasing global trade, the tobacco companies saw the newly emerging markets as their main opportunity to compensate for their dwindling sales in many industrialized countries.

When challenged, the tobacco companies sought to divert attention from the public health consequences of tobacco use by talking of the “right to smoke” and of benefits to economies. They denied the dangers of their products and systematically discredited individuals, institutions and
processes seeking to improve people’s health through the control of tobacco. It was known that they had tried to undermine the World Health Organization and the office of the Director-General.

At the public hearings that had taken place the previous week in Geneva, several tobacco companies had proposed to work together with the public health community, but at the same time they opposed the interventions that were known to have a measurable and sustained impact on tobacco use. She therefore urged caution in responses to overtures from tobacco companies, since any action that would really enhance people’s well-being and reduce the number of tobacco deaths would necessarily mean fewer smokers and lower profits. So far, the companies were offering to work on measures having only a limited impact on tobacco consumption – and yet, tobacco remained the only consumer product that killed half of its regular users.

A global response was needed to an emerging public health threat. The challenge was to devise a useful legal instrument that would enable countries to support each other in their efforts to regulate tobacco use and save the lives of their people.

In resolutions unanimously adopted by the World Health Assembly in May 1998 and 1999, Member States had given themselves the political mandate to negotiate a framework convention on tobacco control. Two intergovernmental bodies had been established as subsidiary bodies of the Assembly: one was a working group on the framework convention and the other was the Intergovernmental Negotiating Body.

At its two previous meetings the working group had laid the technical foundations for the work of the Negotiating Body. WHO, the World Bank and public health experts had identified the interventions that could have a measurable and sustained impact on tobacco use, namely increased excise taxes, bans on advertising, sponsorship and marketing, controls on smoking in public places, expanded access to effective means of quitting, tough counter-advertising and tight controls on smuggling.

It was now time for Member States to focus on those interventions and to deliberate on what should be included in both the framework convention and their national laws and policies.

She appreciated the hard work being done in national governments to secure agreed positions between health, trade and agriculture, national finance and judicial interests and recognized that the work of the Negotiating Body would not be straightforward and that there would be big demands on the expertise and patience of the delegates. Since tobacco killed one person somewhere in the world every eight seconds, it was vitally important for delegations to reach agreement on the wording for a convention that could really make a difference. Any delay would be reflected in more unnecessary deaths, not only now, but in the years to come.

2. **ELECTION OF OFFICERS:** Item 2 of the Provisional Agenda

The ACTING CHAIRMAN invited nominations for the post of Chairman.

Mr CULLEN (Argentina) nominated Mr Nunes Amorim (Brazil).

Dr HETLAND (Norway), Ms LAMBERT (South Africa), Mr MOON (Republic of Korea) and Mrs KUNADI (India) seconded that nomination.

Mr Nunes Amorim (Brazil) was unanimously elected Chairman of the Intergovernmental Negotiating Body.

The CHAIRMAN thanked the participants for electing him to preside over a session during which a legally binding convention would be negotiated for the first time in WHO. Of particular concern were the emerging patterns of illness and death due to tobacco consumption in developing
countries, which placed an undue burden on societies already struggling to improve their national health systems under unfavourable conditions. Accordingly, the negotiating exercise should involve a concerted effort to reconcile the public health perspective with all legitimate legislative, social, economic, cultural, educational and environmental concerns, with particular emphasis on the vulnerability of women, children and adolescents.

Dr BRUNDTLAND (Director-General) congratulated the Chairman on his election.

The CHAIRMAN suggested that the meeting postpone the remainder of agenda item 2 – election of the remaining officers – and proceed to agenda item 3, followed by agenda items 5 and 6, since many delegates wished to discuss the method of work of the Intergovernmental Negotiating Body first. He also suggested that agenda items 5 and 6 be considered together.

It was so agreed.

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Document A/FCTC/INB1/1)

The CHAIRMAN suggested that, subject to the decision to proceed directly to agenda items 5 and 6, the provisional agenda set out in document A/FCTC/INB1/1 should be adopted as it stood. Participants would recall that in resolution WHA53.16 the Secretariat had been asked to draw up, for consideration by the Negotiating Body at its first session, a draft timetable for the negotiating process, which now appeared as part of agenda item 5 in the provisional agenda. From the mechanical point of view, however, it would be easier if the timetable were dealt with under agenda item 4.

The agenda was adopted as amended.

The CHAIRMAN invited delegates to consider the request from the Permanent Representative of France, the country which currently held the presidency of the European Union, that the representative of the European Commission be allowed to sit next to the French delegation in order to consult on matters of competence.

It was so agreed.

4. METHOD OF WORK AND TIMETABLE OF THE INTERGOVERNMENTAL NEGOTIATING BODY: Item 5 of the Agenda (Document A/FCTC/INB1/4)

Consideration of an extended bureau: Item 6 of the Agenda (Document A/FCTC/INB1/4)

The CHAIRMAN recalled that in resolution WHA52.18, the World Health Assembly had established an Intergovernmental Negotiating Body to draft and negotiate the proposed WHO framework convention and possible related protocols. To prepare that body’s work, a working group had been convened to draw up proposed draft elements of the framework convention. The working group had met in October 1999 and March 2000 and its proposals had subsequently been reviewed by the Fifty-third World Health Assembly in May 2000. The task of the Intergovernmental Negotiating Body was to draft and negotiate the proposed framework convention and, subject to future discussions, one or more possible related protocols. Participating States might wish to do that in plenary meetings of the Negotiating Body. Alternatively, the work could be organized by dividing tasks among working
groups or similar subdivisions as set out in paragraphs 13 and 14 of document A/FCTC/INB1/4. Each working group would then report on its deliberations to the Negotiating Body for further consideration.

It should be borne in mind that some aspects of the method of work under discussion might have implications for the establishment of an extended bureau. In resolution WHA53.16, the Negotiating Body had been called on to elect at its first session a Chairman, three Vice-Chairmen and two Rapporteurs and to consider the applicability of an extended bureau. He stressed that the function of an extended bureau was not to make either substantive decisions or procedural decisions that might have an impact on substantive matters, but to assist Member States to manage the negotiating process.

Dr NOVOTNY (United States of America) expressed strong support for the proposed framework convention, which he saw as a contribution to the development of a coordinated, collaborative and effective transnational public health and tobacco control policy. For the framework to be effective, it must reflect many voices. As the bureau provided an opportunity to reflect those voices, he believed that it should comprise 18 members. Compared to other United Nations conferences with similar objectives, a bureau of 18 was already on the small side: the bureau for the Conference of the Parties on the Kyoto Protocol to the United Nations Framework Convention on Climate Change had had 15 members, while that for the World Conference on Human Rights had comprised 46 members. The proposed framework convention on tobacco control could only succeed if it was the product of the Member States and if they assumed ownership of the process. That could be ensured by having a broadly representative bureau which could oversee the process during the long periods between negotiating sessions and provide meaningful guidance to the Secretariat. Moreover, a large, broadly representative bureau could also ensure transparency, since a transparent process was inclusive, and not exclusive.

The bureau, assisted by the Secretariat, should help to manage the work of the Negotiating Body and assure that process was driven by Member States. It should advise the Chairman on procedural matters, help to set the provisional agendas and specify documentation needs for meetings, help to manage the proceedings during meetings, communicate and coordinate with the Secretariat not only during, but also between, such meetings, and help to allocate work between the plenary and any working groups that might be established. It should also help in communicating with countries, including reporting on the work of the Negotiating Body at WHO Regional Committee meetings and the World Health Assembly. The bureau should facilitate communication and coordination with the WHO Secretariat throughout the year on matters related to the framework convention. It should also help to adjudicate in any procedural disputes that might arise related to the work of the Negotiating Body or any subgroups that might be established. In addition, it should help to communicate and coordinate with any groups in support of the framework convention that might be established. In conclusion, he expressed the view that an extended bureau would make the Negotiating Body extremely successful.

Mr PETIT (France) said that the Member States of the European Union attached the greatest importance to the negotiations of the proposed framework convention, which dealt with the struggle against tobacco dependence, and to the working methods to be applied in those negotiations, which would play an important role in their success. They believed that the negotiation of the convention should rest on a very broad and open base. The framework convention must be open to the widest possible adoption and ratification, and it was therefore necessary for all States to have a stake in the negotiating process and not feel excluded.

The Member States of the European Union considered that the question of the role of the bureau should be resolved before attempting to define its composition or format. If it was to be a body whose decisions could affect the substance of the convention, there was a risk of the bureau partly arrogating to itself the negotiations and running counter to the desired aim, which was to have broad adherence to the convention. If the bureau was to be a purely formal structure – the “classical” bureau as described
by the Chairman, taking no substantive decisions on the content of the negotiations nor on procedural
matters, since those would be submitted to the plenary – then it would be preferable to keep it as lean
as possible. That would avoid it assuming wider responsibility and would also ensure that it worked in
a practical way, tasked, as was traditional, with organizing the work of the Body. The Member States
of the European Union also favoured the possible establishment of open-ended working groups. Given
that it was appropriate to address first the technical questions that comprised the substance of the
convention, a group could also be set up to deal with institutional matters, which could meet either
briefly or at a later stage in the negotiations. It would be difficult to finalize positions on those
questions before the substantive provisions of the convention were known.

In conclusion, he said that the European Union desired a bureau which did not intervene in the
substance of the negotiations and which was as limited as possible in number. Considering that the
fundamental questions would be referred to working groups, especially to a technical working group,
six members, or six plus one, appeared to be a reasonable number.

Dr STAMPS (Zimbabwe), supporting the position expressed by the delegate of France, said
that the bureau must be regionally representative. Since there were six regions within WHO, it was
appropriate that membership be drawn from each region, plus one individual. In addition, in light of
the urgency to develop not just a framework, but also the concrete form of the convention, efficiency
was needed on the part of the bureau. The efficiency of organizations was usually inversely related to
their total membership. Also, the bureau had to demonstrate the interests of WHO, of which it was a
servant.

He would be interested to hear what the delegate of the United States of America proposed
concerning the composition of the 18 members of the bureau, since he had not indicated which
particular stakeholder interests he wished to be represented, at what level or in what regard.

He considered that the bureau should be lean, mean and efficient, particularly in view of the cost
elements, about which all delegates, including those from the developed countries, had expressed
concerns. In addition, it was necessary to have rapid responses to the submissions and efficient
dissemination of all the work around the framework convention.

Mr CULLEN (Argentina), speaking on behalf of Argentina, Dominican Republic, Mexico, Peru
and Uruguay, said that experience had shown that working groups contributed towards a smooth and
efficient negotiating process, but only when a consensus on the substantive aspects of the future
convention had been reached, which was not yet the case with the proposed framework convention on
tobacco control. The working group, during its two meetings, had undoubtedly been successful in
identifying the main concerns and positions of the Member States. Document A/FCTC/INB1/2 contained
a very broad spectrum of options, however, many of them contradictory. Greater progress might be
possible in terms of institutions, application and a final text, if the nature and aim of the obligations to be
imposed on Member States were defined. For that reason he considered it premature to establish two
working groups on substantive and procedural issues respectively during the current session, although it
might be appropriate to do so later. Moreover, it was clear that not all delegations were in a position to
cover the meetings of two groups simultaneously.

There was no hard and fast rule on the optimum size of a bureau. In the case of conventions relating
to the environment, which had been used as a point of reference for negotiations on the framework
convention on tobacco control, the tendency had been towards smaller bureaux, for example, the Protocol
on Liability and Compensation for Damage to the Basle Convention on Transboundary Movements of
Hazardous Wastes and their Disposal and the Intergovernmental Negotiating Committee on the Prior
Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade had
both established bureaux consisting of only five members: a Chairman, three Vice-Chairmen and a
Rapporteur, elected according to regional criteria. The bureau of the Intergovernmental Negotiating
Committee for an International Legally Binding Instrument for Implementing International Action on
Certain Persistent Organic Pollutants consisted of a Chairman and four Vice-Chairmen, also elected
according to regional criteria. The size of the bureau would depend, above all, on the functions it would
have to perform. Those would normally be strictly procedural: the convening of meetings; deciding on the provisional agenda; organizing the meetings; supervising the preparation of documents which would be handled by the Secretariat for the Negotiating Body. However, all substantive decisions would be taken by the Negotiating Body. The negotiating process had to be transparent: there was a need for clarity both regarding rules, information and the functions of the bureau which, in addition, should report regularly on its activities. All interested parties should also be permitted to participate as observers with the right to communicate their views to the Member States represented on the bureau. He therefore proposed the establishment of a bureau of six members: one representing each region plus a Chairman with no regional obligation.

Mr FARRELL (New Zealand), indicated that he was speaking only on behalf of New Zealand and that Member States of the WHO Western Pacific Region were continuing consultations regarding agenda item 6. He endorsed the precise and useful definition of the role of the bureau that had been given by the Chairman. Although he had no firm view on the exact number of members, he supported the concept of an extended bureau. It was vital that the bureau be truly representative on a regional basis, and with a balance of developed and developing countries. In addition, as was borne out by experience from other complex negotiations, an extended bureau would play a vital role in assisting in the management of the complex negotiations ahead.

Mrs RODRIGUEZ CAMEJO (Cuba) supported the remarks made by the delegate of Argentina on behalf of a group of Latin American delegations regarding the composition of the bureau. Its functions should be purely procedural, with questions of substance negotiated by all Member States in plenary session. A small bureau would be sufficient to ensure transparency and efficiency, but it was also important to secure equitable regional representation. Her delegation thus supported the proposal for a bureau with six members plus an impartial chairman representing no region.

Mrs KUNADI (India) said that India favoured the concept of an extended bureau guaranteeing equitable geographical representation. Its exact size could be determined in the light of consultations with regional groups to be conducted by the Chairman. It was, however, important to ensure that the bureau did not become too unwieldy. Its role should be confined to procedural rather than substantive issues.

Dr GHOUNEIM (Egypt) supported the proposals by France and Zimbabwe regarding the composition of the bureau. A balance between developing and developed countries would be beneficial to the work. While his delegation remained open-minded regarding the proposal for an extended bureau, such a bureau should not become involved in the taking of substantive decisions.

Mr KHORRAM (Islamic Republic of Iran) said that the Eastern Mediterranean Region was in favour of a small bureau comprising six vice-chairmen, representative of each region, together with a rapporteur. As the bureau was not to be a decision-making body, there was no reason to increase its membership.

Dr HETLAND (Norway) said that his delegation supported the statement made by the delegate of France on behalf of the European Union. The bureau should be kept as small as possible, with a membership of six plus one, to ensure broad participation in transparent negotiations. Its functions should be confined to administrative tasks and technical assistance to the Intergovernmental Negotiating Body.

The CHAIRMAN, summing up the debate thus far, said that it was perhaps too early in the proceedings to take a final decision on the possible need to set up working groups or other informal
groups. On the question of the bureau, there seemed to be broad agreement that its functions should be confined to ensuring the smooth running of the meeting. There was also strong support for a bureau representative of all regions and thus able to reflect the views of the membership as a whole. However, given the wide disparity of views as to how the bureau could best ensure transparency, a pragmatic and flexible approach was called for. He therefore suggested that the meeting should be suspended to allow representatives of the regions to engage in brief informal consultations, after which he could meet with regional coordinators. It should then be possible for the Intergovernmental Negotiating Body to decide on the question of the size of the bureau and the countries that would select candidates for the posts. Thereafter the meeting could turn to the substantive matters on its agenda.

If he heard no objection, he would take it that the Intergovernmental Negotiating Body wished to adjourn the meeting and reconvene at 16:00 that same day.

It was so agreed.

The meeting rose at 10:55.
1. **ELECTION OF OFFICERS:** Item 2 of the Agenda (continued)

**Consideration of an extended bureau:** Item 6 of the Agenda (Document A/FCTC/INB1/4) (continued)

The CHAIRMAN announced that, following informal consultations among the regional groups, the delegates of the following countries had been nominated to serve as Vice-Chairmen: Australia, India, Islamic Republic of Iran, South Africa, Turkey and United States of America. The delegates of South Africa and Turkey would also serve as rapporteurs. If there were no objections, he would take it that those proposals were acceptable.

*It was so decided.*

Dr STAMPS (Zimbabwe), rising on a point of order, suggested that, before the election had taken place, it would have been in order to formalize the decision to elect a bureau comprising a Chairman and six Vice-Chairmen. He proposed that that be done.

The CHAIRMAN said that, if there were no objections, he would take it that the proposal was acceptable.

*It was so decided.*

The CHAIRMAN suggested that the decisions just taken should not preclude, if thought necessary in the future, the establishment of working groups, and the election of any officers necessary in that regard.

2. **SECRETARIAT UPDATE:** Item 4 of the Agenda (Documents A/FCTC/INB1/3 and A/FCTC/INB1/INF.DOC./1)

Dr YACH (Executive Director) reported on the completed inquiry by the Committee of Experts on Tobacco Industry Documents into the tobacco companies’ activities which aimed to influence funding, policy and research priorities and the damage done to the Organization’s public health policies.

The Committee’s 260-page report, publicly released on the Internet on 2 August 2000, had demonstrated that the tobacco companies were implementing global strategies to discredit WHO and to impede its efforts. Industry strategies had rarely dealt with the merits of the public health issues raised by tobacco use but had sought, in secret and at the highest policy-making levels, to divert attention from those issues, reduce budgets for WHO scientific and policy activities, pit other United Nations agencies against WHO, and convince developing country governments that tobacco control was being foisted upon them by the developed world.
Having established from the documentary evidence that some of the tobacco companies’ long-standing influence over public health policy and funding still persisted, the Committee had made 58 recommendations relating to people, processes and institutions. Those recommendations had been accepted by the Director-General. WHO was committed to working with other United Nations agencies, Member States and nongovernmental organizations to preclude further subversion of WHO processes.

The Committee had recommended adoption of a formal process to avoid conflict of interest among prospective experts, consultants and advisers. A “declaration of interest” form was consequently to be completed by all those to be involved in future in any capacity with the Organization, except, for the time being, short-term or fixed-term staff. The initial focus of activity would be on increased funding for global tobacco control, institutional capacity-building, and the development of a global communications and monitoring strategy. In addition, WHO and its partners were moving steadily towards implementation of the Committee’s specific recommendations.

To comply with the recommendation that the inquiry report be disseminated widely, it had been made available on the WHO website¹ in August and the Executive Summary was available in all official languages. The work of the Committee had been commended by media internationally.

The Committee further recommended that WHO should encourage United Nations agencies and Member States to conduct their own inquiries and to assess the option of restitution or other legal redress for harm caused by tobacco company actions. The Committee’s report had been sent to all those participating in the United Nations Ad Hoc Interagency Task Force on Tobacco Control with a view to discussing it at the next meeting of the Task Force early in 2001. WHO would also host a meeting in Jordan in February 2001 to consider the best ways of ensuring that developing countries had access to information about tobacco company influence and on national policy development.

The Committee also recommended that WHO should develop a sophisticated communications campaign to support the proposed framework convention on tobacco control and to counter opposition, both overt and covert, from tobacco companies.

WHO was to continue to monitor tobacco industry activities and to make regular public reports on any misconduct. There was evidence of such action, namely denial of certain health effects of tobacco use, dissemination of false economic information to governments, and the staging of media events in developing countries where inaccurate information about WHO’s role was put forward. As of January 2001, quarterly monitoring reports from countries participating in the “Tobacco Kills – Don’t be Duped” initiative, including analysis of media information and other publicly available documents, would be analysed and disseminated to all Member States in an effort to record and monitor tobacco company behaviour. The “Don’t be Duped” campaign, which was already playing a key role in 17 countries, had been invited to expand its activities in consultation with the regional offices. The innovative concept of “change agent” was key to that campaign as it coordinated action and advocacy by journalists, nongovernmental organizations, policy-makers, the private sector, health professionals, and scientists in support of the proposed framework convention. Such action included advocacy of strong tobacco control legislation, tax increase on tobacco products and litigation on tobacco industry violation of advertising bans.

WHO and IARC had developed strong communications plans related to the harmful impact of passive smoking on health. That link was still disputed by many tobacco companies. WHO’s World No Tobacco Day 2001 would focus global and local attention on the importance of smoke-free public policies.

Fifteen United Nations organizations, the World Bank, the International Monetary Fund and WTO were participating in the United Nations Ad Hoc Interagency Task Force on Tobacco Control. It had provided a forum for information-sharing and collaboration across the United Nations system. A number of priority areas had been identified for the future, including: employment, passive smoking.

¹ www.who.int.
trade and investment issues, and women and tobacco. Increased support from all partners and mobilization of additional resources would be required.

The Task Force had presented its report to the substantive session in July 2000 of the United Nations Economic and Social Council in New York. That report demonstrated the significance of the Task Force as a mechanism for catalysing United Nations system cooperation on a broad range of tobacco-related issues.

WHO recognized the link between stronger country action and complementary global action against tobacco. With the World Bank and the International Monetary Fund, WHO was providing support to Member States in areas related to the economics of tobacco control such as legislation, surveillance and media advocacy.

Lack of human, institutional and financial support for tobacco control remained a major impediment. WHO had urged Member States to address that issue, using increased excise tax on tobacco as one means of financing effective control programmes. Stronger national tobacco control programmes, particularly in developing countries, were also encouraged.

The Global Youth Tobacco Survey was active in over 40 countries. The survey provided an objective means of evaluating whether progress was being made in reducing youth smoking. It could also be used to indicate the influence of tobacco company programmes. The preliminary results obtained indicated that such programmes should not be supported by governments, for instance: in 1998, Philip Morris started financing a supposedly effective youth smoking-prevention programme. However, one year later, the survey showed that 33.6% of 13 to 15 year olds in Kiev, Ukraine smoked and that 27.7% had started smoking before the age of 10. It was hoped that, within 18 months, the survey would provide accurate and standardized tobacco prevalence data for 13 to 15 year olds from most countries.

WHO offered technical support to countries to help in the selection of effective options in the areas of legislation, regulation and public policy. A tool kit was being developed for countries that would identify regulatory targets and support the process of seeking legal solutions, through cooperative action by both legal and public health communities.

WHO had helped to support the attendance of a number of emerging leaders in tobacco control from developing countries at the 11th World Conference on Tobacco or Health held in Chicago in August 2000. Funding had also been made available to support the establishment of a grant programme to enable those scholars to access funds in order to implement the ideas and practices arising from the Conference.

A publication entitled *Tobacco control in developing countries* had been released during that conference. It examined the effectiveness of a range of interventions and concluded that effective economic intervention made a real difference to tobacco prevalence, consumption and related health outcomes. Evidence showed that price increases on cigarettes were highly effective in reducing demand and that comprehensive bans on tobacco advertising and promotion did indeed reduce cigarette consumption.

The publication noted that, in high-income countries, cigarette consumption could be reduced by providing information to adult consumers about the addictive nature of tobacco and its burden of fatal and disabling diseases. “Information shocks” such as the findings of research studies on the health effects of smoking, or health warnings, were found to reduce demand. The report also found that smoking restrictions in public places not only benefited non-smokers but also apparently could reduce smoking intensity and prevalence in the general population.

The publication concluded that the economic fears that had deterred policy-makers from taking action were largely unfounded. However, there were a few countries, mostly in sub-Saharan Africa, whose economies depended heavily on tobacco farming, where a global fall in demand would result in job losses in the long term. Policies to aid adjustment in those cases would be essential and were currently being studied by FAO, in collaboration with SIDA, the World Bank, ILO and others, to see how government policies on tobacco demand reduction could have an impact on the world tobacco economy.
A small number of countries in Africa, Asia and Latin America had been selected for that study, providing detailed information on the underlying economic and social factors affecting tobacco production. The aim was to analyse the effect of policy change on agricultural production, employment, household income and food security, thereby projecting world tobacco supply, demand and trade under different scenarios. The study, which was due to be completed in 2001, had increased interest in the economics of tobacco control. Under the supervision of the World Bank, several country economic studies had been or were currently being conducted. It was noted that the 11th World Conference on Tobacco or Health had adopted a resolution in support of the proposed framework convention on tobacco control.

The first meeting of the Scientific Advisory Committee on Tobacco Product Regulation was held in Geneva on 12 and 13 October 2000. The Committee was composed of scientists and tobacco control experts and was established following a recommendation by the WHO International Conference on Advancing Knowledge on Regulating Tobacco Products, held in Oslo in February 2000. It was set up to advise WHO and Member States on the regulatory framework, policy development and dissemination of scientific information about tobacco products.

At that first meeting of the Committee WHO had invited selected tobacco companies to give their perspective on product modification and their efforts to reduce the harm caused by tobacco products. WHO invited explanation of the possible effect of changes to tobacco product design and manufacture. Would those changes affect toxicity, addiction, satisfaction, initiation of tobacco use, relapse in former smokers and their impact on nonsmokers? How could those changes and their effects be measured?

Philip Morris and British American Tobacco (BAT) had presented their companies’ perspectives to the Committee. WHO had previously indicated that such presentations should not be interpreted as an endorsement of their products nor as a reflection of partnership, collaboration or dialogue. The Committee would continue to draw upon relevant expertise in its future work.

Public hearings had also been held in preparation for the Intergovernmental Negotiating Body. All parties with a material interest in the proposed framework convention, especially private sector parties and nongovernmental organizations and institutions, had been invited to submit written documents and to deliver oral statements at the public hearings in Geneva (12 and 13 October 2000). Five hundred written submissions had been received by WHO and 140 people had come to Geneva to provide oral testimony. All major tobacco producers, several tobacco farming groups and various public health organizations had provided written documentation. Those submissions were all available for public scrutiny on the WHO website.

At the public hearings, public health and similar groups had expressed extreme concern about the impact of tobacco use on current and future health especially in developing countries. The tobacco companies had concentrated on defining the boundaries of “reasonable” and “appropriate” action. Several had questioned WHO’s role and the FCTC process in terms of their “progress” in reducing tobacco’s public health impact. In general those companies had supported the measures and policies known to have limited impact on youth and adult consumption, but opposed those measures known to have a measured and sustained impact on tobacco use as identified by WHO, the World Bank and the public health community. Dr Yach drew delegates’ attention to the relevant summary provided in document A/FCTC/INB1/INF.DOC./1.

With regard to the preparations made for the negotiating process, he reported that a provisional timetable and projected costs for the process had been prepared by the Secretariat (document A/FCTC/INB1/3). Extrabudgetary support would be needed for future meetings.

In conclusion Dr Yach noted that WHO and its Member States had continued to move towards more effective tobacco control although the actions of tobacco companies were a continued threat to progress. For example, despite the concurrence by several multinational tobacco companies in the United States of America, under the Attorney General’s Master Tobacco Settlement Agreement of March 1999, inter alia, to remove all billboard and outdoor advertising, to stop selling products with tobacco company logos, to close the Tobacco Institute and to stop denying the health effects of tobacco, those companies still continued with those practices, knowing that failure to comply could
result in court action. Such a situation continued throughout the world, despite many public assurances by the tobacco companies that it had changed.

As the process of developing the proposed framework convention unfolded, WHO would continue to support country capacity-building to address the threat posed by tobacco use. WHO staff from around the world were available during the current week to answer Member States’ needs.

Mrs VIVAS (Uruguay) recalled resolution WHA53.16, paragraph 5(2) of which had requested, *inter alia*, the Director-General to provide information on costs related to the sessions of the Negotiating Body, “giving special consideration to securing the participation of delegates from developing countries”. She wished to emphasize the latter point.

Dr DLAMINI (Swaziland) drew attention to the needs of Member States in terms of technical assistance from WHO in funding and execution of legislation. She commented on the issue of “dumping” of tobacco on developing countries by some developed countries which existed alongside sponsorship support. With regard to the provisional timetable in document A/FCTC/INB1/3 she requested clarification of the actual dates instead of using the terms “spring” and “autumn” which had different meanings in the northern and southern hemispheres.

Mr TAKAKURA (Japan) commented on the change in the target date for adoption of the proposed framework convention and possible related protocols from May 2003 (as per resolution WHA52.18) to May 2002 (as per document A/FCTC/INB1/3). There was need for careful consideration of that issue. It would be premature to endorse a shortened timetable in his opinion. Furthermore, the duration of the second session should be discussed and decided under agenda item 9 on the basis and experience of the first such session.

The CHAIRMAN responded that the dates in the document under discussion were aspirational. It was understood that decisions about the second session should be made on the basis of the experience of the first. He proposed that the general outline of the timetable proposed in document A/FCTC/INB1/3 should be accepted, subject to later revision if required.

*It was so agreed.*

Dr YACH (Executive Director) confirmed that the terminology of the dates of the proposed timetable referred to northern hemisphere seasons, and explained that the figures in document A/FCTC/INB1/3 covered organizational and administrative costs. Fifty per cent of those costs were accounted for by the participation of the least developed countries. Further details could be provided as required. In reply to the point raised by the delegate of Uruguay, he said that the request to the Director-General in World Health Assembly resolution WHA52.16 was being closely followed in terms of funding the participation of developing countries. Such support was not only important in terms of attendance at meetings; even more significant was support to build capacity for tobacco control at country level. In response to Mr Takakura’s comment, he noted that the target date of 2003 related to adoption of the framework convention and possible related protocols, whereas 2002 related to the negotiation of the proposed convention only.

Mrs CARVALHO (Mexico) pointed out that many United Nations agencies were involved in finding solutions to tobacco control. She suggested that the report, prepared by the Interagency Task Force on Tobacco Control, which had been presented to the Economic and Social Council, should also be circulated to all delegates.

*It was so agreed.*
3. **QUESTION OF EXTENDED PARTICIPATION OF NONGOVERNMENTAL ORGANIZATIONS:** Item 7 of the Agenda (Documents A/FCTC/INB1/4, A/FCTC/INB1/4 Add.1 and A/FCTC/INB1/5; Resolution WHA52.18)

The CHAIRMAN, introducing the item, drew attention to the fact that the Negotiating Body was a subsidiary of the Health Assembly and was thus subject to its rules and procedures.

Mr AISTON (Canada) said that, since many different kinds of nongovernmental organizations had played a vital role in tobacco control at the national and international levels, their support was essential and a broad range of nongovernmental organizations with expertise in public health and tobacco control must participate in the framework convention negotiation process. None the less, some nongovernmental organizations did not enjoy official relations with WHO and might therefore be denied access to the process; Canada was aware of efforts to invite such nongovernmental organizations in by the back door, but proposed to invite them through the front door. The guidelines for work with WHO which had been adopted by the Health Assembly stated, *inter alia*, that WHO should act in conformity with any relevant resolutions adopted by the United Nations General Assembly or the Economic and Social Council, but WHO’s rules might well be out of tune with those established by the Economic and Social Council and might require updating. The guidelines further stated that, in exceptional cases, a national organization, whether or not affiliated to an international nongovernmental organization, might be considered for admission into official relations, naturally in consultation with WHO or subject to the recommendations of WHO’s Regional Directors and Member States. Canada therefore proposed that the Negotiating Body invite national nongovernmental organizations having the relevant expertise to apply for accreditation: they could then attend and participate without the right to vote in plenary meetings and in the main committee meetings. Those privileges would include access to non-confidential documentation and the right to submit memoranda to the Chairman of the Intergovernmental Negotiating Body and to address meetings if invited to do so, on the same footing as nongovernmental organizations enjoying official relations with WHO. It might also be beneficial for nongovernmental organizations to be allowed to submit written statements. Precedents for expanded representation of nongovernmental organizations could be found in the negotiations for a number of United Nations framework instruments and Economic and Social Council resolution 1996/31 on consultative relationships between the United Nations and nongovernmental organizations might provide a useful basis for updating the WHO rule. It was in the best interests of Member States to make the process of the framework convention on tobacco control open, transparent and informed, and nongovernmental organizations could help to make it so. Extended participation of nongovernmental organizations would give the plenary and individual delegations access to technical expertise, and would link national and international deliberations on the issues, thus enhancing transparency and accountability. National nongovernmental organizations were potentially useful allies. Without wishing to delay substantive work on the convention, it was vital to settle the issue of participation of nongovernmental organizations at the outset.

Mr KINGHAM (United Kingdom of Great Britain and Northern Ireland), speaking on behalf of the European Region, reported that the consensus within that Region was to strengthen the process by embracing diverse opinions, and to make the process as open, transparent and inclusive as possible. The European Region endorsed many of the Canadian delegate’s comments. It had carefully examined document A/FCTC/INB1/5 and endorsed it.

Dr CHITANONDH (Thailand) commended the Canadian proposal but suggested refining it by explicitly excluding nongovernmental organizations that received financial or other support from tobacco companies and their acolytes, thus echoing the recommendations made by the August 2000 committee of experts on the tobacco industry’s strategies designed to undermine the work of WHO. He would be happy to frame a specific proposal if required. Whatever rules were adopted, accredited
nongovernmental organizations should have the right to participate in all meetings of the Negotiating Body – working groups, ad hoc bodies or any other committees – helping to craft a strong convention.

Mr SAINT-PAUL (France) said that nongovernmental organizations were indeed important partners in the campaign against tobacco. Reference might be made to the existing rules under which nongovernmental organizations were granted observer status at WHO. Such general rules might permit other nongovernmental organizations to acquire observer status under the umbrella of federations of those organizations, thus enabling them to participate fully. Without wishing to make matters too difficult, it might be possible to envisage a fundamental change to the rules, since intergovernmental negotiations were involved.

The meeting rose at 17:40.
THIRD MEETING
Tuesday, 17 October 2000, at 10:00

Chairman: Mr C.L. NUNES AMORIM (Brazil)
later: Mr R. FORBES (United States of America)
later: Mr J.V.R. PRASADA RAO (India)

1. ORGANIZATIONAL AND OTHER MATTERS (continued)

The CHAIRMAN announced the order in which the Vice-Chairmen would be called upon to serve in the Chairman’s absence. The list was established by placing the names of the Member States in French alphabetical order, starting with the United States of America, which had been determined by lot: United States of America, India, Islamic Republic of Iran, Turkey, South Africa, Australia.

2. QUESTION OF EXTENDED PARTICIPATION OF NONGOVERNMENTAL ORGANIZATIONS: Item 7 of the Agenda (Document A/FCTC/INB1/5) (continued)

Dr STAMPS (Zimbabwe) said that certain participants in the public hearings had been purporting to represent the Zimbabwe Government’s position, but were in fact members of the Tobacco Industry Marketing Board. He wished to make it very clear that Zimbabwe disassociated itself from any of the activities of the two gentlemen concerned.

Mr FARRELL (New Zealand) emphasized the need for an open, transparent and credible process, while recognizing the intergovernmental nature of the negotiations. New Zealand’s domestic experience had shown clearly that national nongovernmental organizations made a valuable contribution to tobacco control. National organizations would no doubt be represented on many national delegations, including his own, and relevant international nongovernmental organizations should also participate in the process. WHO rules on participation of nongovernmental organizations provided a relatively good starting point but, as other speakers had mentioned, other dimensions might have to be added, for example faster official recognition.

Ms LAMBERT (South Africa), speaking on a point of order, said she found the use of the word “chairman” strange when applied to female persons holding the office of vice-chair. She made a formal request for gender-sensitivity in the use of language.

Turning to the agenda item under discussion, she said that the African regional group, at its meeting earlier that morning, had acknowledged the significant role played by nongovernmental organizations and civil society generally in tobacco control. In many countries, nongovernmental organizations had actually initiated the tobacco control movements. The group had expressed its support for the position set out in document A/FCTC/INB1/5, namely, participation at national level, with the exception of nongovernmental organizations already in official relations with WHO. The group encouraged the presence of nongovernmental organizations in plenary meetings and working groups, as deemed appropriate.

Mr PRASADA RAO (India) commended the work of nongovernmental organizations in all aspects of tobacco control, not least their role in the preparatory work for the negotiations. There were many legal and procedural issues to be considered before a final decision could be taken on whether to admit national nongovernmental organizations to the negotiations. His delegation supported the
proposal to invite nongovernmental organizations in official relations with WHO to participate as observers, pursuant to resolution WHA52.18, whereas national organizations should be represented on delegations. Participation that breached the existing rules, however could lead to a long, arduous screening process, and his delegation would not be in favour of that alternative.

Mr CHOWDHURY (Bangladesh) considered that the participation of nongovernmental organizations would lend depth and breadth to the discussions. On the question of eligibility, he suggested adoption of a policy that would allow national nongovernmental organizations to participate. That would probably mean a review of existing policies and directives. It was important to ensure, however, that the number of participants did not become so large as to impede meaningful dialogue.

Ms DJAMALUDIN (Indonesia) expressed her support for participation of nongovernmental organizations within existing WHO rules. National nongovernmental organizations that actively supported tobacco control programmes should be empowered.

The CHAIRMAN observed that there appeared to be consensus about the importance of the participation of nongovernmental organizations and the contribution that civil society could make to the debate in terms not only of content but of advocacy at the signing and ratification stage. Several speakers had emphasized the importance of ensuring the participation of national nongovernmental organizations, and the Secretariat had already suggested that countries might wish to include such organizations in their own delegations, for which there were many precedents. National organizations could also participate under the umbrella of an accredited organization, thus obviating the need for screening. In order to enable the meeting to move forward to the next item on the agenda, he suggested that informal open-ended consultations should take place among interested delegations. He invited Canada and Thailand to coordinate the consultations and to report on the outcome the following day.

Mr LIU Tienan (China), while acknowledging the important role of nongovernmental organizations in tobacco control, cautioned against losing sight of the nature of the conference. More than 190 nongovernmental organizations in official relations with WHO and only 119 government delegations were attending the conference. With extended participation, it would be difficult to say whether the negotiations were between governments or nongovernmental organizations. He endorsed document A/FCTC/INB1/5 in respect of the principles of participation. However, paragraph 8 of the document should be revised to make clear whether delegations’ statements represented the views of governments or nongovernmental organizations.

Ms BENNETT (Australia) said that members of the Western Pacific regional group had also acknowledged the significant contribution made by nongovernmental organizations to tobacco control. She felt that the suggestion of informal consultations on extended participation would be supported by the group, many delegates having expressed the need for further discussion.

Mr AISTON (Canada) said his delegation was willing to help steer the informal consultations, as suggested by the Chairman. He understood the need to strike a balance between abiding by WHO’s existing rules and including nongovernmental organizations in the process.

Dr VILLAMIZAR (Venezuela) said that she recognized the important role of nongovernmental organizations in tobacco control but stressed the need to abide by existing WHO rules and relevant resolutions, which provided for the participation of nongovernmental organizations in official relations with WHO, as observers.
Mr BAHARVAND (Islamic Republic of Iran), speaking on behalf of the countries of the Eastern Mediterranean Region, expressed support for the informal discussions proposed by the Chairman. His delegation intended to take part.

The CHAIRMAN took it that his suggestion was acceptable.

It was so agreed.

3. DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2 Add.1)

The CHAIRMAN reminded delegates that document A/FCTC/INB1/2, often referred to as a “catalogue of options”, had been reviewed by the Fifty-third World Health Assembly. The comments of the Health Assembly were contained in document A/FCTC/INB1/2 Add.1. Clearly, the draft elements did not in themselves constitute the draft of a framework convention. The provisions were entirely optional. The Fifty-third World Health Assembly, in resolution WHA53.16, had recognized that the document “established a sound basis for initiating negotiations”. He suggested that the proposed draft elements be used as a reference to initiate substantive discussions on the framework convention. In the interests of a productive debate, he urged delegates to refrain at that stage from commenting on specific wording, but rather to concentrate on general topics, such as the balance between sections, the balance between the content of the convention and that of possible protocols, the importance of international cooperation and issues that could be added, deleted, elaborated or condensed. Statements about national tobacco control activities should not be presented orally but handed to the secretariat for distribution to members of the Negotiating Body. Working groups might be formed to address technical questions and legal and procedural issues involved in the convention, and he invited comments on that proposal.

Mr BAHARVAND (Islamic Republic of Iran) considered that some of the proposed draft elements for the framework convention – for example the definitions of tobacco products in section B – were too detailed for what was intended as a framework and should be incorporated in the protocols. Secondly, he emphasized the need for a clause in the convention committing States Parties to take steps towards a complete tobacco ban within a specified timeframe, which was the main objective of his delegation. The present proposals merely regulated the consumption of tobacco.

Dr HETLAND (Norway), noting that the initial sharp fall in tobacco consumption in his country that had followed passage of a tobacco control act in the early 1970s had not been sustained, said that an international agreement such as the framework convention would clearly benefit national public health measures designed to change that trend. It had been argued that tobacco use was “communicated” by a certain culture or subculture and behavioural attitudes and that tobacco-induced diseases were thus “communicated” diseases. Communication was a global issue, which could not be effectively addressed at national level alone.

His delegation wished to see a framework convention based on strong commitments, which would add value to the activities of the States Parties. It should be comprehensive and dynamic, with the long-term goal of eradicating tobacco use and the associated adverse health effects, and the short-term goal of encouraging cessation of tobacco use and reducing real harm. He supported the remarks of the delegate from the Islamic Republic of Iran in that regard. The framework convention should have a limited number of protocols, which should be negotiated after major progress had been achieved on the framework convention itself. Product regulation, including international measurement standards, should be included in the framework convention and addressed during the first stage of
negotiation of the protocols. The framework convention should seek to achieve a ban on all forms of tobacco advertising and sponsorship. His delegation considered that the draft elements contained in document A/FCTC/INB1/2 formed a good starting point for negotiation of the framework convention.

Mr SAINT-PAUL (France) said that the European Union, of which his country currently held the presidency, was increasingly concerned about the harmful effects of tobacco use, which was responsible for four million deaths every year throughout the world and increasingly affected young people, women and the most disadvantaged social groups. A large-scale cancer control campaign, including measures to control tobacco use, had been launched in 1985, and most Member States of the European Union had also adopted national measures. The European Union welcomed the opening of negotiations on the WHO framework convention. It pledged its support for international efforts to negotiate a substantive convention which would define principles, objectives and general obligations and enjoy broad-based support. The European Union supported WHO's proposed timetable for the negotiations, and the proposed deadline of 2002 seemed a realistic one. As few new institutional mechanisms as possible should be introduced: instead, maximum use should be made of existing institutions, such as the World Health Assembly, and existing secretariat structures. The available funds should be devoted to specific action programmes, particularly in developing countries, rather than expensive follow-up mechanisms.

Mr RYAN (European Commission) commented that the framework convention would be the first legal instrument to deal with tobacco control at the international level. The Commission considered that prevention of tobacco use was a key issue, regardless of the stage of economic development of the country concerned (although that might affect the level of resources available to tackle the problem). The framework convention should not only define objectives and common strategies for the international aspects of tobacco control, but should also state how those objectives and strategies might be implemented in the form of national minimum standards. Detailed provisions should be laid down in the protocols to the convention.

Tobacco was widely traded, both as a raw material and as manufactured goods: tobacco control therefore had many international aspects. Many of those aspects were already dealt with in existing international instruments or conventions, and it was important to consider their relationship with the framework convention and its protocols. The convention should identify objectives and obligations that were complementary to existing rules and should encourage States Parties to take tobacco control and public health into account in other contexts.

The European Commission considered that a framework convention was the ideal form of instrument to deal with an issue that was both health-related and economically significant. The convention’s objectives and obligations should take both those aspects into account if it was to be widely accepted and implemented by the States Parties. Some protocols were already well advanced and might well be completed at the same time as the convention itself. The Intergovernmental Negotiating Body should decide which protocols should be discussed first, as some could be more quickly negotiated than others.

The Commission also considered that the framework convention should include a mechanism whereby States Parties might commit themselves to the obligations laid down in the protocols, subject to certain reservations which they could withdraw later as their domestic situation permitted. A step-by-step approach of that kind would ensure wider acceptance of the framework convention, while approaching the objective of reducing mortality and morbidity due to tobacco use.

Ms DJAMALUDIN (Indonesia), having outlined the strategy for tobacco control in her country, said that she welcomed the proposed draft of the framework convention and agreed in general with its objectives, guiding principles and obligations. However, her country considered that some of the obligations were too country-specific and should be removed so that as many countries as possible could support the convention. Specific obligations should be confined to issues relating to cross-border
trade, which required international intervention and cooperation. A global timeframe should be included in order to minimize the widening gap in achievements in different countries. Official versions of the framework convention should be prepared in other languages, in addition to the six languages currently proposed.

Mr KAMARA (Côte d’Ivoire) said that the framework convention had to reconcile the apparently irreconcilable – the interests of major powers and of developing countries and the interests of countries that grew tobacco and those that did not.

Some members of the working group had suggested that much of the substance of the framework convention be transferred to the protocols. His delegation considered, however, that the framework convention itself should be explicit and detailed enough to avoid ambiguities, which might be exploited by the powerful and cunning tobacco industry.

Another important aspect of the framework convention was the question of international cooperation. The specific problems of developing countries should be taken into account. One such problem was the prevalence of tobacco advertising on satellite television, which was broadcast to a large number of countries. Another was that the proposal to increase taxes on tobacco products would automatically encourage smuggling of tobacco products. A further problem was the relationship between the tobacco industry and States. In line with the general principle of “the polluter pays”, the tobacco companies must be made to compensate for the health damage caused by their products, other than through the courts. In his own country, meetings between cigarettes manufacturers and the State had been introduced, with some success. Finally, in countries such as his own, where 5% of State revenues was derived from taxes on tobacco sales, that revenue would be sorely missed if tobacco sales were to decrease. International cooperation would be required to help poorer countries to control tobacco use in the face of the activities of the tobacco industry.

Mr PRASADA RAO (India) after describing the steps taken in his country to control tobacco use and the economic importance of tobacco, said that India had to adopt a pragmatic approach to the legitimate goals of the framework convention. The convention should establish general objectives, principles and obligations, rather than detailed, stringent terms. It should reflect the combined political will of governments. The various aspects of the problem should be addressed in separate protocols, which States Parties could accept if they wished, allowing them to adopt a progressive and flexible approach to the problem of tobacco control. A strict timetable for action would be required, but States Parties should be free to adopt their own strategies, subject to the overall prescriptions of the framework convention.

His country opposed proposals to link the issues covered by the framework convention with issues of world trade. The framework convention should not be used to restrict bilateral trade negotiations.

The main priority of the Intergovernmental Negotiating Body should be to draw up the framework convention itself, before considering the protocols. The most important protocols would be those on advertising and sponsorship, treatment of tobacco dependence and prevention of tobacco smuggling.

Mr CULLEN (Argentina) said that better coordination of international tobacco control activities, as envisaged in the framework convention, would make a valuable contribution to national control programmes. The framework convention should focus on the international dimension of tobacco control activities, which should be aimed at reducing consumption, rather than directly restricting tobacco production. That was the approach favoured by the World Bank and the most effective for large-scale tobacco control. However, the framework convention should also address the issue of tobacco smuggling which, if not controlled, would undermine many of the other proposed activities. His Government had introduced a number of measures against tobacco smuggling, with some success. Developing countries would need international cooperation in implementing the
framework convention: in particular, tobacco producing-countries would need help in finding alternative crops and in gaining access to markets for them.

In respect of the timetable for work on the framework convention and its protocols, he drew attention to World Health Assembly resolution WHA53.16, which stated that the Intergovernmental Negotiating Body should “commence its negotiations with an initial focus on the draft framework convention, without prejudice to future discussions on possible related protocols”.

Ms LAMBERT (South Africa) said that her country supported the proposed draft elements for a framework convention, which constituted a good basis for discussion. There was a clear need for collaboration on transnational measures. In particular, attention must be given to eliminating transborder advertising, smuggling and duty-free sale of tobacco and tobacco products, providing economic and technical support to enable developing countries to adopt and implement the convention and assisting tobacco-producing countries to find alternative livelihoods. A number of African countries, including Kenya, Malawi and Zimbabwe, produced more tobacco than they consumed, but the tobacco growers received only a small fraction of the profits, most of which went to the large multinational manufacturers, who set the price for tobacco.

The elements of the convention that should be highlighted and strengthened were those that affected vulnerable and poor people, women and children, although the issues that affected women and children were not necessarily identical and should be treated separately in the convention.

Simultaneous development of the framework convention and protocols would speed up the process. If that were not possible, drawing up a strong framework convention should be the prime focus.

Dr NOVOTNY (United States of America) said that his delegation was committed to a strong framework convention that would ultimately reduce tobacco use around the world. It should motivate Member States to enact domestic legislation in support of the agreements reached in the negotiations. The framework convention should contain broad policy goals, while detailed provisions on specific issues and binding obligations should be contained in separate protocols. Nevertheless, the framework convention should include obligations more appropriately treated in such an instrument, such as limitations on tobacco distribution to minors, protection against exposure to passive smoking, treatment of tobacco dependence, public health surveillance and the sharing of information on the health consequences of tobacco use and the marketing practices of the tobacco industry.

Signing of the framework convention should not be a pre-condition for signing the protocols or vice versa. His delegation understood the concern expressed about vulnerable populations but would oppose any provision that limited the scope of tobacco control programmes to youth or other vulnerable groups. Furthermore, it could not endorse terms in the convention that set ceilings rather than minimum levels for tobacco control activities.

Mr BATIBAY (Turkey) said that effective national and international measures must be adopted to reduce tobacco consumption, and policy coordination and harmonization at the global level were critical. Turkey supported WHO’s leading role in that effort. Effective education and public-awareness campaigns on the health risks of tobacco use were needed at a global level.

Although Turkey was the world’s fifth largest producer of tobacco, it had supported WHO’s tobacco control programme from the outset and had adopted many stringent measures to control smoking. The framework convention would be an important tool in Turkey’s national effort to reduce the demand for tobacco.

The Intergovernmental Negotiating Body should initially focus on drafting the framework convention and later consider more specific, optional protocols. It would be difficult to negotiate the two concurrently when the content of the convention was still undefined. The framework convention should be broad and flexible, taking into account the interests of and realities in different countries. As tobacco supply fell within the competence of other international organizations, they should be
involved in addressing that aspect of the problem. Coordinated action would also be needed at both national and international level to combat the smuggling of tobacco products.

Mr Forbes took the Chair.

Ms AKINSETE (Nigeria) said that her delegation strongly supported the framework convention. Nigeria was drafting new legislation banning tobacco advertising, and the framework convention would strengthen its efforts. It should be borne in mind, however, that tobacco use and the related diseases were not considered priorities in most developing countries, particularly in sub-Saharan Africa, which were still grappling with high maternal and infant mortality, malaria, cholera, typhoid and of course HIV/AIDS. For the framework convention to be accepted by such countries, it should recognize their health situation, perhaps in the preamble. If the framework convention were not endorsed by those countries, it would not achieve its aim of global control of tobacco use.

Mr FARRELL (New Zealand) said that his delegation strongly supported the development of an international, legally binding convention on tobacco control, which was the only way of coming to grips with the global tobacco epidemic. The framework convention must be strong but not too general or so restrictive that few States would be willing to sign it. It should be formulated in a way that fostered extension of its general provisions through protocols and strong local application of the global obligations. The obligations in the convention and its protocols should be recognized as a minimum standard, and States Parties should be encouraged to implement measures that went beyond those defined.

New Zealand supported strong provisions for the prohibition of tobacco advertising. Although it had a total ban on tobacco advertising, tobacco advertisements appeared in foreign magazines and tobacco use was promoted in the cinema and on television. Hence the need for a global approach. As advertising aimed at adults was likely to appeal to children and teenagers, all forms of tobacco advertising and sponsorship, whether direct or indirect, should be banned.

The framework convention should also recognize the need for effective, targeted programmes for indigenous peoples, and their involvement in programme development and delivery. In New Zealand, mainstream programmes had not been as effective for Maori as for other population groups, and the Government was funding programmes run by Maoris which took their cultural values and aspirations into account.

Ms THIBELI (Lesotho) said that, although Lesotho endorsed the principle of a framework convention on tobacco control, it believed that a number of challenges needed to be addressed in order to ensure its success.

First, it was important to identify and support viable alternative cash crops and to encourage tobacco companies to look for alternative business opportunities. In order to set a good example, it was essential for the advocates of a framework convention to be non-smokers. Greater attention should be devoted to the packaging and labelling of tobacco products, particularly to the use of such terms as “low”, “light” and “mild” which often appeared on packages targeted at women. There was no safe level of tobacco consumption and Member States should eschew the use of such terms in a generally more aggressive pursuit of the Clean Air Campaign.

The convention should include a special section relating to women and children in developing countries, since these groups suffered disproportionately from the effects of environmental tobacco smoke. Women played a crucial role in family management, agencies and the public sector and their skills could be used fruitfully in the development and implementation of a convention. Adolescents should also be involved, since it was in the teen-age years that smoking often began and habits were formed. The energy of young persons could help eradicate the scourge.

Her delegation invited delegates to avoid using sexist terms such as “minors” when actually referring to women. It further urged that the framework convention document should be adopted as the reference instrument for tobacco control.
Mr HAROON (United Kingdom of Great Britain and Northern Ireland) said that his delegation welcomed the start of negotiations on the framework convention. As one of the principal avoidable causes of premature death, tobacco was taking an increasing toll: 120 000 people died as a result of smoking every year in the United Kingdom, 500 000 in the European Union, and millions more around the world. Estimates suggested that there would be another 500 million new smokers by the year 2020. Merely stopping the unabated increase in tobacco consumption would be a great challenge for the international community; reducing it would be an enormous achievement, one which could only be brought about through international cooperation. The United Kingdom actively supported WHO’s effort to curb global tobacco consumption.

The framework convention would make a difference only if it contained specific commitments for national action. It was also important for as many States as possible to sign the convention. A careful balance must be struck between producing a document which was so ambitious that only a handful of countries could sign it and one which was so bland that it was unlikely to have any impact on tobacco consumption.

The framework convention would be particularly useful in areas in which transnational measures were essential for curbing tobacco use, the most notable examples being the areas of advertising, smuggling and product regulation, in which his delegation advocated robust action. The convention should also strongly support the development of national tobacco control programmes, without being too prescriptive about the approach to be adopted: for instance, the United Kingdom called for a general commitment to tackling tobacco dependence while respecting the autonomy of national health systems. His delegation nevertheless recognized that some countries wished to raise other pressing issues and looked forward to hearing more about how those and further concerns could be brought together in a coherent instrument.

With regard to the negotiations themselves, the United Kingdom believed it to be very important for the process to be as inclusive and transparent as possible. To that end, provision should be made for the inputs of all Member States and for bringing different views together.

His Government’s policy on tobacco was set out in its White Paper entitled “Smoking kills”. Indeed, in the short time he had been speaking, more than 20 people around the world had died as a result of smoking.

Dr MULA HUSSEIN (Kuwait), welcoming the initiative represented by the draft convention on tobacco control, stressed the importance of ensuring that the final document became both a powerful and effective instrument.

Although Kuwait had had a tobacco control programme for some 20 years, consumption was currently increasing, especially among young adults and adolescents. Indeed, in some areas up to 50% of adolescents were smoking. In view of the powerful advertising capacities available to tobacco companies, the only way of discouraging young people from taking up the habit was through a universal convention which would, inter alia, ban tobacco advertising and sponsorship of sporting events by tobacco companies.

Although the positions of Member States with regard to tobacco production and consumption naturally varied, it was essential for them to work together in support of the framework convention.

Dr STAMPS (Zimbabwe) said that, although his delegation endorsed the view that tobacco use was not one of Africa’s most pressing health care concerns, it identified with the aims of the framework convention and sought a strong instrument that would be mandatory for all countries ratifying it.

Zimbabwe had a number of comments to make on the proposed draft elements. With regard to part II, paragraph A.2(b)(ii), it was necessary not only to prohibit but also to criminalize the sale of cigarettes and tobacco products, including the handling thereof, to children – according to the United Nations definition, persons under 18 years of age. Under paragraph A.2(b)(v), failure to
SUMMARY RECORDS: PLENARY MEETINGS

disclose the contents of products should also be internationally criminalized and smuggling should likewise be made an explicit offence. The text of paragraph L.3 seemed to assume that exporters of tobacco products were all wealthy countries and that the importers were all poor countries, whereas in actual fact 46 developing countries, including 12 in Africa, exported cigarettes. It was further estimated that in the year 2000, Africa would be a net importer of some 11.6 thousand million cigarettes.

In conclusion, the text of the framework convention must be conditioned exclusively by public health concerns and must not be sidelined by any economic considerations.

Mr CHOWDHURY (Bangladesh) commended the Organization for initiating discussions on a framework convention whose general objectives his country fully endorsed. It was to be hoped that the convention would help to limit tobacco sales and to put a stop to promotional efforts by the tobacco industry. The convention should also seek to introduce measures aimed at avoiding the harmful consequences of tobacco consumption, including passive smoking, and dealing with the problem of smuggling.

Since some of the elements in the draft framework convention required the commitment of individual countries to specific time-bound actions as decided at the highest political and administrative levels, Bangladesh proposed that those elements should be identified at the current session and deferred for consideration, pending a decision at the next session concerning the nature of the objectives to be enshrined in the framework convention. There were two options in that regard: the document could be used to express broad objectives, the details and manner of implementation of which would be left to States to specify through national policies or international protocols, or, alternatively, it could be developed to include specific objectives, the implementation of which would be binding on the signatories.

For its part, Bangladesh favoured the former approach, since it would allow countries to work out the details and ways of achieving what was broadly indicated in the framework convention.

Dr HUERTA MONTALVO (Ecuador) said that all delegates should use the current session to forge a new social contract on health, harnessing their combined energy to combat a global scourge. The use of words such as “eradicate” and “prohibit” in a public health context had always proved counter-productive. The banning of certain hard drugs had only stimulated increased use, higher prices and a thriving drug market. Tight regulation rather than prohibition was the only way forward.

Although some Member States were reluctant to link the work on the framework convention to the overall public health activities of the World Health Organization, that linkage was vital, since the issue at hand was very much a public health matter relating, inter alia, to education and development. The issue of health promotion, as enshrined in the Ottawa Charter for Public Health Promotion, should form a fundamental part of the framework convention, with emphasis on the need for all individuals to be able to exercise control over their own lives. Informed consent, a vital element in bioethics, was also needed in the health promotion domain. For that, education was vital.

The world should not merely lament its misfortunes, but should work to combat tobacco consumption through targeted educational campaigns aimed at dispelling misconceptions, distortions and disinformation about smoking. Human nature was indeed perverse: while the international community was saying that children should not smoke, the world was behaving in ways that actually encouraged the contrary. There could be no better way of encouraging children to smoke than introducing bans, since smoking was seen as an adult habit. Anti-smoking campaigners facing powerful enemies should embrace education as their greatest ally. Substantive legislation should be adopted to prevent health workers and teachers from smoking and greater monitoring of tobacco-related illness should be assured.

Prohibition would not work, but it would be possible to enact legislation whereby for every advertisement promoting smoking the mass media would be required to provide, free of charge, space for a counter-advertisement against tobacco use. If governments tried to ban tobacco advertising, they
would only meet with the opposition of the media, a large part of whose income was derived from tobacco and alcohol advertising.

The draft framework convention already contained many of the elements required for a joint vision of health policy and tobacco control. The international community should make every effort to adopt all the provisions needed for the elaboration of the framework convention and its protocols within the three-year time frame. While economic issues were important, health concerns were ultimately the primary consideration.

Mr ZATONSKI (Poland) said that the framework convention was of particular importance for Poland, in so far as it was inevitably affected by events in neighbouring States. Indeed, Poland and other East European countries were often the destination for subsidized tobacco exports from Western Europe. Harmonization of tobacco control measures through instruments such as the one under consideration was very much in Poland’s interests.

While Poland recognized the need to address the problems of tobacco farmers, it nonetheless strongly supported the broad objectives of the framework convention and looked forward to discussing its provisions in detail.

Dr VELINA (Latvia) said that the proposed draft convention served as a good basis for further discussions and was an important tool for meeting increasingly strong challenges posed to national economies and policies by powerful international actors. The provisions of the convention should place the emphasis on joint international action as the most effective and appropriate means of facing those challenges.

Latvia would particularly favour provisions aimed at banning all forms of direct and indirect advertising of tobacco and at eliminating the practice of smuggling. Measures targeted at economic tools to be used to reduce tobacco consumption and to allocate financial resources for educational and information campaigns were especially important. Further discussion of such tools was needed.

In expressing strong support for a strong framework convention, Latvia urged the commitment of States to national action. At the same time, each individual State would be strengthened by concerted international action.

Dr COSTA e SILVA (Brazil) said that the draft framework convention document had been discussed in Brazil by a specially constituted national commission, created pursuant to a presidential decree to support national decisions in the context of the negotiations. The commission, which had included representatives of the various ministries concerned, would also follow the activities of the Intergovernmental Negotiating Body until the end of its mandate. The draft text had been discussed in depth so as to ensure a common point of view across the various governmental areas.

Brazil had held 20 days of public hearings, soliciting the views of the public and of nongovernmental and governmental organizations on the document. Representatives of the tobacco industry and tobacco growers’ associations had been given the opportunity to air their views on the different aspects of what was a very complex issue. Two areas of concern had emerged: the need to address the environmental aspects of tobacco growing and priority for programmes for vulnerable groups.

Brazil continued to view the proposed draft document as a reference point for the conduct of negotiations on a framework convention.

Dr ABDOURAHMAN (Djibouti), noting that all States regarded tobacco use as a global scourge that killed millions of people, observed that, if tobacco were a fatal disease, the scientific community represented at the current forum would no doubt seek a cure to eradicate or eliminate the disease rather than merely to control it. It was important to take such matters to their logical conclusion, by including in the draft convention clear objectives for combating tobacco use effectively and banning the growing and sale of tobacco. Such measures would do great service to humanity.
Clearly, it was not easy to take decisions of that kind: a great deal was at stake, as the number of discussions about tobacco control had shown. Nevertheless, the session should focus on redirecting the tobacco industry and tobacco growing into more productive and less harmful areas so as to eliminate tobacco use once and for all.

Dr AL-LAWATI (Oman) expressed his country’s full support for a strong framework convention that would help to reduce tobacco consumption globally and to lower the number of deaths and illnesses at the national and international levels.

Oman hoped that the proposed draft elements for a framework convention, as reflected in document A/FCTC/INB1/2, would be used as the principal source for negotiations, while taking account of amendments and improvements that might be made to the text. Such an approach would preserve the fruits of all of the work that had been done in the past year to elaborate that document.

The text should contain wording that excluded cooperation with tobacco companies in education efforts directed towards young persons. Oman had seen enough of such companies which apparently cooperated in campaigns to prevent smoking among the young, but which in fact were actively engaged in promoting the spread of the habit. Such companies sought to derail the work of governments in that domain.

Mr KARPEEV (Russian Federation) said that his delegation supported the view that the text of the convention should be as broad as possible. Specific proposals which had aroused doubts and even objections among some delegations, mainly on the grounds of incompleteness or a weak legislative basis, should be included in special protocols to be signed by Member States as they adapted their national legislation on such matters as taxation and price formation. The number of protocols must in no case be excessive, and the centre of gravity must remain within the convention itself. The convention and protocols had two goals, a global and a national one, and two tasks, a current and a prospective one. A current task was to assist Member States as much as possible in combating tobacco consumption, and for that purpose the framework convention must be strong and flexible enough to exercise suasion and in some cases pressure on State structures and public opinion. At the same time it must serve as an instrument which judiciously combined strong prohibitive measures with explanatory and educational ones.

His delegation believed that it would be advisable to use fully prohibitive terminology in drafting the convention, particularly in connection with bans on smoking in specific places, on advertising, on the sale of tobacco products to minors and so forth, but always bearing in mind the unsuccessful experience of many prohibition measures and the ultimate purpose of the convention, which was the cessation of smoking.

Mr ZELTNER (Switzerland) said that his delegation favoured a framework convention that embraced both national and cross-border issues. It hoped that the text would focus on the latter, particularly with regard to advertising, sponsorship and smuggling, introducing measures that would help to reduce the burden of tobacco-related disease. The document under discussion was a comprehensive reference text that should facilitate rapid progress.

Much had been said about public health, vulnerable groups and tobacco products, but relatively little attention had been paid to tobacco companies themselves, which would doubtless try to hamper progress in deliberations, exerting their influence on Member States to water down positions and bog down discussions.

Nevertheless, documents that had once been confidential had now entered the public domain, showing that those companies regarded the Organization as their number one enemy whose agenda should be defeated by all means, including covert subversive activities.

Some companies claimed that they had reformed and should not be penalized for their previous misdeeds. Yet, it was not enough to behave well in a few States, if the same companies behaved badly elsewhere. The strategies and tactics described by companies in their own documents to combat the work of the Organization on tobacco control should be brought to public attention. The Organization
should be mandated to conduct ongoing monitoring of tobacco companies’ behaviour and to report regularly on any misconduct noted. Such monitoring might be included as an element in section F of Part II, Surveillance.

Mr TAKAKURA (Japan) said that his Government was basically in favour of a convention that would enable the largest possible number of countries to accede to it. The instrument should therefore provide clear guidance for the promotion and enhancement of activities by participating countries and should leave decisions on specific matters to individual countries. The convention should cover such issues as the prevention of smoking among minors, of passive smoking and of smuggling and should also deal with education, research and information exchange.

Japan supported the idea of cooperation in formulating appropriate protocols with more detailed contents than the convention.

Mr HAMAD (Sudan) said that, although his country fully endorsed the principles enshrined in the proposed draft convention, it noted that some countries, particularly developing countries, would be unable to accede to it. A separate protocol aimed at those countries should be prepared preventing the spread of tobacco cultivation and achieving an annual reduction of 5% to 10% of the land used for tobacco crops. Viable alternative crops should be identified, while more support and assistance should be given to farmers dependent on income from tobacco crops.

The draft convention should contain strong provisions that would ensure the achievement of the humanitarian goals which the international community had set, but details concerning such matters as tobacco products should be left to the relevant protocols.

Mr BEN SALEM (Tunisia) affirmed his country’s support for both the draft framework convention and the Tobacco Free Initiative. Tunisia had adopted a series of legal measures in that regard and hoped that the framework convention would remove any lingering doubts about tobacco companies and their activities in the domain of advertising and promotion.

The draft convention should contain very clear provisions on advertising practices, while effective coordination between States was indispensable for their effective implementation. Unified, coordinated and uniform policies on tobacco advertising had become all the more urgent with the spread of satellite television. The need for international cooperation to combat tobacco smuggling was of equal importance.

The international community needed to do more to help countries most affected by the tobacco market, since otherwise accession to the convention would be difficult for them.

In supporting the Tobacco Free Initiative and the framework convention negotiations, Tunisia welcomed the document before the session as a very useful basis for negotiations. It was vital that the final text achieved the greatest possible degree of clarity, if it was to be effective.

Mr Prasada Rao took the Chair.

Mrs ALEXIS-THOMAS (Trinidad and Tobago) supported the framework convention but said that it should be strengthened. With regard to Section B of Part II on advertising, promotion and sponsoring, it should not be forgotten that in her country the West Indian Tobacco Company Ltd offered bursaries for university study and sponsored the attendance by professors at conferences abroad, as well as media activities and a programme for the hotel and restaurant trade. It had also pledged support for the national AIDS hotline.

Section L of Part II on financial resources emphasized that developed countries exported tobacco products to the developing countries, but such trade also existed among the developing countries, and that point should be mentioned so that countermeasures could be discussed.
Mrs SHEHAR-BEN AMI (Israel) said that her delegation regarded the proposed draft as a good starting point for negotiations and supported its basic principles and objectives.

It was essential to recognize the disturbing correlation between high levels of smoking and poverty and immigration, in order to bring about a comprehensive approach to the issue at hand. In order to promote broad adherence to the convention and to facilitate discussion of technical, professional and other specific issues, the Intergovernmental Negotiating Body should focus on issues of principle to be dealt with by the convention and should discuss specific issues in the context of protocols. To provide advice and information and to ensure the efficient functioning of the proposed convention, it was essential to set up a mechanism to deal with legal aspects, in addition to the subsidiary mechanisms suggested in the text.

Ms KERR (Australia) said that her country supported a convention that embraced both national and international tobacco control issues, chiefly emphasizing matters concerned with international cooperation, such as cross-border issues. The convention should set minimum standards, taking into account the different capacities of parties to meet them, but should not preclude States Parties from adopting more far-reaching measures and indeed should encourage them to do so.

A minimum of qualifying provisions should be included, so that parties should have little opportunity for departing from the spirit of the convention.

She noted that the draft text comprised a large number of general obligations referring to various specific areas of the tobacco convention. Her Government was concerned that the inclusion of specific obligations, such as those relating to tobacco taxes, passive smoking and so forth, would detract from the approach in paragraphs A.4 to A.7 of section II. The convention should contain a series of commitments embodying a comprehensive, multifaceted approach to domestic tobacco control. The language of the instrument should be as strong as possible, and specific details should be dealt with in protocols.

Dr VILLAMIZAR (Venezuela) said that the negotiations on a framework convention were of great importance to her Government, which had demonstrated its concern at the harmful public health effects of tobacco since the 1960s and had been taking action recommended by the Organization to control tobacco consumption since 1978. Her Government advocated the adoption of a balanced convention with complementary protocols; the latter should be discussed after approval of the convention. Commitments under the convention should reflect minimum standards and countries should be encouraged to adopt stricter standards at national levels.

Burdening the text with many specific obligations might deter countries from signing and ratifying the convention, which would mean losing an opportunity for global measures to combat tobacco use. The aim should be to adopt wide-ranging principles, allowing flexibility for the countries ratifying the convention.

Mr MALIJANI (Zambia) said that his delegation supported the draft convention and congratulated the Organization on its initiative. Work on the protocols and annexes must be begun concurrently with the drafting of the convention, in order to avoid delay in the application of that instrument.

Paragraph 18 of the preamble stressed the need to address the socioeconomic aspects of the convention, but those aspects should have been adequately reflected in the body of the convention. In conclusion, more terms should be defined in the draft, instead of only two, so as to ensure a common understanding of such terms as “public places”, “comparable public bodies”, and so forth.

Mr MOON (Republic of Korea) said that his delegation welcomed the draft convention as a necessary and important contribution to controlling world-wide tobacco consumption. Although the text provided a good reference point, it was too strong in some parts and not strong enough in others. In his view, the convention should include a special section on youth and the text on labelling of tobacco products should contain a reference to the prohibition of sales to youth. The instrument should
also include a statement relating to tax matters, such as the prohibition of tax-free sales, and should impose limitations on brand names, taking care to avoid patent issues. There should be close cooperation and further discussion on those aspects among countries and international organizations. The convention should consider not only the situation of developed countries but also that of developing countries, covering financial support for tobacco farmers and workers and assistance to them in finding other income-generating activities.

The meeting rose at 12:50.
FOURTH MEETING

Tuesday, 17 October 2000, at 15:00

Chairman: Mr C.L. NUNES AMORIM (Brazil)

later: Mr H. DILEMRE (Turkey)

later: Mr C.L. NUNES AMORIM (Brazil)

later: Mr M. BAHARVAND (Islamic Republic of Iran)

later: Mr C.L. NUNES AMORIM (Brazil)

DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2 Add.1) (continued)

Dr MUGA (Kenya) said that Kenya supported the proposed framework convention on tobacco control as evidenced by its participation in the working group meetings to prepare the work of the Intergovernmental Negotiating Body. He congratulated WHO on the work already achieved in developing the guiding principles. The proposed framework convention should aim to enforce those principles and to ensure that they were implemented for the public good.

Comparing the tobacco problem with that of HIV/AIDS, he noted that, at the beginning of the previous decade, the significance of that pandemic had not been appreciated due to other major health preoccupations at the time, such as malaria. Measures, however, should now be put in place to avert a similar disaster in respect of tobacco 20 years hence. Developing countries were particularly vulnerable to the industry’s extensive promotion of tobacco use due to their poverty, their disease burden and a high level of illiteracy. He wished to see a convention that could support developing countries in combating the effects of tobacco advertising and specifically in protecting vulnerable groups such as women and minors. He advocated the prohibition of smoking where minors were present in order to prevent imitative behaviour.

Member States having a significant percentage of their gross domestic product being drawn from tobacco growing would wish to see measures to support alternative crop systems. Kenya was currently examining anti-tobacco legislation, although the tobacco industry was actively campaigning against such regulation. He would like to see any attempt to bribe or to lobby against legislation for the public good being classified as illegal by the convention.

Dr DLAMINI (Swaziland) supported the proposed framework convention. She joined previous speakers from developing countries in outlining specific areas of concern in regard to tobacco control, such as the smuggling of tobacco into developing countries; the “dumping” of tobacco products from developed countries into developing countries; advertising through the media and through entertainment to entice the public; the targeting specifically of young people by tobacco advertising; and the provision of alternative cash crops for farmers in the developing world. Special attention should be given to the exposure of unborn babies to the effects of passive smoking and smoking by the mothers. The convention should promote smoking cessation programmes. She welcomed the support offered by WHO to developing countries in formulating national legislation and control programmes, especially in view of the pressing public health problems affecting such countries, such as the HIV/AIDS pandemic.

She concurred with the delegate of Zambia that the convention should contain more precise definitions as well as timed strategies to cover the transitional period in developing alternative crops in developing countries. The provision of funding and technical expertise for developing countries would enhance implementation of the proposed framework convention.
Mr LIU Tienan (China) said that the Chinese Government supported the formulation of the proposed framework convention on tobacco control and had elaborated its views at the two working group meetings. Anti-tobacco initiatives had already been introduced into Chinese legislation. Document A/FCTC/INB1/2 provided important reference material for the negotiations under way. China gave its full commitment to involvement in that process over the forthcoming three years.

In order to allow as many Member States as possible to ratify the proposed framework convention, it should be general and flexible enough to allow tobacco control measures to be taken in accordance with the individual situation and economic conditions prevailing in different countries. The protocols could contain the more specific materials. In the working group meetings, it had been suggested that there should be 13 protocols; however, such a large number might prove unrealistic as they might take too long to negotiate. He suggested that protocols be formulated initially only in response to urgent, global issues capable of practical resolution. Deciding on the number of protocols and on the negotiation process would have an impact on the method of work and the progress of the proposed framework convention. It was a matter, therefore, requiring review.

Dr CASTILLO CAMINERO (Dominican Republic) noted that, although much had been said about cancer and other illnesses caused by the use of tobacco as well as about prohibiting tobacco, the recent focus of medicine had been on prevention as the means to achieve health. To that end, he believed that greater emphasis should be placed on health education through television, radio, the press and any other media available. Efforts should also be made to control the promotion of tobacco through cable television channels. Education, rather than prohibition, was likely to be more effective with young people. He recommended running advertising campaigns which showed the devastating effects on health of tobacco and how to live a healthy life without tobacco in a way that could be understood by young people. Speaking on behalf of tobacco-producing countries such as his own, and echoing the views expressed by the delegations of Argentina and India, he urged examination of the economic issues of countries dependent upon tobacco growing. With help from the international community, those countries could make the necessary adjustments to substitute a more beneficial crop for tobacco.

The Dominican Republic had passed a law protecting minors that had dealt with tobacco control, and in July 2000, his Government had approved a law regulating the use of tobacco and its derivatives.

Mr AISTON (Canada) said that Canada had always been a keen supporter of the proposed framework convention on tobacco control. Concerted and coordinated efforts at the international level were required to address world health problems; the mortality rate and the disease burden associated with tobacco use constituted an immense public health problem. Tobacco use also had a strong impact on social and economic development. International cooperation in certain key sectors was essential to ensure that national initiatives were successful within a global context. To succeed, the proposed convention must make a practical difference to the way tobacco was marketed, sold and made available.

The proposed convention should set standards with respect to tobacco control to which all countries could aspire, set within the context of public health goals. The proposed convention was not a trade treaty but an instrument of public health, and public health should be the priority.

Canada’s experience in the introduction of legislative and regulatory restrictions and national policies and programmes in support of reduced tobacco use was that a comprehensive, integrated approach was necessary to maximize success.

The draft text was a valid basis from which to begin the negotiations. While Canada was not in a position to support all the elements proposed, the text outlined most of the necessary components of an international agreement. It reflected a comprehensive approach, addressing areas for international cooperation and obligations, as well as the need for a framework for national actions.
The convention should cover a number of key issues, including smuggling. Contraband tobacco products had to be controlled. Canada would support the inclusion of measures to address the entire illicit tobacco market, including illicit production and manufacturing, counterfeits and tobacco product thefts.

International cooperation was essential to restrict the advertising, promotion and sponsorship of tobacco products. Tobacco advertising, promotion and sponsorship increased consumption. One of the aims of restrictions should be to reduce appeal to established smokers, as well as to potential new smokers.

He supported the taxation of all tobacco products, consistent with national social and economic policy objectives, particularly with respect to reducing the level of tobacco consumption by young people. That issue should be examined by the Negotiating Body. The proposed framework convention should also include treatment of tobacco dependence, testing, reporting, product standards, and research and surveillance.

He proposed that outcomes of the negotiations should include the establishment of an agenda, and agreement on the order in which elements of the proposed convention should be negotiated.

Mr ALLOUCH (Morocco) described the initiative to achieve a tobacco-free Eastern Mediterranean Region, under which the Ministry of Health of Morocco had launched a national strategy to control tobacco. Guidelines had been drawn up covering a number of aspects, including raising public awareness of the dangers of smoking, and treating dependence. Field studies had been carried out on the smoking population and legislation had been enacted in 1996 prohibiting smoking in public places and the advertising of tobacco products. Issues that had been explored included the planting and growing of tobacco, the economic effects of tobacco-related disease and the role of education in preventing smoking. It was recognized that nongovernmental organizations needed to be involved in tobacco control. Morocco was committed to combating the smuggling of tobacco products. Morocco was also supportive of a strong framework convention that was balanced, would call for the respect of the international community and would be adopted by consensus.

Dr HOZA (Central African Republic) supported the views expressed by the delegates of Kenya, Nigeria, South Africa and Zimbabwe, among others, and believed the direction being followed was the right one. In view of the points raised, he suggested that the preambular section of the proposed convention should take greater account of tobacco-growing countries whose economies depended to a great extent on that crop and whose populations included a large number who lived in poverty and ill-health. He proposed the addition of a further paragraph to be inserted after paragraph 10 of Part I, section A, making reference to the low level of health resources in developing countries where communicable diseases claimed many victims and where maternal and infant mortality were high.

Dr ABOU-ALZAHAB (Syrian Arab Republic) supported the proposed framework convention. A number of draft protocols had already been proposed and he wished to propose a further three. The first was on agriculture: the identification of alternative crops and industries to tobacco. There would need to be research to find substitute crops as those would differ depending on the region. The assistance of the World Bank, FAO and WHO was greatly needed in that regard. There would need to be a transitional period between ceasing to grow tobacco and introducing new crops, as some crops would not produce a yield until two or three years after planting. The promotion of alternative crops would need to be accompanied by anti-smuggling strategies. The second protocol should cover taxes, with the earnings from tobacco taxes being used to control tobacco smuggling and the treatment of tobacco-related diseases. That would be of great benefit to developing countries. The third protocol was to address nicotine and tar levels in tobacco products. Certain countries had tobacco products with a very high nicotine and tar content. There were very costly technologies which could reduce that content. Developing countries should be assisted to gain access to such technology.
His proposals were inspired by public health issues rather than commercial issues. However, the economic aspects of the question had to be taken into account in order to avoid the potentially adverse social and economic effects of any measures taken.

He inquired when discussion of the protocols already proposed would take place and when any new draft protocols would be discussed.

Mr CASTILLO SANTANA (Cuba) said that, from the outset, his country had recognized the need to establish a framework convention and, at the national level, had embarked upon a major project to reduce tobacco consumption. He agreed that the measures proposed called for rapid implementation. However, sufficient flexibility was also necessary to ensure the broadest possible support for the proposed framework convention. It should stress issues such as education, publicity, the prevention of tobacco consumption, especially among children and adolescents, as well as the elimination of smuggling. On the other hand, factors should be excluded that came within the remit of other organizations such as WTO, i.e. tobacco subsidies, crop substitution and customs duties, on which no agreement had so far been reached.

Other issues to be considered included a ban on the sales of tax-free tobacco products, which ran counter to preferential agreements on imports from developing countries under the former Lomé Agreement (now Cotonou Agreement) between the African Caribbean and Pacific countries and the European Union. He agreed with previous speakers that each State was sovereign in the conduct of its own tax policy, based on its financial and social circumstances. Needless to say, the impact on a poor country was not the same as on a developed one. For many countries, income from tobacco was extremely important and large sections of the population depended on it for their livelihood. He wondered whether conditions were conducive to enabling developing countries to find substitutes for tobacco in the form of alternative crops. Other conventions had been referred to, particularly the one on environmental protection. Yet commitments in terms of financial and technical assistance had not always been honoured, raising doubts as to whether they would be respected in the present context. He also considered it essential to take into consideration opinions expressed by other organizations, such as UNCTAD, which would be in a position to provide further information on the social, economic and commercial impact of tobacco control on developing countries.

In conclusion, he expressed strong support for WHO’s initiative to reduce tobacco consumption as well as for a sufficiently flexible convention which would be generally acceptable to all countries.

Mr BENFREHA (Algeria) recognized the contribution made by the working groups and WHO in preparing the draft elements of the proposed framework convention, which ought to become a reference document in the field. The convention should be general in character, so as to allow the wide support of Member States, but should also enshrine a strong legal commitment by the international community to eliminating the tobacco scourge. He supported all initiatives to strengthen transnational measures for tobacco control, as well as the implementation of guidelines to establish an effective tobacco control programme. Specific issues would then be covered in individual protocols.

Special emphasis should be laid on protecting children and young people. The repercussions of smuggling in terms of increasing tobacco use had also to be borne in mind. Where children were concerned, WHO should work closely together with ILO to prevent their exploitation in the tobacco trade, particularly in developing countries. That practice constituted one of the worst forms of child labour. ILO had established an ambitious programme in that connection from which WHO would be able to benefit.

He also supported a subregional approach within the framework of international cooperation, particularly in his area, which had to deal with unprecedented tobacco smuggling. He advocated the consolidation of international regulations, as well as the creation of a surveillance mechanism to ensure general compliance with them.
Mr KANYESIGYE (Uganda) favoured a strong and effective convention. As tobacco-related ailments were a relatively minor problem in the epidemiological patterns of the least developed countries, the tobacco industry was taking advantage of that situation to mislead populations and their leaders. It had attacked both the WHO initiative on tobacco control and the public health officials involved in such campaigns. Its “voluntary marketing code” was intended to deceive, leading governments and peoples to credit falsely the tobacco industry with having a sense of responsibility. It had offered money to public departments in exchange for partnership in their prevention programmes, which would then legitimize the tobacco industry’s activities. So far, ministries of health in the least developed countries had shunned such funds but had then been accused of attempting to gain favour with international bodies. Hence support was urgently needed from the international community to sensitize leaders and populations to such practices. To date, he had not heard of any initiative aimed at counteracting the tobacco industry’s adverse campaign against WHO and its proposed framework convention on tobacco control, and he suggested that such an initiative be launched immediately.

Dr GHOUNEIM (Egypt) said that the time had come to contain the dangers threatening public health, which also threatened countries’ economic and social development. Egypt had taken part in all stages of the negotiations on the proposed framework convention on tobacco control, demonstrating the importance attached to the issue by his Government. The Ministry of Health was currently coordinating national efforts on tobacco control; his Government was awaiting adoption of the convention so as to be able to count on international cooperation. He emphasized the need to combat advertising, in particular advertising through satellite television, which rendered pointless the prohibition of tobacco in any individual country.

Dr ROA (Panama) expressed support for a balanced framework convention, with clearly defined basic principles. Despite Panama’s efforts, and although tobacco consumption was declining, related health problems were increasing in her country. More particularly there was a rise in tobacco-related mortality. The objectives of the proposed framework convention should be general, and specific items should be covered in protocols, taking into account the different degrees of development in various countries. Panama had introduced measures to desocialize smoking, which had had some impact, although there was still a great deal of ground to cover.

Efforts had to be made to combat smuggling, which provided consumers with cheap cigarettes, and reduced government income. Smoking had to be recognized as an addictive condition, requiring an overall approach. Such an approach would include measures to reduce tobacco consumption, as well as to improve health education and raise public awareness, with self-help programmes designed on the basis of WHO declarations. Furthermore, within the framework of international cooperation, specific protocols would be required, defining mechanisms to be instituted to enable countries, whose economies were strongly dependent on tobacco, to move gradually to alternative production. Such a commitment on the part of developed countries should be explicitly stated in the proposed framework convention, which called for specific institutions to by-pass bureaucracy and work through strategic national networks. It should be clearly spelled out in the preamble that the proposed framework convention represented a first step towards the control of multiple factors leading to chronic disease and premature death. Hence the objectivity of the convention was a crucial prerequisite.

Dr SANGALA (Malawi) said that his delegation, which had participated in the working group meetings, welcomed the convention. He was encouraged by the formation of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, particularly as Malawi constituted a target for its intervention. Countries such as his, which were heavily dependent on tobacco production and were categorized as a highly indebted poor country, would need financial support in the form of grants. The findings of the Interagency Task Force would have to be widely and publicly disseminated, so as to forestall any distortion by the tobacco companies. Diversification away from tobacco was not solely an economic issue. In Malawi, 40% of all children were stunted, 30% of children under five years of age were underweight, and 54% of pregnant women and 70% of children under the age of five were
anaemic. Hence, a reduction in tobacco production in favour of the establishment of a dairy and beef industry would achieve two goals, on condition that the necessary expertise and resources were made available.

Mr CHAVES SELL (Costa Rica) explained his country’s position in regard to tobacco control as forming part of a health policy which had evolved over decades. Costa Rica had introduced legislation on subjects as diverse as a ban on smoking in public places, the prohibition of advertising and sales of cigarettes to young people, as well as the imposition of a 50% tax on tobacco, which had led to a 17% reduction in the number of smokers. The universal social security system had brought to light the damage caused to public health by tobacco, together with its attendant costs. Consequently, Costa Rica wished to play an active and unambiguous part in the current negotiating process on the proposed framework convention, to which it had been committed from the outset, and stood ready to make the necessary legislative changes to comply with that convention.

Mr Dilemre took the Chair.

Mr EL DIN SALEH (Jordan) fully endorsed the proposed framework convention on tobacco control. Since Jordan had launched its anti-smoking campaign in 1977, the number of smokers had continued to increase and in the previous decade there had been an increase in the incidence of cardiovascular disease. Tobacco-related disease consumed a high proportion of Jordan’s health budget.

Although protocols had been drafted on dependence and awareness, none had so far been proposed on agriculture or substitute crops, a subject of particular interest to his country. He called for a clear and unambiguous text, taking into account the social and economic dimensions of substitute crops, particularly as it was frequently claimed that the latter produced lower yields than tobacco.

In regard to advertising, a ban on promotion had been advocated, particularly where children and adolescents were concerned. His view was that such campaigns allowed the tobacco industry to gain access to households. Any ban should be all-inclusive, involving every level of society and going well beyond the specialized licensed centres which had been proposed to prevent tobacco sales to young people.

Mr ENRÍQUEZ RUBIO (Mexico) stressed his country’s interest in the proposed framework convention. Outlining various points which should be taken into account, he felt that there was insufficient awareness of the dangers of smoking among young people and adolescents and that prevention campaigns, supported by national and international health sectors, should be geared to vulnerable groups who were the least informed, also including women and poor workers. Furthermore, so long as smoking remained legal, publicity would be required to oppose it, to ensure that tobacco was no longer considered as a normal consumer product. An instrument was required to dissuade people from smoking and, although Mexico had a 100% excise tax on tobacco products, it needed the support of WTO in connection with commercial efforts to prevent tobacco consumption. Minors and pregnant women also required protection from environmental tobacco smoke. Moreover, there should be greater concentration in the proposed framework convention on tobacco-induced illnesses as well as on behavioural research on topics such as when and why people started to smoke so as to take preventive action. There was also an international responsibility to prevent smuggling, with its attendant effects on national economies.

Dr JIRÓN ROMERO (Nicaragua) said that in developing the proposed framework convention, certain underlying aspects needed to be addressed, including strategy, the raising of public awareness and the dissemination of information. The task would not be a simple one and would undoubtedly require more time and effort than originally planned. Consideration should also be given to human resources training, in particular for raising awareness of the concepts underlying the convention, and to scientific research, including biotechnology, especially biogenetics and transgenic products. The
framework convention should reflect a commitment to information education and communication and to bioethical principles, ensuring respect for individual choice, albeit a harmful choice such as smoking.

Dr KIENENE (Kiribati) expressed support for a broad but strong framework convention that would set the stage and provide guidelines for comprehensive tobacco control measures at country level. The convention should also be flexible enough to encourage its early acceptance and ratification by Member States.

Two issues central to the entire problem were alternative crop production and income-generating measures, given that the livelihood of millions of people worldwide currently depended on tobacco farming and tobacco production. It was crucial therefore that international collaboration and coordination should be strengthened by technical input from FAO, the World Bank, WHO and other relevant bodies.

Dr ISAGH OULD KHALEF (Mauritania) said that, as a developing country, Mauritania did not have the means to fight the extensive use of tobacco. It therefore strongly supported the idea of a framework convention that took account of the economic power of the tobacco companies and their contribution to development by the financing of a wide range of activities. The support and understanding of the tobacco manufacturers would be an important aspect of the success of the proposed framework convention.

Dr FIKRI (United Arab Emirates) supported the draft elements of the proposed framework convention and endorsed the efforts made by WHO to combat the scourge of tobacco use. He acknowledged the increasing use of tobacco particularly among young persons, despite extensive efforts to curb it. The proposed framework convention therefore needed to be well balanced and unambiguous, but at the same time realistic, particularly at the national level. It should contain provisions to help individuals wishing to give up smoking and to protect adolescents from its dangers. In that regard particular attention should be paid to raising awareness, to education at all levels and to promoting awareness of the dangers of smoking especially among the vulnerable groups.

Mr ERNST (Chile) said that the proposed framework convention would have the greatest chance of success if it focused on strictly programmed restrictions on tobacco consumption and provided for firm controls over and penalties for smuggling. It should also regulate advertising and sponsorship. Policies regarding treatment and the role of the State were also important.

To counteract any social and economic consequences of reducing consumption, suitable crop diversification policies accompanied by technical training and financial support were needed.

The present negotiations should also facilitate regional control agreements and policies, particularly with regard to smuggling.

Mr Nunes Amorim took the Chair.

Mrs LE THI THU HA (Viet Nam) said that her Government’s recently adopted national tobacco control policy had many points in common with the proposed framework convention, including a ban on all forms of tobacco advertising. In view of the difficulties of implementing that policy, a multisectoral approach had been chosen with special emphasis on information and education.

The proposed framework convention needed to be a strong and general one, taking into account the interests of developed and developing countries alike. Viet Nam was committed to working closely with all parties in the process of developing the proposed framework convention and draft protocols.

Mr IL’HAMOV (Uzbekistan) said that his country had attentively followed and participated in work on the proposed framework convention on tobacco control.
The framework convention should be formulated in general terms so that it could be accepted and applied by the majority of WHO Member States. It had to deal with vital issues, first and foremost the harm done by tobacco, then the need to ban the sale and advertising of tobacco to minors, the elimination of passive smoking, measures to prevent the smuggling of tobacco products, etc.

On the other hand, certain measures were the prerogative of individual countries. They included the abolition of State subsidies and support for tobacco growers, taxation and customs policy.

In discussions concerning the proposed framework convention, his country would closely cooperate with all WHO Member States, especially other newly independent States. Such cooperation was a pressing matter because those States were in close geographical proximity to his country and in a similar economic situation. Their economies and agriculture were developing and, importantly, they were the focus of tobacco companies’ interest. The latter regarded those countries as a vast market for the sale of their output and as a potential new site for the manufacture of tobacco products.

A general convention with specific protocols should prove effective and should help countries to improve their national tobacco control legislation and, in turn, effective implementation of the convention.

Dr FIGUEROA (Jamaica), speaking also on behalf of Guyana, expressed support for a strong comprehensive framework convention that would include a ban on all forms of advertising, marketing, promotional material or measures and sponsorship on an international basis. Anti-smuggling measures were important and would require coordination at both the national and international levels. In addition, the tobacco industry should be held accountable for the public health harm caused by its products worldwide and the “polluter pays” principle should be upheld. Efforts should also be made to establish smoke-free public areas as the norm. It was particularly important to make provision for crop replacement assistance in the tobacco-growing developing countries.

An effective means should also be found of preventing tobacco companies from undermining public policy or of exposing such attempts, for example, by requiring public disclosure of any payments or contributions to political or other organizations, and any sponsorship of individuals or of public events.

It was also important to ensure that the convention was not undermined by trade agreements and WTO, bearing in mind that, following liberalization of the tobacco trade, mandated by the Uruguay round of GATT, global cigarette exports had risen by 42% in three years.

Jamaica and Guyana were prepared to move into working groups in order to facilitate the preparation of the proposed framework convention.

Dr SHIVUTE (Namibia) suggested that the proposed framework convention should address the harm already caused by smoking by establishing a fund, to which the tobacco companies would make obligatory contributions for the treatment of tobacco dependence and the alleviation of tobacco-related conditions. It should also provide for assistance to the developing countries, which would experience the highest morbidity and mortality rates by 2030 as a result of their high tobacco consumption.

In view of the need for crop diversification, FAO should be requested to assist with appropriate research and to support farmers switching to alternative crops.

Dr ZENZANO FERRUFINO (Bolivia) emphasized the importance of education in tobacco control and the need for such education, with strong emphasis on prevention, to be given from the age of five through to adolescence, and particularly to women.

The draft elements of the proposed framework convention called for the widest possible international cooperation by all countries and their participation in an effective and appropriate international response. The working group had suggested that reference should be made to the accountability of the tobacco industry, notably in respect of the exportation of tobacco products from developed to developing countries, and the technical support needed to strengthen national tobacco
control programmes in the latter. In that connection, financial support was also needed and an appropriate reference should be inserted.

Dr FARIAS (Peru) supported the proposed framework convention and proposed that the title should be “Framework Convention on Tobacco Control and the Elimination of Tobacco Use” to emphasize its main objective and to raise awareness in general. Given the high annual per capita consumption of cigarettes in many countries, accompanied by high mortality rates, reduction in tobacco use alone was not enough. The elimination of tobacco use would involve a long and difficult struggle that would require understanding and flexibility. It should nevertheless be tackled forthwith and not left for future generations.

Dr ANDEN (Philippines) said that the proposed draft elements were a welcome starting point for negotiations. However, they should be expanded to cover cross-border issues that influenced demand and supply of tobacco, tobacco taxes, exposure to tobacco smoke, duty-free sales, advertising, promotion and sponsorship, support for developing countries that produced and manufactured tobacco, and measures to eliminate smuggling. The language of the framework convention should be as strong as possible. The convention and related protocols had trade and economic implications and WHO must closely examine the relationships between the convention and other international agreements.

Account should be taken of the economic implications for developing countries that were major exporters of tobacco and where small and poor farmers were dependent on tobacco cultivation for their livelihood. The convention should provide concrete and operational schemes of assistance for diversification of production. The Philippines joined in the call by South Africa for developed countries to demonstrate leadership by discouraging agricultural policies that supported tobacco production.

Dr TIMTCHEVA (Bulgaria) firmly supported the proposed framework convention as an important measure of international public health. Nonetheless, it was for the Member States to decide how to resolve the major health problems caused by tobacco. A balance must be found between conflicting interests. The main goal was the improvement of public health and tobacco use prevention, taking into account socioeconomic implications for developing and low-income countries. The framework convention should set out the main conditions and principles in general terms in order to obtain ratification by as many countries as possible, while the protocols should provide detailed and specific commitments. The convention should focus on prevention, especially protection of children and young people from tobacco, protection of nonsmokers from exposure to tobacco pollution, treatment strategies, a ban on advertising and the elimination of tobacco smuggling.

Dr BAKHTURIDZE (Georgia) supported the proposed framework convention and related protocols because intervention by the international community was necessary in order to counter the efforts of transnational companies and the government lobbies of various countries. In Georgia, a council headed by the Health Ministry had been set up to coordinate the work of several ministries on the framework convention. In Georgia and its neighbours, Azerbaijan, Armenia and Russia, taxes on tobacco were low, amounting to a mere 10% of the price. Smuggling on the other hand was extensive, and regional cooperation would be crucial if cross-border traffic was to be reduced.

Despite the attempts of some representatives of tobacco companies operating in the country, together with certain members of Parliament, to liberalize the law on the advertising of tobacco products, a bill had been drafted to introduce a complete ban and the prohibition would come into force on 1 January 2002.

A document detailing the activities of tobacco companies over the previous ten years had been prepared which set out the facts concerning the harm done to the health of Georgian citizens. According to epidemiological data, 80 people died every year from smoking, 240 000 fell ill and the numbers of young men and women smokers had increased two to three times over the previous five years.
The tobacco companies and their lobbyists would not achieve their aims if the proposed framework convention was signed and came into force. A standing monitoring group should be set up by WHO to observe compliance with the decisions taken by Member States regarding the framework convention and to submit proposals to WHO.

Dr GNAHOUI-DAVID (Benin) supported the proposed framework convention and called upon all stakeholders to accept the responsibility implied by their choice to fight the tobacco epidemic. The framework convention should be explicit and not too general. The international community must act in harmony to offer better living conditions to future generations. Poverty could well prove a negative factor in the effective implementation of the convention in developing countries, and support from the developed countries must be clearly mentioned in the texts and realized in actions to reduce tobacco promotion, publicity and sponsorship of cultural and sporting events.

Dr GAMARRA DE CACERES (Paraguay) expressed support for the proposed framework convention, recognizing that the struggle against tobacco was difficult, but not impossible. Tobacco was the primary risk factor for the four major causes of mortality in her country, which also had problems of communicable diseases, malnutrition, parasites and anaemia. The framework convention should be strong, especially in the area of transnational measures to control publicity, smuggling and duty-free sales. Developing countries like Paraguay needed strong support to counteract pressures from transnational companies, for example, to reduce tobacco taxation. There should be some flexibility regarding transition to alternative crops and diversification. The prohibition of tobacco was not enough. Education played a primary role in promoting health and should be given priority. Cessation of smoking should be supported, and community and political leaders should provide role models by stopping smoking themselves.

Dr KARTYSH (Ukraine) said that the repercussions of the global tobacco epidemic were keenly felt in Ukraine, in particular the consumption of tobacco by minors. Most teenagers had tried smoking and one in five in the capital were regular smokers. A law had been passed which banned tobacco advertising on television and radio, in publications for young people and near educational establishments. Tobacco companies were, however, trying to find all possible ways round the law, starting with huge billboards directed at all strata of the population. Moreover, 9% of teenagers between the ages of 13 and 16 years said that they had been offered free cigarettes by representatives of tobacco companies. The section of the framework convention dealing with tobacco use by youngsters should be strongly worded. Experience had shown that the problems linked to tobacco use could be solved only by joint action in today’s interdependent world. His Government therefore fully supported the WHO initiative to draw up the proposed framework convention, which should be effective but flexible enough for it to be acceptable to the largest possible number of countries. Specific problems should be covered in related protocols. His delegation would submit specific proposals in the course of work on individual clauses of the draft convention.

Dr LEE (Malaysia) welcomed the draft elements of the proposed framework convention and reported that Malaysia had already implemented some of the proposed measures through its national tobacco control programme. Malaysia would continue to support WHO’s efforts to obtain a balanced and acceptable framework convention.

Ms PETREA (Romania) stated that smoking was a real public health problem in Romania and the national health strategy therefore promoted a healthy lifestyle and the prevention of the use of tobacco products. Continuous, concerted action at the international level was needed to control the tobacco epidemic. Romania was currently engaged in negotiating accession to the European Union and was working to harmonize its tobacco legislation with that of the Union. Given the global
dimension of advertising and other forms of tobacco promotion, a binding international treaty was the only way to ensure a positive impact on the health of the younger generation. Romania therefore welcomed the current meeting and considered that the draft elements provided a useful starting point for the discussions. By leading to improvements in health and reducing medical costs, the framework convention should have positive long-term economic implications. However, financial and technical support was needed to protect developing countries from any unfavourable economic repercussions. The focus should be on the fundamental right to health rather than the rights of smokers versus those of nonsmokers.

**Mr Baharvand took the Chair.**

Mr LOKENI (Samoa) welcomed the draft elements, which provided a basis for discussion. Samoa was concerned by pressure from the tobacco industry, through marketing, offshore advertising and sponsorship, and supported a strong and effective framework convention that would encourage sustainable efforts to reduce tobacco use through international cooperation. Emphasis should be placed on education and awareness as well as support for smoke-free programmes and tobacco control.

Dr AL-MALA (Qatar) supported the proposed framework convention and the draft elements under discussion. He reiterated Qatar’s support for international conventions that called for tobacco control. The tobacco industry should assist in control measures, and taxes should be increased to improve treatment of tobacco-related diseases and to promote education.

Dr SODNOMPIL (Mongolia) fully supported the proposed draft elements of the framework convention. He suggested that greater emphasis should be given to proper labelling of tobacco products, which should be in the national languages.

Ms DE PALMA (Guatemala) expressed Guatemala’s commitment to the development of the framework convention. The convention should specify the technical and financial assistance available to developing countries, such as her own, where it was difficult to conduct anti-tobacco campaigns. It should be general and flexible and adapted to the reality of the countries. The related protocols should be discussed only after adoption of the convention and they should be optional in order to ensure the maximum number of countries became parties to the convention.

Mr ABDEREMANE (Comoros) joined other Member States in their support of the proposed framework convention. Each country should prepare its own anti-tobacco programme within the spirit of the convention. The industrialized countries had an obligation to assist the developing countries to establish effective programmes that took into account the direct and indirect effects of tobacco consumption, the risks to children in particular and the polluting effects of tobacco smoke. There was sufficient evidence of the harm caused, and it was time to act. The tobacco industry had sought to deny the evidence and had spent large sums in fighting controls and legislation that discouraged tobacco use. He appealed to the Member States to combat the strategy of the tobacco companies.

Mr JANG CHUN SIK (Democratic People’s Republic of Korea) supported the proposed framework convention and considered that the draft elements provided a good basis for negotiations. Nationwide campaigns to refrain from smoking were a useful means of reducing tobacco consumption and creating a clear and fresh environment in public places. A week-long no-smoking campaign in his country had been effective in encouraging smokers and young persons to refrain from smoking. Such measures should be mentioned in the framework convention.

Mr TOALI (Solomon Islands) supported an effective framework convention on tobacco control and endorsed the preferences expressed by other developing countries in regard to its content. The proposed draft elements were a helpful guide for the negotiations.
Dr BOVET (Seychelles) fully supported the proposed framework convention. The Seychelles had already taken a concrete and symbolic first step in the form of a pledge in support of a smoke-free society and national tobacco control measures signed by schoolchildren. The event had raised awareness, and had paved the way for a favourable environment for the convention. The convention would need to be carefully worded to ensure that it was sufficiently strong to advance control of the tobacco epidemic while remaining acceptable to the majority of countries. It would be a meaningful and powerful instrument of public health policy that included a total ban of tobacco advertising, sponsorship and sale to minors, high excise taxes and other proven effective measures.

Dr BOUNSONG DOUANGPRASEUDH (Lao People’s Democratic Republic) said that the proposed framework convention would help his country to formulate legislation and policy on tobacco control.

Tobacco provided a cash crop for many small subsistence farmers in his country. If the vicious circle of poverty, ill-health and premature death were to be broken, tobacco farming had to be replaced with crops with a high market value. The Ministry of Health in Laos, along with the WHO and other partners, was promoting a project to that end but further support from external sources and better intersectoral cooperation at the national level was required. It was hoped that, once the pilot project had been tested and established, it would be extended to wider areas of the country.

A narrow focus on health programmes would not be sufficient to improve public health. Comprehensive and integrated activities were needed to eradicate poverty and promote development.

Mr Nunes Armorim took the Chair.

Mr BARRY (Guinea) hoped that the negotiations would produce a valuable and coherent instrument that would help to reduce tobacco-related mortality and morbidity rates. However, application of the framework convention might have a negative impact in countries with weak economies. Consideration should be given to the granting of subsidies to countries whose foreign currency earnings came mainly from tobacco growing in order to encourage farmers to switch to alternative crops. It would also be necessary to introduce coercive measures to combat sponsorship and excessive advertising by tobacco companies and smuggling.

Mr TADEVOSSIAN (Armenia) supported the proposed draft elements for the framework convention. Armenia had already enacted legislation on tobacco control and established a national programme to combat tobacco use. Part II, section C of the draft elements for the framework convention on treatment of tobacco dependence should include a more precise approach to the study of medicines, methods of treatment and staff training. Armenia would make detailed proposals at regional meetings. The framework convention should prove decisive in the fight against tobacco.

Mr A.A. DIOP (Senegal) expressed support for the fight against tobacco and drew attention to his country’s national commission to combat tobacco, which worked closely with the Government, especially the Ministry of Health.

If tobacco control measures were to be effective, action was needed at national, subregional, regional and international levels. The negotiation and drafting of a framework convention on tobacco control was therefore highly justified. Senegal had played an active role in the process from the outset. The convention should be fairly general and flexible so as to promote implementation by all States and should offer an opportunity to pool efforts in many areas. Advertising, consumption, the encouragement of alternative crops, the protection of risk groups, especially minors and children, and toxicological tests were all aspects requiring special attention.
Dr MALALKAI’AKE (Tonga) said that, by reducing tobacco supply, Tonga’s recently approved tobacco bill should complement its health protection/health promotion strategy, which was aimed at reducing tobacco demand. However, financial and technical assistance would be needed to implement such anti-tobacco activities in small island nations such as his own, in view of the massive resources which the tobacco companies would undoubtedly pour into promoting tobacco use, as they had in the past.

Dr CHITANONDH (Thailand) supported the view that the framework convention could be an important public health treaty. WHO should ensure that it would protect national and international tobacco control measures from the weakening effects of other international laws.

Over the past decade Thailand had attempted to implement effective, comprehensive tobacco control measures as recommended by the World Health Assembly, but at the same time had had to fight repeated attempts by the tobacco industry to use international trade laws to weaken those measures. The proposed framework convention would therefore have to be a robust instrument of international law. It should assert the importance of good health and of comprehensive tobacco control as an integral part of health protection both nationally and internationally, and provide strong protection for national and international tobacco control regimes from the effects of international trade law. It should not be subordinate to any other international agreement, including trade agreements. While liberalized trade was an important engine of socioeconomic development, public health protection should take precedence over the interests of the tobacco industry.

Mr MASUKU (FAO) stated that FAO had continued to strengthen its collaboration with WHO and other international agencies for global tobacco control, taking into account the concerns of farming communities in developing countries, which were heavily dependent on tobacco as a source of income. As part of the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, FAO had agreed in 1999 to lead an inter-agency study of long-term prospects in the tobacco economy. Projections would be made of world tobacco supply, demand and trade. The impact of various measures and policies to reduce consumption and production and to diversify would be studied in the context of country-specific conditions. The study was expected to be completed in 2001. FAO had also made considerable efforts to identify alternative crops to tobacco, and stood ready to support country diversification studies.

Mr COLLISHAW (Commonwealth Medical Association) speaking at the invitation of the CHAIRMAN, stated that health issues must be at the heart of the framework convention, which should endorse earlier Health Assembly resolutions on tobacco and health and strongly encourage Member States to implement comprehensive, evidence-based tobacco control measures. The framework convention should be placed firmly in the mainstream of international law and should protect people’s rights to health from being eroded by unchecked tobacco marketing. National tobacco control regimes should be protected from being weakened by the application of any other international law or agreement. Furthermore, the framework convention should not be subordinate to any other international agreement and should contain specific evidence-based international obligations that would be adopted by 2003 and should include: a total ban on tobacco advertising; effective measures to control smuggling; appropriate taxation provisions; elimination of duty-free sale of tobacco; the transfer of financing and knowledge so that countries could implement comprehensive tobacco control as quickly as possible; and effective systems for monitoring progress in controlling tobacco and surveillance of tobacco industry practices, to facilitate continuous improvement in the implementation of comprehensive national and international tobacco control measures. His organization stood ready to assist Member States in achieving those objectives.

The CHAIRMAN, noting the support expressed for the proposed framework convention and the draft elements, asked delegates to reflect on whether it would be better to return, at the next meeting, to consideration of method of work or to move directly to detailed consideration of the draft elements,
so that should working groups be established at a later stage, they would have a clearer view of the basis on which they should proceed.

The meeting rose at 18:10.
FIFTH MEETING

Wednesday, 18 October 2000, at 10:30

Chairman: Mr C.L. NUNES AMORIM (Brazil)
later: Ms P. LAMBERT (South Africa)
later: Mr C.L. NUNES AMORIM (Brazil)

DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2 Add.1) (continued)

Ms MULVEY (World Vision International), speaking at the invitation of the CHAIRMAN, observed that a recent report had revealed a pattern of attempts by transnational tobacco companies to impede progress of WHO and other intergovernmental agencies in the area of tobacco control, and Member States had testified that interference at the national level was continuing. Moreover, several companies had launched a global assault on the proposed framework convention. Nongovernmental organizations in more than 40 countries had recently joined in an international week of resistance to tobacco transnational corporations in a show of broad public support for the proposed framework convention on tobacco control. They had called on the Intergovernmental Negotiating Body to protect the treaty development and negotiation process from undue interference and pressure from the tobacco corporations; elaborate mechanisms for keeping the latter out of the development and implementation of public health policy; require them to disclose their own lobbying activities, expenditures and political contributions as well as those of their subsidiaries and agents; eliminate tobacco advertising and promotion that appealed to children and young people; recognize the priority of public health over trade and investment issues; include a strict timetable and provide states with binding enforcement mechanisms; and endorse the principle of “polluter pays”. She urged the Negotiating Body to respond to that call.

Dr MOLINARI (International Union Against Tuberculosis and Lung Disease), speaking at the invitation of the CHAIRMAN, and speaking on behalf of the International Union Against Cancer and the World Heart Federation, as well as her own organization, urged the Negotiating Body to incorporate the following measures in the body of the framework convention rather than in possible future protocols: a ban on all forms of tobacco advertising, sponsorship, promotion and brand stretching; the elimination of tobacco smuggling; a comprehensive regulation of tobacco products; and, above all, the use of tobacco tax policy as a public health tool to achieve continuous decreases in tobacco consumption. She recognized the need for mechanisms for financial support and the transfer of technical knowledge to assist countries in their tobacco control efforts.

Mr SFEIR-YOUNIS (World Bank), speaking at the invitation of the CHAIRMAN, stated that the World Bank had been working with WHO and other partners to examine the economics of tobacco control. The World Bank’s report, Curbing the epidemic and an accompanying publication Tobacco control in developing countries, examined the economic questions facing policy-makers when contemplating tobacco control and responded to their traditional concerns. One such concern was that government action interfered with consumer choices. However, it was clear that there was a difference between the choice to smoke and the choice to buy other consumer goods. There was evidence that many smokers were not fully aware of the high risks of disease and premature death that their choice entailed. The habit was usually acquired in adolescence or early adulthood and, even when they had been given the information, young people were not necessarily able to use it to make sound decisions. Moreover, smoking imposed costs on nonsmokers. Government intervention to protect children and
nonsmokers and to inform adults of the risks was therefore economically justifiable. Another concern was that tobacco controls would cause permanent job losses. However, falling demand for tobacco did not mean a fall in a country’s total employment level. Money that smokers once spent on cigarettes would instead be spent on other goods and services, generating other jobs. Concern that higher tax rates would reduce government revenues was also unfounded because the empirical evidence showed that raised tobacco taxes brought greater tobacco tax revenues. Analyses in several countries had shown that, even where smuggling occurred at high rates, tax increases brought greater government revenues and reduced consumption, so rather than foregoing tax increases, the appropriate response to smuggling was to crack down on criminal activity. The studies showed that even moderate tobacco control action could ensure substantial health gains for the twenty-first century.

Dr JOHNS (South Africa), speaking on behalf of the African regional group, stated that several elements in document A/FCTC/INB1/2 had not received sufficient emphasis. One was the need to consider the current burden of disease within African countries posed by communicable diseases as well as the impending epidemic of noncommunicable diseases that would arise without strengthened tobacco control programmes in the region. Another concerned the underlying social causes, such as poverty, that were responsible for the involvement of adolescents, children and other vulnerable groups in the trade in tobacco products. There was also insufficient emphasis on the possible alignment of the framework convention on tobacco control with other international instruments, such as those relating to telecommunications and satellite transmissions and the environment, that had an impact on tobacco growing. Several African delegations felt that the draft text, in particular, part I, section A, paragraph 18, did not adequately address the situation of tobacco producers. Furthermore, the term “tobacco workers” did not cover the particular category of people in developing countries who felt strongly about the lack of alternative livelihoods. The Negotiating Body should also consider establishing an international mechanism for penalizing those who violated the convention instead of leaving the task to national governments. In that respect, the guiding principle should be that of “polluter pays”. Above all, the framework convention should be firm and precise in its formulation. He would welcome the convening of a conference to consider the African position.

The CHAIRMAN, referring to the method of work, suggested that the Negotiating Body should proceed immediately to a first reading of the draft elements for the proposed framework convention, set out in document A/FCTC/INB1/2, before establishing any working groups.

Dr HUERTA MONTALVO (Ecuador) and Dr STAMPS (Zimbabwe) supported that suggestion.

Ms BOCCOZ (France), speaking on behalf of the European Union, pointed out that a substantive debate had already taken place as a result of which the key elements and orientations for the future convention had been identified. In order to avoid repetition, it might be opportune to proceed immediately to the establishment of working groups where it would be possible to conduct a more informal and flexible dialogue and thus speed up the negotiating process. However, the number of working groups should be limited to enable all the delegations to participate. That might be easier to achieve if they were to meet consecutively rather than in parallel.

Mr BAHARVAND (Islamic Republic of Iran) said that he supported the suggestion to proceed to a first reading of the draft elements contained in document A/FCTC/INB1/2, on condition that comments were kept to a minimum and were substantive. If that were the case it could lead to shorter discussions in the working groups and a smoother and swifter negotiating process.

The CHAIRMAN said that the first reading would have to be done either in plenary or in the working groups. He wished to save time and make progress, in having options eliminated or new points added.
Dr SOSA-MÁRQUEZ (Mexico), supporting the proposal made by the Chairman, considered that time was best spent by making a start on the substance rather than dealing with procedural questions. The decision on whether to set up one or more working groups straight away was a task for the bureau, and could be dealt with at a later stage, which would also give time for informal consultations.

Dr NOVOTNY (United States of America) said that the first reading warranted the attention of plenary. Once discussions moved into working groups, there would be a need for close coordination between them, and additional plenaries might be necessary to bring together their findings. It would be useful for the bureau to consult with the regional groups on the configuration of the working groups in terms of leadership and organization.

Dr BENAVIDES COTES (Colombia), speaking as the coordinator of the regional group for the Americas, reported that the group had reached a consensus in support of the Chairman’s proposal. If necessary, working groups or other groups could be established later to discuss sensitive provisions.

Dr GHAHOUI-DAVID (Benin), supporting the position expressed by the delegate of France, suggested that the views of the other regional representatives be solicited, after which rapid progress could be made and a decision taken.

The CHAIRMAN, stressing the need for a pragmatic approach, said there had as yet been no consultations with the regional groups or in the bureau on the number of working groups or on who would chair them. He therefore reiterated his suggestion that a start be made on a first reading of the text in plenary. A first reading section by section would certainly help subsequent discussions, whether in plenary or working groups. In the meantime, the regional groups could discuss the matter and perhaps meet together informally to consider the number of working groups and, if regional candidates were presented, to see whether they were acceptable to other regional groups. In addition, the bureau could meet to consider how to best proceed.

Ms BOCCOZ (France) said that she could agree to the Chairman’s suggestion. In order to be ready for detailed substantive negotiations as soon as possible, she suggested that the Chairman consult with the regional groups during the course of the day. It would be useful, as South Africa had done on behalf of African countries, to have a general vision and a precise definition of problems from the regional groups. Such a method of working would allow the session to move as quickly as possible to detailed negotiations.

The CHAIRMAN suggested that the bureau should meet informally with the regional coordinators later in the day to set up a framework for the consultations with the regions followed by a plenary meeting. The regional groups might then meet during the morning of the following day, unless the regional coordinators had already developed a position.

It was so agreed.

The CHAIRMAN said that for a first reading of the text, section by section, it might be wise to avoid long philosophical discussions. He suggested postponing discussion of part I, Preamble, definitions, objective and guiding principles and moving directly to part II, Obligations, which set out the substantive content of the framework convention. Part I could be considered at a later stage, either in plenary or in a working group. He therefore invited comments on part II, section A, General obligations. He urged speakers to focus on the various options presented in the document and to avoid repeating points made previously. It would be especially useful to learn what the delegates wished to see included in the convention, as opposed to related protocols.
Dr STAMPS (Zimbabwe) said it might be preferable to begin by addressing part I, section C, Objective, which contained four options with significant riders. Part I, section D, guiding principles, should also be addressed in plenary. As currently drafted, it appeared that the guiding principles were how to ensure that the rich governments of the North could continue to profit from taxing tobacco, while condemning the producing countries of the South to the guilt of creating disease among their populations.

The CHAIRMAN said that it was his understanding that the question of objective and principles had been touched upon by different delegations during the general discussions held the previous day. However, the Negotiating Body might wish to begin by considering sections C and D of part I, taken together.

It was so agreed.

Part I

C. Objective  
D. Guiding principles

Dr STAMPS (Zimbabwe) suggested that options set out in section C should be read out in order to be sure of their meaning.

The CHAIRMAN observed that the text was before the delegates and the four different options under section C were clearly set out. If clarification on specific terms was needed it might be better to ask a direct question.

Dr STAMPS (Zimbabwe) said that it was important to establish the end point of the framework convention. Option 1 stated that the ultimate objective or aim of the convention and its protocols was to achieve a reduction in the prevalence of tobacco use, while option 4 appeared to indicate that the aim was to provide a framework for integrated tobacco control efforts in order to put an end to tobacco use in any form; the other two options fell somewhere between those two extremes. He preferred option 3, since the aim should be succinct, clear and achievable rather than desirable but unrealistic. In option 3, he suggested replacing the emotive word “devastating” by the word “public”, since the interest lay in the public health consequences of tobacco consumption and exposure to passive smoking. In addition, at the end of option 3, after the word “smoking”, the phrase “and the related consequences of these actions” should be added.

The CHAIRMAN said that while it was his understanding that the session was not yet discussing textual amendments, it was useful for delegates to flag where their concerns lay, as that would certainly help discussions later on.

Professor AUNG (Myanmar) considered that, to be more comprehensive, options 2 and 3 should be merged, and a reference should be included for production, marketing, promotion and consumption of tobacco and sales to children.

Dr IRDJIAKI SYAHBUDDIN (Indonesia) considered that the aims of achieving tobacco control and the health outcome were more clearly defined in option 1. While other measures, such as the strategy of the efforts for tobacco control as described in option 4, were important points for inclusion in the framework convention, she proposed that they be included under section D.
Professor HAMAD (Sudan) said that, as the ultimate aim was to free humankind from the ill effects of tobacco, he strongly supported option 4 of section C.

Mr BEN SALEM (Tunisia) observed that option 4 permitted an integrated global approach in the fight against tobacco. However, he wished to stress one fundamental area that had not been adequately emphasized in the various options, namely, the concept of preventing passive exposure to tobacco smoke.

The CHAIRMAN, expressing the view that the question was dealt with elsewhere, asked whether the delegate of Tunisia considered that it should be included in the objective.

Mr BEN SALEM (Tunisia) replied that it was necessary to stress the concept of prevention of exposure to tobacco smoke, since a reduction in tobacco consumption would not necessarily mean prevention of such exposure, which was a hazard to children and other vulnerable groups.

Mr RYAN (European Community) agreed that it was probably premature to examine the preamble and definitions in too much detail at the current stage of the negotiations. The final text of that part of the convention would depend in any case on the elements that were included elsewhere and would provide a justification from both the legal and substantive point of view for the provisions of the convention.

In section C, the European Community would favour the approach indicated in option 2, which took harm reduction as its focus and concentrated on the importance of international responses. Tobacco control was not only a public health issue, it also had aspects of a social and economic nature. It would of course be a considerable challenge for the world to eliminate tobacco consumption.

The text of section D expressed well the idea behind the convention, although some of the wording could be amended to appear less declaratory and more in tune with what was realistically obtainable and achievable. For example, in paragraph D.2, the principles that everyone should be fully informed about the addictive and lethal nature of tobacco consumption, and that nonsmokers should be guaranteed protection from passive smoking were certainly worthy, but would be difficult to apply in a legally binding text. There should, however, be a reference to reduction in exposure to environmental tobacco smoke, which had recognized dangers for nonsmokers, particularly children and pregnant women.

Paragraph D.4, which covered trade policy measures, might be legally possible as such, and precedents might exist in the environmental field. However, it was not desirable to provide a blanket exclusion clause of that type for a particular product. A more acceptable formulation might be that “priority should be given to public health protection when tobacco control measures are being examined and evaluated for their compatibility with international trade agreements”. Of course, if the tobacco control measures in question were to be those established in the WHO convention, that would give them much more weight as legitimate and proportionate public interest measures.

The imposition of global accountability on the tobacco industry mentioned in paragraph D.5 posed a considerable challenge. It therefore needed considerable and careful examination to see what principles and measures were practical at international level, how they could be applied and how they related to public health requirements.

Mr PRASADA RAO (India), referring to section C, said that only a combination of options 2 and 4 would comprehensively address the objectives of the framework convention. Consequently, his delegation proposed a formulation worded: “provide a framework for integrated tobacco control measures in order to establish and agree on international responses to reduce the public health, social and economic consequences of tobacco consumption in any form, including passive smoking.”

Mr BAHARVAND (Islamic Republic of Iran), referring to section C, supported option 4 as the approach most likely to achieve the eradication of the public health effects of tobacco use. The
reference to “tobacco use in any form” should be replaced by a reference to “tobacco and its products”. That objective should also be enshrined in part II, dealing with obligations.

Dr HETLAND (Norway) said that the objectives of the convention should be, first, the short-term objective of cessation and harm reduction; and secondly a long-term objective of eradication of tobacco use in any form. He would submit a formulation combining options 3 and 4, as the best way of securing that twofold goal.

Mrs RODRIGUEZ CAMEJO (Cuba) expressed a preference for option 1, which, in its general formulation, encompassed the widest range of possibilities proposed in the general debate, and offered the best prospects for achieving the long-term objectives of reduction and ultimate elimination of tobacco consumption. She supported the guiding principles set forth in section D in general, although the public health, legal and economic implications of paragraph D.5 called for extremely careful analysis.

Dr ABDILLAHI (Djibouti), referring to section C, said that it might take decades to achieve the long-term objective of “a world without tobacco”. That slogan should nonetheless feature prominently in the objective of the proposed framework convention. Consequently, his delegation favoured option 4, with its clear reference to putting an end to tobacco use in any form.

Dr FIGUEROA (Jamaica) said that the options proposed need not be mutually exclusive: it should be possible to harmonize most of the ideas to be found in the different options. If the ultimate aim was indeed elimination of the use of tobacco and its products to achieve a tobacco-free world, prevention and control of tobacco use were nonetheless interim objectives. The idea of preventing and controlling tobacco use in option 1 could thus be linked with option 4 by means of a phrase such as “by providing a framework for integrated tobacco control efforts”, then linking the idea in option 2 of international responses. It might be useful to set up a small working group to try to achieve such a formulation.

Mrs THIBELI (Lesotho) favoured option 4, with the amendment of the phrase “an end to tobacco use” to read “an end to tobacco production and use”. Although Africa was a major tobacco-producing continent, the financial benefits were reaped by the multinational corporations alone. Special reference should also be made to the effects of environmental tobacco smoke.

Mr CHOWDHURY (Bangladesh) proposed combining options 2 and 4, by means of the formulation; “agree on a framework for integrated tobacco control efforts to achieve a gradual reduction in tobacco use in order to protect present and future generations from the adverse social and economic consequences of tobacco consumption and exposure to passive smoking.”

With regard to section D, he endorsed the view that the attempt to ensure protection against passive smoking, in paragraph D.2, could run up against legal difficulties. In paragraph D.3, the words “technical assistance” should be amended to read “technical and financial assistance”. His delegation also endorsed the views expressed by the delegate of the European Community regarding paragraph D.4. Lastly, the principle of making the tobacco industry accountable for past public health harm, set forth in paragraph D.5, could also lead to constitutional and legal problems in many countries.

Dr ROA (Panama) favoured option 2 of section C, with the addition of some elements of option 4 relating to the protection of human health and protection against passive smoking. Paragraph D.5 should include a reference to the need to raise producers’, distributors’ and marketers’ awareness of their responsibilities. A further guiding principle should set forth the social responsibility of States to protect individuals and the public from the health risks posed by tobacco consumption.
Professor GRANGAUD (Algeria) supported the amendment proposed by the delegate of Zimbabwe regarding option 3 of section C, but further proposed amending the word order of the option so that it would begin: “achieve a reduction in the prevalence of tobacco use …” and end with “by establishing and implementing quantitative and qualitative standards”.

Mr MALIJANI (Zambia) said that section C was of crucial importance, as it would guide the content of the remainder of the document. Zambia supported option 3 with the addition proposed by the delegate of Zimbabwe. He was uncomfortable with the reference in option 4 to putting an end to tobacco use in any form - an objective he regarded as unrealistic, especially having regard to the problems posed to economies heavily reliant on tobacco production.

Mr MOON (Republic of Korea) said that the wording of paragraph D.5 called for careful consideration, as the causal relationship between tobacco use and health problems was not always clear. In the interests of clarity, he proposed that the paragraph should be amended to read: “The tobacco industry should be held accountable for past, present and future public health harm when it is scientifically proven to be caused by its products worldwide”.

The CHAIRMAN said that the concept of scientific proof would itself require clear definition.

Dr MULA HUSSEIN (Kuwait) favoured option 1 of section C, with its reference to a reduction in the prevalence of tobacco use. That objective should be achieved, *inter alia*, through measures to combat advertising and tobacco distribution.

Dr HUERTA MONTALVO (Ecuador) said that establishing and agreeing on international responses was at the core of the framework convention. The reference thereto in option 2 must thus be retained, as the Intergovernmental Negotiating Body was engaged in the first ever attempt to provide for international responses of a binding character. Likewise, the reference to guaranteed protection for nonsmokers from passive smoking, in paragraph D.2, must also be retained. Securing that objective would be costly and difficult, but provision of nonsmoking areas in public places would have a dissuasive effect on consumers and producers alike, since the “polluter pays” principle would apply. It was also paradoxical that the industry should be regarded as lawful, for if an activity was harmful, it should not be lawful. Nonetheless, it should be borne in mind that nicotine might be needed for therapeutic uses. Consequently, the goal must be the eradication, not of the tobacco plant, but of present forms of tobacco consumption.

Dr VILLAMIZAR (Venezuela) favoured option 3 of section C, with the addition of the opening phrase of option 2, so as to render it international in scope.

Mrs PITF (South Africa) supported option 2, but proposed amending its wording to include obligations at both international and country levels. The word “integrated” should replace “international” in the opening phrase of the objective.

Mr CULLEN (Argentina) supported option 2, recognizing that there were various proposals for amendments which were being taken into account. He also supported the six guiding principles in section D, but wished to stress the importance of paragraph D.3, given that as many countries as possible were to become parties to the future convention. He therefore proposed that paragraph D.3 should be linked more closely to paragraph A.18 of the preamble, with particular reference made to financial assistance to tobacco workers as had been indicated in the amendment proposed by the delegate of Bangladesh. Paragraph D.5, too, was of great importance, and should include a reference to the national courts that would have jurisdiction in that regard. He would submit a written text to the Secretariat.
Mr TAKAKURA (Japan) said that health protection should be the focus of section C. Tobacco control was a means to that end, and should also be the ultimate aim of the proposed framework convention.

Mr BATIBAY (Turkey) said that, with regard to section C, although tobacco reduction was a realistic aim there would still be economic and social, as well as public health implications. For that reason, he supported option 2, merged with a part of option 4, along the lines of the proposals made by the delegates of India and Bangladesh. Turning to section D, he endorsed the views expressed by the delegate of the European Community, especially with regard to paragraphs D.4 and D.5. Consideration of the accountability of the tobacco companies should be left to each national administration.

Dr FARIAS (Peru) observed that options 1, 2 and 3 of section C referred only to a reduction in prevalence of tobacco use. It might take many years to attain a 50% reduction in countries with a high prevalence. His country sought a drug-free and tobacco-free Peru; not a Peru with fewer drugs or less tobacco. For that reason it was in favour of option 4, with the addition of the concept of an international framework, and the phrase “establish and implement quantitative and qualitative standards” from option 3. With regard to section D, it was clear that low-income countries would require financial assistance as well as technical assistance; that aspect should therefore be included in paragraph D.3 in unconditional terms.

Mr FORBES (United States of America) said his delegation preferred option 1 of section C, with the inclusion of the phrase “provide a framework for integrated tobacco control efforts in order to” from option 4.

Ms COSTA E SILVA (Brazil) expressed support for option 2, further suggesting the inclusion of the concept of environmental issues in the objective and in the preamble in view of the characteristics of tobacco production in Brazil and other developing countries. A great deal of environmental deterioration was caused by tobacco cultivation, such as wood burning and indiscriminate use of pesticides. The word “environmental” could also be added to paragraphs D.5 and D.6.

The CHAIRMAN drew delegates’ attention to the difference between the ultimate objective of the proposed framework convention and its more immediate objective. He suggested that it would be helpful to bear that distinction in mind as discussion proceeded.

Ms Lambert took the Chair.

Dr ‘AKE (Tonga) voiced his support for option 4 and asked delegates to bear in mind the long-term aim of the prohibition of tobacco use in any form; that could only be achieved if all countries worked together with commitment.

Mr KABA KASHALA (Democratic Republic of Congo) supported option 3, although it lacked a sanction clause, which he felt was a prerequisite. He therefore proposed that an addition to that option should cover the principle of the direct civil liability of large-scale cigarette producers. Since they were responsible for millions of deaths, their actions could be classified as crime against humanity if compared with other crimes thus classified by the International Criminal Court. The authorities in his country had submitted, for the President’s perusal, a bill aimed at penalizing heavily all persons concerned with cigarette production and distribution, which must become a crime punishable at the international level. Direct civil responsibility should be established by all legal avenues, but must be followed by the establishment of criminal liability. The latter, with the
corresponding penalties, must be established within the proposed convention, which countries could then incorporate into their domestic law.

Dr GNAHOUI-DAVID (Benin) said that the objective should be generally worded. He therefore suggested that the detailed proposals put forward by previous speakers should be included under the guiding principles, since no single objective could accommodate all concerns. Secondly, it was vital that the meeting should agree whether the desired result was total eradication or the more realistic goal of reduction of tobacco use. Progress would be more clearly assessable if the purpose of the proposed framework convention was dissociated from that of the anti-tobacco campaign as a whole. He supported option 2.

Mr ESPINOZA MURRA (Honduras) suggested combining options 2 and 3 for the objective. On the subject of the guiding principles, he pointed out that the five countries of the Central American Parliament had recently met in his country – with the Dominican Republic as an observer - and had pledged to support WHO in all its endeavours and to support countries lodging claims against tobacco companies for past, present and future damage. Paragraph D.5 was in keeping with that high-level commitment. He suggested that the definition of the ultimate objective should be left to the working groups.

Mrs SHAHAR-BEN AMI (Israel) favoured option 3 albeit with certain amendments. One such would be to replace the phrase “to achieve reduction” with the words “to ensure the maximum achievable reduction”. She also considered that paragraph D.3 would be more precise if it listed special circumstances or criteria for eligibility or priority for assistance, such as the country’s culture, smoking prevalence, economic situation, and immigration.

Dr AKINSETE (Nigeria) drew attention to the use of the word “ultimate” in the sentence preceding option 1 as a guide to deciding on an option. She suggested reconsidering the methodology by which the deliberations should proceed, in order to avoid overemphasizing work on sections C and D to the detriment of the other sections.

Ms KERR (Australia) said her country favoured option 2 of section C with incorporation of some key elements of the other three options, and supported the suggestion that drafting details should be left to a working group. It was especially important that the objective should emphasize international cooperation, in order to address all aspects of the tobacco problem. The working group should examine possible links between the guiding principles and the preamble, the objectives and the obligations in order to avoid duplication.

Mr KATENE (New Zealand) favoured option 2, and supported the suggestion that environmental aspects of tobacco use should be included in that option. He also suggested that the option might reflect the provision of a framework for integrated tobacco control raised in option 4. As to the guiding principles, obligations under the proposed framework convention must be recognized as an absolute minimum standard; all governments should be encouraged to implement domestic measures beyond those required by the convention.

Dr KAVCOVA (Slovakia) supported option 2, which emphasized the aspect of international response and the provision of an implementation mechanism.

Mr KARPEEV (Russian Federation) congratulated the working group, which had provided long-, medium- and short-term aims. Since the guiding principles covered all the areas of the proposed convention, it might be best to defer an in-depth review of them until the discussion of the different sections.
Ms LYNCH (Canada), referring to section C, considered option 2 to be the most appropriate as a starting-point, but agreed that elements from other options could be added, such as the concept of “integrated tobacco control” programming from option 4. The finalized objective should also refer to the proposed convention’s facilitation of, and support for, national tobacco control strategies.

Mr KAMARA (Côte d’Ivoire), recalling the idea of public health reflected in the WHO Constitution, asked whether the purpose of the proposed framework convention on tobacco control was really to control tobacco or to control tobacco use. He could not support option 4 as he felt that the philosophy behind the convention was the latter. Any attempt to eradicate tobacco would encourage the production of poor-quality contraband tobacco that would further exacerbate health problems.

His support was for option 3, given clarification in the title of the convention as to whether it was against smoking or against tobacco; to that end, discussion among regional groups would be most useful. The African states did not have the same outlook or interests as western countries. It was therefore necessary to formulate a firm, clear and precise framework convention that did not lend itself to ambiguity.

Dr SANGALA (Malawi) said he was in favour of option 2, inserting, before “responses” in line 1, the phrase “qualitative and quantitative” from option 3. He took issue with paragraph D.5 of the guiding principles. What exactly did the term “tobacco industry” denote? Did it include poor tobacco-growing countries like Malawi? If so, his country would not be in the same position to pay compensation as the industrialized countries.

Dr AL-LAWATI (Oman) supported option 4, with the inclusion of the text from option 1 to include passive smoking. He also suggested that the word “palliative” should be replaced by “appropriate”.

Dr MARINGO (Kenya) considered that there was confusion between goals and objectives, which could only lead to confused strategies. It might be wise to take time to ensure that everyone shared the same understanding: that an objective must be specific, attainable and have a timeframe.

Mr DIOP (Senegal) strongly favoured option 3 combined with option 1, as those two options overlapped. Such a rewording would read: “achieve, by establishing and implementing quantitative and qualitative standards, a reduction in the prevalence of tobacco use in order to protect present and future generations from the health social and economic consequences of tobacco consumption and exposure to passive smoking”.

Ms ELLUL (Malta) expressed support for option 4, which appropriately focused on the public health consequences of tobacco production and consumption. The clause in that option referring to the protection of human health indirectly addressed the interests of women, children and passive smokers.

Dr KIENENE (Kiribati) suggested that all the options presented had merit. The public health component of the objective was of primary importance. He concurred with the views expressed by other delegations, and proposed a composite draft: “to address public health impacts of tobacco use by establishing integrated international efforts to achieve reduction and finally an end to its use in any form, including passive smoking, through the implementation of quantitative and qualitative standards”.

The proposed draft brought together aspects of public health issues, integration of international efforts, reduction in the prevalence of tobacco use, which could be taken as the short-term objective, the final ending of the use of tobacco, which could be taken as the ultimate objective of the proposed
framework convention, and passive smoking, which covered the protection of nonsmokers, including children and pregnant women.

**Mr Nunes Amorim took the Chair.**

Ms ALEXIS-THOMAS (Trinidad and Tobago) concurred with the comments of the delegate of Jamaica, and expressed support for option 4, which was realistic for countries that would need considerable support in implementing the proposed convention. She suggested that the objective should include agreement on international responses and standards to aspire to. The objective in turn had a bearing on the terms of the guiding principles. The use of the phrase “guaranteed protection” in paragraph D.2 implied the need for inclusion of agreed standards in the objective. That would ensure the feasibility of guaranteed protection, particularly for those from developing countries.

Dr CARIS (Chile), referring to section C, considered that option 3 was the most suitable, with the inclusion of the final paragraph of option 2, with regard to the provision of a mechanism for implementation of responses. Paragraph D.5 should establish that national legislation should decide the degree of responsibility of the tobacco industries rather than that happening on a global level.

Dr HOU Peisen (China) said that option 2 of section C was the most inclusive. China’s choice would be explained further in the working group meetings. The word “guaranteed” in paragraph D.2 should be reviewed. Paragraph D.5 should provide that the ways and means of exactly how the tobacco industry should be held accountable would rest with the respective Member States according to their national laws.

Dr SOVINOVÁ (Czech Republic) supported option 2 of section C because it reflected the transnational aspects of the tobacco issue.

Dr BHUMISWASDI (Thailand) emphasized that the ultimate objective of the convention should be to reduce, substantially and rapidly, deaths and disabilities arising from tobacco use. Option 1 in combination with option 3 would best address that issue, although discussion of specific targets was needed to set timelines. The wording of paragraph D.4 of the guiding principles posed great difficulty for developing countries. The proposed framework convention on tobacco control should not be subordinated to other international agreements. Effective evidence-based tobacco control measures taken by States, whether or not they were signatories to the framework convention on tobacco control should not end up weakened or obviated as a result of any other international agreements. Thailand felt strongly on that point as its national tobacco control measures had been challenged by other countries in the past.

The CHAIRMAN agreed that the legal relationships between agreements were often complex and that those would be defined more clearly subsequently.

Mrs SOSA MÁRQUEZ (Mexico) wished to add a further guiding principle: “the participation of society, through professional associations, physicians, heads of faculties, nongovernmental organizations, and teachers is essential in achieving the objectives of this convention”.

Mexico also wished to support the proposal made by the delegate of Argentina on the preambular section that financial cooperation was necessary to overcome the economic consequences of a successful framework convention.

Dr LEE (Malaysia) stated that option 2 provided a broad basis for consideration of the objective of the proposed framework convention but that it would be enhanced by the inclusion of parts of
option 1, in particular “exposure to passive smoking”, and option 4, in particular the need for a “framework for integrated tobacco control”. The suggested text would be provided to the Secretariat.

Mr ESPINOZA FARFAN (Guatemala) supported option 2 but suggested that it should be amended to include aspects of option 3 by replacing “and agree on international responses to achieve a reduction in tobacco use” with “agree and implement integrated international responses, applying quantitative and qualitative standards, to achieve a significant reduction in tobacco consumption”, and by replacing “and economic” by “economic and environmental”.

The CHAIRMAN indicated that there would be a number of other opportunities to address the question. The discussion had been focused, providing clear ideas, but was only the first step in a very long process.

The meeting rose at 12:50.
SIXTH MEETING

Wednesday, 18 October 2000, at 15:50

Chairman: Mr C.L. NUNES AMORIM (Brazil)
later: Ms J. BENNETT (Australia)
later: Mr C.L. NUNES AMORIM (Brazil)
later: Mr R. FORBES (United States of America)

DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: (Item 8 of the Agenda) (continued) (Document A/FCTC/INB1/2)

The CHAIRMAN said that at a meeting with the Regional Co-ordinators, a general consensus had been reached that working groups should be formed, but confirmation and the timing would be communicated later. He invited comments on part II, section A of document A/FCTC/INB1/2, dealing with general obligations.

Mrs SOSA-MÁRQUEZ (Mexico) commented that the structure of part II should reflect the emphasis of the convention on public health. She proposed that the obligations be placed in the order: prevention; treatment; research; control measures, including the protection of non-smokers, taxes, smuggling, advertising and labelling; and other aspects. That sequence would give prominence to the most important obligations.

The CHAIRMAN suggested that the structure of the document be discussed after the content had been agreed upon.

Dr HUERTA MONTALVO (Ecuador) agreed that the obligations themselves should be discussed before their order. He nevertheless supported the proposal of Mexico, with the inclusion of a section on promotion.

II. OBLIGATIONS

A. General obligations

Dr HETLAND (Norway) said that the principle of “the polluter pays” should be an important element of the convention. It was implied in part I, section D.5 and in part II, section J. He considered that the principle was more applicable to tobacco taxes, under part II, section A.2(b)(i), since the burden should be placed not only on smokers but also on the tobacco industry as general compensation for the damage they had inflicted and the resulting cost to society.

Dr MAUNG (Myanmar) supported the application of taxes on all tobacco products but considered that the amount of tax should be decided by national governments. He agreed that the sale of tobacco products to persons under 18 should be prohibited. With regard to paragraph (b)(iii), his delegation favoured option 2 but questioned the feasibility of an absolute ban on smoking in bars and restaurants. He suggested that the introduction of smoke-free areas was more appropriate. He agreed that tax-free and duty-free sales of tobacco products should be prohibited.

Dr ZENKEVICH (Belarus) suggested that in paragraph 2(a), the words “under the auspices of the health ministry” be deleted. He agreed with earlier speakers that some provisions of paragraph 2(b)
should be drafted in more general terms. He referred in particular to the question of taxes on tobacco products, which would have budgetary implications.

Mr RYAN (European Community), addressing paragraphs 2(b)(iv) and(v), Regulation of the contents of tobacco products and Regulation of tobacco product disclosures, said that the Commission was considering substantial revision of its existing rules on tobacco product regulation, including changes to manufacturing requirements such as reduced tar levels in cigarettes and ceilings for nicotine and carbon monoxide content. Those requirements would apply to all tobacco products manufactured in the Community whether or not they were destined for domestic consumption. The proposed law introduced a requirement for a declaration of tobacco additives and disclosure by the manufacturer of the reasons for their use and their toxicological characteristics. The Commission preferred the broader wording of option 1 of paragraph 2(b)(v) of the draft, as it considered that it was not appropriate for WHO alone to develop product standards, which was the role of other international bodies, such as the International Standards Organization. It was, however, appropriate to give more weight to health criteria in developing those standards.

Tax-free sales to travellers within the European Union’s fiscal territory had already been eliminated. Duty- and tax-free sales were already limited with respect to international travel by the customs agreements to which the Community and its Member States were party. Those instruments would make it possible to phase out that allowance or to exclude tobacco products specifically. Any conflict with other international agreements, such as the Vienna Conventions on Diplomatic and on Consular Relations, agreements between WHO and other international organizations, air transport agreements and the Convention on the Law of the Sea, should be analysed carefully. The provision on tax-free and duty-free sales was therefore viewed as important but problematic.

With regard to paragraph 2(c), he noted that subsidies were a key element of the Community scheme for raw tobacco growing. Community rules imposed a limit on tobacco production through a series of quotas and a quota buy-back programme that enabled producers to convert to other activities. Research into alternative livelihoods, alternative uses for tobacco and other agricultural activities was financed by a deduction from the subsidies paid to tobacco growers. The Commission considered that the approach outlined was valid but pointed out that the proposed text would exclude support for tobacco that extended to employment or structural aid for the industrial sector, even though such aid could be part of reconversion.

Mr SAINT-PAUL (France) said that the European Union, of which his country currently held the presidency, considered that the general obligations presented in the draft text were often not general but specific. Those elements should be re-drafted in general terms, with separate paragraphs for detailed provisions. He suggested that a footnote be added at the beginning of the text, indicating that the term “national” could also apply to regional economic organizations such as the European Union. He agreed with the delegate of Belarus that a national coordinating authority need not be attached to a ministry of health, in view of differences in the organization of ministries in different countries.

With regard to tobacco taxes, he said that it would be inappropriate to set a ceiling at the international level. Furthermore, terms such as “excise duty” were too specific, as they were used differently in different countries. Rather, a general obligation might be formulated to promote a fiscal policy that took public health criteria into account either at national level or in international tax agreements. The Union was concerned about the sale of tobacco to young people. Absolute bans were not necessarily the best solution as they could enhance the attractiveness of the product. Furthermore, a ban on sales would necessitate the means to monitor compliance and the imposition of sanctions. He proposed that a more general obligation, such as reducing access of youth to tobacco products, would be preferable.

With regard to the exposure of nonsmokers to tobacco smoke, he considered that option 1 under paragraph 2(b)(iii), with a corresponding protocol to guarantee its enforcement, was appropriate. An
intermediate option might be formulated based on option 1 but including the provisions for the protection of young people from option 2.

Mr KABA KASHALA (Democratic Republic of the Congo), referring to paragraph 2(a), reported that a national authority had been set up in his country that had brought together all sectors of the Government concerned with use of drugs, including cigarettes, by young people. He suggested that an obligation be introduced in the convention to ban traditional tobacco, which in countries such as his caused more harm than industrially produced tobacco. Programmes should also be implemented to reduce gradually the area under tobacco cultivation. Courses should be offered to young people to raise awareness of the dangers of drugs in general and cigarettes in particular in an effort to tackle the problem at its root.

Dr VELINA (Latvia) recognized the importance of economic instruments but noted that some countries might have difficulty in implementing the more specific proposed obligations with regard to taxes. She suggested that paragraph 2(b)(i) at the first bullet read: “ensure that excise tax is set at the level which provides for stable reduction in tobacco consumption level”. She further suggested that paragraph 3 read: “The parties undertake to finance national tobacco control strategies, plans, programmes, policies and implementation of tobacco control legislation through sufficient allocation of the State budget for these purposes. As an auxiliary option the financing shall be achieved through a dedicated appropriation of at least ...% of all tobacco tax revenue, earmarking ...% of such appropriation for tobacco control, health promotion and agricultural diversification.”

Dr AL-DEEN SALEH (Jordan) suggested that, under paragraph 2(b)(i), a proportion of tobacco taxes should be used to assist cancer patients, whose disease was caused by tobacco use. In reference to paragraph 2(b)(ii), tobacco sales outlets should be structured so as to avoid selling to young people. Furthermore, cigarettes should not be sold singly. He agreed with the provision to prohibit tax-free and duty-free sales. He suggested that subsidies be given not to tobacco growers but to farmers who were changing from tobacco to other crops.

Dr PYAKALYIA (Papua New Guinea) observed that it was not clear which subjects were to be treated by the convention and which in the protocols. A decision on the fundamental issues to be covered in the convention would help both developing and developed countries to make the convention strong and acceptable. A common minimum level of action should be set for implementation at the country level, which could also be achieved by countries with few resources. Important subjects included tobacco taxes, promotion and sales. The protocols should be considered optional, depending on country needs.

The CHAIRMAN pointed out that certain matters should be decided internationally. For instance, the kind of tax should be decided locally, but a coordinated policy on taxes was required to discourage smuggling.

Mr CULLEN (Argentina) said that his delegation had already submitted written proposals for general obligations. He agreed with the delegate of France that the general obligations were in fact very specific. Care should be taken not to impinge on national sovereignty, as for example in paragraphs 2(a) and (b), with regard to the responsibilities of ministries and budget matters. Under paragraph 2(b)(ii), the age limit that would correspond to Argentina’s internal legislation would be 18 years of age. Under (iii), his delegation preferred option 1, because it was more general and less constraining. Under paragraphs 2(b)(iv), (vi) and 2(c), care should be taken to limit the competence of WHO where it overlapped with that of the World Trade Organization, perhaps, as suggested by the Chairman, in consultation with the Legal Counsel. With regard to paragraph 2(b)(v), the Argentinian delegation supported option 1. Paragraph 3, which mentioned specific percentages of taxes, was also
too specific. His delegation considered that an international organization should not establish the tax policy of a sovereign country. He supported paragraphs A.4-A.7.

Ms DJAMALUDIN (Indonesia) requested that countries be given some flexibility with regard to implementation of the general obligations, in accordance with their national control plan. A statement to that effect in the text would make the elements of the convention acceptable. Every State Party should have a comprehensive tobacco control programme, based on an agreed model. She suggested that a separate general obligation be inserted in that regard. Under paragraph 2(b), she noted an imbalance in the evidence for the efficacy of the proposed measures. For instance, tobacco tax policies had been shown to reduce tobacco consumption significantly, whereas prohibiting tobacco sales to young people was less effective, largely because it was unfeasible in many countries, such as her own. With regard to paragraph 2(a), she considered that the role and leadership of the ministry of health in each country was critical for the success of tobacco control programmes, and she would oppose deletion of reference to health ministries.

Mr BAHARVAND (Islamic Republic of Iran) considered that the general obligations should be general but at the same time clear. His delegation asked that States Parties to the convention be put under an obligation to aim eventually for a complete ban on tobacco smoking throughout the world and on the elimination of the marketing of tobacco products.

The CHAIRMAN said that as obligations had to be enforceable, they should not be vague. He suggested that one way of incorporating the proposal of the last speaker would be to state it as the objective of the convention and to place States Parties under the obligation to reach that objective. He asked subsequent speakers to indicate which questions should be included in the convention, and which in the protocols.

Ms Bennett took the Chair.

Dr ABOU-ALZAHAB (Syrian Arab Republic), referring to paragraphs 2(b)(i) and (vi) and 3, concurred with other speakers that there should be separate protocols relating to taxes, tax-free sales and subsidies. In paragraph 2(b)(ii), the minimum age should be 18. He suggested that paragraph 2(b)(iii), option 2, should include reference to hotels. Smoke-free rooms were already preferred by many travellers. In the same paragraph, the reference to transport should specify air, land and sea. He considered that paragraphs 2(b)(iv) and (v) should be the subject of a separate protocol in order to allow developing countries to achieve the goals at their own pace. A new obligation should be included, prohibiting the sale of toys and sweets in the form of cigarettes.

Mr PRASADA RAO (India) noted that the general obligations were described more specifically in sections B to L of part II. He agreed with previous speakers that tobacco taxes (paragraph 2(b)(i)) were a national legislative domain, and he suggested that that provision be deleted. The second option under paragraph 2(b)(iii) should be the subject of a protocol. He considered that regulation of tobacco product disclosures was also a national prerogative, and paragraph 2(b)(v) should be deleted. He would submit his specific proposals in writing.

Mr TAKAKURA (Japan), in line with comments made previously, said that prevention of smoking by minors and protection from passive smoking were of great significance in themselves and merited separate sections. Another benefit of such a re-arrangement would be that the first section (general obligations) of part II (obligations) could be used to address general rules applicable to all other sections in that part.

One such general rule should be to allow Member States a certain degree of latitude in determining the specific measures necessary for fulfilling a particular obligation. For example,
paragraph 2(b), which began “adopt legislative and administrative measures …” could be amended to read “adopt legislative and/or administrative measures”, in order to introduce flexibility.

On the issue of tax, his Government did not consider it appropriate to introduce uniform taxation of tobacco products into a framework convention, as national taxation systems had been developed against a variety of historical and cultural backgrounds.

While it was important to protect nonsmokers from passive smoking, effective measures relied largely on cooperation and measures adapted to specific circumstances. It was not, therefore, appropriate to enforce uniform prohibition of smoking.

On the question of subsidies for tobacco growers, he said that Japan, like many other countries, had a long history of tobacco-leaf production, with about 24,000 growers. His country would therefore find it difficult to respond appropriately if compulsory measures, such as those outlined in paragraph 2(c), were included in the framework convention.

Professor ODINAEV (Tajikistan) said that the prohibition on tobacco sales to children and adolescents should include tobacco products other than cigarettes and also sales by them, since in central Asia a good many children sold cigarettes and other tobacco products, including oral tobacco. In the light of the increase in migratory movements in the region in recent years, that form of tobacco consumption might become even more widespread.

Dr MELKAS (Finland) underlined the position of the European Union with regard to the crucial issue of smoke-free environments, which were mentioned in the draft document only under general obligations but should be the subject of a more detailed section. There was clear scientific evidence of the significance of indoor air pollution, especially environmental tobacco smoke, for human health. In his country, after public offices had been made smoke-free, many other institutions had followed suit, and not only non-smokers, but also smokers, had come to appreciate smoke-free places. Trade unions had allied themselves with the health sector, following the gradual introduction of strict legislation on smoking in the workplace. His country’s experience showed that smoke-free environments could become widely accepted, even by smokers. Legislation on smoke-free environments was particularly important for vulnerable groups, and the regulations worked very well when introduced gradually, and explained clearly.

Mrs THIBELI (Lesotho) said that paragraph 2(b)(ii) should be amended to prohibit sales to and by children and adolescents, since in some countries children also sold cigarettes, for example in family-owned cafes. That brought them into contact with adults smokers and led them to form the habit. In paragraph 2(b)(iii), she preferred option 1. She also urged Member States to reflect on the consequences of the ultimate goal of the convention: no smoking, no tobacco growing and no cigarette production.

Mr BATIBAY (Turkey) shared the view that the section on general obligations in fact contained very detailed and specific obligations. The paragraph on tobacco taxes was a typical example. Although it presented no difficulties in terms of his national legislation, it would be better addressed in a protocol.

Concerning tobacco sales to youth, in paragraph 2(b)(ii), the age of 18 years was appropriate, as it was the threshold of adulthood in his country and many others. In paragraph 2(b)(iii), he had no difficulty in accepting the detailed obligations set out in option 2 but considered that they would be better left to a protocol. Option 1 would keep the obligations general.

Both options under paragraph 2(b)(v), on regulation of tobacco product disclosures, covered areas other than health, involving issues of production and even commercial confidentiality. He considered that the paragraph should be deleted.

The situation in his country with regard to subsidies was similar to that described by the representative of the European Commission, and he therefore subscribed to the latter’s remarks concerning paragraph 2(c). Subsidies formed a key element of his Government’s policy for raw
tobacco-growing, which also set limits on production through the imposition of quotas and buy-back programmes.

In paragraph 3, he proposed that the text be amended to read as follows: “The Parties undertake to finance national tobacco control strategies, plans, programmes, policies and legislation. To this end a part of tobacco tax revenue may be allocated to such activities.”.

Mr Nunes Amorim took the Chair.

The CHAIRMAN asked for clarification of the suggestion that the question of taxes should be left to a protocol. He took it to mean that Parties would coordinate taxes for tobacco products at internationally determined tax rates and implement national measures in ways to be specified in a protocol. The relationship between taxes and subsidies should be kept in mind. If the framework convention called for increased taxes while retaining subsidies, its credibility might be compromised.

Dr STAMPS (Zimbabwe) agreed with other speakers that section A of the draft convention in A/FCTC/INB/2 was a hybrid, mixing general principles with detailed requirements. He therefore proposed a number of amendments.

Since national coordinating bodies already existed in some countries, paragraph 2(a) should read “establish, or where such a body already exists, reinforce, and adequately fund a national coordinating authority for tobacco control with inputs from relevant government, nongovernment and civic society resources.” It was not appropriate in a convention to prescribe the manner in which such bodies should be formulated or, in detail, how they should be financed.

In paragraph 2(b), reference to “in the present paragraph” in the second sentence was confusing. He proposed that it read: “These measures and policies shall include:” Subparagraph (i) should be amended to read: “(i) appropriate tobacco taxes on all tobacco products”, and he proposed the addition of a further bullet, reading: “exclude tobacco product prices from any consumer price index calculation or State personal pension or subsidy calculations.”

Paragraph (b)(ii) should be strengthened, because, to many people, inducing children to use tobacco was in the same behavioural category as paedophilia. He wished it to read: “criminalize sales to children (as defined by United Nations agencies) and prohibit the handling, selling or promotion of tobacco products by children”. He proposed the addition of a paragraph (ii)(bis), reading “license all retail tobacco product retailers for the purpose of monitoring and regulation”, so that nobody could sell tobacco without a licence.

Paragraph (iii) would read “adopt measures to prevent involuntary or accidental exposure of all persons to environmental tobacco smoke”. Even smokers were at risk from other people’s tobacco smoke. He noted that the original draft, for all its detail, omitted health service premises as places in which smoking should be banned.

Paragraph (iv) should also be made stronger, being altered to read “criminalize failure to disclose fully in the appropriate local language the contents including additives and other components to which tobacco users, handlers or other persons will be exposed in the use of the product”.

In his view, paragraph (v) should read “ensure, so far as is achievable, the prescription of universally accepted standards for all tobacco products”, as there was no point in having different standards in different countries.

Paragraph (vi) should be simplified to read: “eliminate all forms of DNP tobacco sales or distribution”, as DNP, ‘duty not paid’, covered both smuggling and duty-free exports.

He would add a paragraph (vii), reading: “prohibit all sales of any tobacco product which is not protectively packaged in a sealed container or impervious wrapping”. One of the ways in which children were induced to handle cigarettes was by selling them as single sticks, usually in inappropriate adult environments, which exposed them to other risks apart from those associated with tobacco.
Paragraph (c) should be rewritten to read “rapidly reduce and, by 2003, eliminate all direct or indirect financial or other State support for tobacco”. That was one of the most urgent needs if tobacco demand was to be significantly reduced. A paragraph (c)(bis) would read: “ensure alternative viable agricultural activities for tobacco growers which are at least as profitable and sustainable as tobacco production and marketing”. That was extremely important in countries with heavy economic dependence on tobacco production.

Paragraph 3 should be deleted, because it was already covered in paragraph 2(a) and it would be more appropriately included in a protocol.

He proposed an addition to paragraph 7, reading: “Responsible parties shall secure international support for economies under challenge where such challenge may threaten the sustained implementation of a State’s obligation in this section”. That was important, because if a State’s economy was under threat, so would be the convention itself.

Finally, he proposed the addition of a further paragraph 8, reading: “Tobacco products exported by countries, including those produced on their behalf in a third country, shall at least comply with the minimum standards specified by the domestic laws of the exporting country and shall contain the statutory information clearly exhibited on each unit of packaging in the language appropriate to the importing country”.

The CHAIRMAN welcomed the proposals but asked, in the interests of clarity, that the terms “duty-free” and “smuggling” be used instead of “DNP”.

Mr JANG Chun Sik (Democratic People’s Republic of Korea) supported the suggestion of the representative of Mexico to introduce a new section on ‘other aspects’ to part II. That would allow the inclusion of new provisions or new initiatives such as social campaigns not reflected in the current draft convention.

Mr BUKURU (Burundi), speaking on section L.3 of part II, which proposed support to developing countries to assist them in implementing the raft of activities described in the framework convention and related protocols, said that it should especially apply to those whose national economy depended on tobacco. While it was true that a country must preserve the health of its people, he was concerned that the threat of loss of revenue would prevent some developing countries from adopting the convention, unless alternative crops or replacement schemes were envisaged. He asked whether the industrialized countries were sufficiently committed to the framework convention to prevent it from being still-born and what assurance they could give that the convention would not be implemented on two different levels in industrialized and developing countries.

Mr CHOWDHURY (Bangladesh) proposed that paragraph A.2 be reworded to read: “to this end each Party shall strive to achieve, …”. While recognizing the prime role of health ministries in tobacco control, paragraph 2(a) should take account of administrative arrangements in different countries. He suggested that in paragraph 2(b)(i) the convention should not set an internationally determined minimum tobacco tax, but a rate that had an effect on consumption and production should be determined and described in a protocol. In paragraph 2(b)(ii) he suggested that the minimum age should be 18. In paragraph 2(b)(iii), he preferred option 2, although countries should decide in which areas smoking was to be prohibited. With regard to paragraph 2(b)(iv), he hoped that international standards would be developed. He considered that paragraph 2(b)(v) should be reworded, as tobacco products contained thousands of ingredients and it would be impractical to disclose them all. In paragraph 3, it was for countries to decide the specific percentages of tobacco tax revenue to be appropriated for tobacco control and related activities. He proposed the addition of a new paragraph, which would read: “To adopt administrative and legislative measures to regulate and, if appropriate, prohibit export of tobacco products which do not conform to the exporting countries’ own standards.”
Dr AKINSETE (Nigeria) endorsed the comments of Lesotho and Zimbabwe concerning paragraph 2(b)(ii), but she proposed that a provision be added prohibiting sales of tobacco by children. She asked whether the term “persons under 18” was more explicit than “children and adolescents”.

Ms BILLUM (Sweden) endorsed the views expressed by the delegate of France for the presidency of the European Union and by the representative of the European Commission concerning the inclusion of passive smoking in the convention and possibly in a protocol, since passive smoking was a significant threat to public health. Its effect on women and children was of special concern. Policies designed to prevent smoking in public places could reduce cigarette consumption, passive smoking and the recruitment of new smokers.

Mr MOON (Republic of Korea) said that his delegation had some suggestions to make with regard to section A of part II. In connection with paragraph 2(b)(i), taxation and pricing measures were powerful weapons for reducing tobacco consumption and should be left to the discretion of Member States. Since it was not easy to distinguish between smoking and non-smoking areas in different countries and circumstances, option 1 in paragraph 2(b)(iii) seemed to be preferable. In paragraph 2(b)(v), his delegation favoured option 1, in the belief that disclosures should be limited to harmful or toxic ingredients. In conclusion, paragraph 2(b)(vi) should provide for a step-by-step prohibition of tax-free and duty-free sales, in order to give Member States time to make the necessary legal and administrative adjustments.

Ms EDERY (Israel) said that removing tobacco from the consumer price index as suggested in paragraph 2(b)(i) was not necessarily an appropriate way of achieving tobacco control, since the index was mainly a scientific tool. The age to be inserted in paragraph 2(b)(ii) should be 18. With regard to exposure to tobacco smoke, her delegation preferred option 1 in paragraph 2(b)(iii) and considered that specific measures should be listed in a protocol explicitly mentioned in that paragraph. The same applied to the regulation of tobacco product disclosures, in connection with paragraph 2(b)(v), option 1.

Ms LYNCH (Canada) said that the section on general obligations was a mixture of principles and details and would benefit from editing, possibly with some issues being put in other sections. She agreed with some previous speakers that tax policy on tobacco was a national matter. Canada supported the prohibition on the sale and supply of tobacco to minors under 18, and preferred option 1 in paragraph 2(b)(v).

Dr HOU Peisen (China) said that specific measures and policies should not appear in section A of part II, since otherwise the convention would be excessively long. His delegation proposed that the word “standards” be inserted after “legislation” in paragraph 1 and that the words “or the department designated by the government” should appear after “health ministry” in paragraph 2(a). China further proposed that the specific obligations set out in paragraphs 2(b)(i) to 2(b)(vi) be replaced by general wording and that the details be included in protocols. In conclusion, it was suggested that no specific percentage be established for tax revenue and that paragraph 3 might read “All Parties undertake, according to their own national conditions, to provide financial support for the strategy of tobacco control.”

Mr FORBES (United States of America) said that, although his delegation supported the general policy of using limited wording in the draft convention, it hoped that specific wording could be used in certain areas. For example, with regard to restriction of tobacco sales and distribution to youth, the minimum age of sale should be 18 years and that provision should be reinforced by a verification procedure and meaningful penalties against sellers or distributors. Self-service displays and distribution of free samples should be prohibited. However, there should be no criminal penalties for
Mr CASTILLO (Cuba) reiterated that the convention must contain general elements, making it flexible enough to be adopted by all. Paragraph 2(b)(i) should be deleted, as it was not for the convention to set excessively high tax levels. Taxation was a sovereign right of States and it would be difficult to achieve an international consensus on the level or type of taxes. His delegation held option 1 to be the more viable one in paragraph 2(b)(iii), since option 2 was too restrictive and might serve as an obstacle for States wishing to take other stronger measures. The wording of paragraph 2(b)(iv) might cause problems for developing countries, and his delegation wished to see it deleted. The broader formulation of option 1 was preferable in paragraph 2(b)(v). Tax-free and duty-free sales should not be dealt with under general obligations. That issue had engendered much controversy within the World Trade Organization, in which no agreement had yet been reached. In addition, paragraph 2(c) should be deleted, since it related to trade policy rather than to public health and indeed to an issue which was extremely controversial.

Dr AL-LAWATI (Oman) suggested that the words “or any other agency that has the same function” should be inserted after the words “health ministry” in paragraph 2(a). In paragraph 2(b), the word “executive” should be inserted after “legislative”. In paragraph 2(b)(i), second indent, the words “increase tax” should be replaced by “to review periodically the increase of excise tax”. He preferred option 2 for paragraph 2(b)(iii), with the addition of a paragraph referring to closed spaces or indoor facilities, in order to cover mosques, churches, airports and hospitals. He also preferred option 2 for paragraph 2(b)(v) and endorsed the proposal by Zimbabwe to penalize the tobacco industry if it failed to disclose all the toxic contents of tobacco products.

In paragraph 3, the words “support and” should be inserted before “finance”. Oman endorsed the idea of setting aside a certain percentage for tobacco control programmes, but that should be left to the discretion of governments, as it could create problems for accession to the convention.

Concerning the WHO report that described interference by the tobacco industry in the Organization’s efforts to promote tobacco control programmes and the reports by a number of nongovernmental organizations on the industry’s efforts to induce young people to smoke, he proposed that a paragraph should be added to part II specifically to discourage cooperation with tobacco companies or acceptance from them of any kind of moral or financial support or of the educational programmes that they sponsored to improve their image. He supported the inclusion of a paragraph specifically against passive smoking.

Dr JIRÓN ROMERO (Nicaragua) said that in order for the framework convention to be adopted, it would have to be accepted against the backdrop of human, financial and technical resources and of policy. Some countries were applying the principle of “all or nothing” to the elaboration of the convention, but that was wrong, for nowadays compromise was necessary. The framework convention had to be an instrument of quality, one that reconciled maximum benefit, maximum satisfaction for the Parties, minimum risk and minimum cost. What would happen when the convention was applied? There were two stages: the first, an obligatory one, was the establishment of minimum standards, and was followed by the voluntary stage of accreditation. All the stages involved in the establishment of standards and accreditation should be kept in mind, and they varied from country to country. If a
committee of accreditation was set up, how could it dictate what steps should be taken by each country? And while minimum standards would have to be respected by all, only some countries would be able to achieve accreditation.

Dr MANANDHAR (Nepal) said that there were two types of tobacco tax in Nepal. One was an excise tax collected by the Ministry of Finance, and the other was a health tax imposed by the Ministry of Health. The second tax was used to run a cancer hospital and a cardiac health centre and to broadcast health messages on television and radio. That type of health tax should be provided for in the convention.

Ms KERR (Australia), referring to paragraph 2, said her country was concerned that the obligations relating to tobacco taxes, passive smoking and tobacco sales to youth, inter alia, detracted from the generality of the broad obligations set out in paragraphs 4 to 7. Specific issues would be better placed in a section relating to specific obligations rather than general obligations.

With regard to paragraph 2(a), Australia did not support the description of the coordinating mechanism as an “authority” but supported, as a minimum, a focal point on tobacco control in each national health ministry and some form of national coordinating mechanism for the tobacco control efforts of all ministries. It would be difficult to achieve consensus on paragraph 2(b)(i) concerning tobacco taxes, particularly for the developing countries. In recognition of the fact that tax increases were an effective tool to reduce demand for tobacco, however, Australia would support a more general provision requiring parties to implement taxation measures aimed at discouraging the use of tobacco and to take into account health policy considerations when formulating the taxation regime for tobacco.

With reference to paragraph 2(b)(ii), Australia supported prohibiting tobacco sales to persons under 18 and construed the prohibition of vending machines as referring to self-service vending machines and other self-service devices and arrangements. With regard to paragraph 2(b)(iii) on passive smoking, she would be submitting an amendment and supported the incorporation of effective measures and legislative models in a protocol. Her delegation supported the merging of paragraphs 2(b)(iv) and 2(b)(v), given their interrelationship, and would be submitting a proposal to that end.

Dr GHOUNEIM (Egypt) said that while he favoured a total ban on sales of tobacco to persons under the age of 18 in paragraph 2(b)(ii), such a ban might have the opposite effect and induce young people to smoke. Appropriate educational programmes could play a more significant role than higher taxes on tobacco. His country’s Ministry of Health had launched an educational campaign concerning the prohibition of sales of tobacco products to youth which had had a certain degree of success, even though some young people used tobacco as a way of showing their manhood.

Dr ABDILLahi (Djibouti) said the convention’s success would depend on the effective worldwide application of tobacco control programmes. Such programmes required not only political will but also financial resources, and, accordingly, some countries were succeeding in diminishing local consumption of tobacco, while others were unsuccessful and saw tobacco consumption and related mortality rise. That two-speed struggle against tobacco had serious consequences. Since there were fewer openings for their activities in countries with the necessary political will and resources to wage a tobacco control campaign, multinational corporations and major tobacco industries were now targeting the least developed countries. Yet the struggle against tobacco addiction should be homogeneous and should have a uniform driving force throughout the world. To that end, the international organizations and industrialized countries should support tobacco control programmes in the developing world and seek to ensure that they all moved in the same direction, towards effective reduction in tobacco consumption and related mortality.
Ms DE PALMA (Guatemala), referring to paragraph 2(b)(i), endorsed the comments by Argentina and the United States on tobacco taxes. It was a very complex subject that touched on domestic policies. In many countries, tax on tobacco was inseparable from tax on other substances. Developing countries were particularly vulnerable to smuggling, which would be likely to increase if a disproportionate tax increase was introduced. New taxes on tobacco were not a viable solution and, for the developing countries, would only create an additional problem.

Ms COSTA E SILVA (Brazil) said that her country’s health ministry had a well established tobacco control programme, making it possible to use the public health sector to decentralize tobacco control activities, reducing their costs and increasing their geographical and demographic coverage. That was in line with the strategy outlined in paragraph 2(a), which should perhaps incorporate a recommendation to countries instead of a strategy.

In respect of the third indent in paragraph 2(b)(i), she suggested that the phrase “regardless of existing ad valorem rates, it should” should be inserted before “increase tax ...”. Brazil supported the prohibition of tobacco sales to young people under 18 years of age. With regard to paragraph 2(b)(iii), Brazil preferred option 2, which was more comprehensive and specified areas in which measures should be implemented to protect the health of non-smokers. She preferred option 2 for paragraph 2(b)(v) for the reasons she had cited with respect to paragraph 2(b)(iii).

With regard to paragraph 3, a designated appropriation of tax revenue was not authorized by the Brazilian Constitution, which banned assigning tax revenues to an entity, fund or expenses.

Dr LUKONG (Cameroon) agreed with most of the earlier comments about section A and favoured option 2 for paragraph 2(b)(v) on regulation of tobacco product disclosures.

Mr Forbes took the Chair.

Dr ANDEN (Philippines) said that her country concurred with the provisions in section A, strongly endorsed paragraph 2(a) which indicated that the health department should coordinate tobacco control efforts nationwide, and agreed with Australia that other ministries and departments should identify a focal point in their own areas. She endorsed paragraph 2(b)(ii) as well as the statement on the sale of tobacco to minors by the delegate of Zimbabwe. For paragraph 2(b)(iii), the Philippines favoured option 2, with the inclusion of classrooms, airport lounges and hotels in the list. For paragraph 2(b)(v), the Philippines favoured option 2.

In paragraph 2(c), the word “gradually” should be replaced by “reduce and eventually”.

Dr KIENENE (Kiribati) noted that the first phrase in paragraph 2(b)(iv), “adopt standards for the regulation of the contents of tobacco products”, implied that manufacturing tobacco was acceptable as long as certain standards were observed. But there was no such thing as a safe cigarette. The phrase gave tobacco companies room to manoeuvre and to make excuses. He therefore proposed that the paragraph should either be deleted or amended to make it clear that WHO had a mission to accomplish and would give the tobacco companies no quarter in the struggle. He supported the views of the delegate of Zimbabwe on the need to criminalize tobacco sales to youth.

Mr LOKENI (Samoa) said that the concept of prevention and protection should be thoroughly analysed. He supported paragraphs 1 and 2(a). The ultimate objective was to draft a strong convention providing a vehicle for effective national political commitment to facilitate effective implementation. Nothing should be done to create further health hazards, and cultural practices in various countries should be taken into account. He therefore supported paragraphs 2(b)(i) and 2(b)(ii) and, in the latter, would favour an age limit of 18. In paragraph 2(b)(iii), Samoa supported option 2. Paragraph 2(b)(iv) should be deleted, as other delegates had suggested. Option 1 should be used in paragraph 2(b)(v). He supported the prohibition of tax-free and duty-free sales of tobacco products in paragraph 2(b)(vi) and endorsed paragraph 2(c).
He supported paragraph 3 and agreed that further consideration should be given to the appropriate percentage. Lastly, he supported paragraphs 4 to 7.

Mr OMRAN (United Arab Emirates) proposed that paragraph 2(a) be amended to refer to the designation, within the structure of the health ministry, of a department for tobacco control coordinating efforts and activities undertaken by all other governmental bodies concerned. In paragraph 2(b)(i), mention should be made of allocating a part or percentage of tobacco taxes to tobacco control programmes and incentive activities. His delegation supported 18 years as the minimum age in paragraph 2(b)(ii) and favoured option 2 for paragraph 2(b)(iii).

Ms ROA (Panama), referring to paragraph 2(a), confirmed Panama’s support for the creation of national focal points or technical centres which would help to avoid the wasting of scarce resources in the fight against tobacco. The wording of the text should be flexible, since the issue of tobacco taxes was a complex and sensitive one, and room should be allowed for national discretion.

Her country’s experience had shown that surveillance and monitoring were the major problems with tobacco sales to youth and that lack of resources was the main reason for inadequate or non-existent surveillance. Panama suggested that any ban imposed on such sales should be included in protocols relating to general surveillance and monitoring. The legal minimum age should be set at 18.

With regard to exposure to tobacco smoke, option 1 in paragraph 2(b)(iii) dealt adequately with measures aimed at protecting the health of non-smokers, although certain elements of option 2 could usefully be incorporated in a protocol.

The Parties should give more consideration to the question of resource management and national capacity, to develop the kind of national strategies for tobacco control, health promotion and agricultural diversification provided for in paragraph 3. The issue was not only one of financial resources derived from tobacco products: if the convention achieved its objectives, tobacco tax revenue would decline, but so too in the long term would the harmful effects of tobacco consumption on public health, and the consequent expenses.

With regard to health promotion and agricultural diversification, the text should refer to the need to provide adequate resources to help cure people of tobacco dependency. Ratification of the convention must not be delayed by the inclusion of too many legal requirements. Panama endorsed the view that the public health aspect of the text should be strengthened.

Since tobacco production was a legal activity, it was essential to regulate the contents of tobacco products, not only during production but also at the final point of sale. Such regulation would not be effective, however, without quality control mechanisms capable of verifying contents at all stages; those mechanisms should be established as specialized structures with advanced technical expertise in such analyses, since the range of products on the market was extremely broad.

Dr MARINGO (Kenya), observing that all the comments made by delegates during the first reading had been summarized in the subsequent draft, asked whether the same procedure would be followed during the second reading.

With regard to tobacco taxes, despite differences in national fiscal policies, it was clear that increasing tobacco tax was a win-win situation, for higher tobacco taxes meant more revenue for governments and a reduction in tobacco consumption, both of which were desirable outcomes. Portions of tobacco tax revenue should, however, be earmarked for tobacco control activities, according to methods to be decided at the national level. Licensing of tobacco vendors was an appealing and innovative suggestion.

It was generally acknowledged that young people took up smoking because of advertising and peer pressure, but they were also very price-sensitive. For example, in developing countries, young people began smoking cigarettes in single-stick form, while their counterparts in developed countries started with packs. A ban on single-stick sales should be included among the general obligations.
addition, tobacco curricula should be developed in schools as a way of facilitating a reduction of youth smoking.

Exposure to tobacco smoke should be treated as a human rights issue, since the victims often had no say or control over their exposure. That was particularly important in a home setting, where adults often lit up in front of their children or pregnant women who were in no position to object. Children were apt to emulate their parents, in such practices.

Kenya supported regulation of the contents of tobacco products, but believed that there should be one international standard for all countries, whether developing or developed. With regard to the regulation of tobacco product disclosures, Kenya favoured option 2 in paragraph 2(b)(v), which did not differ in any respect from the regulation required by other industries.

Mr CHITANONDH (Thailand) affirmed his country’s strong support for the regulation of tobacco product contents disclosure and informed delegates who had expressed concern about the practicalities of such measures that two countries had successfully enacted laws mandating disclosure of ingredients in tobacco products. WHO had established an expert committee to deal with the technical difficulties associated with such measures, and that body would propose standards for testing methods in the near future.

Mr KATENE (New Zealand) said that the wording of paragraph 2(a) of the draft should leave it for countries to decide how and by whom national coordinating authorities for tobacco control efforts should be established. With regard to paragraph 2(b), account should be taken of the harmonization process approach used in a number of countries, and wording on that subject should be included.

Given the importance of the tobacco tax issue, the text should indicate that coordination of taxation should be based at least on internationally determined minimum tax rates. That wording would ensure that States could set higher levels of taxation than those provided for under the convention, if they wished to do so. With respect to tobacco sales to youth, New Zealand favoured setting the minimum age for such sales at 18 years.

Where exposure to tobacco smoke was concerned, his delegation preferred option 2 of paragraph 2(b)(iii), although that detailed text left out whole segments of populations, such as workers: that shortcoming might be offset by the addition of a clause on smoke-free workplaces and public places, requiring States continuously to improve protection against exposure to smoke at those venues.

New Zealand supported option 2 of paragraph 2(b)(v) on the regulation of tobacco product disclosures, but considered that its wording should stress the need for disclosure by both domestic and importing tobacco companies. His delegation also strongly endorsed the prohibition of tax-free and duty-free sales of tobacco products.

Paragraph 6 was a crucial part of the draft convention and should become paragraph 1, since it emphasized the fact that the framework convention was a minimum standard which Member States should not only meet, but should also exceed if possible.

Ms VILLAMIZAR (Venezuela) said that while there was clearly a need for general obligations in the convention, account should also be taken of national interests. In that regard, provisions relating to fiscal policy should acknowledge that such matters were affected by national legislation. Some reference should be made in the text to the need to take account of the general economic situation of Member States that were being asked to increase taxation as a means of reducing tobacco consumption.

The minimum age for the sale of tobacco products should be set at 18 years. With regard to exposure to tobacco smoke, Venezuela favoured option 2 of paragraph 2(b)(iii), but considered that public and private health centres and institutions should be added to the list of venues at which protection from smoke should be afforded. The text should also indicate that at least half the surface area of all cafes or restaurants and other premises where the main activity was the serving of food and beverages should be smoke free.
Venezuela preferred option 2 of paragraph B.1 on advertising, promotion and sponsorship, but believed that further discussion was needed on paragraph B.2, to ensure that there was no contradiction with existing domestic legislation. Her delegation proposed that the text should allow information gathering activity on advertising practices to be effected at the industry rather than the individual enterprise level.

The term “tobacco companies” in paragraph B.3 should be replaced by some term such as “those that infringe the law”, so as to cover all offenders, whether public or private institutions, organizations or individuals. The title of section D should be changed to “Combating the illicit trade in tobacco products”, in order to reflect the fact that smuggling was only one part of illicit trade. That proposal notwithstanding, the issue of smuggling should be dealt with in a separate protocol.

The meeting rose at 18:45.
SEVENTH MEETING

Thursday, 19 October 2000, at 10:40

Chairman: Mr C.L. NUNES AMORIM (Brazil)
later: Mr J.V.R. PRASADA RAO (India)
later: Mr C.L. NUNES AMORIM (Brazil)

DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: (Item 8 of the Agenda) (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2 Add.1) (continued)

The CHAIRMAN said that, although the work of the Intergovernmental Negotiating Body was progressing slowly, it seemed important to have a first reading of the draft text of the framework convention in plenary before dividing into working groups. That process would give delegations a “sense of ownership” of the draft prepared by the Secretariat. The framework convention was a more complex legal instrument than a mere declaration or statement, and the negotiations were bound to take some time - the exact length of time depending on the self-discipline exercised by speakers.

He invited the Body to consider Part II, Section B of the proposed draft elements of the framework convention (Document A/FCTC/INB1/2), dealing with advertising, promotion and sponsorship of tobacco products.

II. OBLIGATIONS (continued)

B. Advertising, promotion, and sponsorship

Professor AUNG (Myanmar) suggested that, in paragraph 1, the two options should be combined as follows: “to prohibit or impose appropriate restrictions on tobacco advertising, marketing, promotion and sponsorship with the aim of reducing the appeal of the products to people of all ages, especially children and adolescents”.

Dr REDDY (India) said that the framework convention should not distinguish between advertising, sponsorship and promotion aimed at children or adolescents and that aimed at other age groups, although the same distinction might not be needed in the case of marketing. He suggested the following wording for paragraph 1: “the parties in accordance with the means at their disposal and their capabilities, undertake to prohibit all forms of tobacco advertising (both direct and surrogate), promotion and sponsorship, and prohibit all forms of marketing aimed at children and adolescents”.

The CHAIRMAN said that he, personally, did not understand why marketing should be treated differently from advertising, promotion or sponsorship, as it was his understanding that the term included those aspects.

Dr AL-DEEN SALEH (Jordan) and Professor HAMAD (Sudan) supported option 1 but considered that the prohibition of tobacco advertising, marketing, promotion and sponsorship should apply to material aimed at all age groups, not merely children and adolescents.

Dr RANAWEERA (Sri Lanka) said that the adoption of either option in its current form would amount to a victory for the tobacco industry. Partial bans on advertising had been adopted in many countries with little effect in reducing consumption. The framework convention must provide for a total ban on the direct and indirect promotion of tobacco products to persons of all ages. The tobacco
industry must not be able to cite the convention in support of any claim that a partial ban on advertising could be effective.

The framework convention should also address the issue of cross-border advertising in order to protect developing countries such as his own. That issue belonged in the framework convention itself, rather than in a protocol.

Dr AL-BEDAH (Saudi Arabia) said that his country had received guidance from the World Bank and WHO in respect of tobacco advertising, promotion and sponsorship. Those practices were banned in some regions of the country, but cross-border advertising still posed a problem. He supported option 1 which, he suggested, should be amended to read: “to prohibit tobacco advertising, marketing, promotion and sponsorship for all groups in society, including children and adolescents”. It was particularly important that the ban should apply to advertising at sporting events, and sports federations should refuse to accept such advertising or sponsorship.

Dr BAKHTURIDZE (Georgia) suggested that paragraph 1, option 1 should read “gradually to restrict all forms of advertising, marketing, promotion and sponsorship of tobacco products, eventually leading to a complete ban, with the aim in particular of reducing the appeal of these products”. In paragraph 3, the word “satisfactory” should be deleted, to read: “Each Party shall ensure implementation of restrictions…”.

Dr NJALSSON (Iceland) suggested that the second half of option 1 should be deleted, so that it would read: “to prohibit tobacco advertising, marketing, promotion and sponsorship”. The issue of cross-border advertising should be addressed in the convention.

Mrs SHAHAR-BEN AMI (Israel) said that, owing to the prevalence of cross-border advertising, which undermined national tobacco control measures, it was important to develop a global restrictive standard for tobacco advertising. As advertising aimed at adults was also seen by children, all advertising should be regulated. The need to protect public health prevailed over any potential infringement of freedom of speech or employment. Her delegation had formulated a wording which combined options 1 and 2, which it would submit to the Secretariat.

Dr LUKONG (Cameroon) supported option 1, although the ban should apply to all groups and not just children and adolescents. She considered that marketing, i.e. questions relating to the sale of tobacco products, should be dealt with separately. If the text called for a total ban on advertising, there would be no need for paragraph 2, which dealt with the obligation of tobacco companies to disclose their advertising expenditure.

Dr ESPINOZA MURRA (Honduras) suggested that option 1 should be amended to read: “To prohibit and penalize tobacco advertising …”. In one case in Honduras, tobacco advertisers had obeyed the letter of the law by displaying a health warning on television advertisements, but the warning had flashed past so fast and in such small print that it was illegible. At the end of option 1, the words “or prohibit” should be deleted, since advertising that was not intended for children or adolescents would presumably be broadcast only after 21:00 and a ban on such advertising would not be possible under the legislation of Honduras, for example.

Mr ALLOUCH (Morocco) suggested that paragraph 1, option 1, read: “To prohibit tobacco advertising, marketing, promotion and sponsorship targeted at all age groups and to prohibit tobacco advertising in public places”.

Ms LYNCH (Canada) said that her country planned to introduce a total ban on sponsorship by 2003. The framework convention should also prohibit free distribution of tobacco products and
incentives such as gifts, coupons, rebates, competitions and frequent-purchaser programmes. She agreed that tobacco companies should be obliged to disclose their expenditure on advertising and promotion, as that would give a clearer picture of their activities. Effective enforcement and appropriate penalties would be needed in order to ensure compliance.

Ms SUH Mee-Kyung (Republic of Korea) supported option 1, although the paragraph would require some amendment. The paragraph should deal with the prohibition of cross-border advertising during international events and advertising on the Internet, in order to ensure effective control of tobacco sales, especially to young people.

Mrs BOCCOZ (France) said that the European Union, of which her country currently held the presidency, had introduced legislation banning tobacco advertising on television and the sponsorship of television programmes by tobacco companies. The Member States had adopted various approaches in their legislation against tobacco advertising. The international strategy must be stringent, but sufficiently flexible to adapt to different situations. She suggested that options 1 and 2 should be combined along the following lines “to impose appropriate restrictions on all forms of advertising, marketing, promotion and sponsorship of tobacco products, including a ban on cross-border advertising and without prejudice to more stringent national regulations, with the aim in particular of reducing the appeal of these products to children and adolescents”.

The European Union supported the proposal to prepare a protocol to the framework convention dealing with tobacco advertising. The obligation in paragraph 2 for tobacco companies to disclose their expenditure on advertising and promotion would provide useful information for the planning of public health strategies; however, it would not be required if there were a complete ban on tobacco advertising. The issues of accountability, fines and the funding of enforcement activities should be dealt with at national level rather than in an international treaty.

Mr HUSSEIN (Kuwait) commented that the prohibition of tobacco advertising, marketing, promotion and sponsorship was the most important provision of the convention. It was important to stress the danger of tobacco for health and its economic consequences. His delegation supported option 1, with removal of the words “regulate or”, such that it constituted a complete ban for people of all ages.

Ms KERR (Australia) said that her delegation supported a strong commitment in the framework convention to curtail and, where possible, prohibit tobacco advertising, promotion and sponsorship. Both direct and indirect forms of advertising and point-of-sale advertising should be recognized. The problem of cross-border advertising resulting from television and cable coverage of tobacco-sponsored international sporting events should be clearly specified as domestic legislation could not address that issue other than by banning the broadcast of international tobacco-sponsored events. Option 1 as it now read might be difficult to implement on an international basis. She therefore proposed that it be amended to read: “to regulate and, where possible, prohibit tobacco advertising, (including point-of-sale), marketing, (both direct and indirect), promotion and sponsorship…”. The text should also include an obligation for Parties to impose regulatory restrictions on tobacco sponsorship of international sporting and cultural events and to cooperate in phasing out tobacco sponsorship of such events in the near future.

Her delegation would support a protocol setting out more precise details of the framework convention’s provisions on advertising and how those obligations could be implemented.

Dr CARIS (Chile) supported option 1 in paragraph 1 with several amendments which he would submit in writing. A distinction should be made between advertising, promotion and sponsorship and marketing. Whereas the Chilean constitution would allow a ban on advertising, promotion and sponsorship for people of all ages, marketing should be banned only for children and adolescents.
Turning to paragraph 4, he said that it would be useful to hold an international forum during the drafting of a protocol to help raise national and international public awareness.

Dr PYAKALYIA (Papua New Guinea) said that his delegation, like that of Australia was in favour of a total ban on advertising, promotion and sponsorship. That must be an international effort. He suggested that the Intergovernmental Negotiating Body give credit to the airlines that had banned in-flight smoking. He further proposed that the Body consider establishing mechanisms to deal with unacceptable levels of smoking by famous actors in films, as local censorship bodies were inadequate to address the matter.

Ms DJIONEVA (Bulgaria) said that her delegation preferred option 2 of paragraph 1, given the international aspect of the framework convention. She considered that further wording was needed to include a ban on cross-border advertising, calling for international cooperation. A more detailed approach to advertising and promotion could be laid out in an additional protocol.

Her delegation considered, however, that the penalties and enforcement mechanisms mentioned in paragraph 3 were national rather than international questions: it was up to Member States to determine measures, in accordance with the convention.

Ms DJAMALUDIN (Indonesia) said that, although her delegation preferred option 1 in paragraph 1, the wording did not fully reflect the international commitment to the problem, and she suggested that prohibition of cross-border advertising and sponsorship be added.

Dr GHOUNEIM (Egypt) recalled that the tobacco companies placed their trademark on a variety of products, from matches to suitcases, some of which were designed for children, such as chocolate cigarettes. Ministries of health must be aware of such concealed advertising. His delegation preferred option 1 but suggested that the words “targeted at children and adolescents” be replaced by “targeted at all age groups”, because advertising targeting adults also reached children.

Dr AL-MALA (Qatar) supported the suggestion of the previous speaker.

Ms COSTA E SILVA (Brazil) said that although option 1 was the ideal, in her country a total ban on the advertising, marketing and promotion of tobacco products would be unconstitutional. She suggested that option 1 include a clause making provision for a possible future constitutional amendment in countries where such a ban was unconstitutional. A bill had been submitted to the Federal Senate in her country which would allow advertising only inside points of sale and would prohibit sponsorship of cultural and sports events by tobacco companies. Her delegation called for a detailed protocol on the issue, which should be negotiated in parallel, setting out appropriate rules and procedures that allowed for the strategy’s complexity.

Mr BEN SALEM (Tunisia) said that his delegation was in favour of prohibiting advertising, promotion and sponsorship in all their forms and for all age groups. Prohibiting advertising that targeted certain age groups and permitting it for others would be difficult to enforce in practice. The framework convention must give priority to combating cross-border advertising and should build international cooperation to that end. Prohibiting advertising nationally would serve no purpose if it could be broadcast across borders by satellite television.

His delegation, considered that the title of the convention should be the framework convention on the control of tobacco consumption.

Mr ABDEREMANE (Comoros) said that his delegation supported option 1, but proposed after “adolescents” addition of the words “women of reproductive age and all social levels”.

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Mr FARIAS ALBUQUERQUE (Peru) said that his delegation preferred option 1, but suggested several changes. The word “marketing” should be deleted as it could also be interpreted to mean “sales”. If it were retained, he suggested that the following phrase be added: “as well as marketing which targets children and adolescents”. His delegation was opposed to the inclusion of a reference to “direct and indirect” advertising, because the tobacco industry had found ways around such distinctions. For example, international marketing experts employed by the industry claimed that advertising inside or on top of taxis was not indirect, but personal advertising.

Dr ROA (Panama) said that in order to reconcile the international scope of the framework convention with national legislation, her delegation preferred option 2, with a few changes. Adoption of that provision would not prevent countries from moving more swiftly towards total prohibition. She proposed that option 2 read as follows “to impose appropriate restrictions and sanctions on the advertising and promotion of tobacco products at national and cross-border level as well as the marketing of tobacco products, with the aim in particular of reducing the appeal of these products to children and adolescents and curbing their access to them”. Protocols should be formulated to cover all aspects of national and cross-border activity.

Dr HUERTA MONTALVO (Ecuador) asked whether it was possible legally to prohibit the advertising of permitted substances. Furthermore, it was well known that many drugs, although prohibited, continued to be consumed. He noted that the European Community had recently revoked its directive on tobacco advertising.

Mr BURCI (Legal Counsel) said the legal situation varied from one country to another and also depended on the degree of regulation of permitted products, some of which were subject to regulations that could limit or even prohibit advertising for certain reasons. Consequently, depending on the national legal system, there might be no contradiction between permitting use of a product and placing restrictions on certain forms of advertising, marketing or promotion of the product.

Dr HUERTA MONTALVO (Ecuador) welcomed the idea of prohibiting or imposing restrictions, depending on the legislation in each country. That would be a conciliatory text which accommodated all positions.

The CHAIRMAN said that he had been informed that the European Community Directive had been annulled because the legal basis of the decision had been found to be unsound.

Mr LOKENI (Samoa) stressed the impact of offshore advertising and promotion conveyed by the media and other means, especially in sports sponsorship and entertainment. Samoa supported option 1, but suggested that it read: “To prohibit all tobacco advertising, marketing, promotion and sponsorship and regulate for tobacco control all tobacco efforts targeted at all age groups”.

Mr BENFREHA (Algeria) said that his delegation preferred option 1 but suggested addition of the words “direct and indirect” before “advertising”. He also proposed that the provision apply to all age groups. He suggested that paragraph 1 be simplified by deletion of the words “in accordance with the means at their disposal and their capabilities”, it being understood that the States Parties to the framework convention had every power and means to prohibit advertising. Algeria favoured formulation of a protocol to specify details and establish the mechanisms for international cooperation with regard to cross-border advertising.

Mr CHOWDHURY (Bangladesh) supported a total ban on advertising, marketing and promotion of tobacco products provided that it were compatible with national legal systems. He would welcome a separate paragraph on cross-border advertising. It was not clear whether financial support to health and social causes would also be banned under the provisions of section B. Countries should
be allowed to decide whether funds could be used for such purposes in accordance with the principle of “the polluter pays”.

Dr HOU Peisen (China) was in favour of option 2 in paragraph 1. However, paragraph 2 should be deleted since it would be difficult to collect accurate data on the expenditure of tobacco companies on advertising and promotion. He suggested that paragraph 3 be amended to read: “Each Party shall ensure that appropriate measures are taken and various restrictions are effectively implemented …”. The specific measures listed in paragraph 3 should be the subject of a separate protocol as laid down in paragraph 4.

Mr PAVELSONS (Latvia) considered that paragraph 1 should be flexible enough to meet the interests of all Parties but should make provision for the gradual introduction of stringent regulations. He said that efforts to reduce the appeal of tobacco products should be extended to cover all age groups. He also supported France’s proposal on cross-border advertising. He therefore proposed that paragraph 1 read: “The Parties … undertake to impose appropriate restrictions on the advertising, including cross-border advertising, marketing and promotion of tobacco products and to further gradual introduction of the total prohibition of direct as well as indirect advertising of tobacco products.”

Dr ABDILLAHI (Djibouti) expressed support for option 1 with the amendments tabled by Cameroon whereby advertising and marketing would be dealt with in two separate paragraphs. The first supplementary paragraph would impose a ban on advertising, including cross-border advertising, in respect of all age groups; the second would stipulate that marketing, or tobacco sales, would be strictly regulated and banned altogether with respect to children and adolescents.

Mr Prasada Rao took the chair.

Dr AL-LAWATIYA (Oman) proposed that option 1 of paragraph 1 read “to prohibit all tobacco advertising, direct and indirect, marketing, promotion and sponsorship.” Cross-border advertising should be clearly mentioned in the convention and further detailed in the relevant protocol. He proposed the insertion in paragraph 2 between “disclose” and “all” of “in detail”, and the replacement in paragraph 3 of “restrictions” by “the total ban”.

Mr KATENE (New Zealand) noted that a recent World Bank report had indicated that only a total ban on advertising, sponsorship and promotion would be effective. It was therefore gratifying that there had been such a high level of support for option 1. Amendment of option 1 to read: “to prohibit all tobacco advertising, marketing, promotion and sponsorship” would ensure that it covered both direct and indirect advertising and all age groups.

Dr SOVINOVÁ (Czech Republic) endorsed the views expressed by France on behalf of the European Union, and supported the elaboration of a protocol on advertising and sponsorship.

Mr BATIBAY (Turkey) supported a total ban on tobacco advertising, marketing, promotion and sponsorship in view of the epidemic proportions of tobacco consumption and because it would be impracticable to make a distinction between children and adolescents and others. He therefore proposed deletion of the words “targeted at children and adolescents, and regulate or prohibit those targeted at others” at the end of option 1. Marketing should be dealt with in a separate paragraph. He also expressed support for France’s proposal, on behalf of the European Union, that a protocol be formulated to address on advertising, including cross-border advertising, in detail.
Dr STAMPS (Zimbabwe) asserted that any form of advertising control was doomed to failure unless it was accompanied by focused and unequivocal messages to the general public, particularly the targeted groups, highlighting the threat to health. Moreover, a total ban on tobacco advertising would impinge on health education by making it impossible to use tobacco products in health education promotion. The consequence of a company demanding its right to advertise a legal product had not yet been appropriately explored and the very process of contesting in the courts the right to advertise a product would increase public awareness of it more effectively than any voluntary or legislative requirement to inform users of the consequences of using the product. He therefore proposed that paragraph B.1 should read: “The Parties undertake to prohibit all forms of advertising, promotion and sponsorship of tobacco and its products which does not conform to protocols and disclosure requirements at all levels”.

Dr BHUMISWASDI (Thailand) expressed support for option 1 but proposed the deletion of the words “targeted at children and adolescents and regulate or prohibit those targeted at others”. She also proposed that the word “sponsorship” be inserted between “advertising” and “and” in paragraph 2.

Mr FORBES (United States of America) supported option 1, but proposed that the words “targeted at” be replaced by “that appeals to”, since it was possible for advertising to appeal to children and hence encourage them to smoke even if it was not consciously targeted at them. His Government was in favour of a requirement for health warnings on all tobacco product advertising, as well as a prohibition of false, misleading, unsubstantiated, or otherwise deceptive claims in any tobacco product advertising. He supported provisions obligating parties to require tobacco companies to report annual advertising, marketing and promotional expenditure and annual sales, and to disclose such information to the public. Finally he supported the simultaneous development of a separate protocol on advertising, promotion and sponsorship.

Dr ZENKEVICH (Belarus) expressed support for option 2, but considered that restrictions should also cover discounts for purchasers of tobacco products and participation in competitions and lotteries. The scope of option 2 should be extended to cover all age groups and cross-border advertising should be included.

Dr KIENENE (Kiribati) was in favour of option 1 but proposed the insertion of the words “all forms, direct or indirect, including brand-stretching of” between “prohibit” and “tobacco”, the deletion of the word “marketing”, the replacement of the words “children and adolescents” by “all age groups” and the deletion of the phrase “and regulate or prohibit those targeted at others”. Marketing should be addressed in a separate paragraph.

Dr HETLAND (Norway) pointed out that Norway had introduced a total ban on tobacco advertising in 1975. Since then research had demonstrated that consumption had substantially decreased among all age groups. He was in favour of option 1 but proposed the replacement of the words “children and adolescents, and regulate or prohibit those targeted at others” by “all age groups”.

Dr DÜRLER (Switzerland) expressed support for option 2, since it would be impracticable to make a distinction between children and adolescents and other age groups as proposed in option 1. He endorsed the suggestion to delete the words “in accordance with the means at their disposal and their capabilities” from paragraph B.1 and supported the elaboration of a protocol which should include cross-border advertising.

Mr ESCOBAR GUERRERO (European Community) pointed out that although Directive 98/43/CE relating to tobacco advertising and sponsorship had been repealed, the cross-border television directive, which imposed a total ban on all tobacco advertising and sponsorship in television broadcasts, was still in force.
Dr MARINGO (Kenya) strongly supported the positions taken by Canada and Norway. In addition, in the light of the difficulties associated with the banning of tobacco advertising and cross-border advertising, his delegation favoured the inclusion of strong anti-tobacco advertising, in addition to a possible ban on all forms of tobacco advertising, promotion and sponsorship.

Mr NUNES AMORIM took the Chair.

Mr DIOP (Senegal) supported option 2 for paragraph B.1, whose scope should, however, be extended to cover the entire population, by amending the provision to read: “to impose appropriate restrictions on the advertising and promotion of tobacco products, with the aim of reducing the appeal of the use of these products to the public in general, and to children and adolescents in particular.”

Mr CULLEN (Argentina) said that, as the World Bank report on tobacco control made clear, a ban on tobacco advertising must be total in order to be effective. His delegation therefore supported option 1, in wording designed to circumvent any constitutional obstacles to the imposition of a total ban. It also supported paragraphs 2, 3 and 4, with the addition of a specific reference to the problem of cross-border advertising.

Mrs ALEXIS-THOMAS (Trinidad and Tobago) supported option 1, and, in particular, the inclusion of a specific reference to marketing, as Benson and Hedges was currently marketing its products aggressively in Trinidad and Tobago. Her delegation also supported the inclusion of direct or indirect advertising and brand-stretching, as well as international action aimed at all age groups, and in particular at women. The ban on sponsorship should cover not only sponsorship of sports and entertainment, but also that of media events, educational activities and other forms of competition. It was important to discourage the perception of tobacco companies as responsible, benign and cooperative citizens offering entirely legitimate sources of funding.

Dr GAMARA DE CACERES (Paraguay) supported the option proposed by Chile and Peru, with the reference to marketing omitted so as to simplify matters. She also supported the Brazilian proposal, since implementation of the provision in Paraguay would require a constitutional amendment. Advertising was responsible for tobacco use having become a social problem of epidemic proportions. A total ban on advertising would thus curb the epidemic, with knock-on effects on marketing, production and conversion to alternative uses and crops. Developing countries in the Americas and Asia were being inundated with advertising by tobacco companies bent on pursuing their own ends, and a firm approach was thus called for, particularly with regard to misleading advertising targeted on children and adolescents.

Dr FARSHAD (Islamic Republic of Iran) supported option 1, which his delegation proposed amending to read: “to prohibit direct and indirect tobacco advertising, marketing, promotion and sponsorship targeted at all sections of the population, with special emphasis on cross-border advertising resulting from sponsorship of international events.”

Mrs SOSA MÁRQUEZ (Mexico) supported the proposals to include a clause providing for the enactment of more stringent measures at the national level. A future protocol should deal with health warnings and, in countries where they were permitted, restrictions on advertising time, as well as controls on misleading advertising and on sponsorship. Lastly, she pointed out that a different translation should be found for the term “marketing”, as the Spanish word comercialización covered distribution to the retailer, retail sales and sale by the producer.

Dr KANGOYE (Burkina Faso) said that his country’s experience had shown that a total ban on advertising was easier to apply than partial restrictions. He therefore supported a total ban as provided
for in option 1, as well as deletion of the words “the means at their disposal”, in the opening line of paragraph 1.

Mr MALIJANI (Zambia) supported option 1 with the deletion of the word “marketing” and of the reference to targeted age groups. Paragraph 2 might prove difficult to implement, as it hinged on disclosure of confidential information, which in any case seemed to be of no value to the general public. His delegation supported paragraph 3 as it stood.

Mr KARPEEV (Russian Federation) said that, if restrictions were to be imposed on tobacco advertising, mention must be made of the need for active counter-publicity measures.

Mr BARRY (Guinea) supported option 1, which should, however, be amended to take account of both direct and indirect advertising, and to cover all age groups. He also supported the proposal made by France on behalf of the European Union, that an exhaustive protocol on cross-border advertising should be elaborated. The issue of marketing should be dealt with in a separate paragraph.

Mrs THIBELI (Lesotho) said that tobacco companies must be discouraged from providing free tobacco products to their employees as an insidious form of promotion, particularly in the light of the increase in the number of female employees.

Mrs LE THI THU HA (Viet Nam) said that, in line with her country’s national tobacco control policy, her delegation favoured option 1, amended to read: “to prohibit all forms of tobacco advertising, marketing, promotion and sponsorship targeted at all age groups”.

C. Treatment of tobacco dependence

Professor HAMAD (Sudan) proposed amending the title of section C to read “Treatment of tobacco addiction”, in view of the fact that WHO had allocated nicotine a serial number in the tenth edition of the International Classification of Diseases. The Negotiating Body should also request WHO to produce guidelines for the treatment of addiction and for assisting persons wishing to stop smoking for use by developing countries lacking resources in those areas. Suggestions should also be made for treatment in clinics.

Dr MULA HUSSEIN (Kuwait) said that tobacco control measures and treatment of tobacco dependence must go hand in hand. Developing countries needed expertise and information in that field, with provision of clinics to assist persons dependent on tobacco. Nicotine replacement products must be made affordable and generally available.

Dr AL-LAWATIYA (Oman) supported the proposal by the Sudan to change the word “dependence” in the title, to “addiction”. In addition, the words “primary health programmes,” should be inserted before the phrase “reproductive health programmes such as ‘safe motherhood’ programmes” in paragraph 3(b). The convention should also call on pharmaceutical companies to make inexpensive tobacco addiction treatment available to all developing countries.

Mr TAKAKURA (Japan) said that his Government strongly supported inclusion of treatment of tobacco dependence in the framework convention. It was extremely important to provide professional support to smokers wishing to give up smoking who were unable to do so because of dependence. Paragraph 3(b) was too narrow in scope in that it referred to integration of the treatment of tobacco dependence in reproductive health programmes. Many other areas were of strategic importance in that regard, however, one example being a new strategic plan for health promotion entitled “Health Japan 21”, launched by Japan’s Ministry of Health and Welfare in March 2000, which included the target of making smoking cessation programmes available in all 3300 cities, towns and villages in Japan by the
year 2010. With that experience in mind, his delegation proposed that paragraph 3(b) should be expanded, perhaps by replacing the reference to “reproductive health programmes” by a reference to “national health plans or strategies”.

Mr CHOWDHURY (Bangladesh) said that since many developing countries lacked any clinically acceptable treatment programme, no mandatory requirements should be imposed in that area, but States should be urged to strive to achieve obligations stated in general terms. Provision should be made for technical and financial support from international organizations, including WHO.

Mr SAINT-PAUL (France), speaking on behalf of the European Union, said that the term “treatment” was too restrictive and suggested that the issue be broadened to include “measures to combat tobacco dependence”. With regard to the order of sections within the convention, section H, which concerned prevention, should properly come before a section on treatment. In addition, more stress should be laid on cessation than on treatment, since the latter was overly dependent on pharmacological interventions.

Mr REDDY (India), supporting the views of the delegate of Oman, suggested that paragraph 3(b) be amended to read, “Integration of the treatment of tobacco dependence into all national health programmes, as feasible”, so that none of the many opportunities for interaction between health care providers and the community was missed.

Professor AUNG (Myanmar) suggested that a paragraph be added on financial support and WHO support to assist developing countries in the development and implementation of treatment programmes.

Ms COSTA E SILVA (Brazil) said that her delegation regarded section C as a key component of the framework convention. The proposal for a protocol on the treatment of tobacco dependence was very sound. The integration of treatment, including counselling, in public health care offered the most feasible and cost-effective strategy for developing countries.

Dr TIMTCHева (Bulgaria) said that her delegation considered the treatment of tobacco dependence to be an important part of the convention and favoured integrating the treatment of tobacco dependence into appropriate primary health care programmes, not only reproductive health programmes. Other issues that should be covered in section C were WHO’s leading role in technical expertise and international cooperation. She supported the idea of preparing a separate protocol dealing with details, rules and procedures.

Ms EDERY (Israel) said that, if possible, the term “cost-effective” should not be used when considering human lives and health, as it was in paragraph 2. With regard to paragraph 3(b), Israel’s experience had shown that the integration of smoking prevention and cessation programmes into maternity clinics was a highly effective means of reducing smoking. She therefore strongly supported the reference to that issue.

Ms KERR (Australia) said that her delegation favoured measures to reduce tobacco dependence. From a public health perspective, however, she preferred the title, “measures for smoking cessation”, which would encompass not only medical and pharmaceutical, but community and behavioural interventions as well.

Mr TADEVOSSYAN (Armenia) observed that, since smoking was not just a habit but a disease, Armenia considered it extremely important to deal with tobacco dependence, and fully supported paragraphs 3(a), 3(b) and 4. There was a need for broad international cooperation on
research into effective, cost-effective and easily available treatment. He suggested the addition of an item on the establishment of an international group of independent experts to make recommendations on the most effective and harmless types of treatment.

Dr ROA (Panama) supported the proposal to replace “dependence” in the title by “addiction”, in line with the terminology used in the International Classification of Diseases. It was important to emphasize the need for permanent programmes in paragraph 1 and it would be advisable to include counselling at all levels of health care because the large numbers of smokers in the world today would be tomorrow’s tobacco victims. She favoured a paragraph covering technical and financial cooperation. Protocols were also important and work could go on in parallel to avoid delay.

Ms SOSA MÁRQUEZ (Mexico) stressed the importance of the treatment of tobacco dependence. Together with health promotion, it was the key to the success of the convention. She suggested the addition of a paragraph 3(b) calling for the introduction of detection, counselling and treatment programmes in health centres. Paragraph 4 should address the question of technical and financial support, which would enable all countries to put programmes in place.

Mr ABDEREMANE (Comoros) emphasized the need for health professionals involved in prevention and cessation programmes to be non-smokers themselves.

Dr PYAKALYIA (Papua New Guinea) drew attention to the difficulty of providing treatment for addiction because of competition from many other problems for the limited resources available. The convention should therefore give priority to prevention and cessation of tobacco use. The introduction of treatment would certainly require financial and technical support.

Ms LYNCH (Canada) said that since stopping smoking was the single most effective thing smokers could do to enhance the quality of their lives and the lives of those around them, a multi-pronged approach to help people to stop smoking, integrating the treatment of tobacco dependence with other health care programmes, was important. Canada also recognized the need for international collaboration to examine the efficacy and cost-effectiveness of a range and mix of prevention and treatment methods. Promotional and educational campaigns were a very important way of encouraging cessation, but further research should be conducted into their long-term impact in order to ensure that money was being spent effectively. The convention was an opportunity to ensure sharing of promotional campaigns, leading to a reduction of costs associated with their development, as well as to and ensure that the most effective advertisements were used as widely as possible. Canada recognized the need for special efforts to ensure that not only youth and women, but indigenous peoples and other high-risk individuals were also reached by promotional and educational campaigns. There was a need for further research into nicotine replacement therapies as part of a comprehensive approach to the treatment of tobacco dependency.

Dr JIRÓN ROMERO (Nicaragua) suggested that the tenth edition of the International Classification of Diseases should be consulted to determine whether “dependence”, “disease”, “addiction” or “disorder” was the appropriate term.

Dr AL-MALA (Qatar) said he was in favour of replacing “dependence” with “addiction” in the title, in accordance with the International Classification of Diseases. He emphasized the need to ensure that tobacco dependence treatment programmes were available to all at reasonable cost.

Dr CARIS (Chile) said that his delegation preferred “cessation of tobacco use and dependence” as a title and agreed that definitions should be based on the International Classification of Diseases. He favoured the inclusion of counselling for all tobacco users, not only those who were dependent. Treatment should be included not only for women, children and adults in horizontal health
programmes but in secondary and tertiary health care programmes as well. Hospitalization offered a good opportunity for the treatment of tobacco dependence. It was important to combine promotional campaigns with programmes and to establish them as a permanent feature. He drew attention to the need for international and WHO support for psychological treatment. The pharmaceutical companies, for their part, should ensure that nicotine substitute products were available at reasonable cost in all countries of the world, and WHO support in that regard was desirable. Chile was in favour of a separate protocol on the subject, but believed that, since the preparation of such an instrument would take a considerable time, WHO should proceed as quickly as possible to draw up criteria for the treatment of tobacco dependence and for counselling that could be applied in all countries.

Mr VUILLÈME (Switzerland) said he was in favour of the proposal to add a new paragraph 3(c) on making nicotine replacement products easily available and accessible.

Dr DIPOKO DIBOTTO (Cameroon) supported the subsidization of chemotherapeutical treatment for tobacco dependence, as for onchocerciasis treatment.

Mr MARINGO (Kenya) proposed that in paragraphs 1 and 3(b) the word “treatment” should be replaced by “management”, to reflect non-medical aspects such as psychological counselling. He also proposed that the phrase “taking into account local circumstances and priorities” be deleted from paragraph 2: most governments underestimated the health effects of tobacco use simply because it took 20 to 30 years for them to become felt, they would tend to be given very low priority and the convention would not receive the attention it deserved.

The meeting closed at 13:00.
EIGHTH MEETING

Thursday, 19 October 2000, at 16:00

Chairman: Mr C.L. NUNES AMORIM (Brazil)
Later: Mr M. BAHARVAND (Islamic Republic of Iran)
Later: Mr C.L. NUNES AMORIM (Brazil)

DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (continued) (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2/Add.1)

The CHAIRMAN informed the meeting that the Bureau had met informally with the regional coordinators and discussed the establishment of working groups and expected output of the current session. Since the options had not been conclusive, they would be disclosed to the regions by the regional coordinators. He announced that the texts of proposed amendments or additions to the documents under discussion which had been received in writing thus far were being made available to the Negotiating Body for information and to support later discussions.

II. OBLIGATIONS

D. Measures to eliminate smuggling

Dr SANGALA (Malawi) said that his country was a major tobacco grower but did not manufacture cigarettes. Smuggling of cigarettes – whether of a genuine or counterfeit brand – had caused Malawi’s single plant to close, with the resulting loss of hundreds of jobs and, more importantly, the loss of potential tax revenue. There was also a safety issue associated with counterfeit cigarettes. The proposed convention should be unequivocal on the issue of smuggling, by which the developing countries were especially bedevilled. He therefore suggested that paragraph D.2 under option 2 should be divided into subparagraphs and would therefore read: “Each Party shall adopt appropriate measures to ensure that all tobacco products sold or manufactured under its jurisdiction carry: (a) a statement “Sales only allowed in the country where the product is to be placed on the market”; (b) the country of manufacture; and (c) a health warning in the language of the country of destination”. Paragraph D.3 under option 2 should contain an additional subparagraph to read: “(c) enact a liability regime where manufacturers and distributors are accountable for onward sales and legitimate dealers”.

Dr ALBEDAH (Saudi Arabia) said that, although his country neither grew tobacco nor manufactured tobacco products and so had no actual smuggling problems, he could foresee problems arising with regard to changes in legislation. He therefore supported option D.2, with the addition of the name of the country manufacturing the product and a health warning in the language of the country of destination. He further proposed that the word “strict” replace appropriate. The tobacco industry and distributors must be required to maintain a register of distributed cigarettes.

Dr MAUNG (Myanmar) said that his delegation favoured option 2 of paragraph D.1 which contained a provision for intercountry cooperation, a prerequisite for combating smuggling. Section D was a key component of the proposed framework convention.

Mr RYAN (European Community) said that the European Community attached great importance to the fight against smuggling and counterfeiting of any products. Many of the objectives
inherent in anti-smuggling action had a cross-border character. While smuggling was currently being discussed in several international forums and mutual assistance arrangements had been concluded, the public health aspects of the issue had not been given sufficient weight. The proposed convention should seek to make a major contribution to the fight against tobacco smuggling. In that regard it could list the public health consequences of smuggling and propose an obligation on contracting parties to combat illegal trade, using the relevant national and international tools. To that end, an information exchange mechanism could usefully be included.

Professor HAMAD (Sudan) said that his delegation supported the amendment proposed by the delegate of Saudi Arabia. With regard to paragraph 3 he further proposed that the health warning should occupy no less than 25% of the package’s surface.

Mr CULLEN (Argentina), noting that one-third of the cigarettes sold in his country were smuggled, expressed his support for the proposals of previous speakers for combating the phenomenon. While increasing taxes was one way of deterring consumption, as the delegate of the European Community had pointed out, it indirectly supported smuggling, since decreased official revenue meant that States had fewer resources with which to combat tobacco use. His delegation favoured option 2, since it provided for more stringent measures than those contained in option 1. More detailed labelling would also discourage smuggling, and round-tripping. Regional coordination was obviously vital in that field, such as coordinated taxes. In any event, it was vital that all Member States parties to the convention should adopt effective anti-smuggling measures.

Ms LAMBERT (United States of America) said that her delegation supported option 1 in paragraph D.1 for inclusion in the proposed framework convention, with the addition of the phrase “affirming that anti-smuggling measures should be transparent, non-discriminating, and implemented in accordance with international trade obligations.” The remaining paragraphs were more appropriate for inclusion in a protocol on smuggling. Such a protocol should be negotiated expeditiously as a matter of priority.

Dr AL-LAWATIYA (Oman) said that, in the light of recent reports of the tobacco industry’s orchestration of smuggling both in the developed and developing countries, and the prosecution of some companies, his delegation proposed that mention should be made of that important matter in the preamble. Under paragraph D.1, his delegation favoured option 2, under paragraph D.2 he supported Malawi’s proposal for additions to that paragraph. In paragraph D.3(a) he suggested replacing the word “improve” with “strengthen”.

Dr BAKHTURIDZE (Georgia) said that he supported option 2 under paragraph D.1 and proposed that it be expanded to cover illicit trade and production of tobacco products. He proposed the following wording: “To provide for appropriate legal, administrative and other measures for preventing and combating illicit trade and production of tobacco products, and promoting investigations, prosecutions and judicial proceedings relating to those activities”.

Mr KATENE (New Zealand) said that his delegation supported option 2 in paragraph D.1. It could be expanded to cover illicit trade by the addition of “To stop domestic illegal trade in non-duty-paid tobacco”. Mention might also be made in paragraph D.4. He endorsed the proposal that detailed information concerning smuggling should be covered in a protocol rather than in the convention itself.

Dr KARTYSH (Ukraine) said that his delegation supported option 2 of paragraph D.1, which should be expanded to include: “(a) Mandatory destruction of confiscated products; (b) strengthening
of administrative control of in-transit tobacco goods; (c) customs markings and numbering on boxes; and (d) broader coordination among control bodies”.

Ms SINIRLIOGLU (Turkey) said that, in order to avoid complications, her delegation supported option 1 of paragraph D.1, with the deletion of the term “other measures” in order to avoid any complications emanating from the vagueness of the term. She also considered that smuggling was so important a subject that the detailed point should be removed from the proposed framework convention and be reflected in a protocol.

Dr ANDEN (Philippines) observed that the illicit trade of tobacco products, being a cross-border problem, called for the cooperation of all countries. Her delegation supported option 2 of paragraph D.1. It also endorsed the view, expressed by the delegate of the United States of America, that the details pertaining to that issue should go in a specific protocol, which should be developed and negotiated expeditiously.

Dr HOU Peisen (China) said that, since his country was particularly susceptible to smuggling, his delegation supported the inclusion of that topic in the proposed framework convention itself. It favoured option 2 of paragraph D.1. It also considered that paragraph D.3 should be included in the body of the convention so that those specific measures could be implemented through that instrument.

Dr CARIS (Chile) supported the overall vision of the convention that had emerged from the discussion. His delegation aligned itself with the amendment proposed by the delegate of Argentina, suggesting the addition of a paragraph D.5 which would read “At the regional level, each Party may take the necessary measures to facilitate the establishment of bilateral or regional agreements in order to reduce smuggling and counterfeiting of cigarettes and other tobacco products”.

Mr CASTILLO SANTANA (Cuba) said that his delegation supported tough measures under section D. Smuggling caused health problems, owing to inferior products, and had a negative impact on the economies of developing countries. Paragraph D.2 should be redrafted in more general terms, allowing each State to adopt measures to control exports in line with national legislation, without contravening measures already adopted by WTO. Bearing in mind that in the preparatory meetings Member States had already agreed to a protocol on smuggling, his delegation would prefer that such specific topics should be discussed when such protocol was negotiated, and not included in the framework convention (under paragraph D.2).

Mr BEN SALEM (Tunisia), agreeing that broad international cooperation was essential, said that his delegation favoured option 2 in paragraph D.1. Different channels for imports and exports should be established, and supported by official structures. In that way States parties could ensure that products were not imported if they did not bear the stamp of their country of origin.

Dr FARSHAD (Islamic Republic of Iran) said that since smuggling was the most important aspect of the proposed convention for his country, his delegation favoured option 2 of paragraph D.1, with an amendment to reflect the application of stronger measures.

Ms DJAMALUDIN (Indonesia) suggested that measures to reduce smuggling of tobacco products should focus on effective international cooperation and action rather than on domestic regulation of sales. Her delegation therefore supported option 2 of paragraph D.1, and paragraphs D.3 and D.4, but suggested that paragraph D.2 should be withdrawn from the current session, since it would require the development of complex and costly infrastructure for licensing, control and law enforcement. While her country did not object to such efforts, the cost outweighed the benefits.
Ms KERR (Australia) suggested renaming section D, and rephrasing other references to smuggling, to “combating illicit trade in tobacco products in order to reflect inclusion of illicit activities other than smuggling”. It also supported option 2 under paragraph D.1, considering it to be more comprehensive. Australia would support a two-pronged approach to obligations in that section: an obligation covering cooperation and exchange of information among parties to combat illicit trade and production; and an obligation to take steps to improve national legislation and harmonize measures to combat illicit trade in tobacco products.

Mr KARPEEV (Russian Federation) recalled that the fight against smuggling was only part of the wider struggle against the illicit trade in tobacco products. His delegation supported option 2 of paragraph D.1 and agreed that it should be expanded with regard to punishment of violations.

The CHAIRMAN commented that delegates needed to be clear in their interventions about the difference between measures required to combat illicit internal or national trade in tobacco or other products, and illicit international trade, or smuggling. All such proposed amendments should be submitted in writing.

Mr OLIVER (Canada) said that Canada was continuing to address domestic contraband in tobacco, and was committed to international cooperation. There were, however, practical and technical concerns which required further study and consultation. Smuggling was only one element of the contraband tobacco trade and he would support measures to combat the entire illicit tobacco trade. While option 2 under paragraph D.1 was a step in the right direction, he favoured a more comprehensive marking scheme to help identify contraband products. It might be worthwhile to develop a mechanism to facilitate tracing the origins of confiscated products. He endorsed the suggestion made by the delegate of the Ukraine that all confiscated tobacco products be destroyed, and not resold. Canada supported strict controls on mail order sales.

Mr ABDEREMANE (Comoros) said that, being an island, Comoros was infiltrated by large volumes of smuggled tobacco products. Its police urgently required international support in order to combat that scourge.

Mrs BIKOUTA (Congo) expressed her conviction that the section on measures to eliminate smuggling constituted a very important component of the proposed framework convention. In her country, half of the cigarettes sold came from neighbouring countries; smuggling was the main source of income for many families. In view of that social and economic problem, the combating of smoking proved all the more difficult, calling for both international and subregional cooperation. She favoured option 2 under paragraph D.1, together with the formulation of an additional protocol on that issue as suggested by previous speakers.

Dr COSTA E SILVA (Brazil) expressed her delegation’s strong support for a separate protocol on smuggling, in parallel to the proposed framework convention, as an international approach was required to counteract contraband. Thirty per cent of the cigarettes in Brazil were smuggled goods. A number of measures had been taken by the Ministry of Finance, including changes in export regulations, tax increases on tobacco products, border controls and specific stamps, but none had been successful. She was in favour of option 2 under paragraph D.1, as being the more comprehensive measure. She also agreed with previous speakers that counterfeits and other forms of illegal trade should be covered in that provision.

Dr STAMPS (Zimbabwe), while agreeing with many previous submissions, thought that section D should not merely address the issue of smuggling. He proposed that the title be re-drafted to read “Measures to eliminate smuggling and illicit trade and sale of DNP (duty not paid) tobacco”, so
as to cover every form of illicit procedure. Both options under paragraph D.1 were, in his delegation’s view, too weak. Smuggling should always be treated as a criminal offence and he therefore proposed that option 2 should be reworded as follows: “to institute criminal proceedings in all instances of smuggling and provide for appropriate legal, administrative and other measures to prevent and combat illicit trade and the sale of duty-not-paid tobacco products”.

He had already suggested that paragraph D.2, which was incomplete, should be included under section A.1 and considered that it should also be fleshed out to take the form of a protocol under paragraph D.4.

In paragraph D.3, he agreed with the proposal that the word “improve” be replaced by “strengthen” and that after the word “national”, the words “and international” should be added before “administrations”.

The title of paragraph D.4 should be expanded to include the words “and illicit trade and duty-not-paid sales of tobacco products”.

He proposed an additional paragraph D.5, headed “international support for countries whose internal policy and legal structures are inadequate and who request assistance”. That was important for countries in which the policing system was under stress.

In his view, the phrase “in accordance with the means at their disposal and their capabilities”, provided a loophole for any country wishing to evade its responsibilities. It should be deleted.

Dr PRASADA RAO (India) agreed with previous proposals to reword the title of section D in broader terms, including the phrase “combating illicit trade”. He was in favour of adapting option 1 under paragraph D.1 as the text of the second part of option 2 contained procedural issues such as cooperation between countries, which were already partly reflected in subparagraph 3(a). He proposed that paragraph 3(a) be expanded to read: “improve cooperation between different national administrations in promoting investigations, prosecutions and judicial proceedings relating to the smuggling of these products”.

Mr KABA KASHALA (Democratic Republic of the Congo) said that, whereas the proposed framework convention stressed cooperation between administrations, he felt that mention should also be made of legal cooperation, so as to be able to override obstacles which would protect national citizens who had infringed the law. Smugglers should be handed over to their country of origin and they should be denied any form of immunity. He recommended an extension of jurisdiction in such cases on the understanding that such persons could be pursued on foreign soil subject to orders from the public prosecutor, even in the absence of any victim’s complaint. Such legal measures would help discourage trade in such a poisonous product.

Dr KAVCOVA (Slovakia) said that her delegation preferred option 1 under paragraph D.1 and that other measures concerning smuggling should be contained in a separate protocol on its elimination. Slovakia supported the Tax Stamps Act, as a national measure to curb smuggling in tobacco products.

Mr ALLOUCH (Morocco) said that he favoured option 2, under paragraph D.1, which covered most, if not all, ways of combating smuggling.

He commented on the Arabic text of option 2, which he felt was ambiguous, as it was unclear whether the measures were “legal” or “legislative”.

Mr SHIVUTE (Namibia) expressed his support for option 2 of paragraph D.1 and suggested that action on smuggling should focus on international cooperation between States. Namibia therefore supported the suggestion that under the proposed framework convention, there should be a regular exchange of information between States, facilitated by an international body such as WHO. Such information might, *inter alia*, include the names of guilty contraband traders, the code numbers of
smuggled cigarettes and the name of the tobacco company that had manufactured the smuggled products.

Dr GHOUNEIM (Egypt) expressed a preference for option 2 and proposed that tobacco smugglers should be placed on the same footing as drug smugglers. He consequently felt that option 2 should be reworded so as to indicate that similar legal and administrative measures to those adopted in drug control activities should be put into place.

The CHAIRMAN outlined a number of salient points. In the debate, emphasis had been laid on illicit trade as a broader concept than simply smuggling and discussion had ranged over areas to which all delegates attributed great importance. He sensed a slight preference for option 2, possibly with some modifications, although certain delegates had expressed support for option 1. Proposals had been made for the addition or deletion of various paragraphs, which would be closely considered.

E. Packaging and labelling

Mr Baharvand took the Chair.

Ms LYNCH (Canada) believed that consumers had a right to full information on the products they used. Successful tobacco control would depend, to a large extent, upon increasing the number of informed consumers making healthy choices. She supported option 2 as a basis for further discussion; full advantage should be taken of the opportunity for information dissemination offered by tobacco packaging. All packages should bear easily understandable health warnings, providing additional health information and directing consumers to health programmes and services. The package was the most important communication tool available, as it was seen by all smokers and potentially by all those with whom they came in contact.

Research showed that larger size warnings were more effective than smaller ones; hence she supported the suggestion that such messages should occupy the top 50% of the major display surfaces. Similarly, colour pictures were more effective than text alone, as they transcended the barriers of illiteracy and multiple languages. Canada further agreed that there should be no opportunity for false, misleading or deceptive information on the package and consequently suggested adding a requirement for disclosure on it of important constituents.

Dr AL-DEEN SALEH (Jordan) expressed his preference for the second option under section E, subject to slight amendment. He proposed a pictogram illustrating the harmful consequences of tobacco consumption on each packet, together with a health warning in the principal language of the country where the tobacco product was sold, covering no less than 30% of the package.

Professor AUNG (Myanmar) said that, since the majority of the people in Myanmar and neighbouring countries smoked tobacco products such as cheroots, bidis and cigars, he favoured the inclusion in paragraph 1(a), of the words “or similar products” before the word “shall”, in order to cover all such products.

Mr BUKURU (Burundi) expressed his support for the proposal made by the delegate of Myanmar.

Dr LUKONG (Cameroon) strongly supported the proposals made by the delegate of Canada with the addition of an element from option 1, namely the elaboration of the health warnings and pictograms, in an Annex so as to avoid conveying confusing or conflicting messages, and to prevent countries using only weak warnings on packages. The Annex should contain a strongly worded and unequivocal message, stating the health consequences of tobacco consumption. That message should
be used by all Member States in labelling packages, thereby ensuring that all imported packages also carried the same message. Other details might also be added to that common message, as required by each party.

Dr MULA HUSSEIN AL-TURKEET (Kuwait) stressed the importance of paragraph E.1(b), prohibiting the use of expressions such as “low tar” or “light”. It should be made abundantly clear that smoking tobacco products causes addiction. Local tobacco products should also carry a similar warning label.

Dr HETLAND (Norway) considered that consumer protection consisted of such elements as disclosure of content; product regulation, including pre-market evaluation; and labelling and packaging. There were various links between those elements: for example, full disclosure of product contents, including additives, was a prerequisite for reliable labelling. Product regulation was linked to disclosure of content; an international system of reference was required for dealing with information provided by the tobacco industry about its products. Pre-market evaluation had been recommended at the WHO International Conference on Advancing Knowledge on Regulating Tobacco Products in February 2000 and had also been discussed in the newly established Scientific Advisory Committee on tobacco Product Regulation. He proposed that section E should be expanded to include pre-market evaluation and other elements of product regulation currently included in section A, “General obligations”. It might then be entitled: “Packaging, labelling and product regulation”. He expressed a preference for option 2 as regards health warnings and suggested that the whole issue should be dealt with in greater detail in a future protocol.

Dr AKINSETE (Nigeria) suggested that, in order to reinforce the prohibition of sales to minors, an additional subparagraph 1(f) should be added so that all tobacco products shall carry the statement “Not to be sold to persons under 18 years of age”.

Dr ABOU-ALZAHAB (Syrian Arab Republic) proposed that the health warning should cover at least 25% of the package and should be in the language of the country where the product was marketed, accompanied by pictograms for the benefit of the illiterate.

Mr RYAN (European Community) welcomed the proposed measures on product labelling which, if correctly applied, would constitute an important way of informing consumers, as well as a tool for prevention and assistance with cessation. The rules applicable in the Community on tobacco labelling were currently being revised; the size of the warnings was to be substantially increased, using black on white printing, together with much more targeted messages. Misleading descriptors such as “light” or “low tar” were to be limited or prohibited. The coverage of the area of “misleading labelling” in the proposed framework convention could be better defined. He thought that it might be difficult to impose labelling of tobacco packs with warnings for the country of destination, but that was none the less an important goal.

He expressed a preference for option 1, which left a necessary element of flexibility, while ensuring that all products carried warning labels. To guarantee product traceability, the European Community proposed that the tobacco product batch number should be indicated on each unit packet in any appropriate manner, enabling the origin and destination of the product to be identified. In his delegation’s view, the provisions on regulation of contents of tobacco products, disclosures, packaging and labelling were so closely related that they should be brought together in the proposed convention.

Mr MOON (Republic of Korea) thought that in regard to subparagraphs 1(a) and (b), the control of packet sizes and terms “light” or “mild” should be given careful consideration, as they might give rise to international patent debates, with legal implications. He therefore considered that countries should be allowed to do their best under the existing domestic circumstances.
He further suggested the addition of a new paragraph addressing tobacco sales to young people, to read “all units of tobacco products should carry warning statements or pictures expressing the prohibition of tobacco sales to youth”. A new section for the purpose of protecting young people from the dangers of smoking should include paragraphs on health education for the young, tobacco sales by the young, exposure to tobacco smoke and the prohibition of advertisements and marketing targeted at young people.

Dr STAMPS (Zimbabwe) was of the view that section E should be limited to labelling in view of his delegation’s previous suggestions on packaging. It was not practical to specify a minimum number of cigarettes or other products, particularly where cheroots or cigars were concerned, bearing in mind in particular that the latter were often individually wrapped, and that the aim of wrapping was also to prevent contamination from oral infectious organisms, for example, or other toxic elements such as petroleum products. His delegation’s suggestion made earlier under Part II section A.2(vii) was preferable, with the deletion of subparagraph E.1(a).

As specific terms could result in evasion or could deceive consumers, he proposed that subparagraph E.1(b) should be amended to read: “(b) the use on any tobacco packets, packaging or components, of terms that convey the impression that the particular product is less harmful or of greater purity or effect than others, shall be prohibited”.

He agreed with the delegate of Nigeria that the requirement prohibiting sale to children under 18 years, covered by sub-subparagraph A.2(b)(ii), should be repeated in the labelling section.

Option 2 of subparagraph 1(e) was acceptable. However, he suggested that a sentence should be inserted after the first set of square brackets that would read: “size of and legibility of warnings must be standardized by international protocol”. The second set of square brackets and their contents should be deleted. In addition, the words “and general health warnings….“ should be amended to read “as well as general health warnings” to make it clear that there were two separate requirements.

Dr PYAKALYIA (Papua New Guinea) urged that the proposed framework convention should address the issue of the double standards operated by the multinational tobacco companies, under which they complied with the requirements of the developed countries that health warnings should be stated on tobacco products, but ignored the requests of the small developing countries for similar warnings. The proposed convention should make such practices a criminal offence under international law.

Ms SINIRLIOGLU (Turkey) said that packaging and labelling were important instruments for conveying consumer information. Option 1 in subparagraph 1(e) was preferable to option 2. The detailed aspects of packaging and labelling might best be considered at a later stage in connection with the Annex.

Mr Nunes Amorim took the Chair.

Mr PRASADA RAO (India) expressed concern about the amount of detail being considered in relation to issues such as packaging and labelling which would more appropriately be assigned to a protocol or technical Annex, as provided for in option 2. He therefore suggested that, while his delegation fully supported the content of subparagraphs 1(a), (b), (c), (d) and (e), they should be deleted from the proposed convention, included in an Annex, or a separate protocol on the issue and a sentence added to the end of paragraph 1 that would read: “the health hazards of tobacco consumption are clearly communicated to potential consumers especially emphasizing the addictive and lethal nature of tobacco products”.

Mr KATENE (New Zealand) said that subparagraph 1(a) should not be confined to cigarettes but should also include other tobacco products. With respect to 1(e), he supported the position of the
delegate of Canada, in favouring option 2. It was particularly important that warnings should be tailored to individual countries and their respective cultures.

Dr GAMARRA DE CÁCERES (Paraguay) expressed support for Canada’s proposal and other similar proposals on the basis of information published by the World Bank in its July 1999 report Curbing the Epidemic: Governments and the Economics of Tobacco Control that the majority of smokers were not fully aware of the risks related to tobacco consumption and underestimated the possibilities of contracting a tobacco-related illness and the harm caused. The same report had also stated that many smokers had been persuaded to cut down or give up the habit by factual information printed over a large part of the packet. The developing countries needed strong and clear international measures to fight the kind of situation described by the delegate of Papua New Guinea.

Dr GHOUNEIM (Egypt) expressed a preference for option 2. The pictogram or picture showing the harmful consequences of smoking should be both striking and clear.

Dr FIGUEROA (Jamaica) said that while his delegation supported Canada’s proposals, it had a reservation in respect of subparagraph 1(a). In view of the well-established practice in Jamaica for many adults to purchase one or a few cigarettes at a time, it might be impractical to attempt to ban the practice. In the context of a comprehensive set of measures to reduce tobacco use it was unlikely to have much impact and it might also create unnecessary opposition among smokers that could be exploited and used against other critical measures to control tobacco use.

Dr HOU Peisen (China) said that in view of the different situations that prevailed in different countries, the section should be worded very generally and the more detailed provisions should be left for a protocol.

Dr AL-LAWATIYA (Oman) expressed support for Canada’s proposals and for option 2. In view of the practice of including free gifts frequently included in the packaging, he suggested the addition of a new subparagraph (f) which would read: “the inclusion of any gifts to the packaging shall be prohibited”.

Ms DJONEVA (Bulgaria) fully supported the statement by the delegate of the European Community. Strengthening and unifying rules in respect of packaging and labelling would reinforce the preventive aspects of the proposed convention.

Ms COSTA E SILVA (Brazil) said that Brazil remained flexible as to whether a protocol or a definition of international standards was developed. The National Sanitary Surveillance Agency of Brazil’s Ministry of Health had had the power since 1999 to regulate, control and tax legal tobacco products. It was intended that annual taxes should be used to set up a laboratory for the analysis of tobacco products and a centre for nicotine addiction studies. International cooperation in that respect would be welcome. As packaging and labelling were essentially marketing strategies, they might even be covered by a protocol on advertising.

Dr KARTYSH (Ukraine) said that his delegation was in favour of option 2. It was important, however, to bear in mind the legal aspects of the use of such elements as they were considered to be intellectual property and as such were regulated by various WIPO conventions.

Professor HAMAD (Sudan) enquired whether an expiry date could be included on the labels of all tobacco products.
Dr DINI FARAH (Djibouti) observed that, while tobacco products marketed in the developed countries carried specific information as to the nicotine or tar levels and other warnings, no such information or warnings were included on products marketed in countries such as Africa. The situation should therefore be harmonized by requiring producers, before a product was marketed, to put the same information on all packets for all consumer countries.

Ms DJAMALUDIN (Indonesia) saw no significant obstacle to implementing the measures proposed and supported subparagraphs 1(b), (c), (d) and option 1 in subparagraph (e). However, as labelling and packaging at the field level were controlled by different institutions, there should be separate regulation. Furthermore, it was not practical to implement the prohibition of sales of individual cigarettes or packets of fewer than 20 in large countries such as Indonesia despite that being an essential component of the tobacco control effort. The issue should therefore be addressed under a separate section possibly entitled “area of concern”, leaving implementation to individual countries on the grounds of feasibility.

Dr HUERTA MONTALVO (Ecuador) felt that the suggestion that packages should carry a prohibition on sales to young children was the wrong approach. The tobacco manufacturers were not opposed to the placing of warnings on packets because it reduced the chances of success in lawsuits brought by those affected by smoking. Furthermore, a recent study reported in the British Medical Journal had found that warnings to minors did not prevent them from smoking. Any measures taken should be based on sound factual evidence and to that end arrangements should be made for suggestions to be sent in after the session together with any scientific evidence that became available.

Professor ZATONSKI (Poland) said that a measure requiring health warnings to cover 30% of the surface of the packet of tobacco products had been introduced in Poland in 1999. After six months, evaluation had shown that 3% of ex-smokers had decided to give up on that account. Smokers from neighbouring countries had ceased to buy Polish cigarettes for the same reason. The stigma now attached to those cigarettes was significant, particularly where children were concerned.

Dr FARIAS ALBUQUERQUE (Peru) suggested that it should be made compulsory for the warnings placed on packets or labels to appear on all other forms of advertising. Where pictures or pictograms were used, the warning should be on the same scale and cover the same area.

Dr YACH (Executive Director), replying to a question raised by Dr KIENENE (Kiribati), explained that the suggestion was that existing pictures or pictograms that might be used would have to be standardized for international use.

Dr BHUMISWASDI (Thailand) said that, in addition to health warnings on cigarette packets, which took up one-third of the principle area, Thailand printed the date of manufacture both for the information of the smoker and to differentiate between contraband and duty paid goods. Neither the manufacturers nor the importers had objected to that requirement.

Mr ALLOUCH (Morocco) supported the proposals by Canada and proposed that, in paragraph 1(e), the second sentence of option 2 should be amended to the effect that the conference of the Parties should adopt criteria to harmonize tobacco packaging and labelling in a protocol, given that a protocol would be both independent and binding.

The CHAIRMAN pointed out that a technical annex to the Convention would also be legally binding.
Mr LOKENI (Samoa) agreed that packaging and labelling were an important communication tool and suggested strengthening paragraph 1 by inserting “to all age groups including those with disability to hear, see and read” after “sold”.

F. Surveillance

Dr GHOUNEIM (Egypt) said that surveillance programmes and research to help reduce smoking were very important components. In order to facilitate implementation of the framework convention, mechanisms for cooperation between countries and international organizations should be established, with WHO as the lead agency, to provide technical and financial support to Third World countries in the field of surveillance.

Mrs SOSA MÁRQUEZ (Mexico) suggested that the title of section F, “Surveillance” be defined more precisely, since it could apply to many aspects: epidemiological surveillance; the gathering of data on the effects of anti-tobacco policies; surveillance of smuggling; or implementation of the convention. In option 1, paragraph 1 of that section, the phrase “through competent international bodies” should be replaced by “with the cooperation of competent international bodies at the request of States parties”. As for the types of data to be updated periodically, it was not clear whether such work should be an obligation of the convention. She questioned the balance between the level of detail specified in section F and that of other sections, especially in respect of subparagraph (h) “percentage of youth able to purchase tobacco products”? The methodology for gathering such data was rather complicated and subjective, resulting in expensive research that might not produce any useful conclusions.

Professor GRANGAUD (Algeria), referring to section F, expressed a preference for option 2, which seemed to be better suited to a framework convention. There was, however, an urgent need to standardize the gathering of data, and he urged WHO not to wait until 2003 to propose methodologies and mechanisms for obtaining regional or at least subregional data.

Dr MULAHUSSEIN AL-TURKEET (Kuwait) considered that surveillance should be practical and easy to implement and should be coordinated worldwide. In order to facilitate comparison of data, methodology should be harmonized.

Mr TAKAKURA (Japan) pointed out the importance of establishing credible surveillance programmes that would permit objective evaluation of the progress made so that countries could plan and implement further action. Discussion of sections F and G, and also the sections on research, cooperation, information exchange and financing, would be more productive after reaching agreement on other sections that established an infrastructure. In section F, option 2 was preferable. Option 1 was too detailed and contained inoperable items; for example, it would be difficult to devise an operational and credible method to measure the percentage of youth able to purchase tobacco products referred to in subparagraph (h).

Dr ABOU-ALZAHAB (Syrian Arab Republic) suggested that the title of section F be amended to “Monitoring and evaluation”, as the term “surveillance” was not sufficiently precise. He further proposed that the rate of cessation of tobacco use should also be used as a measure of the successful implementation of the framework convention.

Ms LYNCH (Canada) considered that the framework convention should contain strong encouragement for the development and implementation of national surveillance programmes and their integration into regional and global surveillance programmes. Surveillance data were essential for measuring the effectiveness of interventions. Referring to section F, she expressed support for option 2
and incremental implementation of the obligations. All countries would need to undertake surveillance of smoking prevalence, domestic sales, including imports and exports of tobacco products, and mortality and morbidity as a minimum in order to characterize the health impact of tobacco use. The framework convention should support and encourage cooperative research among countries, thus reducing the burden for all countries and providing access to expertise. In section G, paragraph 2, option 2 was too broad and might not reflect existing national capacities. Paragraph 3 in that section should reflect national as well as international interests as to research priorities and should provide appropriate flexibility.

Mrs SHAHAR-BEN AMI (Israel) proposed that the title of section F should be amended to “Monitoring”.

Mr IL’HAMOV (Uzbekistan) agreed that the title of section F should be amended to reflect the content of the section. With the exception of paragraph 1(d), he supported option 1 because it took the financial and other possibilities of individual countries into greater account than option 2. Paragraph 1(d) should be deleted, since setting prices and determining the structure of taxes on tobacco was a national prerogative.

Mr PRASADA RAO (India), referring to section F, pointed out that countries in the developing world were still struggling to establish surveillance programmes, even for communicable diseases such as Malaria and HIV/AIDS, because of a lack of technical and financial resources. It was therefore questionable whether the inclusion of such a detailed list of surveillance parameters was justified. Moreover, the items were not all of equal importance and could perhaps be divided into two groups: basic core components that were essential; and optional components that could be selected by countries as appropriate. The best approach would be to include in the body of the convention a general formulation as given at the beginning of option 1, and to list the two groups of components in a technical annex.

The CHAIRMAN suggested that the provisions under discussion might be linked to part IV, section A, Reporting, which took into account the needs of developing countries for technical assistance.

Mr TADEVOSSYAN (Armenia) agreed with the delegate of Mexico that the title of section F should be amended to reflect its content more closely.

Dr SHIVUTE (Namibia) also agreed that the title of section F should be changed. He supported option 1 with an amended list of specific indicators for monitoring and evaluating the effectiveness of control measures that might include tobacco prices and tax structures, tobacco products produced and sold, patterns and trends in tobacco-attributable morbidity and mortality by age group and sex. Some of the indicators listed under option 1 should be included in the five-year evaluation.

Mr RYAN (European Community) stated that option 2 of section F would be preferable as option 1 was too detailed for a framework convention. He endorsed earlier comments on the title of section F. Referring to section G, he said that promotion and encouragement of research on tobacco consumption was a precondition for successfully achieving the objectives of the convention in other areas. Encouragement of research should therefore be one of the objectives and could also be the subject of a protocol in due course.

Dr CARIS (Chile), referring to section F, favoured option 2 as option 1 was too detailed. Perhaps some of the important points currently listed in option 1 could be included in an annex to the convention. The essence of surveillance was to provide data for action and measurement of success.
The indicators should be basic and easy to obtain, and should be agreed upon quickly so that WHO and countries could begin to prepare baseline studies that could be built on over time. He proposed that option 2 should contain an additional paragraph to provide for the preparation of a simple database by WHO regional offices and WHO headquarters to consolidate national data. Referring to section G, he said that developed countries should encourage researchers to make contact with developing countries with a view to promoting the use of all available tools. Research and surveillance could be covered by protocols or annexes to the framework convention.

Dr COSTA E SILVA (Brazil) felt that many of the provisions still to be discussed were the basis for the implementation and evaluation of surveillance, research, scientific and technical cooperation and information exchange, which might be merged into one major topic. The components of both options under section F were essential for surveillance, arguing for a merger of the two. Alternatively, the components listed under option 1 could be included in an annex. She suggested the inclusion in paragraph 1(a) of the prevalence of tobacco use among educated users, and in paragraph 1(c) of studies of health risks for specific groups. Under section G, the environmental impact of tobacco growing should be made a priority for research.

Dr KIENENE (Kiribati), referring to section F, preferred option 1, although the wording could be improved. For example, paragraph 1(a)(i) could be deleted since the content was covered in paragraph 1(a)(iii). Moreover, the singling out of health professionals in paragraph 1(a)(ii) was not justified because the concern was for everyone, not just that group. Finally, paragraphs 1(d) and 1(h), as had already been pointed out by Japan, were cumbersome and difficult to measure.

Dr JIRÓN ROMERO (Nicaragua) pointed out that without epidemiological surveillance, it would have been impossible to demonstrate that tobacco produced cancer. He agreed with previous speakers that the title of section F should be amended to reflect the content of the section, perhaps to “Epidemiological surveillance”. WHO considered epidemiology as the basis for action. The indicators should include the prevalence by and indicators of the different forms of cancer taking into account the number of cigarettes smoked, in order to demonstrate to the tobacco industry that tobacco would continue to kill. The brand of cigarettes smoked could be the subject of further study.

Dr ROA (Panama) considered that surveillance implied more than the monitoring of trends but also compliance with control measures, including those of the convention. She supported control measures such as the framework convention, because they allowed an understanding of the implementation of obligations in the framework convention. These obligations must be managed and monitored for decision-making. She preferred option 2 of section F. The title should be amended to “Surveillance, evaluation and control” and the section should cover three basic areas: epidemiological surveillance, with the two components of harm and risk assessment; surveillance related to policies, strategies and obligations of the convention; and surveillance of the socioeconomic problems related to tobacco use. Each of the areas should be spelled out in technical protocols that defined indicators, methods, techniques and a process for prioritization for surveillance. Paragraph 2 of section G should be amended to include the words “promotion, coordination and development” of national and international research programmes that would contribute to a reduction in the use of tobacco and other related areas covered by the framework convention. Resources should be made available to enable developing countries to carry out research.

Mr KATENE (New Zealand) agreed that section F should be scaled down to a level that all countries could realistically give a commitment to achieve. One way of collecting the necessary information would be for the framework convention secretariat to send out an annual or biennial questionnaire similar to that used by the United Nations Drug Control Programme for drug surveillance.
In respect of section G, he said that it was important that research contributed not only to reducing tobacco consumption but also to reducing harm from tobacco use.

Mr ALLOUCH (Morocco) supported the proposal of Mexico that the title of section G be amended to provide a more adequate description, for example, “Epidemiological surveillance” or “Surveillance of application of the provisions of the framework convention”. He also supported the proposal of Algeria because of the urgency of establishing surveillance. Morocco favoured option 2 because it was complete and coherent; option 1 contained many details and it would be difficult to ensure implementation.

Dr HOU Peisen (China), referring to section F, expressed a preference for option 2, which would facilitate operations. In section G, he again preferred option 2, but suggested it be formulated in general terms; the details could be spelled out in a protocol.

Dr DÜRLER (Switzerland) supported option 2 of section F because the list appearing in option 1 was long and several provisions would be difficult to implement. The pollution caused by the tobacco industry should be dealt with in section F, section K or under part IV, Implementation. A written proposal would be submitted later.

H. Option 1: Media, communications and education or Option 2: Education, training and public awareness

The CHAIRMAN drew attention to the two options for the title of section H.

Mr Baharvand took the Chair.

Dr HOZA (Central African Republic) suggested that the media should be dealt with separately and in more detail, given their power, their transboundary influence and their determining role in publicity and advertising. He proposed that the term “conscientisation” replace “sensibilisation” in the French text; the English term “public awareness” better described the situation in the developing countries or in countries such as his own, where access to the classic media was not in evidence. The two options for the title of section H should be merged into “Media, public awareness and training”.

Dr GHOUNEIM (Egypt) said that it was not enough for education programmes to provide information about the harm caused by tobacco, because most smokers knew about the dangers. It would be useful to persuade people who smoked that they also did harm to those around them, such as their children, and sometimes caused fires. Section H, paragraph 1, should indicate that personalities, such as writers, artists, sportsmen and women, should be encouraged to help lead the anti-tobacco campaign, as they would provide role models, in particular for youth and adolescents.

Mr DEMJÉN (Hungary) supported option 2 as the title of section H. He called attention to a relatively new phenomenon in his country, a problem not addressed in the current text, namely, the anti-tobacco campaigns for schoolchildren prepared on behalf of, and financed by, the tobacco companies. The slogan of one such campaign was “Don’t smoke, smoking is an adult habit”. Provisions to deal with such campaigns should be considered for inclusion in the current section, or in another appropriate section of the framework convention.

Mr JANG Chun Sik (Democratic People’s Republic of Korea) supported option 2 as the title of section H, with “other initiatives” added at the end. Initiatives such as the “no smoking torch” or
“week of no smoking” or social campaigns helped to reduce tobacco consumption and raise public awareness of tobacco control. He proposed the following additional text, to be inserted as paragraph 1(f), or possibly as a separate provision in section H or under “Other matters” should a new section so titled be formulated in part II, as proposed at an earlier meeting by the delegate of Mexico: “Each Party shall support, participate in or initiate, as appropriate, national, subregional, and international smoke-free campaign(s) aimed at reducing tobacco consumption and promoting public awareness on tobacco control”.

Dr ABOU-ALZAHAB (Syrian Arab Republic) said that education should stress the harm of smoking and promote the benefits of cessation. Thus, a sentence should be added to the effect that the media should help in campaigns to combat smoking.

Mr SAINT-PAUL (France) said that the European Union and its Member States preferred option 2 for the title. They were aware of the question of prevention in the struggle against tobacco and, while they fully supported the ideas contained in the draft elements for the section, the text could be strengthened by restructuring the presentation. First, the general objective should be set out, whereby the public, in particular young people and other vulnerable groups, should be made aware of the risks of consuming tobacco and exposure to tobacco smoke. Then could come the means of attaining that objective: a programme, access to industry information, a training programme, participation of nongovernmental organizations. The means of attaining the objectives should likewise be better defined.

Mr TAKAKURA (Japan) expressed a preference for option 2 as the title of section H, with the reservation that the exact wording should be decided at a later stage, depending on the outcome concerning the contents of the section. A recent survey by the Ministry of Health and Welfare in Japan had revealed that, while 84% of people knew that smoking increased the risk of lung cancer, less than 50% were aware that it also increased the risk of heart disease and stroke and other diseases. He therefore proposed that, in paragraph 1(a), the word “various” be inserted before “health risks”, to stress the variety of health risks associated with tobacco, of which many people were not aware.

Dr AL-MALA (Qatar) suggested that, in paragraph 1(b) “and adults” should be inserted after the word “youth”, and “and” the benefits of refraining from smoking” should be added after “tobacco smoke”.

Mr VUILLÈME (Switzerland) said that the struggle against tobacco would not be won by taking educational measures in school or by simply prohibiting sales to children. As several previous speakers had underlined, it was crucial to ensure public awareness. The media could play an extremely important role. In using the media professionally, however, it was necessary to use the same tools as the tobacco industry, and he therefore proposed that in section H, a new paragraph 1(f) should be added to read: “to endeavour to promote the training of prevention specialists in media communication”.

Dr AL-LAWATIYA (Oman) preferred option 2 for the title of section H. In paragraph 1(a), instead of naming the various media, the phrase “the written and audiovisual mass media” could be used. In paragraph 1(b), because of the difficulty in ensuring that children and the youth were fully informed, the following text should be substituted “to include in curricula full information about the health risks of tobacco use and exposure to tobacco smoke”. In paragraph 1(d) it was not necessary to mention all the categories in detail, but to say instead “the persons or categories interested or involved”.

Mrs KERR (Australia), expressing strong support for increasing public awareness of the harm associated with any level of tobacco use, preferred the title for section H suggested earlier in the
Dr FARSHAD (Islamic Republic of Iran) said that many young people followed the example of film stars who were frequently shown smoking. Thus, in section H, paragraph 1(d), after the words “tobacco control for” the term “arts students” should be inserted.

Dr DA COSTA E SILVA (Brazil) considered that the title of section H should read “Education, training and public awareness”, as that was justified by the strategy of building capacities, which was a fundamental aspect of tobacco control activities. Paragraphs 1(b) and 1(c) would be better placed under part I, section D, guiding principles, since they did not specify the real strategies or actions that countries had to undertake.

Mr CASTEJÓN VACÍO (Mexico) considered that the proposals should not be limited to the provision of information on the health risks of tobacco use. With a view to promoting general health, thought should be given to developing educational and promotional activities geared toward safeguarding healthy living. He agreed with the delegate of the Islamic Republic of Iran that education was crucial, and he therefore proposed a new paragraph 1(f) “to include at various levels of the education system educational elements that promoted a tobacco-free culture”.

Mr Nunes Amorim took the Chair.

Dr ROA (Panama) agreed with the delegates of Mexico and the Islamic Republic of Iran and proposed that the title of section H should reflect the concept of promoting tobacco-free lifestyles should thus be amended to read: “Education, training and public awareness to promote lifestyle changes”. She further proposed the addition of a new subparagraph in paragraph 1 to encourage the promotion of the anti-tobacco message in school programmes aimed at students at all levels. Paragraph 1(d) of section H should remain as proposed since the groups listed included those upon whom young people sometimes modelled themselves.

Mr ALLOUCH (Morocco) suggested that the title of section H should merge elements of options 1 and 2, to include mention of the media, education and enhancing public awareness. In paragraph 1(b), he proposed that “children and youth” be replaced by “the public”. Paragraph 1(d) was crucial, but the provision would be difficult to implement in practice.

Mr KATENE (New Zealand) preferred option 2 for the title. Expressing strong support for the retention of paragraph 1(a), which was very closely related to paragraph 1(b), he said that both needed to be kept in their entirety. However, with regard to paragraph 1(b), it was essential that the measures mentioned should not be limited just to children and youth, but should apply to other age and vulnerable population groups.

Dr VILLAMIZAR (Venezuela) supported option 2 as the title of section H. She also supported the amendment proposed by the delegates of Morocco and Panama. She proposed that paragraph 1(b) should be amended by replacing “children and youth” by “the general public, emphasizing children and youth”.

Ms TKACENKO (Russian Federation) supported option 2 as the title of section H, but considered that the wording of the title and some of the provisions could be improved. It was clear that education and information might not change the attitude of society to a habit that was as well-entrenched as smoking, and other measures such as the encouragement of healthy lifestyles would also be needed. Option 2 might therefore be amended to read: “Health education and other
measures”. In paragraph 1(a), “educational measures” should be inserted after “effective”. In paragraph 1(d) the words “appropriate training programmes” should be replaced by “educational and training programmes”.

Dr PYAKALYIA (Papua New Guinea) agreed with the delegate of Australia that the title of section H should read: “information, education and communication” since that was the phrase generally used in other programmes. As many developing countries would require support from appropriate international organizations, provision should be made, as had been done in other sectors, to nominate appropriate United Nations organizations, in particular UNICEF and UNESCO.

I. Cooperation in the scientific, technical and legal fields
J. Liability and compensation
K. Information exchange

Mr PRASADA RAO (India) pointed out that in section I, paragraph 1(b) there should be a reference to assisting tobacco growers. Speaking on the framework convention on tobacco control at the World Health Assembly, the representative of FAO had said that while the first priority was to discourage smoking, crop diversification was also important. Tobacco was a remunerative crop, however, requiring little irrigation, and it would be difficult to reduce the area under cultivation. He therefore suggested amending paragraph 1(b) by inserting “as well as technical programmes”, after “legislative foundation” and “to assist tobacco growers in shifting to agricultural production of alternate crops in an economically viable manner” after “alternative livelihoods”.

Dr ALBEDAH (Saudi Arabia) said that if deaths from smoking were considered as criminal, the industry itself should be so considered. Because laws varied from one country to another and because it was not always possible to sue the tobacco industry, as had been done in the United States of America, an international tribunal should be set up, under the International Court of Justice or another body, to bring the tobacco industry to justice.

Mr KABA KASHALA (Democratic Republic of the Congo) recalled that only states were entitled to bring cases before the International Court of Justice. However, an international criminal court was currently being set up which would judge individuals. WHO should press for the large-scale distribution of tobacco and cigarette smuggling to be considered as crimes coming within the jurisdiction of that court. Cigarettes killed more people than did war; the penalties and the jurisdiction must therefore be at the highest level.

Mr SAINT-PAUL (France), speaking on behalf of the European Union, said that the Member States of the European Union reserved their position on the provisions of section J, since it raised complex legal issues that required careful consideration.

Mr TVEITAN (Norway) wished to see the recommendation concerning the principle that the “polluter pays”, which was set out in the explanatory note in section J, incorporated into the text of that section, and also in Part I, section D, Guiding principles, and Part II, section A, under the obligations regarding taxation.

Mr ADSETT (Canada) said that section J required detailed discussion and the relationship between that section and the objectives must be considered. Option I was unclear. What text was to be inserted between the square brackets? Paragraph 3 appeared to have been drawn from the United Nations Convention on the Law of the Sea where it related to liability for incidents on the high seas. He requested further explanation as to what the provision was to encompass in the context of the framework convention on tobacco control. With regard to sections I and K, Canada supported cooperation and the exchange of information to disseminate expertise and to assist global progress on
tobacco control. It was, however, important to retain the confidentiality requirements set out in square brackets in section K, paragraph 2, although that did not preclude Parties from exchanging information directly between themselves.

Mr CASTILLO (Cuba) announced that, in view of the late hour, he would submit comments on sections I and J in writing.

Dr STAMPS (Zimbabwe), referring to section I, said that if a serious intention existed to eliminate tobacco as an international public health hazard, financial backing would be necessary in order to assist those whose livelihoods depended not on working with tobacco but on growing it. The wording of paragraph 1(b), which currently referred to “tobacco workers” should be amended to include “tobacco farmers” or “tobacco producers”.

Section J put the onus on the wrong people. Transnational cooperation could not function without the facilitation of States Parties, especially those in the industrialized, cosmopolitan, northern nations belonging to groups such as the G8 and the Organization for Economic Cooperation and Development. Liability for compensation, particularly to farmers deprived of their livelihood and denied access to land, should be assigned to governments which had profited from the retail sale of tobacco within their countries and beyond.

The idea of transparency should figure prominently in section K, since it was essential in information exchange. His delegation had experienced endless difficulty in obtaining real facts from either the tobacco retail transnationals or WHO. All three sections of the proposed draft elements should be scrutinized afresh with openness, transparency and a determination to make them meaningful by those who had the capacity and resources to obtain the requisite information and funds.

Dr COSTA E SILVA (Brazil) considered that corporations rather than States should be held liable and responsible for compensation and Brazil might be interested in juridical cooperation with a view to suing tobacco companies.

Dr ABOU-ALZAHAB (Syrian Arab Republic), referring to section I, paragraph 2, suggested that in the Arabic text, a better translation of the term “clearing-house mechanism” should be sought.

Mr TAKAKURA (Japan) said that section J apparently provided for compensation solely for damage caused by smoking. He was unsure whether such a provision could be introduced into the existing legal system governing the area of liability and compensation in his country. Japan therefore wished to reserve its position on that section.

Mr SANDAGE (United States of America) suggested the inclusion of the topics dealt with in sections I and K as priorities in the framework convention, as his Government was committed to scientific and technical cooperation and information exchange.

Section I referred to the provision of assistance to unspecified competent international bodies. In that respect, use should be made only of existing entities and all countries should be encouraged to provide voluntary support.

He agreed with the delegate of Brazil’s comments on section J that corporations and not countries should be held liable for damage. He also shared Canada’s concerns about paragraph 3, which seemed opaque. It was not clear whether there was any existing international legislation applicable to that area or whether they should be developed. However, domestic courts rightly had primary responsibility for enforcing liability and awarding compensation.

Mr ATWOOD (Australia) considered that the framework convention provisions on liability and compensation would need to ensure that issues under domestic and international law were separated. While acknowledging that the draft elements under consideration did not purport to be a draft text, his
delegation thought that they required considerable revision. The question of liability under international law needed careful consideration with a view to gaining a full understanding of the possible role and limitations of public international law in respect of tobacco control issues.

Dr HOU Peisen (China) said that a prudent approach to liability and compensation was necessary. His delegation suggested the deletion of the provision in question in the light of the guiding principles it had already proposed.

The CHAIRMAN said that a number of speakers had expressed concern in relation to section J and it might be useful to convene a meeting of legal advisers to consider the question of liability and compensation in greater depth.

The meeting rose at 19:35.
NINTH MEETING
Friday, 20 October 2000, at 11:15

Chairman: Mr C.L. NUNES AMORIM (Brazil)
Later: Mr D. BATIBAY (Turkey)

1. DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (Documents A/FCTC/INB1/2 and A/FCTC/INB1/2 Add.1) (continued)

The CHAIRMAN invited the Intergovernmental Negotiating Body to consider part II, section L (Financial resources) and part III, section F (Financial mechanism) together.

Mr AISTON (Canada) recognized the importance of making resources available to developing countries through bilateral and multilateral channels in order that they achieve the objectives of the convention, but considered that the Intergovernmental Negotiating Body should not address financial assistance needs until there was a clearer understanding of the content of the convention and the attendant obligations.

Canada did not favour the establishment of separate multilateral funds specifically for the implementation of conventions but instead emphasized the importance of direct bilateral support or assistance through multilateral channels. It was also necessary to find new ways of sharing technical expertise.

Dr SANGALA (Malawi) proposed that the third paragraph in the italicised addendum to paragraph II, L.3, beginning with the words “the parties recognize …“and ending with the words …“through an appropriate funding mechanism” should become a new paragraph II.L.4.

PROFESSOR HAMAD (Sudan) proposed that paragraph II.L.3 be amended to read: “The Parties recognize that developed countries that export manufactured tobacco products have a special responsibility to provide financial and technical support to developing countries … programmes.”

Dr AL-DEEN SALEH (Jordan) supported the amendment proposed by Sudan, but suggested that an additional paragraph should be added to the effect that the Parties recognized that developing countries that grew and exported tobacco products needed technical and financial support to help them strengthen their national tobacco control programmes.

Dr CORNELIUS (Fiji) said that the text should encourage national governments to devote funding to tobacco control in their own countries as well as seeking bilateral and multilateral support.

Mr RYAN (European Community) said that the Community and its Member States were already supporting and encouraging many tobacco control activities and had resources that could be used for that purpose in the developing countries.

He considered that paragraph II, L.3 should be placed in the section on the exchange of scientific, technical and legal information.

The Community would study the possibility of providing support for the development of the future framework convention. The relevant mechanisms were under study, and a more detailed position would be presented in the later stages of negotiation.
Ms SINIRLIOGLU (Turkey) emphasized the importance of creating financial mechanisms for the implementation of tobacco control programmes by developing countries. She therefore proposed that paragraph II, L.3 be replaced by the following: “The Parties recognize that developing countries should be supported financially to strengthen their national tobacco control programmes.”

Dr BAKHTURIDZE (Georgia) proposed that paragraph II, L.1 be amended to include the words “including tax revenue from tobacco sales” after the words “with its capabilities”.

A new paragraph should be added to the effect that countries and international organizations such as the World Bank and FAO should undertake to support diversification in those developing countries that engaged in tobacco production, on the basis of a reasonable financing mechanism.

Ms EDERY (Israel) said that part III, F needed further elaboration. It was essential to ensure the transparency of any financial mechanism that was established.

Dr STAMPS (Zimbabwe) proposed that paragraph II, L.1 be recast since the phrase “in accordance with” seemed to appear in two different contexts. The words “may also” in paragraph 2 should be replaced by “shall” in order to state very clearly the duty that developed had to developing countries. In paragraph 3, he asked that the word “industrialized” appear before “countries” in the first line, and the word “technical” before “support” should be deleted since technical resources were dealt with elsewhere in the draft text.

He supported Malawi’s proposal concerning a new paragraph 4.

Mr OMRAN (United Arab Emirates) said that paragraph 3 of Section 2 should include an obligation on all countries that exported manufactured tobacco products to provide developing countries with technical support in order to strengthen national tobacco control programmes.

Mr PRASADA RAO (India) pointed out that section L must be carefully and strongly worded in view of the crucial importance of financial resources to the success of the convention. He therefore suggested that the word “may” in paragraph 2 should be replaced by “shall”.

Paragraph 3 should spell out the necessary mechanisms for providing support. He therefore proposed the addition of a new paragraph to read: “A global fund shall therefore be established, which shall be financed by an export tax on manufactured tobacco products. The fund shall be used to provide support to developing countries to introduce income-generating activities to replace tobacco growing and processing.”

Dr FARÍAS ALBUQUERQUE (Peru) pointed out that, as for any epidemic, developing countries would require support for their public health problems, as they lacked the resources for educational and communication programmes. In many countries it would be impossible to implement the framework convention because the economic and long-standing political priorities of those countries prevented it. An international financing mechanism should therefore be created to strengthen implementation of the framework convention in developing countries.

Dr ABDOU RAHMAN (Djibouti) pointed out that paragraph 3 was rather naive because an exporting country would be unlikely to organize a programme for the control of the product it exported in importing countries. He therefore proposed the addition of wording to the effect that an independent organization such as WHO provide technical and financial support for tobacco control programmes in developing countries.

Mr CULLEN (Argentina) said that his delegation had already presented concrete proposals for the establishment of a financial support mechanism, which was particularly important to ensure the entry into force of the convention and to help farmers to cultivate alternative crops.
All paragraphs presented in section L should be retained and strengthened. He agreed with the
delegate of Zimbabwe that the special responsibility of the industrialized countries should be
mentioned and that support should be not only technical but also financial; he supported the proposal
of India for the creation of a global fund. He also concurred with Djibouti that countries would not of
their own accord recognize their responsibilities. He supported section III.F.

Dr VELINA (Latvia) agreed with the proposal of Sudan for addition of the word “developed”
before “countries” in paragraph 3 of Section 2; however, it should be remembered that all exporting
countries were not developed countries. She proposed that paragraph 3 read: “3. The Parties recognize
that the developed countries that export manufactured tobacco products or have branches of their
international companies in other countries have a special responsibility to provide technical support to
developing countries to strengthen their national tobacco control programmes.”

Dr LUKONG (Cameroon) reiterated the views expressed by the delegates of Malawi and
Zimbabwe in regard to the provision of funding to enable developing countries to move from tobacco
cultivation to other economically viable opt
ions. She therefore supported the proposal by Malawi that
the final paragraph of II, L (shown in italics in document A/FCTC/INB1/2) should become a new
paragraph 4.

Dr NOVOTNY (United States of America) supported the text of paragraph 1. He indicated that
his Government provided substantial bilateral support for tobacco control as a matter of policy. He
proposed that the remainder of the section be replaced by the following text: “The Parties recognize
the important role that bilateral, regional and other channels can play in achieving the objectives of the
Convention. In accordance with their capabilities and national law, Parties are encouraged to provide
voluntary funding through such channels for comprehensive tobacco control programmes in support of
the goals of the Convention.”

Mr TADEVOSSYAN (Armenia) supported the addition of a new paragraph 4 to section L, as
the prospect of support might help to allay the fears of developing countries whose economies were
dependent on growing tobacco and tobacco products.

The CHAIRMAN acknowledged that substantial support had been given to the proposed
addition of a new paragraph 4 to section L although its inclusion would require some further
negotiation.

Dr LI Xinhua (China) said that, in regard to financia
resources, the Chinese delegation could
agree to paragraphs 1 and 2 of section L; however, like previous delegations, she recommended that
paragraph 3 should reflect the specific responsibility and capability of the developed countries and, in
particular, countries that exported tobacco products.

Mrs SOSA MÁRQUEZ (Mexico) suggested that the sections on financial resources and
financial mechanisms could be dealt with more effectively if they were included in a part on
international cooperation. Technical cooperation and funding were linked, not only in terms of
applying the convention, but also, as the delegate of Argentina had stated, to temper any negative
consequences that might arise from its application. The proposed part on international cooperation
could help to define the participation of the various United Nations bodies and, in addition, would
highlight the multisectoral nature of the subject, which involved FAO, UNDP, UNCTAD,
the World Bank and regional development banks. She agreed that more detailed mention, in the
section on financial resources, of the specific commitment of certain countries was required and in
particular, she agreed with the ideas put forward by the delegates of Argentina and India that a
financial mechanism or fund might be set up.
Dr COSTA E SILVA (Brazil) said that her country welcomed cooperation in the scientific, technical and legal fields. Speaking to part II, section L, she concurred with paragraphs 1 and 2 while recommending that the phrase “technical cooperation” should replace “technical support” in the second line of paragraph 3.

Ms MARYNS (Jamaica) joined those speakers who had identified the need for appropriate financing mechanisms to assist in implementing the range of activities set down in the framework convention and related protocols. She agreed with the proposal of the delegate of Malawi for inclusion of a new paragraph 4 under section L and supported the proposal of India that a global fund be established, requesting that the proposal be given further consideration.

Dr GHOUNEIM (Egypt) considered it important to differentiate between exporting countries, consumer countries and countries where tobacco was grown. There was also a need to identify those countries that would require assistance and those that did not. In order to ensure that those countries that did not require assistance did not compete for funds, he suggested that agreed definitions of the various categories be drawn up.

He endorsed the proposal of India to establish a global fund.

Mr BEN SALEM (Tunisia) emphasized the importance of making financial resources available to the developing countries that cultivated and exported tobacco, in order to facilitate the implementation of the convention. On the question of the financial mechanisms, he considered that funds should first be sought from existing global financial institutions. Those resources should not be used to set up new mechanisms, and WHO should be asked to oversee their disbursement.

Dr CASTILLO CAMINERO (Dominican Republic) agreed with other speakers that a new paragraph 4, as suggested in italics, should be added to section L. The funding mechanism referred to in the proposed paragraph could be the global fund suggested by the delegate of India. In the first line of paragraph 2, he proposed that the words “may also” be replaced by the word “should”. The first line of paragraph 3 should refer to “developed countries” and the support to be provided should be qualified by the term “financial” as well as “technical”. He supported section III.F.

Mr ALLOUCH (Morocco) speaking of paragraph 2 recommended that the text read: “Developed country Parties should also provide financial resources related to the implementation of this convention through bilateral, regional and multilateral channels. The words “and developing country Parties may avail themselves of” and “other” could thus be omitted. He supported the proposal of the delegate of India and suggested that it be incorporated into paragraph 3. He considered that both technical and financial cooperation would be required.

Dr ABOU-ALZAHAB (Syrian Arab Republic), referring to paragraph 3, requested that reference be made to developed, and not “industrialized”, countries that exported both raw tobacco and manufactured tobacco products as well as products such as filters and papers used in the manufacture of tobacco products.

Dr SHAIBANY (Yemen) believed that the texts relating to financial resources as they stood currently did not constitute legal obligations. He suggested that the question of legal responsibility in regard to funding should be examined by an expert legal committee so that appropriate wording could be drafted. If, for instance, the global fund proposed by India were to be set up, it would need the correct legal framework.
2. QUESTION OF EXTENDED PARTICIPATION OF NONGOVERNMENTAL ORGANIZATIONS: Item 7 of the Agenda (Document A/FCTC/INB1/5) (continued)

The CHAIRMAN read out the report of the open-ended working group on the participation of nongovernmental organizations in the work of the Intergovernmental Negotiating Body. Participants in the working group agreed with the recommendations outlined in document A/FCTC/INB1/5 and on the importance of the participation of nongovernmental organizations in the process. The working group recommended a number of points for adoption by plenary. It considered that nongovernmental organizations in official relations with WHO should have access, as observers, to the plenary and working groups that functioned as committees of the whole. Other groups established for a particular purpose should be closed, but a limited number of nongovernmental organizations might be invited by the chairman, with the agreement of Member States participating in those groups, to make presentations in order to clarify issues of relevance to the discussions.

The working group proposed that time be scheduled at the end of each morning or afternoon meeting for nongovernmental organizations to make statements in accordance with paragraph 6.1(i) of the WHO Principles Governing Relations Between the World Health Organization and Nongovernmental Organizations. Copies of statements should be provided to the Chairman sufficiently in advance to ensure their review.

Bearing in mind that the negotiation of the framework convention would be limited in time, the Intergovernmental Negotiating Body encouraged the Executive Board to expedite review of applications by nongovernmental organizations seeking standing at the negotiations.

The recommendations of the working group were approved.

3. DRAFTING AND NEGOTIATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: Item 8 of the Agenda (Document A/FCTC/INB1/2 (continued)

Part III and Part IV

Dr STAMPS (Zimbabwe) referring to part III, section A, of the document, suggested that the frequency with which the ordinary sessions of the Conference were to be convened might be further clarified by addition of the words “not less than once in every biennium” at the end of paragraph 1. He favoured option 1 in paragraph 3, a simple majority vote for agreement and adoption of rules of procedure. He suggested that the list of bodies to which recommendations could be made as outlined in paragraph 4(i) should be extended by placing the words “other United Nations bodies” after “World Health Organization” and “including nongovernmental organizations” after “and bodies”.

Mr SNYDER (Canada) said that his delegation recognized the need for new institutions to ensure proper monitoring and implementation of the convention. Since the nature of such institutions depended on the obligations undertaken by the States Parties, it was premature to sketch an institutional structure; that could be done at future negotiating sessions, when the shape of the convention would be clearer. It would nevertheless be useful to have a catalogue of possible elements for future institutions to be drawn upon as required, and Canada supported most of the elements in the draft text. The Conference of Parties would be needed, irrespective of the form that the convention might take, and was extremely important in that it allowed for discussion and monitoring of the convention, including problem areas. At least in the early period after the convention entered into force, the Conference of Parties should meet at regular scheduled intervals, perhaps once a year. The secretariat of the Conference would be best placed with the WHO secretariat, because the primary objective of the convention was public health and because WHO had developed expertise in global
tobacco issues and the WHO Tobacco Free Initiative would complement the implementation of the convention. That would also be a financially responsible approach, since new institutions could be costly.

Mr Batibay took the Chair.

Mrs SOSA MÁRQUEZ (Mexico), referring to paragraph III.A.4(g), pointed out that assessment of the implementation of obligations under the convention must be based on information supplied by all Member States. Her delegation therefore proposed that the paragraph be separated into two parts, the first relating exclusively to assessment of the implementation of the convention and protocols by the States Parties thereto.

With regard to paragraph III.A.4(e), strategies, plans, programmes, policies, legislation and other measures depended on national characteristics, and it was not always desirable to harmonize them. Mexico therefore proposed that the paragraph be deleted, particularly since the very existence of a convention implied a certain degree of harmonization which would naturally develop with time.

In conclusion, paragraph III.A.4(l) should be amended by inserting a phrase to the effect that the information, cooperation and services provided by other bodies, particularly information, should first be submitted to the Conference of the Parties before being utilized where appropriate.

Dr ROA (Panama) proposed that paragraph III.A.4(l) be amended to read:

(l) seek and utilize, where appropriate and depending on the source of the external evaluation conducted, the services and cooperation of, and information of proven quality and accuracy provided by, competent intergovernmental and nongovernmental bodies, as an effective means of monitoring activities under the Convention and its Protocols.

With regard to paragraph III.A.3, her delegation was in favour of option 2, a two-thirds majority vote.

Dr HETLAND (Norway) said that, although the text of part III provided a very good basis for discussion, it was premature at that stage to consider the organizational structure and its relation to the WHO secretariat.

Ms BOCCOZ (France), speaking on behalf of the European Union, said that, although it was difficult to take a definite position on part III of the draft before the technical aspects of the convention itself had been defined, she wished to make some preliminary comments. The mechanism proposed for the follow-up of the convention seemed to be somewhat cumbersome and complex and thus unnecessarily costly: it would be preferable to base the work on existing WHO mechanisms as far as possible and to use existing resources for specific action programmes, particularly those relating to the implementation of the convention in developing countries.

With regard to the Conference of the Parties, the European Union believed that it would be best not to arrange for it to meet separately for the time being, but to set aside a day for it to meet during the World Health Assembly, when delegations of most if not all of the parties would already be in Geneva. The rules of procedure of the Conference should be those of the Health Assembly and its secretariat should be provided by WHO. The European Union saw no need for a subsidiary mechanism for provision of scientific and technical advice, but considered that the WHO practice of setting up ad hoc expert committees should be followed for that purpose. There also seemed to be no need to set up a subsidiary body for implementation, and it would be premature at that stage to go into details of the implementation of the convention itself. Nevertheless, the European Union believed that the proposed reporting procedure could be made less cumbersome and that the vitally important question of the settlement of disputes should be discussed very carefully, particularly where arbitration was concerned.
Mr PRASADA RAO (India) agreed that it was premature to hold a detailed discussion on part III but said that his delegation wished to make some preliminary comments. In paragraph III.A.3, India was in favour of option 2, or a two-thirds majority vote, for the rules of procedure and the financial rules of the Conference of the Parties. Paragraph III.A.4(c) should be deleted, as its meaning was by no means clear. In the last sentence of paragraph III.A.5, the words “Conference of the Parties” should be replaced by “World Health Assembly”. In conclusion, India preferred option 2 for the text of section III.D.

Dr LI Xinhua (China) stated that her delegation was in favour of establishing the Conference of the Parties as the highest decision-making body of the convention. With regard to the decisions of that Conference, China considered that substantive matters should be decided by a two-thirds majority vote and procedural questions by a simple majority vote. In order to reduce expenses and avoid overlapping, WHO’s existing structures should be used as far as possible, but her delegation held flexible views on the establishment of a secretariat, scientific and technical bodies and an implementation body.

Mr CHOWDHURY (Bangladesh) said that his delegation was not in favour of finalizing the structure of institutions without previously establishing the scope and nature of the framework convention and identifying the obligations. The existing WHO institutions and administrative set-up should be used for the time being. The Conference of the Parties should meet once a year. The rules of procedure of the World Health Assembly, rather than those of the Conference of the Parties, should be applicable in the context of the last sentence of paragraph 5.

Mr CULLEN (Argentina) agreed that it would be premature at that stage to go into too much detail in part III, since the creation of subsidiary bodies naturally depended on the operational requirements of the convention. His delegation could already say, however, that for it the guiding principle would be to avoid the development of costly bureaucratic structures. Argentina could accept the proposed wording for the establishment of the Conference of the Parties and in paragraph 3 preferred option 2 for the adoption of the rules of procedure and the financial rules. It also agreed with earlier speakers on the need for clarification of the functions of the Conference, particularly with regard to paragraphs 4(c) and 4(f). It supported the proposed texts on the Conference Secretariat and the subsidiary body for providing scientific and technical assistance, but saw no reason for a subsidiary body on implementation; if it was decided to set up such a body, however, Argentina would support option 2 of section III.D. In conclusion, it endorsed the proposed wording of section III.E, Support of the World Health Organization, section III.F, Financial mechanism.

Ms KERR (Australia) supported the suggestion that the creation of institutions should be discussed later, when the scope and requirements of the convention would be known. At that early stage, Australia was not convinced of the need for a separate Conference of the Parties and believed that full use should be made of existing mechanisms. With regard to implementation, the extent of any reporting requirements to be imposed on States Parties must be considered in the light of the substantive obligations laid down in the convention. The most effective and efficient means of implementing a reporting system should be considered and experience gained with reporting systems under other conventions should be taken into account.

With regard to the settlement of disputes, it would be noted that neither of the options in paragraph IV.B.2 involved the possibility of compulsory dispute settlements. The choice of an appropriate dispute settlement mechanism might have to await a decision on the nature of the convention’s obligations. While Australia recognized the important role that non-compulsory, consensual processes might play in assisting parties in dispute to reach agreement over their differences, it believed that the absence of an effective binding process to resolve disputes might
deprive the convention of a highly effective incentive for promoting a high level of compliance among parties with the convention’s obligations.

Mrs SHAHAR-BEN AMI (Israel) agreed that the Conference of the Parties should be convened once a year. With regard to paragraph III.A.1, her delegation considered that the Conference of the Parties should be convened once a year. With regard to paragraph III.A.3, her delegation considered that the Conference should first explore the possibility of reaching a consensus and only if consensus could not be reached should the option of a two-thirds majority vote be applied.

Israel considered that paragraph III.A.4(k) should be deleted, since the most appropriate course would be for subsidiary bodies to be established in the convention itself, rather than by the Conference of the Parties, since that could create an undesirable differentiation between two kinds of bodies. The need for far more subsidiary bodies should be considered by the Negotiating Body or its working groups in the course of negotiations.

In that connection, she drew attention to her delegation’s earlier suggestion for the establishment of an additional subsidiary body for legal issues. The purposes of such a body would be, first, to discuss all the legal aspects of the implementation of the convention when it comes into force, such as relations with other conventions and necessary amendments, and second, to provide a venue for the exchange of ideas on national legislation and to offer support and guidance on such matters to Member States.

Professor AUNG (Myanmar) agreed that the creation of institutions should be discussed at a later stage. The level and status of possible institutions should be examined carefully, taking the financial implications into account.

Ms SINIRLIOGLU (Turkey) agreed with other speakers that it was premature to discuss institutions before the scope and nature of the convention had been defined. Her delegation therefore reserved the right to return to part III during future negotiations.

IV. Implementation

The CHAIRMAN invited delegates to comment on part IV of the draft framework convention, “Implementation”.

Mr C.L. Nunes Amorim took the Chair.

Dr STAMPS (Zimbabwe) said that to keep the arrangements for settlement of disputes as simple as possible, his delegation preferred option 1 for paragraph B.2.

Mr ADSETT (Canada) said that his country supported the establishment of a process under which States Parties could report on the implementation of the obligations under the convention. Reporting should be mandatory and should be seen by States Parties as an opportunity to take stock of their actions and for the monitoring body to provide member States with constructive recommendations. Reporting should take place every four years, but clarification was needed on whether only written reports could be submitted or whether presentations would also be allowed.

The statement in paragraph IV.A.3 that the Conference of the Parties was to arrange for the provision to developing country Parties of technical and financial support in the preparation of their reports might place a heavy burden on the Conference. The paragraph should simply indicate the need for support, without specifying the means of providing it.

Canada preferred arbitration as the method for the settlement of any disputes that might arise under the convention.
Mr CHOWDHURY (Bangladesh) asked whether tobacco companies, through governments, could become parties to disputes under the convention, in accordance with the practice of the WTO.

The CHAIRMAN said that such disputes related to obligations under the convention, which were obligations upon States. Disputes in the context of WTO were commercial in nature and therefore could not serve as an analogy.

Ms SINIRLIOGLU (Turkey) said that her country preferred option 1 under paragraph B.2.

Mr SAINT-Paul (France), speaking on behalf of the European Union, said that the Union considered the arguments advanced in relation to the preceding part to be applicable to part IV as well. It would be premature to consider the text in detail while the contents of the convention were not known, but the implementation mechanisms outlined were unduly complex. While the reporting procedure did not raise any particular problems, it seemed to be unduly cumbersome and likely to place an unwarranted burden on the Parties. A more flexible mechanism would be preferable. The question of dispute settlement procedures was a complex one that should be given further consideration. Arbitration could constitute a means of dispute settlement.

Mr BAHARVAND (Islamic Republic of Iran) said the nature of the Conference of the Parties as described in part IV was not clear to him. Was it similar to that of the Conference of the Parties of the Conventions on Disarmament, which dealt with all matters relating to those instruments? What would be the role of WHO and its secretariat with regard to the implementation of the convention under discussion?

Referring to options 1 and 2 in paragraph B.2, he said that arbitration was normally used for the settlement of trade disputes and most arbitration work fell within the sphere of private international law. The International Court of Justice would not be an appropriate body for the settlement of disputes between the parties to the framework convention. His delegation suggested that consideration be given to transposing the provisions on dispute settlement to the final clauses. He reserved the right to revert to the issue.

The CHAIRMAN said that other conventions, especially in the field of the environment, had established conferences of the parties which operated as governing bodies and provided members with an opportunity to seek improvements and changes in the functioning of the conventions. It was in that sense that the reference to the Conference of the Parties should be construed, not in the context of the review process operated under the Treaty on the Non-proliferation of Nuclear Weapons.

With regard to the settlement of disputes, arbitration had been used very often in the past in matters that were not of a commercial nature, for example, for the definition of the borders of his own country. It was true that the settlement of disputes deserved further reflection, and perhaps a pre-legal stage, combining a mixture of political and legal options for the conciliation of positions, might be envisaged to that end.

Speaking as the delegate of Brazil, he agreed with the previous speaker that the matter would need to be taken up again after legal advice had been sought.

Mr CULLEN (Argentina) said that it was essential to take into account the consent of a State to dispute settlement. The idea of instituting a pre-legal stage was extremely interesting. His delegation favoured option 2 in paragraph B.2. Concerning reporting procedures under section A, his delegation could go along with the text proposed by the secretariat but thought that the reference to a subsidiary body for implementation was premature.

Mr CASTILLO SANTANA (Cuba) said that his delegation preferred option 1 in paragraph B.2.
Dr LI Xiuhua (China) said that at the current early stage of negotiations, when the contents of the convention, particularly with respect to obligations and dispute settlement, were not yet clearly defined, unduly rigid positions should not be adopted on such issues.

Ms SHAHAR-BEN AMI (Israel) said that her delegation would be handing to the secretariat a text concerning a dispute settlement mechanism similar to the one for the Vienna Convention for the Protection of the Ozone Layer.

Professor U. AUNG (Myanmar) said that reporting procedures should be simple and directly concerned with implementation and that reporting cycles should be different for developed and developing countries. Myanmar favoured a non-binding system of consultation or the use of diplomatic channels for the settlement of disputes.

Ms HOFER-CARBONNIER (Switzerland) said the inclusion of the provisions on settlement of disputes in part IV on implementation seemed to be somewhat pessimistic: they should perhaps be set out in a separate part of the convention. The language on the search for consensus in paragraph B.1 should be expanded and further elaborated with a view to encouraging the peaceful settlement of disputes.

Mr SANDAGE (United States of America) said, although his delegation generally supported section A on reporting requirements, it believed that the provision in paragraph IV.A.3 on arrangements to provide technical and financial support must be clearly linked to the wording concerning financial mechanisms elsewhere in the document.

His delegation strongly preferred option 1 in paragraph IV.B.2 and thought it was important for disputes under treaties to be resolved by negotiation, enquiry and the other mechanisms listed in paragraph 1. It was not constructive to resort to such binding dispute mechanisms as arbitration or judicial settlement, and it was especially unwise to entertain the possibility of submitting disputes to the International Court of Justice, which currently had a backlog of some 12 years.

Mrs MUNGWASHU (International Alliance of Women), speaking at the invitation of the Chairman, said that her organization supported the passage of a strong framework convention on tobacco control. Why were women concerned? Recent WHO data indicated that over the next 30 years, if current trends continued, tobacco-related deaths among women would more than double. Lung cancer now outranked breast cancer as the leading cause of cancer deaths in countries such as the United States of America and the United Kingdom. Tobacco use during pregnancy was associated with a higher risk of miscarriages, low birth weight and sudden infant death syndrome.

Women’s leadership was essential to the framework convention’s success and women should be represented equally with men in its design, implementation and monitoring and the dissemination of relevant information. The convention should specify that national tobacco control mechanisms should designate a gender focal point. Drawing attention to insidious attempts by the tobacco industry to subvert women’s leadership in tobacco control by offering to sponsor women’s organizations, particularly in poor communities, she said her organization was aware of those tactics and was working to counter them through its campaigns.

In conclusion, the framework convention did not have to stand alone, but should derive support from other international treaties and policy documents – in the case of women’s role, the Convention on the Elimination of All Forms of Discrimination Against Women and the Beijing Platform for Action, which were two essential instruments for the presentation of women’s rights to health as a human right. The women participating in the current negotiations were to be congratulated, since they attested to the fact that women were more than “vulnerable groups”, but were also leaders in achieving health for all.

The meeting rose at 12:45.
TENTH MEETING

Friday, 20 October 2000, at 19:00

Chairman: Mr C.L. NUNES AMORIM (Brazil)

1. METHOD OF WORK AND TIMETABLE OF THE INTERGOVERNMENTAL NEGOTIATING BODY: Item 5 of the Agenda (continued)

The CHAIRMAN reported that it had to establish three working groups to address the following elements, as outlined in document A/FCTC/INB1/2: working group 1 was assigned Research (Part II, Section G), regulation of tobacco product disclosures (IIA.2(b)(v)), tobacco sales to youth (IIA.2(b)(ii)), packaging and labelling (IIE), treatment of tobacco dependence (IIC), media, communications and education (IIH), exposure to tobacco smoke (IIA.2(b)(iii)), regulation of the contents of tobacco products (IIA.2(b)(iv)) and advertising, promotion and sponsorship (IIB).

Working group 2 would address surveillance (IIF), information exchange (IIK), tobacco taxes (IIA.2(b)(j)), tax-free and duty-free sales (IIA.2(b)(vi)), subsidies (IIA.2(c)), measures to eliminate smuggling (IID), other trade-related issues and economic and agricultural transition, which were covered in various parts of the document.

Working group 3 was assigned the issues of institutions (Part III), implementation (Part IV) including settlement of disputes, liability and compensation (Part II, Section J), development of the convention (Part V), final clauses (Part VI), financial mechanisms (Part III, Section F) and financial resources (Part II, Section L) which would be treated together, and cooperation in the scientific, technical and legal fields (Part II, Section I).

The objective of the working groups was to advance negotiations by way of developing clear texts and compromise solutions and reducing the number of options. The preamble, definitions, objectives and guiding principles were subjects for the Plenary only, although they would benefit from the input of group discussions. He said he took it that Plenary agreed with that division of work.

It was so agreed.

The co-chairmen of working group 1 would be nominated by France and Thailand. Those of working group 2 would be nominated by Canada and by one as-yet-underdetermined African country to be designated by the African Region. The co-chairmen of working group 3 would be nominated by Egypt and New Zealand. He said he took that Plenary would accept those choices.

It was so agreed.

A pragmatic approach was needed to divide the work between the co-chairmen. He suggested that the Bureau meet on the Friday preceding the next session of the Negotiating Body to propose a schedule of work in consultation with the co-chairmen of each working group. The working groups would not meet simultaneously, and there would be evening sessions. The Bureau would meet as often as necessary, to receive reports from the working groups and decide upon the convening of Plenary meetings. Although there had been general consensus with regard to the division of tasks among the working groups, changes could be made by the Plenary.

The documentation that would be available for the next session would include conference papers, which would contain the amendments that had been suggested; the summary records of the present session and a text from the chairman that would indicate possible compromises and a reduced number of options. It would also contain some reorganization of the draft elements, on the basis of
comments made during the present session. He said he took it that the Plenary agreed with that procedure.

It was so agreed.

2. **NEXT SESSION OF THE INTERNATIONAL NEGOTIATING BODY**: Item 9 of the Agenda

   The CHAIRMAN proposed that the next session of the Body would take place from 30 April to 5 May 2001.

   It was so agreed.

3. **CLOSURE OF THE SESSION**: Item 10 of the Agenda

   After the customary exchange of courtesies, the CHAIRMAN declared the session closed.

   Dr YACH (Executive Director), speaking on behalf of the Director-General and the Secretariat of WHO, thanked the Intergovernmental Negotiating Body for its work during the current session. Tobacco control activities would continue at the regional and global levels. At regional and national levels, the aims were to establish and strengthen national multisectoral coordinating committees for tobacco control and to accelerate tobacco control in accordance with the best practices discussed during the session. At the global level, additional technical meetings would be held to support the work under way, including meetings on liability and legal issues and on agricultural issues in conjunction with the Ad Hoc Inter-Agency Task Force on Tobacco Control of the Economic and Social Council of the United Nations.

   A meeting of young people was planned in conjunction with the second session of the Intergovernmental Negotiating Body to ensure that the vision and energy of future leaders was tapped during the negotiating process.

   The meeting rose at 19:25.