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## WHO Tobacco Control Papers

### Title

Tobacco Free Initiative - Report of Activities 2003-2004

### Permalink

<https://escholarship.org/uc/item/8x26g5nh>

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World Health Organization

### Publication Date

2005-01-26

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WORLD HEALTH ORGANIZATION

# TOBACCO FREE INITIATIVE **REPORT OF ACTIVITIES** 2003–2004



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Printed in Switzerland.



WORLD HEALTH ORGANIZATION

TOBACCO FREE INITIATIVE  
**REPORT OF ACTIVITIES**  
2003–2004

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## introduction



Dear friends and colleagues,

The last year and a half has been a very exciting time for the global tobacco control movement — as it has for WHO, and especially for TFI. This report begins with a crucial and historic event: the adoption of WHO's First Treaty, the WHO Framework Convention on Tobacco Control, by our Member States. It goes on to describing our technical and communications activities until the end of 2004, a few weeks after the WHO FCTC had finally garnered enough support to become a legally binding instrument.

The WHO FCTC will enter into force on 27 February 2005. This moment is one that many people have been waiting for and represents a historic moment for global public health.

This great achievement would not have been possible without the support of many organizations and individuals. This report of activities will provide a summary of how TFI, thanks to the generosity of its donors, has been able to contribute to this process. It is our way of saying thank you to all those who have made it possible for us to advance the global tobacco control agenda, from Member States, their Governments and

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WHO and the international community have taken up the challenge and are striving to ensure that present and future generations are spared the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

The Tobacco Free Initiative (TFI) was set up in July 1998 to focus and channel international attention, resources and actions to reduce the global burden of disease and death caused by tobacco. TFI embodies WHO's response to the global tobacco epidemic, by actively:

- providing global policy leadership;
- encouraging mobilization at all levels of society; and
- promoting the WHO Framework Convention on Tobacco Control (WHO FCTC).

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### Global reach for a global problem

TFI has regional offices for tobacco control based in WHO's regional offices for Africa (AFRO), the Americas (AMRO), the Eastern Mediterranean (EMRO), Europe (EURO), South East Asia (SEARO) and the Western Pacific (WPRO). TFI headquarters (HQ) works closely with its regional offices to plan and implement TFI activities in the local, national and international contexts.

## Global reach for a global problem

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### Working towards a global Treaty on Tobacco Control

In May 2000 the fifty-seventh World Health Assembly paved the way for multilateral negotiations on the WHO Framework Convention on Tobacco Control (WHO FCTC) and possible related protocols.

## Working towards a global Treaty on Tobacco Control

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### Intense negotiations lead to a breakthrough

The first of the six sessions of the Intergovernmental Negotiating Body (INB) took place in October 2000. The negotiations leading to the agreement on the WHO FCTC were intense and broad-ranging, and covered important issues such as advertising, promotion, sponsorship and related financial issues.

## Intense negotiations lead to a breakthrough

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### Moving towards entry into force

The first session of the Open-ended Intergovernmental Working Group (OIWG) on the WHO FCTC was held in Geneva in June 2004 to discuss a range of procedural, institutional, financial and budgetary matters related to the WHO FCTC.

**29 November 2004 was a landmark day for tobacco control.** After 111 months of negotiations, 168 countries had agreed to the WHO Framework Convention on Tobacco Control (WHO FCTC).

## Moving towards entry into force

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### Summary of Activities

**Tobacco Free Initiative (TFI): the interim secretariat of the WHO FCTC**

The WHO Tobacco Free Initiative (TFI), acting as the interim secretariat for the WHO FCTC, has strived to:

- ensure that as many countries as possible would sign the Convention before 29 June 2004;
- encourage countries to become Contracting Parties at the earliest opportunity; and
- offer technical assistance to Member States to work towards ratification, acceptance, approval and accession to the WHO FCTC.

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### Research and Policy Development

**Economics and tobacco control**

Public awareness of tobacco's harmful effects is essential to lay the foundation for strong tobacco control policies and regulations. TFI strives to ensure that tobacco control occupies an important place in the public's mind by funding anti-tobacco media campaigns and organizing workshops at local, national and international levels.

## Research and Policy Development

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### Surveillance and Monitoring Tobacco-related surveillance

The standardization of current tobacco consumption definitions is one of the projects that TFI is working on. Initial cross-cluster discussions within WHO and with the Centers for Disease Control and Prevention (CDC) have been held. TFI is collaborating with the Centers for Disease Control and Prevention (CDC) on various global surveys.

## Surveillance and Monitoring

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### Training and Capacity Building

For the WHO FCTC to be truly successful, countries need to be prepared to become Contracting Parties to the Treaty and implementing effective tobacco control measures.

## Training and Capacity Building

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### Communications and Media

Public awareness of tobacco's harmful effects is essential to lay the foundation for strong tobacco control policies and regulations. TFI strives to ensure that tobacco control occupies an important place in the public's mind by funding anti-tobacco media campaigns and organizing workshops at local, national and international levels.

## Communications and Media

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### TFI's Global Network

In addition to cross-cluster collaboration with other WHO departments, WHO works with a network of external organizations.

Cross-cluster initiatives include collaboration with the Stop Tobaccoless (ST) team to study existing evidence on the association between TB and tobacco use and develop recommendations for the integration of smoking cessation programmes in TB clinics. A WHO monograph on the subject is currently in preparation and will be circulated to Member States.

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## DONORS

### ANNEX I

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### Donors

TFI's work is only possible thanks to the collaboration with other institutions and the financial support from all of its donors.

TFI's donors include, but are not limited to the following governments: Australia, Brazil, Canada, Finland, France, Germany, Japan, Republic of Korea, New Zealand, Norway, Sweden, Switzerland, United Kingdom, United States of America; as well as the following agencies: Instituto Nacional de Câncer (INCA, Brazil), the Norwegian Heart and Lung Associations, United Nations Fund for International Partnerships (UNFIP), US Centers for Disease Control and Prevention (USCDC), US Environmental Protection Agency (USEPA).



# introduction

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This report begins with a crucial and historic event: the adoption of WHO's first Treaty, the WHO Framework Convention on Tobacco Control, by our Member States. It goes on to describing our technical and communications activities until the end of 2004, a few weeks after the WHO FCTC had finally garnered enough support to become a legally binding instrument.

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tobacco control agenda, from Member States, their Governments and Ministers, to civil society — particularly NGOs — who have been closely following up and promoting the process at country level, and not least to our colleagues throughout the World Health Organization, especially the Director-General for his support since the adoption of the Treaty.

We must remember that the ground work for the implementation of the Convention at country level will now begin, and that we will continue to provide support to our Member States in their future tobacco control endeavours. We look forward to your support in the future, so we are able to continue our untiring efforts towards saving lives now lost to tobacco.



**Dr Vera Luiza da Costa e Silva**  
Director, Tobacco Free Initiative  
World Health Organization

# The Global Tobacco Epidemic

WHO and the international community have taken up the challenge and are striving to ensure that present and future generations are spared the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

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## Global reach for a global problem

TFI has regional advisers for tobacco control based in WHO's regional offices for Africa (AFRO), the Americas (AMRO), the Eastern Mediterranean (EMRO), Europe (EURO), South-East Asia (SEARO) and the Western Pacific (WPRO). TFI headquarters (HQ) works closely with its regional advisers to plan and implement TFI's activities in the broad areas of:

- the WHO Framework Convention on Tobacco Control;
- research and policy development;
- surveillance and monitoring;
- training and capacity building;
- communications and media;
- cross-cluster interaction with other WHO programmes; and
- collaborative initiatives with global partners.

Regional advisers, in turn, collaborate with WHO's

country representatives and liaison officers to facilitate tobacco control activities at regional and country level. Most of TFI's major activities are coordinated by its regional offices and decentralized to country level. TFI's work is only possible thanks to the collaboration with other institutions and the financial support from several donors.

TFI collaborates closely with other WHO departments in cross-cluster initiatives to facilitate the integration of tobacco control into other health programmes (e.g., child and maternal health and tuberculosis).



## Working towards a global Treaty on Tobacco Control

In May 1999 the fifty-second World Health Assembly paved the way for multilateral negotiations on the WHO Framework Convention on Tobacco Control (WHO FCTC) and possible related protocols.



The Framework Convention was WHO's firm and unambiguous response to the globalization of the tobacco epidemic. The WHO FCTC represents a historic development both in terms of global efforts to curb tobacco consumption and exposure, but also because it was the first time that WHO Member States exercised their treaty-making powers under Article 19 of the WHO Constitution.



## Intense negotiations lead to a breakthrough

The first of the six sessions of the Intergovernmental Negotiating Body (INB) took place in October 2000. The negotiations leading to the agreement on the WHO FCTC were intense and broad ranging, and covered important issues such as advertising, promotion, sponsorship and related financial issues.

Ambassador Celso Amorim of Brazil was the first Chair of the INB sessions. "Tobacco control is an integral part of people's right to health and I am particularly honoured to have been part of this global struggle," he said in June 2003 upon reception of the Director-General's Award for his leadership in global tobacco control.

Ambassador Seixas Corrêa was elected during the fourth INB session (INB4) to replace Ambassador Amorim when he took over as Permanent Representative of Brazil in Geneva. After two weeks of intense negotiations, the sixth session of the Negotiating Body agreed – following hours of discussions that went through the night and into early hours of the morning of 1 March 2003 – to transmit to the World Health Assembly the draft text of the WHO Framework Convention on Tobacco Control. "Every country present in this room will testify to the challenges we faced as we worked on this final document. We now have to ensure the agreement we have reached will do what is intended to do – save lives and prevent disease," he said while addressing Member States' delegates.

**In Geneva, 28 countries and the European Community signed at the first opportunity (16 June 2003), and Norway became the first country to become a Contracting Party to the Convention.**

A few months later, during the 56<sup>th</sup> World Health Assembly, WHO Member States unanimously adopted the WHO FCTC. The first international public health treaty negotiated under the auspices of WHO was adopted on 21 May 2003, a truly historic day for global public health. WHO's then Director General, Dr Gro Harlem Brundtland told assembled delegates at the 56<sup>th</sup> World Health Assembly in Geneva that: "Today, we are acting to save billions of lives and protect people's health for generations to come. The convention we have agreed on is a real milestone in the history of global public health".

On 16 June 2003, a ceremony marked the opening of the WHO FCTC for signature, twenty-eight States along with the European Community (EC) were

among the first signatories at the special ceremony held at WHO headquarters in Geneva.

The WHO FCTC closed for signature on 29 June 2004. On that date, it had become one of the most rapidly embraced United Nations conventions, with 167 WHO Member States and the European Community (EC) signing, and 23 countries ratifying, accepting, approving or acceding to the Convention. That was barely one year after it opened for signature!

The Treaty remains open for ratification, acceptance or approval for those countries that have signed. Countries that have not signed can become Parties to the Treaty by means of accession. The Treaty is also open for formal confirmation (legal instrument equivalent to ratification) by the European Community.



## Moving towards entry into force

The first session of the Open-ended Intergovernmental Working Group (IGWG1) on the WHO FCTC was held in Geneva in June 2004 to discuss a range of procedural, institutional, financial and budgetary matters related to the WHO FCTC.

The Working Group was also asked to elaborate proposals on those issues identified in the Convention for consideration and adoption, as appropriate, by the first session of the WHO FCTC Conference of the Parties (COP). Chaired by Brazilian Ambassador Luiz Felipe de Seixas Corrêa, the Working Group was open to all WHO Member States, country members of the United Nations, as well as regional economic integration organizations.

A second session of the Open-ended Intergovernmental Working Group (IGWG2) on the WHO FCTC is scheduled to be held at WHO headquarters in Geneva from 31 January to 4 February 2005. The Working Group meeting will finalize the report of the IGWG to the COP; it is expected that the outcomes of this meeting will include draft proposals for consideration by the COP on a number of institutional, financial and budgetary issues.

**29 November 2004** was a historic day for public health, as the WHO FCTC reached the required number of Parties to enter into force.

The WHO FCTC enters into force on 27 February 2005. The first 40 Contracting Parties to it were Armenia, Australia, Bangladesh, Bhutan, Brunei Darussalam, Canada, Cook Islands, Fiji, France, Ghana, Hungary, Iceland, India, Japan, Jordan, Kenya, Madagascar, Maldives, Malta, Mauritius, Mexico, Mongolia, Myanmar, Nauru, New Zealand, Norway, Pakistan, Palau, Panama, Qatar, San Marino, Seychelles, Singapore, Slovakia, Solomon Islands, Sri Lanka, Syrian Arab Republic, Thailand, Trinidad and Tobago and Uruguay.



## Summary of Activities

### Tobacco Free Initiative (TFI): the interim secretariat of the WHO FCTC

The WHO Tobacco Free Initiative (TFI), acting as the interim secretariat for the WHO FCTC, has strived to:

- ensure that as many countries as possible would sign the Convention before 29 June 2004;
- encourage countries to become Contracting Parties at the earliest opportunity; and
- offer technical assistance to Member States to work towards ratification, acceptance, approval and accession to the WHO FCTC.

## WHO FCTC awareness raising workshops and technical support to Member States

In providing technical and legal support to Member States to sign, ratify, accede to and prepare for the implementation of the Treaty, a number of workshops were organized in different WHO Regions to identify and promote a clear and comprehensive understanding of the:

- objectives and provisions of the WHO FCTC;
- national obligations that arise from the provisions of the WHO FCTC, including obligations of a procedural nature;
- legislative, technical, capacity building and infrastructural measures and actions needed in countries to lay the groundwork for implementation of the WHO FCTC ; and
- early entry into force of the WHO FCTC by encouraging and facilitating early entry into force through enhanced understanding of the relevant instruments and processes.

## WHO Regional meetings

### WHO AFRO

WHO in collaboration with the Government of Kenya convened a WHO AFRO sub-regional awareness raising and capacity building workshop in Nairobi, Kenya on 17-20 November 2003. Participating Member States included Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Rwanda, Seychelles, Tanzania and Uganda. WHO Member States belonging to the Economic Community of West African States (ECOWAS) held a meeting in Dakar, Senegal on 9-10 September 2004. Participating WHO Member States included Benin, Burkina Faso, Gambia, Guinea Bissau, Guinea Conakry, Liberia, Mali, Mauritania, Niger, Nigeria, Togo and Senegal.

### WHO AMRO

A WHO AMRO sub-regional awareness raising and capacity building workshop was held in San Jose, Costa Rica on 5-7 May 2004. The following Member States attended the workshop: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panamá and Perú.



## WHO EMRO

The first EMRO sub-regional awareness raising and capacity building workshop was held in Cairo, Egypt on 16-18 December 2003. Member States attending the meeting included Bahrain, Kingdom of Saudi Arabia, Kuwait, Oman, United Arab Emirates, and Yemen; Egypt attended as an observer.

A second sub-regional workshop took place in Cairo, Egypt, from 15 to 17 December 2004 for 7 Eastern Mediterranean countries, namely: Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, and Tunisia.

## WHO EURO

WHO in collaboration with the Government of Kyrgyzstan convened a EURO sub-regional awareness raising and capacity building workshop in Bishkek, Kyrgyzstan on 11 - 12 December 2003. Participating Member States included Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

## WHO SEARO

A WHO SEARO sub-regional awareness raising and capacity building workshop was convened in Kathmandu, Nepal on 18-19 March 2004. The workshop was attended by Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka; the South-Asian Association for Regional Cooperation (SAARC) attended as an observer.

## WHO WPRO

WHO in conjunction with the Government of Fiji convened the Pacific Islands awareness raising workshop on the WHO Framework Convention on Tobacco Control. The workshop that took place in Nadi, Fiji on 11-12 May 2004 attracted participation from the following Member States; Cook Islands, Fiji, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu; New Zealand attended as an observer.

## Other Sub-regional meetings

### *Regional bodies (ASEAN)*

A sub-regional awareness raising workshop on the WHO FCTC for Member States of the Association of South-East Asian Nations (ASEAN) and China took place from 29-30 September 2004 in Hanoi, Viet Nam. The workshop was preceded by a United Nations Foundation (UNF) National Capacity Building workshop that took place from 27 to 28 September 2004. The WHO FCTC workshop was attended by China and the following ASEAN Member States: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam.

## National consultations on the Treaty

To complement the Sub-regional workshops, WHO has also provided technical support to national consultations on the Treaty. A number of such national consultations have taken place since May 2003.

### *Kenya*

WHO and the Ministry of Health of Kenya convened a National Workshop for Kenyan Parliamentarians on the WHO FCTC and the Kenya Tobacco Control Bill (2003). Following a number of presentations and in-depth discussions on the WHO FCTC and practical considerations on the signature and ratification of the Convention by Kenya, MPs resolved to mobilize the entire Parliament of Kenya to drive the WHO FCTC process forward and steer the Draft Tobacco Control Bill through the parliamentary process. Kenya signed and ratified the WHO FCTC on 25 June 2004.

### *Czech Republic*

Seminar on the WHO FCTC in the Chamber of Deputies of the Parliament of the Czech Republic. The seminar held in Prague on 23 January 2004 was organized by the Ministry of Health and the Parliament of the Czech Republic to review the process and challenges facing the entry into force of the WHO FCTC in view of global, regional and national developments in tobacco control. WHO representatives and the rest of participants exchanged views and experiences and reviewed the current status and future challenges in the Czech Republic as it moves towards ratification and entry into force of the WHO FCTC.

### *Argentina*

The Government of Argentina organized a number of national awareness workshops on the WHO FCTC with Senators and Congressmen in the country to mobilize support for the Convention. WHO provided technical support for these workshops. The first awareness-building workshop on the “Implications of the Framework Convention on Tobacco Control for Argentina and Mercosur” was convened in Buenos Aires on 24-25 August 2003. At the end of the workshop, discussions between Senators and Congressmen allowed State delegates to identify and understand key issues relating to effective tobacco control interventions, the WHO FCTC and the challenges of implementing tobacco control measures in Argentina.

A second public forum on the need to advance legislation for the WHO FCTC process was convened in La Plata. These meetings, led by the Ministry of Health, provided a push for Argentina’s signature of the WHO FCTC on 25 September 2003.

### *Brazil*

WHO was invited to give a presentation to the newly created Brazilian National Commission for the Ratification of the WHO FCTC during a high-level seminar in Brasília (Brazil, 27 August 2003). The presentations covered, among others: the WHO FCTC; capacity building for tobacco control; economics of tobacco; the public health impact of tobacco; and tobacco control in the Mercosur region. The seminar proceedings were drafted and its conclusions were provided to members of Congress in preparation for the debate on the ratification of the WHO FCTC.

## Recommendations

Following these consultations and workshops, participating Member States and Regions adopted several or all of the following recommendations and action points:

- the establishment of multi-sectoral national committees for tobacco control,
- the development of comprehensive national tobacco control programmes,
- the preparation of action plans for the implementation of the WHO FCTC, including the organization of workshops and necessary steps to aid the legal and technical processes at country level,
- the establishment of a mechanism of financing and technical assistance for sensitization campaigns engaging civil society and the media, research and capacity building,
- the enhancement of cross-country and interregional coordination on dimensions of tobacco control, especially those referring to the WHO FCTC process,
- call for support from international organizations in carrying out research and developing studies.

## Tobacco Control legislation

In May 2004, a revised edition of the introductory guide to tobacco control legislation was published by TFI. This publication is intended as a tool to guide and support countries in their process of building legislative capacity for tobacco control and prepare for the implementation of the WHO FCTC.

In 2003-2004, key developments (without being exhaustive) in tobacco control legislation around the world include:

### → *Brazil*

Brazil updated its requirements for tobacco package labelling requiring the use, as of August 2004, of a new series of ten graphic health messages on

packages. It also strengthened regulations further by limiting how manufacturers can use levels of tar, nicotine and carbon monoxide to identify and promote different brands.

### → *Canada*

Several provinces and municipalities passed laws prohibiting smoking in almost all indoor public places, includ-

ing pubs, clubs, and restaurants; such legislation covers around 25% of the population in the country.

### → *Czech Republic*

A ban on direct advertising entered into force in July 2004.

### → *Denmark*

Banned the sale of tobacco products to minors.

**→ European Union**

The European Union Directive (2003/33/EC) on advertising and sponsorship of tobacco products calls on European Union countries to strengthen even further their direct and indirect advertising policy for tobacco products by the summer of 2005. In particular, the Directive calls for a complete ban of advertising in the printed media, radio, as well as sponsorship of events with cross-border effects. The Directive also indicates that the free distribution of tobacco products would be prohibited during such events.

**→ France, Georgia and Israel**

These countries banned the sale of tobacco products to minors.

**→ India**

Has comprehensive tobacco control legislation, the country banned in May 2004 smoking in public places, tobacco advertising in mass media and sales to minors.

**→ Jordan**

The Queen Alia Airport was declared a tobacco-free area, and tobacco prices were raised.

**→ Kazakhstan**

Introduced a ban on direct advertising and placed restrictions on the indirect advertising of tobacco products in the second half of 2003.

**→ Latvia**

A ban on all direct advertising is now in force in the country, where advertising with health warnings was previously in place.

**→ Malta**

Legislators recently decided to raise the minimum age to buy tobacco products from 16 to 18 years.

**→ Serbia and Montenegro**

This country banned the sale of tobacco products to minors. The Parliament of Montenegro also introduced a ban on all direct, and almost all indirect, advertising.

**→ Tanzania**

Passed the Tobacco Regulatory Act early 2003.

**→ Thailand**

The country has already in place comprehensive tobacco control legislation.

**→ United States**

Several states and municipalities passed laws prohibiting smoking in almost all indoor public places, including pubs, clubs, and restaurants. It is estimated that nearly 25% of the population in the US are now covered by these laws

**→ Uganda**

Banned smoking in indoor public places.

**→ Uruguay**

The Ministry of Health passed a decree in March 2004 making all facilities and vehicles under its jurisdiction 100% smoke-free.

The following Member States also developed, updated or passed tobacco control legislation with support from WHO:

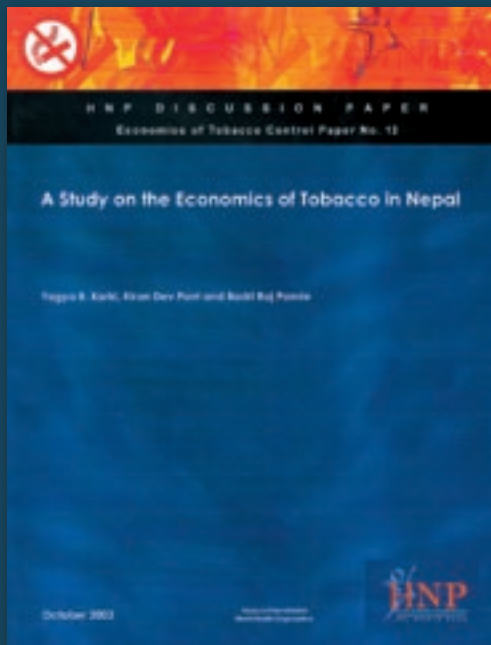
→ Brunei Darussalam → Cook Islands → Kiribati  
 → the Republic of Korea → the Laos Peoples Democratic Republic → Malaysia → Mongolia  
 → New Zealand → Niue → Nauru → Palau  
 → Papua New Guinea → Samoa → Solomon Islands  
 → Vanuatu → Viet Nam

These countries have enacted or updated their legislation for tobacco control. However, it is important to note that since the adoption of the WHO FCTC, most WHO Member States have been focusing their attention to becoming Parties to the WHO FCTC. While they are in the process of putting in place new national legislation or preparing to amend them, many hope to ratify, accept, approve or accede to the Convention and then enact implementing legislation where applicable.



# Research and Policy Development

## Economics and tobacco control



WHO/TFI and the World Bank have collaborated over a long period of time to reverse the long-held perception that tobacco control can harm a country's economy. Several studies conducted in different countries have shown that tobacco control can generate more revenue and create more wealth and that it does not have a negative effect on the economy. Field research has been undertaken to demystify the so-called 'catastrophic' impact of tobacco control on employment — a myth largely propagated by the tobacco industry and tobacco lobbies. TFI has gone to great lengths to make available larger amounts of information and evidence on:

- the economic aspects of tobacco;
- the adverse effects of tobacco use and production on sustainable development; and
- the overall positive impact of tobacco control on national economies.

### Case studies

Since May 2003, a series of case studies have been carried out and published, including:

#### → July 2003

Case studies conducted in Brazil, Colombia, Chile and Mexico compare the costs in these four countries. These studies assess the cost of treatment of three tobacco-related diseases: lung cancer, chronic obstructive pulmonary disease and acute myocardial infarction.

#### → Autumn 2003

The study "Cost of Tobacco-Related Illnesses on Bangladeshi Economy", was launched. This study estimates the opportunity cost borne by the economy from tobacco-related illnesses.

A survey was also launched in Myanmar to analyse the link between tobacco use and poverty.

#### → December 2003

A series of studies on the economics of tobacco were conducted in Bangladesh, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. These studies covered a wide range of tobacco-related issues, including: the production, consumption and trade of tobacco products; costs related to tobacco use; existing tobacco control policies; and potential impact of price increase on consumption.

Also in December 2003, a study was launched on "Higher Tobacco Prices and Taxes in South-East Asia: An effective tool to reduce tobacco use, save lives and generate revenues". This regional analysis reviewed tobacco prices and taxation as well as the potential impact of price and tax increases on consumption and government revenues.

Other country studies on the economics of tobacco were conducted throughout 2003 and 2004, namely:

- Mercosur country studies Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay. These studies analyse tobacco production, consumption and trade; present existing tobacco control measures; and assess impact of tax increases on government revenues through simulations.
- A case study carried out in Brazil describes the experience of selected municipalities that successfully switched from growing tobacco to other crops.

Early 2005, TFI will launch “The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership”. The report has a global perspective, and analyses the contribution of tobacco control to the achievement of each of the eight United Nations Millennium Development Goals (MDGs).



and Finance of ten regional countries, as well as representatives of the WHO, World Bank, the International Monetary Fund (IMF) and Asian Development Bank (ADB). The discussions focussed on tobacco control issues, with a special focus on tobacco taxation and employment, and ended with a call to governments to increase tobacco product prices above inflation, and to strengthen other tobacco control policies.

TFI also participated in other consultations on tobacco control and economics including the quadrennial conference of UNCTAD and the presentation of the UN Ad-Hoc Inter-agency Task Force on Tobacco Control report to ECOSOC, which resulted in a new resolution. These achievements are included under the Global Network section (page 48).

## Meetings and consultations on the economics of tobacco control

→ *Indonesia* A multi-sectoral approach in tobacco control, was applied during the “Jakarta Consultation on effective collaboration between the health and financial sectors for tobacco control” (WHO/World Bank, December 2003). The consultation, hosted by the Government of Indonesia brought together officials from the Ministries of Health

## Cessation of tobacco use

Cessation interventions are successful when integrated in a comprehensive tobacco control programme. In 2003, TFI launched the publication “Policy recommendations on smoking cessation and treatment of tobacco dependence” during the 12<sup>th</sup> World Conference on Tobacco or Health in Helsinki, Finland. The policy recommendations call for, among others, the:

- introduction of a supportive environment to help people to quit tobacco use; and
- promotion of behavioural and/or pharmacological interventions to help people quit.

Also in 2003 the WHO European Strategy for Smoking Cessation Policy was launched. It provides guidelines and support to the Member States to build their capacity to strengthen smoking cessation activities. This document describes the effectiveness of measures influencing the demand for

tobacco products and the different interventions directly targeted to facilitate changes in tobacco users’ behaviour or attitudes.

Another project in this area of work has been to carry out a cross-cluster analysis of tobacco control related activities within WHO in order to promote the integration of tobacco control –an in particularly cessation initiatives – within various existing health services, for example health-care facilities for treatment of tuberculosis and lung disease.

## Second-hand tobacco smoke (SHS)

In light of continued and growing evidence of the health impact of SHS, TFI has issued recommendations on smoke-free policies.

TFI is currently working with experts in this field to prepare a report on the health effects of second-hand tobacco smoke and effective policies to create smoke-free places. This report will provide Member States with:

- updated scientific evidence of the adverse effects of SHS;
- interventions to reduce SHS;
- examples of best practices with special attention to specific interventions (the workplace, health-care settings, schools, restaurants, hotels, etc.); and
- specific policies for countries with different priorities and funds.

The project “Clearing the air from tobacco smoke pollution: creating healthy and safe environments for children”, is a joint project between WHO and the US Environment Protection Agency (EPA) to gather evidence-based data. Some of the countries that have participated in the project include Poland, Latvia, China and Viet Nam. The project benefited from the active participation of multiple partners and professionals, and showed that second-hand tobacco smoke interventions can contribute to an improvement in children’s health by reducing their exposure to SHS.

## Youth and gender-related issues

Surveillance of tobacco use among youth has shown that the vast majority of smokers start smoking well before their 18<sup>th</sup> birthday and this is equally true in both developed and developing countries. TFI is working on the development of policy recommendations for effective tobacco control strategies for youth.

Building alliances and taking action to create a generation of tobacco-free children and youth is a project supported by the United Nations Foundation (UNF). The project’s objective is to address tobacco-related problems affecting children and adolescents in developing countries. The project is currently supporting two projects at country level:

- A study focused on smoking, diet and physical activity in school-age adolescents in Pelotas, southern Brazil.
- A campaign to increase awareness on children and adolescents of the different aspects of tobacco use, including how tobacco companies target youth and try to tempt them by projecting smoking as a ‘glamorous’ activity in Oman.

Both projects are being developed in close collaboration with the Ministries of Health and Education of the countries involved.

Applying a gender perspective to tobacco control strategies could strengthen the implementation of the WHO FCTC. In 2003, TFI worked with the WHO department for Gender and Women’s Health to develop a “Fact sheet on Gender, Health and Tobacco” to identify gender-related factors that influence tobacco use, research gaps and implications for tobacco control.

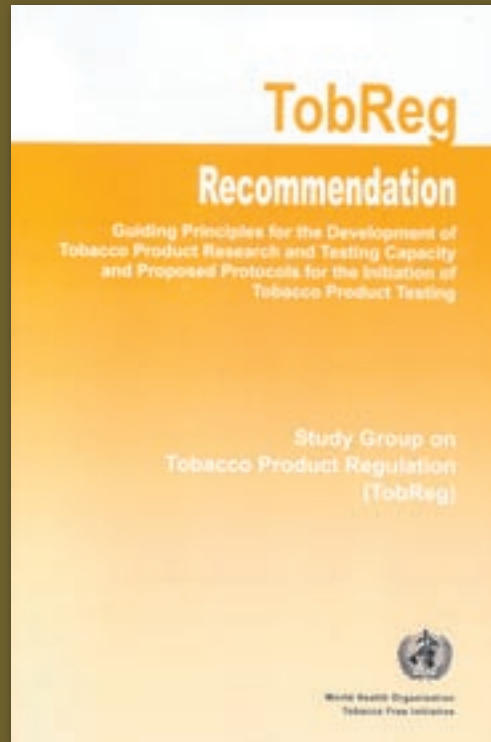
[http://www.who.int/gender/documents/en/Gender\\_Tobacco\\_2.pdf](http://www.who.int/gender/documents/en/Gender_Tobacco_2.pdf)

## Product regulation

The Indian Ministry of Health invited WHO to convene the sixth meeting of its Scientific Advisory Committee on Tobacco Product Regulation (SACTob) in Goa, India in September 2003. This SACTob meeting reviewed the regulatory issues to be considered in the light of the WHO FCTC, including;

- alternatives to current cigarette yield testing measures;
- biomarkers of exposure to carcinogenic tobacco/smoke constituents;
- practical applications for regulatory agencies/governments;
  - topography/use of pattern of smoking and characteristics of cigarette design; and
  - facilitating testing of tobacco products in developing countries.

The first meeting of the Study Group on Tobacco Product Regulation (TobReg; see page 50 for explanation of SACTob, TobReg) was held in Montebello, Canada from 26 – 28 October 2004. This TobReg meeting examined the role of toxicity testing in tobacco product testing, biomarkers of exposure and effects of and testing methods for smokeless tobacco. TobReg members also discussed the deficiencies of the ISO (International Organization for Standardization) tobacco testing protocols with ISO representatives. The recommendation entitled: Guiding Principles for the Development of Tobacco Product Research and Testing Capacity and Proposed Protocols for the Initiation of Tobacco Product Testing was approved and adopted at this meeting.



## Other research areas

Recent evidence points to increasing global use of tobacco products such as bidis, smokeless tobacco, water-pipes, etc. The WHO FCTC calls for tobacco control measures to be implemented on all tobacco products. To this end, WHO, in collaboration with the Centers for Disease Control, USA, and the Tata Institute for Fundamental Research in India, are preparing a monograph on bidis based on current evidence from around the world.

Other work in this area includes:

- an international workshop “Bidis- A Scientific Review of the Indian Cigarette: An International Workshop”, organized in India in 2003;
- further work on the entire range of tobacco products to devise targeted tobacco control measures for different types of tobacco products.



## Surveillance and Monitoring

### Tobacco-related surveillance

The standardization of current tobacco consumption definitions is one of the projects that TFI is working on. Initial cross-cluster discussions within WHO and with the Centers for Disease Control and Prevention (CDC) have been held. TFI is collaborating with the Centers for Disease Control and Prevention (CDC) on various global surveys:

#### → *Global Youth Tobacco Survey (GYTS)*

The GYTS assesses youth attitudes, perceptions and behaviours regarding tobacco use among youth. By the end of 2004, GYTS had been completed in 138 countries and repeated in 27 countries across all WHO regions. In addition, 22 countries have been trained and are in the process of completing the survey and 13 new countries are scheduled to initiate the survey in 2005.

So far, data collection has been published in three cross-country peer reviewed papers. This data will be used for the creation of policy papers. WHO and CDC explored ways to move “from data to action” for the GYTS during a meeting that took place in late 2004.

#### → *WHO/CDC Global School Personnel Survey (GSPS)*

An initiative undertaken with CDC, this survey collects information from school personnel concerning their use of tobacco and the tobacco-related school policies and programmes.

#### → *Global Health Professional Survey (GHPS)*

Health professionals are responsible for health care, but also are important sources of health education on a range of tobacco related topics such as cessation and exposure to second-hand smoke. Health professionals should be ‘role models’ in the community and their use of tobacco is a ‘marker’ reflecting the degree of acceptance of tobacco in a community. WHO and CDC developed a pilot testing of the GHPS, and a pilot survey is being carried out in six different countries (covering all WHO Regions). TFI expects the results of this pilot survey to be ready in time for World No Tobacco Day 2005 which will have the theme of “The Role of Health Professionals on Tobacco Control”. There was a training workshop in Geneva in early October 2004 for GHPS research coordinators.

#### → *Global Information System on Tobacco Control (GISTOC)*

WHO TFI and CDC met in Copenhagen in June 2003 to promote and facilitate the exchange of standardized and publicly-available global tobacco-related information. One of the major offshoots of this meeting was the Global Information System on Tobacco Control (GISTOC). GISTOC consists of six regional online databases of standardized country-specific data providing access to international sources of tobacco control data; a process was also proposed in Copenhagen to ensure the regular update and maintenance of these databases.

A surveillance meeting was held in Geneva in June 2004 to review the project and for WHO TFI, CDC and the Canadian Public Health Association (CPHA) to develop strategies on the future course of the global tobacco surveillance initiative. Representatives from the American Cancer Society (ACS) also participated in the meeting.

## Tobacco Industry Monitoring (TIM)

TFI is monitoring and drawing global attention to the activities and practices of the tobacco industry.

It does so in conformity with the call of the WHA Resolution 54.18 and also the text of the WHO FCTC, where it asks countries to remain: “... alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts...”

### *Tobacco Industry Monitoring Reports*

TFI believes that an understanding of tobacco industry practices is fundamental to lay the foundations of effective tobacco control programmes. To this end, TFI monitors tobacco industry activities on a monthly basis and disseminates the results to its Regional Advisers and tobacco control advocates and the NGO community.

### *TIM Database*

A new project was initiated in 2004 to create a database with all excerpts collected in the monthly Tobacco Industry Monitoring reports. The new database format will provide a complete and easy-to-search database of tobacco industry activities since the reports were launched in 2001. Users will then be able to easily identify and analyse the industry’s tactics by topic, in a country or region, by company, and see the changes in these strategies chronologically.

## *Tobacco Industry Reports*

Within the same range of monitoring activities, some reports are being prepared for publication. The objective of this work is to point out the contradictions between the industry’s social corporate programmes and the reality of their business activities and their impact on health and economies. The following case studies analysed different aspects of the industry’s strategies through 2004:

“The tobacco industry and corporate social responsibility... an inherent contradiction”;

“The position of the tobacco industry on addiction and second-hand tobacco smoke”;

“The Tobacco Industry documents. What they are, what they tell us and how to search them. A Practical Manual (2<sup>nd</sup> edition)”.

## Training and Capacity Building

For the WHO FCTC to be really successful, countries need to be prepared to become Contracting Parties to the Treaty and implementing effective tobacco control measures.

Building and strengthening national capacity (political, managerial and technical) in countries is crucial and the key to a systematic multi-sectoral approach to tobacco control.

TFI contributes to the strengthening of national capacity for tobacco control by:

- coordinating global expertise;
- assisting the implementation of effective national tobacco control strategies;
- promoting partnerships with governments and civil society.

## Projects

Support to national capacity building activities at country level- TFI has provided support in form of seed grants and/or technical assistance for projects across countries in all WHO Regions to enable them to initiate or strengthen their national tobacco control process. Governments in recipient countries are working to ensure that their efforts will be sustained once WHO's funding ends, notably by incorporating project activities into the national public health agenda.

### → *The Francophone Project*

This project was carried out in Côte d'Ivoire, Burkina Faso, Benin, Cameroon and Mali. The project, Protecting children and young Africans from the harmful effects of tobacco, financed by the French Government, consisted of a survey and data collection. The latter phase will see the formulation

of policy recommendations and development of tobacco control measures.

### → *Protecting Youth from Tobacco in five countries*

This project initially focused on the use of legislative and economic interventions for reducing tobacco consumption among children and youth. This project –initiated in 2000 in China, India, Kenya, Senegal and Ukraine– has strengthened national capacity for tobacco control. The project ended in 2004 with regional workshops on capacity building and project dissemination in three of the five pilot countries.

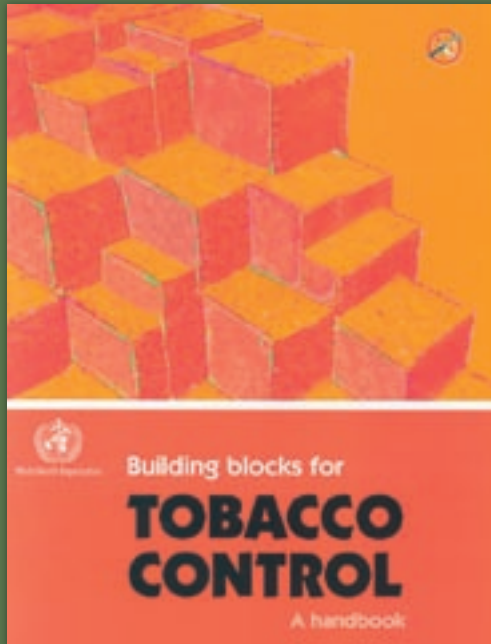
→ Meeting consultation in Portuguese-speaking countries  
The aim of this initiative was to strengthen national capacity in Portuguese-speaking countries. A workshop was held in Brazil in 2003 with the participation of representatives from seven countries: Angola, Cape Verde, Guinea Bissau, Mozambique and Sao

Tomé and Príncipe; Timor-Leste; and Portugal. All of these countries are currently developing or implementing projects for national tobacco control. Support and leadership for this project was obtained from different sources, including the governments of Brazil and Portugal as well as from INCA (National Cancer Institute in Brazil).

**Table 1** Countries recipient of grants or other support for national capacity building projects

Region	Countries
<b>AFRO</b>	Angola, Benin, Burkina Faso, Cameroon, Cape Verde, Côte d'Ivoire, Guinea Bissau, Kenya, Mali, Mozambique, Sao Tome et Principe.
<b>EMRO</b>	Djibouti, Morocco, Pakistan, Somalia, Yemen
<b>EURO</b>	Portugal, Ukraine
<b>PAHO</b>	Costa Rica, Honduras, Jamaica, Paraguay, Peru, Uruguay
<b>SEARO</b>	Bangladesh, Timor-Leste, India
<b>WPRO</b>	China, Laos, Mongolia, Philippines, Samoa, Viet Nam

## New Publications



### → *Building Blocks for Tobacco Control: A Handbook*

A book written to help countries strengthen their national capacity for tobacco control. It addresses the practical elements of various tobacco control measures. Conceived as a “How To” manual, the approach is intentionally pragmatic and addresses ‘real world’ issues. The practical advice for setting up viable national tobacco control programmes were prepared by experts with practical experience at national level in various areas of tobacco control.

### → *Tools for Advancing Tobacco Control in the 21<sup>st</sup> Century: Success Stories and Lessons Learnt*

Twenty-one studies have been published to date in a series of publications intended to assist countries to implement effective, evidence-based tobacco control programmes. WHO TFI has commissioned these studies to experts involved in the implementation of tobacco control measures. Each study provides a brief review of the evidence; the rationale for intervention; a brief list of relevant resources; and country-specific ‘success stories’/ ‘best practices’. The series covers topics such as taxation, including smuggling control; advertising and promotion bans; smoke-free policies; labelling and packaging (including health warnings); effective access to tobacco dependence treatment; mass media campaigns (including counter-advertising); and surveillance and monitoring.

## Communications and Media

Public awareness of tobacco’s harmful effects is essential to lay the foundations for strong tobacco control policies and regulations. TFI strives to ensure that tobacco control occupies an important place in the public’s mind by funding anti-tobacco media campaigns and organizing workshops at local, national and international levels.



### *TFI's Primer*

Recent changes in TFI’s mandate and activities have, in turn, lead to changes in the priorities and structure of the department. These new priorities and changes are reflected in a new primer detailing TFI’s objectives, structure, activities and global network. The primer is now available in print and serves as an important reference for internal and external partners, and it is the presentation card for the department.



## Website

With a new era for TFI, and with redefined areas of work, the communications and technical units have updated and reformulated the TFI website ([www.who.int/tobacco](http://www.who.int/tobacco)), with the result that it is now among the WHO websites receiving the largest amounts of hits. Web visitors can access all six regional tobacco websites from the TFI/HQ front page. The latest addition was the tobacco web site for SEARO, launched in August 2004.



## World No Tobacco Day (WNTD)

World No Tobacco Day (WNTD), celebrated each year on 31 May around the world, is the culmination of TFI's advocacy activities. World No Tobacco Day 2003 (WNTD 2003) sought to portray a different image of tobacco and smoking, which is so often misleadingly presented as chic and glamorous in cinema. Leading actors and models spoke up in favour of tobacco-free films and tobacco-free fashion and described the ugly and unglamorous consequences of tobacco use. In doing so, they helped to raise awareness about the fact that when a tobacco product seems macho, feminine, sophisticated or sexy, it is not so, only the marketing of the product

gives it that image. On 31 May 2003 hundreds of activities were organized around the world to transmit this message to millions of people around the world. One of the short films prepared for WNTD 2003 showed Christy Turlington telling the painful story of how her father, a smoker, died of lung cancer; and called for a ban on tobacco advertisement.

World No Tobacco Day 2004 (WNTD 2004) was launched on 31 May 2004 in Brasilia, Brazil. The theme 'Tobacco and poverty: a vicious circle' was a challenging but successful choice; it enabled WHO to raise awareness about a lesser known effect of tobacco use — its economic impact. By focusing on the costs of tobacco use

and cultivation to families and countries, WNTD 2004 presented the case of the economic benefits to be gained by reducing tobacco use. It also demystified the tobacco industry's role as a generator of social and economic benefits while obscuring the hidden costs in lost productivity and health-care costs caused by tobacco consumption.



The WNTD 2004 theme received broad coverage in various media (television, radio, journals, newspaper, Internet, etc.) in different languages. Participation of WHO Regions and Member States was exceptional. Through its website, TFI was able to track and disseminate, in advance, many of the WNTD activities being planned around the globe.

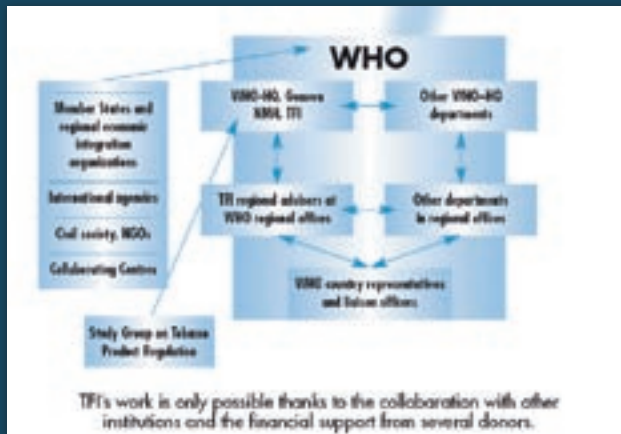


## Media updates

Since the adoption of the WHO FCTC, TFI communications in headquarters and in the regions have prepared and disseminated several press releases with regular updates on the WHO FCTC process, adoption and status of signatories and parties.



## TFI's Global Network



In addition to cross-cluster collaboration with other WHO departments, WHO works with a network of external organizations.

Cross-cluster initiatives include collaboration with the Stop Tuberculosis (TB) team to study existing evidence on the association between TB and tobacco use and develop recommendations for the integration of smoking cessation programmes in TB clinics. A WHO monograph on the subject is currently in preparation and will be circulated to Member States.

The external network of TFI includes:

### *WHO collaborating Centres in the area of tobacco control*

A WHO Collaborating Centre (WHO CC) is an institution designated by the Director-General of WHO to form part of an international collaborative network carry-

ing out activities in support of the Organization's programme at all levels. A network of WHO Collaborating Centres in the area of tobacco control has been established and is constantly being expanded to strengthen global, regional and national capacity for tobacco control.

In September 2004, a meeting of WHO Collaborating Centres on tobacco control was held in Heidelberg, Germany, supported by the German government. The meeting provided an opportunity for WHO CCs to:

- network among themselves and with WHO;
- allow participants to set the directions for future collaboration;
- explore the need for new CCs; and
- keep abreast of current activities and discuss future priorities.



The Heidelberg meeting was also attended by representatives from institutions such as the International Agency for Research on Cancer (IARC), the Canadian Association of Public Health, and representatives of various German Ministries.



## UN Ad-Hoc Inter-agency Task Force on Tobacco Control

The United Nations Ad-Hoc Inter-agency Task Force on Tobacco Control was set up by Kofi Annan, UN Secretary General in 1998 to intensify a joint UN response to the burden caused by tobacco and to galvanize global support for tobacco control. The UN Task Force's mandate is to enhance multi-sectoral collaboration on the economic and social aspects of tobacco production and consumption; it is chaired by WHO and has 17 UN agencies and two non-UN organizations as members.

### → ECOSOC (Economic and Social Council)

The fifth meeting of the UN Task Force held in October 2003 in Washington D.C. at the World Bank Headquarters discussed the structure and content of the third Secretary General's report to the 2004 session of the Economic and Social Council (ECOSOC). The report focused mainly on the impact that tobacco use has on development, in particular on poverty. After the presentation of the report to the 2004 ECOSOC Substantive Session, ECOSOC decided to adopt a resolution on tobacco control (ANNEX I)

The resolution recognizes the adverse health, economic, social and environmental impacts of tobacco and the link between tobacco use and poverty. It also recognizes the WHO FCTC as an important tool to reduce the

burden imposed by tobacco use.

The adoption of such a resolution shows the importance of increasing knowledge and research on this little known and under-researched linkage.

### → World Bank

TFI regularly works on projects with the World Bank. A joint WHO/World Bank publication "Past, current and future trends in tobacco use" (World Bank and WHO, February 2003) showed that current estimates and future projections of cigarette consumption worldwide will continue to increase in the coming 25 years, despite falling prevalence as tobacco control programmes take effect. This has important implications for tobacco-growing countries because production will not fall in the near future. Thus, the arguments posed by the tobacco industry that tobacco control will

lead to economic distress among tobacco growers have been shown to be unfounded. Tobacco growers are not faced with an imminent threat of losing their jobs, and countries will have ample time to adapt and help farmers change to other crops and livelihoods in the longer term.

### → UNCTAD (United Nations Conference on Trade and Development)

WHO TFI participated for the first time in a panel discussion on the Globalization of the Tobacco Epidemic: Tobacco Control and Development held during the eleventh quadrennial conference of UNCTAD in Sao Paulo, Brazil (June 2004). The aim of the panel was to raise awareness about the existing links between tobacco and development issues, in particular, poverty and the pressing need to include tobacco control in devel-

opment agendas. The meeting concluded with a statement that stresses the link between Tobacco, Poverty and the Millennium Development Goals, as well as the importance of incorporating tobacco control in development programmes.

### → ESCAP

TFI participated in the First Session of the Subcommittee on Health and Development, Economic and Social Commission for Asia and the Pacific (ESCAP). The key objectives of the ESCAP framework for strategic action are to promote health and sustainable development initiatives in the Asian and Pacific region. Tobacco was widely discussed during the session on "Responding to the rising pandemic of noncommunicable diseases: Tobacco control as a critical health and

development issues in the Asian and Pacific region". Some major action points for addressing non-communicable diseases which came out of the session were included in the strategic action plan. In one of them, the Subcommittee urged that, in the 2005 review of progress on the Millennium Development Goals (MDGs), action on noncommunicable diseases – such as through tobacco control – be integrated into the MDGs. It was also recommended that specific targets and indicators for tackling important risk factors for noncommunicable diseases including those caused by tobacco control should be established. The framework also encouraged ESCAP members that have not yet become Contracting Parties to the WHO FCTC to consider ratifying, accepting, approving or acceding to the Convention.

## Study Group on Tobacco Product Regulation (TobReg)

The Study Group on Tobacco Product Regulation (TobReg) was formalized by the WHO Director-General in November 2003. It advises WHO on scientifically sound recommendations to Member States on the most effective and evidence-based means to achieve a coordinated regulatory framework for tobacco products. This group was previously called Scientific Advisory Committee on Tobacco Product Regulation (SACTob). (See page 34 for more information on meetings and recommendations of SACTob and TobReg).

## Civil society/NGOs

NGOs play a crucial role in assisting and encouraging governments to create a policy environment that supports tobacco control. Coalitions and alliances of NGOs, citizen groupings are equally important in the post-adoption and implementation phase of the WHO FCTC. NGOs were present at the first session of the Open-ended Intergovernmental Working Group (IGWG1) in June 2004, just as they were at every round of negotiations for the WHO FCTC.

## Health Professionals' Network

TFI organized a meeting with representatives of international health professional organizations in January 2004 in Geneva, Switzerland.

The purpose of this meeting was to explore with representatives from various international health professional organizations (physicians, nurses, pharmacists, dentists, chiropractors, etc.) the various ways in which they could contribute to tobacco control/public health goals. Their potential role in the signature, ratification and imple-



mentation of the WHO FCTC was also addressed. A code of practice for health professionals organizations on tobacco control and the treatment of tobacco dependence was formulated during this meeting (ANNEX II).

The representatives attending the meeting showed great interest in pursuing this initiative, and encouraged the idea of targeting health professionals with the messages on the code of practice for World No Tobacco Day 2005. The theme was officially approved by WHO in June 2004.

*Code of practice on tobacco control for health professional organizations*

[www.who.int/tobacco/events/30jan\\_2004/en/](http://www.who.int/tobacco/events/30jan_2004/en/)

## Channel the Outrage

This is an ongoing project funded by the United Nations Foundation. WHO regional offices sent out two rounds of calls for NGO applications for main project grants as well as a round for small grants. Fifty-three NGOs were selected and funded for the first round and sixty-nine for the second. Projects supported include national communication and education campaigns to raise awareness about tobacco control and the WHO FCTC and they are targeted to various audiences – NGO representatives, teachers, health professionals, government representatives, decision-makers, etc. Other projects focused on the organization of training sessions, workshops, meetings, courses and round tables, production of materials (booklets, CDs, briefing packs, flyers, magazines, comics, etc.), and other miscellaneous advocacy activities like establishment of coalitions, alliances, tobacco control centres, research, etc.



### *NGO Awareness Raising and Capacity Building workshops*

TFI supported the Framework Convention Alliance (FCA), a heterogeneous alliance of tobacco control NGOs from around the world, on the organization of these workshops. They were aimed to strengthen NGOs' capacity in tobacco control and raise awareness about the WHO FCTC process among NGOs. Six workshops were conducted at regional level: AMRO/Latin America (Argentina), AMRO/Central America (Guatemala), EURO (Romania), SEARO (Thailand), AFRO (Uganda), and WPRO (the Philippines).

### *UICC/Globalink project*

Globalink is a global internet based network dedicated to tobacco control. A UICC (International Union Against Cancer) project to offer GLOBALink services and chatrooms in Arabic, Portuguese and Russian was initiated with WHO support in April 2004 and will run until March 2005. The project involves setting up brand new networks in GLOBALink, including forums, in three languages (Arabic, Portuguese and Russian). These new services mean that headlines, news, developments and any other information valuable to the tobacco control community can now be shared through the new network among its members.

## Donors

TFI's work is only possible thanks to the collaboration with other institutions and the financial support from all of its donors.

TFI's donors include, but are not limited to the following governments: Australia, Brazil, Canada, Finland, France, Germany, Japan, Republic of Korea, New Zealand, Norway, Sweden, Switzerland, United Kingdom, United States of America; as well as the following agencies: Instituto Nacional de Câncer (INCA, Brazil), the Norwegian Heart and Lung Associations, United Nations Fund for International Partnerships (UNFIP), US Centers for Disease Control and Prevention (CDC), US Environmental Protection Agency (EPA), National Cancer Institute (NCI).

## Annex I

**ECOSOC Resolution – Tobacco Control**

The Economic and Social Council,

Noting with profound concern the escalation in smoking and other forms of tobacco use worldwide,

Recognizing the adverse impact of tobacco consumption on public health, as well as its social, economic and environmental consequences, including for efforts towards poverty alleviation,

Acknowledging that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires financial and technical resources commensurate with the current and projected need for tobacco control activities,

Recognizing the need for strong political commitment, at all levels, for effective tobacco control, consistent with the provision of the World Health Organization Framework Convention on tobacco Control,<sup>1</sup>

Mindful of the social and economic difficulties that tobacco control programmes may engender in the medium and long term in some developing countries and countries with economies in transition, and recognizing their need for technical and financial assistance in the context of nationally developed strategies for sustainable development,

Noting with appreciation the report of the Secretary-General on the activities of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control,<sup>2</sup>

Welcoming the adoption, by consensus, of the World Health Organization Framework Convention on tobacco Control<sup>3</sup> by the fifty-sixth World Health Assembly,

Emphasizing the need for the expeditious entry into force of the Framework Convention and its effective implementation,

1. Calls upon Member States that have not yet done so to consider ratifying, accepting, approving or acceding to the convention at the earliest opportunity, with a view to bringing the Convention into force as soon as possible;
2. Urges Member States to strengthen tobacco control measures;
3. Also calls upon the relevant United Nations agencies, funds and programmes and invites other relevant international organizations to continue to provide support for strengthening national and international tobacco control programmes;

4. Requests the Secretary-General to submit a report on the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control to the Economic and Social Council at its substantive session of 2006.

51st plenary meeting  
23 July 2004

<sup>1</sup>E/2004/55.

<sup>2</sup>World Health Assembly resolution WHA56.1, annex.

<sup>3</sup>See A/57/3 (part II), chap. V.A.

*Annex II***Code of practice on tobacco control for health professional organizations**

Preamble: In order to contribute actively to the reduction of tobacco consumption and include tobacco control in the public health agenda at national, regional and global levels, it is hereby agreed that health professional organizations will:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.
2. Assess and address the tobacco consumption patterns and tobacco-control attitudes of their members through surveys and the introduction of appropriate policies.
3. Make their own organizations' premises and events tobacco-free and encourage their members to do the same.
4. Include tobacco control in the agenda of all relevant health-related congresses and conferences.
5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke –using evidence-based approaches and best practices–, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals.
6. Influence health institutions and educational centres to include tobacco control in their health professionals' curricula, through continued education and other training programmes.
7. Actively participate in World No Tobacco Day every 31 May.
8. Refrain from accepting any kind of tobacco industry support – financial or otherwise –, and from investing in the tobacco industry, and encourage their members to do the same.
9. Ensure that their organization has a stated policy on

any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.

10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.
11. Actively support governments in the process leading to signature, ratification and implementation of the WHO Framework Convention on Tobacco Control.
12. Dedicate financial and/or other resources to tobacco control – including dedicating resources to the implementation of this code of practice.

13. Participate in the tobacco-control activities of health professional networks.
14. Support campaigns for tobacco-free public places.

Adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control; 28-30 January 2004; Geneva, Switzerland