

# WHO's Framework Convention on Tobacco Control: a response to the global epidemic

## Introduction

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first treaty negotiated under the auspices of WHO based on its constitution. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most widely embraced treaties in United Nations history and currently has 171 Parties worldwide. From the Eastern Mediterranean Region, 19 Member States are now Parties to the WHO FCTC; Morocco and Somalia are the only two countries that are not Party to the Convention.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation. The tobacco control-related technical measures adopted by the WHO FCTC are divided into demand and supply reduction measures.

- Demand reduction measures include: price and tax measures; non-price measures; protection from exposure to tobacco smoke; regulation of the contents of tobacco products; regulation of tobacco product disclosures; packaging and labelling of tobacco products; education, communication, training and public awareness; tobacco advertising, promotion and sponsorship; and measures concerning tobacco dependence and cessation.
- Supply reduction measures include: illicit trade in tobacco products; sale to and by minors; and provision of support for economically viable alternative activities.

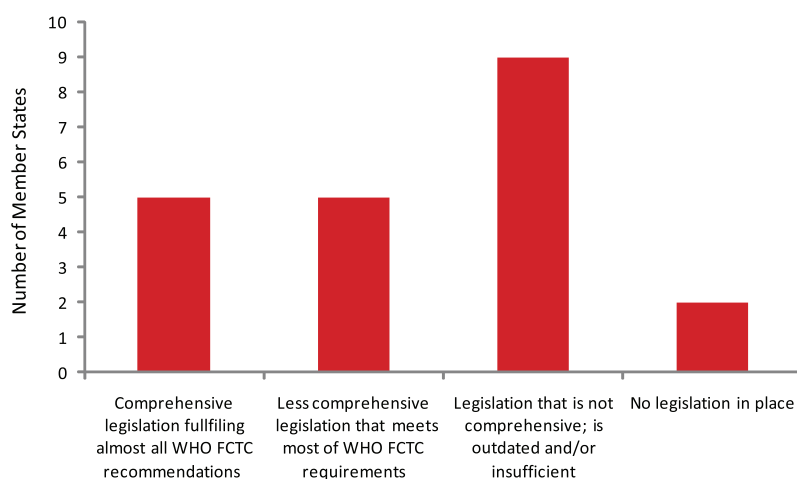
There are also measures on other issues, such as protection of the environment, liability, scientific and technical cooperation and communication of information, institutional arrangements and financial resources, settlement of disputes, development of the Convention and final provisions.

## Power of the process

The progress of Member States in the Region in reviewing or adopting national legislation based on the WHO FCTC has become obvious over the last few years. The adoption of certain measures has resulted in a series of legislative changes in the Region, such as the total ban on tobacco advertising implemented in Egypt and Qatar in 2002. This first step was a mere reflection of the eagerness at national level to control tobacco while lacking the "know-how", which was provided through the establishment of the WHO FCTC. Although national legislation might still not have adopted all the provisions of the FCTC, the progress achieved so far is very encouraging. Figure 1 provides a brief analysis of the situation of national legislation in relation to the provisions of the WHO FCTC.

In addition to changes at the legislative level, the power of negotiations in the FCTC process impacted several other fronts, resulting in:

- well-established regional coordination between WHO, the League of Arab States and member countries of the Gulf Cooperation Council (GCC);



\*Based on most recent available information from Member States, August 2010

**Figure 1.** Status of tobacco control legislation in the Eastern Mediterranean Region\*

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- national and regional legislation being subject to review and developed in a way that reflected the principles and experiences shared during the development of the FCTC; and
- the confronting of the tobacco industry by governmental and regional organizations.

## **Allying for health**

Throughout the negotiation phases, nongovernmental organizations played a key role in supporting the Convention and in taking a leading role at national level to enhance the public's knowledge of tobacco control, and to support tobacco control-related activities and actions. In their efforts to control tobacco and push the WHO FCTC forward, nongovernmental organizations took various routes, including lobbying, creating alliances and holding workshops, meetings and press conferences, as well as disseminating materials.

Nongovernmental organizations have the capacity to channel and coordinate efforts, and to plan for mass public awareness campaigns that can incorporate many allies. Nongovernmental organizations often enjoy a kind of independence, the freedom of which allows them to set clear-cut objectives and expand their horizons when dealing with various health-related issues. Close collaboration must therefore be maintained with nongovernmental organizations as they have and can indeed continue to play a key role in supporting tobacco control-related activities and in pushing forward the provisions of the WHO FCTC and implementation of legislation at national level.

## **Impact of partnerships**

The WHO Regional Office for the Eastern Mediterranean, the League of Arab States and member countries of the GCC joined forces at regional level to strengthen tobacco control.

- In 2001, WHO Regional Office released a report on tobacco industry activities in the Region entitled *Voice of truth*.

- In the two meetings of GCC Ministers of Health that followed, two resolutions were adopted calling upon Member States to first monitor and then stop any collaboration with the Middle East Tobacco Association.
- In February 2001, after the "Consultation on litigation and public enquiries as public health tools" which was held in Jordan, a resolution was adopted at the next meeting of the GCC held in Saudi Arabia in January 2002 calling upon member countries of the GCC to explore litigation possibilities.
- From 2002 onwards, all the League of Arab States Health Ministers' Council meetings had tobacco control on their agenda. The Council called upon its member countries to adopt unified legislation that was developed by the League of Arab States technical committee on tobacco control. Although the legislation developed was not as affirmative as recommended by WHO policies, especially with regard to 100% tobacco-free public places and to the size of health warnings, it contributed to cultivating the appetite for more work on the legislative front for tobacco control at national level.

## **Conference of the Parties**

The Conference of the Parties, which is the governing body of the WHO FCTC, was established under Article 23 of the Convention. It promotes and regularly reviews implementation of the Convention. The Conference of the Parties comprises all Parties to the Convention and holds regular sessions every two years.

In order to promote the implementation of the provisions of the treaty, the WHO FCTC utilizes different instruments, such as protocols and guidelines. Both specify the 'how' of implementing different Articles related to the Convention. Additionally, the WHO FCTC requires Parties to periodically report on their efforts to comply with the Convention. The reporting by the Parties to the Conference of the Parties ensures review

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and monitoring of implementation, and enables Parties to understand and learn from one another's experiences in the implementation process.

As such, the Conference of the Parties may establish subsidiary bodies to achieve the objectives of the Convention. One example is the Intergovernmental Negotiating Body for the elaboration of a protocol on illicit trade in tobacco products; the first potential protocol to the WHO FCTC. The Conference of the Parties also established several working groups with the mandate to develop guidelines and recommendations for the implementation of the various provisions of the treaty.

## **Towards successful FCTC implementation**

Despite the promising developments that the Region has been witnessing since the beginning of the development of the WHO FCTC, a more planned approach still needs to be adopted if rapid and sustained reduction in tobacco consumption is to be achieved, as aimed for by the Convention. In order to achieve the expected outcomes for each of the internationally recommended policies of the WHO FCTC, the following parameters must be in place.

- a multisectoral mechanism
- a national plan of action with clear and achievable objectives
- linkage to a timetable
- establishment of an effective monitoring system
- a built-in upgrading mechanism that allows for easy transitioning.

Strong legislation is needed at national level to strengthen the implementation of the Convention. It should be clearly noted that the existence of tobacco control legislation is one thing, and compliance and enforcement is another. The strongest legislation will have zero effect on reducing health risks if there is no compliance and enforcement.

Delegating the implementation of tobacco control legislation to a relevant authority other than the Ministry of Interior, such as the Ministry of Health, is one way of avoiding weak enforcement and

compliance. It is commonly claimed that the Ministry of Interior has too many other priorities and pays minimal attention to health-related legislation.

The implementation of the WHO FCTC at national level will not be as successful as hoped for unless there is a strong policy to monitor the tobacco industry at national level, and a mechanism for international collaboration in this area. The influence of the industry, the "underlying cause of the tobacco epidemic", should be addressed through strictly implementing the guidelines of Article 5.2.

## **Conclusion**

In its five-year anniversary, the WHO FCTC has proven to be more than just an ordinary Convention; it has fulfilled its promise, creating a whole new public health era for tobacco control.

At national level, the role of the WHO FCTC has expanded from simply focusing on tobacco control, to repositioning health issues and making them a priority for decision-makers and politicians when previously they were low on the political agenda.

The future of WHO FCTC implementation in the Eastern Mediterranean Region is promising, especially as a comprehensive, rather than a step-by-step, approach to implementation is being followed. Djibouti, Egypt, Islamic Republic of Iran, Jordan, Pakistan, Syrian Arab Republic and United Arab Emirates are all countries which exemplify this approach.

To maintain the progress of tobacco control at national level in countries of the Region, two practices, which have proven to be particularly successful and should be considered by the relevant national authorities, have been the establishment of a sustainable and prolonged uninterrupted system for securing funds, and the earmarking of tobacco product taxes; this has been done in member countries of the GCC, the percentage of which is negotiated on a yearly basis.

The reports submitted by Parties to the WHO FCTC to the Conference of the Parties are a critical tool for monitoring and evaluating Party progress and compliance over time, and surely this can be utilized at national level and for the development of national policies and plans of action.

Member States of the Eastern Mediterranean Region have come a long way since the WHO FCTC entered into force. High political commitment has shown that change can happen. With continued evaluation and monitoring, better results will continue to be seen at national level.

### Sources

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