Tobacco Convention: countries “changed history”

Representatives from more than 110 countries gathered in Geneva to decide in detail how to implement the WHO Framework Convention on Tobacco Control (WHO FCTC), the first ever legally binding global public health treaty.

Director-General LEE Jong-wook praised countries for adopting the treaty in May 2003, saying they had “changed history”.

Since then, the WHO FCTC has become one of the most widely embraced treaties in the history of the United Nations. It came into force in February 2005 after 40 countries ratified it or followed equivalent legal procedures. By November 2005, it had a further 60 parties.

“This group of countries represents 69% of the world’s cigarette consumption,” LEE told the 6–17 February conference, referring to more than 100 parties to the treaty. “It might seem astonishing that this group is also preparing to put into action the roadmap for countries to control tobacco”.

Tobacco kills about five million people every year, and these deaths are increasing. By adopting, signing and ratifying the treaty, countries commit themselves to changing their laws to implement its provisions.

Many have started. For example, Ireland, Norway and Spain have banned smoking in indoor public places; India has imposed a comprehensive ban on tobacco advertising; and Australia, Brazil, Canada, Singapore and Thailand print highly visible graphic warnings on cigarette packets. Many other countries have implemented these and other measures.

At the conference, countries reported progress and plotted out the next steps. Some are uncertain about how to implement parts of the treaty, such as the ban on smoking in public places and the comprehensive ban on tobacco advertising, and how to track progress in this.

Countries discussed the possibility of WHO developing legally binding protocols, which would supplement the Convention, outlining action governments could take to deal with cross-border advertising and illicit trade, as well as developing guidelines for issues such as smoking bans and tobacco product regulation.

WHO may also develop guidelines to help countries ward off attempts by the tobacco industry to interfere in their tobacco control efforts. Concerns have been raised that agreements Mexico and Uzbekistan reached with the tobacco industry threaten to dilute their tobacco control efforts, according to articles published in the BMJ [2006;332:313-4, 355-8].

“WHO monitors the industry and issues publications to raise awareness about tobacco industry activities that can undermine tobacco control efforts,” said Marta Seoane, spokeswoman for the Tobacco Free Initiative at WHO.

Countries that are implementing the Convention face major challenges. For example, although Spain has raised taxes on cigarettes, tobacco companies are waging a price war to weaken their effect.

Recent news from WHO

• At a 16–18 February meeting of public health experts, pharmaceutical industry officials, regulators and policy-makers in Rome, WHO called for urgent action to halt the spread of counterfeit medicines, which are a major risk to global public health.

• WHO is helping Nigeria after reports that the highly pathogenic H5N1 avian influenza was found in domestic birds in the northern state of Kaduna. A team of WHO experts, led by Dr Luis Sambo, Regional Director of WHO’s Office for Africa, arrived in Nigeria on 13 February to help with epidemiology, data and laboratory work. Nigeria has launched a public information campaign, and is using the public health infrastructure of the polio eradication programme to help with surveillance and logistics.

• WHO said on 6 February it would start developing new diagnostic tests with a Geneva-based nongovernmental organization for human African trypanosomiasis, or sleeping sickness. The project with the Foundation for Innovative New Diagnostics (FIND) is funded by the Bill & Melinda Gates Foundation. African sleeping sickness, a major public health threat in sub-Saharan Africa, spreads among people bitten by the tsetse fly and is fatal unless treated. Early-stage infection produces few symptoms and only about 10% of patients with the disease are accurately diagnosed using current methods.

• On World Cancer Day on 4 February, WHO called for more action to curb rising levels of cancer across the world. It is estimated that over 40% of all cancer can be prevented. However, dramatic increases in risk factors such as tobacco use and being overweight are contributing to the rise in cancer rates, particularly in low- and middle-income countries, that account for more than 70% of all cancer deaths.

• The number of countries with indigenous polio has dropped to four, as polio eradication efforts enter a new phase involving the use of next-generation vaccines targeted at the two surviving strains of virus. The WHO announcement on 1 February followed confirmation that indigenous poliovirus has not circulated in Egypt and Niger for more than 12 months.

For more about these and other WHO news items please see: http://www.who.int/mediacentre/events/2006/en/index.html