

WHO Framework Convention on Tobacco Control: a key milestone

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This month marks the fifth anniversary of the entry into force of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). This Convention is unique for two reasons: it is the first international treaty negotiated under WHO's umbrella and with 168 Parties (countries that are either Member States of WHO or the United Nations as well as regional economic integration organizations), it has become one of the most widely and rapidly ratified treaties in the history of the United Nations.

In the late 1990s, the global increase in tobacco-related diseases had become a public health challenge that called for radical and creative measures, triggering the first use of WHO's constitutional treaty-making power. During this decade, the Convention was conceptualized. After three years of negotiation, it was adopted by the World Health Assembly in May 2003 and entered into force in February 2005.^{1,2}

The past five years have seen major progress. At the international level, the principal treaty bodies – the Conference of the Parties and the permanent Secretariat – are established and fully functional. The first protocol (on illicit trade in tobacco products) and guidelines covering six articles of the Convention are being developed. Guidelines on four other articles have been adopted. The treaty reporting system is established and more than 80% of the reports expected from the Parties have been received and analysed. Treaty implementation guidelines, needs assessments, support in developing legislation and in the transfer of expertise and technology are provided to countries so that they can meet their obligations as Parties to the Convention. The multisectoral and multilateral power of the treaty has gradually increased its appeal for international partners; more than 50 international intergovernmental and nongovernmental organizations are now accredited as observers to the Conference of the Parties.

At the national level, several governments began issuing laws and policies consistent with the WHO FCTC prior to their formal commitment to the Convention. This early alignment with the Convention showed that treaty-making can be a powerful agent of change, even in an early phase. Most Parties have now passed or are renewing and strengthening national legislation and policies to meet their obligations under the treaty.

Providing regular reports on the implementation of the Convention is one of the core obligations of the Parties. According to a recent analysis of 117 national implementation reports, 85% of Parties have established a national tobacco control coordinating mechanism or focal point, nearly 80% have established educational programmes for disseminating information on the health risks of tobacco use and also prohibited the sales of tobacco products to minors. Seventy per cent have introduced large, clear and visible health warnings on the packages of tobacco products.³ This analysis also showed that implementation of other treaty provisions, such as comprehensive bans on tobacco advertising, promotion and sponsorship, smoke-free policies in hospitality and entertainment venues, treatment of tobacco dependence and cessation, provision of support for economically viable alternatives to tobacco growing and the use of litigation as a tool for tobacco control, still need to be accelerated.

International cooperation and assistance remain crucial for the success of the Convention. Many reports – especially from developing countries and those with economies in transition – refer to gaps between the needs and the resources available for meeting their obligations. In response, the Convention Secretariat organizes joint needs assessment exercises with interested governments and international partners in order to promote the implementation of the treaty.

The Framework Convention represents a new approach to international health cooperation, with a legal framework to shape the future of health for all people. It provides a model for an effective global response to the negative effects of globalization on health. As such, the Convention has marked a new legal landmark in public health. However, it remains a tool; the success or failure of which depends on how well it is used by countries.

One important lesson from the WHO FCTC is that success depends directly on the leadership, commitment, political will, integrity, vision and courage of the governments, civil society, people and organizations entrusted to turn the concept of an international treaty in global health into reality. Successful implementation of the treaty likewise requires continued commitment of all players.

The fifth anniversary of the WHO FCTC provides an opportunity to share experiences, views and expectations on its implementation and public health impact. Stakeholders may wish to use this milestone to promote implementation of the Convention in order to utilize the full public health benefit of tobacco control and the new legal framework in global health. ■

References

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