



WORLD HEALTH ORGANIZATION

**INTERGOVERNMENTAL NEGOTIATING BODY
ON THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL**
Second session

A/FCTC/INB2/PL/SR/1
13 June 2001

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

International Conference Centre, Geneva
Monday, 30 April 2001, at 9:30

Chair: Mr C. L. NUNES AMORIM (Brazil)
later: Ms J. BENNETT (Australia)
later: Mr C.L. NUNES AMORIM (Brazil)

CONTENTS

| | Page |
|---|------|
| 1. Opening of the session and adoption of the agenda | 2 |
| 2. Secretariat update | 3 |
| 3. Participation of nongovernmental organizations | 3 |
| 4. Drafting and negotiation of the WHO framework convention on tobacco control..... | 4 |

Note

This summary record is **provisional** only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections should be sent to Responsible Officer, Governing Bodies, World Health Organization, 1211 Geneva 27, Switzerland, or faxed to +4122 791 3995, Attn: Responsible Officer, before 27 July 2001.

A/FCTC/INB2/PL/SR/1

multaneously. However, it was a
n provided for to allow suggested

Documents A/FCTC/INB2/4 and

hat in preparation for the second
:tings earlier in the year to review
nal negotiating positions in areas
on the text. Twenty-one countries
i that convened by the South-East
ted political declarations, known
i had also convened a meeting of
-making process.

obacco Control had held its third
ion of eight agencies. It had been
echnical consultation focusing on
be, Japan, in December 2001.
ic Inquiries as Public Health Tools
ean Region and held in Amman in
nformation on successful litigation
ar countries; that different forms of
ght of specific national needs and
d Member States, civil society and
ies.

1 Tobacco Products Regulation had
001. Its aim had been to facilitate
nal policy development in the area
ocused on testing methods, on so-
common regulatory framework for

ternational legal liability had been
potential liability and compensation

ANIZATIONS: Item 3 of the
Add.1)

lled that the first session of the
tive Board to expedite review of
icipate in the negotiations. The
cedure whereby such organizations
be admitted to provisional official
e Board's Standing Committee on

FIRST MEETING

Monday, 30 April 2001, at 9:30

Mr C.L. NUNES AMORIM (Brazil)
er: Ms J. BENNETT (Australia)

ON AND ADOPTION OF THE AGENDA: Item 1 of the
1 A/FCTC/INB2/1)

e second session of the Intergovernmental Negotiating Body on
on tobacco control. The task of providing the international
instrument that would prevent the increase of tobacco-related
to social concerns was both an urgent and a delicate one.
le during the first session, enabling him to present a text that he
tion of a document representing the collective wishes of all

after welcoming the participants, pointed out that in the current
annual global tobacco death toll of four million would occur in the
al annual death toll would have reached 10 million, and seven
lace in developing countries. New data also showed that children
ngly young age: in some countries 10-year-olds were addicted to
e way of curbing such an epidemic had to be seen against that
blishment of a set of global rules to control tobacco use a matter

gional consultations on the framework convention on tobacco
Johannesburg, South Africa, and Member States of the African
l on the Intergovernmental Negotiating Body to ensure that the
e health and that particular attention was devoted to the needs of
a double burden of disease. Similarly, at the recent South-East
Member States from the Region had stressed the pivotal public
Member States from the Caribbean had also met, and had committed
preparation for implementation of the convention. The Eastern
e lead in a new area by holding the first WHO International
Inquiries as Public Health Tools for Tobacco Control.

y-makers, scientists and advocates calling for responsibility in
ient in which WHO could consider using a global treaty-making
tobacco use. Social scientists, economists, public health experts,
rked together with WHO during the past three years to deliver
and had taken public health science and research to the highest
In the formulation of laws and regulations, informative and
1 new version was better than the last: the Chair's text was
lent start, which would undoubtedly be further improved upon

the method of work and timetable as set out in document
sidered in conjunction with the provisional agenda contained in
ance with the request made by several delegations, the timetable

deal of social mobilization and strong advocacy, based on evidence, would be needed if it was to be adopted by Parliament. Alternatives to tobacco cultivation as a source of tax revenue would have to be developed and administrative instruments put in place for enforcement of the legislation. Over the next two years, his Government would be launching an information campaign against tobacco promotion and introducing rules and regulations for the control of tobacco use. A levy had been introduced on tobacco products which would be gradually increased, the revenues generated being used for health promotion.

He welcomed the opportunity to participate in the negotiations, and thanked WHO and other development partners for their support for health development in his country.

Mr MORA GODOY (Cuba) said his country was particularly concerned by issues relating to human health. In order to deal with problems caused by tobacco use, it was implementing a policy of legislative and practical action based on experience gained at national level, with the active participation of government ministries and institutions and of the whole of Cuban society. The aim was to reduce both active and passive tobacco consumption by means of education campaigns, priority being given to children and young persons, and by training health care personnel, particularly those at primary health care level.

Cuba had followed WHO's work in the field with great interest since its inception, and was sure it would be an important step towards reducing the high incidence of diseases linked to tobacco addiction. It would also set an important precedent for combating other scourges, such as HIV/AIDS and other communicable diseases, which every year cost the lives of millions of human beings, chiefly in the developing countries. He regretted that the commendable initiative aimed at adoption of an international legal instrument had not initially focused on those diseases, which were more pressing from a human point of view and easier to resolve in practical and legal terms.

Nevertheless, Cuba unreservedly supported that initiative, and would work to achieve a well-balanced text, based on broad, global principles, which would form the basis of a truly universal convention. However, he warned that the proposed instrument should not be binding in other areas which did not lie within the competence of WHO, since that might directly affect complex negotiations being conducted in other international organizations.

Ms KUNADI (India) expressed appreciation for the admirable contribution made by the Chair in developing a consolidated text based on the deliberations of the first session. That text greatly advanced the negotiating process by providing a well-structured basis for discussion which would make it possible to move further along the path towards consensus.

She endorsed the proposed distribution of work between the working groups, provided that there was sufficient flexibility to make any adjustments which might be required.

Dr SILVA GOLDFARB (Brazil) welcomed the Chair's text, and congratulated WHO on the manner in which it had collected and collated the country proposals. The new text was clearer and more objective than the one discussed during the first session in October 2000.

The Brazilian Inter-Ministerial Commission on Tobacco, when preparing Brazil's position on the issue, had taken into consideration the points of view of various sectors, including the tobacco industry, politicians and nongovernmental organizations. In March 2001, the Commission had received 437 submissions, mostly focusing on two principal points: apprehension at the possible eradication of tobacco crops, and the need for governmental support for alternative crops.

The Brazilian position on the draft text was thus based on a democratic process, the aim of which was to improve the health of the Brazilian population, while at the same time taking into account the interests of the various sectors involved. Brazil favoured a comprehensive and strong convention, with protocols being discussed in parallel.

A/FCTC/INB2/PL/SR/1

Mr SELIM-LABIB (Egypt) said that his delegation welcomed the initiative of developing the proposed framework convention and fully endorsed the comments made by earlier speakers concerning the difficulties which had to be overcome in advancing towards the third session of the Intergovernmental Negotiating Body. In supporting the development of an international instrument to control tobacco use his country laid emphasis on the need to serve humanity and preserve health. The Egyptian Ministries of Health and Foreign Affairs attached great importance to controlling tobacco use and had carried out a thorough study of the subject which served as a basis for the comments that he would be making in the Working Groups. He also welcomed the draft text of the proposed convention submitted for discussion.

His country approved the declaration made by countries participating in the Consultative Meeting of the African Region on The Framework Convention on Tobacco Control, held at Johannesburg in March 2001, and particularly its sections relating to the social and economic structure of the continent. It was important to develop mechanisms capable of controlling all those who promoted and encouraged the consumption of tobacco. Africa needed financial and technical assistance to combat tobacco consumption in a concerted manner which would make it possible to preserve economic development and ensure the availability of substitute crops. Indeed, his country would support any initiative to encourage coordination at the regional level for the development of an international instrument. Egypt was interested in the Workshop of International Legal Experts on International Legal Liability and in the Secretariat's report on the outcome of the Workshop. In that connection, he looked forward to collaborating with the New Zealand delegation in chairing the Third Working Group.

The recommendations made at a national conference held one week earlier in his country concerning measures to control tobacco and drug use demonstrated his Government's efforts for the development of the proposed framework convention. The national conference had been chaired by Mrs Mubarak, wife of the Egyptian President, and had recommended that publicity for tobacco consumption should be curtailed and that the sale of tobacco products to persons under the age of 18 should be regarded as a crime. Mrs Mubarak had also announced the launching of a national campaign to combat tobacco and drug use, in cooperation with the WHO Office in Cairo. In conclusion, Egypt appealed to all Member States present to collaborate in a constructive manner so that the initiative could be crowned with success and to ensure that the proposed convention was both acceptable and broadly implemented.

Mrs ROVIROSA PRIEGO (Mexico), after welcoming the draft text prepared by the Chair, explained that the importance accorded by Mexico to the negotiation of the proposed framework convention had led to the creation of an inter-secretarial commission for its analysis, with a view to seeking negotiated positions between the various parties concerned. Her country's priorities with regard to the proposed convention and its possible protocols were that the convention should adopt an integrated approach to the theme of controlling tobacco use, taking into account the various aspects of the problem, such as public health and the economic implications relating to the consumption and production of tobacco, including the development of commercial policies. The convention would need to adopt a balanced approach which took account of the positions of both active and passive smokers, as well as producers. The instrument should contain a section on definitions of such terms as financial cooperation and nicotine addiction, according to the usage of WHO and other parties. In addition, the convention should reflect, as a minimum, the progress made in her country in various areas of combating tobacco use. The framework convention on tobacco control would have to be compatible with the provisions set out in other international agreements, particularly those of the World Trade Organization. It would need to contain traditional legal structures and procedures, including clear mechanisms for its revision. Mexico also considered it very important for the convention to be accompanied by a protocol or catalogue of indicators for each aspect of the problem, including criteria for measuring the impact of tobacco consumption on health and the economy.

Ms DJAMALUDDIN (Indonesia) said that her delegation acknowledged the progress made in the draft text of the convention prepared by the Chair and welcomed the convening of the second session of the Intergovernmental Negotiating Body. The proposed text was thoughtful, well-structured and comprehensive and addressed most of the concerns and strategic issues raised during the first session.

Although the political and social climate in Indonesia could not support legislative changes on tobacco control for the time being, her Government continued to endorse the development of the framework convention with a view to achieving a better quality of life for the nation in the future. To reaffirm its commitment to tobacco control in developing countries, Indonesia, together with some other Member States in the South-East Asia Region, had adopted the Jakarta Declaration.

Although she welcomed and supported most of the items included in the Chair's text of the proposed convention, her delegation had submitted several points for consideration, relating to the objective of the convention, the role of WHO and advertising and licensing systems for retailers of tobacco products.

In conclusion, taking into consideration the progress made in the formulation of the framework convention, she expressed confidence that the second session of the Intergovernmental Negotiating Body would achieve meaningful results in the development of an effective and timely instrument.

Mr LIU TIENAN (China) drew attention to the position expressed by his delegation during the first session of the Intergovernmental Negotiating Body and supported the initiative taken by WHO to promote the process of negotiating the framework convention. His country's position in that respect had not changed. It should be emphasized that China not only supported WHO efforts at the international level, but also accorded special attention to policy-making and policy coordination at the national level. His delegation would cooperate in ensuring a successful outcome to the work of the current session of the Intergovernmental Negotiating Body.

Mr RI SI HONG (Democratic People's Republic of Korea) said that his delegation welcomed the text of the framework convention prepared by the Chair and WHO, which provided an excellent basis for consultation. His Government had recently organized activities and campaigns at national level with a view to persuading people, especially the young, to stop smoking, and those efforts had enjoyed broad support. His delegation looked forward to participating fully in working group meetings.

Dr MUGA (Kenya) congratulated the Chairman on pushing the agenda to the point at which draft consensus had been reached and thanked the Director-General for her recent visit to Kenya to officiate at World Health Day in Nairobi with a team of mental health officers, whose concerns included tobacco problems. His country was committed to protecting its young people and other vulnerable groups from the hazards of smoking and had drafted a bill to enforce tobacco control across the board, from tobacco growing to its impact on health. It was essential to take action to control the increasing use of tobacco at once, before the epidemic reached the proportions of the HIV/AIDS disaster scenario in Sub-Saharan Africa. It was to be hoped that a full consensus would be reached by the end of the current session of the International Negotiating Body.

Professor HUSSEIN HAMAD (Sudan) said that his delegation fully supported the framework convention, which it hoped would prove to be a success. Sudan was working on its tobacco legislation, which had been in force since 1988, and had also initiated a publicity campaign to inform young people and women about the effects of smoking. His country wished to cooperate more closely with WHO in its endeavours to control tobacco use, particularly in the technical and information areas.

Mr EMMANUEL (Saint Lucia) expressed his delegation's appreciation for the Chair's text, which fell just short of being a panacea. In 1993, St Lucia had adopted a policy of banning smoking in

A/FCTC/INB2/PL/SR/1

all health care institutions and health administration buildings and the following year that policy had been extended to cover all public buildings. The framework convention was a welcome instrument which would provide a mechanism enabling the Government of St Lucia to adopt measures to safeguard the health of its population. As an island State with few resources other than tourism and bananas, St Lucia considered that the framework convention would protect vulnerable States from the cigarette-dumping activities of multinational corporations and would provide a strong foundation for enabling future generations to enjoy an environment less polluted by tobacco smoke.

Dr STOJILJKOVIC (Yugoslavia) said that his delegation appreciated the opportunity of participating in the current negotiations, particularly because of the numerous problems in the health sector that the Government had to face following the recent democratic changes in his country. The Tobacco Control Initiative was particularly important in a country where 8% of the 7- to 14-year-olds were already trying to smoke and where laws on advertising control had so far not been respected. The results of the current deliberations would be very useful for the recently established national commission on tobacco control.

Dr BASSAM HJAWI (Jordan) said that his Government was in full agreement with the draft text of the framework convention and with the information it had received in that connection. In the course of a conference held on tobacco-producing companies, sponsored by Her Majesty Queen Rania, his country had set up a commission on tobacco control and was now working on legislation at the national level. Jordan considered that WHO had an important role to play and hoped that the framework convention would be successfully implemented.

Dr MBAIONG (Chad) said that his delegation welcomed the Director-General's salutary initiative encapsulated in the framework convention on tobacco control and appreciated the work she had unstintingly carried out to improve health throughout the world. The framework convention constituted a powerful weapon for protecting the health of young people and women and his Government therefore strongly supported the initiative. Chad further adhered to the resolutions adopted by the countries of the African Region at their meeting held in Johannesburg during March 2001. With the assistance of WHO, his Government had undertaken a survey which had shown that a high proportion of smokers were young people and some of them were women. As a result of those findings, measures were being adopted to implement the framework convention in his country.

Dr ILKHAMOV (Uzbekistan) said it was gratifying that a great deal of ground had been covered since work on the framework convention had first begun. With the support of the WHO European Office, his country was cooperating actively with the CIS countries on tobacco control. As a tobacco-producing state, Uzbekistan attached special importance to the framework convention. The Chair was to be thanked for all his valuable work and it was to be hoped that the structure of the current session, in the form of working groups, would accelerate the common effort towards agreement on a final text.

Mr MORALES (Bolivia) said that his country was undergoing a period of reforms in the areas of education and health which would enable Bolivia to incorporate the promotion of public health in several of its projects. Unfortunately, the Bolivian Government did not enjoy the full support of economic sectors in the country and was encountering certain difficulties, but it was to be hoped that the framework convention would provide a new stimulus for national efforts in his country, especially in favour of the protection of young people's health.

Dr GRACIELA DE CACERES (Paraguay) said that her region was firmly committed to tobacco control and that her country was about to set up a national inter-institutional commission to study the framework convention and to maximize the use of scarce resources for tobacco control. At

A/FC/INB2/PUSR/1

the initiative of Brazil, tobacco had been discussed at the meetings of ministers of health of MERCOSUR at which several recommendations had been formulated, emphasizing the fact that adoption of the framework convention required a regional consensus. Paraguay consequently recommended that each country should set up a national inter-institutional commission, modelled on the example of Brazil, so that work could be conducted more efficiently. Her Government had also recommended the specific insertion of a number of topics to be examined at a meeting of ministers of health in June 2001. Joint activities within the region would include the improvement of national policies to prevent young people from beginning to smoke, protection from passive smoke and help with cessation programmes. A study was also required on such aspects as smuggling and the financial aspects of smoking, all of which could be tackled more easily if a convention existed.

Ms MAYSHAR (Israel) expressed her delegation's appreciation of the progress made in the drafting of a convention and stressed that major sustainable advances in tobacco control could only be achieved through cooperation. For the framework convention to make a meaningful contribution to tobacco control, it was important to strive for a document which could serve as a springboard for advance, leading to limitations on tobacco consumption. Israel had recently enacted new tobacco legislation relating to advertising limitation, smoking in public places, as well as annual reporting on the status of tobacco use in Israel and its consequences. It was to be hoped that a change in the international environment regarding tobacco use, including advertising and especially its impact on the public image of smokers, would be conducive to progress in that domain.

Mrs THIBELI (Lesotho) said that her country, which was hard hit by numerous communicable diseases, was unable to afford the additional burden caused by preventable smoking-related diseases. Her delegation therefore highly commended the efforts undertaken by the Tobacco Free Initiative in formulating the first global legal instrument aimed at curbing smoking at the international level. She urged the Initiative to provide speedy technical assistance in developing tobacco control legislation in her country. Lesotho had undertaken a successful tobacco-free schools initiative, which had encouraged schools to revise their regulations and ensure enforcement. In some schools, examination results had consequently improved. In addition, teachers and health workers were increasingly giving up smoking as more public places were declared smoke-free. The convention would provide valuable assistance to all countries in creating a smoke-free, healthier environment for their citizens.

Dr SEKABARAGA (Rwanda) welcomed the draft framework convention since his Government was preparing legislation for tobacco. The Rwandan Government fully supported the resolution adopted at the Consultative Meeting of the African Region on the Framework Convention on Tobacco Control held in Johannesburg, 13-14 March 2001, at which it had been represented, and would cooperate with governments on other continents in formulating and implementing the convention.

Dr THINLEY (Bhutan) congratulated the Chair and the Secretariat for the preparatory work carried out at the global and regional levels since the first session of the Negotiating Body. His country was making excellent progress in tobacco control, as 19 out of 20 districts were smoke-free. He looked forward to worldwide cooperation to prevent tobacco-related deaths.

Dr SHAFIE (Malaysia) welcomed the Chair's text. His Government supported all effective moves for tobacco control and any strategy that would result in a better quality of life for all. He thanked WHO for giving his country the opportunity to participate in a number of its committees. He considered that the framework convention would lead to better tobacco control, and he would participate actively in the current negotiations.

Dr AL MULLA (Qatar) thanked WHO for organizing the International Consultation on Litigation and Public Inquiries as Public Health Tools for Tobacco Control, which had revealed the

A/FCTC/INB2/PL/SR/1

action taken by tobacco companies in undermining tobacco control in the Eastern Mediterranean Region.

After the first session of the Intergovernmental Negotiating Body, a consultative council had been set up in Qatar which had approved draft legislation for tobacco control, including banning smoking in public places and by persons under the age of 18. With a view to health education, documents had been prepared, and the first Arabic language website on tobacco control had been launched.

Dr ARMADA (Venezuela) expressed his hope that progress would be made at the current session in formulating a clear and coherent convention. Health was a fundamental social right. To strengthen measures in force since the 1980s, his country was formulating new legislation aimed at reducing inequalities in health provision, including various measures for restricting the consumption and advertising of tobacco products. In view of the influence of international tobacco advertising, the convention should be designed to make a real contribution to the health of all peoples.

Mrs BOBYLIOVA (Ukraine) was grateful for the opportunity to take part in the discussions on the extremely important document that was before the Body, which was intended to protect human health. Her country had set up an interdepartmental council for tobacco control, which incorporated a youth programme. She considered that that aspect should be emphasized in the framework convention.

Dr KANYESIGYE (Uganda) reaffirmed his Government's support for a strong convention with a public health focus. He thanked all those who had come to his country's assistance during the recent epidemic of Ebola haemorrhagic fever which had cost 179 lives, including those of about 20 health workers. Indeed, it was thanks to WHO's role in successfully combating the epidemic that he had been able to attend the current session.

Dr HUSEYNOV (Azerbaijan) commented that adoption of the framework convention would change tobacco control throughout the world. His Government had worked out a tobacco control strategy, and Parliament had adopted a tobacco control law banning the advertising of tobacco products and destined to reduce tobacco consumption among young people.

Mrs DE PALMA (Guatemala) said that her Government had passed a law to control tobacco advertising. Much remained to be done in that area, however, despite a certain degree of compliance by tobacco companies it should not be forgotten in drafting the convention that small countries were vulnerable to smuggling. The convention should provide for technical cooperation in both the replacement of tobacco crops and the control of smuggling.

Dr LEWIS-FULLER (Jamaica) thanked the Director-General for continuing the fight against tobacco use. At a preparatory meeting on the framework convention held in Kingston, Jamaica, the delegates had reaffirmed their commitment to implementing the convention. Tobacco use was the most important preventable cause of death from cancer and heart disease, and the countries of the Caribbean would join the rest of the world in fighting that scourge.

Ms J. Bennett took the chair.

Dr PALOMO ESCOBAR (El Salvador) said that more than 65% of his country's population was in the age group that was vulnerable to tobacco addiction and the negative effects of tobacco use. His country had no effective tobacco control legislation, and sufficient research on the health effects of tobacco use or the extent of smoking among the population, had not been conducted. A national committee had recently been formed in El Salvador to elaborate a tobacco control strategy, a matter of interest to all Government institutions. He thanked WHO for its technical and financial assistance that

had enabled his country to share in formulation of the convention. He was confident that the convention would correct the negative impact of tobacco addiction.

Dr JIRON ROMERO (Nicaragua) welcomed the documentation prepared for the session. He was in agreement with the terms of the draft convention and was gratified that it took account of matters such as individual freedom, free trade, bioethics and human rights. In participating in the negotiations, he would strive for a balanced text that could serve as an international instrument.

Mr Nunes Amorim resumed the chair.

Mr BARRY (Guinea) outlined measures taken by the Ministry of Public Health in his country, with the cooperation of a Guinean nongovernmental organization, for the establishment of anti-tobacco clubs in schools. The aim was to create awareness of the evil effects of tobacco use among pupils and staff and to serve as the focus for that ministry and WHO in promoting a tobacco-free world. As part of that campaign, wide distribution was given to a declaration of the Director-General in which she affirmed that, as a doctor, she knew that tobacco was a killer and that it was wrong to advertise its use, subsidize its production or create a mystique. Information had also been provided about the proposed framework convention.

Draft legislation had been submitted to the National Assembly, advocating restrictions on tobacco use and advertisements and bans on smoking in public places and on radio and television advertising. A national workshop was to be held with representatives of the educational sector, for adoption of a programme to combat tobacco use in schools, and an event linking tobacco use to cancer was to be organized.

Mr KANTEH (Gambia) emphasized his Government's commitment to health promotion and its efforts to make The Gambia a tobacco-free society. A law banning smoking in all public places had been passed. A tobacco-free school initiative had been launched and was being expanded to other educational institutions. He expressed his Government's full support for the draft framework convention.

Ms VILJAME (Fiji) said that her country supported the negotiations for a framework convention and related protocols. Following the adoption of Fiji's *Tobacco Control Act* in 1999, the relevant regulations had entered into force at the beginning of the current year and an enforcement committee had been established to monitor activities. Most of the issues of concern in Fiji's existing legislation were reflected in the Chair's text, and the framework convention and its protocols would enable Fiji's national legislation to be amended accordingly. The convention would allow for a concerted effort against tobacco use.

Dr MOGNE (Mozambique) said that her country had made slow but progressive improvements in the area of tobacco control, including an increase in primary prevention activities and intersectoral collaboration with nongovernmental organizations. Nevertheless, there had been a marked increase in tobacco advertising, smuggling and consumption by young people. It was to be hoped that the health reform currently under way and the country's political commitment to reduce smoking would ultimately result in effective legislation. The draft framework convention would be of great importance in that regard.

Professor SIMUNIĆ (Croatia) said that his country fully supported the development of the framework convention. Out of a total population of 4.5 million, one or two people died each year from AIDS, 30-40 died from the use of illegal drugs and some 600 died as a result of traffic accidents. Suicides and alcohol-related deaths amounted to about 1000 and 2500 respectively. By contrast,

A/FCTC/INB2/PL/SR/1

14 000 people died each year as a result of smoking. It was therefore to be hoped that the framework convention would be ready in final form in one or two years' time.

Mr BEN SALEM (Tunisia) said that the text before the Intergovernmental Negotiating Body provided an excellent basis for discussion. Although Tunisia had adopted anti-smoking legislation in 1998, it needed the help and cooperation of the international community in combating tobacco use and in particular in enhancing awareness of its ill-effects. The economic consequences of tobacco control, especially for tobacco growers, would also need careful consideration.

Mr DJONDO (Togo) said that the Togolese Government had passed legislation in the 1980s, which had proved to be effective, banning the use of tobacco in public places, transport, schools, colleges and universities. The work of the Intergovernmental Negotiating Body and the results of the Consultative Meeting of the African Region on the Framework Convention on Tobacco Control in Johannesburg in March 2001 should make it possible to arrive at a consensus, ultimately resulting in a tobacco-free world.

Dr BOVET (Seychelles) expressed appreciation for the Chair's text, which was being used by the Seychelles' recently established National Committee for Tobacco Control as a guide in the preparation of a comprehensive bill on tobacco control for consideration by Parliament. The Seychelles was in favour of a strong tobacco control convention for the effective advancement of public health both in its own country and worldwide.

Dr HOMASI (Tuvalu) commended the progress made with the framework convention and welcomed the comprehensive texts prepared for the current session. The participation of nongovernmental organizations was important in ensuring a strong multilateral approach. Like many Pacific island nations, Tuvalu welcomed the draft convention and looked forward to the results of the deliberations of the second session.

Mr MBUYU MUTEBA (Democratic Republic of the Congo) expressed the hope that the framework convention would ultimately be strong, particularly in relation to the responsibilities of the tobacco manufacturers.

The United Nations had estimated the damage resulting from the unjust war in his country and the systematic pillage at over US\$ 700 thousand million. That war had left over three million dead, several million displaced, and over 90% of the population either without work or underpaid. The country had been divided into three occupation zones, but the circulation of goods and individuals as decided by the United Nations pursuant to the Lusaka Agreement was not yet fully under way. The constant stress and suffering caused by those conditions had driven up the consumption of tobacco and tobacco products, a situation seized upon by the tobacco manufacturers to promote sales with offers of valuable items such as houses, televisions and videos, mobile phones, clothing and T-shirts. Aware that 3% of 10-19-year-olds were addicted to tobacco, the Government had responded by creating a programme to control use of tobacco, alcohol and hard drugs, aimed at prevention and the care of addicts. The tobacco manufacturers were represented on the programme's council so that they could listen to the accusations made against them and be implicated in any actions to be taken.

The Democratic Republic of the Congo attached great importance to a successful outcome of the work of the Intergovernmental Negotiating Body and hoped that in two years' time it would provide the world with effective legal, technical and financial means to control tobacco use and regulate advertising. His country had been unable to participate in the meeting in Johannesburg in March 2001 for reasons beyond its control, but he thanked WHO for making it possible for him to attend the current meeting.

A/FCTC/INB2/PL/SR/1

Ms LAMBERT (South Africa) commended the text that had been prepared for the second session and expressed appreciation for the administrative support provided by WHO for the Johannesburg meeting. She also commended the African countries for the work they had done thus far in achieving an African consensus position, which would be articulated during the working group meetings by various African states. The position adopted was not the final African position but was an evolving one that would be developed in the working groups. She recognized the work of the nongovernmental organizations represented and supported the multisectoral approach.

Dr MALAKAPAKE (Tonga) said the *Tobacco Act* that had been passed by the Parliament of Congo one week before the first session of the Intergovernmental Negotiating Body had been signed by the King on 27 February 2001. Its purpose was to prohibit the advertising and promotion of cigarettes and other tobacco products, regulate the labelling of tobacco packaging, restrict the nicotine and tar content of cigarettes, prohibit the sale of tobacco products to young people, and restrict smoking in public places, including public transport. The Act was due to be proclaimed on 3 September 2001 to give the authorities time to educate the population. He would report on the progress made in implementing the Act at the third session of the Intergovernmental Negotiating Body.

The CHAIR said that the discussion had demonstrated a positive climate for the work of the second session. It had been important to have an initial exchange of views before individual countries and groups of countries put forward their proposals in the working groups. The proposed date for the next session, namely 19-24 November 2001, should be discussed within regional groups in order to avoid lengthy discussion on the item during plenary at the end of the current session.

The meeting rose at 11:40.

= = =



WORLD HEALTH ORGANIZATION

INTERGOVERNMENTAL NEGOTIATING BODY
ON THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
Second session

A/FCTC/INB2/WG1/SR/1
13 June 2001

WORKING GROUP 1

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

International Conference Centre, Geneva
Monday, 30 April 2001, at 15:00

Chair: Professor J.-F. GIRARD (France)

CONTENTS

| | Page |
|---|------|
| Drafting and negotiation of the WHO framework convention on tobacco control | 2 |
| G. Non-price measures to reduce the demand for tobacco | 4 |

Note

This summary record is **provisional** only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections should be sent to Responsible Officer, Governing Bodies, World Health Organization, 1211 Geneva 27, Switzerland, or faxed to +4122 791 3995, Attn: Responsible Officer, before 27 July 2001.

A/FCTC/INB2/WG1/SR/1

WORKING GROUP 1

FIRST MEETING

Monday, 30 April 2001, at 15:00

Chair: Professor J.-F. GIRARD (France)

DRAFTING AND NEGOTIATION OF THE WHO FRAME CONVENTION ON TOBACCO CONTROL: Item 4 of the Agenda (Documents A/FCTC/INB2/DIV/1, A/FCTC/INB2/DIV/6, A/FCTC/INB2/2 and A/FCTC/INB2/3)

The CHAIR welcomed the participants on behalf of the Co-Chair Dr Hatai Chitanondh (Thailand) and himself, and looked forward to making substantial progress in preparing the draft framework convention on tobacco control. He drew attention to document A/FCTC/INB2/DIV/6, which summarized the division of responsibilities among working groups. Working Group 1 had been requested by the Intergovernmental Negotiating Body, at its first session, to deal with the following topics: research, regulation of tobacco product disclosures, tobacco sales to youth, packaging and labelling, treatment of tobacco dependence, media, communications and education, exposure to tobacco smoke, regulation of the contents of tobacco products and advertising, promotion and sponsorship. Document A/FCTC/INB2/DIV/6 provided a table showing the location of those subjects in the proposed draft elements for a WHO framework convention on tobacco control (document A/FCTC/INB1/2), discussed at the first session and their corresponding location in the Chair's text (A/FCTC/INB2/2) to be discussed at the present session. The rearrangement conformed to the request made by the Intergovernmental Negotiating Body at the first session. Despite some changes in the order, numbering and even some subject titles, there were no alterations of substance in the division of tasks among the working groups. With reference to the Chair's text, Working Group 1 would be dealing with the whole of Article G, paragraphs 1 and 2 of Article H, paragraphs 8 and 12 of Article I and paragraph 2 of Article K. In addition, it was proposed that the sections dealing with Guiding principles and General obligations, not previously assigned to any working group, should now be distributed between the three groups according to their specific areas of interest; on that basis, Working Group 1 should deal with Guiding principles 1 and 2 (under Article D) and General obligations 1 and 2 (under Article E). The Co-Chairs proposed that the working group should postpone consideration of those two sections until the specific technical issues assigned to it had been dealt with, especially in view of the substantial redrafting undertaken since the first session which required review.

The Chair's text contained no specific draft under Article B, Definitions, and the Co-Chairs suggested that the working group should confine itself, at the current session, to listing those terms which it considered warranted further discussion, with a view to subsequent agreement on working definitions for the scope and purpose of the framework convention. The list of terms provided by each group could be dealt with as an intersessional project and reported to the Intergovernmental Negotiating Body at its third session.

In the absence of any objections, he took it that the meeting agreed: to deal first with the technical issues contained in the draft Articles G to K, following the sequence and numbering shown in the Chair's text; to then take up the relevant parts of Articles D and E; and to confine itself, for the time being, to listing required definitions, which would be taken up at a later stage in accordance with whatever decisions were taken in Plenary.

It was so agreed.

A/FCTC/INB2/WG1/SR/1

The Chair reminded the working group that it would meet three more times, on Tuesday 1 May, Wednesday 2 May and Thursday 3 May. The two Co-Chairs would share the responsibility of chairing those meetings. It was proposed that the working group should review the draft of the Chair's text article by article, and paragraph by paragraph. Proposed amendments should be submitted to the Secretariat in writing on the forms provided. They would then be consolidated and issued in the form of conference papers for further review by the working group at a later meeting.

He recalled that, in accordance with decision EB107(2) taken by the Executive Board at its 107th session, its Chairman, acting jointly with the Chairman of the Standing Committee on Nongovernmental Organizations, had been authorized to admit nongovernmental organizations into official relations with WHO on a provisional basis in specified conditions and subject to review by the Executive Board at its January session subsequent to their admission. Two nongovernmental organizations had been admitted under this arrangement, the aim of which was to promote the more effective participation of nongovernmental organizations. Intergovernmental and nongovernmental organizations would attend meetings of the working groups, which functioned as committees of the whole. They would have an opportunity to make statements at the end of the meeting, provided that they handed in written statements beforehand.

He invited questions and comments on the methods of work of Working Group 1.

Ms BALOCH (Pakistan) requested that, in order for the working group to be entirely clear as to how it should proceed, the text of the Chair's comprehensive introduction should be circulated to the participants and the texts of draft amendments should be made available to the regional groups.

Mr BAHARVAND (Islamic Republic of Iran) asked whether arrangements could be made for Working Group 1 to meet in room 1, since room 2 was rather cramped for so many participants.

* Dr NOVOTNY (United States of America) supported the proposal to have the text of the Chair's statement circulated to participants. While his delegation would try to provide texts for any amendments it made, Member States should have the right to have amendments accepted verbally since that was part of the negotiating process.

Professor ZELTNER (Switzerland) supported the proposals made by the delegate of Pakistan. Noting the proposal that definitions were to be determined only following the present session, he requested clarification as to how the text of the framework convention would be revised to take those definitions into account.

Dr REN Minghui (China) said that, while he was convinced of the value of the participation of nongovernmental organizations, drafting was the responsibility of government delegations alone. He requested further clarification in that regard.

Dr AL-LAWATI (Oman) supported the proposals made by the delegates of Pakistan and the Islamic Republic of Iran. He suggested that confusion would be avoided if the working group's discussions focused solely on the sections of the Chair's text, as listed in the second column of the table in document A/FCTC/INB2/DIV/6.

The CHAIR said that the matters raised in document A/FCTC/INB2/DIV/6 were indeed complicated, but the right-hand column of the table relating to Working Group 1, which summarized those sections of the Chair's text (document A/FCTC/INB2/2) to be discussed by the working group, provided a basis on which to work. The problem mentioned by the delegate of Switzerland relating to definitions could be approached only pragmatically but it should be noted that the text agreed at the present session would be subject to further review. With regard to nongovernmental organizations, the predominant view at the previous session had been that they should be permitted to attend plenary

A/FCTC/INB2/WG1/SR/1

meetings but not technical groups. Since, however, the working groups were meetings of the whole, it had been concluded that such organizations could be admitted and could be given the floor, but only delegations could participate in drafting. He reiterated that all proposed amendments should be submitted in writing.

Mr MBUYU MUTEBA (Democratic Republic of the Congo) suggested that the current structure of the Chair's texts, which included letters and numbers for the various articles, paragraphs and subparagraphs, should be simplified, using numbers only, to avoid confusion. He requested the provision of sufficient copies for each delegation of the form for the submission of proposals and amendments.

The CHAIR said that he would raise those points with the Chair of the Intergovernmental Negotiating Body.

The CHAIR invited the working group to consider Article G of the Chair's text (document A/FCTC/INB2/2), paragraph by paragraph.

G. Non-price measures to reduce the demand for tobacco

Paragraph G.1

Professor LYNCH (Canada), referring to the first two sentences of paragraph 1, remarked that qualifying language, as found in the phrase "to the extent possible within the means at its disposal and its capabilities", was not found in any other multilateral instrument and should be deleted: it might result in asymmetrical obligations for the signatories to the convention and there would be no way of evaluating compliance. Further, the adjectives "legislative, executive and administrative" before the word "measures" should be moved into the section on definitions. Finally, it would be appropriate to introduce the term "prevalence of tobacco use". She therefore suggested that the first sentence should be amended to read: "Each Party shall adopt measures, and cooperate with other Parties in developing appropriate non-price policies, in order to reduce tobacco consumption, prevalence of tobacco use and exposure to tobacco smoke."

Dr MBAIONG (Chad) supported those amendments.

Ms LAMBERT (South Africa), speaking on behalf of WHO's African Region, supported the deletion of the phrase "to the extent possible within the means at its disposal and its capabilities".

Mr TAKAKURA (Japan) endorsed the deletion of the qualifying language in the introductory sentence, although he wished to see it developed if necessary in the relevant subparagraphs.

Ms BALOCH (Pakistan) suggested leaving the phrase "to the extent possible within the means at its disposal and its capabilities" in brackets until an alternative form of wording had been agreed.

* Dr NOVOTNY (United States of America), seeking to emphasize the non-mandatory nature of certain provisions, suggested replacement of the word "shall" by "should", in the first two sentences, and "to the extent possible within" by "taking into account", and "harmonizing" by "developing" in the first sentence.

Dr AUNGI (Myanmar), reflecting the consensus among the countries of the South-East Asia Region, supported the deletion of "to the extent possible within the means at its disposal and its capabilities".

A/FC/TC/1/NB2/WG1/SR/1

Ms BILLUM (Sweden), speaking on behalf of the Member States of the European Union, endorsed the proposal to replace the word "harmonizing" by "developing". She further suggested inserting the words "including measures to combat illicit traffic" after the words "non-price policies".

Ms KERR (Australia) said that qualifying phrases, such as "to the extent possible within the means at its disposal and its capabilities", rendered the article ambiguous; she would submit her suggested amendment in writing.

Mr CASTILLO SANTANA (Cuba) supported the proposal made by the delegate of Pakistan that "to the extent possible within the means at its disposal and its capabilities" should be retained in brackets for the time being. Similarly, the words "adopt legislative, executive and administrative measures" should be retained in brackets pending submission of an alternative form of wording.

Professor GOJA (Uruguay) agreed that the phrase "to the extent possible within the means at its disposal and its capabilities" was somewhat ambiguous and might give rise to minimum compliance; it should be retained in brackets pending further discussion.

Dr MUGA (Kenya), speaking on behalf of the African Group, expressed the wish to retain the word "shall" in the first two sentences in order to avoid diluting the provisions.

Dr REN Minghui (China) preferred retention of "to the extent possible within the means at its disposal and its capabilities" in brackets for the time being. He suggested deletion of the word "executive", since "executive measures" were included under "administrative measures". The words "appropriate non-price policies" should be replaced by "non-price policies, as appropriate".

Dr ROA (Panama) would prefer to see section G placed under section F and the title of that section amended to read "Public health measures to reduce the demand for tobacco". Endorsing previous speakers' comments, she also wished to insert a commitment to reducing the prevalence of tobacco use, nicotine addiction and exposure to tobacco smoke.

Dr ANDEN (Philippines) approved the deletion of the phrase "to the extent possible within the means at its disposal and its capabilities". She suggested replacing the word "harmonizing" by "adhering to international standards set by WHO" and retaining the word "shall".

Ms VILLAMIZAR (Venezuela) supported Canada's endeavours to simplify the text. She suggested leaving the phrases concerned in brackets until they had been reworded, and wished to see the word "harmonizing" replaced by "developing".

Dr BOVET (Seychelles) said that the paragraph was wordy and therefore ambiguous. He preferred to delete the phrases concerned altogether.

Mr VARELA (Argentina), while understanding the reasons underlying Canada's proposal, nevertheless wished to retain some reference to countries' capabilities and preferred to leave the phrase "to the extent possible within the means at its disposal and its capabilities" in brackets pending further discussion. "Developing" was a more appropriate term than "harmonizing".

Dr AL-LAWATI (Oman), endorsing Canada's suggestions, said that he would submit a written text to the effect that each Party should take effective measures and should cooperate with other Parties in order to reduce tobacco consumption and exposure to tobacco smoke. The text would include two specific measures.

A/ECTC/INB2/WG1/IR/1

Mr BAHBAY (Turkey) endorsed the wording suggested by the delegates of Canada and Sweden.

Mr OGANOV (Russian Federation) considered that the basic idea of "to the extent possible within the means at its disposal and its capabilities" should be retained even if the actual wording were changed, since the introductory paragraph covered several subparagraphs and the idea applied to all.

Dr GRACIELA DE CACERES (Paraguay) said that the paragraph referred to issues of public health. She understood the concerns of her fellow delegates, but the document was a normative one and must be drafted accordingly. Ambiguous wording must be removed. A paragraph might be inserted indicating that each country's process would be respected. For example, using the form "shall", it might say that each country would adopt measures and cooperate with other countries in an increasing and progressive way, thus allowing each country to progress within its capabilities while expressing a clear intent. It would continue that countries should develop appropriate policies in concert; otherwise, matters might just remain as they were. The phrase in the fourth line should read "shall include", since the paragraph went on to deal with three vital public health concerns: smoke-free environments, the protection of children and expectant mothers, and regulation. She would submit her proposal in writing.

Ms BALOCH (Pakistan) asked whether it was technically possible to edit the text immediately so as to show the various amendments on the screen.

The CHAIR said that, although he was attracted by the idea in theory, he could not give an immediate reply.

Mr BAHARVAND (Islamic Republic of Iran) supported the deletion of the phrase "to the extent possible within the means at its disposal and its capabilities", since all countries were doing their best. He suggested adding the words "inter alia" after the word "include".

The CHAIR, summing up, said that five main points had emerged during the discussion. The first, which had prompted the greatest number of comments, was the phrase "to the extent possible within the means at its disposal and its capabilities". Some – perhaps the majority – were in favour of its deletion, while others, who had some doubts on the subject, wanted it to be placed between brackets. It was a matter that must be decided, and some felt that it would be easier to do so later in the consideration of the text and that it might be appropriate to include it in a subsequent paragraph.

Secondly, questions had been raised in connection with the phrase "legislative, executive and administrative measures", which was interpreted differently in various languages and thus required definition.

Thirdly, there was little support for changing the tense of "shall" and using the conditional. Fourthly, there was support for Sweden's proposal to use "developing" instead of "harmonizing". Fifthly, several delegations considered it appropriate to include a reference to illicit trafficking in the first sentence. He drew the Iranian delegate's attention to the use of the word "*notamment*" in the French version of the second sentence, which clearly indicated that the measures and policies in question were not exhaustive.

Several written proposals had been received. He would refer the main points of discussion on the paragraph to the Chair of the Plenary, noting that they had been commented on by many delegations.

* Mr SANDAGE (United States of America), speaking on a point of order, said that he was somewhat confused. Earlier the Chair had stated that a point made by one delegation need not be made or supported by another. Yet he had just said that some proposals had received little support. Those

A/FCTC/INB2/WG1/SR/1

two approaches could not be reconciled. At that very early stage in the proceedings it was essential for all delegations to have the opportunity to outline their position, and the Chair should not attempt to draw hasty conclusions regarding the majority view. At a later stage, however, some effort might be made to reach some consensus. If the Chair continued to proceed in that manner, each delegation would need to comment on every point raised, which hardly seemed advisable.

The CHAIR said that with four meetings scheduled for the working groups delegations would all have ample opportunity to state their views. As for his summing up, when a proposal had been made by one delegation but contested by several others, he had nevertheless included it among the five points to be forwarded to the Chair of the Plenary.

Mr CASTILLO SANTANA (Cuba) said that the first main point outlined in the Chair's summing up of the discussion on paragraph 1 had not been entirely accurate, since in fact three basic proposals had been made: to delete part of the paragraph, to place part of the text between brackets, and to retain the text as it stood. Cuba supported the last proposal. It was essential that all the points of view expressed were taken into account and treated on an equal footing in the Chair's summing up.

The CHAIR pointed out that his summary was by no means conclusive, but merely intended to reflect the tenor of the debate with a view to making headway. Any decision regarding the text lay with the Plenary. In addition, written texts were also required.

Paragraph G.1(a) (Passive smoking)

Dr REDDY (India) suggested the deletion of the word "enclosed" before "public places", since enclosed public places did not for example include sports arenas, where large numbers of people were confined for long periods of time and subjected to the risks of passive smoking. While he recognized the need to protect children and pregnant women, he considered that the last phrase, which read "with particular attention to special risk groups such as children and pregnant women", should be deleted, since it might convey a misleading public health message to other groups of people who felt less at risk.

Dr HETLAND (Norway) noted that no mention was made of people suffering from chronic diseases. He therefore suggested that "special risk groups" should be replaced by "special sensitive groups". Also, further examples of public places should be listed thus the latter half of the subparagraph should be reworded: "indoor workplaces, restaurants, bars, cafes and other public places and public transport, with particular attention to special sensitive groups".

Mr KATENE (New Zealand) said that little provision was made for the protection of non-smokers. He therefore suggested that the title of paragraph G.1(a) should be amended to read "Protection of the non-smoker". The reference to the need for protection from exposure to tobacco smoke in indoor workplaces should be strengthened by the addition of the words "to the greatest extent practicable for all workplaces and in particular those workplaces where use of space is shared".

Ms KERR (Australia) expressed support for the paragraph but considered it inappropriate to refer to the means of implementing the obligation, i.e. through the "implementation of legislation and other effective measures". It was important to retain the reference to "systematic" protection; the term "systematic" suggested a legislative approach to regulating smoking in public places which Australia believed was the best practice approach to passive smoking regulation. She drew attention to the need for definitions of "enclosed public places" and "public transport".

A/FC/INB2/WG1/SR/1

Mr RAHMAN (Bangladesh) said that it was not clear whether "systematic protection" was intended to mean effective gradual measures or system-wide protection. He therefore suggested that the word "systematic" should be replaced by "progressive". He endorsed India's proposal for the deletion of the last phrase

Dr FARIAS ALBUQUERQUE (Peru) proposed the insertion of the phrase "and crowded places" between "enclosed" and "public places".

Ms BILLUM (Sweden), speaking on behalf of the European Union and its Member States, said that the health impact of environmental tobacco smoke was now recognized as an issue of significance. It was therefore preferable to refer to "environmental tobacco smoke" not "passive smoking" and the title of the paragraph should be amended accordingly. She welcomed the emphasis on the need to provide appropriate protection in the workplace and to focus on different groups of special concern.

"Appropriate" rather than "systematic protection" would be a more realistic and effective goal for the convention. Some countries had chosen to deal with protection against environmental tobacco smoke through legislation, others by means of voluntary agreements or similar measures. National differences must be taken into account in deciding which measures were appropriate. Mention might also be made in the text of the possibility of voluntary agreements reducing exposure to tobacco smoke; the goodwill of restaurant and bar owners and their associations could make a difference.

Professor LYNCH (Canada), while expressing support for the intent of the paragraph, suggested simplifying the text by deleting of the words "legislation and other effective" before "measures", which required some definition. She shared other speakers' concerns regarding the term "systematic protection", the scope of which was unclear. She also endorsed the deletion of the reference to special risk groups, since the aim of the subparagraph was to protect all people from passive smoking. As for India's proposal regarding public places other than enclosed ones, she believed that each State Party should designate places appropriate to its own situation, without identifying some – but not all – spaces in the convention.

Ms BALOCH (Pakistan) said that since the introductory part of paragraph G.1 referred to legislative, executive and administrative measures, the reference to legislation and other effective measures in paragraph 1(a) seemed unnecessary. She too had doubts about the term "systematic protection", which should either be deleted or placed between brackets. She would welcome a definition of "enclosed public places".

Ms ROVIROSA PRIEGO (Mexico) said that the places to be protected from exposure to tobacco smoke should also include health units and schools. That should also be taken into account when enclosed or open public places were defined.

Dr SILVA GOLDFARB (Brazil) said that paragraph 1(a) was important, since it clarified how actions to reduce passive smoking could help to lower the demand for tobacco products. She proposed the insertion of the words "prohibit indoor tobacco smoking in order to stimulate smokers to quit, non-smokers not to begin and overall to before "provide for systematic protection from exposure to tobacco smoke in indoor workplaces, enclosed public places and public transport". She further suggested that in the last phrase "special risk groups" should be replaced by "vulnerable groups".

Mr TAKAKURA (Japan) proposed the deletion of the qualifying phrase "legislation and other" before "effective measures", subject to possible further modifications at a later date. In Japan passive smoking had been significantly reduced without recourse to legislation, through a combination of measures, including administrative ones.

A/FCTC/INB2/WG1/SR/1

Professor GRANGAUD (Algeria) proposed, in line with proposals made in Johannesburg in March 2001 by the Member States of the African Region, the deletion of the words "indoor" and "enclosed" before "workplaces" and "public places".

* Dr NOVOTNY (United States of America), while recognizing the importance of considering passive smoking in the convention, proposed that paragraph 1(a) should be placed between brackets, pending input on the subject to be provided at a later date.

Mr BAIARVAND (Islamic Republic of Iran) drew attention to the possible legal problems arising from the use of the term "governmental". The convention would be binding on States, not governments. Perhaps it would be wiser to delete the reference to governmental and to reformulate the beginning of the paragraph to the effect that Parties to the convention should take measures to protect against exposure to tobacco smoke and so on. As for the proposed deletion of the words "indoor" and "enclosed", he believed that an overall ban on smoking in public places would be difficult to enforce and that the designation of smoking and non-smoking areas in public places and the workplace would be preferable. Perhaps one suitable term to convey the basic meaning of the two adjectives could be found.

Ms BALOCH (Pakistan), speaking on a point of order, sought reassurance, in the light of the United States' proposal to place paragraph 1(a) between brackets, that unbracketed text would not be considered as having been agreed upon. It was her understanding that nothing was final until discussion of the text as a whole had been completed.

The CHAIR gave his assurance that the debate was by no means closed and that all views expressed were open to subsequent comment. It was not possible at that juncture to anticipate the outcome of such debate or indeed the definitive text.

Mrs MORALES ALLYÓN (Bolivia) suggested that the words "places of study", specifying "schools and universities" be inserted after "indoor workplaces". In her country, volunteers with whom she worked had informed her that students were forced to inhale the smoke from professors who smoked: in response, a youth committee to combat the use of tobacco had been formed. She requested also that the words "retail food outlets" be inserted after "enclosed public places".

Dr MUGA (Kenya), speaking on behalf of the African Group, proposed the deletion of the words "indoor" and "enclosed" before "workplaces" and "public places".

Professor SIMUNIC (Croatia) said that in his country some 70% of children lived in families where smoking was prevalent: those children were therefore passive smokers from birth. It was important to stress the issue of smoking in the family environment in paragraph 1(a), as children learned to smoke by following their parents' example.

Ms SUH (Republic of Korea) suggested that, in order to reflect the serious harm caused by indirect smoking, the phrase "with particular attention to special risk groups" be replaced by "and prohibition of smoking in areas frequented by special risk groups". Further reference to the concept of a complete ban on smoking should also appear in the relevant protocol at a later date.

Dr GRACHELA DE CACERES (Paraguay) was in agreement with the text as amended by Peru. She emphasized that the purpose of the text was to defend the rights of non-smokers, who were in the majority, against an invasive minority of smokers. The purpose of the convention was to protect the right to life and the right to health. Voluntary agreements took too long to produce satisfactory results and, in her experience, self-regulation tended to defend the particular interest of certain economic

A/FCTC/INB2/WG1/SR/1

groups, rather than the rights of the majority. She was concerned that special risk groups such as children and women, upon whom thousands of millions of dollars were spent in other health areas, should remain a priority in regard to tobacco use. Children were particularly vulnerable: if they were subjected to passive smoking in homes and public places, studies had shown that they were more likely to become smokers themselves. In addition, research published in the United States of America had shown that those children were likely to develop conditions that could lead to lung cancer.

Mr VARELA (Argentina) said that it was important to emphasize the vulnerable position of all high-risk groups, for the reasons mentioned by the delegates of the Islamic Republic of Iran and Paraguay. She suggested therefore, that the word "including" should replace the words "such as" before "children and pregnant women" in order to allow a wider definition of special risk groups.

Mr BEN SALEM (Tunisia) said that the term "enclosed" rather than the word "indoor" most accurately reflected the meaning intended in paragraph G.1(a) and he suggested that the paragraph be rephrased accordingly. He further suggested that specific reference should be made to categories of "enclosed public places" such as health institutions and educational establishments, thus ensuring that the provisions of the convention could be interpreted in a similar manner, irrespective of the country of application.

Dr ROA (Panama), referring to the same paragraph, agreed that specific reference to special risk groups such as children and pregnant women should be deleted as they could be understood to be included in a reference to adequate and systematic protection of family health. In addition, it would seem important, as the delegate of Peru had suggested, to include a reference to enclosed public spaces where large crowds might gather and to define those places in an annex to the convention or a chapter on definitions.

Mr OGANOV (Russian Federation) said that public education had a major role to play in combating passive smoking and therefore it would be appropriate to make a reference to educational measures in the text. He favoured retaining the reference to special risk groups such as children and pregnant women.

Dr SEKABARAGA (Rwanda) wished to clarify further the position of the African Region in regard to the definition of "indoor workplaces" and "enclosed public places". There was concern that those who were employed on work sites or who attended sporting events also had a right to be protected. The references to "indoor" and "enclosed" should therefore be deleted.

In using the term "passive smoking" there was a tendency to refer only to tobacco smoke, although it was possible that the unborn child could be affected by tobacco products passing through the placenta and that newborn infants could receive those products through the mother's milk; he queried whether passive smoking was therefore the correct term.

Mr CASTILLO SANTANA (Cuba) supported the text of paragraph 1(a) as given in the Chair's text. He recalled that that text had resulted from much discussion and was flexible. Referring to the remarks of the delegate of Argentina, he observed that the text made reference to groups at risk, to pregnant women and to children.

Dr AL-LAWATI (Oman) requested that the words "appropriate governmental level" be deleted as some nongovernmental institutions also monitored public places. He queried the value of the word "systematic" and requested that it, too, be deleted. He further suggested that the words "in particular" be placed before "in indoor work places" and that the reference to special risk groups be deleted, as the entire population should benefit from protection. The definitions of enclosed public places and public transport should be included in the list of definitions.

A/FCTC/INB2/WG1 SR/1

Mr EMMANUEL (Saint Lucia) said that family members could be exposed to agents in environmental tobacco smoke that could be prejudicial to health. A reference to family members should therefore be included in the text. The word "homes" should be included before "indoor workplaces".

Ms BALOCH (Pakistan) responding to the previous speaker, said that what took place in the home was a private matter on which the state could not regulate in the context of smoking. She requested therefore that the word "homes" be placed in brackets.

The CHAIR noted that the inclusion of a paragraph on "passive smoking" had received wide support. One delegation had requested that the paragraph be placed in brackets: that position had been neither endorsed nor contested. The word "systematic" had not received the approbation of all delegates and words such as "progressive" or "appropriate" had been put forward as alternatives. The use and definition of the words "indoor" and "enclosed" had been contested by a number of delegates.

In regard to the debate on the question of special risk groups, it might be more appropriate to focus on the places frequented by those risk groups than on the groups themselves. Opinion appeared to be divided as to whether to make specific mention of the special risk groups.

Two delegates had made reference to smoking in the home, although, as the delegate of Pakistan had pointed out, it was difficult to take collective measures against individual behaviour in the home.

Finally, although the expression "passive smoking" had been called into question and alternative terms put forward, it needed to be borne in mind that "passive smoking" was widely used and clearly understood.

Paragraph G.1(b) (Regulation of the contents of tobacco products)

Mr RAJALA (European Community) said that, in the context of setting international standards, there was a need to avoid duplication of regulations. To that end, he recommended that the International Organization for Standardization (ISO) be consulted. ISO standards should take public health standards into consideration rather than focusing on the concerns of the manufacturers. He would submit a text to reflect those points.

Dr MBAIONG (Chad) queried whether WHO should seek to regulate the composition of tobacco products as they were commercial products. He indicated that he would submit a new proposed text.

Ms KERR (Australia) said that while the heading of the paragraph G.1(b) referred to the regulation of the contents of tobacco products, the contents covered almost the entire cigarette production process. She would submit a more appropriate text.

Dr WINAI SWASDIVORN (Thailand) said that he wished to replace the wording from "cooperation" to "standards" with "cooperation with the Parties to this agreement to prepare a protocol on tobacco product regulation to define and implement best practice in the setting of such standards". He explained that no standards existed at that time in Thailand.

Mrs THIBELI (Lesotho) explained that, by agreeing to a common platform prior to the meeting, the African delegates had saved time: she urged other delegations to do likewise. Any contribution by an African delegation could be taken as being endorsed by all African Member States.

A/FCTC/INB2/WG1/SR/1

Dr REN Minghui (China) agreed with the approach suggested by the representative of the European Commission: it was for ISO to adopt standards, not for any other body. He therefore suggested that the following phrase should be added at the end of the paragraph:

... encouraging the International Organization for Standardization to take into account the health indicators suggested by the World Health Organization while adopting such standards.

Dr ESPINOZA MURRA (Honduras) said that at a recent workshop in central America it had been stated that the tar and nicotine content of tobacco products could not be precisely determined. While supporting the principle that standards should be developed and harmonized under WHO auspices, therefore, his delegation considered that for the time being such standards should apply most particularly to tar and nicotine. He suggested the following form of words: "the adoption of standards to regulate the content of tobacco products and in the first instance of tar and nicotine."

Dr SILVA GOLDFARB (Brazil) suggested that paragraph 1(b) was misplaced; it should be included within the scope of Article K (Surveillance, research and exchange of information), as it was important to monitor consumption, relating it with impact on morbidity and mortality.

Mrs TRAN Thu Thuy (Viet Nam) supported the text as it stood. Her country looked forward international standards to be developed and harmonized by WHO.

Ms SINIRLIOGLU (Turkey) said that her delegation supported the view expressed by the representative of the European Commission concerning the role of ISO in determining the contents of tobacco products.

Ms BOBYLIOVA (Ukraine) said that the importance of the paragraph was such that, in order to avoid subsequent disagreements over international standardization in documents, the following words should be added: "in cooperation with international organizations for standardization".

Mr MBUYU MUTEBA (Democratic Republic of the Congo), after apologizing for the fact that his delegation had been unable to participate in the Johannesburg meeting of the African Group and was unaware of what decisions had been reached, said that the text would be clearer if the order of words were changed and an extra phrase inserted. It would thus read:

(b): the adoption, under the auspices of the World Health Organization and in cooperation with other specialist institutions, of standards for the regulation of the contents of tobacco products, including standards for testing and measuring, designing, manufacturing and processing such products.

Ms DJAMALUDDIN (Indonesia) said that while mainly supporting the position, there were two points to raise: first, regulation would often also involve disciplines other than public health. She therefore suggested that the phrase "under the auspices of" should be replaced by the phrase "in consultation with". Secondly, there should be a provision that the costs of implementing the relevant measures should be fully borne by the manufacturers of tobacco products.

Ms LLORENTE DIAZ (Cuba) suggested that the phrase "under the auspices of the World Health Organization" should be replaced by the phrase "under the auspices of the relevant international bodies", given that ISO and the Centro Cooperativo de Investigación Científica sobre el Tabaco (CORESTA) were as involved in such activities as WHO.

Professor LYNCH (Canada) said that her delegation, while supporting standards and technical regulation based on widely accepted scientific evidence, was concerned that, as it stood, the paragraph was difficult to understand. Standards organizations could be encouraged to develop methodologies drawing on the experience of countries which were establishing strong standards for the testing and measuring of tobacco emissions, including the selected toxic contents of smokeless tobacco, but the public health implications of ingredients and additives might be better measured by addressing the issue of emission: setting standards for ingredients might give rise to a false sense of reassurance. Equally, there were no standards relating to processing and manufacture that could make such products safe. She would submit an alternative text.

Dr ENYIME (Cameroon) said that his country was trying to raise awareness of the dangers of tobacco use and to regulate their composition. It was difficult to convey these messages to such groups as pregnant women and children, especially in view of the revenue gained from the sale of tobacco products. His delegation therefore had some reservations about the paragraph under discussion, and would deal with the matter within the African group.

Dr HETLAND (Norway) said that both tobacco products and their smoke were hazardous. He therefore suggested that the words "and exposures thereof" should be inserted after the words "contents of tobacco products" and that the words "and harmonization" should be deleted. The efforts to develop neutral standards and best practices under the auspices of WHO were supported.

Mr KATENE (New Zealand) said that, while his delegation generally supported paragraph 1(b), it believed that the regulation of tobacco product constituents should be based on "best practice", that international standards should be developed for consistency and that changes in tobacco products should not give rise to other safety or health concerns.

* Mr GREEN (United States of America) supported the establishment of international programmes to develop model standards for Member States to consider adopting. The list of possible standards should therefore be deleted from the paragraph, so as not to prejudge any discussion of an appropriate work programme, which could be developed under a separate protocol. His delegation would also support the establishment of domestic science and health-based regulatory agencies with enforcement authority. He would provide an alternative text.

Mr RAHMAN (Bangladesh) said that, when an organization was competent in a particular field, such as the Codex Alimentarius Commission, it was necessary to involve ISO. Similarly, WHO had been the driving force behind the draft convention and, while acknowledging the value of collaborating with other organizations, his delegation would be unhappy to see its responsibility diluted. Moreover, ISO although an intergovernmental body, might not give due emphasis to the public health aspects and any standards it might establish could be favourable to the tobacco industry. He therefore suggested that the following phrase should be added at the end of the paragraph: "in consultation with other standard-setting organizations, including ISO".

Ms BALOCH (Pakistan) said that paragraph 1(b) linked two disparate issues: the first part dealt with measures which came under national competence and the second part had a multilateral context. She therefore suggested that the word "national" should be inserted in the phrase "adoption of standards". It would be hard for her government to accede to an instrument referring to international standards that were not yet in place. It would be better to separate the issues. The provisions on international standards could perhaps be moved to Article M.

Mr GIBOMOR (Sierra Leone) said that the text, good as it otherwise was, would be more effective if the word "standards" was varied by the occasional use of the word "measures".

A/FCTC/INB2/WG1/SR/1

Dr MUGA (Kenya) said that it was appropriate for WHO to set the standards: nicotine was, after all, a drug, like others certified by the Organization. ISO was less directly concerned with public health and any standards issued by countries under its auspices risked being manipulated by the tobacco industry.

Mr VARELA (Argentina) supported the suggestion made by the Brazilian delegation, that the issue should more properly be addressed under Article K rather than Article G since it did not particularly relate to measures to reduce demand for tobacco products.

Dr LEWIS-FULLER (Jamaica) said that, while aware of the rationale behind the development of standards and adherence to them, she feared that support by WHO and governments for standards relating to tobacco products could be perceived as ambivalent or even hypocritical, if manufacturers could claim that they were making cigarettes in accordance with WHO specifications. Governments could not adopt the most desirable course and ban tobacco products outright although they would not hesitate to ban other poisonous substances. The emphasis of the convention should be on strict disclosure by tobacco manufacturers, along with intensive public education on the harmful effects of tobacco.

Mrs SHAHAR-BEN AMI (Israel) said that the provision governing the regulation of the contents of tobacco products should cover the implementation of standards as well as their adoption. In addition, any standard established should be regarded as a minimum which States would be encouraged to exceed. Her delegation would submit an appropriate text.

Ms SUH (Republic of Korea) said that, while agreeing with the need for standards to control the ingredients of tobacco products, her delegation considered that adopting the same standards for manufacturing and processing infringed the freedom of corporate activities. It therefore suggested that the phrase "manufacturing and processing such products" should be deleted.

Professor WARNER (World Bank) pointed out that the regulation of tobacco products was not primarily a measure to reduce demand for tobacco products but was a condition of supply. It would therefore appear more appropriately in Article I. The situation would be changed only if demand was reduced by removing nicotine from tobacco products or if cigarettes were made unpalatable.

Ms TAYLOR (International Union against Cancer) speaking at the invitation of the CHAIR, supported the proposed deletion of the words "to the extent possible within the means at its disposal and its capabilities" from the first line of paragraph G.1. Her organization would also support the replacement of the word "harmonizing", in that paragraph and in paragraph G.1(b), with the word "developing". Paragraph G.1(b) required further consideration generally. Responsibility for standards should not be delegated to ISO, which had no public health remit.

The CHAIR said that it was important not to confuse the classification of final products, which could be the subject of standards, with the methods used to make such products. There would need to be further clarification of that issue. He noted that there was a division of opinion on whether WHO could legitimately carry out such work alone. Others, meanwhile, did not wish to entrust the task only to ISO.

The meeting rose at 18.00

= =