

Framework Convention on Tobacco Control: A Significant Response to Noncommunicable Disease Prevention and Control



* Dr Jean-Pierre Baptiste

Introduction

Currently, 1.3 billion people use tobacco which is the second major cause of death in the world. It is responsible for the death of one in ten adults worldwide (about 5 million deaths each year). Most of these live in poor, developing countries where tobacco use is increasing largely due to aggressive marketing by the tobacco industry. If current smoking patterns continue, they will cause some 10 million deaths each year by 2025.

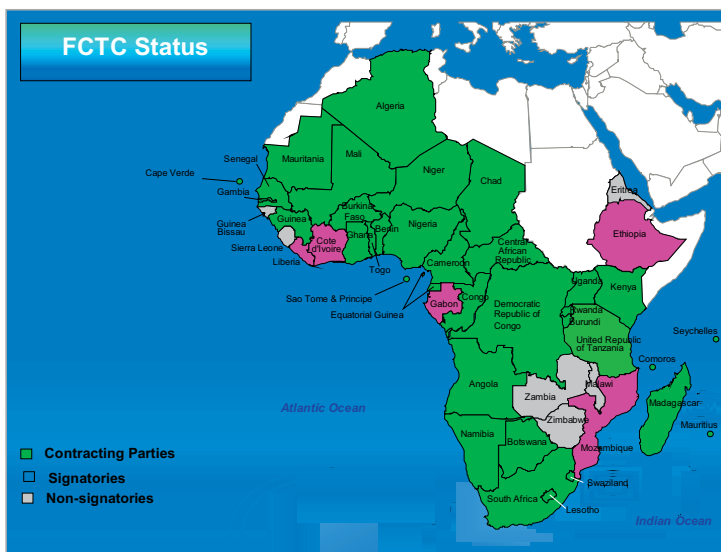
Available data provide evidence of a rising consumption trend particularly among youth and women in the African Region. The total cigarette consumption in Africa went up from 131 181 million sticks in 1995 to 212 788 million in 2000, an increase of 38.4%. Coupled with this, transnational tobacco companies are exploring every part of the Region for market expansion. Cultivation is a problem for some countries in the Region where tobacco accounts for a large portion of the export revenue.

WHO's first global treaty, the Framework Convention on Tobacco Control (FCTC), was adopted by the Fifty-sixth World Health Assembly in May 2003. It entered into force on

27 January 2005 for the first 40 countries which ratified it. The adoption of the Convention marks the beginning of a new phase in building an effective international legal system to counter the increasing use of tobacco globally.

The WHO Regional Office for Africa is helping to maintain the momentum of the war against tobacco use by assisting countries to sign, ratify and implement the FCTC. By the end of December 2007, 39 Member States in the Region had signed the Convention and 35 had ratified or acceded to it (Figure 1). Six countries have not yet signed the Convention, while five signatories have yet to ratify it.

Figure 1: FCTC status in the WHO African Region, 2007



The Framework Convention

A framework convention is a binding international legal instrument which establishes broad commitments and a general system of governance for an issue area.

Ratification is the international act by which countries that have already signed a convention formally state their consent to be bound by it. *Acceptance* and *approval* are the legal equivalent of ratification and they both apply to countries that do not require national ratification of international treaties. Countries that have not signed, wishing to become a Party to the Convention after 29 June 2004 may still do so by means of *accession*, which is a one-step process equivalent to ratification. For the signatories to the Convention, there is no deadline for ratification.

Countries that are Parties will be part of the Conference of the Parties (COP) and will be able to partake in the decisions to be made regarding COP procedural, institutional and financial issues. Contracting Parties will be eligible to receive financial and technical support for implementation of the treaty's obligations.

Figure 2: Tobacco facts

- :: Tobacco causes around 13 500 deaths per day
- :: 50% of children are exposed to tobacco smoke at home
- :: 47.5% of men smoke
- :: 10.3% of women smoke
- :: Tobacco causes serious health problems
- :: A cigarette is the only legally available consumer product that kills through normal use

Key elements of the treaty

Among its many measures, the treaty requires countries to impose bans or restrictions on tobacco advertising, sponsorship and promotion; establish new packaging and labeling of tobacco products; establish clean indoor air controls; and strengthen legislation to clamp down on tobacco smuggling.

Tobacco products are advertised through sports events, music events, films, fashion, and any place where the tobacco industry can target potential new smokers. The treaty obliges Party States to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship, as far as their constitutions permit.

As advertising restrictions are implemented, tobacco packaging plays an increasingly important role in encouraging tobacco consumption. The treaty obliges Party States to adopt and implement large, clear, visible, legible and rotating health warnings and messages on tobacco products and its outside packaging, occupying at least 30% of the principal display areas.

Second-hand smoke is a real and significant threat to public health. Children are at particular risk: exposure to tobacco smoke in children can cause respiratory and middle ear diseases, asthma attacks and sudden infant death syndrome. The treaty obliges Party States to adopt and implement (in areas of existing national jurisdiction as determined by national law), or promote (at other jurisdictional levels), effective measures providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places.

The FCTC also addresses supply reduction measures by posing elimination of illicit trade in tobacco

products; banning of tobacco sales to and by minors; agricultural diversification; and the promotion of alternative means of livelihood.

The treaty obliges State Parties to adopt and implement effective measures to eliminate illicit trade, illicit manufacturing and counterfeiting of tobacco products. State Parties to the WHO FCTC must take steps to mark all tobacco packages for tracing purposes, and to indicate their country of destination.

Recent economic studies have shown that increasing prices through taxes on tobacco products has been proven to be the most cost-effective tobacco control intervention. WHO and the World Bank recommend regular increases in taxes on tobacco products to ensure that the price of all these products increases by at least 5% over inflation every year.

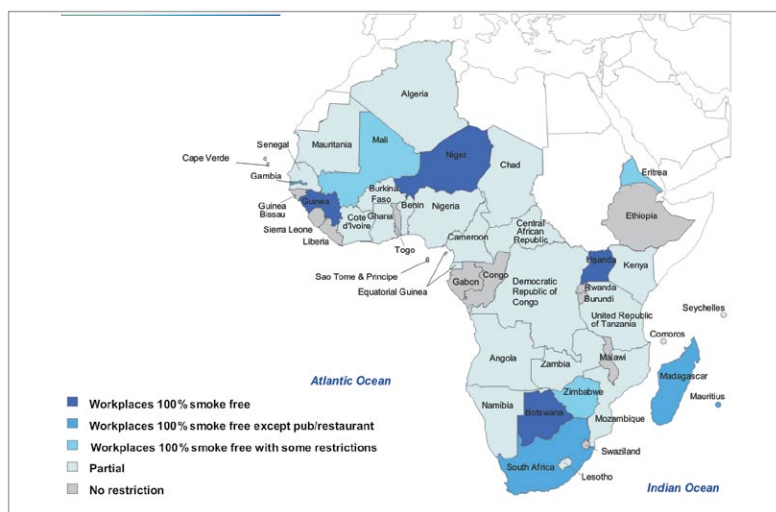
The implementation challenge

The real challenge is to make implementation of the treaty a reality on the ground. This will involve putting in place the needed technical foundations, and translating the treaty into national laws. Building and strengthening national capacity (political, managerial and technical) in countries is the key to a systematic multisectoral approach to tobacco control. This approach will ensure sustainable governmental and community action for comprehensive tobacco control efforts.

During 2006-2007, the WHO Regional

Office for Africa supported countries in implementing the FCTC. Specifically, 30 Parties to the WHO FCTC have been supported to develop and implement legislation and national plans of action for tobacco control. Also, 44 countries now have legislation or regulations on tobacco control. Four countries have developed and implemented comprehensive tobacco control legislation, 16 have adopted legislation and 24 have regulations which ban smoking in educational and health care facilities and direct advertising of tobacco products (Figure 3).

Figure 3: Countries in the WHO African Region with smoke-free legislation



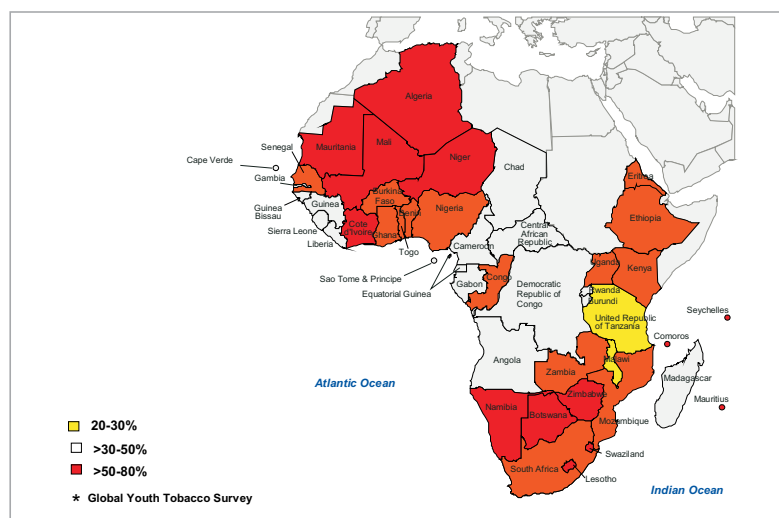
Taking account of the provisions of the FCTC, some legislation needs to be strengthened. Following capacity building workshops, six countries have drafted tobacco control bills and 20 have drafted a national plan of action on tobacco control. Some countries are enforcing these laws. Most of the countries have a tobacco control focal person and have established multisectoral committees.

It is important to have an effective and sustained surveillance system to monitor the tobacco epidemic and evaluate the impact of tobacco control interventions. Empirical evidence shows that the most successful national tobacco control policies are supported by an effective surveillance and evaluation system.

During 2006-2007, officials from 26 countries were trained to prepare and conduct the Global Youth Tobacco Survey and Global

School Personnel Survey. A total of 31 countries have completed the survey, with 17 having done so once, and 14 twice. Five others are set to undertake the exercise shortly. Results from the 31 surveyed countries show prevalence rates for youth tobacco use that range from 10% in Mozambique to 33% in Uganda. This survey shows a high prevalence (30%–80%) of youth (13–15-year-olds) exposed to second-hand smoke in public places (Figure 4). Survey results assist countries in planning, developing, implementing and evaluating their comprehensive tobacco control programs.

Figure 4: Youth exposed to second-hand smoke in public places



Public awareness of tobacco’s harmful effects is essential to lay the foundation for acceptable tobacco control policies and regulations. The Tobacco Free Initiative works to ensure that tobacco remains in the public consciousness by funding anti-tobacco media campaigns and organizing workshops for local, national and international groups. With financial support from the Regional Office, the World No Tobacco Day was successfully observed in the Region and 30 countries sent reports of their activities.

Understanding the tobacco industry’s practices is crucial for the success of tobacco control policies. In recognition of this reality, the Tobacco Free Initiative is monitoring and drawing global attention to the activities and practices of the tobacco industry.

Conclusion

Implementing the WHO FCTC is a big challenge for countries in the WHO African Region. As WHO’s late Director-General, Dr Lee Jong-Wook, put it: “The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all.”

** Dr Baptiste is the Regional Adviser for Tobacco Control at the WHO Regional Office for Africa.*