

Subject: FRAMEWORK CONVENTION ALLIANCE - PLEASE JOIN

Date: Thu, 2 Mar 2000 14:19:54 -0000

From: "Emma Must" &lt;emma.must@dial.pipex.com&gt;

Organization: ASH

To: "Simon Chapman" <simonc@pub.health.usyd.edu.au>, <tobaccokills@globalink.org>, "BOB MECKLENBURG" <mecklenburg@lan2wan.com>, <karndorfer@advocacy.org>, <wvi.gva@tralink.ch>, <israel@globalink.org>, <turnbull@uicc.ch>, "Andrew Hayes" <hayes@globalink.org>, "Luk Joossens" <joossens@globalink.org>, <afisybo@form-net.com>, <susanht@igc.apc.org>, <mjsmith@igc.org>, <mike.waghorne@world-psi.org>, <corinne.bretschler@bag.admin.ch>, <ashthai@asiaaccess.net.th>, <nilsbillo@compuserve.com>, <KSlama@ingcat.org>, <KarenBissell@compuserve.com>, <suren.infact@juno.com>, <lucinda.infact@juno.com>, <ds@iath.org>, <fleitmann@globalink.org>, <rweissman@essential.org>, <assunta@cap.po.my>, <margross@igc.org>, <mmyers@TobaccoFreeKids.org>, <jglanz@TobaccoFreeKids.org>, <clive.bates@dial.pipex.com>, <JPatter18@aol.com>, <aerickson@mindspring.com>, "Mike Pertschuk" <mpertschuk@advocacy.org>, <sjones@bma.org.uk>, "Bill O'Neill" <boneill@bma.org.uk>, <amanda.sandford@dial.pipex.com>, <karl.brookes@dial.pipex.com>, <Patti.White@hea.org.uk>, <Ann.McNeill@hea.org.uk>, "Cassandra Welch" <cwelch@lungusa.org>, <rhamburg@amhrt.org>, "Scott Ballin" <sballin@TobaccoFreeKids.org>, "Jean King" <jking@crc.org.uk>, "COMMUNITY HEALTH CELL" <socharam@blr.vsnl.net.in>, <saloojee@globalink.org>, <tobacco-accountability@igc.org>, "Anna White" <inbalance@newdream.org>, "Judy Finn" <Judy.Finn@heartfoundation.com.au>, "Eric LeGresley" <legres@magma.ca>

TO: Konstantin Krazovsky (ADIC, Ukraine); Mike Pertschuk, Kay Arndorfer (Advocacy Institute); Allan Erickson, Joe Patterson (American Cancer Society); Rich Hamburg (American Heart Association); Cassandra Welch (American Lung Association); Clive Bates, Karl Brookes, Amanda Sandford (ASH, London); Belinda Hughes, Bung On Rittiphakdee (ASH Thailand/Mainland South East Asia Network); Sinead Jones, Bill O'Neill (BMA); Judy Glanz, Matt Myers, Scott Ballin (Campaign for Tobacco Free Kids); Jean King (Cancer Research Campaign); Thelma Narayan (Community Health Cell, Bangalore); Ross Hammond (Consultant, including to Campaign for Tobacco Free Kids); Eric Le Gresley (Consultant, Canada); Mary Assunta (Consumers Association of Penang); Martina Poetschke-Langer (Deutsches Krebsforschungszentrum Im Neuenheimer Feld, Germany); Dr Umamah Kamil (Egypt); Rob Weissman (Essential Action/Multinational Monitor); Sibylle Fleitmann (European Network for Smoking Prevention); Ann McNeill, Patti White (HEA); David Simpson (IATH); Ambika Srivasta (India); Sanchita Sharma (India); Lucinda Wykle-Rosenberg, Suren Moodliar (INFACT); Karen Bissell, Karen Slama (INGCAT); Mohammadmasoud Aboutalebi (Iran); Nils Billo (IUATLD); Rob Weissman (Multinational Monitor); Corinne Bretschler (MWIA); Yussuf Saloojee (National Council Against Smoking, South Africa); Judy Finn (National Heart Foundation, Australia); Beena Sarwar (Pakistan); Roberto del Rosario (Philippines); Mike Waghorne (Public Services International); Mele Smith, Susana Hennessey-Toure (San Francisco Tobacco Free Coalition); Anna White (Senegal); Thuli Shonwe (Soul City, South Africa); Pamphil Kweyuh (Tobacco Control Commission for Africa); Tobacco Accountability Network; TobaccoKills; Luk Joossens, Andrew Hayes, Archie Turnbull (UICC); Ruben Israel (UICC/globalink); Simon Chapman

HS - please start a Tobacco Framework Convention Alliance file (lib. Resource file) + put all future printouts into that. Keep in Tobacco Resource cupboard downstairs. 3/3/00 10:07 AM  
 Tell RLHK - that these papers can come directly to you for action. So then the papers + if you feel there is something on which we need to take action let me know David Sw-16

(University of Sydney); Robert Mecklenburg (World Dental Federation/International Association of Dental Research); Eric Ram (World Vision); Christopher Zishiri (Zimbabwe); Tobacco Kills group; Network for Accountability of the Tobacco Transnationals.

CC (for info): Natasha Herrara (PAHO,Venezuela); Boubacar Diallo (WHO, Mali); Christina Perez (National Cancer Institute, Brazil); Derek Yach, Chitra Subramaniam, Doug Bettcher, Karen Lewis, Judith Mackay, Demetris Vryonides, Barbara Zolty, Therese Lethu, Emmanuel Guindone (TFI, WHO); Franklin Apfel, Peter Anderson, Patsy Harrington (WHO Europe); Katy Curran, Jeff McKenna (CDC).

2 March 2000

Dear Friends,

Re: Framework Convention Alliance

Thanks to everyone who has sent comments on plans for the Alliance at different times.

We now have basic agreement to go ahead with forming the alliance based initially on the model in the attached plan. The plan is of course very likely to evolve over time. A reminder that the key elements of the plan are as follows:

- Name: The Framework Convention Alliance (FCA)
- Alliance website
- Closed e-mail conference
- Regional contact points
- Small working groups and individuals to take on particular tasks at different times

As ever, initial preparations have taken a little longer than expected - in particular preparation of initial Alliance materials, gaining agreement on Aims and Principles amongst the small working group, etc. Nevertheless, I have attached a working draft of the Aims and Principles, to give you a flavour of where we're at. (Once the small group working on this has agreed a final draft it will be circulated via the closed e-mail conference for comments from everyone. As ever, only a text which has consensus amongst all members will be adopted by the Alliance, so don't worry if you are not precisely in agreement with this wording.) Please let me know if you can't open either this or the Alliance plan and I will send you a text version.

If you are basically happy with the attached plan and working draft of the Aims and Principles at this stage, what I need from you now please are the following (as soon as possible please - by Weds 8 March if you want to be included in closed e-mail conference from the outset):

- 1) A one line e-mail saying that your organisation would like to become a founder member of the Alliance.
- 2) The e-mail addresses of individuals in your organisation who wish to participate in the closed e-mail conference.
- 3) The general website address for your organisation if you wish it to be linked to the Alliance website.
- 4) The website address for any page/s of your organisation's website containing material relating to the FCTC if you wish it to be linked to the Alliance website.
- 5) Further offers for regional contact points. (Please see attached plan for more details, including those who have already offered to take on this role in different regions).



What will happen next is:

- 1) The closed e-mail conference composed of founder members will go live as soon as possible after 8 March. Notification will be sent to all members.
- 2) The Alliance website will go live as soon as possible this month once final wording on Aims and Principles, and other materials has been agreed via the email conference. The website will include: Aims and Principles; Questions and Answers on the FCTC; list of members; actions you can take; links to websites of member organisations etc.
- 3) An agenda will be circulated in the next few days for the NGO meeting in Geneva on Sunday 26th March prior to the Second Meeting of the FCTC Working Group (for any NGOs that will be attending).

Our task will then be to spread the word amongst the NGO community at large, and to encourage action to make the Convention as strong and useful as possible.

Best wishes, and I look forward to hearing from you as soon as possible,

Emma

International Campaign Manager  
ASH, London

Framework Convention Alliance - 2.3.00 - final plan.doc

Name: Framework Convention Alliance - 2.3.00 - final plan.doc  
Type: Winword File (application/msword)  
Encoding: base64

FCA Aims and Principles, Working Draft, 2.3.00.doc

Name: FCA Aims and Principles, Working Draft, 2.3.00.doc  
Type: Winword File (application/msword)  
Encoding: base64

TN

Subject: Re: FRAMEWORK CONVENTION ALLIANCE - PLEASE JOIN

Date: Thu, 02 Mar 2000 15:55:01 +0100

From: "Ruben J. Israel" <israel@globalink.org>

To: "Emma Must" <emma.must@dial.pipex.com>,  
"Simon Chapman" <simonc@pub.health.usyd.edu.au>, <tobaccokills@globalink.org>,  
"BOB MECKLENBURG" <mecklenburg@lan2wan.com>, <karndorfer@advocacy.org>,  
<wvi.gva@prolink.ch>, <turnbull@uicc.ch>, "Andrew Hayes" <hayes@globalink.org>,  
"Luk Joossens" <joossens@globalink.org>, <afisyngo@form-net.com>,  
<susanht@igc.apc.org>, <mjsmith@igc.org>, <mike.waghorne@world-psi.org>,  
<corinne.bretscher@bag.admin.ch>, <ashthai@asiaaccess.net.th>,  
<nilsbillo@compuserve.com>, <KSlama@ingcat.org>, <KarenBissell@compuserve.com>,  
<suren.infact@juno.com>, <lucinda.infact@juno.com>, <ds@iath.org>,  
<fleitmann@globalink.org>, <rweissman@essential.org>, <assunta@cap.po.my>,  
<margross@igc.org>, <mmyers@TobaccoFreeKids.org>, <jglanz@TobaccoFreeKids.org>,  
<clive.bates@dial.pipex.com>, <JPatter18@aol.com>, <aerickson@mindspring.com>,  
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<karl.brookes@dial.pipex.com>, <Patti.White@hea.org.uk>, <Ann.McNeill@hea.org.uk>,  
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<tobacco-accountability@igc.org>, "Anna White" <inbalance@newdream.org>,  
"Judy Finn" <Judy.Finn@heartfoundation.com.au>, "Eric LeGresley" <legres@magma.ca>

Emma:

Yes ! you can count on us !

UICC: - International Union Against Cancer  
- <http://www.uicc.org/>  
- Isabel Mortara (mortara@uicc.org)

UICC GLOBALink:  
- The International Tobacco-Control Network  
- <http://globalink.org/globdemo/>  
- Ruben Israel (israel@globalink.org)

OxyGenève:  
- Pour une Genève ou il fait bon respirer  
- site under construction  
- Ruben Israel (israel@globalink.org)

CNCT: - French Committee for Smoking Prevention  
- <http://www.cnct.org/>  
- Christian Peschang (peschang@globalink.org)

Great global effort, greatly appreciated.

Best wishes,  
-Ruben

PS: I suggest you post your message on GLOBALink too, if you haven't already done so

At 02:19 PM 03/02/2000 +0000, Emma Must wrote:

>TO: Konstantin Krazovsky (ADIC, Ukraine); Mike Pertschuk, Kay Arndorfer  
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>  
>Emma  
>  
>International Campaign Manager



Subject: BAT's position on FCTC

Date: Fri, 24 Mar 2000 10:48:10 -0000

From: "Emma Must" <emma.must@dial.pipex.com>

Organization: ASH

To: <fctcall@globalink.org>, <gt-intl@globalink.org>

CC: "Chitra Subramaniam" <subramaniamc@who.ch>, "Derek Yach" <yachd@who.ch>, "Andy Rowell" <Andy@dirtrack.demon.co.uk>, "Callard, Cynthia (cct.ca)" <CCallard@cct.ca>

Dear Friends,

Earlier this week BBC World Service Education hosted a day of presentations on global tobacco for a group of its Producers here in London. I gave a presentation on global NGO activity on tobacco control, including FCTC; Derek Yach presented on the global tobacco situation and WHO's views. BAT were also on the agenda, and we were able to stay to hear their presentations. Three BAT staff gave presentations: Dr Chris Proctor, Head of Science & Regulation; Shabanji Opukah, International Development Affairs Manager; and Simon Millson, International Government Affairs Manager.

Please find below:

- 1) My summary of BAT's key points/angles on the FCTC and WHO
- 2) A copy of a briefing which BAT handed out to the audience outlining its position on the FCTC. (This is a scanned copy so may include a few glitches).

Emma Must  
 International Campaign Manager  
 ASH  
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 Fax: +44 (0)171 613 0531  
 E-mail: [emma.must@dial.pipex.com](mailto:emma.must@dial.pipex.com)  
 Web: <http://www.ash.org.uk>

- -----
- 1) BAT's key points/angles  
 (Summary of what BAT staff said during their presentations - my words, not direct quotes):

"We've been excluded from the process"

"WHO is trying to mobilise the media behind the convention - this is just the kind of underhand tactic that they always accuse us of"

"It is highly inappropriate that the FCTC is modelled on environmental conventions because whilst many environmental issues are transboundary, tobacco isn't"

"The proposals risk undermining governments' self-determination. The FCTC is contrary to the principle of subsidiarity."

"The WHO is allowing its work to be driven by an international coalition of anti-tobacco advocates"

"The FCTC has resource implications for governments who have already

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determined their domestic priorities"

"There has been a lack of rigorous analysis about whether the FCTC can achieve its objectives."

"WHO is exceeding legal authority and powers established in its constitution"

"FCTC conflicts with established international agreements - incl on free trade, taxation; agricultural subsidies"

"It is misguided that industrialised countries should tell developing countries what to do - many developing countries already have better tobacco control policies than industrialised countries"

"WHO has a prohibitionist strategy - as encapsulated in the title of their programme 'Tobacco Free Initiative' "

"WHO is working with the pharmaceuticals industry but it won't work with us"

"WHO want to control the industry from growing to manufacture"

"International action is not appropriate on a number of issues: eg. taxation; trade; agriculture; marketing"

"WHO advocates the setting up of national tobacco commissions - ie it wants to exclude governments from tobacco control at the national level"

"It's not just us who are concerned about the FCTC. So are: Japan; USA; tobacco workers"

"WHO has done no economic impact assessment for the FCTC"

"Who will fund all these measures?"

"What will WHO try to regulate next? alcohol??"

"The WHO relies over heavily on the World Bank report which is in fact controversial and disputed by independent economists, commentators and governments particularly in tobacco growing countries and developing economies."

How BAT is characterising WHO's published text on "possible subjects of initial protocols":

"Three draft protocols have been published"

- Advertising: BAT stresses this includes "corporate and community sponsorships"

- Smuggling: avoids mentioning the word smuggling, and characterises it as "licensing all stages of production"

- Treatment of tobacco dependence: "likely to cause particular concern for the health priorities of developing nations"; "proposes that governments should fund pharmacological 'treatments' such as nicotine patches".

2) Scanned copy of BAT's briefing

Page 1

BRITISH AMERICAN TOBACCO  
The WHO Framework Convention  
On Tobacco Control: Our View

[Summary box]

- British American Tobacco believes that the proposed WHO 'Framework Convention on Tobacco Control' should involve an open, transparent process taking proper account of the varying priorities of national governments.
- There has been an unprecedented failure to consult those who would be most affected, and we are calling on the WHO for constructive engagement with all stakeholders.
- The WHO appears to be allowing its work to be driven by an international coalition of anti-tobacco advocates.
- We acknowledge that we manufacture a risky product, and endorse sensible regulation.
- We believe the WHO has a major role in promoting health policy, but its proposed Convention is fundamentally flawed. It would not constitute sensible regulation.
- The proposals are against established principles of good public policy formation, and risk undermining governments' self-determination. They would create an additional layer of 'supranational' regulation, when individual states already have competence and legal powers to regulate the tobacco industry.
- The WHO may be exceeding the legal authority and powers established in its constitution, especially in tax, customs and consumer protection.
- The proposals have serious resource implications for many governments which have already determined their domestic policy needs and health priorities.
- The WHO has not rigorously analysed whether the proposed Convention can achieve its objectives.
- Specific proposals appear to conflict with established international agreements and standards in key areas, including free trade, taxation, and agricultural subsidies.

Background

The World Health Organisation (WHO) has proposed a 'Framework Convention on Tobacco Control', its first attempt to develop a legally binding international convention on any issue.

The Director-General of the WHO, Dr Gro Harlem Brundtland, has made global tobacco control one of the top two WHO priorities, along with malaria, despite health priorities in many developing countries being focused on issues such as HIV or securing medicines to immunise children. The effort is being spearheaded by a 'Tobacco Free Initiative', a special unit within the WHO.

The WHO has announced a target date of May 2003 for adoption of its Framework Convention on Tobacco Control. This would require it to be ratified by a two-thirds majority of the World Health Assembly, the WHO's governing body, consisting of health ministers of the WHO's 191 member states.

If the Convention is ratified, the 191 members would be expected to enact it into domestic law.

The WHO intends to submit a draft Convention to the World Health Assembly meeting in May 2000. If the draft is approved, the WHO would create an intergovernmental body to negotiate various

'Protocols' with member states. These are expected to cover wide-ranging and detailed measures affecting almost all aspects of tobacco growing, manufacturing, trade, taxation and consumption.

Three draft Protocols have been published. One proposes licensing all stages of production from manufacturer to transporter, warehouse, to retailer. Another proposes a total global ban on all tobacco advertising and sponsorship, including corporate and community sponsorships by tobacco companies.

The third, likely to cause particular concern for the health priorities of developing nations, proposes that governments should fund pharmacological "treatments" such as nicotine patches.

The Tobacco Free Initiative is supported and funded by some pharmaceutical

companies.

It is also supported by some western governments, and has mobilised an international coalition of anti-tobacco advocates who appear to be driving the WHO's work. Tobacco growers, consumers, manufacturers and related industries have been specifically and deliberately excluded by the WHO from consultation, despite repeated attempts to initiate dialogue - particularly on combating under age smoking, an issue of mutual concern.

In its Technical Paper 3, attempting to mobilise non governmental organisations and media behind the Framework Convention, the WHO publicly states:

"The tobacco industry, its trade associations and key allies should be kept from the negotiating process."

We believe that if the WHO sees tobacco control as such a high priority, it should embark on constructive engagement with all stakeholders.

Page 2

The WHO also aims to engage UN organisations such as the World Bank. In June 1999 the World Bank published a report called Curbing the Epidemic - Governments and the Economics of Tobacco Control, which the WHO frequently sources for claims to underpin its policy directives.

The report is controversial, particularly in its claim that tobacco brings a net cost to society. This is disputed

by independent economists, commentators and governments, particularly in tobacco growing countries and developing economies.

We believe there should be an open, transparent process taking proper account of the varying priorities of national governments.

Public policy formation and sovereign rights.

The WHO proposals run counter to established principles of good public policy formation, and would create an additional layer of 'supranational' regulation. Individual states already have the necessary competence and adequate legal powers to regulate the tobacco industry.

There is increasing recognition of the principle of 'subsidiarity' - leaving states to make their own policy and legislative decisions - as embodied, for example, in the treaty of the European Union.

Sovereign states are accountable to their populations for the cost and other implications of increased regulation. The WHO proposals risk removing the right of nation states to make their own legislative decisions in tobacco regulation, without demonstrating that tobacco regulation is better effected by supranational means.

The WHO says its proposals are partially modelled on environmental treaties.

The analogy is inappropriate. Many environmental issues are 'trans-boundary'. Tobacco use by consumers in a domestic market is wholly within the jurisdiction and control of domestic authorities.

Other international regimes, such as those for human rights, require 'supranational' regulation for restraints on state action. The WHO is not asking for restraint of state action, but to be able to compel states to act with heavier regulation.

WHO constitution, legal authority and powers.

In pursuing the Framework Convention, the WHO may be exceeding the legal authority and powers established under its constitution.

The WHO's objectives, as stated in its constitution, emphasise disease prevention, particularly to combat the spread of transmittable diseases and to promote hygiene. Tobacco consumption, despite its related health risks, is a matter of informed adult consumer choice and is not in itself a 'disease'.

For inter-governmental organisations to stray beyond their core function is wrong as a matter of constitutional principle. It also creates precedents for uncontrolled extensions of their power.

If the WHO can exceed its powers in tobacco, there is no reason why it should not do so with other products which may be deemed hazardous. The WHO now appears to be planning to regulate the alcohol industry. It has



pointed to alcohol as having an "impact on global health greater than that of tobacco or measles" (Alcohol and Public Health in 8 Developing Countries, WHO, 1999).

The lack of WHO legislative powers is particularly important in respect of its proposals to address tax, customs issues and consumer protection. For example, there appear to be no powers in the WHO's constitution to regulate the domestic tax levels of its member states, or to amend the World Customs Organisation Kyoto Convention on duty-free.

The WHO has power to make 'recommendations' on a broader range of issues which would allow members to adopt the recommendations as appropriate.

A binding legal obligation is not necessary for the WHO to have a role in tobacco regulation, and is not appropriate in view of the complexity and economic significance of the issues and policies affected.

Serious resource implications for governments.

The proposals would impose an additional burden on many governments which have already determined their own domestic policy needs.

There are likely to be serious resource implications for many national governments, particularly in developing countries, which have already committed stretched resources to health policy matters they consider higher priority, such as HIV, or securing essential drugs to immunise children against infectious diseases. Unprecedented failure to consult.

Despite repeated requests to be consulted and offers to participate, major stakeholders including the world's tobacco growers, consumers, manufacturers and related industries have not been consulted.

Requests to be consulted on development of the Framework Convention and its Protocols have been vigorously refused.

It would be unprecedented for a regulatory regime to be created without serious and concerted consultation with those whom it would most affect.

Lack of analysis.

The Tobacco Free Initiative has not rigorously analysed whether the proposed Framework Convention can achieve its stated objectives. For example, no economic impact study has been published.

Conflicts with existing international agreements and standards.

The WHO proposals would create a new international institution for tobacco regulation, where mechanisms for international agreements, co-operation and standard-setting already exist. There is no apparent justification for adding an additional layer of international regulation and bureaucracy.

Page 3

Specific proposals also appear to conflict with established international agreements and standards in key areas.

For example:

- Free trade: By impacting on the movement of tobacco products across borders, there is a real risk that the proposals would restrict international trade.

Existing bilateral and international trade rules and provisions are for the most part administered by the World Trade Organisation and World Customs Organisation. There is no justification for creating new structures to duplicate, undermine or contradict the principles these bodies protect. The member states of the WHO are not the same as the member states of the World Trade or World Customs Organisations. For example, China, Russia, and Saudi Arabia do not belong to the World Trade Organisation. There are constitutional objections to members of one international Organisation seeking to regulate the affairs of members of another, bound by different rules.

- The proposals to harmonise taxes internationally would require national governments to give up their right to set revenue targets appropriate to their needs. Tax policy is of central importance to governments, which historically have avoided ceding taxation authority to 'supranational' entities. Taxation policy is far removed from the WHO's expertise, competence and mandate for disease control.

- The proposals on excise duty would enter a complex area characterised by many World Trade Organisation disputes. Failure to take account of the complexities of excise policy could lead to an international regime with discriminatory treatment of imported tobacco products, potentially creating legal conflicts and contradictions in international law.

The proposal to abolish all sales of duty free tobacco products would require amendment of the World Customs Organisation 1973 Kyoto Convention on the Simplification and Harmonisation of Customs Procedures. There would also be considerable practical difficulties, such as the administrative resources needed to ensure compliance, particularly in developing countries.

- Test methods for cigarettes are supported by the International Standards Organisation, and are within the jurisdiction of national governments. If test methods are exploited to restrict trade, the World Trade Organisation would be likely to act under the Agreement on Technical Barriers to Trade. There is no demonstrable role for a new international legal regime.

- The proposals for harmonising packaging, labelling and manufacturing standards would create great difficulty in setting global standards that are proportionate and workable. They can benefit multinationals, which can more easily comply with global standards through economies of scale and world wide distribution. However developing countries are more likely to find compliance difficult. Packaging and labelling are included in the World Trade Organisation Agreement on Technical Barriers to Trade. Individual governments make decisions within constraints imposed by the World Trade Organisation on non-discrimination, transparency and reasonableness. There are already proposals to make the World Trade Organisation rules more industry-specific. The WHO proposals could undermine this process.

- The proposed subsidies to farmers to switch from growing tobacco raise highly contentious legal and political issues in the sensitive area of agricultural subsidies. The World Trade Organisation has extensive rules governing agricultural subsidies and the WHO proposals are likely to run counter to these. It will not assist the upcoming round of World Trade Organisation agriculture negotiations if control of agricultural subsidies for specific crops is debated outside the legitimate international channels. The proposals also pay no regard to important factors such as local soil and climate, irrigation requirements or whether markets exist for substitute crops.

- The proposals to combat smuggling run the risk of conflicting with the work of customs authorities and many law enforcement agencies including Interpol, who co-ordinate action against smuggling nationally, regionally and multilaterally. A new global institution could conflict with the work of the World Customs Organisation. British American Tobacco companies do not smuggle; we do not condone or encourage smuggling, and work actively to help governments and customs and excise authorities around the world to eliminate it. We welcome any helpful moves to combat smuggling, but believe that the WHO is unlikely to have either the jurisdiction or technical competence to act.

- An advertising ban could clash with provisions embodied in national constitutions on personal liberties such as freedom of speech. Prohibiting internet sales of tobacco products is already subject to regulatory discussions in the USA and the EU. As a 'single product' issue, the proposed Convention on Tobacco Control is likely to further complicate an already complex regulatory debate.

British American Tobacco March 2000.

Subject: RE: FRAMEWORK CONVENTION ALLIANCE - PLEASE JOIN

Date: Thu, 2 Mar 2000 09:26:26 -0500

From: Mike Pertschuk <mpertschuk@advocacy.org>

To: "Emma Must" <emma.must@dial.pipex.com>,

Simon Chapman <simonc@pub.health.usyd.edu.au>, tobaccokills@globalink.org,

BOB MECKLENBURG <mecklenburg@lan2wan.com>,

Kay Arndorfer <karndorfer@advocacy.org>, wvi.gva@prolink.ch, israel@globalink.org,

tumbull@uicc.ch, Andrew Hayes <hayes@globalink.org>,

Luk Joossens <joossens@globalink.org>, afisynbo@form-net.com, susanht@igc.apc.org,

mjsmith@igc.org, mike.waghorne@world-psi.org, corinne.bretschler@bag.admin.ch,

ashthai@asiaaccess.net.th, nilsbillo@compuserve.com, KSlama@ingcat.org,

KarenBissell@compuserve.com, suren.infact@juno.com, lucinda.infact@juno.com,

ds@iath.org, fleitmann@globalink.org, rweissman@essential.org, assunta@cap.po.my,

margross@igc.org, mmyers@TobaccoFreeKids.org, jglanz@TobaccoFreeKids.org,

clive.bates@dial.pipex.com, JPatter18@aol.com, aerickson@mindspring.com,

Mike Pertschuk <mpertschuk@advocacy.org>, sjones@bma.org.uk,

"Bill O'Neill" <boneill@bma.org.uk>, amanda.sandford@dial.pipex.com,

karl.brookes@dial.pipex.com, Patti.White@hea.org.uk, Ann.McNeill@hea.org.uk,

Cassandra Welch <cwelch@lungusa.org>, rhamburg@amhrt.org,

Scott Ballin <sballin@TobaccoFreeKids.org>, Jean King <jking@crc.org.uk>,

COMMUNITY HEALTH CELL <sochara@blr.vsnl.net.in>, saloojee@globalink.org,

tobacco-accountability@igc.org, Anna White <inbalance@newdream.org>,

Judy Finn <Judy.Finn@heartfoundation.com.au>, Eric LeGresley <legres@magma.ca>

Yes! The Advocacy Institute is delighted to join the Alliance.

And much appreciation Emma and her colleagues for a heroic effort in making this possible!

-----Original Message-----

From: Emma Must [mailto:emma.must@dial.pipex.com]

Sent: Thursday, March 02, 2000 9:20 AM

To: Simon Chapman; tobaccokills@globalink.org; BOB MECKLENBURG;

karndorfer@advocacy.org; wvi.gva@prolink.ch; israel@globalink.org;

turnbull@uicc.ch; Andrew Hayes; Luk Joossens; afisynbo@form-net.com;

susanht@igc.apc.org; mjsmith@igc.org; mike.waghorne@world-psi.org;

corinne.bretschler@bag.admin.ch; ashthai@asiaaccess.net.th;

nilsbillo@compuserve.com; KSlama@ingcat.org;

KarenBissell@compuserve.com; suren.infact@juno.com;

lucinda.infact@juno.com; ds@iath.org; fleitmann@globalink.org;

rweissman@essential.org; assunta@cap.po.my; margross@igc.org;

mmyers@TobaccoFreeKids.org; jglanz@TobaccoFreeKids.org;

clive.bates@dial.pipex.com; JPatter18@aol.com; aerickson@mindspring.com;

Mike Pertschuk; sjones@bma.org.uk; Bill O'Neill;

amanda.sandford@dial.pipex.com; karl.brookes@dial.pipex.com;

Patti.White@hea.org.uk; Ann.McNeill@hea.org.uk; Cassandra Welch;

rhamburg@amhrt.org; Scott Ballin; Jean King; COMMUNITY HEALTH CELL;

saloojee@globalink.org; tobacco-accountability@igc.org; Anna White; Judy

Finn; Eric LeGresley

Subject: FRAMEWORK CONVENTION ALLIANCE - PLEASE JOIN

Importance: High

TO: Konstantin Krazovsky (ADIC, Ukraine); Mike Pertschuk, Kay Arndorfer (Advocacy Institute); Allan Erickson, Joe Patterson (American Cancer Society); Rich Hamburg (American Heart Association); Cassandra Welch (American Lung Association); Clive Bates, Karl Brookes, Amanda Sandford (ASH, London); Belinda Hughes, Bung On Rittiphakdee (ASH Thailand/Mainland)

South East Asia Network); Sinead Jones, Bill O'Neill (BMA); Judy Glanz, Matt Myers, Scott Ballin (Campaign for Tobacco Free Kids); Jean King (Cancer Research Campaign); Thelma Narayan (Community Health Cell, Bangalore); Ross Hammond (Consultant, including to Campaign for Tobacco Free Kids); Eric Le Gresley (Consultant, Canada); Mary Assunta (Consumers Association of Penang); Martina Poetschke-Langer (Deutsches Krebsforschungszentrum Im Neuenheimer Feld, Germany); Dr Umaimah Kamil (Egypt); Rob Weissman (Essential Action/Multinational Monitor); Sibylle Fleitmann (European Network for Smoking Prevention); Ann McNeill, Patti White (HEA); David Simpson (IATH); Ambika Srivasta (India); Sanchita Sharma (India); Lucinda Wykle-Rosenberg, Suren Moodliar (INFACT); Karen Bissell, Karen Slama (INGCAT); Mohammadmasoud Aboutalebi (Iran); Nils Billo (IUATLD); Rob Weissman (Multinational Monitor); Corinne Bretscher (MWIA); Yussuf Saloojee (National Council Against Smoking, South Africa); Judy Finn (National Heart Foundation, Australia); Beena Sarwar (Pakistan); Roberto del Rosario (Philippines); Mike Waghorne (Public Services International); Mele Smith, Susana Hennessey-Toure (San Francisco Tobacco Free Coalition); Anna White (Senegal); Thuli Shonhwe (Soul City, South Africa); Pamphil Kweyuh (Tobacco Control Commission for Africa); Tobacco Accountability Network; TobaccoKills; Luk Joossens, Andrew Hayes, Archie Turnbull (UICC); Ruben Israel (UICC/Globalink); Simon Chapman (University of Sydney); Robert Mecklenburg (World Dental Federation/International Association of Dental Research); Eric Ram (World Vision); Christopher Zishiri (Zimbabwe); Tobacco Kills group; Network for Accountability of the Tobacco Transnationals.

CC (for info): Natasha Herrera (PAHO, Venezuela); Boubacar Diallo (WHO, Mali); Christina Perez (National Cancer Institute, Brazil); Derek Yach, Archie Subramaniam, Doug Bettcher, Karen Lewis, Judith Mackay, Demetris Vryonides, Barbara Zolty, Therese Lethu, Emmanuel Guindone (TFI, WHO); Franklin Apfel, Peter Anderson, Patsy Harrington (WHO Europe); Katy Curran, Jeff McKenna (CDC).

2 March 2000

Dear Friends,

Re: Framework Convention Alliance

Thanks to everyone who has sent comments on plans for the Alliance at different times.

We now have basic agreement to go ahead with forming the alliance based initially on the model in the attached plan. The plan is of course very likely to evolve over time. A reminder that the key elements of the plan are as follows:

- Name: The Framework Convention Alliance (FCA)
- Alliance website
- Closed e-mail conference
- Regional contact points
- Small working groups and individuals to take on particular tasks at different times

As ever, initial preparations have taken a little longer than expected - in particular preparation of initial Alliance materials, gaining agreement on Aims and Principles amongst the small working group, etc. Nevertheless, I have attached a working draft of the Aims and Principles, to give you a flavour of where we're at. (Once the small group working on this has agreed a final draft it will be circulated via the closed e-mail conference for comments from everyone. As ever, only a text which has consensus amongst all members will be adopted by the Alliance, so don't worry if you are not precisely in agreement with this wording.) Please let me know if you can't



open either this or the Alliance plan and I will send you a text version.

If you are basically happy with the attached plan and working draft of the Aims and Principles at this stage, what I need from you now please are the following (as soon as possible please - by Weds 8 March if you want to be included in closed e-mail conference from the outset):

- 1) A one line e-mail saying that your organisation would like to become a founder member of the Alliance.
- 2) The e-mail addresses of individuals in your organisation who wish to participate in the closed e-mail conference.
- 3) The general website address for your organisation if you wish it to be linked to the Alliance website.
- 4) The website address for any page/s of your organisation's website containing material relating to the FCTC if you wish it to be linked to the Alliance website.
- 5) Further offers for regional contact points. (Please see attached plan for more details, including those who have already offered to take on this role in different regions).

What will happen next is:

- 1) The closed e-mail conference composed of founder members will go live as soon as possible after 8 March. Notification will be sent to all members.
- 2) The Alliance website will go live as soon as possible this month once final wording on Aims and Principles, and other materials has been agreed via the email conference. The website will include: Aims and Principles; Questions and Answers on the FCTC; list of members; actions you can take; links to websites of member organisations etc.
- 3) An agenda will be circulated in the next few days for the NGO meeting in Geneva on Sunday 26th March prior to the Second Meeting of the FCTC Working Group (for any NGOs that will be attending).

Our task will then be to spread the word amongst the NGO community at large, and to encourage action to make the Convention as strong and useful as possible.

Best wishes, and I look forward to hearing from you as soon as possible,

Emma

International Campaign Manager  
ASH, London

Subject: Statement on consumers

Date: Thu, 30 Mar 2000 16:08:34 +0200

From: Suren Moodliar <suren.infact@juno.com>(by way of "Ruben J. Israel" <israel@globalink.org>)

To: fctcall@globalink.org

Statement on behalf on Consumers' International  
Second Working Group on the WHO Framework Convention on Tobacco Control  
29 March 2000

Consumers International would like to endorse the position of the Canadian delegation that NGOs should be allowed to participate in the negotiation process. This is consistent with the ECOSOC resolutions about NGO participation and there is extensive precedent for this in other international treaty processes, such as the UN Convention on Desertification.

NGOs have been at the forefront in identifying the health hazards from tobacco use and have developed extensive expertise in proposing viable solutions to this problem in alerting and mobilising communities in advocating for governmental action and in helping the victims of tobacco-related disease. It is therefore appropriate that NGOs should be part of the negotiations to the fullest extent possible and that their voices be heard.

NGOs look forward to working with governments to build the strongest possible Framework Convention and working with them to develop modalities for making this possible.

Suren Moodliar, International Organizer  
INFACT: 46 Plympton Street, Boston, MA 02118, USA  
[www.infact.org](http://www.infact.org) [infact@igc.org](mailto:infact@igc.org)  
<mailto:suren.infact@juno.com>  
telephone: 01-617-695-2525  
fax: 01-617-695-2626

1669  
3/3/2000

Journal of  
3/13

Lib  
FCTC Alliance (Tobacco) file  
L  
3/13  
To  
TN

Subject: NGO meeting Geneva Sunday 26th

Date: Mon, 27 Mar 2000 18:15:24 +1000

From: Maurice Swanson <Maurice.Swanson@heartfoundation.com.au>

To: "ftcall@globalink.org" <ftcall@globalink.org>

Dear Emma

Please accept my apologies for this meeting. Unfortunately, I will be unable to attend. I look forward to hearing the outcomes from the meeting. Cheers

Maurice

Maurice G Swanson

Chief Executive

National Heart Foundation (WA Division)

08 93825901 mobile 0414 922902

*Review FCTC file.*

*JS*  
*2/13*

*16/1*

*TN*

*RI*  
*27/13*

Subject: Re:Statement Day 3 WG2/FCTC

Date: Tue, 04 Apr 2000 14:39:14 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Karen Bissell <KarenBissell@compuserve.com>

CC: Emma Must <emma.must@dial.pipex.com>

Dear Karen,

Greetings! Good to hear that the movement towards an FCTC is gaining strength. Thanks for the report of last year's meeting in Geneva. Some brief news from here.

1. Our State Govt. has set up a Karnataka Task Force on Health with 14 members, including me. This has been set up by the Chief Minister. We have been able to raise the issue of the need for Tobacco Control with Health Minister and the Secretaries for Health and Agriculture. While action may take time, because of all the vested interests, it is on the agenda.
2. Other medical professionals including cancer specialists, cardiothoracic surgeons and the State branch of the Indian Medical Association are also actually committed to the campaign. We are working in collaboration with some of them.
3. Our group, the Community Health Cell is conducting a study of the bidi industry in Karnataka.
4. We had conducted a poster competition on Tobacco or Health at a School of Fine Arts in Bangalore and have got some good posters. We are wondering whether it would be useful to bring out a small booklet on Health and other effects of tobacco, using some posters and photographs as illustration. We will need to raise funds for this. We can also perhaps print posters.

Best wishes,  
Thelma

cc: Emma Must

P.S. Please acknowledge receipt so that we know we have made contact.

*Tobacco Assoc. file.*

*TN  
R  
11/17*

*SP  
4/17*

*2/18*



Subject: Statement Day 3 WG 2 / FCTC

Date: Fri, 31 Mar 2000 05:11:50 -0500

From: Karen Bissell <KarenBissell@compuserve.com>

To: FCA <fctcall@globalink.org>, GLink Int <international@globalink.org>

Statement made at the close of the WG meeting, Geneva

Statement of Oronto Douglas from Environmental Rights Action (Friends of the Earth, Nigeria) representing International Union against Tuberculosis and Lung Disease

We urge the Member States to recognise the needs of many developing countries for the financial and technical means to fulfil the conditions of a strong Convention. This is the unique opportunity for many nations to move towards equitable health for all. In the absence of a strong Framework Convention, the health gap between rich and poor countries will widen.

We urge the participation of the international community in this process and look to the Framework Convention to enable developing countries to accelerate the development of strong tobacco control policies supported by international measures.

3/4 email

Dear Karen,

Greetings! Good to hear that the movement towards an FCTC is gaining strength. Thanks for the report of last year's meeting. in Geneva. Some brief news from here

① Our state govt has set up a Karnataka Task Force on Health with 14 members, including me. This has been set up by the chief Minister. We have been able to raise the issue of the need for tobacco control with the Health Minister. The Secretaries for Health + Agriculture. While action may take time because of all the vested interests, it is on the agenda.

② Other medical professionals including cancer specialists & cardiothoracic surgeons & the state branch of the Indian Medical Association are also actively committed to the campaign. we are working in collaboration with some of them

③ Our group the Community Health Cell is conducting a study of the bidi industry in Karnataka.

④ we had conducted a poster competition on Tobacco on Health at a school of Fine Art in Bangalore + have got some good posters. we are wondering whether it would be useful

PRD

1 of 1 1686 M 3/11

4/3/00 10:19 AM

To buy out a small booklet on Tobacco Heart Health &  
Other effects of tobacco using some posters &  
photographs as illustrations. We will need to raise  
funds for this. we can also perhaps print posters

Best wishes  
- Helme.

cc. Emma Muel

PS Please acknowledge receipt, so that we know we  
have made contact.

Subject: Re:Statement Day 3 WG2/FCTC

Date: Tue, 04 Apr 2000 14:39:14 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Karen Bissell <KarenBissell@compuserve.com>

CC: Emma Must <emma.must@dial.pipex.com>

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1. Our State Govt. has set up a Karnataka Task Force on Health with 14 members, including me. This has been set up by the Chief Minister. We have been able to raise the issue of the need for Tobacco Control with Health Minister and the Secretaries for Health and Agriculture. While action may take time, because of all the vested interests, it is on the agenda.
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4. We had conducted a poster competition on Tobacco or Health at a School of Fine Arts in Bangalore and have got some good posters. We are wondering whether it would be useful to bring out a small booklet on Health and other effects of tobacco, using some posters and photographs as illustration. We will need to raise funds for this. We can also perhaps print posters.

Best wishes,  
Thelma

cc: Emma Must

P.S. Please acknowledge receipt so that we know we have made contact.

*Tobacco Assoc. file.*

*TN  
R  
4/9*

*SN  
4/7*

Subject: JOINING FRAMEWORK CONVENTION ALLIANCE - REMINDER

Date: Wed, 8 Mar 2000 14:47:41 -0000

From: "Emma Must" <emma.must@dial.pipex.com>

Organization: ASH

To: "Simon Chapman" <simonc@pub.health.usyd.edu.au>, <tobaccokills@globalink.org>, "BOB MECKLENBURG" <mecklenburg@lan2wan.com>, <karndorfer@advocacy.org>, <israel@globalink.org>, <turnbull@uicc.ch>, "Andrew Hayes" <hayes@globalink.org>, "Luk Joossens" <joossens@globalink.org>, <afisyngo@form-net.com>, <susanht@igc.apc.org>, <mjsmith@igc.org>, <mike.waghorne@world-psi.org>, <corinne.bretscher@bag.admin.ch>, <ashthai@asiaaccess.net.th>, <nilsbillo@compuserve.com>, <KSlama@ingcat.org>, <KarenBissell@compuserve.com>, <suren.infact@juno.com>, <lucinda.infact@juno.com>, <ds@iath.org>, <fleitmman@globalink.org>, <rewissman@essential.org>, <assunta@cap.po.my>, <magross@igc.org>, <mmyers@TobaccoFreeKids.org>, <jglanz@TobaccoFreeKids.org>, <clive.bates@dial.pipex.com>, <JPatter18@aol.com>, <aerickson@mindspring.com>, "Mike Pertschuk" <mpertschuk@advocacy.org>, <sjones@bma.org.uk>, "Bill O'Neill" <boneill@bma.org.uk>, <amanda.sandford@dial.pipex.com>, <karl.brookes@dial.pipex.com>, <Patti.White@hea.org.uk>, <Ann.McNeill@hea.org.uk>, "Cassandra Welch" <cwelch@lungusa.org>, <rhamburg@amhrt.org>, "Scott Ballin" <sbballin@TobaccoFreeKids.org>, "Jean King" <jking@crc.org.uk>, "COMMUNITY HEALTH CELL" <sochara@blr.vsnl.net.in>, <saloojee@globalink.org>, "Anna White" <inbalance@newdream.org>, "Judy Finn" <Judy.Finn@heartfoundation.com.au>, "Eric LeGresley" <legres@magma.ca>, "Eric Ram" <wvi.gva@iprolink.ch>, "NATT" <tobacco-accountability@igc.topica.com>

Dear Friends,

With reference to my e-mail and attachments of March 2nd:

Thanks to everyone who has replied. If you have, please ignore this message!

To others: if you want to be included in the Alliance e-mail conference from the outset (ie end of this week) please send me (BY MIDDAY GMT THURS 9TH) a one line e-mail saying your organisation wants to join the Alliance and e-mail addresses of those from your organisation who wish to be included in the conference.

Don't worry if you miss this deadline, you can also join the e-mail conference later, but I will forward all the names I have to Ruben Israel tomorrow afternoon to get things started.

Thanks

Emma

Emma Must  
 International Campaign Manager  
 ASH  
 102 - 108 Clifton Street  
 London EC2A 4HW  
 Tel: +44 (0)171 739 5902  
 Fax: +44 (0)171 613 0531

*9/3 email*  
 Dear Emma,  
 greetings! Ied our group, the  
 community health cell would like to join  
 the Frameworks Convention Alliance  
 email conference.  
 Goodwishes  
 Shelma.

*15/24*  
*TN/RN*  
*PL*  
*9/3*  
*RL*  
*9/3*

*Message emailed  
 @ 21:57 on  
 10/3/2000  
 gurneyf*

Subject: Re: JOINING FRAMEWORK CONVENTION ALLIANCE - REMINDER

Date: Thu, 09 Mar 2000 15:06:11 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Emma Must <emma.must@dial.pipex.com>

Dear Emma,

Greetings! Yes our group, the Community Health Cell, would like to join the Framework Convention Alliance email conference .

Good wishes,  
Thelma Narayan

Emma Must wrote:

> Dear Friends,

>

> With reference to my e-mail and attachments of March 2nd:

>

> Thanks to everyone who has replied. If you have, please ignore this message!

>

> To others: if you want to be included in the Alliance e-mail conference from the outset (ie end of this week) please send me (BY MIDDAY GMT THURS 9TH) a one line e-mail saying your organisation wants to join the Alliance and e-mail addresses of those from your organisation who wish to be included in the conference.

>

> Don't worry if you miss this deadline, you can also join the e-mail conference later, but I will forward all the names I have to Ruben Israel tomorrow afternoon to get things started.

>

> Thanks

>

> Emma

>

> Emma Must

> International Campaign Manager

> ASH

> 102 - 108 Clifton Street

> London EC2A 4HW

> Tel: +44 (0)171 739 5902

> Fax: +44 (0)171 613 0531

> E-mail: [emma.must@dial.pipex.com](mailto:emma.must@dial.pipex.com)

> Web: <http://www.ash.org.uk>

To beaw file

TN

Sent PM  
9/3



Subject: Statement Day 3 WG 2 / FCTC

Date: Fri, 31 Mar 2000 05:11:50 -0500

From: Karen Bissell <KarenBissell@compuserve.com>

To: FCA <fctcall@globalink.org>, GLink Int <international@globalink.org>

Statement made at the close of the WG meeting, Geneva

Statement of Oronto Douglas from Environmental Rights Action (Friends of the Earth, Nigeria) representing International Union against Tuberculosis and Lung Disease

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We urge the participation of the international community in this process and look to the Framework Convention to enable developing countries to accelerate the development of strong tobacco control policies supported by international measures.

1691  
3/4/2000

Sumner  
31/3

Tobacco file

to  
TN

Subject: FW: NGO meeting Geneva Sunday 26th  
Date: Mon, 27 Mar 2000 12:04:08 +1000  
From: Jeanie McKenzie <jeaniem@nswcc.org.au>  
To: "fctcall@globalink.org" <fctcall@globalink.org>

Dear Emma

Please accept my apologies. I'm afraid I won't be able to attend the first meeting of the FCTC in Geneva (much as I'd like to....Australia's just too far away). I look forward to hearing the outcomes of your deliberations.

Kind regards

Jeanie McKenzie

Manager Cancer Prevention

New South Wales Cancer Council

> > Dear Friends,

> >

> > For those planning to attend the NGO mtg this Sunday prior to the FCTC

> > Working Group:

> >

> > 1) Pls send a one line e-mail round this list (fctcall@globalink.org) to say

> > you are planning to attend

> > 2) Pls if possible bring your own lunch (there are shops at the main railway

> > station in Geneva for example) - as it has been pointed out to us that

> > opportunities to buy lunch at WHO on Sunday will be limited

> > 3) Agenda is attached again FYI

> >

> > For those not coming:

> >

> > 1) Please send any issues you'd like to be raised during the meeting round

> > this list (fctcall@globalink.org) before Sunday

> > 2) Members of the Alliance present will post daily reports on progress

> > during the Working Group Meeting on this list FYI.

> >

> > Best wishes

> >

> > Emma

> >

> > Emma Must

> > International Campaign Manager

> > ASH

> > 102 - 108 Clifton Street

> > London EC2A 4HW

> > Tel: +44 (0)171 739 5902

> > Fax: +44 (0)171 613 0531

> > E-mail: emma.must@dial.pipex.com

> > Web: <http://www.ash.org.uk>

> >

> >

> >

>

Tobacco FCTC file  
JMS  
27/3

TN

1638 RL  
27/3

**Subject: Re: NGO meeting Geneva Sunday 26th**

**Date:** Fri, 24 Mar 2000 13:37:46 +0100

**From:** "Archie Turnbull" <archie.turnbull@ersnet.org>

**To:** "Emma Must" <emma.must@dial.pipex.com>, <fctcall@globalink.org>

I will be there

Archie Turnbull

-----Message d'origine-----

De : Emma Must <emma.must@dial.pipex.com>

À : fctcall@globalink.org <fctcall@globalink.org>

Date : Friday 24 March 2000 13:18

Objet : NGO meeting Geneva Sunday 26th

>Dear Friends,

>

>For those planning to attend the NGO mtg this Sunday prior to the FCTC

>Working Group:

>

>1) Pls send a one line e-mail round this list (fctcall@globalink.org) to say

>you are planning to attend

>2) Pls if possible bring your own lunch (there are shops at the main railway

>station in Geneva for example) - as it has been pointed out to us that

>opportunities to buy lunch at WHO on Sunday will be limited

>3) Agenda is attached again FYI

>

>For those not coming:

>

>1) Please send any issues you'd like to be raised during the meeting round

>this list (fctcall@globalink.org) before Sunday

>2) Members of the Alliance present will post daily reports on progress

>during the Working Group Meeting on this list FYI.

>

>Best wishes

>

>Emma

>

>

>Emma Must

>International Campaign Manager

>ASH

>102 - 108 Clifton Street

>London EC2A 4HW

>Tel: +44 (0)171 739 5902

>Fax: +44 (0)171 613 0531

>E-mail: emma.must@dial.pipex.com

>Web: <http://www.ash.org.uk>

>

FCTC file

1628  
22/3/2000

Emma Must  
25/3

10  
TW

Subject: AW: NGO meeting Geneva Sunday 26th  
Date: Fri, 24 Mar 2000 13:07:51 +0100  
From: Bretscher Corinne BAG <Corinne.Bretscher@bag.admin.ch>  
To: "Emma Must" <emma.must@dial.pipex.com>,  
"fctcall@globalink.org" <fctcall@globalink.org>

Dear Emma

First thank you for all the good job you did.  
Second: I'll attend the NGO-meeting this sunday, 26th.  
Third: Looking forward to a fruitful meeting.

Kindest regards

Corinne Bretscher  
MWIA

-----Ursprüngliche Nachricht-----

Von: Emma Must [SMTP:emma.must@dial.pipex.com]  
Gesendet am: Freitag, 24. März 2000 13:06  
An: fctcall@globalink.org  
Betreff: NGO meeting Geneva Sunday 26th

Dear Friends,

For those planning to attend the NGO mtg this Sunday prior to the  
FCTC Working Group:

- 1) Pls send a one line e-mail round this list (fctcall@globalink.org) to say you are planning to attend
- 2) Pls if possible bring your own lunch (there are shops at the main railway station in Geneva for example) - as it has been pointed out to us that opportunities to buy lunch at WHO on Sunday will be limited
- 3) Agenda is attached again FYI

For those not coming:

- 1) Please send any issues you'd like to be raised during the meeting round this list (fctcall@globalink.org) before Sunday
- 2) Members of the Alliance present will post daily reports on progress during the Working Group Meeting on this list FYI.

Best wishes

Emma

Emma Must  
International Campaign Manager  
ASH  
102 - 108 Clifton Street  
London EC2A 4HW  
Tel: +44 (0)171 739 5902  
Fax: +44 (0)171 613 0531  
E-mail: [emma.must@dial.pipex.com](mailto:emma.must@dial.pipex.com)  
Web: <http://www.ash.org.uk>

*FCTC file*  
*JN*

*1630*  
*25/3/2000*

*Stumery*  
*25/3*

*16*  
*TN*

Subject: NGO meeting Geneva Sunday 26th

Date: Fri, 24 Mar 2000 12:05:53 -0000

From: "Emma Must" <emma.must@dial.pipex.com>

Organization: ASH

To: <fctcall@globalink.org>

Dear Friends,

For those planning to attend the NGO mtg this Sunday prior to the FCTC Working Group:

- 1) Pls send a one line e-mail round this list (fctcall@globalink.org) to say you are planning to attend
- 2) Pls if possible bring your own lunch (there are shops at the main railway station in Geneva for example) - as it has been pointed out to us that opportunities to buy lunch at WHO on Sunday will be limited
- 3) Agenda is attached again FYI

For those not coming:

- 1) Please send any issues you'd like to be raised during the meeting round this list (fctcall@globalink.org) before Sunday
- 2) Members of the Alliance present will post daily reports on progress during the Working Group Meeting on this list FYI.

Best wishes

Emma

Emma Must  
 International Campaign Manager  
 ASH  
 102 - 108 Clifton Street  
 London EC2A 4HW  
 Tel: +44 (0)171 739 5902  
 Fax: +44 (0)171 613 0531  
 E-mail: emma.must@dial.pipex.com  
 Web: <http://www.ash.org.uk>

<input type="checkbox"/> <a href="#">NGO mtg agenda final.doc</a>	Name: NGO mtg agenda final.doc Type: Winword File (application/msword) Encoding: base64
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1627  
25/3/2000

Emma Must  
25/3  
In 11

FCTC file  
in



Sunday

Subject: Sunday

Date: Fri, 24 Mar 2000 15:02:15 +0100

From: Karen Slama <KSlama@ingcat.org>

Organization: INGCAT

To: "fctcall@globalink.org" <fctcall@globalink.org>

I'll be coming.

--

Karen Slama, PhD  
Chief, Tobacco Prevention Division, IUATLD  
Coordinator, INGCAT  
68 bd Saint-Michel  
75006 Paris, France  
tel: 33/1 44 32 03 70  
fax: 33/1 43 29 90 87  
e-mail: [kslama@ingcat.org](mailto:kslama@ingcat.org)  
<http://www.ingcat.org>

*fct file  
w*

1 of 1

3/24/00 10:23 PM

*1630  
25/3/00*

*sumner f 2sf3 To TW*

Subject: Re: Framework Convention Alliance

Date: Wed, 22 Mar 2000 10:55:06 +0100

From: ENSP <ensp@pophost.eunet.be>

To: "Emma Must" <emma.must@dial.pipex.com>,  
 "Simon Chapman" <simonc@pub.health.usyd.edu.au>, <tobaccokills@globalink.org>,  
 "BOB MECKLENBURG" <mecklenburg@lan2wan.com>, <karndorfer@advocacy.org>,  
 <wvi.gva@prolink.ch>, <israel@globalink.org>, <turnbull@uicc.ch>,  
 "Andrew Hayes" <hayes@globalink.org>, "Luk Joossens" <joossens@globalink.org>,  
 <afisybo@form-net.com>, <susanht@igc.apc.org>, <mjsmith@igc.org>,  
 <mike.waghorne@world-psi.org>, <corinne.bretschler@bag.admin.ch>,  
 <ashtai@asiaaccess.net.th>, <nilsbillo@compuserve.com>, <KSlama@ingcat.org>,  
 <KarenBissell@compuserve.com>, <suren.infact@juno.com>, <lucinda.infact@juno.com>,  
 <ds@iath.org>, <fleitmann@globalink.org>, <rweissman@essential.org>,  
 <assunta@cap.po.my>, <margross@igc.org>, <mmyers@TobaccoFreeKids.org>,  
 <jglanz@TobaccoFreeKids.org>, <clive.bates@dial.pipex.com>, <JPatter18@aol.com>,  
 <aerickson@mindspring.com>, "Mike Pertschuk" <mpertschuk@advocacy.org>,  
 <sjones@bma.org.uk>, "Bill O'Neill" <boneill@bma.org.uk>,  
 <amanda.sandford@dial.pipex.com>, <karl.brookes@dial.pipex.com>,  
 <Patti.White@hea.org.uk>, <Ann.McNeill@hea.org.uk>,  
 "Cassandra Welch" <cwelch@lungusa.org>, <rhamburg@amhrt.org>,  
 "Scott Ballin" <sballin@TobaccoFreeKids.org>, "Jean King" <jking@crc.org.uk>,  
 "COMMUNITY HEALTH CELL" <sochara@blr.vsnl.net.in>, <saloojee@globalink.org>,  
 <tobacco-accountability@igc.org>, "Anna White" <inbalance@newdream.org>  
 CC: <jwm0@cdc.gov>, "Curran, Katy M." <kgc6@cdc.gov>, <pan@who.dk>, <zoltyb@who.ch>,  
 <jmackay@pacific.net.hk>, <klewis@advocacy.org>, <subramaniamc@who.ch>,  
 <yachd@who.ch>, <vryonidesd@who.ch>, <lethut@who.ch>, <fap@who.dk>,  
 <pha@who.dk>, <guindone@who.ch>, "Doug Bettcher" <bettcherd@who.ch>

Dear Emma,

Sorry for the delay in answering.

I am happy to inform you that the ENSP Board has given its agreement for ENSP to become a founder member of the Framework Conventiion Alliance.

Best regards,  
 Sibylle Fleitmann  
 Secretary General  
 European Network for Smoking Prevention  
 48 rue de Pascale  
 1040 BRUXELLES  
 Belgium

At 23:05 26/01/00 -0000, Emma Must wrote:

>TO: Konstantin Krazovsky (ADIC, Ukraine); Mike Pertschuk, Kay Arndorfer  
 >(Advocacy Institute); Allan Erickson, Joe Patterson (American Cancer  
 >Society); Rich Hamburg (American Heart Association); Cassandra Welch  
 >(American Lung Association); Clive Bates, Karl Brookes, Amanda Sandford  
 >(ASH, London); Belinda Hughes, Bung On Rittiphakdee (ASH Thailand/Mainland  
 >South East Asia Network); Sinead Jones, Bill O'Neill (BMA); Judy Glanz, Matt  
 >Myers, Scott Ballin (Campaign for Tobacco Free Kids); Jean King (Cancer  
 >Research Campaign); Thelma Narayan (Community Health Cell, Bangalore); Ross  
 >Hammond (Consultant, including to Campaign for Tobacco Free Kids); Mary  
 >Assunta (Consumers Association of Penang); Martina Poetschke-Langer  
 >(Deutsches Krebsforschungszentrum Im Neuenheimer Feld, Germany); Dr Umamah  
 >Kamil (Egypt); Rob Weissman (Essential Action/Multinational Monitor);

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ML

23/3

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Assunta  
23/3

>Sibylle Fleitmann (European Network for Smoking Prevention); Ann McNeill,  
>Patti White (HEA); David Simpson (IATH); Ambika Srivasta (India); Sanchita  
>Sharma (India); Lucinda Wykle-Rosenberg, Suren Moodliar (INFACT); Karen  
>Bissell, Karen Slama (INGCAT); Mohammadmasoud Aboutalebi (Iran); Nils Billo  
>(IUATLD); Rob Weissman (Multinational Monitor); Corinne Bretscher (MWIA);  
>Yussuf Saloojee (National Council Against Smoking, South Africa); Beena  
>Sarwar (Pakistan); Roberto del Rosario (Philippines); Mike Waghorne (Public  
>Services International); Mele Smith, Susana Hennessey-Toure (San Francisco  
>Tobacco Free Coalition); Anna White (Senegal); Thuli Shonhwe (Soul City,  
>South Africa); Pamphil Kweyuh (Tobacco Control Commission for Africa);  
>Tobacco Accountability Network; TobaccoKills; Luk Joossens, Andrew Hayes,  
>Archie Turnbull (UICC); Ruben Israel (UICC/Globalink); Simon Chapman  
>(University of Sydney); Robert Mecklenburg (World Dental  
>Federation/International Association of Dental Research); Eric Ram (World  
>Vision); Christopher Zishiri (Zimbabwe)

>  
>CC (for info): Natasha Herrera (PAHO,Venezuela); Boubacar Diallo (WHO,  
>Mali); Christina Perez (National Cancer Institute, Brazil); Derek Yach,  
>Chitra Subramaniam, Doug Bettcher, Karen Lewis, Judith Mackay, Demetris  
>Vryonides, Barbara Zolty, Therese Lethu, Emmanuel Guindone (TFI, WHO);  
>Franklin Apfel, Peter Anderson, Patsy Harrington (WHO Europe); Katy Curran,  
>Jeff McKenna (CDC).

>  
>25 January 2000

>  
>Dear Friends,

>  
>Re: Framework Convention Alliance

>  
>Please find attached the latest version of the plan for the formation of an  
>international alliance of NGOs to support the development of a strong  
>Framework Convention on Tobacco Control (FCTC).

>  
>This will be familiar to some of you, and unfamiliar to others!

>  
>For those of you who haven't seen an earlier draft, this plan represents the  
>agreed output to date of a process initiated amongst a number of NGOs  
>present at the first Working Group Meeting of the Framework Convention in  
>Geneva last October, together with a number of other NGOs who have been  
>active in pushing for the formation of such an alliance.

>  
>These NGOs, including INFACT, INGCAT, IUATLD, UICC, ASH (London), Campaign  
>for Tobacco Free Kids and others, felt that there was a need for more  
>coordination and communication amongst NGOs to increase our effectiveness as  
>we work to support the development of the FCTC, and for more systematic and  
>rapid outreach to NGOs not yet engaged in the process (especially in  
>developing countries) who could both benefit from and contribute to the  
>creation of a strong FCTC. There is also a need for some basic,  
>straightforward materials to increase awareness about the FCTC amongst  
>politicians, media, etc.

>  
>The key elements of the plan are as follows:

>  
>- Name: The Framework Convention Alliance (FCA)  
>- Alliance website  
>- Closed e-mail conference  
>- Regional contact points  
>- Small working groups and individuals to take on particular tasks at  
>different times

>We'd very much welcome any comments you may have on this plan - by 10  
>February please if possible - and offers of skills or input you might wish  
>to bring to the Alliance. Offers of people willing to take on the role of  
>"Regional Contact Point" are particularly welcomed.

>  
>I will then recirculate the plan with any further changes, together with a  
>brief set of Aims and Principles of the Alliance (which is among the  
>materials a small group of us is working on at the moment), and an  
>invitation for your organisation to become a founding member of the  
>Alliance. A closed e-mail conference will be activated in late February  
>linking those who wish to join. A basic Alliance website will be launched  
>in early March - with initial briefing materials, links to resources on  
>members' sites, and actions that NGOs can take. (Please see the end of the  
>attached plan for more details). Our task will then be to spread the word  
>amongst the NGO community at large, and to encourage action to make the  
>Convention as strong and useful as possible.

>  
>Best wishes - and I hope to hear from you,

>  
>Emma Must

>  
>International Campaign Manager  
>ASH, London

>  
>NB: For NGOs intending to make the trip to Geneva for the Second Working  
>Group meeting from 27-29 March, plans are already being developed for an  
>informal meeting of NGOs immediately beforehand. This is likely to be on  
>Sunday 26th March, so please keep this date free at this stage, and aim to  
>arrive in Geneva on the Saturday if possible.

>  
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>  
>Attachment Converted: "c:\eudora\attach\FCTC NGO Alliance Plan - 25 -jan-  
99 - wider consultation .doc"

Subject: New Zealand Government To Extend Smoking Ban

Date: Mon, 20 Mar 2000 14:59:23 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: <fctcall@globalink.org>

New Zealand News from The Press - Thursday, February 10, 2000

from

National News Stories  
THURSDAY, FEB 10, 2000:

Smoking ban may include casinos, bars

WELLINGTON -- The Public Health Association is urging the Government to extend a proposed smoking ban to bars and casinos as well as restaurants and cafes.

"Banning smoking in public places is an occupational health, as well as a public health, issue," PHA director Nancy Fithian said yesterday.

Prime Minister Helen Clark gave her backing on Monday to Health Minister Annette King's plan to ban smoking in restaurants and cafes this year.

Research showed employees in bars and casinos were exposed to huge concentrations of tobacco smoke, Ms Fithian said.

"Patrons can choose to leave or stay away from these places but employees don't have the same option," she said.

Banning smoking in restaurants and bars did not affect profit margins and in many cases profits went up.

"Because so many restaurants and cafes now have bars, it will be difficult in practice to ban smoking in restaurants without extending it to the bars. Therefore it makes sense to ban smoking in all of these venues."

Mrs King intends using an anti-smoking private member's bill, introduced in Parliament last year by former MP Tukoroirangi Morgan, as a vehicle for legislation to ban smoking in restaurants and cafes.

--NZPA

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2258, Christchurch  
email: cafca@chch.planet.org.nz

*TBB file.  
for 2/13*

*1593  
TN/RN*

*M  
20/3*

*Summary  
20/3 to TN*



Subject: NZ Government Considers Suing Tobacco TNCs

Date: Mon, 20 Mar 2000 14:54:57 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: <ftcall@globalink.org>

New Zealand News from The Press - Thursday, March 16, 2000

from

National News Stories  
THURSDAY, MAR 16, 2000:

Govt looks at tobacco law change

by Nicholas Maling  
in Wellington

The Government will consider changing the law so that it could sue tobacco firms, Prime Minister Helen Clark says.

Tobacco companies may also be forced to label their products with the additives they put in cigarettes as the Government steps up its attack on smoking.

Ms Clark, Attorney-General Margaret Wilson, and Health Minister Annette King met with anti-smoking group ASH yesterday to discuss the possibility of suing tobacco companies for the health costs of smoking-related illnesses.

Ms Clark said Crown Law Office advice was that the Government's chances of successfully suing cigarette companies were slim unless it legislated for the move.

"On the present legal framework, it's tough. You might have to legislate to enhance your chances. That has been done in other jurisdictions, so we'd want to look at that," Ms Clark said.

She was seeking further legal advice on the issue. More information would need to be gathered before a decision was reached, but litigation remained under active consideration.

"Litigation is one of a range of tools you have when you're trying to promote a smoke-free society," Ms Clark said. "We're basically wanting to do quite a lot more work and see what's happening in other jurisdictions."

Ms Wilson would attend a conference of attorneys-general in Australia next week, where the issue of tobacco litigation was on the agenda. The Government would also take an interest in a seminar on the subject of tobacco litigation being run by ASH next week.

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2258, Christchurch  
email: cafca@chch.planet.org.nz

1592  
RN/RN  
AL  
30/3  
TNS file  
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2/3  
Turner 20/3  
To TN

Subject: Re: Anti-Tobacco

Date: Wed, 19 Apr 2000 10:25:33 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Avni B Patel <avnip@umich.edu>

Dear Avni,

Thanks for your message. It is really encouraging to hear of enthusiastic groups of students who have a social commitment. Do send us more information about your organization and perhaps some info about the group who may visit Bangalore. We will be able to help you with contacts and could help arrange sessions in some schools. I wonder if any of your friends speak Kannada. Also what is the age group that you would like to relate to. Perhaps you may be interested in visiting community health and development projects working with tribals in Mysore District and Chamrajnagar District. Let us know.

With good wishes to you and the SEVHA group.  
Thelma Narayan

file

772 TN

N  
19/4

PTO

Subject: Anti-Tobacco

Date: Mon, 17 Apr 2000 02:09:27 -0400 (EDT)

From: Avni B Patel <avnip@umich.edu>

To: sochara@vsnl.com

Dear Dr. Thelma Narayan,

Hello. My name is Avni Patel. I am a senior at the University of Michigan in the USA. I am a member of a student group called SEVHA (Students Educating and Volunteering for Health Awareness.) I heard of your anti-tobacco work from Dr. Beth Bowen from the Morehouse School of Medicine. SEVHA has 15 members who plan to come to India this summer to educate students about the harmful affects of tobacco use. Our main goal is to help Indians help themselves. We plan to travel within Gujarat, Bombay, and Bangalore to promote our message.

Tentatively, we will work in India for the month of July. Our budget is \$30,000 (which includes all expenses such as travel, educational materials, lodging, etc.) We are wondering if you can assist us in any way (through monetary donations, contact information, resources, etc.) This is the third year SEVHA will be going to India and each year we have grown significantly. Our work consists of daily presentations at schools. They last approximately 1 1/2 hours and consist of lecture and discussion. We play trivia games and give out anti-tobacco prizes to the students to keep their interest. The response to SEVHA has been great in the past 2 years. I have plenty of information about our organization and cause if you are interested.

Most of the members of SEVHA plan to pursue careers in Public Health and/or Medicine. We, as Indian Americans, take pride in being able to give back to India in the form of health care awareness. In the past years, we have worked with the Tata Institute, American Cancer Society, and the University of Michigan Public Health School, as well as many other. I look forward to hearing back from you. You can contact me via e-mail, postal mail, or telephone. Thank you for your time.

Sincerely,  
Avni Patel  
1825 Hill St.  
Ann Arbor, MI 48104  
(734) 214-1380  
avnip@umich.edu

18/4 email  
Dear Avni,  
Thanks for your message. It is really encouraging to hear of enthusiastic groups of students who have a social commitment, do send us more information about your organization + perhaps some info. about the group who may visit Bangalore. We will be able to help you with contacts + could help arrange sessions in some schools. I wonder if any of your friends speak Kannada. Also what is the target group that you would like to relate to. Perhaps you may be interested to visit our community health + development projects, working with the Satna tribals in Mysore district + Channarayana district. Let us know. With good wishes to you + the SEVHA group.  
Thelma

TN

1375

HL  
17/4

RN  
17/4

JN  
18/4

PTO

Subject: Re: FRAMEWORK CONVENTION ALLIANCE - PLEASE JOIN

Date: Mon, 13 Mar 2000 13:44:46 GMT+1

From: "Dr. Martina Poetschke-Langer" <M.Poetschke-Langer@DKFZ-Heidelberg.de>

Organization: DKFZ Heidelberg

To: "Emma Must" <emma.must@dial.pipex.com>,  
 "Simon Chapman" <simonc@pub.health.usyd.edu.au>, <tobaccokills@globalink.org>,  
 "BOB MECKLENBURG" <mecklenburg@lan2wan.com>, <karndorfer@advocacy.org>,  
 <wvi.gva@prolink.ch>, <turnbull@uicc.ch>, "Andrew Hayes" <hayes@globalink.org>,  
 "Luk Joossens" <jjoossens@globalink.org>, <afisynbo@form-net.com>,  
 <susanht@igc.apc.org>, <mjsmith@igc.org>, <mike.waghorne@world-psi.org>,  
 <corinne.bretscher@bag.admin.ch>, <ashthai@asiaaccess.net.th>,  
 <nilsbillo@compuserve.com>, <KSlama@ingcat.org>,  
 <KarenBissell@compuserve.com>, <suren.infact@juno.com>,  
 <lucinda.infact@juno.com>, <ds@iath.org>, <fleitmann@globalink.org>,  
 <rweissman@essential.org>, <assunta@cap.po.my>, <margross@igc.org>,  
 <mmyers@TobaccoFreeKids.org>, <jglanz@TobaccoFreeKids.org>,  
 <clive.bates@dial.pipex.com>, <JPatter18@aol.com>, <aerickson@mindspring.com>,  
 "Mike Pertschuk" <mpertschuk@advocacy.org>, <sjones@bma.org.uk>,  
 "Bill O'Neill" <boneill@bma.org.uk>, <amanda.sandford@dial.pipex.com>,  
 <karl.brookes@dial.pipex.com>, <Patti.White@hea.org.uk>,  
 <Ann.McNeill@hea.org.uk>, "Cassandra Welch" <cwelch@lungusa.org>,  
 <rthamburg@amhrt.org>, "Scott Ballin" <sbballin@TobaccoFreeKids.org>,  
 "Jean King" <jking@crc.org.uk>,  
 "COMMUNITY HEALTH CELL" <sochara@blr.vsnl.net.in>,  
 <saloojee@globalink.org>, <tobacco-accountability@igc.org>,  
 "Anna White" <inbalance@newdream.org>,  
 "Judy Finn" <Judy.Finn@heartfoundation.com.au>,  
 "Eric LeGresley" <legres@magma.ca>, "Ruben J. Israel" <israel@globalink.org>

Dear Emma,

The German Cancer Research Center is delighted to join the alliance. Especially in Germany we need international support in tobacco control activities.

With best wishes

Martina

\*\*\*\*\*

Dr. Martina Poetschke-Langer  
 Leiterin der  
 Stabsstelle Krebspraevention  
 Deutsches Krebsforschungszentrum  
 Im Neuenheimer Feld 280  
 69120 Heidelberg

Tel: 06221/ 42 30 07

Fax: 06221/ 42 30 20

\*\*\*\*\*

1549  
 Tobacco - Wb  
 13/3  
 To TN



Subject: Proposed Smoking Ban In New Zealand Bars

Date: Tue, 9 May 2000 15:43:16 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: "Framework Convention Alliance" <fcall@globalink.org>

New Zealand News from The Press - Tuesday, May 09, 2000

from

National News Stories  
TUESDAY, MAY 09, 2000:

Smoking-ban plan gets up noses

by Jonathan Milne  
in Wellington

Health Minister Annette King is seeking to ban smoking in all pubs - a move that critics say could be enforced only with the creation of a whole new of squad of "smoke police".

Smoking would be banned in restaurants, cafes, pubs and bars - but allowed in RSA clubs, working men's clubs, and even sports clubs.

Mrs King has said she decided to include pubs and bars, after people told her a ban on smoking in cafes and restaurants would be difficult to enforce otherwise.

Clubs would be excluded because they were not public places.

Anti-smoking lobby group Ash said the move would allow non-smokers to "come out of the woodwork" and return to bars which had previously been smoky and unpleasant.

However, the Hospitality Association said it would vigorously oppose the proposed smoking ban, calling it paternalistic and difficult to enforce.

Chief executive Bruce Robertson said he could not see the rationale behind allowing smoking in RSAs and sports clubs, but not in pubs and bars.

"One of the issues will be how they enforce it. It may well be that they need special smoke police," he said.

"We certainly don't expect that licensees will be at the forefront of enforcing it."

"At the end of the day, this is a matter of choice. The public can choose whether they go into a bar or restaurant or not.

"If they don't like smoke, they can choose a bar or restaurant that manages their cigarette smoke very well. There are many such premises now, with good ventilation systems, where both smokers and non-smokers can happily be in the same environment together."

Pubs and clubs that tried to go smokefree had gone bust, he said. "The

*February file*

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Government seems intent on deciding what is best for people. If cigarettes are so seriously harmful to us, then they should simply be banned altogether," he said. "It is simply unnecessary interference in an individual's rights."

Tobacco Institute executive director Michael Thompson called on New Zealanders to make submissions to Parliament on the proposal, saying MPs should "come back to the real world".

It was a civil rights issue for both smokers and non-smokers, he said. "The decisions as to what pub and restaurant owners do with their customers should be the owners', not the Government's."

Mrs King hopes to change the Smoke-free Environments (Enhanced Protection) Amendment Bill, which would ban smoking on school grounds and introduce tougher penalties for selling tobacco to children, to also make smoking illegal in cafes, restaurants, pubs and bars.

Hillary Commission spokesman John Boyd said the commission would have to consider a formal position on the proposed law change.

"But in this day and age, it would seem logical that sports clubs, who are trying to attract as many people as possible, would be looking at going smokefree so they can attract families and young people, and have a healthy environment."

Voluntary smokefree areas would be "the way of the future", he said.

Ash director Trish Fraser said pubs and bars would become much more pleasant places for patrons, especially for those with respiratory disorders.

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2256, Christchurch  
email: cafca@chch.planet.org.nz

Subject: "Press" Editorial on Smoking in New Zealand

Date: Thu, 11 May 2000 10:10:32 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: "Framework Convention Alliance" <fcall@globalink.org>

Editorial

New Zealand News from The Press - Thursday, May 11, 2000

Stubbing out smoking

Smokers have been given a \$110 million message to quit their habit. In the sort of all-night sitting normally associated with budgets of yesteryear the Government has driven through a 14 per cent increase in the excise tax on tobacco products. Over the counter this will mean that smokers will pay a dollar more for their packet of 20. In the first full year the increase will raise around \$110 million. The move has been questioned on a variety of grounds, ranging from the use of extreme urgency to pass it, to the use that will be made of the extra revenue. On the one ground that matters, however, there can be no argument. Smoking Kills.

Even the powerful tobacco lobby can no longer argue that the health damage caused by cigarettes is unproven. The figures are staggering. Around a quarter of New Zealanders still smoke and almost 5000 die or smoking-related illnesses each year. That equates to 11 per cent of female deaths and 22 per cent of male deaths. Certain groups are particularly at risk. Around 45 per cent of Maoris are smokers, according to a Ministry of Health estimate last year. The direct cost to the taxpayer from smoking-related illnesses is around \$200 million - although this is surely an underestimate of the total cost to the society and economy.

The hefty one-off increase in tobacco prices reflects the failure of the existing mechanism for increasing the excise tax. Aside from two special increases of around 50c in the 1990s, tobacco prices have only increased through a ratcheting mechanism introduced in 1989. Twice a year since then the price has risen in line with Consumer Price Index increases. That mechanism fell victim to Reserve Bank governor Don Brash, as his maintenance of very low inflation meant the half-yearly increases had become barely noticeable to smokers.

A sharp dramatic increase was needed to focus the attention of smokers, if not on their health and the well-being of others, then at least on their wallets. The Government believes the latest increase will have a similar effect to the 1989 price rise, when smoking dropped by 7 per cent.

The standard arguments against such increases are the hand-wringing of those who say that the tax is regressive, and the smugness of the tobacco barons who say smokers pay more than their share already. That the tax is regressive is true. Those on low incomes will find the burden of the increase heavier than those who are wealthier. The obvious, if brutal-sounding, solution is to cut back or kick the habit. Simple arithmetic shows that a pack-a-day habit represents \$3000 a year going up in smoke.

The stock line of the tobacco companies is that smokers already contribute far more to Government coffers than the \$200 million health cost of their addiction. Cigarettes are probably the most highly taxed product in New Zealand. Before the latest increase, for example, the Government had expected to raise around \$750 million from the excise tax. Add in GST and the total smoker contribution is around \$1 billion - or 3 per cent of total Government revenue. What the tobacco lobbyists neglect to point out, however, is that the \$200 million figure they bandy about only comprises

*Anthony Jule*  
*TTN*  
*RL*  
*1/15*

health costs directly attributable to tobacco. It does not include the impact of passive smoking. Nor does it include the cost to the employer and the economy through lost workdays or the costs of fires sparked off by smokers.

No doubt opponents of the increase will also complain that the price rise will encourage a black-market in tobacco or a spate of robberies at service stations or dairies. Yet the criminal tendencies of a minority can be dealt with through criminal law. They ought not to be used as an excuse to frustrate the health needs of the majority.

What is legitimate to question, however, is how strongly the Government backs its anti-smoking rhetoric with funding for smoking cessation programmes. Anti-smoking advocates argue that the Government spends only \$16 million on such programmes, compared to the \$50 million that would be required to make effective inroads into the ranks of the addicts. Mrs King has refused to say how the extra tobacco excise revenue will be spent, but she has the chance to announce a boost in anti-smoking funding in the Budget next month. Not to do so would fuel Opposition claims that the excise increase owed more to fiscal shortfalls than to health promotion.

The increase came without warning because the Government feared it would be leaked if delayed until Budget night. It could also be a case of getting the bad news out of the way, lest Michael Cullinan's first Budget be labelled the "nanny Budget". However it is no surprise that Mrs King has inherited Prime Minister Helen Clark's extreme opposition to smoking. She has already flirted with an American-style law suit against tobacco companies. The excise increase suggests she prefers pricing disincentives rather than costly and uncertain litigation.

Yet to come for smokers is a further legislative attack on smoking in public places. Before Parliament is a bill to ban smoking on school grounds. The Government said earlier this year it will amend this bill to also outlaw smoking in restaurants and cafes. More recently Mrs King has added hotel bars to her attack. An end to the traditional Kiwi smoke-filled bar does make some sense. Excluding them might create difficulties distinguishing between a cafe that also sold alcohol and bars that had food on offer. However this will require very careful consideration as hotel staff will be reluctant to become smoke police. Opinions are divided over the commercial success of the 1998 Californian ban on smoking in bars. However if advocates of bar bans are correct to say that turnover actually rose in California, perhaps the market not the law might be the solution.

The full weight of the tobacco lobby will be brought to bear on the politicians considering this bill, but its passage is unlikely to be as emotive as the fight over the Smoke Free Environments Bill a decade ago. Then smokers were apt to label the bill's backers as "health fascists". Today, even most smokers can accept that their individual right to smoke carries a cost to themselves and to society which must be met.

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CAFCA  
Campaign Against Foreign Control of Aotearoa



Fw: IPS posting on the 2nd Working Group

Subject: Fw: IPS posting on the 2nd Working Group  
Date: Wed, 10 May 2000 19:32:14 -0400  
From: Suren Moodliar <suren.infact@juno.com>  
To: ftcall@globalink.org

Hi everyone,

Emma Must reminded me to forward this IPS article which resulted from a Framework Convention Alliance press conference (held at the 2nd Working Group meeting in March).

----- Forwarded message -----  
From: Suren Moodliar <suren.infact@juno.com>  
To: tobacco-accountability@igc.topica.com  
Cc: max@ress@igc.org  
Date: Tue, 11 Apr 2000 12:35:53 -0400  
Subject: IPS posting on the 2nd Working Group  
Message-ID: <20000411.123556.-332233.1.suren.infact@juno.com>

Dear Friends,

Mary Assunta alerted me to this IPS article on the 2nd Working Group meeting. The article provides extensive coverage of the press conference held on Tuesday, March 28, 2000.

Text follows, formatted MS Word 97-2000 file attached.  
Suren

HEALTH: U.S., BRITAIN AND JAPAN BLOCK  
ANTI-TOBACCO CONVENTION  
By Gustavo Capdevila

GENEVA, Mar. 30 (IPS) -- The world tobacco industry's three main home countries -- the United States, Britain and Japan -- are obstructing progress on a framework convention for controlling smoking, charge international organizations.

The three are home to the large transnationals Philip Morris, British American Tobacco and Japan Tobacco, respectively, and "are pressing for a general convention," one that does not go into any detail, said Lucinda Wykle-Rosenberg, director of INFACT, a U.S. non-governmental organization (NGO).

The consequences of a weak global tobacco policy will mean that countries without the capacity or resources to establish their own regulations will continue to lag behind more-advanced nations, said Yussuf Saloojee, director of South Africa's National Council against Smoking.

The disparities in equality and justice that exist between industrialized and developing countries in the health sphere will only grow worse if the Framework Convention on Tobacco Control is diluted, predicted the South African physician.

The initiative to draw up a convention on tobacco was launched by the World Health Organization (WHO) amid growing concern about the number of smoking-related deaths around the world each year, which reaches at least one million.

Another independent group, the Network for the Accountability of Tobacco Transnationals (NATT), warned that in 2030, deaths related to tobacco addiction will reach 10 million annually, and most will be people in developing countries.

NATT maintains that developing countries, a market actively pursued by tobacco transnationals, are some of the most vehement critics of the cigarette manufacturers.

*J.M. Library file*  
*11/15*

WHO held a public hearing this week in Geneva of its working group entrusted with the Framework Convention on Tobacco Control. Representatives from governments, the tobacco industry and civil society made their voices heard.

Gro Harlem Bruntdland, director general of WHO, which is fighting to set up the anti-smoking convention, declared, "let us see to it that ours will be the last generation to face this scourge."

Since the working group began deliberations on the framework convention in October 1998, more than 1.7 million people have died from diseases related to tobacco use, Wykle-Rosenberg told a press conference.

The NGOs present at the hearing back a solid convention that gives priority to public health and people's lives above the economic interests of the tobacco industry, she stated.

"Unfortunately, protecting people's lives was not the message we heard from several government delegations" that spoke before the WHO working group, said Masaid Ali Sheikhil, delegate from the Network Association for the Rational Use of Medicines in Pakistan.

"Public health, consumers and human rights organizations from around the world are united in our commitment to keep the tobacco industry out of this [framework convention] process, in spite of suggestions by a few countries that it has been opened to tobacco companies," he said. Salojev emphasized the need for the convention to address advertising and promotion issues and to limit the political influence of the tobacco industry.

An international tobacco agreement such as the one being debated by the WHO must also offer consumer protections, demand full disclosure of the dangers of tobacco products, and shift the responsibility and costs for this preventable epidemic to the tobacco industry, said the South African official.

He stressed that tobacco farmers will not be hurt by the framework convention. The WHO predicts the number of smokers will expand from the current 1.1 billion people worldwide to 1.6 billion by the year 2025.

"Even if the convention were remarkably successful and managed to hold consumption at current levels, there would be no decline in demand for tobacco," Salojev said.

"Opposition to this convention is about protecting tobacco industry profits, not the livelihoods of tobacco farmers."

The real threat to the farmers comes from the technological innovations by the cigarette manufacturers. In the past decade, they have spent hundreds of millions of dollars developing cigarettes with little or even no tobacco in them, he pointed out.

John Kayito, head of the Consumers Association of Malawi, said "the fear that farmers have under this convention should be allayed because tobacco demand will remain static and will not affect the economic situation of tobacco growing countries."

The tobacco industry exaggerates potential job losses from tobacco regulation, according to Ross Hammond, delegate from the Campaign for Tobacco-Free Kids, a U.S.-based NGO.

Research done for the World Bank report shows that most countries will not see net job loss if tobacco consumption declines, said Hammond.

Protecting health and protection employment are not mutually exclusive goals, stressed the U.S. delegate.

For the first time in its 52-year history, the WHO is promoting talks among its 191 member nations for an international public health agreement.

The next meeting of the anti-smoking working group will be in late September or early October. The WHO expects the convention's text to be ready for ratification in 2003.

Suren Moodliar

International Organizer, INFACT

mailto:suren.infact@uno.com <http://www.infact.org>



Fw: IPS posting on the 2nd Working Group

tel:01-617-695-2825; fax 01-617-695-2826  
46 Plympton Street, 4th Floor, Boston, MA 02116, USA



WHO Geneva IPS article.doc

Name: WHO Geneva IPS article.doc

Type: Winword File (application/msword)

Encoding: base64

# INTER PRESS SERVICE

## HEALTH: U.S., BRITAIN AND JAPAN BLOCK ANTI-TOBACCO CONVENTION

By Gustavo Capdevila

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Subject: Re: Floor Comments from the Second Working Working Group Meeting on the FCTC, March 27-29, 2000

Date: Tue, 09 May 2000 08:43:46 +0000  
From: elif dagli <edagli@superonline.com>  
To: AJ Foreit <JForeit@tobaccofreekids.org>  
CC: "fctcall@globalink.org" <fctcall@globalink.org>,  
Judy Wilkenfeld <JWilkenfeld@tobaccofreekids.org>, Judith Glanz <jglanz@tobaccofreekids.org>

Dear Friends,

I will not unfortunately be in Geneva for the WHA. Dr Füsün Sayek, the president of Turkish Medical Association will replace me. We are trying our best to create a climate in Turkey. However I still can not guarantee that our delegation will behave. I do hope we can obtain the notes about the WHA and country positions later. Wish you all luck.  
Best Regards,

Prof Elif Dagli  
Chair National Committee on Smoking and Health

PS: I can not open the attached files. It is highly critical for me to pass the notes to my friends and media in order to have support. Is there another way? Can you save it to Win 97?

Thanks

AJ Foreit wrote:

>> Dear Colleagues,  
>>  
>> For your use, we have compiled statements made by country delegates on the  
>> floor of the FCTC Second Working Group Meetings in Geneva in late March,  
>> 2000. The comments have been indexed by country and by topic, and are  
>> available online at  
>> <http://tobaccofreekids.org/campaign/global/framework/private>. (Please do  
>> not distribute this URL beyond this listserv.) We intend to compile  
>> delegate statements at upcoming FCTC meetings as well. Ultimately, we  
>> will be able to maintain a comprehensive record of individual  
>> country-positions on a variety of FCTC topics. If you have questions  
>> about the grid of floor comments, please contact Jenny Foreit at the  
>> Campaign For Tobacco-Free Kids at: jforeit@tobaccofreekids.org. Please  
>> address any other questions to Judy Wilkenfeld  
>> (jwilkenfeld@tobaccofreekids.org) or Judith Glanz  
>> (jglanz@tobaccofreekids.org).  
>>  
>> We hope this information will assist you in your advocacy activities.  
>>  
>> ACTIONS YOU CAN TAKE:  
>>  
>>  
>> 1. In the next two weeks before the WHA, we encourage you to speak  
>> directly with your country delegates to the Second Working Group meeting.  
>> Although the list of country delegates does not appear to be available  
>> online, we do have a hard copy of the participants list. Unfortunately,  
>> detailed contact information is not available but job title should help

*February file*

*JW*  
*RL*  
*7/5*  
*7/5*



Re: US involvement in the FCTC - does it matter?

**Subject: Re: US involvement in the FCTC - does it matter?**

**Date: Mon, 15 May 2000 15:14:47 -0700**

**From: Mele J Smith <mjsmith@igc.org>**

**To: Robert Weissman <rob@essential.org>, Clive Bates <clive.bates@dial.pipex.com>**

**CC: fctcall@globalink.org**

These are important points. One other point is that the US tobacco companies will use their political might to mold the FCTC to their advantage both at the delegate and congressional levels.

It is clear from the written comments made by the Philip Morris, RJ Reynolds, Brown Williamson, and the United States Council for International Business (in response to the US Health and Human Services hearings in March 2000) that they will pressure the US delegation to negotiate the treaty on their behalf. The companies and the council all brought up trade issues in their comments (most saying there is no need to address trade issues in the FCTC because the GATT agreements address trade and health and that the FCTC potentially violates already negotiated agreements) and question whether the FCTC is necessary in the first place. While saying they support "reasonable regulation and voluntary initiatives", Philip Morris states that the US delegation "should pay particular attention to ensure that any international regulatory initiative does not target or discriminate against any US company." The other's comments echo the same sentiment. RJ Reynolds states that the FCTC may "severely curtail international trade in tobacco" and Brown Williamson states that "the tobacco treaty proposed by WHO threatens countless potential conflicts with the work of international bodies like the World Trade Organization and the World Customs Organization."

In light of the above, it is crucial for those of us in the United States to be on the look out for such arguments coming from the US delegation and to advocate strongly and loudly to the US delegation that governments are getting together to address the number one preventable cause of death in the entire world and should be reminded time and again that public health should prevail over trade. At the same time, those of us in the United States should be letting Congress know that we support a strong convention and when it comes time for Congressional ratification, we should be ready to advocate strongly once again.

At 12:19 PM 5/15/2000 -0400, Robert Weissman wrote:

>I think Clive makes a critically important point. The rest of the world  
>should not let the United States or the U.S. Congress exercise a veto over  
>the FCTC or any element of it. And lots of noise by governments and NGOs  
>outside of the USA should be made about the idea of going ahead with the  
>Convention without U.S. support -- simply doing that will tend to  
>undermine U.S. negotiating leverage.

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>Unfortunately, that doesn't let those of us in the United States off the  
>hook, and its not a completely satisfactory approach for those outside of  
>the United States, either.

>  
>The obvious point is that we are home to Philip Morris and are the  
>dominant force in the world economy.

>  
>But more important from the negotiating point of view, I think, is this:  
>The United States does not just walk away from negotiations because it is  
>not going to sign the final document. It continues to involve itself in  
>the negotiations, often with no let-up in its aggressive style of dealing.  
>

*Library - Tobacco File*  
*ML 1/15*



Re: US involvement in the FCTC - does it matter?

>To give one clear example, the US Congress has not ratified the  
>Biodiversity Convention, but the United States was the single most  
>important -- and most reactionary -- negotiator in the effort to hammer  
>out a Biosafety Protocol. (Recently accomplished despite the best efforts  
>of the United States.)

>  
>This places a huge burden on those of in the United States to take action  
>to stop a supposedly pro-tobacco control administration from subverting  
>the FCTC negotiations.

>  
>For those outside of the United States, it is important to understand the  
>distinction between our Congress and executive branch. The fact that the  
>Congress is unwilling to go along with an international convention or  
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Re: US involvement in the FCTC - does it matter?

**Subject: Re: US involvement in the FCTC - does it matter?**

**Date: Mon, 15 May 2000 12:19:14 -0400 (EDT)**

**From: Robert Weissman <rob@essential.org>**

**To: Clive Bates <clive.bates@dial.pipex.com>**

**CC: fctcall@globalink.org**

I think Clive makes a critically important point. The rest of the world should not let the United States or the U.S. Congress exercise a veto over the FCTC or any element of it. And lots of noise by governments and NGOs outside of the USA should be made about the idea of going ahead with the Convention without U.S. support -- simply doing that will tend to undermine U.S. negotiating leverage.

Unfortunately, that doesn't let those of us in the United States off the hook, and it's not a completely satisfactory approach for those outside of the United States, either.

The obvious point is that we are home to Philip Morris and are the dominant force in the world economy.

But more important from the negotiating point of view, I think, is this: The United States does not just walk away from negotiations because it is not going to sign the final document. It continues to involve itself in the negotiations, often with no let-up in its aggressive style of dealing.

To give one clear example, the US Congress has not ratified the Biodiversity Convention, but the United States was the single most important -- and most reactionary -- negotiator in the effort to hammer out a Biosafety Protocol. (Recently accomplished despite the best efforts of the United States.)

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For those outside of the United States, it is important to understand the distinction between our Congress and executive branch. The fact that the Congress is unwilling to go along with an international convention or treaty affects the negotiating posture of the administration, but it does not determine it. Officials in the Clinton administration, like those in administrations before and after, understand the various ways that the United States can de facto participate in a treaty without formally ratifying it; and they know this rests to a considerable degree on discretionary decisions by the executive branch. When they say, "But the U.S. Congress will never approve that ..." and therefore demand a change in proposed text, they are in some part reflecting the constraints under which they operate (they can't totally escape accountability to Congress), but even more they are trying to use the threat of Congressional opposition to enhance their negotiating leverage.

On Mon, 15 May 2000, Clive Bates wrote:

> Date: Mon, 15 May 2000 08:30:30 +0100  
> From: Clive Bates <clive.bates@dial.pipex.com>  
> To: fctcall@globalink.org  
> Subject: US involvement in the FCTC - does it matter?  
>  
>

*Liberty - tobacco*

Subject: Re: Your email of 27th March  
Date: Sat, 1 Apr 2000 07:28:18 EST  
From: SallyBeare@aol.com  
To: sochara@vsnl.com

Thanks, Thelma. This is useful to know.

I'm still trying to find out if there's a new factory going up at Kidderpore near Calcutta - as we have to go to Calcutta anyway, it would be easier to film a factory there. If you have any intelligence on this, I'd love to know.

Also if you happen to drive past the factory near Bangalore - have a look at it for me and tell me what you see!!

I think if we do film bidi-rollers it may well be in Mumbai, so we may not need your help on this. All we really need from Bangalore is the factory. At the moment we plan to come somewhere between 17th - 24th April - I'll let you know.

Regards  
Sally

SAB - please find out if there is a new ITC factory near Kidderpore, Calcutta

2. Could you make a trip to Javanahally, + take pictures of the factory. You can even go in and make enquiries. Check w/ Ms. RL if her contacts / friends can get us annual reports of the past 3 yrs from ITC.

RL  
Will check.  
RL  
4/4

Stanche  
SL  
3/4

RL  
5/4

1678

RL  
3/4

British Medical Association refutes Times... and calls on Governments to support FCTC

**Subject: British Medical Association refutes Times Leader and calls on Governments to support FCTC**

**Date: Thu, 18 May 2000 10:03:48 +0100**

**From: sjones@bma.org.uk**

**To: international@globalink.org, gt-uk@globalink.org**

**CC: fcicall@globalink.org**

In a letter published in today's Times (London, May 18th) Dr Ian Bogle, Chairman of the British Medical Association refutes criticisms WHO's plans for an international treaty to combat tobacco, made in Monday's (May 15th) Times Leader.

Pointing to the fact that within the next 20 years, seven in ten deaths from tobacco will occur in poorer countries, Dr Bogle says: 'Your leader gives the impression that tobacco is only an issue for affluent people and affluent countries. The victims of the tobacco epidemic are not rich - they are poor.'

Dr Bogle states that while tobacco is indiscriminate in causing suffering and death, the Convention being developed by the World Health Organisation will go some way to eliminating global double-standards that discriminate against the poorest and most vulnerable.

The letter concludes by congratulating Dr Brundtland on this initiative and urging the Government to facilitate its development and implementation.

Full text of the Times leader, of Dr Bogle's letter to the editor and of the edited version published today can be found on the TCRC website:

<http://www.tobacco-control.org/tcrc.nsf/htmlpagesvw/newsfrm>

under the section: recent TCRC/BMA press work

Today's Times also publishes responses to the Leader by Alan Dangour, University of Cambridge and John Carlisle of the Tobacco Manufacturers Association. These can also be found at the above link.

All the best

Sinead

-----  
Sinead Jones PHD MPH  
Project Leader, Tobacco Control Resource Centre  
BMA House  
Tavistock Square  
London WC1H 9JP  
UK  
Tel: +44 20 7383 6380  
Fax: +44 20 7554 6380  
E-mail: sjones@bma.org.uk  
<http://www.tobacco-control.org>  
-----

*Handwritten notes:*  
To CHC team - pl return to Tobacco FCTC file  
18/5 To TN  
18/5  
18/5



British Medical Association refutes Times... and calls on Governments to support FCTC

\*\*\*\*\*

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[www.bma.org.uk](http://www.bma.org.uk)

\*\*\*\*\*



Subject: Public Hearings on FCTC

Date: Mon, 3 Jul 2000 12:10:55 +0100

From: "Emma Must" <emma.must@dial.pipex.com>

Organization: ASH

To: <fctcall@globalink.org>

> 30 June 2000

>

> PUBLIC HEARINGS ON

> FRAMEWORK CONVENTION ON TOBACCO CONTROL

> GENEVA, 12-13 OCTOBER 2000

>

> The World Health Organization (WHO) is organizing two days of public hearings on the Framework Convention on Tobacco Control (FCTC) on 12 and 13 October in Geneva, Switzerland. The hearings come just two days before the start of formal negotiations on the FCTC, the parameters of which were set forth in Resolutions WHA52.18 and WHA53.16 which were adopted by consensus by the World Health Assembly in 1999 and 2000 respectively.

>

> Registration is now open to attend these hearings, either as a journalist or as a participant.

>

> WHERE: The two-day hearings, which will run from 8 a.m. to 8 p.m., will be held at Geneva's International Conference Centre (CICG).

>

> WHEN: 12-13 October 2000

>

> HOW TO REGISTER AS A JOURNALIST: Send proof of journalist's credentials to: Office of the Spokesperson (SPO)

> World Health Organization

> 20 Avenue Appia

> 1211 Geneva 27

> Switzerland

> e-mail: hartlg@who.int

>

> HOW TO PARTICIPATE AS AN INTERESTED PARTY:

>

> Pre-Hearing Submissions

>

> WHO will receive comments on the FCTC from all interested institutions in any of the six official United Nations languages, i.e., Arabic, Chinese, English, French, Russian and Spanish. The deadline for receiving submissions is the close of business (Geneva time) on 31 August 2000. Submissions should be sent to fctchearings@who.int or posted to TFI, WHO, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

>

> Submissions must not exceed 5 pages (standard size paper and type), including attachments.

> Private sector and non-governmental organizations and institutions may submit these.

> Organizations and institutions will be limited to one submission.

> Each submission must clearly identify:

> The organisational or institutional submitter

> The scope of activities or mandate of the organization

> The organization's interest in the FCTC process Source of funding of the commenting/submitting organization.

>

> WHO must receive all submissions by the deadline, which will not be extended under any circumstances.

>

> Testifying at the Hearings

>

> A panel comprising three members of TFI's Policy and Strategy Advisory Committee (PSAC) will moderate the proceedings. PSAC was established by the

*JPS/Ledbury*  
*RL*  
*5/7*

*would like to attend*  
*[Signature]*

Director-General of WHO to provide advice; its members are international tobacco control experts. Opportunities to speak are limited to institutions or organizations that have made written submissions. Each speaker may speak for up to a maximum of five minutes.

>

> *Speakers may:*

> *Provide a synopsis of their written testimony*

> *Add to their written testimony*

> *Comment on other people's testimony*

>

> *For planning and organization purposes, please state clearly, at the time of the original submission, if you wish to testify in person in the hearings in Geneva. Speakers should hand a hard copy of their statement to the Secretariat of the Hearings before they speak to facilitate interpretation into other languages and for future reference.*

>

> *For those not able to attend in person, testimony may be videotaped and, time permitting, these videos will be shown during the Hearings. If possible, videos should be submitted in PAL format and a transcript should be provided.*

>

> *Subsequent Submissions by All Previous Submitters*

>

> *All submitters (i.e. all those organizations and institutions that have made submissions by the close of business [Geneva time] 31 August 2000) may file submissions in reply to presentations after the hearings. The submissions must reach WHO by the close of business (Geneva time) 27 October 2000, and must not exceed 3 pages.*

>

> *For further information from WHO, journalists can contact Mr Gregory Hartl WHO Spokesperson, WHO, Geneva, tel (+41 22) 791 4458 fax (+41 22) 791 4858. E-mail: hartlg@who.int All WHO Press Releases, Fact Sheets and Features can be obtained on Internet on the WHO home page <http://www.who.int>*

Subject: RE: The WHA resolution on the FCTC

Date: Mon, 22 May 2000 11:25:04 +0200

From: "Sibylle Fleitmann" <ensp@popost.eunet.be>

To: "Suren Moodliar" <suren.infact@juno.com>, <tobacco-accountability@igc.topica.com>

CC: <ftcall@globalink.org>

Thank you very much for this rapid information. It is very useful for those who had not time to go there. Thanks for the teamwork.

Best regards,  
Sibylle Fleitmann  
ENSP, Brussels

-----Message d'origine-----

De: Suren Moodliar [mailto:suren.infact@juno.com]

Date: samedi 20 mai 2000 1:10

A: tobacco-accountability@igc.topica.com

Cc: ftcall@globalink.org

Objet: The WHA resolution on the FCTC

The resolution was passed with language that amended the strength of the NGO-participation elements originally proposed by Norway and Canada. The text below is based on notes by INFACF's observer. The official resolution will probably be up on the WHO website shortly (<http://www.who.int/governance>).

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,

1. TAKES note of the significant progress made, as reported in documents a53/12 and a53/12Corr.1, and expresses its appreciation for the work of the working group, its Bureau and the Secretariat;
2. RECOGNIZES that the report contained in documents A53/12 and A53/12 Corr.1, including the proposed draft elements for a framework convention, establishes a sound basis for initiating the negotiations by the Intergovernmental Negotiating Body (INB);
3. RECOGNIZES that the success of the FCTC depends on broad participation by WHO member states and organizations referred to in para 1.3 of resolution WHA 52.18;
4. CALLS ON the Negotiating Body:
  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs and to consider the possibility of an extended bureau;
  - (2) to comments its negotiations with an initial focus on the framework convention on tobacco control without prejudice to future discussions on possible related protocols;
  - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
  - (4) to examine the question of an extended participation as observers of nongovernmental organizations according to criteria to be established by the negotiating body;
5. REQUESTS the Director-General:
  - (1) to convene the first session of the Negotiating Body in October 2000;
  - (2) to draw up, for consideration by the Negotiating Body at its first session, draft timetable for the process, with information on costs

*J.P.S. / [unclear]*

*RL  
ST*

related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

###

It may be useful to compare the final language with the already modest language of the proposed resolution.



Lis

Commonwealth NGOs

Subject: Commonwealth NGOs

Date: Mon, 21 Aug 2000 10:41:57 +0100

From: sjones@bma.org.uk

To: fctcall@globalink.org

Are you a member of the the Alliance representing an NGO in a Commonwealth country? Would you be willing to act as a resource on the Convention for the Health Minister and/or negotiating delegation in your country?

We are putting together a resource directory on the FCTC for the Commonwealth secretariat. Please let me know if you are willing to be named and send me your full contact details asap and by Firday 25 August at the latest.

Sorry for short notice - this is all happening rather quickly!

Best,

Sinead

FS directory of commonwealth countries can be found at:  
<http://www.thecommonwealth.org/index1.htm>

*file?*  
Tober 20  
file  
4 25 15  
25 15

*Sent  
14/8  
22/8/2000*

-----  
Sinead Jones, PhD MPH  
Project Leader  
Tobacco Control Resource Centre  
British Medical Association  
BMA House  
Tavistock Square  
London WC1H 9JR  
United Kingdom

tel: +44 020 7383 6380  
fax: +44 020 7554 6380  
e-mail: sjones@bma.org.uk  
<http://www.tobacco-control.org/>  
-----

*Dear Sinead,  
greetings!  
I would be willing to be a resource person, but - if others are unavailable  
only in case of extreme necessity - if others are unavailable  
I would be willing to be a resource person, but - if others are unavailable  
1. I would be willing to be a resource person, but - if others are unavailable  
2. My full contact details are as follows  
3. The Community Health Cell is  
- (a. brief resume)  
with possible links  
1/15*

*TN  
704  
11/21/8*

\*\*\*\*\*  
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager (postmaster@bma.org.uk)



Re: WHO conference

Subject: Re: WHO conference  
Date: Fri, 17 Mar 2000 06:26:07 EST  
From: SallyBeare@aol.com  
To: sochara@vsnl.com

Dear Thelma

The Geneva conference is a WHO meeting of NGOs to discuss how to regulate the tobacco industry.

Regards  
Sally

Tob. file

2/21/3

1588

TN

M  
20/3

**PLENARY IV: Co-chaired by Ms Indira Jaisingth and Dr Srinath Reddy**

*Theme: Conference Recommendations and Chairs Summaries*

- |               |  |
|---------------|--|
| 16:30 – 17:30 | Working Group Recommendation – Reports by Rapporteurs  |
| 17:30 – 17:50 | Chairs' Comments   |
| 17:50 – 18:00 | Adoption of Declaration  |
| 18:00 – 18:20 | Conference Synthesis and Closure<br>Dr Derek Yach, Project Manager Tobacco Free Initiative,<br>World Health Organisation |
| 18:20 – 18:40 | Closure<br>Minister of External Relations  |

**Subject:** Fwd:

**Date:** Tue, 21 Dec 1999 09:49:21 +0100

**From:** subramaniamc@who.ch

**To:** <sochara@vsnl.com>

dear thelma - here's the programme - a fomral letter is in the fax in a few minutes - c

Forward Header

Subject:

Author: bettcherd

Date: 21-Dec-1999 09:44

Dr Douglas Bettcher  
Coordinator, Framework Convention on Tobacco Control Team  
Tobacco Free Initiative  
World Health Organization  
Tel: + 41 22 791 4253  
Fax: + 41 22 791 4832  
<http://www.who.int/toh/>

Programme.doc

**Name:** Programme.doc  
**Type:** Winword File (application/msword)  
**Encoding:** base64

*Tobacco files*

*attended the conference*  
*for*

*1311*  
*29/12/99*  
*MK*

*Jw*  
*3/1*

Sunday meeting

Subject: Sunday meeting

Date: Fri, 24 Mar 2000 16:49:40 +0200

From: "ADIC-Ukraine" <adic@info.kiev.ua>

To: <ftcall@globalink.org>

I am planning to attend.  
Konstantin Krasovsky

FCR file  
To

1 of 1

3/24/00 10:25 PM

1631  
25/3/2000

stunelap 25/3

To  
TN

Subject: For: Dr Christopher Nathan, CHAI-Secunderabad

Date: Wed, 19 Apr 2000 10:18:49 +0530

From: Community Health Cell <sochara@vsnl.com>

To: "CHAI, Hyderabad" <chai@hdl.vsnl.net.in>

CC: Ravi D'Souza <ravijohn@email.com>

Dear Christopher,

I met Dr Nergis Mistry and her team yesterday in Bombay.. The training on TB Diagnostics for Health Centre has been agreed to. It will be in August 2000 in Bombay at the

Foundation for Research in Community Health (FRCH)

3-4 Trimiti Apts.,  
85 Anand Park, Aund  
Pune 411 007

Tel: 020-5887020

Fax: 020-5881308

Email: frchpune@giaspn01.vsnl.net.in

It will be a 10 day programme with the prime focus on skill development in daily sputum microscopy, from proper collection of sample to disposal of infected materials. There will be enough time for practicals. To contextualise the training, there will be introductory sessions on TB and the NTP and RNTCP. They will also very briefly be told about culture and sensitivity testing, when it is required and where it can be done. Dr Mistry is willing to take 10 persons from CHAI member institutions. There may be a few additional participants from the Narmada Bachao Andolan. The training will be in English, but Hindi can also be used for explanations. CHAI will make arrangements for accommodation. Christopher will you please make initial contact with Dr Mistry. Her email address is given above.

I guess you will get people from Bihar, M.P, Orissa and Varanasi diocese. It may be better to select people who are committed to work on TB for at least 3 years. Could you ensure this from the participants and superiors.

Warm regards,  
Thelma

cc: Dr Ravi D'Souza

*70 copies full*

*JN.  
28/4*

*370 TN*

*M  
19/4*



Subject: Re: Cyclone R&R work.

Date: Tue, 11 Apr 2000 11:43:53 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Ravi D'Souza <ravijohn@email.com>

Dear Ravi,

Thanks for your message. Dr Christopher of CHAI was here this morning. At a meeting CHAI-HQ they have agreed to provide some financial support, under the head of Capac Building, for travel and accommodation costs for CHAI members attending the TB diagn training in Bombay. They would choose State Units/ Diocese who have already TB care priority i.e. M.P, Bihar, Orissa, Varanasi, and perhaps Maharashtra, as the training Bombay.

Caritas Internationalis has asked me to join their AIDS Task Force, following a mee TB and HIV/AIDS that I had attended last year. I am leaving tomorrow for a meeting and will be back on the 17th. Will keep Ramani and you informed of what is happeni The 180 sentinel sites of ICMR are reporting a fairly rapid increase in HIV positive even among antenatal mothers. It may be worth stressing about HIV even in Orissa be in situations of distress and poverty there is always a rise. Also health systems t function poorly will not pick it up. Do you know Hospitals where HIV testing is don different parts of Orissa. The NACO web site gives the official ones.

Best wishes,  
Thelma

13/4 ✓ email - to Dr Christopher Nathan - at CHAI, Secunderabad with a copy to Dr Ravi + her team

Dear ~~Thelma~~ Christopher,

I met Dr Nergis Histry yesterday. The training on TB diagnosis for Health Centres has been agreed to. It will be in August 2000 in Bombay at the Foundation for Medical Research (FRCH) (give address) It will be a 10 day programme with the prime focus on skill development in doing sputum microscopy, from proper collection of sample to disposal of sputum material. There will be enough time for practicals. So concentrate the training there will be introductory sessions on TB + the NTP + RNTCP. They will also very briefly be told about culture + sensitivity testing, when it is required + where it can be done. Dr Histry is willing to take 10 persons from CHAI member institutions. There ~~may~~ may be a few additional participants from Normada Becharo Archdon. The training will be in English, but Hindi can also be used for explanation. CHAI will make arrangements for accommodation. Christopher, will you please make initial contact with her. Her email address is I guess you will get people from Bihar, MP, Orissa + Varanasi diocese. It may be better to select people who are committed to work on TB for at least 3 years. Could you ensure this for participants + supervisors. Warm regards

752  
11/4

1 of 1

4/11/00 12:28 PM

Thanks

Subject: Thanks

Date: Fri, 07 Apr 2000 10:51:43 -0400

From: Lynette Menezes <lmenezes@hsc.usf.edu>

To: "Dr. Thelma Narayan" <sochara@vsni.com>

Hi Dr. Thelma

I can't thank you enough for allowing Lovie to copy your dissertation conclusions. From what I have read it sounds great. You really did a thorough critical analysis. It must have been a lot of work. Thanks once again for all your help. Rita has been very helpful too.

Regards  
Lynette

1724

TN  
RL  
10/4

TBfile  
in  
10/4.

T.B

Subject: Re: From: Thelma, CHC-Bangalore  
Date: Fri, 07 Apr 2000 13:28:25 +0100  
From: Jessica Ogden <Jessica.Ogden@lshtm.ac.uk>  
To: sochara <sochara@vsnl.com>

Hi Thelma, how wonderful to hear from you. And sorry for the delay in my reply - th  
I hope it's ok if I copy this to John, for his information, as I'm sure he will also  
Things are busy but, hopefully, productive. I am currently working with Gill and Lo  
We are also in the process of developing a new TB Programme proposal. It isn't enti  
I hope things at home are all ok, and that you are finding time in your busy life to  
In the meantime, thanks so much for getting in touch. Take very good care of yourse  
Much love,  
Jess

Dr. Jessica Ogden  
Lecturer, Social Anthropology  
Health Policy Unit  
London School of Hygiene & Tropical Medicine  
Keppel Street  
London WC1E 7HT  
tel. (020) 7612 - 7807  
fax (020) 7637 - 5391  
email jessica.ogden@lshtm.ac.uk

>>> Community Health Cell <sochara@vsnl.com> 04/04/00 10:28:51 >>>  
Dear Jess,

Its a long long time since we were in touch. How are you? Do write and  
give me your news. I have had an extremely hectic time since my return  
to India, particularly in the past year. I was probably trying to catch  
up with all that I thought I had not done, during the PhD period, both  
on the work and home front. I am now trying to reflect and get my  
priorities reorganized and most importantly to catch up with old  
friends.

One of the priorities of our group, the Community Health Cell (CHC) is  
to re-start work on TB. Being an activist at heart, we had initiated a  
meeting of a network of professionals committed to TB work, in December  
last. Hope to strengthen this with support and action. After a 2 year  
break I also plan to initiate a research project as well. Hope to be in  
closer touch with you on this.

I have given your email address to a Ms Lynette Menezes who is doing a  
doctorate at the College of Public Health at the University of South  
Florida. She is doing a paper on TB in India, focussing on  
soico-cultural aspects, and will be doing her main work on domestic  
violence.

Love,  
Thelma

*174 Jess, good to be in touch again. I leave tomorrow  
for a meeting of the Coalition International AIDS  
Task Force, of which I have recently become a  
member. Will contact you after my return on the  
17th for some brainstorming on research ideas.  
Love, Thelma*

1 of 1  
TS/ft  
Su

*Sumet 28/4/2000*

*To TN*

*Set on the  
11/4*

S.B

Subject: From: Thelma, CHC-Bangalore

Date: Tue, 04 Apr 2000 14:58:51 +0530

From: Community Health Cell <sochara@vsnl.com>

To: Jessica Ogden <jessica.ogden@lshtm.ac.uk>

Dear Jess,

Its a long long time since we were in touch. How are you? Do write and give me your news. I have had an extremely hectic time since my return to India, particularly in the past year. I was probably trying to catch up with all that I thought I had not done, during the PhD period, both on the work and home front. I am now trying to reflect and get my priorities reorganized and most importantly to catch up with old friends.

One of the priorities of our group, the Community Health Cell (CHC) is to re-start work on TB. Being an activist at heart, we had initiated a meeting of a network of professionals committed to TB work, in December last. Hope to strengthen this with support and action. After a 2 year break I also plan to initiate a research project as well. Hope to be in closer touch with you on this.

I have given your email address to a Ms Lynette Menezes who is doing a doctorate at the College of Public Health at the University of South Florida. She is doing a paper on TB in India, focussing on soico-cultural aspects, and will be doing her main work on domestic violence.

Love,  
Thelma

747 TN

ML  
4/4

TB/ku  
4/4



Subject: Tobacco film

Date: Tue, 29 Feb 2000 07:04:43 EST

From: SallyBeare@aol.com

To: sochara@vsnl.com

Dear Dr Narayan

Thanks for talking to me on the telephone about your work. I have tried calling you and can't get through so am emailing. If you could reply as soon as possible (today or Wednesday) I would be infinitely grateful as I have a very tight deadline.

Could you tell me more about your study of the bidi industry in Karnataka? I think this would be good to film. What exactly would we see if we did some filming, and if we did, would you be able to help us with our filming? Are there any particularly interesting families we should film, eg a family where the men are also involved with tobacco, eg have cancer/sell cigarettes? If we came in April or May would we be able to film anything?

Also - can you tell me more about the Wills Cigarette factory in Bangalore, and do you have any contact names/numbers for people I could speak to there?

Many thanks for your help.

Yours  
Sally

*She called telephonically on 1/3/2000 + had a long conversation*

*Jw  
2/3*

*Tsb file*

*1472  
1/3/2000*

Subject: tobacco film

Date: Tue, 29 Feb 2000 08:40:31 EST

From: SallyBeare@aol.com

To: sochara@vsnl.com

Dear Dr Narayan

Sorry to trouble you again - but do you have any names/contact numbers for:

Board for Cricket Control

The Tobacco Institute

Indian Society of Tobacco Science (c/o Central Tobacco Research Institute)

All India Pan Masala and Tobacco Manufacturers' Association

Thank you very much.

T.B. file

1473  
1/3/00

M.K. 107

42-2

FCA Exhibit Booth at 11th WCTH/web site information

**Subject:** FCA Exhibit Booth at 11th WCTH/web site information

**Date:** Mon, 31 Jul 2000 18:02:18 -0400

**From:** Judith Glanz <jglanz@TobaccoFreeKids.org>

**To:** "FCTCall@globalink.org" <FCTCall@globalink.org>

We will be setting up a laptop computer and large monitor at our FCA exhibit booth at the 11th WCTH. By setting up the display, we will be able to feature our new FCA website and exhibit-goers can explore the resources on our site.

Many of your organizations have websites. As FCA members, if you would like us to list your website as a resource, please send your web address immediately to Jenny Forsit at: ajforeit@tobaccofreekids.org.

So far, other sites that will also be available for viewing include: ASH/UK, TFI-WHO and TFK. We are happy to add yours to the group. We will need your web site information as soon as possible so that we can preprogram the computer with the menu of sites available for viewing.

Thank you. See you all soon.

Judy G.

Judith Glanz  
Manager of International Programs  
Campaign For Tobacco Free Kids  
1707 L Street, N.W.  
Washington, D.C. USA 20003  
jglanz@tobaccofreekids.org

M.K.  
RLL  
3/8  
FCTC  
File.

1 of 1  
9/9/00  
FCTC  
Lib  
FCTC hearings submissions in Russian

**Subject: FCTC hearings submissions in Russian**

**Date:** Fri, 8 Sep 2000 20:27:28 +0300

**From:** "ADIC-Ukraine" <adic@info.kiev.ua>

**To:** <fctcall@globalink.org>

**CC:** <tobaccokills@globalink.org>

Dear friends,

10 FCTC hearings submissions in Russian from organizations from Ukraine, Russia and Kazakhstan are published on <http://www.adic.org.ua/nosmoking/top/news.htm>

I hope we have more submissions in Russian as we publish only copies of submissions of our network members.

Konstantin Krasovsky

To: IN  
881  
9/9/2k  
MKG

TSB... FCTC...  
JAW  
11/7

Subject: Re:Hello!

Date: Thu, 24 Feb 2000 11:26:21 +0100

From: subramaniamc@who.ch

To: <sochara@vsnl.com>

thanks thelma, for this heads-up - hope all's well with you and family. i have asked zeba to send me a terms of ref. doc (she has several examples) so that i can arrange to send the money.

great news about the karnataka thing . i have not forgotten our chat about doing something when i am there next - would be good to meet all these people. many thanks for carrying this is the state -

as for sally, i refered her to you because she was going to work in andhra etc. she sounds genuine and i hope she will do a decent story - warm regards chitra

Reply Separator

Subject: Hello!

Author: Community Health Cell <sochara@vsnl.com>

Date: 24-Feb-2000 14:37

Dear Chitra,

Hi! Trust you'll had a good trip back home. The Delhi conference was useful. Zeba is currently doing her placement with us. She has managed to get various legal acts pertaining to tobacco and has also just returned from a trip to Mangalore to look at a couple of dissertations on bidi workers done by a school of social work. She could also visit the homes of a few bidi rollers. I have also been in touch with Dr. Sharad Vaidya who has sent us the Goa Act.

Our State Govt. has set up a Karnataka Task Force on Health - I am a member of this. We have had extensive rounds of consultations with different officials from the health and other departments. This has kept me and CHC quite busy. However, during a meeting in January with the Health Minister, who is a physician, and the Health Secretary, I raised the issue of Tobacco Control. This was very coincidentally followed some days later by a street march on Tobacco by a large group of school children organised and led by a well known cardio-thoracic surgeon from Manipal Hospital. They presented a memorandum to the Health Minister. He made a public statement in support of tobacco control and even said that there were many vested interests against it.

The 14 Task Force members are all very supportive of Tobacco Control. We raised the issue when we had meetings with officials from the Agriculture Department.

Incidentally, Sally Beare from London called up yesterday and had a long discussion on Tobacco.

Will continue to keep in touch,

Bye,

Thelma.

*Tobacco control file*

*Th  
26/2*

*1453  
25/2/2000*

*To  
TN*

*Sumit  
25/2*



Subject: Re: [NATT] Philip Morris may offer your organization a donation  
Date: Tue, 25 Apr 2000 13:49:28 +1200  
From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>  
To: <suren.infact@juno.com>

New Zealand News from The Press - Tuesday, April 25, 2000

from

National News Stories  
TUESDAY, APR 25, 2000:

Tobacco kit warning

by Nick Venter  
in Wellington

Education Minister Trevor Mallard has advised schools against using a resource kit financed by tobacco company Philip Morris.

The I've Got the Power kit promotes healthy decision-making by pupils and is targeted at intermediate schools.

But, in a notice published in yesterday's Education Gazette, Mr Mallard strongly urged schools not to compromise themselves by accepting materials from a prominent member of the tobacco industry.

The minister said he was not aware of any criticism of the kit's contents, but the notion of a tobacco company promoting healthy decision-making was bizarre.

"To me it's like a group of purveyors of death trying to cleanse their hands."

He said boards of trustees, principals and teachers needed to consider the ethical issues involved in accepting material sponsored by companies whose products had been internationally proved to cause death and disease.

"I accept that the ultimate decision is that of each board.

"But I would be failing in my duty in not drawing to the attention of each board my views as minister on this matter," Mr Mallard wrote.

Melbourne education consultant Kevin Donnelly, the designer of the programme, has said that Philip Morris did not have any control over the content of the kits.

-----Original Message-----  
From: Suren Moodliar <suren.infact@juno.com>

1805 TN  
LB  
25/4

Tob. file.

Subject: GENEVA Meeting

Date: Fri, 24 Mar 2000 18:03:38 +0200

From: "Council Against Smoking" <ysalooje@iafrica.com>

To: <ftcall@globalink.org>

Thanks Emma. I intend to attend... Yussuf Saloojee (South Africa)

Tobacco file - FCIC

1624  
25/3/2000

Yussuf Saloojee  
25/3

16/7N  
1/20

Subject: The 26 March meeting!

Date: Fri, 24 Mar 2000 16:21:57 +0100

From: Margaretha Haglund <Margaretha.Haglund@fhi.se>

To: fctcall@globalink.org

Dear all!

I am very sorry as I just can't attend the meeting on Sunday. As some of you know I am having two hats and at the main meeting it will have my civil servant hat. So please don't be confused. But my INWAT hat is on as usual but perhaps more invisible!

Good Luck with the meeting!  
Margaretha Haglund INWAT and Sweden

```

*****
* fhi.se är vår nya domänadress *
* fhinst.se kommer att tas ur bruk *
* *
* fhi.se is our new domain address *
* fhinst.se will not be used any more *
*****

```

*fctc file*

*1633  
25/3/2000*

*Amey*

*283 20 TW*

Subject: FCA Meeting in Geneva

Date: Fri, 24 Mar 2000 10:09:52 -0500

From: Allen Jones <allen.jones@apha.org>

To: "fctcall@globalink.org" <fctcall@globalink.org>

I am planning to attend.

\*\*\*\*\*

Allen K. Jones, Ph.D.  
 Executive Secretary,  
 World Federation of Public Health Associations (WFPHA) and  
 Director, International Health  
 American Public Health Association  
 800 Eye St., N.W.  
 Washington, D.C. 20001  
 tel 202-777-2486 (IH)  
 tel 202-777-2487 (WFPHA)  
 fax 202-777-2534  
 email <allen.jones@apha.org>  
 Internet (APHA) <http://www.apha.org>  
 Internet (WFPHA) <http://www.apha.org/wfpaha>

*FCTC file*  
*h*

*1632*  
*25/3/00*

*Summary 25/3*      *70*  
*-TW*



Confirmation of receipt

**Subject:** Confirmation of receipt

**Date:** Tue, 25 Apr 2000 03:00:52 -0400

**From:** Karen Bissell <KarenBissell@compuserve.com>

**To:** Community Health Cell <sochara@vsnl.com>

Dear Theima,

Lovely to hear from you. When you sent your email to me, I was up in the Scottish mountains having some exercise and trying to recharge my batteries. Mountains, lakes, just stunning. I came back and had two days to turn around and get to the Europe region conference of the IUATLD ((International Union against Tuberculosis and Lung Disease) held this year in Budapest. The main topics were TB, asthma and smoking. Patsy Harrington from WHO Europe and I gave a symposium on the FCTC; I spoke on the role of NGOs in the FCTC. (and inhaled lots of the smoke from chest physicians from Eastern Europe as they smoked in the break - very high rates of physician smoking).

Have only just got to my outstanding letters now, sorry about that. Good to hear your news. Will try to write a bit more in the next while to you and it would indeed be good to keep in touch regularly.

Kind regards, Karen

Karen Bissell  
Projects and Communication  
INGCAT (International Non Governmental Coalition against Tobacco)  
www.ingcat.org  
and  
Tobacco Prevention Division  
IUATLD (International Union against Tuberculosis and Lung Disease)  
www.iuatld.org

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N  
Tobacco file  
du  
25/4

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ML  
25/4

NOTES FROM ALLIANCE MEETINGS

**Subject: Re: NOTES FROM ALLIANCE MEETINGS**

Date: Thu, 27 Apr 2000 16:17:11 GMT+1

From: "Dr. Martina Poetschke-Langer" <M.Poetschke-Langer@DKFZ-Heidelberg.de>

Organization: DKFZ Heidelberg

To: <feicall@globalink.org>, "Emma Must" <emma.must@dial.pipex.com>

CC: "Chitra Subramaniam" <subramaniamc@who.ch>, "Karen Lewis" <klewis@advocacy.org>, <lthui@who.ch>

Dear Emma,

Thank you very much for the usefull notes from Alliance meeting.

For the timetable planning please give me an overview which meetings will be essential to participate in this year.

With best wishes

Martina

\*\*\*\*\*

Dr. Martina Poetschke-Langer

Leiterin der

Stabsstelle Krebspraevention

Deutsches Krebsforschungszentrum

Im Neuenheimer Feld 280

69120 Heidelberg

Tel: 06221/ 42 30 07

Fax: 06221/ 42 30 20

\*\*\*\*\*

TW 1827  
RL  
28/4

Tsb. für FeTC. Alliance  
Jw  
28/4

Subject: U.S. Action Alert

Date: Fri, 16 Jun 2000 14:43:35 -0700

From: "CPA" &lt;cpa@kirkham.ewind.com&gt;

Organization: SF Chinese Progressive Association

To: &lt;ftcall@globalink.org&gt;

Chinese Progressive Association Action Alert 6/2/00**Free Tobacco Trade in China will Cost Millions of Lives!**

The recently negotiated U.S. China trade agreement and the pending vote in Congress to grant China permanent normal trade relations (PNTR) will open the Chinese cigarette and agricultural tobacco markets to U.S. tobacco corporations like Phillip Morris. Given the immense size of the Chinese market, even a small increase in smoking prevalence will mean millions of additional deaths over the next decade. The United States government should not be assisting Big Tobacco to export disease and death to China and other countries!

Please contact Senator Dianne Feinstein (202/224-3841, senator@feinstein.senate.gov), Senator Barbara Boxer (202/224-3553, senator@boxer.senate.gov) and Congresswoman Nancy Pelosi (202/225-4965, sf.nancy@mail.house.gov) or your federal representatives and tell them.

- 1) The United States government should exclude cigarettes and tobacco from all market opening trade agreements with China and other countries.
- 2) If the China trade agreement is approved by Congress, the United States government should waive enforcement of the tobacco related provisions.
- 3) The United States government should support the development of a strong Framework Convention on Tobacco Control which includes a global ban on all forms of tobacco marketing.

For more information and/or to get involved in the Chinese Progressive Association's campaign to Stop Tobacco Globalization, call (415) 391-6986 or email to cpa@mail.ewind.com.

**Stop Tobacco Globalization! No Free Tobacco Trade in China!**

While the Clinton-Gore administration and many Congressional leaders portray themselves as being tough on Big Tobacco, they have been very eager to assist U.S. tobacco corporations to export disease and death to other countries in the name of "free trade." The recently negotiated U.S. China trade agreement and the pending vote in Congress to grant China permanent normal trade relations (PNTR) will open the Chinese cigarette and agricultural tobacco markets to U.S. tobacco corporations like Phillip Morris. Given the immense size of the Chinese market, even a small increase in smoking prevalence will mean millions of additional deaths over the next decade.

Opening China's vast existing and potential market will create a huge economic incentive for domestic and foreign companies to compete aggressively for new smokers which in China means targeting traditionally nonsmoking women and children. Smoking rates in Japan, South Korea, Thailand and Taiwan rose sharply following the massive inflow of American cigarettes after the U.S. government forced these countries to open their markets to U.S. tobacco imports in the 1980's. In the case of South Korea, after the entry of U.S. corporations, smoking rates among teenage boys went up from 18% to 28% in a single year, and the rate among girls more than quintupled.

As the U.S. tobacco control movement has reduced smoking rates and exposed the tobacco industry as corporate drug pushers here at home, Philip Morris and Big Tobacco have shifted their focus to

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19/6  
6/19/00 3:35 PM

overseas markets in search of new "customers" and profits. Globally, 3.5 million to 4 million people die every year from smoking related diseases. By 2030, this figure will increase to 10 million smoking related deaths per year, with more than 70% of the deaths occurring in the developing world.

China's huge market has made it the prime target of transnational tobacco corporations. Already, China's cigarette consumption is the highest in the world, and there are more smokers in China than there are people in the U.S. Historically, China's cigarette market has been highly protected, with foreign tobacco corporations facing high tariffs and other restrictions. Breaking into the Chinese market is a top priority for Philip Morris and Big Tobacco, and high tariffs on imported cigarettes are a major obstacle to the U.S. companies gaining a substantial presence in China.

Chinese Progressive Association  
660 Sacramento Street, Suite 202  
San Francisco, CA 94111  
Tel: 415-391-6986  
Fax: 415-391-6987  
email: [cpa@mail.ewind.com](mailto:cpa@mail.ewind.com)



TN

10/10/2000

HS spent some time at  
CHC collecting materials related  
to tobacco for the Geneva Trip  
Enclosed copies of email  
he received. He seems to  
be representing SOCHARA and  
VKKKVKTFH.

He has been given 10 copies  
of the Submission (requested by him)  
Some papers from the Bidi File  
and two reports (one by Ruffin he  
mukhi-Phonwi) and an on India  
Profile of Tobacco companies. (MS  
has been informed. He expects  
to request a short note (? Press  
Release on the Bidi issue by email  
on 17th up will email you as

To: sochara@vsnl.com  
From: VGKK <vgkk@vsnl.com>  
Subject: Geneva 11-18 October 2000  
Date sent: Tue, 10 Oct 2000 07:42:59 +0530 (IST)

>From: fitzpatricke@who.ch  
>Date: Mon, 2 Oct 2000 17:11:55 +0200  
>To: vgkk@vsnl.com  
>Cc: prakashr@ccm.who.ch  
>Subject: Geneva 11-18 October 2000

>Content-Type: text/plain; charset="US-ASCII"  
>Content-Transfer-Encoding: 7bit  
>Content-Description: cc:Mail note part

>  
>  
>Dear Dr Sudarshan,

>  
>Please find attached the letter of invitation for you to travel to  
>Geneva from the 11- 18 October as I have also copied the fax that I  
>will be sending to the Swiss embassy in Bombay with a copy of your  
>invitation letter.

>  
>For information concerning the Public Hearing on the Framework  
>Convention on Tobacco Control, please consult our webpage at:  
><http://www.who.int/genevahearings/>

>  
>If you have any further questions, please do not hesitate in  
>contacting me.

>  
>  
>  
>  
>Emma Fitzpatrick  
>Tobacco Free Initiative  
>World Health Organization  
>20 Avenue Appia  
>1211 Geneva 27  
>Switzerland  
>Tel: +41-22 791 2151  
>Fax: +41-22 791 4832  
>Email: fitzpatricke@who.int  
>Content-Type: application/msword;  
>name="Tempadv.doc"

>Content-Description: MS Word document  
>Content-Disposition: attachment; filename="Tempadv.doc"  
>  
>Attachment Converted: C:\EUDORA\ATTACH\Tempadv.doc  
>Content-Type: application/msword; name="india1.doc"

>Content-Description: MS Word document  
>Content-Disposition: attachment; filename="india1.doc"

>  
>Attachment Converted: C:\EUDORA\ATTACH\india1.doc  
>Content-Type: application/msword; name="Visaindiasuda.doc"

*File*  
*india*  
*10/10*

>Content-Description: MS Word document  
>Content-Disposition: attachment; filename="Visaindiasuda.doc"  
>  
>Attachment Converted: C:\EUDORA\ATTACH\Visaindi.doc  
>

To: **sochara@vsnl.com**  
From: **VGKK <vgkk@vsnl.com>**  
Subject: **Ref[2]: Geneva 11-18 October 2000**  
Date sent: **Tue, 10 Oct 2000 07:43:00 +0530 (IST)**

>From: fitzpatricke@who.ch  
>Date: Tue, 3 Oct 2000 13:16:54 +0200  
>Subject: Ref[2]: Geneva 11-18 October 2000  
>To: VGKK <vgkk@vsnl.com>, khsdp@vsnl.com  
>Content-Description: cc:Mail note part

>  
>

>Dear Sudarshan,  
>The most important is the 2 meeting that you mentioned - on the 11 and  
>the 14. If you prefer, please feel free to make you travel  
>arrangements to depart  
>Geneva  
>on the 15.

>Please let me know if you would like me to fax a visa request to the  
>Swiss Embassy in Delhi (please provide the fax numbers as well)

>thanks you,

>  
>Emma

>

\_\_\_\_\_  
Reply Separator

>Subject: Re: Geneva 11-18 October 2000  
>Author: VGKK <vgkk@vsnl.com>  
>Date: 10/3/00 5:47 AM

>

>Dear Ms. Emma Fitzpatrick,

>

>Thank you for sending the Letter of invitation, letter addressed to  
>to Swiss Embassy and the information on travel.

>

>Please let me know whether attending the "Intergovernmental  
>Negotiating Body" meeting on 16th & 17th is also very important. If  
>not I would prefer to return on 15th after attending the 11th & 14th  
>meetings.

>

>I will send you the details of my travel as soon as my ticket is  
>ready.

>

>With regards

>

>Sudarshan

>

>Note: Please send the reply to both my e-mail  
>addresses: <khsdp@vsnl.com> (office) and <vgkk@vsnl.com> (Residence)

>

>


*Jr*



To: sochara@vsnl.com  
From: VGKK <vgkk@vsnl.com>  
Subject: Meetings in Geneva  
Date sent: Tue, 10 Oct 2000 07:43:01 +0530 (IST)

>Return-Path: <Frances.Abouzeid@mdlf.org>  
>Delivered-To: vgkk@blr.vsnl.net.in  
>From: Frances Abouzeid@mdlf.org  
>To: khshdp@vsnl.com, vgkk@vsnl.com  
>Subject: Meetings in Geneva  
>Date: Thu, 5 Oct 2000 14:03:51 +0200  
>X-MIMETrack: Serialize by Router on netfinity-3/Mdlf(Release 5.0.2c  
(Intl)2 February  
> 2000) at 10/05/2000 02:03:55 PM  
>

><P>&nbsp;<BR><BR><FONT SIZE=2><B>Frances Abouzeid</B></FONT><BR><FONT  
SIZE=2>10/03/2000 11:06 AM</FONT><BR><FONT SIZE=2>To:</FONT>  
<FONT SIZE=2>khshdp@vsnl.com, vgkk@vsnl.com</FONT><BR><FONT  
SIZE=2>cc:</FONT><BR><FONT SIZE=2>bcc:</FONT><BR><FONT  
SIZE=2>Subject:</FONT><FONT SIZE=2>Meetings in Geneva</FONT><BR>  
<BR><BR></P><P>Dear Dr. Sudarshan,<BR><BR>I am following up on your  
discussions with Chitra Subramaniam regarding your participation at  
the public hearings in Geneva next week. As you know, the Don't Be  
Duped media advocacy campaign of TFI is currently operating in 15  
countries around the world and we will have a leadership workshop for  
them on Saturday 14 October in Geneva.<BR><BR>Chitra said she would  
like you to speak on the bidi issue so we would like to offer you a  
slot to hold a press conference on this issue. Press conferences will  
take place in the Congress Center parallel to the public hearings. Are  
you planning to attend both days of the hearings? If so, I can get  
back to you with a proposed time for the press conference and if you  
can send me a proposed title for it, that would be helpful. Also, will  
someone else join you for the press conference or will you speak  
alone? We can only offer 20 minutes including Q&A from the press  
so do keep that in mind.<BR><BR>During the Saturday workshop with  
change agents, we have set aside 12-13:00 for the topic "Other  
Tobacco Products: Bidis, Water Pipes, Chewing Tobacco" and would  
like you to speak there as part of a three person panel. Our change  
agent from Lebanon will speak as well as Greg Connolly from the  
Massachusetts department of Health. This session should inspire change  
agents to think about how to deal with other issues beyond the  
cigarette and look to your campaigns and advocacy on bidis for new  
ideas.<BR><BR>We expect approximately 25 people in the session which  
includes our change agents from Brazil, Venezuela, Zimbabwe, South  
Africa, Lebanon, Iran, Pakistan, Mali, Ukraine, Philippines, Thailand,  
Germany, among others. We will give you a detailed list of  
participants upon arrival.<BR><BR>Do let me know if you have any  
specific ideas on this session and its structure. Also, please let me  
know where we can find you in Geneva so that we can provide you with  
the final schedule of events.<BR><BR>Thanks and best  
regards,<BR><BR>Frances Abouzeid<BR><BR></P>>>



To: sochara@vsnl.com  
From: VGKK <vgkk@vsnl.com>  
Subject: Change agents agenda for hearings  
Date sent: Tue, 10 Oct 2000 07:43:02 +0530 (IST)

>Return-Path: <prakashr@who.ch>  
>Delivered-To: vgkk@blr.vsnl.net.in  
>Date: Fri, 6 Oct 2000 19:03:55 +0200  
>From: prakashr@who.ch  
>To: yrbassim@cyberia.net.lb, sanchitasharma@express2.indexp.co.in,  
> pmd\_Midlands@healthnet.zw, natasha@ven.ops-oms.org,  
> M.Poetschke-Langer@DKFZ-Heidelberg.de, lena@del3.vsnl.net.in,  
> emma.must@dial.pipex.com, del\_rosario@pacific.net.ph,  
> costaesilva@inca.org, bsarwar@shoa.net, ashthai@asiaaccess.net.lb,  
> adic@info.kiev.ua, aboutalebi@irib.com, suomelas@who.org.ph,  
> selinhea@paho.org, salahia@who.sci.eg, PREETT@whosea.org,  
> PANDEYH@whosea.org, pan@who.dk, oseim@whosea.org, fap@who.dk,  
> babus@whosea.org, alawaf@who.sci.eg, Cmakombe@healthnet.zw,  
> conprev@inca.org.br, sambae@whoafr.org, gregconn@ix.netcom.com,  
> mariab@meropa.co.za, mcisse@afribone.net.ml, netcp@apollo.net.pk,  
> petermann@meropa.co.za, tamplins@who.org.ph, vgkk@vsnl.com,  
> ambikasrivastav@hotmail.com Subject: Change agents agenda for

>hearings

>  
>Content-Type: text/plain; charset="US-ASCII"  
>Content-Transfer-Encoding: 7bit  
>Content-Description: cc:Mail note part

>  
>Dear All,

>  
>Attached is the final draft of our change agent agenda for next week.  
> We say draft because as always, things will change on the spot. But  
>this gives you an idea of where you need to be and what the main  
>issues for our discussion will be. Primarily, we want to focus Don't  
>Be Duped 2001 on two things : building a global communications  
>strategy for monitoring tobacco industry tactics and the role of  
>World No Tobacco Day 2001 in that.

>  
>We had asked you to come prepared with ideas and to send that to us  
>by today. Alas, the response rate is very very low. Please do come  
>prepared with those issues you feel need to be addressed regarding  
>our work together as well as ideas for moving forward.

>  
>When you arrive, you will find the TFI team located at the Geneva  
>International Conference Centre, Rue de Varembe 15. We hope to have a  
>room designated for change agents to work out of during the week but  
>if all else fails, you can  
find

>us in the press center in the CICG basement. The attached gives you  
>the  
location  
>of all events and if you need to reach TFI urgently, you can call  
>these mobile numbers at 079 244 6071 and 079 244 6072.

>  
>Looking forward to seeing you soon.

>  
>Chitra and Franklin

*Handwritten initials*

>  
>  
>

>Reshma Prakash  
>Information Officer  
>Tobacco Free Initiative (TFI) . .  
>World Health Organization  
>20, Avenue Appia  
>CH-1211 Geneva 27  
>Switzerland  
>Tel: +41 22 791 3443  
>Fax: +41 22 791 4832  
>Email: prakashr@who.intContent-Type: application/msword; name="Change  
>Agent  
Workshop Agenda 6 Oct.doc"

>Content-Description: MS Word document  
>Content-Disposition: attachment; filename="Change Agent Workshop  
>Agenda 6  
Oct.doc"

>

>Attachment Converted: C:\EUDORA\ATTACH\ChangeAg.doc

>

To: sochara@vsnl.com  
From: VGKK <vgkk@vsnl.com>  
Subject: Re: Tobacco Public Hearings, Geneva, 12-13 October 2000  
Date sent: Tue, 10 Oct 2000 07:43:03 +0530 (IST)

>Return-Path: <fctchearings@who.ch>  
>Delivered-To: vgkk@blr.vsnl.net.in  
>Date: Sun, 8 Oct 2000 17:10:22 +0200  
>From: fctchearings@who.ch  
>Subject: Re: Tobacco Public Hearings, Geneva, 12-13 October 2000 To:  
>vgkk@vsnl.com Content-Description: cc:Mail note part

>  
>  
>Re: Tobacco Public Hearings, Geneva, 12-13 October 2000

>Dear Dr Sudarshan,

>  
>This is to inform that you are listed to speak on the public  
>hearings on behalf  
>of the Society for Community Health Awareness, Research and Action on  
>Friday 13 October between 12hr00 and 15hr30. We recommend that  
>you be present at the Geneva International Conference Centre (CICG)  
>during the time slot assigned.

>  
>Please note that this timing may be subject to change without prior  
notification  
>due to unforeseen circumstances.

>  
>Please confirm that you will be present and the name of the person  
>speaking on behalf of your organization.

>  
>Information on how to get to the CICG centre can be found at our  
>website at <http://www.who.int/genevhearings/logistics.html>

>We thank you for your understanding .

>  
>  
>Tobacco Free Initiative  
>  
>

JL

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TN

PL

WORLD HEALTH ORGANIZATION  
CH-1211 GENEVA 27 - SWITZERLAND



Tel.: (+41 22) 791 21 11  
FACSIMILE: (+41 22) 791 31 11  
<http://www.who.int>

Direct Facsimile:

FACSIMILE Message No.

Page of pages

From: Chitra Subramaniam

To: Thelma Narayan

Your ref:

Originator:

Fax No.:

Date: 07 September 2000

Our ref:

Subject:

CONFIDENTIAL

Dear thelma

Just sent you a fax about these -- will call you later -- I just need your early comments on some of the issues raised -- will ring you later today -- tks and regards chitra

Chitra

LW

133  
8/9/2000 HRM



ALL INDIA MANUFACTURERS' ORGANIZATION (KSB)

S 801 - Manipal Centre, Dickenson Road, Bangalore - 560 042 INDIA

Phone: 5584135 Fax: 080 - 5597969

**"EXPORT AND FLOURISH"****T. Ramesh Pai**

Chairman - AIMO (KSB)

Tobacco Free Initiative,  
World Health Organisation,  
21 Avenue Appia,  
1211 Geneva 27,  
Switzerland

24<sup>th</sup> August, 2000**\$14-370-9**218157  
30.08.00**TFI**

Dear Sirs,

Written Submission on FCTC for the Public Hearings  
on 12<sup>th</sup> and 13<sup>th</sup> October, 2000

We had intimated you our intention to make a written submission and to attend the public hearings to be held in Geneva on 12<sup>th</sup> and 13<sup>th</sup> of October, 2000 through e-mail dated 23<sup>rd</sup> August, 2000, a copy of which is enclosed for your ready reference.

Our organisation (AIMO) is an apex body of manufacturers in India. It has several beedi making establishments as its members.

Beedi smoking is the most prevalent form of tobacco smoke in India. 6 million people are employed in beedi rolling alone. Another 6 million workers are employed as tobacco growers, processors and traders. Beedis are mostly made by 'home workers' in the unorganized sector and sold unbranded.

AIMO is therefore deeply concerned about the FCTC proposals of WHO and our written submissions in four pages, are enclosed.

Kindly give us an opportunity to present our views, concerns and suggestions in the public hearings to be held on 12<sup>th</sup> and 13<sup>th</sup> of October, 2000 in Geneva.

Thanking you,

Yours sincerely,

**G. RAMANAND**National Secretary - AIMO

Submission by 'All India Manufacturers' Organisation (KSB), S-501,  
Manipal Centre, Dickenson Road, Bangalore-560 042, India

**I**  
The  
Organisation

AIMO is an apex organisation of manufacturers' established in 1941 and founded by Bharat Rathna Dr. Sir M. Visvesvaraya, father of modern industrial planning. The organisation has completed 59 years of useful existence and dedicated service to the cause of 'prosperity through industrialisation'. The organisation has about 1000 members all over India, having 12 State/Regional Boards.

**Activities**

AIMO is recognised by the Government of India and represented on over 100 Advisory Committees and Councils set up by the Central and State Governments and is consulted on all economic and policy planning issues. It organises delegation to various international bodies including WTO and I.O. The organisation is respected by the policy makers due to the national perspective that has been adopted by the AIMO since its inception.

**Interest in  
FCTC  
Process**

AIMO has several Beedi manufacturing organisations as its members and would like to contribute and share its experience to the FCTC process with a view to adopt a national and balanced approach in the Indian context.

**Funds**

Generated by member organisations.

**II**  
India and  
the Beedi  
Industry

Tobacco is extremely important and relevant in India as almost 30 million people depend on tobacco for their livelihood. Tobacco harvesting and curing, beedi rolling and tendu leaf trade provide employment and livelihood to the poorest of the poor. Tobacco is grown on about 0.3% of arable land in India, mostly in rainfed areas where returns to farmers from other crops are much lower. India is the third largest producer of tobacco in the world. Tobacco Excise and Cess are estimated to fetch collections of Rs 8000 crores (USD 880 million) in 2000/01. An additional revenue of Rs. 400 crores is collected by State Governments through local taxes. Tobacco export earnings were worth Rs 800 crores in 1998/99. Tendu leaf, used for rolling Beedis and grown on Government owned forest land, is valued at Rs 1500 crores - a major source of irreplaceable income for lakhs of tribals in the two states of Madhya Pradesh and Orissa.

These real benefits cannot be ignored, especially in a poor country like

India where unemployment levels are very high and the Governments, both Central and State, are short of resources. According to one study, cigarettes and Beedis generate a total impact of Rs.56000 crores. Tobacco contributes more than 16% of the Union Excise collections and almost 4% of the value of the country's agri-exports. There is no other crop which generates so much employment, income to farmers, revenue to government and economic multiplier.

### III Pattern of Tobacco consumption in India is unique

Beedi smoking is the most prevalent form of tobacco use among smokers in India whereas cigarettes account for almost 90% of all tobacco use worldwide. In India, Beedis account for 54% and cigarettes, 19% only. The balance 27% is used by chewing tobacco and Gutka. Beedis are mostly made by "home workers" in the unorganised sector and sold unbranded extensively. For such 'home workers', there are very few welfare facilities like proper ventilation, lighting, toilets, pure drinking water, crèche, etc. Large Beedi manufacturers get their Beedis made through an intricate network of sub-contractors who, in turn, depend upon household labour for piece-rate based Beedi rolling. Hence, the Beedi manufacture is treated as a cottage industry.

The Beedi industry provides employment to about 6 million workers directly as growers, processors, traders, manufacturers, wholesalers and retailers. There is an estimated 6 million workers employed in Beedi rolling alone.

### IV WHO's Stand

The increasingly belligerent posture of the WHO is causing great concern to developing countries, including India, whose economy depends on tobacco heavily. It is unfortunate that WHO has declared war against tobacco. Being a major tobacco growing country, producing and consuming various tobacco products and employing over 30 million people, AIIMO is anxious that WHO does not press hard with its Tobacco Free Initiatives.

### V Indian Prime Minister's caution

It was keeping the economic importance of tobacco in the Indian context that the Hon'ble Prime Minister of India, in his inaugural address at the WHO conference on Global Tobacco Control in New Delhi on the 7<sup>th</sup> January, 2000 called for a comprehensive and integrated strategy for tobacco control. He stated that it would be unrealistic to view tobacco purely as a health problem and ignore the economic and social fall-outs of tobacco control.

### VI Government's Approach

The Union Health Minister reported recently that the countrywide ban on tobacco products will not be applicable to Beedis and Cigarettes but only to 'Gutka', a chewing form of tobacco.

VII  
AIMO's  
concern

Though termed a 'developing country', India's share of 1000 million people living in abject poverty compounded with chronic malnutrition stands at more than 350 million with average monthly income as low as Rs. 500, equivalent to US\$ 13, constituting 35 per cent of the Indian population. About seven million people live below the poverty line. The latest report of the United Nations' Development Programme on human development indicates that 61.5 per cent of the Indian population is falling under the category of multi-dimensional measure of human deprivation known as 'capability poverty'. India has to still seriously address itself to the problems of health, education, social security, agricultural labour and even land reforms. Clean drinking water is a luxury to the rural poor in India. Adult literacy is 54 per cent. Primary Health Centres, not to speak of hospitals, run without doctors or medicines. Roads exist on paper. Infant mortality rate is 71 per 1000 live births. There are 9 million blind persons in India. Indian cities are being labeled as the most polluted cities in the world. The world's largest democracy is expected to become its most populous country soon.

VIII

ECTC's Specific Proposals

Harmonisation  
of Excise Taxes  
with at least 70  
per cent of the  
package price

The WHO expects that this process will lead to a fall in consumption and a rise in the revenue of the exchequer simultaneously. If at all this step results in a fall in consumption, a rise in revenue is unlikely to happen. There are several countries where, consequent to a rise in taxes, the contraband trade has increased. How such contraband trade would be controlled then is a moot question.

Smuggling

There is no doubt that stricter controls should be in force.

Global Ban on  
sponsorship  
and  
advertising

The act of smoking a cigarette or a beedi is an action of exercise of adult choice as a consumer. What right does the State have to intrude into this domain of adult consumer choice? Is not the State thereby arrogating to itself the right of being the moral dictator of the society, consequently ruining the means of livelihood of millions of people whose sustenance depends on tobacco alone? The view expressed by WHO that 'smoking' is a 'communicated disease' (since the desire to smoke is spread allegedly by advertising) or describing tobacco as an 'epidemic' is quite distressing.

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The majority of sales of cigarettes in urban areas and of both cigarettes and beedis in rural areas in India are in stick form and as such, this measure to disclose all ingredients on the package is



enforce meaningless. This step is most appropriate to be followed in developed countries.

## IX

View  
expressed by  
*The  
Economist*

### Blowing Smoke

'The Economist' dated the 22<sup>nd</sup> July, 2000 reported, in its article titled 'Blowing Smoke': "Americans' obsession with punishing tobacco firms is wrong-headed, and an obstacle to rational debate about illegal drugs". It observed "..... Yes, tobacco is addictive and damages your health. Yet, every smoker for the past 34 years has known this, because each packet of cigarettes sold in the United States has carried a warning to that effect. Long before that, most people knew that smoking was not the healthiest of pursuits. Neither is drinking lots of alcohol, driving fast or eating junk food. Many of life's pleasures, unfortunately, are both unhealthy and habit-forming, but people do have a choice about whether to take them up in the first place....."

## X

Western  
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### Conclusion

As the prevalence of tobacco consumption, the consumption pattern, urban and rural divide, food habits, culture and traditions, nutritional status, mix of religions and regional disparities are all very different from the Western world, the Western thinking and approach to this subject cannot be extrapolated to Indian conditions.

Tobacco has become an easy whipping boy. It draws away the focus from the main health issues facing the world.

Protecting World Health is a question of priorities. Recently, WHO has reported India having the maximum number of HIV positive victims in the world. Viral malaria and tuberculosis are on the rise. Should WHO not fight against more life-threatening diseases in a poor country like India?

World Bank's observations regarding alternatives for unemployment are unrealistic and impracticable in the Indian context.

## XI

WHO, industry  
and the  
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evolve a  
consensual  
approach

### Suggestion

Tobacco is a personal choice product for informed adults and, therefore, minors should be discouraged from its use. The issue of annoyance caused to the non-smokers due to the smoke emitted by tobacco smokers needs to be resolved. There must be strict enforcement to counter the contraband, the inevitable, consequence of raising excise taxes. These concerns could be effectively addressed through a self-regulated and consensual approach.



R  
SECRETARY

## ANDHRA FARMERS FORUM

S14-370-9

219072  
29.08.00

TFI

House No. 7/30/39  
Main Road (Near L.I.C.)  
Rajahmundry  
Andhra Pradesh, India

Date 12 August 2000

Tobacco Free Initiative (TFI)  
World Health Organisation  
20 Avenue Appia  
1211 Geneva 27  
Switzerland

Dear Sir,

Andhra Farmers Forum is active in the State of Andhra Pradesh, which is in the Southern part of India. Andhra Pradesh is an important agricultural State in India. Andhra Farmers Forum seeks to solve the problems of all farmers. The Forum represents periodically to the State and Central Governments on problems being faced by the farming sector.

Andhra Farmers Forum is interested in the efforts of World Health Organisation to evolve a "Framework Convention on Tobacco Control". This implies that the World Health Organisation wants all sovereign governments to sign a treaty which will then follow the WHO's views on tobacco. We are opposed to such an effort since we feel that our elected government loses control over the welfare of its citizens and the people. We have a bad experience after signing the World Trade Organisation. We prefer that the Indian Government controls our destiny and not a foreign agency. Hence our interest in the FCTC Process.

Andhra Farmers Forum operates with funding from membership dues. Farmers' organisations in India do not raise funds in the manner of other industry bodies or from any industry.

ANDHRA FARMERS FORUM

- 2 -

Our main intention and objective is to enhance the economic and social welfare of the farming sector in India. We try to project their interests and see that justice is done for them. We highlight problems of tobacco farmers, coconut farmers and in general, the farming community.

#### FCIC and the Indian Tobacco Farmer :

The main objections of farmers, policy makers and economists to the World Health Organisation's plans to restrict or ban tobacco cultivation is that the FCIC is flawed. In a country like India, a significant portion of the work force is involved in tobacco and allied industries. If the WHO was far sighted, then it would have sought to bring about a Voluntary Code of Conduct in matters concerning tobacco. But to say that if the source is cut off, then demand will fall is fallacious.

A similar argument is being touted in the USA on the supply of drugs. The US Government blames the countries of South America for not curbing the growing of coca leaves. The US Government does not blame its citizens who buy the drug. Trying to find upside down solutions will fail. The US Government should have educated its citizens against use of drugs. Instead, it blames the South American countries. Similarly, WHO feels that if tobacco cultivation is banned, then the use of tobacco will fall. This again is erroneous. The returns from sales of illegal tobacco will increase manifold and the tobacco sector will thrive through dealings outside the formal and legitimate economy. We would like to know if the W.H.O. has determined whether tobacco is viewed as a problem created by supply and demand.

The WHO has also not clarified on who will fund the tobacco crop conversion programme whose objective is to curb production of tobacco. Like the IMF, the WHO should raise funds adequately to meet the needs of agricultural countries and sustain such an economic assistance programme for some years. Without funds to back up its policies, the WHO will only hurt the poorer sections. Therefore, a review of the way the World Health Organisation is working on this issue is essential.

ANDHRA FARMERS FORUM

- 3 -

The WHO should also examine the impact on the millions of agricultural labourers who depend on tobacco for a high wage employment. Workers in the tobacco sector get better wages than workers involved in other crops. All these statistics are available with the Indian Government and obviously, the WHO officials can obtain them. It would be an eye-opener for the WHO to know the depth of dependence on tobacco cultivation in some States of India.

Lastly, the World Health Organisation suggests subsidies for tobacco farmers who will leave tobacco cultivation. This is against the policies of the W.T.O. In fact, already Indian farmers are suffering due to the W.T.O and there are second thoughts on this system. So the WHO will have to find a way to avoid violating the W.T.O rules. For example, if the WHO in collaboration with the Indian Government were to finance a cotton subsidy programme or a groundnut subsidy programme for farmers leaving tobacco cultivation, then countries exporting cotton and groundnut oil and other cooking oils would definitely object that their right to free-trade is being violated. Obviously, these problems and issues have not been tackled by the World Health Organisation.

In conclusion, we request a dialogue with the World Health Organisation and the Government of India on this subject. We prefer a proper dialogue, so that we in India carve out a policy and a solution which will be suitable to the Indian farmer, worker and the population.

Historically, regulations and laws have not been known to control habits through force of law. The problems of alcoholism, drugs, etc., have not been sorted out in the developed world. In a country like India, where literacy is yet to catch up with the West, it would be necessary to extend financial incentives to get the farming community to change to other crops. The Government of India is aware of the importance of tobacco to the economy, both in terms of taxes and also employment. It is difficult to change such dependencies within a short time, without alternate sources of income being indicated. Studies by the Indian Council of Agricultural Research (Govt. of India) have shown that certain costs and investments have to be incurred by the Government before farmers would start changing over to non-tobacco crops.

ANDHRA FARMERS FORUM

- 4 -

This only emphasises the need to back any such ideas with adequate funds for the farmers and the Indian economy. The degree of dependence on agriculture and tobacco farming here is unlike almost all other countries in the World.

Dialogue We come

As an organisation which is working for the farmers welfare, it is good that we have a chance to participate in a dialogue. This is welcome and we hope that after receiving this letter, you would have some queries and doubts and requests for further information and statistics, which we will furnish. There should be a harmonious path in consultation with all affected sections, to arrive at a consensus-driven solution within each country.

All along we have been stressing that the way to tackle the tobacco issue is to create a wide degree of agreement between the Government of India, farmers, Bidi workers, the tobacco industry and then try to implement it in good faith. There is room for such a model of progress and we hope that WHO will recommend such a course.

We request you to send a team to India so that we can interact with them. Please give us sufficient notice of such a visit, well in advance, so that we can come to Delhi to meet them.

We await to hear from you.

Thanking you,

Yours sincerely,

*B. Narayana*

(PRESIDENT)



# All India Bidi Cigar & Tobacco Workers Federation

General Secretary

Com. R.K. Ramakar (Advocate)



314-379-6



219070

29.08.00

TFI

224, Choupati Karanje

Ahmednagar- 414 001

Muharashtra

India

Phone:(0241)344692

Ref :

Dated 16 August 2000

Tobacco Free Initiative (TFI)  
World Health Organisation  
20 Avenue Appia  
1211 Geneva 27  
Switzerland

## Re: **Frame Work Convention on Tobacco Control**

Dear Sir,

### Our organisational structure and objectives :

Our organisation is a Trade Union. We have unions in nearly every State in India. Our union has been active on behalf of Bidi, Cigar and Tobacco Workers for nearly 50 years. We have identified all segments of such workers and have actively been involved in trade unionism in this sector of tobacco workers. **Bidis are native to India and are tobacco products which are smoked all over the country.**

Our office-bearers have been nominated by the Government of India to various Committees formed by Government for the welfare of Bidi and Cigar workers. The Government provides housing, hospitals and schools for Bidi workers. There is a full-fledged department in the Central Government which oversees all welfare programmes specifically geared to help the bidi workers. We are supported by membership fees from our active members. We do not get any funding outside the membership dues.



**ALL INDIA MANUFACTURERS' ORGANIZATION (KSB)**

S 501 - Manipal Centre, Dickenson Road, Bangalore - 560 042 INDIA  
Phone : 5594135 Fax : 080 - 5597668

"EXPORT AND FLOURISH"

**T. Ramesh Pai**

Chairman - AIMO (KSB)

Tobacco Free Initiative,  
World Health Organisation,  
21 Avenue Appia,  
1211 Geneva 27,  
Switzerland

24<sup>th</sup> August, 2000

S14-370-9



219157  
30.08.00

TFI

Dear Sirs,

**Written Submission on FCTC for the Public Hearings  
on 12<sup>th</sup> and 13<sup>th</sup> October, 2000**

We had intimated you our intention to make a written submission and to attend the public hearings to be held in Geneva on 12<sup>th</sup> and 13<sup>th</sup> of October, 2000 through e-mail dated 23<sup>rd</sup> August, 2000, a copy of which is enclosed for your ready reference.

Our organisation (AIMO) is an apex body of manufacturers in India. It has several beedi making establishments as its members.

Beedi smoking is the most prevalent form of tobacco smoke in India. 6 million people are employed in beedi rolling alone. Another 6 million workers are employed as tobacco growers, processors and traders. Beedis are mostly made by 'home workers' in the unorganised sector and sold unbranded.

AIMO is therefore deeply concerned about the FCTC proposals of WHO and our written submissions in four pages, are enclosed.

Kindly give us an opportunity to present our views, concerns and suggestions in the public hearings to be held on 12<sup>th</sup> and 13<sup>th</sup> of October, 2000 in Geneva.

Thanking you,

Yours sincerely,

*G. Ramanaiah*

**G. RAMANAND**  
**National Secretary - AIMO**

**Submission by 'All India Manufacturers' Organisation (KSB), S-501,  
Manipal Centre, Dickenson Road, Bangalore-560 042, India**

**I**  
**The**  
**Organisation**

AIMO is an apex organisation of manufacturers' established in 1941 and founded by Bharat Rathna Dr. Sir M. Visvesvaraya, father of modern industrial planning. The organisation has completed 59 years of useful existence and dedicated service to the cause of 'prosperity through industrialisation'. The organisation has about 1000 members all over India, having 12 State/Regional Boards.

**Activities**

AIMO is recognised by the Government of India and represented on over 100 Advisory Committees and Councils set up by the Central and State Governments and is consulted on all economic and policy planning issues. It organises delegation to various international bodies including WTO and ILO. The organisation is respected by the policy makers due to the national perspective that has been adopted by the AIMO since its inception.

**Interest in  
FCTC  
Process**

AIMO has several Beedi manufacturing organisations as its members and would like to contribute and share its experience to the FCTC process with a view to adopt a national and balanced approach in the Indian context.

**Funds**

Generated by member organisations.

**II**  
**India and**  
**the Beedi**  
**Industry**

Tobacco is extremely important and relevant in India as almost 30 million people depend on tobacco for their livelihood. Tobacco harvesting and curing, beedi rolling and tendu leaf trade provide employment and livelihood to the poorest of the poor. Tobacco is grown on about 0.3% of arable land in India, mostly in rainfed areas where returns to farmers from other crops are much lower. India is the third largest producer of tobacco in the world. Tobacco Excise and Cess are estimated to fetch collections of Rs.8000 crores (USD 880 million) in 2000/01. An additional revenue of Rs. 400 crores is collected by State Governments through local taxes. Tobacco export earnings were worth Rs.800 crores in 1998/99. Tendu leaf, used for rolling Beedis and grown on Government owned forest land, is valued at Rs.1500 crores - a major source of irreplaceable income for lakhs of tribals in the two states of Madhya Pradesh and Orissa.

These real benefits cannot be ignored, especially in a poor country like

India where unemployment levels are very high and the Governments, both Central and State, are short of resources. According to one study, cigarettes and Beedis generate a total impact of Rs.56000 crores. Tobacco contributes more than 10% of the Union Excise collections and almost 4% of the value of the country's agri-exports. There is no other crop which generates so much employment, income to farmers, revenue to government and economic multiplier.

### **III** **Pattern** **of Tobacco** **consumption** **in India** **is unique**

Beedi smoking is the most prevalent form of tobacco use among smokers in India whereas cigarettes account for almost 90% of all tobacco use worldwide. In India, **Beedis account for 54%** and cigarettes, 19% only. The balance 27% is used by chewing tobacco and Gutka.. Beedis are mostly made by "home workers" in the **unorganised sector and sold unbranded** extensively. For such 'home workers', there are very few welfare facilities like proper ventilation, lighting, toilets, pure drinking water, crèche, etc. Large Beedi manufacturers get their Beedis made through an intricate network of sub-contractors who, in turn, depend upon household labour for piece-rate based Beedi rolling. Hence, the Beedi manufacture is treated as a cottage industry.

The Beedi industry provides employment to about 6 million workers directly as growers, processors, traders, manufacturers, wholesalers and retailers. There is an estimated 6 million workers employed in Beedi rolling alone

### **IV** **WHO's** **Stand**

The increasingly belligerent posture of the WHO is causing great concern to developing countries, including India, whose economy depends on tobacco heavily. It is unfortunate that WHO has declared war against tobacco. Being a major tobacco growing country, producing and consuming various tobacco products and employing over 30 million people, AIMO is anxious that WHO does not press hard with its Tobacco Free Initiatives.

### **V** **Indian** **Prime** **Minster's** **caution**

It was keeping the economic importance of tobacco in the Indian context that the Hon'ble Prime Minister of India, in his inaugural address at the WHO conference on Global Tobacco Control in New Delhi on the 7<sup>th</sup> January, 2000 called for a comprehensive and integrated strategy for tobacco control. He stated that it would be unrealistic to view tobacco purely as a health problem and ignore the economic and social fall-outs of tobacco control.

### **VI** **Government's** **Approach**

The Union Health Minister reported recently that the countrywide ban on tobacco products will not be applicable to Beedis and Cigarettes but only to 'Gutka', a chewing form of tobacco.

**VII**  
**AIMO's**  
**concern**

Though termed a 'developing country', India's share of 1000 million people living in abject poverty compounded with chronic malnutrition stands at more than 350 million with average monthly income as low as Rs.600, equivalent to US\$ 13, constituting 35 per cent of the Indian population. About seven million people live below the poverty line. The latest report of the United Nations' Development Programme on human development indicates that 61.5 per cent of the Indian population is falling under the category of multi-dimensional measure of human deprivation known as 'capability poverty'. India has to still seriously address itself to the problems of health, education, social security, agricultural labour and even land reforms. Clean drinking water is a luxury to the rural poor in India. Adult literacy is 54 per cent. Primary Health Centres, not to speak of hospitals, run without doctors or medicines. Roads exist on paper. Infant mortality rate is 71 per 1000 live births. There are 9 million blind persons in India. Indian cities are being labeled as the most polluted cities in the world. The world's largest democracy is expected to become its most populous country soon.

**VIII**

**FCTC's Specific Proposals**

**Harmonisation  
of Excise Taxes  
with at least 70  
per cent of the  
package price**

The WHO expects that this process will lead to a fall in consumption and a rise in the revenue of the exchequer simultaneously. If at all this step results in a fall in consumption, a rise in revenue is unlikely to happen. There are several countries where, consequent to a rise in taxes, the contraband trade has increased. How such contraband trade would be controlled then is a moot question.

**Smuggling**

There is no doubt that stricter controls should be in force.

**Global Ban on  
sponsorship  
and  
advertising**

The act of smoking a cigarette or a beedi is an action of exercise of adult choice as a consumer. What right does the State have to intrude into this domain of adult consumer choice? Is not the State thereby arrogating to itself the right of being the moral dictator of the society, consequently ruining the means of livelihood of millions of people whose sustenance depends on tobacco alone? The view expressed by WHO that 'smoking' is a 'communicated disease' (since the desire to smoke is spread allegedly by advertising) or describing tobacco as an 'epidemic' is quite distressing.

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The majority of sales of cigarettes in urban areas and of both cigarettes and beedis in rural areas in India are in stick form and as such, this measure to disclose all ingredients on the package is

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### Blowing Smoke

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### Conclusion

As the prevalence of tobacco consumption, the consumption pattern, urban and rural divide, food habits, culture and traditions, nutritional status, mix of religions and regional disparities are all very different from the Western world, the Western thinking and approach to this subject cannot be extrapolated to Indian conditions.

Tobacco has become an easy whipping boy. It draws away the focus from the main health issues facing the world.

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### Suggestion

Tobacco is a personal choice product for informed adults and, therefore, minors should be discouraged from its use. The issue of annoyance caused to the non-smokers due to the smoke emitted by tobacco smokers needs to be resolved. There must be strict enforcement to counter the contraband, the inevitable, consequence of raising excise taxes. These concerns could be effectively addressed through a self-regulated and consensual approach.



Subject: TIME IS RUNNING OUT TO LOBBY YOUR GOVERNMENT ON THE FCTC!!

Date: Fri, 15 Sep 2000 11:35:16 -0700

From: "Ross Hammond" <margross@igc.org>

To: <fctcall@globalink.org>

TIME IS RUNNING OUT TO LOBBY YOUR GOVERNMENT ON THE FCTC!!

Dear Colleagues:

Over the next few weeks, governments will be firming up the positions that they will be taking to Geneva for the first meeting of the Intergovernmental Negotiating Body of the FCTC. If you are not already doing so, it is crucial that your organization start meeting with your government representatives immediately, both in order to influence their positions and to find out your government's thinking on the many substantive and procedural issues in the FCTC. This note is intended to help you and NGOs in your region arrange and prepare for these meetings.

1) Encourage and assist NGOs in your region to identify which ministries in their country will be primarily responsible for developing government positions on the FCTC (in many countries, the ministry of health will be the lead agency). They should then identify the key staff people in those ministries and ask to meet with them. Your organization should do the same in your country. A list of delegates to the first two working groups can be found at:

<http://www.who.int/wha-1998/Tobacco/PDF/fctc2.pdf> (1st working group)

<http://www.who.int/wha-1998/Tobacco/second/pdf/eaf2dir2.pdf> (2nd working group)

2) Below is a list of suggested questions that Clive Bates (with input from Luk Joossens) has very helpfully put together which should help advocates get a better sense of where their governments are in the process, what issues will be of particular concern to them, etc.

3) I have also included some talking points on the FCTC which Tobacco Free-Kids put together for the public hearings which may also be useful.

4) Following these meetings with government representatives, it would be extremely helpful for groups to post notes and impressions to the Framework Convention Alliance mailing list (fctcall@globalink.org). These reports will be extremely helpful as we prepare lobbying strategies for October. If there are things that you think the Alliance lobbying group should know but don't wish to post to the entire list-serve you can send those items to me as the acting Chair of the lobbying group (margross@igc.org).

5) At the bottom of this note you will find the names and contact information of the regional contact points for the lobbying group. If you'd like to become more active in this group, please let me know.

Thanks, and look forward to hearing from you.

Ross

QUESTIONS TO POSE TO YOUR COUNTRY'S DELEGATION TO THE FCTC

Glossary:

Convention - the Framework Convention, not including protocols

Protocols - commitments made in separate agreements to the Convention

FCTC - the whole process including Convention and Protocols

LOBBYING QUESTIONS

A. Process:

1. Find out who will be on your country's delegation attending the negotiations in Geneva

and who will determine the negotiating brief.

2. Ask to meet informally during the negotiations and gain a commitment to be kept involved during negotiations.
3. If not already obvious, establish who is the main contact in making views known to the delegation (both at home and while they are in Geneva).
4. Find out as much as you can about how decisions will be made in formulating the negotiating brief and at the negotiations [especially important where this is complicated, such as within the EU].
5. Probe for any bilateral discussions with other delegations - and see if the delegation plans to act as part of a grouping (obvious for EU, but may also apply to the G-77 group of developing countries, and other holy or unholy alliances).
6. Find out where they stand on parallel negotiation of the Convention and one or more Protocols, compared to doing the Convention first and protocols later. What do you think of the idea that any state signing the Convention should also have to sign at least one protocol? (this is an European Commission view, by the way)
7. Find out what their views are on expanding NGO participation in the negotiations. Would they support broadening WHA rules for the negotiations?

#### B. Negotiating positions:

Here it may be best to put positions to delegations and gauge their response. It's more assertive that way, you are persuading as well as asking, and it does not allow them to just spout generalities.

1. Assert that Convention will be regarded as hot air if there are no specific commitments made in it - and then test the extent to which they agree that the key challenge facing the negotiators is to ensure that some credible specific commitments are included in the Convention (if not, why not?).
2. If the mood of the negotiations was to bring some specifics into the Convention, what are the sort of things that they could accept or push for? For example credible specifics that could be agreed in the Convention include: [obviously you should make your own list here but here are some suggestions]
  - Insisting on national language health warning labels
  - A ban on misleading 'low-tar' branding and the printing of misleading tar yields on packs and a ban on terms like "light" or "mild".
  - A ban on duty free sales and duty-free imports and exports of tobacco.
  - A unique machine-readable marking indicating the origin, batch, date of manufacture and final country of destination.
  - A ban on tobacco sponsorship - or a ban on sponsorship of televised events - by 2006. The aim of this should be to tackle tobacco sponsorship of Formula One.
  - Banning TV advertising - a measure which would be built on in a full advertising ban in a protocol.
3. An important part of the FCTC will be North-South technical assistance including financing. What sort of commitments does your government think is possible here?
4. What sort of commitments in the Convention would they find it impossible to agree to and where are the constraints? (it is important to know when external factors rather than lack of political will genuinely block a measure, and where the delegation has an entrenched view). Likely candidates for certain countries include:
  - Setting taxation levels
  - Abolishing subsidies
  - Total bans on advertising and promotionWhich of these issues does your government believe should be put in the protocols and which does it think must be in the Convention itself?

Another way to conduct questions 2-4 would be to list the main headings that could form the basis of the FCTC and have an exchange of views under each heading: [your list here but here are some suggestions]

- Objective
- Taxation
- Subsidies
- Youth access
- Packaging and warnings
- Product regulation
- Advertising
- Smuggling
- Cessation
- Passive smoking/clean air
- Liability/compensation
- Technical assistance, education
- North-South funding
- Research, surveillance
- Conflicts with trade agreements
- Agriculture
- Corporate accountability
- Enforcement

In each case you can state what you think ought to happen and whether it should happen in the Convention or Protocols, and assessing whether the delegation has support, no fixed position, in-principle objections or external constraints.

Obviously you need to pick issues from the list that you know.

#### SOME SUGGESTED TALKING POINTS

- The protection and promotion of public health should provide the sole basis for any and all provisions in the FCTC.
- The problems caused by tobacco use are not confined to developed countries. Increasingly, the burden of tobacco-related death and disease is being borne by developing countries.
- The world needs a strong, enforceable convention that holds tobacco companies accountable and supports governments in their effort to protect and promote public health.
- The FCTC should, at a minimum, provide support and encouragement for national policies and multilateral measures that would stem the disastrous global public health epidemic occurring as a result of tobacco use.
- Nothing in the Framework Convention or related protocols should reduce, relax or in any other way diminish existing tobacco control initiatives, regulations, laws, or practices in any signatory country. The Convention should set a floor, rather than a ceiling, for national efforts. The FCTC should provide strong international measures to control problems that cannot be handled on a national or local level, such as smuggling and advertising that cannot be stopped at borders, e.g. internet and satellite television advertising.
- Recognizing the important role of advertising in the spread of tobacco use, the FCTC should provide for stringent restrictions on all direct or indirect advertising.
- The FCTC should provide for international agreements and institutions to provide solutions to issues that are amenable to international cooperation and the transfer of information and technology, such as product regulation and tobacco testing, collection of statistical data, and agricultural diversification.
- The FCTC should make certain that provisions are included to ensure strong national tobacco control measures in areas that are traditionally domestic, such as taxation, prevention and treatment, passive smoking, youth access, health education and some areas of advertising.
- Provisions of the Framework Convention and its related protocols should be made legally binding on the tobacco companies and therefore be implemented by legislation or regulation within member countries.
- Tobacco companies, their subsidiaries, agents or consultants do not have public health concerns as their key priority, putting them directly in conflict with the primary aim of the Framework Convention. Therefore, they

should not serve in any official capacity in the process of negotiating or implementing the Convention.

-- NGOs should be fully integrated into the Framework Convention process. Rules for NGO participation should rely on the precedents set at other recent UN Conferences. WHO should also work with governments and private organizations to seek funds for ensuring strong representation from developing country NGOs.

REGIONAL CONTACTS FOR THE LOBBYING GROUP:

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Ross Hammond  
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civic society.

We recognize the need for a public health approach. We support <sup>the</sup> global strategy to ensure tobacco control, as multinationals with easier access to markets through the process of Globalisation are using questionable marketing methods. South Asian populations are particularly vulnerable and at risk in the current context. We support the proactive efforts of the Tobacco Free Initiative of the WHO to contain the tobacco industry through the FCTC. We also address the local tobacco industry in India, particularly those producing and marketing bidis and chewed tobacco. Recent studies in Mumbai found 74% of adult men and 60% of adult women chewing tobacco, a habit that starts at 11-13 years of age and which accounts for 30% of tobacco use. The hazards to which the unorganized workers are exposed and their working conditions need attention. Thus a public health approach will also need to respond to the dynamics and specificities of tobacco growth, production, sale and use in the country.

## 2. Personal Health and Public Health Consequence of tobacco use

2.1 Over the past 50 years, studies conducted globally, including the outstanding work by Richard and Doll in the UK, have established the link between tobacco use and various forms of cancer, cardiovascular disease, gastrointestinal disease, diseases of the reproductive tract including pregnancy wastage and impotence. Studies in India also bear this out.

The cause effect relationship between tobacco use in smoked or chewed form and several adverse ill health consequences on an individual is thus well established. This needs to be kept in mind during the negotiations.

2.2 The WHO, the public health community and policy <sup>makers</sup> need to also take cognisance of chewed tobacco (gutka, pan masala, zarda etc) accounting for 27-30% of tobacco use in India. Chewed tobacco is also used in the Indian subcontinent, with potential for spread <sup>elsewhere</sup>. Habitual chewing of 4-5 packets per day leads to gingivitis, leukoplakia, erythroplakia and to the disabling oral submucous fibrosis (OSMF). Over 2-3 decades, a ten-fold increase in incidence of OSMF is noticed with a shift in age group from those above 40 years to younger persons between 25-35 years.

2.3 The effects of passive smoking/ETS have been accepted by courts.

2.4 More recently the highly addictive nature of nicotine has entered the public knowledge domain, along with the fact that this critical information was kept secret and also used to manipulate the product by the tobacco industry. The consequence and cost to public health and to individuals resulting from this act by the industry, (which talks of free choice) is enormous.

2.5 The magnitude of tobacco related morbidity and mortality <sup>places</sup> it among the league of major public health problems, resulting in the following: much preventable human suffering to affected persons and their families; premature death; to increased health care costs; to loss of productivity; to shift in household income from nutrition and children's education to spending on tobacco; and to an overall economic loss to national economies, which economically poor countries can ill-afford. A recent report of a 6 year prospective study by the Indian Council of Medical Research substantiates the last point.

2.6 For the larger public good, there is need for urgent public policy interventions to mitigate the above. The protection of public health and public good is the mandated role of governments (national and local); of professional bodies who have access to knowledge; of international bodies such as WHO, particularly when there are global dimensions to health problems and health risks; and of civil society itself, when action by other mandated agencies is ineffective.

2.7 An objective review of tobacco control interventions especially in developing countries reveal that they have been weak and ineffective. Rates of tobacco use have in fact increased, starting at very young ages during

childhood, where again the free choice theory fails to hold. As a medical doctor specialised in epidemiology and health policy analysis, it is evident that interventions focussed on cessation, counselling and group health education / awareness concerning the health ill effects of tobacco, fail to address the determining cause of spread of this behaviour or habit related problem, namely the dynamics and ingenuity of the tobacco industry which actively grows, manufactures, promotes and sells the product in collaboration with governments. These major stakeholders need to be held accountable and responsible for their decisions and actions, from a public health ethics point of view.

Given the present global evidence, these stakeholders need to make informed choices, and based on currently globally accepted human rights instruments to compensate individuals/families for the harm caused .

### 3. We support a series of policy measures for tobacco control that include :

- 3.1 Crop diversification, alternative employment and protection of tobacco workers.
- 3.2 Reduction and elimination of government/public subsidy to tobacco growth, production, manufacture and sale
- 3.3 Banning sponsorship of sports & entertainment by the tobacco industry.
- 3.4 Banning of public advertisement of tobacco products.
- 3.5 Preventing and protecting children and young people from getting addicted.
- 3.6 Widespread education and awareness raising about consequences of tobacco use.
- 3.7 Tobacco cessation efforts – support to smokers/chewers.
- 3.8 Banning smoking in public places.
- 3.9 Support to the WHO in developing and implementing the Framework Convention for Tobacco Control (FCTC)
- 3.10 Labelling and regulating nicotine, tar and carbon monoxide content of cigarettes.
- 3.11 Banning chewed tobacco.
- 3.12 Control of Smuggling.
- 3.13 Increasing taxes and using money thus collected for tobacco prevention education.

### 4. Country specifics

4.1 In India it is reported that 20% of tobacco use comprises cigarettes, 27-30% chewed tobacco (gutka etc) and 50-53% beedies. We need more accurate data on the sale of unbranded beedies and of gutka which are unaccounted for and totally unregulated. There is need for greater product regulation and safeguarding of health and working conditions of workers in these sectors who are most often women, children and the poorest sections of society.

While on the one hand the industry talks of generation of employment and wealth, the latter is largely in the hands of larger farmers and business owners. Field studies reveal that women in the home-based industry work 10-12 hours a day for a relatively small remuneration. Since it is homebased work, children often help out after school hours. Undercutting and exploitation of women, who may often be uneducated is often being done.

Support is required for research and for dialogue with the  
different departments and ministries by

Government, including agriculture, labour, commerce and trade, education and health, <sup>G</sup>greater involvement of  
NGO's, health professional bodies and educational institutions is required. <sub>Ch</sub>

\*\*\*\*\* THE END \*\*\*\*\* <sub>also</sub>

From: **AJ Foreit <JForeit@TobaccoFreeKids.org>**  
To: **""fctcall@globalink.org"" <fctcall@globalink.org>**  
Subject: **draft schedule of events for Geneva**  
Date sent: **Tue, 3 Oct 2000 13:09:56 -0400**

All:

Attached please find a calendar for the weeks 8 October - 21 October  
containing the schedule of events as they now stand.

<<geneva public calendar.doc>>

Tobacco Free

TT



**SCHEDULE OF EVENTS FOR HEARINGS & 1<sup>ST</sup> MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY  
GENEVA, OCTOBER 12-21, 2000**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8	9	10	11	12 HEARINGS	13 HEARINGS	14
			<b>11:00-12:00</b> Debate: PubH vs. Industry; <i>Geneva press club</i>  <b>13:50-14:10</b> Vince rsvd press briefing <i>CNTC</i>  <b>15:00-16:00</b> Wigand  <b>19:00-20:00</b> FCA mtg <i>Hotel Cornavin</i>	<b>10:55-11:15</b> Emma rsvd press briefing <i>CNTC</i>  <b>11:00-11:40</b> US voluntaries press briefing <i>CNTC</i>  <b>19:00-20:00</b> FCA mtg <i>Globalink Cafe</i>	<b>10:00-11:00</b> Growers press briefing <i>CNTC</i>  <b>10:55-11:15</b> Vince rsvd press briefing <i>CNTC</i>  <b>19:00-20:00</b> FCA mtg <i>Globalink Cafe</i>	
15	16 NEGOTIATION	17 NEGOTIATION	18 NEGOTIATION	19 NEGOTIATION	20 NEGOTIATION	21 NEGOTIATION
<b>16:00-19:00</b> FCA mtg ( <i>CICG</i> or <i>Cornavin</i> )	<b>9:30-10:00</b> US/WHO briefing w/FCA <i>CICG</i>  <b>19:00-20:00</b> FCA mtg <i>CICG</i>	<b>9:30-10:00</b> US/WHO briefing w/FCA <i>CICG</i>  <b>10:00-11:00</b> WHO press briefing <i>Palais</i>  <b>11:00-12:00</b> FCA press briefing <i>Palais</i>  <b>19:00-20:00</b> FCA mtg <i>CICG</i>	<b>9:30-10:00</b> US/WHO briefing w/FCA <i>CICG</i>  <b>19:00-20:00</b> FCA mtg <i>CICG</i>	<b>9:30-10:00</b> US/WHO briefing w/FCA <i>CICG</i>  <b>19:00-20:00</b> FCA mtg <i>CICG</i>	<b>9:30-10:00</b> US/WHO briefing w/FCA <i>CICG</i>  <b>10:00-11:00</b> WHO press briefing <i>Palais</i>  <b>11:00-12:00</b> FCA press briefing <i>Palais</i>  <b>19:00-20:00</b> FCA mtg <i>CICG</i>	

Hotel Cornavin  
Gare de Cornavin  
1201 Geneve  
Tel: 41 (022) 715-1212  
Fax: 41 (022) 716-1200

CICG  
Rue de Varembe 15  
1211 Geneve

Palais des Nations  
Avenue de la Paix  
1202 Geneve



Subject: Re: FCTC and trade position --- a further comment

Date: Fri, 6 Oct 2006 23:10:13 -0400

From: "Francis Thompson" <fthompson@nsra-adnf.ca>

To: "Clive Bates" <clive.bates@dial.pipex.com>, "Mele J Smith" <mjsmith@igc.org>

CC: <fctcall@globalink.org>

Hello,

If I may be so bold as to react to my own (earlier) proposal, Clive has a point about item 7: if FCTC negotiations get bogged down in discussions about tobacco farming and rural development in Malawi, etc., the industry will have a field day.

The idea of aid to help farmers "transition" out of tobacco has four possible goals:

- 1) To reduce tobacco consumption by reducing tobacco supply.
- 2) To protect a small number of vulnerable tobacco-growing countries from the economic side-effects of a major downturn in world tobacco consumption.
- 3) To provide political cover, i.e. to attempt to shut the tobacco-growers' lobby up.
- 4) To "redress redress some of the economic exploitation that small farmers have experienced at the hands of the tobacco industry", as Mele puts it.

Goal 1) looks tempting, but the World Bank is probably right about its effectiveness. (It hasn't exactly been a roaring success with coca either.)

Goal 2) seems sensible enough (hence my earlier proposal), but we do need to recognize that a major downturn in world tobacco consumption is (sadly) rather unlikely, and that eliminating some of the more anachronistic First World tobacco crops (EU, Canada) would be a more effective way of approaching the issue.

Goal 3) was likely the prime reason for past "transition" programs in Canada, and probably in other countries. It can work reasonably well, but is very expensive. Internationally, the growers' association is run by the tobacco industry, and will be hard to shut up.

Goal 4) is a topic I don't know enough to comment on. Are tobacco companies more exploitative in their relationship to developing world farmer than, say, coffee companies? Is this appropriately dealt with in FCTC?

Perhaps we should delete item 7 in its present form, and ask for a general declaration along the line of: "in the event of a major downturn in world tobacco consumption, parties to the Convention will endeavour to minimize the economic impact on low-income countries where tobacco is a significant cash crop, including through provision of transitional aid, where appropriate." The First World countries are almost certain to refuse an obligatory funding mechanism anyway.

-----  
Let's hope we hear more from Clive and others on the broader issue of WTO and trade liberalization. No use kidding ourselves, the trade issue is crucial but also, incorrectly handled, has the potential to marginalize the NGOs completely at FCTC talks.

Easy for me to say: I won't be able to make it to Geneva, at least this time round.

Francis

--  
Francis Thompson  
fthompson@nsra-adnf.ca  
Policy Analyst  
Non-Smokers' Rights Association  
Ottawa, ON

*FCTC file*  
*By*

Canada

----- Original Message -----

From: "Mele J Smith" <mjsmith@igc.org>

To: "Francis Thompson" <fthompson@nsra-adnf.ca>; "Clive Bates"

<clive.bates@dial.pipex.com>

Cc: <fctcall@globalink.org>

Sent: Friday, October 06, 2000 8:14 PM

Subject: Re: FCTC and trade position

> First a note to say that the following groups/individuals have signed on  
> to the trade brief as is:

>  
> ASH Thailand, Physicians for a Smokefree Canada, Consumers Association of  
> Penang, INFACT, Essential Action, San Francisco Tobacco Free Coalition,  
> Campaign for Tobacco Free Kids, Canadian Non-Smokers' Rights Association,  
> and Bobby del Rosario.

>  
> Thanks to both Clive and Francis for their thoughtful contributions to the  
> discussion.

>  
> Francis did an excellent job of summarizing much of the thinking that went  
> into the development of the trade brief. I agree with Francis that NGOs  
> should be pushing for tobacco to be outside the realm of existing trade  
> rules and agreements because trade liberalization leads to increased  
> consumption. That being the case, NGOs should, on principle, hopefully be  
> able to support the trade brief.

>  
> The point made that to call for the removal of tobacco from trade  
> agreements may lead to the failure of the FCTC is well taken. However, I  
> don't think that is a strong enough reason to not bring up the issue. At  
> this point, I think that NGOs want to push for their vision of a strong  
> FCTC that addresses trade issues and the notion that public health takes  
> precedence over trade issues.

>  
> I hope that helps explain some of the reasoning behind the brief. As for

> point #1, the principle there is to recognize and attempt to redress some  
> of the economic exploitation that small farmers have experienced at the  
> hands of the tobacco industry. Does anyone have any comments on Francis'  
> suggested re-wording:

>  
> "7. That the FCTC and its related protocols include a specific provision  
> that government financial supports for farmers to transition out of  
> tobacco

> not be subject to trade challenges and that the FCTC establishes a  
> financial mechanism whereby high-income countries are obligated to provide  
> financial assistance to low and middle-income countries where tobacco is a  
> significant cash crop to deal with any economic dislocation caused by a  
> decline in tobacco consumption."

>  
>  
> regards,  
>  
> mele smith

FCTC file

Subject: FCTC and trade position

Date: Fri, 6 Oct 2000 18:10:34 +0100

From: "Clive Bates" <clive.bates@diat.pipex.com>

Organization: ASH

To: "Mele J Smith" <mjsmith@igc.org>

CC: <fctcall@globalink.org>

Mele

Thanks for doing this - very thought provoking! But at the risk of becoming even more unpopular, I don't think ASH will be able to slip up to the Key trade elements briefing - at least without understanding it a bit more.

I think there is an almost completely opposite point of view to the one articulated in the position statement. I think this should probably be explained - so at least those endorsing this can see what they are rejecting. As I understand it (which is not that well) the opposite view is:

a. Given the political commitment to trade, any attempt to delist tobacco from trade agreements (see point 8, 9) will almost certainly - and a requirement to do that under the FCTC will ensure the FCTC fails too. The purpose of guideline 4 is to show that the agreement will work within the established trade regime - this is to ensure high participation in the FCTC among governments that would tend to give trade high political priority. The experience in the UK was that non-health departments would simply kill it if it was incompatible with the trade regime. Doug Bettcher of WHO had a very successful visit to the UK mostly because he persuaded sceptical non-health departments that the agreement could exist WITHIN the trade framework - this helped to free up the UK negotiating position.

b. The issue of the FCTC superiority over WTO (etc) should not be a problem among parties to the FCTC, but would be a problem between non-parties and parties to FCTC. This is why the aim should be to make the FCTC as far as possible compatible with trade agreements - to stop NON-PARTIES to the FCTC wrecking it. If too many provisions related to over-ruling trade agreements were included in the FCTC, then a number of governments would be certain not to ratify - and therefore could mount trade-related challenges from outside the agreement.

c. The message on free-trade from 'Curbing the Epidemic' is very different to the conclusion drawn after citation of this report in the position statement - while trade liberalisation stimulates tobacco consumption, the WB does advocate trade barriers to reduce demand rather than the introduction of non-discriminatory demand-reducing measures. The WB used the case study of Thailand to show that demand-side measures could be introduced in a non-discriminatory way to reduce consumption in a way that is compatible with trade agreements (see p.63). The situation in Poland is similar - liberalisation of trade has coincided with an enlightened health policy and consumption has fallen despite the trade barriers coming down. Poland and Thailand are two great success stories in tobacco control but they have succeeded within a regime of trade liberalisation and non-discrimination.

d. The alternative approach therefore:

i. Try to make the FCTC non-discriminatory from a trade point of view.

ii. accept that whatever you do there will be challenges under trade agreements (even if the FCTC does all you suggest, these would come from non-parties to the FCTC).

iii. make use of exemptions in GATT/WTO (Art XX) that ensure that measures needed to protect human health are not prevented by the requirement for free trade. Make use of the provisions with the trade agreements that allow trade constraints - if and when these are needed.

iv. if and when (and only if) trade agreements are blocking an essential tobacco control measure and there is no way round it, then you should be in conflict with WTO - seeking exemptions etc. Until it is proven not to be working and there is a specific case study on which to base the case for measures you are suggesting, then it will be difficult to reach agreement on the proposal. Trying to do the anticipation of concrete problems would make it difficult to convince governments which are generally very committed to free trade.

With the above, I'm not really sure what is the best approach, but I certainly disagree on point 7. If there is North-South money in the FCTC, I don't think it should be spent on any part of the tobacco industry - including the black hole of tobacco farming even for restructuring. This plays straight into the hands of the tobacco industry - establishing impossible-to-meet and impossible-to-limit demands for agricultural restructuring could easily place agriculture at the centre of the FCTC negotiations, whereas in my view it needs to be marginalised. This is the sort of thing the World Bank might assist with - under its sector reform initiatives - but it should be taking resources in a health treaty.

Regards

Clive Bates

*fctc file*

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----- Original Message -----  
From: "Mele J Smith" <[mjsmith@igc.org](mailto:mjsmith@igc.org)>  
To: <[fctcall@globalink.org](mailto:fctcall@globalink.org)>  
Sent: Wednesday, October 04, 2000 6:04 PM  
Subject: Re: Key trade elements briefing

>  
> Below follows a trade brief developed by the FCA Trade Working Group  
> including Cynthia Callard and Neil Collishaw of Physicians for a  
> Smoke-Free  
> Canada,  
> Bung-on Rattluphakdee and Belinda Hughes of ASH Thailand, Rob Weissman of  
> Essential Action, myself and my colleague Susana Hennessey.

>  
> The Center for Tobacco Free Kids has offered to reproduce the brief and  
> make it available for the October negotiations. There are two ways this  
> can  
> happen:

>  
> 1. If there is consensus among all Alliance members, the briefing can be  
> distributed on behalf of the Alliance.

>  
> 2. If there is not consensus among all Alliance members, the briefing can  
> be distributed with only the names of those Alliance members who support  
> it.

>  
> If you would like to sign on to the brief as is or have comments/changes  
> to  
> it, please share with the full list by Friday, October 6th. I will send  
> out a final version on Monday, October 9th for one last review and sign on  
> by members of the Alliance.

>  
> best regards,  
>  
> mele smith

>  
>  
> -----  
>  
> The Framework Convention on Tobacco Control: Key Trade Elements

>  
> Tobacco use is the leading cause of preventable death in the world today.  
> Four million people die from tobacco related diseases every year. By the  
> year 2030, if this trend continues, that number will climb to ten million  
> deaths a year - with 70% of those deaths occurring in developing  
> countries.

>  
> Multinational corporations dominate the tobacco business. Treaties that  
> govern trade, investment and intellectual property protection have a  
> profound effect on the practices of these companies and on the public  
> health of the nations in which they are active. According to the World  
> Bank

> Report, *Curbing the Epidemic: Governments and the Economics of Tobacco*  
> Control, increased trade liberalization contributed significantly to  
> increases in cigarette consumption, particularly in the low and middle  
> income countries. It is clear that tobacco should not be looked at in the  
> same way as other traded consumer goods.

>  
> The Framework Convention on Tobacco Control provides an historic  
> opportunity to stem the tide of the global tobacco epidemic by ensuring  
> that the interests of public health prevail over trade rules. However



- the
- > current wording of Guiding Principle #4 in the proposed draft elements
- for
- > a WHO FCTC does just the opposite. Guiding Principle #4 subjects tobacco
- > to the same trade agreements and rules as any other consumer product. As
- > tobacco is the only consumer product that, when used as intended kills,
- it
- > should not be subject to the same trade agreements and rules and
- > subsequently the language of Guiding Principle # 4 should be removed or
- > re-written to ensure that the interests of public health prevail over the
- > interests of trade."
- >
- > In addition to removing or changing the language of Guiding Principle #4,
- > the following are key elements to include in the FCTC with respect to
- trade
- > issues:
- >
- > 1. That the FCTC and its related protocols include specific provisions
- that
- > establishes the FCTC as taking precedence over trade, investment, and
- > intellectual property rules and agreements.
- >
- > 2. That the FCTC and its related protocols include specific provisions
- that
- > establishes the FCTC as the minimum standard for global tobacco policies
- > and allows countries to adopt stronger and/or additional national
- policies.
- >
- > 3. That the FCTC and its related protocols include provisions that
- parties
- > may enter into bilateral or multilateral agreements, including regional
- or
- > sub-regional agreements, and that these agreements could include more
- > stringent measures than the FCTC and/or protocols.
- >
- > 4. That the FCTC and its related protocols include a specific provision
- > that the FCTC takes precedence over the World Trade Organization
- agreements
- > and rules.
- >
- > 5. That the FCTC and its related protocols include a specific provision
- > that, where tobacco control policies or rules implicating tobacco control
- > policies, are at issue, the WTO request input from the World Health
- > Organization on whether any tobacco control law or policy promotes public
- > health and that in such cases where the law or policy does promote public
- > health, the WTO will not rule against it.
- >
- > 6. That the FCTC and its related protocols include a specific provision
- > that signatory governments agree not to support the tobacco industry in
- > attempts to achieve better access to markets through threats of trade
- > sanctions or other retaliatory trade measures.
- >
- > 7. That the FCTC and its related protocols include a specific provision
- > that government financial supports for farmers to transition out of
- tobacco
- > not be subject to trade challenges and that the FCTC establishes a
- > financial mechanism whereby high-income countries are obligated to
- provide
- > financial assistance to low and middle-income countries for farmers to
- > transition out of tobacco.
- >
- > 8. That the FCTC includes a provision that supports the Global Tobacco
- > Control Action passed unanimously by the 10th WCTOH calling for the
- > exclusion and removal of tobacco and tobacco products from bilateral and
- > multilateral trade and investment agreements and rules.
- >
- > 9. That the FCTC includes a specific provision calling on international
- > trade bodies including the WTO to recognize that, given its deadly
- nature,



- > tobacco should not be subject to normal trade rules and agreements and
- > therefore should be excluded from bilateral and multilateral trade and
- > investment agreements and rules.
- >
- >
- > \* The Physicians for a Smoke-Free Canada brief to the FCTC public
- hearings
- > which deals exclusively with the subject of Guiding Principle 4 and how
- to
- > fix it can be found at:
- >
- > < [http://www-nt.who.int/whosis/statistics/fctc/Submissions/F3800373.pdf](http://www.nt.who.int/whosis/statistics/fctc/Submissions/F3800373.pdf)>
- >
- >
- >
- > San Francisco Tobacco Free Project
- > 1540 Market Street, #250
- > San Francisco, California 94102
- > USA

WHO public hearing on tobacco control

**Subject: WHO public hearing on tobacco control**

**Date:** Mon, 9 Oct 2000 01:29:36 +0530

**From:** "Bejon Misra" <consumeralert@id.eth.net>

**To:** <fctc@globalink.org>

**CC:** <cvoice@vsnl.net>

You will be happy to know that I have finally managed to receive the travel grant from DFID to attend the public hearing in person. It will give me an opportunity to meet you all and share the concerns of developing countries like India. The submission made by VOICE is already in the WHO website.

I am reaching Geneva on October 11, 2000 and will be interested to meet all the NGOs working in the interest of the consumers. Have you all planned any meeting on 11 October to decide on the floor arrangement and the presentation and intervention strategy. I will be delighted to participate and share my views on our common strategy. Please let me know the time and venue.

With good wishes and warm regards

Bejon MISRA  
Advisor, VOICE  
New Delhi, INDIA.

*fctc file*  
*dy*

Subject: tobacco film

Date: Wed, 1 Mar 2000 12:13:51 EST

From: SallyBeare@aol.com

To: sochara@vsnl.com

Dear Dr Narayan

It was good to speak to you on the telephone today. I hope our trip to India will coincide with your being there too and that we can meet.

As we discussed here is the information I need from you:

- tel. no. for President of Karnataka State IMA - *Dr. Ramesh Billimora*
- tel. no for Kidwai Institute of Oncology - *Dr. Pothakota Director*
- tel.no for the ITC factory in Bangalore - *Dr Anwar - Anti Tobacco Cell*
- tel. no for Ganesh Bidis in Mangalore?
- tel. no for Dr Maalka Reddy

also do you have any reports you could send on bidi-rolling communities? if you do and you send them as attachments, could you send them to cath.hall@tve.org.uk as my computer can only cope with text email.

I need to find 4 or 5 possible bidi-rolling families to film by next week - and I would need all the details on them, ie: where they live, the name and occupation of each family member, background information on the family history/story of the family, permission from the family to film them, etc. Preferably they would all live near each other so we don't waste too much time choosing which family amongst them to film - because ultimately we will only want to film one family, ie, the best of 4 or 5 possibles.

Do you personally have records of the families you have studied, and have you met them personally? Or would you be able to send someone to visit them? If you have written details of families, we could arrange for someone to go and visit them for us and check them out.

(Do you know anything about the bidi-rolling community in Sholapur?)

Again many thanks and I hope to hear from you soon.

Yours  
Sally

*HK/MS*

*can we trace telephone numbers for the above 7 from the Director?*

*1462  
2/3/2000*

*Thomas  
2/3*

*To  
TN*

**Subject: BAT Targets African Youth**

Date: Thu, 21 Sep 2000 14:10:30 -0700

From: "Ross Hammond" <margross@igc.org>

To: <fctcall@globalink.org>

[http://news.bbc.co.uk/1/hi/english/health/newsid\\_933000/933430.stm](http://news.bbc.co.uk/1/hi/english/health/newsid_933000/933430.stm)

BBC News - Wednesday, 20 September, 2000

UK tobacco firm targets African youth

Exclusive by the BBC's health correspondent, James Westhead

A BBC investigation has found that a British tobacco company is actively targeting young people and teenagers in Africa.

Cigarettes are being handed out free at youth events specially organised by tobacco firms during school holidays.

The companies insist they only give the samples to adult smokers, but there's evidence their own rules are not being followed.

The investigation is a further blow to an industry already dogged by accusations of dirty tricks and dubious marketing techniques, particularly in developing countries.

The company involved, British American Tobacco (BAT), has pledged to re-train its staff to stop the practice.

The World Health Organisation is backing a radical international tobacco control treaty, which would include a global advertising ban.

At a beach volleyball tournament in the Gambia, the organisers told the BBC it was laid on for young people during the school holidays.

Here in one of Africa's poorest countries though there was another more sinister purpose: promoting cigarettes.

Yellow Benson and Hedges banners were everywhere and so were young women in B&H t-shirts handing out free cigarettes in the crowd.

Tobacco companies say they don't give samples to under-eighteens. But as the women helped youngsters light up many appeared under-age and no-one checked their age.

One of the cigarette reps said the age limit was only fifteen before quickly correcting herself.

She said: "We only give free cigarettes to big boys."

'Encouraging people'

One eighteen year old told us, "Coming to the beach and handing out free cigarettes - that is encouraging people to smoke."

The operation is run from London by BAT, who produce the main cigarette brands in the Gambia, Piccadilly and Benson and Hedges.

The Gambia, a muslim country, used to be one of the few places where cigarette advertising was banned.

After a military coup the ban was lifted three years ago and now tobacco sponsorship is everywhere.

The result has been a doubling of cigarette sales almost overnight. The World Health Organisation believes it has also led to an increase in smoking among children.

*Very Sad indeed*  
*9/9*  
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A recent survey it conducted across Africa found one in five under fifteen Year olds now smoke.

The WHO representative in the Gambia, Dr James Mwanzia, said:"It is the height of hypocrisy because, how do you sponsor a health event like a volley ball match and then give out cigarettes?"

Football tournaments, music concerts, even parties are also sponsored by cigarette companies as a way of gathering young people together.

Youth football teams in the Gambia can't even afford footballs, so tobacco companies hand out free cigarettes at soccer games.

Following our investigation BAT say they would re-brief their teams in the Gambia as a precautionary measure to ensure their staff do not hand out free cigarettes to children under eighteen.

They insisted their own rules had not been broken.

\*\*\*\*\*

Ross Hammond  
965 Mission Street, Suite 218  
San Francisco, CA 94103  
USA  
tel. 1-415-695-7492  
fax. 1-415-369-9211



From: "FCTC Alliance" <FCTCalliance@inet.co.th>  
To: "FCTC Listserve" <fctcall@globalink.org>  
Subject: New Member - Dr. Sharad Vaidya, National Organisation for Tobacco Eradication (India)  
Date sent: Mon, 2 Oct 2000 17:41:20 +0700

Dear All

Dr. Sharad Vaidya <sgvaidya@goatelecom.com> from the National Organisation for Tobacco Eradication (NOTE India) would like to become a member of the Framework Convention Alliance. Could those who can vouch for Dr. Vaidya please email me at FCTCalliance@inet.co.th If two nominators can be found and there are no objections from current members over the next week (ending Tuesday 10th October) Dr. Vaidya and NOTE will become members of FCA.

Regards,  
Belinda Hughes  
Framework Convention Alliance  
Email: FCTCalliance@inet.co.th  
Website: www.FCTC.org  
Tel: (66-2) 278-1828 or (66-2) 278-1829 ext. 19  
Fax: (66-2) 278-1830

The Framework Convention Alliance is an alliance of NGOs from around the world committed to a strong global treaty to control tobacco for the health of all people.

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MKG  
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FCTC fi

From: "FCTC Alliance" <FCTCalliance@inet.co.th>  
To: "FCTC Listserve" <fctcall@globalink.org>  
Subject: New Member - International Council of Women  
Date sent: Tue, 3 Oct 2000 11:47:52 +0700

Dear All

The International Council of Women (President Mrs Phina Herzog) <icw2000@netvision.net.il> would like to become a member of the Framework Convention Alliance. Could those who can vouch for ICW please email me at FCTCalliance@inet.co.th If two nominators can be found and there are no objections from current members over the next week (ending Wednesday 11th October) ICW will become members of FCA.

Regards,  
Belinda Hughes  
Framework Convention Alliance  
Email: FCTCalliance@inet.co.th  
Website: www.FCTC.org  
Tel: (66-2) 278-1828 or (66-2) 278-1829 ext. 19  
Fax: (66-2) 278-1830

The Framework Convention Alliance is an alliance of NGOs from around the world committed to a strong global treaty to control tobacco for the health of all people.

FCTC file  
JW

3/10/21

4

**Subject: Accreditation for FCTC negotiations**

Date: Wed, 4 Oct 2000 15:38:24 +0700

From: "FCTC Alliance" <FCTCalliance@inet.co.th>

To: "FCTC Listserve" <fctcall@globalink.org>

Dear All

For those of you who requested I organise accreditation for you the 1 below. I have faxed statements from UICC and World Vision and will make sure I have one from CMA and WPHA by the end of the week in case of an admin confusion. If you are not listed but require to be accredited contact me ASAP as I may still be able to organise accreditation.

To those who will be entering the negotiations through an accredited Organisation please note that most of the groups have a policy that a statement you make must be cleared by the Organisation before they are presented. Please contact me or the contact listed if you need to clarify this policy.

**World Federation of Public Health Associations**

Contact: Allen K. Jones

Email: allen.jones@apha.org

Mrs Dr Ozen Asut (c/o edagli@superonline.com)

Mr Prof Murat Tuncer (c/o edagli@superonline.com)

Miss Hilal Akin (c/o edagli@superonline.com)

**UICC**

Contact: Ruben J. Israel

Email: israel@globalink.org

Clive Bates, Action on Smoking and Health UK

(clive.bates@dial.pipex.com)

John Kapito, Consumers Association of Malawi (cam@malawi.net)

Mahamane Cisse, SOS Tabagisme Mali (mcisse@afribone.net.ml)

Dr. Martina Poetschke-Langer (M.Poetschke-Langer@DKFZ-Heidelberg)

Belinda Hughes, Framework Convention Alliance (FCTCalliance@inet)

**World Vision**

Contact: Eric Ram

Email: wvi.gva@iprolink.ch

INFACT delegation

Emma Must, ASH UK (emma.must@dial.pipex.com)

Friedrich Wiebel, German Medical Action Group Smoking or Health

(wiebel@gsf.de)

Bungon Ritthiphakdee, Action on Smoking and Health Foundation

(ashthai@asiaaccess.net.th)

**Commonwealth Medical Association (CMA)**

Contact: Marianne Haslegrave

Email: marianne@commat.org

Tania Amir, BATA (amir@bdmail.net)

Regards,

Belinda

*FCTC file  
JW*

*111  
2/10/2k.*

*MRG*

To: sunil kaul <scowl@satyam.net.in>  
Subject: (Fwd) Meetings in Geneva  
Date sent: Fri, 6 Oct 2000 10:14:22

----- Forwarded message follows -----

To: sochara@vsnl.com  
From: VGKK <vgkk@vsnl.com>  
Subject: Meetings in Geneva  
Date sent: Thu, 5 Oct 2000 21:20:44 +0530 (IST)

>Return-Path: <Frances.Abouzeid@ndlf.org>  
>Delivered-To: vgkk@blr.vsnl.net.in  
>From: Frances.Abouzeid@ndlf.org  
>To: khdp@vsnl.com, vgkk@vsnl.com  
>Subject: Meetings in Geneva  
>Date: Thu, 5 Oct 2000 14:03:51 +0200  
Subject: Meetings in Geneva

Dear Dr.Sudarshan,

I am following up on your discussions with Chitra Subramaniam regarding your participation at the public hearings in Geneva next week. As you know, the Don't Be Duped media advocacy campaign of TFI is currently operating in 15 countries around the world and we will have a leadership workshop for them on Saturday 14 October in Geneva.>Chitra said she would like you to speak on the bidi issue so we would like to offer you a slot to hold a press conference on this issue. Press conferences will take place in the Congress Center parallel to the public hearings. Are you planning to attend both days of the hearings? If so, I can get back to you with a proposed time for the press conference and if you can send me a proposed title for it, that would be helpful. Also, will someone else join you for the press conference or will you speak alone? We can only offer 20 minutes including Q&A from the press so do keep that in mind. During the Saturday workshop with change agents, we have set aside 12-13:00 for the topic "Other Tobacco Products: Bidis, Water Pipes, Chewing Tobacco" and would like you to speak there as part of a three person panel. Our change agent from Lebanon will speak as well as Greg Connolly from the Massachusetts department of Health. This session should inspire change agents to think about how to deal with other issues beyond the cigarette and look to your campaigns and advocacy on bidis for new ideas. We expect approximately 25 people in the session which includes our change agents from Brazil, Venezuela, Zimbabwe, South Africa, Lebanon, Iran, Pakistan, Mali, Ukraine, Philippines, Thailand, Germany, among others. We will give you a detailed list of participants upon arrival. Do let me know if you have any specific ideas on this session and its structure. Also, please let me know where we can find you in Geneva so that we can provide you with the final schedule of events. Thanks and best regards, Frances Abouzeid >

----- End of forwarded message -----

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Subject: URGENT MESSAGE FOR THELMA NARAYAN

Date: Fri, 3 Mar 2000 05:55:35 EST

From: SallyBeare@aol.com

To: sochara@vsnl.com

Dear Dr Narayan

I am sorry to bother you again as I know you are busy but I am anxious to find out about some bidi-rolling families as soon as possible, as I must arrange the shooting schedule next week and cannot do so without knowledge of which families we will visit. I greatly appreciate any help you can give with finding some bidi-rolling families.

I think if we film families near Bangalore that would be best as we will be visiting Bangalore anyway.

We will also need to interview someone about the bidi-rolling families - I hope that you might be provisionally willing for us to film you. What do you think? If you are away on the dates when we are filming, can you recommend anyone else who can talk about the subject as you would? (preferably a woman as we already have male interviewees).

Can I also ask you, are you a medical doctor or a professor?

Many thanks for your help and I look forward to your reply.

Sally

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Dr. Koop's Testimony to the FCTC Hearing

**Subject: Dr. Koop's Testimony to the FCTC Hearing**

**Date: Wed, 6 Sep 2000 10:40:35 -0700**

**From: "Ross Hammond" <margross@igc.org>**

**To: <fctcall@globalink.org>, <tob-mail@globalink.org>**

Tobacco Free Initiative  
World Health Organization  
22 Avenue Appia  
1211 Geneva 27 Switzerland

My name is Dr. C. Everett Koop, and I am submitting this comment as Senior Scholar of the C. Everett Koop Institute at Dartmouth College in the United States. Although I am not able to attend the hearings, I would like to ask that my comments be read by a member of the Framework Convention Alliance.

The mission of the C. Everett Koop Institute is to promote the health and well-being of all people, by working to enhance our understanding of mental and physical health and the prolongation of a high quality of life. Funding for the Institute comes from private companies, governmental bodies and private foundations. We accept no funds from tobacco companies or their affiliates.

Between 1981 and 1989, I served as the U.S. Surgeon General under Presidents Reagan and Bush. In that capacity I was dedicated to educating scientists and the public about the hazards of tobacco use and doing what I could to decrease the death and disease caused by tobacco use. I also served as chief delegate to WHA (except when the secretary of HHS was present) from 1981-1989. In 1984 I announced that it should be our goal to create a smoke-free society. During my tenure as Surgeon General, my office issued eight reports on the death and diseases caused by smoking and smokeless tobacco, including reports on cancer, cardiovascular disease, chronic obstructive lung disease, nicotine addiction and the health consequences of environmental tobacco smoke. Among the many scientific findings established by those reports were:

- Cigarette smoking is the number one preventable cause of disease and premature death in the United States
- Cigarette smoking is the major cause of lung cancer and laryngeal cancer, and a major cause of oral cancer and esophageal cancer in the United States
- Cigarette smoking is a major cause of coronary heart disease in the United States for men and women, and is the most important of the known modifiable risk factors for CHD
- Cigarette smoking is the major cause of Chronic Obstructive Lung Disease morbidity in the United States and 80 to 90 percent of the COLD in the US is attributable to cigarette smoking
- Cigarettes and other forms of tobacco are addictive and nicotine is the drug in tobacco that causes addiction
- Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers
- Snuff, a form of smokeless tobacco, can cause cancer, especially cancer of the oral cavity, and smokeless tobacco can be addictive

Although these findings were made over a decade ago, each of these findings is as true today as it was when these reports were issued. The unfortunate truth is that we as a society, the United States as a nation, and the world as a whole have done shockingly little to reduce the death toll from tobacco use. We have also done far too little to rein in the activities of the tobacco industry that have promoted the use of this product and hidden what it knows about its products.

In my capacity as the Surgeon General of the United States I also

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represented the United States at the World Health Organization and studied the impact of tobacco use and the behavior of the tobacco companies around the world. The scientific conclusions in the reports I issued as Surgeon General know no boundaries and are as true outside the United States as they are inside the United States. Every year tobacco robs millions of people in every nation of their health. While the tobacco industry touts the economic benefits of growing and manufacturing tobacco, the economic toll that tobacco takes in terms of lost lives, lost productivity, health care costs,

#### Dr. Koop's Testimony to the FCTC Hearing

and environmental destruction far outweighs any economic benefits.

Given the current death toll from tobacco and the predicted death toll from tobacco worldwide, tobacco control deserves to be a top priority of the World Health Organization and governments throughout the world. The tobacco industry would like to divert attention away from the magnitude of the problems caused by tobacco, but we should not be fooled. They are doing as they have always done: putting their profits over the health and safety of the public.

Let me also dispel another myth that the tobacco industry is currently trying to promote. In the United States, tobacco companies are claiming that they have changed and they are claiming that they do not want kids to smoke. Their rhetoric does not match their actions. While the tobacco industry has agreed not to advertise in certain locations, it has continued to promote its products as aggressively as ever before and has not curtailed the use of the images that make its products appealing to our children. It also continues to oppose the most reasonable government regulation and distorts the scientific evidence about the health effects of its products. Have the tobacco companies changed? The answer is no. We must not be deceived again.

#### The Tobacco Free Initiative of the World Health Organization

For decades the World Health Organization did not focus enough attention on the health problems caused by tobacco. I commend Dr. Gro Harlem Brundtland's 1998 decision to establish the Tobacco Free Initiative as a Cabinet level WHO project to elevate tobacco as a WHO priority and to coordinate a global strategic response to tobacco as a major public health issue.

I also want to commend the WHO and its member states for starting the process for developing a Framework Convention on Tobacco Control. I want to raise my voice in favor of the strongest possible Framework Convention. The May 1999 decision of the World Health Assembly unanimously endorsing the start of negotiations for the Framework Convention on Tobacco Control is potentially one of the most important public health steps taken by the WHO in its history. If done right, the Convention could provide a set of standards and rules that could save tens of millions of lives and could change the course of the history of the health of the world. I know that these are grand words - but with current predictions that the number of tobacco-caused deaths are expected to rise to ten million deaths a year by 2030, there is no more important public health mission.

There are many things that make me optimistic about the progress that is being made in a number of nations that have taken strong steps in recent years to reduce tobacco use. More nations than ever have begun to take strong steps, but for every nation that has acted there are a dozen that are watching the epidemic rise without taking strong countermeasures. As the wealthier nations of the world act to reduce tobacco consumption, we are seeing rising rates of tobacco use in poorer and less wealthy nations. And, we are seeing the multinational tobacco companies increasingly focus their marketing muscle and expertise in these poorer nations.

It is vital that the nations of the world continue their individual actions within their borders to combat the tobacco industry and the death and disease caused by tobacco products. It has also never been more clear that tobacco is an international problem that must be addressed with international solutions. For example, tobacco marketing can no longer be confined within one nation's borders. The World Wide Web and satellite television ensure that advertising crosses borders, even into countries where there are strict advertising bans in place. The tobacco industry uses smuggling to circumvent individual nations' rules and tax policies. And the tobacco industry uses the same arguments and political ploys to undermine

the world is an interconnected market, and we must be able to respond with solutions that create uniform standards and treat tobacco control as an international issue.

We must also be aware of the history of tobacco control efforts. All too often the tobacco industry has succeeded in convincing governments to accept

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#### Dr. Koop's Testimony to the FCTC Hearing

proposals that sound good on their face but do little to actually reduce tobacco use. The negotiators of the Framework Convention must not fall into the same trap. The Convention must contain meaningful specific restrictions on the tobacco industry's marketing and manufacturing practices, require governments to take strong concrete steps to reduce tobacco use, and must not just be a "feel good" treaty that speaks in glowing, general language but has no real force or effect.

Speaking as a U.S. citizen, I believe the United States has an important role to play. Our multinational tobacco companies have played a leading role in spreading the plague of tobacco throughout the world. President Clinton has spoken out forcefully about the need for the establishment of strong public policy changes to rein in the tobacco industry and to reduce tobacco use. I urge the United States government to speak with the same voice in Geneva that it does at home and to support a strong, specific and effective FCTC - even if it includes policies that the tobacco industry has successfully blocked in the United States.

The United States has a leadership role to play in promoting health around the world. The positions of the U.S. delegation during the Framework Convention negotiations should be based on the protection and promotion of global public health, and nothing else. If the U.S. government fails to actively support a strong FCTC or urges the adoption of a weak convention because of political considerations back home, we will be doing the entire world a disservice. The United States has an opportunity to use its knowledge and its experience to assist in the creation of the strongest possible treaty, one that can help the other nations of the world avoid a tobacco epidemic of the magnitude faced by the United States. How the U.S. responds during these negotiations will be the truest test of our leadership.

#### Containing a Rogue Industry

We now recognize that tobacco is different from other plagues that have faced the world because it is promoted by an unscrupulous industry that will stop at nothing to promote its products and raise its profits. Other diseases and conditions have various etiologies, but tobacco-related diseases and conditions are the direct result of the work of a business enterprise -- Big Tobacco. Over the course of the 20th century, Big Tobacco has secured special privileges that honest businesses do not have. In the United States, tobacco companies and their foreign affiliates have gained protection and avoided accountability from every consumer protection law adopted during the last eight decades. Traditional public health measures are critical to our success in reducing the harm caused by tobacco, but we also must recognize that we must also be engaged in the noble task of bringing the tobacco industry to justice if we are to succeed.

The evidence is irrefutable. The tobacco industry plunders communities and nations. The industry's own internal documents prove that Big Tobacco knows that what it has been doing is wrong. On a scale never before known to commercial enterprises, Big Tobacco has engaged in the most devastating cover-up of scientific evidence and consciously sought to deceive and defraud the entire world about the health consequences of its products. It has preyed on our children and lied to our governments. It has manipulated nicotine and political systems. And it has created a public relations apparatus designed to make the world think it was behaving responsibly even while engaging in the most heinous behavior.

Big Tobacco seeks to control what people think, not only by nicotine addiction, but through an unremitting assault on the public's senses by using false and misleading images and statements. It knows that public behavior follows public perceptions. It denies that tobacco is addictive - and then claims that consumers have a choice. It claims an allegiance to free speech so that it can promote its product in any way it pleases, but uses its economic and political muscle to silence its critics. And it pays



Dr. Koop's Testimony to the FCTC Hearing

We must resolve never again to let Big Tobacco's false and misleading statements go unanswered. Public policy makers need to know the truth about tobacco products and the tobacco industry. Every child and adult needs to know the truth. People of every race, of every culture, and indeed every person in every walk of life needs to know the truth about an industry that harms, knows that it harms, and has every intention to continue to harm. And a strong Framework Convention is a critical weapon that is needed to counteract the tobacco industry's wrongdoing.

Conclusion

The world needs a strong Framework Convention, so that no nation is forced to fight the tobacco industry or the plague of tobacco use alone or unarmed. The tobacco industry must be prevented from shifting its practices from country to country as its advertising and promotional tactics are increasingly scrutinized and regulated. The FCTC must unite the countries of the world in order to contain the tobacco industry's wrongful practices. The FCTC should seek to bring the tobacco industry under proper governmental and international controls with concerted action on advertising, smuggling, product regulation, treatment programs, environmental tobacco smoke and many other areas. The Convention should guarantee that every person, no matter where he or she lives, is effectively provided with information about the health hazards of tobacco use and empower them to resist the tobacco industry's messages.

The FCTC and its related protocols can fulfill these ambitious goals. Now that WHO has seized the initiative at the global level we have the ability to change the behavior of multinational tobacco corporations at every level. We have the opportunity to stop the spread of disease and death transported by tobacco companies across borders into new populations of non-users. I strongly support the process that WHO has begun and encourage the countries of the world to come together and enact a meaningful and effective FCTC.

Subject: UPDATE: International Week of Resistance to Tobacco Transnationals

Date: Thu, 28 Sep 2000 10:55:35 -0400

From: Suren Moodliar <suren.infact@juno.com>

To: to@globalink.ORG, FCTCALL@globalink.ORG

Dear Friends,

INFACT, Essential Action and other members of the Network for Accountability of Tobacco Transnationals (NATT), are organizing an International Week of Resistance to Tobacco Transnationals, October 9th-13th. This coincides with public hearings sponsored by the World Health Organization in Geneva on the Framework Convention on Tobacco Control (FCTC). The events (see attached flyer) include demonstrations at Philip Morris or Kraft facilities, screenings of INFACT's new documentary *Making a Killing: Philip Morris, Kraft and Global Tobacco Addiction*, and inviting media and government officials including delegates to the FCTC negotiations. The purpose is to demonstrate support for an effective FCTC, and provide a forum to discuss our positions with national FCTC delegations. Events are coming up soon, so please let INFACT know about your own participation as soon as possible.

So far the response has been terrific! We have International Week of Resistance to Tobacco Transnational events planned in the following countries:

Albania, Algeria, Antigua, Barbuda WI, Canada, Congo (DRC), Croatia, Czech Republic, Ghana, Honduras, Hungary, India, Iran, Japan, Latvia, Malawi, Malaysia, Mali, Mexico, Moldova, New Zealand, Netherlands, Nigeria, Pakistan, Philippines, Romania, Senegal, South Africa, Sri Lanka, Thailand, Togo, Tunisia, Turkey, Uganda, United Arab Emirates, Venezuela, Vietnam, Yugoslavia (Serbia and Montenegro), and Zambia.

For organizing kits and videos\*, please contact Sangita Nayak ([sangita.infact@juno.com](mailto:sangita.infact@juno.com)) or myself. Kits and videos have already been shipped to the first round of sign-ups. For a list of your country's FCTC delegates, please see attached file (delegate list.pdf).

- Suren Moodliar

International Organizer, INFACT

<mailto:suren.infact@juno.com> <http://www.infact.org>


tel:01-617-695-2525; fax 01-617-695-2626

46 Plympton Street, 4th Floor, Boston, MA 02118, USA

\*We will ship the kits/videos by express mail. Activists in the United States, and others who are able, are asked to provide a US\$100 donation for their copies of the video so that to help cover the costs of express shipping to the Global South.

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Subject: WHO Accreditation  
Date: Wed, 20 Sep 2000 11:45:46 +0700  
From: "FCTC Alliance" <FCTCalliance@inet.co.th>  
To: "FCTC Listserv" <fctcall@globalink.org>

Dear All

Earlier Jenny asked everyone to let her know who needed to link up with groups who are accredited with WHO. In case there are names missing can you please check over this list and let me know if your name is missing and you would like me to find a group for you to work alongside. If there are other NGOs you know of who will be sending a representative to Geneva who may need this please let me know about them as well.

John Kapito, Consumers Association of Malawi (can@malawi.net)  
Mahamane Cisse, SOS Tabagisme Mali (mcisse@sfrifbone.net.ml)  
Margaretha Haglund, INWAT (margaretha.haglund@ihi.se)  
Susana Hennessey Toure, San Francisco Tobacco-Free Project  
(susanht@gc.apc.org)  
Friedrich Wiebel, German Medical Action Group Smoking or Health  
(wiebel@gst.de)  
Bunгон Ritthiphakdee, Action on Smoking and Health Foundation  
(ashtai@asiaaccess.net.th)

Belinda

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FCTC file  
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Meeting of US delegation to the FCTC and the tobacco industry

**Subject: Meeting of US delegation to the FCTC and the tobacco industry**

**Date: Mon, 11 Sep 2000 14:10:09 -0700**

**From: Mele J Smith <mjsmith@igc.org>**

**To: fctcall@globalink.org**

Can anyone confirm a meeting in September between the US delegation to the FCTC and the Tobacco Industry? I have heard that such a meeting is being organized by the White House's Domestic Policy Council that it is scheduled for September 17th. However, September 17th is a Sunday and I am not sure if the date is correct.

It is disturbing to note that the full delegation will meet with the tobacco industry yet only hold public hearings - that do not provide a forum for dialogue - as a way to involve NGOs. NGOs need to have the same access to the delegation as the tobacco industry.

Also, I understand that representatives from the US delegation met with the republican senators of the Senate Foreign Relations Committee a couple of weeks ago. The purpose of the meeting was to brief the committee on the FCTC and the beginning of negotiations for the FCTC. The briefing included a discussion on holding public hearings in tobacco growing regions and the need for the FCTC to be responsive to tobacco interests. Can anyone give any more information on that briefing?

San Francisco Tobacco Free Project  
1540 Market Street, #250  
San Francisco, California 94102  
USA

9/12/00

TO JPS/SJR/D. crif  
→ tobacco FCTC file  
for 13/9

CMJ  
14/9

TN  
9/10

RL  
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Qaj  
13/9

  
19/9

Re:For: Chitra Subramaniam

**Subject: Re:For: Chitra Subramaniam**  
**Date: Tue, 25 Apr 2000 13:39:26 +0200**  
**From: subramaniamc@who.ch**  
**To: <sochara@vsnl.com>**

thanks thelma and hope you had a good easter too - we had a quiet time with the family and stayed in pyjamas for most of the time  
would be good to have the report as soon as you can ready it - would may be a possibility? please let me know -  
i am planning to be in india later this year and we can talk about doing something in bangalore - warm regards chitra

Reply Separator

Subject: For: Chitra Subramaniam  
Author: Community Health Cell <sochara@vsnl.com>  
Date: 20-Apr-2000 15:30

Dear Chitra,

*Rebeca file*

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*RL  
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UPDATE: International Week of Resistance to Tobacco Transnationals

**Subject: Re: UPDATE: International Week of Resistance to Tobacco Transnationals**

Date: Thu, 28 Sep 2000 18:32:39 -0400

From: "Cynthia Callard" <ccallard@smoke-free.ca>

To: <hq@globalink.ORG>, <FCTCALL@globalink.ORG>

Dear all:

I just finished pre-viewing "Making a Killing". It is one FANTASTIC film, with great footage, a strong script and high impact. I strongly recommend it to a wide audience as possible.

Thank you INFACT, for providing such a valuable resource at such an important time.

Cynthia Callard  
Executive Director  
Physicians for a Smoke-Free Canada  
Ottawa, Ontario

Phone: 613 233 4878  
Fax: 613 233 7797

----- Original Message -----

From Suren Moodliar

To: [hq@globalink.ORG](mailto:hq@globalink.ORG), [FCTCALL@globalink.ORG](mailto:FCTCALL@globalink.ORG)

Sent: Thursday, September 28, 2000 10:55 AM

Subject: UPDATE: International Week of Resistance to Tobacco Transnationals

Dear Friends,

INFACT, Essential Action and other members of the Network for Accountability of Tobacco Transnationals (NATT), are organizing the International Week of Resistance to Tobacco Transnationals, October 9th-13th. This coincides with public hearings sponsored by the World Health Organization in Geneva on the Framework Convention on Tobacco Control (FCTC). The events (see attached flyer) include demonstration at Kraft facilities, screenings of INFACT's new documentary *Making a Killing: Philip Morris, Kraft and Global Tobacco Transnationals*, media and government officials including delegates to the FCTC negotiations. The purpose is to demonstrate support for an effective FCTC and provide a forum to discuss our positions with national FCTC delegations. Events are coming up soon, so please let INFACT know of your participation as soon as possible.

So far the response has been terrific! We have International Week of Resistance to Tobacco Transnationals events planned in

Albania, Algeria, Antigua, Barbuda WI, Canada, Congo (DRC), Croatia, Czech Republic, Ghana, Honduras, Hungary, India, Latvia, Malawi, Malaysia, Mali, Mexico, Moldova, New Zealand, Netherlands, Nigeria, Pakistan, Philippines, Romania, Sri Lanka, Thailand, Togo, Tunisia, Turkey, Uganda, United Arab Emirates, Venezuela, Vietnam, Yugoslavia (Serbia and Montenegro).

For organizing kits and videos\*, please contact Sangita Nayak ([sangita.infact@juno.com](mailto:sangita.infact@juno.com)) or myself. Kits and videos have already been distributed in a first round of sign-ups. For a list of your country's FCTC delegates, please see attached file ([delegate list.pdf](#)).

- Suren Moodliar  
International Organizer, INFACT  
<mailto:suren.infact@juno.com> <http://www.infact.org>  
tel: 01-617-695-2525; fax 01-617-695-2626  
46 Plympton Street, 4th Floor, Boston, MA 02118, USA

\*We will ship the kits/videos by express mail. Activists in the United States, and others who are able, are asked to provide their copies of the video so that to help cover the costs of express shipping to the Global South.

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*file*

**Subject: RE: Tobacco Free Kids' Statement on Tax Breaks for U.S. Tobacco Companies**

Date: Thu, 14 Sep 2000 18:18:40 +0200

From: "Sibylle Fleitmann" <enp@pophost.cunet.be>

To: <margross@iqc.org>, <tob-mail@globalink.org>, <ftcall@globalink.org>

Dear Ross,

I cannot believe it... and the US representatives at the FCTC negotiations say they are interested to "ake a leading role in tobacco control world wide"??? They must be kidding!!

Sibylle Fleitmann

European Network for Smoking Prevention

-----Message d'origine-----

De: Ross Hammond <mailto:margross@iqc.org>

Date: mercredi 13 septembre 2000 22:57

À: tob-mail@globalink.org; ftcall@globalink.org

Objet: Tobacco Free Kids' Statement on Tax Breaks for U.S. Tobacco Companies

For Immediate Release  
September 13, 2000

Contact: Joel Spivak/Vince Wil  
202-

Statement by William V. Corr

Executive Vice President, CAMPAIGN FOR TOBACCO-FREE KIDS

Re: U.S. House Approval of Foreign Sales Corporation Bill

Providing \$100 Million in Tax Breaks for U.S. Tobacco Companies

September 13, 2000

The CAMPAIGN FOR TOBACCO-FREE KIDS strongly opposes the tax breaks for the export of manufactured tobacco products contained in the Foreign Sales Corporation Repeal and Extraterritorial Income Exclusion Act (H.R. 4986) as approved today by the U.S. House of Representatives. It is especially disappointing that the House Leadership brought up this legislation under expedited procedures that blocked any amendments, such as that proposed by Congressman Lloyd Doggett (D-Texas) to exclude manufactured tobacco products. Once again, Big Tobacco is being rewarded for millions of dollars in campaign contributions at the expense of American taxpayers and public health around the globe. We urge the Senate to put taxpayers and the public health first and vote to deny Big Tobacco this special benefit.

In its current form, this legislation would provide a \$100 million plus annual tax benefit for U.S. tobacco companies. The tobacco industry should not receive any assistance from the U.S. government in their quest to addict new generations of smokers overseas. And they should certainly not be rewarded with special tax benefits given their long history of deception and misconduct concerning their deadly products.

The dangers of nicotine addiction to American children are well known: 3,000 kids become regular smokers each day in the U.S., and one third will die prematurely of smoking-caused disease. Smoking is the leading preventable cause of death in the United States. But these dangers do not stop at our shores. Globally, the World Bank estimates that between 80,000 and 100,000 kids become addicted to cigarettes every day. Big Tobacco, with the unwitting support of American taxpayers, is addicting countless new generations of smokers overseas. Tobacco-related illnesses kill four million people a year around the world. If current trends continue, by 2030, tobacco will kill ten million people every year, 70 percent of them in developing countries. The United States government should not be a partner in the export of death and disease by U.S. tobacco companies.

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Ross Hammond  
965 Mission Street, Suite 218  
San Francisco, CA 94103  
USA  
tel. 1-415-695-7492  
fax. 1-415-369-9211

First Newsletter from FCTC Alliance

**Subject: First Newsletter from FCTC Alliance**

**Date:** Tue, 17 Oct 2000 11:46:21 -0400

**From:** AJ Foreit <JForeit@TobaccoFreeKids.org>

**To:** "fctcall@globalink.org" <fctcall@globalink.org>

all:

the first Alliance Bulletin from the Intergovernmental Negotiating Body is now posted at:

<http://www.fctc.org/0010newslet.shtml>

more issues will be posted as the negotiations progress.

*JN*  
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## Membership and Recruitment Issues

**Subject: Membership and Recruitment Issues**

**Date: Thu, 19 Oct 2000 02:42:24 +0700**

**From: "FCTC Alliance" <FCTCalliance@innet.co.th>**

**To: "FCTC Listserve" <fctcall@globalink.org>**

Dear All

Re: Membership of FCA

We need to decide in a few procedural issues for new members and I would appreciate comments as to how we ought to solve the following issues.

1. Presently we have requested new members require two nominations. Should these nominations come from different organisations or should two people within one organisation be able to vouch for a new member?

2. If organisations are unknown to current members or are only able to obtain one nomination, what actions should be taken?

Re: Recruitment

I would like to encourage ALL members and not just regional contact points to make efforts to recruit new members, although taking into account that we need to ensure that the groups joining the alliance are interested in seriously working on the FCTC.

There are a number of other procedural and structural issues which we need to decide on in the near future and I look forward to hearing your comments.

Regards,  
Belinda  
Framework Convention Alliance  
ASH Thailand  
www.fctc.org

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FCTC Negotiations - Update

**Subject: FCTC Negotiations - Update**

**Date: Thu, 19 Oct 2000 05:33:19 +0700**

**From: "FCTC Alliance" <FCTCalliance@inet.co.th>**

**To: "FCTC Listserv" <fctcall@globalink.org>**

Dear All

To keep you up to date with the FCTC negotiations here in Geneva I have summarised the main decisions / discussions which have been taken / conducted over the past three days. It is only brief and more detailed summaries will follow.

(1) Procedural decisions taken

- Brazilian delegate made chair of process;
- A Bureau was established with of one representative from each WHO region, namely USA (from the Americas), Turkey (from EURO), Australia (from WPRO), India (from SEARO), Iran (from EMRO) and South Africa (from AFRO). The bureau's exact role has not been fully defined however the chair and the secretariat have stated that the bureau will be "procedural" in nature and have no decision-making powers;
- Negotiations will use the text produced by the working groups (ref.: A/FCTC/INB1/2) as the basis for discussions.

(2) Procedural issues under discussion

- The exact nature of the involvement of NGOs in the FCTC process is under discussion. During day 2 of negotiations some delegations made comments in support of NGOs including Canada, Thailand, New Zealand, South Africa and Bangladesh. Canada and Thailand have been conducting discussions on how to incorporate NGOs into the process.

(3) Negotiations - General comments

- Delegations clearly stated their support for the FCTC in principle;
- While most delegations stated that they supported a "strong" convention there were different interpretations of what this entailed;
- Many delegations stated their support for a "broadly supported" FCTC and called for "flexibility";
- Several delegations voiced concerns for effects on tobacco farmers;
- Smuggling was commented on by many delegations as an area which should be dealt with under the FCTC.

(4) Negotiations - General comments on objectives, guiding principles and general obligations

- Many delegations suggested combinations of the four options in the working group text and no consensus was reached as to which option was most appropriate;
- Kenya stated their strong support for tax increases stating that they agreed that tax hikes led to decreases in smoking and increases in government revenue however this position was contrary to the overall feeling that the FCTC should not include specific requirements regarding taxation;
- New Zealand suggested broadening the passive smoking clause to encompass all workplaces and public places, a position supported by the chair;

(5) Framework Convention Alliance Activities during the Negotiations

The FCA has organised a number of programmes to support and publicise the FCTC process including the following:-

(i) Press Club Debate

- An excellent debate was held between tobacco industry representatives and their supporters and tobacco control activists Yussuf Salooje and Clive Bates on tobacco advertising. Many members of the press attended as well as NGO representatives who testified at the hearings. Amongst the arguments raised by Salooje and Clive were that:
- public health advocates want to ban ads for the same reason the tobacco industry advertises i.e. advertising leads to increased sales (and therefore increased deaths);
  - tobacco industry documents revealed industry objectives and tactics and show the deceit of public statements;

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- advertising "glorifies a deadly product" and creates and reinforces 'peer pressure'.

(ii) Briefings for Delegates

FCA conducted a briefing on smuggling today (Wednesday) and will run one on advertising tomorrow and product regulation on Friday. Today's briefing was well attended by delegates and provided an interesting addition to the programme.

(iii) Women's Caucus

Headed by Soon Young, the FCA's 'Women's Caucus' has been holding daily meetings between women from NGOs and delegations on a variety of topics. They will produce a statement to be signed by their members.

(iv) Alliance Bulletin

FCA has been producing a daily bulletin which you can view at <http://www.fctc.org/0010newsletter.shtml> in order to keep delegates, the press and the NGOs informed about the process.

(6) Other meetings

- A press conference was held with US Public Health groups, the American Lung Association, American Medical Association, American Public Health Association and the Campaign for Tobacco-Free Kids..

- The Commonwealth Medical Association and the Commonwealth Secretariat held meetings with Commonwealth NGOs and Commonwealth delegations. Delegations from South Africa, Canada, UK, Australia and Zimbabwe voiced their support for a strong FCTC.

- Belinda



*file*

Subject: US PIRG comments to WHO on FCTC  
Date: Tue, 12 Sep 2000 09:30:03 -0400  
From: "Cassandra Welch" <cwelch@lungusadc.org>  
To: <fctcall@globalink.org>

Statement of the U.S. Public Interest Research Group  
Edmund Mierzewski, <ed@pirg.org> Consumer Program Director

COMMENTS FOR THE OCTOBER HEARING ON THE  
FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Thank you for the opportunity to present the views of the U.S. Public Interest Research Group <<http://www.uspirg.org>>. We are the national lobbying office for the state PIRGs, which are non-profit, non-partisan consumer and environmental advocacy groups active around the United States. U.S. PIRG is funded by its members and independent foundation grants. Of course, U.S. PIRG receives no funding or support from the tobacco industry.

The state PIRGs and U.S. have been active on tobacco control issues for many years, on issues including supporting smokefree indoor air ordinances and tobacco tax increases to reduce the incidence of teen smoking. Most recently, PIRGs were members of the "Save Lives, Not Tobacco Coalition" organized by the American Lung Association, which successfully opposed the sweetheart tobacco settlement legislation that would have immunized the U.S. tobacco industry from most future lawsuit liability.

We would like to do the following. First, we would like to associate our views with those of the distinguished commenters from groups including the American Lung Association, and with those of the other tobacco control advocates who have commented, for example, Professor Glantz of the University of California at San Francisco School of Medicine.

I would like to briefly outline what we feel are some of the critical issues for the Framework Convention on Tobacco Control:

The protection and promotion of public health should provide the sole basis for any and all provisions in the FCTC. The world needs a strong, enforceable convention that holds tobacco companies accountable and supports governments in their effort to protect and promote public health. The FCTC should, at a minimum, provide support and encouragement for national policies and multilateral measures that would stem the disastrous global public health epidemic occurring as a result of tobacco use.

The problems caused by tobacco use are not confined to developed countries. Increasingly, the burden of tobacco-related death and disease is being borne by developing countries. Although the U.S has enacted relatively strong prohibitions on tobacco marketing domestically, there is a great need for similar protection internationally, as our multinational tobacco companies aggressively target youth and children in Asia and Africa, even if they do so less overtly here in the U.S. So, recognizing the important role of advertising in the spread of tobacco use, the FCTC should provide for stringent restrictions on all direct or indirect advertising.

Nothing in the Framework Convention or related protocols should reduce, relax or in any other way diminish existing tobacco control initiatives, regulations, laws, or practices in any signatory country. The Convention should set a floor, rather than a ceiling, for national efforts

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Other countries, and indeed local jurisdictions, should be encouraged to go further, as they do in the U.S.

The FCTC should provide strong international measures to control problems that cannot be handled on a national or local level, such as smuggling and advertising that cannot be stopped at borders, e.g. internet and satellite television advertising.

The FCTC should make certain that provisions are included to ensure strong national tobacco control measures in areas that are traditionally domestic, such as taxation, prevention and treatment, passive smoking, youth access, health education and some areas of advertising.

Provisions of the Framework Convention and its related protocols should be made legally binding on the tobacco companies and therefore be implemented by legislation or regulation within member countries.

Tobacco companies, their subsidiaries, agents or consultants do not have public health concerns as their key priority, putting them directly in conflict with the primary aim of the Framework Convention. Therefore, they should not serve in any official capacity in the process of negotiating or implementing the Convention. The tobacco industry's influence over U.S. trade policy over the years has been disappointingly strong and the FCTC should be forewarned of the industry's sophisticated influence-peddling machine. We are pleased that, on this matter, the Centers for Disease Control (CDC), rather than the U.S. Office of Trade Representative (USTR), is playing a lead role for the U.S. You should do all that you can to ensure that the tobacco industry's attempts to influence your actions are done solely as outside parties with a vested contrary interest.

NGOs should be fully integrated into the Framework Convention process. Rules for NGO participation should rely on the precedents set at other recent UN Conferences. WHO should also work with governments and private organizations to seek funds for ensuring strong representation from developing country NGOs.

We are pleased that you have requested our comments. We look forward to receiving notice of regular, periodic hearings and meetings on the Framework Convention.

We encourage you to develop and implement continued outreach with a broad range of NGOs, not merely public health groups. U.S. PIRG, for example, is a consumer group active on tobacco control. Other consumer groups may also be interested.

Edmund Mierzwinski  
Consumer Program Director

Subject: Tobacco Industry Pushes to Influence FCTC Negotiations

Date: Tue, 12 Sep 2000 09:23:11 -0700

From: "Ross Hammond" <mgross@igc.org>

To: <stozali@globalink.org>, <tob-mail@globalink.org>

CC: "Stan Shatenstein" <shatensteins@sympatico.ca>, "Gene Borio" <geneb@tobacco.org>

"TAC" <tao@smokescreen.org>, "Rob Weissman" <rob@essential.org>

Tobacco Lights Into WHO  
Industry Pushes to Influence October Treaty Debate Over Global Curbs on  
Cigarettes

By Sam Loewenberg

Legal Times

Monday, September 11, 2000

<http://www5.law.com/dc-shl/display.cfm?id=3787>

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The world's largest cigarette makers have embarked on a global lobbying  
campaign to undermine a proposed international treaty that could place tight  
restrictions on cigarette advertising and smuggling.

Negotiations over the treaty, which is being organized by the World Health  
Organization, are set to begin next month in Geneva and are expected to take  
at least two years. Like most treaties, it is crafted through a consensus  
process, and individual countries ultimately decide whether they want to  
sign or not.

Cigarette makers are largely excluded from the talks, so the three major  
multinational tobacco companies - the Philip Morris Cos., British American  
Tobacco P.L.C. (BAT), and Japan Tobacco - have taken their case against the  
treaty directly to most of the 192 countries involved in drafting the  
document.

"We are trying to make sure that the governments locally understand the full  
scope of what the WHO is trying to sell to them to make sure that they  
understand that this has the potential of far-reaching consequences," says  
Axel Gietz of Japan Tobacco, which last year purchased all of the R.J.  
Reynolds Tobacco Co.'s international operations.

"We are not asking WHO for voting status," says Philip Morris Vice President  
for Corporate Affairs Don Harris. "We are asking for participation in the  
thing and to [have them] consider our views."

>From country to country, the cigarette companies are making the case that  
the treaty should be considered an economic, not just a public health,  
issue. The companies are coordinating their activities in nations where more  
than one company is present.

BAT and Japan Tobacco say they are explicitly lobbying to kill the treaty.  
Philip Morris says it is not necessarily against an international tobacco  
pact, but prefers regulation on a country-by-country basis.

The companies tailor their pitch in approaching individual governments. In  
China, for example, the companies warn of massive tax losses if the treaty  
succeeds in cutting down the rate of smoking. In Malawi, where tobacco is  
the country's main agricultural export, they make dire predictions about the  
collapse of the local agricultural economy if the pact is adopted. In  
Lebanon, they predict hundreds of millions in advertising losses.

Harris of Philip Morris says that all of his lobbying on the treaty is being  
done in the most open way possible. "We are not going to dispute the process  
or be adversarial or confrontational," he says.

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But public health officials expressed skepticism in the wake of an August report from the WHO that brought to light how multinational tobacco companies had for decades secretly infiltrated the institution through the use of front groups to systematically undermine anti-smoking efforts.

"For them to say that they have been excluded from this debate is disingenuous in the extreme when you look at the activities they have undertaken to infiltrate and suborn the processes of WHO," says Judy Wilkenfeld of the Campaign for Tobacco-Free Kids. Wilkenfeld is the former director of the tobacco advertising section of the Federal Trade Commission.

Doug Bettcher, treaty coordinator for the WHO, says the industry has been presenting misleading information to countries about the organization for years. He declines further comment, other than to say he is "quite confident that the negotiations will continue."

The industry has already scored a major victory in China that could well affect the outcome of the Geneva talks. While each country gets only one vote in the negotiations, larger countries have significantly more bargaining power. China, with one-third of the world's smokers, will be among the most powerful players.

The way in which the tobacco companies were able to influence the Chinese government illustrates the often indirect nature of the lobbying effort in each country.

BAT officials convinced the Chinese-owned tobacco company, with which it has a joint venture, that the WHO treaty could present a severe economic threat, given that cigarette taxes account for 10 percent of all tax revenue. In order to protect its interests, BAT pressed state tobacco company representatives to get themselves included in the Chinese delegation, which originally was to include only health officials. BAT even brought in three experts from London to lecture the Chinese on the possible economic effects of the treaty.

"BAT persuaded the monopoly to look at it from a national economic perspective," said BAT public affairs director Brenda Chow last May, as she took a break from the briefing her company was giving to Chinese tobacco officials in Beijing. "We are the bridge."

The Chinese tobacco company took BAT's advice, lobbied government officials in charge of selecting delegates, and were added to the negotiating team.

Judith Mackay, a Hong Kong-based tobacco control expert who advises the WHO and the Chinese government, fears that the addition of the state tobacco company to the delegation could seriously skew the negotiation process because the state tobacco industry's economic power gives it far more sway than the health ministry has with top Chinese decision-makers.

#### Proxies, Pressure, Threats

In many cases, it appears that the tobacco companies have attempted to exert their influence through proxies.

In Malawi, BAT was successful in getting tobacco growers appointed to the country's WHO delegation, says John Kapito, himself a delegate and the head of a nongovernmental public health group.

Nonetheless, Kapito thinks that the Malawian government will favor a strong treaty, as youth smoking is on the rise. BAT currently advertises its brands - called Life and Embassy - near schools, hospitals, and churches, says Kapito.

In Lebanon, Philip Morris operated behind the scenes to fight the health

ministry's anti-smoking program, says Yousef Bassim, who runs a tobacco control program in that country. "They are trying to put pressure on our activities. But not directly," he says.

Bassim says that he was present when the head of a local advertising agency that does work for Philip Morris threatened a television interviewer that he would lose his job if he asked the health minister about tobacco issues. Bassim also cites recent advertising industry warnings that banning tobacco advertising could cost the country \$500 million in lost revenue.

In Indonesia, BAT and Philip Morris approached a local nongovernmental organization, the National Committee on Smoking Control, to ask for the group's support in getting tobacco representatives on the WHO delegation. The companies made their request in the midst of an offer to aid with youth smoking programs, says Mia Hanafiah, an official with the anti-smoking group. Her group turned the companies down, she says. As of today, the tobacco companies are not on the delegation.

In Japan, little lobbying is necessary, as Japan Tobacco is owned by the Ministry of Finance. Japan Tobacco purchased the international operations of R.J. Reynolds last year and is now actively lobbying in all of the countries where it has significant operations, says spokesman Axel Gietz. He says the company has already successfully made its case against the WHO treaty in Russia, Romania, and Turkey, although he declined to elaborate.

In Germany, it's still unclear what position the government will take on the WHO treaty. But the tobacco industry's "influence is immense," says Dr. Martina Poetschke-Langer, the head of the Cancer Prevention Unit of the National Cancer Research Center. She cites internal company documents that surfaced in the course of U.S. litigation that reveal that the industry has contacts at the highest levels of the German government.

"They are lobbying day and night the members of our parliament," says Poetschke-Langer.

The industry's work appears to have paid off in a related matter. The German government is fighting in court the 1998 ban on cigarette advertising passed by the European Parliament.

For its part, the negotiating team from the United States will include representatives from an interagency task force that include the departments of Agriculture, Treasury, and Commerce. The White House has consulted, and will continue to consult with, tobacco companies, growers, and public health groups, according to an administration spokeswoman who spoke on condition of anonymity.

While WHO officials had expected the cigarette makers to take some action in response to the treaty, says Mackay, the Hong Kong-based tobacco expert, it was not clear how much the companies would impact the process.

"It worries me," she says, "that they may be more successful than some people had bargained for."

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Sam Loewenberg is a reporter at Legal Times. His e-mail address is slcwenberg@legaltimes.com.

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Ross Hammond  
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USA  
Tel. 1-415-695-7492



dams or tobacco: ruining millions worldwide

Shoreo ji

**Subject:** dams or tobacco: ruining millions worldwide  
**Date:** Mon, 23 Oct 2000 08:23:59 +0530  
**From:** Bobby Ramakant <ramakant@globalink.org>  
**Organization:** INGCAT Task Force (South East Asia)  
**To:** "Babu, Mr. Sharath" <BABUS@whosea.org>  
**CC:** "rcctvm@md2.vsnl.net.in" <rcctvm@md2.vsnl.net.in>,  
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"ticu@del3.vsnl.net.in" <ticu@del3.vsnl.net.in>,  
"warlaw@del3.vsnl.net.in" <warlaw@del3.vsnl.net.in>,  
"mirabaghi@hotmail.com" <mirabaghi@hotmail.com>,  
"sochara@vsnl.com" <sochara@vsnl.com>, "j.vaidya@ucl.ac.uk" <j.vaidya@ucl.ac.uk>,  
"wbb@pradeshta.net" <wbb@pradeshta.net>, "iednaser@bangla.net" <iednaser@bangla.net>,  
"hpsl@eureka.lk" <hpsl@eureka.lk>, "kinnershah@icenet.net" <kinnershah@icenet.net>,  
"drtarang@satyam.net.in" <drtarang@satyam.net.in>,  
"epicnci@cal3.vsnl.net.in" <epicnci@cal3.vsnl.net.in>

LARGE DAMS OR TOBACCO :  
RUINING MILLIONS WORLDWIDE  
by  
Bobby Ramakant

How paradoxical it is to note that those who consider themselves as harbingers of social justice, themselves throttle the basic rights of masses. And criminal apathy which snows all over us, swallows all cries of those wronged.

In this age-old series of basic human rights being trampled mercilessly, one more episode is about to be added which relates to lakhs of tribals, dalits, landless farmers and land-holding farmers of Narmada valley who are about to be ruined by those who are 'dedicated to work for human welfare' (paradoxical? No - Ridiculous!).

Same has happened with tobacco epidemic too. No natural calamity, wars, or manmade disasters have caused so much mortality and morbidity as tobacco causes EVERY YEAR! And we remain silent. Rather a majority of our populace go on smoking and chewing tobacco, posing a question over those who brandish to be the vanguards of public health!

The Supreme Court decision of October 17th has crushed hopes of millions of people of the Narmada valley whose survival is threatened by the big dams planned on the river. These millions of people were living on the strand of HOPE emerging from their association with NARMADA BACHAO ANDOLAN (NBA). Supreme Court judgement has AXED this hope. A prophetic once said "You should never deprive someone of HOPE. May be it is all what he has.". And this is the most apt verse, containing the significance of the HOPE which NBA sustained within millions.

The court's decision has also undermined numerous people's movements all around the world that are fighting for the basic rights to livelihood of indigenous and poor communities who are threatened by the forces of modern industrial development paradigm. Very much like the tobacco control lobby which

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is FIGHTING the governments that TOBACCO IS NOT A SOURCE OF REVENUE, PROFITS, FOREIGN EXCHANGE, EMPLOYMENT, and SOCIAL SECURITY. Tobacco is the single largest preventable cause of death, and despite of all studies, researches, supporting documents and true testimonies, NO GOVERNMENT the world over, has been able to TRULY ERADICATE tobacco. Tobacco is estimated to kill over 1 billion people by the turn of this century. 1 billion is the entire population of India. Imagine a country as big as India, or the second most populated country in the world being wiped away by a smoky cloud of death for ever. And we remain mute spectators all throughout. Silent, poise, and calm. When are we going to break the silence?

Our governments maintain and periodically upgrade the best possible military arsenals and artillery to combat enemies. Nuclear bombs depriving millions of our masses from basic amenities, is supposed to be another "LANDMARK" in this effort to "SAVE" human lives. How many lives has any enemy country ever taken in history of mankind? Has any war taken as many lives as tobacco takes every year?

Another point-to-be-noted is that NO WAR has ever earned as much social acceptability as these "DEVELOPMENT TANKS" crown themselves with. Tobacco is for the economic development of the country - is a MYTH which is so acceptable, honorable and socially convincing enough to make us immune to the fact that 4 million people are reportedly losing their lives because of tobacco. Each of these 4 million deaths every year, IS PREVENTABLE. But then, "DEVELOPMENT" of a country is foremost, say our wise politicians and power wielders.

Building huge dams over rivers and jeopardizing the lives of millions of poor becomes a CAUSE FOR CELEBRATION in corridors of power when Supreme Court judgement seeped in because "DEVELOPMENT" is vital for a nation. "DEVELOPMENT" is foremost for a "PROGRESSIVE" country like ours. So what? If it ruins millions of lives. So what, if it ravishes the basic human rights of millions of people? So what, if the expected "BENEFITS" of larger dams are proven to be MYTHS. So what if large dams will not serve any purpose at all even from development perspective. After all, it is a multi-billion dollar sphere and "DAMS ARE AN INDICATOR OF DEVELOPMENT" so do our reverend politicians believe.

The FACT SHEET on large dams stands out in contrast to "CLAIMS" banking on traditional development argument. Just like, the FACT SHEET on tobacco hazards stands out in stark contrast to tobacco promotion campaigns and "CLAIMS" banking on development argument. The Sardar Sarovar Project (SSP) and other large dams planned on the Narmada river will ultimately have a net high cost to our society and economy is well established through studies by experts like Peter MacCully, Sanjay Sanvai, Shripad Dharmadhikari, K R Datye and Suhas Paranjpe. On one hand, the claimed benefits of water reaching poor farmers of Kuchch and Saurashtra is unlikely to materialize due to expected heavy consumption of water by chemical industries that were not pre-planned but are fast coming up along the route of the canal. As per the Government's own documents, less than 2% of Kuchch and less than 9% of Saurashtra's drought prone land will ultimately get the canal's water, and that too not before 2025 AD. However, even this scenario looks unlikely.

On the other hand, the direct cost of displacement of a million people due to submergence in the valley is huge. Most of the displaced families will never get the land promised to them for rehabilitation simply because there is not enough cultivable land lying vacant in India. The Government of MP has officially admitted that it does not have enough land to rehabilitate all the displaced families. Recently the German Government did not give environmental clearance to Siemens for supplying certain equipment for the Maheshwar Dam on the grounds that the rehabilitation programme being implemented and planned by the Central and concerned State Governments is highly inadequate. The cost of Rs. 18,000 crore for SSP and similarly high figures for the canal network and other 30 large dams on Narmada will make the supply of water and power from the project economically non-viable. The entire Narmada valley project is a big hoax and an insult to the poor farmers of drought prone areas of Gujarat on whose name it is being justified and to the displaced millions of the valley whose future looks uncertain and bleak.

Just like the recently concluded Public hearings on Framework Convention on Tobacco Control in Geneva, tobacco industries and Governments all across the globe continues to "BELIEVE" that tobacco is a big source of revenue, generates employment and gets them huge foreign exchange. The unprecedented mortality caused by tobacco, FAILS to percolate at discussion tables. Even in countries like India, where surveillance and research networks are inconsistent and public health facilities highly inadequate, last year Rs.29, 500 crores were spent on treatment and management of tobacco-related cancers (source: Indian

Council of Medical Research - ICMR annual report) whereas total turnover (not the revenue) was Rs.24,000 crores as per the ITC annual report. Clearly we are losing money and revenue argument turns against the tobacco industry worldwide.

Similarly tobacco industry's growth rate between 1978-1992 was 12% and the employment instead of increasing, DECLINED. 49% of those employed by tobacco industry, were rendered unemployed- courtesy : the machine age. Now, tobacco industry has machines which churn out 14,000 cigarettes per minute, working round-the-clock. Tobacco industry is not a source of employment anymore. Rather it is itself shrinking in manpower but at the same time, growing in economic terms.

Tobacco is also not a source of foreign exchange. Barring few solitary examples, tobacco does not earn foreign exchange rather drains the money because of import of heavy machines by multinationals.

Tobacco industry also repeatedly questions the validity of tobacco-related health hazards ignoring that THERE IS NO CONSUMER PRODUCT IN THE ENTIRE HISTORY OF MANKIND ON WHICH AS MUCH RESEARCH HAS BEEN DONE AS TOBACCO. Over 70,000 research publications in reputed journals of credibility, and established links of constituents in tobacco with cancer and other life-threatening ailments, are enough to state that 'doubts' on tobacco-related health hazards do not exist. Moreover for those who have doubts, a personal testimony of someone near to them who is a tobacco user over a period of time, or a visit to cancer ward and a chat with patients struggling for each breath, shall dispel all confusions. And the truth will stand out in all it's starkness and clarity : TOBACCO KILLS! DON'T BE DUPED.

But the power wielders and policy makers refuse to acknowledge these fact-sheets and prefer to go on entertaining themselves with rhythmic lullaby of " those dedicated to DEVELOPMENT and social welfare". Whether it is tobacco, or building big dams, it is the basic human rights of the poorest of poors that get crushed. And then, from where do we get the moral right and sanity to boast that "WE WORK FOR THE MASSES and social justice". Where are those masses? Which 'masses' are we referring to? And to top it all, how senseless these projects appear if we consider including "SOCIAL JUSTICE" in our jargon used to justify our stand.

The dissenting note by Justice S P Bharucha, who wanted the construction of the project to be stopped and outlined a series of measures to be taken by the project authorities before the construction could be undertaken again, proves that NBA's arguments and figures were put forth before the court. We are deeply concerned by the way the Supreme Court and the Indian Government have undermined interests of the poorest sections of India. This is an indication of the increasing insensitivity of our policy makers, rich and upper middle class sections towards the underprivileged majority of our country. Fundamental rights of two-thirds majority are sacrificed by the vested interests of elite minority in our country. And same holds true for the rest of the world. Tobacco industry has survived for so long killing our masses slowly all around the world without much protest just because of this criminal apathy and indifference. We have to break this silence. Tobacco is the enemy number one, for each country on our planet emerging as the largest cause of death worldwide. Similarly despite of substantial number of reports negating 'development' arguments of large dams, policy makers go on enjoying the sweet slumber dreaming of large dams bringing prosperity to our masses (and themselves?). The sweet dream has to be intervened, because millions of lives are at stake. The silence has to be broken, because it is not only an issue relating to large dams on Narmada, but an issue relating to criminal apathy and social injustice transcending borders. The spirit of all social movements and campaigns is under threat.

We express solidarity with the people of the Narmada valley, and urge the President of India to urgently intervene in this matter for the sake of the country's poor.

Bobby Ramakant

(The author is the Pilot Coordinator of INGCAT (South East Asia)

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From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.net>  
To: "Framework Convention Alliance" <fctcall@globalink.org>  
Subject: "Philippine Daily Inquirer", 15/10/00  
Date sent: Sun, 15 Oct 2000 18:03:16 +1300

"Philippine Daily Inquirer", 15/10/00

TOBACCO WARS  
The final solution?

By Pennie Azarcon-Dela Cruz

See related story:  
Clearing the air

IF THE World Health Organization and anti-smoking groups had their way, that square-jawed cowboy in the cigarette commercial might as well be riding off into the sunset and into the night, never to be heard from again.

The WHO is preparing a Tobacco Control Framework Convention and will be holding international talks on the issue starting tomorrow until Oct. 21 in Geneva. The framework convention, which is expected to be ready by 2003, has the tobacco industry fuming because it could be binding on all of the WHO's 191 member-countries, including the Philippines.

Among the legislative actions being proposed by WHO are:

- A ban on all tobacco advertising, promotion and sponsorships;
- A ban on cigarette sales to children and minors;
- Effective health warnings on all tobacco products;
- A detailed listing of the constituents of tobacco and tobacco smoke;
- The establishment of smoke-free public places and workplaces;
- Higher taxes on cigarettes and stricter implementation of anti-smuggling laws; and
- An increase in the price of tobacco products, with part of the proceeds going to tobacco control programs and to promoting economic alternatives to tobacco growing and manufacturing.

Alarming statistics

The focus on tobacco control, according to WHO Director-General Gro Harlem Brundtland, is being driven by increased awareness of tobacco-related economic and health costs.

"[Tobacco] is the only product which when used as intended, will kill one-half of its consumers," said Brundtland,

noting that half a billion people alive today will die from tobacco-related illnesses.

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Four million people die every year of such illnesses, but this figure will rise to 10 million in the next 25 years, she added.

The alarm over such statistics was underscored recently when a US court awarded \$145 billion in damages to plaintiffs in a tobacco class suit after it found evidence that the tobacco industry knew it was producing a deadly product and had deceived the public about the dangers of cigarette smoking.

Easily the most contentious proposal is the suggested ban on advertising and promotional activities. "Tobacco addiction is a communicated disease," Brundtland said.

"[It is] communicated through advertising, sports, marketing and sponsorship...which equates a deadly product [with] the taste of freedom and fashion. Between 80,000 and 99,000 children and adolescents in the world take to tobacco everyday," she said.

So effective is advertising that, according to Advertising Age surveys in Asia, Europe and the Middle East, tobacco companies are consistently listed in the top 10 advertisers in 21 out of 50 countries.

Expected to dispute such figures is the tobacco industry, including world leader Philip Morris, which is to make a presentation at a public hearing during the conference. The WHO has encouraged active response from affected sectors and has so far received more than 400 submissions from major tobacco companies, the food and hotel industry, advertisers, consumer groups, church groups, smokers' rights groups, sports organizations and public health officials.

Constructive engagement  
Philip Morris International, which says it favors a "constructive engagement" with the WHO, has declared that it would oppose such measures as:

- A total ban on cigarette marketing to adults;
- The use of shock images in health warnings;
- Encouraging signatory countries to forego their own legal systems and adopt US-style litigation tactics;
- Public smoking bans that fail to allow business owners to provide smoking areas for adult smokers; and
- Higher taxes that could encourage smuggling and would jack up cigarette prices beyond the reach of ordinary consumers.

Tobacco companies are also leery of a proposed global treaty that would be binding on most countries and contend that individual legislation would be better suited to each country's specific conditions and political climate.

"National governments are better placed than the WHO to balance the revenues and employment generated by tobacco, the rights of informed adults to choose to smoke and the appropriate public health steps," averred British American Tobacco chair Martin Broughton.



But freer global trade over the past 20 years has led to a rise in smoking due to lower prices, countered the WHO and the World Bank in a report.

Analysis from 42 countries, the report said, "clearly demonstrates that trade liberalization has led to increases in cigarette smoking, with the most significant impact in low-income and middle-income countries."

Noted Brundtland: "We need an international response to an international problem."

#### Economic dislocations

In addition, cigarette companies decry the possible economic dislocations for tobacco-producing countries should the WHO's proposals on restricted sales and promotions push through. The tobacco industry is said to be a \$300 billion industry, with profits estimated at more than \$30 billion a year.

In the Philippines, according to the National Tobacco Administration, the local tobacco industry generates an average annual revenue of P21.4 billion in taxes, duties and other fees. It also provides income to an estimated 1.9 million Filipinos, including some 75,000 tobacco farmers and 300,000 of their family members.

But health advocates dismiss such figures and contend that if health care costs and productivity losses due to tobacco-related deaths and diseases were tallied, the Philippines would in fact post net losses.

Dr. Lenora Fernandez, one of the researchers in a nationwide study on smoking conducted by the University of the Philippines and the Philippine General Hospital, said that the country lost an estimated P46 billion in 1999 because of tobacco consumption. Fernandez said that about P27 billion was spent last year for the care of patients afflicted with lung cancer, chronic obstructive pulmonary disease, coronary artery disease and cerebro-vascular disease. These are the four leading tobacco-related ailments in the country.

Some 20,000 Filipinos die of lung cancer every year, warned health official Joseph Aricheta, a member of the government's Tobacco Control Secretariat. Some P.98 billion was lost because of absenteeism at work among people with tobacco-related diseases, plus another P18 billion lost because of the early deaths of these patients.

Untallied as yet is the environmental cost when entire forests are leveled and cleared to make room for increased farmland for tobacco crops and for tobacco-curing plants.

In its 1999 report, "Curbing the Epidemic: Government and the Economics of Tobacco Control", the World Bank answered point by point the issues often raised by tobacco advocates.

#### Starting young

Addressing the oft-repeated contention that adult smokers are responsible enough to decide for themselves, the report noted that "most smokers start when they are children or adolescents - when they have incomplete

information about the risks of tobacco and its addictive nature".

Indeed, says the WHO, 20 percent of schoolchildren in the developing world smoke regularly.

A study by the US Center for Disease Control also found that 25 percent of young smokers in developing countries started the habit before age 10.

The World Bank report also supports another WHO proposal to increase taxes and raise the price of cigarettes which, it said, "would deter adolescents [more than adults] from buying cigarettes. People in developing countries are more price-responsive than in high-income countries."

A worldwide price increase in cigarettes of only 10 percent would translate to some 40 million people quitting smoking and almost 20 million deaths averted, according to the report.

To deter smuggling that might result from higher cigarette taxes, the report suggested that governments stop street sales of the product and use warning labels and prominent tax stamps.

The loss of income and revenues from reduced tobacco consumption could be recouped in other ways, the report said. "Money not spent on tobacco will be spent on other goods, generating alternative employment."

Central to the tobacco industry's protest over restrictions on cigarette sales and advertising is its contention that smoking is a matter of individual freedom and that smokers choose to smoke. Using the same argument, juries in past litigation often ruled in favor of the cigarette companies in the belief that adult smokers should be held totally responsible for their own choices and behavior.

#### Health hazards

But the WHO and other health groups have asserted that "smoking is not so much a question of lifestyle choices, but literally a matter of life and death". The concern is fueled by the fact that more women have joined the smokers' league. Women now comprise 200 million out of 1.2 billion smokers. Researchers have also noted an increase in smoking among poor, illiterate and less-educated citizens in low- and middle-income countries who may not have the resources needed to cope with the often fatal ailments associated with smoking.

According to the Heart and Stroke Foundation of Ontario, Canada, children are particularly vulnerable to secondhand smoke because they breathe faster and therefore inhale more, and harmful chemicals from, the air. The likely results of such exposure are coughs and wheezes; eye, nose, throat and lung infections; asthma and pneumonia. Infants exposed to cigarette smoke are also twice more likely to die of sudden infant death syndrome (SIDS).

Women who smoke have an equal chance as men to die of emphysema, chronic bronchitis, peripheral vascular diseases, heart disease, stroke, as well as cancer of the mouth, larynx, bladder and cervix.

Smoking affects women in other ways, resulting in, among others, decreased fertility; risk of miscarriage; heart disease; cervix cancer; menstrual disorders; osteoporosis; slow fetal development; low birth weight; and risk

of stillbirths and perinatal death.

#### Smoking ailments

Tobacco also causes more than 40 diseases, many of them fatal or disabling, according to a 1996 report by the American Council on Science and Health. Among the ailments associated with smoking are: lung cancer, chronic obstructive pulmonary disease, angora pectoris, arrhythmia, aortic aneurysm, early skin wrinkling, fingernail discoloration, osteoporosis, cancers of the esophagus, mouth, larynx, bladder, kidney, stomach, the pancreas and the cervix; miscarriage; enhanced transmission of the HIV virus to the fetus, and worsened multiple sclerosis.

Because the stakes are so high, Brundtland anticipates furious debates, overheated discussions and intense reactions from the tobacco industry.

"We are not interested in tobacco wars. We want tobacco solutions," says Brundtland. Hopefully, the coming week's tobacco convention would provide just that.

October 15, 2000

CAFCA  
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# TOBACCO CONTROL

From: "Ross Hammond" <margross@igc.org>  
<fctcall@globalink.org>  
To: "GlobalLink International" <gt-intl@globalink.org>  
Subject: Koop's FCTC Testimony  
Date sent: Thu, 12 Oct 2000 20:20:58 -0700

Testimony of Dr. C. Everett Koop, C. Everett Koop Institute, WHO Public Hearings, 12 October 2000

My name is Ross Hammond, and I am reading this on behalf of Dr. C. Everett Koop, Senior Scholar of the C. Everett Koop Institute at Dartmouth College in the United States.

Dr. Koop writes: "I would like to raise my voice in favor of the strongest possible Framework Convention. Between 1981 and 1989, I served as the U.S. Surgeon General and chief delegate to the World Health Assembly under Presidents Reagan and Bush. In that capacity I was dedicated to educating scientists and the public about the hazards of tobacco use and doing what I could to decrease the death and disease caused by tobacco use. During my tenure as Surgeon General, my office issued eight reports on the death and diseases caused by smoking and smokeless tobacco, including reports on cancer, cardiovascular disease, chronic obstructive lung disease, nicotine addiction and the health consequences of environmental tobacco smoke.

Yet despite the wealth of scientific evidence we have accumulated about the harms of tobacco, the unfortunate truth is that the world has done shockingly little to reduce the death toll from tobacco use.

Tobacco is different from other plagues that have faced the world because it is promoted by an unscrupulous industry that will stop at nothing to promote its products and raise its profits. The evidence is irrefutable. On a scale never before known to commercial enterprises, Big Tobacco has engaged in the most devastating cover-up of scientific evidence and consciously sought to deceive and defraud the entire world about the health consequences of its products. It has preyed on our children and lied to our governments. It has manipulated nicotine and political systems. And it has created a public relations apparatus designed to make the world think it is behaving responsibly even while engaging in the most heinous behavior. We must resolve to never again let Big Tobacco's false and misleading statements go unanswered. We must also be aware of the history of tobacco control efforts. All too often the tobacco industry has succeeded in convincing governments to accept proposals that sound good on their face but do little to actually reduce tobacco use. The negotiators of the Framework Convention must not fall into the same trap. The Convention must not just be a "feel good" treaty that speaks in glowing, general language but has no real force or effect. It must contain meaningful specific restrictions on the tobacco industry's marketing and manufacturing practices and require governments to take strong and concrete steps to reduce tobacco use.

(PAUSE)

Speaking as a U.S. citizen, I believe the United States government has an important role to play in the FCTC negotiations. On the one hand, our multinational companies have played a leading role in spreading the plague of tobacco throughout the world. On the other hand, President Clinton has

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spoken out forcefully about the need for the establishment of strong public policy changes to rein in the tobacco industry and to reduce tobacco use. I urge the United States government to speak with the same voice in Geneva that it does at home and to support a strong, specific and effective FCTC - even if it includes policies that the tobacco industry has successfully blocked in the United States. The positions of the U.S. delegation during the Framework Convention negotiations should be based on the protection and promotion of global public health, and nothing else. If the U.S. government fails to actively support a strong FCTC or urges the adoption of a weak convention because of political considerations back home, we will be doing the entire world a disservice. The United States has an opportunity to use its knowledge and its experience to assist in the creation of the strongest possible treaty, one that can help the other nations of the world avoid a tobacco epidemic of the magnitude faced by the United States. How the U.S. responds during these negotiations will be the truest test of our leadership.

The world needs a strong Framework Convention, so that no nation is forced to fight the tobacco industry or the plague of tobacco use alone or unarmed. The FCTC should seek to bring the tobacco industry under proper governmental and international controls with concerted action on advertising, smuggling, product regulation, treatment programs, environmental tobacco smoke and many other areas.

A strong Framework Convention is a critical weapon that is needed to counteract the tobacco industry's wrongdoing. Now that WHO has seized the initiative at the global level we have the ability to change the behavior of multinational tobacco corporations at every level. We have the opportunity to stop the spread of disease and death transported by tobacco companies across borders into new populations of non-users. I strongly support the process that WHO has begun and encourage the countries of the world to come together and enact a meaningful and effective FCTC. Thank you.

From: "Ross Hammond" <margross@igc.org>  
To: <fctcall@globalink.org>, "Globalink International" <gt-intl@globalink.org>  
Subject: Koop's FCTC Testimony  
Date sent: Thu, 12 Oct 2000 20:20:58 -0700

*Julie  
FCTC*

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FCTC

**Subject: Statement by Dr. Ram (NGO Forum on Health & World Vision International) to 53rd WHA**

**Date:** Sat, 27 May 2000 07:01:06 -0400  
**From:** Suren Moodliar <suren.infact@juno.com>  
**To:** tobacco-accountability@igc.topica.com  
**CC:** fctcall@globalink.org

STATEMENT OF WORLD VISION INTERNATIONAL  
ON THE FRAMEWORK CONVENTION ON TOBACCO CONTROL  
53rd WORLD HEALTH ASSEMBLY - 19 MAY 2000

Dr. Eric Ram, Director of World Vision International and President NGO Forum for Health.

Agenda Item 12.10

Mr. Chairman,

On behalf of World Vision International, the NGO Forum for Health, INFACT, and the Network for Accountability of Tobacco Transnationals, I applaud the progress of the two Working Groups on the Framework Convention on Tobacco Control and the recognition by the World Health Assembly of the urgency of this issue. I also wish to extend our full support for WHO's efforts for a strong and binding Framework Convention on Tobacco Control which we believe will be good for both the North and the South. The World Bank report has demonstrated that tobacco control is not only good for health, but it is also good for the economy. A weak resolution, on the other hand, will only benefit rich transnational corporations based in the North, at the expense of the health and lives of people in the South.

We have heard arguments that the treaty be broad and general in scope, without binding obligations. Based on our experiences in the field, we wish to caution that such vagueness and loopholes play into the hands of the corporations that have demonstrated, that they will break and evade the law. Weak legislation has proven worse than nothing at all.

We urge that the Framework Convention remain on course toward a strong and binding treaty with specific obligations, and we hope the Assembly will guide negotiators in this direction.

Mr. Chairman, we are calling for a Framework Convention on Tobacco Control that will include the following (7) seven key elements:

1. To eliminate tobacco advertising and promotion including that appeals to children and young people;
2. To keep tobacco corporations out of public health policy;
3. To prioritize health protection measures over trade policy;
4. To protect consumers from the tobacco transnationals' deceptive practices;
5. To involve NGOs at all levels of the negotiations;
6. To include enforcement mechanisms that are binding on tobacco corporations; and
7. To commit to firm deadlines for treaty compliance.

The Convention should stop the Tobacco Transnationals from promoting and dumping a deadly and addictive product to the consumers. In their aggressive marketing, tobacco transnational corporations have actively sought ways to circumvent national law, and have lobbied against regulation of tobacco marketing and promotion that appeals to young

*Handwritten:* June 27 / 10 / 17



people, women, and populations that have not traditionally smoked.

No single country can withstand the political influence of corporations such as Philip Morris, for instance, whose annual revenues are greater than the gross domestic products of many countries. The Convention should ensure that the tobacco industry bears the global financial costs of treating tobacco-related illnesses.

WHO has raised considerable expectations for coordinated global action to end this devastating epidemic. Let us not let them down, but support them in full measure.

The NGOs, particularly, the ones involved in public health, human rights, equity and social justice, are an important resource and wish to partner with you in drafting this Convention, and we want to work with you for the strongest possible outcome. It is particularly important that the NGOs from the South be included in this process, as developing countries will bear the greatest burden from tobacco-related illnesses, as tobacco corporations aggressively spread tobacco addiction in these countries.

The activities and visibility of NGOs can mobilize grassroots commitment to public policies - and strengthen governments' resolve to protect public health. NGOs have made critical contributions in the pre-negotiation phase, and will be essential partners in the treaty's implementation. In this spirit, it is important that NGOs be involved at all levels and in every phase of negotiations on the Framework Convention and its protocols. We, therefore, ask you to please ensure NGO's participation as observers within the framework of ECOSOC.

Let me conclude by inviting all delegates to obtain a copy of INFACT's new documentary video - Making a Killing; With stories and examples from around the world, Making a Killing illustrates the toll taken by tobacco on people and families around the world, as well as promotional tactics and interference in public health policy by some of the largest and most profitable tobacco transnationals.

Thank you.

FCTC

Message 36TO: fctcall@globalink.org

FROM: rob@essential.org

SUBJECT: Alliance communications

Date: Mon, 14 Aug 2000 16:02:28 -0400 (EDT)

MESSAGE:Dear Friends:

It was wonderful to meet so many of the Framework Convention Alliance members at the World Conference in Chicago. For those of us who have not been deeply involved in the FCTC negotiations, it was a tremendous opportunity to learn about issues, country positions and evolving strategies by various players in the FCTC negotiation process.

As someone who has not previously committed substantial energy to the Framework Convention, it was exciting to see how many people have been engaged to drive the agenda forward in productive ways, and to try to head off backsliding from various retrogressive forces.

To make our efforts even more effective, I would like to make a plea: Please use this listserve for substantive discussion and intelligence sharing.

Especially for those of us who are not able to travel regularly to Geneva, it is hard to track exactly what is going on with the FCTC process. Active use of the listserve could help address this problem. It would be helpful to have a discussion on the list of different components that people think should be prioritized by NGOs, for example. Or if a group learns that the United States is pursuing yet another strategem to undermine NGO participation in the negotiation process, it should be posted right away.

I think real strategic discussion and constant, brief updates from various sources as new developments emerge would help those of us less centrally involved to be more effective in our work (and maybe also draw us in to do more!).

Perhaps one useful way to begin the fuller use of this listserve would be for someone or a few people who attended the briefings with government representatives on Thursday to post notes. Some of us had conflicting commitments at the time of the meeting; and, in any case, obviously not all of the Alliance was in Chicago.

Best,

Robert Weissman  
Essential Information | Internet: rob@essential.org

-----

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FCTC

Message 22TO: "'fctcall@globalink.org'" <fctcall@globalink.org>

CC: Judy Wilkenfeld <JWilkenfeld@TobaccoFreeKids.org>

FROM: JForeit@TobaccoFreeKids.org

SUBJECT: NGO representation at WHO question

Date: Tue, 15 Aug 2000 11:09:53 -0400

MESSAGE:All:

We are trying to compile a list of the organizations who do and do not have accreditation at WHO, in order to determine next steps for our October activities in Geneva. Please take a moment to reply to me, answering the following questions. A complete list of everyone's responses will be circulated to the list when I have everyone's responses.

Thanks!

A. Jenny Foreit  
Associate, Research & International Programs  
Campaign for Tobacco-Free Kids  
tel: 202 296-5469 x3025  
fax: 202 296-5427

- 1) What organization are you affiliated with?
- 2) Does your organization have accreditation at WHO? (IF YES: Is accreditation through your organization or through an international parent organization?)
- 3) If your organization (or its international parent) has accreditation, is it willing to allow members from other organizations to use its accreditation to gain access at WHO? (IF YES: approximately how many other individuals?)
- 4) If your organization does NOT have accreditation and cannot get it through an international parent organization, would you need to use another organization's privileges go to the October meetings in Geneva?

TJR  
ML  
16/8

F. TC

**Subject: Re: Alliance communications**

**Date:** Tue, 15 Aug 2000 10:36:27 -0700

**From:** Mele J Smith <mjsmith@igc.org>

**To:** Robert Weissman <rob@essential.org>, fctcall@globalink.org

I agree that the more we share information and engage in discussions, the stronger our efforts will be. In that spirit, I offer the following information/observations from the World Conference:

For those members of the Alliance who were unable to attend the World Conference or missed the final day of the conference two strong resolutions were passed by the delegation that impact the FCTC:

1. Be it Resolved that the Framework Convention on Tobacco Control (FCTC) be strong, driven by public health considerations, not preclude nations from adopting stronger measures and fully integrate NGOs working for tobacco control into the process.
2. Be it Resolved that the international tobacco control community work vigorously to exclude and remove tobacco and tobacco products from bilateral and multilateral trade agreements that would have negative public health consequences.

There is opportunity to use both of these resolutions (also termed Global Tobacco Control Actions) in our work.

There were three meetings of the Framework Convention Alliance during the World Conference. In addition there was a question and answer opportunity with three of US delegates, two of UK delegates, and one of Canadian delegates to the FCTC. Unfortunately, my notes from the meeting have been lost so I will have to work from memory about my impression of the meetings. Anyone else who has different impressions/memories, please add to my comments:

US delegation: (note: I came in late to the Q&A session with the US delegates): Tom Novotny was the US delegate who appeared to be lead person for answering any questions from the audience. When I arrived, he was making a statement on how important it was for US tobacco control groups to be involved in the moving the FCTC process forward. He said that the delegation would be calling on US tobacco control groups to help in the ratification process of the FCTC (in the US, any treaty that the US signs onto must be ratified by Congress). In response to that statement, the point was made that it was a little frustrating to be called on to help in the ratification of the treaty without having had substantive involvement in the actual negotiation of the treaty. His response was that the US delegation would be sponsoring regular meetings with US NGOs during the process to get input from them. The question then was whether or not the US delegation would support NGO involvement during negotiations in Geneva and if at the October negotiations would they be willing to look at establishing rules that allowed for greater NGO participation. The US response was that they felt that the current rules were working and they were not sure if they could change the rules. One of the more disappointing statements made by the delegation was after having send they would "push" public health considerations in the negotiations, the correction was made that they would "represent" public health considerations. Quite a bit weaker statement.

At the end of the Q&A session with the US delegation, a group of youth from Mission Housing Development Corporation in San Francisco, California presented the delegates with a resolution that they had advocated for their board to pass in support of a strong FCTC. It was clear that the US delegation was impressed by the youth involvement and by the strong interest NGOs have in supporting a strong FCTC.

JPS/TN  
RM  
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UK delegation: The discussion with the UK delegation centered around the position of the European Union (EU) given that their are a few countries in the EU that may have differing opinions (Germany being one of them). The point was made that any EU directive that currently exists with



respect to tobacco would be the position of the EU delegation whether or not some of the member states agreed with it. The UK delegation appeared quite strong in support of NGOs being involved in the process and agreed to take into consideration a request for financial assistance to bring NGOs to Geneva.

Canadian delegation: The Canadian delegate was strong and supportive on NGO involvement and committed to taking a lead role in the negotiations to ensure a strong FCTC comes out of the process. It was quite impressive to see the commitment on both the part of the UK and Canadian delegations and certainly made the US delegation, by contrast, look quite weak.

Finally, during the FCA meetings, there was an opportunity for the different working groups to meet. I participated in the Trade working group. In the next few weeks there will a couple of papers around the trade issue posted to the list. The trade group will also post to the list a set of principles with respect to trade for discussion. If anyone is interested in being involved in the trade working group, please contact me at [mjsmith@igc.org](mailto:mjsmith@igc.org) and I will add you to the list.

There was also a long discussion that centered around the ASH UK brief that was circulated previous to the conference and can be found on their website <http://www.ash.org.uk>. There was agreement that the document was quite helpful and quite good and that most people could live with it. However there was some discussion as to the purpose of the document. Whether it was meant to be the "bottom line" and if that was indeed the case, was it something to make public since you may not want to start negotiations with your minimum, but rather your ideal and work to get as close to it as possible. The discussion did not resolve this question.

I, too, enjoyed meeting many of you who I have only known via your email address and look forward to meeting other members of the alliance in person or via email.

best regards,

mele smith

At 04:02 PM 8/14/2000 -0400, Robert Weissman wrote:

>Dear Friends:

>It was wonderful to meet so many of the Framework Convention Alliance members at the World Conference in Chicago. For those of us who have not been deeply involved in the FCTC negotiations, it was a tremendous opportunity to learn about issues, country positions and evolving strategies by various players in the FCTC negotiation process.

>As someone who has not previously committed substantial energy to the Framework Convention, it was exciting to see how many people have been engaged to drive the agenda forward in productive ways, and to try to head off backsliding from various retrogressive forces.

>To make our efforts even more effective, I would like to make a plea: Please use this listserve for substantive discussion and intelligence sharing.

>Especially for those of us who are not able to travel regularly to Geneva, it is hard to track exactly what is going on with the FCTC process. Active use of the listserve could help address this problem. It would be helpful to have a discussion on the list of different components that people think should be prioritized by NGOs, for example. Or if a group learns that the United States is pursuing yet another strategy to undermine NGO participation in the negotiation process, it should be posted right away.

>I think real strategic discussion and constant, brief updates from various sources as new developments emerge would help those of us less centrally involved to be more effective in our work (and maybe also draw us in to do more!).

>

Re: Alliance communications

>Perhaps one useful way to begin the fuller use of this listserve would be  
>for someone or a few people who attended the briefings with government  
>representatives on Thursday to post notes. Some of us had conflicting  
>commitments at the time of the meeting; and, in any case, obviously not  
>all of the Alliance was in Chicago.

>

>Best,

>

>Robert Weissman


>Essential Information

| Internet: [rob@essential.org](mailto:rob@essential.org)

>

>

San Francisco Tobacco Free Project  
1540 Market Street, #250  
San Francisco, California 94102  
USA



11/8/12R.

List of NGOs in official relations with WHO

**Subject: List of NGOs in official relations with WHO**

**Date: Thu, 17 Aug 2000 14:44:56 +0100**

**From: sjones@bma.org.uk**

**To: fctcall@globalink.org**

For your information, it may be useful to know exactly which NGOs are currently in official relations. List can be found at:

<http://www.who.int/ina-ngo/>

Best,

Sinead

~~~~~  
Sinead Jones, PhD MPH  
Project Leader  
Tobacco Control Resource Centre  
British Medical Association  
BMA House  
Tavistock Square  
London WC1H 9JR  
United Kingdom

tel: +44 20 7383 6380

fax: +44 20 7554 6380

e-mail: sjones@bma.org.uk

<http://www.tobacco-control.org/>  
~~~~~

\*\*\*\*\*  
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www.bma.org.uk  
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Subject: RE: NOTES FROM ALLIANCE MEETINGS

Date: Fri, 5 May 2000 13:02:33 +0200

From: "Sibylle Fleitmann" <cnsf@pophost.eunet.be>

To: "Emma Must" <emma.must@dial.pipex.com>, <fctcall@globalink.org>

CC: "Chitra Subramaniam" <subramaniamc@who.ch>, "Karen Lewis" <klewis@advocacy.org>, <lethut@who.ch>

Hello Emma,

Thanks for the meeting notes and the work behind compiling all this. Just a short observation: Luk Joossens and myself attended the meeting also. So if you would not mind adding us to the list, we would be grateful.

Best regards,  
Sibylle Fleitmann  
ENSE, Brussels

-----Message d'origine-----

De: Emma Must [mailto:emma.must@dial.pipex.com]

Date: mercredi 26 avril 2000 15:21

A: fctcall@globalink.org

CC: Chitra Subramaniam; Karen Lewis; lethut@who.ch

Objet: NOTES FROM ALLIANCE MEETINGS

Dear Friends,

Several people have asked for notes from the various Alliance meetings held during the week of the Second Framework Convention Working Group Meeting in Geneva at the end of March.

So, by popular demand, please find attached:

1. Notes from the Framework Convention Alliance Strategic Planning Meeting, held in Geneva, 26 March.
2. Notes of key points from additional Alliance meetings/debriefings held during that week.
3. Notes from the first meeting of the Alliance Development (Fundraising) Working Group, Geneva, 26 March.

These are in addition to the various daily reports; statements by Alliance member groups; press releases etc. which were circulated via this e-mail conference (and some also via Globalink-international list) at the time. All this material is being added to the Alliance website.

Hope they are of use/interest.

Best wishes,

Emma

Emma Must  
International Campaign Manager  
ASH  
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Fax: +44 (0)171 613 0531  
E-mail: emma.must@dial.pipex.com  
Web: <http://www.ash.org.uk>

*Anna D*  
*AS*  
*to TN*  
*KL*  
*8/5*  
*TB/lu*  
*lu*



Subject: WHA & Public Hearings Update

Date: Sun, 7 May 2000 16:36:36 -0400

From: "Nils E. Billo" <NilsBillo@compuserve.com>

To: Suren Moodliar <suren.infact@juno.com>, FCA <frcall@globalink.org>

CC: Slama Karen <KSlama@iuatld.org>, Bissell Karen <KarenBissell@compuserve.com>,  
Yach Derek <YachD@who.ch>

Dear Suren:

Thank you for your update on the different activities around the FCTC. As I said in one of my previous e-mails, I don't think there will be a lot of opportunity to make statements at the forthcoming WHA. Too many agenda points to be discussed at the WHA. However, if WHO thinks it is important that NGOs are at the WHA, they should let us know. Also all NGOs, and not only a small circle, should be informed about the proposed format for the hearings in October 2000. The information flow from WHO to NGOs has not been very smooth so far, unfortunately. Only a concerted action and effort from NGO side will have an impact on the FCTC process. We need to support the WHO as much as we can, but as WHO/TPI is the Secretariat in the process of elaborating the FCTC for the government members, we as NGOs need to be more proactive to get a meaningful treaty adopted and not just give our approval to everything proposed. I think WHO/TPI has done an excellent job so far, but the real work will start now in the negotiating body.

The Union can accreditate the following persons:

- Juan Almdares
- Oron'to Douglas
- Elif Dagli/other rep from Turkey

Can you send me their e-mail addresses as soon as it has been decided whom WHO wants to sponsor to the WHA. I will then inform them and WHO about the accreditation. Is it sure that they will accept interventions from NGOs at the WHA?

In my opinion we need to do a lot of lobbying before the negotiations start, and this in the US, Japan, Turkey and Germany and of course in as many other countries as possible. Just being at those WHO meetings is not going to be enough in my opinion.

I will be most probably in Japan next week but I can be always reached at this e-mail in case there are problems with the accreditation process. Suren, thank you for coordinating the invitation of NGOs from developing countries, it is important to keep them informed. We are trying to do that in all our regional meetings of the Union, the next one being in Conakry at the end of May.

With kind regards. Nils

Dr. Nils E. Billo, MD, MPH  
Executive Director IUATLD  
Phone: +33144320360  
FAX: +33143299067  
mailto: NBillo@iuatld.org  
website: <http://www.iuatld.org>

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S  
S/S

Re: WHA & Public Hearings Update

**Subject: Re: WHA & Public Hearings Update**

Date: Mon, 08 May 2000 09:40:28 +0000

From: elif dagli <edagli@superonline.com>

To: "Nils E. Billo" <NilsBillo@compuserve.com>

CC: Suren Moodliar <suren.infact@juno.com>, FCA <fctcall@globalink.org>, Slama Karen <KSlama@iatld.org>, Bissell Karen <KarenBissell@compuserve.com>, Yach Derek <YachD@who.ch>, tb@tb.org.tr

Dear Nils,

Thanks for the note. I think we all agree that NGOs have to be proactive and should not let the governments of various countries to weaken the process. It will be much worse to have a weak convention than having none. Our governments will then come up with the excuse that FCTC does not have the articles we have in our local laws and will try to destroy the ones we already have. It will then be a convention to support the tobacco industry.

IUATLD has a unique power by representing all countries and I do believe that , as you suggested we work on the NGOs of risky countries. We can even create a FCTC corner on the website and updatate the information. For Turkey, unfortunately, I was informed at very late time that I could attend the WHA by the FCTC alliance. My work at the university this time will not allow me to be there making the last minute arrangements. However, Dr ( Mrs) Fusun Sayek, President of Turkish Medical Association will represent us. I do hope she can be accredited. She has been a great fighter and knows very well how to mobilize NGOs and the government delegation will be irritated by her appearance, to make obviously contrary comments.

TV  
RL  
8/5

We are at present working hard to let the media know all about the process and that every word Turkish delegations say will be disclosed.

I wish all the success and would like to encourage WHO as you did. Tobacco industry related governments do not represent their people.

2 of 2

Sincere regards,

5/8/00 11:19 AM

Prof Elif Dagli

Nils E. Billo wrote:

> Dear Suren:

>

> Thank you for your update on the different activities around the FCTC. As I  
> said in one of my previous e-mails, I don't think there will be a lot of  
> opportunity to make statements at the forthcoming WHA. Too many agenda  
> points to be discussed at the WHA. However, if WHO thinks it is important  
> that NGOs are at the WHA, they should let us know. Also all NGOs, and not  
> only a small circle, should be informed about the proposed format for the  
> hearings in October 2000. The information flow from WHO to NGOs has not  
> been very smooth so far, unfortunately. Only a concerted action and effort  
> from NGO side will have an impact on the FCTC process. We need to support  
> the WHO as much as we can, but as WHO/TFI is the Secretariat in the

Subject: FCTC public hearings, 12-13 October 2000, Geneva

Date: Fri, 22 Sep 2000 16:07:09 +0530

From: "Babu, Mr. Sharath" <BABUS@whosea.org>

To: "rctvm@md2.vsnl.net.in" <rctvm@md2.vsnl.net.in>, "ili@nde.vsnl.net.in" <ili@nde.vsnl.net.in>, "bharat@chitralekha.com" <bharat@chitralekha.com>, "dipesh\_satpathy@hotmail.com" <dipesh\_satpathy@hotmail.com>, "pgupta@tifir.res.in" <pgupta@tifir.res.in>, "dinesh.agarwal@unfpa.org.in" <dinesh.agarwal@unfpa.org.in>, "indiracal@hotmail.com" <indiracal@hotmail.com>, "darlena.david@cmal.org" <darlena.david@cmal.org>, "zebaysh@hotmail.com" <zebaysh@hotmail.com>, "jenatrak@hotmail.com" <jenatrak@hotmail.com>, "kabra@ipad.ren.nic.in" <kabra@ipad.ren.nic.in>, "vrekhi@satyam.net.in" <vrekhi@satyam.net.in>, "srkhanna@giasdf01.vsnl.net.in" <srkhanna@giasdf01.vsnl.net.in>, "ambikasrivastava@mccann.com" <ambikasrivastava@mccann.com>, "ramakant@1w1.vsnl.net.in" <ramakant@1w1.vsnl.net.in>, "ksri@medinst.ernet.in" <ksri@medinst.ernet.in>, "srkhanna@giasdL01.vsnl.net.in" <srkhanna@giasdL01.vsnl.net.in>, "ticu@del3.vsnl.net.in" <ticu@del3.vsnl.net.in>, "wvarlaw@del3.vsnl.net.in" <wvarlaw@del3.vsnl.net.in>, "mirabaghi@hotmail.com" <mirabaghi@hotmail.com>, "sochhara@vsnl.com" <sochhara@vsnl.com>, "ramakant@globalink.org" <ramakant@globalink.org>, "j.vaidya@uct.ac.za" <j.vaidya@uct.ac.za>, "wbb@pradeshta.net" <wbb@pradeshta.net>, "iednaser@bangla.net" <iednaser@bangla.net>, "thpsl@eureka.lk" <thpsl@eureka.lk>, "kinnershah@icenet.net" <kinnershah@icenet.net>, "drtarang@satyam.net.in" <drtarang@satyam.net.in>, "epinci@cal3.vsnl.net.in" <epinci@cal3.vsnl.net.in>

Hi all,

This is to inform you that the submissions for the public hearing have been placed on the WHO website. Please access these and comment on submissions which support tobacco promotion. Mind you, the tobacco industry would be commenting on your submissions with a view to debunking them. Therefore, it is important, their submissions are critically reviewed to defend your submission.

Wish you all the best.

Martha R Osei  
Regional Adviser - Health Promotion & Education

*Pl - please check the WHO website & download those that are necessary for 27/9.*

*TN*  
*ML*  
*28/9*



Farmers Development Trust	FDT submission to WHO's First Public Hearing on Tobacco Control	English	<a href="#">E2610256.doc</a> <a href="#">E2610256.pdf</a>
FDI World Dental Federation	Submission regarding the FCTC	English	<a href="#">F3660359.doc</a> <a href="#">F3660359.pdf</a>
Fédération des Associations D'entraide pour le Développement Economique et Social (FADDES)	FADDES Submission to WHO Public Hearings on FCTC	French	<a href="#">F4510444.pdf</a>
Fédération Européenne des Transformateurs de Tabac (FETRATAB)	Submission of FETRATAB to the WHO on a FCTC	English	<a href="#">F2190215.doc</a> <a href="#">F2190215.pdf</a>
Federation Internationale de Football Association (FIFA)	Tobacco Sponsorship in Football: the position of the FIFA	English	<a href="#">F2180214.doc</a> <a href="#">F2180214.pdf</a>
Fédération Nationale des Planteurs de Tabac - UNTAB	UNTAB Submission to WHO Public Hearing on FCTC	French	<a href="#">F5810574.doc</a> <a href="#">F5810574.pdf</a>
Federation of Cuban Women	Submission c/o Soon- Young Yoon on behalf of the Federation of Cuban Women to WHO Public Hearing On FCTC	English	<a href="#">F3210314.rtf</a>
Federation of European Cancer Societies	Submission by the Federation of European Cancer Societies to the Public Hearings on the WHO Framework Convention on Tobacco Control	English	<a href="#">F0880086.doc</a> <a href="#">F0880086.pdf</a>
Federation of Farmers Associations, Andhra Pradesh	Federation of Farmers Associations Submission to WHO Public Hearing on FCTC	English	<a href="#">F4680461.pdf</a> <a href="#">F4680461.txt</a>
Federation of Tobacco Workers' Trade Union	The Federation of Tobacco Workers' Trade Union Submission to WHO Public Hearing on FCTC	English	<a href="#">F5320525.pdf</a>
Fighting Smoking Foundation and Fighting Smoking Association	Fighting Smoking Foundation and Fighting Smoking Association Submission to WHO on Public Hearing on FCTC	English	<a href="#">F4040397.pdf</a> <a href="#">F4040397.rtf</a>
Finland's ASH (Action on Smoking and Health)	Finland's ASH Submission to WHO Public Hearings on the Framework Convention on Tobacco Control	English	<a href="#">F1320130.pdf</a> <a href="#">F1320130.rtf</a>
Finnish Centre for Health	WHO Public Hearings on the FCTC	English	<a href="#">F3610355.doc</a> <a href="#">F3610355.pdf</a>
Firdous Cold Store	Firdous Cold Store Submission to WHO Public Hearing on FCTC	English	<a href="#">F5210514.pdf</a>
Flue-Cured Tobacco Cooperative Stabilization Corporation	Flue-Cured Tobacco Cooperative Stabilization Corporation Statement to the WHO concerning the FCTC	English	<a href="#">F2470243.doc</a> <a href="#">F2470243.pdf</a>
Fondation Luxembourgeoise Centre for Cancer	Fondation Luxembourgeoise Centre for Cancer Submission to WHO Public Hearing on FCTC	French	<a href="#">F5360529.doc</a>
Forum for Women, Law and Development (FWLD)	Submission By FWLD to WHO Public Hearing on FCTC	English	<a href="#">F6460639.rtf</a>
Foundation for Health Promotion	The Foundation for Health Promotion Statement to WHO Public Hearings on the FCTC	English	<a href="#">F3550358.doc</a>
French Center for Health Education	French Center for Health Education Submission to FCTC Public Hearing on FCTC	French	<a href="#">F5590552.doc</a> <a href="#">F5590552.pdf</a>

Friends Society in Social Service	Proposed Outline of Response to WHO Framework Convention On Tobacco Control	English	E0610058.doc E0610058.pdf
Frontier Duty Free Association	Statement of the Frontier Duty Free Association For the Public Hearing On FCTC	English	F4850378.doc
Fundación Antitabáquica de Panamá	Convenio Marco para la Lucha Antitabáquica	Spanish	F3630357.doc F3630357.pdf
Fundación Antitabáquica de Panamá	Anti-Tobacco Foundation of Panama Submission to WHO Public Hearing on FCTC	English	F4900583.doc
Fundación Brasileira del Corazon	Convenio Marco para la Lucha Antitabáquica-Comentarios	Spanish	F2170213.doc F2170213.pdf
Fundación Cardiológica de Panamá	Heart Foundation of Panama Submission to WHO Public Hearing on FCTC	English	F5920585.doc
Fundación de la Federación Argentina de Cardiología	Foundation of Argentine Federation of Cardiology Submission to WHO Hearings on FCTC	Spanish	F4900483.doc F4900483.pdf
Fundación Venezolana del Corazon	Venezuelan Heart Foundation Submission to WHO Public Hearing on FCTC	Spanish	F4920485.doc F4920485.pdf
Gabungan Perserikatan Pabrik Rokok Indonesia (GAPRI)	Submission by GAPRI on the Proposed Framework Convention on Tobacco Control of the WHO	English	F4690452.pdf
GBCS (General Board of Church and Society)	Statement of the GBCS to the WHO on the Framework Convention on Tobacco Control and Related Protocols	English	F3420336.wpd
General Board of Church and Society (GBCS)	Submission by GBCS to WHO Public Hearing on FCTC	English	F6450638.wpd
Georgian Medical Association	Statement from Georgia Medical Association	English	F2380236.doc F2380236.pdf
Georgian National Counter Tobacco Center	Georgian National Counter Tobacco Center Submission to WHO Public Hearing on FCTC	English	F1300126.doc F1300126.pdf
German Cancer Research Center	Submission of the German Cancer Research Center to WHO Public Hearings on FCTC	English	F2830276.doc F2830276.pdf
German Federation for Food Law and Food Science	Comments on the WHO's FCTC	English	F3360329.doc F3360329.pdf
German Medical Action Group Smoking or Health	Submission to the WHO FCTC	English	F3680361.doc F3680361.pdf
German Smokers' Club	Opinion of the German Smokers' Club Regarding WHO'S Framework Convention on Tobacco Control	English	F1310127.doc F1310127.pdf
Gewerkschaft Nahrung Genuss Gaststätten (Food and Allied Workers Union)	Statement on FCTC	English	F2680252.doc F2680252.pdf
GISME (Centre D'aicoologie et de Tabecologie)	GISME Submission to WHO Public Hearing on FCTC	French	F5570550.doc
Glaxo Wellcome	Submission to the WHO FCTC Hearings	English	F3690362.doc F3690362.pdf

Global Health Council	The Global Health Council Submission to WHO Public Hearing On FCTC	English	F4220415.doc
Godavari Tobacco Growers & Farmers Welfare Association	The Godavari Tobacco Growers & Farmers Association Submission to WHO Public Hearing on FCTC	Arabic	F5060499.pdf
Groupeement des Industries Européennes du Tabac (GITES)	Contribution du Groupeement des Industries Européennes du Tabac	French	F4240417.doc F4240417.pdf
Gujarat State Small Industries Federation	Gujarat State Small Industries Federation Submission to WHO Public Hearing on FCTC	English	F6180611.pdf
Gujarat Superphosphate Industries (SI) Limited	Submissions for Public Hearings of FCTC	English	F6030596.pdf
Health 21 Hungarian Foundation	Health21 Hungarian Foundation Testimony for the WHO Framework Convention On Tobacco Control	English	F0650062.doc F0650062.pdf
Heart Foundation of Jamaica	The Heart Foundation of Jamaica Submission to WHO Public Hearing on FCTC	English	F4820475.pdf
Heartfile- The National Heart Foundation of Pakistan	Heartfile Submission to WHO Public Hearings On FCTC	English	F2940287.doc F2940287.pdf
Hong Kong Council on Smoking and Health	Pre-hearing submission	English	F4450438.doc
Imperial Cancer Research Fund	Imperial Cancer Research Fund Submission to WHO Public Hearing on FCTC	English	F4720455.doc F4720455.pdf
Imperial Tobacco Limited (ITL)	Submission on the FCTC	English	F2240217.doc F2240217.pdf
Independent Sobriety Association	Independent Sobriety Association Submission to WHO Public Hearing on FCTC	Russian	F6430636.doc F6430636.pdf
Indian Cancer Society	Submission from Indian Cancer Society	English	F2220218.pdf F2220218.rtf
Indian Farmers Federation	Indian Farmers Federation Request for Representation for the Public Hearings on Framework Convention on Tobacco Controls	English	F1290125.doc
Indian National Trade Union Congress (INTUC)	INTUC Submission to WHO Public Hearing on FCTC	English	F4760459.pdf
Indian Public Health Association	Submission to WHO Public Hearings on FCTC	English	F4620455.pdf
Indian Society on Tobacco and Health	Submission	English	F2230219.doc F2230219.pdf
Indonesian Association Against Tuberculosis	Indonesian Association Against Tuberculosis	English	F4790472.pdf
Indonesian Smoking Control Foundation ("LM 3")	"LM 3" Submission to FCTC Public Hearings On WHO Framework Convention On Tobacco Control	English	F1740167.doc F1740167.pdf
INFACF	Comments by INFACF to WHO Proposed Framework Convention On Tobacco Control	English	F3050298.doc F3050298.pdf
INWCAI Task Force & Indian Society Against Smoking	FCTC Public Hearings	English	F2440240.doc F2440240.pdf

Institute of Allergy and Clinical Immunology of Bangladesh	Submission to the FCTC Public hearings at WHO	English	<a href="#">F2250221.doc</a> <a href="#">F2250221.pdf</a>
Institute of Environmental Health, Department of Preventive Medicine, University of Vienna	WHO Public Hearings on the FCTC	English	<a href="#">F2240220.doc</a> <a href="#">F2240220.pdf</a>
Institute of Pediatrics, Obstetrics and Gynaecology	Ukraine	English	<a href="#">F4340427.doc</a> <a href="#">F4340427.rtf</a>
Institute of Social Medicine University of Vienna	We choose the following topics to make statements on:	English	<a href="#">F4460439.pdf</a> <a href="#">F4460439.rtf</a>
Institute Rotary Cancer Hospital, All India Institute of Medical Sciences	Institute Rotary Cancer Hospital, All India Institute of Medical Sciences Submission to WHO Public Hearing on FCTC	English	<a href="#">F6320625.doc</a> <a href="#">F6320625.pdf</a>
International Advertising Association (IAA)	IAA Submission for the Public Hearings on the proposed FCTC	English	<a href="#">F4730466.pdf</a>
International Agency on Tobacco and Health	International Agency on Tobacco and Health Submission to WHO Public Hearing on the FCTC	English	<a href="#">F4150408.doc</a>
International Association of Airport Duty Free Stores (IAADFS)	Statement of the IAADFS for the Public Hearing on the FCTC	English	<a href="#">F4770470.pdf</a>
International Council of Nurses	Statement from International Council of Nurses to the WHO Public Hearings on the FCTC	English	<a href="#">F5070500.pdf</a>
International Council Of Women	International Council of Women Submission to WHO Public Hearings on FCTC	English	<a href="#">F4740467.pdf</a>
International Federation of Medical Students' Association, Standing Committee on Public Health (IFMSA/ SCOPH)	IFMSA/ SCOPH Statement for the Public Hearing on the Framework Convention On Tobacco Controls	English	<a href="#">F3160309.doc</a> <a href="#">F3160309.pdf</a>
International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse	WHO Public Hearing on the Framework Convention on Tobacco Control	English	<a href="#">F4440437.doc</a>
International Federation of University Women (IFUW) endorsing INGCAT	IFUW endorsement of Statement from INGCAT to the Public Hearings on the FCTC	English	<a href="#">F1210118.doc</a> <a href="#">F1210118.pdf</a>
International Independence Temperance Association	International Independent Temperance Association Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5620555.doc</a> <a href="#">F5620555.pdf</a>
International Movement Promoting Action Against Consumption of Tobacco (IMPACT)	IMPACT Submission to WHO for the Public Hearings On FCTC	English	<a href="#">F3070300.doc</a> <a href="#">F3070300.pdf</a>
International Non Governmental Coalition Against Tobacco (INGCAT)	Statement from INGCAT to the WHO Public Hearings on the FCTC	English	<a href="#">F0400037.doc</a> <a href="#">F0400037.pdf</a>
International Society of Nurses in Cancer (ISNCC) endorsing INGCAT	Statement from ISNCC to the WHO Public Hearings on the FCTC, endorsing the Statement from the International Non-Governmental Coalition Against Tobacco	English	<a href="#">F1130112.doc</a> <a href="#">F1130112.pdf</a>
International Travel Retail Confederation	Submission to the Public Hearing on the FCTC	English	<a href="#">F2200216.doc</a> <a href="#">E2200216.pdf</a>



International Union Against Cancer (UICC), and Association of European Cancer Leagues (ECL EU)	Submission From UICC and ECL EU to the Public Hearings on WHO Framework Convention on Tobacco Control	English	<a href="#">E1630159.doc</a> <a href="#">E1630159.pdf</a>
International Union Against Tuberculosis and Lung Disease (IUALTD)	Statement of the IUALTD for the Public Hearings on Framework Convention on Tobacco Control FCTC	English	<a href="#">E1080105.doc</a>
International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)	IUF Submission to WHO Public Hearings On FCTC	English	<a href="#">E2990292.doc</a> <a href="#">E2990292.pdf</a>
INWAT (International Network of Women Against Tobacco)	INWAT Submission to WHO Framework Convention on Tobacco Control Hearings	English	<a href="#">E0510048.pdf</a> <a href="#">E0510048.rtf</a>
IRIB (Islamic Republic Of Iran Broadcasting)	In the name of God the Compassionate the Merciful, IRIB's Testimony Submitted to the WHO Public Hearing on FCTC	English	<a href="#">E0480045.doc</a> <a href="#">E0480045.pdf</a>
Isfahan Cardiovascular Research Center, The National Program For Tobacco Control	Isfahan Cardiovascular Research Center Submission to WHO Public Hearings On FCTC	English	<a href="#">E2970290.doc</a> <a href="#">E2970290.pdf</a>
Islamic Medical Association Malaysia	FCTC Submission from Dr Jeffrey Abu Hassan	English	<a href="#">E0390035.pdf</a> <a href="#">E0390035.rtf</a>
Israel society for the prevention of smoking	Suggested Ideas for the Smuggling of Tobacco Products	English	<a href="#">E2490245.doc</a> <a href="#">E2490245.pdf</a>
Israeli Oncology Nursing Society	Statement of Support of the FCTC	English	<a href="#">E3710364.doc</a> <a href="#">E3710364.pdf</a>
ITGA (International Tobacco Growers Association)	ITGA Pre-Submission to WHO Public Hearings	English	<a href="#">E3370330.doc</a> <a href="#">E3370330.pdf</a>
IUTOX (International Union of Toxicology)	Submission From the International Union of Toxicology	English	<a href="#">E1620158.doc</a> <a href="#">E1620158.pdf</a>
JAMRA	JAMRA Submission to WHO Public Hearing on FCTC	French	<a href="#">E8400533.pdf</a>
Japan Association Against Tobacco	WHO Framework Convention on Tobacco Control Hearings	English	<a href="#">E2260222.pdf</a> <a href="#">E2260222.rtf</a>
Japan Dental Association Against Tobacco	FCTC	English	<a href="#">E3730366.rtf</a>
Japan Filter Technology LTD.	Japan Filter Technology LTD. Opinion on the Proposed Framework Convention on Tobacco Control FCTC	English	<a href="#">E1270123.doc</a> <a href="#">E1270123.pdf</a>
Japan Medical-Dental Association for Tobacco Control	Japanese Clinicians Request to WHO Public Hearings on FCTC	English	<a href="#">E2820275.rtf</a>
Japan Tobacco	Comments by Japan Tobacco on the Proposed Framework Convention on Tobacco Control	English	<a href="#">E3960388.doc</a>
Japan Tobacco and Allied Workers Union	Japan Tobacco and Allied Workers Union Submitting a Statement on WHO FCTC	English	<a href="#">E1100107.doc</a> <a href="#">E1100107.pdf</a>
Japan Tobacco Growers Association	Japan Tobacco Growers Association's Opinion about WHO Framework Convention on Tobacco Control	English	<a href="#">E1240121.doc</a> <a href="#">E1240121.pdf</a>
Japan Tobaccoist Federation	Comments on the proposed FCTC	English	<a href="#">E2270223.doc</a> <a href="#">E2270223.pdf</a>

Joint Association For Support To Cancer Patients (JASCAP)	JASCAP Submission For Framework Convention for Tobacco Control	English	F1280124.doc F1280124.pdf
Junta Agroempresarial Dominicana	Documento de Posición	Spanish	F3720365.doc F3720365.pdf
Kazakhstan Association for the Support of Youth, Kostanaj branch	Kazakhstan Association for the Support of Youth Submission to WHO Public Hearing on FCTC	Russian	F5670550.doc
Kaunas University of Medicine	Submission to Public Hearings	English	F2630258.doc F2630258.pdf
Kazan State Medical Academy	Kazan State Medical Academy Submission to WHO Public Hearing on FCTC	Russian	F5560549.doc F5560549.pdf
Kentucky ACTION	Statement of Kentucky ACTION Before the WHO	English	F0860083.doc F0860083.pdf
Kentucky Hemp Growers Cooperative	Kentucky Hemp Growers Cooperative Submission to WHO Public Hearings On FCTC	English	F3430335.rtf
Kerala Dinesh Jendi Workers' Cooperative Society Ltd.	Written Submission on FCTC to attend the hearing on FCTC	English	F0380035.doc F0380035.pdf
Kirk Buitts Connecticut	Submission by Congress Woman Rosa L. DeLauro to WHO Public Hearing on FCTC	English	F50_0496.doc F50_0496.pdf
Kimball Physics Inc.	Comments by Kimball Physics Inc. on the WHO Framework Convention on Tobacco Control	English	F1070106.doc F1070106.pdf
Komite Nasional Penanggulangan Masalah Merokok (National Committee on Smoking Control)	National Committee on Smoking Control Submission to WHO Public Hearing on FCTC	English	F640637.doc
Korea Tobacco and Ginseng Corp. ("KT&G")	Comments of the ("KT&G") on the Provisional Text of the Proposed Draft Elements for the WHO Framework Convention on Tobacco Control	English	F1050103.pdf F1050103.wbk
Kostanaj Oblast Charity and Health Fund	Kostanaj Oblast Charity and Health Fund Submission to WHO Public Hearing on FCTC	Russian	F5690562.doc
Kostanaj Oblast Children's Fund	Kostanaj Oblast Children's Fund Submission to WHO Public Hearing On FCTC	Russian	F5650558.doc
Kostanaj Oblast Temperance and Health Society	Kostanaj Oblast Temperance and Health Society Submission to WHO Public Hearing on FCTC	Russian	F5660559.doc
Krajowy Związek Plantatorów Tytoniu (National Tobacco Growers Union in Poland)	Krajowy Związek Plantatorów Tytoniu Submission to WHO Public Hearing On FCTC	English	F5110506.pdf
La Ligue Nationale Contre le Cancer	La Ligue Nationale Contre le Cancer Submission to WHO Public Hearing on FCTC	French	F5720530.doc
Latin American and Caribbean Women's Health Network	Response to WHO FCTC	English	F4350429.pdf F4350429.rtf
Latino Council on Alcohol and Tobacco	Submission	English	F2770270.doc
League Against Cancer, Pragua	Tobacco Control	English	F3760369.rtf

LIFE Drug Prevention Movement	LIFE Drug Prevention Movement Submission to WHO Public Hearings On FCTC	English	<a href="#">F3870380.pdf</a> <a href="#">F3870380.rtf</a>
Life Without Smoke	Submission to the WHO FCTC Public Hearing	English	<a href="#">F1730169.doc</a> <a href="#">F1730169.pdf</a>
Ligue Nationale contre le Cancer	Contribution de la Ligue Contre le Cancer à la préparation d'une convention cadre sur la lutte contre la tabagisme	French	<a href="#">F3770370.doc</a> <a href="#">F3770370.pdf</a>
Lions Club International Ahmedabad	Submissions for Public Hearings of FCTC	English	<a href="#">F6040567.pdf</a>
Lions Club of Ahmedabad Main	Frame Work Convention on Tobacco Control	English	<a href="#">F6140607.pdf</a>
Lisakovska Municipal Youth Fund	Lisakovska Municipal Youth Fund Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5770570.doc</a>
Little Franciscans of Mary of the Saint Francis Region	Submission by the Little Franciscans of Mary of the Francis Region on the Framework Convention on Tobacco Control	English	<a href="#">F1200116.doc</a> <a href="#">F1200116.pdf</a>
Lehmann Therapy System	Pre-Hearing Submissions	English	<a href="#">F2640259.doc</a> <a href="#">F2640259.pdf</a>
London School of Hygiene & Tropical Medicine	Submission	English	<a href="#">F1010098.doc</a> <a href="#">F1010098.pdf</a>
Lung Association Montréal	The Lung Association Montréal Submission to WHO Public Hearing on FCTC	French	<a href="#">F5160509.pdf</a>
Lung Association Nova Scotia	submission	English	<a href="#">F1040101.doc</a> <a href="#">F1040101.pdf</a>
Mažvak Ba Tabak (Struggle Against Tobacco)	Mažvak Ba Tabak Submission to WHO Public Hearing On FCTC	English	<a href="#">F3340327.rtf</a>
Manobik	Submission to the FCTC - Public Hearings at WHO	English	<a href="#">F1830179.doc</a> <a href="#">F1830179.pdf</a>
Massachusetts Coalition for Healthy Futures	Submission to WHO on the Global Tobacco Control Committee	English	<a href="#">F6490642.doc</a> <a href="#">F6490642.pdf</a>
Medical Research Council	MRC Submission	English	<a href="#">F2650260.doc</a> <a href="#">F2650260.pdf</a>
Medical Women International Association	Statement from Medical Women International Association to the WHO Public Hearings on the FCTC	English	<a href="#">F4090403.doc</a>
Medilab	Submission at FCTC Public Hearing	English	<a href="#">F1820178.doc</a> <a href="#">F1820178.pdf</a>
Mejoi (NGO)	Mejoi Submission to the WHO public Hearings on FCTC	English	<a href="#">F2840277.doc</a> <a href="#">F2840277.pdf</a>
Member Health Communication Network	Submission to WHO Public Hearing on FCTC	English	<a href="#">F5870580.doc</a> <a href="#">F5870580.pdf</a>
Meropa Communications	Controlling the Tobacco Barons In South Africa. Why the Framework is Necessary	English	<a href="#">F0370034.doc</a> <a href="#">F0370034.pdf</a>
Methodist Federation for Social Action	Comments on the Framework Convention on Tobacco Control	English	<a href="#">F1090106.pdf</a> <a href="#">F1090106.rtf</a>

Metro Seniors in Action	Tobacco Control, FCTC	English	F1110108.pdf E1110108.rtf
Mexican Association for Consumer Protection Studies (AMEDEC)	AMEDEC Submission to WHO Public Hearing on FCTC	Spanish	F4890482.doc
Minnesota Smoke-Free Coalition	Identification of Organizations Participating in Minnesota Comments on the WHO Framework Convention	English	F4400433.doc F4400433.pdf
Mission Housing Development Corporation	Mission Housing Development Corporation WHO FCTC Hearings Pre-hearing Submission	English	F2930286.pdf F2930286.rtf
Mouvement Anti-tabac du Sénégal	Le marketing du tabac en Afrique Subsaharienne	French	F4180411.doc F4180411.pdf
Mrudang Interiors	Mrudang Interiors Submission to WHO Public Hearing on FCTC	English	F6160609.doc
MSMT (Mritendra Samjhana Medical Trust)	MSMT Pre-hearing Submission to WHO Public Hearings on FCTC	English	F3440336.doc
National Association of African Americans for Positive Imagery (NAAAPI)	WHO Hearing Statements	English	F1490144.pdf F1490144.rtf
National Biomedical Engineering Society	Submission	English	F1140110.doc F1140110.pdf
National Campaign for Action Against Tobacco	Targets for Transnational Tobacco Control	English	F0760073.doc F0760073.pdf
National Center of Public Health	Submission to WHO from the National Center of Public Health and National Coordinating Committee for Tobacco Control	English	F3930386.doc
National Coalition Against Tobacco, Belgium	Submission from the Belgian National Coalition	English	F3790372.doc F3790372.pdf
National Committee for Control of Tobacco Consumption	The National Committee for Control of Tobacco Consumption Submission to WHO Public Hearing on FCTC	English	F4100402.doc
National Committee on Smoking Control (KNPMM)	Submissions on the FCTC	English	F3740367.doc F3740367.pdf
National Council Against Smoking	Submission to WHO's Hearings on the FCTC	English	F4140407.doc
National Council of Women in Thailand	Pre-hearing submission	English	F1510147.doc
National Council on Tobacco and Health, Norway	Joint response from the Norwegian Cancer Society and the Council on Tobacco and Health, Norway	French	F5520545.doc F5520545.pdf
National Front Against Tobacco Use (NFATU)	NFATU Submission to WHO Public Hearings On FCTC	English	F3450338.rtf
National Heart Forum (NHF)	Submission from the National Heart Forum (UK) to WHO Public Hearings On FCTC	English	F3010294.doc F3010294.pdf
National Jordanian Anti-Smoking Society	National Jordanian Anti-Smoking Society Submission to WHO Public Hearings on FCTC	Arabic	F4870480.pdf
National Medical Association Tobacco R.O.A.D. (Resources and Options to Assist Doctors)	National Medical Association Tobacco R.O.A.D. Submission to WHO Public Hearings on FCTC	English	F3570350.doc



National Non-Smokers Forum	facthearings	English	F16:0157.doc F16:0157.pdf
National Organisation for Tobacco Eradication	Submission from National Organisation for Tobacco Eradication to WHO Public Hearings on FCTC	English	F3020295.doc F3020295.pdf
National Retail Association of Russia	Russian Trade Association Position	English	F1120109.doc F1120109.pdf
National Tobacco Control and other Risk Factor Program	National Tobacco Control and other Risk Factor Programs Submission to WHO Public Hearings on FCTC	English	F3480341.doc
National Trade Union Centres in India (AITUC, SMS, CITU, HMS, TUCC)	National Trade Union Centres in India Submission to WHO Public hearing on FCTC	English	F5080501.pdf
Naurzum Region Social Environmental Organization	Naurzum Region Social Environmental Organization Submission to WHO Public Hearing on FCTC	Russian	F5780571.doc
Niñuser Association Sénégalaise de Lutte Contre la Toxicomanie Pérennne	submission	French	F4160410.doc F4160410.pdf
New Jersey GAS? (Group Against Smoking Pollution)	Pre-hearing submissions	English	F1150111.pdf F1150111.rtf
New Zealand Smoke-Free Coalition	The New Zealand Smoke-Free Coalition Submission to Who Public Hearing On FCTC	English	F3500343.doc
Nihamz-city Medical Association Information	WHO Framework Convention on Tobacco Control Hearings	English	F1500145.rtf
No Smoking Day	Public Hearings on the Framework Convention on Tobacco Control	English	F0750072.doc F0750072.pdf
Norwegian Cancer Society	WHO Public Hearings on the Framework Convention	English	F1880184.doc F1880184.pdf
Norwegian Council on Tobacco and Health	WHO Public Hearings on the Framework Convention	English	F1890185.doc F1890185.pdf
Novartis Consumer Health	Pre Hearing Submission for the WHO Framework Convention on Tobacco Control From Novartis Consumer Health	English	F6560649.doc F6560649.pdf
Onyu Rehabilitation Hot Spring Hospital	Comments on WHO's FCTC	English	F1160113.doc F1160113.pdf
Oncology Nursing Society	FCTC Comments	English	F2690263.doc F2690263.pdf
Ontario Flue-Cured Tobacco Growers' Marketing Board	WHO's proposed Global Framework Convention on Tobacco Control	English	F1170114.doc
Ontario Lung Association	Framework Convention on Tobacco Control	English	F1180115.pdf F1:80115.rtf
Oral Health America	Oral Health America Submission to WHO Public Hearing on FCTC	English	F5120505.pdf
Organization of Women's Organizations of Macedonia	Organization of Women's Organizations of Macedonia Submission to WHO Public Hearing on FCTC	English	F4270420.pdf F4270420.rtf
Pakistan Anti-Smoking Society	Pakistan Anti-Smoking Society Submission to WHO Public Hearings On FCTC	English	F3250318.pdf F3250318.rtf

Pakistan Medical Association (NWFP)	Submission of the Pakistan Medical Association to the WHO public hearings on the FCTC	English	<a href="#">F2670251.doc</a> <a href="#">F2670251.pdf</a>
Pakistan Muslim League	Pakistan Muslim League Submission to WHO Public Hearings on FCTC	English	<a href="#">F4610456.pdf</a>
Pakistan Society for Cancer Prevention	The organization's interest in the FCTC	English	<a href="#">F0980095.doc</a> <a href="#">F0980095.pdf</a>
Panos Institute	The Environmental Costs of Tobacco Production	English	<a href="#">F0940092.doc</a> <a href="#">F0940092.pdf</a> <a href="#">F0940092.rtf</a>
Partnership for Prevention	FCTC Hearing: Written Testimony	English	<a href="#">F0960093.pdf</a> <a href="#">F0960093.rtf</a>
PATH Canada	FCTC Submission PATH Canada	English	<a href="#">F0410038.pdf</a> <a href="#">F0410038.rtf</a>
Penang State Consultative Council on Women's Affairs	Pre-hearing Submission	English	<a href="#">F0620059.doc</a>
Peruvian American Medical Society - Californian Chapter	Pre- Hearing Submission to WHO on Framework Convention on Tobacco Control from the Peruvian American Society, Californian Chapter	English	<a href="#">F3220315.doc</a> <a href="#">F3220315.pdf</a>
Pharmacia Corporation	Pharmacia Corporation Submission to WHO Public Hearings On FCTC	English	<a href="#">F4020395.doc</a> <a href="#">F4020395.pdf</a>
Philip Morris International and Philip Morris USA	Philip Morris' Comments on the FCTC	English	<a href="#">F2500246.doc</a> <a href="#">F2500246.log</a>
Polioptina Tobacco Institute	Position Paper on the Proposed FCTC	English	<a href="#">F0990097.doc</a> <a href="#">F0990097.pdf</a>
Physicians for a Smoke-Free Canada	A Submission to WHO	English	<a href="#">F3800373.doc</a> <a href="#">F3800373.pdf</a>
Pramukhswami Medical College Sreea Krishna Hospital & Medical Research Centre	Pramukhswami Medical College Submission to WHO Public Hearing on FCTC	English	<a href="#">F6060599.pdf</a>
Pratyasana (Anti-Drug Club)	Submission to the FCTC-Public Hearings at WHO	English	<a href="#">F1900186.doc</a> <a href="#">F1900186.pdf</a>
Prince Aly Khan Hospital	The Prince Aly Khan Hospital Submission to WHO Public Hearings on FCTC	English	<a href="#">F4260419.pdf</a> <a href="#">F4260419.rtf</a>
ProCOR- Global Electronic Conference on Cardiovascular Health in Developing Countries	ProCOR Submission to WHO Public Hearing on FCTC	English	<a href="#">F3950389.rtf</a>
Professor Ruth E. Malone, University of California, San Francisco	Support for Worldwide Treaty and Arguments for Internet Regulation to be Addressed as part of such an Agreement	English	<a href="#">F6390632.doc</a>
Protocol Management UK Ltd.	Framework Convention on Tobacco Control	English	<a href="#">F3970390.doc</a> <a href="#">F3970390.pdf</a>
Public Health Association of New Zealand	Submission on the Proposed WHO Framework Convention on Tobacco Control	English	<a href="#">F3490342.doc</a>
Public Health Institute	Submission for the Hearing from Republika Srpska (Bih)	English	<a href="#">F1910187.doc</a> <a href="#">F1910187.pdf</a>
R.J. Reynolds Tobacco Company	R.J. Reynolds Tobacco Company's Pre-Hearing Submission to WHO Public Hearing On FCTC	English	<a href="#">F3100303.doc</a> <a href="#">F3100303.pdf</a>

RACB Charity Trust	submission for Public hearing on Framework Convention on Tobacco Control (FCTC)	English	F6070600.pdf
Red de Desarrollo Humano (REDEH/CESMINA)	REDEH Framework Convention on Tobacco Hearing	English	F4310424.pdf F4310424.rtf
Reemtsma Cigarettenfabriken GmbH	submission to WHO	English	F1190117.doc F1190117.pdf
Report on Tobacco Industry Documents and World Health Organization, chairman of the expert committee	statement by Professor Thomas Zeltner, chairman of Expert Committee	English	F5990592.doc F5990592.pdf
Réseau Santé Action Développement	Auditions publiques sur la Convention-Cadre pour la lutte anti-tabac	French	F0630061.doc F0630061.pdf
Riksforbundet VISIR	Pre-hearing Submission	English	F1420138.pdf F1420138.rtf
Robert Wood Johnson Foundation	WHO Framework Convention on Tobacco Control Pre-Hearing Submission	English	F6340627.doc F6340627.pdf
Rotary Club Ahmedabad Metro	Rotary Club Ahmedabad Metro Submission to WHO Public Hearing on FCTC	English	F6130606.pdf
Roy Castle Lung Cancer Foundation	Submission to WHO on the FCTC	English	F2390235.rtf
Royal College of Nursing	Royal College of Nursing Submission to WHO Public Hearing on FCTC	English	F5130506.doc F5130506.pdf
Royal College of Physicians of London	Submission of the Royal College of Physicians of London to WHO Public Hearings On FCTC	English	F2920785.doc F2920785.pdf
Russian Advertising Council (RAC)	Position of the Russian Advertising Council on WHO Public Hearing on FCTC	English	F2280224.doc F2280224.pdf
Sakshi Copli	WHO Public Hearings on the FCTC	English	F3990392.doc F3990392.pdf
San Francisco African American Tobacco Free Project (SFAATFP)	Letter in Support of FCTC	English	F2410237.doc F2410237.pdf
San Francisco Tobacco Free Coalition	The Organizations's Interest in the FCTC	English	F0900087.pdf F0900087.rtf
Sanskrit Intertex Limited	Sanskrit Intertex Limited Submission to WHO Public Hearing on FCTC	English	F6090602.pdf
Sanskrit Software Systems	Sanskrit Software Systems Submission to WHO Public Hearing on FCTC	English	F6080601.pdf
Saudi Anti-smoking Society	Saudi Anti-Smoking Society Submission to WHO Public Hearing on FCTC	Arabic	F4860479.pdf
ShreeShree Maa Anantanand Institute of Cancer	Shree Shree Maa Anantanand Institute of Cancer Submission to WHO Public Hearing on FCTC	English	F3090302.doc F3090302.pdf
Sisters of St. Joseph of Peace	Framework Convention on Tobacco Control	English	F1250122.pdf F1250122.rtf
Sisters of the Blessed Sacrament	Framework Convention on Tobacco Control	English	F2700264.doc F2700264.pdf
SmithKline Beecham	Pre-Hearing Submission to the FCTC Hearings	English	F2740267.doc F2740267.pdf

Smoke Free Kids	Smoke Free Kids Submission to WHO Public Hearing on FCTC	English	F6500643.doc F6500643.pdf
Smoke Free Marin Coalition	Smoke Free Marin Coalition Submission to WHO Public Hearing on FCTC	English	F091.0088.pdf F091.0088.rtf
Smoke Free Shropshire Alliance	Written submission to the Public Hearings of the FCTC	English	F231.0227.doc F231.0227.pdf
Smoking and Health Action Foundation	An International Instrument to Deal with an International Problem	English	F0890085.doc F0890085.pdf
Smoking or Health Association (SMA)	Submission to the WHO Public Hearings on the FCTC	English	F2320228.rtf
SMSP (Sociedad Mexicana de Salud Pública, A.C.)	SMSP Submission to WHO Public Hearing on FCTC	English	F5850578.doc F5850578.pdf
Social Advancement and Solidarity Centre (SASter)	Submission to the FCTC-Public Hearing at WHO	English	F2290225.doc F2290225.pdf
Sociaspects Network	Tobacco Growing in Kenya: Viable Alternative Income-Generating Activities for the Farmers	English	F0780075.doc F0780075.pdf
Société de psychopathologie et d'hygiène mentale de Dakar	contribution	French	F4280421.doc F4280421.pdf
Society for Community Health Awareness, Research and Action	Submission for the Public Hearings on the FCTC	English	F4080401.doc F4080401.pdf
Society for Research on Nicotine and Tobacco (SRNT)	SRNT Statement of Submission for the FCTC Hearings	English	F3880381.doc
Sonerang	Submission of opinions	English	F0660063.doc F0660063.pdf
Soregipmis, International	INGCAT Statement	English	F2300225.rtf
SOS Tabagisme Mali	SOS Tabagisme Mali Submission to WHO Public Hearing on FCTC	French	F5350578.doc F5350578.pdf
Southern California Ecumenical Council	Strong Tobacco Control Treaty	English	F1220119.doc F1220119.pdf
Southern Tohoku General Hospital Neurological Institute	Southern Tohoku General Hospital Neurological Institute Submission to WHO Public Hearing on FCTC from Soichi Katayama M.D.	English	F5190512.pdf
Spanish Oncology Nursing Society SREC	Statement from the Spanish Oncology Society	English	F3980391.doc F3980391.pdf
Sri Lanka Federation of Non-Governmental Organisations Against Drug Abuse	WHO Public Hearing on the Framework Convention on Tobacco Control	English	F2750268.doc F2750268.pdf
Star Scientific	Star Scientific Submission to WHO Public Hearing on FCTC	English	F5960589.doc F5960589.pdf
Stivora, Dutch Tobacco Control	Stivora, Dutch Foundation on Smoking or Health	English	F2710265.doc F2710265.pdf
Sudbury & District Health Unit	Sudbury & District Health Unit Submission to WHO Public Hearing on FCTC	English	F4700463.pdf
Sungu African Herbal Research Centre	TOBACCO INDUSTRY THROUGH THEIR CONTRACTED FARMERS IN KENYA ARE POSING A GRAVE THREAT TO THE EXISTENCE OF INDIGENOUS MEDICINAL PLANTS USED BY 80% OF THE POOR COMMUNITY	English	F6300623.pdf F6300623.rtf



Support Fund for Gifted Disabled and Blind Children, Astana and Kostanay	SupportFund for Gifted Disabled and Blind Children Submission to WHO Public Hearing on FCTC	Russian	F5790572.doc F5790572.pdf
Swedish Cancer Society	Swedish Cancer Society Submission to WHO Public Hearing on FCTC	English	F2430239.pdf F2430239.rtf
Swedish Match AB	The Swedish Experience	English	F2450241.doc F2450241.pdf
Swedish Nurses Against Tobacco	Swedish Nurses Against Tobacco Submission to WHO Public Hearing on FCTC	English	F6410634.doc F6410634.pdf
Swiss Association for Smoking Prevention	Submission from Swiss Association for Smoking Prevention	English	F3330326.doc F3330326.pdf
Tabac & Liberté	Tabac & Liberté Submission to WHO Public Hearing on FCTC	French	F5600553.doc F5600553.pdf
Tabakprom Association of Tobacco Manufacturers	Position of Tabakprom Association of Tobacco Manufacturers	English	F0680065.doc F0680065.pdf
Tata Energy Research Institute (TERI)	TERI Submission to WHO Public Hearing On FCTC	English	F3110304.doc F3110304.pdf
Tata Institute for Fundamental Research	Public Hearing on Framework Convention on Tobacco Control	English	F0720069.doc
Tata Memorial Hospital, Department of Preventive Oncology	Pre-hearing submission	English	F4000393.doc F4000393.pdf
Teachers Against Tobacco (TAT)	Pre-Hearing Submission from Teachers Against Tobacco to WHO on FCTC	English	F2950288.doc F2950288.pdf
Teachers Association of the Republic of Indonesia	Submission by the Teachers Association of the Republic of Indonesia to the WHO Public Hearing on FCTC	English	F4780471.pdf
TLCC (Tobacco Free Las Cruces Coalition) and NMCAT (New Mexicans Concerned About Tobacco)	TLCC and NMCAT Submission to WHO	English	F3570360.pdf F3570360.rtf
Thailand Health Promotion Institute, The National Health Foundation	Pre-Hearing Submission to WHO on the Framework Convention on Tobacco Control By Hatal Chitanondh M.D., F.I.C.S., F.R.C.S.(T)	English	F0700066.doc F0700066.pdf
Tobacco Control Commission for Africa (TCCA)	Submission From TCCA to WHO Public Hearings on FCTC	English	F3820375.doc F3820375.pdf
Tobacco Control Resource Centre (CRC)	Submission of the Tobacco Control Resource Centre	English	F2600255.doc F2600255.pdf
Tobacco Control Advocacé, Consumer Association	Consumer Association of Malawi Submission for a strong and Binding Framework Convention On Tobacco Control by the WHO	English	F4300423.doc F4300423.pdf
Tobacco Exporters' Association of Malawi	The Tobacco Exporters' Association of Malawi Submission to WHO Public Hearing on FCTC	English	F4800473.pdf
Tobacco Farmers in Kenya	Submission to WHO from Tobacco Farmers in Kenya	English	F0740071.pdf
Tobacco Free Initiative Lebanon	Public Hearings Statement for the Framework Convention on Tobacco Control, Geneva	English	F6230616.pdf F6230616.rtf

Tobacco Growers Association of Malawi, Growers Association of Tobacco	Tobacco Growers Association of Malawi Submission to WHO Public Hearings on FCTC	English	F2980291.pdf F2980291.rtf
Tobacco Institute of Hong Kong	Tobacco Institute of Hong Kong Submission to WHO Public Hearing on FCTC	English	F4060399.pdf
Tobacco Institute of India (TI)	Submission by the TI Regarding WHO's Framework Convention on Tobacco Control	English	F0690067.doc F0690067.pdf
Tobacco Institute of Southern Africa	Submission with regard to the FCTC	English	F2340230.doc F2340230.pdf
Tobacco Law Project	Identification of Organizations Participating in Minnesota Comments on their WHO Framework Convention	English	F4370430.doc F4370430.pdf
Tobacco RSA	Framework Convention on Tobacco Control	English	F0800078.doc F0800078.pdf
Tobacco Today	Tobacco Today views on the Framework Convention on Tobacco Control for the Public Hearings on FCTC	English	F3170310.doc F3170310.pdf
Tobacco Workers Alliance	Written Submission to the WHO on its proposed FCTC	English	F2790272.doc F2790272.pdf
Tobacco-Free Philippines Foundation	Tobacco-Free Philippines Testimony	English	F1560152.doc F1560152.pdf
Tombak and Smoking Research Centre (TSRC)	Submission for the FCTC	English	F2480244.doc F2480244.pdf
Turkish Anti-Tobacco Association	Turkish Anti-Tobacco Association Submission to WHO Public Hearing on FCTC	English	F5170510.pdf
Turkish Association for Cancer Research and Control	Turkish Association for Cancer Research and Control Submission to WHO Public Hearing on FCTC	English	F4810474.pdf
Turkish Medical Association	Organisation Submitting the Statement	English	F1340131.pdf F1340131.rtf
Turkish National Committee on Smoking and Health	To the Chair of the Public Hearings Session	English	F1330129.doc F1330129.pdf
Turkish National Pediatric Society	To the Chair of Public Hearings Session	English	F0850082.doc F0850082.pdf
Turkish Thoracic Society	To the Chair of Public Hearings Session	English	F0870084.doc F0870084.pdf
Turkish Tuberculosis and Thoracic Society	To the Chair of Public Hearings Session Framework Convention on Tobacco Control	English	F0820079.pdf F0820079.rtf
Uganda Medical Association	WHO FCTC Hearings	English	F2420238.doc F2420238.pdf
Ukrutubun	Submission by the Ukrainian Tobacco Association	English	F1360133.doc F1360133.pdf
Uni-Feeder	Uni-Feeder Submission to WHO Public Hearings on FCTC	English	F3830376.pdf F3830376.rtf
Union Européenne des Non-Fumeurs	UEN, Inscription aux auditions publiques	French	F1380134.doc F1380134.pdf
UNITAB Italia	UNITAB Submission to WHO Public Hearing on FCTC	French	F6270520.doc F6270520.pdf

United Trade Union Centre- Lenin Sarani	United Trade Union Centre- Lenin Sarani	English	<a href="#">E0270027.doc</a> <a href="#">E0270027.pdf</a>
Universal Chemical Industries	Submissions for Public Hearings of FCTC	English	<a href="#">F6050598.pdf</a>
Universal Health Care Action Network (UHCAN)	Framework Convention on Tobacco Control	English	<a href="#">F2730266.doc</a> <a href="#">F2730266.pdf</a>
University Hospital Lausanne	Submission from Jacques Cornuz, University Hospital Lausanne to WHO Public Hearing on FCTC	French	<a href="#">F5580551.doc</a> <a href="#">F5580551.pdf</a>
University of California	Submission to World Health Organization on the Global Tobacco Control Convention	English	<a href="#">E1060102.doc</a> <a href="#">E1060102.pdf</a>
University of California San Francisco	Submission to the WHO on the Global Tobacco Control Convention by Professor Stanton A. Glantz, PhD.	English	<a href="#">F0810077.wpd</a>
University of California, Los Angeles	Statement by Deepak Lal Dept. of Economics University of California Los Angeles on the WHO Framework Convention	English	<a href="#">F0330030.wpd</a>
University of Cape Town	Statement of S. Hugh High	English	<a href="#">E0450042.pdf</a> <a href="#">E0450042.rtf</a>
University of Hertfordshire (UH) Centre for Research in Primary and Community Care	University of Hertfordshire Submission to WHO Public Hearing on FCTC	English	<a href="#">F4830475.doc</a> <a href="#">F4830475.pdf</a>
University of Hyderabad, Hyderabad, Andhrs Pradesh.	WHO Framework Convention on Tobacco Control Hearings	English	<a href="#">F0350032.pdf</a> <a href="#">F0350032.rtf</a>
Urban Coalition	Identification of Organizations Participating in Minnesota on the WHO Framework Convention	English	<a href="#">F4390432.doc</a> <a href="#">F4390432.pdf</a>
USPIRG (U.S. Public Interest Research Group)	USPIRG Statement to WHO Public Hearing on FCTC	English	<a href="#">F4210414.pdf</a> <a href="#">F4210414.rtf</a>
Vibor	Vibor Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5970590.doc</a> <a href="#">F5970590.pdf</a>
VicHealth Centre for Tobacco Control	Submission on the FCTC from the VicHealth Centre for Tobacco Control	English	<a href="#">F1540150.doc</a> <a href="#">F1540150.pdf</a>
Viet Nam Standard and Consumers Association (VINASTAS)	Resolution of support of VINASTAS for the WHO FCTC	English	<a href="#">E2780271.doc</a> <a href="#">E2780271.pdf</a>
VOICE (Voluntary Organization in the interest of Consumer Education)	Presentation on behalf of VOICE to WHO Public Hearings on FCTC	English	<a href="#">F2870280.doc</a> <a href="#">F2870280.pdf</a>
Wanita Indonesia Tanpa Tembakau (WITT - Indonesian Women Against Tobacco)	WHO FCTC Hearings from the Indonesian Women Against Tobacco	English	<a href="#">F0340031.doc</a> <a href="#">F0340031.pdf</a>
Welfare Association for Cancer Care(WACC)	WACC submission to WHO Public Hearing On FCTC	English	<a href="#">F2960289.doc</a> <a href="#">F2960289.pdf</a>
Welfare Organization in Iran	submission	English	<a href="#">F1450141.pdf</a> <a href="#">F1450141.rtf</a>
Women's Action on Smoking, Teachers and Doctors Association for Smoke-free Education	Women's Action on Smoking Submission to WHO Public Hearing On FCTC	English	<a href="#">F3280321.pdf</a> <a href="#">F3280321.rtf</a>
Women's Environment and Development Organisation	Testimony on Behalf of WEDO Framework Convention on Tobacco Controls	English	<a href="#">F3840377.doc</a> <a href="#">F3840377.pdf</a>

Women's Health Centre, Orissa	The Womens' Health Centre Submission to WHO Public Hearing On FCTC	Russian	F5550548.doc F5550548.pdf
Work for a Better Bangladesh	Submission to the WHO	English	F0710068.doc F0710068.pdf
World Congress of Alternative Medicine Practitioners	Smoking for Longer Life	English	F0790076.pdf
World Federation of Public Health Association	WFPHA Submission for WHO FCTC Hearing	English	F2350231.doc F2350231.pdf
World Heart Federation	World Heart Federation Submission to WHO Public Hearing on FCTC	English	F5180511.doc F5180511.pdf
World Medical Association	World Medical Association Submission to WHO Framework Convention on Tobacco Control	English	F2810274.pdf F2810274.rtf
World Self-Medication Industry	Public Hearings on Framework Convention on Tobacco Control	English	F0730070.doc F0730070.pdf
World Vision International	World Vision International Submission to WHO Public Hearing on FCTC	English	F4250418.pdf F4250418.rtf
Zentralverband der Deutschen Werbewirtschaft, ZAW	Position Statement of the German Advertising Federation	English	E1600156.doc E1600156.pdf
Zimbabwe Tobacco Association	Zimbabwe Tobacco Association	English	F2360232.doc F2360232.pdf
Zino Davidoff SA	Prof. Dr. Rolf Wägenbaur Comments on the Likely Effects of the Framework Convention on the Diversification of the Firm (Zino Davidoff)	English	F5020495.pdf
Zung Women's Operation Green, Affiliated to WFUNA	Women and Tobacco, Why it Matters	English	F4420435.doc F4420435.pdf

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## Public Hearings on the Framework Convention on Tobacco Control

### Submissions

This web site contains submissions from interested parties for the public hearings on the Framework Convention on Tobacco Control, 12-13 October 2000. The purpose of the public hearings is to provide an opportunity for interested parties to make their views known before the start of the inter-governmental negotiations on the Framework Convention on Tobacco Control. The interested parties that may provide submissions to the public hearings are private sector and non-governmental organizations and institutions.

The views that are expressed in the submissions are solely the responsibility of the authors and do not necessarily reflect the views or policies of the World Health Organization.

WHO has posted on this web site all eligible submissions as they were received. It should be noted that the submissions have been listed alphabetically. This list does not correspond to the eventual order of testimony during the public hearings. The order of testimony will be communicated to each submitter at a future date.

Please direct any questions on any of the submissions to [fctchearings@who.int](mailto:fctchearings@who.int)

Submitted by	Title	Language	download...
"Dialog" Teacher's Association	"Dialog Teacher's Association Submission to WHO Public Hearing on FCTC	Russian	F5700563.doc F5700563.pdf
"Ekozascita" ("Environmental Protection") Association	"Ekozascita" ("Environmental Protection") Association Submission to WHO Public Hearing on FCTC	Russian	F5730566.doc F5730566.pdf
"For the Future of Kazakhstan" Youth Association	"For the Future of Kazakhstan" Youth Association Submission to WHO Public Hearing on FCTC	Russian	F5740567.doc F5740567.pdf
"Istocnik" ("Source") Social Fund	"Istocnik" ("Source") Social Fund Submission to WHO Public Hearing on FCTC	Russian	F5710564.doc F5710564.pdf
"Istocks" ("Skylark") Social Fund	"Istocks" ("Skylark") Social Fund Submission to WHO Public Hearing on FCTC	Russian	F5800573.doc F5800573.pdf
"Murager" Oblast Children's Organization	"Murager" Oblast Children's Organization Submission to WHO Public Hearing on FCTC	Russian	F5680561.doc F5680561.pdf
"Pomosc" ("Help") Social Fund	"Pomosc" ("Help") Social Fund Submission to WHO Public Hearing on FCTC	Russian	F5640557.doc F5640557.pdf

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"Radiga" ("Rainbow") Association of Mothers and Invalid Children	"Radiga"("Rainbow") Association of Mothers and Invalid Children Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5720565.doc</a> <a href="#">F5720565.pdf</a>
"Sodejstvie" ("Cooperation") Social Fund (In Rudny)	"Sodejstvie" ("Cooperation") Social Fund Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5760569.doc</a> <a href="#">F5760569.pdf</a>
"Young Leaders of Kostanaj" Association	"Young Leaders of Kostanaj" Association Submission to WHO Public Hearing on FCTC	Russian	<a href="#">F5750568.doc</a> <a href="#">F5750568.pdf</a>
Academy for Nursing Studies, India	Academy for Nursing Studies; India Submission to WHO for the Public Hearings in FCTC	English	<a href="#">F2850278.pdf</a> <a href="#">F2850278.rtf</a>
Action and Smoking and Health (Australia)	Submission from Action on Smoking and Health Australia	English	<a href="#">F2460242.doc</a> <a href="#">F2460242.pdf</a>
Action Council Against Tobacco	Pre-hearing Submission	English	<a href="#">F3290322.pdf</a> <a href="#">F3290322.rtf</a>
Action on Smoking and Health (ASH Wales)	ASH Wales Submission to WHO Public Hearings on Framework Convention on Tobacco Controls	English	<a href="#">F3410333.doc</a> <a href="#">F3410333.pdf</a>
Action on Smoking and Health (ASH) (Scotland)	Submission to WHO on the FCTC	English	<a href="#">F2540250.pdf</a> <a href="#">F2540250.rtf</a>
Action on Smoking and Health (ASH) (US)	FCTC Hearings	English	<a href="#">F2530249.pdf</a> <a href="#">F2530249.rtf</a>
Action on Smoking and Health (London)	Submission from ASH London to WHO Hearings on the Framework Convention on Tobacco Control	English	<a href="#">F2890282.doc</a> <a href="#">F2890282.pdf</a>
Action on Smoking and Health Canada (ASH Canada)	ASH Canada Submission to WHO Public Hearing on FCTC	English	<a href="#">F6530646.doc</a> <a href="#">F6530646.pdf</a>
Action on Smoking and Health Foundation (Thailand)	Pre-Hearing Submission from Action on Health and Smoking Foundation to WHO Framework Convention on Tobacco Control Hearings	English	<a href="#">F1930189.doc</a> <a href="#">F1930189.pdf</a>
Actions Against Tobacco (The Environmental Action Network LTD) AAT-TEAN	TEAN-AAT FCTC Submissions	English	<a href="#">F1860182.doc</a> <a href="#">F1860182.pdf</a>
ADHUNIK (We Prevent Smoking)	Submission by ADHUNIK To WHO Public Hearing on FCTC	English	<a href="#">F5300523.pdf</a>
Anglers of the Blood of Christ (ASC)	ASC Comments to the WHO on Framework Convention on Tobacco Control	English	<a href="#">F1670163.doc</a> <a href="#">F1670163.pdf</a>
Adsmith Communications	Adsmith Communications Submission to WHO Public Hearing on FCTC	English	<a href="#">F6150608.pdf</a>
Advocacy Institute, Washington D. C.	The Advocacy Institute Submission to WHO Framework Convention on Tobacco Control	English	<a href="#">F1590154.doc</a> <a href="#">F1590154.pdf</a>
Aegean Tobacco Exporters' Union	Aegean Tobacco Exporters' Union Submission to WHO Public Hearing on FCTC	English	<a href="#">F5150508.doc</a> <a href="#">F5150508.pdf</a>
AReC ( Applied Fiscal Research Centre University of Cape Town South Africa). The Economics of Tobacco Control in South Africa Project.	Submission to the Framework Convention on Tobacco Control by The Economics of Tobacco Control In South Africa Project	English	<a href="#">F1370135.doc</a> <a href="#">F1370135.pdf</a>

African Centre for Empowerment, Gender and Advocacy (AC-EGA)	Testimony for the Tobacco Control Hearing	English	F0280028.doc F0280028.pdf
ALUBRA (Tobacco Growers Association of Brazil)	Submission for Public Records as part of the Public Hearings on the Framework Convention on Tobacco Control	English	F0440041.pdf
Aga Khan University Community Health Sciences	Aga Khan University Submission Community Health Sciences to WHO Framework Convention on Tobacco Control	English	F1990195.pdf F1990195.rtf
Aga Khan University- Tobacco or PASS (Pakistan Anti Smoking Society)	Resolution of Support for the Framework Convention on Tobacco Control (FCTC)	English	F1030100.doc F1030100.pdf
AIPMTMA (All India Pan Masala & Tobacco Manufacturers Association)	AIPMTMA's Written Submission in Response to the FCTC Public Hearing's to WHO Framework Convention To Tobacco Control	English	F1720168.pdf F1720168.rtf
Air Cured Tobacco Association of Zimbabwe	Submission to the WHO of the Global Tobacco Control Convention	English	F1740170.doc F1740170.pdf
Alcohol and Drug Information Center	Alcohol and Drug Information Center Submission to WHO Public Hearing on FCTC	Russian	F6380631.doc F6380631.pdf
Alcohol and Drug Information Center (ADIC)	ADIC Submission to WHO Framework Convention on Tobacco Control FCTC Public Hearings	English	F1870183.doc F1870183.pdf
Aleppo School of Medicine	Aleppo School of Medicine Submission to WHO Public Hearing on FCTC	English	F6400633.doc F6400633.pdf
All India Bidi Cigar & Tobacco Workers Federation	All India Bidi Cigar & Tobacco Workers Federation Submission to WHO Public Hearings on FCTC	English	F4560449.pdf
All India Bidi Industry Federation	All India Bidi Industry Federation Submission to WHO Tobacco Free Initiative on FCTC Framework Convention On Tobacco Control	English	F2000196.doc F2000196.pdf
All India Manufacturers' Organisation (KSB)	Submission	English	F1760172.doc F1760172.pdf
Alliance for Lung Cancer Advocacy, Support, and Education	Alliance for Lung Cancer Advocacy, Support, and Education Submission to WHO Public Hearing on FCTC	English	F5890582.doc F5890582.pdf
Alliance for Tobacco Control (ATC)	ATC Submission to Who For FCTC	English	F1980194.pdf F1980194.rtf
Alliance Française pour la Santé-Coalition contre le Tabagisme	Contribution	French	F3240317.doc F3240317.pdf
American Academy of Family Physicians (AAFP)	AAFP Submission to WHO Public Hearings On FCTC	English	F3000293.doc F3000293.pdf
American Association For Health Education	American Association For Health Education Submission to WHO for Public Hearings on FCTC	English	F3400332.pdf F3400332.rtf
American Association for World Health	FCTC	English	F3260319.pdf F3260319.rtf
American Cancer Society (ACS)	Comments of the American Cancer Society on the Framework Convention on Tobacco Control	English	F3890382.doc F3890382.pdf

American College of Occupational and Environmental Medicine	comments of The American College of Occupational and Environmental Medicine To the World health organization's Framework Convention on Tobacco Control	English	F5880581.doc F5880581.pdf
American College Of Chest Physicians	Written Testimony Submitted By Dr. Robert McCaffree, MD, FCCP Past President of the American College of Chest Physicians Before the WHO on the Framework Convention on Tobacco Control	English	F1680184.pdf
American Enterprise Institute (AEI)	Comments to the WHO on the Proposed Framework Convention on Tobacco Control	English	F1000096.doc F1000096.pdf
American Heart Association	Submission of The American Heart Association for the WHO Framework Convention on Tobacco Control Hearing	English	F4230416.doc F4230416.pdf
American Lung Association	Comments by the American Lung Association	English	F0540051.doc F0540051.pdf
American Lung Association of Los Angeles County	American Lung Association Of Los Angeles County Submission to WHO Public Hearing on FCTC	English	F4110406.pdf F4110406.rtf
American Lung Association of Metropolitan Chicago	Comments to the WHO Re: Framework Convention on Tobacco Control	English	F1020099.doc F1020099.pdf
American Lung Association of New Hampshire	Framework Convention on Tobacco Control Comments	English	F1780174.doc F1780174.pdf
American Lung Association of New Jersey	Statement	English	F6310624.pdf
American Lung Association of New York State, INC	Comments to the WHO FCTC	English	F2520248.doc F2520248.pdf
American Lung Association Of Queens (ALAQ)	American Lung Association Of Queens' Comments to WHO Concerning the Framework Convention on Tobacco Control	English	F1650161.pdf F1650161.rtf
American Lung Association of Sacramento- Emigrant Trails	American Lung Association of Sacramento- Emigrant Trails Submission to WHO Public Hearings on FCTC	English	F4590452.pdf
American Lung Association of San Francisco and San Mateo Counties	comments	English	F6290622.pdf F6290622.rtf
American Lung Association of Santa Clara-San Benito Counties	Support of a Strong and Enforceable Framework Convention on Tobacco Control	English	F3130306.doc F3130306.pdf
American Lung Association of South Dakota	Comments in support of the Framework Convention	English	F1800176.pdf F1800176.rtf
American Medical Association (AMA)	Comments From the AMA on the Proposed WHO Framework Convention on Tobacco Control	English	F1960192.doc F1960192.pdf
American Society of Addiction Medicine	ASAM Statement for WHO on the Framework Convention on Tobacco Control	English	F0530050.doc F0530050.pdf
American Society of Clinical Oncology (ASCO)	Testimony on the WHO's FCTC	English	F3270320.pdf



American Thoracic Society	American Thoracic Society Comments on the FCTC	English	F4500453.pdf
Anatolian Respiratory Society	To the Chair of the Public Hearings Session Framework Convention on Tobacco	English	F0830081.doc F0830081.pdf
Andhra Farmers Forum	Andhr Farmers Forum Submission to WHO Public Hearings on FCTC	English	F4580451.pdf
Andhra Tendu Leaves Workers Welfare Union	Public Hearings on Global Tobacco Control Convention	English	F6010596.pdf
ANSH Clinic	ANSH Clinic Submission to WHO Public Hearing on FCTC	English	F6200613.pdf
Aomori Association Against Tobacco	We need FCTC at once. We said NO TOBACCO ANY MORE!!	English	F3300323.pdf F3300323.rtf
Arthritis Society	The Arthritis Society Submission to WHO Public Hearings on FCTC	English	F4530446.pdf
ASH Ireland	ASH Ireland Submission to Framework Convention on Tobacco Control	English	F6510644.doc
Asian Pacific Partners for Empowerment and Leadership (APPEAL)	Comments	English	F2510247.pdf F2510247.rtf
Asociación de Exportadores de Tabaco, Inc.	Convenio Marco Para La Lucha Antitabáquica Documento De Posición	Spanish	F6250618.doc F6250618.pdf
Asociación de Productores de Cigarros de la República Dominicana	Convenio Marco Para La Lucha Antitabáquica Documento De Posición	Spanish	F6550648.doc F6550648.pdf
Asociación Dominicana de la Industria del Cigarillo, Inc.	Convenio Marco Para La Lucha Antitabáquica Documento De Posición	Spanish	F4910487.doc F4910487.pdf
Asociación Guatemalteca de Aterosclerosis	Convenio Marco para la Luch Antitabáquica--Comentarios previos a la reunión de 12-13 de octubre de 2000	Spanish	F6280621.doc F6280621.pdf
Asociación Mexicana para la Prevención de la Aterosclerosis y sus Complicaciones (AMPAAC)	Convenio Marco para la Luch Antitabáquica--Comentarios previos a la reunión de 12-13 de octubre de 2000	Spanish	F5910584.doc F5910584.pdf
Association Des Droits Des Non-Fumeurs (ADNF)	ADNF Submission to WHO Public Hearings On FCTC	English	F3150308.doc F3150308.pdf
Association for Non-Smokers	Identification of Organizations Participating in Minnesota Comments on the WHO Frame work Convention	English	F4380431.doc F4380431.pdf
Association for Non-Smokers' Rights (ANSR)	Submission by ANSR to WHO Public Hearings On FCTC	English	F3140307.doc F3140307.pdf
Association for the Prevention of Drug Abuse (MANAS)	MANAS Submission to WHO Public Hearings on FCTC	English	F4710466.doc F4710466.pdf
Association of European Cancer Leagues Members of the UICC)	Comment from ECL to the WHO Public Hearings on the Global Tobacco Control Convention	English	F0920089.doc F0920089.pdf
Association of Maternal and Child Health Programs	Association of Maternal and Child Health Submission to WHO Framework Convention on Tobacco Control	English	F1720173.doc F1720173.pdf

Association of Tobacco Service Corporations	Association of Tobacco Service Corporations Comments on the WHO Framework Convention on Tobacco Control	English	F20_0197.doc F20_0197.pdf
Association of Uganda Women Medical Doctors	Submission from the Association of Uganda Women Medical Doctors to WHO Public Hearings On FCTC	English	F3040297.pdf F3040297.rtf
Association Togolaise de Lutte Contre L'Alcoolisme et les Autres Toxicomanies	Association Togolaise de Lutte Contre L'Alcoolisme et les Autres Toxicomanies Submission to WHO Public Hearing on FCTC	French	F5610554.pdf F5610554.rtf
Associazione Italiana Genitori member of WFC	Associazione Italiana Genitori Submission to WHO Public Hearing on FCTC	English	F4540447.pdf
Associazione Nazionale Pubbliche Assistenze	Submission from A.N.P.A.S.	English	F3310324.doc F3310324.pdf
Asthma Society and Respiratory Foundation of New Zealand	The Asthma Society and Respiratory Foundation of New Zealand Submission to WHO Public Hearings On FCTC	English	F3560348.doc F3560348.pdf
ASTHO (The Association of State and Territorial Health Officials)	ASTHO Policy Statement on Tobacco Use, Prevention and Control	English	F5630556.doc F5630556.pdf
ATAK- Maori Smokefree Coalition	ATAK Submission to WHO Public Hearings On FCTC	English	F3510344.doc
Australian Cancer Society	WHO Framework Convention on Tobacco Control	English	F3230316.doc F3230316.pdf
Austrian Cancer Society	Austrian Cancer Society Submission to WHO Public Hearing on FCTC	English	F5860579.doc
Austrian Council on Smoking and Health	WHO Public Hearing on the Framework Convention on Tobacco Control	English	F1700166.doc F1700166.pdf
Bakari Engineers & Industries Limited	Bakari Engineers & Industries Limited Submission to WHO Public Hearing on FCTC	English	F6100603.pdf
Bangladesh Free Trade Union Congress	Bangladesh Free Trade Union Congress Submission to the FCTC- Public Hearings at WHO	English	F2020198.doc F2020198.pdf
Bulgian National Coalition against Tobacco	submission to the WHO public hearings	English	F1840180.doc F1840180.pdf
Bharat Pesticides Industries (P) Limited	Submissions for Public Hearings of FCTC	English	F6020595.pdf
Bluecoat Pvt. Ltd	Bluecoat Pvt. Ltd Submission to WHO Public Hearing on FCTC	English	F6210614.pdf
Body Against Destructive Social Activities	Submission to FCTC re: Public Hearings at WHO	English	F0500047.doc F0500047.pdf
Boston Women's Health Book Collective	FCTC- Hearings Final Notice	English	F0560053.doc F0560053.pdf
Brazilian National Cancer Institute	WHO Framework Convention on Tobacco Control Hearings	English	F3390337.pdf F3390337.rtf
British American Tobacco	British American Tobacco's to the WHO Framework Convention on Tobacco Control	English	F0840080.doc F0840080.pdf
British Thoracic Society (BTS)	BTS Submission to WHO Public Hearing on FCTC	English	F5830576.rtf

Broadcast Worldwide	Broadcast Worldwide Submission to WHO Public Hearing on FCTC	English	<a href="#">F6110604.pdf</a>
Broadlink Network Programme	World Health Organization, Tobacco must be avoid -- Mr. Kingsley Oduru Gyenti	English	<a href="#">F6000593.pdf</a>
Bundesvereinigung der Deutschen Ernährungsindustrie e.V. (BE) (German Federation of Food and Drink Industries)	BVE Comments on the WHO Framework Convention on Tobacco Controls	English	<a href="#">F2910284.doc</a> <a href="#">F2910284.pdf</a>
C. Everett Koop Institute At Dartmouth College	Forwarding Comments From Dr. Koop Regarding WHO Convention on Tobacco Control	English	<a href="#">F2030195.doc</a>
Campaign for Tobacco Free Kids	Tobacco Free Initiative Campaign for Tobacco Free kids Submission to WHO Public Hearings On FCTC	English	<a href="#">F3860379.doc</a>
CAN Dutch Nonsmokers Association	CAN Dutch Nonsmokers Association Mandate: Nonsmokers Rights	English	<a href="#">F1810177.pdf</a> <a href="#">F1810177.rtf</a>
Canadian Cancer Society	Taking Global Action on Tobacco	English	<a href="#">F2550251.doc</a> <a href="#">F2550251.pdf</a>
Canadian Diabetes Association	Canadian Diabetes Association Submission to WHO Public Hearings on FCTC	English	<a href="#">F4640457.doc</a> <a href="#">F4640457.pdf</a>
Canadian Foundation for the Study of Infant Deaths	SIDS and links to Tobacco	English	<a href="#">F1460142.doc</a> <a href="#">F1460142.pdf</a>
Cancer Association in South Africa	Submission for the WHO Public Hearing on the FCTC	English	<a href="#">F3470340.doc</a>
Cancer Institute (WIA)	Submission from Chennai, India	English	<a href="#">F2800273.pdf</a> <a href="#">F2800273.rtf</a>
Cancer Nurses Society of Australia	Statement from the Cancer Nurses of Australia to the WHO Public Hearings on the FCTC	English	<a href="#">F1790175.doc</a> <a href="#">F1790175.pdf</a>
Cancer Research Campaign	The Cancer Research Campaign Submission to WHO Hearings on the FCTC	English	<a href="#">F2060202.doc</a> <a href="#">F2060202.pdf</a>
Cancer Society of New Zealand	The Cancer Society Of New Zealand Submission to WHO Public Hearings on FCTC	English	<a href="#">F3530346.doc</a> <a href="#">F3530346.pdf</a>
CardioVision 2020	Cardiovision 2020 Submission to WHO Public Hearing ob FCTC	English	<a href="#">F6350628.doc</a> <a href="#">F6350628.pdf</a>
Centre For Chronical Fatigue Researches, Academy of Medical Sciences of Ukraine	Pre-Hearing Submission from Centre for Chronical Fatigue Researchers, Academy of Medical Sciences of Ukraine	English	<a href="#">F0570054.doc</a> <a href="#">F0570054.pdf</a>
Centre for Environment Education	Centre for Environment Education Submission to WHO Public Hearing on FCTC	English	<a href="#">F6180612.pdf</a>
Centre for Human Environment, Institute for Development Studies	Pre-hearing Submission by Haddas Wolde Giorgis, Deputy Director Centre for Human Environment, Insdtute for Development Studies	English	<a href="#">F0460043.doc</a> <a href="#">F0460043.pdf</a> <a href="#">F0460043.rtf</a>
Centre for Research in Primary and Community Care Herfordshire University	The Center For Research in Primary Community Care Submission to WHO for FCTC	English	<a href="#">F2040200.doc</a> <a href="#">F2040200.pdf</a>

Centre for Social Research and Training	Pre-Hearing Submission from Centre for Social Research and Training to WHO Public Hearings On FCTC	English	<a href="#">F2880281_rtf</a>
Centre for Tobacco Control Research	The Need to Control Tobacco Promotion	English	<a href="#">F2080204.doc</a> <a href="#">F2080204.pdf</a>
CHETNA (Centre for Health Education Training and Nutrition Awareness)	CHETNA Submission to WHO Public Hearing on FCTC	English	<a href="#">F4200413.doc</a>
Chicago Chapter National Black Nurses Association (NBNA CC)	NBNA CC Submission to WHO Convention on Tobacco Control	English	<a href="#">F2050201.pdf</a> <a href="#">F2050201.rtf</a>
Chinese Academy of Preventive Medicine	Chinese Academy of Preventive Medicine Submission to WHO Public Hearing on FCTC	English	<a href="#">F6420635.doc</a>
Chinese Progressive Association Grassroots Organization	Comments on FCTC- Chinese Progressive Association	English	<a href="#">F1920188.doc</a> <a href="#">F1920188.pdf</a>
Chittaranjan National Cancer Institute	Chittaranjan National Cancer Institute Dept. of Epidemiology & Bio Statistics Submission for FCTC	English	<a href="#">F2090205.pdf</a> <a href="#">F2090205.rtf</a>
Chuo Clinic	Submission by the Chuo Clinic to WHO Public Hearing on FCTC	English	<a href="#">F5280521.pdf</a>
Cigarette Manufacturers Association of Pakistan (CMA)	CMA Submission to WHO Public Hearings on FCTC	English	<a href="#">F4650458.pdf</a>
CIPRET	CIPRET Submission to WHO Public Hearing on FCTC	French	<a href="#">F5980591.doc</a> <a href="#">F5980591.pdf</a>
Cleaner Campaign for a Smoke-Free Environment	Smoking Affects Us All	English	<a href="#">F2100206.doc</a> <a href="#">F2100206.pdf</a>
CNTC (Chinese National Tobacco Corporation)	CNTC Submission to WHO Public Hearing on FCTC	Chinese	<a href="#">F6470640.doc</a> <a href="#">F6470640.pdf</a>
Coalition Against Cigarette Smoking and Drug Abuse (CACSDA)	CACSDA Submission to WHO Public Hearings on FCTC	English	<a href="#">F3180311.pdf</a> <a href="#">F3180311.rtf</a>
Coalition Against Smoking	Submission from the German Coalition Against Smoking	English	<a href="#">F3750368.doc</a> <a href="#">F3750368.pdf</a>
Coalition on a Smoke-free Environment for kids in Japan	Pre-hearing Submission on WHO Framework Convention on Tobacco Controls By Hiroshi Nogami	English	<a href="#">F0640050.doc</a> <a href="#">F0640060.pdf</a>
College of Family Medicine	College of Family Medicine Submission to WHO Public Hearing on FCTC	English	<a href="#">F6520645.doc</a>
Comisión Nacional Permanente de Lucha Antitabacica (Corat- Peru)	Peru National Commission on Anti-Tobacco Fight Submission to WHO Public Hearing on FCTC	English	<a href="#">F5930586.doc</a>
Comisión para el Control del Tabaquismo de la Asociación Médica Nacional del Uruguay ("Sindicato Médico del Uruguay")	Commission for Tobacco Control of the Uruguay Medical Association Submission to WHO Public Hearing on FCTC	English	<a href="#">F5940587.doc</a>
Comité Nacional de Prevención del Tabaquismo	Aportación del Comité Nacional de Prevención del Tabaquismo	Spanish	<a href="#">F6330626.doc</a> <a href="#">F6330626.pdf</a>
Comité National Centre de Tabagisme (CNCT)	CNCT Submission to WHO Public Hearing on FCTC	French	<a href="#">F5470540.pdf</a>
Commonwealth Medical Association	Submission of Evidence from the Commonwealth Medical Association	English	<a href="#">F2560252.doc</a> <a href="#">F2560252.pdf</a>



CONACTA ( Comisión Nacional sobre Control del Tabaculismo Honduras)	CONACTA Pre Submission to WHO Public Hearings on FCTC	English	F3190312.rtf
Confédération du Commerce du Detail Allemand (HDE)	Prise de Position du HDE sur la Convention-Cadre de l'Organisation Mondiale de la Santé du tabac	French	F3700363.doc F3700363.pdf
Confédération Panhellénique des Unions de Coopératives Agricoles (PASAGES) - UNITAB	UNITAB Submission to WHO Public Hearing on FCTC	French	F6260619.doc F6260619.pdf
Consumer Education and Research Centre, Suraksha School	WHO- Hearings on FCTC	English	F2400236.pdf F2400236.rtf
Consumers Association of Bangladesh (CAB)	Submission from CAB to WHO on the Framework Convention on Tobacco Control FCTC	English	F1570153.doc F1570153.pdf
Consumers Association of Penang	Support for the Framework Convention Tobacco Control	English	F0490046.doc F0490046.pdf
Cooperative Movement, Kenya	TFI submissions	English	F6360629.doc F6360629.pdf
Caromendal Farmers Forum	Your invitation to send submissions on tobacco control from all interested organisations	English	F2370233.doc F2370233.pdf
Council on Smoking and Health, Japanese Anti-Tuberculosis Association	Submission from Japanese NGO Council on Smoking and Health to WHO Framework Convention on Tobacco Control	English	F1520148.doc F1520148.pdf
GeoTech Corporation	Public Hearing in Framework Convention	English	F0290029.doc F0290029.pdf
Current Opinion and Future Trends (Pvt.) Ltd.	Current Opinion and Future Trends (Pvt.) Ltd. Submission to WHO Public Hearings On FCTC	English	F3640356.pdf F3640356.rtf
Cyprus Association of Cancer Patients and Friends	Submission to the Public Hearings on the WHO Framework Convention on Tobacco Control	English	F0580055.doc F0580055.pdf
Darpana Academy of Performing Arts	Darpana Academy of Performing Arts Submission to WHO Public Hearing on FCTC	English	F6120605.pdf
Davidoff Zino Davidoff SA	Comment on the Likely Effects of the Framework Convention on the Diversification Activities of the Firm Zino Davidoff SA	English	F1430139.doc F1430139.pdf
DeWay Medical Center, Florida	Monitoring and Remediation of Aflatoxin and Mycotoxin Levels on Tobacco as a Harm Reduction Strategy	English	F3940387.doc
Density Against Tobacco	submission	English	F2580253.doc F2580253.pdf
Deutsche Bauernverband	Comments by the Deutsche Bauernverband concerning the framework agreement on tobacco control	English	F2120208.doc F2120208.pdf
Deutsche Krebshilfe (German Cancer Aid)	The Deutsche Krebshilfe Submission to FCTC Public Hearings On Framework Convention On Tobacco Controls	English	F1400136.doc F1400136.pdf
Deutscher Duty Free Verband E.V. (German Duty Free Association)	Submission to WHO concerning FCTC	English	F4050398.doc F4050398.pdf

**Submission for the Public Hearings on the  
Framework Convention on  
Tobacco Control on 12<sup>th</sup> – 13<sup>th</sup> October 2000.**

By

***The Community Health Cell (CHC), Bangalore, India,  
which is the functional unit of a registered Society for Community Health  
Awareness, Research and Action (SOCHARA).***

1. CHC is a professional resource group working in the area of community health and public health, in the voluntary sector in India, since sixteen years. Major strategic approaches in work include training, research, advocacy, information dissemination, and networking on major health issues/problems including tuberculosis, malaria and vector borne diseases, HIV/AIDS, Tobacco control, women's health, rational therapeutics, promotion of indigenous systems of health care and addressing poverty and health relationships. In recent years there is increased interaction with government and the Health University. The team comprises of 18 members including health and social science professionals, supported by an informal network of 25 professionals.

CHC has recognised tobacco related health problems as a major public health issue since long, but has become more actively involved since the past 1½ years. We support, and are supported by the direction and enthusiasm of the Tobacco Free Initiative of WHO. We have participated internationally with the NGO Forum for Health, INGAT and the Global Alliance for tobacco control globally. Besides the FCTC, which addresses MNCs, we are concerned about the local industry in India. Locally we undertake awareness programmes/education and training programmes on health effects of tobacco use and on tobacco cessation.

Our sources of funding include the Government of India, State government of Karnataka, WHO-Geneva, Misereor – Germany, Cordaid – Netherlands and for one year DFID – UK, besides local donations and payment for services.

2. Personal Health and Public Health Consequence of tobacco use
  - 2.1 Over the past 50 years, studies conducted globally, including the outstanding work by Richard and Doel in the UK, have established the link between tobacco use and various forms of cancer, cardiovascular disease, gastrointestinal disease, diseases of the reproductive tract including pregnancy wastage and importance studies in India also bear this out.

The cause effect relationship between tobacco use in \_\_\_\_\_ or chewed \_\_\_\_\_ from \_\_\_\_\_ and several adverse ill health consequences on individual is well established .

- 2.2 The WHO, the public health community tobacco(gutka, pan masala, zarda etc) accounting for 27-30% of tobacco use in India and used in the Indian subcontinent, with potential for spread elsewhere. Habitual chewing of 4-5 packets per day leads to gingivitis, leukoplakia, erythroplakia and to the disabling oral submucous fibrosis (OSMF). Over 2-3 decade, a ten-fold increase in incidence of OSMF is noticed with a shift in age group from those above 40 years to youngest persons between 25-35 years.
- 2.3 The effects of passive Smoking/ETS have been accepted by courts.
- 2.4 More recently the highly addictive nature of nicotine has entered the public knowledge domain, along with the fact that this critical information was kept secret and also used to manipulate the product by the tobacco industry. The consequence and cost to public health of this act by the industry, which talks of free choice, is enormous.
- 2.5 The magnitude of tobacco related morbidity and mortality place it among the league of major public health problems, resulting in much preventable human suffering to affected persons and their families; to premature death; to increased health care costs; to loss of productivity; to shift household income from nutrition and children's education to spending on tobacco; and to an overall economic loss to the national economy which economically poorest countries can ill-afford. A recent report of a 6 year prospective study by the Indian council of Medical Research substantiates the last point.
- 2.6 Or the larger public good, there is need for urgent public policy interventions to mitigate the above. The protection of public health and public food is the mandated role of governments (national and local); of professional bodies who have access to knowledge; of international bodies particularly when there are global dimensions to the health problems and the health risks; and of civil society itself when action by other mandated agencies is ineffective.
- 2.7 An objective review of tobacco control interventions especially in developing countries reveal that they have been weak and ineffective. Rates of tobacco use have in fact increased starting at very young ages during childhood where again the free choice theory fails to hold. As a medical doctor specialising epidemiology and health policy analysis it is evident that interventions focussed on cessation counselling and group health education / awareness concerning the health ill effects of tobacco, fail to address the determining cause of spread if this behaviour or habit related problem, namely the dynamics and ingenuity of the tobacco industry which actively grows, manufacturers, promotes and sells the product in collaboration with governments. These major shareholders need to be held accountable and responsible for their policy decisions.

Given the present global evidence, they need to make informed choices and based on currently globally accepted human rights instruments based on ethical principle to compensate individuals/families for the harm caused .

3. We support a series of policy measures that include :

- 3.1 Crop diversification, alternative employment and protection of tobacco workers.
- 3.2 Reduction and elimination of government/public subsidy to tobacco growth, production, manufacture and sale.
- 3.3 Banning of sponsorship of sports & entertainment by the tobacco industry.
- 3.4 Banning of public advertisement of tobacco products.
- 3.5 Preventing and protecting children and young people from getting addicted.
- 3.6 Widespread education and awareness raising about consequences of tobacco use.
- 3.7 Tobacco cessation efforts – support to smokers/chewers.
- 3.8 Banning smoking in public places.
- 3.9 Support to the WHO in developing and implementing the framework convention for Tobacco Control (FCTC).
- 3.10 Labeling, regulating nicotine, tar and carbon monoxide content of cigarettes restricting smoking.
- 3.11 Banning chewed tobacco.

4. Converting specifics

- 4.1 In India it is reported that 20% of tobacco use comprised cigarettes, 27-30% chewed tobacco (gutka etc) and 50-53% beedies. We need more accurate data on the sale of unbranded beedies and gutka's which are unaccounted for and totally unregulated, as the magnitude of tobacco use may be larger. There is need for greater product regulation and safeguarding of health and working conditions of workers in these sectors who are most often women, children and the poorest sections of society.

While on the one hand the industry talks of generation of employment and wealth, the latter is largely in the hands of larger farmers and business owners. Field studies revved that women in the home-based industry work 10-12 hours a day for a relatively small remuneration. Since it is homebased work, children often help out after school hours. Undercutting and exploitation of women, who may often be uneducated.

4.2. The manufacture and sale of chewed tobacco needs to be banned.

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## FRAMEWORK CONVENTION ALLIANCE

Notes from Strategic Planning Meeting, Geneva, 26 March 2000

### Present

Clive Bates, ASH (London) – UK – (facilitator, morning)

Elif Dagli, IUATLD – Turkey

Mary Assunta, Consumers Association of Penang – Malaysia

Ruben Israel, UICC/Globalink – Switzerland

Greer van Zyl, Meropa Communications – South Africa

Archie Turnbull, European Respiratory Society – Switzerland

Tom Hudson, ASH Ireland/ENSP/UICC Codes Programme – Ireland

Robert Mecklenburg, FDI World Dental Federation/International Association for Dental Research – USA

Masood Shaikh, Network for the Rational Use of Medication – Pakistan

Karen Bissell, INGCAT – France

Mahamane Cisse, SOS Tabagisme – Mali

Karen Slama, INGCAT/IUATLD – France

Gonghuan Yang, Chinese Association of Smoking or Health – China

Corinne Bretscher, Medical Women's International Association – Switzerland

Emma Must, ASH (London) – UK – (facilitator, afternoon)

Ross Hammond, Campaign for Tobacco Free Kids – USA

Nancy Kaufman, Robert Wood Johnson Foundation – USA

Judy Wilkenfeld, Campaign for Tobacco Free Kids – USA

Konstantin Krasovsky, Alcohol and Drug Information Center – Ukraine

Yussuf Saloojee, National Council Against Smoking – South Africa

Rich Hamburg, American Heart Association – USA

Oronto Douglas, Environmental Rights Action – Nigeria

Lucinda Wykie-Rosenburg, INFACT – USA

Suren Moodliar, INFACT – USA

Cassandra Welch, American Lung Association – USA

Dr Arturo Lomeli, AMEDEC (Consumers International) – Mexico

Juana Dadou, AMEDEC (Consumers International) – Mexico

Ailen Jones, American Public Health Association/World Federation of Public Health Associations

#### Observing

Therese Lethu – TFI

Karen Lewis – TFI

Chitra Subramaniam – TFI

#### Major outcomes from meeting

[developments since meeting in square brackets; people to take follow-up actions in bold]

#### ⇒ Alliance materials

- Suggestions for revising Aims and Principles were made; agreed amongst rest of group present [now incorporated]

#### ⇒ NGO positions on FCTC and protocol elements

- Thorough discussion of this. Differing views from different groups about best approach, along the lines of discussion on e-mail conference and Globalink (Issues debated included: Is a 'strong' FCTC the best thing to argue for? Can we assert this at this stage? Distribution of measures between FCTC and protocols? Should convention primarily focus on transboundary aspects of tobacco control etc.)
- Agreed that the range of views made it impossible to come out with Alliance position on this at this stage; individual groups will continue to take their own positions; agreed to keep discussing this amongst the Alliance to see if agreement can be reached in the future, as the process moves forward.

#### ⇒ Activities during the week

- Keeping a record of delegates statements:

- Agreed to produce record sheets to keep a note of what was said by all delegates during the official process [Nancy Kaufman and Ross Hammond produced these]
- Agreed to have at least one and preferably two note-takers in the conference hall at any one time [this was done, esp by Nancy Kaufman]
- Greer van Zyl offered to type up first draft [done];
- [Judy Wilkenfeld/Jenny Forfeit at CTFK have produced final versions for distribution via Alliance e-mail conference]
- o Liaison with TFI during week:
  - Emma Must and Judy Wilkenfeld agreed to liaise with Chitra Subramaniam and Karen Lewis at TFI during the week [done, especially over timing of NGO interventions]
- o Lobbying:
  - Alliance members were urged to make contact with delegates from their own country and countries from their region where possible during the week (to get to know the delegates; ascertain their positions; offer NGO positions etc)
  - Sheets to record conversations were suggested [done; limited success at filling these in during the week; CTFK are incorporating this into analysis of official delegate statements – see above]
- o Coordination of NGO interventions during official process of Second Working Group:
  - Most important issues needing rebuttal identified as: farmers/agriculture; economics (backing up the World Bank report);
  - Agreed to try to use all the slots offered for NGO interventions – and to try to coordinate who would use which slots to make which points;
  - Agreed to hold daily Alliance meeting at the end of each day to debrief and coordinate work for following day [done] [Interventions made by different NGOs were circulated via Alliance e-mail conference and Globalink-international list during the week of the Second Working Group meeting and will also be made available via the Alliance website]
- o Alliance media briefing:
  - Agreed to book a room for this for Tuesday morning in a room near UN press corps, and to work on content and speakers at end of play Monday [done].

#### ↳ Fundraising

- o Invitation extended to all members wishing to attend first meeting of Alliance Fundraising Group (5pm Sunday 26th March). [see separate notes of this meeting]

Emma Must  
 ASH (London)  
 April 2000  
 For FCA

## FRAMEWORK CONVENTION ALLIANCE

Notes from daily Alliance meetings/debriefings during week of Second Framework Convention Working Group Meeting, 26-29 March 2000

[developments since meeting/s in square brackets; people to take follow-up actions in bold]

### Main points

#### ⇒ Alliance press briefing

- Agreed to hold this at 11.30am on Tuesday 28th March, in Salle de Presse II at Palais des Nations, Geneva, to catch media already attending the weekly UN press briefing at 10.30am.
- Agreed line-up of speakers: Yussuf Saloojee (National Council Against Smoking, South Africa); Mahamane Cisse (SOS Tabagisme, Mali); Ross Hammond, (Campaign for Tobacco Free Kids, USA); Lucinda Wykle-Rosenburg (INFACT, USA); Masood Shaikh (Network for the Rational Use of Medication, Pakistan); John Kapito (Consumers Association of Malawi); Chair - Emma Must (ASH London, UK).
- Agreed to produce basic Alliance press release for use during press briefing and to go to main wires
- Agreed sub-group to catch press coming out of UN press briefing to bring them to ours
- [All done: 12 media representatives attended including Reuters, International Press Service, and the Guardian, plus a number of regional wires.]
- Suggested refinements for any future Alliance press briefing:
  - maximize agreement beforehand about messages beforehand between different participants;
  - where possible, check views to be expressed about standpoints of particular countries with NGO reps from that country in advance;
  - have large name labels for panel;
  - have French translator available on the panel, not located in the audience;
  - use names of supporting groups on press release;
  - include list of all Alliance members (present and not) who are prepared to be interviewed;
  - maximise number of southern groups on the panel, with a southern chair if possible, to try to counteract press tendency to quote northern groups
  - systematically put media from different countries/regions in touch with NGOs present by walking the corridors of the UN press corps in advance – offer spokesperson in different languages to relevant media.

#### ⇒ Daily reports from Geneva

- Agreed to attempt daily reports to Alliance e-mail conference from Geneva. [done informally by Nancy Kaufman]



⇒ **NGO participation in official process**

- Agreed to set up an **NGO Participation Working Group** to develop Alliance policy on NGO participation in the official FCTC process. Ross Hammond (Consultant to Campaign for Tobacco-Free Kids) and **Oronto Douglas**, Environmental Rights Action, Nigeria) to take the lead and produce recommendations for Alliance policy on inclusion of NGOs within the official process – and how we might lobby to achieve this. They also to consult with Yussuf Saloojee. [For more details about this Working Group, please contact Ross at [margross@tgc.org](mailto:margross@tgc.org) or Oronto at [eluan@infoveb.abs.net](mailto:eluan@infoveb.abs.net) ]
- **NGO reps on Government delegations included during Second Working Group session:** BELGIUM – Luk Joossens (UICC); UKRAINE – Konstantin Krasovsky (ADIC); CANADA – Ken Kyle (Canadian Cancer Society); POLAND Witold Zatonski; CZECH REPUBLIC – Hana Sovina; VENEZUELA – Manuel Adrianza; PERU – Carlos Farias.
- **Suggestions for October negotiations:**
  - Agreed to encourage as many Alliance members as possible to get on to their government delegations for the October negotiations (Coordinating Group to act).
  - Agreed to maximise communication between Alliance and those NGOs on government delegations during the negotiations.
  - Agreed to encourage those NGO reps already on delegations but not yet active within the Alliance to join us (Emma to contact them).
  - Agreed to request a clear explanation of the detail of the rules concerning NGO intervention (eg. can one named official NGO intervene more than once during a particular session?) before negotiations start. (Ross or Emma to request from TFI).
  - Agreed that we need experienced Alliance members present in or near the negotiating hall at all times (and not all involved in the parallel press briefing for example!) - in case of unexpected developments and the need to agree interventions quickly.
  - Agreed to provisionally agree options for NGO interventions at the start of the negotiations – to give ourselves a timetable to work to (whilst retaining reactive flexibility)
  - INGCAT offered to look at the list of NGOs in official relations and make recommendations to the Alliance about how they might wish to divide interventions up by topic according to expertise of different groups. (Karen Bissell or Karen Slama to act)

⇒ **Suggestions for additional Alliance activity during the negotiations in October**

- Produce overnight Alliance newsletter to put on delegates seats each morning

⇒ **Informing NGOs in advance of FCTC meetings**

- Suggested improvement for next time: Alliance (Coordinating Group) to spell out as clearly as possible for those who will be attending what is likely to happen

during the negotiations, and what their involvement might be – eg making an intervention in conference hall; speaking on a press briefing panel; lobbying their country representative, etc.

- ⇒ WHO Public hearings, Geneva, early October 2000
  - Karen Lewis from TFI gave us a short briefing
    - See WHO press release at <http://www.who.int/inf-pr-2000/en/pr2000-22.html> for more details
    - TFI to provide more details in due course.
  - Agreed Alliance would encourage NGO submissions – by post, plus some in person (Coordinating Group to act in due course).
  - ? Include fundraising for NGO participation in hearings within UNF proposal (Alliance Development Working Group to act on).
- ⇒ Alliance admin
  - Does the Alliance need a full-time secretariat? Could this be done cross-regionally? - wouldn't necessarily need to be located in one place. (Alliance Development Working Group possibly to include this in their draft UNF proposal).
- ⇒ Burson Marsteller being hired by WHO
  - Great concern was expressed amongst Alliance members present about this PR firm being hired by WHO given history of acting for tobacco industry, plus their specialism in dealing with "crisis management" on controversial issues arousing protest eg. Union Carbide, Exxon Valdez, Three Mile Island etc. etc.
  - Lucinda/Emma to draft letter to WHO, and seek support from Alliance members.

Emma Must  
ASH (London)  
April 2000  
For FCA

## FRAMEWORK CONVENTION ALLIANCE

Notes from Alliance Development (Fundraising) Working Group Meeting, Geneva,  
26.3.00

### Present

Suren Moodliar and Lucinda Wykle-Rosenburg, INFACT, USA;  
Judy Glanz, Judy Wilkenfeld, Campaign for Tobacco Free Kids, USA;  
Mary Assunta, Consumers Association of Penang, Malaysia;  
Emma Must, ASH (London), UK;  
Oronto Douglas, Environmental Rights Action, Nigeria;  
Dr Arturo Lomeli, Juana Dadou, AMEDEC (Consumers International), Mexico;  
Robert Mecklenburg, FDI World Dental Federation/International Association for Dental  
Research, USA;  
Masood Shaikh, Network for the Rational Use of Medication, Pakistan;  
Allen Jones, American Public Health Association/World Federation of Public Health  
Associations, USA;  
Cassandra Welch, American Lung Association, USA;  
Nancy Kaufman, Robert Woods Johnson Foundation, USA.

### Apologies

Yussuf Saloojee, National Council Against Smoking, South Africa

### Main outcomes/action points

[developments since meeting in square brackets; people to take follow-up actions in bold]

- ⇒ Agreed to set up this Working Group.
- ⇒ Agreed that main task for this group is to pull together a funding proposal, to be agreed by Alliance, to go to United Nations Foundation via TFI to fund further NGO support of the FCTC. (We have been invited by TFI to do this). **Lucinda, Mary and Judy W** offered to produce first draft of outline proposal then circulate round Working Group for comment – during April. (Possible elements of proposal could include: funding to bring more NGOs in to FCTC process, eg consumers, environmental, ??farmers groups; funding for regional meetings of FCA; funding for human resources per region; funding to enable access to e-mail where non exists from member groups; ?full-time secretariat for Alliance, spread across regions, etc.).
- ⇒ Agreed to aim for Alliance to get initial outline proposal to UNF (via TFI) during May.
- ⇒ Agreed to actively approach other Alliance members to increase regional representation within the Working Group:

- SE Asia: Mary to approach various people in the region; Bob Mecklenburg to contact 'Meera'
  - Africa: Lucinda to contact Pamphil Kweyuh
  - Western Pacific: Lucinda to contact NATT member from Philippines
  - CEE/FSU: Emma to contact Konstantin Krasovsky and Elif Dagli
- ⇒ Emma to copy these notes to Chitra at TFL. [done]
- ⇒ [For more info about the Alliance Development (Fundraising) Working Group, or if you would like to get actively involved in the Group, please contact Lucinda Wykle-Rosenberg at INFACT [lucinda.infact@juno.com](mailto:lucinda.infact@juno.com) OR Judy Wilkenfeld at Campaign for Tobacco-Free Kids [JWilkenfeld@TobaccoFreeKids.org](mailto:JWilkenfeld@TobaccoFreeKids.org) OR Mary Assunta at Consumers Association of Penang [massunta@tm.net.my](mailto:massunta@tm.net.my) ]
- ⇒ [If you were present at the Alliance Development Working Group Meeting in Geneva but do not wish to be actively involved in the Group, please also inform Lucinda, Judy W or Mary as above].

Emma Must  
ASH (London)  
April 2000  
For FCA



## NOTES FROM ALLIANCE MEETINGS

**Subject:** NOTES FROM ALLIANCE MEETINGS

**Date:** Wed, 26 Apr 2000 14:20:46 -0100

**From:** "Emma Must" <emma.must@dial.pipex.com>

**Organization:** ASH

**To:** <[citcall@globalink.org]>

**CC:** "Chitra Subramaniam" <subramaniam@who.ch>, "Karen Lewis" <klewis@advocacy.org>, <lethut@who.ch>

Dear Friends,

Several people have asked for notes from the various Alliance meetings held during the week of the Second Framework Convention Working Group Meeting in Geneva at the end of March.

So, by popular demand, please find attached:

1. Notes from the Framework Convention Alliance Strategic Planning Meeting, held in Geneva, 26 March.
2. Notes of key points from additional Alliance meetings/debriefings held during that week.
3. Notes from the first meeting of the Alliance Development (Fundraising) Working Group, Geneva, 26 March.

These are in addition to the various daily reports; statements by Alliance member groups; press releases etc. which were circulated via this e-mail conference (and some also via Globalink-International list) at the time. All this material is being added to the Alliance website.

Hope they are of use/interest.

Best wishes,

Emma

Emma Must  
International Campaign Manager  
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Name: FCA - Strategic Planning Meeting 26.3.00 - final.doc

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281  
FCA - Strategic Planning Meeting 26.3.00 - final.doc

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FCA - Daily debriefings notes 26.3.00 - final.doc

TN  
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27/4

**Subject: Proposal for NGO Participation in the FCTC**

**Date: Mon, 8 May 2000 13:38:14 -0700**

**From: "Ross Hammond" <mgross@igc.org>**

**To: <fctcall@globalink.org>**

To: NGOs Working on the Framework Convention on Tobacco Control  
From: Ross Hammond, Consultant, Campaign for Tobacco Free Kids  
Subject: Proposal for NGO Participation in the Framework Convention  
on Tobacco Control  
Date: 8 May 2000

Dear Colleagues:

Attached for your consideration and review is a proposed set of rules for enhanced NGO participation in the FCTC, followed by some excerpts from the report of the UN Secretary General on NGOs. Please note that there is ample precedent for all of the provisions included in this proposal - in fact, most of the language is drawn directly from previous UN Conventions and Conferences. There are web links to many of these in the footnotes - I would particularly recommend looking at resolution 1996/31 of the Economic and Social Council (ECOSOC) on consultative relationships between the United Nations and NGOs ([goopher://goopher.un.org/00/esc/recs/1996/E-RES96\\_31](http://goopher.un.org/00/esc/recs/1996/E-RES96_31)) which lays out a much broader role for NGOs in UN Conferences and negotiations.

My understanding is that World Health Assembly Rules of procedure will be the default rules for the Intergovernmental Negotiating Committee but that governments may choose to modify those rules during the first negotiating session in October. Any move to change the rules for NGO participation would most likely be brought up at that time. The rules of procedure can be found at: <http://www.who.int/ina-ngo/ngo/princ-e.htm>. What is not clear to me at this point is whether paragraph 1.2 of that section which reads "WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations" would apply to 1996/31. My guess is that it would, especially since WHO is considered a "specialized agency" of the United Nations.

In constructing this proposal, I have consulted with experts at the UN Non-Governmental Liaison Service as well as with environmental activists who have participated in past UN Conventions and Conferences. A couple of points to keep in mind:

1) There is no guarantee that the steps outlined in this proposal will keep industry front groups out. Although there are specific provisions requiring NGOs to submit documentation of non-profit status and source of funds, there is no way to construct an accreditation process such that all of the industry's allies are kept out. On the other hand, as we are all aware, the industry is already well-represented on some country delegations and has been lobbying governments back in national capitals. The question before us then is whether we have more to gain by opening up the process and allowing more national public health and consumer groups to participate or whether we are better off with the current rules.

2) So far in the process, NGOs in official relations have been allowed to sign-up large numbers of people under their organizations. However, there is no guarantee that this will be allowed to continue. If even a few governments start to complain about this practice, WHO would be forced to clamp down on it.

3) Although there is emphasis in the formal accreditation procedures on speaking rights, the most important interactions have and will continue to occur in informal sessions, joint briefings with governments, etc.

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Probably the best thing would be to start a debate within the FCTC list-serv. Please contribute comments and feedback on this proposal. After incorporating these, the next step would be for the Alliance to approach sympathetic governments (e.g. Canada and the Philippines) and discuss introducing it into the FCTC process.


Thanks, and I look forward to the discussion.

Ross

\*\*\*\*\*  
Please note new address and fax number:

Ross Hammond  
965 Mission Street, Suite 218  
San Francisco, CA 94103  
USA  
tel. 1-415-695-7492  
fax. 1-415-369-9211

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Floor Comments from the Second Working Working Group Meeting on the FCTC, March 27-29, 2000

Subject: Floor Comments from the Second Working Working Group Meeting on the FCTC, March 27-29, 2000

Date: Mon, 8 May 2000 10:36:48 -0400

From: AJ Foreit <JForeit@TobaccoFreeKids.org>

To: "fctc@globalink.org" <fctc@globalink.org>

CC: Judy Wilkenfeld <JWilkenfeld@TobaccoFreeKids.org>, Judith Glanz <jglanz@TobaccoFreeKids.org>

> Dear Colleagues,

> For your use, we have compiled statements made by country delegates on the  
> floor of the FCTC Second Working Group Meetings in Geneva in late March,  
> 2000. The comments have been indexed by country and by topic, and are  
> available online at

> <http://tobaccofreekids.org/campaign/global/framework/private>. (Please do  
> not distribute this URL beyond this listserv.) We intend to compile  
> delegate statements at upcoming FCTC meetings as well. Ultimately, we  
> will be able to maintain a comprehensive record of individual  
> country-positions on a variety of FCTC topics. If you have questions  
> about the grid of floor comments, please contact Jenny Foreit at the  
> Campaign For Tobacco-Free Kids at: [jforeit@tobaccofreekids.org](mailto:jforeit@tobaccofreekids.org). Please  
> address any other questions to Judy Wilkenfeld  
> ([JWilkenfeld@tobaccofreekids.org](mailto:JWilkenfeld@tobaccofreekids.org)) or Judith Glanz  
> ([jglanz@tobaccofreekids.org](mailto:jglanz@tobaccofreekids.org)).

> We hope this information will assist you in your advocacy activities.

> ACTIONS YOU CAN TAKE:

> 1. In the next two weeks before the WHA, we encourage you to speak  
> directly with your country delegates to the Second Working Group meeting.  
> Although the list of country delegates does not appear to be available  
> online, we do have a hard copy of the participants list. Unfortunately,  
> detailed contact information is not available but job title should help  
> you to locate individual delegates. If you wish a copy of the entire list  
> or just your country delegates, please send your fax number to  
> [jforeit@tobaccofreekids.org](mailto:jforeit@tobaccofreekids.org) with a list of the information you need.

> Speak directly with your country delegates to the Assembly as well. (WHA  
> delegates are likely to be different from FCTC working group delegates ).  
> Respond to specific elements of the recorded floor statements-- tell them  
> what you support and what you oppose and why. 'Ask Questions!' Hold them  
> accountable-- Let them know that the FCA is tracking country position  
> carefully and will continue to do so at all future FCTC meetings.

> 2. If you will be attending the WHA, let WHA delegates know that you look  
> forward to speaking with them again at the Assembly and on a regular  
> basis.

> 3. If you will not be in Geneva, please communicate the outcome of these  
> conversations to other Alliance members via the FCA listserv. Those of  
> us who will attend the Assembly, can followup and speak directly with your  
> country delegations and report back to you.

> 4. If you have contacts with delegates from your country and wish to share  
> their reactions with us, please send them to one of the three names above  
> and they will be added to the database and reports. We will be updating the  
> reports with each WHO/WHA meeting and any comments from FCA members.

> Attachments:

Floor comments on the Second Working Group Meeting on the FCTC


> <<Report by Subject 4-12-00.pdf>> <<ReportbyCountry 4-12-00.PDF>>


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Floor Comments from the Second Working Group Meeting on the FCC, March 27-29, 2000

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>  
> Participant List/2nd Working Group meeting:

 Report by Subject 4-12-00.pdf	Name: Report by Subject 4-12-00.pdf Type: application/pdf (application/pdf) Encoding: base64
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 ReportbyCountry 4-12-00.PDF	Name: ReportbyCountry 4-12-00.PDF Type: application/pdf (application/pdf) Encoding: base64
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GOVERNMENT DELEGATES LIST

Subject: GOVERNMENT DELEGATES LIST

Date: Tue, 9 May 2000 12:21:43 +0100

From: "Emma Must" <emma.must@dial.pipex.com>

Organization: ASH

To: <fecall@globalink.org>

Dear Friends,

Further to the circulation yesterday of the floor comments from the Second Working Group meeting of the Framework Convention, please note that the list of participants - including government delegates - is available on the WHO website at:

<http://www.who.int/wha-1998/Tobacco/second/pdf/eaf2dir2.pdf>

This should make it easier for you to find out who your country delegates are and make contact with them.

Best wishes

Emma

P.S. To post messages on this Framework Convention Alliance listserv just type fecall@globalink.org

Emma Must

International Campaign Manager

ASH

102 - 108 Clifton Street

London EC2A 4HW

tel: +44 (0)171 739 5902

fax: +44 (0)171 613 0531

E-mail: emma.must@dial.pipex.com

Web: <http://www.ash.org.uk>

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et (00296) INFO: M. bovis, drug resistant - Spain

Subject: tbnet (00296) INFO: M. bovis, drug resistant - Spain

Date: Thu, 4 May 2000 15:03:45 EDT

From: ISmith3287@aol.com

To: tbnet@mos.com.np

tbnet (00296) INFO: M. bovis, drug resistant - Spain

From: ProMED-mail post <<http://www.promedmail.org>>

From: <Maria Angeles Lazaro Belanche malazaro@aragob.es>

We recently detected a new case of multi-resistant M. bovis in a prison inmate in Zaragoza (Spain). The patient died in February 2000. The strain isolated is identical to the one published in AIDS 1997, 11:1237-1242. The most important characteristics of that outbreak were:

- the causal agent is [a strain of] M. bovis, resistant, up to now, to all drugs
  - the death rate is around 100%
  - around 100 cases have been detected in Spain, the great majority in HIV positive [people]
  - transmission appears to be intra-hospital (numerous hospitals have notified cases) & by the respiratory [route] (in spite of being M. bovis).
- The new case detected had a recent history of hospitalizations & demonstrates that the outbreak is continuing. It had the peculiarity of being HIV negative, which raises the fear of possible spread of the outbreak to the seronegative population.

Joaquin Guimbao

M. Angeles Lazaro

Seccion de Vigilancia Epidemiologica de DGA [Madrid, Spain]

Maria Angeles Lazaro Belanche <malazaro@aragob.es>

The above was forwarded to Dr. Timothy Brewer for comment. - DS)

From: Timothy Brewer <Timothy.Brewer@lshtm.ac.uk>

M. bovis is a relatively rare cause of TB this days thanks to both pasteurization of milk and control programs among cows/cattle (tuberculin skin testing and slaughter of infected animals). 0.5% of TB in France was due to M. bovis in 1995 (Robert. Int J Tuberc Lung Dis 1999;3:711) and 1% of TB in Australia between 1970-1994 was due to M. bovis (Cousins. Int J Tuberc Lung Dis 1999;3:715). Most people with M. bovis TB had occupational exposures.

As a member of the M. tuberculosis complex, M. bovis can behave just like M. tuberculosis. It can cause predominately respiratory disease and be spread by droplet nuclei. The outbreak in Spain was tracked to at least 2 hospitals. One patient died of the disease in the Netherlands.

The presence of a new case with the same strain does not imply that the original outbreak is continuing. Many people were likely to have been infected with M. bovis during the original outbreak. Since no treatment was given to prevent latent M. bovis infections acquired during the outbreak from progressing to active disease, one would expect periodic cases to continue to occur over the years. Most infections in HIV-infected persons would progress to active disease rather quickly, especially as individuals became more immunocompromised. Some cases would occur initially in non-HIV infected persons as well, as up to 20% of tuberculin positive non-HIV infected adults contacts may progress to active TB. Others will contain their initial infection--whether M. tuberculosis or M. bovis--only to reactivate at some later time.

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et (00296) INFO: M. bovis, drug resistant - Spain

The history of recent hospitalizations among the new case suggest that this person may have been immunocompromised by factors other than HIV. These factors could have contributed to the progression of a latent M. bovis infection acquired in the past progressing to active TB. It would be interesting to know if the new case had any possible exposures during the original outbreak.

It is possible that there is still ongoing transmission of multiple drug resistant M. bovis in Spain, but we would need more evidence than the presence of a new case to demonstrate this.

Timothy Brewer, M.D.  
 Assistant Professor of Medicine  
 Harvard Medical School  
 <Timothy.Brewer@hshtm.ac.uk>

\*\*\*\*\*  
 tb.net - the international TB network  
 This email discussion list is moderated. Send messages to: tbnnet@mos.com.np  
 For more information about tb.net: tb@mos.com.np  
 Visit the tb.net website: <http://www.south-asia.com/ngo-tb>  
 for information about TB resources, organisations, conferences, training  
 programmes etc.  
 \*\*\*\*\*



NZ Government Increases Tax On Cigarettes

Subject: NZ Government Increases Tax On Cigarettes

Date: Wed, 10 May 2000 09:41:41 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: "Framework Convention Alliance" <fcall@globalink.org>

NB. \$NZ1 = \$US0.50c, approximately

New Zealand News from The Press - Wednesday, May 10, 2000

from

National News Stories  
WEDNESDAY, MAY 10, 2000:

Tobacco tax rise will net Govt \$20m

by Kathryn McNeill

Today's 14 per cent tax rise on tobacco will net the Government \$20 million this financial year, with more substantial savings to follow, says Health Minister Annette King.

Legislation passed under urgency yesterday adds \$1 to the price of a pack of 10 cigarettes, taking the average price from \$7.20 to \$8.20. The price of a 50g packet of roll-your-own tobacco will increase by \$3.13 to between \$15 and \$20.

Entitlements to duty-free cigarettes are also being cut. From June 7 people entering New Zealand will be allowed to bring in only one carton of 200 cigarettes duty free, rather than two.

Mrs King said taxation was effective in discouraging smoking.

"There are almost 5000 smoking-related deaths in New Zealand each year, and that doesn't count all those who live impaired lives after strokes, or heart attacks, or other illnesses, including various cancers," she said.

The tax rise was expected to cut tobacco consumption this year by 7 per cent, and add \$10m to Government coffers this financial year, \$110m next year, \$79m the following year, and \$82m in the 2002-03 financial year.

"This is money we need to spend on health and other social initiatives," Mrs King said.

The increase was welcomed by anti-smoking groups, although many want the Government to do more to help smokers quit.

Smokefree Coalition director Barbara Langford said less than 2 per cent of the money collected from smokers was spent on preventing or reducing smoking. The tax increase would reduce smoking and give the Government more spending power.

"We call on the Government to allocate a substantial budget to encouraging and support smokers to give up," Ms Langford said.

"The Government has an obligation to spend much more of the money collected from smokers on helping them to quit."

The Quit Group, which runs the Government-funded Quitline, also wants more

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money spent on smoking cessation. Spokeswoman Helen Glasgow said the last tax increase of 50c led to a 10 per cent reduction in smoking.

She expected calls to Quitline would increase from today, and said "a whole lot more" money should be spent on media campaigns to highlight the dangers of second-hand smoke and the addictiveness of tobacco, and on helping smokers quit.

Greens' spokeswoman Sue Bradford supported any move to discourage smoking, but feared the tax increase would hit poor people hard.

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2238, Christchurch  
email: [cafca@chch.planet.org.nz](mailto:cafca@chch.planet.org.nz)

Proposal for NGO Participation in the FCTC

Subject: Proposal for NGO Participation in the FCTC

Date: Thu, 11 May 2000 17:40:30 -0700

From: "Ross Hammond" <margross@igc.org>

To: <fctc@globalink.org>

Dear Colleagues: Last week I sent around this proposal for enhancing NGO participation in the FCTC and have not yet gotten any comments or feedback from Alliance members on it. We will need to decide relatively soon whether we as an Alliance want to try to expand the rules for NGO access to the process so it would be good to get people's opinions, even if just to say that they think we're on the right track or, if not, offer some alternatives.

Look forward to hearing from you!

Ross

To: NGOs Working on the Framework Convention on Tobacco Control  
From: Ross Hammond, Consultant, Campaign for Tobacco Free Kids  
Subject: Proposal for NGO Participation in the Framework Convention on Tobacco Control  
Date: 8 May 2000

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My understanding is that World Health Assembly will be the default rules for the Intergovernmental Negotiating Committee but that governments may choose to modify those rules during the first negotiating session in October. Any move to change the rules for NGO participation would most likely be brought up at that time. The rules of procedure can be found at: <http://www.who.int/ina-ngo/ngo/princ-e.htm>. What is not clear to me at this point is whether paragraph 1.2 of that section which reads "WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations" would apply to 1996/31. My guess is that it would, especially since WHO is considered a "specialized agency" of the United Nations.

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In constructing this proposal, I have consulted with experts at the UN Non-Governmental Liaison Service as well as with environmental activists who have participated in past UN Conventions and Conferences. A couple of points to keep in mind:

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To: <fctcall@globalink.org>

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Thanks, and I look forward to the discussion.

Ross

\*\*\*\*\*  
Please note new address and fax number:

Ross Hammond  
965 Mission Street, Suite 218  
San Francisco, CA 94103  
USA  
tel. 1-415-695-7492  
fax. 1-415-369-9211

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Encoding: base64

NGO MEETINGS DURING WHA

**Subject: NGO MEETINGS DURING WHA**

**Date: Fri, 12 May 2000 12:10:42 +0100**

**From: "Emma Must" <emma.must@dial.pipex.com>**

**Organization: ASH**

**To: <fctcall@globalink.org>**

**CC: "AJ Foreit" <JForeit@tobaccofrekids.org>, <NCollishaw@cctc.ca>**

Dear Friends,

A quick reminder about a few NGO events/meetings for those members of the Alliance making the trip to Geneva for the World Health Assembly next week:

Monday 15th May  
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10am - midday: Framework Convention Alliance meeting (to prepare for the week) at Salle 22, Palais des Nations, Geneva

12.30-2.00pm: INFACT press conference and video, Palais des Nations, room to be confirmed (more info from Suren Moodliar on mobile 079 221 7827 or at 10am Alliance meeting)

2.00pm - 4.00pm: Briefing by the UN Non-Governmental Liaison Service for Alliance members - on how to get the most out of UN negotiations, tips for approaching delegates, suggestions for effective NGO cooperation etc. etc., at Salle 22, Palais des Nations, Geneva.

=> Times for any other NGO debriefings etc. will be arranged during the Monday 10am meeting, so please try to attend this if you can, or contact Judy Wilkenfeld/Judy Glanz on mobile 4179 368 1258 or Emma Must on mobile 07712 038710 or Suren Moodliar on mobile 079 221 7827.

=> The main tobacco session within the official programme is now likely to be on Weds 17th May. For the official WHA agenda and all background papers please see WHO website at: <http://www.who.int/wha-1998/WH00/newwha.html>

=> Alliance members attending the WHA will endeavour to report back on developments during the week via this e-mail conference.

Best wishes,

Emma

Emma Must  
International Campaign Manager  
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102 - 108 Clifton Street  
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Tel: +44 (0)171 739 5902  
Fax: +44 (0)171 613 0531  
E-mail: [emma.must@dial.pipex.com](mailto:emma.must@dial.pipex.com)  
Web: <http://www.ash.org.uk>

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Subject: Please Write the WorldWatch Institute

Date: Thu, 11 May 2000 12:24:24 -0700

From: "Ross Hammond" <margross@igc.org>

To: <tob-mail@globalink.org>, <fctcall@globalink.org>

Friends -- Today the WorldWatch Institute put out a rather bizarre and misleading statement on global tobacco issues (the text is below). It would be helpful if they could get an earful from Globalinkers on this one, particularly since they are a widely quoted source by the news media. Please send correspondence to: worldwatch@worldwatch.org and send me a copy as well.

Thanks,

Ross Hammond

World Watch - Tuesday, May 9, 2000

World Kicking the Cigarette Habit

Lester R. Brown  
Chairman of the Board

After a century-long buildup in cigarette smoking, the world is turning away from cigarettes, following the U.S. lead. In 1999 cigarettes smoked per person in the United States fell by a staggering 8 percent and for the world as a whole by more than 3 percent.

The U.S. trend is driven by a deepening awareness of the health-damaging effects of smoking, rising cigarette prices, rising cigarette taxes, aggressive antismoking campaigns in several states, and a decline in the social acceptability of smoking. Ironically, the land that gave the world tobacco is now leading it away from tobacco.

In the United States, the number of cigarettes smoked per person has been falling for two decades, dropping from 2,810 in 1980 to 1,633 in 1999, a decline of 42 percent. Worldwide, where the downturn lags that of the United States by roughly a decade, usage has dropped from the historical high of 1,027 cigarettes smoked per person in 1990 to 915 in 1999, a fall of 11 percent.

Indeed, smoking is on the decline in nearly all the major cigarette consuming countries, including such bastions of smoking as France, China, and Japan. The number of cigarettes smoked per person has dropped 19 percent in France since peaking in 1985, 8 percent in China since 1990, and 4 percent in Japan since 1992, according to the U.S. Department of Agriculture's world tobacco database.

Evidence of the damaging effects of cigarette smoking on human health continues to accumulate. Today there are some 25 known tobacco-related diseases, including heart disease, strokes, respiratory illnesses, several forms of cancer, and male impotence.

Smoking takes a heavy human toll. The World Health Organization (WHO) estimates that worldwide 4 million people die prematurely each year from smoking cigarettes. The 400,000 lives claimed each year by smoking-related illnesses in the United States matches the number of Americans who died in World War II. In China, smoking takes an estimated 2,000 lives per day, the equivalent of having five fully loaded jumbo jets crash each day with no survivors.

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Tobacco file  
JK



The decline in smoking in the United States was initially triggered by the Surgeon General's report on smoking and health, which was first issued in 1964. Published nearly every year since then, it has spawned thousands of studies worldwide on the effect of smoking on health. These studies and the media coverage of their findings have raised public awareness of the health effects of smoking not only in the United States but throughout the world.

Over the years, mounting evidence of the effect of smoking on health gradually undermined the tobacco industry's steadfast denial of such a link. As it did so, the industry lost its credibility. Cigarette manufacturers began to lose lawsuits as juries held them responsible for health damage to smokers. By late November of 1998, the industry had agreed to pay the 50 state governments a total of \$251 billion to cover past Medicare costs of treating smoking-related illnesses—nearly \$1,000 for every American.

To cover costs of this settlement, cigarette manufacturers raised prices. Between January 1998 and January 2000, the average U.S. wholesale price of cigarettes climbed from \$1.31 per pack to \$2.35, a 79 percent increase in two years.

Even as the tobacco companies were raising the price of cigarettes, state governments were raising cigarette taxes. By the end of 1999, cigarette taxes ranged from 2¢ per pack in Virginia, a tobacco-growing state, to 1¢ per pack in Alaska and Hawaii. Higher cigarette prices appear to be reversing the recent upturn in teenage smoking.

Not only did state governments raise cigarette taxes, they also insisted, as part of the November 1998 settlement, that the Tobacco Institute, the industry's powerful lobbying arm, be dismantled. On January 29, 1999, the Institute, one of the best funded lobbies in Washington, with a full-time staff of 60, closed its doors.

Restrictions on cigarette advertising, which began with a ban on television and radio ads in the United States, are spreading. For example, the European Union recently passed legislation prohibiting all advertising of cigarettes by 2006.

Bans on smoking itself are also taking off. Initially smoking was restricted on airplanes by segregating smokers and nonsmokers. But in the United States this soon expanded into a total ban on smoking on planes, a measure that is being adopted by airlines in other countries.

The same thing is happening in restaurants. In the United States, the segregation of nonsmokers and smokers now has been replaced by an outright ban on smoking in restaurants in five states—California, Nevada, Maryland, Minnesota, and Vermont. Smoking bans on public transportation and in the workplace are now found in many countries.

Until recently, U.S. cigarette manufacturers were not overly concerned that Americans were smoking fewer cigarettes because they saw a huge market opening up in the Third World, an unprecedented business opportunity. But they failed to take into account the globalization of the antismoking effort. Indeed, several developing country governments are suing U.S. tobacco companies in U.S. courts, seeking to recover their costs of treating smoking-related illnesses.

The antismoking campaign is being bolstered by research indicating that cigarette smoking is a leading cause of male impotence. The constriction and blockage of small blood vessels associated with smoking may first manifest itself in the inability to achieve an erection, well before blockage of the larger coronary arteries leads to heart disease.

One of the mainstays of California's highly successful antismoking campaign is a TV commercial in which a man's flirtation with a woman fails when the

cigarette in his mouth begins to droop. Experience in California indicates that while adolescent males may not be particularly worried about their mortality, they are concerned about their sexuality. In Thailand, cigarette packs carry in large type the warning "Cigarette smoking causes sexual impotence."

As the social costs of smoking become more visible, and as the number of smoking-related deaths climbs, the global antismoking campaign is gathering momentum. Governments that once saw cigarettes only as a source of revenue are now also looking at the spiraling costs of treating smoking-related illnesses. WHO has launched an ambitious worldwide campaign to discourage smoking, one that it hopes will culminate in an international treaty, the Framework Convention on Tobacco Control, to regulate the use of tobacco.


Meanwhile, the challenge is to sustain the decline in smoking by expanding further the worldwide educational effort on the health effects of this costly habit, by further restricting advertising, by banning smoking in public places and work places, and by raising taxes on cigarettes to a level that more fully reflects their cost to society. The goal is to make smoking as socially unacceptable as it is economically costly.

FOR FURTHER INFORMATION CONTACT:

Reah Janise Kauffman  
Special Assistant to the Chairman & Director of International Publications  
Worldwatch Institute  
1776 Massachusetts Ave., NW  
Washington, DC 20036

telephone: 202 452-1992 X514  
email: rjkauffman@worldwatch.org

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Subject: Please Write the WorldWatch Institute  
Date: Thu, 11 May 2000 12:24:24 -0700  
From: "Ross Hammond" <margross@igc.org>  
To: <tob-mail@globalink.org>, <fctcall@globalink.org>

Friends -- Today the WorldWatch Institute put out a rather bizarre and misleading statement on global tobacco issues (the text is below). It would be helpful if they could get an earful from Globalinkers on this one, particularly since they are a widely quoted source by the news media. Please send correspondence to: worldwatch@worldwatch.org and send me a copy as well.

Thanks,

Ross Hammond

World Watch - Tuesday, May 9, 2000

World Kicking the Cigarette Habit

Lester R. Brown  
Chairman of the Board

After a century-long buildup in cigarette smoking, the world is turning away from cigarettes, following the U.S. lead. In 1999 cigarettes smoked per person in the United States fell by a staggering 8 percent and for the world as a whole by more than 3 percent.

The U.S. trend is driven by a deepening awareness of the health-damaging effects of smoking, rising cigarette prices, rising cigarette taxes, aggressive antismoking campaigns in several states, and a decline in the social acceptability of smoking. Ironically, the land that gave the world tobacco is now leading it away from tobacco.

In the United States, the number of cigarettes smoked per person has been falling for two decades, dropping from 2,810 in 1980 to 1,633 in 1999, a decline of 42 percent. Worldwide, where the downturn lags that of the United States by roughly a decade, usage has dropped from the historical high of 1,027 cigarettes smoked per person in 1990 to 915 in 1999, a fall of 11 percent.

Indeed, smoking is on the decline in nearly all the major cigarette consuming countries, including such bastions of smoking as France, China, and Japan. The number of cigarettes smoked per person has dropped 19 percent in France since peaking in 1985, 8 percent in China since 1990, and 4 percent in Japan since 1992, according to the U.S. Department of Agriculture's world tobacco database.

Evidence of the damaging effects of cigarette smoking on human health continues to accumulate. Today there are some 25 known tobacco-related diseases, including heart disease, strokes, respiratory illnesses, several forms of cancer, and male impotence.

Smoking takes a heavy human toll. The World Health Organization (WHO) estimates that worldwide 4 million people die prematurely each year from smoking cigarettes. The 400,000 lives claimed each year by smoking-related illnesses in the United States matches the number of Americans who died in World War II. In China, smoking takes an estimated 2,000 lives per day, the equivalent of having five fully loaded jumbo jets crash each day with no survivors.

The decline in smoking in the United States was initially triggered by the Surgeon General's report on smoking and health, which was first issued in 1964. Published nearly every year since then, it has spawned thousands of studies worldwide on the effect of smoking on health. These studies and the media coverage of their findings have raised public awareness of the health effects of smoking not only in the United States but throughout the world.

Over the years, mounting evidence of the effect of smoking on health gradually undermined the tobacco industry's steadfast denial of such a link.

As it did so, the industry lost its credibility. Cigarette manufacturers began to lose lawsuits as juries held them responsible for health damage to smokers. By late November of 1998, the industry had agreed to pay the 50 state governments a total of \$251 billion to cover past Medicare costs of treating smoking-related illnesses—nearly \$1,000 for every American.

To cover costs of this settlement, cigarette manufacturers raised prices. Between January 1998 and January 2000, the average U.S. wholesale price of cigarettes climbed from \$1.31 per pack to \$2.35, a 79 percent increase in two years.

Even as the tobacco companies were raising the price of cigarettes, state governments were raising cigarette taxes. By the end of 1999, cigarette taxes ranged from 2¢ per pack in Virginia, a tobacco-growing state, to \$1 per pack in Alaska and Hawaii. Higher cigarette prices appear to be reversing the recent upturn in teenage smoking.

Not only did state governments raise cigarette taxes, they also insisted, as part of the November 1998 settlement, that the Tobacco Institute, the industry's powerful lobbying arm, be dismantled. On January 29, 1999, the Institute, one of the best funded lobbies in Washington, with a full-time staff of 60, closed its doors.

Restrictions on cigarette advertising, which began with a ban on television and radio ads in the United States, are spreading. For example, the European Union recently passed legislation prohibiting all advertising of cigarettes by 2006.

Bans on smoking itself are also taking off. Initially smoking was restricted on airplanes by segregating smokers and nonsmokers. But in the United States this soon expanded into a total ban on smoking on planes, a measure that is being adopted by airlines in other countries.

The same thing is happening in restaurants. In the United States, the segregation of nonsmokers and smokers now has been replaced by an outright ban on smoking in restaurants in five states—California, Nevada, Maryland, Minnesota, and Vermont. Smoking bans on public transportation and in the workplace are now found in many countries.

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Reah Janise Kauffman  
Special Assistant to the Chairman & Director of International Publications  
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1776 Massachusetts Ave., NW  
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telephone: 202 452-1992 X514  
email: rjkauffman@worldwatch.org

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winmail.dat Type: application/ms-tnef  
Encoding: base64

**Subject: personal notes from FCTC working group meeting**

**Date:** Tue, 16 May 2000 12:04:37 +0200

**From:** "Sibylle Fleitmann" <ensp@pophost.eunet.be>

**To:** <fctcall@globalink.org>

Dear All,

Emma has asked me to circulate to you my brief notes on the meeting which I made for ENSP members. Here they come....

Best regards,

Sibyll e

Sibylle Fleitmann  
General Secretary  
European Network for Smoking Prevention  
48 rue de Pascale  
B-1040 BRUXELLES  
Belgium  
Tel: + 32 2 230 65 15  
Fax: + 32 2 230 75 07  
web: www.ensp.org



WHO.FCTC Working Group Geneva.doc

Name: WHO.FCTC Working Group Geneva.doc

Type: Winword File (application/msword)

Encoding: base64

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Thank you should read  
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17/5*

**Second Meeting of the Working Group on the  
Framework Convention on Tobacco Control  
Geneva, 27-29 March 2000**

**Framework Convention Working Group meeting (\*) - Geneva March 27-29, 2000  
Brief overview of discussion on 27<sup>th</sup> & 28<sup>th</sup> March**

115 countries were represented with additional representation from the Vatican, UN agencies, specialised agencies such as the World Intellectual Property Organisation and Non governmental organisations in official relation with WHO. The European Commission represented and spoke on behalf of its member countries. Some EU member countries made additional statements. The participants list can be obtained upon request.

As an introduction to the conference, Dr Brundtland announced that WHO will organise an official hearing, inviting all interested parties to submit comments on the FCTC. The hearing is meant to give the public health community, farmers and the tobacco industry an opportunity to make their case public. The two-day hearing is planned to take place at the end of September/beginning of October this year in Geneva. Submissions and testimony will be made available by WHO to the negotiating parties. Dr Brundtland also announced the creation of a WHO scientific advisory committee on tobacco product regulation.

The aim of the two day discussions was to indicate the level of support of governments to the different elements of the body of the framework convention and related protocols. Additional proposals could be presented by the delegates. A final report will be presented by WHO to the World Health Assembly in May 2000.

A main concern coming out of the discussions was the necessity to address the consequences of the FCTC on the tobacco farming communities world wide. The involvement of the Economic and Social Committee of the UN, the International Monetary Fund, the World Bank and of FAO was felt to be essential in the process. Provision for financial and technical assistance should be included to allow developing countries to adhere to the FCTC.

Discussions concentrated on the specific form the convention should take and its relation to protocols. Several states such as the USA, Japan, China, Turkey, Guatemala, Argentina and Germany called for a convention referring only to principles, general objectives and guidelines to allow a maximum of member states to sign the convention.

States such as Australia, Canada, Norway, Iceland, Singapore and the Philippines insisted that the body of the convention in itself should already contain strong provisions and obligations in order to express the will and the commitment of the international community to fight tobacco consumption on all fronts.

The European Union repeatedly called for the need of a more balanced approach between the proposed framework convention and related protocols.

The United States repeatedly called for a framework convention containing only general principles and objectives in order to enable a maximum of States to sign. Specific tobacco control issues should be addressed in protocols. They were severely criticized by some US NGO's, notably the American Cancer Society. The US government delegates decided to use their right to respond. Their argument was that the US strongly supported the convention, however tobacco control could take different forms, each form not necessarily being acceptable to all countries.

Germany oriented its comments to the economic aspects of tobacco control, calling for a special protocol on economic advantages and disadvantages.

The developing countries dependent on tobacco farming repeatedly called for technical and financial assistance from the international community to deal with the consequences of less demand of tobacco plants following the FCTC.

At the end of the two days, no general preference for specific options for a framework convention seemed to emerge. The three options were still up:

1. A framework convention clearly separated from protocols.
2. A framework convention with 1 or more separate protocols.
3. A framework convention including 1 or more protocols with the possibility to make reservations on protocols or certain elements of the body of the convention.

Support for protocols:

1. Advertising protocol: there was clear support for a strong protocol including a ban on sponsorship and promotion. Some countries (including the US) are ready to support a ban but only targeted at children and adolescents.
2. Smuggling protocol: there was clear support from practically all countries. Requests were voiced to cover all illicit trade of tobacco products including counterfeit cigarettes and the creation of mechanisms for effective international collaboration on all aspects including money laundering.
3. Tobacco dependence: there was a tendency from delegates to delay this protocol to a later state or perhaps not to have one at all. If concerns were voiced, they concerned mainly the high cost of NRT.

Specific NGO interventions in official relation with WHO had been allowed at the discretion of the chairman during the official working group meeting. Interventions of members of the Framework Convention Alliance (FCA)\*\* were grouped in order to reduce the number of interventions for increased impact. All organizations called for a strong/meaningful convention.

- UICC/IULTD/WHF made a statement recalling the impact of tobacco on cancer, cardio-vascular and lung disease.
- IUHPE/ENSP/INWAT/Medical Women's Association International, Campaign for Tobacco free kids called for a total ban on advertising in the light of rising smoking rates of women and the need for all groups to be protected from tobacco industry's marketing strategy (annex A).



- A representative of a consumer organization from Malawi (tobacco growing state in Africa) recalled that the tobacco industry will put farmers out of work and not the FCTC.
- NATT (Network for Accountability for Tobacco Trans nationals) criticized the US attitude to weaken the Convention.

Further interventions were made by the World Dental Federation, the World Federation of Public Health Associations/ American Public Health Association as well as several interventions from NGO's not member of FCA.

An FCA Press conference was organized on the 28<sup>th</sup> in order to address issues coming up from the Working Group discussions (annex B) from an NGO point of view. Following issues came up : the need for not involving the tobacco industry in the discussions, the need for an advertising ban to protect public health, the need to consider consumer interests, the need for financial and technical support of the farming community and the need to respond to the alleged "job losses" put forward by the tobacco industry.

- \* The official report of the Working Group will be available on the WHO web site : [www.who.int/toh](http://www.who.int/toh)
- \*\* For further information on the Framework Convention Alliance, please consult their web site: [www.fctc.org](http://www.fctc.org)

ENSP/SF/17.4/2000

**Intervention by the International Union For Health Promotion and Education, the European Network for Smoking Prevention, the Medical Women's International Association, the International Network of Women Against Tobacco, the Campaign for Tobacco Free Kids**

**March 27, 2000, Geneva**

Tobacco consumption is one of the greatest threats to public health in the world; we therefore thank the World Health Organisation and the World Health Assembly for addressing tobacco control in their deliberations.

Following the statement of the Swedish delegation concerning the need for gender specificity screening throughout the FTC and related Protocols, we would like to draw the attention of the working group to the fact that while smoking rates among men may be declining in some countries, smoking rates among women are rising world-wide. By the year 2025, the number of women smokers is expected to almost triple. In Western Europe female deaths caused by smoking have doubled over the last twenty years and the curve is rising. In the United States, rates of lung cancer now surpass breast cancer as a cause of death among women.

Women who smoke have markedly increased risks of cancer, particularly lung cancer, heart disease, stroke, emphysema and other fatal diseases. Women experience gender-specific risks from tobacco and passive smoke such as the negative impact on their reproductive health and complications during pregnancy.

According to internal industry documents and several studies, industry marketing and advertising strategies are particularly targeted to women and young girls. The tobacco industry promotes the false association of tobacco with images of health, liberation, slimmness and modernity. Advertising and promotional campaigns specifically in women's magazines is one of the major tools in support of this strategy.

We support the Kobe Declaration which demands a global ban on direct and indirect advertising, promotion and sponsorship for tobacco products across all media and in all forms of entertainment. We demand public funding for counter-advertising that disconnects women's liberation from tobacco use and that reaches women and girls in all cultural contexts. We, therefore, support Canada, Iceland, Australia, Singapore and India in their proposal and urge governments to provide for a total ban on tobacco advertising, promotion and sponsorship in the FTC and related Protocols in order to protect not only children and young people, but also women and every group.

Speaker: Sibylle Fleitmann, ENSP

PRESS STATEMENT BY THE FRAMEWORK CONVENTION ALLIANCE

(Geneva, 28 March 2000) -- Members of the Framework Convention Alliance present at the Second Working Group on the WHO Framework Convention on Tobacco Control (FCTC) support a strong Framework Convention that prioritizes public health and peoples' lives above the economic interests of the tobacco industry. Since the death clock started ticking in October when the first Working Group met, over 1.7 million people have died.

Unfortunately, protecting peoples' lives was not the message we heard from several government delegations yesterday. Public health, consumers', and human rights organizations from around the world are united in our commitment to keep the tobacco industry out of this process, in spite of suggestions by a few countries that it be opened up to tobacco companies. We commend the leadership and courage of countries that are standing up to the tobacco industry. It is critical that this Convention address advertising and promotion issues, limit the political influence of the tobacco industry, provide consumer protections such as full disclosure of the dangers of tobacco products, and shifts the responsibility and the costs to the tobacco industry for this preventable epidemic.

Producer countries have expressed concerns about the impact of the FCTC on their tobacco growing communities. No tobacco farmer will go out of business because of the FCTC. WHO forecasts an increase in the number of smokers worldwide from 1.1 billion today to 1.64 billion by 2025. Even if the FCTC were remarkably successful and managed to hold consumption at current levels, there would be no decline in the demand for tobacco. Rather, demand would remain static. There is simply no realistic scenario under which anyone farming tobacco today will be put out of work. Opposition to this convention is about protecting tobacco industry profits, not the livelihoods of tobacco farmers.

A greater threat to the viability of the tobacco farming sector comes from technological innovations by the cigarette manufacturers and the playing off of one country against another. In the past decade the manufacturers have spent hundreds of millions of dollars developing cigarettes with no or low tobacco. The Alliance supports WHO initiatives to mobilize UN agencies like the FAO to provide alternative livelihoods for tobacco growing communities.

The industry argues that there is no alternative to tobacco growing. But this is due to the fact that there has been very little funding made available to examine the possibilities for alternative crops. Small tobacco farmers require real prospects for the future. This involves overcoming problems linked to growing other crops such as lack of capital investment, irrigation and other issues. However, the fear that farmers have under this Convention should be allayed because tobacco demand will remain static and will not affect the economic situation of tobacco growing countries.

The tobacco industry continues to exaggerate potential job losses from tobacco control. Research conducted for the World Bank report demonstrates that most countries will see no net job loss if tobacco consumption falls. In fact, some countries

will even experience net gains, particularly those which import tobacco products and where the tobacco industry is dominated by foreign companies. Simply put, protecting public health and protecting jobs are not incompatible.

Since the Framework Convention process began in October 1999, over 1.7 million people have died. Time is running out. The clock is ticking.

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The Framework Convention Alliance is a heterogeneous alliance of non-governmental organizations from around the world who are working jointly and separately to support the development of a strong Framework Convention on Tobacco Control, and related protocols. The Alliance currently includes more than 40 NGOs or existing coalitions of NGOs from at least 20 countries worldwide.

Speakers:

Dr. Masood Ali Sheikh, National Association for the Rational Use of  
Medicine in Pakistan

Mahamane Cisse, SOS Tabagisme (Mali)

Ross Hammond, Consultant, Campaign for Tobacco Kids (USA)

John Kapito, Executive Director, Consumers Association of Malawi

Emma Must, ASH-UK (United Kingdom)

Dr. Yussuf Saloojee, Executive Director, National Council Against Smoking  
(South Africa)

Lucinda Wykle-Rosenberg, Research Director, INFACT (USA)

Contact: Judy Wilkenfeld (Mobile: 41-79-368-1258)

Emma Must/Clive Bates: (Mobile: 44-468-791-237)



Subject: tbnet (00310) PUB: JAMA drug resistant TB article

Date: Wed, 17 May 2000 11:29:58 +0200

From: smithi@who.ch

To: <tbnet@mos.com.np>

tbnet (00310) PUB: JAMA drug resistant TB article

From: CNN and New York Times

<http://cnn.com/2000/HEALTH/05/16/tough.tb.ap/index.html> or

<http://www.nytimes.com/aponline/a/AP-Tough-TB.html>

May 16, 2000

CHICAGO (AP) -- A small but alarming percentage of people worldwide have a form of tuberculosis that is resistant to the usual treatments and must be fought with stronger, more expensive drugs to prevent a health crisis comparable to AIDS, World Health Organization researchers say. "If we don't encourage countries to do a good treatment of TB, then we will have an epidemic on our hands," said Dr. Marcos Espinal, who led a study published in Wednesday's Journal of the American Medical Association.

TB is a contagious respiratory disease that kills an estimated 2 million people a year. If treated correctly, most cases are curable. The study examined 6,402 TB cases at clinics in Russia, Peru, China, South Korea and the Dominican Republic between 1994 and 1996 and found that about 5.5 percent did not respond to so-called first-line drugs. Drugs that could effectively treat these patients are much more expensive and have to be taken for up to two years -- potential barriers in some poor, developing countries.

But failing to treat these patients could have catastrophic results, particularly since TB tends to mutate into even more resistant strains when treated incorrectly, said Espinal, a doctor with WHO's communicable diseases program in Switzerland. If more countries do not correctly treat TB, the organization estimates that nearly 1 billion people will be newly infected -- and 35 million will die -- in the next two decades.

In the United States from 1993 through 1998, 45 states and the District of Columbia reported at least one case each of multi-drug-resistant TB, according to the Centers for Disease Control and Prevention.

While TB more commonly afflicts people in poorer, developing countries, Espinal warned that because it is an airborne disease, "TB can be in eight hours from Russia to New York." Another researcher agreed with Espinal's prognosis and called drug-resistant TB a "public health emergency." "The genie of multi-drug-resistant TB is irreversibly out of the bottle," Dr. C. Robert Horsburgh of Boston University's Schools of Public Health and Medicine wrote in an accompanying editorial.

Espinal said 119 of the 212 WHO member countries, including the United States, have implemented or agreed to implement the organization's TB-fighting plan, which calls for treatment with the first-line drugs. Twenty-two countries representing 85 percent of all TB cases -- including China, India, Brazil and Nigeria -- have agreed to take part. WHO is also calling for an expansion of the TB-fighting plan using treatments that are at least 350 more times more expensive than first-line drugs such as isoniazid and rifampicin, which cost \$20 to \$30.

Already, India's health secretary has said that with an annual 2 million new cases in India alone, his government cannot keep pace with the costs, estimated at \$55 million this year.

WHO estimates that 16 million people worldwide have tuberculosis, and rates of infection are on the rise. WHO officials estimate there were 8 million new cases

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of TB in 1997 alone. The United States had 18,361 reported cases in 1998, according to the CDC.

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tb.net - the international TB network  
This email discussion list is moderated. Send messages to: [tbnet@mos.com.np](mailto:tbnet@mos.com.np)  
For more information about tb.net: [tb@mos.com.np](mailto:tb@mos.com.np)  
Visit the tb.net website: <http://www.south-asia.com/ngo-tb>  
for information about TB resources, organisations, conferences, training  
programmes etc.  
\*\*\*\*\*

**Subject:** Tobacco TNC Sweeteners

**Date:** Wed, 17 May 2000 09:42:28 +1200

**From:** "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

**To:** "Framework Convention Alliance" <ftcall@globalink.org>

New Zealand News from The Press - Tuesday, May 16, 2000

from

National News Stories  
TUESDAY, MAY 16, 2000:

Anti-smokers say extras sweeten teen appeal

AUCKLAND -- Cigarette companies are sweetening the taste of tobacco with increasing amounts of honey and sugar, a mixture anti-smoking groups believe is designed to appeal to children.

In Health Ministry documents obtained under the Official Information Act, tobacco companies said nearly 350 substances were added to cigarettes and tobacco.

While the companies must supply the information to the Government, they did not have to say which brands contained the additives.

The papers show the amount of sugar, honey, and menthol in New Zealand tobacco sold last year had increased from the year before.

Other additives included fig juice, ethyl alcohol, nutmeg powder, licorice, caramel, vanilla, apple juice, and cocoa.

"Tobacco companies add chemicals to cigarettes to hook new smokers in quickly and to keep them hooked," Smokefree Coalition director Barbara Langford said.

"The flavourings make them more palatable to children."

She said menthol was added to reduce the harshness of tobacco smoke on the throat.

Heart Foundation medical director Boyd Swinburn said the additives were designed to lure young smokers, and cigarettes were not as rough as they were 20 or 30 years ago.

"They wouldn't do it if it didn't make the cigarette far more palatable," he said.

The cigarette now is a hugely sophisticated, manufactured nicotine-delivery device.

"Many of the additives had pharmacological effects, such as cocoa, which opened the airways to allow more smoke to enter the lungs.

"They can add whatever they want to tobacco. They desperately don't want 13

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and 14-year-olds trying their first cigarette behind the bike sheds and coughing and spluttering and vomiting.

"They want something smooth that masks the acrid taste of tobacco."

Ms Langford said the idea of a company using chemicals to make a harmful product more palatable was extremely disturbing.

"It is more than coincidence that teenage smoking is increasing."

British American Tobacco spokeswoman Vickie Curtis said that additives such as honey and sugar were present in such small quantities that they made little difference.

Such things had been added to tobacco since the 15th century and were simply part of the product recipe, not a device to attract children.

Some made a slight difference to the taste, while others kept the tobacco moist.

British American Tobacco sells most of the cigarettes in New Zealand.

A recent survey of more than 30,000 students from 75 per cent of the country's secondary schools showed nearly half of fourth-form girls and 39 per cent of boys were smokers.

Health Minister Annette King is trying to introduce legislation that would, among other things, require the tobacco companies to say exactly what additives were in each brand.

--NZPA

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2258, Christchurch  
email: [cafca@chch.planet.org.nz](mailto:cafca@chch.planet.org.nz)



Subject: NGOs Question Big Tobacco's Access to WHO

Date: Wed, 17 May 2000 14:50:42 -0700

From: "Ross Hammond" <smargross@igc.org>

To: <ftcall@globalink.org>, "Rob Weissman" <rob@essential.org>, <international@globalink.org>

Wednesday, May 17, 2000

Contact: Judy Wilkenfeld, USA  
Juan

Almendares, Honduras

Mahamane

Cisse, Mali

(cell) 41 79

368-1258

--For immediate release--

NGOS QUESTION BIG TOBACCO'S ACCESS TO W.H.O.  
TREATY NEGOTIATIONS AND DEMAND OFFICIAL RECOGNITION  
TO PROTECT PUBLIC HEALTH

We, as members of the Framework Convention Alliance, strongly object to the involvement of tobacco companies with member nations, as evidenced by industry briefing documents on the Framework Convention on Tobacco Control (FCTC). [SEE ATTACHED DOCUMENTS]

Recently in Africa, British American Tobacco (BAT) held its latest briefing session with delegations to encourage "proactive support" for its interests. BAT called on the delegations to "use British American Tobacco as a source of information and data." Given the industry's record of outright lies and misinformation campaigns, it is unacceptable that BAT be considered a legitimate information resource.

Based on this industry intrusion, we support the inclusion of Non-Governmental Organisations (NGOs) in the official FCTC negotiations commencing in October 2000. Without broad NGO participation, the most vocal non-governmental voices at the table will be those of the tobacco industry.

It is imperative that NGOs have official observer status in the negotiation debates. While we recognise that NGOs do not and cannot have voting status, NGOs bring first-hand experience with the epidemic and with tactical manoeuvres by the tobacco companies to sabotage public health efforts. From Austria to Zimbabwe, we bear witness to industry subversion of national efforts to end their predatory practices.

We expect that the sovereign member states will strive to protect the interests of civil society by including NGOs as members of their delegations to the official FCTC negotiations. We applaud Malawi for choosing health over death by including Mr. John Kapito of the Consumers' Association of Malawi on their official delegation, and encourage other countries to follow suit.

There is ample precedent for inclusion of NGOs in treaty negotiations. In 1996, the Economic and Social Council (ECOSOC) issued a resolution describing a broad role for NGOs in UN negotiations. As the Secretary General of the UN stated in 1998, "NGOs have played a very significant and helpful role by establishing bridges between the United Nations and the civil society at large."

Campaign for Tobacco-Free Kids, USA  
SOS Tabagisme, Mali

1 of 2

*Amel*  
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NGOs Question Big Tobacco's Access to WHO

German Coalition Against Smoking  
INFACT, USA  
CONACTA, Honduras  
Consumers' Association of Malawi  
American Cancer Society

---END---

FCTC - Report of the 2nd Working group

**Subject:** FCTC - Report of the 2nd Working group

**Date:** Wed, 17 May 2000 14:08:48 +0100

**From:** "Clive Bates" <clive.bates@dial.pipex.com>

**To:** <international@globalink.org>

**CC:** <fctcall@globalink.org>, "Harrington, Patsy (LSH-ADT)" <PHA@who.dk>

Dear friends,

The report of the 2nd Working Group of the Framework Convention on Tobacco Control, held in March in Geneva, is now available at the following page of the WHO site.

<http://www.who.int/wha-1998/Tobacco/second/Sanglais.htm>

The actual document is a pdf at:

<http://www.who.int/wha-1998/Tobacco/second/pdf/et25.pdf>

Several people have been having difficulties finding it - perhaps because it is mysteriously listed as: "WHO framework convention on tobacco control" rather than something more precise - like "Final Report of the 2nd Working Group".

The report gives an excellent sense of where the various delegations are coming from and realistically describes the meeting. The final document contains a number of important changes compared to the version circulated in draft at the end of 2nd Working Group meeting - notably the removal of the inappropriately negative language regarding the Treatment Protocol. The Secretariat has been careful to ensure that the report is a collection of views without decisions - this is important because the WG meeting was not a negotiating session and it would not have been correct to suggest that decisions had been made about which parts of the FCTC and protocols should proceed and which should be de-emphasised.

Regards

Clive Bates

Action on Smoking and Health

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United Kingdom

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Fax: +44-(0)20-7613 0531

Mob: +44-(0)7786 791237

Web: <http://www.ash.org.uk/>

TW  
AL  
19/5

British Medical Association refutes Times... and calls on Governments to support FCTC

**Subject: British Medical Association refutes Times Leader and calls on Governments to support FCTC**

Date: Thu, 18 May 2000 10:03:48 +0100

From: sjones@bma.org.uk

To: international@globalink.org, gt-uk@globalink.org

CC: fctcall@globalink.org

In a letter published in today's Times (London, May 18th) Dr Ian Bogle, Chairman of the British Medical Association refutes criticisms WHO's plans for an international treaty to combat tobacco, made in Monday's (May 15th) Times Leader.

Pointing to the fact that within the next 20 years, seven in ten deaths from tobacco will occur in poorer countries, Dr Bogle says: 'Your leader gives the impression that tobacco is only an issue for affluent people and affluent countries. The victims of the tobacco epidemic are not rich - they are poor.'

Dr Bogle states that while tobacco is indiscriminate in causing suffering and death, the Convention being developed by the World Health Organisation will go some way to eliminating global double-standards that discriminate against the poorest and most vulnerable.

The letter concludes by congratulating Dr Brundtland on this initiative and urging the Government to facilitate its development and implementation.

Full text of the Times leader, of Dr Bogle's letter to the editor and of the edited version published today can be found on the TCRC website:

<http://www.tobacco-control.org/tcrc.nsf/htmlpagesvw/newsfrm>

under the section: recent TCRC/BMA press work

Today's Times also publishes responses to the Leader by Alan Dangour, University of Cambridge and John Carlisle of the Tobacco Manufacturers Association. These can also be found at the above link.

All the best

Sinead

~~~~~  
Sinead Jones PHD MPH  
Project Leader, Tobacco Control Resource Centre  
BMA House  
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London WCH 9JP  
UK

Tel: +44 20 7383 6380

Fax: +44 20 7554 6380

E-mail: sjones@bma.org.uk

<http://www.tobacco-control.org>

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\*\*\*\*\*  
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www.bma.org.uk  
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1 of 1

5/20/00 4:27 PM

Looking for information person on tobacco use in FSU

**Subject:** Looking for information person on tobacco use in FSU

**Date:** Fri, 19 May 2000 14:59:27 +0200

**From:** Mary Ellen Chatwin <Mary.ellen.ccf@cortex.ch>

**To:** wvi.gva@jprolink.ch

**CC:** Imartin@artso.uwc.ac.za, sochara@vsnl.com, ysalooje@iafrica.com, jtiongco@interasia.com.ph, Yachd@who.ch, niclas.hallstrom@dhf.uu.se

Dear Dr. Ram, we are considering programs in the former Soviet Union and gathering information on the health issues of small children there, and according to B.A. Carlson in "The condition of children in the countries of the former soviet union's statistical review that appeared in the Journal of Development Studies, 1994, the greatest cause of infant mortality in the southern Caucasus is ARI, influenza and pneumonias in all 3 countries (Georgia, Armenia and Azerbaijan). I wonder if you could direct me to any information that might implicate the enormous tobacco use and secondary effects in the family as linked to respiratory disease in children, especially in those regions (or others for that matter)? Do you know of programs to that end? I do have a copy of the tobacco symposium document. Thank you in advance, Yours sincerely, Mary Ellen Chatwin, Director CCF, Geneva

Annex 20/5 To TN

Press release by NATT members on FCTC resolution before WHA

**Subject: Press release by NATT members on FCTC resolution before WHA**

**Date: Fri, 19 May 2000 10:44:48 -0400 (EDT)**

**From: Suren Moodliar <suren.infact@juno.com>**

**To: fctcall@globalink.org**

For Immediate Release:

18 May 2000

Contacts: Kathryn Mulvey in Geneva 18-20 May

Cell:+41-79-221-7827

NGOs Push for Substantive Progress on Tobacco Treaty:  
Warn Against Industry Drive to Slow Process

GENEVA—Members of the Network for Accountability of Tobacco Transnationals (NATT) are calling for the resolution to begin negotiations on the Framework Convention on Tobacco Control (FCTC) to take substantive steps. Following two Working Group meetings where great strides were taken to develop measures to restrict tobacco advertising and promotion, hold corporations accountable for their complicity in illicit tobacco trade, and begin to protect national legislation from industry interference, the 53rd World Health Assembly is not being given the opportunity to raise the stakes.

"The reluctance to move forward decisively and aggressively at every phase can only mean that Philip Morris and other tobacco transnationals are throwing their weight around with national delegations and the World Health Organization itself," says INFAC Executive Director Kathryn Mulvey. She added that this backsliding is "surprising given the increasing pressure on Philip Morris as indicated by the Tuesday resignation of Robert Eckert, CEO of the company's Kraft Foods subsidiary." Canada and Norway, two countries that have pioneered effective national tobacco control policies and lead the way for international standards, have introduced a draft resolution that reduces the work of the 53rd WHA on this issue to outlining procedural details. And even this mild step faces objections from the U.S. and other countries where Big Tobacco's influence is strongest.

5/20/00 4:27 PM

"The tobacco transnationals are clearly threatened by the momentum toward global standards that will curb their power, so they are trying to throw water on the spark before it sets a fire. But things are already ablaze," say Ontario Douglas. His organization, Environmental Rights Action (ERA), has just launched a campaign challenging the tobacco industry in Nigeria—and has already generated a dramatic response from British American Tobacco (B.A.T.), #2 worldwide to Philip Morris. B.A.T. has hired a public relations firm that is disputing the World Bank's conclusion that tobacco control policies are a net economic benefit, and is attempting to intimidate journalists reporting ERA's campaign.

A provision in the draft resolution to extend NGO participation is now meeting some resistance. The active involvement of INFAC, Environmental Rights Action, National Commission Against Tobacco-Honduras (CONACTA) and other NGOs in Geneva demonstrates why the tobacco giants want to shut NGOs out of the FCTC. "Grassroots resistance is chipping away at the tobacco transnationals' hold over governments and policy health policy," says human rights activist Dr. Juan Almandares of CONACTA. INFAC has brought this message of escalating grassroots activity to delegates from dozens of countries with a 9-minute preview of its soon-to-be released documentary film, Making a Killing: Philip Morris, Kraft, and Global Tobacco Addiction. The video will be screened today at 4:45 PM in Salle XXIII in Palais des Nations, Geneva.

"More than one and half million people will die of tobacco-related illnesses between now and the kickoff of negotiations in October," warned Dr. Almandares. "Delaying the process will only serve the interest of Philip

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Press release by NATT members on FCTC resolution before WHA

Morris and other tobacco transnationals—at the expense of people like Wayne Baker, profiled in Making a Killing. The transnational that addicted Mr. Baker to tobacco did not have to have a laryngectomy—he did. Now, in the expectation that the Framework Convention on Tobacco Control—process will assist him, he is fighting back to prevent the next generation from falling to the tobacco transnationals.”

INFACT's Mulvey urged the 53rd WHA "to consolidate the gains made over the past year by kicking off negotiations on the FCTC with firm guidance to negotiators to eliminate tobacco advertising and promotion that appeals to children, keep tobacco corporations out of public health policy, include enforcement mechanisms that are binding on tobacco corporations and commit to firm deadlines for compliance with treaty obligations.”

ERA - Environmental Rights Action/Friends of the Earth-Nigeria is Nigeria's foremost environmental justice advocacy movement. The organization was founded in January 1993 and its philosophy is based on the African Charter of Human and People's Rights (Article 24). As a grassroots movement, the organization continues to support local communities in their democratic struggle to reclaim their human dignity and control their resources.

CONACTA - National Commission Against Tobacco, Honduras works with grassroots organizations, students, intellectuals and professionals since 1990. It also conducts research and education programs into tobacco control and human rights issues. Dr. Juan Almeyda Bonilla is available to do interviews in Spanish.

Founded in 1977, INFACT is a non-governmental organization whose purpose is to stop life-threatening abuses by transnational corporations and increase their accountability to people around the world. INFACT is known for the successful Nestlé and GE boycotts. Its first documentary, Deadly Deception, won the 1991 Academy Award. For more information about INFACT, visit [www.infact.org](http://www.infact.org)

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Statement on behalf of the International Union against Tuberculosis and Lung Disease

ON THE FRAMEWORK CONVENTION ON TOBACCO CONTROL  
THE 53RD SESSION OF THE WHA in Geneva 19th May 2000.

Mr. Oronoto Douglas, Deputy Director Environmental Rights Action/Friends of the Earth Nigeria.

Thank you Mr./Madam Chairman,  
Honourable Ministers,  
Distinguished delegates,  
Ladies and Gentlemen,

I am Oronoto Douglas It is a privilege to read this statement on behalf of millions of our people who though not here are following your activities particularly as it relates to the evolving framework convention that hopes to arrest the most deadly killer of our time—Tobacco. This assembly is gathered, we believe, to do what is honourable and right for the youth of today so that the elders of tomorrow will not have to repeat today's mistakes. A repeat of the mistakes will only encourage the continuing enslavement of millions of our people through personal and political tobacco addiction. This, distinguished delegates, will not be progress in humanity's strive for health for all. It will also not fall within the satisfying ambience of true civilisation which should bring good for ALL, not a few or a section, and should protect our environment: Civilisation does not encourage the sale of disease and death in the name of choice and pleasure. Our gathering should not also be a waste of the worlds'

Press release by NATT members on FCTC resolution before WHA



resources and time.

We are convinced that the assembly has the will, the way and the wherewithal to carry through the noble initiatives, directed essentially in the defence of our common humanity. We have a very high expectation of this Assembly because it is made of people who have spent most of parts of their lives looking into health issues, working on health matters and speaking and promoting the health of people around the world. Honourable Ministers, distinguished delegates (of member countries here present) and members of civil society, we are urging you to do what is right. We know that corporate lobbyists descended on the Palais. We know who pays them. We know that the objective is to make the Tobacco Treaty not worth the paper on which it is written. Clearly, the stakes of profit are being hoisted over and above environmental and livelihood considerations.

Matters of health need calm and quietness to resolve. The deafening din by the Tobacco lobby, which has grip over many countries of power, may have encouraged delegates from some countries to work for a meaningless Treaty--at least that is what our reading of their comments and strategies since the FCTC discussions began. This is not good for today, and we are convinced it will not augur well for the survival of our tomorrow.

For us, from the targeted countries, we ask: what lessons does the Assembly want us to take home? Should our report to the billions not now in Geneva be a promise of a weak or meaningless Treaty? Must we be compelled to preach that the discredited gospels of power is right and that health is for only for the powerful and wealthy? And that a gathering of this nature is nothing but a jamboree where some government representatives may take time off at government expense and with possible support from transnationals? Should we invite thousands with Drums, puppets and dance to the Palais? We are encouraged by the commitment for action by a majority of the world's nations. No one country can deal with the menace of the Tobacco transnational whose advertising budget alone dwarfs many a country within the continent of Africa. In the sacred duty of defending our common humanity let it not be said that avoidable delays that now cause the deaths of eleven thousand people to die of Tobacco every day, according to Madam Gro Harlem Brundtland, to increase to forty or more thousand a day in no distant time? Distinguished ladies and gentlemen. Honourable Ministers and delegates, time is running out. We urge you to:

1. Work to produce a meaningful Treaty in name and indeed
  2. Unambiguously defend the young and the innocent.
  3. To be strong in the areas of advertising, promotions, sales and smuggling.
  4. The Treaty will begin to take into consideration financial and other support for victims of Tobacco and Tobacco related illnesses.
  5. The Treaty will protect the environmental rights of local people especially those communities currently enslaved by Tobacco economics.
- It is not too late for the treaty to consider the relationship between weak and strong countries in the matter of trade and choice. Powerful countries largely governed by corporations, hide under sovereignty and free trade as they unleash poverty and destitution on the powerless.

THANK YOU.

---

Suren Moodliar, International Organizer  
INFACIT: 46 Plympton Street, Boston, MA 02118, USA  
[www.infact.org](http://www.infact.org) [infact@igc.org](mailto:infact@igc.org)  
<mailto:suren.infact@juno.com>  
telephone: 01-617-695-2525  
fax: 01-617-695-2626

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Suren Moodliar, International Organizer  
INFACIT: 46 Plympton Street, Boston, MA 02118, USA



The WHA resolution on the FCTC

**Subject: The WHA resolution on the FCTC**  
**Date: Sat, 20 May 2000 01:10:08 +0200**  
**From: Suren Moodliar <suren.infact@juno.com>**  
**To: tobacco-accountability@igc.topica.com**  
**CC: fctcall@globalink.org**

The resolution was passed with language that amended the strength of the NGO-participation elements originally proposed by Norway and Canada. The text below is based on notes by INFACT's observer. The official resolution will probably be up on the WHO website shortly (<http://www.who.int/governance>).

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,

1. TAKES note of the significant progress made, as reported in documents A53/12 and A53/12Corr.1, and expresses its appreciation for the work of the working group, its Bureau and the Secretariat;
2. RECOGNIZES that the report contained in documents A53/12 and A53/12 Corr.1, including the proposed draft elements for a framework convention, establishes a sound basis for initiating the negotiations by the Intergovernmental Negotiating Body (INB);
3. RECOGNIZES that the success of the FCTC depends on broad participation by WHO member states and organizations referred to in para 1.3 of resolution WHA 52.18;
4. CALLS ON the Negotiating Body:
  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs and to consider the possibility of an extended bureau;
  - (2) to commence its negotiations with an initial focus on the framework convention on tobacco control without prejudice to future discussions on possible related protocols;
  - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
  - (4) to examine the question of an extended participation as observers of nongovernmental organizations according to criteria to be established by the negotiating body;
5. REQUESTS the Director-General:
  - (1) to convene the first session of the Negotiating Body in October 2000;
  - (2) to draw up, for consideration by the Negotiating Body at its first session, draft timetable for the process, with information on costs related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

###  
 It may be useful to compare the final language with the already modest language of the proposed resolution.

*Amended  
20/5*  
*10/10*  
 (197)

Subject: RE: The WHA resolution on the FCTC

Date: Mon, 22 May 2000 11:25:04 +0200

From: "Sibylle Fleitmann" <ensp@pophost.eunet.be>

To: "Suren Moodliar" <suren.infact@juno.com>, <tobacco-accountability@igc.topica.com>

CC: <fctcall@globalink.org>

Thank you very much for this rapid information. It is very useful for those who had not time to go there. Thanks for the teamwork.

Best regards,  
Sibylle Fleitmann  
ENSP, Brussels

-----Message d'origine-----

De: Suren Moodliar [mailto:[suren.infact@juno.com](mailto:suren.infact@juno.com)]

Date: samedi 20 mai 2000 1:10

A: tobacco-accountability@igc.topica.com

Cc: [fctcall@globalink.org](mailto:fctcall@globalink.org)

Objet: The WHA resolution on the FCTC

The resolution was passed with language that amended the strength of the NGO-participation elements originally proposed by Norway and Canada. The text below is based on notes by INFACT's observer. The official resolution will probably be up on the WHO website shortly (<http://www.who.int/governance>).

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,

1. TAKES note of the significant progress made, as reported in documents a53/12 and a53/12Corr.1, and expresses its appreciation for the work of the working group, its Bureau and the Secretariat;
2. RECOGNIZES that the report contained in documents A53/12 and A53/12Corr.1, including the proposed draft elements for a framework convention, establishes a sound basis for initiating the negotiations by the Intergovernmental Negotiating Body (INB);
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  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs and to consider the possibility of an extended bureau;
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  - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
  - (4) to examine the question of an extended participation as observers of nongovernmental organizations according to criteria to be established by the negotiating body;

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- (2) to draw up, for consideration by the Negotiating Body at its first session, draft timetable for the process, with information on costs related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

###

It may be useful to compare the final language with the already modest language of the proposed resolution.

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**Subject:** FCA Member Websites

**Date:** Fri, 10 Nov 2000 11:44:41 +0700

**From:** "FCTC Alliance" <FCTCalliance@inet.co.th>

**To:** "FCA Listserve" <fctcall@globalink.org>

Dear All - If your organisation has a website and it is not listed below (or is listed incorrectly) please send the details to me ASAP so I can link to them on the FCA website. - Belinda

Action on Smoking and Health Australia [www.ashaust.org.au](http://www.ashaust.org.au)  
Action on Smoking and Health Thailand [www.ash.or.th/](http://www.ash.or.th/)  
Action on Smoking and Health UK <http://www.ash.org.uk/>  
Action on Smoking and Health USA <http://www.ash.org>  
Advocacy Institute [www.advocacy.org](http://www.advocacy.org)  
Alcohol and Drug Information Centre (Ukraine) <http://adic-co.info.kiev.ua/>  
American Cancer Society [www.cancer.org](http://www.cancer.org)  
American Heart Association [www.americanheart.org/](http://www.americanheart.org/)  
American Lung Association [www.lungusa.org](http://www.lungusa.org)  
American Public Health Association [www.apna.org/](http://www.apna.org/)  
British Medical Association [www.bma.org.uk/](http://www.bma.org.uk/)  
Campaign Against Foreign Control of Aotearoa (NZ)  
<http://canterbury.cyberplace.org.nz/community/CAFCA/>  
Campaign for Tobacco Free Kids (USA) [www.tobaccofreekids.org](http://www.tobaccofreekids.org)  
Canadian Cancer Society [www.cancer.ca/](http://www.cancer.ca/)  
Cancer Foundation of Western Australia <http://www.cancerwa.asn.au/>  
Cancer Research Campaign (UK) [www.crc.org.uk/](http://www.crc.org.uk/)  
Chinese Progressive Association  
[http://volunteersolutions.org/harvard/volunteer/agency/one\\_156440.html](http://volunteersolutions.org/harvard/volunteer/agency/one_156440.html)  
Consumer Association of Penang (Malaysia)  
<http://www.canside.org.sg/souths/south/cside.htm>  
European Medical Association on Smoking and Health  
<http://EMASH.globalink.org>  
European Network for Smoking Prevention [www.ensp.org/](http://www.ensp.org/)  
European Respiratory Society [http://www.ersnet.org/frame\\_whoiswho.htm](http://www.ersnet.org/frame_whoiswho.htm)  
Heart and Stroke Foundation (Canada) [www.na.heartandstroke.ca/](http://www.na.heartandstroke.ca/)  
INFACT <http://www.infact.org/>  
INGCAT [www.ingcat.org/](http://www.ingcat.org/)  
INWAT <http://www.inwat.org/>  
IUATLD <http://www.iuatld.org/>  
Japan Coalition on a Smokefree Environment)  
<http://www3.ocn.ne.jp/~muen/smokefree.htm>  
Japan Medical-Dental Association on Tobacco Contro  
<http://www.no-tobacco.or.jp/>  
Medical Women's International Association  
<http://members.aol.com/mwia/index.htm>  
New South Wales Cancer Council (Australia) <http://www.nswcc.org.au/>  
PATH Canada [www.synapse.net/~path](http://www.synapse.net/~path)  
Physicians for a Smoke Free Canada <http://www.smoke-free.ca/>  
REEMH-CEMINA - The Network in Defense of Humankind [www.CEHINA.org.br](http://www.CEHINA.org.br)  
San Francisco Tobacco Free Coalition (USA) <http://sftfc.globalink.org/>  
Soul City [www.soulcity.org.za](http://www.soulcity.org.za)  
Tobacco Law Project [www.wmitchell.edu](http://www.wmitchell.edu)  
Transnational Resources and Action Centre (USA) [www.corpwatch.org](http://www.corpwatch.org)  
UICC International Union Against Cancer [www.uicc.org](http://www.uicc.org)  
Women's Environment and Development Organisation [www.wedo.org/](http://www.wedo.org/)  
World Dental Federation <http://www.fdi.org.uk/>  
World Federation of Public Health Associations <http://www.wfpha.org/>  
World Vision [www.wvi.org/](http://www.wvi.org/)



*Tobacco*

Subject: Re: How to proceed

Date: Wed, 15 Nov 2000 09:00:54 -0500

From: Suren Moodliar <suren.infact@juno.com>

To: sochara@vsnl.com

I am sorry that you had difficulty with the file. It was a reply to Belinda's great workplan as FCA administrator with suggestions for coordination with the NATT (<http://www.infact.org/fctc.html>).

On Wed, 15 Nov 2000 10:27:58 +0530 Community Health Cell <sochara@vsnl.com> writes:

> Unable to open this file -- please re-send.

> Thanks

> CHC Bangalore

>

Dear Belinda,

Thank you for the workplan outline on FCA administration over the coming months. I have some questions and suggestions which may assist in furthering the plan and perhaps stimulate other FCA member comments. My comments are made under the assumption that FCA administrative work will be supervised by the FCA Coordinating Committee.

My questions and comments are interspersed in [brackets] through the text of the original e-mail.

Dear All

After discussion with various members of FCA I have drawn up a list of

activities which I wish to focus on in the coming months. I would greatly

value your feedback in regards to this.

Follow up from 1st Negotiations

1. Summary of October meeting (uploaded on website and distributed via listserve)
2. Production of a database of delegates comments

[Both will be a great service to all of us! Since I for one will count on it, can you provide some sense of the target dates?]

FCA Development

1. Clarify and agree on procedures
2. Agree on a common FCA statement (based on Geneva statement)
3. Expand membership (focusing on developing countries)

[This is essential and I have the following suggestions:

We should develop a priority list of countries to be targeted based on the ongoing work around mapping countries' FCTC positions. Within the priority list of countries we should also target NGOs in terms of the expertise needed for the treaty, and FCA should organize and mobilize tobacco control and public health organizations first in each of those countries.

This should be planned and coordinated with the ongoing outreach work done by (but limited to) the Network for Accountability of Tobacco Transnationals to avoid duplication of effort (NATT is not organizing tobacco control and public health organizations). We should ensure that

*Tobacco  
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there is regular communication between NATT and FCA on outreach work.]  
4. Discuss and agree to the role of working groups, how they should be organised and what they should achieve. Set up and monitor progress.

[Please send around the list of work groups and their coordinators again. I know that I had signed up for the political mapping group, but after sending over our initial mapping, have not received new information]

5. Discuss and agree to the role of regional contact points, how they should

be organised and what they could be responsible for (noting that this will

probably be different in different regions). Work closely with these contacts to improve regional action (particularly in Africa, Eastern Europe,

Asia, the Pacific and South America).

[This is crucial (can you re-circulate that list?); at the last Chicago meeting of FCA the regional structure was put in place; we should also prioritize funding for regional coordinators' activities; note: at the last meeting I think three Africa regional coordinators for Africa were proposed:

- a. Eastern & Southern Africa
- b. West Africa
- c. Francophone Africa]

FCTC

1. FCA discussion of FCTC text issues (this could be done within working groups or with the whole listserv.) The process would be aimed at familiarising FCA members with the issues under discussion and finding where

consensus can be found. This outcome of this discussion could be a three column summary with the present text, 'model' text and a 'compromise' text

(based on what Clive Bates at ASH UK has been doing). Hopefully this would

suit those who feel the best practice model must be put forward as well as

those who are concerned that if we claim the high moral ground that we will

be excluding ourselves from the real debate. Perhaps in offering both we can achieve both ends.

[I fear that in publicly presenting a compromise text, especially as an NGO text, we will present a de facto "model text" and that will be the point away from which ground will be negotiated; the NGO role is to be the civil society and public health conscience of the FCTC process. Each of our groups may have different a "bottom line" however, that should be an individual organization decision, and the alliance should push for a best practice model. The text should not be a lowest common denominator, but rather one supported by overwhelming majority (my preference would

Looking forward to comments,

Belinda

On Thu, 2 Nov 2000 11:59:59 +0700 "FCTC Alliance"

<FCTCalliance@inet.co.th> writes:

> Dear All

>

> After discussion with various members of FCA I have drawn up a list  
> of  
> activities which I wish to focus on in the coming months. I would  
> greatly  
> value your feedback in regards to this.

>

> Follow up from 1st Negotiations

> 1. Summary of October meeting (uploaded on website and distributed  
> via  
> listserve)

> 2. Production of a database of delegates comments

>

> FCA Development

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> organised and what they should achieve. Set up and monitor  
> progress.

> 5. Discuss and agree to the role of regional contact points, how  
> they should

> be organised and what they could be responsible for (noting that  
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> probably be different in different regions). Work closely with  
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> contacts to improve regional action (particularly in Africa, Eastern  
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> (based on what Clive Bates at ASH UK has been doing). Hopefully

> this would

> suit those who feel the best practice model must be put forward as  
> well as

> those who are concerned that if we claim the high moral ground that  
> we will

> be excluding ourselves from the real debate. Perhaps in offering  
> both we

> can achieve both ends.

> 2. With the help of key experts develop concise explanatory papers

> on the

> major issues to be discussed during the FCTC. The papers would give  
> readers

> understanding of the basis for certain policy options and the

> pitfalls

> for options. The papers would not necessarily come out with a

> formal

> position but provide information on policy options. Some could

> clearly

> favour certain options (such as advertising) but others (such as

Re: How to proceed

- > smuggling
- > could explain what the problems are and what options there are and
- > what the
- > possible implications of these measures could be). Topics could
- > include -
- > smuggling, farming, advertising, trade, labelling and packaging,
- > product
- > regulation.
- >
- > Website
- > 1. Develop website including linking to major sources of FCTC
- > information,
- > uploading major FCA documents and providing clear summaries of the
- > FCTC
- > process to date
- >
- > Planning for April Negotiations
- > 1. Ensure more representation from developing countries, all
- > regions
- > 2. Plan for daily luncheon briefings for delegates
- > 3. Organise logistics
- >
- > Looking forward to comments,
- > Belinda

---

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<http://dl.www.juno.com/get/tagj>.



FCTC file

Re: FYI

Subject: Re: FYI

Date: Tue, 21 Nov 2000 14:23:21 +0530

From: "Bobby Ramakant" <ramakant@lw1.vsnl.net.in>

Organization: INGCAT Task Force (South East Asia), Media Center for Lung Health

To: "Babu, Mr. Sharath" <BABUS@whosca.org>, <sangay@druktel.net.bt>, <infoporn@indo.net.id>, <bellis@mos.com.np>, <varabhori@dms.go.th>, <sochara@vsnl.com>, <ramakant@globalink.org>, <mirabaghi@hotmail.com>, <rcctvm@md2.vsnl.net.in>, <ihi@nde.vsnl.net.in>, <bharat@chitralekha.com>, <dipesh\_satpathy@hotmail.com>, <pcgupta@tfr.res.in>, <dinesh.agarwal@unipa.org.in>, <indircal@hotmail.com>, <darlena.david@cmi.org>, <zebaysh@hotmail.com>, <jcnatr@hotmai.com>, <kabra@iupad.ren.nic.in>, <vrekhi@satyam.net.in>, <srkhaana@giad01.vsnl.net.in>, <ksri@medinst.ernet.in>, <icuu@del3.vsnl.net.in>, <warlaw@del3.vsnl.net.in>, "Kishore Chaudhry" <chaudhry\_k@hotmail.com>  
CC: "Judith Mackay Dr" <jmackay@pacific.net.hk>, "derek yach" <yachd@who.ch>, "Martha Osei Mrs" <precut@whosca.org>

In response to BBC Online "Can South Asia Stub Out tobacco?"

YES, SOUTH ASIA SHALL STUB OUT TOBACCO!  
POSITIVELY, CERTAINLY AND DOUBTLESSLY!

Is it realistic to say NO to money coffers of tobacco industry?  
"Realistic?" Do we understand REALISM? REALISTIC is to understand that tobacco industry has been DUPING millions and millions of our human race since years and years, if not times immemorial.

Tobacco industry has been MISLEADING our children and youth and LURING them to gory deadly land of tobacco related diseases, disabilities and death. Tobacco industry has made a criminal breach of trust EVERY TIME a tobacco product gets sold in any corner of the world, because tobacco consumers NEVER get what tobacco industry had promised them in advertisements and promotion campaigns.

THIS IS REALISM. Stark Reality. With a reported half-a-million mortality every year in India alone, and millions of cases of sub mucus fibrosis and other tobacco related hazards wreaking havoc in families, communities, societies and economies all over the region and world, tobacco industry cannot save face by throwing aims of millions of dollars.

This is more of a PURGATORY act on behalf of tobacco industry. An attempt to emerge as a robinhood as their western counterparts have been doing. But we REFUSE protection from those who prowl on our children and make them addicts and sick, to kill them eventually a pitiful death. This is REALISM.

We refuse MONEY and AID from those who have CRIPPLED ECONOMIES and HUMAN LIVES. Our health infrastructure is already too lacking and over burdened BECAUSE A MAJOR SHARE is of PREVENTABLE BURDEN OF TOBACCO RELATED CANCERS. Each of the tobacco related cancer, is PREVENTABLE and had tobacco products bear not there, a MAGICAL CUT DOWN WILL BE SEEN IN STATISTICS OF TOBACCO RELATED CANCERS.

We REFUSE MONEY from those who have KILLED PEOPLE MERCILESSLY DEPRIVING THEM OF MONEY ALL THEIR LIVES (A SIGNIFICANT SHARE of family income goes into tobacco usage in poor communities) which inturn has taken it's toll on family health, education and general well-being, and made them orphans when the sole bread earner DIES due to tobacco leaving behind a family at the mercy of social VULTURES. Will TOBACCO COMPANY FOSTER millions of these families? Will Tobacco Companies RE-IMBURSE hefty hospital bills and treatment costs?

This is doubtless that accepting tobacco money is falling more into the trap, and further CRIPPLING oneself. It is a CONVENIENT OPTION (where the convenience is for short term only) , like remaining QUIET and a MUTE spectator when someone smokes in your face at a public place and you cannot say NO. (and suffer from deadly health hazards later on).

Regarding educating our masses, YES, that is where we really have to

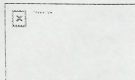


FCTC

## Community Health Cell

From: tabla <tabla@eth.net>  
 To: <chc@eth.net>  
 Sent: Thursday, August 10, 2000 9:33 AM  
 Attach: C:1597,220936-412,00.shtml  
 Subject: CBS News | WHO Slams Big Tobacco's Global Tactics

<http://cbsnews.cbs.com/now/story/0,1597,220936-412,00.shtml>



The page cannot be displayed

The page you are looking for is currently unavailable. The Web site

## CBS News | SciTech

## WHO Slams Big Tobacco's Global Tactics

- o World Health Organization Says Its Efforts Were Broadly Undermined
- o Accuses Big Tobacco Of Massive, Worldwide Lobbying
- o Says Industry Secretly Funded 'Independent' Experts And Research

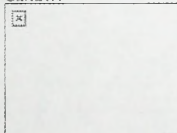
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## GENEVA



CBS

(AP) The World Health Organization on Wednesday accused tobacco companies of plotting elaborate strategies to undermine its campaign to reduce smoking around the world.

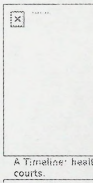
"The tobacco companies' own documents show that they viewed WHO, an international public health agency, as one of their foremost enemies," said the 248-page report by independent experts.

The report accused the companies of putting their own consultants into WHO positions, raising "serious questions about whether the integrity of WHO decision-making has been compromised."

The study charged that the companies used other U.N. agencies to acquire information on WHO activities and lobbied delegates from developing countries to resist anti-tobacco resolutions.

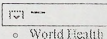
The evidence for the inquiry came from 30 million documents made public during Minnesota's case against the tobacco industry, which resulted in tobacco companies paying out \$6.6 billion.

They concerned the activities of Philip Morris, British

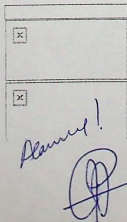


A Timeline: health courts.

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o World Health



JPS/TN / tobacco  
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They concerned the activities of Philip Morris, British American Tobacco, R.J. Reynolds, Brown and Williamson, American Tobacco Company, Lorillard Tobacco Company, the Tobacco Institute and the Council for Tobacco Research.

"We really feel that rehashing old ground is going to get us nowhere," Jody Humble, a spokeswoman for British American Tobacco, told The Associated Press. "We really don't understand what this report is hoping to achieve."

The company is "actively seeking to end this environment of argument and allegation that's characterized our relationship with WHO and other regulators in the past," she said.

Last October, WHO appointed Swiss scientist Dr. Thomas Zeltner to lead a committee of four independent experts to review the documents. The panel included former Food and Drug Administration Commissioner David Kessler.

"On the basis of the volume of attempted and successful acts of subversion identified in its limited search, it is reasonable to believe that the tobacco companies' subversion of WHO's tobacco control activities has resulted in significant harm," the report said.

WHO Director-General Gro Harlem Brundtland has made the fight against smoking a top priority. The WHO aims to conclude a sweeping global accord to cut cigarette consumption and stem the rising death toll by May 2003.

The agency estimates that smoking kills more than 4 million people per year and warns the toll may rise to 10 million per year by 2030 because of increased use in developing countries like China.

The experts urged WHO member countries to investigate industry attempts to infiltrate their health efforts. The WHO should monitor companies' conduct and help members in determining remedies for past misconduct, they added.

The report found tobacco companies often covered up their role -- for example, by secretly funding "independent" experts to conduct research, appear at conferences and lobby WHO scientists with the intention of distorting, discrediting or influencing tobacco studies.

They found that "the tobacco companies hid behind a variety of ostensibly independent quasi-academic, public policy and business organizations whose tobacco industry funding was not disclosed."

The report also highlighted a meeting of Philip Morris



The report also highlighted a meeting of Philip Morris executives at Boca Raton, Fla., in November 1988.

The so-called Boca Raton plan, the report says, "is a master plan for, among many goals, attacking WHO's tobacco control programs, influencing the priorities of WHO Regional Offices, and targeting the structure, management and resources of the WHO." The plan "identified 26 global threats to the tobacco industry and multiple strategies for countering each."

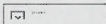
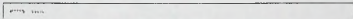
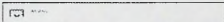
"Some company documents that refer to WHO, going back many decades, do not reflect an approach that today we would adopt with WHO," David Davies, a vice president of Philip Morris International, said in a statement.

The company insisted it neither altered WHO public health messages nor obstructed any WHO initiatives. But it conceded the material in the documents was "the product of a polarized and unproductive environment in which few solutions were sought, and conflict prevailed over consensus. Philip Morris regrets this."

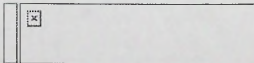
By Geir Moulson  
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**Tobacco Road**  
A History



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CS

Subject: FCA Statement Translation

Date: Fri, 12 Jan 2001 10:07:00 +0700

From: "FCTC Alliance" <FCTCalliance@inet.co.th>

To: "FCA Listserve" <fctcall@globalink.org>

Dear All

I would like to make the FCA Statement available in a number of different languages. If you are able to translate the document could you please let me know. I'd like to have at least Chinese, Spanish and French but am keen to have as many different languages as we can get. I will upload the different language versions on the FCA website for easy access.

Thanks.

Belinda

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## Statement of the Framework Convention Alliance

Tobacco use is the leading cause of preventable death in the world today. At present, 4 million people a year die from a tobacco-related disease. If current trends continue, 10 million people will die each year by the year 2030, with the majority of these deaths occurring in developing countries. If swift action is not taken, tobacco will soon become the leading cause of death worldwide, causing more deaths than tuberculosis, pneumonia, diarrheal diseases, and the complications of childbirth for that year *combined*.

The negotiation of the Framework Convention on Tobacco Control (FCTC) represents an historic opportunity for global action to curtail the tobacco epidemic. The Framework Convention Alliance<sup>1</sup> would like to commend the Member States for their efforts so far and urges them to take bold actions to advance the FCTC process.

Members of the Framework Convention Alliance offer the following recommendations for the procedures, principles and substance of the FCTC:

On the **procedures** of the Intergovernmental Negotiating Body (INB), we would urge that:

- there be full NGO participation in all meetings of the Negotiating Body, working groups, ad hoc bodies and any other committees that are established by the INB for the purposes of negotiating or implementing the FCTC; and that
- tobacco companies and their affiliates should not be an official party to the negotiations and should not be allowed to serve on any advisory, scientific, enforcement or implementation bodies of the FCTC.

On the **principles** of the FCTC, we would argue that:

- tobacco control policies must be evidence-based using methods of proven effectiveness and drawing upon international best practice;
- the principle aim of the FCTC must be to substantially and quickly reduce death, disease, and disability;
- the protection and promotion of public health must be the guiding principle for all the decisions and actions of the negotiating parties;
- the Convention itself should include specific obligations on, among other issues, advertising, duty free sales, product regulation, smuggling, and warning labels, rather than reserving all obligations for inclusion in protocols;
- the public health provisions of the FCTC should take precedence over other international agreements. For example, measures to protect public health may conceivably conflict with trade liberalisation, but the public health objectives are legitimate and should take precedence over trade when lives are at stake; and that,
- nothing in the FCTC undermine existing tobacco control initiatives or regulations in any signatory state nor prevent, preempt or discourage any party from taking stronger action than required by the FCTC.

Finally, we would also like to make some recommendations on the **substance** of the FCTC, which should include, among other measures:

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<sup>1</sup> The Framework Convention Alliance is an alliance of more than 10093 organisations and networks from over 4036 countries, working to support the development of a strong and effective FCTC. For more information, please visit our website at [www.fctc.org](http://www.fctc.org) or contact [FCTCalliance@inet.co.th](mailto:FCTCalliance@inet.co.th).

- a total ban on all forms of direct and indirect tobacco advertising, sponsorship, promotion and "brand stretching";
- strong measures to combat tobacco smuggling;
- a ban on tax free sales and tax-free import allowances of tobacco;
- comprehensive tobacco products regulation, including but not limited to minimum standards for manufacturing, packaging, ingredient and smoke composition and disclosure, product content and labeling;
- prominent picture-based health warnings covering at least 50% of the package in the main language of the country in which the tobacco product is to be sold (and markings on every pack with its origin and the country of final destination);
- a prohibition on the use of misleading terms like "light" or "mild" on tobacco products;
- a mechanism for the transfer of technology, finance and knowledge to assist countries in their tobacco control efforts; and
- the use of tobacco tax policy as a public health tool to achieve continuous decreases in tobacco consumption.

The FCTC should require all parties to establish and document an evidence-based, comprehensive tobacco control program including local, national and international measures with the aim of reducing harm caused to tobacco users and to those exposed to secondhand smoke. Finally, Member States should not wait for the conclusion of the negotiations to implement these measures, including those called for in World Health Assembly resolutions that have already been unanimously approved.

The Alliance pledges to work constructively with the members of the INB to ensure that a strong and effective FCTC is developed that protects public health and reduces the death and disease caused by tobacco.

*December 2000*



# Tobacco and Developing Countries



**Millions Dying  
Where is the  
Outrage?**

(620) 25/1/01 23



According to the World Health Organisation, tobacco use is set to cause an epidemic of heart disease and cancer in developing countries. Currently, 4 million people die each year from tobacco use, but that number is set to rise to 10 million a year by 2030. In addition to premature death, smokers suffer from an ongoing degradation of their health due to smoking. Yet few countries are taking concrete actions to stem this epidemic. This is in part because of the political and economic power of multinational tobacco companies which have tried to define tobacco control as solely an issue for rich countries in order to protect their enormous profits from the developing world.

### **Tobacco Transnationals Target Developing Countries**

The aggressive marketing tactics of the multinational tobacco companies have greatly contributed to the tremendous increases in smoking in developing countries, particularly amongst women. These companies use their enormous political and financial power to influence governments and promote their products in every corner of the globe. The expansion of these companies into the developing world has meant that in the near future it is developing countries which will carry the majority of the burden of disease due to tobacco use.

### **The Rich get Richer and the Poor get Poorer**

Currently, approximately 80% of the world's smokers live in developing countries where smoking rates have risen dramatically in the past few decades. Yet it is the poor who can least afford to waste money on the purchase of tobacco products. Much of the tobacco industry is dominated by multinationals, so profits flow from poor to rich countries. Since most poor countries are net importers of tobacco, precious foreign exchange is being wasted. In addition poor countries are less able to afford the medical and other costs attributable to tobacco use.

### **A Pariah Industry**

The tobacco industry has become a pariah industry. For decades it has denied the truth about the harmful effects of tobacco addiction in order to protect its profits. However whilst it has come under attack in the courts and the parliaments of some countries, the majority of countries have felt powerless to restrain the industry with effective legislation and litigation. In fact, many continue to offer the industry tax breaks and other incentives.

### **Jobs--But at What Price?**

Whilst some jobs are created by the tobacco industry those which are offered to people in developing countries are usually dangerous and badly paid. Tobacco farm workers are often exposed to dangerous pesticides and other chemicals and small farmers are often chained to a cycle of debt by a tobacco industry system whereby loan schemes are run to help farmers start farming

tobacco, but then low prices are offered for the tobacco. In a number of countries the tobacco industry exploits the poor and powerless, employing children and paying starvation wages.

### **Framework Convention for Tobacco Control**

#### *What is the FCTC?*

The Framework Convention on Tobacco Control (FCTC) is a global treaty currently being negotiated by governments which will address transnational and trans-border issues, such as global advertising, smuggling and trade. Yet the FCTC will also serve as an important catalyst in strengthening national tobacco legislation and control programmes. The process of negotiating and implementing the FCTC will also help to mobilise technical and financial support for tobacco control and raise awareness among many government ministries about tobacco issues.

#### *What could the FCTC achieve?*

If properly negotiated, the FCTC could help turn the tide against the tobacco industry by weakening its political power and helping to end its reckless behavior through regulation and legislation. But this will only occur if the voices of the people are heard.

#### *What will happen next?*

The next FCTC negotiation is scheduled for April 30 to May 5 2001 in Geneva, Switzerland. At this meeting, WHO member states will debate the draft treaty. It is paramount that NGOs from around the world lobby their governments and mobilise public support for a strong FCTC.

## *How can NGOs get involved?*

To ensure the success of the WHO FCTC in combating the global tobacco epidemic, non-governmental organizations must play a key role in the development and negotiation of the treaty.

- Join the Framework Convention Alliance;
- Educate yourself and your constituencies about global tobacco issues and the FCTC the Alliance Website ([www.fctc.org](http://www.fctc.org)) has links to many good resources;
- Inform and get the support of the media in your country;
- Get resolutions passed in support of the FCTC;
- Find out what your country's delegates to the FCTC have said so far and meet with them in order to influence their future positions.

## *What is the Framework Convention Alliance?*

The Framework Convention Alliance (FCA), a coalition of over 90 organizations and networks from over 36 countries, serves as an umbrella for networks and individual organizations working on the FCTC. The Alliance facilitates communication between NGOs already engaged in the FCTC process and reaches out to NGOs not yet engaged in the process (especially those in developing countries) who could both benefit from and contribute to the creation of a strong FCTC.



**Framework  
Convention**

*Alliance*

Building Support for  
Global Tobacco Control

### **Framework Convention Alliance**

Website: <http://www.FCTC.org>

E-mail: [FCTCalliance@inet.co.th](mailto:FCTCalliance@inet.co.th)

36/2 Soi Pradipat 10,  
Pradipat Rd., Samsen Nai,  
Phayathai, 10400,  
Bangkok, Thailand

Tel: (66-2) 278-1828

Fax: (66-2) 278-1830

delegate text proposals

Subject: delegate text proposals

Date: Fri, 2 Mar 2001 10:06:26 -0500

From: AJ Foreit &lt;JForeit@TobaccoFreeKids.org&gt;

To: "fctcall@globalink.org" &lt;fctcall@globalink.org&gt;

All:

On the off-chance that you haven't seen them yet, the full texts of language proposed by delegates at INB-1 is now on the WHO website at <http://www.who.int/dbs-1999/Tobacco/INB/MenuINE.html>. They are the long list of "Conf. Papers" at the bottom of the left-hand frame.

It makes for some interesting reading. On advertising, for example, of the 28 countries that proposed text, 14 countries supported full bans on any advertising/sponsorship/etc; 3 countries submitted language to "regulate or prohibit;" 3 countries had variations on banning advertising directed at appropriate age groups (including two, one is incomplete and the other wants to ban advertising to children and sales to children, adolescents, and women of child-bearing age.)

Cheers,

A. Jenny Foreit  
Assistant Manager, International Programs  
Campaign for Tobacco-Free Kids  
1707 L St. NW, Suite 800  
Washington, DC 20036, USA  
tel: 202 296-5489 x3025  
fax: 202 296-5417  
<http://tobaccofreekids.org>

*Tobacco free - Let*

To  
TNS →

R1  
12/3

(60) 5/3/01 jz



Subject: email ids AGAIN changed!!!

Date: Mon, 22 Jan 2001 12:17:03 +0530

From: "Bobby Ramakant" <ramakant@GLOBALINK.org>

Reply-To: "Bobby Ramakant" <ingcat@sancharnet.in>

Organization: INGCAT Task Force (South East Asia), Media Center for Lung Health

To: <ramakant@GLOBALINK.org>

Dear friends,

I apologise for this nuisance, but email ids have again changed since 'ramakant' username/loginname was NOT allotted to me this time, now our email is

RAMAKANT@GLOBALINK.ORG

or

INGCAT@SANCHARNET.IN

Kindly make the appropriate changes.

best wishes.

bobby

Bobby Ramakant

Coordinator INGCAT Task Force (South East Asia)

past secretary Indian Society Against Smoking

Key Correspondent : Health & Development Networks ([www.hdnet.org](http://www.hdnet.org))

Editor : Priyanka Features, Tambakoo Kills Monthly, Children & Youth News Bulletin WEEKLY (cir by GLOBALINK)

Editorial board (India-Pakistan) : Sachchi Muchchi monthly magazine for children of India & Pakistan on social issues

Permanent Address : C-2211, C-Block Crossing, Indira Nagar, Lucknow-226 018, India

Phone : +91-98390 7 33 55

Fax : +91-522-358230

e-mail : [RAMAKANT@GLOBALINK.ORG](mailto:RAMAKANT@GLOBALINK.ORG)

website : <http://tambakookills.globalink.org> [www.ingcat.org](http://www.ingcat.org)

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Comments on the FCTC Text

**Subject: Comments on the FCTC Text**

Date: Wed, 28 Feb 2001 11:35:24 -0700

From: "FCTC Alliance" <FCTCAlliance@inet.co.ti>

To: "FCA Listserve" <fctcall@globalink.org>

Dear FCA Members

Please find attached a submission prepared by Physicians for a Smoke-Free Canada to Health Canada on the draft Chair's text of the FCTC. These comments in addition to the ones Mele Smith circulated earlier are very helpful in helping us to better analyse the FCTC text. Please do forward your comments on the text and how it could be improved to the FCA Listserve and your impression on the documents which you have already received.

Belinda Hughes


Coordinator


Framework Convention Alliance

[www.fctc.org](http://www.fctc.org)

Tel: (66-2) 278 1828

Fax: (66-2) 278 1830

|                                                                                                                 |                                                                                                    |
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Tobacco Research file - FCTC

In 1/3



February 26, 2001

Mr. Ed Aiston  
Director, International Affairs  
Health Canada  
Ottawa, Ontario

Dear Mr. Aiston:

Please accept this letter and the accompanying material as our submission during your current consultation on the Framework Convention on Tobacco Control (FCTC). I also refer you to a letter sent to Dr. Gillian Lynch on January 20, 2001 from several health agencies, which reflects a set of concerns common to the national agencies working on tobacco control. This letter should be considered part of our response to this consultation, as well as the attached briefs submitted to the WHO during its consultation period.

In our view, the government should set the following priorities in preparation for the next negotiating round on the FCTC.

A primary objective for Canada should be agreement to specific obligations to implement effective transboundary tobacco control measures:

These obligations should include:

- o ban on transnational advertising and promotion
- o specific measures to effectively monitor, curb and penalize smuggling
- o ban on duty free cigarettes
- o global surveillance of tobacco use
- o protection for domestic tobacco control from challenge under trade, intellectual property, investment and other international commercial agreements
- o transfer of tobacco control knowledge and expertise to developing world and other areas in need of support

As these measures can only be achieved through international collaboration, they should be the main focus of the treaty negotiation process.

A primary objective for Canada should be the protection of Canada's ability to implement domestic tobacco control measures.

To achieve this, Canada should insist on:

- o protection for tobacco control from challenge under other commercial trade agreements.
- o Protection from requirements to 'harmonize' standards downward.
- o Flexibility for domestic control measures, to allow for programs and policies to be tailored and adjusted to changing circumstances and population needs

A secondary objective for Canada should be the advancement of tobacco control globally.

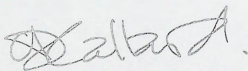
Canada's principal concerns in this area should include:

- o Provision of sufficient funding to global tobacco control through the framework convention
- o Drafting which allows the greatest number of countries to commit themselves to improving tobacco control in their countries (likely through flexible, general obligations on domestic measures),
- o Drafting which ensures a sufficient number of countries undertake measures to address the transboundary aspects of tobacco control.

Because the needs countries with respect to domestic tobacco control measures vary widely, overly-specific domestic obligations may serve to discourage some countries from signing, thus losing the ability to implement more effective transboundary measures.

Canada's leadership in tobacco control has been significant, especially in the early stages of developing the framework convention. We trust this convention will continue to receive priority support of the Canadian government.

With best wishes,



Cynthia Callard  
Executive Director



Though in the past alcohol-related problems have been perceived as predominantly a concern of western countries, it is now being realized that alcohol causes significant public health problems even in developing countries, including those in the South-East Asia Region. Control measures are limited in all countries. The "open community" approach has been adopted in some countries, some community-based programmes have been undertaken by NGOs, and some health workers have been trained. Yet there is an urgent need for comprehensive policies, intensive preventive education, and integrated treatment programmes in all countries of the Region.

### Tobacco

The last decade has witnessed a major increase in tobacco-related illnesses and deaths worldwide. It is estimated that tobacco kills 3.5 million people every year. Based on current consumption patterns, it is predicted that eventually over 500 million people now alive will be killed by tobacco.

In the South-East Asia Region, tobacco is produced in commercial quantities in eight of the ten Member States, with India and Indonesia ranked third and seventh respectively among the 25 major producers in the world. Over 70% of the total tobacco production in the Region is consumed locally in varied forms including *bidis*, *kretek*, *pan*, *pan masala* and *gutka*. While there are intra and intercountry variations in consumption levels, it is estimated that the overall prevalence of tobacco consumption ranges between 55% and 80% among adult men and between 3% and 71% among adult women. Over the last 20 years, the Region has consistently had the second highest annual growth rate (2-8%) in per capita cigarette consumption among the six WHO Regions. Among 40 countries surveyed by WHO in 1989, three countries of the Region (Nepal, Bangladesh and Thailand) were among the ten countries having the highest adult female smoking rates, at 58%, 20% and 13% respectively.

Not only is adult per capita tobacco consumption increasing, but the last few years have also seen a significant increase in tobacco consumption among children, youth, women and poorer population groups. For example, it is estimated that as many as 55,000 children are addicted to tobacco every year in India. A national survey in Thailand indicated a marked increase in smoking among the 10-12 year age group, offsetting gains made in the reduction of smoking among adult males and females by 6.9% and 3.4% respectively. Based on the prevailing consumption patterns, it was projected in 1988 that about two million children in Thailand would eventually be killed by tobacco.

A recent survey of 13,887 school students aged 10-16 years in two large cities in Bangladesh revealed that 12.2% were current smokers while 2.9% were ex-smokers. Of those smoking, 23.3% belonged to the 15-16 years age group. A survey in Myanmar in 1993-94 showed that 44.6% of students between 10 and 20 years of age smoked. Nepal has one of the highest smoking prevalence rates in the world. Rates are as high as 84.7% for males and 71.7% for females in a mountainous region, while in urban Kathmandu 74.2% of women are reported to use tobacco. Its use is also widespread among the poor, with over 80% of rickshaw pullers smoking *bidis*.

A major concern is the wide consumption of tobacco products such as *bidis* and *kreteks* which have extremely high levels of tar, nicotine and other toxic agents. A *bidi* delivers as much as 45-50 mg of tar as compared to 18-28 mg in Indian cigarettes, and 1.74-2.05 mg nicotine as compared to 1.55-1.92 mg in cigarettes.

Chewing tobacco in its varied forms is also very popular in many countries of the Region. In a study of *betel* chewers in Sri Lanka, it was reported that 46% of men and 63% of women added tobacco to their *betel* quid. In India, the market for *pan masala* and *gutka* is now worth several million US dollars, while combinations of tobacco, areca nut and slated lime preparations are used in several regions in North India. A household survey of 99,598 people in Mumbai revealed a 57.5% tobacco use prevalence rate among women, almost solely in the smokeless form.

Against this complex and challenging background, countries of the Region have undertaken some significant control activities during the last five years. Intensive public education has been an ongoing process in all countries, heightened on *World No-Tobacco Day* each year, with special focuses on sponsorship by tobacco companies and target groups such as schoolchildren, youth and hospital workers.

Advocacy for healthy public policies and for a ban on the advertisement of tobacco products has been intensified in India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand. While Bangladesh continues to reap health and economic benefits from its crop substitution programme initiated in 1990, Nepal introduced a special tax of one paise on each cigarette in 1993 to support public health interventions. India, Indonesia and Thailand instituted non-smoking flights on all domestic and international sectors. Sri Lanka banned cigarette advertising over its mass media channels while Maldives declared two 'no smoking' islands. In 1996 the National Capital Territory of Delhi banned smoking and advertising in public places. The sale of cigarettes and *bidis* to children below 18 years and within 100 metres of educational institutions was banned. In some countries, including India, Indonesia, Sri Lanka and Thailand, research has been conducted on various aspects of tobacco use, such as prevalence among specific population groups, direct and indirect costs of tobacco use, and tobacco-related health problems. Community-based tobacco prevention programmes have also enjoyed considerable support from NGOs in almost all countries.

The causal relationship between tobacco use and diseases such as cancers, cardiovascular diseases, and chronic respiratory disorders is increasingly being studied in most countries of the Region. In India the number of avoidable cases of chronic heart and obstructive lung diseases has been estimated at 12 million per year. Cancer incidence data reveal that almost 50% and 25% of cancers in men and women respectively are related to tobacco use. The incidence of oral cancer caused by chewing tobacco is estimated to be one of the world's highest, at about one-third of all cancer cases. Annually, tobacco-related conditions are reported to cause 635,000 deaths in India. Tobacco-related cancers account for 43.1% in Sri Lanka, while two-thirds of all cancers in men and nearly one-half of all cancers in women in Thailand are attributed to tobacco use. Chronic obstructive lung diseases are

common among smokers in Bhutan and Nepal. Stillbirths, low-birth-weight babies, early neonatal deaths and abortions have been associated with tobacco chewing among pregnant women in India.

To support the control efforts being made by countries, a regional consultation on tobacco and alcohol was organized in 1997. Participants recommended the development by all countries of long term, comprehensive and multisectoral policies. Against the background of strong tobacco lobbies in Member States, perceived interim economic interests by both governments and the tobacco industry, and the virtual lack of comprehensive control policies, the Region runs the formidable risk of becoming a dumping ground for multinational tobacco industries.

By strengthening its advocacy role, the WHO Regional Office is facilitating the development of a regional policy framework for tobacco and alcohol control to guide country action. Member States will be further supported in their efforts to develop national tobacco and alcohol policies and programmes, to conduct research, and to evaluate their control activities. Continued support to *World No-Tobacco Days* will be provided and a database on tobacco in the Region will be developed for advocacy and planning purposes.

## 5.8 Prevention and Control of Nutritional Disorders

Providing adequate and appropriate food and nutrition to people is one of the most formidable challenges in the Region. Despite efforts by countries as well as by international, bilateral and UN agencies, the burden of malnutrition remains a serious public health problem. The major nutritional disorders in the South-East Asia Region include protein-energy malnutrition and deficiencies of micronutrients, such as iron, iodine and vitamin A.

Recognizing the magnitude of the problem, global goals for the year 2000 were set following the World Summit for Children in 1990 and the International Conference on Nutrition (ICN) in 1992. These goals are to (1) reduce severe and moderate malnutrition among children under five years of age by half of the 1990 levels, (2) increase the percentage of newborns having an adequate birth weight (2500 grams or more) to 90%, (3) reduce to less than 10% and possibly eliminate iodine deficiency disorders, (4) eliminate vitamin A deficiency and its consequences including blindness, and (5) reduce iron deficiency anaemia.

### *Protein-energy malnutrition*

The prevalence of protein-energy malnutrition (PEM) in South-East Asia is the highest in the world. This high prevalence together with the large population of the Region explains why more than half of all malnourished children in the world are found in this Region. For the nine countries of the Region with available data, the prevalence of underweight (low weight-for-age) in children less than five years of age ranges from 1.8% in Thailand (using the Thai

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FUI  
DRAFT

NEW STRATEGY ON SMOKING & HEALTH

This memorandum deals with a confidential position paper originating with BAT in London, proposing a "new strategy" on smoking and health. The paper actually makes a number of discrete proposals for changing the merchandising and advertising techniques of affiliated companies around the world.

The "Causation" Concession

The most significant recommendation from a legal standpoint is, predictably, the author's proposal that BAT

"move our position on causation to one which acknowledges the probability that smoking is harmful to a small percentage of heavy smokers."

The author amplifies this by observing that in our advertising in the United States

"there seems to be no particular reason why the industry should not indicate its apprehension about people who smoke more than say 20 cigarettes a day and its confidence about those who wish to smoke less than this amount."

The legal disadvantages to this position could possibly be so great as to effectively counter the author's objective which is "to become strong in tobacco." The grave legal disadvantages are set out below:

1. To admit that smoking causes death and disease will most certainly enlarge B&W's liability to consumers. The admission goes beyond even the imposition of a "strict liability" standard. The "new strategy" proposal would go a long way toward conceding causation, which is the only remaining defense where strict liability applies

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TRIAL EXHIBIT  
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(the doctrine of strict liability is used in cases involving inherently dangerous products and requires the plaintiff to prove only causation; the manufacturer's due care, or lack of negligence, is irrelevant.)

2. The proposal creates an indirect assurance to "light" smokers that they can enjoy their custom without apprehension. B&W would be warranting that use of less than 20 cigarettes a day is not dangerous. That warranty would likely provoke further government regulation and, more seriously, create a whole new basis for liability to customers.
3. Does anyone have hard evidence that 20 cigarettes is a boundary that can be relied on? Will not the proper location of that dividing line become a question subject to argument and ultimately to decision by a jury? I do not see how anyone can comfortably predict a given jury will not conclude that, for a given smoker, 14 cigarettes a day, for 365 days a year, for 20 years, is not "heavy" smoking. And what plaintiff will testify that the consumer in question smoked 14 cigarettes per day if liability depends on his having smoked only 6 more, or 20 in all?

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4. If we admit that smoking is harmful to "heavy" smokers, do we not admit that BAT has killed a lot of people each year for a very long time? Moreover, if the evidence we have today is not significantly different from the evidence we had five years ago, might it not be argued that we have been "willfully" killing our customers for this long period? Aside from the catastrophic civil damage and governmental regulation which would flow from such an admission, I foresee serious criminal liability problems. You are, of course, aware of the recent effort by a local prosecutor to convict the Ford Motor Company of a crime arising out of the defendant's alleged "willfull" misdesign of the gas tank on the Pinto car. I fear the adoption of the "new strategy" would give a prosecutor a much stronger case against Brown & Williamson. And because virtually all U.S. prosecutors are elected officials, it is rumored that some have been known to consider the effect upon the electorate of specific exercises of prosecutorial discretion (they like to go after fat cats).
5. The admission of liability inherent in the "new strategy" would likely encourage new and more onerous legislation and regulation, not only with

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respect to the sale and advertising of cigarettes, but also as to when and where they may be consumed.

6. We are not competent to judge the law of the United Kingdom or in the Common Market. What is the effect of these new admissions in those jurisdictions?

In looking over the "advantages" and "disadvantages" listed by the author with respect to the new position on causation, I find that the alleged advantages are unpersuasive and the disadvantages are materially understated.

There are, however, other aspects of the "new strategy" that have no legal drawbacks and which it seems to me are worthy of serious consideration.

The "Moderation" Theme

While I do not believe we can in any way suggest to our customers that smoking in moderation will cause them no harm, I do believe we can promote moderation in the use of our product. I say that not only from a "public relations" or "advertising" point of view, but from a legal one as well. We must face the possibility ~~that~~ <sup>that</sup> the day may come when a combination of medical evidence and jurisprudential shifts will expose the tobacco industry to every greater liability. I have a sense that being able then to point to the fact that, starting way back in 1980, we were recommending

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"moderation" to our customers, can only help us. Perhaps the moderation theme could gradually be introduced into current advertising themes, most notably The Tobacco Institute's Smoker/Antismoker campaign. It is undeniable, of course, that to say "Enjoy our cigarettes in moderation" is to suggest that immoderate use may be harmful; but the same suggestion exists in every advertisement for low "tar" cigarettes.

#### Product Modifications

I see no reason why BAT should not proceed to reduce "deliveries" in Third World countries as quickly as possible, so far as this lies within its power.

#### Advertising Methods

I assume the comments in the paper relate entirely to procedures occurring outside the United States. So far as I am aware we do not aim our advertisements at anyone under the age of <sup>21</sup>18, appeal to nonsmokers to take up the habit, induce people to smoke more, or rely upon "glamour and sexual appeal". Of course, U.S. advertisements are inclined to show pretty girls and rugged males but I hardly think that is what the author had in mind when he spoke about "sexual appeal". If that's "glamour" then I simply disagree with the author. We do expect some years down the line for the FTC to try to prevent the tobacco industry from using people in cigarette ads, but we see no reason why the industry should not resist that development with all the resources at its command.

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Competition

I agree with the author that we should make those changes we think it is in our interest to make and the competition's failure to follow at least for now will not deter us.

Conclusion

I cannot accept the self-described "radical departure" proposed by the author of the "new strategy". Self-immolation is not the treatment I would recommend for a diagnosed lack of credibility. I believe the report does make some positive suggestions but I reject the self-destruction approach.

Sl.no:

Sex:

Age:

date: 14/6

### Community Health Cell

#### Society for Community Health Awareness, Research and Action

367, Srinivasa Nilaya, 1 main 1 Block Koramangala, Bangalore - 560 034

1. Do you smoke tobacco Yes/No
2. If yes please tick  
a. Cigarettes b. Bidis c. Both
3. If yes  
a. Habitual/regularly b. occasionally
4. If habitual, how many cigarettes/ bidis you smoke a day?
5. If occasional when do you smoke and how many cigarettes a day you smoke
6. What is your favourite brand of?  
Cigarette \_\_\_\_\_  
bidi \_\_\_\_\_
7. How old were you when you first started smoking?
8. Why did you to start smoking?
9. Why did you continue smoking?
10. Do any member of your household smoke  
Yes / no
11. If yes  
Father/ mother, others specify
12. Do you use any form of chewed tobacco like Gutka, pan masala with tobacco/ pan parag/  
khaini etc?  
a. Yes b. no
13. If yes how often do you chew?  
a. Regular b. occasional
14. If regular, how many packets a day do you chew?
15. What is you favourite brand?
16. Do any member of your household use the above products?  
Yes / no

Sl.no:

Sex:

Age:

date:

17. If yes

Father/ mother, others specify

18. How old were you when first started chewing tobacco?

19. What made you to get into this habit?

20. Do you want to quit smoking and chewing tobacco?

a. Yes b. no

21. If yes/no give reasons

22. Did you ever attempt to quit smoking/ chewing tobacco and how?

23. If the attempt was unsuccessful, reasons?.

24. How did you first try using the tobacco (chewing and smoking)

a. All by yourself b. in the company of friends

25. Are you aware of any of the harmful effects of tobacco on health if so enumerate a few?

26. If you tried smoking/chewing tobacco and have not continued to become either a habitual or an occasional tobacco user what made you decide not to continue.

27. How did you learn about the health hazards of using tobacco (please tick)?

- a. From reading magazine
- b. From school
- c. From college
- d. From TV
- e. From doctors/ health professionals
- f. Friends

-----Cut here and retain for information-----

If you would like further information please contact Community Health Cell at  
5531518/5525372- Email : [sochara@vsnl.com](mailto:sochara@vsnl.com).  
Visit us at : <http://www.geocities.com/sochara2000/>

*File*  
*EG*

From: sjones@bma.org.uk  
Subject: Commonwealth Medical Association Invites applications from commonwealth NGOs to join their FCTC delegation  
To: fctcall@globalink.org  
Date sent: Thu, 28 Sep 2000 14:40:00 +0100

Dear Friends

The Commonwealth Medical Association is an organisation in official relations with WHO, and with official standing at the framework convention negotiations.

I have just heard from Marianne Haslegrave at the CMA that they are willing to welcome Commonwealth NGOs as members of their official delegation to the upcoming intergovernmental negotiating bodies in Geneva. NGOs joining the CMA delegation will also have opportunity to directly participate in a briefing meeting for Commonwealth governmental delegations to the negotiations, being organised jointly by the CMA and the Commonwealth Secretariat on Saturday October 14 in Geneva.

Those interested in joining the CMA delegation are invited to e-mail Marianne at marianne@commal.org as soon as possible, and by Monday 2nd October at the latest.

I would appreciate it if you could copy me in on any requests made - sjones@bma.org.uk - but this is entirely at your discretion!

All the best

Sinead

.....  
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager (postmaster@bma.org.uk)

.....  
[www.bma.org.uk](http://www.bma.org.uk)  
.....

To TN  
108  
3/10/2K  
MKC



*Sharma file*

*ES*

From: "Sharad Vaidya" <sgvaidya@gatelecom.com>  
To: <sochara@vsnl.com>  
Subject: RE: [Fwd: what is the output?]  
Date sent: Thu, 28 Sep 2000 07:14:15 +0100

Dear Dr. Thelma,

Argument: Banning of advertisements will affect the farmers

COUNTER: i) farmers are affected more by mechanisation than by diminution of consumption. Employment is function of mechanisation.  
ii) During the last decade the acreage of tobacco has come down from 500,000 hectares under tobacco cultivation to 400,000 under tobacco cultivation. At the rate of 2.5 hectares holding per farmer, about 40,000 growers have already shifted to other crops without any hardships. This is because yield per hectare has gone up and despite reduction in acreage. ]

PI note that the total number of growers of tobacco in the country do not exceed 1,20,000. The rest are labourers. The industry balloons up these figures and say that 26 millions are employed, when acco the Labour Ministry only about 6 million are employed. But their employment is only part time. The labourers are paid same daily wages whether they work in tobacco field or any other food crop.

Were there any representatives of tobacco industry or farmers in the meeting. I would be interested to know the arguments the industry or the farmers lobby put up in the meeting.

Dr. Sharad Vaidya  
-----Original Message-----  
From: Community Health Cell [mailto:sochara@blr.vsnl.net.in]  
Sent: 27 September 2000 09:45  
To: Sharad Vaidya  
Subject: [Fwd: what is the output?]

*To TN.*

*1109  
3/10/2K  
MKG*

*180000  
2 farmers/growers*

*Dear Dr Vaidya,*

*Thank you for your info about*

## FCA Member Websites

**Subject: FCA Member Websites****Date: Fri, 10 Nov 2000 11:44:41 +0700****From: "FCTC Alliance" <FCTCalliance@inet.co.th>****To: "FCA Listserve" <fctcall@globalink.org>**

Dear All - If your organisation has a website and it is not listed below (or is listed incorrectly) please send the details to me ASAP so I can link to them on the FCA website. - Belinda

Action on Smoking and Health Australia [www.ashaust.org.au](http://www.ashaust.org.au)  
 Action on Smoking and Health Thailand [www.ash.or.th/](http://www.ash.or.th/)  
 Action on Smoking and Health UK <http://www.ash.org.uk/>  
 Action on Smoking and Health USA <http://ash.org>  
 Advocacy Institute [www.advocacy.org](http://www.advocacy.org)  
 Alcohol and Drug Information Centre (Ukraine) <http://adic-co.info.kiev.ua/>  
 American Cancer Society [www.cancer.org](http://www.cancer.org)  
 American Heart Association [www.americanheart.org/](http://www.americanheart.org/)  
 American Lung Association [www.lungusa.org](http://www.lungusa.org)  
 American Public Health Association [www.apha.org/](http://www.apha.org/)  
 British Medical Association [www.bma.org.uk/](http://www.bma.org.uk/)  
 Campaign Against Foreign Control of Aotearoa (NZ)  
<http://canterbury.cyberplace.org.nz/community/CAFCA/>  
 Campaign for Tobacco Free Kids (USA) [www.tobaccofreekids.org](http://www.tobaccofreekids.org)  
 Canadian Cancer Society [www.cancer.ca/](http://www.cancer.ca/)  
 Cancer Foundation of Western Australia <http://www.cancerwa.asn.au/>  
 Cancer Research Campaign (UK) [www.crc.org.uk/](http://www.crc.org.uk/)  
 Chinese Progressive Association  
[http://volunteersolutions.org/harvard/volunteer/agency/one\\_156440.html](http://volunteersolutions.org/harvard/volunteer/agency/one_156440.html)  
 Consumer Association of Penang (Malaysia)  
<http://www.capside.org.sg/souths/south/cside.htm>  
 European Medical Association on Smoking and Health  
<http://EMASH.globalink.org>  
 European Network for Smoking Prevention [www.ensp.org/](http://www.ensp.org/)  
 European Respiratory Society [http://www.ersnet.org/frame\\_whoiswho.htm](http://www.ersnet.org/frame_whoiswho.htm)  
 Heart and Stroke Foundation (Canada) [www.na.heartandstroke.ca/](http://www.na.heartandstroke.ca/)  
 INFACAT <http://www.infact.org/>  
 INGCAT [www.ingcat.org/](http://www.ingcat.org/)  
 INWAT <http://www.inwat.org/>  
 IUATLD <http://www.iuatld.org/>  
 Japan Coalition on a Smokefree Environment  
<http://www3.ocn.ne.jp/~muen/smokefree.htm>  
 Japan Medical-Dental Association on Tobacco Contro  
<http://www.no-tobacco.or.jp/>  
 Medical Women's International Association  
<http://members.aol.com/mwia/index.htm>  
 New South Wales Cancer Council (Australia) <http://www.nswcc.org.au/>  
 PATH Canada [www.synapse.net/~path](http://www.synapse.net/~path)  
 Physicians for a Smoke Free Canada <http://www.smoke-free.ca/>  
 REDEH-CEMINA - The Network in Defense of Humankind [www.CEHTNA.org.br](http://www.CEHTNA.org.br)  
 San Francisco Tobacco Free Coalition (USA) <http://sftfc.globalink.org/>  
 Soul City [www.soulcity.org.za](http://www.soulcity.org.za)  
 Tobacco Law Project [www.wmitchell.edu](http://www.wmitchell.edu)  
 Transnational Resources and Action Centre (USA) [www.corpwatch.org](http://www.corpwatch.org)  
 UICC International Union Against Cancer [www.uicc.org](http://www.uicc.org)  
 Women's Environment and Development Organisation [www.wedo.org/](http://www.wedo.org/)  
 World Dental Federation <http://www.fdi.org.uk/>  
 World Federation of Public Health Associations <http://www.wfpha.org/>  
 World Vision [www.wvi.org/](http://www.wvi.org/)

Lab.  
 Tobacco  
 file  
 TNY  
 PL  
 11/14/00

Subject: DRAFT Alliance Briefing on Trade issues

Date: Tue, 24 Apr 2001 09:54:49 -0700

From: Mele J Smith <mjsmith@igc.org>

To: FCA.all@globalink.org

Dear Alliance Members,

On behalf of the Alliance's Trade Working Group, I am attaching a draft Alliance briefing paper for the 2nd meeting of the Intergovernmental Negotiating Body (INB). This paper focuses trade related language and provides suggested alternative language for the Guiding Principles #5 and #9 as well as precautionary principle language. This document is meant to complement the Alliance Briefing on the Chair's Text which highlights some of the problems with the language of Guiding Principle #5.

Many thanks to members of the Trade Working Group who contributed to the language of the brief, especially Neil Collishaw with Physicians for a Smokefree Canada, Ross Hammond, consultant to Campaign for Tobacco Free Kids, and Rob Weissman with Essential Action.

The Trade Working Group would like to get the approval of the membership for the briefing paper so that it can become an Alliance paper that can be used in conjunction with the Comments on the Chair's Text that is being circulated now. As was the case with the Chair's Text briefing, we are seeking approval on a "can you live with it" basis (i.e. unless you have irreconcilable problems with the content, it's OK to send it out as an Alliance paper). If we do not hear back from you by the end of the day Friday, 27 April, we will assume that it is OK and you will receive it a day or two later on Alliance letterhead.

We realize that this is rather short notice and that Geneva is only a week away. Our apologies!

Thanks and Regards,

Mele Smith  
on behalf of the Trade Working Group

|                                                                            |                                                                                                             |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Proposed FCA trade document- final.doc | Name: Proposed FCA trade document- final.doc<br>Type: Winword File (application/msword)<br>Encoding: base64 |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

*fca*  
*SMC*  
*24/4/01*

*SMC*  
*25/4/01*



**Subject: Submission for the Public Hearings on the Framework Convention**

**Date:** Mon, 18 Sep 2000 18:25:15 +0530

**From:** Community Health Cell <sochara@blr.vsnl.net.in>

**Reply-To:** sochara@vsnl.com

**To:** FCTC Hearing <fctchearings@who.int>, Chitra Subramanian-WHO <subramaniamc@who.ch>,  
"Martha R. Osei WHO-SEARO" <oseim@whosea.org>

Greetings from Community Health Cell!

We are sending our submission to the Public Hearing on the FCTC as given below. Please acknowledge receipt

Best wishes

Dr Thelma Narayan, MBBS, M.Sc(Epid.), Ph.D(London)

---

**Submission for the Public Hearings regarding the  
Framework Convention on Tobacco Control on 12th - 13th October 2000, at WHO,  
Geneva**

*By*

*The Community Health Cell (CHC), Bangalore, India,  
which is the functional unit of a registered Society for Community Health Awareness,  
Research and Action (SOCHARA).*

---

## 1. Introduction

1.1 CHC is a professional resource group working in the area of community health and public health, in the voluntary sector in India, since sixteen years. Major strategic approaches in work include training, research, advocacy, information dissemination, and networking on major health issues/problems including tuberculosis, malaria and vector borne diseases, HIV/AIDS, Tobacco control, women's health, rational therapeutics, promotion of indigenous systems of health care and addressing poverty and health relationships. In recent years there is increased interaction with government and the Health University in Karnataka State. The team comprises of 18 members including health and social science professionals, supported by an informal network of 25 professionals.

CHC has recognised tobacco related health problems as a major public health issue since long, but has become more actively involved since the past 1½ years. As part of our tobacco control work we collaborate with the Indian Medical Association - Karnataka branch, with the National Organisation for Tobacco Eradication and others. We have participated internationally with the NGO Forum for Health, INGAT and the Global Alliance for tobacco control. Locally we also undertake awareness programmes/education and training programmes in schools, colleges and with NGO's on health effects of tobacco use and on tobacco cessation.

Our sources of funding include the Government of India, State government of Karnataka, WHO-Geneva, Misereor - Germany, Cordaid - Netherlands and for one year DFID - UK, besides local donations and payment for services.

## 1.2. Summary

Research and experience over 20 years in India indicates an alarmingly increasing trend in tobacco use, both smoked and chewed. Adverse, serious, health and economic effects have



been documented by the Tata Institute of Fundamental Research, the Indian Council of Medical Research, the Kidwai Institute of Oncology and by academic and NGO studies. Given that 40% of India's population or approximately 400 million persons live below or around the poverty line, spending on tobacco use and on meeting health care costs, which are substantially out of pocket expenditures, result in worsening the poverty cycle and in denying positive spending on nutrition, child care, education etc. This is unacceptable ethically to the public health community and to civic society.

We recognize the need for a public health approach. We support the global strategy to ensure tobacco control, as multinationals with easier access to markets through the process of Globalisation are using questionable marketing methods. South Asian populations are particularly vulnerable and at risk in the current context. We support the proactive efforts of the Tobacco Free Initiative of the WHO to contain the tobacco industry through the FCTC. We also address the local tobacco industry in India, particularly those producing and marketing bidis and chewed tobacco. Recent studies in Mumbai found 74% of adult men and 60% of adult women chewing tobacco, a habit that starts at 11-13 years of age and which accounts for 30% of tobacco use. The hazards to which the unorganized workers are exposed and their working conditions need attention. Thus a public health approach will also need to respond to the dynamics and specificities of tobacco growth, production, sale and use in the country.

## **2. Personal Health and Public Health Consequence of tobacco use**

2.1 Over the past 50 years, studies conducted globally, including the outstanding work by Richard and Doll in the UK, have established the link between tobacco use and various forms of cancer, cardiovascular disease, gastrointestinal disease, diseases of the reproductive tract including pregnancy wastage and impotence. Studies in India also bear this out.

The cause effect relationship between tobacco use in smoked or chewed form and several adverse ill health consequences on an individual is thus well established. This needs to be kept in mind during the negotiations.

2.2 The WHO, the public health community and policy makers need to also take cognisance of chewed tobacco (gutka, pan masala, zarda etc) accounting for 27-30% of tobacco use in India. Chewed tobacco is also used elsewhere in the Indian subcontinent, with potential for spread globally. Habitual chewing of 4-5 packets per day leads to gingivitis, leukoplakia, erythroplakia and to the disabling oral submucous fibrosis (OSMF). Over 2-3 decades, a ten-fold increase in incidence of OSMF is noticed with a shift in age group from those above 40 years to younger persons between 25-35 years.

2.3 The effects of passive smoking/ETS have been accepted by courts.

2.4 More recently the highly addictive nature of nicotine has entered the public knowledge domain, along with the fact that this critical information was kept secret and also used to manipulate the product by the tobacco industry. The consequence and cost to public health and to individuals resulting from this act by the industry, (which talks of free choice) is enormous.

2.5 The magnitude of tobacco related morbidity and mortality, place it among the league of major public health problems, resulting in the following : much preventable human suffering to affected persons and their families; to premature death; to increased health care costs; to loss of productivity; to shift in household income from nutrition and children's education to spending on tobacco; and to an overall economic loss to national economies, which economically poor countries can ill-afford. A recent report of a 6 year prospective study by the Indian Council of Medical Research substantiates the last point.

2.6 For the larger public good, there is need for urgent public policy interventions to mitigate the above. The protection of public health and public good is the mandated role of governments (national and local); of professional bodies who have access to knowledge; of international bodies such as WHO, particularly when there are global dimensions to health problems and health risks; and of civil society itself, when action by other mandated agencies is ineffective.

2.7 An objective review of tobacco control interventions especially in developing countries reveal that they have been weak and ineffective. Rates of tobacco use have in fact increased, starting at very young ages during childhood, where again the free choice theory fails to hold. As a medical doctor specialised in epidemiology and health policy analysis, it is evident that interventions focussed on cessation, counselling and group health education / awareness concerning the health ill effects of tobacco, fail to address the determining cause of spread of this behaviour or habit related problem, namely the dynamics and ingenuity of the tobacco industry which actively grows, manufactures, promotes and sells the product in collaboration with governments. These major stakeholders need to be held accountable and responsible for their decisions and actions, from a public health ethics point of view.

Given the present global evidence, these stakeholders need to make informed choices, and based on currently globally accepted human rights instruments to compensate individuals/families for the harm caused.

### 3. We support a series of policy measures for tobacco control that include :

- 3.1 Crop diversification, alternative employment and protection of tobacco workers.
- 3.2 Reduction and elimination of government/public subsidy to tobacco growth, production, manufacture and sale.
- 3.3 Banning sponsorship of sports & entertainment by the tobacco industry.
- 3.4 Banning of public advertisement of tobacco products.
- 3.5 Preventing and protecting children and young people from getting addicted.
- 3.6 Widespread education and awareness raising about consequences of tobacco use.
- 3.7 Tobacco cessation efforts - support to smokers/chewers.
- 3.8 Banning smoking in public places.
- 3.9 Support to the WHO in developing and implementing the Framework Convention for Tobacco Control (FCTC).
- 3.10 Labelling and regulating nicotine, tar and carbon monoxide content of cigarettes.
- 3.11 Banning chewed tobacco.
- 3.12 Control of Smuggling.
- 3.13 Increasing taxes and using money thus collected for tobacco prevention education.

### 4. Country specifics

4.1 In India it is reported that 20% of tobacco use comprises cigarettes, 27-30% chewed tobacco (gutka etc) and 50-53% beedies. We need more accurate data on the sale of unbranded beedies and of gutka which are unaccounted for and totally unregulated. There is need for greater product regulation and safeguarding of health and working conditions of workers in these sectors who are most often women, children and the poorest sections of society.

While on the one hand the industry talks of generation of employment and wealth, the latter is largely in the hands of larger farmers and business owners. Field studies reveal that women in the home-based industry work 10-12 hours a day for a relatively small remuneration. Since it is homebased work, children often help out after school hours. Undercutting and exploitation of women, who may often be uneducated is often being

done.

Support is required for research and for dialogue with the different departments and ministries of Government, including agriculture, labour, commerce and trade, education and health, greater involvement of NGO's, health professional bodies and educational institutions is required.

\*\*\*\*\* THE END \*\*\*\*\*

Community Health Cell <sochara@vsnl.com>

From: "Ross Hammond" <margross@igc.org>  
To: <fctcall@globalink.org>  
Subject: Brundtland Statement on Hearings  
Date sent: Fri, 13 Oct 2000 22:52:11 -0700

Statement WHO/6 13 October 2000  
WHO DIRECTOR-GENERAL'S RESPONSE TO THE TOBACCO HEARINGS

In response to my call for all parties interested in providing their views about the Framework Convention on Tobacco Control (FCTC), WHO received over 500 written submissions which were immediately made accessible for public scrutiny on WHO's website. Representatives of over 160 organisations are currently providing oral testimony in Geneva. They represent most major tobacco multinationals and state tobacco companies, as well as several tobacco farming groups along with a diverse range of public health agencies, women's groups, community based organisations and academic institutions.

All groups with a commitment to public health expressed extreme concern about the impact of tobacco use on the current and future health of populations, especially in developing countries. They urge rapid and decisive action. In contrast, most tobacco companies concentrated on what they believe to be the boundaries of 'reasonable' and 'appropriate' actions. Some questioned the role of WHO and the FCTC process in promoting action and making progress to reduce the public health impact of tobacco. Further, several tobacco companies continued to deny that passive smoking constitutes a threat to health.

In general, the tobacco companies have indicated support for policies and measures that are known to have a very limited impact on youth and adult consumption of tobacco. They appear to be against the interventions that WHO, the World Bank and public health experts have identified as having a measurable and sustained impact on tobacco use.

These are a combination of

- increased excise taxes,
- bans on tobacco advertising, sponsorship and marketing,
- controls on smoking in public places,
- expanded access to effective means of quitting,
- tough counter-advertising and
- tight controls on smuggling.

I hope that Member States will focus on these interventions as they deliberate about the measures to be included both in the FCTC and in their national laws and policies.

In much of their testimony, companies that are part of the tobacco industry focus on political, financial and human rights issues. They re-state well known predictions that international action to reduce tobacco use will lead to sudden and massive job losses, people driven further into poverty and threats to the sovereignty of nations. As we heard from other groups, these predictions do lead to genuine concern among decision makers: however, careful research has also shown that in most cases the predictions have no evidence base. It thus seems likely that the companies are trying to confuse the negotiating process that will be taken forward by delegates from WHO's 191 Member States. They seek to do this just before the FCTC Intergovernmental Negotiating Body which starts Monday the 16th of October.

*Kiva - We need a copy of  
CIRCULAR'S submissions for  
Exchange EC meeting. Please ask  
about it to Dr Vili. Pl. as there's  
seaf it needs long time (revision)  
Dr 18-10*

*Is it possible to add  
a link bottom? in case  
for CIRCULARS send a  
written submission. That  
Dr Sudarshan would  
believe made an  
oral testimony*

*Palmer*

*1204  
TN / 10/15 / STC*

*sent by email  
10/10  
cc Dr. V. M. ...  
state photo...*



A diverse group of organisations from developing countries provided different views of the impact of tobacco on farmers in rural communities. Some groups described the fears of tobacco farmers about the certainty of their future livelihood. While these fears are understandable, there is no evidence to suggest that they are justified.

However there is a need for careful study of the way in which long-term reductions in tobacco demand impacts on the supply of tobacco products in the long term. This would help with the identification of communities and countries that may have legitimate concerns about their vulnerability. It would indicate the options that exist to minimise potential hardship over the next few decades. Such work is underway - and being carried out in collaboration between FAO, the World Bank, US Department of Agriculture, Canada's IDRC, Sweden's SIDA and WHO.

During the hearings several tobacco companies have indicated that they are shifting their marketing policies - towards a "middle ground". Some spoke of wanting a "reasonable dialogue", and desiring to work towards "practical and realistic solutions". WHO takes the view that Governments must be cautious about what this means in practice. There is one underlying reality which we must all keep in mind - tobacco remains the only legal consumer product that kills half of its regular users.

The WHO position, based on available evidence, is that there are four ways to reduce the harm to health caused by tobacco. First, prevent youth and non-smokers from starting. Second, encourage and support smokers to quit. Third, stop non-smokers, including unborn babies, from being exposed to tobacco smoke. And fourth, reduce the levels of harmful constituents in tobacco products.

WHO supports comprehensive effective policy measures to tackle all four approaches. Action on the first three ways has already led to health gains in many countries. Product modification and efforts to develop what tobacco companies call "less harmful" products may take some time to have an impact, and - as is publicly acknowledged by major tobacco companies - there is still no safe cigarette.

Our analyses suggest that there is a stark contrast in positions of WHO and most Member States on the one hand, and those of the tobacco companies. We in WHO urge the immediate implementation of the measures that are known to have a sustained impact on reducing tobacco use. We would wish that this can be undertaken without interference by

tobacco companies. However, it appears that tobacco companies will continue to oppose measures that effectively reduce the number of new smokers and current smokers. Their actions suggest that they will - in the long term - try to reduce the harm caused by their products.

Despite our concerns about these clear differences in position, we are committed to hearing how the tobacco companies do propose to reduce the harm that their products cause. Our Scientific Advisory Committee is charged with proposing appropriate national and international tobacco product regulatory frameworks. We have invited tobacco company scientists to provide their views on product modification to this Committee later today.

*Hammond*

From: "Ross Hammond" <margross@igc.org>  
To: <fctcall@globalink.org>  
"GlobalLink International" <gt-intl@globalink.org>  
Subject: Koop's FCTC Testimony  
Date sent: Thu, 12 Oct 2000 20:20:58 -0700

Testimony of Dr. C. Everett Koop, C. Everett Koop Institute, WHO Public Hearings, 12 October 2000

My name is Ross Hammond, and I am reading this on behalf of Dr. C. Everett Koop, Senior Scholar of the C. Everett Koop Institute at Dartmouth College in the United States.

Dr. Koop writes: "I would like to raise my voice in favor of the strongest possible Framework Convention. Between 1981 and 1989, I served as the U.S. Surgeon General and chief delegate to the World Health Assembly under Presidents Reagan and Bush. In that capacity I was dedicated to educating scientists and the public about the hazards of tobacco use and doing what I could to decrease the death and disease caused by tobacco use. During my tenure as Surgeon General, my office issued eight reports on the death and diseases caused by smoking and smokeless tobacco, including reports on cancer, cardiovascular disease, chronic obstructive lung disease, nicotine addiction and the health consequences of environmental tobacco smoke.

Yet despite the wealth of scientific evidence we have accumulated about the harms of tobacco, the unfortunate truth is that the world has done shockingly little to reduce the death toll from tobacco use.

Tobacco is different from other plagues that have faced the world because it is promoted by an unscrupulous industry that will stop at nothing to promote its products and raise its profits. The evidence is irrefutable. On a scale never before known to commercial enterprises, Big Tobacco has engaged in the most devastating cover-up of scientific evidence and consciously sought to deceive and defraud the entire world about the health consequences of its products. It has preyed on our children and lied to our governments. It has manipulated nicotine and political systems. And it has created a public relations apparatus designed to make the world think it is behaving responsibly even while engaging in the most heinous behavior. We must resolve to never again let Big Tobacco's false and misleading statements go unanswered. We must also be aware of the history of tobacco control efforts. All too often the tobacco industry has succeeded in convincing governments to accept proposals that sound good on their face but do little to actually reduce tobacco use. The negotiators of the Framework Convention must not fall into the same trap. The Convention must not just be a "feel good" treaty that speaks in glowing, general language but has no real force or effect. It must contain meaningful specific restrictions on the tobacco industry's marketing and manufacturing practices and require governments to take strong and concrete steps to reduce tobacco use.

(PAUSE)

10 IN  
Speaking as a U.S. citizen, I believe the United States government has an important role to play in the FCTC negotiations. On the one hand, our multinational companies have played a leading role in spreading the plague of tobacco throughout the world. On the other hand, President Clinton has

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13/10/2000

MKG

2 copies / FCTC file  
for  
16/10

spoken out forcefully about the need for the establishment of strong public policy changes to rein in the tobacco industry and to reduce tobacco use. I urge the United States government to speak with the same voice in Geneva that it does at home and to support a strong, specific and effective FCTC - even if it includes policies that the tobacco industry has successfully blocked in the United States. The positions of the U.S. delegation during the Framework Convention negotiations should be based on the protection and promotion of global public health, and nothing else. If the U.S. government fails to actively support a strong FCTC or urges the adoption of a weak convention because of political considerations back home, we will be doing the entire world a disservice. The United States has an opportunity to use its knowledge and its experience to assist in the creation of the strongest possible treaty, one that can help the other nations of the world avoid a tobacco epidemic of the magnitude faced by the United States. How the U.S. responds during these negotiations will be the truest test of our leadership.

The world needs a strong Framework Convention, so that no nation is forced to fight the tobacco industry or the plague of tobacco use alone or unarmed. The FCTC should seek to bring the tobacco industry under proper governmental and international controls with concerted action on advertising, smuggling, product regulation, treatment programs, environmental tobacco smoke and many other areas.

A strong Framework Convention is a critical weapon that is needed to counteract the tobacco industry's wrongdoing. Now that WHO has seized the initiative at the global level we have the ability to change the behavior of multinational tobacco corporations at every level. We have the opportunity to stop the spread of disease and death transported by tobacco companies across borders into new populations of non-users. I strongly support the process that WHO has begun and encourage the countries of the world to come together and enact a meaningful and effective FCTC. Thank you.

Subject: Tobacco industry youth campaign...

Date: Wed, 18 Apr 2001 17:54:25 +0100

From: "Clive Bates" <clive.bates@dial.pipex.com>

Organization: ASH

To: <fca.all@globalink.org>, <gt-intl@globalink.org>

CC: "Jean King" <jking@crc.org.uk>, "Sue Osborne" <sosborne@crc.org.uk>,

"Lesley Owen" <lesley.owen@hda-online.org.uk>

Dear friends

Clearly BAT, Philip Morris and Japan Tobacco International are escalating their youth smoking initiatives. They announced a new advertising campaign on MTV Europe this week. I have just received a nauseating letter from BAT today describing the 'research' behind the campaign and asking for advice on evaluating their campaign. Here's the gist of the research findings in BAT's words...

+ "youth does unfortunately believe that 'smoking is cool' and that it is entirely socially acceptable in their world, it being seen as a rite of passage."

- "The only message that worked was that there are many different ways to be 'cool' and that 'you can be cool and not smoke!'"

- "the message succeeded because it aligned itself with existing attitudes rather than against them and gave youths 'permission' not to smoke"

Not much discussion of how sponsoring Formula One teams may have helped to make smoking (unfortunately!) cool and a rite of passage...

BAT also has a release on this

BAT release: <http://www.bat.com/bat/bathome.nsf/AllDocids/ECFB701354297BE680256A2C0054F550?opendocument>

They've set up a web-site, which is far from complete, but could be potentially huge

<http://www.youthismokingprevention.net/>

But they attracted some negative coverage in the Financial Times:

FT article:

<http://news.ft.com/B/gx.cgi?fc?pagename=View&c=Article&cid=FT3LB64AOLC&live=true&tagid=ZZB2FVYA0C&subheading=cons>

ASH has "Danger! PR in the Playground" material on tobacco industry youth smoking programmes

<http://www.ash.org.uk/html/advsop/html/ormenu.html>

Tobacco Companies Under Fire on Youth Campaign

Financial Times: Apr 18, 2001

By JIMMY BURNS

Anti-smoking groups last night criticised the latest involvement of tobacco companies in a youth smoking prevention programme as a "clever public relations exercise" aimed at forestalling further regulation of the industry.

"The campaign is likely to make youth smoking more attractive by presenting cigarettes as an adult activity," said Clive Bates of Action on Smoking and Health.

In the latest stage of a campaign adopting a public posture of opposition to teenage smoking, British American Tobacco, JT International and Philip Morris International announced they were jointly funding the extension of an advertising campaign on MTV Europe, the cable and satellite music network that targets the youth market.

The Dollars 3.6m (Pounds 2.51m) campaign, which will reach 38 countries in Europe, involves six different spots from existing industry-supported youth smoking prevention advertising that has already run in Portugal and Russia.

According to the companies, research showed that in Portugal 53 per cent of 12 to 17-year-olds believed the advertising was able to create "an atmosphere where adolescents think they can be cool and not smoke". In Russia, the figure was 54 per cent.

A new website set up by the companies says they take their responsibility in youth smoking prevention seriously and are "backing this up with actions and programmes".

*Handwritten:*  
VAC  
27/4/2001



Tobacco industry youth campaign...

The spots show young people making various "life style" choices ranging from buying clothes and CDs to surfing and skateboarding, before a caption appears saying "doesn't smoke".

Tobacco companies have faced increasing criticisms from anti-smoking campaigners for their marketing tactics since the 1960s.

In a report last October, Ash and the Cancer Research Campaign called on the tobacco industry to cancel all youth initiatives. "This simply is not an area... in which the tobacco industry should be trusted or welcome," they said.

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Clive

**Subject: Tobacco industry youth initiatives + smuggling**

**Date: Mon, 23 Oct 2000 19:31:39 +0100**

**From: "Clive Bates" <clive.bates@dial.pipex.com>**

**Organization: ASH**

**To: <gr-intl@globalink.org>, <fctcall@globalink.org>**

**CC: "Jean King" <jking@crc.org.uk>**

Dear friends

Now resources!

Tobacco industry youth initiatives

We now have the summary of the ASH and Cancer Research Campaign report "DANGER! PP in the Playground" in French, Spanish, Russian, Arabic and Mandarin (the WHO official languages). This report is an unsympathetic analysis of tobacco industry youth smoking initiatives. We hope that activists around the world will be able to use these translations and the full report in their efforts to persuade governments to reject approaches by the tobacco industry to assist with youth smoking prevention schemes.

I also hope that it will increase scepticism on the health side about youth-orientated programmes. While it is true that not every programme targeted at kids will be ineffective or counter-productive just because this is how the tobacco industry does it, this is an ever present danger even with programmes in which the industry is not involved. While some have pulled it off, I think youth programmes are a risky place to invest scarce tobacco control resources - assuming results matter more than the easy appeal to politicians or funding agencies.

See: <http://www.ash.org.uk/?advertising>

Smuggling

We have also published a short introductory brief on international tobacco smuggling and what the WHO Framework Convention on Tobacco Control could do to tackle it. This was prepared for delegates at the meeting of the first Intergovernmental Negotiating Body in Geneva last week.

Both may be accessed at the international area of our web site at:  
<http://www.ash.org.uk/?international>

Regards

Clive Bates  
Action on Smoking and Health  
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Mob: +44-(0)7766 791237  
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Subject: Tobacco Free Kids' Statement on Tax Breaks for U.S. Tobacco Companies

Date: Wed, 13 Sep 2000 13:56:57 -0700

From: "Ross Hammond" <mgross@tgc.org>

To: <lob-mail@globalink.org>, <fctcall@globalink.org>

For Immediate Release  
September 13, 2000

Contact: Joel Spivak/Vince Willmore  
202-296-5469

Statement by William V. Corr  
Executive Vice President, CAMPAIGN FOR TOBACCO-FREE KIDS  
Re: U.S. House Approval of Foreign Sales Corporation Bill  
Providing \$100 Million in Tax Breaks for U.S. Tobacco Companies  
September 13, 2000

The CAMPAIGN FOR TOBACCO-FREE KIDS strongly opposes the tax breaks for the export of manufactured tobacco products contained in the Foreign Sales Corporation Repeal and Extraterritorial Income Exclusion Act (H.R. 4986) as approved today by the U.S. House of Representatives. It is especially disappointing that the House Leadership brought up this legislation under expedited procedures that blocked any amendments, such as that proposed by Congressman Lloyd Doggett (D Texas) to exclude manufactured tobacco products. Once again, Big Tobacco is being rewarded for millions of dollars in campaign contributions at the expense of American taxpayers and public health around the globe. We urge the Senate to put taxpayers and the public health first and vote to deny Big Tobacco this special benefit.

In its current form, this legislation would provide a \$100 million plus annual tax benefit for U.S. tobacco companies. The tobacco industry should not receive any assistance from the U.S. government in their quest to addict new generations of smokers overseas. And they should certainly not be rewarded with special tax benefits given their long history of deception and misconduct concerning their deadly products.

The dangers of nicotine addiction to American children are well known: 3,000 kids become regular smokers each day in the U.S., and one third will die prematurely of smoking-caused disease. Smoking is the leading preventable cause of death in the United States. But these dangers do not stop at our shores. Globally, the World Bank estimates that between 80,000 and 100,000 kids become addicted to cigarettes every day. Big Tobacco, with the unwitting support of American taxpayers, is addicting countless new generations of smokers overseas. Tobacco-related illnesses kill four million people a year around the world. If current trends continue, by 2030, tobacco will kill ten million people every year, 70 percent of them in developing countries. The United States government should not be a partner in the export of death and disease by U.S. tobacco companies.

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\*\*\*\*\*  
Ross Hammond  
965 Mission Street, Suite 218  
San Francisco, CA 94103  
USA  
Tel: 1-415-695-7492  
Fax: 1-415-309-9211



Subject: It's True - Cigarettes Burn A Hole In Your Pocket

Date: Wed, 30 Aug 2000 10:32:20 +1200

From: "CAFCA (Campaign Against Foreign Control of Aotearoa)" <cafca@chch.planet.org.nz>

To: "Framework Convention Alliance" <fcaall@globalink.org>

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Christchurch "Press" (New Zealand)

WEDNESDAY, 30 AUGUST 2000

NEWS STORY

Pants burning issue in row with tobacco giant  
30 AUGUST 2000  
By SEAN SCANLON

This is a 'David and Goliath' story about a battle between a multi-national cigarette company and a devout smoker over a pair of pants.

On May 5, feisty James Gaw, a media consultant from Australia, smoked a Benson and Hedges cigarette he had bought at a dairy in Ashburton at the Airport Plaza Hotel in Christchurch.

To his horror a 6mm section of the white part of the cigarette fell off, burning a hole in his A\$600 (\$790) Nino Cerutti suit.

After his return to Australia, Mr Gaw called Lindsay Caire, the managing director of Benson and Hedges in Australia, to complain.

Mr Caire said he would arrange for the New Zealand head of the company, Oliver Caste, to contact Mr Gaw. No-one called for weeks and Mr Gaw again contacted Mr Caire, who assured him that someone would call soon.

On June 27, Mr Gaw received a "rude" phone call from a "rather arrogant young man" from Benson and Hedges' customer service department who refused to give his name and said that due to company policy, the suit could not be replaced.

This enraged Mr Gaw, who immediately sent a letter to Martin Broughton, the chairman of British American Tobacco (Benson and Hedges owner) in London.

Mr Broughton responded in his own handwriting expressing concern over the matter.

Consequently, Mr Gaw was visited by Lee Baston, the sales manager for Benson and Hedges in Brisbane, who inspected the damaged pair of pants.

Mr Baston then passed the complaint on to the head of corporate and regulatory affairs of British American Tobacco in New Zealand, John Galligan.

Mr Gaw was told by Mr Galligan that the pair of pants would not be replaced because of the company's regulations and principles.

This further infuriated Mr Gaw, who fired off another letter to Mr Broughton, on August 3.

On August 18, after reaching the end of his tether, Mr Gaw sent a letter to Mr Galligan billing British American Tobacco for the suit and advising he had consulted his lawyer. As of yesterday, Mr Gaw had not received any payment from the company.

Mr Gaw said he had received a carton of cigarettes from the company but that



"I will continue to buy their cigarettes, but I will not give up on this," Mr Gaw said. "I will take them to court if necessary. The only thing that is going to happen to British American Tobacco is I'm going to get paid."

Mr Galligan said the complaint was unusual because nothing like it had happened before.

"We asked Mr Gaw for a sample of the product to test and he couldn't supply this. We didn't have anything to compare it to so we did not compensate him."

CAFCA  
Campaign Against Foreign Control of Aotearoa  
PO Box 2258, Christchurch  
email: [cafca@chch.planet.org.nz](mailto:cafca@chch.planet.org.nz)

Subject: Re:Pakistan anti-tobacco coalition launched

Date: Wed, 23 Apr 2001 07:43:03 -0000

From: "DR. EHSAN LATIF" <ehsan\_latif@hotmail.com>

To: FCA.all@globalink.org

CC: sothi@cirop.org

Dear all

The tobacco industry in Pakistan has launched a campaign to offset the attempts of the Government of Pakistan to introduce a legislation mandating the cessation of tobacco products and the process of WHO's Tobacco Free Initiative leading to the Framework Convention on Tobacco Control (FOTC).

This campaign is multifaceted and ranges from 'The [Tobacco] industry's voluntary and self regulatory code for the marketing of cigarettes in Pakistan' to sponsoring of national sporting events like the 'National Smoker Championship, 2001. The tobacco industry is also very blatantly putting up a face which is public friendly and is using tree plantation drives in collaboration of the relevant government departments as a means to achieve this objective. They have also mobilized the local farmers by sending letters to all the relevant ministries signed by the tobacco growers and are trying to force economic considerations into the whole picture.

Tobacco Free Initiative - Pakistan (TFI-Pak), a project of TheNetwork for Consumer Protection and other organizations working in tobacco control recognizing the need to counter these and other strategies being used by the tobacco industry met on April 16, 2001 in Islamabad and consented to form a coalition which could effectively counter the disinformation drives of the tobacco industry.

Pakistan Anti-Tobacco Coalition (PATC) was launched on the same date with the collaboration of 20 different organizations and activists working in different aspects of tobacco control, including advocacy, research, legal aspects and issues related to tobacco growing.

The mission of PATC:

"PATC strives to make Pakistan a tobacco free country with its citizens being protected from tobacco related disabling diseases and premature deaths".

Aims and Objectives of PATC:

- To build national support for evidence-based tobacco control measures.
- To contribute towards development of comprehensive anti-tobacco legislation.
- To undertake research to fill knowledge gaps for effective anti-tobacco policy and action.
- To build a national awareness campaign about the hazards of tobacco through partnerships at all levels.
- To act against the exploitation of tobacco industry.
- To work towards the development of the Framework Convention for Tobacco Control at national and international levels
- To phase out the tobacco crop by encouraging alternative crops.

The organizations are representative of a vast population of Pakistan and are based not only in major cities but remote areas as well. These organizations bring with themselves a vast experience of working on tobacco related issues and the overall aim has been to decrease the consumption of tobacco.

TFI-Pak volunteered to act as the secretariat of the coalition and was given the responsibility of coordinating the different activities of the PATC.

The PATC partners (in alphabetical order) include:

1. An Integrated Movement for Self Sustainability, (AIMS) Pakistan
2. Christian Social Welfare Association
3. Citizen Action Committee, Isphah
4. Department of Community Health Sciences, The Agha Khan University,

*File*  
*JOC*  
*27/4/2001*  
*SJC*  
*To: 26/4/01*

Karachi

5. Heart file Islamabad
6. Lok Sujag, Lahore
7. 'Noor' Pakistan
8. Pakistan Anti-Smoking Society
9. Pakistan Anti tobacco Association
10. Pakistan Chest Society
11. Pakistan EX-Servicemen Society
12. Pakistan Medical Association Karachi Branch
13. Pakistan Society for Cancer Prevention
14. Rohe' Pakistan
15. Sanjh PPMC
16. SINGI Development Foundation
17. SPADE Pakistan
18. Tobacco Control Legal Forum of Pakistan.
19. Tobacco Free Initiative - Pakistan (TFI-Pak)

#### Committees

Given the different fields of expertise of the PATC partners, four committees were formed to streamline the activities of PATC.

#### Coordinator PATC

Dr. Ehsan Latif

1. PATC Advocacy, public awareness and networking committee.

Coordinator: Mr. Kausar Naqvi

#### Members:

- a. Mr. Arshad Rizvi
- b. Mr. Ayyaz Kiani
- c. Mr. Istikhhar Mughal
- d. Mr. Rafiq Azad
- e. Mr. Raja Akhtar
- f. Mr. Umer Baluch
- g. Mr. William Barkat
- h. Ms. Anandi Mehmood

2. PATC Agriculture committee

Coordinator: Mr. Naem Bukhari

#### Members:

- a. Mr. Ghulam Farid
- b. Mr. Naem Bukhari

3. PATC Research and data generation committee.

Coordinator: Dr. Lt. Col. Muqqadar Shah

#### Members:

- a. Dr. Javed A. Akhtar
- b. Dr. Sajid Ail
- c. Dr. Sania Nishtar
- d. Dr. Serajuddaula
- e. Dr. Tariq Pervaiz

4. PATC Legal Aspects committee

Coordinator: Mr. Ismail Qureshi

#### Members:

- a. Mr. Azizuddin
- b. Mr. K. Mansed Akhtar
- c. Mr. Nadir Altar

Regards

Dr. Ehsan Latif  
TFI-Pak

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**WHO Public Hearings on the Framework Convention  
on Tobacco Control  
12-13 October 2000 - Geneva, Switzerland**

**Submission from the European Network for Smoking Prevention**

**Identification**

The European Network for Smoking Prevention (ENSP) is an international non profit association registered in 1997 under Belgium law (identification number 16377/97). ENSP is governed by a general assembly consisting of two representatives from each of the national coalitions against tobacco of the 15 member States of the European Union and one representative from each of the specialised European tobacco control networks (INWAT Europe, ENYPAT, European Network of Smoke free Hospitals) ENSP is administered by a regularly elected executive board who delegates the daily management and co-ordination of the network to a secretary general.

The mission of ENSP is to develop a strategy for co-ordinated action among tobacco control organisations in Europe with the specific objective to promote and facilitate the activities of national coalitions and specialised European networks. It promotes collaboration through the exchange of information and experience. It stimulates and co-ordinates joint European activities and projects. It establishes links with intergovernmental bodies and international non-governmental organisations and any other groups concerned with smoking prevention. It also encourages and supports tobacco control organisations in the countries of Central and Eastern Europe.

ENSP is currently comprised of 342 member organisations operating in the framework of national coalitions against tobacco or specialised European networks in the European Region. Information is distributed to a network of 884 organisations and individuals interested in tobacco control in Europe. ENSP is funded through annual membership fees and support from the European Commission in the frame of the Europe Against Cancer program.

**Interest in the Framework Convention process**

The interest of ENSP to contribute to the public hearing is guided by the primary objective of the association "smoking prevention" and its mission to develop a strategy for co-ordinated action among tobacco control organisations in Europe.



### **Engage in a common approach to curb smoking rates locally, nationally, regionally and internationally**

Approximately, 4 million people world wide, die annually from smoking related illness. The share of smoking related mortality in the 51 countries of the WHO European Region is 1,2 million people representing 14% of all deaths<sup>1</sup>. In the 15 Member states of the European Union 550 000 citizens die annually due to tobacco consumption. The situation is particularly dramatic in Central Europe. A recent study by IARC shows that as a consequence, cancer mortality rates are still expected to increase and particularly in Hungary<sup>2</sup>.

The increase of smoking related deaths among women is particularly alarming. The number of deaths has increased more than 10 fold between 1955 and 1995 and smoking rates are still rising<sup>3</sup>. Smoking among young people is also on the rise practically in every country, severely jeopardising the health of the next generation<sup>4</sup>.

If current trends continue, smoking related deaths and diseases will continue to rise dramatically within the 51 countries of the European Region, imposing an unacceptable burden of suffering to their citizens. This will create a loss in productivity among the 35-69 year old workforce, deprive families of income, and generate additional financial cost to the already heavy public health budget.

Only through an international treaty binding the nations of the world, will we be able to curb this rising epidemic.

### **Ban advertising, promotion and sponsorship on a global level**

In order to guarantee a high protection of public health to European citizens, the European Union has adopted 5 pieces of binding legislation since 1989. These cover television broadcasting activities, the regulation of tar content, the labelling of cigarette packaging, a ban on sale of moist snuff (with the exception of Sweden) and a ban on advertising and sponsorship of tobacco products. The European Union is in the process of passing comprehensive legislation to improve labelling of tobacco products, to further limit nicotine/tar/carbon monoxide contents, to require the industry to disclose contents/additives of tobacco products, to search for new testing mechanisms and to ban the branding of tobacco products as "light, mild, ultra light" etc..

The European Union is an excellent example of the feasibility but also the difficulty of transnational legislation. Twelve EU Member States out of 15 and a majority of the 626 regularly elected members of the European Parliament voted in favour of the European advertising directive which was consequently adopted as binding EU legislation. Despite this overwhelming show of support, the directive is currently being challenged in the European

<sup>1</sup> WHO Europe leaflet. "Partnership to reduce tobacco dependence".

<sup>2</sup> "Projections of alcohol-and tobacco related cancer mortality in Central Europe". *International Journal of Cancer*, 2000, Vol. 87:122-128.

<sup>3</sup> Peto et al. "Update from 1995 of analyses of mortality from Smoking in 15 European Union countries". 1998.

<sup>4</sup> *Some Like it "Light": Women and smoking in the European Union*. ENSP, 1999.

Court of Justice. Powerful economic interests and the German Government are requesting the annulment of the directive.

It has been shown that voluntary codes regulating advertising do not work<sup>5</sup>. In the European Union 6 countries have adopted advertising bans (France, Finland, Belgium, Sweden, Portugal, Italy) and 4 countries (UK, Ireland, the Netherlands, Denmark) already plan to put in place their own national legislation.

Taking into account the transnational dimension of advertising, promotion and sponsorship for tobacco products, only a binding international treaty will protect the next generation in the European Region from the predatory marketing techniques of the tobacco industry.

### **Regulate the manufacture, labelling and sale of tobacco products**

Six of the leading multinational tobacco companies of the world are implanted in the countries of the European Union: (Philip Morris, BAT, RJ Reynolds, Rothmans, Reemtsma and Seita (having recently merged with Tabacaleira)<sup>6</sup>. The EU tobacco industry exports 16% of its total cigarette production out of the EU with Greece exporting 43%, the UK 36%, Sweden 19% and Germany 15%. The German based company Reemtsma, who plays an important role in Central and Eastern Europe, exported 57% of its production to Central and Eastern Europe in 1996<sup>7</sup>. British American Tobacco UK manages the multinational's international cigarette production in over 50 countries<sup>8</sup>. By the end of 2000, Swedish Match (tobacco company specialising in oral tobacco) plans to own 74% of the equity of Wimco Ltd in India<sup>9</sup>.

*we need to find out what happened?*

Future EU legislation aims to regulate EU export products in the same manner as local and imported tobacco products. There is no way, however, to oblige European based companies to adopt EU manufacturing, labelling and sales provisions for their overseas marketing or production units or for industries under their control.

Unless there is an international convention regulating the production, labelling and sale of tobacco products in the interest of public health world wide, the industry will always escape regulations through relocation of production/marketing units to non-regulated countries.

### **Fight smuggling and illegal trade of tobacco products**

It is estimated that 30% of cigarette sales world wide end up as smuggled merchandise. The European Union is subject to large-scale smuggling activities using the "transit transport" system. Goods with a destination outside the EU are exempt from import taxes while crossing its borders. After having left the European Union legally, cigarettes are smuggled back into

<sup>5</sup> Effect of tobacco advertising on the take-up of smoking by children. Study by ASH, August 1997.

<sup>6</sup> World Health report 1999. WHO.

<sup>7</sup> Personal communication from Martina Pötschke Langer.

<sup>8</sup> ASH Fact Sheet No.18, October 1999. Action on Smoking and Health web site, <http://www.ash.org.uk/html/factsheets/html/fact18.html>

<sup>9</sup> "Swedish Match acquires additional 22% in Wimco Ltd in India", *Business Wire*, July 31, 2000.

the countries and sold on the black market, thereby creating huge tax losses for the European Union and its member states.

According to 1997 figures, all EU countries are subject to smuggling activities. The contraband market share in Austria, Spain, Italy and Germany is estimated to cover 10-15% of their annual trade<sup>10</sup>. Andorra, a small principality of 63.000 inhabitants, imports 160 million packets of cigarettes a year with virtually no exports. The country has been identified by the European Union as a turning point for contraband into the UK and Ireland<sup>11</sup>. In 1997, the financial loss for the European Union in unpaid tax was estimated at 1,6 billion Euro<sup>12</sup>.

Several international investigations have indicated that the world's largest tobacco companies are involved in illegal trade endeavouring to control the brands and seeking to manage volume and price levels of smuggling markets<sup>13</sup>.

In July 2000, OLAF, the European Anti Fraud office, declared its intention to launch a civil suit against the big tobacco companies established in the United States for loss of import tax on smuggled cigarettes into the European Union as a consequence of their involvement in smuggling operations. EU Member States are invited to join the court action.

Large-scale smuggling not only creates great financial losses for a country but also undermines adoption by governments of a high tax policy for tobacco products. High tobacco prices, however, discourage teenage smoking. Smuggling by its very nature can only be tackled through co-ordinated multi-disciplinary international collaboration. The framework convention on tobacco control is an essential tool to take co-ordinated measures on world scale to curb the contraband of tobacco products.

### Conclusion

Citizens of the world have an equal right to health. Given the international dimension of the problem, there is a need for international action to identify global challenges to health and mechanisms to regulate their causes.

The European Network for Smoking Prevention calls on WHO and the World Health Assembly

- not to allow this first international treaty addressing the health of the world to be driven by economic arguments.
- to provide for a strong and meaningful body of the convention establishing the basic principles for the adoption of comprehensive tobacco control policies in all countries signatory to the convention.

<sup>10</sup> Joossens, Luk. "Cigarette trade and smuggling in Europe". Proceedings of the 10th world conference on tobacco or health, 24-25 August 1997, Beijing, China.

<sup>11</sup> "EU cigarette taxes going up in smoke", *The Irish Times*, 9 June 1998.

<sup>12</sup> "Ostende plaque tournante de la contrebande?", *Le Soir*, 23-24 May 2000.

<sup>13</sup> "How smuggling helps lure generations of new smokers", *The Guardian*, January 31, 2000.

- to enable governments and intergovernmental bodies to use the framework convention as a stepping stone to pass effective legislation on the regulation of tobacco product advertising and sponsorship, the labelling of tobacco products, the regulation of contents/additives, the ban of duty-free tobacco sales and the co-ordinated fight against smuggling.
- to define a common policy for fading out subsidies paid to tobacco growers and find meaningful ways to compensate for the loss of livelihood of tobacco farmers

In order to provide a strong and meaningful treaty, a series of specific commitments relating to measures affecting the transboundary nature of tobacco control should already be mentioned in the body of the convention such as

- A ban on duty free sales and imports of tobacco.
- Warning labels to be placed on all packs sold world wide in the national language of the country in which it is to be sold. This is a risk-communication and anti-smuggling measure.
- A unique machine-readable marking indicating the origin, batch and date of manufacture of the cigarette.
- A ban on tobacco sponsorship – or a ban on sponsorship of televised events – by 2006. The aim of this should be to tackle tobacco sponsorship of Formula One.
- A ban on misleading “low-tar” branding and the printing of misleading tar yields on packs.
- A comprehensive disclosure regime- ingredients and smoke composition.
- A funding mechanism for north-south assistance.<sup>14</sup>

Human rights were established in order to protect the individual from the arbitrary nature of power. In an increasingly global market place, governments of the world have the duty to protect their citizens from the arbitrary nature of multinational economic power.

SF 24/8/2000

<sup>14</sup> ASH policy paper on the Framework Convention on Tobacco Control, Clive Bates, August 4, 2000



SJC

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Subject: Survey on Philip Morris' exercise of political influence

Date: Wed, 3 Jan 2001 10:28:48 -0500

From: Suren Moodliar <suren.infact@juno.com>

To: fctcall@globalink.org

Dear Friends,

My colleague, Sangita Nayak (<mailto:sangita.infact@juno.com>) is conducting a survey on Philip Morris' exercise of undue political influence. Please see the attached file for a copy of the survey. The responses are due back by January 14, 2001.

Best regards,

Suren Moodliar  
International Organizer, INFACT  
<mailto:suren.infact@juno.com> <http://www.infact.org>  
tel:01-617-695-2525; fax 01-617-695-2626  
46 Plympton Street, 4th Floor, Boston, MA 02118, USA

Name: Survey.doc  
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## Survey on undue political influence of Philip Morris and other tobacco transnationals

Infact, the U.S. based corporate accountability organization, is joining other efforts around the world to:

- Stop the tobacco industry from addicting new customers around the world, especially children and young people.
- Stop the tobacco industry from manipulating public policy in the interest of tobacco profits.

### THE PURPOSE OF THIS SURVEY

The political influence of Philip Morris has enabled the tobacco industry to evade meaningful regulatory action in the U.S and around the world. Without regulatory action, Philip Morris and other tobacco transnationals are able to continue to use advertising images, like the Marlboro Man to promote tobacco to youth internationally. In an effort to support the Framework Convention on Tobacco Control, Infact is producing a report in 2001, exposing the manipulation of public policy by Philip Morris, etc. This survey is intended to outline some specific examples of recent political influence-peddling by the tobacco transnationals that could be revealed in Infact's 2001 People's Annual Report.

Infact has continued to pressure Philip Morris, as the largest tobacco transnational and maker of Marlboro, the world's leading cigarette brand, to stop tobacco promotion to youth. The creators of the Marlboro Man image have called it "a perfect image to capture the youth market's fancy." In addition to political influence-peddling we are also requesting examples of continued use of the Marlboro Man image to help demand an end to the use of this image.

We ask that you return this survey by January 14th. Thank you for taking the time to complete this survey. Please feel free to call or email any questions you may have.

Sincerely,  
Sangita Nayak  
International Organizer  
617-695-2525  
sangita.infact@juno.com

*(please type or print)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Internet: \_\_\_\_\_

**I. Questions about the Tobacco Transnationals Political Influence-peddling**

A. Is Philip Morris or Kraft currently lobbying on or against tobacco control or trade legislation in your country or region?

Yes No

If yes, were they successful in getting changes? please explain \_\_\_\_\_

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B. Is Philip Morris lobbying on the FCTC in your country?

Yes No

If yes, how? \_\_\_\_\_

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C. Does your country require Philip Morris, or other corporations to report or disclose:

1. The names of their lobbyists or lobbying firms?

Yes No

2. Political contributions?

Yes No

3. Who they lobby for and on what issues?

Yes No

4. Locations of facilities in your country?

Yes No

**II. Tracking the Marlboro Man**

A. Is the Marlboro man in use in your country? In your region?

*(If no, not at all, please skip this section)*

Yes, in my country      Yes, but only in my region      No, not at all

B. How? (Billboards, TV, movies, T-shirts, hats, etc.?)

Billboards

TV

T-shirts

Hats

Other (please be specific) \_\_\_\_\_

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C. Is the Marlboro Man used in a way that gets around or violates existing advertising restrictions?

Yes      No

If yes, please explain

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D. Can you provide copies or photos of current ads?

Yes      No

If yes, can you scan them and email them?

Yes      No

*Thank you for taking the time to fill out this survey. Please email to [sangita.infact@juno.com](mailto:sangita.infact@juno.com) by January 14<sup>th</sup>.*



**Subject: Press release on the Chairperson's draft FCTC**

Date: Tue, 23 Jan 2001 18:45:37 +0100

From: "Olufemi Akinbode" <bodufemi@hotmail.com>

To: FCTCall@globalink.org

Dear All,

Find below text of the NGO Press Conference on the Chairperson's Draft of the FCTC. The Press conference was held on January 23, 2001.

Regards,  
Akinbode Oluwafemi

**Amid Revelations of Ongoing Influence-Peddling by Tobacco Transnationals  
NGOs Blast Draft Tobacco Control Treaty**

GENEVA—Non-governmental organizations are voicing the first reactions to the draft text for the Framework Convention on Tobacco Control (FCTC) issued yesterday by the Chair of the Intergovernmental Negotiating Body (INB) that began its deliberations last October. Members of the Network for Accountability of Tobacco Transnationals (NATT), in Geneva to attend the World Health Organization (WHO) Executive Board meeting, briefed the press on the strengths—and glaring weaknesses—of the FCTC draft.

The treaty draft came forth as the WHO Executive Board failed to act on recommendations from the Committee of Experts' report on "Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization." The Executive Board passed on this opportunity to expand transparency of tobacco industry activities and affiliations—despite increasing support for such measures from member states including Switzerland, and in the face of startling new revelations about the continuing influence of tobacco transnationals like US-based Philip Morris over WHO and other UN agencies. For example, WHO's Derek Yach reported yesterday to Executive Board members on Philip Morris's strong ties to the International Life Sciences Institute (ILSI), an NGO in official relations with WHO.

"For too long, giant corporations like Philip Morris and B.A.T have strong-armed governments to derail policies that would stop this preventable epidemic. The success of the FCTC depends on committed, coordinated global action to overcome the transnationals' economic and political power. We are dismayed that the Executive Board ignored the Expert Committee recommendations, and alarmed that the draft text contains no measures to curb tobacco industry influence over public policy," says Kathryn Mulvey of the US-based corporate accountability organization InFACT. "US opposition to mild provisions for disclosure and monitoring of tobacco industry political activities is also an ominous indication of the new administration's direction on the FCTC—contradicting the January 18 executive order calling for 'strong action to address the potential global epidemic of diseases caused by tobacco use,'" Mulvey continues.

NATT members say the failure of the FCTC draft to address political influence only exacerbates its other weaknesses. "The section of the treaty draft on tobacco advertising and promotion is rubbish," notes Akinbode Oluwafemi of Environmental Rights Action (Nigeria). "These watered-down limits go against the experience and testimony of member states in favor of ending all forms of tobacco advertising, promotion, and sponsorship—and play right into the hands of the tobacco transnationals and their aggressive promotional schemes," Oluwafemi concludes.

Although the draft includes no specific text on tobacco industry liability for harm to public health and the environment, a guiding principle provides for each party to "determin[e] the scope of responsibility within its jurisdiction." According to Bejon Misra of Volunteer Organization in the Interest of Consumer Education (India), "The principle of 'polluter pays' is a basic consumer right which must be enshrined in the FCTC. It makes no sense for this matter to remain solely under national jurisdiction as

Press release on the Chairperson's draft FCTC

corporations based in the North shift the burden of tobacco-related disease and death to countries of the global South—many of whose GDPs are dwarfed by these corporations' annual revenues."

"In the Philippines intensified demand for good governance, accountability and transparency have led to the impeachment of the president. This demand is driving our call for a treaty that protects public health by insulating public policy from undue influence of the tobacco transnationals," says Jim Sharman of the Center for Alternative Development Initiatives. "On trade matters, the FCTC has the potential to prioritize the public interest over corporate interests by excluding tobacco from normal trade practices, but the current draft goes in the opposite direction," Sharman continues. Through the International Weeks of Resistance to Tobacco Transnationals leading up to the next INB meeting in April, NGOs in NATT plan to send a message to treaty negotiators to strengthen these provisions. Activities around the world will urge government delegations to hold tobacco transnationals accountable for their abuses, and reinforce the importance of several strong provisions in the current draft. According to NATT, these measures include the affirmation that the FCTC is a floor, not a ceiling, for national action; the promotion of alternative economic activities for tobacco workers and growers; and a provision for binding dispute resolution.

###

NATT includes over 50 consumer, human rights, environmental, faith-based, public health and corporate accountability organizations in more than 30 countries.

Founded in 1977, Infact organizes grassroots campaigns to hold transnational corporations accountable for life-threatening abuses. Through Infact's Kraft Boycott, consumers are pressuring Philip Morris directly to end its abusive tobacco promotion and influence-peddling. For more information about Infact, visit [www.infact.org](http://www.infact.org).

ERA/Friends of the Earth-Nigeria promotes environmentally responsible governmental, commercial, community and individual practice through the empowerment of local people.

An affiliate of Consumers International, VOICE's projects target a broad range of constituencies from schoolchildren to civil servants to the aged. CADI is a civil society organization advancing sustainable development, including poverty eradication, in the Philippines.

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*FCTC file*  
*S.J.C.*

**Subject: Comments on Chairman's Text**

**Date:** Mon, 29 Jan 2001 13:43:30 +0700

**From:** "FCTC Alliance" <FCTCalliance@inet.co.th>

**To:** "FCA Listserv" <fctcall@globalink.org>

Dear All

I hope you have all had the chance to have a look over the Chairman's Text of the FCTC which I am attaching in case some of you have had trouble viewing it.

Clearly there are considerable problems with the text, and it is important that we as FCA start developing text options on those areas where we can form agreement, something which is made easier with the agreement to the FCA statement.

If we can open up the floor for comments on the new draft we can begin the process.

I hope that by March we could come up with alternative texts for at least those areas of most importance to us which we can utilise as 'talking points' when lobbying our national delegates.

Looking forward to your response.

Belinda Hughes  
Coordinator  
Framework Convention Alliance  
www.fctc.org  
Tel: (66-2) 278 1828  
Fax: (66-2) 278 1830

|                                              |                                                                                                       |
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# WORLD HEALTH ORGANIZATION

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

A/FCTC/INB2/2  
9 January 2001

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## Chair's text of a framework convention on tobacco control

### A. *Preamble*

(to be formulated at a later session of the Intergovernmental Negotiating Body)

### B. *Definitions*

(to be formulated at a later session of the Intergovernmental Negotiating Body)

### C. *Objective*

The ultimate objective of this Convention and of the related protocols is to provide a framework for integrated tobacco-control measures to be implemented through the engagement of the Parties in order continually and substantially to reduce the prevalence of tobacco use and thus protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

### D. *Guiding principles*

In their actions to achieve the objective of this Convention and to implement its provisions, the Parties shall be guided *inter alia* by the principles set out below:

1. Reducing the current impact, and halting the growth, of tobacco consumption is crucial in protecting the health of individuals, as well as national and global public health, and requires comprehensive multisectoral national actions and coordinated international responses.
2. Every person should be fully informed about the addictive and lethal nature of tobacco consumption, and non-smokers should be adequately protected from exposure to tobacco smoke.
3. The importance of technical cooperation in helping to establish and implement effective tobacco-control programmes in Parties in which public health resources are limited should be recognized.
4. The importance of financial assistance to aid the economic transition of tobacco growers and workers that may be displaced as a future consequence of successful tobacco-control programmes should be recognized.
5. Tobacco-control measures should not constitute a means of arbitrary or unjustifiable discrimination in international trade.



6. The tobacco industry should be held responsible for the harm its products cause to public health and the environment, with each Party determining the scope of such responsibility within its jurisdiction.<sup>1</sup>
7. The participation of all elements of civil society is essential in achieving the objective of this Convention.
8. The provisions of this Convention should be recognized as minimum standards, and Parties are encouraged to implement measures beyond those required by the Convention.

#### **E. General obligations**

1. Each Party shall develop, implement, periodically update and enforce, where appropriate, comprehensive, multisectoral, national tobacco-control strategies, policies, legislation and other measures, such as standards, in accordance with the provisions of this Convention and, as relevant, its protocols.
2. To this end each Party shall, to the extent possible within the means at its disposal and its capabilities:
  - (a) establish or, where it already exists, reinforce, and adequately finance a national coordinating mechanism for tobacco control, with inputs from relevant government and civil society sources;
  - (b) adopt legislative, executive and administrative measures and cooperate with other Parties in harmonizing appropriate policies;
  - (c) reduce tobacco consumption and exposure to tobacco smoke in accordance with the provisions of this Convention and, as relevant, its protocols.
3. The Parties shall undertake to adopt legislative, executive and administrative measures to regulate and to prohibit the export of tobacco products that do not conform to the exporting country's own domestic standards.
4. The Parties shall cooperate in the formulation of agreed measures, procedures and standards for the implementation of this Convention.
5. The Parties shall cooperate with competent international bodies in order to implement effectively this Convention and the protocols to which they are parties.
6. The provisions of the Convention shall in no way affect the right of Parties to adopt domestic measures in addition to those referred to above, nor shall they affect measures already taken by a Party, provided that such measures are compatible with its obligations under this Convention and the protocols to which it is a party.

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<sup>1</sup> **Chair's note:** As announced during the first session of the Intergovernmental Negotiating Body, WHO is convening a panel of legal experts to make recommendations to the Negotiating Body on the nature and scope of potential liability and compensation provisions.

7. The provisions of the Convention shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to this Convention, provided that such agreements are compatible therewith. Copies of such agreements shall be communicated to the secretariat of the Convention by the Parties concerned.

**F. Price and tax measures to reduce the demand for tobacco**

1. The Parties recognize that price measures are an effective mechanism to reduce tobacco consumption, and that progressive harmonization of tobacco product prices is an important means of discouraging illicit traffic in tobacco products.

2. Each Party shall, to the extent possible within the means at its disposal and its capabilities, adopt legislative, executive and administrative measures, and cooperate with other Parties in harmonizing appropriate tax policies, in order to reduce tobacco consumption and exposure to tobacco smoke. Such measures and policies shall include the following:

- (a) prohibition of tax-free and duty-free sales of tobacco products;
- (b) imposition of taxes on tobacco products so as to achieve a stable and continuous reduction in tobacco consumption;
- (c) adoption of other price and tax measures that may be recommended by the Conference of the Parties.

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

1. Each Party shall, to the extent possible within the means at its disposal and its capabilities, adopt legislative, executive and administrative measures, and cooperate with other Parties in harmonizing appropriate non-price policies, in order to reduce tobacco consumption and exposure to tobacco smoke. Such measures and policies shall include the following:

*(Passive smoking)*

- (a) implementation of legislation and other effective measures at the appropriate governmental level that provide for systematic protection from exposure to tobacco smoke in indoor workplaces, enclosed public places, and public transport, with particular attention to special risk groups such as children and pregnant women;

*(Regulation of contents of tobacco products)*

- (b) adoption of standards for the regulation of the contents of tobacco products, including standards for testing and measuring, designing, manufacturing and processing such products, and cooperation in the development and harmonization of such standards under the auspices of the World Health Organization;

*(Regulation of tobacco-product disclosures)*

- (c) implementation and taking of necessary steps to enforce measures for tobacco-product disclosures by all manufacturers, including all ingredients and additives, and major constituents

of tobacco smoke, and promotion of availability of such information to the public. Each Party shall apply these measures to all tobacco products manufactured or sold under its jurisdiction;

*(Packaging and labelling)*

(d) adoption of appropriate measures to ensure that:

- (i) the terms "low tar", "light", "ultra light", "mild" or any other similar term that has the aim or the direct or indirect effect of conveying the impression that a particular tobacco product is less harmful than others are not used on any unit packet or package of tobacco products;
- (ii) tobacco packaging and labelling does not otherwise promote a tobacco product by any means that are false, misleading or deceptive or that are likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;
- (iii) each unit packet or package of tobacco products carries the statement and product information specified in Article [Measures Related to the Supply of Tobacco];
- (iv) each unit packet or package of tobacco products carries a general health warning, including a picture or pictogram illustrating the harmful consequences of tobacco consumption, in accordance with Annex [INSERT]; these warnings shall:
  - (1) clearly indicate the prohibition of sales of tobacco products to persons under the age of 18;
  - (2) provide clear information about the toxic contents of the tobacco product, specifically tar, nicotine and carbon monoxide, including actual measurements of smoke yields;
  - (3) appear in the principal language or languages of the country in whose territory the product is placed on the market.

*(Education, training and public awareness)*

(e) facilitation and strengthening of education, training, and public awareness campaigns, including counter-advertising. To this end, each Party shall, as appropriate:

- (i) develop and assure universal access to effective and comprehensive educational and public awareness programmes on the health risks of tobacco consumption and exposure to tobacco smoke, that include the use of various print and audiovisual media;
- (ii) ensure that the general public and, notably, children, young persons, and vulnerable groups are fully informed about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of smoking cessation and tobacco-free lifestyles;
- (iii) facilitate public access to information on the tobacco industry;
- (iv) develop and implement effective and appropriate training programmes on tobacco control for health professionals, educators and other concerned persons;

(v) develop and implement effective and appropriate promotion and prevention measures for tobacco control designed for students at various levels of education;

(vi) endeavour to promote the participation of public agencies and nongovernmental organizations in the development of strategies for tobacco control.

*(Advertising, promotion and sponsorship)*

2. In addition to obligations related to other non-price measures specified in Article [INSERT], all Parties shall commit themselves specifically to:

(a) prohibiting all forms of direct and indirect tobacco advertising, promotion and sponsorship targeted at persons under the age of 18;

(b) imposing strict restrictions on all forms of direct and indirect tobacco advertising, promotion and sponsorship targeted at persons 18 years of age and older, including incentives such as gifts, coupons, rebates, competitions and frequent-purchaser programmes, with the aim of reducing the appeal of tobacco products to all segments of society;

(c) requiring that tobacco companies disclose all expenditures on advertising and promotion and make those figures available to the public;

(d) adopting national measures and imposing appropriate regulatory restrictions to ensure that tobacco advertising, promotion and sponsorship does not promote a tobacco product by any means that are false, misleading or deceptive or that are likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;

(e) adopting measures and imposing appropriate regulatory restrictions in order progressively to phase out tobacco sponsorship of sporting and cultural events;

(f) adopting national measures and cooperating in order to phase out cross-border advertising, promotion and sponsorship, including, *inter alia*, tobacco advertising, promotion and sponsorship on cable and satellite television, the Internet, newspapers, magazines and other printed media.

3. The Conference of the Parties shall initiate the preparation of a protocol setting out appropriate rules and procedures in the area of tobacco advertising, promotion and sponsorship.<sup>1</sup>

4. The Conference of the Parties shall initiate the preparation of a protocol setting out appropriate rules and procedures in the areas of regulation of the contents of tobacco products, tobacco-product disclosures, and packaging and labelling of tobacco products.<sup>1</sup>

#### ***H. Demand reduction measures concerning tobacco dependence and cessation***

1. Each Party shall take all practical and effective measures to treat tobacco dependence and to promote cessation of tobacco use.

<sup>1</sup> This provision would be omitted if the Intergovernmental Negotiating Body prepares a protocol on this subject to be adopted simultaneously with the Convention.



2. Taking into account national circumstances and priorities, each Party shall undertake the following measures:

- (a) implementation of promotional and educational campaigns aimed at encouraging cessation of tobacco use;
- (b) integration of treatment of tobacco dependence and routine advice on cessation of tobacco use into all national health programmes, plans and strategies, including primary care programmes, reproductive health programmes such as "safe motherhood", and tuberculosis control programmes. Support for such actions shall be provided by health professionals, including physicians, health practitioners, nurses, pharmacists, community workers and social workers, based on primary care in rural and urban areas;
- (c) establishment, as a priority in health centres, of programmes for diagnosis, medical advice and treatment of tobacco dependence.

**1. Measures related to the supply of tobacco**

*(Illicit trade in tobacco products)*

1. The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling and counterfeiting, is an essential component of tobacco control.

2. The Parties agree that measures to this end shall be transparent, non-discriminatory and implemented in accordance with their international obligations.

3. Each Party shall adopt appropriate measures to ensure that all unit packets or packages of tobacco products and any outside packaging of tobacco products for retail or wholesale use that are sold or manufactured under its jurisdiction:

- (a) carry a statement indicating the name of the manufacturer, the country of origin, and the product batch-number, including the date of production and expiry;
- (b) carry the statement: "Sales only allowed in [the country where the product is to be placed on the market]."

4. Each Party shall adopt appropriate measures to ensure that the packaging information specified in paragraph 3 above shall appear in the principal language or languages of the country in whose territory the product is placed on the market.

5. Each Party shall undertake the following legislative, executive, and administrative measures in order to prevent and combat illicit trade in tobacco products:

- (a) monitoring and collection of data on cross-border trade in tobacco products, including illicit trade;
- (b) enactment and/or strengthening of criminal legislation, with appropriate penalties, that prohibits the production of, and trade in counterfeit and contraband cigarettes and other such tobacco products, and taking of appropriate steps to enforce such prohibition;

(c) appropriate steps to ensure that all confiscated counterfeit and contraband cigarettes and other such tobacco products are destroyed.

6. The Parties shall strengthen cooperation between different national and international agencies in promoting investigations, judicial prosecutions and proceedings relating to illicit trade in tobacco products. The Parties shall further cooperate to promote regular exchange of information to prevent such trade pursuant to Annex [INSERT] to this Convention.

7. The Conference of the Parties shall initiate the preparation of a protocol setting out appropriate rules and procedures for the elimination of all forms of illicit trade in tobacco products.<sup>1</sup>

*(Elimination of sales to and by young persons)*

8. Each Party shall prohibit tobacco sales to persons under the age of 18. To this end, each Party shall:

(a) require that all sellers of tobacco products request that each tobacco purchaser provide appropriate evidence of having reached the age of 18;

(b) prohibit tobacco vending-machines in locations accessible to any person under the age of 18.

9. Each Party shall take appropriate measures to prohibit the sale of tobacco products by persons under the age of 18.

10. Each Party shall, to the extent possible within the means at its disposal and its capabilities, prohibit the sale of cigarettes individually or in packets of fewer than 20 cigarettes.

11. Each Party shall implement appropriate legal and other measures to verify compliance with paragraphs 8 to 10 above. Such measures shall include appropriate penalties against sellers and distributors for the violation of measures prohibiting sales of tobacco products to persons under the age of 18.

12. Each Party shall take appropriate legal and other measures to ensure that no criminal penalties are imposed against persons under the age of 18 for buying and selling tobacco products.

*(Licensing)*

13. The Parties recognize that an effective licensing system for retailers of tobacco products is an important mechanism to curb illicit trade in tobacco products and to prevent sales of tobacco products to children and young persons.

14. Each Party shall, to the extent possible within the means at its disposal and its capabilities, adopt legislative, executive and administrative measures to licence all tobacco-product retailers.

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<sup>1</sup> This provision would be omitted if the Intergovernmental Negotiating Body prepares a protocol on this subject to be adopted simultaneously with the Convention.

*(Government support for tobacco manufacturing and agriculture)*

15. Each Party shall gradually eliminate subsidies for tobacco growing and manufacturing of tobacco products and, in accordance with the means at its disposal and its capabilities, promote alternative economic activities for tobacco workers and growers.

**J. Compensation and liability**

[Chair's note: As announced during the first session of the Intergovernmental Negotiating Body, WHO is convening a panel of legal experts to make recommendations to the Negotiating Body on the nature and scope of potential liability and compensation provisions.]

**K. Surveillance, research and exchange of information**

1. The Parties shall establish joint or complementary programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption. To the extent possible, the Parties shall integrate tobacco surveillance programmes into national, regional and global health surveillance programmes. To this end, each Party shall, in accordance with the means at its disposal and its capabilities:

(a) establish, progressively and as appropriate, a national system for the epidemiological surveillance of tobacco consumption, periodically updating economic and health indicators so as to monitor the evolution of the problem and the impact of tobacco consumption control;

(b) cooperate with international bodies, including the World Health Organization, in regional and global tobacco surveillance and exchange of information on the indicators specified in Annex [INSERT].

2. The Parties undertake to develop, promote and coordinate as far as possible national, regional and global research programmes for the purpose of this convention. To this end, each Party shall, in accordance with the means at its disposal and its capabilities:

(a) initiate and cooperate, directly or through competent international bodies, in the conduct of research and of scientific assessments, as detailed in Annex [INSERT];

(b) promote and encourage research that contributes to reducing tobacco consumption and harm from tobacco use, particularly in developing countries, taking fully into account the recommendations of the Conference of the Parties.

3. The Parties shall facilitate the exchange of information, taking into account the special needs of developing countries. To this end, the Parties, in accordance with their national legislation and without prejudice to their obligations under other applicable international agreements, shall, within the framework of the Conference of the Parties and bilaterally, promote and cooperate in the full, open and prompt exchange of scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry, relevant to this convention. Each Party shall, in accordance with the means at its disposal and its capabilities:

(a) compile and maintain a database of national and subnational laws and regulations on tobacco control and enforcement, and cooperate in the development of complementary programmes for national, regional and global tobacco control;

(b) compile and maintain a base of data from national surveillance programmes in accordance with Article [INSERT] above.

4. Information to be exchanged pursuant to Article [INSERT] above shall be provided to the Conference of the Parties.

#### **L. Scientific, technical and legal cooperation**

1. Each Party shall cooperate, in accordance with its national laws, regulations, practices and international obligations, and taking particular account of the needs of developing countries, in promoting, directly or through the secretariat of the Convention or other competent international bodies, the following:

(a) facilitation of the development, transfer and acquisition of technology related to tobacco control by other Parties;

(b) provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco-control programmes, policies and measures aiming at, *inter alia*:

(i) building a strong legislative foundation as well as technical programmes, and assisting in the treatment of tobacco dependence;

(ii) assisting tobacco workers in the development of alternate livelihoods;

(iii) assisting tobacco growers in shifting agricultural production to alternate crops in an economically viable manner;

(iv) carrying out other activities to achieve the objective of this convention and its protocols;

(c) support for the establishment and maintenance of training programmes for appropriate personnel as provided in Article [INSERT];

(d) supply of necessary equipment for tobacco-control programmes and activities.

2. The Conference of the Parties shall determine how to establish a mechanism to promote and facilitate scientific, technical and legal cooperation.

#### **M. Conference of the Parties**

1. A Conference of the Parties is hereby established. The first session of the Conference shall be convened by the Director-General of the World Health Organization not later than one year after the entry into force of this convention. Thereafter, ordinary sessions of the Conference shall be held every year [and convened in conjunction with the World Health Assembly] unless otherwise decided by the Conference.

2. Extraordinary sessions of the Conference of the Parties shall be held at such other times as may be deemed necessary by the Conference, or at the written request of any Party, provided that, within six months of the request being communicated to them by the secretariat of the Convention, it is supported by at least one-third of the Parties.



3. [The rules of procedure of the Conference of the Parties and of any subsidiary body shall be the Rules of Procedure of the World Health Assembly.] The Conference shall agree upon and adopt by [simple majority vote][two-thirds majority vote] [rules of procedure and] financial rules for itself and for any subsidiary body it may establish.

4. The Conference of the Parties shall keep under regular review the implementation of this convention and its protocols and take the decisions necessary to promote the effective implementation of these instruments [and may adopt protocols, annexes and amendments to the convention, its protocols and annexes in accordance with Article [Development of the convention]]. To this end, it shall:

(a) periodically examine the obligations of the Parties and the institutional arrangements under the convention, in the light of its objective, the experience gained in its implementation, and the evolution of scientific and technological knowledge, as well as prevailing socioeconomic conditions;

(b) promote and facilitate the exchange of information pursuant to Article [Surveillance, Research and Exchange of Information];

[(c) facilitate, at the request of two or more Parties, the coordination of measures adopted by them relevant to the implementation of this Convention and any applicable protocols;]

(d) promote and guide the development and periodic refinement of comparable methodologies, in addition to those provided for in Article [Surveillance, Research and Exchange of Information] and Annexes [INSERT], relevant to the implementation of the Convention and its protocols;

[(e) promote, in accordance with Articles [INSERT] as appropriate, the harmonization of appropriate strategies, plans, programmes, policies, legislation and other measures;]

(f) promote programmes to assist Parties in implementing their obligations pursuant to Articles [INSERT];

(g) assess the implementation of the provisions of this Convention and its protocols by the Parties, on the basis of information made available in accordance with Article [Reporting and Implementation];

(h) consider and adopt regular reports on the implementation of the Convention and its protocols and arrange for their distribution;

(i) make recommendations to the Parties, the World Health Organization, other United Nations bodies and other international organizations and bodies on any matters necessary for the implementation of the Convention and its protocols;

(j) seek to mobilize financial resources to support secretariat services pursuant to Article [Secretariat] and to support the implementation of the Convention and its protocols in accordance with Articles [Financial Resources; Reporting and Implementation];

[(k) establish such subsidiary bodies as it deems necessary for the implementation of the Convention, review their reports, and provide guidance to them;]

(l) seek and utilize, where appropriate, the services and cooperation of, and information provided by, competent intergovernmental and nongovernmental organizations and bodies as a means of monitoring activities under the convention and its protocols;

(m) exercise such other functions as are required for achieving the objective of the convention, as well as all other functions assigned to it thereunder.

[5. The United Nations, specialized agencies of the United Nations, regional economic integration organizations not parties to the convention, nongovernmental organizations qualified in matters covered by the convention, as well as any State not party to this Convention, may be represented by observers at meetings of the Conference of the Parties, subject to the relevant Rules of Procedure and decisions of the Conference of the Parties.]

#### *N. Secretariat*

1. The secretariat of this Convention shall be provided by the World Health Organization.
2. The functions of the secretariat shall be:
  - (a) to make arrangements for sessions of the Conference of the Parties and its subsidiary bodies and to provide them with services as required;
  - (b) to compile and transmit reports submitted to it pursuant to this Convention and any of its protocols;
  - (c) to facilitate support to the Parties, particularly developing-country Parties, on request, in the compilation and communication of information required in accordance with the provisions of this Convention;
  - (d) to prepare reports on its activities under this Convention and any of its protocols and submit them to the Conference of the Parties;
  - (e) to ensure, under the overall guidance of the Conference of the Parties, the necessary coordination with other relevant international bodies;
  - (f) to enter, under the overall guidance of the Conference of the Parties, into such administrative and contractual arrangements as may be required for the effective discharge of its functions;
  - (g) to perform the other secretariat functions specified in this Convention and in any of its protocols and such other functions as may be determined by the Conference of the Parties.

#### *O. Support by the World Health Organization*

1. The Conference of the Parties may call upon the World Health Organization to provide technical cooperation in achieving the objective of this Convention or in connection with questions falling within its mandate arising out of the application of the Convention and its protocols. The Organization shall accord such support in accordance with its programmes and within the limits of its resources.

2. The World Health Organization may, on its own initiative, make proposals to the Conference of the Parties.

**P. Reporting and implementation**

1. In accordance with guidelines agreed upon by the Conference of the Parties, each Party shall submit to the Conference the following data:

(a) information on tobacco control institutions, strategies, plans, programmes, policies, legislation and other measures initiated or implemented in accordance with the provisions of Articles [INSERT], together with information on enforcement, where appropriate;

(b) information on steps to carry out actions taken in accordance with Article [Financial Resources];

(c) information on the economic, social and other consequences of various response strategies adopted to implement this convention and its protocols;

(d) information on measures, in addition to those described above, that the Party has taken to implement the provisions of this convention and their effectiveness in meeting its objective;

(e) description of measures planned by the Party to implement this convention.

2. Each developed-country Party and each other Party included in Annex [INSERT] shall make its initial report within six months of the entry into force for that Party of this Convention. Each Party not so listed shall make its initial report within two years of the entry into force for that Party of the Convention. The frequency of subsequent communications by all Parties shall be determined by the Conference of the Parties, taking into account the differentiated timetable set by this paragraph.

3. To assist the Conference of the Parties in the monitoring, assessment and review of the effective implementation of this Convention, the Conference may establish a subsidiary body which shall report regularly to the Conference. The guidelines for participation in this body, as well as its monitoring functions, will be determined by the Conference.

4. In order to provide timely advice in the implementation of this Convention, the Conference of the Parties may, as it deems necessary, appoint, taking into account the rules and practices of the World Health Organization, ad hoc panels to provide it with information and advice on specific issues regarding the current state of fields of science and technology relevant to the objective of the Convention. The members of these panels shall be appointed by the Conference on the recommendation of the Director-General of the World Health Organization, and shall serve in their personal capacity. The Conference shall decide on the terms of reference and the modalities of work of these panels.

5. Starting at its first session, the Conference of the Parties shall arrange for the provision to developing-country Parties of technical support, on request, in compiling and communicating information under this Article. Such support may be provided by other Parties, by competent international organizations and by the secretariat, as appropriate.

### ***Q. Financial resources***

1. Each Party undertakes to provide financial support and incentives in respect of its national activities intended to achieve the objective of this Convention, in accordance with its national plans, priorities and programmes.

2. A voluntary mechanism for the provision of financial resources on a grant or concessional basis, including the transfer of technology, is hereby established to function under the guidance of, and be accountable to, the Conference of the Parties. Its operation shall be entrusted to the World Health Organization. Pursuant to the objective of this Convention, the Conference shall determine the policy, strategy and programme priorities, as well as detailed criteria and guidelines for eligibility for, access to, and use of, the financial resources, including regular monitoring and evaluation of such use. The Conference shall decide on the arrangements to give effect to this provision after consultation with the World Health Organization.

3. The Parties recognize the important role that bilateral, regional and other channels can play in achieving the objective of this Convention. They shall consider providing, in accordance with their capabilities and national law, voluntary funding through such channels for comprehensive tobacco-control programmes in support of this objective, taking into account the needs of developing countries.

[4. The Parties recognize that developed-country Parties that export manufactured tobacco products, or have branches of international tobacco companies exporting tobacco products from third countries, have a special responsibility to provide technical support to developing-country Parties to strengthen their national tobacco control programmes.]

### ***R. Settlement of disputes***

1. If a dispute arises between two or more Parties concerning the interpretation or application of this Convention or any of its protocols, those Parties shall consult among themselves with a view to resolving the dispute by negotiation.

2. If the parties to the dispute cannot reach agreement by negotiation, they may jointly seek the good offices of, or request mediation by, a third party.

3. Failure to reach agreement by negotiation or mediation shall not absolve parties to the dispute from the responsibility of continuing to seek to resolve it. When ratifying, accepting, approving or acceding to this Convention, or at any time thereafter, a State or regional economic integration organization may declare in writing to the Depository that, for a dispute not resolved in accordance with paragraph 1 or 2 above, it accepts, as compulsory, arbitration in accordance with procedures to be adopted by the Conference of the Parties.

4. [If all the parties to the dispute have not, in accordance with paragraph 3 above, accepted arbitration, the dispute shall, unless the parties otherwise agree, be submitted to conciliation. A conciliation commission shall be established as set out in paragraph 5 below at the request of one or more parties to the dispute.]

5. Unless the parties agree otherwise:

(a) If the dispute is between two parties, each party shall appoint one member of the commission, and the two members so appointed shall appoint a third, who shall serve as chair.



If within three months of the appointment of the first member the second member has not been appointed, or within three months of the appointment of the second member the third has not been appointed, such appointment shall be made by [INSERT] at the request of either party.

(b) If the dispute is between more than two parties, the parties shall agree on three members of the commission and designate one of these as chair. If within three months of the first request for the establishment of the commission no such agreement shall have been reached, the members of the commission shall be appointed and the chair designated by [INSERT] at the request of any party.

6. Unless the parties agree otherwise, all matters concerning the conciliation shall be determined by the commission, acting by simple majority. The commission shall render a recommendatory award, which the parties shall consider in good faith.]

7. The provisions of this Article shall apply with respect to any protocol, unless otherwise provided therein.

**S. Development of the Convention**

[To be formulated at a later session of the Intergovernmental Negotiating Body]

**T. Final Clauses**

[To be formulated at a later session of the Intergovernmental Negotiating Body]

= = =



14.6

WHO Summary of INB1 and Executive Decision on NGO Involvement in INB

**Subject: WHO Summary of INB1 and Executive Decision on NGO Involvement in INB**  
Date: Tue, 23 Jan 2001 19:33:59 +0700  
From: "FCTC Alliance" <FCTCAlliance@inet.co.th>  
To: "FCA Listserv" <fctcall@globalink.org>


Dear All


Attached are two WHO documents relating to the FCTC and NGO involvement in the FCTC which you can find on the WHO website at <https://www.who.int/wha-1998/IntWhaEB/intro.html>.


The first is document (EB107/35) is the Report to the Secretariat regarding the public hearings, INB1 and other FCTC related activities of the WHO.

The second document (EB107/19) is the Report of the Standing Committee on Non-governmental organisations which looks at the question of NGO involvement in the FCTC at the INE. The Executive Board has decided to authorise the Chairman of the Executive Board, acting jointly with the Chairman of the Standing Committee, to admit provisionally NGO's into official relations. Please see the document attached for conditions and requirements of this provisional status. This seems to be a very good outcome for us.

Regards  
Belinda Hughes

 WHO Executive Summary.pdf Name: WHO Executive Summary.pdf  
Type: Acrobat (application/pdf)  
Encoding: base64

 Report of Standing Committee on NGO.pdf Name: Report of Standing Committee on NGO.pdf  
Type: Acrobat (application/pdf)  
Encoding: base64

SDR  
RC/IN  
183 AS  
24/01  


Re: internet advertising and sales

**Subject: Re: internet advertising and sales**

Date: Fri, 16 Feb 2001 18:56:02 -0000

From: "Clive Bates" <clive.bates@dial.pipex.com>

Organization: ASH

To: "Robert Weissman" <rob@milan.essential.org>

CC: "FCTC Alliance" <fctcall@globalink.org>

Rob - good to see you in DC, albeit briefly.

Internet regulation - a very tricky problem this. We are trying to tackle it here in UK in our legislation currently going through parliament - this is how it stands at present - subject to amendment.  
<http://www.parliament.the-stationery-office.co.uk/pa/cm200001/cmbills/041/2001041.htm>

2. (1) A person who in the course of a business publishes a tobacco advertisement, or causes one to be published, in the United Kingdom is guilty of an offence.  
[...]

2.(5) It is not an offence under subsection (1) for a person who does not carry on business in the United Kingdom to publish or cause to be published a tobacco advertisement by means of a website which is accessed in the United Kingdom; and, in that case, devising the advertisement or causing it to be devised is not an offence under subsection (2).

7. The Secretary of State may by order amend any provision of this Act if he considers it appropriate to do so in consequence of any developments in technology relating to publishing or distributing by electronic means.

6. (1) A person who in the course of a business displays tobacco products or causes them to be displayed in a place or on a website where tobacco products are offered for sale is guilty of an offence if the display does not comply with such requirements (if any) as may be specified by the appropriate Minister in regulations.

8. (2) It is not an offence under subsection (1) for a person who does not carry on business in the United Kingdom to display or cause to be displayed tobacco products or their prices by means of a website which is accessed in the United Kingdom.

6. (3) The regulations may, in particular, provide for the meaning of "place" in subsection (1).

6. (4) The regulations must make provision for a display which also amounts to an advertisement to be treated for the purpose of offences under this Act-

- (a) as an advertisement and not as a display, or
- (b) as a display and not as an advertisement.

[It's not perfect and depends on what is said in the regulations and the latter clauses are designed to be e-commerce friendly - hence the distinction between display and advertising.] But I think it is based on the following logic...

Regulating the ISPs, or states where servers are located, or trying to firewall countries etc is, I think, a losing strategy - they will always find some way to do it. However, even the virtual world has to touch down on terra firma somewhere. What states can do is regulate the companies in the countries where they are operating. When the UK wanted to keep out a Dutch hard-core porn satellite channel, it made it an offence to sell the decoders and pay-per-view subscriptions in the UK. In the tobacco case - if someone sets up a web site in some lawless corner of Moldova promoting brands available in the UK, we could fine the companies operating in the UK [PM, BAT, Gallaher, Imperial etc] for publishing or having others publish adverts whose aim or effect is to promote a tobacco product in the UK - even if this was not the intention or sole intention. Ideally we should draft legislation that would do this without even mentioning the internet (and



therefore running up against the internet freedom movement). The same would apply to pirate radio or satellite TV - which I think are conceptually similar, though these are more readily addressed with technology (jamming). Note that sub clause 2.5 and 8.2 provides the defence of not operating in Britain, but still makes it illegal if a UK company 'to display/publish or cause to be displayed/published'.

Admittedly this represents a degree of extra-territoriality which some would find troubling, but I think this would be workable, especially if a big enough bloc did it. Of course, it turns the globally unmanageable monster of the internet on its head - if one country objects to BAT's internet advertising, then BAT either loses the global reach of the internet or it loses that market. The pervasive reach of the internet becomes a barrier and disadvantage.

Also - the recent Yahoo! Nazi memorabilia case is one to watch.  
<http://www.cnn.com/2000/LAW/12/22/yahoo.nazi.auctions.tech.ap/>

Finally, did I draw your attention to BAT's City Gorilla internet concept? See [www.citygorilla.com](http://www.citygorilla.com) for their prototype Polish site and [www.citygorilla.org](http://www.citygorilla.org) for our counter site (silly old multi-billion dollar BAT forgot to register the citygorilla.org domain for \$60, thus potentially compromising the \$4 million citygorilla.com internet venture).

Cheers

Clive Bates  
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Fax: +44-(0)20-7613 0531  
Mob: +44-(0)7786 791237  
Web: <http://www.ash.org.uk/>

----- Original Message -----

From: "Robert Weissman" <[rob@milan.essential.org](mailto:rob@milan.essential.org)>  
To: <[fcftcall@globalink.org](mailto:fcftcall@globalink.org)>  
Sent: 16 February 2001 5:06  
Subject: internet advertising and sales

| This is not particularly raised in relation to the delegate briefings.  
| Are any among us looking at the issue of internet advertising trade sales?  
| Is WHO? There are extremely difficult issues here, with an absolute need  
| for international regulation.

|  
| Robert Weissman <[rob@essential.org](mailto:rob@essential.org)>  
| Essential Information  
| P.O. Box 19405, Washington, DC 20036, USA  
| Tel: 1-202-387-8030  
| Fax: 1-202-234-5176  
| [www.essential.org](http://www.essential.org)

**Subject: Chair's text - some thoughts on mechanisms to assist developing countries**

**Date: Tue, 13 Mar 2001 17:29:04 -0000**

**From: "Emma Must" <emma\_must@yahoo.co.uk>**

**To: "FCA listserv" <fctcall@globalink.org>**

Friends,

Going through the Chair's text I am struck that very often it is watered down by making it optional for countries to introduce measures, using language such as "to the extent possible in accordance with the means at its disposal and its capabilities".

An alternative would be to make many of the measures mandatory but to also explicitly provide technical and financial assistance to countries which need it, through specified mechanisms. The convention could spell this out under each measure, using language such as "with technical assistance provided by the Clearing House Mechanism and financial assistance provided by the Financial Mechanism, where needed, each party shall....(introduce such and such measure)"

The treaty should then also explicitly provide for the establishment of a "technical assistance mechanism" (eg a Clearing House Mechanism) and a "Financial Mechanism" within the text. Other conventions and protocols do this - there's no reason why the FCTC can't. (Please see summary of how 4 other conventions address these issues at the end of this message).

This is not the same as removing national choice on certain issues eg treatment of tobacco dependence, where it may be politically important to retain language such as "taking into account national circumstances and priorities."

I'd be interested in hearing views of others in FCA about this, especially colleagues in developing countries, and also in hearing what delegates said on this during INBl. I'm also happy to work with others on developing specific language on mechanisms if anyone fancies it. (I can send you an easier to read version of the note below if you like) I definitely think it is worth getting more on mechanisms to assist developing countries in the text of the convention - including naming the mechanisms. Especially for the FCTC, I don't think we should leave this to be dealt within any Protocols as they will deal with very specific narrow areas of tobacco control (- eg we don't want financial mechanism to apply just to advertising bans, but to all of tobacco control).

All the best

Emma

=====

Here's the techy bit:

Other treaties and how they deal with 1) Financial Mechanism and 2) Exchange of information; scientific, technical and legal cooperation

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Vienna Convention and Montreal Protocol (Ozone Depletion)

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[www.unep.org/ozone/vc-text.shtml](http://www.unep.org/ozone/vc-text.shtml)

[www.unep.org/ozone/montreal.shtml](http://www.unep.org/ozone/montreal.shtml)

1) Financial mechanism

*file FCTC*  
*to: [initials] FN*  
*14/3/01*  
*MB*

Montreal Protocol - creates a Multilateral Fund and specifies other multilateral, regional and bilateral cooperation. Explicitly requires developed countries to contribute to the fund, which is for the benefit of developing countries.

2) Exchange of info; scientific, technical and legal cooperation  
- Is included in VC, but no body is specified  
- In MF is specifically linked to the financial mechanism which is explicitly "for the purposes of providing financial and technical co-operation, including the transfer of technologies"  
- London Amendment (1990) created the Financial Mechanism, which is explicitly to assist developing countries and "meets the incremental costs of developing countries (on a specified list) to implement the control measures of the Protocols and finances all clearing house functions i.e. country studies, technical assistance, information, training and costs of the Fund Secretariat"

BEST BIT: PROTOCOL CREATES MULTILATERAL FUND FOR BENEFIT OF DEVELOPING COUNTRIES TO FACILITATE VARIOUS FORMS OF TECHNICAL ASSISTANCE

Basel Convention (Hazardous Wastes)

---

[www.basel.int](http://www.basel.int)

1) Financial Mechanism and 2) Exchange of info; scientific, technical and legal cooperation

- Convention specifies that "regional or sub-regional centres for training and technology transfers regarding the management of hazardous wastes ..... should be established. The Parties shall decide on the establishment of appropriate funding mechanisms of a voluntary nature" - Article 14.

- The Convention also specifies that the Secretariat receives and conveys info to the parties about technical assistance, training etc. and offers assistance to the parties. Further specifies cooperation between the parties - Article 16

- Subsequently, Regional Centres for Training and Technology Transfer have been set up "to help countries implement the Basel Convention including providing guidance on technical and technological issues as well as advice...and encourage the introduction of cleaner technologies and the use of environmentally sound waste management practices" - Basel Basics at [www.basel.int/pub/basics.html](http://www.basel.int/pub/basics.html)

BEST BIT: REGIONAL CENTRES FOR TRAINING AND TECHNOLOGY TRANSFER SPECIFIED IN CONVENTION

Convention on Biological Diversity and Biosafety Protocol

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[www.biodiv.org](http://www.biodiv.org)

1) Financial mechanism

- Article 21 of the Convention "provides for a mechanism for the provision of financial resources to developing country Parties for purposes of this convention on a grant or concessional basis" [www.biodiv.org/financial/fm.asp](http://www.biodiv.org/financial/fm.asp)  
- At the first meeting of the Conference of the Parties to the Convention it was decided to use the Global Environment Facility as the institutional structure to operate the financial mechanism.

- The Biosafety Protocol explicitly says it will use the same financial mechanism as the Convention (Article 20). "Establishing a framework for capacity building to help developing countries participate fully in the protocol is also essential. An example of how this could be done is a \$39million project funded by the Global Environment Facility that the UNEP will implement over the next 3 1/2 years. This project will help 100 countries prepare their National Biosafety Frameworks and will facilitate the exchange of experience and best practices amongst developing countries



2) Exchange of info; scientific, technical and legal cooperation

- Article 16.3 of CBD says "The Conference of the Parties, at its first meeting, shall determine how to establish a Clearing-house mechanism to promote and facilitate technical and scientific cooperation". Includes: Scientific and Technical Cooperation; Technology Transfer; Information Exchange; Research Cooperation
- The CHM was subsequently set up by COP.
- CBD also established a Subsidiary Body on Scientific, Technical and Technological Advice - (SBSTTA) - under article 25 - to provide advice to the COP on implementation of the convention, including how to make it work for developing countries.
- Biosafety Protocol subsequently established a Biosafety Clearing House under the overall CBD's CHM.

BEST BITS: THE ESTABLISHMENT OF BOTH A CLEARING -HOUSE MECHANISM AND A FINANCIAL MECHANISM ARE PROVIDED FOR WITHIN THE CONVENTION ITSELF - (WITH DETAILS OF SETTING THEM UP BEING LEFT TO SUBSEQUENT MEETINGS OF THE CONFERENCE OF THE PARTIES)

Framework Convention on Climate Change and Kyoto Protocol

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[www.unfccc.de/resource/conv/conv.html](http://www.unfccc.de/resource/conv/conv.html)

1) Financial mechanism and 2) Exchange of info; scientific, technical and legal cooperation

- Article 4 of the FCCC says "The developed country Parties and other developed Parties included in Annex II shall provide new and additional financial resources to meet the agreed full costs incurred by developing country Parties in complying with their obligations under Article 12 paragraph 1. They shall also provide such financial resources including for the transfer of technology, needed by the developing country Parties to meet the agreed full incremental costs of implementing measures.....etc.
- Also separate Financial Mechanism article in the Convention.
- Convention establishes a Subsidiary Body for Scientific and Technological Advice which provides advice to COP
- Article 12.4 "Developing country Parties may, on a voluntary basis, propose projects for financing including specific technologies, materials, equipment, techniques or practices that would be needed to implement such projects..."

BEST BITS: DETAIL ON FINANCIAL RESOURCES TO FACILITATE TECHNICAL ASPECTS IS SPECIFIED WITHIN THE CONVENTION, AND DEVELOPING COUNTRIES ARE INVITED TO PROPOSE PROJECTS FOR FUNDING.

ANNEX

1) Montreal Protocol

Article 10: Financial mechanism

The Parties shall establish a mechanism for the purposes of providing financial and technical co-operation, including the transfer of technologies, to Parties operating under paragraph 1 of Article 5 of this Protocol to enable their compliance with the control measures set out in Articles 2A to 2E, and any control measures in Articles 2F to 2H that are decided pursuant to paragraph 1 bis of Article 5 of the Protocol. The mechanism, contributions to which shall be additional to other financial transfers to Parties operating under that paragraph, shall meet all agreed incremental costs of such Parties in order to enable their compliance with the control measures of the Protocol. An indicative list of the categories of incremental costs shall be decided by the meeting of the Parties. The mechanism established under paragraph 1 shall include a



and bilateral co-operation.

The Multilateral Fund shall:

- (a) Meet, on a grant or concessional basis as appropriate, and according to criteria to be decided upon by the Parties, the agreed incremental costs;
- (b) Finance clearing-house functions to:
  - (i) Assist Parties operating under paragraph 1 of Article 5, through country specific studies and other technical co-operation, to identify their needs for co-operation;
  - (ii) Facilitate technical co-operation to meet these identified needs;
  - (iii) Distribute, as provided for in Article 9, information and relevant materials, and hold workshops, training sessions, and other related activities, for the benefit of Parties that are developing countries; and
  - (iv) Facilitate and monitor other multilateral, regional and bilateral co-operation available to Parties that are developing countries;
- (c) Finance the secretarial services of the Multilateral Fund and related support costs.

The Multilateral fund shall operate under the authority of the Parties who shall decide on its overall policies.

The Parties shall establish an Executive Committee to develop and monitor the implementation of specific operational policies, guidelines and administrative arrangements, including the disbursement of resources, for the purpose of achieving the objectives of the Multilateral Fund. The Executive Committee shall discharge its tasks and responsibilities, specified in its terms of reference as agreed by the Parties, with the co-operation and assistance of the International Bank for Reconstruction and Development (World Bank), the United Nations Environment Programme, the United Nations Development Programme or other appropriate agencies depending on their respective areas of expertise. The members of the Executive Committee, which shall be selected on the basis of a balanced representation of the Parties operating under paragraph 1 of Article 5 and of the Parties not so operating, shall be endorsed by the Parties.

The Multilateral Fund shall be financed by contributions from Parties not operating under paragraph 1 of Article 5 in convertible currency or, in certain circumstances, in kind and/or in national currency, on the basis of the United Nations scale of assessments. Contributions by other Parties shall be encouraged. Bilateral and, in particular cases agreed by a decision of the Parties, regional co-operation may, up to a percentage and consistent with any criteria to be specified by decision of the Parties, be considered as a contribution to the Multilateral Fund, provided that such co-operation, as a minimum:

- (a) Strictly relates to compliance with the provisions of this Protocol;
- (b) Provides additional resources; and
- (c) Meets agreed incremental costs.

The Parties shall decide upon the programme budget of the Multilateral Fund for each fiscal period and upon the percentage of contributions of the individual Parties thereto. Resources under the Multilateral Fund shall be disbursed with the concurrence of the beneficiary Party. Decisions by the Parties under this Article shall be taken by consensus whenever possible. If all efforts at consensus have been exhausted and no agreement reached, decisions shall be adopted by a two-thirds majority vote of the Parties present and voting, representing a majority of the Parties operating under paragraph 1 of Article 5 present and voting and a majority of the Parties not so operating present and voting.

The financial mechanism set out in this Article is without prejudice to any future arrangements that may be developed with respect to other environmental issues.

Article 10A: Transfer of technology

technologies are expeditiously transferred to Parties operating under paragraph 1 of Article 8; and (b) that the transfers referred to in subparagraph (a) occur under fair and most favourable conditions.

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# WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD  
107th Session  
Provisional agenda item 9.7

EB107/30  
6 December 2000

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## WHO framework convention on tobacco control

### Report by the Secretariat

#### BACKGROUND

1. By resolution WHA52.18 the Fifty-second World Health Assembly established an Intergovernmental Negotiating Body, open to all Member States, to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols. The present report outlines key outcomes of the first session of the Negotiating Body. It also provides information on other WHO tobacco control activities in support of the framework convention process since the Executive Board's 106th session in May 2000.

#### PUBLIC HEARINGS ON THE FRAMEWORK CONVENTION

2. The first session of the Intergovernmental Negotiating Body was preceded by two days of public hearings. WHO received 514 written submissions. During the hearings, testimonies were given by representatives of 144 private sector and nongovernmental organizations and institutions, covering all regions of the world.

3. The hearings highlighted the key differences between the position of tobacco companies and related bodies and public health institutions and organizations on the role of taxes on tobacco products; the risk of environmental tobacco smoke and passive smoking; and the contribution of advertising to smoking, especially among youth. Most tobacco companies questioned whether the convention could be a single global regulation, citing national sovereignty, the appropriateness of regulation at the national level, and self-regulation. Representatives of public health institutions on the other hand, strongly argued that a truly viable tobacco control had to be global in reach, while respecting country and culture-specific solutions.

#### FIRST SESSION OF THE INTERGOVERNMENTAL NEGOTIATING BODY

4. The first session of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control (Geneva, 16 to 21 October 2000) was attended by representatives of 148 Member States, and observers from the European Community, nine other intergovernmental organizations, and 25 nongovernmental organizations.

5. The Negotiating Body elected Mr C.L. Nunes Amorim (Brazil) as Chairman. The representatives of six Member States – one from each WHO region – were elected to serve as Vice-

Chairmen: Australia, India, the Islamic Republic of Iran, South Africa, Turkey and the United States of America. The representatives of South Africa and Turkey were appointed to serve concurrently as Rapporteurs.

6. The Negotiating Body decided to begin its substantive work with a discussion on the proposed draft elements for the framework convention, as prepared by the working group on the framework convention (October 1999 and March 2000).<sup>1</sup> There was wide agreement that the final report of the working group<sup>2</sup> was a sound reference document for initiating negotiations.

7. The review of core obligations and guiding principles helped the discussion of what should be included in the framework convention itself and what might be included in protocols. It also provided guidance for the future work of the three working groups established by the Negotiating Body on the Chairman's proposal. Each of the three working groups will have two co-chairmen. The six co-chairmen will be chosen from each of WHO's six regions.

8. With regard to work between sessions, the Negotiating Body agreed that the Chairman should prepare a draft text indicating possible compromises and a reduced number of options as compared to the reference document,<sup>1</sup> as well as containing some reorganization of the draft elements, on the basis of comments made during the first session. Member States also called for technical work to be continued on such issues as trade, technical support to countries, compensation and liability, monitoring and implementation, and financial mechanisms.

9. Canada and Thailand co-chaired an informal working group on the question of extended participation of nongovernmental organizations in the work of the Negotiating Body, in accordance with resolution WHA53.16 and in response to demands for them to have a role in the negotiating process. A number of Member States expressed a preference for such organizations to participate in accordance with WHO's existing rules. On the recommendation of the informal working group, the Negotiating Body agreed to encourage the Executive Board to explore ways of expediting the review of applications for official relations from organizations seeking the necessary standing during the negotiations.

10. A feature of the Negotiating Body's work during the session was the vital role played by regional groups and the regional coordinators in linking discussions in the groups with plenary debates.

11. The Negotiating Body decided to hold its second session from 30 April to 5 May 2001.

## **OTHER ACTIVITIES RELATED TO THE FRAMEWORK CONVENTION PROCESS**

12. **Report of the Committee of experts on tobacco industry documents.** An inquiry by a committee of experts on tobacco industry documents, appointed by the Director-General, into whether WHO's global tobacco control policies had been adversely affected by tobacco industry practices aimed at influencing its funding, policy and research priorities, concluded in August 2000 that tobacco

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<sup>1</sup> Document A/FCTC/INB1/2.

<sup>2</sup> Documents A53/12 and A53/12 Corr.1.



companies had planned and implemented global strategies to discredit and impede WHO's efforts to carry out its mission. In all, the Committee made 58 recommendations.

13. One of the key recommendations was that WHO should formally vet prospective experts, consultants and advisers for possible conflict of interest. WHO has accordingly introduced a declaration of interest form to be signed before appointments are made.

14. Among its recommendations, the Committee proposed that WHO should develop a sophisticated communications campaign to support the proposed framework convention on tobacco control and counter any campaign of opposition by tobacco companies. In the view of the Committee, WHO should also monitor tobacco industry activities and make regular public reports on continuing misconduct.

15. The attention of the Board is drawn to two recommendations of the Committee that relate to the World Health Assembly. Specifically, these recommendations are to submit to the Health Assembly, for discussion by Member States, the questions of whether:

- Member States have in place adequate mechanisms to ensure the transparency of affiliations between delegates to the Health Assembly and tobacco companies; Member States should be encouraged to take any additional steps necessary to avoid inappropriate affiliations (recommendation 22);
- current procedures for recognizing organizations as nongovernmental include adequate mechanisms to make transparent any affiliations between a nongovernmental organization and tobacco companies (recommendation 23).

16. **United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control.** WHO has made substantial progress in working with other United Nations agencies in the formulation and promotion of tobacco control initiatives. The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, set up in 1999 under WHO's leadership, and comprising bodies and organizations of the United Nations system, as well as WTO, has helped to initiate new interagency partnerships on the economics of tobacco control and on supply, demand and trade issues. Negotiation of the proposed framework convention on tobacco control will require increased collaboration within the United Nations system to provide technical support for the development and eventual implementation of the convention and its protocols.

17. **Expansion of country support.** In working towards the negotiation and subsequent implementation of the framework convention, WHO fully recognizes the close link between stronger country action and complementary global action against tobacco. Both at headquarters and in the regional offices, the Organization now has enhanced ability to respond to requests from countries, particularly in relation to legislation, surveillance and media advocacy. With the World Bank and IMF, it is also providing support in areas related to the economics of tobacco control.

18. **Regional activities.** Activities to provide input or support to the framework convention process have been prominent in all WHO regions. For example, an Inter-Country Meeting on Tobacco Control Policy and Programming in the African Region (Nairobi, 23 to 28 October 2000) helped to organize support in the Region for negotiation of the proposed framework convention. In the Americas, a meeting of focal points of the WHO megacountry health promotion network (Mexico City, 3 and 4 June 2000), focused on mobilization of the world's most populous countries to play a leadership role in promoting the framework convention. Support for the framework convention was also raised at Ministerial discussions held during the Fifth Global Conference on Health Promotion

(Mexico City, 5 to 9 June 2000). In the Eastern Mediterranean Region, WHO has encouraged the Arab Councils of Ministers of Education, Information, Justice, Finance, Interior, Agriculture and Industry to undertake concerted action to promote the framework convention in their respective areas.

19. At its 53rd session in September 2000, following a substantial discussion, the Regional Committee for South-East Asia adopted resolution SEA/RC53/R10 urging Member States to promote the proposed framework convention, with technical support from the Regional Office. In the Western Pacific, the recently issued document, Country profiles on tobacco or health 2000, includes a first assessment of the receptiveness of countries in the Region to the framework convention.

20. **11th World Conference on Tobacco or Health.** WHO helped to support the attendance of a number of emerging leaders in tobacco control from developing countries at the 11th World Conference on Tobacco or Health (Chicago, United States of America, 6 to 11 August 2000). At the end of the Conference, a strong resolution was adopted in support of the proposed framework convention.

21. **Scientific Advisory Committee on Tobacco Product Regulation.** The function of WHO's Scientific Advisory Committee on Tobacco Product Regulation, composed of scientists and tobacco control experts from around the world, is to advise WHO on the regulatory framework, policy development, and dissemination of scientific information for tobacco products. Its work could have particular relevance for the framework convention, including a possible protocol on tobacco product regulation. As part of the Committee's first meeting (Geneva, 12 and 13 October 2000), WHO invited selected tobacco companies to provide information on their perspective on product modification and their efforts to reduce the harm caused by tobacco products.

22. **World No-Tobacco Day 2001.** World No-Tobacco Day 2001 will centre on a pivotal issue in tobacco control, passive smoking. Recognizing that some of the most effective and sustainable clean indoor air policies have occurred at the local level, WHO is urging mayors of cities around the world to launch "Clear the Air" campaigns. Local actions taken by individuals and organizations to protect people from passive smoking are seen as an essential complement to negotiation of the framework convention.

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# WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD  
107th Session  
Agenda item 8.1

EB107/19  
20 January 2001

## Collaboration with nongovernmental organizations

### Report of the Standing Committee on Nongovernmental Organizations

1. In accordance with the Principles governing relations between the World Health Organization and nongovernmental organizations,<sup>1</sup> the Standing Committee<sup>2</sup> met on 16 January 2000 under the chairmanship of Dr G. N'gaïndiro to consider the documents prepared under agenda item 8.1. "Nongovernmental organizations". In addition, the Committee's attention was drawn to an outcome of the first session of the Intergovernmental Negotiating Body, which was established to draft and negotiate the proposed WHO framework convention on tobacco control; the Committee was invited to express its views on paragraph 9 of document EB107/30. A report on the discussions and recommendations of the Standing Committee follows. The Board is invited to decide on the draft resolution and draft decisions set out in Section IV below.

#### I. APPLICATIONS OF NONGOVERNMENTAL ORGANIZATIONS FOR ADMISSION INTO OFFICIAL RELATIONS (Restricted documents EB107/NGO/1 and EB107/NGO/2)

2. The Committee examined applications from the International Association for the Study of Obesity contained in document EB107/NGO/1 and the Global Forum for Health Research contained in document EB107/NGO/2, both of which had been transmitted to the Members of the Board with circular letter L/00.23 of 30 November 2000.

3. Concerning the application from the International Association for the Study of Obesity, it was noted that WHO had identified obesity as a public health problem and that the Association was contributing to the development of global strategies for its prevention and control. As for the application from the Global Forum for Health Research, its work was welcomed. However, it was pointed out that it was not uncommon in developing countries for nongovernmental organizations to undertake research which, while well-intentioned, duplicated that done by governments or, when conducted on human populations, might pose ethical questions. The Forum was active in many research fields and a clarification was requested as to how it identified experts and priorities. The Committee was assured that the Forum undertook research with national researchers on the basis of

<sup>1</sup> *Basic Documents*, forty-second edition, 1999, pp. 74-79.

<sup>2</sup> Members of the Standing Committee on Nongovernmental Organizations are: Professor S.M. Ali (Bangladesh), Dr G. N'gaïndiro (Central African Republic), Dr B. Sadrizadeh (Islamic Republic of Iran), Dr M. Di Gennaro (Italy), Dr A. Abreu Catalá (alternate to Dr G. Rodriguez Ochoa) (Venezuela).

priorities identified at national level, and that, for research on human populations, the requisite approvals from national ethical committees would be sought. WHO itself had such a committee which reviewed protocols for research on human subjects. Concerning the identification of experts and priorities, the collaboration between WHO and the Forum on cardiovascular diseases was cited as an illustration. A scientific group composed of experts advised the Forum's Steering Committee which itself is composed of specialist partner organizations. The Committee noted the clarifications.

**In view of the above, the Committee decided to recommend to the Executive Board that the International Association for the Study of Obesity and the Global Forum for Health Research should be admitted into official relations with WHO.**

## **II. REVIEW OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO** (Restricted document EB107/NGO/WP/1)

4. The Standing Committee reviewed collaboration with one-third of the nongovernmental organizations in official relations, and considered reports on the status of relations with bodies that were the subject of decision EB105(12).<sup>1</sup> Altogether 82 nongovernmental organizations (as listed in the Annex) were reviewed. It was clarified that the organizations were aware of the nature of the review, and that the Board's decisions were communicated to the nongovernmental organizations after the Board had completed its session.

5. In reviewing the reports of collaboration for the period 1998-2000 from the 54 nongovernmental organizations referred to in the Annex to document EB107/NGO/WP/1, the Committee noted that these organizations supported WHO's work on health systems, health technology and pharmaceuticals, and that further collaboration was either planned or expected to continue. The Committee considered the joint activities to be valuable, and decided to recommend to the Board that the organizations should be maintained in official relations.

### **International Association for Accident and Traffic Medicine**

6. The Committee noted that there had been no collaboration during the period under review and that the Association had undergone major changes including a change of name to the International Traffic Medicine Association. The new Association wished to revitalize relations with WHO and was developing proposals for joint collaboration. In considering the information, the Committee took into account the special expertise of the Association and the fact that traffic accidents, especially in developing countries, are a major public health problem.

**In view of this the Committee decided to recommend that the Executive Board should note with concern the absence of collaboration during the period under review but, in consideration of a mutual interest to re-establish planned collaboration, maintain the Federation in official relations for one year to enable the development of a plan for collaboration.**

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<sup>1</sup> Document EB105/2000/REC/1, pp. 23-24.



### **International Sociological Association**

7. The Committee noted that the Association reported collaboration in the field of informatics but that WHO had no such record, and that the Association's response to a request to provide details of the collaboration referred instead to a major initiative of a third party urging WHO to establish an entity to provide medical services in developing countries. As WHO did not envisage the resumption of planned collaboration, the Committee concluded that effective contacts between the two organizations had lapsed.

**In view of the above, the Committee decided to recommend to the Board that official relations be discontinued with the International Sociological Association.**

**International Association of Cancer Registries, International Commission on Radiation Units and Measurements, International Electrotechnical Commission, International Epidemiological Association, International Federation for Medical and Biological Engineering, International Federation of Health Records Organizations, International Hospital Federation, International Medical Informatics Association, Save the Children Fund (UK), World Association of the Major Metropolises (Metropolis), and the World Federation of Societies of Anaesthesiologists**

8. The Committee noted that in the absence of reports from the above-mentioned organization, it was not possible to review their relations.

**In view of the above, the Committee decided to recommend to the Board that the review of relations with the above-mentioned nongovernmental organizations should be deferred until its 109th session.**

**International Academy of Pathology, International Association of Hydatid Disease, International League of Associations for Rheumatology, International Organization against Trachoma, International Physicians for the Prevention of Nuclear War, International Radiation Protection Association, Rotary International**

9. In accordance with decision EB105(12), the review of relations with the above-mentioned nongovernmental organizations had been deferred pending receipt of their reports on collaboration with WHO. The Committee reviewed the reports submitted by the organizations, and was pleased to learn of the collaboration.

**In view of the above, the Committee decided to recommend to the Board that WHO should maintain official relations with the above-mentioned organizations.**

### **International Federation for Housing and Planning**

10. The Committee noted that the Federation had yet to respond to invitations to provide a report on joint activities for the period 1996-1999. Although as a result of changes in responsibilities in WHO during the period under review it had not been possible to continue collaboration with the Federation, there was a continuing interest in maintaining relations and exploring the possibility of the development of a joint work plan. In this connection WHO had drawn attention to the relationship between housing and planning and human health. The Committee was concerned by the apparent loss of contact and considered that a review of relations with the Federation should include information

from the Federation. Deferral of the review would provide time for WHO to pursue the development of a work plan.

**In view of the above, the Committee decided to recommend to the Board that the review of relations with the International Federation for Housing and Planning should be deferred until its 109th session.**

#### **International Alliance of Women, International Federation of Business and Professional Women, International Society for Preventive Oncology, World Association of Girl Guides and Girl Scouts**

11. In accordance with decision EB105(12), the above-mentioned nongovernmental organizations were maintained in official relations in order to permit the development of plans for collaboration. Such plans, summarized in document EB107/NGO/WP/1, have been developed for all except the International Federation of Business and Professional Women. The Committee noted, however, the results of a meeting in December 2000 between WHO and the Federation which resulted in a work plan consisting of WHO technical support for the Federation's activities in the areas of tobacco, violence against women, mental health, and educational programmes in schools for HIV/AIDS awareness and prevention. In reviewing the plans, the Committee was pleased to note that the various activities during the coming years would serve to restore close and productive relations.

**In view of the above, the Committee decided to recommend to the Board that WHO should maintain official relations with the above-mentioned organizations.**

#### **International Council of Societies of Pathology**

12. The Committee noted that in accordance with decision EB105(12) the Council had pursued contact with WHO with a view to revitalizing relations based on its activities, in particular the establishment of a telepathology programme for developing countries, and a mutual interest in the classification of tumours. WHO appreciated the Council's work in telepathology, but as the activities were beyond the scope of current WHO priorities it was unable to consider collaboration at this time. With regard to the classification of tumours, WHO advised that, although it had not been feasible to develop a suitable work plan within the time period, it expected that in the future it would be able to propose a structured plan for collaboration.

**In view of the above, the Committee decided to recommend to the Board that official relations with the International Council of Societies of Pathology should be suspended until such time that a mutually agreed plan for collaboration has been submitted for consideration by the Board.**

#### **International Medical Society of Paraplegia**

13. The Committee noted, *inter alia*, that in accordance with decision EB103(2) the Society had been maintained in official relations during 1999 to enable the development of a plan for collaboration. At its 105th session, the Board was informed that, although it had been considered possible to revitalize the relations in the area of prevention of injuries, WHO's priorities had changed and planned cooperation was not envisaged.

However, in view of a mutual interest in the field of rehabilitation it was agreed to explore possibilities for collaboration and the Society had been maintained in official relations for a further year.

14. The Committee noted that the Society had been invited to suggest proposals for cooperation relevant to WHO's work in rehabilitation. However, as the ensuing exchanges appeared to indicate that the focus of the Society's efforts remained the prevention of spinal cord injuries, a work plan in the field of rehabilitation did not materialize.

15. In reviewing the information the Committee was of the view that the Board may wish to indicate appreciation of the Society's efforts to pursue planned collaboration with WHO, but it was also mindful that the basis of an official relationship was a plan for collaboration. From the information available it was evident that this would not be forthcoming in the near future.

**In view of the above, the Committee decided to recommend to the Board that official relations with the International Medical Society of Paraplegia should be discontinued.**

#### **World Federation of United Nations Associations**

16. In accordance with decision EB103(2) the Federation had been maintained in official relations during 1999 to enable the development of a plan for collaboration. In that period WHO had been informed that the Federation was undergoing a major restructuring, and that previous approaches to develop a joint work plan were "null and void". In view of this, the Federation was invited to convey its views on the feasibility of developing a plan for collaboration. A response had not been forthcoming.

**In view of the above, the Committee decided to recommend to the Board that, pending the submission of a plan for collaboration, official relations with the World Federation of United Nations Associations be suspended.**

### **III. WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL, REPORT BY THE SECRETARIAT (Document EB107/30)**

17. The Committee noted that the Intergovernmental Negotiating Body had, as requested by the World Health Assembly in resolution WHA53.16, considered at its first session the question of extended participation of nongovernmental organizations in the work of the Negotiating Body. Specifically (document EB107/30, paragraph 9), "a number of Member States expressed a preference for such organizations to participate" in the work of the Negotiating Body in accordance with WHO's existing rules. In this connection the Negotiating Body had "agreed to encourage the Executive Board to explore ways of expediting the review of applications for official relations from organizations seeking the necessary standing during the negotiations".

18. The Committee agreed that under the circumstances the Executive Board may wish to seek ways and means of responding to this request. In so doing, it would be important, in the view of the Committee, to ensure respect for the criteria for admission as set out in the principles governing relations between WHO and nongovernmental organizations. The Committee proposed that the Executive Board may wish to agree to authorize its Chairman, acting jointly with the Chairman of the Standing Committee on Nongovernmental Organizations, to consider requests from such organizations that want to participate in the work of the Negotiating Body, on an ad hoc basis in between its January

sessions. If the nongovernmental organizations are already in working relations with WHO and they appear to otherwise meet the criteria for admission into official relations, and if their mandates are relevant to the work of the Negotiating Body, the Chairmen would provisionally admit them into official relations. Such provisional official relations would then be confirmed or terminated at the subsequent January session of the Executive Board. Unless otherwise decided by the Board, the arrangement would be applicable until the adoption of the framework convention on tobacco control.

#### IV. PROPOSED DRAFT RESOLUTION AND DECISIONS

##### **Draft resolution on relations with nongovernmental organizations**

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,<sup>1</sup>

1. DECIDES to establish official relations with the International Association for the Study of Obesity and the Global Forum for Health Research;
2. DECIDES to discontinue official relations with the International Sociological Association and the International Medical Society of Paraplegia.
3. DECIDES, pending the development of mutually agreed plans for collaboration, to suspend official relations with the International Council of Societies of Pathology and the World Federation of United Nations Associations.

##### **Draft decision on review of nongovernmental organizations in official relations with WHO**

The Executive Board, having considered the report of its Standing Committee on Nongovernmental Organizations concerning the review of one-third of the nongovernmental organizations in official relations and following up to decision EB105(12) reached the decisions set out below.

On the basis of the reports of collaboration submitted by 61 nongovernmental organizations, including those for whom a review had been deferred pending receipt of information, the Board commended the efforts of the organizations to support WHO's work in health systems, health technology and pharmaceuticals, and decided to maintain official relations with them.

Concerning the International Traffic Medicine Association, previously known as the International Association for Accident and Traffic Medicine, the Board was concerned that collaboration had lapsed. Its review, however, took into account that traffic accidents were a major public health problem and that both WHO and the newly reorganized Association had expressed wishes to resume collaboration. In the light of this the Board decided to maintain official relations with the Association for one year to enable the preparation of a plan for collaboration.

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<sup>1</sup> Document EB107/19.



In the absence of reports on collaboration from the International Association of Cancer Registries, International Commission on Radiation Units and Measurements, International Electrotechnical Commission, International Epidemiological Association, International Federation for Medical and Biological Engineering, International Federation of Health Records Organizations, International Hospital Federation, International Medical Informatics Association, Save the Children Fund (UK), World Association of the Major Metropolises (Metropolis), and the World Federation of Societies of Anaesthesiologists, the Board decided to defer the review of relations until its 109th session.

Concerning the International Alliance of Women, the International Federation of Business and Professional Women, the International Society for Preventive Oncology, and the World Association of Girl Guides and Girl Scouts, the Board was gratified that efforts to revitalize relations had resulted in agreement for plans for collaboration and decided to maintain official relations.

Concerning the International Federation for Housing and Planning, in view of the absence of a report on collaboration, and taking into consideration WHO's interest in exploring possibilities for the re-establishment of collaboration based on a mutually agreed plan of work, the Board decided to defer the review of relations until its 109th session.

**Draft decision on measures to be taken for facilitating the participation of nongovernmental organizations in the work of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control**

The Executive Board, having considered the report of its Standing Committee on Nongovernmental Organizations, authorized the Chairman of the Executive Board, acting jointly with the Chairman of the Standing Committee, to admit provisionally nongovernmental organizations into official relations. The facility established by the present decision will apply to nongovernmental organizations that request official relations solely or also for the purpose of participating in the work of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control, subject to the following conditions and requirements.

- (1) nongovernmental organizations must be in working relations with WHO at the time of submission of their application, so that approximately two years of working relations will have elapsed by the time the Executive Board formally reviews their applications under point (3) below, and must otherwise meet the criteria established in section 3 of the Principles governing relations between the World Health Organization and Nongovernmental Organizations;
- (2) the mandates of the nongovernmental organizations concerned must be relevant to the work of the Intergovernmental Negotiating Body; and
- (3) the Executive Board will review nongovernmental organizations in provisional official relations at its January session subsequent to their admission into provisional official relations, for the purpose of confirming or terminating such relations in accordance with normal procedures.

This decision will remain applicable, unless terminated or revised by the Board, until the adoption of the WHO framework convention on tobacco control.

ANNEX

**LIST OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS  
REVIEWED BY  
THE EXECUTIVE BOARD AT ITS 107TH SESSION**

African Medical and Research Foundation International\*  
Aga Khan Foundation\*  
CMC – Churches' Action for Health\*  
Commonwealth Medical Association\*  
Commonwealth Pharmaceutical Association\*  
Council for International Organizations of Medical Sciences\*  
Council on Health Research for Development\*  
Federation for International Cooperation of Health Services and Systems Research Centers\*  
Global Health Council\*<sup>1</sup>  
International Academy of Pathology\*  
International Association of Biologists Technicians\*  
International Association of Cancer Registries  
International Association of Hydatid Disease\*  
International Association of Medical Laboratory Technologists\*  
International Alliance of Women  
International Catholic Committee of Nurses and Medico-social Assistants\*  
International College of Surgeons\*  
International Commission on Radiation Units and Measurements  
International Conference of Deans of French-Language Faculties of Medicine\*  
International Council for Science\*  
International Council for Standardization in Haematology\*  
International Council of Nurses\*  
International Council of Societies of Pathology  
International Electrotechnical Commission  
International Epidemiological Association  
International Federation for Housing and Planning  
International Federation for Medical and Biological Engineering  
International Federation of Business and Professional Women  
International Federation of Clinical Chemistry and Laboratory Medicine\*<sup>2</sup>  
International Federation of Health Records Organizations  
International Federation of Hospital Engineering\*  
International Federation of Medical Students Associations\*  
International Federation of Pharmaceutical Manufacturers Associations\*  
International Federation of Surgical Colleges\*  
International Hospital Federation  
International League of Associations for Rheumatology\*  
International League of Dermatological Societies\*  
International Medical Informatics Association

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\* The Standing Committee on Nongovernmental Organizations proposed the maintenance of official relations; other nongovernmental organizations are the subject of specific decisions.

<sup>1</sup> Previously known as the National Council for International Health.

<sup>2</sup> Previously known as the International Federation of Clinical Chemistry.

International Medical Parliamentarians Organization  
 International Medical Society of Paraplegia  
 International Organisation of Consumers Unions (Consumers International)\*  
 International Organization against Trachoma\*  
 International Organization for Standardization\*  
 International Pharmaceutical Federation\*  
 International Physicians for the Prevention of Nuclear War\*  
 International Radiation Protection Association\*  
 International Society for Burn Injuries\*  
 International Society for Preventive Oncology  
 International Society of Blood Transfusion\*  
 International Society of Chemotherapy\*  
 International Society of Hematology\*  
 International Society of Orthopaedic Surgery and Traumatology\*  
 International Society of Radiographers and Radiological Technologists\*  
 International Society of Radiology\*  
 International Society of Surgery\*  
 International Society on Thrombosis and Haemostasis, Inc.\*  
 International Sociological Association  
 International Traffic Medicine Association  
 International Union of Architects\*  
 International Union of Microbiological Societies\*  
 International Union of Pharmacology\*  
 International Union of Pure and Applied Chemistry\*  
 Inter-Parliamentary Union\*  
 Medicus Mundi International\*  
 OXFAM\*  
 Rotary International\*  
 Save the Children Fund (UK)  
 The Network Community Partnerships for Health through Innovative Education, Service and Research\*<sup>1</sup>  
 World Association of Girl Guides and Girl Scouts  
 World Association of Societies of Pathology and Laboratory Medicine\*  
 World Association of the Major Metropolises (Metropolis)  
 World Federation for Medical Education\*  
 World Federation for Ultrasound in Medicine and Biology\*  
 World Federation of Acupuncture-Moxibustion Societies\*  
 World Federation of Nuclear Medicine and Biology\*  
 World Federation of Public Health Associations\*  
 World Federation of Societies of Anaesthesiologists  
 World Federation of United Nations Associations  
 World Medical Association\*  
 World Organization of Family Doctors\*  
 World Self-Medication Industry\*  
 World Vision International\*

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\* The Standing Committee on Nongovernmental Organizations proposed the maintenance of official relations; other nongovernmental organizations are the subject of specific decisions.

<sup>1</sup> Previously known as the Network of Community-oriented Educational Institutions for Health Sciences.