

INSIDE THIS ISSUE:

<i>¿Tratado vinculante?</i>	2
<i>Tabac et la faim</i>	3
<i>Health priorities</i>	4
<i>Il faut payer</i>	5
<i>Graphic images</i>	6



Online editions at
www.fctc.org

Don't miss..

**Lunch
briefing**

13.00h—14.30h

ROOM 2

**Monograph on
the economics of
tobacco control**

WE'LL SAY IT AGAIN, AND AGAIN AND AGAIN... STUMP UP THE CASH!

Although the technology may be a bit out-dated, we are starting to feel like a broken record. At the end of over a week of deliberations, concrete proposals identifying resources for an adequately funded Secretariat and mechanisms to support countries in need to fulfil their treaty obligations are still missing.

Do we believe our own numbers, that one billion people may die this century from tobacco-related diseases?

A well-funded Secretariat and effective, evidence-based implementation of the treaty in both developed and developing countries will be crucial factors in achieving the objectives of this treaty. Donor countries need to rapidly review their existing funding priorities and identify and make known potential sources of funding and mechanisms for accessing them.

It is also important that developing countries prioritize tobacco control at the national level, initiate legislative and administrative measures for in-country implementation of the treaty, create national tobacco control work plans and develop sustainable in-country resources such as dedicated taxes.

While most tobacco control measures do not cost governments anything, certain measures like surveillance, cessation, law enforcement and counter-advertising require resources to kick-start the process, particularly in developing countries. Donor countries

need to identify financial resources and mechanisms, and developing countries must make a realistic assessment of their needs. It would immensely help the treaty process if these requests are met by concrete financial commitments from developed nations.

In the past few years governments have found tens of millions of dollars for emerging health threats such as SARS and avian flu.

We would ask why we are arguing over much smaller amounts of money to combat a disease which is set to kill a billion people this century? One which is entirely preventable, by means we already know?

What is the sense in investing millions of dollars in negotiating a treaty, only to turn around and deny it the resources it needs for implementation?

This is especially galling given that some of those who oppose these minimal amounts of assessed contributions are the very countries who reap the corporate taxation benefits of profits made from tobacco sales in developing countries.

We challenge those countries whose corporate citizens are rampaging over the developing world in pursuit of new tobacco markets, to atone in some small way for their corporate citizens' behaviour.

Framework Convention Alliance

SMOKE-FREE? ENGLAND'S DECISION.....

IT'S A YES!!!

Congratulations to all those in the UK who campaigned so hard to get comprehensive legislation that will protect all workers from exposure to tobacco smoke—including bars, restaurants and private clubs.

“¿Cómo evaluará la COP si los países cumplen o no con el tratado?”

¿UN TRATADO VINCULANTE SIN MECANISMOS DE CONTROL?

Los países han desarrollado durante más de 4 años una intensa negociación política, llegando a un texto de consenso. Todos hemos celebrado la adopción y la entrada en vigor de este tratado. El primer tratado mundial sobre Salud Pública, que fue considerado un hito histórico, por la influencia que puede tener sobre la salud de la población mundial.

Este tratado tiene una característica: es vinculante, y por lo tanto los países se han comprometido a cumplirlo. El sentido común dice que para poder verificar que se cumpla debe contarse con mecanismos de control.

Sin embargo, el texto sometido a discusión en el Comité A en el día lunes, sobre la presentación de informes, mencionaba que el objetivo de los mismos es que las Partes puedan conocer la experiencia de las otras Partes.

Esto motivó la intervención de la delegación de Uruguay, manifestando su preocupación sobre la no inclusión del informe como mecanismo de evaluación, y dejando planteada una serie de interrogantes:

- ¿Cómo evaluará la COP si los países cumplen o no con el tratado?
- ¿Cuáles serán los mecanismos que utilizará?
- ¿A quién le correspondería esta función?

La respuesta de la mesa fue: no existe un mecanismo específico de control.

Compartimos la preocupación de la delegación de Uruguay. Pensamos que deben desarrollarse mecanismos de control, y que el propio informe debería ser utilizado para tales efectos.

Si no existe un mecanismo de control la característica de vinculante se perderá. Tendremos solo la letra muerta de un tratado y no un tratado de salud pública fuerte, efectivo y en aplicación.

El informe periódico de las partes es una excelente herramienta para poder evaluar dicho cumplimiento. Hay disposiciones que tienen fecha para su cumplimiento, como los artículos 11 y 13. Muchos países tendrán que haber cumplido con las disposiciones contenidas en el artículo 11 cuando se vuelva a reunir la próxima COP en el 2007. Sería importante evaluar el grado de cumplimiento.

Pero también creemos que la evaluación del artículo 5.3 debería estar contenida en el primer informe, porque hace a la naturaleza del Convenio: regular a una industria, altamente nociva, que ha estado carente de toda regulación efectiva durante décadas.

Por ello será necesario también incluir este artículo para el desarrollo de Directrices que orienten a los países a proteger sus políticas de control del tabaco contra los intereses de la industria tabacalera.

Ante la ausencia de mecanismos precisos de control, quedará entonces bajo la responsabilidad directa de la COP, ante denuncias de Partes u observadores, ejercer el control del cumplimiento del tratado.

Por su parte, la Sociedad Civil cumplirá su rol y realizará un informe sombra para cumplir esta evaluación. Desarrollará todas las acciones necesarias para impulsar una efectiva implementación de las estrategias contenidas en el CMCT.

Laura Salgado
FCA en Latino América

RATIFICATION STALLED, BUT TANZANIA GEARS UP FOR IMPLEMENTATION

Tanzania's government continues to promote tobacco as an important cash crop. Currently, it produces 0.2% of the world's tobacco—Africa's third biggest producer after Zimbabwe and Malawi. Perhaps it is not surprising that its anti-smoking law, passed in 2003, is yet to be enforced, or that its FCTC signature in 2004 has not yet led to ratification. Tobacco control seems to have stalled in Tanzania, due to lack of co-ordination at national level.

In response to this challenge, Tanzanian organisations from diverse sectors of civil society, government and the media have now created a Tanzania Tobacco Control Forum (TTCF), launched on October 18 2005. Funds permitting, advocacy campaigns will press for enforcement of the 2003 law and ratification of the FCTC. Another initiative in the making is clearing the smoke from our cities, starting with Dar es Salaam. United, we believe we will succeed.

Lutgard Kokulinda Kagaruki
Tanzania Tobacco Control Forum

TABAC ET LA FAIM DANS LE MONDE

Dans un monde d'abondance, 1.2 milliards de personnes souffrent de la faim (déficience en calories et en protéines). Au Sommet Mondial de l'Alimentation tenu à Rome en 1996, puis cinq ans après, les dirigeants du monde entier se sont engagés à réduire de moitié ce chiffre avant 2015.

Qui plus est, en souscrivant aux Objectifs du Millénaire pour le Développement, les gouvernements ont pris l'engagement de réduire de moitié la proportion des personnes sous-alimentées d'ici à 2015

tout en assurant un environnement durable.

L'industrie du tabac, loup déguisé en agneau, s'est infiltrée dans les instances nationales, régionales et internationales pour le développement, tel le NEPAD en Afrique, pour combattre la faim, entre autres. Il s'agit là, en réalité, d'une flagrante contradiction.

La faim est liée aux autres causes de la pauvreté, dont la cause principale est la misère elle-même. Le tabagisme contribue à cette pauvreté individuelle et mondiale.

Les dépenses en cigarettes dépassent souvent les sommes consacrées par les ménages à l'alimentation, à la santé ou à l'éducation. Dans certains pays pauvres 10% du revenu des ménages est consacré à l'achat de tabac.

Pour l'Organisation Mondiale de la Santé, Tabac et Pauvreté constituent un "cercle vicieux", car le tabac entraîne la pauvreté, et il existe cinq fois plus de fumeurs chez les pauvres que chez les riches.



La responsabilité de l'industrie du tabac:

- L'industrie du tabac est une cause de la faim dans le monde.

- L'industrie du tabac fait perdre à l'économie mondiale 200 milliards de dollars chaque année, dont un tiers de cette perte concerne les pays pauvres (selon un rapport

de la Banque Mondiale : Maîtriser l'épidémie du tabac).

- Le tabac est un produit inutile, addictif, débilisant et mortel. Les plantations de tabac occupent la terre qui aurait pu servir à la production de céréales, de fruits et de légumes pour nourrir 20 millions de personnes. Certains pays producteurs de tabac doivent importer de la nourriture, car le tabac n'est pas comestible.

Véronique le Clézio
ViSa Maurice

“Le tabac n'est pas comestible.”

SWEDEN MUST NOT LOSE MOMENTUM

2005 was a great year for Swedish tobacco control, seeing the passing of national smoke-free legislation, another tax increase on cigarettes and FCTC ratification. Yet Sweden still has room to improve, especially to see results among the most vulnerable groups in its society.

As in many developed countries, today Swedish smoking rates are highest among single parents, people with less education, the sick, the unemployed, and patients with psychiatric disorders. Youth and women – even during pregnancy – are increasingly starting to use oral smokeless tobacco, meaning that nicotine dependence is as prominent in Sweden as in most other countries.

The Swedish government has set four tobacco control goals for 2014:

1. ensure that every child have a tobacco-free start in life
2. halve the uptake of tobacco use among youth
3. reduce prevalence among those that smoke the most
4. ensure that no one is unwillingly exposed to second-hand smoke.

Sweden's credibility rests in fulfilling its FCTC obligations, especially the need to reinforce and finance a national coordinating centre for tobacco control. But the government seems to be losing the will to continue its strong tobacco control tradition. How can a country as enlightened as Sweden cut funds while the most vulnerable of its population continue to be killed by tobacco?

Treaties and legislation are not created just to use up paper. They must live through the efforts of governments and civil society to fulfil their intended purpose: in this case, improving global health.

Sweden should be inspired by its own achievements thus far to continue the fight against tobacco. It has set itself ambitious goals for 2014 – now is not the time to cut the resources that did such a remarkable job in 2005.

Sara Sanchez

Health Professionals against Tobacco, Sweden

“Nicotine dependence is as prominent in Sweden as in most other countries.... now is not the time to cut resources.”

A LONG WAY TO GO

Perceptions of impact of selected lifestyle factors on personal health - "very important"

This table shows just how serious the problem is with regard to public understanding of the health risk of tobacco. Prepared by International Research Institutes (IRIS), which is a network of independent marketing research companies in Europe, Asia/Pacific, Africa and North and South America, it summarises public attitude surveys in various countries.

(Highlighted figures show the leading issues in each country).

	Physical Exercise %	Dietary factors %	Tobacco Use %	Stress/ Anxiety %	Excessive Alcohol Use %	Outlook on Life %
All countries	58	57	53	52	50	50
Argentina	73	78	69	65	53	74
Canada	73	69	73	69	74	66
China	48	59	28	20	19	39
Czech Republic	35	58	24	28	22	33
France	46	63	77	56	72	39
Germany	57	70	50	53	58	49
Great Britain	62	70	65	65	66	58
Greece	47	69	71	73	64	43
Indonesia	72	26	18	24	25	54
Ireland	70	78	55	55	56	57
Italy	66	46	56	62	58	49
Japan	37	9	56	65	29	45
Kazakhstan	37	29	38	41	42	38
Korea	56	55	58	63	46	56
Mexico	64	54	16	19	11	54
Netherlands	76	29	68	65	70	36
Nigeria	68	68	30	21	32	34
Poland	52	68	72	66	61	52
Russia	63	68	51	54	54	60
Spain	65	72	75	73	77	72
Sweden	53	39	55	52	59	27
Switzerland	52	64	43	39	43	37
USA	68	70	62	69	69	74

A socially responsible tobacco company?

A contradiction in terms.



LATE-BREAKING SESSION

There will be a briefing this evening on tobacco industry monitoring, revealing their interference in policy-making.

It will reveal the contrast between their public face of "Corporate Social Responsibility" and the reality of their operations and strategies.

Full details available on flyers distributed in CIG lobby.

QUI PAYE?

Là où est ton trésor, là aussi est ton cœur.

Il est clair que ce sont les pays en développement qui sont les principaux demandeurs de financement pour la lutte antitabac, et ce pour 2 raisons :

1. Ce sont précisément ces pays qui sont visés par l'industrie du tabac, car leurs lois antitabac sont faibles ou inexistantes.
2. Parce que ces mêmes pays, par définition, ont des ressources financières limitées et qui sont généralement utilisés ailleurs.

Au comité A, le 14 février, la Jamaïque a identifié le problème en demandant que le texte du traité précise l'obligation des Parties de placer le contrôle du tabac parmi les priorités des pays en développement ou des pays avec des économies de transition, car la santé des populations est un facteur de base de développement.

Les pays riches, comme la Norvège, qui ont déclaré ne pas avoir de problème sérieux de tabagisme, estiment que le contrôle du tabac ne représente pas une priorité de développement national, auront sans doute le geste large, dans un esprit de solidarité, pour contribuer au fond global pour le contrôle du tabac, qui devra profiter d'abord à ceux qui en auront le plus besoin pour leur développement.

Il ne faut pas oublier que les profits des multinationales de tabac vont surtout aux pays riches.



IT SEEMS
THERE IS A
WILL TO
FUND,
WE'RE ALL
JUST
LOOKING
FOR THE
WAY.

CALLING ALL CRICKET FANS—ACTION ALERT

Barbadian colleagues would love to have your support in their efforts to ensure that the 2007 Cricket World Cup is a tobacco-free event.

The Heart Foundation of Barbados, represented here at the COP, is urging all member countries of the International Cricket Council (ICC) to petition the ICC for a tobacco-free World Cup to be held in the West Indies in 2007.

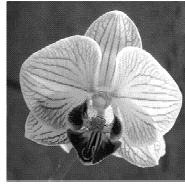
Matches will be played in nine countries, five of which have already ratified the FCTC: Barbados, Guyana, Jamaica, St Lucia and Trinidad and Tobago, and four which have not: Antigua, Grenada, St Kitts & St Vincent—most of these have delegates here at the COP.

Campaigners have heard that the tournament will be smoke-free, but a completely tobacco-free event is the aim, including the sale of tobacco products at venues.

Send your emails to WCBC CWC 2007's Commercial Manager Stephen Price:
Stephen.price@cricketworldcup.com

Thank you!

ORCHIDS AND ASHTRAYS

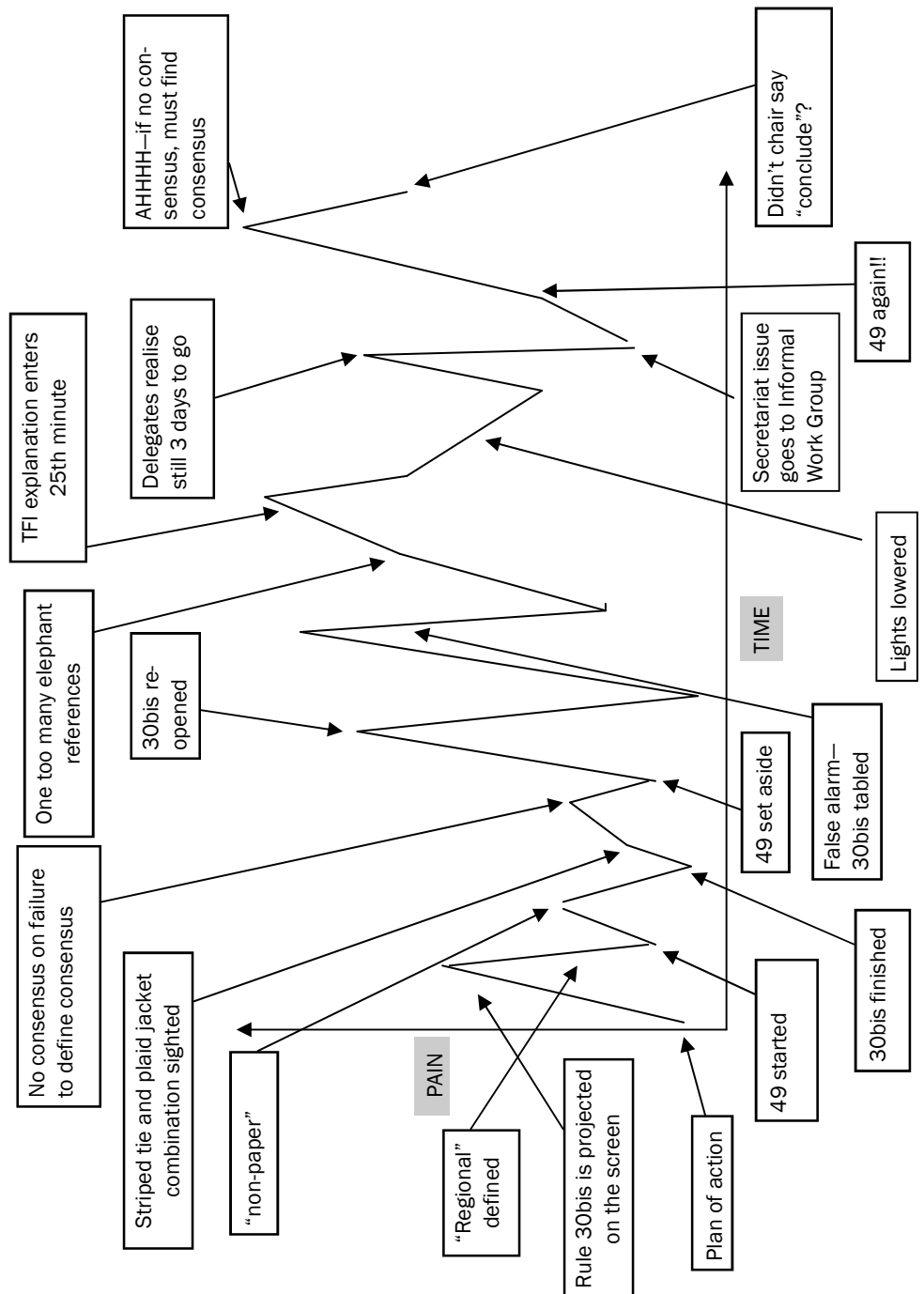


To New Zealand, for helping move the process forward in Committee B

To the EU, for their overwhelming negativity on funding the Secretariat.



COMMITTEE B ORGANOGRAM



*"No pain,
no gain"*

Found—a confidential note to Committee Chairs:
Did you know that some of the delegates have Playstations under their desks....
 Signed:
A well-wisher