WHO News

Countries split over tobacco treaty

Government negotiators from over 150 countries met in Geneva in May for a second round of talks on a global treaty on tobacco control and quickly found themselves at loggerheads over how vigorously the treaty should clamp down on tobacco advertising, sponsorship, and promotion. One striking development at these talks was the advent of a new, and highly vocal, coalition of about 50 developing countries led by South Africa, which acted as vice-chair of the meeting.

The talks focused on a draft text of the proposed WHO framework convention on tobacco control drawn up by Mr Celso Amorim, the Brazilian ambassador in Geneva, who chairs the negotiating group. The draft, which was based on points made during the first negotiating session in October last year, included proposals for a global ban on all forms of tobacco advertising, promotion, and sponsorship which target young people under 18. But it stopped short of advocating an allout ban, calling instead for "strict restrictions" on tobacco advertising and promotion targeted to adults. The draft also proposed a gradual phase-out of tobacco sponsorship of sporting and cultural events and of crossborder advertising involving media, such as the Internet, and cable and satellite TV.

The UK campaign group Action on Smoking and Health (ASH) described the proposals as "useless, unenforceable and misguided." ASH says that tobacco advertising is mainly targeted to older age-groups and that an "excessive" focus on youth would be counterproductive — making smoking more attractive to teenagers, not less, if it is seen as an adult activity. However, governments remain split on the issue. Several countries, including China, Japan, Russia, the US, most Latin American countries and those of the European Union, opposed a total ban on tobacco advertising, promotion, and sponsorship. Several countries, notably Brazil, Germany, and the US, argued that an outright ban is out of the question because it would be unconstitutional. Others, including Japan, whose government has a large stake in Japan Tobacco International, and China, which is currently negotiating with British American Tobacco (BAT) over company plans to build a tobacco factory in China, are believed by some observers to be opposing the measure on commercial grounds.

Meanwhile, the developing countries — consisting primarily of the new African bloc of about 50 states, together with some Asian

countries, New Zealand, and Australia — argued in support of an all-out ban. Even Malawi and Zimbabwe — both tobacco-exporting countries — aligned with other African countries in supporting a ban.

Dr Yusuf Saloojee, of the South Africabased International Nongovernmental Coalition against Tobacco (INGCAT), said that although Malawi and Zimbabwe were economically dependent on tobacco as a cash crop, they recognized that tobacco consumption was harmful and supported the African bloc countries in calling for an all-out ban on advertising. "Both countries will continue to grow tobacco but — unlike tobacco-manufacturing countries — they are not looking [so much] to expand their market," he told the Bulletin. "However, in the longer term, they will need help in switching to other crops and alternative livelihoods."

While some tobacco-manufacturing countries are expected to continue to oppose an advertising ban, Dr Saloojee believes that the majority of countries will strongly support the proposal when it comes up for discussion again at the next round of negotiations in November.

Other proposals in the draft treaty included the prohibition of tax-free and duty-free sales of tobacco products, price and tax measures aimed at lowering consumption, and an end to subsidies for tobacco production. The draft also proposed measures to crack down on smuggling, limit people's exposure to second-hand smoke, improve product labelling and health warnings, and encourage people to stop smoking.

The positions and proposals being adopted by governments during the second round of talks on these and other issues are now being incorporated in a revised draft text which will include a wide range of amendments for discussion in November, when the "hard bargaining" is expected to begin.

One of the most complex issues — for which there is still no draft text — is the proposal to include in the framework convention provisions for liability and compensation for tobacco-related illnesses. In April, a WHO technical meeting highlighted the difficulty of drawing up and enforcing this kind of international legal mechanism. One difficulty is a lack of national legislation. Another is the poor record of countries' compliance with previous international liability regimes. In addition, the complex corporate structure of the tobacco industry — in which tobacco products may be grown, produced, and marketed in different coun-

tries — could make it difficult to know whom to sue and where. Governments have been invited to submit proposals for a draft text on these and other related issues for discussion at the next round of treaty negotiations in November.

Dr Douglas Bettcher, WHO Coordinator for the framework convention team, told the *Bulletin* that the negotiations were "going quite smoothly and well on schedule." He said work on the convention, which will be the first global treaty on tobacco control, is expected to be completed, after an as yet unspecified number of negotiating rounds, in time for adoption by the World Health Assembly in May 2003.

Sheila Davey, Geneva, Switzerland

In Brief

Depleted uranium report says children face highest risk

A WHO report published at the beginning of May recommends careful follow-up of children who may have been exposed to depleted uranium (DU) while playing in a conflict zone. Based on a review of the scientific literature on uranium and DU, the report, Depleted uranium: sources, exposure and health effects (available at http://www. who.int/environmental information/radiation/depleted_uranium.htm), also details situations involving possible exposure of workers and members of the general public to DU and outlines the potential health risks posed by this heavy metal. (see WHO News story in the Bulletin, p. 274, vol. 79(3), March 2001).

Norplant® contraceptive safe and effective also in developing world

A 5-year post-marketing study involving 16 000 women in eight developing countries has found the levonorgestrel contraceptive implant Norplant as safe and effective as intrauterine devices (IUDs) and sterilization, WHO's human reproduction research programme (HRP) has announced. No major adverse effects were observed. The annual pregnancy (or failure) rates for all three methods were less than 1 per 100 women. The full report of the study, which was conducted in collaboration with the Population Council and Family Health International, was published in Obstetrics & Gynecology, 97(4), April 2001. For more information contact Mr Jitendra Khanna, HRP (khannaj@who.int). ■