The role of article 5.3 of the WHO Framework Convention on Tobacco Control in protecting public policy from tobacco industry influence
### Table of Contents

- Why this seminar now? ....................... 3
- Objectives of the seminar .................... 3
- Participants ............................... 3
- Presentations ............................... 4
- Speech of Commissioner Vassiliou .......... 4
- Message from former Commissioner David Byrne .... 6
- Debate ..................................... 6
- Conclusions and call for action ............... 8
- Annex 1: List of participants ................. 9
- Annex 2: WHO guidelines for responding to requests made by the tobacco industry ......... 10
- Annex 3: Press Coverage ..................... 13

---

**The Smoke Free Partnership** (SFP) is a strategic, independent and flexible partnership between the European Respiratory Society, Cancer Research UK, the Institut National du Cancer and the European Heart Network. It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.

**Smokefree Partnership**  
49-51 rue du Treves, 1040 Brussels, Tel: +32 2 238 53 63  
www.smokefreepartnership.eu
Why this seminar now?

The WHO’s Framework Convention on Tobacco Control (FCTC) is the world’s first international public health treaty. 192 Parties (including the European Community) signed the Treaty when it was agreed in 2004. It officially entered into force in February 2005. As of today, the FCTC has been signed by 168 Parties of which 160 have gone through the ratification process.

The treaty sets out broad legally binding objectives and principles aiming at the protection from the devastating effects of tobacco consumption and exposure to tobacco smoke. However, as the Treaty only sets out general objectives and principles, further work is needed in order to develop more specific commitments and provide clear guidance for implementation. The Conference of the Parties (COP) is responsible for this work, which takes the form of guidelines and Protocols. Two sessions of COP have already taken place in 2006 (COP1) and 2007 (COP2). The next Conference of the Parties (COP3) will take place in Durban (South Africa) in November 2008.

In order to prepare for COP3, countries around the world are currently negotiating guidelines for implementation of the Article 5.3 of the FCTC. Article 5.3 states that: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".

Article 5.3 is key for a strong and effective implementation of the FCTC as it cuts across all articles, and guidelines and protocols currently being developed.

Objective of the seminar

The Smokefree Partnership organised the seminar on the role of art 5.3 to explore the reasons why normal rules of engagement should not apply to the tobacco industry. The overall aim of the meeting was to inform policy makers, in particular EU Member States and Members of the European Parliament of recent tobacco industry interference across the world and to generate a debate. The third edition of the ‘Spotlight on the FCTC’, which looks at the reasoning behind Article 5.3 was launched on this occasion.

Participants

The seminar brought together more than 70 participants including Members of the European Parliament, senior officials from the European Commission and Member State representatives and public health and tobacco experts. Present on the panel were EU Health Commissioner Vassiliou; Avril Doyle MEP; Akinbode Oluwafemi, Environmental Rights Action's Manager in Lagos, Nigeria; Dr Anna Gilmore, Clinical Reader in Public Health, Health Foundation Clinician Scientist and Honorary Consultant in Public Health Medicine BANES Primary Care Trust School for Health, University of Bath; Jean King, Director of Tobacco Control at Cancer Research UK and Dr Francois Decaillet Senior Advisor and representative to the EU of WHO Regional Office for Europe. (A detailed list of participants can be found in Annex 1.)
Presentations

In her introductory remarks, Avril Doyle MEP explained the aims of the FCTC and in particular of Article 5.3. She stressed the timely nature of the seminar as countries around the world were negotiating the guidelines for the implementation of Article 5.3 at the time of the meeting. Firstly, Article 5.3 cuts across the FCTC and will thus have a major impact on the implementation of the entire Treaty. Secondly, it will force the tobacco industry to respect the legal and ethical policy framework to protect public health across the globe. She said that the tobacco industry is a global industry and its active and systematic interference seeks to prevent effective tobacco control measures. It is increasingly looking for new markets in areas of the world where there are weaker controls to replace smokers who have either quit or died. Finally, Mrs. Doyle stressed that Article 5.3 must be reflected in the way European countries and the EU engage with the tobacco industry.

Speech of commissioner Vassiliou

Mrs Androulla Vassiliou, European Commissioner for Health, then addressed the audience. You will find below a verbatim record of her speech:

It is a great pleasure for me to be here today for the launch of the third edition of the ‘Spotlight on the FCTC’ series, prepared by the Smoke Free Partnership and hosted by the Honourable Member of Parliament, Ms Avril Doyle. It is a further pleasure to have the opportunity to meet such an impressive panel of public health experts and advocates – I was particularly looking forward to meeting one of my predecessors, Mr David Byrne who is unfortunately not feeling well and is not with us. But, we all recognise and salute his unflagging commitment and relentless activism against tobacco during his time as Commissioner for Health and Consumer Protection.

From a public health perspective, tobacco was a mistake – a historical mistake. And disease and death have been, and continue to be, direct consequences of that mistake. It is our duty to remedy this historical error by using all the means at our disposal. The Framework Convention on Tobacco Control (FCTC) constitutes an important tool towards the goal of fighting tobacco consumption, not only within the EU but also throughout the world. Thanks largely to the strong leadership of David Byrne, the EU played a leading role during the negotiation, adoption and ratification of the Convention. I will ensure that the EU continues to play that leading role, and remains a driving force in the global arena as regards tobacco control. The implementation of the FCTC is a long and sometimes difficult road. We must always keep in mind that the difference between an effective and weak implementation of the Convention can be measured in human lives.

This is why we must all strive for strong guidelines and stringent implementation. I am pleased to note that the EU is in quite an advanced position regarding FCTC implementation. The Commission is currently working on the implementation of the FCTC Guidelines on protection from exposure to tobacco smoke that were adopted last summer in Bangkok. In relation to this, it is my intention to secure a Council Recommendation to be adopted by the end of this year. The Commission, representing the European Community, is key facilitator in the working groups dealing with advertising, promotion and sponsorship and with tobacco product regulation. The final outcomes will be discussed in Durban (South Africa) towards the end of this year. We hope that strong guidelines to implement the comprehensive ban on tobacco advertising, promotion and sponsorship will be finally adopted by the Conference of the Parties.

We will be pressing hard for that outcome. In addition, the recently adopted Commission Reports on the implementation of the Tobacco Advertising and the Tobacco Products Directives point the way forward on those areas at EU level. This direction is fully in line with the efforts being pursued at FCTC level. We are also partners for developing the guidelines on packaging and labelling, and for the guidelines on Article 5.3 on the protection of public health policies from commercial and other vested interests of the tobacco industry. One of the important added values of the FCTC is its comprehensive and multi-sectoral approach. Health policies cannot win the battle in isolation. Often the health sector stimulates, collaborates or even pushes other sectors to engage in this process. Our experience is very positive in this regard:

- The European Antifraud Office of the Commission (OLAF) is chairing and leading the process to draft and negotiate a Protocol on illicit trade in tobacco products.
- The Commission will also soon adopt a legislative
proposal that takes into account FCTC provisions and recognises taxation as one of the most effective tools for tobacco control. And we are collaborating with colleagues responsible for Agriculture and Development to further promote FCTC implementation outside the EU.

Allow me now to focus on the central issue we are discussing here today – “the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry”. It is essential to guarantee that all the Parties to the FCTC fully implement such an important and relevant obligation of the Convention. All public health policies with regard to tobacco control have to be effectively protected from the interests of the tobacco industry.

My first consideration is that this obligation cannot be fulfilled if the scope of the guidelines is not broad enough. All the actors involved in setting and implementing tobacco control policies should be bound to this obligation. To refer to our own environment for example, it would not make much sense if only the Commission were to act in that sense. Following any Commission proposal, tobacco control policies are discussed, amended and adopted through the European legislative procedures with the Parliament and the Council and these institutions should act in accordance with the guidelines, once adopted, as well. The same would apply to all the bodies involved in the implementation of tobacco control policies. A united approach is an essential precursor for success. This is why this event today, here in the European Parliament, is so important and has a clear added value. The scope of the future guidelines is therefore a key aspect. It needs to be as comprehensive as possible in order to have a real impact.

My second consideration relates to the need for strong and transparent institutions and processes. Tobacco products are regulated. We all should agree that it would be against our basic democratic principles that any regulator excludes stakeholders from the regulation process. Similarly, it would also be unacceptable if the administration itself, and in particular during its interactions with stakeholders, did not fulfil strict transparency, anti-corruption and conflict of interest rules. This must be the core principle of action to ensure strong protection of our public health policies. In addition, the tobacco industry must be defined by the nature of the product it puts on the market. We should not base our actions on the way this industry acted in the past, acts now or will act in the future. The deadly nature of the product remains the same and this should be our driving force. This means we have to protect public health policies from commercial and vested interests regardless of the actions of the tobacco industry. Again, strong and transparent institutions and processes are essential for that purpose. Ensuring a broad scope of the obligation and guaranteeing the strictest possible transparency rules in all Parties to the FCTC would constitute the strongest, most realistic and effective way to reach our goal. But let me also move a step forward. As Commissioner for Health, I am ready to commit today not to accept any invitation coming from the tobacco industry or those working to further its interest during the time I hold this office (At this moment, the audience burst out into a round of applause). I also hope that this or a similar commitment will be adopted by future Commissioners for Health. Combating this deadly product – correcting the mistake – demands strong and transparent institutions and processes, strong and clear signals, and the personal commitment of all of us. I trust I can count on all of you to continue to contribute in partnership towards the ultimate goal of making tobacco use a thing of the past. Thank you.

Dr Anna Gilmore, from the University of Bath, who has spent a number of years researching tobacco industry’s own documents examining the extent of the industry’s influence on policy, presented evidence on how British American Tobacco (BAT) has influenced policy in the EU and elsewhere. Her presentation exposed how the tobacco industry works in a highly sophisticated and coordinated way to seek to influence all levels of policy making and how their covert tactics make it impossible to have an open and honest dialogue with them. She stated: “the tobacco industry has and will continue to oppose, prevent, overturn and undermine any effective tobacco control policy”. Dr. Gilmore showed how, despite claims to the contrary and investment in massive CSR exercise, the tobacco industry has not changed. Regarding Article 5.3, she pleaded for strong guidelines and support for implementation of the FCTC in middle and low-income countries.

Further evidence on how the tobacco industry operates was presented by Akinbode Oluwafemi, Environmental Rights Action manager in Nigeria. He showed how BAT’s Corporate Social Responsibility (CSR) actions in Nigeria had become an effective tool for the company to...
polish their image and get media attention. Concerning Art 5.3, Mr. Oluwafemi pleaded for the EU to take leadership in creating and implementing guidelines allowing no partnership between governments and the tobacco industry. He further said that guidance on limiting interactions with the tobacco industry in the 5.3 guidelines should be strong and clear and that any reference to loose terms such as ‘good governance’ would be unhelpful. He explained that good governance practices should be based on values of common good, accountability, transparency, justice and fairness and that past and current practices of the tobacco industry were far from matching any of these values. Mr Oluwafemi concluded by saying that the tobacco industry could never be part of the solution.

Message from former Commissioner David Byrne

Due to illness, former EU Health Commissioner, David Byrne was unfortunately unable to attend the event. However, he sent a statement in which he advocated a strong interpretation of Article 5.3. You will find below the content of his statement:

"I value and support the work being undertaken by the Smoke Free Partnership in its aim to promote tobacco control advocacy and in particular its determination to achieve an effective implementation of the Framework Convention on Tobacco Control (FCTC).

While in office as the Commissioner for Health and Consumer Protection I refused to meet the tobacco industry. Any such meetings tend to legitimise the activities of this industry which manufactures and sells the only consumer product that kills half of its consumers when used as recommended by the manufacturers.

I urge the only worthwhile interpretation of Article 5.3 of the FCTC as excluding the tobacco industry from any consultation process involving the setting and implementation of public health policies related to tobacco control.

We should not invite the fox into the hen house."

Debate

Jean King, Director of Tobacco Control at Cancer Research UK and Dr Francois Decaillet Senior Policy Advisor and Representative to the EU of WHO/Europe joined the panel.

This section only refers to the questions and responses relevant to the aims of the seminar i.e. to those questions related to the scope and purpose of article 5.3.

The following account was drafted by Florence Berteletti Kemp and Johanna Nusken who are solely responsible for the contents. Therefore, the views expressed in this section of the report do not necessarily represent accurately those of the panel speakers and participants.

Q: Roger Helmer, MEP, said that he represented the region of the East Midlands in the UK where Imperial tobacco has a large plant and several hundred employees. Mr Helmer evoked Commissioner Vassiliou’s response to Mr Florenz parliamentary questions when she stated that “The Commission is committed to an inclusive approach when implementing and developing EU policies which means consulting as widely as possible, in particular in the context of legislative proposals”. Mr Helmer approved of this statement and disputed the view that some of his constituents should not be allowed to speak to parliamentarians. Mr Helmer said that it was his job to listen to the concerns of all his constituents and that it was the right of his constituents to make representation to him. He pointed out that nobody could tell him who he should or should not speak. Finally, he stated that avoiding to speak to the tobacco industry because they killed people was the first step towards avoiding to speak to other industries such as the alcohol or the motorcar industries who were equally dangerous.

A: Dr Anna Gilmore replied that the tobacco industry is not just any other industry because its product kills half of its users when used exactly as intended by the manufacturer. She also stressed that there was good evidence that the tobacco industry had conducted itself illegally. She illustrated her point by citing an extract where Gareth Davies (Chairman of Imperial Tobacco, the tobacco company who have a factory in Mr Helmer’s constituency) is being questioned in a Parliamentary Accounts Committee and the Committee states “one comes to the conclusion that you are either a crook or...
stupid…and you don’t look stupid to me”; This allegation was made because Imperial tobacco had been complicit in smuggling vast amounts of cigarettes into countries (Latvia, Kalingrad, Moldova and Afghanistan) where they are simply not used. Finally, Dr Gilmore stressed that if Mr Helmer was concerned about democracy, he should be more worried about giving a voice to the 480 millions citizens living in Europe rather than giving privileged access to a few shareholders, who may not even be living in Europe. She concluded her comments by explaining that the tobacco industries could always respond to consultation online, as practiced in the UK, as these forms of consultation were less open to manipulation.

A: Mrs Doyle MEP said that she was not dictating to Mr Helmer who he should or should not meet but that it was her own right not to meet with the tobacco industry; she also praised Commissioner Vassiliou for choosing to do the same. Regarding meeting with her constituents who are smokers, she stressed that 7 out 10 people who currently smoke wished they had never started. Finally, she reiterated that the specific characteristics of the tobacco industry should be taken into account.

Q: Deborah Arnott, Director of ASH UK, asked the panel why the public health voice at national level was rarely heard in EU policy making, whereas, in comparison, the tobacco industry seemed to have much more access.

A: Jean King acknowledged that a much stronger voice for public health was needed. She explained that the tobacco industry had more resources than the public health community and that public health organisations should work together to counterbalance this. She highlighted the fact that the public in the UK and elsewhere supported tobacco control measures in order to protect the future generation from this scourge.

Q: Kathy Mulvey from Corporate Accountability International asked Mr Oluwafemi why limiting interaction with the tobacco industry was so important in Nigeria and to clarify the term good governance in relation to the tobacco industry.

A: Mr Oluwafemi responded that in Nigeria, the tobacco industry has been trying to use their financial power to gain influence over governments, gain credibility and promote voluntary codes rather than effective tobacco control legislation. Years of activity by the tobacco industry (recorded in their own documents) have shown that they do not comply with the principles of good governance (accountability, transparency, justice and fairness).

Q: Francis Grogna from the ENSP asked what the WHO rules of engagement with the tobacco industry were.

A: Dr Decaillet said that the WHO had very clear guidelines about whom to meet, in which circumstances and under which conditions. More specifically, WHO staff avoid interaction and meetings with the tobacco industry, except in well defined circumstances. He suggested that EU institutions should have a copy of these instructions (available in the report in Annex II) as they were clear and easy to follow. He mentioned that such guidelines could be useful for Commission staff and Parliamentarians.

A: Mrs Doyle MEP informed participants that the European Parliament adopted its own resolution on European Governance in 2003. She said that this resolution recognised the added value of experts as a source of information during the legislative process but also expressed “a decided preference for parliamentary democracy over a democracy of experts”. Finally she explained that the resolution urged the Commission to publish the evidence and the way in which it is used in the legislative process.

Jean King and Dr Francois Decaillet

Q: Deborah Arnott, Director of ASH UK, asked the panel why the public health voice at national level was rarely heard in EU policy making, whereas, in comparison, the tobacco industry seemed to have much more access.

A: Jean King acknowledged that a much stronger voice for public health was needed. She explained that the tobacco industry had more resources than the public health community and that public health organisations should work together to counterbalance this. She highlighted the fact that the public in the UK and elsewhere supported tobacco control measures in order to protect the future generation from this scourge.

Q: Kathy Mulvey from Corporate Accountability International asked Mr Oluwafemi why limiting interaction with the tobacco industry was so important in Nigeria and to clarify the term good governance in relation to the tobacco industry.

A: Mr Oluwafemi responded that in Nigeria, the tobacco industry has been trying to use their financial power to gain influence over governments, gain credibility and promote voluntary codes rather than effective tobacco control legislation. Years of activity by the tobacco industry (recorded in their own documents) have shown that they do not comply with the principles of good governance (accountability, transparency, justice and fairness).

Q: Francis Grogna from the ENSP asked what the WHO rules of engagement with the tobacco industry were.

A: Dr Decaillet said that the WHO had very clear guidelines about whom to meet, in which circumstances and under which conditions. More specifically, WHO staff avoid interaction and meetings with the tobacco industry, except in well defined circumstances. He suggested that EU institutions should have a copy of these instructions (available in the report in Annex II) as they were clear and easy to follow. He mentioned that such guidelines could be useful for Commission staff and Parliamentarians.

A: Mrs Doyle MEP informed participants that the European Parliament adopted its own resolution on European Governance in 2003. She said that this resolution recognised the added value of experts as a source of information during the legislative process but also expressed “a decided preference for parliamentary democracy over a democracy of experts”. Finally she explained that the resolution urged the Commission to publish the evidence and the way in which it is used in the legislative process.

Jean King and Dr Francois Decaillet
so as to inform the European Parliament about how fundamental policy choices are made.

Q: Tamsin Rose, a public health consultant, stated that a clear distinction should be made between the tobacco industry and smokers. She explained that the industry frames every attempt to stricter tobacco regulation as an attack on smokers’ rights. She said that the tobacco industry was putting smokers at the heart of their business rather than taking their interests to heart.

A: Jean King agreed and pointed out the need for communication campaigns aimed at helping smokers that wished to quit. She further stated that internal tobacco industry documents prove that the tobacco industry has attempted to obstruct tobacco control policies around the world by various means such as the creation of front groups, directly attacking the WHO and dissemination of biased scientific studies.

A: Dr Gilmore emphasised that the tobacco industry is only representing itself and its shareholders. It does not, contrary to how it may attempt to represent itself through front groups, represent smokers or tobacco farmers. The industry simply forms these front groups to increase its influence and acceptability.

Q: Sylvia Hartl (ERS) commented that a denormalisation of smoking in society had to take place in order to prevent children from becoming smokers.

A: Dr Gilmore stressed that the tobacco industry will continue to influence public health policy. Thus, she proposed that staff within the Commission take the same stand as the Commissioner and that the EU ensures the development of strong guidelines on Article 5.3.

A: Akinbode Oluwafemi reminded the panellists that the world will look at the EU’s position at the CoP3.

A: Finally, MEP Avril Doyle advised the Commission to enforce strong guidelines for Article 5.3. Additionally, she considered taking up the WHO rule of engagement into the Parliament and Commission.

**Conclusion and Call for Action**

Article 5.3 and the future guidelines must reflect how the EU institutions and Member States, parties to the FCTC, engage with the tobacco industry. Under current rules governing impact assessments, the Commission must consult with potentially affected stakeholders including the tobacco industry. It is worth pointing out here that the EC, with 26 of its Member States also Party to the FCTC already played an important role improving the text of the FCTC, notably by securing the development of a protocol to combat illicit trade. By taking a leading role, the EU can demonstrate to other countries around the world with less experience of taking on the tobacco industry that the tobacco epidemic can be curbed and even reduced.

MEP Doyle call for action with regard to Article 5.3 was the following:

- Engagement with the tobacco industry should be limited to occasions where it is necessary for industry and product regulation. Minutes of these meetings should be made available to the public in order to guarantee transparency.
- It should be illegal for tobacco companies to make donations to any public officials or party. If this is not possible all received donations should be made public.
- Measures preventing potential conflicts of interest should be put in place.
- Tobacco companies should be forced to publish information on research they have commissioned.
- For non-compliance with Article 5.3 strong civil and criminal penalties should be put into place.
- Lastly, civil society organisations not affiliated with the tobacco industry should be involved in development, implementation and monitoring of measures arising from the Article 5.3.

Mrs Doyle also pointed out that she is not a supporter of overregulation. Yet, she thinks this area asks for an exception. She would like to see that in the year 2025 it is illegal to sell tobacco products in Europe.

Luk Joossens (ECL) proposed monitoring the European Community’s position on Art 5.3 at the COP3. Further, he asked the SFP to set up a similar event to follow up what will happen in Durban.
### Annex 1: List of participants

List of Attendees at the Launch of Spotlight on Article 5.3
15th July 2008, European Parliament Brussels
Total attendees (not including speakers or organisers): 71

#### European Parliament
- Avril Doyle (host) – MEP
- Colm Burke MEP – MEP
- Karl-Heinz Florenz – MEP
- Roger Helmer – MEP UK
- No Name Given – Assistant to Karl-Heinz-Florenz MEP
- No Name Given – Assistant to Hildtrud Breyer
- Ruth Steinhoff – MEP Assistant
- Lars Wohlin – Assistant to Lovisa Friberg MEP
- Catriona Burness P – assistant to Catherine Stihler ME
- Agalianou Evdokia – Assistant to MEP K.Batzeli
- Laure Ferrari – Assistant to MEP Godfrey Bloom
- No Name Given – Assistant to Frieda Brepoels MEP
- Gawain Towler – IND/DEM group
- Josephine Wood – European Parliament-advisor

#### European Commission
- Michaela Holl – DG SANCO
- Anna Jassem – DG SANCO
- Zenon Severis – Cabinet Commissioner Vassiliou
- Thea Emmerling – DG SANCO
- Jean-Luc Noel – European Commission

#### Permanent Representations and National Health Ministries
- Marleen Steenbergher – Health attaché Belgium
- Chloe Spathari – Permanent Representation of the Republic of Cyprus
- Lenka Kostelecka – Permanent Representation for the Czech Republic
- Lucie Wondrichova – Czech Ministry of Health
- Frantisek Berka – Czech Ministry of Health
- Inga Liepina – Ministry of Health of the Republic of Latvia
- Natasa Blazko – Ministry of Health Republic of Slovenia
- Hana Sovinova – National Institute for Public Health, Czech Republic
- Mathieu Capouet – Federal Public Service Public health, Belgium
- Vlasta Hrabak-Zerjavic – Croatian National Institute for Public Health
- Qnvizei Wojtyla – Chief Sanitary Inspector Poland
- Jan Ongelbrand – Deputy Chief Sanitary Inspector Poland

#### Health related organisations
- Deborah Arnott – ASH
- Paul Belcher – Royal College of Physicians
- B Casevitz – Alliance Contre Le Tabac
- Luke Clancy – ENSP
- Jeff Collin – University of Edinburgh
- Jorrit Gerritsen – European Respiratory Society
- Fiona Godfrey – IUATLD
- Francis Grogna – ENSP
- Sylvia Hartl – ERS
- Luk Joossens – ECI
- Marleen Kestens – European Heart Network
- Monika Kosinska – EPHA
- Nelly De Devic – CPME
- Michele Lehmann-Kim – ERS
- Susanne Logstrup – EHN
- William MacNee – University of Edinburgh
- Yves Martinet – CNCT
- Ingrid Van Den Neucker – EHC
- Sylvianne Ratte – IUATLD
- Tamsin Rose – Expert in public health, civil society development, advocacy and communication
- Gunther Schulz – IVAA
- Sema Mandal – School of Hygiene and Tropical Medicine
- Katherine Smith – University of Edinburgh
- Sandra Tavares-Moreira – Cancer Research UK
- Joy Towsend – University of London
- Heide Weishaar – University of Edinburgh
- Brigitte Witzel – WHO
- Witold Zatonski – Cancer Centre and Institute of Oncology
- Hazel Cheeseman – ASH
- Kathy Mullvey – International Policy Director, Corporate Accountability International

#### Press
- Alexander Koronakis – New Europe
- Alia Pagageorgion – New Europe

#### Industry/Consultancy
- Erwan Gicquel – Pfizer
- Andrew Hollingsworth – Novartis
- David Earnshaw – Burson Marsteller
- Luisa Strani – Burson-Marsteller
- Anca Toma – Burson-Marsteller
- Michele Gibbons – Fleishman-Hillard
- Veronique Verlinden – Fleishman-Hillard
Annex 2: **WHO guidelines for responding to requests made by the tobacco industry**

Guidelines for Responding to Requests Made By the Tobacco Industry to Meet with WHO

The purposes of these guidelines are as follows:

1) To inform all WHO staff worldwide that any meetings with representatives of the tobacco industry should be avoided, and if unavoidable, should occur only when necessary;
2) That meetings are only deemed necessary when their purpose as assessed by WHO staff, is to promote public health;
3) To set appropriate meeting guidelines between WHO staff and those closely related to, or directly/indirectly representing the tobacco industry, and;
4) To inform all WHO staff that TF/HQ should be informed in a timely manner when such a meeting request is received from the tobacco industry.

Tobacco use is one of the most significant preventable causes of premature death and disease in the world. The goals of tobacco control are to reduce tobacco-related morbidity and mortality through sustained reductions in tobacco use initiation and consumption; through a reduction in exposure of non-smokers to tobacco smoke; and through a denormalization of tobacco use. As the tobacco industry uses its power to oppose any measures that might limit its activity, the WHO FCTC warns of the threat posed by the industry to global tobacco control. This need to be wary of subversive industry efforts is both recognized in the Preamble of the Convention and in Article 5(3), which actually obligates WHO FCTC parties to protect their public tobacco control policies from industry manipulation. As bolsters the special gravity of this situation, the WHO FCTC is the only international Convention to explicitly address the potential for undermining the objectives of this Convention.

For the above reasons, paragraph 9 of WHO’s “Guidelines on interaction with commercial enterprises to achieve health outcomes” (EB107/20, ANNEX) provides that relationships with the tobacco industry should be avoided. Furthermore, paragraph 1 of Resolution WHA54.18 urges WHO and Member States to be alert to any efforts by the tobacco industry to subvert government and WHO implementation of anti-tobacco public health policies, and to ensure the Integrity of WHO and government policy making processes.

The following guidelines should apply to the fullest extent possible, though it is recognized that all prescriptions/proscriptions cannot apply in all situations. For instance, in furtherance of public health it may sometimes be appropriate to receive certain information from the tobacco industry, and to present the industry with WHO’s policy on tobacco control and WHO’s views on tobacco related health issues, provided always that the interaction is strictly limited to an exchange of this nature.

**Guidelines**

1. In order to comply with Resolution WHA54.18, which calls on the Director-General to continue to inform Member States of activities of the tobacco industry that have a negative impact on tobacco control efforts, all WHO staff worldwide should report to WHO TF/HQ any requests by the tobacco industry to meet with WHO staff — in the case of Regional Directors, the Assistant Director General of NMH should be made aware of any requests and/or meetings between the tobacco industry and respective Regional Directors.

2. Where possible, all such meeting requests should be denied. In order to establish a consistent response and to limit WHO exposure to the tobacco industry, those who by

Version: 6 August 2007
Seminar Report: The role of article 5.3 of the WHO Framework Convention on Tobacco Control in protecting public policy from tobacco industry influence

SMOKEFREE PARTNERSHIP

3. The types of acceptable interactions with the tobacco industry can be divided into two general categories:

a) National level third-party mediated exchanges: those where both national organizations and the tobacco industry are present. Such meetings can arise when WHO staff at country or regional offices meet in a common forum with tobacco monopoly representatives, and the meeting occurs with the aid of a third-party "mediator", such as a national multisectoral coordinating committee National or regional stakeholders’ meetings are an example of these types of exchanges.

b) International mediated face-to-face exchanges: those where WHO staff interact with tobacco industry representatives. For example where WHO staff participate in technical meetings of international bodies such as the International Standardization Organization (ISO)

At the types of meetings described in 3(a) and 3(b), the following guidelines apply to the maximum extent possible:

i.) The goals of the meeting, and how the meeting will advance the goals of WHO, should be determined in advance via an internal WHO consultation.

ii.) There should be a minimum of two WHO staff at these meetings.

iii.) Before the meeting, WHO staff should clearly indicate in writing to the tobacco industry representatives that they may not mischaracterize the nature of the meeting, such that it implies that there is any relationship, collaboration or partnership between WHO and the tobacco industry.

iv.) Official minutes should be taken and shared afterwards to ensure transparency. WHO staff should prepare and distribute the only official minutes of the meeting. This should be agreed upon in writing in advance of the meeting.

v.) The meeting should not take place in any WHO premises, but rather, should occur at a neutral venue selected by WHO. WHO staff may terminate the meeting anytime they deem appropriate unless a unilateral termination is not feasible. Under no circumstances should a meeting take place in the offices of the tobacco industry (including the offices of the groups, persons or entities included in the definition of "tobacco industry" for the purposes of these guidelines). And, under no circumstances should a WHO staff member accept any offers of hospitality from tobacco industry representatives, for example, dinners, tickets to shows, etc.

4. All non-mediated exchanges (in person, phone or email) between WHO staff and the tobacco industry should be avoided.

5. Regardless of the type of interaction as mentioned above, once the meeting is concluded, the WHO staff should:
a) re-emphasize that the tobacco industry representatives may not mischaracterize the nature of the meeting such as to imply that there is any relationship, collaboration or partnership between WHO and the tobacco industry;

b) decide on follow-up questions that may have to be answered after the meeting;

c) correct via official letter any public misconception or misinformation regarding the meeting; and

d) provide a copy of the meeting minutes or report to the Director of TFI/² along with any necessary briefing notes, and contact information in the event that a follow-up or de-briefing is deemed desirable.

6. No WHO programme should accept any direct or indirect funding from the tobacco industry.

7. No WHO programme should endorse projects which are funded directly or indirectly by the tobacco industry.

8. All WHO staff should inform TFI/HQ in a timely manner when a meeting request is received from the tobacco industry.

9. These guidelines are subject to annual review in order to continuously assist WHO staff worldwide to respond appropriately to tobacco industry requests to interact with WHO.

¹ In the case of a meeting between a Regional Director and Industry representatives, a copy of the meeting minutes or report should be given to the Assistant Director-General of NHM.

² In the case of a meeting request for a Regional Director to meet with industry representatives, the Assistant Director-General of NHM should be informed.

Version: 6 August 2007
Annex 3: Press Coverage


- Call for end to global collusion with tobacco firms, Irish Examiner, 16 July:
SMOKING kills more people than Aids, murder, drugs, road accidents and suicide combined, but governments and the EU are allowing tobacco companies to influence their policies. Cancer and anti-smoking organisations say this collusion must end and are demanding strict guidelines in the Convention on Tobacco Control, to prevent tobacco companies interfering in public policy. More than 157 countries, including Ireland, have signed up to the World Health Organisation’s Convention — the first international public health treaty. It aims to protect present and future generations from the devastating consequences of tobacco consumption and exposure to tobacco smoke.


- Europe Must Resist Tobacco Industry Interference in Global Tobacco Treaty – Statement by Kathy Mulvey, International Policy Director with Corporate Accountability International
BRUSSELS - July 15 - Today at the European Parliament, officials are gathering for a Seminar on the Protection of Public Health from the Tobacco Industry. European interest in these issues is a welcome sign. Tobacco is killing more than five million people around the world every year. That is why governments came together to negotiate the global tobacco treaty, formally known as the World Health Organization Framework Convention on Tobacco Control (FCTC). There are now more than 150 parties to the global tobacco treaty, including 25 of the 27 European Union member states and the EU itself. But the most serious threat to this groundbreaking treaty is the tobacco industry. Transnationals like Philip Morris International, British American Tobacco (BAT) and Japan Tobacco (JT) are using their political influence to weaken, delay and defeat tobacco control legislation around the world. Allies like Environmental Rights Action Nigeria are continuing to expose how Big Tobacco’s political power has particularly devastating effects in developing countries.

- EU Commissioner takes stance against tobacco, De Redactie.be,
Tue 15/07/08 19:04 - Tobacco control experts met with European Union Health Commissioner Androulla Vassiliou and prominent Members of the European Parliament in Brussels today to urge for the tobacco industry to be excluded from influencing public health policies. The politicians and experts discussed the obligations of 25 EU Member States and the European Commission as signatories of the World Health Organisation Framework Convention on Tobacco Control (FCTC). Two Member States have yet to sign: Italy and the Czech Republic. At the Brussels meeting, Health Commissioner Vassiliou (photo above) publicly pledged, for the first time, not to enter into discussion with the tobacco industry. Host of the meeting MEP Avril Doyle emphasised the importance of the Commissioner’s stance. The tobacco industry is the problem, it can never be part of the solution: “It is different from all other industries: it has the only legal product that when used as recommended kills up to half of its users…. Tobacco kills and there is no justification to continue to have it as a legal product,” said Avril Doyle in at the seminar in the European Parliament in Brussels. The World Health Organisation’s Framework Convention on Tobacco Control enshrines this concept in international law for the first time. The signatories that have ratified it are required to reflect its principles in their national legislation and policies.
Available at: [http://www.deredactie.be/cm/de.redactie.english/flanders_today/080715_Tobacco_industry](http://www.deredactie.be/cm/de.redactie.english/flanders_today/080715_Tobacco_industry)
• Irish MEP spearheads bid to silence the tobacco lobby (17/7/08), Eurolink news, 17 July

Ireland lead the way by introducing the ban on smoking in the workplace - now the whole world is gradually heading towards a smoke-free environment. Last week saw a major international gathering in South Africa of representatives from 157 countries who have signed the world’s first public health treaty - the UN Framework Convention of Tobacco Control. Meanwhile, a meeting of tobacco control experts in Brussels was hosted by Ireland East MEP Avril Doyle. The Fine Gael MEP, together with leading health advocates, called for the tobacco industry to be excluded from influencing public health policy. ‘We want to draw the attention of the EU institutions to Article 5 of the Convention,’ said Ms Doyle, ‘which obliges countries who have signed the treaty to protect public health policies from commercial and other vested interests of the tobacco industry at national, EU and international level.’


• Tobacco industry ‘at odds’ with public health, The Parliament, 15 July

Irish deputy Avril Doyle has voiced concern about tobacco companies increasingly “peddling their trade” outside EU member states. Speaking at a news conference in parliament on Tuesday, she also called for “complete transparency” by public figures, including MEPs, on any “donations” they receive from the tobacco industry. She said the industry was a “potent enemy” for those who seek to support a smoke-free environment and should be excluded from influencing public health policies. “Increasingly, we are seeing those involved in the industry move from the west to what might be called weaker democracies, in trying to compensate for falling tobacco sales in places like EU countries,” she said. “Despite this, the message we should be sending to the industry is that the days of peddling their trade are over.”

Doyle was speaking ahead of a one-day seminar in parliament on Tuesday. She and other speakers called for full implementation of the framework convention on tobacco control treaty, the world’s first international public health treaty. Another keynote speaker, Jean King of Cancer Research UK, said, “The tobacco industry makes a product that causes more than a quarter of cancer deaths, all of them entirely preventable.

Available at: http://www.theparliament.com/policy-focus/health/health-article/newsarticle/tobacco-industry-at-odds-with-public-health/

• The role of article 5.3 of the WHO Framework Convention on Tobacco Control in protecting public policy from tobacco industry influence, Smoke Free Partnership, 16 July

Tobacco control experts met with European Union Health Commissioner Mrs Androulla Vassiliou and prominent Members of the European Parliament to urge for the tobacco industry to be excluded from influencing public health policies. On July 15, the Smokefree Partnership organised a seminar in the European Parliament (Brussels) on the role of article 5.3 of the WHO FCTC in protecting public policy from tobacco industry influence. Worldwide, tobacco kills around five million smokers annually: more people than AIDS, legal and illegal drugs, road accidents, murder and suicide combined. The World Health Organization (WHO) predicts that more than 8 million people will die from tobacco every year by 2030 if current smoking rates persist, and that 80% of these deaths will be in developing countries. Speakers included Mrs Androulla Vassilou (EU Commissioner for Health), Dr Anna Gilmore (University of Bath), Mr Akinbode Oluwafemi (Environmental Rights Action’s Manager in Lagos, Nigeria) and Mrs Jeanne King (Smokefree Partnership). The seminar was hosted by Mrs Avril Doyle, MEP.

Available at: http://www.smokefreepartnership.eu/The-role-of-article-5-3-of-the-WHO