



# FRAMEWORK CONVENTION ON TOBACCO CONTROL

## UN Instrument

Adopted by Fifty-third World Health Assembly, Geneva, Switzerland, 15-20 May 2000  
WHA53.16

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, and expresses its appreciation for the work of the working group, its bureau and the Secretariat;
2. RECOGNIZES that the report, including the proposed draft elements for a framework convention, establishes a sound basis for initiating negotiations by the Intergovernmental Negotiating Body;
3. RECOGNIZES that success of the framework convention depends on broad participation by WHO Member States and organizations referred to in resolution WHA52.18, paragraph 1(3);
4. CALLS ON the Intergovernmental Negotiating Body:
  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs, and to consider the applicability of an extended bureau;
  - (2) to commence its negotiations with an initial focus on the draft framework convention, 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 extended participation, as observers, of non-governmental organiza-

tions, according to criteria to be established by the Negotiating Body;

5. REQUESTS the Director-General:
  - (1) to convene the first session of the Intergovernmental Negotiating Body in October 2000;
  - (2) to draw up, for consideration by the Negotiating Body at its first session, a 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.

(Eighth plenary meeting, 20 May 2000 – Committee A, second report)

WHA53.17 Prevention and control of non-communicable diseases

The Fifty-third World Health Assembly,

*Recalling* resolution WHA51.18 on non-communicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of non-communicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

*Recognizing* the enormous human suffering caused by non-communicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

*Noting* that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent non-communicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet,

physical inactivity, environmental carcinogens, and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

*Reaffirming* that the global strategy for prevention and control of non-communicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

*Recognizing* the leadership role that WHO should play in promoting global action against non-communicable diseases, and WHO's contribution to global health based on its advantages compared to other organizations,

1. URGES Member States:

- (1) to develop a national policy framework taking into account several instruments such as healthy public policies creating an environment conducive to healthy lifestyles, fiscal and taxation policies regarding healthy and unhealthy goods and services, and public media policies empowering the community;
- (2) to establish programmes, at national or any other appropriate level, in the framework of the global strategy for prevention and control of major non-communicable diseases, and specifically:
  - (a) to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;
  - (b) to assess and monitor mortality and morbidity attributable to non-communicable disease and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;
  - (c) to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of non-communicable diseases by according non-communicable diseases priority on the public health agenda;

- (d) to emphasize the key role of governmental functions – including regulatory functions – when combating non-communicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
  - (e) to promote community-based initiatives for prevention of non-communicable diseases, based on a comprehensive risk-factor approach;
  - (f) based on available evidence, to support development of clinical guidelines for cost-effective screening, diagnosis and treatment of common non-communicable diseases;
  - (g) to include appropriate health promotion strategies in school health programmes and in programmes geared to youth;
- (3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic non-communicable diseases and that their management is based on cost-effective health care interventions and equitable access;
  - (4) to share their national experiences and to build capacity at regional, national and community levels for the development, implementation and evaluation of programmes for prevention and control of non-communicable diseases;
2. REQUESTS the Director-General:
- (1) to continue giving priority to prevention and control of non-communicable diseases, with special emphasis on developing countries and other deprived populations;
  - (2) to ensure that the leadership provided by WHO in combating non-communicable diseases and their risk factors is based on the best available evidence, and thus to

- facilitate, with international partners, capacity building and establishment of a global network of information systems;
- (3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of non-communicable diseases;
  - (4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;
  - (5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;
  - (6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of non-communicable diseases;
  - (7) to promote and initiate collaborative research on non-communicable diseases, including research on behavioural determinants, and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;
  - (8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs in order collectively to treat major non-communicable diseases and their determinants.
- (Eighth plenary meeting, 20 May 2000 – Committee A, second report)