



Tobacco Use & Exposure

Overview

What We Fund
Team Members
National Programs
Active Grants
Funding Opportunities

What We've Learned

Charts & Data
Grant Results
Publications
Research

Newsroom

Features
Grantee Profiles
News Releases
Speeches & Commentary
Broadcast Health Series
Webcasts

[Back to Interest Areas](#)

Interest Areas > Tobacco Use & Exposure > Grant Results

Campaign for Tobacco-Free Kids Promotes WHO International Treaty on Tobacco Control

Grant Results

Last Updated: September 2006

[Table of Contents](#)

SUMMARY

From March 2000 through October 2004, the Campaign for Tobacco-Free Kids worked to advance domestic and international tobacco control policies through support for the WHO Framework Convention on Tobacco Control, the first international public health treaty on curbing tobacco use. Campaign staff members developed a set of treaty principles that were endorsed by more than 30 organizations, and they made presentations on the treaty at national meetings.

They also helped establish the Framework Convention Alliance, a network of 200 organizations worldwide, to facilitate involvement of nongovernmental organizations in treaty negotiations. The alliance is now working to encourage individual countries, including the United States, to ratify and implement the treaty, which became international law in February 2005.

The Robert Wood Johnson Foundation (RWJF) supported this *solicited* project with three grants totaling \$3,991,235. The Campaign for Tobacco-Free Kids is a national center established by RWJF to reduce tobacco use in the United States. See [Grant Results report on ID#s 035929, 029600 and 028989](#).

[See Grant Detail & Contact Information](#)

[Back to the Table of Contents](#)

THE PROBLEM

About four million people die each year from tobacco use, according to the United Nations' World Health Organization (WHO). If current trends continue, tobacco use will claim the lives of about 10 million people per year by the early 2030s, with 70 percent of deaths occurring in developing countries. In 1999, the 191 member-states of WHO's governing body unanimously endorsed work on a Framework Convention on Tobacco Control, the first attempt by WHO to create an international public health treaty. (A framework convention is a multilateral treaty that establishes a general framework that signatories agree to abide by, and then follows it with the implementation of specific provisions as states ratify the treaty over time.) Public health advocates in the United States were not actively involved when negotiations on the Framework Convention on Tobacco Control began in 1999, nor were members of the U.S. public aware of its importance. Without the educated and organized involvement of public health advocates, many tobacco-control experts believed that the U.S. government would be less likely to negotiate a strong, health-oriented treaty.

[Back to the Table of Contents](#)

RWJF STRATEGY

RWJF has funded the start up and operations of the Campaign for Tobacco-Free Kids, also called the National Center for Tobacco-Free Kids. See [Grant Results report on ID#s 035929, 029600 and 028989](#). Although RWJF does not make grants internationally, it has supported some international tobacco control efforts that have domestic public health implications through grants within the United States. RWJF provided partial support for the 11th World Conference on Tobacco OR Health, which was held in August 2000 with four grants totaling almost \$2 million. This was the first time since 1975 that the World Conference, widely recognized as an important forum for international learning and collaboration on tobacco control, had been held in the United States. See [Grant Results report on ID#s 039809, 036507, 029689, 029398](#).

[Back to the Table of Contents](#)

THE PROJECT

From March 2000 through October 2004, the Campaign for Tobacco-Free Kids worked to advance domestic and international tobacco control policies through support for the WHO Framework Convention on Tobacco Control. The goals of the three RWJF grants were to:

- Educate the U.S. public; health, policy and other organizations; and media about the significance of the Framework Convention on Tobacco Control for tobacco prevention and cessation efforts in the United States and worldwide.

- Increase coordination among U.S. organizations providing input during negotiations on the Framework Convention.
- Motivate the public and nongovernmental organizations to work to ensure that the treaty's provisions would be based, above all, on public health considerations.

The project team structured its activities around WHO's four-year treaty negotiating process, which began in 1999 and ended in 2003. Campaign staff drafted core principles, conducted education campaigns and helped found a coalition of nongovernmental organizations from around the world. They also were observers at: (1) two meetings of a WHO working group in 1999 and 2000; (2) six formal negotiating sessions between October 2000 and January 2003; and (3) consultations held between negotiating sessions. The project team included Matthew Myers, President of the Campaign for Tobacco-Free Kids, and Judith P. Wilkenfeld, J.D., former Special Advisor for Tobacco Policy of the Commissioner of the U.S. Food and Drug Administration.

[Back to the Table of Contents](#)

RESULTS

The project team reported the following results of work funded by the RWJF grants:

- **In spring 2000, the campaign drafted a set of core principles that it believed should guide treaty negotiations.** Among these principles:
 - The convention should recognize that tobacco-control efforts must be comprehensive, addressing such issues as: tobacco price and tax policies; passive smoking; advertising, promotion and sponsorship of tobacco products; and tobacco product regulations, including reporting of tobacco product ingredients and the ability to require tobacco product modification.
 - Health concerns should be the first priority of the parties negotiating the Convention and should govern all decisions made by them.
 - Provisions of the convention must be legally binding on tobacco companies, be implemented by legislation or regulation and provide for strict enforcement mechanisms by each signatory. (See [Appendix 1](#) for a complete list of principles.)

Some 30 organizations endorsed the principles (See [Appendix 2](#) for a list of endorsers). Prior to the start of formal negotiations, more than 50 U.S. organizations submitted comments to WHO and 31 appeared or had their statements read by campaign staff during a two-day hearing in Geneva in October 2000.

- **Project staff educated the U.S. public to encourage support for the Framework Convention.** In constructing their education campaign, project staff used focus groups to determine which messages would resonate with the U.S. public. (See [Lessons Learned](#) below.) They produced and disseminated fact sheets, briefing papers and five issue reports designed to raise domestic awareness of tobacco industry strategies and underscore the importance of U.S. participation in and support of the Framework Convention. Project staff presented information on the Framework Convention at professional meetings, such as the American Public Health Association, and lectured at colleges and universities around the country. On a project-sponsored national speaking tour in April 2002, tobacco control advocates from the Czech Republic and Malaysia addressed audiences at the Rockefeller Foundation, Harvard University and other institutions.
- **The Campaign helped found the Framework Convention Alliance, a coalition of nongovernmental organizations from around the world.** The alliance was formed in 1999 to facilitate the involvement of nongovernmental organizations in the treaty negotiations. The group was organized as a "structured network," a loose affiliation that allows its diverse, geographically dispersed members to communicate, learn from one another and take joint action when all members reach consensus. By 2004, the coalition had grown to include 200 nongovernmental organizations from more than 100 countries. (See [Appendix 3](#) for a partial list of members.) In an article in the *British Medical Journal*, project staff noted that the alliance helped build confidence among nongovernmental organizations in poorer countries, which are "in the forefront of tobacco control efforts" and which typically do not have the public health infrastructure to adequately respond to the health threats caused by tobacco use and exposure, notes Joe Marx, a senior communications officer for tobacco and public health grantmaking at RWJF.

The project team reported the following results, which were not funded by the RWJF grants:

- **The Campaign monitored the performance of the U.S. delegation participating in the negotiations.** Campaign staff held formal and informal meetings with members of the U.S. delegation, which included public health professionals and political appointees. They presented the delegates with written and oral testimony at public hearings, observed their activities at the six negotiating sessions in Geneva and held media briefings to inform organizations in the United States about the positions U.S. negotiators were taking. In 2001, the campaign and its partners became more critical of the U.S. delegation, charging that many of the positions taken would dilute the treaty and "seem favorable to the interests of tobacco companies."
- **The campaign garnered support from members of the U.S. Congress for strong measures in the Framework Convention.** In March 2002, eight senators (Edward Kennedy, D-Mass.; John Kerry, D-Mass.; Richard Durbin, D-Ill.; Jack Reed, D-R.I.; Tom Harkin, D-Iowa; Bob Graham, D-Fla.; Barbara Boxer, D-Calif.; and John D. Rockefeller, D-W.Va.) wrote President George W. Bush to express concern that the positions taken by U.S. negotiators were weakening the treaty and urged him to intervene. Representatives Nancy Pelosi, D-Calif.; and Henry Waxman, D-Calif.; also wrote letters to the president on behalf of a strong treaty.

During the speaking tour, project staff gathered signatures from 10,000 adults and youth for a petition asking President Bush to "Support HEALTH not Tobacco" during Framework Convention negotiations.

[Back to the Table of Contents](#)

CONCLUSIONS

On May 21, 2003, the 192 members of the World Health Organization's governing body unanimously adopted the Framework Convention, the first step toward ratification and implementation of the treaty. (See [Appendix 4](#) for highlights of the Framework Convention provisions and ratification process). In an article in *Tobacco Control*, project staff assessed the strengths and weaknesses of the treaty and its potential for curbing the global tobacco epidemic:

The treaty provides the "basic tools for countries to enact comprehensive tobacco control legislation." Among its key measures are several that the Campaign had supported:

- A comprehensive ban on tobacco advertising, promotion and sponsorship.
- Placement of health warnings on tobacco packaging that cover at least 30 percent (preferably 50 percent) of the principal display area.
- A ban on the use of terms such as light and mild.
- Protections from exposure to tobacco smoke in workplaces and indoor public places.
- Measures to combat smuggling.
- Increases in tobacco taxes.

Only four of these measures (a ban on advertising, health warning labels, actions to eliminate smuggling and protection against secondhand smoke) were made obligatory. In addition, countries with existing constitutions, including the United States, can opt out of the provision banning advertising. According to the project team, this was the direct result of intense pressure from a handful of countries, particularly the United States, Japan and Germany. This means that in many cases it will be up to individual countries to decide how far to go in implementing the treaty. The treaty does contain language that encourages signatories to go beyond the minimum standards contained in the agreement.

The full text of the Framework Convention can be found at the Web site of the World Health Organization: www.who.int/gb/fctc/PDF/inb6/einb65.pdf.

[Back to the Table of Contents](#)

LESSONS LEARNED

1. **Structured networks — a looser type of affiliation than a top-down organization — are useful in building international alliances because they enable culturally and geographically diverse participants to develop a common language.** "We realized quickly that we could not create an international organization with a head and a top-down structure. What we had was a lot of groups with individual interests who came together for concrete ideals. We set out principles: only organizations could join; there were no dues because that could create inequality between developing and developed nations; we would never make a decision except by 100 percent consensus; the coordinator had to be from a developing country; and we were 'belligerently diverse,' with a board made up of one member from each of the WHO regions and three members at large — representing the entire complexity of our membership. Consensus building, respectful listening and mutual learning were key to the structured-network approach of the Framework Convention Alliance. Although organizations from developed countries had superior technical expertise and financing, the structured network approach allowed developing countries to emerge as leaders in advocating for stronger measures in the treaty." (Project Director)
2. **The involvement of nongovernmental organizations is essential for effective action on global priorities.** Nongovernmental organizations maintained an active presence at all negotiating sessions, utilizing the media to mobilize international public opinion on behalf of a strong treaty. However, many governments, including the United States, do not welcome these organizations' participation in treaty negotiations, questioning their legitimacy and accountability in promoting their agendas. (Project Director)
3. **In global health initiatives, U.S. nongovernmental organizations should not push other countries to support their solutions even if they believe they are right.** The effectiveness of U.S. agencies is often undermined by their expertise and their attitude that "We have everything and know everything." When listening to other countries, U.S. organizations should understand that what is best for the United States may not be best for other countries, especially developing countries where health and economic priorities often clash. (Project Director)
4. **In public education campaigns, program designers may err when trying to predict the messages that resonate with audiences.** Project staff expected that the strongest argument for U.S. support for the treaty would be that the United States has a particular responsibility to curb global trade in tobacco, as it is home to the world's largest multinational tobacco company (Philip Morris). Only the faith community, however, responded strongly to this message. In contrast, messages targeted to ethnic groups, especially recent immigrants with ties to other countries, were more effective in raising interest in an international tobacco control treaty. (Project Director)

[Back to the Table of Contents](#)

COMMUNICATIONS

The project team disseminated information about the Framework Convention through fact sheets, reports, briefing papers, public testimony and articles in peer-review journals, including Tobacco Control, the *Journal of the American Medical Association* and others. Information on the Framework Convention and copies of project materials are available at the Tobacco-Free Kids [Web site](#). The Framework Convention Alliance produced a daily newsletter, the *Alliance Bulletin*, targeted at the treaty negotiators, members of the media and Alliance members not in attendance. The newsletter and other information about the project are available at the Framework Convention Alliance [Web site](#). The team's oversight of the U.S. delegation attracted extensive press coverage by national newspapers, including the *New York Times*, *Wall Street Journal*, *USA Today* and the *Washington Post*, and major news channels, including ABC and CBS. (See [Bibliography](#) for details on publications.)

[Back to the Table of Contents](#)

AFTER THE GRANT

In February 2005, the Framework Convention became international law. To date, 168 parties have signed the Framework Convention for Tobacco Control and 78 countries have ratified it. Although U.S. Health and Human Services Secretary Tommy Thompson signed the treaty in May 2004, it has not yet been submitted to the U.S. Senate for ratification.

Following the close of the final grant in October 2004, the Campaign for Tobacco-Free Kids integrated global initiatives into its ongoing activities. Project Director Judith Wilkenfeld now serves as director of international programs. The campaign is working with its international partners in the Framework Convention Alliance to raise funds to support global tobacco control efforts and to encourage as many countries as possible, including the United States, to ratify and enforce the treaty.

[Back to the Table of Contents](#)

GRANT DETAILS & CONTACT INFORMATION

Project

Educating the U.S. Public About the Framework Convention on Tobacco Control

Grantee

Campaign for Tobacco-Free Kids (Washington, DC)

- . Building Support for the Framework Convention on Tobacco Control

Amount: \$ 724,054

Dates: March 2001 to March 2001

ID#: 038818

- . Educating U.S. Support for the Framework Convention on Tobacco Control

Amount: \$ 745,187

Dates: March 2001 to November 2001

ID#: 041035

- . Educating the U.S. Public About the Framework Convention on Tobacco Control

Amount: \$ 2,521,994

Dates: November 2001 to October 2004

ID#: 042060

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[Back to the Table of Contents](#)

APPENDICES

Appendix 1

Core Principles for the WHO Framework Convention on Tobacco Control

1. The Convention should recognize that there is no single policy that will solve the problems caused by tobacco. To be effective, tobacco control efforts must be comprehensive and include, at a minimum, agreements related to:
 - . Tobacco price and tax policies
 - . Passive smoking
 - . Protecting women and children
 - . Smuggling of tobacco products
 - . Sale of duty-free tobacco products

- . Advertising, promotion and sponsorship of tobacco products
 - . Tobacco product regulations, including testing and reporting of tobacco product ingredients and constituents, and the ability to require tobacco product modification
 - . Tobacco industry regulation
 - . Information exchange and technology transfer
 - . Health education and research
 - . Agricultural policies
 - . Tobacco use prevention and cessation programs.
2. Health concerns should be the first priority of the parties negotiating the Convention and related protocols and should govern all decisions made by them. All negotiating parties should have a public health rationale for each of their positions.
 3. Provisions of the Convention and any related protocols thereto must be legally binding on the tobacco companies and, therefore, must be implemented by legislation or regulation by each signatory and, where appropriate, provide for strict enforcement mechanisms by each signatory.
 4. Provisions in the Framework Convention itself, independent of protocols, should have a positive impact on tobacco control efforts. All issues should be dealt with, as specifically and thoroughly as possible, within the actual Framework Convention rather than being reserved solely to the protocols.
 5. 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. Nothing in the Convention or its protocols should prevent or discourage a party from taking stronger action than required by the Convention or its protocols.
 6. The Convention should include provisions for binding resolution of disputes between states and penalties for noncompliance.
 7. Given their history, tobacco companies and their subsidiaries should not be an official party to the negotiations and should not be allowed to serve on any advisory, scientific advisory, enforcement or implementation bodies of the Framework Convention.
 8. Nongovernmental organizations (NGO) should be fully integrated into the Framework Convention process. Rules for NGO participation should rely on the precedents set at other recent UN Conferences. The World Health Organization should work with governments and private organizations to seek funds for ensuring strong representation from developing country NGOs.

Appendix 2

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Signatories to Core Principles Developed by the Campaign for Tobacco-Free Kids

U.S. Organizations

- . Action on Smoking and Health
- . American Association for Respiratory Care
- . American Cancer Society
- . American Heart Association
- . American Lung Association
- . American Medical Student Association
- . American Medical Women's Association
- . American Public Health Association
- . American School Counselor Association
- . American Society of Addiction Medicine
- . American Thoracic Society
- . Bay Area Region Tobacco Education Resource Center
- . Boston Women's Health Book Collective
- . Campaign for Tobacco-Free Kids
- . General Board of Church & Society of the United Methodist Church
- . Literacy for Environmental Justice
- . National Alliance for Hispanic Health
- . National Association of Local Boards of Health
- . National Center for Health Education

- . National Education Association
- . National Women's Law Center
- . Partnership for Prevention
- . Summit Health Coalition
- . Tobacco Control Resource Center
- . United Methodist Church

International endorsers include:

- . Centre for Behavioral Research in Cancer Control, Western Australia
- . Country Women Association of Nigeria (COWAN)
- . Network of African Rural Women Associations (NARWA)
- . Tobacco Control Policy Research Network, Thailand

Appendix 3

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Framework Convention Alliance Members: Nongovernmental Organizations from the Americas Region

United States

- . Action on Smoking and Health (USA)
- . Advocacy Institute (USA)
- . American Cancer Society
- . American Heart Association
- . American Lung Association
- . American Public Health Association Campaign for Tobacco-Free Kids (USA)
- . Chinese Progressive Association (USA)
- . Corp Watch (USA)
- . Essential Action (USA)
- . INFACT (USA)
- . Interfaith Center on Corporate Responsibility
- . Islamic Medical Association of North America
- . Robert Wood Johnson Foundation (USA)
- . San Francisco Tobacco Free Coalition (USA)
- . Society for Research on Nicotine and Tobacco (USA)
- . Tobacco-Free Coalition (USA)
- . Tobacco Law Center (USA)
- . Tobacco-Free Las Cruces Coalition (USA)

Americas

- . Against-Tobacco Group of Hospital Italiano of Buenos Aires (GRANTAH1)
- . Airspace Action on Smoking and Health (Canada)
- . Alianza Hondureña para la Prevencion y Control del Tabaquismo (AHPRECTA)
- . Argentine Union Against Tobacco
- . Canadian Cancer Society
- . Canadian Public Health Association
- . Centre of Information and Education for Drug Abuse Prevention (Peru)
- . Coalition for Tobacco-Free Trinidad
- . Comision Nacional Permanente de Lucha Antitabaquica (COLAT)
- . FEDAPAR – Federacion de Asociaciones de Padres del Paraguay
- . Grupo Universitario Anti-Tabaquico (Uruguay)
- . Heart and Stroke Foundation (Canada)
- . Heart Foundation of Barbados

- . Heart Foundation of Jamaica
- . Instituto de Ciencia y Tecnología Regional (ICTER)
- . Instituto Hondureño de Psicoterapia (IHPSTE)
- . InterAmerican Heart Foundation
- . Jamaica Coalition for Tobacco Control (Jamaica)
- . Non-Smokers' Rights Association (Canada)
- . Peruvian American Medical Society (PAMS)
- . Physicians for a Smoke-Free Canada
- . Red de Desarrollo Humano REDEH-CEMINA – Human Development Network (Brazil)
- . Sindicato Medico del Uruguay (Medical Syndicate of Uruguay)
- . St. Lucia Cancer Society
- . Uruguay Antitobacco Commission

Appendix 4

Highlights of the Framework Convention on Tobacco Control

The Framework Convention on Tobacco Control is the first treaty initiated by the World Health Assembly, the governing body of the World Health Organization (WHO). Negotiations began in October 1999 and concluded March 1, 2003. The Framework Convention was adopted at the World Health Assembly on May 23, 2003. It went into effect on February 27, 2005, 90 days after ratification by the 40th country (Peru).

The objective of the Framework Convention is "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke." The preamble recognizes the need for countries to give priority to their right to protect public health, the unique nature of tobacco products and the harm that companies that produce them cause.

The Framework Convention provides parties who ratified the treaty with a considerable degree of flexibility in implementing measures beyond those described in the treaty. Significantly, Article 2.1 of the treaty states that all parties are encouraged to implement stronger measures than the minimum standards required by the treaty. Significant treaty provisions cover such issues as:

- . Advertising, promotion and sponsorship
- . Packaging and labeling
- . Second-hand smoke
- . Smuggling
- . Taxation and duty free sales
- . Product regulation and ingredient disclosure
- . Liability
- . Treaty oversight
- . Financing

Only four treaty provisions (a ban on advertising, promotion and sponsorship, health warning labels covering at least 30 percent of tobacco packaging, actions to eliminate smuggling and protection against second-hand smoke) were made obligatory. However, countries with existing constitutions, including the United States, can opt out of the provision banning advertising.

Other Important Commitments:

- . Each party shall establish or reinforce and finance a national coordinating mechanism or focal point for tobacco control.
- . Parties shall endeavor to include tobacco cessation services in their national health programs.
- . Parties shall prohibit or promote the prohibition of the distribution of free tobacco products.
- . Parties shall promote the participation of NGOs in the development of national tobacco control programs.
- . Parties shall prohibit the sale of tobacco products to persons under the age set by national law, or eighteen.
- . No reservations to the Framework Convention are allowed.
- . The Framework Convention will enter into force 90 days after ratification by the 40th country.

The full text of the FCTC can be found at the Web site of the World Health Organization:
www.who.int/gb/fctc/PDF/inb6/einb65.pdf

[Back to the Table of Contents](#)

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hearings and press releases) and links to the text of the Framework Convention treaty adopted in May 2003. It also includes an ad gallery and links to Web sites of organizations in the United States and around the world involved in tobacco cessation and control.

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[Back to the Table of Contents](#)

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