

Treaty timeline

1996. World Health Assembly initiates the development of a framework convention on tobacco control

1999. Intergovernmental Negotiating Body and a technical working group established by the World Health Assembly

2000. World Health Assembly paves the way for the start of negotiations on a framework convention

2000–2003. Formal drafting and negotiations by the Intergovernmental Negotiating Body

21 May 2003. Adoption of the WHO Framework Convention on Tobacco Control by the World Health Assembly

16 June 2003. The Convention is open for signature

29 November 2004. 40 ratifications (as required for entry into force)

27 February 2005. Entry into force

3 November 2005. 100 Parties

2006. Conference of the Parties and the Convention Secretariat established

1 April 2011. 172 Parties

Conference of the Parties

First session: 6–17 February 2006, Geneva, Switzerland

Second session: 30 June–6 July 2007, Bangkok, Thailand

Third session: 17–22 November 2008, Durban, South Africa

Fourth session: 15–20 November 2010, Punta del Este, Uruguay



Future regular sessions of the Conference of the Parties to be held every two years.

Parties to the Convention as of 1st April 2011

*(with the year of ratification, acceptance, approval,
formal confirmation or accession)*

Afghanistan – 2010	Germany – 2004	Panama – 2004
Albania – 2006	Ghana – 2004	Papua New Guinea – 2006
Algeria – 2006	Greece – 2006	Paraguay – 2006
Angola – 2007	Grenada – 2007	Peru – 2004
Antigua and Barbuda – 2006	Guatemala – 2005	Philippines – 2005
Armenia – 2004	Guinea – 2007	Poland – 2006
Australia – 2004	Guinea-Bissau – 2008	Portugal – 2005
Austria – 2005	Guyana – 2005	Qatar – 2004
Azerbaijan – 2005	Honduras – 2005	Republic of Korea – 2005
Bahamas – 2009	Hungary – 2004	Republic of Moldova – 2009
Bahrain – 2007	Iceland – 2004	Romania – 2006
Bangladesh – 2004	India – 2004	Russian Federation – 2008
Barbados – 2005	Iran (Islamic Republic of) – 2005	Rwanda – 2005
Belarus – 2005	Iraq – 2008	Saint Lucia – 2005
Belgium – 2005	Ireland – 2005	Saint Vincent and the Grenadines – 2011
Belize – 2005	Israel – 2005	Samoa – 2005
Benin – 2005	Italy – 2008	San Marino – 2004
Bhutan – 2004	Jamaica – 2005	Sao Tome and Principe – 2006
Bolivia (Plurinational State of) – 2005	Japan – 2004	Saudi Arabia – 2005
Bosnia and Herzegovina – 2009	Jordan – 2004	Senegal – 2005
Botswana – 2005	Kazakhstan – 2007	Serbia – 2006
Brazil – 2005	Kenya – 2004	Seychelles – 2003
Brunei Darussalam – 2004	Kiribati – 2005	Sierra Leone – 2009
Bulgaria – 2005	Kuwait – 2006	Singapore – 2004
Burkina Faso – 2006	Kyrgyzstan – 2006	Slovakia – 2004
Burundi – 2005	Lao People's Democratic Republic – 2006	Slovenia – 2005
Cambodia – 2005	Latvia – 2005	Solomon Islands – 2004
Cameroon – 2006	Lebanon – 2005	South Africa – 2005
Canada – 2004	Lesotho – 2005	Spain – 2005
Cape Verde – 2005	Liberia – 2009	Sri Lanka – 2003
Central African Republic – 2005	Libyan Arab Jamahiriya – 2005	Sudan – 2005
Chad – 2006	Lithuania – 2004	Suriname – 2008
Chile – 2005	Luxembourg – 2005	Swaziland – 2006
China – 2005	Madagascar – 2004	Sweden – 2005
Colombia – 2008	Malaysia – 2005	Syrian Arab Republic – 2004
Comoros – 2006	Maldives – 2004	Thailand – 2004
Congo – 2007	Mali – 2005	The former Yugoslav Republic of Macedonia – 2006
Cook Islands – 2004	Malta – 2003	Timor-Leste – 2004
Costa Rica – 2008	Marshall Islands – 2004	Togo – 2005
Côte d'Ivoire – 2010	Mauritania – 2005	Tonga – 2005
Croatia – 2008	Mauritius – 2004	Trinidad and Tobago – 2004
Cyprus – 2005	Mexico – 2004	Turkey – 2004
Democratic People's Republic of Korea – 2005	Micronesia (Federated States of) – 2005	Tunisia – 2010
Democratic Republic of the Congo – 2005	Mongolia – 2004	Tuvalu – 2005
Denmark – 2004	Montenegro – 2006	Uganda – 2007
Djibouti – 2005	Myanmar – 2004	Ukraine – 2006
Dominica – 2006	Namibia – 2005	United Arab Emirates – 2005
Ecuador – 2006	Nauru – 2004	United Kingdom of Great Britain and Northern Ireland – 2004
Egypt – 2005	Nepal – 2006	United Republic of Tanzania – 2007
Equatorial Guinea – 2005	Netherlands – 2005	Uruguay – 2004
Estonia – 2005	New Zealand – 2004	Vanuatu – 2005
European Union – 2005	Nicaragua – 2008	Venezuela (Bolivarian Republic of) – 2006
Fiji – 2003	Niger – 2005	Viet Nam – 2004
Finland – 2005	Nigeria – 2005	Yemen – 2007
France – 2004	Niue – 2005	Zambia – 2008
Gabon – 2009	Norway – 2003	
Gambia – 2007	Oman – 2005	
Georgia – 2006	Pakistan – 2004	
	Palau – 2004	

Treaty bodies

Conference of the Parties

The Conference of the Parties is the governing body of the WHO FCTC and comprises all Parties to the Convention. It regularly reviews the implementation of the Convention and takes decisions necessary to promote its effective implementation. The Conference of the Parties may also adopt protocols, annexes and amendments to the Convention. Its regular sessions are held every two years.

The Conference of the Parties elects, at each regular session, a President and five Vice-Presidents. These officers, each representing a WHO Region, constitute **the Bureau** of the Conference of the Parties.

Convention Secretariat

The Convention Secretariat serves the Conference of the Parties and its subsidiary bodies. It supports Parties in fulfilling their obligations under the Convention and translates the decisions of the Conference of the Parties into programme activities. The Secretariat cooperates in its work with relevant departments of WHO and other international organizations and bodies.

Implementation tools

Protocols

The Conference of the Parties may adopt protocols to the Convention. Only Parties to the Convention may be parties to a protocol. The Conference of the Parties established in 2007 an Intergovernmental Negotiating Body to draft and negotiate the first protocol to the Convention, on illicit trade in tobacco products. The Intergovernmental Negotiating Body submitted a draft of the protocol to the fourth session of the Conference of the Parties (November 2010). Negotiations will continue in 2012.

Guidelines

Guidelines adopted by the Conference of the Parties aim to assist Parties in meeting their obligations under the Convention. They are developed by intergovernmental working groups established by the Conference of the Parties. As of early 2011, guidelines have been adopted for Articles 5.3, 8, 9 and 10 (partial guidelines), 11, 12, 13 and 14 of the Convention. Draft guidelines on other articles will be considered at future sessions of the Conference of the Parties.

Reporting and exchange of information

Each Party is required to submit to the Conference of the Parties, through the Convention Secretariat, periodic reports every two years on its implementation of the Convention. Based on these reports, the Convention Secretariat prepares global summary reports on the implementation of the Convention for consideration by the Conference of the Parties.

Technical and legal cooperation

The Parties cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention. Such cooperation should promote the transfer of technical, scientific and legal expertise and technology to establish and strengthen national strategies, plans and programmes.

Other mechanisms of assistance, with a particular focus on assisting developing country Parties and Parties with economies in transition, include: convening needs assessments, establishing a database of internationally available resources and developing project proposals for funding, supporting alignment of tobacco control policies at country level and promoting South to South cooperation.

Observers

Any Member State of WHO which is not a Party to the Convention, any Associate Member of WHO, or any other State which is not a Party to the Convention but which is a Member of the United Nations, or its specialized agencies or of the International Atomic Energy Agency, and any regional economic integration organization, as defined in Article 1(b) of the Convention, which is not a Party to the Convention, may attend the public sessions of the Conference of the Parties or meetings of its subsidiary bodies as an observer.

As of 2011, 26 intergovernmental organizations and 26 nongovernmental organizations are accredited as observers to the Conference of the Parties.

Progress since the entry into force of the Convention

The WHO FCTC has made substantial progress since its entry into force in February 2005.

The principal treaty bodies, the Conference of the Parties and the permanent Secretariat, have been established and are fully functional.

Several key implementation tools, such as the first protocol and several guidelines covering more than 10 articles of the Convention, have been adopted or are in an advanced stage of development.

The treaty reporting system is well established, with more than 80% of the reports expected from Parties already received and analysed.

Support to Parties in meeting their obligations is gradually being put in place through a variety of tools and mechanisms such as the dissemination of guidelines, provision of technical and legal assistance, convening of needs assessments, facilitation of expertise and technology transfer, and promotion of access to internationally available resources.

The absolute majority of States have now ratified the WHO FCTC, and several more international organizations have been accredited as observers to the Conference of the Parties which also resulted in broader international coordination and technical cooperation.

As the implementation reports demonstrate, most Parties are making substantial progress in meeting their obligations under the Convention. Parties have also reported the challenges they face, and their needs and priorities, in implementation. The Conference of the Parties will continue to review and promote further implementation of the Convention globally.

"The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke."

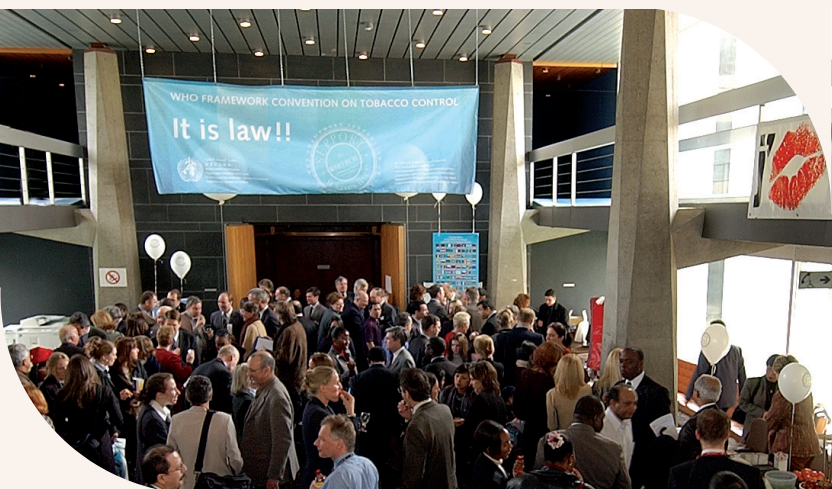
Article 3 ("Objective")



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"Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention and the Protocols to which it is a Party [...] Each Party shall [...] adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke."

Extract from Article 5 ("General obligations")



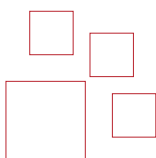
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WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

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What is the WHO Framework Convention on Tobacco Control?

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most widely embraced treaties in the history of the United Nations and as of April 2011 has 172 Parties.

The main provisions of the WHO FCTC include:

- **Reduction of demand for tobacco (Articles 6–14)**
(Covering: price and tax measures; protection from exposure to tobacco smoke; regulation of the contents of tobacco products and of tobacco product disclosures; packaging and labelling of tobacco products; education, communication, training and public awareness; tobacco advertising, promotion and sponsorship; and measures concerning tobacco dependence and cessation.)
- **Reduction of the supply of tobacco (Articles 15–17)**
(Covering: illicit trade in tobacco products; sales to and by minors; and provision of support for economically viable alternative activities.)

The Convention also covers **other important areas**, such as: liability; protection of public health policies with respect to tobacco control from the interests of the tobacco industry; protection of the environment; national coordinating mechanisms; international cooperation, reporting and exchange of information; and institutional arrangements (Articles 5 and 18–26).

The **WHO FCTC** was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors, such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes, have also contributed to the explosive increase in tobacco use.

The WHO FCTC represents a milestone in the promotion of public health and provides new legal dimensions for international health cooperation.



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