



## 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)*

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



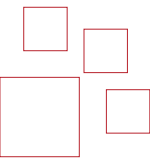
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# WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

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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.

[www.who.int/ftc](http://www.who.int/ftc)