



PERMANENT MISSION OF NORWAY

Celebration of the 10th anniversary of the entry into force of the WHO Framework Convention on Tobacco Control (FCTC), 27 February 2015

**Statement by
Ambassador Steffen Kongstad, Permanent Representative of Norway**

With the 10 years since the first health convention negotiated in WHO entered into force today marks a milestone in global health governance. With 180 parties, it is one of the UN conventions ratified by the highest number of states; reflecting the wide relevance and high importance of its objectives for achieving improved health outcomes.

The Convention has delivered a clear technical agenda for controlling tobacco use in all its forms, and has added political and legal weight to this effort. Parties worldwide have achieved real progress compared to the situation only a few years back. The Convention has also contributed to highlight the importance of fighting tobacco in the overall context of non-communicable diseases, including the relevance of addressing NCDs as a development issue.

On the other hand, the changes are not as far-reaching as we would have liked to see;

- Implementation is uneven within and across WHO regions. Some Parties have taken the lead in implementing convention provisions. A number of Parties with low levels of implementation must speed up efforts if they are to avoid a full-scale tobacco epidemic from occurring.
- There is still a substantial potential for introduction of cost effective tobacco control measures in many countries. The introduction of a significant increase in taxes on tobacco products is a measure that has proven to be effective.

We appreciate the decision of the Conference of the Parties to initiate an impact assessment of the FCTC after the first 10 years, in order to establish where the convention has made a difference, to highlight the political messages that will help speed up implementation, and to illustrate the cost of action versus inaction in tobacco control.

One thing, however, is unfortunately very clear: we have so far not managed to conquer the tobacco industry. The response from industry has not been one of adopting to changed circumstances, but rather fighting back, for example by aggressively pushing innovative tobacco products and package design to new and younger generations of tobacco users. And

by taking Parties to court or into expensive and time-consuming dispute settlements. Such legal action is most likely just the small tip of the iceberg of the industry's less visible efforts to constantly discourage Parties from introducing effective tobacco control measures in line with the FCTC obligations.

However, the Norwegian experience does demonstrate how FCTC offers legal protection. Norway was taken to court by the tobacco industry for its legislation banning the display of tobacco products at points of sale; a case the Norwegian Health authorities won. The ruling had a clear reference to the right of Health authorities to introduce this measure as a way of implementing the FCTC provisions.

The Norwegian Minister of Health will now initiate a public consultation process with the aim of introducing plain packaging. This is for us a way of continuing to implement the FCTC and a logical continuation of a long history of introducing ever stricter tobacco control measures. In this context, we would like to recognise Australia for their courage in setting this issue firmly on the national and international tobacco control agendas.

If the WHO Member States are to reach the goal of 25% reduction in premature mortality from NCDs by 2025, tobacco control work needs an even higher place on the global health and development agendas. We rest assured that WHO and the Director General will continue to give the FCTC visibility as an important tool for achieving global health goals, and that WHO and the FCTC Secretariat will continue to provide technical advice to the Parties to this end.