

MEETING OF NATIONAL COUNTERPARTS FOR THE ACTION PLAN FOR A TOBACCO-FREE EUROPE IN PRAGUE, 14-16 APRIL 1999

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SCOPE AND PURPOSE

In 1997, the Regional Committee of Member States endorsed the third Action Plan for a Tobacco-free Europe (1997-2001). In 1998, the Regional Committee requested WHO to set up a high level Committee for a Tobacco Free Europe and agreed to a WHO ministerial conference on tobacco for the year 2001. In the same year, the Director General of WHO launched a Cabinet priority Project, the Tobacco Free Initiative, with a key objective to fast track the Framework Convention on Tobacco Control. At the same time, the European Union agreed to a ban on tobacco advertising and sponsorship and the European Office of WHO convened a Partnership Project on Tobacco dependence with the private sector.

The meeting of the counterparts for the Action Plan for a Tobacco-free Europe was convened in Prague, Czech Republic, 14-16 April 1999 to discuss these issues.

The purpose of the meeting was

- to review the Action Plan for a Tobacco Free Europe and the Tobacco Free Initiative, a Cabinet Project of WHO and
- to prepare for the Framework Convention on Tobacco Control, the Committee for a Tobacco Free Europe and the WHO Ministerial Conference on Tobacco, scheduled for the year 2001.

The WHO European Partnership Project on Tobacco Dependence, the Health for All policy in the 21st century, and the European Union and tobacco policy were also items on the agenda.

INTRODUCTORY BRIEFINGS

Dr Peter Anderson briefed counterparts on progress with the Action Plan for a tobacco-free Europe, the establishment of a high level committee for a tobacco free Europe and Health 21, the revised WHO Health Policy for Europe.

In discussion it was proposed that for the future more information was needed on the cost-effectiveness of tobacco control policy and the economic benefits of investing early in prevention.

Counterparts to receive copies of Health 21 (long version) and Spanish version of action plan are available on request.

Ms. Patsy Harrington introduced a new WHO initiative the WHO European partnership Project on tobacco dependence. Information and experience from the project will be disseminated as broadly as possible, facilitated through a new web-site. Possibilities for involving other countries in the project are also being explored.

MINISTERIAL CONFERENCE 2001

The WHO European Ministerial Conference on Tobacco will take place over two days in Warsaw in Poland in 2001. Counterparts discussed how the conference should be structured, what should be its main objectives, and who should be the participants.

Dr Anderson suggested proceeding the ministerial conference by a one day technical conference. In discussions a number of issues were raised. It was pointed out that a number of international meetings are planned for the coming years on the topic of tobacco control, i.e. the World Conference, Chicago 2000, the WHO Ministerial Conference 2001, and the third European Conference on tobacco or health 2002. There was a question as to whether holding so many events so close together was really necessary. However, it was pointed out that while some countries had made strong headway in the field of tobacco control, others, particularly from a European perspective some countries of eastern Europe were in need of more sustained support, and a two year gap between events of this type was not considered too short.

In support of the ministerial conference in 2001, it was emphasized that the Second European Conference on Tobacco or Health, Las Palmas 1999 had not been tailored specifically to Europe. The conference, while providing important technical and scientific information, had also lacked a political dimension and the ministerial conference offered a real opportunity to engage the key political actors in countries.

There was also some concern that at the Second European Conference on Tobacco or Health, private sector sponsorship had been too visible, and that this should not happen at the ministerial conference or at the proceeding technical conference.

In terms of focus, it was proposed that the Conference should aim to address some of the new challenges for tobacco control, and some of the issues of concern to individual member states. This issue was also discussed in smaller working groups in relation to the Global Framework Convention on Tobacco Control.

The Third European Ministerial Conference is planned to take place in Warsaw in June 2001. The conference should serve the purpose of building awareness, advocacy and engagement of key political figures, not just from ministries of health, but from a broad range of sectors. The Conference should be seen as an opportunity for Ministers to discuss the Framework Convention and sign a statement of intent with regard to its implementation. The Conference in selecting its main focus should aim to identify themes that are politically attractive e.g. tobacco control and children, as well as issues

of transnational importance. Counterparts will be asked to participate in expert working groups to design the technical programme of the Conference.

BRIEFINGS ON TOBACCO-CONTROL ACTIVITIES - EUROPEAN UNION, WHO HQ, AND INGWAT

Ms. Fiona Godfrey, UICC briefed counterparts on developments concerning the legal challenge to the EU tobacco advertising ban and its implications. The process was nearing the close of written proceedings and a ruling is expected. With regard to the development of further EU directorates, the situation is unclear pending the appointment of a new commissioner to DG5.

Counterparts should continue to lobby national governments to implement the directive banning the advertising of tobacco in order to secure it more firmly in national legislation.

Dr. Douglas Bettcher, WHO/HQ briefed counterparts on global developments on tobacco control i.e. the tobacco-free initiative, and the Framework Convention on Tobacco Control (*Papers available from TOH unit or WHO/HQ*). Work will begin on the preparation of a draft convention following the World Health Assembly, May 1999, with a target date of adoption of 2003.

Ms. Margaretha Haglund briefed counterparts on some of the Activities being undertaken by INGWAT to limit the particular risks to woman from smoking and the European Union of non smokers.

EUROPEAN PERSPECTIVE ON THE FRAMEWORK CONVENTION FOR TOBACCO CONTROL

In working groups counterparts discussed:

- the strengths and weaknesses of the Framework Convention
- how the European Region could input to its development
- the specific role of counterparts in that process and
- the type of support they would require to promote the convention in their countries.

There was strong support for the development of the convention which was described by one working group as a "courageous initiative, and a transnational solution to transnational problems". It was agreed that the convention had the potential to considerably strengthen tobacco control policy at the global level. It was felt however that more clarity was needed on:

- counterparts role in the process, and how they could best promote the convention to their political bodies
- enforcement of the convention and the sanctions that would be introduced against those who did not abide by the convention; one option was to "name and shame" by bringing the actions of those countries that broke the agreement out into the open
- the balance between overall objectives and accompanying protocols
- the balance between focusing on national and transnational issues
- the issue of agricultural diversification, and related issues such as the types of support that would be made available for developing countries and occupational health of those engaged in the production of tobacco.

Counterparts suggested that the European Region could input to the development of the Framework Convention through:

- experience in taking forward international agendas, e.g. the EU directive banning advertising of tobacco, and the WHO HFA policy
- financial resources
- advocating and lobbying national governments on the Convention
- engaging the wide range of WHO and other European networks e.g. INGWAT, ENSP, Counterparts.

In terms of the specific role of counterparts, it was proposed that the Framework Convention should serve the needs of counterparts. They in turn could support the convention by:

- providing evidence to underpin the convention
- promoting the convention in countries, this would entail mapping the political interests that would both support and work against the convention
- using parliament and other fora to build awareness of the Framework Convention
- building up broad coalitions of support – a precedent has already been established in many countries through the environmental lobby
- ensuring that proposals are submitted to liaison officers for a proportion of WHO Medium Term Programme (MTP) funds to support discussions on the Framework Convention in countries

To promote the Convention in countries, it was proposed that counterparts will need the following support:

- Dr. Brundtland to write to ministries of health and other relevant ministries introducing the convention and its objectives
- more information on political mapping tools
- advice on establishing multi-disciplinary coordinating committees to promote the convention in countries (where these committees are already in existence briefing material will need to be made available)
- a draft version of the Framework Convention as soon as possible.

Dr. Bettcher addressed some of the questions which had been raised by the working groups. He said that careful consideration was being given to the types of enforcement mechanisms that would be needed. Monitoring would be necessary both at the international and national level to avoid the risk of "sleeping treaties". On one level, the individual protocols would be a safeguard against such a situation arising. Some precedents also already existed for enforcing international agreements and Dr. Bettcher cited the example of the World Trade Organization (WTO) which has established a formal mechanism for settling disputes. Dr. Bettcher strongly supported the establishment of national committees/commissions to oversee implementation of the convention. The institutional standing of such commissions and how they related to government, however, would be an important determinant of how effective they would be. Dr. Bettcher said that Headquarters were currently preparing technical briefing packages on the Convention and these would be available following the World Health Assembly. He agreed that sufficient resources to support the development of convention were a critical issue and that this issue would be taken up in a letter from Dr Brundtland to key political figures in countries. Further briefing would be made available following the World Health Assembly and the first meeting of the preliminary group of countries.

Counterparts support the Framework Convention on Tobacco Control and agree that the European Region can make an important contribution to its development. Counterparts will begin to advise national political bodies that the Convention is underway, initiate discussions with other relevant

partners, and if necessary establish mechanisms to support those discussions. Counterparts from countries of eastern Europe will prepare proposals that MTP funds be allocated to support advocacy work on the convention. The Convention will be discussed at the WHO European Ministerial Conference in 2001 and a statement of intent signed by Member States on its implementation. A summary document outlining the objectives of and process for developing the Framework Convention will be forwarded to counterparts following World Health Assembly.

ADDITIONAL BUSINESS

Health and economic model on the burden of tobacco: Dr Abbey Paine demonstrated a computerised model which showed the health and economic burden of tobacco and the cost-effectiveness of interventions to support smokers in stop-

ping. There was considerable interest in the model which was felt to be of particular interest to policymakers.

Information profiles: Dr Anderson briefed counterparts on the development of a global surveillance system by CDC Atlanta. Information from the tobacco profiles would be incorporated in this database and where necessary new information would be collected.

Next dates of meeting: Counterparts will continue to meet once a year but should communicate regularly through e-mail and websites such as Globalink. Counterparts will be notified of future dates, once these are confirmed.

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BOOK REVIEW

Brázdová, Z., Fiala, J.

Dietary Guidelines in the Czech Republic

Masaryk University Brno, Faculty of Medicine, 1998, pp. 247

The publication "Dietary Guidelines in the Czech Republic" is a welcome contribution in the field of nutrition as it provides a comprehensive account of recent work accomplished in the Czech Republic in the sphere of nutritional epidemiology. Being published in English it will make a wider community familiar with work completed in the Czech Republic, and may be, will stimulate discussion on the problems which are the subject of the book.

The Dietary Guidelines have two parts. The first part concentrates mainly on methods, while the second one is devoted to the application of the described methods in assessment of the individual health status.

In the first part the reader will find detailed accounts of such problems as food groups, food servings, frequency of food groups in the diet, always supplemented by practical examples incl. calculation of energy and nutrient content of meals.

The last section of part 1 is devoted to the description of several projects implemented by the authors. They include e.g. the "5-a-day project", the "Elixir M project" and the "Food guide pyramid". Of particular interest is the Food guide pyramid for Roinany children because it reveals hitherto not known data on the food consumption and dietary habits of these children and can thus serve as the basis for recommendations and nutrition education.

In part 1 attention is also paid to sociological aspects of nutrition such as neophobia, to nutritional evaluation of the diet and the impact on health status as well as to economic problems associated with dietary changes involving a shift from meat to other foods in particular a higher intake of fruit and vegetables. The need of health and nutrition education is emphasized repeatedly and the authors outline a new concept of nutrition education incl. detailed strategy.

The dietary guidelines have well defined goals and the authors worked out methods how to achieve them. The recommendations must be realistic and thus based on actual dietary habits for the assessment of which the authors elaborated detailed methods. The approach to recommendations the authors selected is extremely valuable, and hopefully has a greater chance of compliance and implementation in practice than hitherto used approaches.

Part 2 of the publication is devoted to nutritional status and individual risk assessment. The procedure is described in detail, incl. all items which must be included in dietary questionnaires. The user will find very helpful instructions on the computer evaluation of dietary habits based on the food pyramid. There is also useful information how to assess and evaluate information on alcohol consumption and smoking, physical activity or psychosocial stress.

The reader of the Guidelines will appreciate detailed instructions how to take a family-history, make anthropometric examinations, assess blood pressure and heart rate. Basic biochemical methods for assessment of the nutritional status are also given. The last chapter presents figures summarizing assembled data on dietary intake, results of clinical, anthropometric and biochemical examinations as well as data on physical activity etc.

The Dietary Guidelines are a useful handbook for all who are engaged in comprehensive assessment of the nutritional status: the beginner will find detailed instructions how to proceed, the experienced worker will welcome new suggestions and assembled results for comparison with his own data.

K. Ošancová