

**The 6th Session of the United Nations Ad Hoc Interagency Task
Force on Tobacco Control**

30 November - 01 December 2005 - Geneva, SWITZERLAND

ANNOTATED PROVISIONAL AGENDA

30 November

10h00-10h30

First meeting: *Update and follow up on activities since the fifth session of the Task Force*
Chair: Dr Bill Kean (WHO)

1. Opening and welcome

The sixth session of the Task Force will be opened by the Chairperson, Dr Bill Kean, Director, Department of Governance, WHO. The Chair will introduce Mr Assane Diop, Executive Director, Social Protection Sector, International Labour Office.

Mr Assane Diop, Executive Director, Social Protection Sector, ILO, host of the Task Force meeting, will welcome the participants and will make some introductory remarks.

Dr Catherine Le Galès-Camus, Assistant-Director General, NMH, WHO, will make introductory comments.

Introduction of participants

10h30-11h00 Coffee Break

11h00-11h30

2. Update of TFI's work since the fifth session of the Task Force

- Overview (Dr Yumiko Mochizuki)
- Presentations by WHO Regional Advisers

3. Update on agency activities related to tobacco control

Participants will brief the Task Force on their tobacco control work.

11h30-12h00

4. WHO update on progress since the fifth session

- Main conclusions of the third Secretary General's report to ECOSOC at its Substantive Session of July 2004 (Dr Douglas Bettcher)
- ECOSOC Resolution on Tobacco Control (Dr Douglas Bettcher)

12h00-12h30

Second meeting *Smoke free workplaces in the United Nations*

5. Smoke free workplaces - Evidence and practical approaches

Chair: Dr Yumiko Mochizuki (WHO)

- Overview of the recommendations on Environmental Tobacco Smoke (Ms Heather Selin)
- The Smoke-free Americas Initiative (Ms Heather Selin)
- Summary of the EURO report on ETS (Ms Kristina Mauer)

12h30-13h30 Lunch break

13h30-15h30

5. Smoke free workplaces - Evidence and practical approaches (*continues*)

Chair: Dr Yumiko Mochizuki (WHO)

- ILO - SOLVE: Addressing Psychosocial Problems at Work (Dr David Gold and Dr Joannah Caborn)
- Tobacco smoking, health and work (Ms Evelyn Kortum)
- Productivity implications of smoking in the workplaces (Dr Ayda Yurekli)

Addressing workplace smoking is an issue that is increasingly entering the political, socio-economic and health agendas worldwide. Enterprises have become aware that prevention of smoking at work brings benefits such as a healthier and more productive workforce,

lower absenteeism, improved corporate image, lower insurance costs and less grievances. Governments are developing programmes and legal frameworks for the protection of workers from second-hand smoke. The rising interest and activities in the area of preventing smoking at work have resulted in a plethora of policy guidelines, training programmes, laws and regulations.

The ILO, with its long history of guiding governments, employers and workers in all matters related to the world of work through its legal instruments and technical cooperation programmes, is in a unique position to promote workplace action. The ILO Solve unit will present its work and programmes designed to assist in the development of policy and action to address psychosocial issues at the workplace.

Output:

- What are the next activities and actions to undertake in order to promote smokefree workplaces in light of a WHO - ILO and other UN agencies collaboration on the issue?
- Based on the existing EURO report on ETS, what are the possibilities to develop a global report on ETS?

15h30-16h00 Coffee break

16h00-18h00

6. Smoke free workplaces in the UN - Case studies and impact (*Interactive session*)

Chair: Dr David Gold (ILO)

- WHO Smoke free policy and Kofi Annan's smoking ban in UN premises (Dr Yumiko Mochizuki)
- Smoke free policies of the other UN agencies (quick statement by the participants)

WHO will be describing their smoke free policy and the assistance provided to staff smokers willing to quit. ILO will also describe their smoke free policy. The other Task Force agencies will be invited to brief participants on the existing policies in their working premises.

WHO is the UN specialized agency which has so far applied the most complete and comprehensive smoking ban in the UN. Other UN agencies apply different measures in their buildings but they are not always comprehensive. Even though there seems to be a wide acceptance that tobacco smoking should be banned from working premises¹, in practice, the implementation of a complete ban has been very difficult to apply. A good example is the non smoking policy the Secretary General Kofi Annan tried to implement in the UN buildings in New York starting from August 2003 which was challenged by a group of delegates who continued to smoke in the UN buildings.

¹ According to a survey carried out in March 2000 at WHO-HQ on "Tobacco use and attitudes towards a smoke free policy", although 21% of WHO staff were smokers, 95% of all staff agreed with the smoke free policy rules in the Organization.

During this session participants will explore the ways for implementing an effective smoking ban in the workplaces - in particular in the UN System - without creating a marginalizing impact on smokers.

Output : Participants will come up with a recommendation on how to make effective an interagency policy for a smoke free environment at the UN including multiple psychosocial issues.

18h00

Reception at the Bar des Gobelins (R-2 South)

1 December

09h00-10h30

Third meeting *Areas of concerns for the interagency collaboration*

7. Poverty, the Millennium Development Goals and tobacco
Chair: Dr Olusoki Adeyi (the World Bank) *to be confirmed*

- Tobacco and development - Overview of TFI's work since the last meeting of the Task Force (Ms Anne-Marie Perucic)

In line with the Millennium Development Goals of the United Nations and its determination to reduce poverty, the link between tobacco consumption and poverty needs to be better understood and highlighted. Tobacco consumption is a major risk factor for non-communicable diseases and an associative contributor to “diseases of poverty”, notably TB and malnutrition. Poverty facilitates the spread of diseases and their treatment imposes a heavy burden on the poor. Tobacco consumption can also worsen the well-being of poor households by diverting a considerable part of scarce disposable income - the proportion of household expenditures on tobacco sometimes exceeds 10%.

Since the last Task Force meeting a number of actions were taken such as the presentation of the third SG report to ECOSOC in July 2004 which focused on the link between tobacco and poverty followed by the resolution adopted by ECOSOC Member States on Tobacco Control which recognizes the link between tobacco and poverty and finally the publication of the book "Tobacco Control and the Millennium Development Goals.

Output:

- What are the next steps now? How should tobacco control be integrated in light of the MDGs in development programmes at country level.
- What are the possibilities of strengthening UN cooperation at country level and including tobacco control as part of the country framework of development and attainment of the MDGs?

10h30-11h00 Coffee Break

11h00-12h30

8. Tobacco control and the tobacco industry
Chair: Ms Heather Selin (WHO-AMRO)

- Overview of Corporate Social Responsibility (CSR) activities of the tobacco industry (Ms Stella Bialous)
- Summary of the activities of the International Standardization Organization (ISO) working group on CSR (Ms Marta Seoane)

It has been widely accepted that the tobacco industry operates as a major barrier to the advancement of tobacco control and that it has attempted to influence tobacco control policy making at the local, national and international level. As a response, Resolution 54.18 of the 54th World Health Assembly (May 2001) calls for WHO to inform Member States about the activities of the tobacco industry and to an increase awareness of the ways through which tobacco interests' tried to subvert public health. Recent years have shown in increased investment of the tobacco industries in Corporate Social Responsibility activities with the aim, among others, to improve their image. In many areas, it is possible that such CSR efforts by major corporations and the interests of health promotion find common ground. With tobacco, such common ground is non-existent. This is why WHO has been also trying to monitor this area of work in addition to other activities undertaken by the tobacco industry.

The United Nations Global Compact initiative is a call to businesses to come together with UN agencies, labour and civil society in support of environmental and social principles. Compliance with the UN GC principles (human rights, labour rights, environmental protection, and anti-corruption) is voluntary and the Compact is not a regulatory instrument. Among the hundreds of companies that are members of the Global Compact there are a few tobacco companies and tobacco-related businesses. With respect to the WHO FCTC calling on countries to be alert to efforts by the tobacco industry to undermine tobacco control efforts, WHO recommends that the participation of the tobacco industry in such initiatives is not coherent with the work of the UN.

The International Standardization Organization (ISO) recently created a new Working Group for the development of a standard on social responsibility (SR). The objective of the ISO SR Working Group (WG) is to develop guiding principles with global relevance that will be useful to organizations worldwide in establishing, implementing, maintaining and improving the way they address social responsibility. It is important to follow closely the development of this Working Group and make sure people's right to good health is seriously taken into account.

Output: How can the different UN agencies work together in order to make sure the tobacco industry is not involved in their programmes and activities using the umbrella of ethical and socially responsible companies?

12h30-13h30 Lunch break

13h30-15h00

Fourth meeting *The WHO Framework Convention on Tobacco Control (WHO FCTC) and possible future protocols*

9. Update on the WHO FCTC and preparation for its implementation

Chair: Mr Panos Konandreas (FAO) *to be confirmed*

- Presentation on the WHO FCTC (Dr Douglas Bettcher)
- Results of the study on identifying existing and potential sources of funding for the implementation of the WHO FCTC (Dr Douglas Bettcher)

The WHO FCTC entered into force on 27 February 2005 after 40 countries had become Parties to it. As of 17 October 2005, 89 countries are Parties to the treaty, making it very widely embraced. The next challenging steps are the implementation of the treaty at country level and building the capacity there in order to make the impact of tobacco control policies effective.

Output: What is the role of the different agencies in providing the technical support for the implementation process of the WHO FCTC at country level?

15h00-15h30 Coffee break

15h30-16h30

10. Illicit trade in tobacco products

Facilitator: Mr Matti Rajala (European Commission) *to be confirmed*

- Report of the workshop on "Tobacco-Health Inequalities and Illicit Trade" organized by the Department of Health in the United Kingdom, London, 17-18 October 2005 (Ms Anne Grosskurth)
- Activities of EUROPOL in combating illicit trade in tobacco products (Mr Andreas Mausolf)
- Activities of the European Anti-Fraud Office (OLAF) in combating illicit trade in tobacco products (Mr Ian Walton)
- Activities of the World Customs Organization in combating illicit trade in tobacco products (Mr Giorgio Sincovich)

The workshop "Tobacco-Health Inequalities and Illicit Trade" was part of the Tackling Health Inequalities Summit organized in conjunction with the UK Presidency of the European Union by the Department of Health in the United Kingdom, London from 17-18 October 2005. The three sessions of the illicit trade workshop mapped out the link between tobacco consumption and health inequalities; highlighted the work of different agencies, such as EUROPOL, the World Customs Organization, the European Anti-Fraud Office, European Union governments, and WHO to counteract illicit tobacco trade, and to discuss the feasibility of launching an illicit trade protocol as part of the future development of the WHO Framework Convention on Tobacco Control (WHO FCTC).

Output: How can specialized agencies in combating illicit trade such as OLAF, EUROPOL and the WCO work together along with the WHO and other specialized agencies to tackle tobacco smuggling?

16h30-17h00

Fifth meeting *Possible areas of collaboration for future UN interagency projects*
Chair: Dr Douglas Bettcher (WHO)

11. Possible areas of future work

Tobacco, development and poverty- CSR and the tobacco industry- Smoke free workplaces- Subsidies and trade- Diversification- Privatization- Employment- Manufacturing- Child Labour.

Output: How can the different Task Force agencies practically be involved in projects related to any of the above mentioned areas?

17h00-17h30

Sixth meeting *Preparation for next Report of the Secretary General to ECOSOC at its Substantive Session of 2006*
Chair: Dr Bill Kean (WHO)

12. Preparation and structure of the report

At its 47th plenary meeting, on 16 July 2004, the Economic and Social Council, having considered the report of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control, decided to request that the Secretary-General submit a report on the continuing work of the Task Force to the Council at its substantive session of 2006.

The Task Force will be responsible for drafting the Secretary-General's report to the ECOSOC Substantive Session in 2006 on progress made by the Task Force in the implementation of multisectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives. The members of the Task Force will have detailed discussions on the structure and mechanisms for the preparation of the report.

Output: The participants will come up with an agreed template for the report.

17h30-18h00

Conclusion and closure

13. Conclusions and recommendations

Concluding remarks by Dr Yumiko Mochizuki and Dr David Gold

14. Closure of the Session