



F C T C

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

***OKVIRNA KONVENCIJA
SVJETSKE ZDRAVSTVENE ORGANIZACIJE
O NADZORU NAD DUHANOM
(engl. skr. WHO FCTC)***

**„Zaštita od izlaganja duhanskom dimu u Bosni i Hercegovini –
perspektive i izazovi”**

Sarajevo, 31. 01. 2017.

Dr. Boris Rebac

**Ured Svjetske zdravstvene organizacije (SZO)
u Bosni i Hercegovini (BiH)**

Okvirna konvencija SZO o nadzoru nad duhanom (WHO FCTC)

WHO FRAMEWORK
CONVENTION ON
TOBACCO CONTROL

‘Stranke ove Konvencije,
Ustajne u nastojanju davanja
prioriteta pravu na zaštitu javnoga
zdravlja...’ (Preamble)



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

- Prvi **globalni javnozdravstveni međunarodni ugovor** nastao pod mandatom SZO;
- Jedan od najbrže ratificiranih i najprihvaćenijih ugovora UN –
 - usvojen 2003. (WHA);
 - stupio na snagu 27. 02. 2005.;
 - potpisalo/ratificiralo/pristupilo **180 članica** (88% svjetske populacije)
- Bosna i Hercegovina pristupila **2009.**

Učinkovita kontrola konzumiranja duhana – smanjiti ponudu i potražnju za proizvodima

FCTC čl. 6 -14 (MPOWER)

- Mjere određivanja cijena i oporezivanja ([FCTC Art 6, R/MPOWER](#))
- Zaštita od izlaganja duhanskom dimu (na radnom i javnim mjestima) ([FCTC Art 8, P/MPOWER](#))
- Reguliranje sastojaka i uređivanje otkrivanja podataka ([FCTC Art 9, 10](#))
- Pakiranje i označavanje duhanskih proizvoda ([FCTC Art 11, W/MPOWER](#))
- Edukacija, davanje podataka, obuka i osvjećivanje javnosti ([FCTC Art 12, W/MPOWER](#))
- Zabrana oglašavanja, promoviranja i sponzoriranja ([FCTC Art 13, E/MPOWER](#))
- Mjere suzbijanja ovisnosti o duhanu (ukl. dostupnost nikotin-nadomjesne terapije) ([FCTC Art 14, O/MPOWER](#))



FCTC čl. 15 -17

- Kontrola nedozvoljene trgovine duhanskim proizvodima (šverc) ([FCTC Art 15](#))
- Zabrane prodaje malodobnim osobama i od strane malodobnih osoba ([FCTC Art 16](#))
- Podrška pri uvođenju gospodarski održivih zamjenskih aktivnosti (npr. poticaji za uzgoj drugih kultura) ([FCTC Art 17](#))

WHO FCTC - pregled

Measures reducing the demand for tobacco

- Art. 6: Price and tax measures to reduce the demand for tobacco
- Art. 7: Non-price measures to reduce the demand for tobacco, namely
 - Art. 8: Protection from exposure to tobacco smoke
 - Art. 9: Regulation of the contents of tobacco products
 - Art.10: Regulation of tobacco product disclosures
 - Art. 11: Packaging and labelling of tobacco products
 - Art. 12: Education, communication, training and public awareness
 - Art. 13: Tobacco advertising, promotion and sponsorship
 - Art. 14: Demand reduction measures concerning tobacco dependence and cessation

Measures reducing the supply of tobacco

- Art. 15: Illicit trade in tobacco products
- Art. 16: Sales to and by minors
- Art. 17: Provision of support for economically viable alternative activities

Further articles

- Art. 1–5: Terms, objectives, guiding principles and general obligations
- Art. 18: Protection of the environment and the health of persons
- Art. 19: Liability
- Art. 20–22: Scientific and technical cooperation and communication of information
- Art. 23–26: Institutional arrangements and financial resources
- Art. 27: Settlement of disputes
- Art. 28–29: Development of the Convention
- Art. 28–29: Final provisions

Preuzeto iz: Loddenkemper R, Kreuter M (eds): *The Tobacco Epidemic*, Ed 2, 2015

- **Članak 2:** „...ništa navedeno u ovim instrumentima ne sprječava stranke pri uvođenju strožih zahtjeva koji su u skladu s njihovim odredbama i međunarodnim pravom.”
- **Članak 5.3:** „Pri uspostavi i provedbi svojih zdravstvenih politika, koje se odnose na nadzor nad duhanom, stranke djeluju kako bi ih zaštiti od trgovinskih i ostalih postojećih interesa duhanske industrije, u skladu s nacionalnim pravom.”

WHO FCTC – kronologija nastajanja

1996. – 2003.

1979.-1989.

Ideja za međunarodni regulatorni mehanizam;

1994.

Rezolucija na konferenciji (pristup međunarodnog prava);

1996.

Skupština SZO (WHA) zatražila pripremu dokumenta;

1998.

Tobacco Free Initiative (TFI) (GH Brundtland)

1999.

Intergovernmental Negotiating Body (ING) da napravi nacrt

2000.-2003.

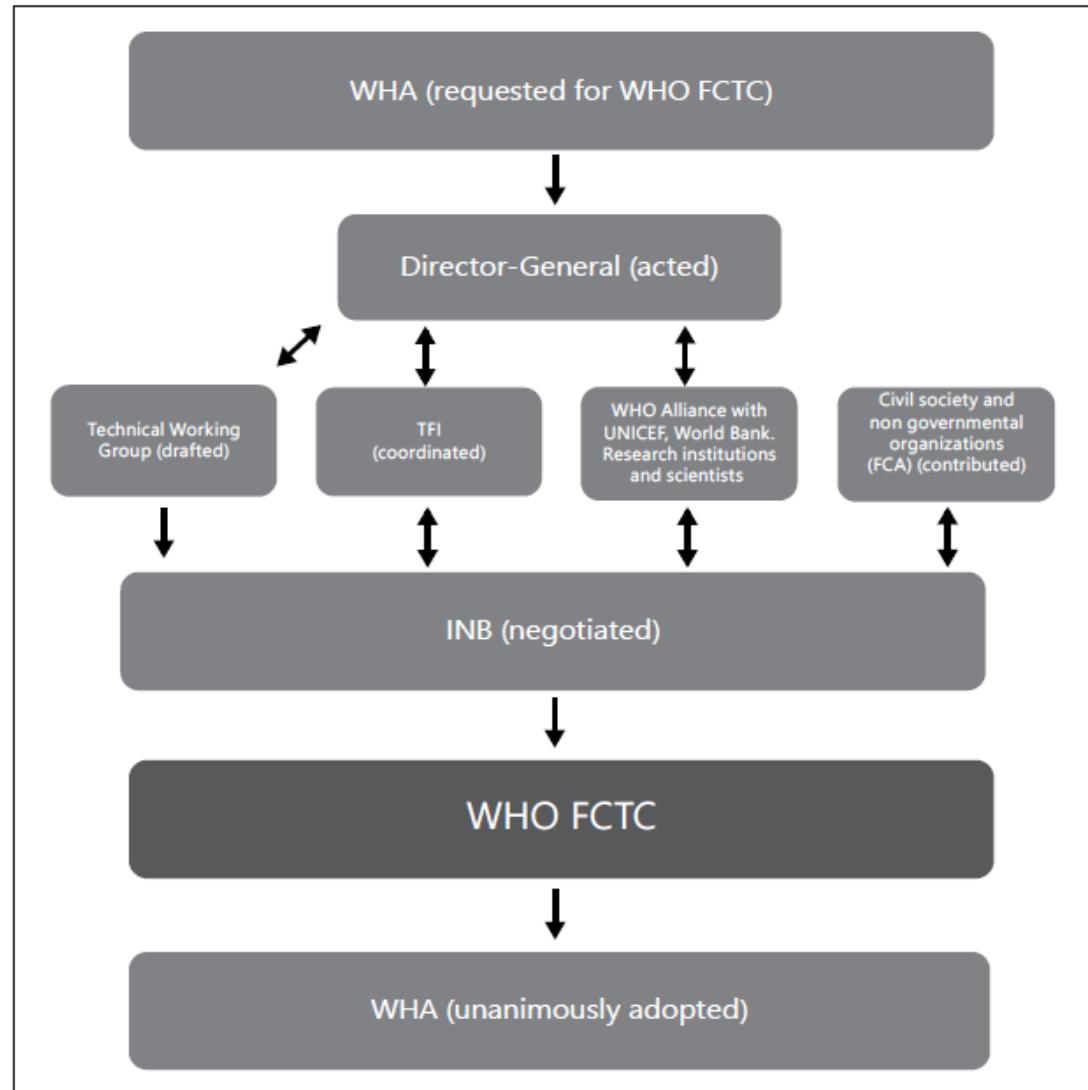
Šest rundi pregovora i jednoglasno usvajanje na WHA;

2004.

168 potpisnica;

2005.

WHO FCTC stupila na snagu.



WHO FCTC – iskustva pregovaračkog procesa

- Široki savez za podršku pod vodstvom SZO
("energična alijansa" – SZO, Svjetska banka /SB/, UNICEF; "partnerstvo s ciljem" – civilno društvo/NVO, privatni sektor, akademija, donatori)
- Korištenje ne samo zdravstvenih, već i ekonomskih argumenata
Suzbijanje epidemije – vlade i ekonomika kontrole duhana
(Svjetska banka, 1999.)
- **Alijansa za okvirnu konvenciju (Framework Convention Alliance, FCA)**
Civilno društvo (ujedinjen nevladin sektor i znanstvenici/istraživači) za informiranje/lobiranje delegata zemalja članica.



Orchid Award



Dirty Ashtray Award

What is the Death Clock?

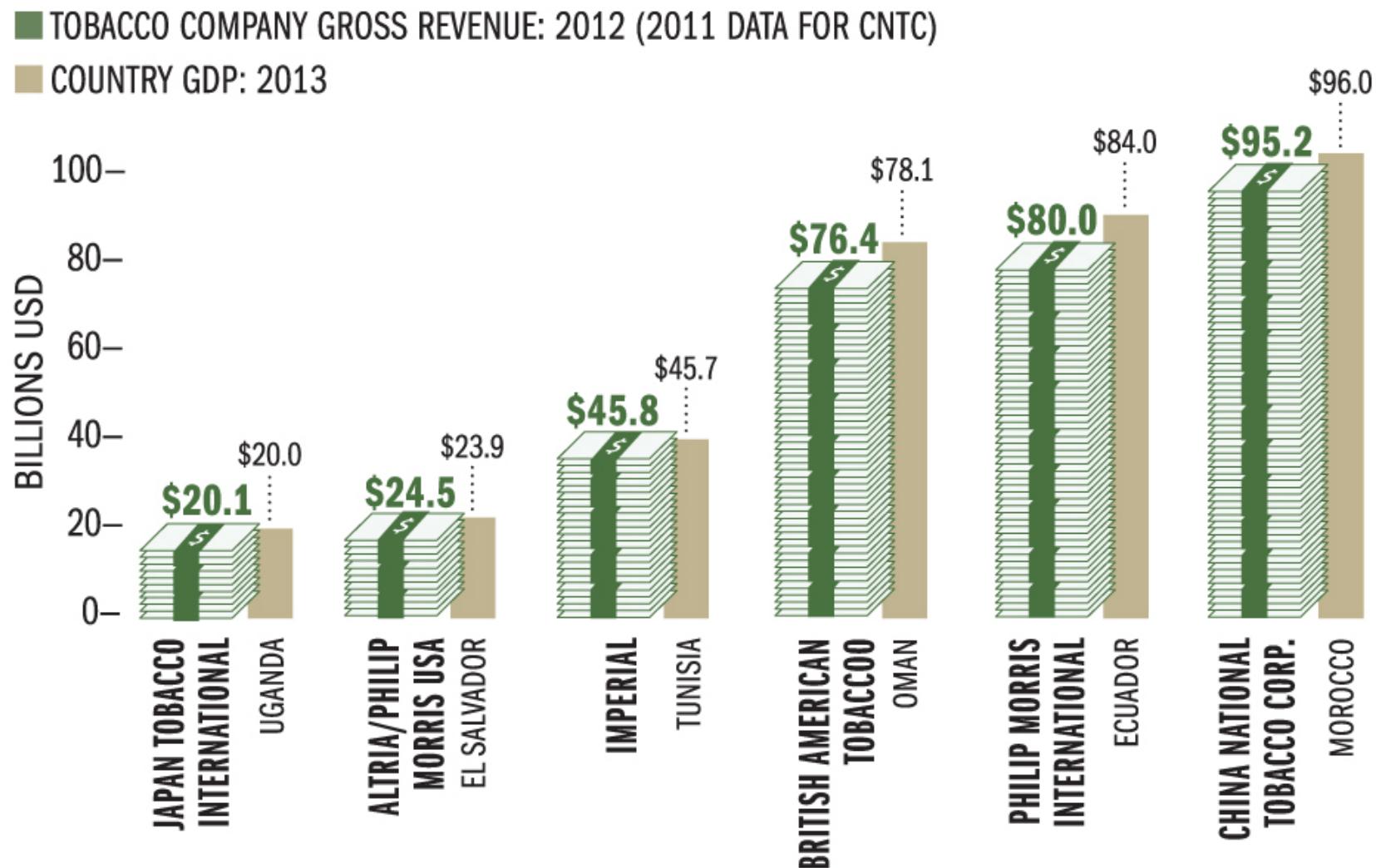
8 8 , 1 7 0 , 1 6 8

(22:57 h CET, 26. 01. 2017.)

People have died from tobacco-related diseases since the opening of the first FCTC working group on 28 October 1999.

REVENUE AND COUNTRY GDP

Revenue of top tobacco companies in comparison to the GDP in select countries; in USD



The top 6 tobacco companies make billions annually in revenue and profit, which is equivalent to the GDP of many nations.

WHO FCTC – protivljenja duhanske industrije

1. Pokušaji da se ospori znanost i legitimne poruke iz znanstvenih krugova;
2. Manipuliranje medijima;
3. Odnosi sa javnošću;
4. Taktike usmjerenе na preuzimanje kontrole nad agendama javne uprave;
5. Lobiranje;
6. Korištenje tzv. „front“ grupa i vještački napravljenih inicijativa „iz naroda“;
7. Prijetnje;
8. Uznemiravanje ljudi angažiranih u nadzoru nad duhanom.

(Fox et al, 2006.)

Tactic	Goal
Intelligence gathering	To monitor opponents and social trends in order to anticipate future challenges
Public relations	To mould public opinion, using the media to promote positions favourable to the industry
Political funding	To use campaign contributions to win votes and legislative favours from politicians
Lobbying	To make deals and influence political processes
Consultancy	To recruit supposedly independent experts who are critical of tobacco control measures
Funding research, including universities	To create doubt about evidence of the health effects of tobacco use
Smokers' rights groups	To create an impression of spontaneous, grassroots public support
Creating alliances and front groups	To mobilize farmers, retailers, advertising agencies, the hospitality industry, grassroots and anti-tax groups with a view to influencing legislation
Intimidation	To use legal and economic power as a means of harassing and frightening opponents who support tobacco control
Philanthropy	To buy friends and social respectability from arts, sports, humanitarian and cultural groups
Corporate social responsibility	To promote voluntary measures as an effective way to address tobacco control and create an illusion of being a 'changed' company and to establish partnerships with health interests
Youth smoking prevention and retailer education programmes	To appear to be on the side of efforts to prevent children from smoking and to depict smoking as an adult choice
Litigation	To challenge laws and intimidate tobacco industry opponents
Smuggling	To undermine tobacco excise tax policies and marketing and trade restrictions and thereby increase profits
International treaties and other international instruments	To use trade agreements to force entry into closed markets and to challenge the legality of proposed tobacco control legislation
Joint manufacturing and licensing agreements and voluntary policy agreements with governments	To form joint ventures with state monopolies and subsequently pressure governments to privatize monopolies
Pre-emption	To overrule local or state government by removing its power to act

Reformska agenda predviđa povećanje akciza na duhan i alkohol, ali ne i na gorivo

Piše: N. N./Klix.ba
16.9.2015. u 10:23

42 112

Reformska agenda koju su usvojile entitetske vlade i Vijeće ministara BiH predviđa povećanje akciza na duhan i alkohol, ali ne i na naftne derivate.



Foto: Arhiv/K

Reforma zdravstva uslov za akcize

Nacrt izmjena i dopuna Zakona o akcizama u BiH, koji je usvojio Upravni odbor Uprave za indirektno oporezivanje BiH, neće dobiti podršku u Savjetu ministara BiH ako prije toga ne bude urađena kompletna i sveobuhvatna reforma zdravstva na nivou entiteta u BiH.

Vijesti | Republika Srpska

OSLOBODENJE • PETAK, 27. JANUAR/SIJEĆANJ 2017.

BIFX

1.020,69

SASX-10

654,11

SASX-30

961,61

BIRS

546,68

FIRS

1.596,62

Stopirati uvođenja akciza na duhan

BAT dodatno širi poslovanje u BiH, proizvodnja u Sarajevu nastavljena • Visok udjel nelegalne prodaje

British American Tobacco (BAT) i

mbH izum lova a ko gvor oliko AT e d u l a j n o



Ram Addanki, predsjednik uprave BAT Adria

Utorak, 01.03.2016. | 10:26

donesu konkretnе prijedloge koje će razmatrati.

- Mi već imamo prijedloge, a to su stopiranje novih akciza na godinu do dvije, čime bi se sproječili gubici kako za našu kompaniju tako i za državu, da se povećre inspekcijske kontrole, kao i da se savduhan pronađen u tim kontrolama uništi u roku od mjesec,

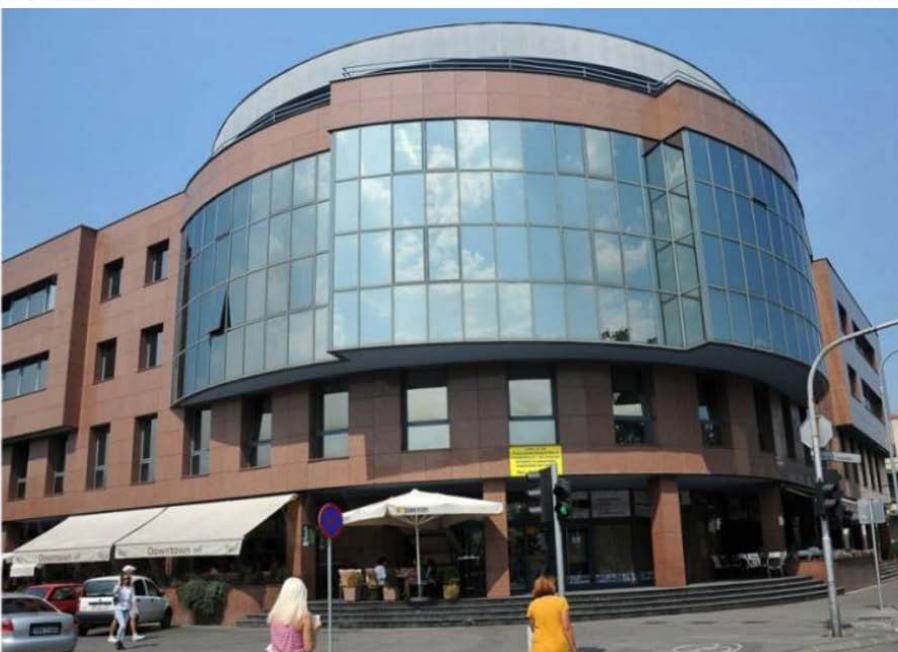
a ne da se sklađasti, kazao je Addanki, dodajući kako bi stopiranje akciza na godinu dvije sigurno dovelo do povećanje prihoda volumena prodaje, koji je samo prešle godine pao za 12 posto

Perspektiva

Sporazum CID-a i British American Tobacco bit će predložen na glasanje dionicarima FDS- te na odobrenje relevantnim regu latorim tijelima, a očekuje se da će transakcija biti završena tokom prve polovine 2017.

"Dolazak BAT-a Fabriča duhana Sarajevo donosi novu perspektivu, koju bez ovako jakog partnera sigurno ne bismo imali", izjavio je direktor FDS-a Edin Muhalasanović.

ALEMA PENDEK
U BiH na crno tržište otpada više od 30 posto ukupne potrošnje duhanskih proizvoda, kaže Addanki



Ovo je stav Srpske demokratske stranke (SDS), koji neće biti promijenjen dok se ne ispunи ovaj uslov. Milan Miličevići, predsjednik Glavnog odbora SDS-a, kaže da je stav SDS-a nepromijenjen i da oni neće podržati ovaj prijedlog bez kompletne reforme zdravstva.

WHO FCTC – implementacija

Upravljačko tijelo WHO FCTC -
The Conference of the Parties (COP),
(Convention Secretariat)

- COP1 – Ženeva, 2006.
- COP2 – Bangkok, 2007.
- COP3 – Durban, 2008.
- COP4 – Punta del Este, 2010.
- COP5 – Seul, 2012.
- COP6 – Moskva, 2014.
- COP7 – New Delhi, 2016.

Usvojeni: **Vodilje za implementaciju –**

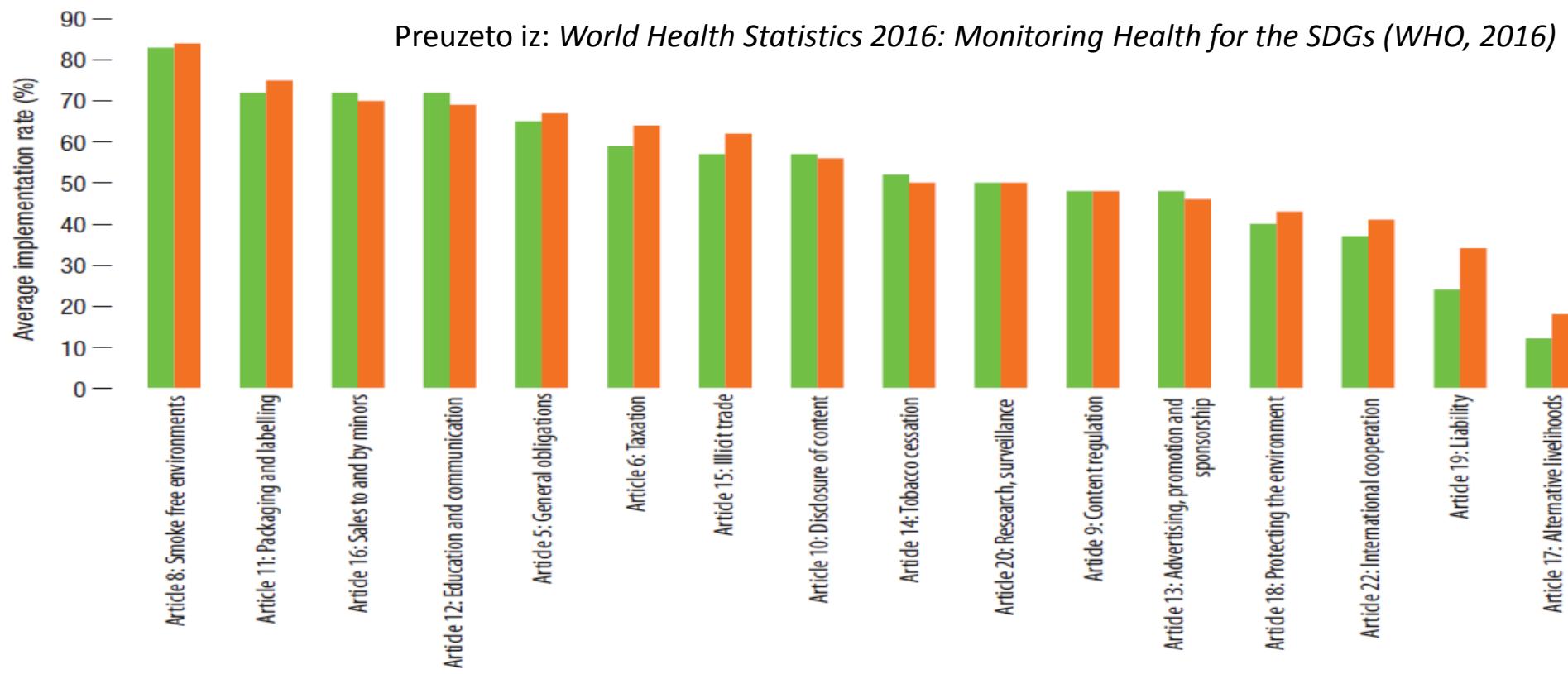
Čl. 8 (COP2), Čl. 5.3, 11, 13 (COP3),
Čl. 12, 14 (COP4), Čl. 9, 10 (COP4-7),
Čl. 6, 17, 18 (COP6)

**Protokol za eliminiranje nezakonite
trgovine duhanskim proizvodima**
(Čl. 15, COP5), nije ratificiran



Average implementation rate of substantive WHO FCTC articles (%), 2014–2016⁵

2014 2016



Current status of implementation of SUBSTANTIVE ARTICLES by the Parties, by income group

Country	Article 5 (6)	Article 6 (3)	Article 8 (17)	Article 9 (4)	Article 10 (4)	Article 11 (10)	Article 12 (12)	Article 13* (13)	Article 14 (20)	Article 15 (13)	Article 16 (11)	Article 17* (3)	Article 18* (4)	Article 19 (2)	Article 20 (19)	Article 22 (7)
Albania	6	3	16	3	3	9	12	6	10	8	10	0	3	0	15	2
Algeria	3	2	9	2	2	7	4	9	7	12	2	0	2	0	6	0
Azerbaijan	1	1	4	2	2	5	5	0	5	10	8	0	0	0	2	0
Belarus	6	3	9	4	4	8	10	7	19	10	10	0	0	0	12	5
Belize	2	0	12	0	0	3	8	0	10	13	7	NA	NA	0	0	0
Bosnia and Herzegovina	6	3	10	4	4	9	9	8	17	13	11	0	0	0	14	2

Preuzeto: WHO: 2014 Global Progress Report on Implementation of WHO FCTC

Implementacija efektivnih mjera za smanjenje potražnje za duhanom na razini zemlje

MONITORING: PREVALENCE DATA

No known data or no recent data or data that are not both recent and representative
Recent and representative data for either adults or youth
Recent and representative data for both adults and youth
Recent, representative and periodic data for both adults and youth

SMOKE-FREE POLICIES: POLICIES ON SMOKE-FREE ENVIRONMENTS

Data not reported/not categorized
Up to two public places completely smoke-free
Three to five public places completely smoke-free
Six to seven public places completely smoke-free
All public places completely smoke-free (or at least 90% of the population covered by complete subnational legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

Data not reported
None
NRT and/or some cessation services (neither cost-covered)
NRT and/or some cessation services (at least one of which is cost-covered)
National quit line, and both NRT and some cessation services cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

Data not reported
No warnings or small warnings
Medium size warnings missing some appropriate characteristics OR large warnings missing many characteristics
Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

Data not reported
No national campaign conducted between 1 July 2012 and 30 June 2014 with duration of at least three weeks
National campaign conducted with 1 - 4 appropriate characteristics
National campaign conducted with 5 - 6 appropriate characteristics
National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

Data not reported
Complete absence of ban, or ban that does not cover national television, radio and print media
Ban on national television, radio and print media only
Ban on national TV, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
Ban on all forms of direct and indirect advertising

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST SOLD BRAND OF CIGARETTES

Data not reported
<= 25% of retail price is tax
26-50% of retail price is tax
51-75% of retail price is tax
>75% of retail price is tax

WHO Report on the Global Tobacco Epidemic, 2015

Country profile Bosnia and Herzegovina

Summary of MPOWER measures

M MONITORING	P SMOKE-FREE POLICIES	O CESSATION PROGRAMMES	W HEALTH WARNINGS	MASS MEDIA	E ADVERTISING BANS	R TAXATION
Orange	Grey	Blue	Grey	Grey	Blue	Dark Blue



Projekcije za BiH (SimSmoke model)

Projekcije predviđaju da bi efekti pojedinačnih politika za kontrolu duhana, kad bi se one implementirale u cijelosti u skladu sa WHO FCTC, u narednih 15 godina doveli do smanjenja prevalence pušenja u Federaciji BiH i Republici Srpskoj za:

10,8% - povećanjem akciza na cigarete sa sadašnjih 66% na 75% i sprečavanjem pušenja među mladima;

6,3% - podizanjem sprovođenja kampanja u masmedijima sa niske na visoku razinu;

6,2% - zabranjivanjem izravnog i neizravnog promoviranja, koje obuhvaća sveobuhvatnu zabranu oglašavanja, promidžbe i sponzoriranja i sadrži mjere koje garantiraju primjenu/pridržavanje;

5,7% - sa sveobuhvatnijim zakonima za zaštitu od izlaganja duhanskom dimu i snažnijom primjenom/pridržavanjem;

4,5% - sa zahtjevom za snažnim, grafičkim zdravstvenim upozorenjima koja prate duhanske proizvode; i

3,6% - s povećanjem pružanja usluga za prijekid pušenja, sa minimalne razine na razinu dobro promovirane i sveobuhvatne politike za prijekid pušenja.

Sa ovakim jakim setom politika koje su konzistentne sa WHO FCTC i imaju sinergijsko djelovanje, **prevalenca pušenja može se smanjiti za 25% unutar 5. godina, za 32% unutar 15. godina i za 38% unutar 40. godina i u Federaciji BiH i u Republici Srpskoj.**

WHO FCTC – ključne poruke

- Beskompromisani **javnozdravstveni pristup** (svijet bez duhanskog dima, nepušenje kao društveni standard);
- **Međunarodni ugovor**, koji ne „preporučuje”, već **pravno obvezuje** potpisnice;
- Implementacija se prati – traži se **potpuno**, a ne djelomično ili probrano **sprovodenje**;
- Izravno suprotstavljeni **interesi javnog zdravlja** (smanjiti potražnju, izbjegći posljedice) i **interesi ekonomije/trgovine** (povećati proizvodnju, ponudu i profit) otežavaju sprovodenje;
- Za uspjeh potrebni „**organizirani napor društva**” (vladini sektori, parlament, civilno društvo, itd.)
- Za koordinaciju napora društva, neophodni **lideri (i vizonari)!**

„2002. god., donio sam zakon kojim se zabranjuje pušenje na svim radnim mjestima. Bilo je mnogo protesta, ali onda se nešto desilo: ljudi su ga zavoljeli.“

Lideri

„Bit će to teška borba... (ali) mi nećemo odustati dok ne budemo sigurni da duhanska industrija ostaje bez posla.“



Margaret Chan,
generalna direktorica SZO

Recep Tayyip Erdođan,
premijer Turske, 2003-14.,
predsjednik Turske od 2014.

Summary of MPOWER measures

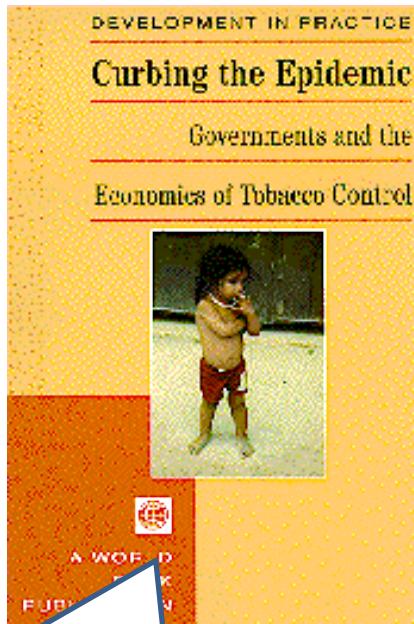
M MONITORING	P SMOKE-FREE POLICIES	O CESSATION PROGRAMMES	W HEALTH WARNINGS	M MASS MEDIA	E ADVERTISING BANS	R TAXATION



Michael Bloomberg,
gradonačelnik New Yorka, 2002-13.,
globalni ambasador SZO
za nezarazne bolesti od 2016.

„Ja volim svoj narod i želim da živi u zdravlju. To je moj cilj. Neprihvatljivo je ukrasti drugomu pravo da živi u zdravlju.“

Vizionari



„Svjetsko tržište duhana proizvodi godišnji globalni gubitak od 200 milijardi USD.”

Howard Barnum,
WB ekonomist, 1994.

„Upotreba duhana ostaje najveći pojedinačni uzrok smrti na svijetu... odgovorna za... troškove zdravstvene zaštite i izgubljene produktivnosti od preko 1 bilijun USD godišnje.”

Nacionalni institut za borbu protiv raka SAD & SZO, 2017.



„Svi znamo da je pušenje duhana jedna od najvećih katastrofa u ljudskoj povijesti koja se *ligeći djelovanjem vlada*.”

Gro Harlem Brundtland,
Direktorica SZO, 1998.-2003.

Report by the Commission on the Measurement of Economic Performance and Social Progress
WHY GDP DOESN'T ADD UP
Joseph E. Stiglitz
Imarty Sen
Jean-Paul Fitoussi
COMMISSION ON THE MEASUREMENT OF PERFORMANCE AND SOCIAL PROGRESS
BY PRESIDENT NICOLAS SARKOZY



„...došlo je vrijeme da se naši sustavi mjerena preusmjere sa mjerena ekonomiske proizvodnje na mjerene blagostanja ljudi.”

Povjerenstvo Stiglitz - Sen - Fitoussi, 2009.

SUSTAINABLE DEVELOPMENT GOALS

Goal 3 targets

- By 2030, reduce the global maternal mortality ratio to as low as 7 per 100,000 live births and end preventable deaths of newborns and children under 5 by as low as 12 per 1,000 live births and under-5 mortality rate
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and other communicable, non-communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including illicit drugs, and provide access to treatment for all
- By 2020, halve the number of global deaths and injuries from road injuries, including through improved road infrastructure and non-communicable diseases, including for family planning, in particular for young people and programmes
- Achieve universal health coverage, including financial risk protection, timely and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and treatments for the communicable and noncommunicable diseases that primarily affect the poor and vulnerable



Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

THREE WAYS TO SAVE LIVES.

<http://www.who.int/fctc/about/en/>



F C T C

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

This treaty is the world's answer to the tobacco epidemic, which kills nearly 6 million people each year. Already legally binding in more than 170 countries, it's our most powerful tobacco-control tool. **Let's use it!**

Hvala na pozornosti!

31 MAY: WORLD NO TOBACCO DAY
www.who.int/tobacco



World Health
Organization

GET READY FOR PLAIN PACKAGING

- No logos, colours, brand images or promotional information

- Pack surfaces in a standard colour

- Brand and product names in a standard colour and font



- Graphic health warnings used in conjunction with plain packaging



31MAY:WORLDNOTOBACCODAY

Australija (2012.), Francuska, Velika Britanija (2016.), Irska, Kanada...