

Proceedings of First International Meeting on Tobacco Control and Human Rights

and

'LAUSANNE RESOLUTION'

Lausanne, Switzerland, 1-2 August, 2008

Report compiled by:

Carolyn Dresler, Arkansas Department of Health, USA
Harry Lando, University of Minnesota School of Public Health
Pascal Bovet, Institute of Social and Preventive Medicine, University of Lausanne

Attendees:

Carolyn Dresler	USA (main organizer)
Harry Lando	USA (co-organizer)
Pascal Bovet	Switzerland (local organizer)
Jacques Cornuz	Switzerland (co-local organizer)
Rev. Joe Asila	Kenya
Fernanda Castro	Brazil
Brian Chandiwana	Zimbabwe
Chris Conrad	WHO/TFI
Guilherme Eidt	Brazil
Richard Daynard	USA
Pascal Diethelm	Switzerland
Natasha Herrera	Venezuela
Linda Jong	WHO/TFI
Hadii Mamudu	WHO/TFI
Dolors Marin	Spain
Doreen McIntyre	UK
Ben Meier	USA
Nick Schneider	Germany
Hitakshi Sehgal	India
Rangita de Silva	USA
Erin Smith	WHO/TFI
Elizabeth Tamang	Italy
Gemma Vestal	WHO/TFI
Yehenew Walilegney	WHO – Health & Human Rights Team

Sponsors:

Institute of Social and Preventive Medicine, University of Lausanne
Department of Ambulatory Care and Community Medicine, University of Lausanne
University of Minnesota School of Public Health
American Cancer Society

AGENDA

Friday, 1 August 2008

9:00 am - Welcome - Fred Paccaud, Carolyn Dresler, Harry Lando

I. INTRODUCTION

9:30 am A. Harms of Tobacco

Growing tobacco control through a human rights lens - Harry Lando
Global picture of tobacco problem (for non-TC participants) - Pascal Bovet
Affordable Cessation Efforts in Developing Economies - Jacques Cornuz, Natasha Herrera

10:30 am B. Human Rights and International Law

Chair: Dick Daynard

Human Rights global structure – treaties, history prior to FCTC - Rangita de Silva
WHO, Health & Human Rights: Current opportunities - Yehenew Walilegne
FCTC and its human rights history - Erin Smith

12:30 am – Lunch

II. HUMAN RIGHTS AND TOBACCO CONTROL – FRAMEWORKS -

Chair: Ben Meier and Rangita de Silva

1:45 pm A. Rights Holders

Gender issues vs. human rights vs. tobacco control - Elizabeth Tamang
Youth issues vs. human rights vs. tobacco control - Guilherme Eidt

B. Duty Bearers

UN Norms - Nick Schneider

4:00 pm Facilitated discussion - Ben Meier and Rangita De Silva

6:00 pm Meeting adjourned

Saturday, 2 August 2008

III. Moving Forward

Chairs: Carolyn Dresler and Harry Lando

9:00 am Reporting on the White Paper - Chris Conrad

10:00 am Discussion of next steps; assignment of action items

12:30 am Meeting adjourned

Meeting notes

Day One

Professor Fred Paccaud opened the meeting with a very warm welcome to this first meeting of its kind. His Institute not only provided financial support, but because of their offer of a meeting venue, we had a spectacular room which overlooked Lake Lemman. Prof. Paccaud mentioned that the place of the meeting was well chosen as Lausanne harbors headquarters of several main tobacco manufacturers and the date of 1 August for this meeting could be viewed as a promising symbol for this first meeting of activists in tobacco control and human rights. August 1, he reminded, is the Swiss National Day that commemorates the day, in 1291, when three citizens from three small remote regions in the Alps swore to help each other against anyone attempting to subject them and this alliance eventually grew up very successfully and resulted in the Swiss confederacy.

This presentation was followed by further welcome and introduction remarks by Carolyn Dresler and Harry Lando, the initiators of the meeting, who thanked participants for having generously committed their time and having made a long trip to provide their unique expertise to this important meeting and help turn the meeting's health and human rights agenda into a growingly strong movement.

Harry Lando provided a broad background of the tobacco problem around the world. Jacques Cornuz discussed clinical cessation, social acceptability, and policy implications. He posed the question of HOW do we make policy makers aware of the importance of tobacco control (TC). He recommended that: 1) smoking cessation should be integrated into other health promotion programs; 2) need to involve lay health workers into cessation programs; 3) pharmacotherapies are needed and governments should cover or subsidize its use; and 4) success in TC is a combination of reach and efficacy and this does mean a right to information about and access to cessation.

Natasha Herrera presented information that 85% of the population in Venezuela did not know of resources to stop smoking. She described a program of written documentation that has been developed and provided to clinicians that addresses Article 14 of the FCTC.

Rangita deSilva provided a very comprehensive review of HRBA – Human Rights Based Approach. The use of HRBA in TC has been promoted since approximately 2003 and a common understanding of what it is includes the notions of: 1) universality and inalienability of HRBA; 2) the indivisibility of the human rights. HR rights are mutually reinforceable (rights of education /information/ development) and therefore related to the right to life; 3) all human rights are interrelated. HRBA must be seen within a framework of equity, equality and non-discrimination and conducted within an environment that is inclusive and participatory, in particular women and children must be heard– THIS makes a growth movement.

HRBA insures that there is accountability for the delivery of human rights – and this presupposes a remedy. But, how can these rights be claimed – from national/local/domestic organizations? Most countries have a constitution that enshrines the 'rights' and we need to have the language to challenge the delivery of these rights for example in a country's decision relative to exposure to secondhand smoke (SHS).

HRBA provides the lexicon of international discourse – thus, provides the neutrality of the discourse and works to eliminate bias.

Tobacco Control is linked to the right to life – a customary right that is NON-DEROGABLE; it is within a 'core group of rights'.

Rangita deSilva further discussed the disparate experience of women re: SHS and decreased agency to control their exposure to SHS; when we talk of women and tobacco we talk about poverty and the feminization of hunger – especially with the growing food problem; women's needs are 'sacrificed at the altar of tobacco'.

Also, children have unequal status and are exploited by tobacco (by both tobacco use and tobacco industry) with their lack of agency; this doubly is for children from vulnerable populations. Use HRBA for poverty – derivative rights – those rights that rest on other rights, more 'customary rights'.

TC and HR should use the monitoring resources of the current HR treaties rather than the FCTC, which does not have such monitoring. These are powerful benchmarks to draft laws – we need to mainstream TC laws into mainstream laws. We can use the treaties to clarify the ambiguity of laws.

Rangita works at present with the Chairs of CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women), CRC (Convention on the Rights of the Child) and the new disability treaty to incorporate TC issues. She reviewed several Articles of these treaties and their applicability to HRBA and TC. She strongly recommends mining the reporting of the treaties and to come up with concluding observations and recommendations that are applicable and useable to the states (or potentially could be used to name and shame the states) between what is on their books and what is reality; this will hold governments accountable. There are good opportunities for NGOs (non-governmental organizations) to provide shadow reports – particularly with TC NGOs working with traditional HR NGOs within their countries.

Work can be done with the treaty bodies – at pre-session meetings and if we can inform them, the output or response from the respective states would have to respond to listed questions and have constructive discussion. TC needs to be part of the agenda at these meeting to help drive the discussions and help the committees to use HRBA and TC approaches/languages. We could try to have a General Comment passed re: TC.

The UN has special procedures – including people appointed to serve on mandates, such as the Special Rapporteur on Health.

Yehenew Walilegney reviewed WHO and their Health and Human Rights (HHR) background. The Health and Human Rights (HHR) Team serves as a focal point for the health and human rights activities of WHO both internally and externally. The Team provides support to WHO technical departments, regional and country offices. It also supports health and human rights trainings, drafts various kinds of publications and develops tools on health and human rights themes for in house use and wider circulation. There are also HHR people in Child and Maternal Health and Reproductive Health Departments as well as in the six WHO Regional and some of its Country Offices. The focus areas for the HHR Team are: 1) advancing the right to HHR in international law and development processes through advocacy with input to the UN HR system and development of indicators/tools to monitor the progress or lack thereof; 2) strengthening the capacity of the WHO to integrate the HRBA to its activities: through policy development; research/knowledge based; training on HHR on the ground and an on-line course; 3) supporting member states in applying HRBA to health – through developing tools, particularly in specific countries to assess how far they've gone; country projects; training in specific course. HHR tools are available at: <http://www.who.int/hhr/activities/en/> - from which all the publications and tools that have been developed by the Team could be downloaded.

Day Two:

Discussions began with 'what have we missed?'

There needs to be more voices outside of tobacco control – more cross alliances; more women's and child's experts. The movement has already grown significantly – but we need to mainstream this movement.

We need to bring judges, equal rights advocates, women's rights constitutional experts. We need to take a pledge that when we go back to our countries to work with the national institutional organizations, bar organizations, etc.

We should learn from other movements, vibrant movements that have women, children, and farmer victims.

We should work with the media.

We should connect to egregious HR abuses, start on re-classifying child labor – to the 'worst form of child labor' within CEDAW and CRC. Brazil and Venezuela have done this. How can we capture these experiences and share? Can we use 'Child Labor Day' to protest?

We should focus on the connection to the shortage of food and the production of tobacco; use of tobacco agricultural capacity preferentially to food provision.

We should focus on the pre-sessional meetings of the Committees (when country rapporteurs generate situation summaries). A second entry point is when the discussions actually occur: TC could drive the questions. TC could contribute to the concluding documents.

We should work to encourage the development of a General Comment on tobacco control - CEDAW and CRC have a draft model recommendation for a General Comment.

We should request a Special Report by the Rapporteur on Health with a special country visit (e.g. Malawi) or a special report in general on tobacco control and HR issues.

We should create a toolkit – a portion that is 'engendered'; that has all references to tobacco in country reports that reference poverty – thus, connect to the larger movement of poverty and disenfranchisement. The toolkit could be a manual that provides hypothetical examples or case studies. Anticipate and discuss potentially controversial areas.

The normative process takes time; hence we need to grow the movement and take it to the national leaders. They can then make normative changes and these changes can then moved back downward.

We should 'concretize' these rights and duty bearers – think programmatically.

The HRBA can be quite challenging in certain countries – where it can be thought of as 'anti-government'. Can work with National Human Rights Commissions – find who/what/where these are – for example, beginning with any country with a nationalized tobacco industry, e.g. China.

We should include the availability of cessation aids.

We should recommend a joint resolution on gender and HR.

We should work with partners on a Report from Human Rights Watch or Amnesty International or Physicians for Human Rights.

We should seek/facilitate that Framework Convention Alliance helps with NGOs shadow reports.

We should work with PHAI (Public Health Advocacy Institute www.phaionline.org) (Dick and Rangita) for single page memos for submission to CEDAW or CRC on countries being reviewed. Next countries being reviewed in January are Korea, DRC, Moldova, Chad, and Malawi.

We should propose a General Day of Discussion at the UN during Human Rights Council (e.g. work with Steve Marks).

NEXT STEPS – ACTION ITEMS

Doreen

- Review of the program re: HHR aspects of the meeting and report to all
- Identify/contact the person on the recent BBC report on HR abuses in Africa. (if you identify, CD will be contact if you wish)
- Ascertain his interest in participating with us in HRTCEN?
- Work to have HRTCEN have a special section for discussion on GLOBALink

Chris

- One page summary of the background paper
- Background paper to be finalized for COP#; made publicly available; published
- Find funding for Chris for this work – perhaps with CTFK (Patricia Lambert?)

Carolyn

- Resolution for consideration in India – for review from this group (see end)
- Determine if the India conference on youth will include HHR, 6-7 March 2008
- Contact Tobacco Control to see if summary of meeting can be published

Nick

- One page memo on the farmer-child perspective
- Work with Marty Otanez re: a shadow report for Malawi on child labor
- Develop EU communication

Dick

- Work with FCA and their becoming a member of the International HHR organization (Ben Meier)
- Work with FCA to work on monitoring reports: need to have a discussion with in FCA about using monitoring reports and their participation? (Dick is on the Board of FCA)

Dick + Rangita-PHAI

- Will work as an interim partner for countries that are interested and have capacity to work with a shadow report – especially with INWAT
- Requests for assistance can be sent to Dick

Harry and Brian

- To work on budget needed for toolkit; trainings on HRBA-TC;

Hadii

- Will speak with Phillipe Boucher re: blog re: HRTCEN
- Work to have HRTCEN have a special section for discussion on GLOBALink

Rangita + Ben oversee:

- Develop a powerpoint presentation to assist in expanding constituents
- Rangita/Ben/Hadii: General; child-women
- Guilherme: will develop child labor
- Dolores: will translate into Spanish
- Fernanda: will translate into Portuguese
- Pascal: will translate into French

Each attendee

- Commit to identifying at least two key HHR partners within their country or region AND report this to Group

Establish a logo/denomination for our group: **Human Rights and Tobacco Control Network (HRTCEN)**

Next meeting of HRTCEN – consider COP4 in 2010

KEY:

Mumbai 2009:

- Partner with PHAI in meeting with Special Rapporteur on Health (Anan Grover)
- Plan to have country experts testify for no greater than 2 minutes re: specific country issues with HR + TC
- Call for a special report – preferably a thematic report
- Need to determine FUNDING ASAP and notify people as they are already making their plans/reservations
- This meeting would most likely occur within the timeframe of the overall meeting – per the timing/availability of the SP
- Dick and Rangita to assess ASAP
- We would need to identify country speakers ASAP – Group should identify these speakers (could be themselves)

CONSIDER post Mumbai meeting:

- To focus on INDIA and their strong HRBA and partners within country who could partner with TC to grow the movement
- NEED confirmation and funding – could be held at TATA
- NEED DECISION ASAP DUE TO BOOKING REQUIREMENTS. FUNDING SUGGESTIONS: HARRY

RESOLUTION TAKEN BY THIS GROUP ('LAUSANNE RESOLUTION')

A group of international experts in tobacco control and human rights convened in Lausanne on August 1-2, 2008.

The group resolved that because tobacco production and consumption severely compromises numerous universal, inalienable, indivisible and inter-related human rights, an active movement to assert claims to these rights is required within the tobacco control global movement. Partners within the health and human rights arena, in addition to less traditional partners within the human rights movement working within gender and child rights areas should be utilized for their expertise in working with pertinent existing human rights treaties to highlight abuses with the tobacco control area.

The group agreed to be constituted as the Human Rights and Tobacco Control Network (HRTCN) and has committed to bring the afore-mentioned agenda to all relevant forums and organizations so that these crucial issues related to tobacco control and human rights are addressed and tackled.

The group concluded that this agenda, including appropriate statements, resolutions and work plan should be appropriately prepared and publicized at a next high profile and far reaching occasion, likely the 2009 Mumbai WCTOH Conference.

List of participants

Last name	First name	Institution	Position	Country	Email
Asila	Joe	Social Needs Network	Executive Director	Kenya	j.asila@excite.com
Bovet	Pascal	Institute of Social and Preventive Medicine, University of Lausanne	Senior lecturer	Switzerland	bovet.pascal@gmail.com
Chandiwana	Brian	BRTI, Harare, Zimbabwe	Projects Manager, Tobacco Control Research	Zimbabwe	igha@mweb.co.zw
Conrad	Chris	University of Denver; WHO/TFI	JD/MA (law & int0l development), intern	USA	chris.conrad@du.edu
Cornuz	Jacques	Lausanne University Hospital	Ass. Professor, clinical medicine	Switzerland	jacques.cornuz@chuv.ch
Daynard	Dick	Northeastern University, School of law	Professor; President PHAI	USA	r.daynard@neu.edu
De Silva	Rangita	Public Health Advocacy Institute	Consultant	USA	rdesilva@comcast.net
Diethelm	Pascal	FCA	Geneva representative	Switzerland	diethelmp@fct.org diethelm@libertysurf.fr
Dresler	Carolyn	Arkansas Department of Health	Branch Chief	USA	carolyn_dresler@ksg03.harvard.edu
Eidt Goncalves de Almeida	Guilherme	Alliance for Control of Tobacco Use - ACT	Advisor	Brazil	guilherme.eidt@actbr.org.br
Herrera	Natasha	Centro Medico Docente la Trinidad & Invited Professor UCV & USB ; PAHO/WHO Venezuela	Director Smoking Cessation Clinic CMDT & Advisor of the PAHO/WHO	Venezuela	natasha@ven.ops-oms.org
Jong	Linda	Univ. Michigan, WHO/TFI	Candidate intern	USA	ljong@umich.edu
Lando	Harry	University of Minnesota, Minneapolis, Division of Epidemiology and Community Health	Professor, Epidemiology and community health	USA	lando001@umn.edu
Mamudu	Hadii	Univ. of California, San Francisco, WHO/TFI	Post doc Fellow	USA/Ghana	hadii.mamudu@ucsf.edu
Marin Tuya	Dolors	Hospital Clinic Barcelona. Catalan Health Department.	Senior adviser on women tobacco and quit lines	Spain	dmarin@clinic.ub.es
McIntyre	Doreen	INGCAT	Director	UK	doreen.mcintyre@ingcat.org
Meier	Benjamin Mason	Columbia University	International Development & Globalization Fellow	USA	bmm2102@columbia.edu
Olivera	Fernanda	ACT Brazil	Consultant	Brazil	fernandocastrofernandes@gmail.com
Paccaud	Fred	Institute of Social and Preventive Medicine, University of Lausanne	Professor, Director	Switzerland	fred.paccaud@chuv.ch
Schneider	Nick	German Cancer Research Center (DKFZ)	Science manager	Germany	nick.schneider@dkfz.de
Sehgal	Hitakshi	Minnesota University	Program Associate, global health	USA	sehg0006@umn.edu

Last name	First name	Institution	Position	Country	Email
Smith	Erin	WHO/TFI	Legislation officer	Switzerland	smither@who.int
Tamang	Elisabeth	Service of Public Health and Screening, Directorate of Prevention, Venice &	Medical Director (also representing International Network of Women Against Tobacco (INWAT))	Italy	etamang@gmail.com
Vestal	Gemma	WHO/TFI	Team Leader, regulation, legislation & enforcement Unit	Switzerland	vestalg@who.int
Walilegne	Yehenew	WHO/HHR	Human Rights Officer	Switzerland	walilegney@who.int