

Article 2.1 Forward Looking Tobacco Control Measures

This document relates to item 6.4 of the provisional COP agenda and corresponds to documents [FCTC/COP/10/11](#) and [FCTC/COP/10/P/CONF./1](#)

Tenth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control,
5 – 10 February 2024, Panama City, Panama

Key recommendations

- GATC welcomes the draft decision from Canada on forward looking tobacco control measures as currently written.
- GATC supports the recommendations in the draft decision for the Bureau to establish the mandate, scope and composition of the Expert Group.
- GATC encourages Parties to explore and implement forward-looking measures prior to the expert group report at COP11. There are already several examples of such policies and a body of research to inform planning.

Key messages

- It is important to recognize that the negotiating Member States of the WHO FCTC understood that policy best practices to end the tobacco epidemic would evolve, which is the reason for Article 2.1.
- GATC recognizes Article 2.1 as an integral part of the WHO FCTC. Furthermore, it is important to note that the draft decision in no way implies that the WHO FCTC is out of date, insufficient or no longer fit for purpose. Therefore, the repository of forward-looking measures developed by the Expert Group will not require reopening the text of the WHO FCTC.

What is being proposed

This is the first time in COP history that Article 2.1 has been placed on the official agenda. This agenda item was requested by Canada, which has also put forward a draft decision calling to establish an Expert Group. Article 2.1 urges Parties to the WHO FCTC to go beyond the minimum obligations specifically included in the treaty by stating the following:

Article 2.1: In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.

Why this is important

Article 2.1 is an integral part of the WHO FCTC and its treaty instruments. Article 2.1 ensures that the

WHO FCTC does not represent a “ceiling” on adopting and implementing public health policies related to preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

The WHO FCTC contains several provisions recognizing and encouraging Parties to implement measures beyond a minimum obligation.¹ Further, the WHO FCTC guidelines for implementation, adopted by consensus by the COP, also recognize the importance of strengthening or expanding measures based on new evidence and Party experiences as well as encouraging Parties to implement measures beyond the WHO FCTC obligations and recommended actions.

The WHO FCTC represents a set of policies that were considered best practice at the time of the negotiations. The negotiating Member States of the treaty understood, however, that best practice would continue to evolve in ways that could not be fully foreseen. Article 2.1 purposefully allows for that evolution without the necessity of reopening the text of the treaty.

¹ For example, WHO FCTC Articles 11(1)(b)(iv), 13(5) and 15(7).