Facts Matter: Countering Industry Misinformation Around COP

As COP approaches, misinformation campaigns often seek to undermine the WHO, the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Conference of Parties to the WHO FCTC (COP). This document clarifies some of the most common misconceptions circulating in media and online discussions, providing accurate, evidence-based information on how the WHO, FCTC and COP operate and are essential in advancing the efforts on tobacco.

Myth	Facts
× **Myth 1: The WHO FCTC has gone off course and is no longer fit for purpose**	✓ **FACT:** The WHO FCTC's goal has always been to protect current and future generations from the devastating health, social, environmental, and economic consequences of tobacco use and nicotine addiction. Far from "preventing progress," the WHO FCTC supports innovation that aids public health. The only so called "progress" it seeks to prevent is the expansion of markets for addictive and harmful products promoted by the tobacco industry under the narrative of innovation and harm reduction. Far from being outdated, the WHO FCTC's relevance has only increased as the tobacco industry diversifies its products and interference strategies
× **Myth 2: The WHO is becoming an obsolete institution that countries are abandoning**.	✓ **FACT:** While some governments have publicly announced their intention to withdraw from the WHO, such moves are rare, complex and signal challenges for the global health system rather than inherent dysfunction in the WHO itself. For example, Argentina announced its withdrawal citing "profound differences" in health management, especially during the COVID-19 pandemic. Similarly, the United States sharply criticized the WHO's pandemic response and its financial structure, raising

	concerns about global trust in the institution. But withdrawal reduces that country's access to WHO's surveillance, data sharing, and technical cooperation mechanisms and weakens multilateral collective action on health. By contrast, the majority of WHO Member States maintain their commitments, underscoring that the institution remains central to global health.
× **Myth 3: WHO runs COP and undermines governments**	✓ **FACT:** COP is a meeting of Parties (governments) to the WHO FCTC. Decisions are taken by Parties, often by consensus. The FCTC Secretariat supports the WHO FCTC, it does not vote or decide policy.
× **Myth 4: the WHO FCTC undermines economic development and punishes low- and middle-income countries.**	✓ **FACT:** The FCTC strengthens sustainable development by reducing the health and economic burdens of tobacco use, which disproportionately harms low- and middle-income countries. Tobacco-related illnesses drain national budgets through health-care costs and productivity losses. Implementing tobacco control measures generate revenue and improve population health, supporting rather than hindering development. Claims that the WHO FCTC harms LMICs echo long-standing industry narratives designed to frame regulation as anti-growth and weaken regulatory frameworks in those countries.
× **Myth 5: The WHO and COP meetings are secret and closed to the public, lacking transparency**	✓ **FACT:** COP sessions are meetings of the Parties, sovereign governments, not of WHO staff. They follow established UN protocols to ensure transparency while preventing industry interference, in line with Article 5.3 of the FCTC. Observers, including civil society, attend under clearly defined rules and vetting process. Article 5.3 obliges Parties to protect policymaking from commercial and other vested interests of the tobacco industry. COP11 documents and proposed agenda are available online at fctc.org

× **Myth 6: The COP proposed agenda items block progress**	✓ **FACT:** The COP agenda is adopted by Parties and a reflection of what has been proposed by Parties and the FCTC Secretariat. Discussion of topics such as forward-looking measures, liability, environment, and product regulation supports the WHO FCTC's overarching goal: to prevent and reduce tobacco consumption, nicotine addiction, and exposure to tobacco smoke, as outlined in Article 5.2(b) of the WHO FCTC. These agenda items strengthen implementation by allowing Parties to share their experiences and enabling international cooperation.
× **Myth 7: The COP blocks innovation and safer nicotine alternatives.**	✓ **FACT:** The WHO FCTC and COP decisions encourage the independent scientific evaluation of all nicotine products and their regulation. The concern lies with industry marketing tactics and narratives that target youth and promote dual use, not with legitimate and independent research or cessation support
× **Myth 8: The tobacco industry is a key actor and should participate in COP with an observer status**	✓ **FACT:** Due to an **irreconcilable conflict of interest**, the tobacco industry cannot be treated as a stakeholder in health policy. Article 5.3 of the WHO FCTC reaffirmed at every COP protects policymaking from vested interests that profit from tobacco use.

For more information on COP11 information and recommendations, scan the following QR code:

Global Alliance for Tobacco Control