



TOBAKSFAKTA

OBEROENDE TANKESMEDIA

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WORKING DRAFT

# A Child's Rights Perspective on Article 5.3 of WHO-FCTC – A Summary

**Article 5.3 of the WHO-Framework Convention on Tobacco Control states that when Parties define and implement their public health policies on tobacco control they shall, in accordance with national law, act to protect these policies from the influence of commercial and other interests in the tobacco industry.**

## Background

The tobacco industry has been working around the world to stop, delay and dilute measures aimed at reducing tobacco consumption.<sup>1</sup> Tobacco industry influence on public health policy remains evident even in Sweden, where the goal of halving the number of new smokers and snus users among young people by 2014 has not been realized. Among other things, the industry is permitted to collaborate on various projects with politicians and public servants; such collaboration has negative effects on tobacco control efforts.<sup>2</sup> “Prevention programmes” sponsored by the tobacco industry, such as school programmes and tobacco-attitude campaigns, have not reduced interest in tobacco and at times have had the opposite effect — i.e. interest in tobacco has instead increased.<sup>3</sup>

Studies of the tobacco industry's internal documents show that children are the main target group for the promotion of tobacco.<sup>4</sup> Millions of children are also used for labour in tobacco production. In the United States, for example, several hundred thousand child workers are employed annually in tobacco farming.<sup>5</sup> In India, 1.7 million children work at rolling bidis.<sup>6</sup>

Based on the WHO-FCTC and subsequent guidelines of the Convention, the United Kingdom<sup>7</sup>, Australia and several other countries have issued rules to guide official decision-makers in all dealings with the tobacco industry; these include the publication of meeting agendas and minutes. Sweden has yet to adopt any such rules.

## What does the Convention on the Rights of the Child state?

**Article 6** states that Parties recognize that every child has the inherent right to life. To the utmost of their ability, Parties must ensure child survival and development.

**Article 24** states that Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to health care and rehabilitation.

Parties shall strive to ensure that no child is deprived of his/her right of access to health care services. Parties shall pursue the full implementation of that right and, in particular, shall take appropriate measures which include ensuring adequate health care for mothers before and after birth, and developing preventive health care and guidance or advice for parents.

Parties shall also take all effective and appropriate measures with a view to abolishing traditional practices that are prejudicial to the health of children.

**Article 28** Parties acknowledge every child's right to education and commit themselves to gradually fulfilling that right on the basis of equal opportunity.

**Article 32** Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous to or interfere with the child's education or health, or with the child's physical, mental, spiritual, moral or social development.

**Article 36** Parties shall protect the child against all other forms of exploitation that are prejudicial to the child in any respect.

The child's right to life and health is in sharp contrast to the tobacco industry's commercial interests. That is why the tobacco industry cannot be allowed to influence public health policy. Even the child's right to protection from harmful child labour and the right to attend school are violated by the use of children in tobacco production.

## The way forward

It is important to raise awareness about Article 5.3 of the WHO-FCTC, in many areas and levels of Swedish government. At the national level, the WHO-FCTC and subsequent guidelines require the implementation of procedures and policies to regulate contacts with the tobacco industry, and to ensure transparency regarding such contacts. This is essential for the protection of children. The same applies to the introduction of legislation prohibiting political parties from accepting contributions from the tobacco industry, or at least requiring that such contributions be openly reported.

Authorities at the local and regional levels are also in need of guidelines for contacts with the tobacco industry. For professionals working with children and tobacco control supervision, it is very important to be well-informed about Article 5.3 in order to engender a critical attitude toward any proposals for co-operation from the tobacco industry.

Tobacco industry influence on public health policy can be prevented by teaching children to be critical consumers and by informing the public about industry practices.

### Notes:

1 WHO. Tobacco Industry Interference – A Global Brief, 2012

2 Tobaksfakta: Dödligt inflytande – om tobaksindustrins sista strid. Tobacco Facts: Fatal influence - If the tobacco industry last battle. 2014

3 Landman, A., Ling, PM, Glantz SA. (2002) Tobacco Industry Youth Smoking Prevention Programs: Protecting the Industry and Hurting. Tobacco Control. 2002 June; 92(6): 917–930. 92 (6): 917-930.

4 ASH England, Tobacconomics, 2011

5 Human Rights Watch. Tobacco's Hidden Children: Hazardous Child Labor in US Tobacco Farming. 2014

6 PLAN UK. Child Labour in India. 07/06/2013

7 Department of Health, England Tobacco Control Program. Healthy Lives, Healthy People: A Tobacco Control Plan for England. 2011