

THE INTERNATIONAL TOBACCO CONTROL ENVIRONMENT AND ITS RELEVANCE FOR HUNGARY

The international tobacco control environment influenced, to a certain degree, the Hungarian tobacco control efforts. International factors which could have an influence on national tobacco control policies include: trade agreements and other international rules governing tobacco manufacturing and trade, binding rules and non-binding recommendations on various aspects of tobacco production and consumption, as well as co-ordinated multilateral programmes aimed at decreasing the number of smokers at country level.

The international tobacco control environment might interfere with national tobacco control initiatives in several ways. Some of them might be conducive to strengthening of national tobacco control efforts. Others, on the contrary, could prevent national governments from taking effective action against tobacco, even if that would serve the interest of their citizens. Some might act as principles for developing national tobacco control programmes, while others are binding regulations which must be applied in a particular country.

In what follows, there are those changes in the international environment summarized, which might have an influence on tobacco control efforts in Hungary. There are two particularly important categories to be taken into consideration: 1) tobacco control policies of the European Union (EU); and 2) initiatives of the World Health Organization and the possible impact of the Framework Convention on Tobacco Control (FCTC) on tobacco control in Hungary.

The summary **table 2.1** provides a comparison between the Hungarian rules and those of the EU and recommended by the FCTC.

2.1 Tobacco control in the European Union

The European Commission is committed to developing and implementing effective tobacco control policies. In the EU, binding regulations (directives) and non-binding principles (Council recommendations) create a framework for co-ordinated action against tobacco. Binding legislation at European level exists in the following areas:

- Taxation of tobacco products;
- Content/emissions, packaging and labelling of tobacco products;
- Ban on advertising of tobacco products that have cross-border effects, such as print media, TV, radio and internet;
- Ban on sponsorship of international events by tobacco companies.

Complementary non-binding recommendations address issues such as prevention of the uptake of smoking by young people (sales of tobacco products to minors, school prevention programmes), restrictions of smoking in public places and, lately, graphic warning labels on cigarette packages.

Some activities aimed at preventing smoking are also developed at EU level; the media campaign using the slogan "Feel free to say no" will continue in 2004 with its second phase. Further support is provided for various national tobacco control efforts through European networks of organisations working in tobacco control.

On the other hand, however, the financial support for tobacco growing makes the EU approach to tobacco control ambiguous. Subsidies - around € 1 billion per year at Community level - paid to tobacco farmers, which provide 75% of the farmers' incomes, are an issue of debate. While the Commission is committed to phasing out tobacco subsidies, the European Parliament and the Council still stand for maintaining it. Tobacco growing countries of the south (Greece, Italy and Spain) as well as countries harbouring transnational tobacco companies (especially Germany and the UK) are still able to effectively lobby European decision makers in order to achieve an environment conducive to their businesses.

2.1.1 The tobacco industry and European-level tobacco control

Transnational tobacco companies' lobbying power might influence the tobacco policy development at European level. The annulment by the European Court of Justice of the 98/43/EC directive on tobacco advertising as a result of a complaint by tobacco companies as well as the offer to accession countries by Günter Verheugen, German commissioner of enlargement to call for delay in introducing EU cigarette tax levels in the fall 2001 are only two obvious examples.

2.1.2 Tobacco control in the EU and Hungary's accession

Successive Hungarian governments seemed susceptible to following the EU on tobacco control issues. In fact, all tobacco-related binding regulations of the EU must become part of the Hungarian set of anti-tobacco legislative measures by 1 May 2004. The cigarette content regulation is one of the EU rules which Hungary only reluctantly agreed to apply by the date of accession. An earlier request for derogation – thought up by the Ministry of Agriculture, but the health portfolio forced to submit it – was eventually withdrawn in 2002. In exchange, in April 2002, the then ruling moderate right government requested a delay for the application of minimum excise tax levels on tobacco products until 31 December 2008.

Table 2.1 compares the Hungarian regulatory framework for tobacco and that of the EU.

Summary: Impact of the EU on Hungarian tobacco control policies

Since Hungary joins the EU on 1 May 2004 EU directives concerning various aspects of tobacco production, marketing, product regulation, taxation and consumption must be taken over by that deadline. Alignment to EU directives and adoption of EU recommendations would certainly have a positive impact on the health of Hungarians through curbing tobacco consumption. High level commitment of actors of the Hungarian political arena is needed, however, to take maximum advantage of the opportunity provided by the country's accession to the EU. The level of commitment could be measured by the date until the country decides to get its tobacco control legislation harmonized with the EU rules and also by deciding to take over non-binding recommendations of the EU as well.

2.2 Initiatives of the World Health Organization (WHO)

WHO is the leading force of the international tobacco control movement. Its role is especially evident after being instrumental in conceptualising and orchestrating the development of the world's first international treaty on a health issue, the Framework Convention on Tobacco Control (FCTC).

The WHO has attempted to assist former socialist countries in dealing with their tobacco epidemics as back as early 1990s. After being instrumental in assisting the Polish anti-smoking movement to promote advanced tobacco control policies in Poland (see the Kazimierz conference in November 1990) the WHO concentrated its efforts to help other former communist-block countries of CEE to cope with their tobacco epidemics. As part of this effort, a WHO mission visited Hungary in February 1997 and formulated ten recommendations on strengthening tobacco control in Hungary.

The report called, among others, for the establishment of mechanisms for intersectoral cooperation on tobacco control and for concentrated efforts in creating a supportive legislative framework. A comparison between the recommendations made by the Mission and measures taken by the government based on these recommendations is given in **Table 2.2**. The comparison indicates that unlike Poland, Hungary has taken little advantage from this WHO initiative.

Table 2.2

No	Recommendation	Measures taken
1	The Ministry of Welfare should strengthen its capacity for tobacco control activities, including human capacities	At the end of 2003, there is no official appointed to dedicate his/her full work time to co-ordinating the country's tobacco control efforts
2	An intersectoral structure should be established to coordinate the development of a comprehensive countrywide tobacco control programme	By the end of 2003 no such intersectoral body has been established
3	An integrated national tobacco control programme should be implemented in Hungary	The plan of such a programme has been developed in September 2002, but only very few initiatives were implemented by the end of 2003
4	The Prime Minister's Office should undertake the coordination of specific actions of several relevant ministries	No such a role has been undertaken by the Prime Minister's Office; co-ordination of actions of various ministries remains insufficient
5	MPs <i>"should be provided more information on the need for legislative and other action to control tobacco"</i>	The health ministry provided MPs background material on tobacco control on the occasion of parliamentary debate of the anti-smoking bill; various NGOs regularly provide MPs further information on tobacco control policies
6	Illicit trade of tobacco should be better controlled	The Ministry of Finance and the Customs Administration undertook effective action to curb cigarette smuggling
7	Hungary <i>"should move quickly to adopt laws and regulations that will meet or exceed tobacco control directives of the European Union"</i>	Some legislative measures have already been introduced (regulation of smoking in public places – 1998, banning tobacco advertising – 2001/2002), while others are still to be implemented (raising cigarette taxes to reach EU levels, content regulation, packaging and labelling – 2004)
8	Continuous and effective monitoring of tobacco control measures of their implementation and of the smoking behaviour are needed	The monitoring and the evaluation of measures already taken remains patchy
9	<i>"Doctors, nurses and other health professionals should be encouraged to become advocates in favour of tobacco control measures"</i>	Very few professionals undertook the role of being more actively involved in policy and media advocacy of tobacco control measures
10	<i>"Hungary should continue to seek advice and assistance from WHO and the World Bank to help strengthen tobacco control in Hungary"</i>	The tobacco control policy development programme, funded from a WB loan has not received sufficient political support and has been concluded prematurely

The Regional Office for Europe of the WHO has developed four strategic documents on tobacco control so far. These could assist countries in developing tobacco control policies which embody the best international practice. While the latest rules enacted by Hungary regarding tobacco production, consumption and trade reflect some of the recommendations of the Third Action Plan for a Tobacco-Free Europe 1997-2001, again, no direct link between administrative developments in the field of tobacco and the WHO strategic paper can be detected.

Summary: Are there WHO recommendations taken into consideration by successive Hungarian governments?

It is not evident how recommendations of WHO have an influence on Hungarian tobacco control policies. While legislative measures recommended by the 1997 mission were more or less taken, the direct link between these actions and the mission or its recommendations cannot be traced. Tobacco control advocates, however, use recommendations and documents of the WHO as guiding principles when advancing tobacco control policies.

The role of the WHO Liaison Office of the health ministry and of the Hungarian national counterpart on tobacco to the WHO should be strengthened and these institutions should take a more proactive role in translating WHO recommendations into practical steps in order to enhance the country's tobacco control efforts.

2.3 The Framework Convention on Tobacco Control (FCTC)

The first ever public health treaty was unanimously adopted by the 192 member states of the WHO at the 56th World Health Assembly on 21 May 2003. The treaty, which synthesises the best international practice in tobacco control, provides countries with guidance on the content of a comprehensive national tobacco control strategy. If brought into force and implemented to the full, this groundbreaking treaty could be instrumental in limiting the global burden of tobacco consumption.

Hungary was among the first countries which signed up for the adoption of the treaty on the first day it was open for signature on 16 June 2003. Since then important steps have been made by the Hungarian government to take up its recommendations as early as possible. These are summarized in **Box 2.1**.

Fortunately, many of the treaty recommendations have already been instated by Hungary. Even if the treaty's adoption would not produce significant improvement in the overall content of the Hungarian tobacco control policies, it would be significant for a couple of reasons. First, the adoption of FCTC by Hungary would help to get through the message that the government is committed to curbing the tobacco epidemic and stands for protecting the health of its citizens against the interests of the tobacco industry. Secondly, the implementation of the treaty would necessitate the establishment of a mechanism which co-ordinated the country's overall tobacco control efforts. Such a co-ordinating role should be taken by a specialized government office (e.g. in the health ministry) and should be aimed at ensuring intersectoral collaboration for tobacco control (Hungary do already have experience in such a co-ordinating mechanism on illicit drugs, operated within the Ministry of Child, Youth and Sports) as well as a body acting as "watchdog" for the implementation of measures recommended by FCTC (such as a coalition of NGOs working in tobacco control). Thirdly, financial resources should be dedicated to implementation of the treaty as well as to its monitoring and evaluation.

From the very beginning, tobacco industry tried to undermine the treaty development process at both international and national levels. The industry attempted to delay the treaty development process, to keep its focus on youth smoking while maintaining adult choice to smoke, and to infiltrate the process covertly through negotiating delegations.

In 2000, Hungarian tobacco companies developed a common position with regard to FCTC. Companies declared their support to youth smoking prevention efforts and to some other efforts aimed at protecting non-smokers and curbing cigarette smuggling. As usual, they stood firmly against tax measures, trade limitations and the ban on duty-free sales of tobacco products, as well as against the use of litigation as a tool for controlling tobacco. The efforts of Hungarian TTCs to interfere with the FCTC process were co-ordinated by the HACM, the local national manufacturers' association. Tobacco companies aimed at having their views and interests represented through positions of the Hungarian delegation at the negotiations, along with positions of "other portfolios affected by the recommendations of FCTC" (economic, finance and agricultural ministries). HACM sent letters to political secretaries of ministries involved in tobacco to attract their attention to the economic impact of FCTC. Efforts were also made to have representatives of portfolios other than health nominated as members of the Hungarian delegation. These efforts, fortunately, were doomed to failure.

Box 2.1

Steps made by Hungary towards the ratification of FCTC (as of 7 April 2004):

- 16 June 2003: Hungary signs the treaty;
- September 2003: Ministry of Health, Social and Family Affairs prepares recommendation for the government on the ratification of FCTC;
- September 2003: recommendation is being sent out to ministries for comments;
- November 2003: comments received, final recommendation made by the health ministry;
- 5 December 2003: government announces it will recommend the ratification of FCTC to the Parliament;
- 16 February 2004: Parliament starts debating the ratification document;
- 8 March 2004: Parliament votes for the ratification of FCTC (323 yes, 4 no, 3 abstentions);
- 7 April 2004: Hungary ratifies the FCTC.

Summary: The prospect of the ratification and the opportunities related to FCTC

Actors of the political arena as well as members of the Parliament do not see any impediment preventing the ratification of the treaty since in general, Hungarian regulations already correspond to its recommendations. Members of various political parties indicated that they would not oppose the adoption of the treaty if recommended by the government. Ratification of FCTC would provide further help to the country to control tobacco, since

- a) promotes better co-ordination of the country's overall tobacco control efforts;*
- b) facilitates channelling of higher level of public funds into financing tobacco control activities;*
- c) early ratification and later, implementation of FCTC would improve the country's international reputation in the tobacco control arena.*

2.4 Local impact of other international initiatives

Hungary has taken advantage of the strengthened international tobacco control movement of the second half of 1990s.

In September 1997, using a WB loan aimed at assisting the Hungarian health reform and modernizing the country's public health infrastructure, a policy advocacy-focused tobacco and alcohol policy development programme was launched. While the programme has been instrumental in promoting better understanding of the role of intersectoral and inter-institutional collaboration in tobacco control, the right wing government, which took power in 1998, did not view the project as fitting into its plans and concluded it earlier than it was originally planned without letting it achieve its objectives.

Some initiatives of the World Bank project were taken over by the Health 21 Hungarian Foundation. The organisation used international grants from the World Bank, the WHO, the American Cancer Society and the Open Society Institute to carry out activities aimed at facilitating communication, collaboration among actors of the tobacco control field and improving professionals' knowledge on the latest achievements of the international tobacco control movement.

Other Hungarian organisations' work using international funding is not well documented, even though anecdotal reports on such projects can be found (e.g. the Hungarian Dentists Association's work in tobacco, the Hungarian Cancer League's project on women and tobacco).

Summary: Impact of other international initiatives

The overall impact of relatively isolated initiatives funded by various international agencies in Hungary remains limited, in spite of these projects having an important role in improving professional, communication and advocacy skills of a new wave of Hungarian tobacco control advocates. This kind of support, however, is not intended to substitute local funding dedicated to tobacco control programmes; the responsibility of securing enough funding for tobacco control activities remains on the government's side.

Nevertheless, projects funded by international agencies achieved to introduce the best international practice in some particular fields of tobacco control, e.g. postgraduate training of tobacco control professionals or creation of new partnerships for co-ordinated efforts to promote stricter tobacco control policies.

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