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The World Health Organization Framework Convention on Tobacco Control in the Brazilian political agenda, 2003-2005

A Convenção-Quadro para o Controle do Tabaco da Organização Mundial da Saúde na agenda política brasileira, 2003-2005

El Convenio Marco para el Control del Tabaco de la Organización Mundial de la Salud en la agenda política brasileña, 2003-2005

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Abstract

This study analyses the development of a tobacco-control agenda in Brazil following the country's participation in the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC). This process started with the diplomatic negotiations for the participation of Brazil in the treaty, in 2003, and its ratification by the National Congress, in 2005, and was marked by substantial controversies between public health players, who are accountable for tobacco-control actions, and the high echelon of Brazilian diplomacy, emissaries of the tobacco industry, representatives of small tobacco farmers from the Southern region of the country, congress representatives, senators and ministers. The study is based on the contributions of John W. Kingdon on the development of an agenda for the formulation of public policies. It took into account secondary references, legislative and institutional sources from the 1995 to 2005 period. It concluded that the association of tobacco-related healthcare actions by technically skilled officials, the involvement of the high echelon of the Ministry of Foreign Affairs (policy flow), the initiative for the establishment of the WHO-FCTC (problem flow), and the existence of a favorable environment in both, executive and legislative (political flow), opened a window of opportunity for WHO-FCTC ratification and its inclusion in the government decision agenda.

National Program of Tobacco Control; National Tobacco Use Control Commission; Smoke-Free Policy; Public Health Policy

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Introduction

Between the early 1990s and the first years of the 21st century, the prevalence of smoking decreased 35% on average in Brazil, dropping from 34.8% to a countrywide average of 22.4% [1]. This fall was particularly related to strong action of healthcare-related players in prevention programs and the establishment of a tobacco restrictive legislation [2].

This process allowed that, when the World Health Organization (WHO) started the development of an international treaty on Public Health addressing global tobacco control, in 1999, Brazil became a leading country in the process of clause negotiations. The so-called Framework Convention on Tobacco Control (WHO-FCTC) was approved by a consensus of the WHO member countries in 2003, Brazil being the second signatory to adhere to the initial version of the treaty [2,3,4,5].

Notwithstanding Brazil's highlighted stand in the treaty development process, discussions for its ratification by National Congress, with ensuing entry in the Executive and Legislative political-decision agenda, were marked by prolonged controversies involving different players, including tobacco industry advocates, tobacco farmers, tobacco-control non-governmental organizations, public health experts and politicians. Only after two years of discussions, when the term for adhesion to the treaty was about to expire and Brazil was in risk of not participating in the first Meeting of the Parties session, WHO-FCTC would be ratified by Congress; hence, Brazil was the 100th country to sign the Convention [3,4,5].

This paper discusses the transformation of tobacco-control actions into a State policy – characterized by the final adhesion of the country to WHO-FCTC – taking Kingdon's Multiple Streams Approach into consideration [6]. For this author, the formulation of public policies is made from a set of processes, including configuration of the agenda, specification of alternatives from which one option will be chosen; the choosing of one alternative by legislative voting or executive decision, and the implementation of the decision. The "planning" will depend on the way ongoing problems appear in the system, which will contribute to the design of the agenda, to the process of knowledge accumulation on the issues at stake, to the perspective of experts, and to the political process, which includes domestic mood swings, public opinion and the results of elections [6].

Three families of processes are involved in the development of the agenda: the problems; the alternatives, and actions to face them (policies); and the set of activities related to power relationships and authority (politics). The process leading to the opening of a 'window of political opportunity" comes from the confluence of these three agenda composition streams. In the situation under assessment, the window of opportunity was the WHO-FCTC scrutiny by the Brazilian Congress, when players and stakeholders involved with the issue operated for their demands to be included.

In accordance with Kingdon's perspective, we claim that the process involving Brazilian participation in the WHO-FCTC – from its leading role in the preparation of the document until its approval by the Federal Senate – gave rise to a flow of problems related to tobacco control in the political agenda, which was already being tackled by the health system bureaucracy in other instances. Efforts made by the high echelon of the ministries of Foreign Relations and of Health, and by technical experts of the later, fostered WHO-FCTC ratification as policy stream and politics stream, considering the establishment of such public policies had high symbolic value for both the health system and Brazilian diplomacy, despite the change in the federal government, with a new political coalition taking the Federal Executive office in 2003. The continued support of the executive to WHO-FCTC approval, despite the hurdles during Senate procedures, made it possible for the treaty to enter the decision agenda.

Politics stream: feasibility and solutions

During the 1990s, the Brazilian state established a broad array of tobacco-control measures based on the ongoing development of a tobacco-restraining legislation and the development of domestic expertise regarding the control of the disease [2,7].

With the regulation of the Brazilian Unified National Health System (SUS), in 1990 by *Law 8,080*, on August 19, the mandate for tobacco control actions was assigned to the Brazilian National Cancer

Institut (INCA), which took over and revitalized the existing National Tobacco Control Program (PNTC). PNCT gathered health education and advocacy actions carried out particularly with medical societies, representatives of the Legislative and Executive, the academia and non-governmental organizations. INCA soon became the national reference for the development of actions and knowledge on tobacco control [2].

The Brazilian Health Regulatory Agency (Anvisa) was another body with strong influence on tobacco control. Established in 1999, it organized the registration of tobacco products traded in Brazil, defined the maximum amounts of tar, nicotine and carbon monoxide for cigarettes; regulated the advertisement of these products and established the mandatory printing of warning images for smokers on cigarette packs. Having the mandate to regulate tobacco products, Anvisa played a major role in putting into effect the tobacco-control policies in that period [2,7].

Even though Brazil was the second largest tobacco producer, and the largest exporter of tobacco leaves in the world at that time, the characteristics of the PNCT, tobacco control legislation and the regulatory role of Anvisa made Brazil a world reference on tobacco control measures. One can thus infer that healthcare players had a significant role in the development of conditions for the construction of policies that led Brazil to play a main role in WHO-FCTC arrangements and its ensuing ratification by the Congress [6].

Notwithstanding, another player was instrumental to the leading role played by Brazil in the early steps of the treaty: Brazilian diplomacy. In regards to foreign policy, since the Fernando Henrique Cardoso administration (1995-2002), Brazil had been valuing the development of South-South strategic coalitions. However, only during the Luiz Inácio Lula da Silva administration (2003-2010) would this unfold in a practical agenda of more organized actions and policies [8]. Particularly under the guidance of Foreign Affairs Minister Celso Amorim (2003-2010), the idea that Brazil could occupy a more prestigious position in the international setting, being a global player, by having a discourse and policies in regards to actions of peace, and international support and cooperation on education and healthcare actions (softpower) would become more institutionally nurtured.

In this scenario, the Ministry of Foreign Affairs and the Ministry of Health took steps towards a more significant global role, enhancing initiatives with African and Mercosur countries, and with multilateral agencies such as WHO. Under the perspective of foreign affairs, the initiatives developed by the Ministry of Health were aligned to the guidelines of Brazilian foreign policy. The role played by Brazil in the discussions and resolutions dealing with protection and flexibility of proprietary rights on pharmaceutical products and its consequences in public health, in 1994, and the signing of a protocol of intentions to formalize collaboration actions between the Ministries of Health and Foreign Affairs, in 2005, are examples of this process [9].

Thus, at a time when global players such as WHO, faced the challenge of tackling the tobacco problem, Brazil already had players and institutional expertise of high levels, making the country able to play a leading position in the development of a global anti-tobacco treaty. Furthermore, in a synergistic movement, Brazilian diplomacy, represented in particular by diplomat Celso Amorim, gained more strength and legitimacy in its actions, supported by alliances and international partnerships favored by Brazilian foreign policy.

The flow of problems and focal events

The development of WHO-FCTC came as a consequence of a proposition for international mobilization towards tobacco control, made in the 48th World Health Assembly, in 1995 [4]. Its development is also related to the acknowledgement by the international scientific community that smoking causes a number of diseases, and worsens hunger and poverty around the world. It can also be seen as a reaction against the global increase of tobacco consumption, enhanced by the tobacco industry strategy of transferring cigarette manufacturing and most of the consumption-targeted initiatives to the less regulated markets of developing countries [2].

The process of drafting the treaty started in 1999, with the setting up of a working group and the Intergovernmental Negotiating Body (INB), which was open to the 190 WHO member states to discuss the different propositions for the writing of the document. The leading role played by Brazil

in the preliminary negotiations of the treaty resulted in the appointment of the Brazilian delegate, ambassador Celso Amorim, to be appointed INB Chair [2,3,4].

The final version of the treaty was approved at the 56th World Health Assembly, in May 2003, and included provisions for the implementation of tax policies aiming at consumption reduction; protection against tobacco smoke exposure; regulations on the dissemination of tobacco product information, packaging regulations; printing of health warnings on the packs; the development of education and awareness-raising programs on tobacco hazards; advertisement prohibition; and the implementation of nicotine addiction treatment programs. To reduce the supply of tobacco products, the treaty also addressed the control of smuggling; restrictions to tobacco production and manufacturing subsidies; gradual replacement of tobacco farming and support to economically feasible activities to tobacco farmers [10].

In this scenario, the Federal administration, sailing in an environment favorable to the Convention, established, through *Decree 3,136*, issued on August 13, 1999 [11], a national committee with the mandate of reviewing the role of Brazil in international negotiations, supporting the Presidency of the Republic in making decisions regarding the negotiations, and accommodating the different stands of the many sectors in Brazil affected by the problem. The Committee had a multisectoral constitution, with representatives from the ministries of Health, Foreign Relations, Agriculture, Livestock and Food Supply, Economy, Justice, Labor and Employment, Education, Industry and Foreign Trade, and Agrarian Development [11]. Health Minister José Serra was appointed its Chair [12], with the National Cancer Institute in charge of its executive secretariat [11]. The Committee marks the onset of strong mobilization for the development of the treaty, under the combined influence of public policy and partisan politics. According to this line of action, the city of Rio de Janeiro would host, in 2001, under the auspices of the Ministry of Health and with the support of WHO, the Latin American Seminar on the WHO-FCTC. The main goal of the event was the gathering of Latin American countries to analyze and discuss the prepositions to be presented at the 3rd INB Meeting [13].

The advent of WHO-FCTC was a focal event regarding tobacco-use concerns. By making visible a problem already being addressed by the federal government, the process of implementation of the WHO-FCTC enhanced the concerns with the problem. Despite the ongoing decrease of tobacco-related indicators [1] showing that the problem was under relative control, WHO-FCTC set in motion the necessary politics stream to definitively place the issue in the government's decision-making agenda, verified by the creation of a multisectoral committee to follow up the treaty [6].

The WHO-FCTC ratification process: political flow, agendas and alternatives

According with the multiple flow theory used in this analysis, the players involved in a process are decisive to place the issue in the governmental agenda, and in the development of alternatives for its effectiveness. Hence, health professionals were responsible for tobacco consumption to be considered a public health problem. Then, the diplomats worked on the development of an international agenda on the issue. These key players are responsible for including this issue among the concerns of the government, making new groups of players emerge, whether in favor or against the development of tobacco-control specific public policies, particularly NGOs, medical associations and associations of agricultural farmers and tobacco growers – anti- and pro-tobacco advocates – and politicians and high governmental officials [6].

In the group of health professionals mention should be made to the National Cancer Institute experts and the PNTC staff. The former achieved international recognition among tobacco-control organizations. Vera Luíza da Costa e Silva, for instance, who worked at INCA between 1994 and 2000, in 2001 became the head to WHO's Tobacco Free Initiative (TFI), the main tobacco-control organization in the world [3,4]. At the frontline of the disputes, the staff of the PNCT was highly important in the public hearings held during the examination of the project in the Senate. According to Rangel, a network of city and state coordinators of the Program was formed, working in accordance with the guidelines set by the Program's city and state managers for the passing of the project [5].

In congress there were opposing stands. On one hand, congressmen who defended the interests of tobacco farmers and the industry; on the other, those who made efforts to approve the WHO-FCTC.

In general, the latter belonged to the Workers Party (*Partido dos Trabalhadores* – PT), and other parties that supported the government, except congressmen such as Pedro Simon (*Brazilian Democratic Movement Party* – Rio Grande do Sul State, PMDB-RS), Paulo Paim (PT-RS) and Sérgio Zambiasi (Brazilian Labour Party – Rio Grande do Sul State, PTB-RS), whose constituency was in tobacco-farming states [5].

An advocacy group was formed by health-related non-governmental organizations, in favor of Brazil taking part in the WHO-FCTC. Particularly vocal in this group was the "Zero Tobacco Network" (*Rede Tabaco Zero*) – today known as "Tobacco Control Alliance" (*Aliança de Controle do Tabagismo* – ACTBr) – and medical societies, such as the Brazilian Society of Pneumology and Tisiology, who worked hard for congressmen who opposed the treaty to change their minds and accept WHO-FCTC being included in the Brazilian legislation [14]. This advocacy group, even with no formal position within the government, worked as a political force – hidden clusters of participants, according to Kingdon – meaning that, despite being "hidden", the group was responsible for generating ideas and paradigms and putting them in discussion [6].

On the other end of the line of interests, sectors connected to the tobacco- producing chain also acted as advocates, and also had their "hidden participants" playing an important role, particularly the cigarette industry. It was represented by organizations such as the Brazilian Association of Tobacco Farmers (*Associação de Fumicultores do Brasil* – Afubra), the Tobacco Industry Union (*Sindicato da Indústria do Fumo* – SINDIFUMO), and the Brazilian Association of Tobacco Industry (*Associação Brasileira da Indústria do Fumo* – ABIFUMO). In this group, Afubra – an entity considered by tobacco-control organizations as a front established to defend the interests of the tobacco industry [13] – stood out in the fight against WHO-FCTC approval. During the negotiation process for WHO-FCTC ratification by Congress, the Tobacco Industry did not have a seat, but representatives of the different sectors of the tobacco productive chain took part in different meetings and forums to audit, with political implications for the negotiations. Among the most important ones, as we will see later in the text, are the public hearings [15].

Another group included tobacco growing, and general workers organizations. The former include the Small Farmers Movement (*Movimento dos Pequenos Agricultores* – MPA), the Federation of Family Farm Workers of the Southern Region (*Federação dos Trabalhadores na Agricultura Familiar da Região Sul* – FETRAF-SUL), who had a more flexible stand regarding the ratification of the Convention, endorsing the arguments of both health professionals and tobacco growers. Other organizations joined this group, such as DESER, the Department of Rural Socioeconomic Studies, an NGO that gathers different entities of the agricultural sector, like unions and other rural workers associations, The MPA and the Workers Trade Union Confederation (*Central Única dos Trabalhadores* – CUT). They all supported adhesion to the treaty [15].

Initially, healthcare players thought that the issue was seen under favorable eyes, and approval was sure. They expected WHO-FCTC to be rapidly ratified by Congress, considering that Brazil was internationally acknowledged in terms of tobacco control policies, had chaired the negotiations about the wording of the treaty, and was the second country to have signed it [3,5]. However, in the Southern region of the country, with 90% of the tobacco output, the ratification opened a window of opportunities for representatives of the tobacco producing chain, who were attentive to the examination of the issue by the Congress and developed their own agenda, to which part of tobacco farmers who were against the ratification adhered.

In August 2003, the WHO-FCTC was sent to the Chamber of Deputies, where a special committee was established to issue an opinion on the bill to approve the Convention. Only in May 2004 was it decided that voting should be on an urgent basis. The Chamber of Deputies approved the bill with the votes of the party leaders, and sent it to the Senate. In June 2004, the Senate sent the Convention to the Foreign Affairs and National Defense Committee, as it was an international treaty. Senator Fernando Bezerra (PTB-RN), rapporteur of the bill and government leader in Congress, sent it back to the board of the Chamber on August 26 with a favorable report [3].

Still in August, Senator Sérgio Zambiasi (PTB-RS) requested a public hearing so that tobacco farmers could know further details about WHO-FCTC and speak their voice about ratification. A radio presenter from the State of Rio Grande do Sul, he defended the interests of small tobacco farmers of the South and said it was necessary to secure their rights and to make clear different aspects of the Convention under discussion [15].

The public hearings, established by the *1988 Federal Constitution* to enhance social participation in politics, lessened the tensions and disputes for WHO-FCTC ratification. They allowed new players in the discussions arena, and were the onset of a troubled period of negotiations for the approval of the bill. Six public hearings were held in 2004 and 2005. The first was in Brasília, the following four in tobacco-growing cities of the Southern region, and the last in Bahia [15].

The first hearing was on September 15, 2004, with the presence of health officials and professionals, representatives of the tobacco producing chain, congressmen of the Senate and Chamber of Deputies, in addition to Health Minister Humberto Costa and a representative of the Foreign Affairs Ministry [15].

The hearing started with a presentation by the Minister of Health on the importance of approving the Framework Convention, in which he provided different pieces of data on the hazards of smoking, the strategies of the tobacco industry, and the national tobacco control program. The Minister emphasized the aspects he knew tobacco producers would give him a hard time about, particularly WHO-FCTC article 17, which addressed the promotion of alternative activities to tobacco planting. Costa tried to show that the treaty did not forbid tobacco growing; on the contrary, it tried to provide government support for alternative activities to tobacco growing that were economically feasible. He also highlighted that only by ratifying the treaty could Brazil take part in the Conference of the Parties, where negotiations about the treaty protocols would take place, hence discussions about technical and financial support alternatives which directly interested the planters [16].

Treaty advocates included Margareth Matos, Distric Attorney, DA Office of the State of Paraná; Nise Yamaguchi, President, São Paulo Association of Clinical Oncology; and Tânia Cavalcante, Head, Tobacco Division, National Cancer Institute. Overall, their speeches reinforced the arguments presented by the Health Minister, with Margareth Matos emphasizing the environmental problems the farming system caused [16].

The representatives of the tobacco productive chain who attended the hearing were the presidents of the Federation of Agricultural Workers of Rio Grande do Sul (FETAG); the Agricultural Federation of Rio Grande do Sul (FARSUL); the Federation of Agricultural Workers of Santa Catarina (FETAESC); the Federation of the Municipalities Association of Rio Grande do Sul (FAMURS); the Agricultural Federation of the State of Santa Catarina (FAESC); and the Afubra. In their speeches, they presented data about the economic relevance of tobacco, they criticized the haste to approve the Convention, and asked the government for assurances regarding the maintenance of tobacco crops, reinforcing its economic importance for the country and, in particular, for families whose livelihoods come from its farming [16].

In the subsequent hearings, the economic importance of tobacco was once again reinforced by representatives of the tobacco chain. They revisited the arguments regarding the future of tobacco farmers and the economy of the region. Therefore, the issue of alternative crops to tobacco, established in article 17 of the treaty was raised again and again [10].

Afubra, as previously mentioned, was adamantly against the ratification of the WHO-FCTC. Its president claimed it should only be approved once the guidelines for alternative crops were defined: ensuring price and markets, selection of other crops to replace tobacco, the source and the amount of resources for this conversion, etc. [15].

The organizations representing tobacco growers presented an array of reasons in the hearings. The MPA had a more flexible stand regarding the ratification of the Convention, endorsing the arguments of both health professionals and tobacco growers. Its coordinator stated that the tobacco farmer was the weakest link of the tobacco productive chain, as they generated huge profits for the industry, expanding their cultivated areas, but gained less with their work. He also proposed that discussions about the WHO-FCTC also be held in producing regions, so that the farmers could be informed about the stand of the Ministry of Health and understand government intentions. This request was seconded by tobacco growers representatives [3,15].

Outside the hearings, in December 2004, FETRAF-SUL – an organization connected to the Workers CUT that gathered rural workers unions of cities in the states of Paraná, Rio Grande do Sul and Santa Catarina – came to support WHO-FCTC ratification [17]. By understanding that the treaty did not mention any prohibition or limitation to government loans or subsidies to tobacco farming, that organization voiced its support for treaty ratification shortly after the second public hearing; it was

the first farmers representative organization to support ratification. From then on, FETRAF-SUL started to take part in the events on tobacco farming, with a compromising stand with the interests of the government [3].

There was no unanimous stand among those that criticized the WHO-FCTC. Positions ranged from groups being utterly against and reactive to the treaty to segments that accepted, if not the treaty as a whole, at least parts of it.

In March 2005, the Senate's Foreign Relations and National Defense Committee sent the matter for analysis by the Agriculture and Agrarian Reform Committee. On May 31st, World No-Tobacco Day, the issue was discussed in a meeting between the President of the Senate, Renan Calheiros, the Minister of Health and representatives of different entities and NGOs, who asked for a speedy approval [18]. At that time, a petition signed by 24,000 people supporting ratification of the treaty was presented to the President of the Senate. Senators Tião Viana (PT-AC) and Aloizio Mercadante (PT-SP) were also present in the meeting and showed sympathy to the cause. The concern with those in favor of the WHO-FCTC was that the ratified treaty should be delivered to WHO until November 2005, so that Brazil could take part in the first WHO-FCTC Meeting of the Parties. In the following month, tobacco farmer representatives were also received by the President of the Senate, and presented a petition signed by more than 195,000 people against ratification. Senators Pedro Simon (PMDB-RS), Paulo Paim (PT-RS) and Sérgio Zambiasi (PTB-RS) escorted the group. Senate President Renan Calheiros said that decision on the matter would be make only when discussions made all parties clear on what was at stake [18].

Between August and October 2005, the Agriculture and Agrarian Reform Committee held four other public hearings in cities of tobacco farming areas [15]. Discussions remained polarized between groups in favor and against WHO-FCTC ratification. Those in favor of ratification in addition to health-related arguments, emphasized that nowhere in the Convention was it established that tobacco planting should be eradicated. On the contrary, the Convention proposed the development of institutional tools that ensured subsidies to alternative crops to tobacco. Those against the treaty claimed that first the alternative crops should be in place, and only after the ratification process should be initiated.

The significant presence of tobacco farmers in the hearings mobilized politicians from the farming areas, whether in Congress, or in producing city and state governments. They were all against the treaty. In the opposing front, the Ministry of Health gained support from the governments of the states of Paraná and Santa Catarina, who were in favor of the ratification in the hearings held in Irati and Florianópolis. However, government representatives of the state of Rio Grande do Sul were adamant against treaty ratification.

More than 4,000 tobacco farmers attended the hearing held on September 23, 2005, in the city of Camaquã, Rio Grande do Sul [19], and discussions were fierce. The representative of the governor, Erico Feltrin, highlighted the importance for tobacco farmers of treaty approval considering that it proposed planting new crops as an alternative to tobacco, and the lack of indication that tobacco should be eradicated. Representatives of the Ministry of Health, Ministry of Agriculture and Ministry of Agrarian Development also spoke, and reinforced those arguments. Representatives of the NGO Zero Tobacco Network, FETRAF-SUL and the INCA also spoke in favor of the treaty.

The mobilization of those in favor of the Convention was essential in the final stage of the process. The manifestations promoted by these groups attracted the attention of the media, giving the necessary weight to the issue, which decisively influenced the approval of the bill [3]. In September 2005, a mobilization was organized in Brasília by organizations such as the NGO Tobacco Zero Network and the São Paulo Society of Clinical Oncology. They disclosed the names of Senators who were against ratification, in order to pressure them [20]. In October, treaty advocates visited the offices of Senators and, once again, pressured the Senate President for a swift approval of the bill [21].

On October 27, 2005, following a request for urgent voting presented by Senator Tião Viana, the bill was brought to the floor, and the favorable reports made by the Committees of Agriculture and Agrarian Reform, Foreign Affairs and National Defense, and Social Issues were read.

During the discussion of the bill in the Senate, rapporteur Heráclito Fortes informed he had received an official note from the Chief of Staff, Dilma Roussef, informing the stand of the Federal Government on the issue. That document was signed by six Ministers, and presented the reasons for

treaty ratification and proposals, in order to appease tobacco farmers and encourage the decision for ratification. The first proposal was that, at the time of ratification, a statement with the interpretation of specific clauses of the treaty be issued, a sort of safeguard to avoid commitments that could somehow be detrimental to Brazil. The second proposition was the launching of the Program to Support Diversification of Tobacco Farming Areas, with four strategic pillars: funding, technology access, value added to local output, and trading assurance. The Program was detailed in the statement [22].

The statement prompted a favorable opinion of the rapporteur. After his report was presented, discussion ensued and ratification was consensual, thirteen days prior to the deadline for the Brazil to take part in the first WHO-FCTC Conference of the Parties. Treaty ratification was through Legislative *Decree 1,012*, of October 28, 2005. Brazil was the 100th country to ratify the WHO-FCTC [3].

Conclusion

According to Kingdon's theory, a window of opportunity can only be opened when the flow of problems, policies and politics are aligned [6]. In this case, the flow of problems consisted in classifying tobacco output, trade and use as a public health issue. In regards to flow of policies, there is intense and successful work by health-related players to develop tobacco-control public policies and actions. From movements abroad this flow won an important ally – the Ministry of Foreign Affairs – which enhances and reinforces the negotiations, leading Brazil to a position of prominence within the WHO-FCTC scope. Subsequently, political events take place, particularly in partisan politics or political flow, that finally allow WHO-FCTC to be included in the national legislation. Worthy of note is that there were complex and synergistic policies and political relations in both domestic and international settings.

In regards to the international setting, we saw that early in the 21st century different global players, such as the United Nations, WHO, and part of the health-related international scientific community joined efforts towards the establishment of a tobacco-control treaty. In the domestic setting, the leadership of Brazilian diplomacy in the development of the WHO-FCTC gave rise to a tobacco-related political agenda and flow of problems which were, to some extent, being considered by healthcare players in Brazil but, since then, with international legitimacy, positively reflected on future actions of these players. In other words, the role of the Ministry of Foreign Affairs combined with that of healthcare players made possible the development and also the ratification of the WHO-FCTC as a public policy in the domestic setting.

WHO-FCTC entry in the Brazilian legislation also indicates a complex, non-linear course in the development of anti-tobacco policies in Brazil and its discussions in Congress. It included players with different, but at times converging interests – such as those of the healthcare area and diplomacy –, the discussions followed a political flow typical of democracies. Contrary to swift decisions that are often connected to technical-based processes, the discussions about the WHO-FCTC were extensive, even in terms of territoriality, and included marginal decision-making players, which made this process more complex, as it encompassed a broader and more representative political base of the political forces associated with the issue at stake.

Contributors

L. A. S. Teixeira colaborated in the design of the paper; data analysis and interpretation; accountable for all aspects of the paper so that all issues related to accuracy or integrity of any part of it are duly investigated and resolved. C. H. A. Paiva contributed in the data analysis and interpretation; writing of the manuscript; critical review. V. N. Ferreira colaborated in the design of the Paper; data analysis and interpretation; critical review of methodology and intellectual content.

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Resumo

Este estudo analisa a criação de uma agenda política de controle do tabaco no Brasil a partir da participação do país na Convenção-Quadro para o Controle do Tabaco da Organização Mundial da Saúde (CQCT-OMS). Tal processo se estendeu entre as negociações diplomáticas para a participação do Brasil nesse Tratado, em 2003, e a sua ratificação pelo Congresso Nacional, em 2005, e foi marcado por longas controvérsias que colocaram frente a frente atores da saúde pública, que são os responsáveis pelas atividades de controle do tabaco, o alto escalão da diplomacia brasileira, os emissários da indústria tabaqueira, os representantes dos pequenos plantadores de fumo da Região Sul do país, deputados, senadores e ministros. O estudo toma como base as contribuições de John W. Kingdon sobre o processo de configuração de agenda no âmbito da formulação de políticas públicas. Sua construção baseou-se em bibliografia secundária, fontes legislativas e institucionais no período de 1995 a 2005. Conclui-se que a convergência da capacidade técnica da burocracia da saúde e suas ações para o controle do tabaco, o envolvimento do alto escalão do Ministério das Relações Exteriores (fluxo de políticas), a iniciativa de criação do CQCT-OMS (fluxo de problemas) e a existência de um ambiente favorável, tanto no Executivo quanto no Legislativo (fluxo político), possibilitaram a abertura de uma janela de oportunidade para a ratificação da CQCT-OMS e sua ascensão à agenda de decisão governamental.

Programa Nacional de Controle do Tabagismo; Comissão Nacional para o Controle do Uso do Tabaco; Política Antifumo; Políticas de Saúde Pública

Resumen

Este estudio analiza la creación de una agenda política de control al tabaco en Brasil, a partir de la participación del país en el Convenio Marco para el Control del Tabaco de la Organización Mundial de la Salud (CQCT-OMS por sus siglas en portugués). Tal proceso se extendió entre las negociaciones diplomáticas para la participación de Brasil en ese tratado, en 2003, y su ratificación por el Congreso Nacional, en 2005, que estuvo marcado por largas controversias que pusieron frente a frente a actores de la salud pública, quienes son responsables de las actividades de control al tabaco; el alto escalón de la diplomacia brasileña, los emisarios de la industria tabaquera, los representantes de los pequeños agricultores del tabaco de la región sur del país, diputados, senadores y ministros. El estudio toma como base las contribuciones de John W. Kingdon sobre el proceso de configuración de agenda en el ámbito de la formulación de políticas públicas. Su construcción se basó en bibliografía secundaria, fuentes legislativas e institucionales durante el período de 1995 a 2005. Se concluyó que la convergencia de la capacidad técnica de la burocracia de la salud y sus acciones para el control el tabaco, la participación del alto escalafón del Ministerio de Asuntos Exteriores (flujo de políticas), la iniciativa de creación del CQCT-OMS (flujo de problemas) y la existencia de un ambiente favorable, tanto en el Ejecutivo como en el Legislativo (flujo político), posibilitaron la apertura de una ventana de oportunidad para la ratificación del CQCT-OMS y su ascensión a la agenda de decisión gubernamental.

Programa Nacional de Control del Tabaquismo; Comisión Nacional para el Control del Uso del Tabaco; Política para Fumadores; Políticas Públicas de Salud

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