Invited commentary

The fields of health and human rights and of tobacco control (TC) emerged in the early 1990s to focus the attention of academic and policy circles on urgent societal issues calling for new modes of analysis and advocacy. Their emergence coincides to a large extent with the launch of the journals *Tobacco Control* and *Health and Human Rights* in 1992 and 1994, respectively. Carolyn Dresler's article¹ exemplifies the intersection of these two relatively new fields. The challenge the authors address may be summarised as bridging the gap between two perfectly understandable zones of neglect: the Framework Convention on Tobacco Control briefly alludes to human rights but is essentially a convention for the management of complex public policy relating to the supply and demand of tobacco products without further concern for human rights; TC is not mentioned specifically in the core human rights treaties but emerges briefly in the most recent interpretations of health policy required by the right to health.

The article dwells on one means of bridging this gap, namely, the use of non-governmental information to balance government reports on compliance with the obligations under article 12 of the International Covenant on Economic, Social and Cultural Rights (right to health) and stimulate an evidence-based discussion in the treaty-monitoring body on the shortcomings in realising the right to health. The Human Rights and Tobacco Control Network (HRTCN) is currently engaged in the first effort of this type regarding TC.

Such 'shadow reports' are not the only means of making human rights treaties and the Framework Convention on Tobacco Control mutually reinforcing. Other means include contributing to an interpretative document ('general comment') outlining preferred TC policies as part of the right to health, developing alliances among human rights and TC organisations at the national and local levels to lobby for TC, providing evidence for cases brought under regional human rights treaties, and preparing interventions with governments and parliaments using international human rights obligations to reinforce public health arguments for TC. Hopefully, this article will launch an ongoing reflection in this journal on these and similar strategies.

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