



# The **ASEAN** Tobacco Control Report

September 2014



## Table of contents

Page 3	Tobacco control in the ASEAN
Page 4	Smoking prevalence and tobacco deaths
Page 5	WHO FCTC status and national tobacco control law
Page 6	Price and tax measures
Page 7	Smoke-free environment
Page 8	Effective health warnings
Page 9	Ban tobacco advertising, promotion and sponsorship
Page 10	Preventing tobacco industry interference
Page 11	International best practice recommendations
Page 12	Human resource and mechanism
Page 13	Progress on Tobacco Control in ASEAN countries
Page 14	Brunei Darussalam
Page 15	Cambodia
Page 16	Indonesia
Page 17	Lao PDR
Page 18	Malaysia
Page 19	Myanmar
Page 20	Philippines
Page 21	Singapore
Page 22	Thailand
Page 23	Vietnam
Page 24	About the ASEAN Focal Points on Tobacco Control (AFPTC)
Page 26	About SEATCA
Page 27	References

Prepared by  
Vietnam Steering Committee on  
Smoking and Health (VINACOSH) and  
Southeast Asia Tobacco Control Alliance  
(SEATCA)

Contact address of AFPTC  
The ASEAN Secretariat 70A JL Sisingamangaraja Jakarta 12110 Indonesia  
Te: (6221) 7262991, 7243372 Fax: (6221) 7398234, 7243504

## Tobacco control in the ASEAN



The Association of Southeast Asian Nations (ASEAN) is a geo-political and economic organization of 10 countries located in Southeast Asia: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.

In 2002, through the 6<sup>th</sup> Health Ministers Meeting, ASEAN governments committed to a vision and a “Regional Action Plan on Healthy ASEAN Lifestyles”. Identifying tobacco control as one of the priority policy areas, the Action Plan calls upon member nations to implement a Programme of Work on promoting healthy ASEAN lifestyles. For tobacco control this includes developing and implementing a national action plan, consistent with the World Health Organization's Framework Convention on Tobacco Control (WHO-FCTC) on issues such as smuggling, taxation, product advertising, distribution, sale, and agricultural production.

It is hoped that this “report” will help point the way forward and promote further collaboration in tobacco control among our ASEAN governments.

# Smoking prevalence and tobacco deaths

While Asia's nearly 3.8 billion people account for over 60% of the world population, including over 1 billion each from China and India, the 10 ASEAN countries are home to almost 599 million people or about 9% of the world population.

Country estimates show that almost 20% (about 121 million) of the adult ASEAN population are current smokers, accounting for 10% of the world's 1.25 billion adult smokers. Over the past half century, the global annual tobacco-attributable mortality rate has risen at a disproportionately rapid pace: from an estimated 0.3 million deaths in 1950 to almost 6 million in 2011. The ASEAN region accounts for almost 10% of these deaths, losing one person for every five lives claimed by tobacco.

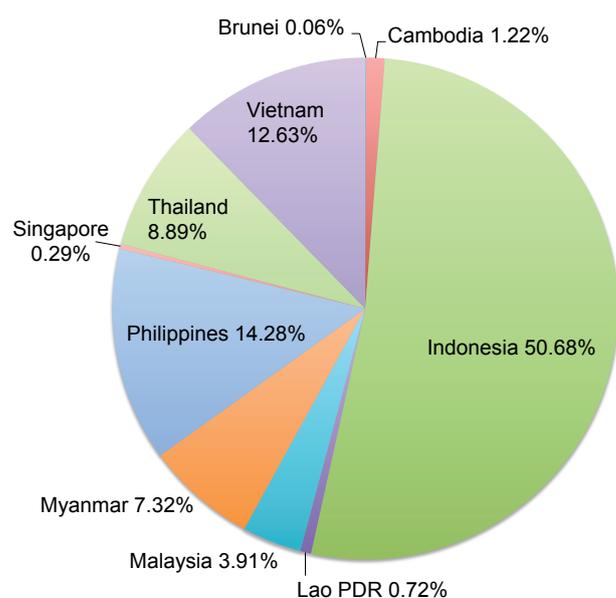
"Tobacco use is the world's number one preventable killer. We know this statistically, beyond a shadow of a doubt. In a world undergoing economic upheaval, with populations ageing, chronic diseases on the rise, and medical costs soaring, tackling a huge and entirely preventable cause of disease and death becomes all the more imperative."

*Dr Margaret Chan*

*Director-General of the World Health Organization*

*Keynote address at the 15th World Conference on Tobacco or Health, Singapore, 20 March 2012*

## Percentage distribution of total adult smokers in ASEAN countries



ASEAN Population = 625,096,300 (2013)

Adult population (>15 year old) = 455,035,900

Number of adult smokers = 121,156,804 (26.6% of adults in ASEAN)

\*based on 2013 population estimates; adults = aged 15 years and above, except for Malaysia (18 years and above); does not include use of smokeless tobacco products

## Smoking prevalence for adults and youths\*

**Brunei Darussalam** Country population: 406,200



Adults: 18%  
Male=34.9%, Female=3.9%  
Boys 13-15 yrs:17.1%  
Girls 13-15 yrs:6.7%

**Cambodia** Country population: 14,962,600



Adults: 19.5%  
Male=39.1%, Female=3.4%  
Boys 13-15 yrs:0.4 % (GYTS, 2010)  
Girls 13-15 yrs:0 % (GYTS, 2010)

**Indonesia** Country population: 248,818,100



Adults: 36.1%  
Male=67.4%, Female=4.5%  
Boys 13-15 yrs:41%  
Girls 13-15 yrs:3.5%

**Lao PDR** Country population: 6,644,000



Adults: 25.5%  
Male=43%, Female=8.4%  
Boys 13-15 yrs:14.3%  
Girls 13-15 yrs:1.1%

**Malaysia** Country population: 29,948,000



Adults: 23.1%  
Male=43.9%, Female=1.0%  
Boys 13-15 yrs:30.9%  
Girls 13-15 yrs:5.3%

**Myanmar** Country population: 61,573,800



Adults: 22%  
Male=44.8%, Female=7.8%  
Boys 13-15 yrs:13%  
Girls 13-15 yrs:0.5%

**Philippines** Country population: 99,384,500



Adults: 28.3%  
Male=47.7%, Female=9%  
Boys 13-15 yrs:12.9%  
Girls 13-15 yrs:5.3%

**Singapore** Country population: 3,844,800



Adults: 13.3%  
Male=23.1%, Female=3.8%  
Boys 13-15 yrs:9%  
Girls 13-15 yrs:4%

**Thailand** Country population: 68,251,000



Adults: 19.9%  
Male=39%, Female=2.1%  
Boys 13-15 yrs:20.1%  
Girls 13-15 yrs:3.8%

**Vietnam** Country population: 89,708,900



Adults: 23.8%  
Male=47.4%, Female=1.4%  
Boys 13-15 yrs:5.9%  
Girls 13-15 yrs:1.2%

# WHO FCTC status and national tobacco control law

Unanimously adopted by the 56<sup>th</sup> World Health Assembly on 21 May 2003, the WHO Framework Convention on Tobacco Control became the world's first international public health treaty when it came into force on 27 February 2005. Of the 195 WHO Member States, 168 have signed the treaty and 175 have become parties making it one of the most rapidly embraced covenants in United Nations history.

Among its many measures, the treaty requires countries to restrict tobacco advertising, promotion and sponsorship; establish effective packaging and labelling of tobacco products; protect people from exposure to tobacco smoke; and strengthen legislation to clamp down on tobacco smuggling.

Predictably, the FCTC has come under attack by the tobacco industry, and it continues to try to scare governments into believing that the FCTC will be economically ruinous, despite findings by the World Bank and others that tobacco control measures are good both for public health and the economy.

## FCTC status

★ <b>Brunei Darussalam</b>	Ratified on 3 June 2004
<b>Cambodia</b>	Ratified on 15 Nov 2005
<b>Indonesia</b>	Has not signed the FCTC
<b>Lao PDR</b>	Ratified on 6 Sep 2006
<b>Malaysia</b>	Ratified on 16 Sep 2005
★ <b>Myanmar</b>	Ratified on 21 Apr 2004
<b>Philippines</b>	Ratified on 6 June 2005
★ <b>Singapore</b>	Ratified on 14 May 2004
★ <b>Thailand</b>	Ratified on 8 Nov 2004
★ <b>Vietnam</b>	Ratified on 17 Dec 2004

★ *Among the first 60 countries to ratify the FCTC*

**“It is a treaty aimed at saving lives. Hundreds of millions of lives, only in our own lifetime.”**

*Dr. Gro Harlem Brundtland, as WHO Director-General to the Intergovernmental Negotiating Body on the WHO FCTC at its sixth session (Geneva, Feb. 17, 2003)*

## Status of Tobacco Control Law Per Country

**Brunei Darussalam** : Tobacco Order 2005 and its Regulations

**Cambodia** : National Tobacco Control Law already drafted

**Indonesia** : Under National Health Law Nr. 36/2009 regarding Health [Chapter VI: Health Efforts; part 17: Security Addictive Substance article 114, article 115 paragraph (1), article 115 paragraph (2), article 116]

**Lao PDR** : Law on Tobacco Control, 2009

**Malaysia** : Control of Tobacco Products Regulation 2004 and Control of Tobacco Product (Amendment) Regulations 2008; 2009; 2010 and 2011 under the Food Act 1983, National Tobacco Control Law already drafted

**Myanmar** : The Control of Smoking and Consumption of Tobacco Product Law (The State Peace and Development Council Law No.5/2006)

**Philippines** : Tobacco Regulation Act 2003 (Republic Act 9211)

**Singapore** : Tobacco (Control of Advertisements and Sale) Act, Smoking (Prohibition in Certain Places) Act,  
1. Tobacco (Control of Advertisements and Sale) Act  
2. Smoking (Prohibition in Certain Places) Act  
Circular No.12/2008 New Marking Requirement on Cigarette Sticks

**Thailand** : Tobacco Products Control Act B.E. 2535 (1992) and Non-Smokers' Health Protection Act B.E. 2535 (1992)

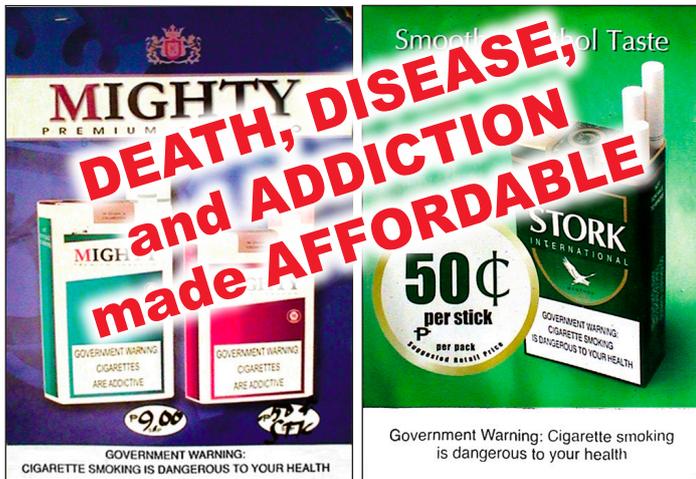
**Vietnam** : Tobacco Control Law (18 June 2012)

## Price and tax measures

The WHO FCTC recognizes that price and tax measures are “an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons (Article 6).” Duty-free sales of tobacco products are also discouraged.

Generally, every 10 % increase in the price of cigarettes will reduce youth smoking by about 7% and overall cigarette consumption by about 4%.

Increasing tobacco taxes is also good for bolstering government coffers and may be used to establish and sustain national tobacco control programs and institutions.



Posters advertising cheap Philippine cigarettes (50 centavos = US\$0.01)

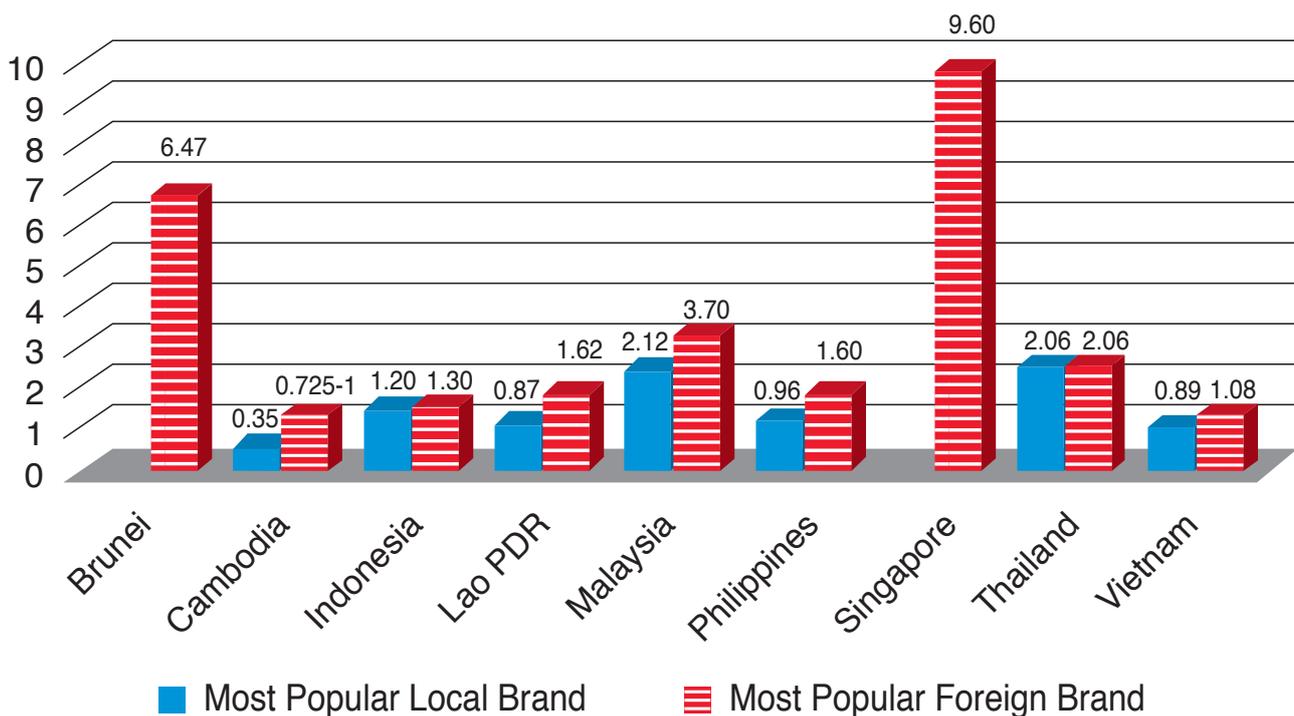
### Tobacco tax (percentage of retail price)

<b>Brunei Darussalam</b>	: 62%
<b>Cambodia</b>	: 22% (domestic), 28% (imported)
<b>Indonesia</b>	: 59%
<b>Lao PDR</b>	: 19.7% (domestic), 16% (imported)
<b>Malaysia</b>	: 46 %
<b>Myanmar</b>	: 50% (domestic), 100% (imported)
<b>Philippines</b>	: 53%
<b>Singapore</b>	: 71%
<b>Thailand</b>	: 70%, plus 2% surcharge tax dedicated for health promotion
<b>Vietnam</b>	: 41.6%

“The most effective way to deter children from taking up smoking is to increase taxes on tobacco. High prices prevent some children and adolescents from starting and encourage those who already smoke to reduce their consumption.”

-1999 World Bank report on *Curbing The Tobacco Epidemic: Governments and the Economics of Tobacco Control*

### Prices of most popular local and foreign brands (in USD), 2014



# Smoke-free environment

It is well known that half the people who smoke regularly today – about 650 million people - will eventually be killed by tobacco. Equally alarming is the fact that 600,000 of people who have never smoked die each year from diseases caused by breathing secondhand smoke (SHS).

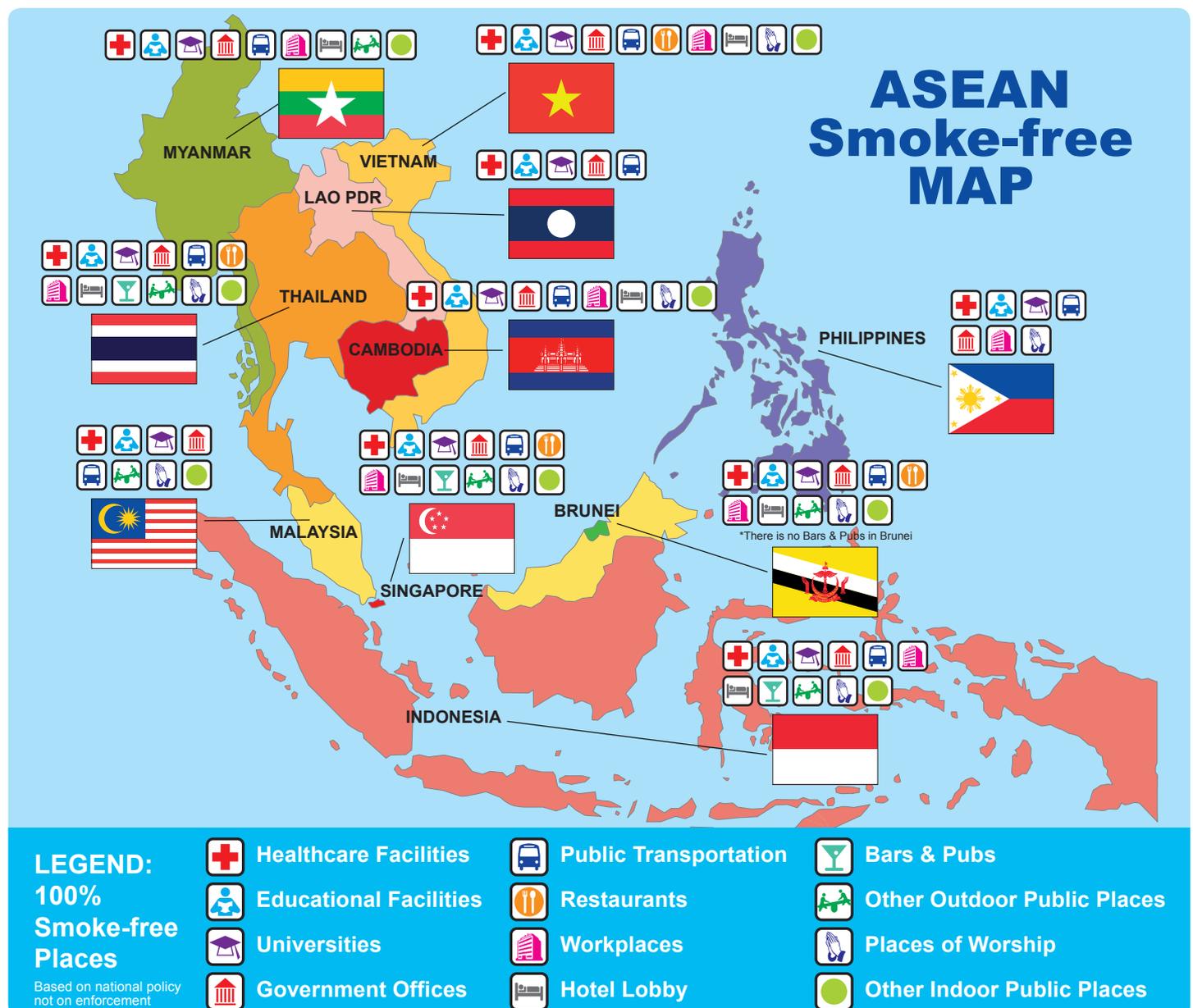
Breathing SHS causes cancer, as well as many serious respiratory and cardiovascular diseases in children and adults, often leading to death. There is no safe level of human exposure to SHS.

These are the indisputable conclusions reached by international and national health authorities, backed up by extensive rigorously reviewed and published research results over many years.

Article 8 of the WHO FCTC requires all Parties to protect all persons from exposure to tobacco smoke.

**“Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.”**

*2006 U.S. Surgeon General’s Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke*



## Effective health warnings

While many tobacco users generally know that tobacco use is harmful, studies show that most are unaware of the true risks, even in countries in which there has been a great deal of publicity about the health hazards of tobacco.

As the World Bank has noted, “People’s knowledge of the health risks of smoking appears to be partial at best, especially in low and middle-income countries where information about these hazards is limited.”

Smokers tend to be even less aware of the risks of tobacco smoke to others.

Health warning labels on cigarette and other tobacco product packages as well as all marketing materials, help inform consumers of these dangers, are an important component in a national health education program and cost government nothing.

Although Article 11 of the WHO FCTC only requires health warning labels that cover, at a minimum, 30% of the principal display areas of tobacco packages, Parties agree that health warning labels ideally should cover 50% or more of the principal display areas of each packet. Health warning labels must include rotating messages in the principal languages of the Party, and may include pictures or pictograms.

Prominent health warnings and messages on tobacco product packages have been found to lead to an increased awareness of health risks and an increased desire to quit, even among smoking youth.

- Brunei :** Seven rotating pictorial health warnings on the top 75% of front and back panels of the pack
- Darussalam :** Five rotating text warnings on the bottom 30% of the front and back panels of the pack
- Indonesia :** Five pictorial health warnings on the top 40% of front and back panels of the pack
- Lao PDR :** Six rotating text warnings on the bottom 30% of front and back panels of the pack
- Malaysia :** Twelve rotating pictorial health warnings on the top 50% of the front and top 60% of the back panels of the pack
- Myanmar :** Only one non-specific text warning is applied on side of the cigarette pack
- Philippines :** Four rotating text warnings on the bottom 30% of the front panel of the pack. The new PHWs come into effect in Sept 2015, when there will be 12 rotating PHWs on the bottom 50% of the front and back of all tobacco product packages.
- Singapore :** Six rotating pictorial health warnings on the top 50% of front and back panels of the pack
- Thailand :** Ten rotating pictorial health warnings on top 85% of front and back panels of the pack including 10 rotating message on toxic constituent and emission from tobacco smoke covering 60% of both side panels of the pack will come into force on 23 September 2014
- Vietnam :** Six rotating pictorial warnings on the top 50% of the front and back panels of the pack



Sample pictorial health warnings from Brunei



Sample pictorial health warnings from Malaysia



Sample pictorial health warnings from Singapore



Sample pictorial health warnings from Thailand



# Ban tobacco advertising, promotion and sponsorship

With millions of smokers either dying from tobacco-related illness or quitting each year, it is crucial for the financial health of the tobacco industry to keep recruiting new smokers. Since the majority of smokers begin before the age of 18, the logic of the industry dictates that it must somehow reach young people, and there is compelling evidence that much of tobacco industry advertising and promotion is directed at children and successfully recruits new tobacco users.

“Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products (WHO FCTC Article 13).”

The WHO FCTC requires all Parties to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of ratifying the treaty.

**“We know that a comprehensive ban on tobacco product advertising and promotion has a marked and beneficial influence on changing social attitudes about smoking and reducing smoking rates, especially among the young.”**

*Dr. Shigeru Omi, Former Regional Director World Health Organization Western Pacific Regional Office for presentation of World No Tobacco Day 2003 Awards (Beijing, March 31, 2004)*

- Brunei :** Ban on direct advertising, promotion and sponsorship
- Darussalam :** Ban on direct advertising, promotion and sponsorship
- Cambodia :** Ban on direct and indirect advertising, promotion and sponsorship including at points of sale except display of pack and brand logo
- Indonesia :** Partial ban, tobacco advertising on electronic media can be aired at 21.30pm to 05.00am
- Lao PDR :** Ban on direct advertising, promotion and sponsorship, except parasol at points of sale and pack display
- Malaysia :** Ban on direct and indirect advertising, promotion and sponsorship, except at points of sale
- Myanmar :** Ban all forms of direct and indirect tobacco advertising, promotion and sponsorship
- Philippines :** Ban on direct and indirect advertising, promotion and sponsorship, except at points of sale
- Singapore :** Ban all direct and indirect advertising, promotion and sponsorship, including points of sale.
- Thailand :** Ban on direct and indirect advertising, promotion and sponsorship including points of sale and pack display
- Vietnam :** Ban on direct and indirect advertising, promotion and sponsorship including point of sale, and publicity of philanthropy sponsorship.



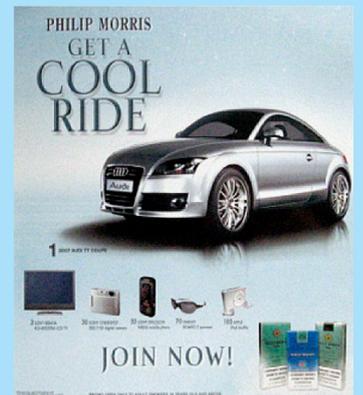
Variety store painted in Winston colors



Cigarette promotion targeting the poor in Cambodia



Cigarette push cart in Vietnam



## Preventing tobacco industry interference

WHO FCTC Article 5.3 requires that Parties shall act to protect their public health policies from the commercial and other vested interests of the tobacco industry. This is regarded as a critical measure in the implementation of the treaty as the industry will stop at nothing to derail, dilute, and delay the development and implementation of effective tobacco control policies.

In 2008, based on a well-documented evidence of strategies and tactics used by the tobacco industry over a span of decades to interfere with the setting and implementing of tobacco control measures, the Conference of the Parties to the WHO FCTC adopted the **“Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry”** (Article 5.3 Guidelines).

**The guidelines contain four guiding principles and eight recommendations :**

- Principle 1 : There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests.
- Principle 2 : Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent.
- Principle 3 : Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent.
- Principle 4 : Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses.

### RECOMMENDATIONS

1. Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties’ tobacco control policies.
2. Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
3. Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
4. Avoid conflicts of interest for government officials and employees.
5. Require that information provided by the tobacco industry be transparent and accurate.
6. Denormalize and to the extent possible regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”.
7. Do not give preferential treatment to the tobacco industry.
8. Treat state-owned tobacco industry in the same way as any other tobacco industry.

## International best practice recommendations

**1** 00 million died from tobacco use in the 20th century. Unless effective measures are implemented to prevent young people from smoking and to help current users quit, tobacco will kill 1 billion people in the 21st century.

Tobacco is truly a global problem. Nearly 6 million people die from tobacco-related illness each year. If current trends continue, this figure will rise to more than 8 million per year by the year 2030, with 70% of those deaths occurring in developing countries.

Just as infectious diseases know no political boundaries, leaving individual countries incapable of effectively containing them, the tobacco epidemic also requires international cooperation if it is to be controlled.

### **Based on the WHO FCTC and its guidelines, ASEAN governments should :**

1. Promulgate and effectively implement tobacco control laws that are consistent with the spirit of the WHO FCTC, including :
  - Increasing taxes (optimally 65% of retail price minimum) on tobacco products to make them less affordable, especially to young people and the poor, and dedicate such taxes to establish and sustain health promotion foundations and effective evidence-based tobacco control programs (Article 6)
  - Banning all forms of direct and indirect tobacco advertising, promotion and sponsorship including at points of sale (Article 13)
  - Implementing 100% Smoke-free workplaces and public places (Article 8)
  - Requiring large, prominent, pictorial health warnings covering at least 50% of the principal display areas (Article 11)
  - Banning the use of deceptive labels for tobacco such as “light” and “mild” (Article 11)
  - Cooperating on cross-border issues such as illicit tobacco trade and cross-border advertising with the aim of putting an end to them (Articles 15 and 13)
2. Recognize that regional and global policy interventions are needed to address the international problem of negative health and socio-economic impacts from tobacco use, thus emphasizing the need to put tobacco control on the agenda of ASEAN governments’ meetings (Article 22)
3. Establish permanent government units with staff working full-time on tobacco control (Article 5)
4. Promote the participation of non-government organizations and other groups not affiliated with the tobacco industry in the development of national and regional tobacco control programs (Article 12)
5. Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur (Article 5.3)

## Human resource and mechanism

Article 5 of the WHO FCTC obliges each Party, in accordance with its capabilities, to develop, implement, periodically update and review comprehensive multi-sectoral national tobacco control strategies, plans and programs through the following :

- (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
- (b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

**Parties are also expected to :**

- Protect their tobacco control policies from commercial and other vested interests of the tobacco industry;
- Cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and its protocols;
- Cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and its protocols;
- Cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

Country	Presence of a National Coordinating Mechanism for Tobacco Control	Number of Full-time Government Staff Working for Tobacco Control	Presence of Funding Mechanisms for Tobacco Control
<b>Brunei Darussalam</b>	Yes	14	Yes
<b>Cambodia</b>	Yes	7	No
<b>Indonesia</b>	No	8	Yes
<b>Laos</b>	Yes	(Part-time)	Yes
<b>Malaysia</b>	Yes	7	Yes
<b>Myanmar</b>	Yes	5 (Part-time)	No
<b>Philippines</b>	Yes	10	No
<b>Singapore</b>	Yes	24	Yes
<b>Thailand</b>	Yes	38	Yes
<b>Vietnam</b>	Yes	8	Yes



# Progress on Tobacco Control in ASEAN countries





## HISTORY AND ACHIEVEMENTS.

- 2004 • Ratifications of WHO FCTC on 3 June 2004
  - Islamic perspective on tobacco and smoking was made public as ‘haram’
- 2005 • Tobacco Order was gazetted on 13 Jun 2005
  - Smoking cessation services started in community health centres
- 2007 • Tobacco Regulations was gazetted on 17 July 2007
- 2008 • Tobacco Order and Regulations were enforced on 1 Jun 2008
  - Pictorial health warnings was mandated on 1 December (50% back and front of cigarette packs)
- 2009 • National committee on Tobacco Control was established and chaired by the Minister of Health
- 2010 • Increased tobacco tax on cigarettes by 300% and other tobacco products by 100%
  - Cigarette retail price increased by 240-300% (tobacco tax is between 62- 83% of retail price)
- 2012 • Expansion of smoke-free public places. Smoke-free zones to include 6m parameter from lines of buildings where smoking is prohibited
  - Removal of designated smoking area at the Brunei International Airport and office premises
  - Increased size of pictorial health warnings from 50% to 75% of both back and front of cigarette packs
- 2013 • Increased fine for smoking offences at prohibited places from BND150 to BND300 for 1st offence, and from BND300 to BND500 for subsequent offences

## TOBACCO ADVERTISING, PROMOTIONS AND SPONSORSHIPS

- Ban on tobacco advertisements in national TV and radio has been enforced since 1976.
- Other forms of direct and/or indirect advertising, including print media and merchandise with Tobacco Company’s logo is banned.
- Event sponsorship by tobacco companies is banned.

## BRUNEI TOBACCO TAX

Tobacco excise duties are imposed on a per stick basis on cigarettes and per weight basis on other tobacco products. No other taxes or levies are imposed on tobacco products. In November 2010, by the command of His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam, excise duties on, tobacco, and tobacco products was amended through the Customs Import Duties Order (Amendments 2010) and Excise Duties Order (Amendments 2010). These were implemented in the interests of the health and well-being of the people, especially in helping to reduce the risk of chronic diseases related to smoking. In line with the health objective of raising tobacco taxes, no duty-free concession is allowed for travelers entering Brunei Darussalam.



	Prior to Nov 2010	After 1 Nov 2010
Cigarettes	BND 60/kg (calculated to be about BND 0.03 per stick)	BND 0.25 per stick
Unmanufactured tobacco, Tobacco refuse	BND 30/kg	BND 60/kg
Beedles	BND 60/kg	BND 120/kg
Cigars, cheroots, cigarillos	BND 100/kg	BND 200/kg
Others	BND 60/kg	BND 120/kg
Concession	Allowed (200 sticks only)	Prohibited



NCHP is the responsible national focal point on tobacco control program. With the leadership of the Government and the Ministry of Health, coupled with multi-disciplinary collaboration, NCHP has outstanding achievements in tobacco control. Major achievements included:

- Reducing tobacco consumption prevalence from 48.98 % in 2005 to 43.3% in 2010 among male adults and from 20.3% in 2005 to 17.2% in 2010 among female adults
- Ratification of the Framework Convention on Tobacco Control (FCTC) in 2005
- Productive functioning as head of the FCTC Secretariat
- Effective functioning as the Secretariat of the Inter Ministerial Committee on Tobacco Education and Eradication
- Developing and monitoring the compliance with legislation on health warnings
- Developing and monitoring the compliance with sub-decree on comprehensive ban of tobacco advertisement, promotion and sponsorship
- Developing of and monitoring the compliance with proclamation of smoke-free public places
- Developing and implementing five-year strategic plan on tobacco control in Cambodia, 2011-2015
- Establishing smoke-free public places of 867 locations, particular in schools and health facilities
- Conducting behavioral change communications on tobacco harms to the public and community members
- Conducting launching community campaign on harmful of tobacco use, to promote awareness of community people in Kg Chhnang provinces on harmful use of tobacco use including second-hand smoke.
- Conducting workshop on smoke free policy to promote awareness on harmful of tobacco use and to establish smoke free workplace
- Conducting workshop on Harmful Use of Tobacco and In-door Smoke-Free Declaration for public and private health facilities, public and private education facilities, hotels and restaurants in Kampong Chhnang city, with 2,146 participants. The workshop aims to promote community understanding on harm of tobacco use and to establish in-door smoke-free for all health and education institutions and for hotel and restaurant in Kampong Chhnang.
- Conducting tobacco session and counseling to smokers and tuberculosis patients
- Conducting capacity building in tobacco health education and counseling. The training on quit smoking counseling 38 course = 798 hour with 955 participants.

- Collaborating with the Ministry of Economy and Finance to increase tobacco taxation
- Hosting and chairing the 4th ASEAN Meeting on Tobacco Control Focal Point, Seam Reap 2013
- Conducting tobacco-related social research and health care cost attributed to tobacco consumption
- NCHP has made a request to governors of provinces and city to support the implementation of the two Sub-Decree on Health Warning and on Ban of Tobacco Advertisement, Promotion and Sponsorship
- NCHP requested MoH to issue warning 2 letters consequently (1st and 2nd warning letter) to order tobacco company to remove billboard, poster, pictures, leaflet displayed by the tobacco company in order to advertise tobacco products
- NCHP sent letters to local tobacco producers, tobacco wholesalers, and retailers as well as importers of tobacco products ordering them to abide with the two Sub-Decree on Health Warning and Ban of Tobacco Advertisement, Promotion and Sponsorship



## Regulation and Policy

1. Government Regulation of The Republic of Indonesia, number 109 of 2012 regarding Securing the Ingredients Containing Addictive Substances in The Interest of Health
2. The Minister of Health Regulation, Number 28 Year 2013 regarding Inclusion of Health Warnings and Health Information on Tobacco Product Pack
3. The Minister of Health Regulation, number 40 of 2013 regarding Roadmap for Controlling the Impacts of Cigarette Consumption in The Interest of Health
4. The Head of National Agency of Food and Drug Control, number 41 of 2014 regarding control to the circulating Tobacco Products, Inclusion of Health Warning in Ads and Packs of Tobacco Products, and Promotion
5. The Minister of Finance Regulation, number 62/PMK.04/2014 regarding Trading of Excusable goods which are redeemed by Using excise stamp

## Progress of Implementation of Government Regulation No. 109/2012

1. Pictorial Health Warning
  - Minister of Health Regulation regarding Inclusion of Health Warnings and Health Information on Tobacco Product Pack No.28/2013 which provides technical provisions on PHW was passed. Tobacco industry is required to imprint 40% pictorial health warning on tobacco packs at the front and back starting 24 June 2014.
  - MoH with Ministry of Finance and Food and Drugs Agency has conducted series of meetings to socialize PHW to tobacco industry in 5 big cities (Solo, Malang, Kudus, Surabaya, Bandung).
  - MoH has distributed CD of PHW to tobacco industry for printing purposes.
  - MoH in collaboration with tobacco control society has also conducted media and public campaign on PHW targeting the general public.
  - National Agency for Drugs and Food Control (Badan POM) has developed technical guidelines to monitor the implementation and enforcement of PHW (to monitor tobacco industry compliance to PHW requirements)
  - MoH in collaboration with NGO and societies has also conducted social media campaign
2. Smoke-Free Areas
  - To date, there are 134 local regulations (districts and cities) on Smoke-Free Area in 34 provinces adopted by the local government in various stages. 18 cities and 4 provinces (DKI Jakarta, West Sumatera, Bali and East Kalimantan) are being implemented 100% smoke free policy with compliance approaching 70% in some cities such as Bogor and Pontianak.
  - Training workshops are held to enhance the capacity of local officials to strengthen the implementation and enforcement of smoke-free regulations.
  - Expansion of Mayor Alliance to 80 cities. This Alliance is to strengthen engagement of Mayors in the development and enforcement smoke-free regulations.

3. Smoking Cessation
  - MoH has developed technical guidelines for primary health care officials to provide smoking cessation services. Currently this service is available in Persahabatan Hospital, Pekalongan Hospital, Pulmonary Medical Center Yogyakarta and Bandung and smoking cessation clinic in 25 health facilities in Bogor City, West Java and. In 2014, this service will be expanded to more cities.
  - MoH has launched smoking cessation mobile application “ZOMBIGARET” in World No Tobacco Day 2014
4. Progress Towards WHO FCTC Accession MoH has conducted series of inter-ministerial meeting in 2013 to reach inter-ministerial consensus of FCTC accession. In 2014, the Coordinating Ministry of Social Welfare in collaboration with Ministry of Health organized a high level inter-ministerial meeting on 1st April 2014 to recommend the President to accede to the FCTC.
5. Tobacco Taxation Policy 1. In relation to tobacco tax, MOH has been coordinating with the Ministry of Finance in developing regulation of the utilization of cigarette tax revenue to support health promotion. Starting in January 2014, at least 50% of the 10% of the tobacco excise tax revenue will be dedicated to health and law enforcement, which will be disbursed directly to the provincial level based on number of population. MoH has developed Guideline for Local Government on the usage of 10% local tobacco tax revenue for health, particularly for tobacco control. 2. The current tobacco excise tax rate this year is 45,73%. The maximum ceiling according to the Excise Law is 57%.



1. The National Tobacco Control Committee has approved the Tobacco Control Fund mechanism. Source of the TC fund will be from 2% of the tobacco industry profit tax and surcharged 200 Kip/pack. Nonetheless, it needs approval from the Minister of Finance to transfer the fund from MOF to MOH. tax on tobacco products from LAK 500 to LAK 1,200 per pack.
2. Several policy relevant researches supported by SEATCA have been conducted in Laos such as: completed researches on: Tobacco Affordability and Tax modeling (2012) and First National Adults Tobacco Survey (2012), ongoing researches on: Second Study on Health Care Cost from tobacco related diseases (2014), Cigarette price survey (2014), Second National Adults Tobacco Survey (2014) and Tobacco Industry marketing strategies (2013-2014).
3. The national guideline on smoke free environment is in the development process.
4. In order to provide the showcase to the policymakers, the smoke free Luang Prabang project has been reviewed and strengthened whereas the future work plan is to implement smoke free environment activity in 9 provinces and fully enforce the smoke free environments in the hospitals.
5. Media and social media campaign led by youth groups and journalists on tobacco control have initiated to promote the understanding of tobacco tax, smoke free environments and TAPS ban.
6. Strategies and evidences have been prepared to improve the situation of tobacco industry's contract binding that resulting in tremendous revenue loss to the government.





Malaysia had further strengthened its' efforts in tobacco control in order to denormalize smoking habit and to reduce the prevalence of smoking. Below are the achievements that Malaysia had accomplished in 2013 :

Malaysia had added six new Pictorial Health Warnings (PHWs) to the existing six, making it a total of twelve PHWs to be printed on cigarettes packs for sale in Malaysia. The size of the PHW had also been increased from 40% to 50% on the front panel whereas; the PHW size had been maintained at 60% on the back panel.

In order to make cigarettes less affordable, all cigarettes pack are to be sold in a standard packaging that contained 20 sticks of cigarettes only.

Malaysia had also prohibited all direct and indirect forms of promotion of sales of tobacco products in 2013.

The permitted maximum emission level of nicotine for every stick of cigarette had been reduced from 1.5 mg to 1.3 mg and the level of tar from 20 mg to 15 mg.

In addition to the ban on the use of descriptors such as “low tar”, “light”, “mild” and others that could be printed on tobacco product packs, the ban had been expanded to include descriptors that reflect on the grading, quality, supremacy of the product, or that is merely fanciful.



## Background

Like in many other countries in South-East Asia Region, tobacco causes a significant proportion of death and disability in Myanmar. As the countries in our region have undergone epidemiologic transition, Myanmar is also facing double burden which we still are fighting for communicable diseases and at the same time for chronic diseases caused by tobacco. According to the sentinel prevalence surveys, although the prevalence of smoking among adult was decreasing from 64.8 in 2001 to 48.3 in 2007, it became upward trend afterwards and reached to 60.3% in 2013. Smokeless tobacco consumption was also reduced from 2001 to 2004 but continuously re-increased since then.

## Tobacco control mechanisms

Myanmar has undertaken initiatives regarding tobacco control two decades ago. The National Health Committee (NHC) takes the leadership role and gives guidance in implementing the health programmes systematically and efficiently. Although, tobacco control is not directly related with NHC, an approval of NHC is needed if the change and implementation of the tobacco control activities are beyond the reach of Central Board. The main responsible body for National Tobacco Control Activities is “Central Board of the Control of Smoking and Consumption of Tobacco Product” which is chaired by the Union Minister, Ministry of Health and included the Deputy Minister of the Ministry of Health as Vice-Chairman, Director General of the Department of Health as Secretary, a person assigned with duty to lead the task for control of smoking and consumption of tobacco products as joint secretary and service personnel and experts from the relevant government departments and organizations as members. Since Myanmar has 14 States and Regions, the State/ Regional Health Directors are assigned as the focal point for tobacco control for the respective State/ Region.

## Tobacco control legislations

Tobacco control programme is one of the programmes under National Health Plan and was officially launched in 2000. Myanmar prohibited the tobacco advertisements on billboards, in all electronic media and printed media since 2002 although the tobacco control law was enacted in 2006 and came into effect in 2007. Danger of tobacco and tobacco smoke was included as a topic in the co-curriculum of basic education schools, and medical and para-medical schools since 2004. With the objectives of effective implementation of the National law, improving law enforcement and reducing the loopholes in the law, the Ministry of Health is now drafting the rules and necessary directives. Notifications of No-Smoking Area and Designated Smoking Area were issued by the Ministry of Health on 3rd March 2014.

## Programme Activities

Although Myanmar has prioritized tobacco control programme as one of the major areas, the constraints like limitation in financial and human resources are hindering the movement of tobacco control in Myanmar. It still needs to do more researches and to establish regular monitoring system. Recently, Myanmar held multisectoral coordination workshops for strengthening of tobacco control, and other workshops including a workshop on FCTC Article 5.3 Guidelines, aiming for capacity building as well as for raising awareness among government officials and NGOs. The Ministry of Health is planned to organize a National Workshop on Smoke Free Cities in Naypyitaw in collaboration with WHO, the Union and SEATCA, and to conduct trainings of the State and Regional teams for implementation of smoke-free cities in Yangon and Mandalay with the support of SEATCA. In December, 2014, Myanmar will be hosting a Regional Multisectoral Workshop on Protocol on Illicit Trade in Tobacco Products.





The year 2013 is an exciting year for Tobacco Control in the Philippines. Fresh from the success of passing Republic Act 10351 or the Sin Tax Law on December 12, 2012, the tobacco control advocates has forged new alliance from the Philippine Congress and Senate. The Sin Tax Law is a breakthrough law which changed the 4-tier tax structure and removed the price classification freeze of cigarettes in the Philippines pegged by the previous Congress to the 1996 price. In 2013 through 2016 the taxes that will be imposed to cigarettes will be based on a two-tier tax structure but in 2017 there will already be a unitary tax system for cigarette and allows for a 4% annual increase in 2018 and thereafter. The tobacco control advocates seized the opportunity of having champions in the Senate to push for the law on **Graphic Health Warning**.



*Pres. Benigno Aquino III signing the Sin Tax Law with members of the Congress and Senate*

The country continues its advocacy for local government units (LGUs), government offices, health facilities and public transport to implement a 100% smoke-free policies through the Department of Health's (DOH) **Red Orchid Award**. The **Red Orchid Award** is given to LGUs, government offices and hospitals implementing a 100% smoke-free policies. Since the launch of the award in 2010, there are already 21 cities and 55 municipalities that have garnered the award, while 5 cities and 12 municipalities have already been elevated to the Hall of Fame for winning the award for three consecutive years. The LGUs not only implement 100% smoke-free policies but they also passed local ordinances with total ban on tobacco advertising, promotion and sponsorship and adopting the Joint DOH-Civil Service Commission Memorandum Circular protecting the bureaucracy from tobacco industry interference.



The Department of Health also continue to convene the Sector-Wide Anti-Tobacco (SWAT) Committee and its Sub-Committees implementing policy advocacy and communication activities to implement the various Framework Convention on Tobacco Control (FCTC) articles. The 17 Regional Offices of the DOH likewise organized their respective Regional Tobacco Control Committee or Network (RTCC/N) to serve as the advocacy arm of DOH at sub-national level.



## Background

Singapore adopts a multi-pronged approach which comprises public education, provision of smoking cessation services, strict legislation including controls on tobacco advertisements and sales of cigarettes to minors, and tobacco taxes, aimed at preventing smoking initiation as well as smokers to quit smoking. Many of these efforts are made possible through collaborative partnerships with the private, public and people sectors.

## Tobacco control legislation

A number of amendments to existing legislation took effect in 2013; including the 3rd rotation of pictorial and text health warning labels on tobacco products, a ban on misleading descriptors and the lowering of maximum tar and nicotine limits from 15mg to 10mg and 1.3mg to 1.0mg respectively. There was also an extension of the smoking bans to include common areas in public housing, sheltered walkways, overhead bridges, a five-meter radius around bus shelters and hospital outdoor compounds. Plans are being drawn up for the ban on the displays of tobacco products at the Point-of-Sale, which is scheduled to be implemented in 2016.



Fig 1: Revised set of pictorial health warnings implemented in 2013

## Tobacco taxation and enforcement

Between 2011 and 2013, increases in the excise rates for alternative tobacco products such as beedies, ang hoon and unmanufactured tobacco were raised. This is part of an ongoing process to harmonise the tax rates for all tobacco products.

In 2014, tobacco excise levels were increased by 10% for cigarettes and other manufactured tobacco products to 38.8 cents per stick and SGD 388 per/kg respectively as part of a measure to decrease the consumption of tobacco.

As of 2009, all cigarettes sold in Singapore are required to have the “SDPC” mark to indicate that duties have been paid. From 1 March 2013, all cigarettes sold in Singapore have a revised “SDPC” mark, which in addition to the letters “SDPC”, features a series of vertical bars around the cigarette stick.

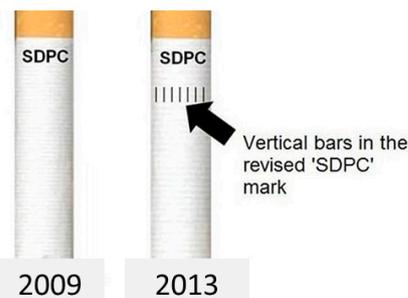


Fig 2: An illustration of the Singapore Duty Paid Cigarette (SDPC) markings and the revised version in 2013

## Public education and the provision of cessation services

The “Live it up without lighting up” (LIUWLU) initiative was launched in 2009 targeted at preventing youth initiation between those aged 13 – 23 years. It highlights the benefits of being tobacco-free, focussing on 4 areas that resonate with youth, namely appearance, fitness, spending power and the environment. Since 2011, the LIUWLU messages have been included in publicity and collateral materials (e.g. music CDs, magazines, online platforms, and ambient displays), in school-based and community based youth-centric events.

Singapore also focuses on strengthening support to encourage smokers to quit smoking. To this end, the I Quit Movement was launched in June 2011 to inspire smokers to quit using testimonials and role models and tapping on support networks. Advocacy is an important focus of the I Quit Movement and various partners, such as pharmacies, polyclinics, grassroots and volunteer organisations and the social media are utilized to support smokers quit the habit.

As part of building a supportive environment, the Blue Ribbon Smoke-Free Movement was launched in March 2012, making Singapore the first country in the region to adopt this initiative on a nationwide scale. The Blue Ribbon Smoke-Free Movement recognises communities and businesses that make a commitment to create and promote a smoke-free environment, including setting up of cessation programmes. To date, 14 mosques, 13 food centres, 7 hotels, 6 parks and 3 constituencies have been recognised under this movement.



Fig 3: Publicity materials for the IQuit movement, Blue Ribbon Smoke-free movement and the “live it up without lighting up” initiative

## Rationale of the latest Notification of the MoPH “85% of PHWs

- PHWs should be updated and refreshed every 2 years (WHO FCTC)
- Increasing the size of the PHWs to increase the effectiveness of PHWs
- Clear, simple and direct pictorial warnings can help people easily recognize and understand the harm of tobacco

## Objective

- Increasing awareness of health impact from tobacco consumption
- Increasing awareness of tobacco health effects among children, adolescents and women in Thailand
- Reducing the attractiveness and appeal of tobacco product
- Stimulating smoking cessation
- Pictures help people easily understand the health effects of tobacco smoking

The Notification was published in the Government Gazette on April, 5<sup>th</sup> 2013, official enforcement was on October, 2<sup>nd</sup> 2013 to present.

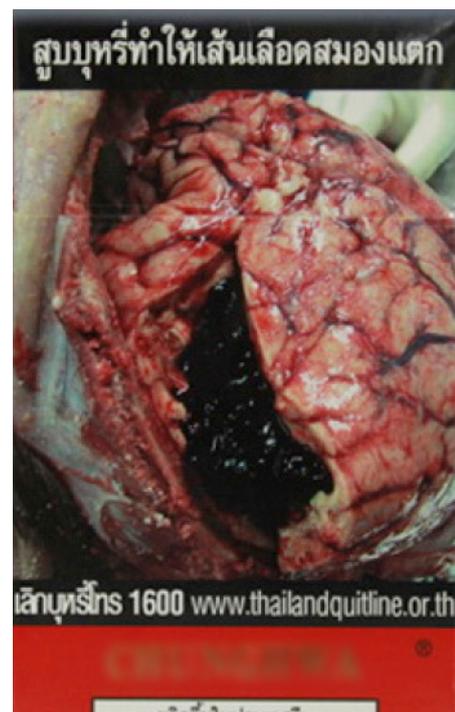
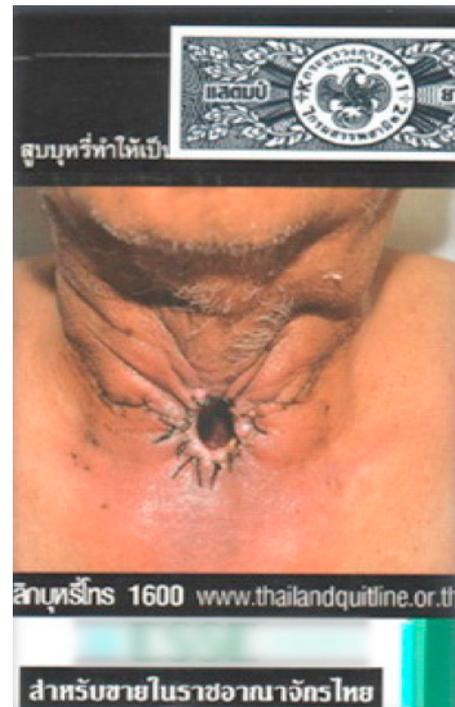
## Description of content

1. Cigarettes manufactured in or imported into Thailand shall be displayed with new pictures, statements of warning on the harm of cigarettes and contact channels to quit tobacco.
2. The displaying shall have area size on both sides not less than 85 percent of the side of the cigarette packs or cartons.
3. When not less than 10 cigarette packs or cartons are contained within a box or wrapper, it must display each of the 10 different styles of labels bearing images, warning statements and contact channels for smoking cessation

## Tobacco Litigation court cases update

- The Notification was published in the Government Gazette on April, 5<sup>th</sup> 2013, official enforcement was on October, 2<sup>nd</sup> 2013. Then three tobacco companies; Philip Morris (Thailand), Japan Tobacco International (JTI), and British American Tobacco (BAT) filed lawsuit to the Central Administrative court on June, 19<sup>th</sup> 2013, requested the court to rule the notification is unlawful and requested for court injunction before the final ruling.

- On 26<sup>th</sup> June 2014, the Central Administrative court’s injunction was overturned by the Supreme Administrative Court’s order, and this led to the cancellation of the Central Administrative court’s suspension. The Notification of 85% of Pictorial Health Warnings is now effective. Ministry of Public health will enforce the notification beginning on September, 24<sup>th</sup> 2014.
- The other cases requested by the tobacco companies to the court to rule the notification is unlawful are still on the trial process.





### Establish the Vietnam Tobacco Control Fund (VTCF).

On 18th June, 2012, Law on prevention and control of tobacco harm was issued by National Assembly of the Vietnam Socialist Republic. This is the first law of Vietnam on tobacco control. The law permitted to establish the Vietnam Tobacco Control Fund – national fund, placed under Ministry of Health and the financial state management of Ministry of Finance. The fund support for the activities: communication, develop the models of smoke free; implementing regulations on smoke-free environments; support smoking cessation services; research; capacity building for officer involved in the tobacco control...



Prof. Dr. Nguyen Thi Kim Tien, Minister of Health – Chairman of Tobacco Control Fund Council chaired the Fund Council meeting

### Graphic Health Warning on tobacco packet

From December, 2013, Vietnam implemented to print the graphic health warning on tobacco packet. The health warning area occupied 50 percent of each front and back of tobacco packages. With 6 graphic health warning samples, each tobacco product changes the graphic health warning each 2 years.



### Develop the smoke free tourism cities

The smoke free tourism cities was built such as Ha Long, Hue, Hoi An, Nha Trang, Hai Phong since many years. The movement of smoke free tourism have been responded by many provinces as Da Nang, Tien Giang, Hochiminh city, Thai Nguyen, Thai Binh, Dong Thap. The model of smoke free at the provinces including in: smoke free working place, smoke free health facilities, smoke free schools, smoke free tourism places, smoke free transportation....

### Limitation of tobacco related scene in theatrical productions

On 14th May, 2014, Vietnam Ministry of Cultural, Sport and Tourism issued Circular No. 02/2013/TT-BVHTTDL regulated on limitation of tobacco related scene in theatrical productions

As stated in the Circular, from 1st July, 2014, the theatrical productions are allowed to use sence of actor smoking when portraying real historical figures of actor or simulating the certain historical period or criticizing, condemning the bad behavior of smoking. In addition, smoking scene for other artistic purposes shall be only accepted having approval by competent agencies and suggested by of Arts Council.



# About the ASEAN Focal Points on Tobacco Control (AFPTC)

## A. BACKGROUND

Tobacco use is the leading cause of preventable diseases and deaths in many countries. It shortens lives, harms others and imposes a huge cost to the taxpayer in terms of health expenditures. The battle against tobacco use remains one of the most important public health challenges faced by ASEAN Member States, because of regional trends of high tobacco consumption.

Cognizant of the need to strengthen current efforts towards complete implementation of the WHO FCTC, smoking prevention and tobacco control have now become one of the priority objectives in the public health policies of ASEAN Member States.

Following the initiative of Thailand to develop a mechanism for ASEAN Cooperation in tobacco control, the Preparatory Meeting of ASEAN Senior Officials on Health Development for the 9<sup>th</sup> ASEAN Health Ministers Meeting (PrepSOMHD for 9<sup>th</sup> AHMM) held in Manila, Philippines on October 2009, agreed on the establishment of ASEAN Focal Points on Tobacco Control. The Focal Points will ensure that effective tobacco control measures and sustained responses are in place and in line with the ASEAN Social-Cultural Community Blueprint (2009-2015), and the WHO-FCTC in order to curb tobacco-related diseases and deaths, reduce the prevalence of tobacco use, protect people from exposure to secondhand smoke, and improve the health and quality of life of the people.

## B. OBJECTIVES

1. To provide a platform for establishing common goals amongst ASEAN Member States in formulating a mutually beneficial regional strategic plan to address important tobacco control issues;
2. To strengthen and support effective implementation of tobacco control measures in line with recognized regional and international frameworks or action plans, such as the WHO Framework Convention on Tobacco Control (FCTC) in ASEAN Member States; and
3. To develop, implement, monitor, review progress and evaluate ASEAN regional cooperation, programs/projects and action plans on tobacco control.

## C. STRATEGY

1. To strengthen the ASEAN regional network through sharing of information, experience and best practices on tobacco control;
2. To facilitate regional technical cooperation and coordination in tobacco control in the ASEAN region, taking into consideration the strength and diversity of ASEAN Member States;
3. To assist ASEAN Member States to implement and strengthen tobacco control programs, in line with international agreements, rights, obligations, and/or recommendations;
4. To strengthen multisectoral collaboration and partnerships in tobacco control amongst ASEAN Member States, Dialogue Partners, international organisations, academia, civil society organisations, and private sectors not related to or having any vested interest with the tobacco industry;
5. To develop a regional institutional mechanism and capacity building activities on tobacco control in line with the goal for an ASEAN Community.

## D. SCOPE OF WORK

In line with the above objectives and strategies, the work of the ASEAN Focal Points on Tobacco Control (AFPTC) will be guided by the following:

1. To formulate and recommend to Senior Officials Meeting on Health Development, ASEAN Health Ministers Meeting and/or ASEAN Summit, policies, strategies, and programs for regional cooperation on tobacco control;
2. To implement relevant directives emanating from the Senior Officials Meeting on Health Development (SOMHD);

3. To develop, adopt and review regional work programs/activities for regional cooperation in tobacco control;
4. To monitor and evaluate outcomes of the regional work programs/activities to realise the objectives of the AFPTC;
5. To facilitate ASEAN Member States in implementing relevant international agreements, rights, obligations, and/or recommendations on tobacco control in particular tobacco taxation, protection from exposure to tobacco smoke, packaging and labelling of tobacco products, tobacco advertising, promotion and sponsorship;
6. To facilitate ASEAN Member States in addressing trans-boundary issues on tobacco control, including illicit trade on tobacco product, tobacco taxation, monitoring new emerging tobacco products and cross-border tobacco advertising, promotion and sponsorship;
7. To serve as a forum for sharing experiences and evidence-based best practices in tobacco control with an emphasis on utilizing cost-effective methods;
8. To convene ad-hoc consultation among experts, as appropriate, to assist AFPTC in carrying out its functions;
9. To promote intra-sectoral links with related ASEAN bodies through the ASEAN Secretariat;
10. To formulate ASEAN common position on tobacco control, as and when appropriate, in preparation for regional and international meetings/conferences;
11. To facilitate ASEAN Member States in establishing long term funding from the government for tobacco control.

The Southeast Asia Tobacco Control Alliance (SEATCA) works closely with key partners in ASEAN member countries to generate local evidence through research programs, to enhance local capacity through advocacy fellowships, and to be the catalyst in policy development through regional fora and in-country networking.

SEATCA has been in existence since 2001 to act as supportive base for government and non-government tobacco control workers and advocates in the SEA region, primarily in Thailand, Malaysia, Cambodia and Vietnam. Currently, the alliance has formally extended to three more countries: Indonesia, Lao PDR, and the Philippines. By adopting a regional policy advocacy mission, it has supported member countries to ratify and implement the WHO Framework Convention on Tobacco Control (FCTC).

SEATCA was awarded the WHO Western Pacific Regional Office's 2004 World No Tobacco Day Award in recognition of its major contribution to tobacco control in the region. "SEATCA has emerged as a major catalyst for advances made in tobacco control in the South East Asia Region, especially with regard to policy and legislation."-Dr. Shigeru Omi, Regional Director for the Western Pacific Regional Office at the presentation of 2004 World No Tobacco Day Awards

### SEATCA Objectives

1. To form a supportive base for government and non-government tobacco control workers in their efforts to promote the implementation of effective evidence-based national tobacco control measures.
2. To encourage greater cooperation between tobacco control workers at national and regional levels and to act as a regional leader on issues which affect all countries in the region.
3. To facilitate information transfer and the sharing of experience and knowledge, to organize capacity building exercises, and to coordinate national and regional initiatives in tobacco control work.
4. To strengthen national tobacco control movements and to bring Southeast Asian issues into the international tobacco control arena.

### SEATCA Activities

1. Building local evidence through collaborative research program which provides funding, capacity building training, mentorship and platform to disseminate research studies to policy makers. This program generates local evidences and knowledge for policy development.
2. Capacity building which focuses on strengthening local capacity on policy development through programs named ASEAN fellowship program and national tobacco control working group.

3. Regional network for policy development through SEATCA regional forum which highly responds to in-country policy movement. SEATCA organizes two regional workshops per year focusing on policy issue like tobacco tax, health warnings, best practice on advertising ban, etc.

### Impact on advancing tobacco control in the region

SEATCA programs have contributed towards a more progress movement in each country and in the region as follows:

#### 1. Progressive policy development in each country

Advancing tobacco control policy in the region on four major issues (namely taxation, advertising ban, smoke-free areas and health warnings) and FCTC ratification and implementation is the most successful work of SEATCA.

#### 2. Strengthening national tobacco control working group

- a. Governmental national committee in Vietnam, Cambodia and Lao PDR comprise of related ministries to set up policy and to monitor progress. SEATCA's programs have provided them the chance to discuss, to share and learn on various policy matters.
- b. Informal tobacco control working groups in Lao PDR, Malaysia, Cambodia and Vietnam have been facilitated. These groups comprised of NGOs, Ministry of Health, WHO, academics, and researchers. They act as think-tank to discuss plan and coordinated effort to push for better country policy.

#### 3. Generating more local evidence for advancing tobacco control policy.

Products of SEATCA collaborative research program have potentially been used for policy development especially on the issue of taxation, advertising ban, tobacco and poverty reduction, and expansion of smoke-free areas. The products of the collaborative research program will also be shared and distributed at the regional and international levels. Moreover, a network of local and regional researchers, with ties to regional and international experts has been established.

#### 4. Increased number of tobacco control workers and capacity to conduct more tobacco control advocacy.

SEATCA has successfully implemented the ASEAN fellowship advocacy program where fellows carried out a variety of advocacy projects such as media advocacy to counter tobacco industry tactics and increasing public awareness, mobilizing youth to lobby parliamentarians, mobilizing monks and UN agencies to lobby government to sign and ratify the Framework Convention on Tobacco Control (FCTC) - all these with utilization of all types of media to advocate. This advocacy program contributed to strengthening national tobacco control activities and developed new advocates in the region.

# References

## Tobacco control in the ASEAN

6<sup>th</sup> ASEAN Health Ministers Meeting on Healthy Lifestyles, 14- 15 March 2002, Vientiane, Lao PDR (<http://www.aseansec.org/8617.htm>).

Regional Action Plan on Healthy ASEAN Lifestyles (<http://www.aseansec.org/8625.htm>).

## Smoking prevalence and tobacco deaths

ASEAN Secretariat Statistic. (2013). ASEAN Population 2013. Data Submission from National Statistic Offices (NSOs) of the ASEAN Member States Countries to ASEAN Secretariat Statistic Division.

Ministry of Health. (2009-2011). 2nd National Health and Nutritional Status Survey 2009-2011. Brunei Darussalam. (Unpublished report)

National Institute of Statistics. (2011). Country Report of the 2011 National Adult Tobacco Survey of Cambodia. Ministry of Planning, Cambodia.

Ministry of Health. (2012). Global Adult Tobacco Survey: Indonesia Report 2011. Ministry of Health Republic of Indonesia.

National Statistics Bureau and National Institute of Public Health. (2012). National Adult Tobacco Survey (NATS) 2011: Country Report Lao People's Democratic Republic. Ministry of Planning and Investment and Ministry of Health, Lao PDR.

Institute for Public Health (IPH). (2012). Report of the Global Adult Tobacco Survey (GATS) Malaysia, 2011. Ministry of Health Malaysia.

World Health Organization. (2011). Noncommunicable Disease Risk Factor Survey Myanmar 2009. India, World Health Organization, Regional Office for South-East Asia.

Department of Health (2010). 2009 Philippines' GATS- Global Adult Tobacco Survey: Country Report, Department of Health, Philippines.

National Health Surveillance Survey 2013. Ministry of Health, Singapore. (Unpublished report)

National Statistic Office. (2014). The 2013 Health and Welfare Survey. Ministry of Information and Communication Technology, Bangkok, Thailand.

Ministry of Health (2010). Global Adult Tobacco Survey (GATS) Viet Nam 2010, Ministry of Health Vietnam.

Population Census 2001, Brunei Darussalam.

National Institute of Statistics, August 2009, Cambodia.

Central Bureau of Statistics 2010, Indonesia.

Department of Statistics, Malaysia.

Bureau of Central Registration, Ministry of Interior, Thailand.

Department of Statistics, Ministry of Trade and Industry 2010, Singapore.

Population Census 2009, Vietnam.

Department of Economic Planning and Development, Brunei Darussalam.

National Adult Tobacco Survey 2011, Cambodia.

Basic Health Survey 2010, Indonesia.

Lao PDR Health Survey 2003.

Third National Health and Morbidity Survey (NHMS3) 2006, Malaysia.

Global Adult Tobacco Survey in 2009 (Philippines, Thailand).

National Health Survey 2010, Singapore.

Global Adult Tobacco Survey 2010, Vietnam.

Global Youth Tobacco Survey in 2003 (Cambodia), 2007 (Lao PDR, Myanmar, Philippines, Vietnam), 2009 (Indonesia, Malaysia, Thailand).

Student's Health Survey 2009, Singapore.

## WHO FCTC status and national tobacco control law

Information on the WHO FCTC and ratification status can be found at: <http://www.who.int/tobacco/framework/en/Brundtland GH>.

Opening remarks to the Intergovernmental Negotiating Body on the WHO FCTC at its sixth session, Geneva, 16 February 2003 (<http://www.who.int/dg/brundtland/speeches/2003/inb6/en/index.html>).

## Price and tax measures

Department of Economic Planning and Development, Brunei.

SEATCA SITT Country Tax Report Cards 2010 (Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand, Vietnam).

Country Excise and Customs Department Data 2010 (Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand, Vietnam).

Ministry of Finance 2005, Singapore.

## Smoke-free environment

WHO FCTC Article 8 Guidelines on Protection from Exposure to Tobacco Smoke ([http://www.who.int/fctc/cop/art%208%20guidelines\\_english.pdf](http://www.who.int/fctc/cop/art%208%20guidelines_english.pdf)).

2004 IARC Monograph 83: Tobacco Smoke and Involuntary Smoking (<http://monographs.iarc.fr/ENG/Monographs/vol83volume83.pdf>).

2005 California Environmental Protection Agency (CalEPA) Environmental Health Hazard Assessment of Environmental Tobacco Smoke (<http://repositories.cdlib.org/tc/surveys/CALEPA2005/>).

2006 U.S. Surgeon General's Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke (<http://www.surgeongeneral.gov/library/secondhandsmoke>).

World Health Organization Tobacco Free Initiative. World No Tobacco Day 2007. (<http://www.who.int/tobacco/communications/events/wntd/2007/en>).

## Ban tobacco advertising, promotion and sponsorship

WHO FCTC Article 13 Guidelines on Tobacco Advertising, Promotion and Sponsorship ([http://www.who.int/fctc/guidelines/article\\_13.pdf](http://www.who.int/fctc/guidelines/article_13.pdf)).

Perry C. The Tobacco Industry and Underage Youth Smoking: Tobacco Industry Documents From the Minnesota Litigation. Archives of Pediatric and Adolescent Medicine, 1999;153:935-941.

Omi S. Speech for presentation of World No Tobacco Day 2003 Awards. Beijing, China, 31 March 2004 ([http://www.wpro.who.int/regional\\_director/speeches/speech\\_20040331.htm](http://www.wpro.who.int/regional_director/speeches/speech_20040331.htm)).

## Effective health warnings

WHO FCTC Article 11 Guidelines on Packaging and labelling of tobacco products ([http://www.who.int/fctc/guidelines/article\\_11.pdf](http://www.who.int/fctc/guidelines/article_11.pdf)).

Nathan R. Model Legislation for Tobacco Control: A Policy Development and Legislative Drafting Manual (Paris: International Union for Health Promotion and Education, 2004).

World Bank. Curbing the Epidemic: Governments and the Economics of Tobacco Control (Washington, D.C.: World Bank, 1999).

Photos of Singapore pictorial health warnings provided by the Health Promotion Board, Singapore.

## International best practice recommendations

Mackay J, Eriksen M, and Shafey O. The Tobacco Atlas, 2nd Edition. American Cancer Society, 2006.

WHO FCTC Article 8 Guidelines on Protection from Exposure to Tobacco Smoke ([http://www.who.int/fctc/cop/art%208%20guidelines\\_english.pdf](http://www.who.int/fctc/cop/art%208%20guidelines_english.pdf)).

WHO FCTC Article 13 Guidelines on Tobacco Advertising, Promotion and Sponsorship ([http://www.who.int/fctc/guidelines/article\\_13.pdf](http://www.who.int/fctc/guidelines/article_13.pdf)).

WHO FCTC Article 11 Guidelines on Packaging and labelling of tobacco products ([http://www.who.int/fctc/guidelines/article\\_11.pdf](http://www.who.int/fctc/guidelines/article_11.pdf)).

WHO FCTC Article 5.3 Guidelines on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry ([http://www.who.int/fctc/guidelines/article\\_5\\_3.pdf](http://www.who.int/fctc/guidelines/article_5_3.pdf)).

WHO Framework Convention on Tobacco Control Guidelines for Implementation: Article 5.3, Article 8, Articles 9 and 10, Article 11, Article 12, Article 3, Article 14 ([http://whqlibdoc.who.int/publications/2011/9789241501316\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501316_eng.pdf)).

*Disclaimer: The information for this report was drawn from multiple sources: FCTC reporting mechanisms, WHO data and information, snapshot surveys from Parties, non-government organizations and individuals within countries. Reasonable efforts have been made to ensure accuracy at the time of publication. If there are unintentional errors please convey this information to the publisher.*

*Financial support was provided under a grant to SEATCA from International Union Against Tuberculosis and Lung Disease.*



Contact address of SEATCA  
Apartment 2B Thakolsuk Place, 115 Thoddamri Road,  
Dusit Bangkok 10300, Thailand  
Tel/Fax: +662 2410082, Email: [info@seatca.org](mailto:info@seatca.org)  
[www.seatca.org](http://www.seatca.org)