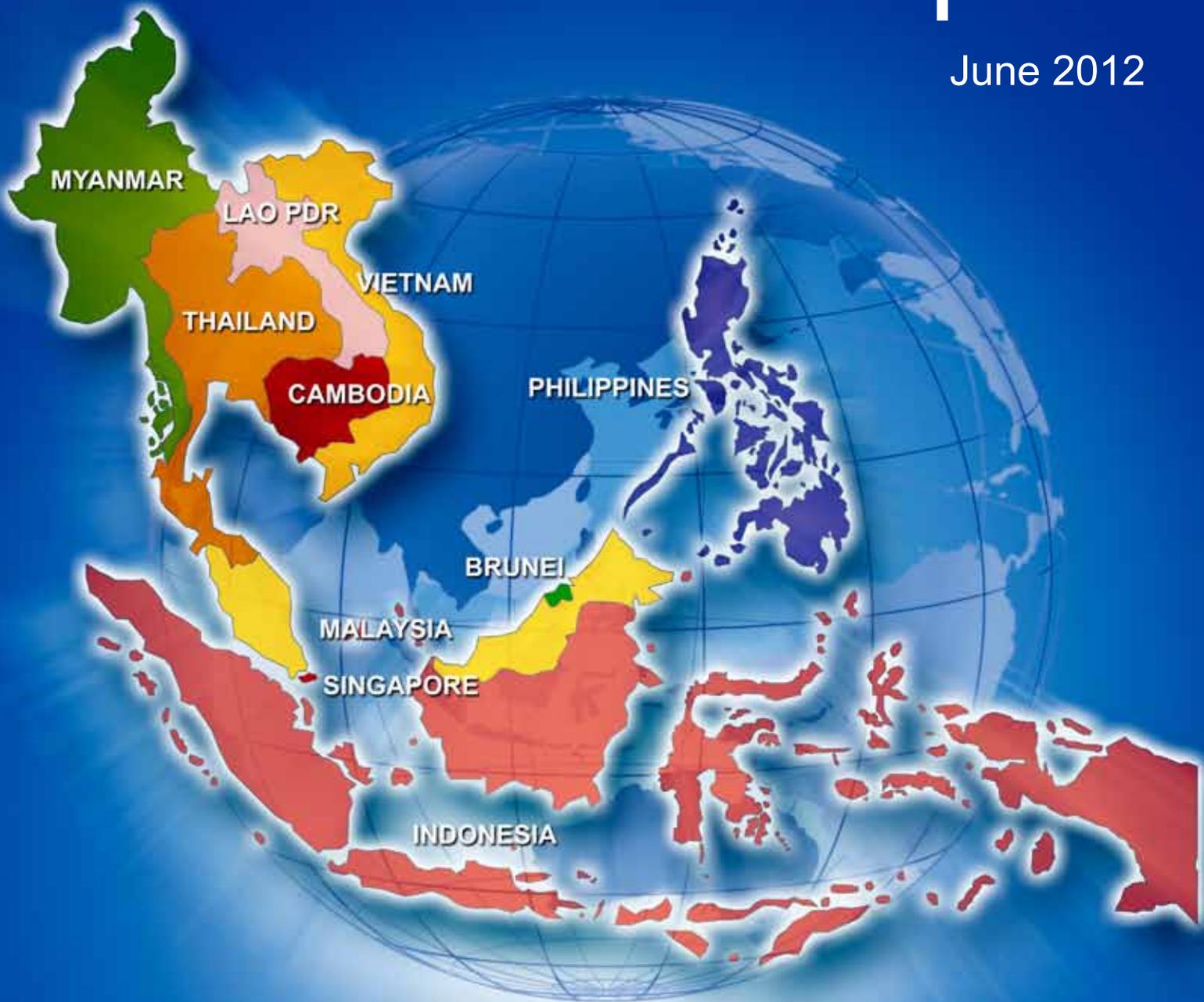


The **ASEAN** Tobacco Control Report

June 2012



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 6th 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.

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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 30% (about 127 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.

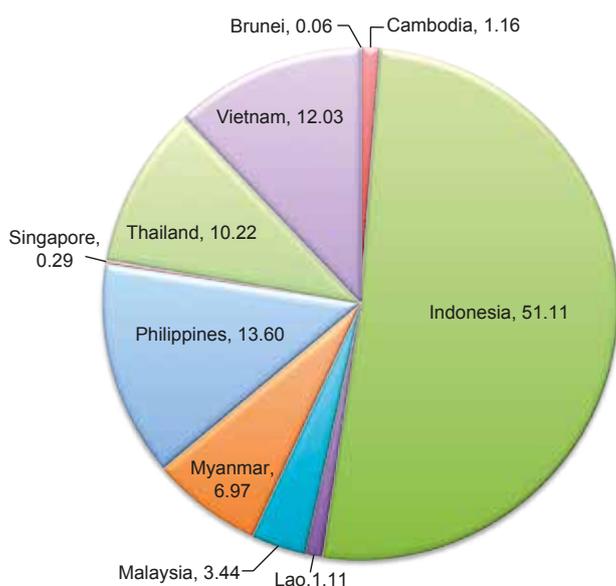
"Tobacco use is the world's number one preventable killer. We know this statistically, beyond a shadow of a doubt. In a world undergoing economic upheaval, with populations ageing, chronic diseases on the rise, and medical costs soaring, tackling a huge and entirely preventable cause of disease and death 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 = 598,499,945

Adult population (>15 year old) = 431,641,569

Number of adult smokers = 127,169,300 (29.5% of adults in ASEAN)

*based on 2010 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: 406,000



Adults: 17.47% (71,000)
(Male=31.81%, Female=2.94%)

Cambodia Country population: 13,388,910



Adults: 19.5% (1,477,000)
(Male=42.5%, Female=3.5%)
Boys 13-15 yrs: 7.8%
Girls 13-15 yrs: 1.0%

Indonesia Country population: 237,641,326



Adults: 34.7% (65,000,000)
(Male=65.9%, Female=4.2%)
Boys 13-15 yrs: 41.0%
Girls 13-15 yrs: 3.5%

Lao PDR Country population: 6,000,000



Adults: 40.3% (1,410,500)
(Male=67.7%, Female=16%)
Boys 13-15 yrs: 13.2%
Girls 13-15 yrs: 4.9%

Malaysia Country population: 28,250,500



Adults: 23.1% (4,377,000)
(Male=43.9%, Female=1.0%)
Boys 13-15 yrs: 30.9%
Girls 13-15 yrs: 5.3%

Myanmar Country population: 59,130,000



Adults: 22% (8,863,800)
(Male=44.8%, Female=7.8%)
Boys 13-15 yrs: 13%
Girls 13-15 yrs: 0.5%

Philippines Country population: 92,000,000



Adults: 28.3% (17,300,000)
(Male=47.7%, Female=9.0%)
Boys 13-15 yrs: 29.3%
Girls 13-15 yrs: 13.8%

Singapore Country population: 5,076,700



Adults: 14.3% (370,000)
(Male=24.7%, Female=4.2%)
Boys 13-15 yrs: 8%
Girls 13-15 yrs: 5%

Thailand Country population: 67,312,000



Adults: 24% (13,000,000)
(Male=46.6%, Female=2.6%)
Boys 13-15 yrs: 20.1%
Girls 13-15 yrs: 3.8%

Vietnam Country population: 86,024,000



Adults: 23.8% (15,300,000)
(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 56th 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

★ Brunei Darussalam	Ratified on 3 June 2004
Cambodia	Ratified on 15 Nov 2005
Indonesia	Has not signed the FCTC
Lao PDR	Ratified on 6 Sep 2006
Malaysia	Ratified on 16 Sep 2005
★ Myanmar	Ratified on 21 Apr 2004
Philippines	Ratified on 6 June 2005
★ Singapore	Ratified on 14 May 2004
★ Thailand	Ratified on 8 Nov 2004
★ Vietnam	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 Tobacco Regulations 2007

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, the Prohibition on Smoking in Certain Places Act, Smoking (Control of Advertisements and Sale of Tobacco) (Labelling) (Amendment) Regulations 2006, 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 : Decision No.1315/QD-TTg of the Prime Minister adopted the implementation plan Framework Convention on Tobacco Control for Vietnam and Directive No.12/CT-TTg of Prime Minister on strengthening tobacco control activities, Tobacco Control Law already drafted

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)

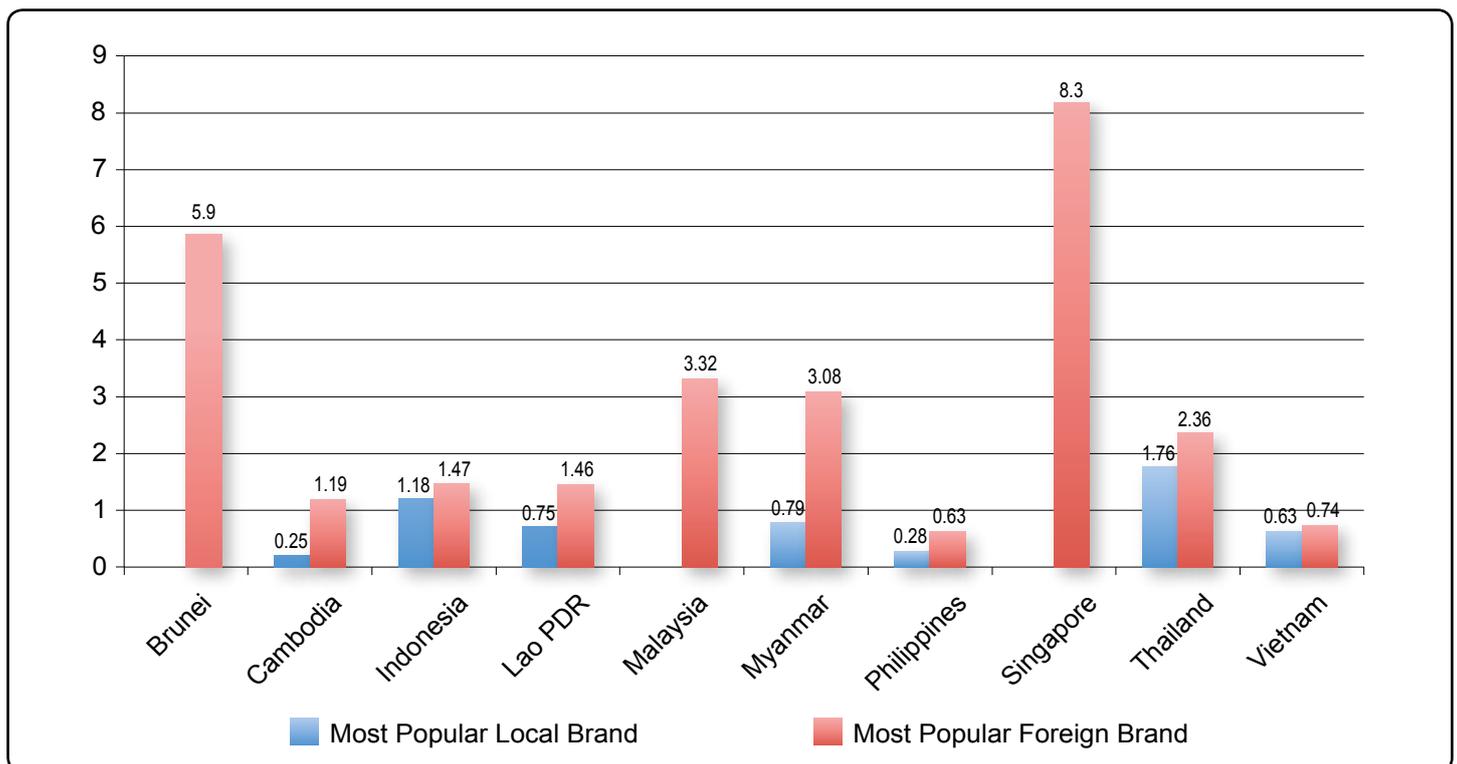
Tobacco tax (percentage of retail price)

Brunei Darussalam	: 72%
Cambodia	: 20% (domestic), 25% (imported)
Indonesia	: 51%
Lao PDR	: 19.7% (domestic), 16% (imported)
Malaysia	: 48%
Myanmar	: 50% (domestic), 100% (imported)
Philippines	: 38-41%
Singapore	: 69%
Thailand	: 70%, plus 2% surcharge tax dedicated for health promotion
Vietnam	: 45%

“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), 2011



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



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 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 (tobacco company names allowed)
- Thailand :** Ban on direct and indirect advertising, promotion and sponsorship including points of sale and pack display
- Vietnam :** Ban on CSR and publicity in electronic media, including points of sale; sponsorship is banned only if linked with advertisement



Variety store painted in Winston colors



Cigarette promotion targeting the poor in Cambodia



Cigarette push cart in Vietnam



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 Darussalam : Six rotating pictorial health warnings on the top 50% of front and back panels of the pack

Cambodia : Five rotating text warnings on the bottom 30% of the front and back panels of the pack

Indonesia : Currently only one authorized text warning, but no specific size assigned for the cigarette pack. However draft government regulation will require 40% health warnings in the form of/or include picture

Lao PDR : Six rotating text warnings on the bottom 30% of front and back panels of the pack

Malaysia : Six rotating pictorial health warnings on the top 40% 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

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 55% 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 panes of the pack

Vietnam : Two rotating text warnings on the bottom 30% of the front and back panels of the pack

Q: Which country has a ban of descriptors such as “light” and “mild”?

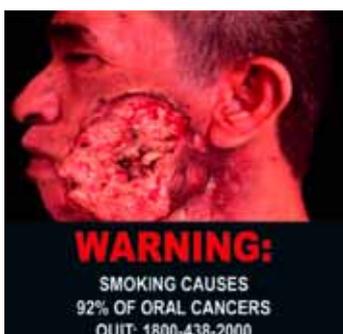
A: Malaysia, Singapore and Thailand



Sample pictorial health warnings from Brunei



Sample pictorial health warnings from Malaysia



Sample pictorial health warnings from Singapore



Sample pictorial health warnings from Thailand



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.

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 Staff Working for Tobacco Control	Presence of Funding Mechanisms for Tobacco Control
Brunei Darussalam	Yes	15	Yes
Cambodia	Yes	6	No
Indonesia	On going process	7	No
Laos	Yes	4	On going process
Malaysia	Yes	7	Yes
Myanmar	Yes	6	No
Philippines	Yes	4	No
Singapore	Yes	29	Yes
Thailand	Yes	74	Yes
Vietnam	Yes	11	Yes

International best practice recommendations

100 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)

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 9th ASEAN Health Ministers Meeting (PrepSOMHD for 9th 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.

ACTIVITIES	Time Frame (Year)	Organizations Responsible	Possible Source of Funds	Output Indicator/s
STRATEGY I. Protection from Exposure to Tobacco Smoke Desired Outcome : A 100% smoke-free policy adopted and enforced in all ASEAN Member States (AMS).				
1. Prepare a Smoke-free Policy for the ASEAN Secretariat's workplace 1.1 Conduct Smoke-free Policy and orientation in ASEC a. Review/Revise existing Smoke-free (SF) Policy for ASEAN Secretariat b. Endorsement of policy to Management Board for approval c. Dissemination of the approved SF Policy to all ASEAN Secretariat's Staff d. Integrate SF Policy into Human Resource Policy for new staff	October 2011	ASEAN Secretariat in collaboration with AFPTC, SEATCA and WHO Indonesia Lead Country : Indonesia	<ul style="list-style-type: none"> • ASEAN Secretariat • SEATCA 	<ul style="list-style-type: none"> • Smoke-free Policy for ASEAN Secretariat's Workplace prepared, approved and disseminated • 75% of ASEAN Secretariat's Staff aware of the new Smoke-free Policy
1.2 Formal Launching of ASEAN Secretariat Smoke-free Workplace (new activity)	2012	ASEAN Secretariat in collaboration with AFPTC and SEATCA	<ul style="list-style-type: none"> • SEATCA 	<ul style="list-style-type: none"> • Event organized • Smoke-free ASEAN Secretariat's Workplace launched
2. Organize a seminar-workshop for AFPTC on "Protection from Exposure to Tobacco Smoke" which includes the following: a. Benchmarking/Evaluation of existing "No Smoking" Policies b. Policy development for a 100% smoke-free environments c. Strategic planning for enforcement	January 2012 (Back to back with the 3 rd AFPTC Meeting)	AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO Lead Country : Malaysia	<ul style="list-style-type: none"> • WHO (WPRO) • SEATCA 	<ul style="list-style-type: none"> • AFPTC seminar-workshop organized and implemented • 1 focal person/country attended the workshop • One National Smoke-free Action Plan prepared per focal person

<p>3. Finalise and Endorse Draft AFPTC Guideline of Critical Elements of a Policy on Protection from Exposure to Tobacco Smoke (new activity)</p> <p>a. Circulate AFPTC endorsed guideline to focal points from each AMS for utilization</p> <p>b. Implement guideline for “100% Smoke-free Environment” among AMS</p> <p>c. AFPTC to monitor utilization and implementatin of guideline</p>	Q1-Q2	Lead Country: Malaysia	<ul style="list-style-type: none"> • To be identified 	<ul style="list-style-type: none"> • AFPTC Guideline of Critical Elements of a Policy on Protection from Exposure to Tobacco Smoke endorsed and implemented
<p>4. Identify settings/pilot areas for “100% Smoke-free Environment” among AMS</p> <p>a. Localized Policy (based on the template/guideline) developed and implemented in the pilot area/setting</p> <p>b. AFPTC to monitor progress</p>	2012-2015			<ul style="list-style-type: none"> • Settings/pilot areas for 100% Smoke-free Environment identified and implemented and monitored
<p>5. Policy development on ASEAN’s Event Smoke-free for all events sanctioned by the ASEAN Secretariat</p> <p>a. AFPTC prepares and approves ASEAN’s Event Smoke-free Submission to SOMHD for consideration</p> <p>b. Facilitation of policy advocacy at ASEAN Forum/Platforms as appropriate such as the 11th AHMM or the ASEAN Summit</p> <p>c. Dissemination of the approved policy based on directions of SOMHD</p> <p>c.1 Circulate to all working groups under health for feedback utilizing a feedback template (new activity)</p> <p>c.2 Determine process of sharing of policy for possible adoption from other non-health sector/divisions (e.g. possible consultation with focal points in SOCCOM) (new activity)</p> <p>c.3 share to the 11th AHMM (new activity)</p>	<p>2011</p> <p>2012 - 2015</p> <p>Q1 2012</p> <p>Q1 2012</p>	<p>AFPTC in collaboration with SEATCA WHO Indonesia</p> <p>Lead Country : Thailand</p> <p>ASEAN Secretariat</p> <p>AFPTC</p>	<ul style="list-style-type: none"> • SEATCA • Not required 	<ul style="list-style-type: none"> • Smoke-free Policy for a ASEAN Events prepared and approved by the SOMHD • SF Policy advocated at ASEAN Platforms • Approved SF policy for all ASEAN Events disseminated/ reinforced to all concerned parties • All ASEAN events related to health adopted policy • Recommendations from SOCCOM • Issue integrated in AHMM Statement
<p>6. Launching of Towards a Smoke-free ASEAN Campaign:</p> <p>a. Prepare and conduct the program for the Launching of Smoke-free ASEAN Campaign</p> <p>b. Circluate SOMHD the campaign materials endorsed by AFPTC</p> <p>c. Dissemination of the Smoke-free ASEAN promotional material including a Smoke-free ASEAN year-end report</p>	<p>Q2 2012</p> <p>March 2012 at the World Conference on Tobacco or Health 2012, Singapore</p>	<p>AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO</p> <p>Lead Country : Singapore</p>	<ul style="list-style-type: none"> • SEATCA (Launching program of Smoke-free ASEAN) • WHO 	<ul style="list-style-type: none"> • Campaign ads and press releases done prior and after the launching • Program for the Launching of the Smoke-free ASEAN Campaign organized and conducted

7. Update online Smoke – free ASEAN year-end Report (new activity)	Ongoing	AFPTC in collaboration with SEATCA Lead Country : Thailand		• Online Smoke-free ASEAN year-end report prepared and distributed through SEATCA website
STRATEGY II. Protect tobacco control policy of the ASEAN countries from tobacco industry interference Desired Outcome: ASEAN Member States aware and apply the best practices to protect tobacco control policy from tobacco industries interference Lead Countries : Thailand/Singapore				
1. Sharing ASEAN Policy to protect tobacco control policy from tobacco industry interference	January 2012 (Follow up workshop will be conducted back-to-back with the 3 rd AFPTC Meeting)	AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO Lead Country : Thailand	• SEATCA • WHO	• Identified next step
2. Organize an ASEAN Workshop on Article 5.3 (new activity) TOR development by lead country	May 2012	AFPTC and SEATCA Lead Country : Thailand	• SEATCA • WHO	• A set of AFPTC recommendations on protecting tobacco control policy from tobacco industry interference
STRATEGY III. Price and Tax Measures to Reduce Demand for Tobacco Desired Outcome : ASEAN Member States apply tobacco tax and price measure as recommended by WHO and World Bank Lead Countries : Thailand/Singapore				
1. Strengthen capacity of AFPTC to address challenges on tobacco taxation policy (meeting, sharing information, technical assistance) and develop AFPTC recommendations on tobacco tax and price	September 2011 (back to back with WHO WPRO tobacco control focal points meeting)	AFPTC in collaboration with WHO and SEATCA Lead Country : Thailand and Singapore	• ASEAN member states, WHO and SEATCA	• AFPTC Recommendations on Tobacco Tax • Tobacco tax strategic priorities discussed by ASEAN member states
2. Finalization of AFPTC Recommendations on Tobacco Tax (new activity)	Q2 – Q4	Lead country : Singapore		• Recommendations on Tobacco Tax finalised
STRATEGY IV. Sustainable Funding for tobacco control and health promotion for ASEAN Member States Desired Outcome : ASEAN Member States apply tobacco tax and price measure as recommended by WHO and World Bank Lead Countries : Thailand/Singapore				
1. Facilitate sharing of best practices/lessons learned/technical assistance to have sustainable funding for tobacco control and health promotion and organize a regional workshop on sustainable funding for tobacco control and health promotion	September 2011 (back to back with WHO WPRO tobacco control focal points meeting)	AFPTC in collaboration with Thai Health, SEATCA and WHO Lead Country : Thailand and Singapore	• ASEAN member states, WHO and SEATCA, Thailand/ Singapore (if hosting)	• Number of ASEAN member states agree to develop options for sustainable funding for tobacco control and health promotion

2. Develop Guidelines on Sustainable Funding for tobacco control for ASEAN countries	September 2011 (back to back with WHO WPRO tobacco control focal points meeting)	AFPTC in collaboration with WHO and SEATCA Lead Country : Thailand and Singapore	• ASEAN member states, WHO and SEATCA	• Sustainable funding for tobacco control discussed by ASEAN member states
3. Finalise ASEAN guideline on sustainable funding for tobacco control (new activity) a. SOMHD endorsement b. Sharing best practices at the AFPTC	2012	AFPTC and SEATCA Lead Country : Thailand		• Guideline developed and implemented

STRATEGY V. Packaging and Labeling of Tobacco Products

Desired Outcome : Packages of all tobacco products in ASEAN Member States with pictorial health warnings

Lead Country : Brunei Darussalam/Malaysia

1. Facilitate sharing of best practices on pictorial health warnings and its impact across the region including pre and post implementation review of PHWs and legislation	2011	ASEAN Secretariat, AFPTC in collaboration with SEATCA Lead Country: Brunei	• SEATCA	• Requests received to facilitate the copyright-free use of pictorial health warnings from Brunei, Malaysia, Singapore and Thailand • Regional resource centre on copyright-free pictorial health warnings (PHWs) from the region established, publicized and disseminated to complement with the WHO resource center
2. Promote utilisation of SEATCA's resource centre on pictorial health warnings to support country's needs to complement existing WHO resource support		Lead Country : Brunei		

STRATEGY VI. Tobacco Advertising, Promotion and Sponsorship

Desired Outcome : Comprehensive ban on tobacco advertising, promotion and sponsorship including the protection of public health policies from commercial and other vested interests of the tobacco industry in ASEAN Member States

Lead Countries : Philippines/Lao PDR

1. Facilitate sharing of best practices, lessons learned and provide technical assistance: a. Organize a regional planning workshop on tobacco advertising, promotion and sponsorship (TAPS) including protection of public health policies from tobacco industry interference b. Explore and draft AFPTC recommendations to address the implications of cross-border on Tobacco Advertising, Promotion and Sponsorship in the unified ASEAN Policy	June 2011 (SEATCA's regional workshop on Tobacco, Advertising, Promotion and Sponsorship) January 2012 (Follow up workshop held back to back with the 3rd AFPTC)	ASEAN Secretariat, AFPTC in collaboration with WHO and SEATCA Lead Country : Philippines	• WHO and SEATCA	• AFPTC seminar-workshop on Tobacco Advertising, Promotion and Sponsorship organized and implemented • 1 AFPTC/country in the 10 ASEAN Countries attended the workshop • Prepared AFPTC Recommendations on Tobacco Advertising, Promotion and Sponsorship with cross-border implications and protection of public health policies from tobacco industry interference
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2. Finalise the AFPTC's Recommendations on TAPS (new activity) a. Endorsement from SOMHD b. Launch/disseminate recommendations subject to SOMHD endorsement c. Implementation (To be confirmed) d. Consultative Workshop (To be confirmed)	2012	AFPTC Lead Country : Philippines	• To be identified	• Recommendations on TAP finalised and implemented
STRATEGY VII: Strengthening initiatives to address illicit trade in tobacco products (New Strategy)				
1. To conduct a regional consultation on illicit trade involving relevant non-health sectors (new activity)	2014	AFPTC Lead Country : Malaysia	• SEATCA	• To be identified by lead country
STRATEGY VIII : Strengthen supportive networking and co-ordinating mechanism on tobacco control in ASEAN Desired Outcome : Establishment of an active network on tobacco control within region and globally Lead Country : Thailand				
1. Mapping existing events/conferences/ seminars related to tobacco control globally	Ongoing	AFPTC, SEATCA, WHO and ASEAN Secretariat Lead Country : Thailand	• SEATCA • WHO	• Full participation of Member States at AFPTC Meeting • Issues/policies "sensitized" at regional/global platform
2. Secure funding to ensure participation of all focal points	Ongoing	All ASEAN member states	• SEATCA • WHO	• Full participation of AFPTC in the meetings
3. Convene regular AFPTC Meeting	Ongoing	All ASEAN member states	• SEATCA • WHO	• Full participation of AFPTC in the meetings
4. Appoint a Tobacco Control Coordinator at ASEAN Secretariat	2011-2012	ASEAN Secretariat and SEATCA		• ASEAN Coordinator hired subject to the availability of funds
5. Contribute article related to tobacco control to ASEAN's E- bulletin (new activity)	Ongoing	Lead Country : Philippines	• Not required	• Article/issues on ASEAN tobacco control be published in ASEAN E- Bulletin at least 1 issue/year
6. Develop ASEAN Tobacco Control Report	2011-2012	Lead Country : Viet Nam (with assistance from SEATCA)	• SEATCA	• ASEAN Tobacco Control Report developed and distributed
7. Disseminate ASEAN Tobacco Control Report at the 11 th AHMM or any appropriate venue (new activity)	July 2012	Lead Country : Thailand		• ASEAN Tobacco Control Report disseminated

Remarks:

- SEATCA -- The Southeast Asia Tobacco Control Alliance is a non-profit international organization. They work closely with key partners in ASEAN Member States to generate local evidence through research programme; to enhance local capacity through advocacy fellowship and, to be the catalyst in policy development through regional fora and in- country networking. For more information, please visit www.seatca.org.
- Responsibilities of 'Lead Countries' are stipulated in the TOR.
- Lead Countries specified in the "Strategy" refer to the Member States that will be responsible for overseeing the implementation of the strategic direction (ie. Strategy II-VII).
- Lead Countries specified in the "Activity" refer to the Member States that will be responsible for the implementation of the specific activities.

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.

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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.

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