Mental disorders are significant contributors to the global burden of diseases, as well as loss of quality of life. They have huge economic and social costs. Untreated mental disorders account for 13% of the total global burden of diseases, and by the year 2030, depression will be the leading cause of the global burden of disease.

Unfortunately, Mental Health Programs and policies are not high in the priority list of most ASEAN Member States (AMS). Most AMS have low rates of human resources on mental health per population, and the gap between mental health needs and their provisions are wide, despite the fact that effective treatment for mental disorders are not expensive.
The 6th Senior Officials Meeting on Health Development (SOMHD) has supported the establishment of an ASEAN Mental Health Task Force (AMT) in July 2011. The task force is responsible for the implementation of the ASEAN Strategic Framework on Health Development (2010-2015) which has been endorsed by the 10th ASEAN Health Ministers Meeting (AHMM) last July 2010, in Singapore. The Terms of Reference and the ASEAN Work Plan on Mental Health (2011-2015) was likewise developed by the Task Force.

Last 4-5 June 2013, a workshop to develop the ASEAN Policy Advocacy on Mental Health was organized in Bangkok, Thailand. The brief discuses the mental health situation and gaps in ASEAN, proposed key strategies, and wayfoward for stakeholders, including policy makers in addressing mental health issues. The policy brief was reviewed during the 2nd ASEAN Task Force on Mental Health Meeting, on 4-6 July 2013, in Brunei Darussalam and was concurred by all the AMS. It was endorsed by the 8th Senior Officials Meeting on Health Development (SOMHD) on August 26-28, 2013 in Singapore.

The following are the AMT's proposed solutions to the key mental health issues:

**Develop and promote effective models for mental health programs**

Effective models for mental health programs shall involve the incorporation of the mental health agenda in all existing health policies. Further, it shall include the implementation of legislations to protect the care, treatment and welfare of people with mental disorders. Public education campaigns to increase awareness and reduce stigma on depression shall also be an important component of mental health programs. Lastly, the program shall integrate mental health and social care services for treatment and rehabilitation.

**Management and development of human resource for mental health**

The lack of human resources working on mental health is one of the key issues in the management of mental health programs. There is a need to encourage greater involvement of primary and general health care personnel in mental health care. Incentives and training shall be developed by AMS to attract more human resources to work on the field of mental health. There should also be a conscious effort to address the mal-distribution of mental health workers by ensuring their deployment in areas where they are most needed.

**Mobilization of resources to support key strategies**

Mental health programs, being low in the priority list of AMS, are mostly lacking in financial resources to support its major strategies and activities. Hence, there is a need to ensure that adequate financial and other resources are available to support mental health care services and capability and capacity building of human resources.

**Overcome treatment gaps**

There is a need to set standards using the benchmark among AMS to close the treatment gaps for mental illnesses. Community groups, as well as, service users need to be involved in standards setting.

For more information please visit the AMT website: www.amt.dmh.go.th.

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**ASEAN MENTAL HEALTH TASK FORCE WEBSITE**

The ASEAN Mental Health Task Force (AMT) was established in 2011 as a subsidiary bodies of the Senior Officials Meeting on Health Development (SOMHD). The ASEAN Work Plan on Mental Health (2011-2015) endorsed by the SOMHD elaborate the strategic objectives to ensure access to adequate and affordable healthcare, mental health and psychosocial services, and promote healthy lifestyles for the people of ASEAN.

The ASEAN Work Plan on Mental Health (2011-2015), strategy III : "Facilitating and strengthening the mental health data..."
The ASEAN Rabies Elimination Strategy (ARES) is developed to provide a strategic framework for the reduction and ultimate eradication of rabies in ASEAN Member States. The strategy describes an integrated ‘One Health’ approach that brings together the necessary socio-cultural, technical, organisational and political pillars to address this challenge.

ASEAN’s endorsement and commitment to ARES will be formalised through the ASEAN Sectoral Working Group for Livestock (ASWGL), ASEAN Expert Group on Communicable Diseases (AEGCD), Senior Officials Meeting on Health Development (SOMHD) and AMAF processes. Once the strategy is endorsed, implementation will be the responsibility of National Governments. The World Organization for Animal Health (OIE), the United Nations Food and Agriculture Organization (FAO), the World Health Organization (WHO) will oversee developments and provide advice to AMS.

Rabies is a neglected zoonotic disease. However, the tools are available and it is the neglected zoonotic disease most amenable to control. Accordingly, rabies is the first zoonosis on the list of neglected diseases targeted for regional and eventually global eradication.

The 2008 ASEAN Call for Action towards the Elimination of Rabies in the ASEAN Member States and the Plus Three Countries (China, Japan and Korea) by 2020 demonstrated the key importance attached to rabies control at a political level. The ARES is designed to complement the existing sub-regional frameworks developed to control and eliminate human rabies, such as those developed by the ASEAN Expert Group on Communicable Diseases (AEGCD) in 2010 and by the WHO South-East Asia Regional Office (SEARO) in 2012.

Success of ARES will be dependent on effectiveness of interdisciplinary and inter-sectoral collaboration. A wide range of organisations, such as medical services, the community, scientists, academics, policy makers and non-government organisations (NGOs) will need to be kept engaged to ensure the successful implementation of the ARES at the Member State level. Political support will be essential, as the provision of adequate resources. The ARES is consistent with contemporary One Health approaches and the management of zoonoses in general. The populations of rabies endemic and non-endemic countries will benefit from the concerted efforts outlined in the Strategy.

ASEAN SUPPORTS RABIES ELIMINATION STRATEGY

As the primary lead country, Thailand initiated the establishment of the ASEAN Mental Health Task Force Website; www.amt.dmh.go.th. with the following objectives:

- To share data, information, reports, research, publications, knowledge, and news on mental health among AMT’s members
- To be a communication channel for AMT’s members to connect to each other
- To provide database of academic and research institutions/centers and experts on mental health in ASEAN Member States
I. OBJECTIVES

The AFPTC Recommendations on Banning Tobacco Advertising, Promotion, and Sponsorship (TAPS) aims to provide recommendations for a comprehensive ban on TAPS within the region. It emphasizes the need for ASEAN Member States (AMS) to step up their measures to implement comprehensive bans and harmonize efforts to restrict cross-border tobacco advertising through all forms of traditional and new media platforms, channels, and outlets for the AMC’s continued social and economic development.

II. BACKGROUND

The ASEAN has adopted a Work Plan (2011 – 2015) on tobacco control to curb tobacco consumption and to protect the ASEAN people from the harmful effects of tobacco use.

The United Nations Political Declaration on Non-Communicable Diseases (NCDs) provides impetus to earlier commitments of the ASEAN in building an ASEAN Socio- Cultural Community (ASCC) of caring and sharing societies that will address many concerns, particularly the promotion of health and nutrition, including advocacy on health-related issues and healthy lifestyles.

In September 2011, the United Nations High-Level Meeting on Non-Communicable Diseases (NCDs) adopted a political declaration to, among others, call on nations to curb the tobacco epidemic and to accelerate implementation of the Framework Convention on Tobacco Control (FCTC)—the world’s first public health treaty negotiated under the auspices of the WHO. In addition, ASEAN also presented the ASEAN Position on Non-Communicable Diseases in the same event. This included the strengthening of national health policies and accelerating the program for tobacco control as one of the four major prevention strategies articulated in the document.

Under the ASCC Plan of Action, the ASEAN Focal Points on Tobacco Control (AFPTC) has been organized under the purview of the Senior Officials Meeting on Health Development (SOMHD) to monitor the progress of the FCTC within each Member Country and the region.

This partnership serves as a platform for regional cooperation to curb tobacco consumption, and to protect the ASEAN people from the harmful impacts of tobacco use.

III. RATIONALE

1. Tobacco continues to be the leading cause of death in ASEAN

Tobacco kills up to half of its users. The World Health Organization (WHO) estimates that tobacco kills nearly six million people each year, of which more than 5 million are users and ex-users and more than 600,000 are non-smokers exposed to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030. Nearly 80% of the world’s one billion smokers live in low- and middle-income countries, including the ASEAN Member States (AMS).

Tobacco is clearly the most potent risk factor causing non-communicable diseases (NCDs), causing a wide range of illnesses affecting various organs, such as lung cancer, chronic bronchitis, chronic lung diseases (mostly among men), and breast cancer, premature delivery, pregnancy-related complications among women.

2. Banning TAPS is an effective means of reducing tobacco consumption

Evidence shows that there is a causal relationship between tobacco marketing and increased tobacco use. According to a comprehensive review of tobacco related research released by The National Cancer Institute (US), bans on tobacco advertising, promotion and sponsorship (TAPS) can reduce tobacco consumption. Along with other tobacco control measures, a comprehensive ban on all TAPS could decrease tobacco consumption by an average of about seven percent (7%), with some countries experiencing a decline in consumption of up to sixteen percent (16%).

3. Tobacco companies have become more innovative in their advertising strategies

With tobacco advertising and promotions being either totally or partially banned in the mass media in the ASEAN, the tobacco industry continues to innovate in their tactics that effectively reach their targets and finds ways to defeat the ASEAN Policy on TAPS bans, such as focusing on point-of-sale, internet sale, films, brand-stretching, and so-called corporate social responsibility (CSR) activities as well as cross-border advertising.

IV. RECOMMENDATIONS

A. Member States should aim for a comprehensive ban on TAPS

Comprehensive advertising bans are proven effective in reducing tobacco consumption. However, partial bans on TAPS tend to lead to a greater focus in “non-banned” areas resulting in allowing the tobacco industry to undermine the TAPS regulation and result in little or no net reduction of tobacco use.

As countries become increasingly aware of the deadly effects of tobacco and as governments continue to restrict TAPS, tobacco companies have become more innovative and aggressive in their marketing and advertising strategies to reach consumers and promote their products. Some of these ploys include:
1. Corporate Social Responsibility (CSR) or so-called “socially responsible” activities of tobacco companies include funding for education and research, sponsorship of arts and cultural events; contributions to community development, poverty reduction, disaster relief, and environmental protection. So-called CSR of the tobacco industry has become one of the key strategies employed by the industry to enhance its image and maintain legitimacy in both public and corporate spheres. These work in favor of the tobacco industry by:
   a. Helping the tobacco industry gain political influence and diminish effects of legislation;
   b. Normalising tobacco and brands;
   c. Increasing youth approval of smoking;
   d. Undermining tobacco control attempts to expose tobacco companies for what they are - companies that prey on vulnerable populations - and vilifying tobacco control advocates; and,
   e. Distracting from the negative effects of tobacco.

2. Point-of-Sale – With tobacco advertising and promotions being either totally or partially banned in the mass media in the ASEAN, the tobacco industry has shifted its focus to the point-of-sale (POS)—which is now the principal avenue for marketing and promoting cigarettes. Cigarette displays at POS are aimed at keeping cigarettes visible and normalising the product in the public’s mind.

3. Depictions of tobacco in entertainment media – Tobacco companies can directly or indirectly influence production of entertainment media products by depicting tobacco in films, theater, games, and other forms of entertainment media.

4. Use of Internet – Tobacco companies attempt to circumvent tobacco control policies by utilising the Internet in promoting, advertising, and selling tobacco products.

5. Modifying cigarette packaging – Tobacco companies use tobacco product packaging as a marketing tool to make cigarette packs more attractive (e.g. tin can, lipstick pack, kiddie pack) Tobacco companies have modified cigarette packaging in a manner that distorts cigarette warnings on packs, e.g., by coming up with smaller, slimmer, and innovative geometric packs.

Member States therefore need to lay down the parameters and extent of their domestic TAPS ban to address these issues.

**Operational Principles:**

1. There should be a comprehensive ban on Tobacco Advertising, Promotion and Sponsorship (TAPS)

An effective ban should be comprehensive and applicable to all tobacco advertising, promotion, and sponsorship.

2. The TAPS ban should apply to all commercial activities by tobacco industry

A comprehensive ban on all TAPS applies to all forms of commercial communication, recommendation or action, and all forms of contribution to any event, activity, or individual with the aim, effect, or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.

3. The TAPS ban should apply to all persons or entities involved

To be effective, a comprehensive ban should address all persons or entities involved in the production, placement and/or dissemination of TAPS.

**Recommendations:**

Each Member States should adopt a comprehensive TAPS ban in their respective jurisdictions.

1. Member States should adopt a comprehensive ban on TAPS, and recognize that, among others; the followings have been proven to constitute tobacco advertising and should therefore be banned:
   a. Display and visibility of tobacco products at points-of-sale;
   b. packaging with design features that make products attractive;
   c. Internet sales, and Internet advertising and promotion;
   d. Brand stretching and brand sharing;
   e. Contributions from tobacco companies to any other entity for “socially responsible causes”;
   f. Publicising any activities in relation to corporate social responsibilities, on using any public media; and,
   g. Sales of cigarettes by vending machines should also be banned because they constitute, by their very presence, a means of advertising and promotion.

2. Member States should:
   a. Regulate tobacco retailers by requiring license to sell tobacco, and by disqualifying minors, children, and youth to sell, distribute, and purchase the same, and ban kiddie packs (i.e., not less than 20 sticks).
   b. Prohibit government institutions from receiving any offer of donations or activities in the guise of corporate social responsibility from tobacco companies, and government personnel from interacting with the tobacco industry unless strictly necessary for its regulation, supervision, or control.
   c. Promote standardised plain packaging of tobacco products to eliminate the effects of advertising or promotion of packaging. Packaging, individual cigarettes or other tobacco products should carry no advertising or promotion, including design features that make products attractive.
   d. Address the depiction of tobacco in entertainment media products, including prohibiting the use of identifiable tobacco brands or imagery, requiring certification that no benefits have been received for any tobacco depictions, requiring anti-tobacco advertisements, and implementing a ratings or classification system that takes tobacco depictions into account.
   e. Ban sales of cigarettes by vending machines because they constitute, by their very presence, a means of advertising and promotion.

3. Member States should ensure that any exception to a comprehensive ban on TAPS be

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1. Member States should seek to develop mechanisms to reinforce domestic efforts with international cooperation in order to eliminate cross-border TAPS.\textsuperscript{6}

**Operational Principles:**

1. Member States should share lessons learned and best practices among AMCs should regularly share best practices and lessons learned to strengthen their TAPs policy for the effective reduction of tobacco consumption in their respective territories.

**Recommendation:**

Member States shall strengthen and enhance existing cooperation efforts in the ASEAN and cooperate in areas that are not covered by existing cooperation arrangements which include, but not limited to, the following:

a. Exchange of information on relevant legislation and regulations in force as well as pertinent jurisprudence;

b. Exchange of information on the practices of the tobacco industry;

c. Mutual provision of technical, scientific, legal, and other expertise to establish and strengthen pertinent national tobacco control strategies, plans, and programs.

**C. Member States should cooperate to eliminate cross-border TAPS**

Tobacco companies resort to cross-border advertising to reach their target customers. Cross-border advertising includes both out-flowing advertising, promotion, and sponsorship (originating from a country’s territory) and in-flowing advertising, promotion, and sponsorship (entering a country’s territory). It involves the use of the Internet, television, radio, printed publications, and other media forms.

International sponsorships that cross borders are likewise considered cross-border advertising; a prominent example would be sponsorship of international sporting events using cigarette brands.\textsuperscript{6}

The tobacco industry’s own internal documents have revealed how the tobacco industries have used cross-border advertising to advertise in ASEAN countries with strong advertising bans.\textsuperscript{6}

**Recommendations:**

At the national level, there should be provisions specifically laying down the parameters and extent of cross-border TAPS ban.

1. Member States should:

   a. Ensure that any cross-border TAPS originating from their territory is banned or restricted in the same manner as domestic TAPS;

   b. Member States should make use of their sovereign right to take effective actions to limit or prevent any cross-border TAPS entering their territory;

2. At the ASEAN level, Member States need to adopt international cooperation mechanisms to deal with cross-border advertising:

   a. Cooperation in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising;

   b. Cooperation and support for research and surveillance systems and related capacity-building programs;

   c. Cooperation in the facilitation of the development, transfer, and acquisition of technology, knowledge, skills, capacity, and expertise related to cross-border advertising;

   d. Cooperation in providing mutual legal assistance in proceedings relating to civil and criminal liability of the tobacco industry to eliminate cross-border advertising.

3. Member States should also consider establishing or designating a body and providing resources in order to coordinate, review, and monitor the implementation of this policy.

**D. Member States should seek to achieve policy coherence between TAPS bans and trade agreements**

Trade agreements reduce barriers, increase competition, lower prices, and promote consumption. Particularly, the liberalisation of trade in goods and services through free trade and international investment agreements may restrict the ability of governments to effectively prohibit constantly evolving

**B. Member States should share best practices and lessons learned to facilitate implementation of TAPS bans**

Marketing tactics of the tobacco industry are replicated in various member countries. Experience of one member country in curbing certain forms of TAPS in its jurisdiction may serve to assist other countries in drafting better TAPS policies. To facilitate the implementation of a comprehensive TAPS ban, greater access to resources and sharing of best practices among AMCs should occur.

**Operational Principle:**

1. Member States should share lessons learned and best practices.

2. Member States should make use of their sovereign right to take effective actions to limit or prevent any cross-border TAPS entering their territory.

3. At the ASEAN level, Member States need to adopt international cooperation mechanisms to deal with cross-border advertising:

   a. Cooperation in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising;

   b. Cooperation and support for research and surveillance systems and related capacity-building programs;

   c. Cooperation in the facilitation of the development, transfer, and acquisition of technology, knowledge, skills, capacity, and expertise related to cross-border advertising;

   d. Cooperation in providing mutual legal assistance in proceedings relating to civil and criminal liability of the tobacco industry to eliminate cross-border advertising.

4. Member States should consider establishing or designating a body and providing resources in order to coordinate, review, and monitor the implementation of this policy.

5. To facilitate implementation, Member States should:

   a. Introduce and apply effective, proportionate, and dissuasive penalties (including fines, corrective advertising remedies, and license suspension or cancellation), taking into account the roles the entities responsible plays.

   b. Designate a competent, independent authority to monitor and enforce the laws, and entrust it with the necessary powers and resources.

   c. Enable any interested person or nongovernmental organisation to initiate legal action against illegal TAPS under their national laws.

   d. Promote and strengthen, in all sectors of society, public awareness of the need to eliminate TAPS, and the ways in which members of the public can act on breaches of these laws.

   e. Aim to establish national surveillance programs and systems to monitor emerging marketing strategies of the tobacco industry.

AMS should regularly share best practices and lessons learned to strengthen their TAPs policy for the effective reduction of tobacco consumption in their respective territories.
forms of TAPS, thereby undermining domestic tobacco control measures.

Protection for and privileges granted to the private sector by virtue of international trade and investment agreements also tend to protect and promote the commercial and vested interests of tobacco industry by providing incentives for it to run its business.

Current and pending international agreements are often negotiated by trade experts without public health input.¹

Operational Principles:

Member States should take comprehensive TAPS bans into consideration when entering into trade agreements to ensure the protection of public health.

Recommendations:

1. Member States should ensure that services pertaining to, or promoting TAPS are excluded among the liberalised service sectors under the ASEAN Framework Agreement on Services.

2. Member States should ensure the recognition and implementation of this policy, as well as other relevant measures to comprehensively ban TAPS, in the pertinent committees of the ASEAN, including but not limited to relevant:
   a. Working Group on Intellectual Property Cooperation;
   b. Coordinating Committee on Services (Business Services);
   c. Coordinating Committee on Investment; and,
   d. ASEAN Cooperation in Telecommunication (Working Group on Internet).

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¹ Tobacco Free Center. “Advertising, Promotion, and Sponsorship: Corporate Social Responsibility.” June 2011
³ Id.
⁴ E.g. Formula 1 Grands Prix and other sporting events in the European Union.
⁵ Assunta, M. and Chapman, S. (2004). “The world’s most hostile environment”: How the tobacco industry circumvented Singapore’s advertising ban. Tobacco Control 2004; 13(Suppl II):i51–i57. “As in the case of Singapore, it banned all tobacco advertisements in 1971 and amended its Smoking Act (Prohibition on Advertisements) to prohibit free sampling, point-of-sale, and cigarette logos on non-tobacco products. “However, the prohibition on advertising did not prevent the tobacco companies from advertising cigarettes to Singaporeans. While BAT publicly claimed to comply with the laws and regulations of the country it was operating in, they continued to use alternate means to advertise to Singaporeans by what they referred to as ‘offshore’ strategy.” Similarly, when planning its five-year programme in 1980, Philip Morris identified Malaysian television as an advertising opportunity. Philip Morris noted: “Malaysian T.V. channels RTM 1 and RTM 2 are received by most S’pore households. S’pore D.M.E. [Direct Marketing Expenditure] directed into this source, tied into selective programming and supported by a strong publicity campaign in S’pore could provide our brands with good advertising support.”
⁶ This includes both out-flowing advertising, promotion and sponsorship (originating from a member country’s territory) and in-fl owing advertising, promotion and sponsorship (entering a member country’s territory).
⁷ For purposes of this paragraph, the definition of the tobacco industry can include consultants and employees engaged in tobacco advertising, lobbying, consumer research, etc. across national borders.
AFPTC RECOMMENDATIONS ON PROTECTING PUBLIC HEALTH POLICY WITH RESPECT TO TOBACCO CONTROL FROM TOBACCO INDUSTRY INTERFERENCE

I. Objectives

This paper recommends to ASEAN Member States (AMS) for reference and consideration when formulating policies and measures to protect public health policy from tobacco industry interference.

II. Background

About 30% (127 million) of the adult ASEAN population are current smokers, accounting for 10% of the world’s 1.25 billion adult smokers.1 The ASEAN region has among the highest rates of male smoking, and the fastest increase of tobacco use among women and young people, largely due to efforts of the tobacco industry targeting Southeast Asian countries as an important region to grow its profits. As a result, the region accounts for almost 10% of global tobacco related deaths, losing one person for every ten lives claimed by tobacco. Tobacco is addictive and kills half its regular users prematurely. Because of the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke, tobacco is not like any other product.

Similarly, the tobacco industry, which produces and aggressively promotes such lethal products, is not like any other industry.

Governments usually require strict regulation of products that is commensurate to the degree of harm or potential harm such products pose, yet tobacco companies spend millions of dollars annually trying to influence public policy and to defeat or weaken legislation that would effectively regulate their business. In reality, most countries do not require them to report their political contributions, so a complete picture of the tobacco industry’s investment is not available. In addition to political influence, tobacco companies make charitable contributions under the guise of corporate social responsibility (CSR). Often these donations and efforts promote the image of tobacco companies and increase their political mileage, effectively drawing public attention away from the harms of tobacco, rather than benefit humanitarian efforts in the long term. Hence the tobacco industry is the problem and cannot be part of the solution.

The internal documents of the transnational tobacco companies, now made public, provide evidence that the industry indeed fights tobacco control measures and the public health community:

“Our objective remains to develop and mobilize the necessary resources ... to fight the social and legislative initiatives against tobacco.... We shall carefully target our opponents. We shall precisely identify, monitor, isolate, and contest key individuals and organizations.” (Philip Morris, 1989, Bates: 2500066142-6194)

More recently, the Director-General of WHO described the tobacco industry as a “ruthless and devious enemy” whose “tactics, aimed at undermining anti-tobacco campaigns and subverting the Framework Convention on Tobacco Control, are no longer covert or cloaked by an image of corporate social responsibility. They are out in the open and they are extremely aggressive.”

Based on extensive documentation and other evidence that the tobacco industry has used strategies to prevent, subvert, and hinder tobacco control efforts, the WHO Framework Convention on Tobacco Control (hereafter WHO FCTC) recognises that tobacco industry interference poses the single greatest threat to tobacco control. Hence, a General Obligation of Parties to the WHO FCTC is Article 5.3. This key provision aimed at protecting public health policies from interference by the tobacco industry is grounded on a basic principle that there is a “fundamental conflict of interest between the tobacco industry and public health,” which was also recognised by the UN General Assembly in 2011.3 According to WHO FCTC Article 5.3, Parties are warned to “be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts” and are obligated to protect their public health policies from commercial and other vested interests of the tobacco industry.

III. Gaps in Protecting Public Health Policy from Tobacco Industry Interference

Currently there are gaps in information and infra-structure support for protecting public health policy from tobacco industry interference. Several of these gaps are outlined below.
Lack of information on how the tobacco industry lobbies policy makers

There is a veil of ‘Invisibility’ in the tobacco industry’s influence on the policy-making process. There is no formal monitoring system to gather information on how the industry exerts influence on political leaders. For example tobacco companies are often not required by law to declare their contributions to political parties nor do they declare their budget for lobbying. Meetings between high level officials and industry representatives are not made public. Often only decisions are reported in the media. Lack of transparency and public access creates a climate conducive for industry lobbying.

Gap in awareness on what “De-normalise the tobacco industry” means

The prevailing social norm is that the tobacco industry is treated like other members of the corporate sector. The industry claims to be “stakeholder” in tobacco control. The industry has exerted strong influence on governments over many years that this is now seen as normal and acceptable. The situation is exacerbated by the tobacco industry’s positive public image as an economic contributor, which it strengthens through its so-called Corporate Social Responsibility (CSR) activities. There is a lack of understanding on how the tobacco industry uses its public image to exert influence on tobacco control policy. This is made worse by a lack of information on the socio-economic losses suffered by a country due to tobacco harms. In such a climate it is challenging to de-normalise the tobacco industry.

What is needed is more information on the industry’s influence on public policy and its lobbying activities. Tobacco control staff, advocates, and committees have limited knowledge and skills to address this complex problem. What is needed is to identify industry lobbying tactics so that they can be countered, and build capacity for staff. Industry influences need to be seen in the light of governance and anti-corruption, so that they are easily understood as “unacceptable”. There is also a need to create awareness with the media, so that they understand this issues and play their part to de-normalise the industry’s influence.

A high-level inter-sectoral mechanism is needed

Protecting public health policy from tobacco industry interference remains in the domain of the Ministries of Health, and there is often a lack of coordination between health policies and economic policies. In most countries, there is still no policy (such as legislation, regulation, code, executive order) to prevent tobacco industry interference. A code of conduct or guidelines for government officers in dealing with the tobacco industry would assist all Ministries in dealing with tobacco industry.

Strategic partnership with civil society is crucial

Civil society systematically monitors industry tactics at influencing public policies and instances of undermining regulatory measures. This information can be useful evidence for governments to take action to protect government policies from tobacco industry interference. NGOs have also developed toolkits\(^6\) that can be utilised by governments. Hence close partnership and collaboration between government and civil society will be beneficial to develop implementing mechanisms.

IV. Good practices within ASEAN to protect public health policy from tobacco industry interference

Thai Ministry of Health regulation on interacting with the tobacco industry

The “Avoiding Conflicts of Interests” principle is applied to the state-owned Thai Tobacco Monopoly (TTM), which is treated like any other tobacco industry. Hence no TTM representative sits in any tobacco control committees. In applying Principle 2 of Article 5.3 guidelines, the regulation prepared by Bureau of Tobacco Control, which is the National Focal Point in the Department of Disease Control, Ministry of Public Health, provide comprehensive guidelines for MOH officers when they interact with tobacco industry. Bureau of Tobacco Control also collaborates with various partners to monitor and share information on tobacco industry’s tactics. Government and non-government organisations implementing tobacco control have consistently raise public awareness and de-normalise tobacco industry through a variety of activities such as media activities, National Conference on Tobacco or Health and publications on tobacco industry tactics.

Philippine policies to implement WHO FCTC Article 5.3

In 2009, the Philippines set up an Article 5.3 Multi-Sectoral Committee to formulate and implement policies, programs and activities on Article 5.3. The Committee held two Interagency Consultative Meetings in October 2009 and April 2010 to discuss how each agency contributes to tobacco control measures and developed an action plan to implement Article 5.3. Aiming to protect the bureaucracy against tobacco industry interference the Department of Health-Civil Service Commission Joint Memorandum 2010 – 01 was issued to limit interaction with the tobacco industry and to reject partnerships with tobacco companies. To ensure there was public awareness, a Press Release was made, and the documents are posted on websites as well as published in the media. The Health Secretary also sent letters to government agencies cautioning against partnerships with the tobacco industry.
Further to this is the Department of Health also issued Memorandum 2010 0126 that states that the agency does not deal with the tobacco industries or individuals or entities that work to further the interest of the tobacco industries, except to the extent strictly necessary to effectively regulate, supervise, or control the tobacco industry and tobacco products.

Other government agencies with similar policies include the Department of Education and the Bureau of Internal Revenue.

V. Recommendations to Facilitate Protection of Public Health Policies with Respect to Tobacco Control from Tobacco Industry Interference.

1. Organize multi-sectoral consultative meeting with non-health sectors such as trade and the economics sector so that policies with an impact on tobacco control and public health adequately safeguard from industry interference.

Expected national measures mechanism to:

a. Monitor, develop, and enforce policies related to removing tobacco industry interference.

2. Designate a competent body and delegate authorities to monitor, develop and enforce policies related to removing tobacco industry interference.

3. Integrate the policy against tobacco industry interference in governance and anti-corruption programs as well as adopt appropriate rules or policies relating to existing codes of conduct and related laws.

4. Expose all forms of tobacco industry interference (e.g. include in tobacco control awareness / public service information programs information about tobacco industry’s bad reputation and efforts to undermine tobacco control).

5. Exclude the tobacco industry as a stakeholder; if meetings are necessary they should be limited and ensure the transparency of those interactions that occur. Do not hold any “closed door meeting” with the tobacco industry.

6. Reject contributions from, as well as any form of partnerships and agreements with, the tobacco industry.

7. Adopt and enforce strict policies and/or legislation to prohibit CSR activities by the tobacco industry and its vested interests.

8. Do not give special privileges or incentives to the tobacco industry and remove existing privileges or incentives that had been given to the tobacco industry such as, but not limited to inter alia tax holidays, duty free status, free port zone privileges, investment incentives, tax incentives or reductions.

9. Treat state-owned tobacco industry in the same way as any other tobacco industry.

10. Work toward requiring all government officials to declare and divest their interest in the tobacco industry and prohibit government officials from working/consulting for the tobacco industry within 5 years of leaving the government service.

11. Work toward requiring the tobacco industry to disclose marketing, political, philanthropic, and lobbying activities and related expenditures or contributions and apply strict penalties for non-compliance or false or inaccurate submissions.

VI. Regional Collaboration

To further strengthen ASEAN collaboration to protect public health policy from tobacco industry interference, joint multi-stakeholder and multi-sectoral consultations with relevant non-health sectors should be done at the level of working groups in ASEAN. Outcomes from the joint working groups’ consultations can be further discussed through joint consultations at the level of Senior Officials. This should lead to further identification and prioritisation of collaborative work on common areas of interest. Outcomes from the joint SOM should then be adopted and endorsed in the official meeting of the respective SOM. This will ensure involvement and participations of various ASEAN sectors in managing a multi-factorial issue of tobacco control and tobacco industry interference.

As each Member State moves forward to protect public health policy from tobacco industry interference, the region will continue to collaborate and build upon each other’s experience.

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1 ASEAN Report Card on Tobacco Control, www.seatca.org
3 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, New York, 11 September 2011
4 WHO FCTC Article 5.3 Guidelines, Recommendation (8), WHO Framework Convention on Tobacco Control
5 The Southeast Asia Tobacco Control Alliance has set up an industry surveillance system, which monitors and counters industry lobbying activities in the ASEAN region. This facility can be used by ASEAN governments as a source of information.
AFPTC SHARES PICTORIAL HEALTH WARNING (PHW) IMAGES

Article 11 of the WHO Framework Convention on Tobacco Control (WHO FCTC) requires Parties to the Convention to implement large, rotating health warnings on all tobacco product packaging and labelling. Pictorial health warnings on tobacco packages are a cost-effective means to increase public awareness about the dangers of tobacco use. Guidelines for Article 11 of the WHO FCTC recommend that Parties should mandate full color pictures or pictograms, in their packaging and labelling requirements.

Most of the ASEAN Member States are signatories to the WHO FCTC and thus, has national policies to implement Article 11. Health warnings are required on all tobacco product packaging for retail in most of the AMS. The graphic health warnings provide a strong and confronting message to smokers about the harmful health effects of tobacco products and convey the ‘quit’ message every time a person reaches for a cigarette. The graphics, in combination with the warning statements and explanatory messages, are intended to increase consumer knowledge of health effects relating to smoking, to encourage cessation and to discourage going back to smoking habit.

The ASEAN FOCAL POINTS ON TOBACCO CONTROL (AFPTC) has established a database of images used for pictorial health warning from AMS already requiring the picture health warning on tobacco products, so that other countries need not develop their own images and may use those already proven effective images developed and willing to be shared by other AMS. AFPTC has likewise developed the flow chart shown below for public health warning image sharing, as endorsed by the 8th SOMHD:

AFPTC PICTORIAL HEALTH WARNING (PHW) IMAGE SHARING MECHANISM

1. Receive request from interested country or party
2. Determine the purpose of the request i.e. either for advocacy or official use as PHW?
3. For Advocacy
   - Inform country of origin
4. For Official use as PHW
   - Inform country of origin
   - Facilitate signing of copyright-free use agreement / issuance of permission letter
   - Provide high-resolution image(s)
   - Provide sample of image(s)
1. An interested country or party may directly contact a country of origin for requests of use of images. Any discussions or negotiations can be made directly between the country of origin and the requesting country or party. The country of origin may wish to share the information regarding the request with Brunei Darussalam (Lead Country) and SEATCA (repository of images used as PHW in ASEAN).

Requests that are received through Brunei Darussalam or SEATCA will be coordinated and facilitated by SEATCA. The number of requests received by Brunei Darussalam and SEATCA will be taken as the indicator for the usage of the AFPTC Pictorial Health Warning (PHW) Image Sharing Mechanism.

Request for use of images is sent to SEATCA yenlian@seatca.org with cc to ASEAN Secretariat michael.glen@asean.org and Brunei Darussalam anie.rahman@moh.gov.bn

2. Intended use of image requested is determined (for advocacy or official use as PHW).

3. For advocacy: SEATCA will inform country of origin of the request and provides sample of image(s) to the requesting party.

4. For official use as PHW:
   i) SEATCA will inform country of origin of the request.
   ii) SEATCA will facilitate the signing of the copyright-free use agreement between country of origin and requesting party OR the issuance of permission letter by country of origin.
   iii) SEATCA in collaboration with country will provide the high resolution image(s) to the requesting party.

AFPTC RECOMMENDS FOR PROTECTION OF ASEAN PEOPLE FROM EXPOSURE TO TOBACCO SMOKE

Exposure to tobacco smoke causes death, disease and disability. In order to protect its people from the dangers of tobacco smoke, it is the duty of each ASEAN Member State to adopt and implement effective measures, providing protection for its people from exposure to tobacco smoke.

The following recommendations were developed by the ASEAN Focal Points On Tobacco Control (AFPTC) based on the WHO FCTC guidelines for the implementation of Article 8, which serves as the gold standard for providing protection from exposure to tobacco smoke. The objectives of these recommendations are to assist Member States in formulating and implementing a 100% Smoke-Free Environment Policy and in planning for effective enforcement strategies for the smoke-free policy.

In formulating and implementing a 100% Smoke-Free Environment, the following principles are recommended:

A. Enacting Effective Smoke Free Legislation

Legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke-free policies can be complementary to legislations as they mobilize the communities/workplaces to advocate for 100% smoke-free environments.

Effective measures to provide protection from exposure to tobacco smoke require the total elimination of environmental tobacco smoke in a particular space or environment in order to create a 100% smoke free environment. No smoking room should be allowed. Effective smoke-free legislation should at least cover all indoor workplaces, indoor public places and public transport. ASEAN Member States (AMS) should consider expanding smoke-free legislation to cover other public places.

Existing non-smoking provisions should be strengthened and expanded with the aim to achieve a 100% smoke free environment. If necessary; such actions may include new or amended legislation, improved enforcement and other measures to reflect new scientific evidence and best practices.
B. Implementing Smoke Free Legislation

Good planning and adequate resources are essential for successful implementation and enforcement of smoke free legislation.

Civil society should be included as a partner in the process of developing, implementing and monitoring legislation; in order to build support and ensure compliance with smoke-free measures.

The implementation of smoke free legislation, its enforcement and its impact should be monitored and evaluated.

Smoke-free legislation can be implemented in phases. For example, the first phase could include indoor and public places: hospital and health facilities, school and educational facilities, office premises, religious institutions, public transport, public transport terminals, shopping complex, and air conditioned restaurants. In the second phase, smoke-free legislation could be extended to include: non air conditioned restaurants and eating places, shops and shopping complexes, hotel lounges, entertainment outlets and stadiums. Smoke-free legislation should also be expanded to other public places such as: markets, night market, parks, beaches and tourist destinations.

Indoor public places should be smoke-free. In certain situations where smoking areas need to be determined, the criteria should be: only for outdoor settings, should not be advertise or glamourize smoking in any way away (at least 5 meters) from high visibility areas and/or any building entrance/exits or other external openings (e.g. windows) and clearly demarcated with proper signage.

C. Strategic Planning for the Enforcement of Smoke-Free Policies

The following elements are recommended for effective enforcement of the smoke-free policies:

Ensuring Compliance

These include informing the people (smokers, non-smokers, premise owners) on non-smoking areas through display of signages, penalties associated with violations, informing violations/ feedback mechanism and removal of smoking cues (e.g. ashtray)

Likewise, this calls for setting out the duties of premise managers, which include: (a) the removal of visual cues associated with smoking (e.g. ashtrays), (b) supervision of the area, if smokers are found on the premise, managers/staff should take action to ask the smoker to (i) stop smoking or (ii) leave the premise. Services may be withheld/discontinued for unrepentant smokers, (c) ensuring sufficient non-smoking signs (include reporting number and maximum penalties), (d) providing information/access to smoking cessation services for smoking staff, and, (e) contacting the law enforcement agency when needed

Empowering The Public

Through strategic communication with the public to: (a) Encourage them to advice smokers to refrain from smoking at smoke-free places and report any violations using the reporting number (e.g. Hotline No.); (b) Educate and inform them of the harmful health effects of environmental tobacco smoke, the importance of smoking bans and the benefits of quitting smoking; (c) Ensure smokers are aware of the areas where smoking is prohibited/allowed; and, (d) Encourage non-smokers to play an active role to remind their family, relatives and friends who are smokers to be socially responsible so as to denormalize the smoking habit.

Determining Penalties

Penalties should be set out for (i) premise owners/managers and (ii) errant smokers. It is recommended that the nature of penalties, subject to national laws, should include the following: (a) Compounding of fines; (b) Include the option to charge in court with possibility of jail sentences and community service (e.g. Corrective Work Order) for recalcitrant offenders; and (c) Consider suspension of business licenses

Setting Up An Enforcement Infrastructure:

In setting up an enforcement structure, the following are recommended: (a) Identify responsible agency for enforcement including multi-agencies enforcement efforts; (b) Develop and disseminate reporting mechanism; (c) Training and empowering of stakeholders (i.e. inspectors, premise managers etc.); (d) Monitor enforcement efforts; and (e) Active prosecution of violators.
AFPTC RECOMMENDS EFFECTIVE TAX AND PRICE MEASURES ON TOBACCO PRODUCTS

Although consumption of tobacco products has fallen in some ASEAN countries, still a majority are experiencing an increase or a plateau in their tobacco consumption patterns. The most effective way to curb consumption, supported by a solid body of evidence, is to implement tax and price measures. The effective tax and price measures will definitely reduce demand for tobacco consumption thus reducing the economic burden related to tobacco use and it will generate the needed revenues of ASEAN countries.

The ASEAN Focal Points on Tobacco Control (AFPTC) developed several recommendations for AMS to put in place country appropriate price and tax measures. These recommendations are outlined below:

Share lessons learned and best practices

AMS should regularly share best practices and lessons learnt in order to strengthen the capacity of tax administrations to implement and develop effective tax regimes to decrease tobacco consumption throughout the region.

Address affordability and inflation

In low and middle-income countries, the consumption of tobacco generally increases with increasing income. In the ASEAN region, many Member States countries are undergoing rapid social and economic development. This has resulted in cigarettes being steadily more affordable over the years as people’s incomes have increased. Vietnam, for example, has recently moved from low-income to low-middle income status in 2010 and this has been accompanied by an increase in per capita GDP and real income which translates into increased purchasing power. Tobacco control (Tax measures) measures will need to keep pace with economic growth to minimize the disparity between cigarette prices and affordability.

In addition, the World Bank recommends an effective tax incidence rate of approximately two-thirds to four-fifths of the retail price of cigarettes. To date, only Thailand (70%), Brunei Darussalam (70%) and Singapore (69%) meet this recommendation. The countries in the rest of the region have tax incidence rates ranging from 19% (Lao PDR) to 53% (Philippines) therefore they fall significantly short of World Bank recommendations1.

In summary, the majority of ASEAN countries have the potential to accommodate significant increases in tax to decrease tobacco consumption and increase tax revenues in accordance to World Bank recommendation of approximately 67%. Countries should refer to international standards, such as the World Bank recommendations, to guide their target tobacco tax incidence rates. Tobacco taxes should be set high enough and regularly reviewed so that they are responsive to inflation and real incomes with the aim to reduce affordability.

Ensure stable and reliable funding for tobacco control and health promotion efforts

The revenue generated from tobacco tax in the ASEAN region has generally risen in all ASEAN countries over the past decade. In fact, revenues have increased despite increases in tax in many countries. This represents a unique opportunity to exploit this reliable source of revenue to address public health issues related to tobacco use. Thailand, for example, has established a health promotion fund to conduct health promotion campaigns to address a number of public health issues which is derived from a 2% tobacco surcharge tax. Other countries outside of ASEAN, Mongolia, for example, are following suit.

Where resource constraints are present such that stable and reliable funding is a challenge, revenue generated from tobacco taxes should be allocated for tobacco control or health promotion efforts. If this is applied in unison with increases in tax then more substantial decreases in tobacco consumption would occur. If on the other hand, sufficient and sustainable resources are available then States should ensure that health promotion efforts are effective.

Tobacco taxes should be structured to minimise the costs of compliance and administration while ensuring that the desired level of tax revenue is raised and health objectives are achieved.

All ASEAN Member States impose excise taxes on tobacco products, using either specific (a fixed amount based on a quantity, such as number of cigarettes per pack, or weight) or ad valorem (a percentage of a certain base value) taxes, or a combination of the two (mixed system). As ad valorem tax is often expressed as a proportion of the manufacturer’s price,
manufacturers may intentionally undervalue their products at a lower price in order to reduce the taxable value of products, resulting in lower revenues for the government. In addition, ad valorem taxes create a price gap between premium-priced brands and low-priced cigarettes. This increases the potential for people to switch down from premium brands to much cheaper brands in light of an increase in tax, which defeats the public health objective of tax increases.

ASEAN Member States that adopt an ad valorem tax structure should consider including a minimum specific tax floor (mixed system) or shifting to specific taxes. This will reduce the price gap between premium and low priced cigarettes and keep prices high in order to reap the greatest public health benefits.

Ad valorem tax should be based upon retail price. If an ad valorem tax structure is adopted, then the tax base should be based upon the retail price in order to prevent undervaluation.

**Harmonize tobacco taxes for smoked and smokeless products**

As pointed out by WHO, minimization of incentives for tobacco users to switch to cheaper brands or products in response to tax increases should also be addressed. Therefore, countries should harmonize tobacco taxes for all tobacco products, regardless of unmanufactured, smoked or smokeless products. This will also send a signal to tobacco retailers and users that all tobacco products are harmful, irrespective of conventional cigarettes or less commonly used smokeless tobacco products.

**Conduct regular surveillance to ensure tobacco products sold in the market are duty-paid**

WHO has advised that tax administrations should be improved to reduce opportunities for tax avoidance and tax evasion, and to ensure that tax increases meet health objectives and generate revenue. Contrary to industry claims that illicit trade is linked to price, there is enough evidence to show that high income countries where the price of tobacco is high have lower levels of illicit trade than in low income countries where the price of tobacco is low. However, countries should be vigilant and conduct periodic surveillance checks on the tobacco retailed in the markets to ensure that they are duty-paid. Having an effective monitoring system of traded tobacco products will deter potential supply of contraband products and maximise the impact of tax increases. Countries should strengthen anti-smuggling measures, including through greater cooperation among ASEAN Member States.

In summary, tobacco tax policies are an effective means to protect public health whilst at the same time generating revenue for governments. Tax measures should ensure that the real price of tobacco products are aligned to tobacco consumption patterns in individual countries.

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The Association of Southeast Asian Nations was established on 8 August 1967. The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

General information on ASEAN appears online at the ASEAN Website: www.asean.org

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Since its adoption by the 10th ASEAN Health Ministers Meeting in Singapore in 2010, the ASEAN Strategic Framework on Health Development (2010-2019) has been becoming the main guiding document for ASEAN regional cooperation in the health sector. This framework provide direction for ASEAN Health Subsidiary Bodies under the Senior Officials Meeting on Health Development (SOMHD) to develop their respective work plans.

Several work plans of the ASEAN Health Subsidiary Bodies include activities on exchange information through establishment of websites/homepages/social media with specific focus areas, among others are:

- ASEAN Food Safety Network: [www.aseanfoodsafetynetwork.net](http://www.aseanfoodsafetynetwork.net)
- ASEAN Plus Three Emerging Infectious Diseases (EID) Website: [http://www.aseanplus3-eid.info/](http://www.aseanplus3-eid.info/)
- ASEAN Plus Three Field Epidemiology Training Network (FETN) [http://www.aseanplus3fetn.net](http://www.aseanplus3fetn.net)
- Tobacco Year End Report Online which available in the [http://smokefreeasean.seatca.org](http://smokefreeasean.seatca.org)
- Section of ASEAN Task Force on Traditional Medicine in the Global Information Hub on Integrated Medicine, [http://www.globinmed.com/](http://www.globinmed.com/)
- ASEAN Mental Health Task Force website: [www.amt.dmh.go.th](http://www.amt.dmh.go.th)