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Ministerial Round Table:

Accelerating implementation of WHO FCTC in SEAR

In the South-East Asia Region, 10 countries have tobacco control legislation in line with the WHO Framework Convention on Tobacco Control (WHO FCTC) and have implemented its provisions. However, they need to accelerate their activities to meet the global target of 30% reduction in tobacco use by 2025.

The High-Level Preparatory (HLP) Meeting held in the WHO Regional Office in New Delhi from 29 June to 2 July 2015 reviewed the attached working paper and made the following recommendations:

**Actions by Member States**

(1) Adopt and enforce tobacco control laws, rules and regulations.

(2) Enhance awareness on hazards of all types of tobacco products, effective control measures to reduce tobacco consumption and counter interference by tobacco industry in tobacco control measures.

(3) Strengthen taxation systems on tobacco products in Member States to reduce tobacco consumption and increase government revenues.

(4) Enhance surveillance, research and cessation of tobacco use.

**Actions by WHO**

Support Member States in:

(1) Countering tobacco industry interference with tobacco control;

(2) Conducting multisectoral workshops to accelerate implementation of WHO FCTC;

(3) Disseminating information on hazards of smokeless tobacco use, electronic cigarettes and other emerging products, measures to regulate them; and

(4) Conducting more studies on the economic impact of tobacco use.

The working paper and HLP recommendations are submitted to the Ministerial Round Table to be held during the Sixty-eighth Session of the Regional Committee for its consideration.
Introduction

1. The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global health treaty negotiated under the auspices of WHO. It establishes tobacco control as a priority on the public health agenda and provides an evidence-based tool for adoption of sound tobacco control measures. WHO FCTC entered into force on 27 February 2005. Out of the 11 Member States in the Region, 10 are Parties to WHO FCTC and are using it as a framework in the development and implementation of tobacco control legislation. Timor-Leste is in the process of enacting the law. Although Indonesia is not a Party to the Convention yet, it has enacted and implemented several tobacco control laws, in line with the provisions of WHO FCTC.

2. The Political Declaration of the United Nations High-Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs), 2011, identified tobacco use as one of the four major risk factors for NCDs. The WHO Global Action Plan for the Prevention and Control of NCD 2013–2020 highlighted four cost-effective tobacco control interventions as “best buys” to tackle the NCD epidemic. Measures to ensure reduction in tobacco use include: protecting people from second-hand smoke through national “100% smoke-free” legislation; offering help in quitting tobacco use; warning people about the dangers of tobacco use; enforcing bans on tobacco advertising, promotion and sponsorship; and raising tobacco taxes on all tobacco products.

3. To address the tobacco epidemic and its impact on NCD-attributable morbidity and mortality, a 30% relative reduction in the prevalence of current tobacco use in persons aged 15 years and over by 2025 (using 2010 as a baseline) was unanimously declared as a global voluntary target in the UN High Level Meeting. The Global Status Report on NCD 2014 reiterated that most countries have already engaged in strengthening their tobacco control measures, leading to the accelerated implementation of WHO FCTC, which would enable them to reach this target. Accelerating WHO FCTC implementation has been identified as one of the means to achieve Sustainable Development Goals in the post-2015 development agenda, to be later agreed during its remaining development process.

Current situation

4. The South-East Asia Region is among the major producers and consumers of tobacco and tobacco products. Recent estimates show that about 250 million smokers and the same number of smokeless tobacco (SLT) users reside in the Region. About 1.3 million people die annually due to tobacco use in the Region. The Global Status Report on NCD 2014 stated that the regional average of prevalence of current smoking in SEAR is estimated at 32% for males and 3% for females in persons aged 15 years and over. Tobacco use among adult males ranges from around 34% in Bhutan to 74% in Myanmar. It was 20% or more among women in Bangladesh, India and Myanmar (See Figure 1). The use of SLT is widespread, most commonly in Bangladesh, India, Myanmar and Nepal.
5. Tobacco use among 13–15 year olds is increasing and is a major concern in several countries of the Region. Considering the latest available Global Youth Tobacco Survey (GYTS) data, current tobacco use was high in Timor-Leste (42%), Bhutan (30%), Indonesia (20%) and Nepal (20%). In all the Member States, prevalence rates for boys were significantly higher than for girls. (See Figure 2).

**Figure 1:** Prevalence of current tobacco use among adults in selected Member States of the South-East Asia Region
Figure 2: Percentage of current tobacco users among youth in selected Member countries of South-East Asia Region

Source: Global Youth Tobacco Survey 2003-2014

6. Various types of highly toxic and addictive SLT products are used in the countries of the Region and in India, overall-cause mortality due to them is estimated to be over 350 000. In most Member States of the Region, overall- and specific-cause mortality attributable to SLT products needs further study and documentation. SLT is not given due importance by health professionals, policy-makers and other stakeholders of tobacco control. There is a need to formulate and implement specific interventions on SLT and to enhance SLT-related research.

7. Bringing about a thirty percent relative reduction in the prevalence of tobacco use in many countries of the Region is a major challenge due to the double burden of tobacco use and its complexity.

8. Evidence shows that weak law enforcement, particularly on smoke-free public places, is a common drawback in many Member States. This leads to the prevailing high level of exposure to second-hand smoke. GYTS data show that more than one third of 13–15 year old students are being exposed to tobacco smoke either at home or in enclosed public places. Exposure to second-hand smoke among students in enclosed public places was very high in Indonesia (60%) in 2014 and Timor-Leste (70%) in 2013. Global Adult Tobacco Survey (GATS) and NCD Risk Factor Survey findings show that a significant proportion of adults in many countries of the Region were exposed to second-hand smoke in homes as well as in workplaces.

9. The survey reports also indicated weak enforcement in regulation; tobacco marketing strategies, including advertisements, promotion and sponsorship; exposure of children, youth
and adults to tobacco advertisements through all forms of media; and non-inclusion of advertising prohibition at point of sale and through electronic media in the tobacco legislation of most countries. With India and Indonesia belonging to the top ten producers of tobacco globally, tobacco industry interference with tobacco control is a major challenge in the Region. The industry manipulates the enactment of legislation, threatens governments with law suits and litigation and tries to gain public respect by associating with numerous corporate social responsibility activities.

**Current response/progress**

10. The WHO Regional Office for South-East Asia works closely with WHO Headquarters and country offices to coordinate with the ministries of health, finance, education and other relevant sectors and civil society to accelerate implementation of WHO FCTC. A regional meeting on implementation of WHO FCTC was held in Bhutan in July 2011 and country-level meetings were held in the Democratic People’s Republic of Korea, Maldives and Myanmar during 2013–2014. Guidelines on the implementation of WHO FCTC were developed and disseminated widely. Data on ‘best buys’ interventions were collected regularly to be published as the “Global Report on Tobacco Control” (GTCR) by WHO Headquarters. A regional profile on the implementation of WHO FCTC was published in 2012, and updated in August 2015. Advocacy materials were printed and distributed among Member States during World No Tobacco Day and upon request by the countries.

11. Smoke-free public place laws have been implemented in almost all countries of the Region. Most of these are relatively comprehensive, but still allow designated smoking areas/rooms and are yet to achieve 100% smoke-free indoors. Taxation is a tool that can be used by governments to increase its revenue and at the same time decrease consumption, especially among the poor. The total share of all taxes in the cigarette retail price varies from country to country. Data show that Bangladesh, Sri Lanka and Thailand were among the countries with total tax share exceeding 70% of the retail price threshold in 2014. WHO works with the ministries of finance in Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand to increase tobacco taxes and improve taxation systems. A regional profile on tobacco taxes was published in 2014. Good progress is seen in graphic health warnings in Bangladesh (50% of package surface), India (85% to be implemented), Indonesia (40%), Nepal (90%), Thailand (85%) and Sri Lanka (80%).

12. GYTS has been conducted in 10 countries of the Region, Global Adult Tobacco Survey (GATS) in four countries and NCD STEPs survey in six countries. Tobacco questions in surveys (TQS) had been used in nationwide surveys in seven countries. Surveys conducted in 10 Member States were published and disseminated widely. A special issue of the Indian Journal of Cancer was published in December 2014 on SLT. A publication entitled “Smokeless tobacco and public health in India” is in the final stage of editing. Research studies on SLT use and its implications as well as health-cost studies were supported in different Member States. Resources have been mobilized for strengthening capacities in countries of the Region in the areas of surveillance and tobacco control efforts.
13. A regional meeting on countering tobacco industry interference was conducted in 2013 followed by national workshops in Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka. A regional workshop on trade and tobacco was conducted in 2012 followed by a national workshop in Thailand in 2014. Health professionals from Member States were trained on tobacco cessation and support provided to countries for establishing tobacco cessation clinics and a quit line. Support was provided to the National Tobacco Control Conference in India (2014) and National Summit to eliminate tobacco use in Sri Lanka (2015).

Challenges

14. Some of the challenges are given below.

- **Challenges in demographic and sociocultural contexts**: Tobacco use, in all forms, is deep-rooted in the Region, resulting in high sociocultural acceptance. Economic growth resulting in higher disposable income and an increasing younger population have made the Region an emerging market for the tobacco industry.

- **Challenges in enforcing tobacco control**: Major legal loopholes in tobacco control laws in many countries of the Region allow the tobacco industry to take advantage and continue to expand the tobacco epidemic. Amendment processes are lengthy and face obstruction by the industry. Law enforcement as well as surveillance and monitoring mechanisms are weak in most countries.

- **Challenges in tobacco products and their marketing**: Countries of the Region have a large high variety of tobacco products, which may require different control approaches. Use of traditional SLT products, e-cigarette, roll-your-own cigarettes, and illegal tobacco are rampant in the Region. Co-use and switching across tobacco product types and brands are common.

- **Challenges in tobacco control infrastructure**: Continuous political commitment, multisectoral coordination, and cross-country collaboration are essential in effective control. Availability and competence of human resources, adequacy and robust management of financial resources, as well as an effective information system are the fundamental building blocks for sustainable tobacco control in the Region. Limited research, particularly in the area of SLT use, the impact of graphic health warnings, alternative livelihood, societal cost of tobacco use, social return of tobacco control interventions, and illicit trade, as well as paucity of surveillance data could hamper efforts to accelerate the implementation of WHO FCTC in the Region.

- **Challenges in managing tobacco industry interference**: The influence of the tobacco industry to protect its profitability can be seen at every stage of the tobacco control policy process, particularly taking into account the market growth and number of potential customers in the Region. Countries may have limited capacity to address any potential impact of trade and economic agreements on tobacco control. Diversity in tobacco products challenges harmonization in regulations and taxation, letting users switch from one type of tobacco to another whenever there is an increase in taxes or a stringent law is adopted.
Conclusions and recommendations

15. Good progress is seen in Member States of the Region, although much more needs to be done to achieve the global and regional target of 30% reduction of tobacco use by 2025.

16. More work is needed in many countries to formulate, enact and enforce effective tobacco-control measures based on WHO FCTC. This includes expanding activities to implement “best-buy” demand-reduction measures at the highest level of achievement, where they have not been yet implemented; reinforcing and sustaining existing programmes to incorporate a full range of measures; and, ultimately, implementing the full WHO FCTC. Adoption of laws, rules and regulations, amending laws when needed, training of law enforcers, nationwide media and advocacy campaigns are important measures to enhance tobacco control in countries. Surveillance and research should be strengthened.

Way forward (for Member States)

17. Address issues pertaining to tobacco in the global and regional action plans on NCD prevention and control in a comprehensive manner, giving particular attention to efforts to achieve the target of 30% reduction in tobacco use by 2025.

18. Enhance awareness campaigns on hazards of all types of tobacco products and best buys to reduce tobacco and countering tobacco industry interference.

19. Ensure adoption and enforcement of tobacco control laws, rules and regulations as required.

20. Strengthen taxation systems in Member States to reduce tobacco consumption and increase government revenues and implement measures for innovative financing for tobacco control.

21. Strengthen surveillance and research.