



**Strategic Action Plan  
for Tobacco-Free Initiative  
in the South-East Asia Region  
(2010-2015)**

**TFI**  
Tobacco Free Initiative

 **World Health  
Organization**  
Regional Office for South-East Asia

# Strategic Action Plan for Tobacco-Free Initiative in the South-East Asia Region (2010-2015)

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Printed in India

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# Part I - Background and Analysis

## Background

Tobacco use is the leading preventable cause of death globally. The health, social and economic burdens of tobacco use are devastating. If current global trends continue, it is estimated that tobacco will kill more than 8 million people annually by 2030, and three quarters of these deaths will be in low- and middle-income countries.

Some of the largest and most complex tobacco control environments in the world can be found in the South-East Asia Region - notably in four countries Bangladesh, India, Indonesia and Thailand. Currently 5.4 million people die every year globally from tobacco use, out of which 1.4 million die in the South-East Asia Region alone. More than 100 000 people die tobacco-associated disease each month in this Region.

The Region is amongst the largest producers and consumers of tobacco products and the widespread use of smokeless tobacco products in the Region makes the tobacco control situation and the “anti-tobacco/anti-smoking” efforts even more complicated. The Region hosts more than half of the world’s poor and is also one of most TB prevalent regions globally. Both poverty and TB are closely linked to tobacco use and smoking - a new dimension for tobacco control.

Controlling tobacco is also a social and economic challenge and opportunity beyond the traditional health sector and poverty/development approaches. To have a positive and significant impact on the health and wellbeing (economically and socially as well) of entire populations, controlling tobacco through a joint, innovative, multi-sectoral vision and response will be critical.

One third of the world's smokers reside in the South-East Asia Region. Compared with the other five WHO Regions, the South-East Asia Region has the greatest number of tobacco users (particularly of smokeless tobacco), the highest rates of male smoking prevalence and the fastest increase of tobacco use uptake by women and young people. Recent

research shows that more than 60% of students aged 13–15 years surveyed in the Region had been recently exposed to second-hand smoke at their homes and in public places.

## **Situational Analysis**

This *Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010-2015)* reaffirms the vital importance of the World Health Organization's Framework Convention on Tobacco Control (FCTC) in protecting public health in all countries. The WHO South-East Asia Region (SEAR) has yet to achieve 100% ratification by eligible parties to the WHO FCTC. Parties are at various stages of implementation, and the challenge is to move towards ratification and then implementation of the treaty in all countries. Ten out of 11 Member States of the SEA Region are parties to the WHO FCTC and, eight (Bangladesh, Bhutan, DPR Korea, India, Maldives, Myanmar, Sri Lanka and Thailand) have comprehensive tobacco control legislation in place. Nepal has issued cabinet order on Tobacco Control while two countries (Timor-Leste and Indonesia) are in the process of developing legislations. Indonesia is yet to become a signatory to the WHO FCTC but its parliament has approved, in November 2009, a Health Bill declaring tobacco an addictive substance.

Increasing progress has been made in areas related to Articles 6, 8,11,13,14 and 15 of the WHO FCTC in most Member States of the Region.

Monitoring and evaluation of tobacco control in the Region is carried out through following up the trends in tobacco use and of the change in tobacco control policies through the Global Tobacco Control Report (GTCR) and various surveys as part of the Global Tobacco Surveillance System (GTSS).

In 2008, WHO identified a package of six policies for cost-effective and evidence-based demand reduction for tobacco products. The package (with the acronym MPOWER) is a platform to support WHO FCTC implementation in countries and includes: (1) monitor tobacco use and prevention policies; (2) protect people from tobacco smoke; (3) offer help to quit tobacco use; (4) warn about the dangers of tobacco; (5) enforce bans on tobacco advertising, promotion and sponsorship, and (6) raise taxes on tobacco.

The resolution on tobacco control adopted by the sixty-first session of the Regional Committee in 2008 clearly reflects the momentum and commitment that has been fostered in all the South-East Asia Member States. All WHO country offices in South-East Asia Region have a tobacco control focal point. There is very active collaboration between these offices and the tobacco control focal units/persons in all Member States. In many countries close collaboration is also observed with NGOs and research institutes working in the area of tobacco control. Tobacco control policies have seen important developments and the activities/workshops organized by WHO in collaboration with the government and nongovernmental organizations have ensured momentum for adequate enforcement and compliance.

Since the inception of the Bloomberg Initiative (BI), the WHO Regional Office for South-East Asia (SEARO) has been providing regional and in-country leadership and using the opportunity provided by the Initiative to support growing national capacity for tobacco control as well as monitoring the progress of implementation of the Initiative. The Initiative is expected to supplement and complement the regional tobacco control efforts and also to support countries to effectively implement the WHO FCTC. The Grant Mechanism has been an important source of funds for tobacco control in the BI focus countries (Bangladesh, India, Indonesia and Thailand) and in Sri Lanka and Nepal which have been the only non-BI focus countries that have received grants in this Region. Bloomberg Initiative annual reports have been produced and disseminated across the Region to share the experiences of the four Bloomberg focus countries.

World No Tobacco Day (WNTD) is observed in all the Member States of the Region. SEARO develops Information, Education and Communication (IEC) materials and provides assistance to countries to observe the day and to disseminate the theme throughout the year. SEARO also publishes a quarterly TFI newsletter which is distributed to the main tobacco control stakeholders in the Region. SEARO is also providing support to help countries understand and develop country profiles on tobacco control.

Work has also been done in the area of generation of economic analysis for policy change. Countries, with WHO support, have started to reach-out to the ministries of finance and others to advocate for an increase

in tobacco taxation. In Bangladesh, a health cost study was carried out and the findings have been used as advocacy for adoption of the Bangladesh Tobacco Control Act. In India, work is being done in the area of crop substitution and alternate vocations for bidi rollers. In Indonesia, efforts are underway to simplify the tax structure and to see the viability of crop substitution for tobacco growers.

Despite considerable progress, some significant challenges remain to be addressed in the programme.

In Member States in the Region, implementation of different provisions of the WHO FCTC need stronger political commitment, sufficient funding and adequately trained human resources. In many countries, legislation while in place requires extensive amendment to be fully compatible with the WHO FCTC, especially in the areas of regulation of the contents of tobacco products and regulation of tobacco product disclosures, restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public, cross-border advertising and illicit trade. Enforcement remains an important challenge in all policy interventions especially in areas of sale to and by minors, smoke-free provisions, health warning labels, ban on tobacco advertisement, promotion and sponsorship and illicit trade. Training of personnel and adequate funding for implementation of cessation services need to be adequately and consistently available in the countries. There is high tax differentiation among different tobacco products in the Region, facilitating product substitution. Tobacco taxation has increased mainly on cigarettes and in general has not taken into account the inflation rate.

For most countries in the Region tobacco surveillance is donor-dependent and there is a lack of funding to monitor tobacco use. Lack of funds for repeat GATS in future will impede any analysis of the tobacco use trends unless Member States invest in this area. GATS needs to be appropriately integrated within the national surveillance system to ensure long-term effective and sustainable surveillance of tobacco use and trends. A monitoring and evaluation system to monitor the effectiveness of TFI activities at country level should be established.

The tobacco industry continues to exert great influence in the Region. It is impeding implementation of tobacco control Policies by creating confusion among different stakeholders and through litigations etc.

Evidence-based research, advocacy for policy change and legislative support needs to encompass both outreach for education to policy makers about the benefits of tobacco control and also to counteract the negative influence of the tobacco industry. Funding to undertake research is not easily available despite the fact that a few countries have skilled researchers to generate more evidence-based research which can influence policy issues. Research in tobacco control also needs to be integrated with other social research in the Region.

Public awareness and education for tobacco control address only a limited portion of the population. The general public continues to lack awareness and understanding about the harmful effects of tobacco use, particularly smokeless tobacco, on health as well as on family economics. Control of international advertising, surrogate advertising and e-mail-based advertising is still a weak point throughout the Region. Funding to carry out awareness raising programmes is fundamental to counter the marketing tactics of the tobacco industry. More awareness needs to be created among policy makers, relevant stakeholders and the public on the need for tobacco cessation activities.

Despite political commitment, the scope of work of the tobacco control units or cells within the ministries of health and the government sector is limited. There is a lack of capacity of the tobacco control cells/units and a lack of political capital in the ministries of health to ensure enactment, amendments of legislation or issuance of regulations. This is mainly due to the fact that tobacco control is not considered a priority area vis-à-vis other health areas and vis-à-vis other social and economic issues being faced by the countries. In addition, at regional level, there is a lack of funding to implement substantive tobacco control activities in most countries of the Region. Strategies are required to learn from and share cost-effective best practices among Member States and to build alliances beyond the traditional health sector with other agendas and sectors.

The Region does not have any donor Member State so a strategy to address financing, through accessing domestic resources, aligning and maximizing partner investments and through advocacy for resource mobilization is required.

## **Strategic approach**

In order to systematically address these challenges, this *Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010-2015)* has been drafted as a tool to guide the work of WHO at the Regional level in support of Member States. It is intended to inform partners and donors of the requirements and technical areas where TFI-SEARO will focus its efforts. Actions for WHO will be used to guide the development of biennial work plans (2012-2013 and 2014-2015) and must be seen in the context of the departmental vision of SDE (Department of Sustainable Development and Healthy Environments) at the regional level.

It is hoped that partners and Member States will view the plan as a statement of intent by WHO in the SEA Region and as a commitment to the development of technical support to countries in areas of our natural comparative advantage. TFI-SEARO aims to work in partnership with all likeminded stakeholders to achieve comprehensive tobacco control for the people of South-East Asia and will align its inputs accordingly. This, therefore, is NOT an exhaustive list of all the actions that should or could be taken to effectively control tobacco use in the Region but a working plan of what is possible, given the current context, from the WHO perspective.

The plan does however, call for certain actions by Member States and partners particularly relating to the design, development and strengthening of national legislation and action towards complete implementation of the WHO FCTC. It sets broad indicators that will be used by WHO to monitor and assess progress of the Tobacco Free Initiative across Member States and the Region. The plan also emphasizes the importance of setting nationally relevant targets and indicators.

The plan highlights the need to develop and enforce effective legislation, protect public health policy processes from the interests and interference of the tobacco industry, provide services and information to stop tobacco uptake, maximize synergies and build interagency collaboration and partnership. The final portions of this plan outline the estimated resource requirements and WHO's approach to building sustainable funding for tobacco control in the SEA Region.

## **Part II - The Strategic Action Plan for The Tobacco Free Initiative in the South-East Asia Region (2010–2015)**

**Vision** - A healthy, tobacco-free environment in which the people of the South-East Asia Region can live, learn and work.

**Mission** - To reduce the burden of disease and death caused by tobacco use, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

**Goal** - To strengthen national efforts to catalyse and advocate for full implementation of comprehensive tobacco control activities, in line with the WHO Framework Convention on Tobacco Control.

**Target 2015** - To halt the growth and then to reduce continually the prevalence of tobacco use and exposure to tobacco smoke.

### **Objectives**

- (1) To ensure development and effective implementation of comprehensive tobacco control **legislation** and tobacco control **policies** through the provision of **technical support** and **evidence-based advocacy**.
- (2) To support governments in the provision of information and services to **curb demand and consumption** of tobacco products.
- (3) To maximize potential synergies between tobacco and **other areas of the health and development sector** within governments and the wider development community.
- (4) To strengthen interagency **collaboration and partnership** at country and regional levels to research and address new and emerging issues and to disseminate best practices.

## **Overall indicators by 2015**

- (1) Number of countries who are party to the WHO FCTC
- (2) Number of countries with comprehensive tobacco control legislation/National Tobacco Control Act.
- (3) Number of countries that have developed national action plans, or equivalents, and established or strengthened national coordinating mechanisms, as appropriate.
- (4) Number of countries in the Region that have ratified all WHO FCTC protocols.
- (5) Number of countries having reliable adult and youth tobacco use data.

## **Impact target 2015**

- Prevalence of adults (men and women) and youth (boys and girls) current tobacco use (smoking and smokeless) is reduced by 5% from the 2010 baseline.

## **Strategic actions:**

**OBJECTIVE 1 - To ensure development and effective implementation of comprehensive tobacco control legislation and tobacco control policies through the provision of technical support and evidence-based advocacy.**

## **Implementation of MPOWER policy package**

As mandated by the resolution on Tobacco Control adopted by the Sixty-first session of the Regional Committee in 2008, TFI-SEARO would intensify its efforts to provide technical advice and support to Member States to implement the package in the Region. TFI has been supporting Member States by organizing national-level orientation and training workshops on the MPOWER package. The main goal of the package is to assist the Member States to implement the WHO FCTC effectively, including developing and implementing national tobacco control legislation, policy and plans of action.

To effectively plug gaps in existing legislation, TFI-SEARO will provide support in the clear elements of MPOWER.

- **Monitoring** tobacco control use and prevention policies
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion and sponsorship
- **Raise** taxes on tobacco.

### **Monitoring tobacco use and prevention policies**

TFI-SEARO is working closely with CDC Foundation and CDC to expand Global Adult Tobacco Survey (GATS) in four more countries in the Region in addition to four Bloomberg focus countries. Repeat GATS, Global Youth Tobacco Survey (GYTS), Global Health Professions Students' Survey (GHPSS) would be completed in all countries by 2015. This would strengthen tobacco surveillance in the Region through standardized surveys. Efforts would be made to strengthen and broaden the Global Tobacco Surveillance System (GTSS) and integrating surveillance into existing national surveillance models so that the GATS core sample is mainstreamed into the work of the national statistical office in all countries. Programme and policy workshops that link data to action will be organized on a regular basis and will be used to frame or revise national plans.

### **Advocacy for policy change**

Evidence will be gathered, analyzed and disseminated from tobacco surveillance and from best practices to catalyze new ideas and to drive for full implementation of comprehensive tobacco control activities in the Region. Advocacy will be focused on protection from second-hand smoke, advertising, promotion and sponsorship bans, health warnings on tobacco packages that are in-line with the WHO FCTC and increased taxation. TFI-SEARO will work to inform and educate policy makers about tobacco, build alliances with key stakeholders and use evidence-based advocacy to drive legislative, tax and regulatory change. TFI-SEARO will encourage full participation of all Member States in the WHO FCTC process in line with

their national legal context. TFI-SEARO will identify champions and build a network of influential stakeholders for high level advocacy and to protect public health policy processes from the interests and interference of the tobacco industry.

### **Regional programme indicators and targets**

- Number of countries in the Region become parties to the WHO FCTC (target = 11).
- Number of countries in the Region have comprehensive tobacco control legislation/a National Tobacco Control Act (target = 11).
- Number of countries with national action plans that include appropriate legislative and policy components – in line with WHO FCTC and MPOWER – outlined (target = 11).
- Number of countries that have adopted measures to protect their public health policies from the undue influence of the tobacco industry (target = 11).
- Number of countries with functioning tobacco control cells at national level (target = 11)
- Number of countries who have completed repeat surveys for GTSS (target = 10)
- Number of countries that have mainstreamed GTSS (tobacco control indicators) into national statistical office research architecture/health system (target = 6).

### **Key actions (for countries)**

- (1) *Draft a National Tobacco Control Act including comprehensive and appropriate tobacco control measures and protection against tobacco industry influence.*
- (2) *Draft, review and update national action plans based on evaluation and analysis of GTSS data.*
- (3) *Establish functioning tobacco control cells at national level.*
- (4) *Participate in the WHO FCTC process.*

- (5) *Ensure GTSS is included in the routine activities of the national statistical office.*
- (6) *Identify and work with stakeholders in other ministries.*

**WHO will focus on :**

- Technical support for the development of national tobacco control act and implementing legislation/policy.
- Provision of technical assistance including training and workshops to support the development of national action plans, linking data to action, and MPOWER elements.
- Establishment of adult tobacco use and mortality baselines.
- Support to repeat surveys under GTSS (GATS, GYTS, GSPS, GHPSS).
- Dissemination of data through development of regional profiles.
- High-level advocacy and the creation of a network of regional anti-tobacco champions and leaders.

**OBJECTIVE 2 - To support governments in the provision of information and services to curb the demand for tobacco products.**

**Communication**

TFI-SEARO has developed a *“Communication Strategy for Tobacco Control in the South-East Asia Region”*. TFI-SEARO will ensure operationalization of this strategy and its effective roll-out. TFI-SEARO will prioritize communications approaches that effectively respond to the particular bottlenecks, such as the heavy burden of smokeless tobacco use in this Region. More broadly, it will contribute by providing information and evidence for the design and roll-out of regionally specific and culturally-appropriate IEC, social mobilization and behavioural change communication, particularly in schools. Support will be provided to countries in the implementation of WNTD campaigns through the development of regional profiles and media and communications outreach and to primary prevention through the development of national Tobacco Control Education guidelines. TFI-SEARO will strengthen the capacity of WHO staff in communications techniques and methodology.

### **Offer help to quit tobacco**

As part of an overall tobacco prevention strategy, support will be offered to countries to ensure adequate linkages between behavioural change and IEC work and other services that encourage tobacco users to quit and reduce demand for tobacco products. Technical support will be provided to Member States to support the development of national policy on secondary prevention (cessation guideline). With partners and Member States, technical support will be provided for the development of innovative approaches to the integration of cessation services into primary health and other health care settings that are low cost and effective in the Region's unique environment.

### **Regional programme indicators and targets**

- Number of countries that observe World No Tobacco Day (target = 11)
- Number of countries with a national tobacco control education (communication and behavioural change) plan (target = 6).
- Number of countries with national cessation policy and guidelines (target = 3)
- Number of countries with cessation services fully integrated into primary health and other healthcare settings (target = 3).

### **Key actions (for countries)**

- Develop a national tobacco education (communication and behavioural change) plan.
- Collaborate with other partners, especially nongovernmental organizations and media, to gain support for tobacco control measures.
- Develop a national cessation policy and guidelines.
- Work towards dedicating a significant proportion of the revenue from tobacco taxes to health promotion and tobacco control, including treatment for tobacco dependence.

### **WHO will focus on**

- Technical support (with partners) for the development of national tobacco control education (IEC and behavioural change) plans
- Distribution of the School Tobacco Control Manual (Regional) for Health Promotion and cessation guidelines for physicians and health professionals.
- Support to observe the World No Tobacco Day along with relevant supporting analysis and regionally appropriate materials.
- Increasing capacity to advice and provide technical support to IEC and behavioural change and communications campaigns.
- Technical support, workshops etc for the development of national cessation guidelines.
- Provision of technical advice to support the development and funding of cessation services in Member States.

**OBJECTIVE 3 - To maximize potential synergies between tobacco control and other areas of the health and development sector within governments and the wider development community.**

### **Human resources development**

TFI-SEARO recognizes that one reason for the growth of smoking and tobacco use is the weaknesses of the primary health care system in the Region. In order to contribute to strengthening the health care system and in a very practical sense, health professionals should be well-informed and formally trained about the dangers of tobacco use as well as about tobacco control activities. In the majority of countries in the Region tobacco control activities are neither funded as part of nor integrated into primary health care services. Developing the capacity, including the availability of more systematic training opportunities, for healthcare professionals (including doctors, nurses as well as faith healers and other health care providers with little formal training etc.) to address tobacco use within primary health care services will be a critical and cost-effective way to turn the tide on tobacco use in the Region and lower the tobacco-related burden on the health system.

### **Other noncommunicable diseases**

Efforts by TFI-SEARO should be seen in the context of a strengthened policy agenda for noncommunicable diseases worldwide. TFI will work with and support colleagues in other units in the NDS Department at SEARO on a common agenda to inform, educate and advocate with policy makers for greater commitment to strengthen health promotion, to promote greater integration of NCD prevention into primary health care services, to improve the knowledge of health workers and to strengthen the surveillance system.

### **Gender - maternal and child health**

Controlling the tobacco epidemic among women is an important part of any comprehensive tobacco control strategy. World No Tobacco Day 2010 drew particular attention to the harmful effects of tobacco marketing towards women and girls. Women are a major target of opportunity for the tobacco industry where the industry needs to recruit new users to replace those who die prematurely from tobacco-related diseases. The South-East Asia Region is one of the fastest growing markets for tobacco consumption, particularly among women. There is scientific evidence that tobacco use by pregnant women causes premature, still or low-weight births. TFI-SEARO will build alliances with women's and maternal health groups and underline the fact that controlling smoking and tobacco use should be seen as a part of the agenda for women's empowerment and the achievement of MDGs 1,4 and 5.

### **Communicable diseases, particularly TB**

Tobacco smoking has not been recognized as one of the challenges for TB control, and the successful achievement of the MDG 6 TB targets, where up to 40% of TB cases and deaths are among smokers. The new Stop TB strategy recognizes that prevention of the most frequent risk factors – including smoking - is an important contributor for TB control. TFI-SEARO will support TB/tobacco control collaboration by supporting countries to pilot and advocate the roll-out of the Practical Approach to Lung Health (PAL) (with cessation advice in TB clinics) and as smokers also represent an untapped pool of potential TB cases, supporting efforts to detect TB cases from among identified smokers (quit line etc). Building on TB-tobacco control collaboration, efforts will also be made to support countries to strengthen linkages between tobacco control and HIV/AIDS services.

### **Regional programme Indicators and targets**

- Number of high-burden TB countries in the Region (India, Indonesia, Thailand, Bangladesh and Myanmar) that integrate tobacco control into their national tuberculosis control strategies.
- Number of countries that integrate tobacco control into their women's empowerment and MDG strategies at national level (target = 4).

### **Key actions (for countries)**

- *Assess tobacco training and development needs.*
- *Align national tobacco control action plans with national plans for non-communicable diseases.*
- *Pilot Practical Approach to Lung Health and undertake specific outreach to national TB control programmes.*
- *National consultation on the implications of tobacco for women and girls with key gender stakeholders.*

### **WHO will focus on**

- Technical support for the development and implementation of a health professionals' curriculum and practical training module.
- Integration and alignment with regional and national plans for NDS.
- Development of additional tools and instruments to complement PAL and promote collaboration with TB programmes.
- A MDG 4 and 5 regional consultation on the implications of tobacco use for women's empowerment and child survival.

**OBJECTIVE 4 - To strengthen interagency collaboration and partnership at country and regional levels - to research and address new and emerging issues and to disseminate best practices.**

**Strengthening strategic alliances**

The success of the Tobacco Free Initiative lies in effective collaboration and building partnerships to act against the tobacco epidemic. In this regard, TFI-SEARO attempts to strengthen its collaboration with Member States, professional, government and nongovernmental organizations and WHO collaborating centres.

TFI-SEARO will pay particular attention to developing a seamless partnership and alignment in areas of comparative advantage with key Bloomberg Initiative Partners (The Center for Disease Control Foundation (CDCF) Atlanta, International Union Against TB and Lung Disease (the UNION), World Lung Foundation (WLF), Johns Hopkins Bloomberg School of Public Health (JHBPH) and the Campaign for Tobacco Free Kids (CTFK).

**Strengthening WHO collaborating centres and national centres of excellence**

To disseminate best practices, TFI-SEARO will focus on extensive use of WHO collaborating centres and national institutes for tobacco control activities and strengthen country capacity in the area of tobacco control. The Tobacco Control Research and Knowledge Management Centre (TRC) of Thailand has been designated as WHOCC and efforts will be made to explore the possibility of bringing other national centres of excellence to WHOCC status. In addition to collaborating centres, TFI will continue to work closely with national centres of excellence and institutes for research.

**Building a partnership with the nongovernmental sector**

TFI-SEARO also recognizes the importance that NGOs play in the fight against the tobacco epidemic. NGOs have been involved in advocacy, awareness creation and research for tobacco control. TFI-SEARO will work

with national institutions, including NGOs, as an effective investment in national capacity and to pave the way for self-sustainable programmes at country level. At the regional level, TFI-SEARO will continue to strengthen alliances with, among others, the Framework Convention Alliance (FCA) and the South-East Asia Tobacco Control Alliance (SEATCA).

### **Raise Tobacco Tax**

TFI-SEARO has started working with the World Bank, ADB, Centre for Global Health Research (CGHR), Canada and indirectly with the GATES Foundation through GCHR to intensify work in the area of economics of tobacco control, focusing on raising tax for all tobacco products.

As part of work on the economics of tobacco control, efforts will be made to support new work on supply-side issues:

- **Alternative livelihoods**  
Efforts will be made to promote and provide practical support and advice to countries on the development of schemes to offer alternative livelihoods for tobacco workers, particularly in countries where the tobacco industry is a large rural employer.
- **Illicit trade**  
Member States will be supported to develop effective strategies to bring all tobacco consumption within a framework of effective government legislation and regulation, to ensure that governments are empowered to control the illicit trade of tobacco products and benefit from the taxation to which they are entitled.

### **Regional programme indicators and targets**

- Number of countries with a current list of existing and potential relevant tobacco control partners (target = 11).
- Number of countries with a multisectoral body involving different ministries in tobacco control (target = 6).

- Number of countries that convene annual meetings, at a minimum, with multi-sectoral partners and relevant tobacco control stakeholders to plan and evaluate their national action plans (target = 6).
- Number of countries working towards having all tobacco products subject to excise taxation (target = 11).
- Number of regional Tobacco Control Collaborating Centres (target = 2).

**Key actions (for countries)**

- *Maintain an updated list of existing and potential stakeholders relevant to tobacco control.*
- *Organize a multidisciplinary group/body to develop, implement and monitor a strategy for effective tobacco taxation and pricing that would result in reduction of tobacco consumption.*
- *Document the economic implications of tobacco use at national level.*

**WHO will focus on**

- Provision of an accessible contact database for regional tobacco control partners.
- Bi-annual consultation on a key policy issue with key partners.
- Open, transparent and reliable provision of information, reporting and support to partners and Member States.
- Designation of additional WHO Collaborating Centres.
- Establishment of a regional tax group to advise on increasing tobacco taxes and to develop a regional advocacy tool to increase tax on all tobacco products.
- Technical support to the development of a tool/instrument to be used in countries to estimate the economic implications of tobacco use.

## Part III - Resources, financing and investment

### Resources required - budget narrative

The plan for a total expenditure of US\$ 30.6 million is estimated over the course of the WHO biennium work planning periods to 2015. Staff costs are based on the assumption that there will be four professional staff at the WHO Regional Office (Regional Adviser, Bloomberg Project Officer, Surveillance Officer and Communications Officer plus two senior support staff). At country level, it is anticipated that WHO will support two international project staff (in India and Indonesia) and national programme staff in the four priority countries. No calculation has been made on the cost of focal points not fully dedicated to TFI activities. During the first biennium, activities focus heavily on objective 1. TFI-SEARO anticipates a growing portfolio of activities across all objectives and a corresponding measured increase in activity funding. However, budget figures for the 2012-2013 and 2014-2015 bienniums are provisional estimates. In the 2010-2011 baseline biennium at least 80% of planned expenditure for activities in countries will take place in the four BI focus countries (Bangladesh, India, Indonesia and Thailand). Total funding requirements for the period of the plan are estimated to be US\$ 5.1 million per annum. Total funding mobilized in the biennium 2008-2009 was US\$ 6.9 million. Assuming level funding from existing voluntary donors and access to equal amounts of WHO assessed contributions, the estimated resource available is 75% of the required budget. Advocacy and resource mobilization activities will be required to mobilize the additional funds required and to take on more ambitious projects.

### Estimated Resource Requirements 2010-2015 (In US\$)

Regional Office	2010-2011	2012-2013	2014-2015	Grand Total
<b>Objective 1</b>	1,000,000	1,100,000	1,250,000	<b>3,350,000</b>
<b>Objective 2</b>	200,000	250,000	300,000	<b>750,000</b>
<b>Objective 3</b>	150,000	175,000	200,000	<b>525,000</b>
<b>Objective 4</b>	125,000	150,000	175,000	<b>450,000</b>

Regional Office	2010-2011	2012-2013	2014-2015	Grand Total
Advocacy for RM	100,000	100,000	100,000	300,000
<b>Total Activities</b>	<b>1,575,000</b>	<b>1,775,000</b>	<b>2,025,000</b>	<b>5,375,000</b>
Staffing costs	1,577,000	1,662,000	1,755,000	4,994,000
	3,152,000	3,437,000	3,780,000	
<b>Total</b>				<b>10,369,000</b>

Country Offices	2010-2011	2012-2013	2014-2015	Grand Total
<b>Objective 1</b>	3,100,000	3,300,000	3,600,000	<b>10,000,000</b>
<b>Objective 2</b>	950,000	1,050,000	1,400,000	<b>3,400,000</b>
<b>Objective 3</b>	300,000	350,000	500,000	<b>1,150,000</b>
<b>Objective 4</b>	197,000	225,000	300,000	<b>722,000</b>
Advocacy for RM	100,000	100,000	100,000	300,000
<b>Total Activities*</b>	<b>4,647,000</b>	<b>4,935,000</b>	<b>5,900,000</b>	<b>15,482,000</b>
Staffing costs	1,500,000	1,600,000	1,700,000	4,800,000
	6,147,000	6,535,000	7,600,000	
<b>Total</b>				<b>20,282,000</b>

SEARO Combined	2010-2011	2012-2013	2014-2015	Grand Total
<b>Total Activities</b>	<b>6,222,000</b>	<b>6,710,000</b>	<b>7,925,000</b>	<b>20,857,000</b>
Staffing costs	3,077,000	3,262,000	3,455,000	9,794,000
<b>Grand Total</b>	<b>9,299,000</b>	<b>9,972,000</b>	<b>11,380,000</b>	<b>30,651,000</b>

### Advocacy for resource mobilization

External advocacy and resource mobilization will be carried out in line with the WHO- SEARO and “one WHO” approach. TFI-SEARO has prepared an Advocacy for Resource Mobilization strategy. The implementation plan for

this *Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010-2015)* also includes the elements necessary to address funding gaps and implement the Advocacy for Resource Mobilization strategy.

The strategy will look primarily at creating a political environment where the availability of resources from all sources for tobacco control increases. As there are no OECD donors based in the Region, TFI-SEARO will support mobilization of resources for the Member States in the Region from donors, including providing them relevant skills to support this purpose, and through outreach with policy makers at national level to increase funding from domestic taxation. TFI-SEARO will provide training and advice to Member States on how to work with donors and how to access funding from the Bloomberg Grant Mechanism as well as from other new and targeted donor agencies. In addition, potential areas of collaboration with the corporate sector will be explored. The Regional Office for South-East Asia is taking the opportunity to utilize the existing Memorandum of Understandings with ASEAN and SAARC to advance the tobacco control agenda through these inter-governmental organisations. TFI-SEARO will continue outreach activities and develop a positive relationships with other important regional bodies such as the ADB and with key partners who have significant development and investment portfolios in the Region notably – USAID, the World Bank, DFID, and the Gates Foundation among others. Efforts will be made to explore innovative approaches such as collaboration with the Global Fund and TB Reach on TB/tobacco dual epidemics.

### **Regional programme indicators**

- Number of countries working towards dedicating a significant part of revenue from tobacco taxes to health promotion and tobacco control (target = 6).
- All WHO staff in countries receive training in advocacy for resource mobilization (target = 11).
- Percentage of estimated resources required for the Strategic Action Plan for TFI in South-East Asia budget funded.

### **WHO will focus on**

- Developing the evidence for policy change and resource mobilization - including communication and advocacy materials.
- Political and donor Intelligence – including mapping and systematic information sharing.
- Capacity building for advocacy and resource mobilization – focus on training, briefings and strengthening capacity at country level.
- Strengthening partnerships –identifying opportunities for engagement with the full range of stakeholders.
- Advocacy and outreach – events, calendar and information sharing.
- Coordination, monitoring and implementation – within WHO.

## **Part IV - Conclusion**

To attain full and effective implementation of the WHO Framework Convention on Tobacco Control in the South-East Asia Region, new ways of thinking and working are of the essence. Ministries of health play an important role in ensuring synergy, harmonization and alignment of the tobacco control agenda. However, there are many different parts of government, as well as important stakeholders in other sectors who must be consistently and more proactively engaged.

The WHO FCTC has provided a clear path towards freedom from tobacco-related loss. The people in the South-East Asia Region deserve to live, work and grow in a healthy, smoke-and tobacco-free environment. Through public education, spreading awareness and knowledge about the dangers of tobacco use, information and outreach and strengthened government commitment to the development and enforcement of effective legislation and regulations, tobacco use will stabilize and then decline, exposure to second-hand smoke can be avoided and senseless unnecessary death from tobacco will stop.

It is hoped that the *Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010–2015)* inspires countries to focus on the

key actions that will bring us closer to a tobacco-free Region, where people and communities can live longer and healthier lives. This document is a roadmap for what is possible and efforts are encouraged from all stakeholders to ensure its implementation.

This document links this vision of a healthy tobacco-free environment with other critical work in the fields of noncommunicable diseases. By clearly identifying the gaps in the current programme and linking these with objectives that are meaningful and achievable in the next few years, the *Strategic Action Plan* offers clear guidance about what is required and what individuals, countries, partners and stakeholders can do, specifically, to contribute to the cause and bring about a sea-change in the tobacco control environment in the Region.

## **Annex**

### **Strategic alliances and key partnerships**

#### **A. Bloomberg Initiative partners**

##### **a. Centers for Disease Control Foundation (CDCF)**

Along with CDC, TFI-SEARO is closely working with CDCF in implementing GATS in the Region. Two countries – Bangladesh Thailand and India - have already implemented the survey. The survey is planned to be implemented in Indonesia in 2011. Other countries like Maldives, Myanmar, Nepal and Sri Lanka are also being considered. Partnership with CDCF and CDC has been the most successful one for TFI-SEARO. CDCF is the only Bloomberg partner with whom TFI-SEARO has a direct MoU for cooperation and collaboration. This partnership will be further strengthened in the next biennium.

##### **b. International Union Against Tuberculosis and Lung Disease (UNION)**

The Union has been active in tobacco control and prevention for over 25 years. Since late 2006, the Bloomberg Initiative to Reduce Tobacco Use has boosted The Union's work on tobacco control interventions in the countries with the highest burden of tobacco-related disease. As part of its work under the Bloomberg Initiative, the Union has convened a taskforce of international experts in health communications. The Union's mass media resource offers a selection of effective anti-tobacco mass media campaigns suitable for adaptation and use in low- and middle-income countries. The Union has been providing support for capacity building in WHO offices through WHO headquarters.

Since 2008, The Union has focused its activity support mainly to Bloomberg countries and except for support for a position in the Regional Office, no activity funds are given to the Regional Office by The Union. Therefore, the scope of direct collaboration with The Union is limited.

The Union has its South-East Asia Regional Office in Delhi which is mainly active in capacity building through training in Bloomberg focus countries. It even has a country representative in these countries who are working closely with WHO country offices, ministry of health and NGO grantees in these countries. TFI-SEARO is collaborating with these partners since the beginning of the Bloomberg Initiative by sharing information on activities being undertaken by TFI-SEARO and inviting them to be involved in these activities.

### **c. World Lung Foundation (WLF)**

The WLF's mission is to improve the lives of individuals around the world by strengthening community capacity to prevent and manage lung disease. The organization supports a wide range of international public health initiatives in the areas of tobacco control, tuberculosis, asthma and child lung health. WLF is an active partner in the Bloomberg Initiative's tobacco control efforts around the world, and fully supports the launch of the MPOWER Report.

WLF is involved in grants management and in the global clearing house for tobacco ads. WLF provides technical/financial monitoring for the grants mechanism. In key countries, it establishes a global clearing house of tobacco ads for anti-tobacco health education. WLF supports anti-smoking advertisements in countries and works to build in-country capacity to develop paid mass media campaigns for tobacco control. WLF's trainings provide a best-practice model, which was developed by examining successful tobacco control campaigns in the last 25 years.

WLF has extended its staff presence in many countries and has offered technical assistance to governments in more than half of the countries identified by the Bloomberg Initiative as priorities for intervention. It also recently launched a viral internet video campaign calling on NGOs to work toward the elimination of tobacco advertising that specifically targets children.

TFI-SEARO does not have any direct relation/communication/access to WLF. TFI-HQ is responsible for communicating with WLF on behalf of the entire WHO.

#### **d. Johns Hopkins Bloomberg School of Public Health (JHBPH)**

TFI-SEARO has direct collaboration with JHBPH in the area of monitoring air quality. A number of projects in Bloomberg focus countries in the Region have been supported by JHBPH. In addition, JHBPH receives a number of fellows for its summer leadership course on tobacco control in close consultation with TFI-SEARO and country offices.

#### **e. Campaign for Tobacco-Free Kids (CTFK)**

The Campaign for Tobacco-Free Kids is a leader in working to reduce tobacco use and its devastating health and economic consequences in the United States and around the world. The Campaign works with many partners to inform governments, the public and the media about the many harmful effects of smoking, other forms of tobacco use and exposure to second-hand smoke. CTFK is involved in grants management and advocacy/legal assistance. Internationally, CTFK has advocated tirelessly for the tobacco control treaty, the Framework Convention on Tobacco Control (FCTC).

CTFK carries out advocacy to prevent smoking, help smokers quit and protect everyone from second-hand smoke. CTFK specifically works to expose and counter tobacco industry efforts to market to children and mislead the public, empower a tobacco-free generation by fostering youth leadership and activism and enhance tobacco prevention efforts worldwide by sharing programmes and information with international partners. The Campaign is a founding member of the Framework Convention Alliance (FCA). TFI-SEARO has no direct collaboration with CTFK on specific projects.

### **B. Regional NGO partners of TFI-SEARO**

#### **a. Framework Convention Alliance**

The Framework Convention Alliance (FCA) was founded in 1999 and is working on the development, ratification, and implementation of the FCTC. The FCA vision is a world free from the death and disease caused by

tobacco. The FCA mission is to perform the watchdog function for the WHO FCTC; to develop tobacco control capacity, particularly in developing countries; to support the development, ratification, accession, implementation and monitoring of the FCTC; and to promote and support a network for global tobacco control campaigning.

Civil society occupies a position of strength in the FCTC negotiations as is clear from FCA's membership of more than 350 non-governmental organizations from over 100 countries. The FCA's unique place at this level of negotiations has developed over the years as the Alliance has provided rigorous policy advice and been on-hand to inform and assist in both the negotiation and implementation of the FCTC. This has resulted in critical decisions by the Parties to the FCTC which will have a positive impact on the implementation of the treaty and global public health, such as the adoption of guidelines for 100% smoke-free public places and agreeing to negotiate a protocol aimed at curbing the illicit trade in tobacco products. The strength of the FCA's membership has also made the monitoring of the implementation of the FCTC a key element in the FCA's watching brief.

FCA and TFI-SEARO organized a regional consultation on the protocol on illicit trade in tobacco products in September 2008 in New Delhi. They also organized a regional meeting in December 2009 in Kathmandu on implementation of the WHO FCTC. TFI-SEARO invites FCA to participate in all regional meetings.

## **b. South-East Asia Tobacco Control Alliance (SEATCA)**

SEATCA is a multi-sectoral alliance established to support ASEAN countries in developing and putting in place effective tobacco control policies. The alliance works to identify tobacco control priorities in the Region and to coordinate efforts on these priorities. The coalition delivers on this task by promoting effective, evidence-based tobacco control measures, fostering regional cooperation between tobacco control partners and knowledge-sharing among countries. The SEATCA strategy has three major components: collecting local evidence through collaborative research programmes; capacity-building, training and mentorship; and research dissemination system necessary for policy development. TFI-SEARO collaborates with SEATCA on all issues related to some ASEAN countries in the South-East Asia Region - Indonesia, Myanmar and Thailand.

## **C. National Institutes of Health and Research**

### **National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh**

The National Institute of Preventive and Social Medicine (NIPSOM), is the only national level public health institute under the University of Dhaka. The institute is also supporting in health policy formulation of the government and in community health programmes through research, training and services. SEARO recognized NIPSOM as an institute of excellence in 1978 and started sending its fellows for public health degrees.

Further details may be had from : <http://www.nipsom.org/activities.html>

NIPSOM has provided support to country-level programmes of TFI as well as the regional level programme of Global Adult Tobacco Survey (GATS). It is the nodal agency for implementing GATS in Bangladesh. It has actively participated in several programmes of GATS in the country as well as in regional and global initiatives.

### **Tata Institute of Fundamental Research (TIFR), Mumbai, India**

TIFR was a WHO Collaborating Centre from December 1985 to July 2006. TIFR has been involved in several research activities in the country as well as coordinated several international research activities. TIFR has been associated in structuring a questionnaire on Global Youth Tobacco Survey and Global School Personnel Survey. TIFR has coordinated with WHO/HQ/Regional Office/Country Office in coordinating the first-ever training on Global Youth Tobacco Survey (GYTS) in the South-East Asia Region. TIFR has been a Research Coordinator for conducting the Global Youth Tobacco Survey and the Global School Personnel Survey in several states in India.

### **Healis-Sekhsaria Institute of Public Health, Mumbai, India**

Healis participated in formulation of Global Adult Tobacco Survey Questionnaire (GATS) and GATS protocol in Geneva; Dr P.C. Gupta,

Director, Healis is one of the members of the Technical Advisory Committee of GATS India; Healis is a member of the international committee on GATS questionnaire.

Further information may be obtained on following URL <http://www.healis.org/healis/index.asp>

### **International Institute for Population Sciences (IIPS), Mumbai, India**

It is the leading population sciences study and research centre in India. Further details may be obtained on following URL <http://www.iipsindia.org>;

IIPS is the nodal implementing agency for conducting the Global Adult Tobacco Survey in India.

IIPS has actively participated in several programmes of GATS in the country as well as in regional and global initiatives.

### **Public Health Foundation of India (PHFI), New Delhi, India**

PHFI has coordinated with the WHO country / Regional Office in finalizing the Global Adult Tobacco Survey India questionnaire. PHFI (Dr Srinath Reddy) is a member of the Technical Advisory Committee for GATS India; Further information may be obtained on following URL <http://www.phfi.org>

PHFI has coordinated with the Regional Office in developing modules for tobacco control components for use in National Rural Health Mission training programmes for their staff at various levels. PHFI has collaborated with the Regional Office for World No Tobacco Day activities.

### **Tobacco Control Research And Knowledge Management Centre, Thailand**

The Tobacco Control Research and Knowledge Management (TRC) Centre is one of the implementing agencies for conducting the Global Adult Tobacco Survey in Thailand. TRC works as an academic centre for comprehensive tobacco control. TRC is the Thai centre of information that

supports policy-based research, knowledge management, capacity building and networking for tobacco control. TRC conducted a situation analysis of tobacco consumption in Thailand during 1991-2007 and several other research projects in Thailand.

Further details may be obtained on following URL:  
<http://www.trc.or.th/en/about/>

### **National Statistical Office (NSO), Thailand**

The National Statistical Office is the main organization to manage the statistical issues of the country and is the centre of standardized statistics which can support and enhance the country's administration efficiently as well as increase competent potential competition of the country. It is involved in managing the national statistical system; producing and disseminating quality statistics; providing services on statistical techniques; and coordinating statistical affairs at national and international levels.

Further details may be obtained on following URL  
<http://web.nso.go.th/eng/>

The Strategic Action Plan for 2010-2015 contains the vision, strategic objectives and actions for tobacco control in the South-East Asia Region for five years. It sets a framework for comprehensive tobacco control in the Region based on the provisions of WHO FCTC. It stipulates broad indicators that will be used to monitor the progress of tobacco control activities and also emphasizes the importance of setting nationally relevant targets and indicators as successful implementation of WHO FCTC depends almost entirely on the Member States. It highlights the need to develop and enforce effective tobacco control policies and measures and to scale up the synergies and intersectoral collaboration and partnership. It includes an estimation of resource requirement and suggests an approach for sustainable funding for tobacco control.



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