

# Regional Strategy for Tobacco Control



**World Health  
Organization**

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# Regional Strategy for Tobacco Control

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## 1. Introduction

Tobacco use is the leading cause of adult deaths in the world. In the WHO South-East Asia Region, 1.3 million people die each year due to tobacco-related causes.

All countries in this Region are developing countries, where resources are severely limited; investing in tobacco control is a particularly cost-effective and affordable means of saving lives and improving health.

The WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force in February 2005. Currently there are 175 Parties to the convention covering almost 90% of the world's population. In 2008, WHO introduced a package of tobacco control measures to further counter the tobacco epidemic and to help countries to implement the Convention. Known by the acronym MPOWER, it outlines practical and cost-effective measures identified as "best buys" in tobacco control. The measures outlined correspond to at least one provision of the WHO FCTC<sup>1</sup>.

## 2. The need for updating the Regional Strategy

There are many Region-specific issues and challenges in relation to the use and harm from tobacco that need to be specifically addressed. The WHO South-East Asia Region (SEAR) is home to nearly a quarter of the world's population. It is estimated that there are 250 million smokers and a similar number of smokeless tobacco users in the Region<sup>2</sup>.

A Regional Strategy was drafted for SEA Region in 2005. An SEA Regional Strategy for Utilization of Global Youth Tobacco Survey Data and

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<sup>1</sup> Please note that the definitions of the terms used in this document are per the definitions stated in Article 1 of WHO FCTC. World Health Organization. 2011. Tobacco. Fact Sheet No. 339 July 2011. [Cited: 09 12, 2011.] <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.

<sup>2</sup> Profile on Implementation of WHO Framework Convention on Tobacco Control in the South-East Asia Region (2011) World Health Organization Regional Office for South-East Asia, New Delhi.

an SEA Regional Plan of Action for Tobacco Control 2006-2010 were also developed. However, since then, many new publications, WHO FCTC guidelines and other technical documents have been published. The WHO Regional Committee for South-East Asia has always considered tobacco control as a priority, and has passed several resolutions and made many recommendations on issues related to tobacco control. These include strengthening national tobacco control programmes, the WHO Framework Convention on Tobacco Control and its guidelines and implementation of MPOWER policy measures in the 61st session of Regional Committee.

Therefore, developing an updated document incorporating contents of all these decisions and developments is required.

### **3. Unique problems of the Region**

- In the WHO South-East Asia Region, nearly half of the adult males and 1 in 10 adult females use tobacco in one form or the other.
- Smoking is predominant among males.
- Many countries do not have baseline information on tobacco use and related indicators.
- Only a few countries in the Region have trend data.
- Specific data on deaths attributable to smoking and smokeless tobacco use is not available in most countries.
- One in 10 youth (13–15 years old students) use some form of tobacco in the Region.
- Trends of tobacco use among youth (13-15 years old students) are known for most countries. These show that tobacco use prevalence, exposure to second-hand smoke in homes and public places, exposure to direct and indirect advertisements is not decreasing in almost all countries of the Region.
- Smokeless tobacco use is prevalent among both sexes in several countries. It is estimated that there are around 250 million users

of smokeless tobacco in SEAR<sup>3</sup>. There is very little knowledge of harm of such products among the users which is a major concern. There are also misconceptions of the effects of smokeless tobacco. For example, in some countries it is thought to be “good” for the teeth and gums. Also, there is lack of research on smokeless tobacco-related mortality in the Region, specific risks of different products and economics of smokeless tobacco. Specific policies and strategies aimed to address smokeless tobacco use are also not widely implemented<sup>4</sup>.

- Global Adult Tobacco Survey (GATS) and the Global Youth Tobacco Survey (GYTS) data reveal that exposure to second-hand smoke in homes and public places among youth and adults is high in Member States of the Region. Estimates show that around 60 000 children, 57 000 women and 43 000 men in the South-East Asia Region die due to exposure to second-hand smoke<sup>5</sup>. Exposure to second-hand smoke is common in many countries.
- Studies in many countries of the Region have shown that the direct and indirect expenditure due to tobacco-related harm is far more than the government income from tobacco. Studies in SEAR countries have shown that households consuming tobacco were spending many times more on tobacco than on health, education and necessities such as clothing and shelter. Also, expenditure on tobacco as a percentage of income was highest among the lowest income groups<sup>6</sup>.
- Many types of smoked and smokeless tobacco products are used in countries of the Region. The sheer variety of products and the means of their manufacture show that taxation and product regulation is particularly complex in the context of this Region. Added to that is widespread informal production for personal

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<sup>3</sup> Sinha D.N. Report on oral tobacco use and its implications in South-East Asia (2004), School of Preventive Oncology, Patna, India. [Cited: 09 12, 2011.]. [http://www.searo.who.int/LinkFiles/NMH\\_OralTobaccoUse.pdf](http://www.searo.who.int/LinkFiles/NMH_OralTobaccoUse.pdf)

<sup>4</sup> Gupta P.C. Ray C. Smokeless tobacco and its implications in WHO South-East Asia Region (2011), WHO South-East Asia Regional Office, New Delhi (unpublished).

<sup>5</sup> Oberg M. Woodward A. Jaakkola M.S. Peruga A, Pruss-Ustun A. Global estimate of the burden of disease from second-hand smoke. World Health Organization 2010

<sup>6</sup> Kyaing N.N. Perucic A, Rahman K. Study on Poverty Alleviation and Tobacco Control In Myanmar (2005). Health, Nutrition and Population (HNP) Discussion Paper. Economics of Tobacco Control Paper No. 31. World Bank, Washington DC.

use and sale of tobacco products. Such informal production occurs in many countries of the Region.

- Multiple types of indigenous tobacco products with wide gaps in taxation and prices are used in this Region.

## **4. Compliance to WHO FCTC and MPOWER**

Currently 10 out of 11 countries of the Region are parties to the WHO FCTC. There has been a significant response from Member States in implementing the articles of the WHO FCTC. Nine Member States have comprehensive national tobacco control laws. Most of these have provisions on smoke-free places, bans on tobacco advertising, promotion and sponsorship, and bans on tobacco sales to minors<sup>7</sup>. However, the practical mechanisms for improving tobacco control are missing in several countries of the Region.

The South-East Asia Region comprises many resource-poor settings. There are shortcomings in infrastructure in many countries. This compounds issues such as large populations and complex geography, for example large numbers of islands and remote, hilly terrains. Such factors have a negative bearing on the capacity for implementing and enforcing policies and laws, not only for tobacco-related issues, but for other issues as well.

Therefore in such contexts, in the competition for attention, health-related policies may lose out to other policies which may be seen or perceived as more important. Unless sustained advocacy is maintained, capacity building not only for implementation and enforcement, but for formulation, development and evaluation of tobacco control programmes may suffer in the competition for resources in SEAR countries. Many resolutions adopted by the Regional Committee for South-East Asia recognize this situation and emphasize on building capacity at various levels for tobacco control.

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<sup>7</sup> Profile on Implementation of WHO Framework Convention on Tobacco Control in the South-East Asia Region (2011) World Health Organization Regional Office for South-East Asia, New Delhi

## **5. Objectives, outcomes and guiding principles**

The overall aim of this strategy is improving health and social outcomes and well-being of people of WHO South-East Asia Region by reducing morbidity, mortality and harmful economic and social consequences of all forms of tobacco use.

### **5.1 General objective of Regional Strategy<sup>8</sup>**

Reduce initiation and maintenance of both smoked and smokeless tobacco use, promote cessation, protect non-smokers from exposure to second-hand smoke and reduce the availability and accessibility of all forms of tobacco to protect the population of the WHO South-East Asia Region from the enormous negative health, social, cultural, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke.

### **5.2 Specific objectives of Regional Strategy**

- (1) Invigoration of implementation of Articles of the WHO FCTC and related MPOWER measures, emphasizing on total ban of advertising and promotion, protection from exposure to second-hand smoke, price and tax measures, integration of cessation into healthcare settings, pictorial health warnings on packages of all tobacco products, surveillance, regulation of contents of tobacco products, product disclosure and protection of tobacco control policies from interference by the tobacco industry.
- (2) Strengthening capacities of Member States to develop, implement and monitor multisectoral national tobacco control plans with adequate source of funding and with country-specific targets and indicators.
- (3) Intensification of action on smokeless tobacco control, providing it the priority afforded to smoked tobacco in SEAR.

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<sup>8</sup> Updated and modified from SEA Regional Strategy for Utilization of Global Youth Tobacco Survey Data and SEA Regional Plan of Action for Tobacco Control 2006-2010, SEA Regional Strategy 2005 and SEA/RC61.R4 and WHO FCTC

- (4) Address the special concerns of women and other vulnerable populations with respect to tobacco use, exposure to SHS and occupational hazard of tobacco production e.g. bidi workers who are mostly women/children.
- (5) Increase sensitivity about the economic and environmental consequences of tobacco.
- (6) Foster regional cooperation by establishing framework and mechanism for regional cooperation to advance tobacco control in SEAR.

### **5.3 Guiding principles<sup>9</sup>**

To achieve the objective of this strategy, SEAR Member States should be guided by the following principles:

- (1) People of the Member States of the WHO South-East Asia Region should be informed of the addictive nature, health, social and economic consequences of consumption of all forms of tobacco and exposure to tobacco smoke.
- (2) The need for strong and sustained political commitment to implement comprehensive multisectoral responses.
- (3) Measures for tobacco control should be considered tools for eradicating poverty, marginalization, improving equity and productivity, and not preventing disease alone.
- (4) Provision of equal weight to smoked and smokeless tobacco when developing and implementing tobacco control programmes, especially in countries where smokeless tobacco use is prevalent.
- (5) The need for the development and implementation of tobacco control programmes that are socially and culturally appropriate to the contexts of individual countries and different regions within countries.
- (6) The need to implement appropriate measures to protect all persons, especially children, from exposure to tobacco smoke.

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<sup>9</sup> Based on: South-East Asia Regional Committee Recommendations on Tobacco Control, Text of WHO FCTC, and WHO FCTC Guidelines for implementation. Articles 5.3, 8, 9, 10, 11, 12, 13, 14 (2011), MPOWER measures

- (7) Recognizing the right of children to grow up in an environment free of determinants promoting or maintaining all forms of tobacco use.
- (8) Implementing measures to strengthen cessation services.
- (9) The need to measure and monitor use and harm of all forms of tobacco to assist developing and strengthening tobacco control programmes.
- (10) Encouragement of the participation of the nongovernment sector, including civil society, to achieve the objective of the Regional Strategy.

## **5.4 Expected outcomes**

Within three years starting from 2013, Member States will:

- (1) Develop and implement comprehensive, sustainable and accountable national policies and plans to control all forms of tobacco use in all Member States that are parties in conformity with the WHO FCTC.
- (2) Enact, implement, enforce and monitor national comprehensive tobacco control measures in accordance with WHO FCTC guidelines and protocols/tobacco control legislation, actions and plans.
- (3) Establish and strengthen national tobacco surveillance system using TQS in all Member States.
- (4) Establish framework and mechanism for regional cooperation.
- (5) Establish a sustainable funding mechanism for tobacco control/health promotion in each country.
- (6) Establish and achieve the target for reduction of tobacco use prevalence.

## **6. Strategies**

### **6.1 Formulating/strengthening implementation of national policies, plans and programmes including capacity building**

- Countries will periodically update their national policies and plans based on most recent data, the priority needs, available resources, and the stage they have reached with their tobacco control policy, and realistic time frames.
- For such policies and plans to be developed, effectively implemented and periodically modified, a proper structure with appropriate responsibility should be set-up. Therefore, countries will establish formal multisectoral committees or other administratively strong multisectoral structures with powers to instruct and implement tobacco control measures through other government agencies and structures at national and sub-national levels as appropriate.
- The structure and the administrative level in which it should be established will depend on the context and practices of different Member States. The Regional Committee for South-East Asia recommended that Member States set up such a mechanism as far back as in 1999<sup>10</sup>.
- Some of the agencies that should be in such a committee include the ministries of finance, justice, education, media, trade, youth affairs and the departments of excise and police.
- Tobacco control programmes should be integrated with other health programmes such as NCD, TB, maternal and child health etc.

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<sup>10</sup> Regional Committee. SEA/RC52/R7 (1999) - Tobacco or Health: Actions for the 21st Century [Cited: 16.09.2011.] [http://repository.searo.who.int/bitstream/123456789/5107/2/rc52\\_r7.pdf](http://repository.searo.who.int/bitstream/123456789/5107/2/rc52_r7.pdf)

- Building capacity of different stakeholders of tobacco control (e.g. taxation, education, legal sectors) to be a priority in Member States.
- Following the NCD Global Summit, there is a window of opportunity to mainstream tobacco control within the UN system at country level. WHO will create a country-level multisectoral structure by bringing together other UN agencies.
- Civil society should be engaged in developing and implementing national plans in collaboration with government.

## **6.2 Demand reduction measures**

### ***Tobacco advertising, promotion and sponsorship***

Member States will:

- Review and strengthen restrictions placed on advertising, promotions and sponsorships periodically, based on the most recent data and WHO FCTC guidelines/MPOWER policy package.
- Collaborate and coordinate to minimize cross-border advertising individually and through regional fora such as South Asian Association for Regional Cooperation (SAARC) and Association of South-East Asian Nations (ASEAN).
- WHO will provide technical assistance to Member States to strengthen the restrictions on advertising, promotions and sponsorships.

### ***Protection from exposure to tobacco smoke***

Member States will periodically strengthen their smoking ban policies and enforcement based on most recent data from surveys such as GYTS, GATS and WHO FCTC Article 8 and Guidelines / MPOWER policy package.

## **Taxation**

The regional priorities for tobacco are two-fold. The first is encouraging Member States to regularly increase the prices of currently taxed tobacco products to match inflation and growth in incomes. The second is advocating for a wider tax net for tobacco products to discourage users from switching to different products when one becomes less affordable.

To achieve these ends, the most important strategy will be the provision of financial and technical assistance to Member States to carry out analyses of the current pricing structures of tobacco products and carry out affordability analysis. Once the optimum prices are worked out it will be easy to persuade governments to increase the prices as an increase in government income could be directly calculated by such analyses.

Member States will take steps to:

- Coordinate and advocate with finance ministry to tax all tobacco products equally to address substitution.
- Widen the tax net to include locally manufactured, cheap, indigenous tobacco products including bidis, cheroots, roll-your-own cigarettes and different smokeless tobacco products.
- Advocate with Ministry of Finance to dedicate part of tobacco tax for tobacco control/ health promotion.
- Improvise techniques in collaboration with Ministry of Finance to monitor tobacco taxation through regular monitoring mechanism.
- Explore means of implementing sub national taxes on tobacco.

WHO will:

- Work closely with Member States to improve capacity for tobacco control among personnel involved in tax policy.
- Provide technical assistance to Member States to develop advocacy material for increasing taxes periodically.

### ***Packaging and labelling of tobacco products***

Member States will:

- Implement specific health warning, preferably coloured graphic warning on both sides of the pack covering a minimum of 50% of the principal area on all tobacco products as soon as possible.
- Make provisions to stop misleading terms promoting tobacco use on packs.
- Be encouraged to introduce plain packaging.

WHO will:

- provide technical assistance for above.

### ***Communication and improving public awareness***

Member States will:

- Allocate dedicated budget for public health education from national resources.
- Mobilize resources for raising public awareness on the harms from all forms of tobacco use in collaboration with other health programmes such as NCD, TB, maternal and child health etc.
- Implement the guidelines for the implementation of the WHO FCTC Article 12.

WHO will:

- Remind Member States to develop sustained awareness campaigns based on the guidelines.

### ***Tobacco use cessation***

The short-to medium-term harm from tobacco use occurs due to its current user. Therefore, addressing cessation is one of the most important components of a comprehensive effort. Effective cessation can bring about immediate changes in prevalence rates and tobacco-related illnesses.

Member States will:

- Prepare and implement guidelines on tobacco cessation for both smoked and smokeless tobacco products according to the country situation.
- Integrate tobacco cessation in PHC delivery system.
- Train health care professionals and health workers on tobacco cessation.
- Establish a mechanism to ensure doctors/ healthcare providers ask questions on tobacco use from all patients and advise them to quit.
- Integrate cessation activities with TB, AIDS, de-addiction and mental health counselling programmes.
- Coordinate with other countries to improve capacity for tobacco cessation.

WHO will:

- Provide technical assistance to countries to develop cessation policies and plans of action.
- Coordinate intra-country capacity building initiatives.

***Regulation of the contents of tobacco products and tobacco product disclosures***

Member States will:

- Implement partial guidelines on FCTC Articles 9 and 10 as appropriate.
- Cooperate with each other, as feasible, in implementing above guidelines.

WHO will:

- Provide technical support in implementing above guidelines.
- Coordinate in sharing resources between countries in implementing Articles 9 and 10 of the WHO FCTC (e.g. India is developing laboratory facilities for this purpose).

## 6.3 Supply reduction measures

### *Illicit trade*

- Member States in the Region will support adoption of the draft protocol on illicit trade by the Conference of Parties. WHO-SEARO will assist Member States in this regard.

### *Sales to and by minors*

- Member States will monitor and strengthen implementation of the existing laws on sales to minors and sales to and by minors.
- Member States will try to identify mechanisms to implement the ban on sales to and by minors according to the country situation.

### *Support for economically viable alternative livelihoods and activities*

- Member States will, as appropriate, take steps to provide viable alternative livelihoods and activities to tobacco growers, bidi rollers and tobacco pluckers according to existing conditions and contexts of individual countries.

WHO will:

- Provide technical assistance when requested by Member States.

## 6.4 Research, surveillance, monitoring and evaluation

Member States will:

- Obtain baseline indicators to monitor tobacco control efforts.
- Implement periodic surveys under GTSS.
- Incorporate TQS in ongoing/stand alone surveys as per need of the country.
- Use data from these surveys to periodically strengthen national policies and plans.
- Provide updated data for Global Tobacco Control Report.

WHO will:

- Provide technical assistance and help countries to mobilize resources as per need and commitment of the country.

## **6.5 Issues specific to smokeless tobacco**

- In Member States where smokeless tobacco is used, smokeless tobacco control should receive equal priority as for smoked tobacco control.

WHO will:

- Provide technical assistance on control of smokeless tobacco to Member States where it is used.
- Provide technical support in research areas as per need and commitment of the country.

## **6.6 Protection of public health policies from vested interests of the tobacco industry**

Member States will:

- Implement Guidelines for Article 5 of the convention.
- Implement code of conduct for transparency in industry interactions and conflict of interest, which should be ideally built into law.

WHO will:

- Assist coordination among countries on issues of litigation and trade used by the tobacco industry to block tobacco control.

## **6.7 Gender-specific issues**

Member States will:

- Initiate gender-based interventions on awareness of harm from all forms of tobacco use and second-hand smoke.

- Integrate gender-based interventions for tobacco control through specific programmes such as maternal and child health programmes and other programmes as appropriate to the country.

WHO will:

- provide technical assistance on the above, based on country requirements and commitment.

## **6.8 Securing adequate and sustainable funding for tobacco control**

Member States will:

- Allocate adequate funding for effective tobacco control using appropriate mechanisms and sources of funding according to the country context.
- Consider that tobacco tax can be a potential and alternate source for tobacco control funding.

WHO will:

- disseminate technical material and provide technical assistance as and when sought by countries.

## **6.9 Regional cooperation**

- There are several issues necessitating regional co-operation, some of which were identified in the preceding sections.
- These relate to cross-border advertising, illicit trade, especially of smokeless tobacco products, research on issues such as effects of different types of tobacco products, improving capacity for tobacco control (e.g. tobacco control programme development, implementation and evaluation, cessation services), testing constituents and emissions of tobacco products etc.
- Member States can cooperate through regional bodies on issues such as cross-border trading concessions, taxation and issues relating to specific products such as smokeless tobacco, which should not be given trade concessions as several countries of the Region have banned its production and import.

- Member States will also use advocacy to keep tobacco in the sensitive list of South Asian Free Trade Association (SAFTA), as it is now.
- WHO will coordinate exchange of information at regional level, especially relating to the strategies of the tobacco industry to promote both smoked and smokeless forms of tobacco and its attempts to circumvent tobacco control measures.
- WHO should explore means of establishment of a regional mechanism in SAARC similar to the existing regional alliance for ASEAN (South-East Asia Tobacco Control Alliance (SEATCA)).
- WHO, in consultation with Member States should develop process indicators of Regional Cooperation.

## **6.10 International cooperation**

- International cooperation is necessary to address issues such as illicit trade, development of technical capacity (e.g. econometric studies) international advocacy on trade issues, setting standards for constituents and emissions, protecting tobacco control measures from interference of the tobacco industry, provision of alternative livelihoods, and research.
- Global collaboration for tobacco control is already in place with the Bloomberg Initiative and the Gates Foundation and the Centre for Disease Control, Atlanta, providing resources for world-wide surveillance of tobacco use as well as implementation of tobacco control policies. The Bloomberg Initiative is providing assistance to many Member States of South-East Asia Region for capacity building and strengthening government and other institutions for tobacco control.
- The WHO FCTC and its guidelines provide a structure for international cooperation on tobacco control.
- Member States should initiate action to fulfill the international obligations on tobacco control in line with the WHO FCTC.
- WHO will provide coordination support through consultation with Member States.

## 7. Recommended overall approach for implementation

- Member States will monitor the following basic indicators and WHO will provide technical assistance for the same.
- Member States will implement the Guidelines and Protocols of the WHO FCTC provisions/MPOWER package, developed from time to time.

### *Basic indicators*

### *Outcome indicators*

- Prevalence of tobacco use, both smoking and smokeless/among adults and youth.
- Exposure to second-hand smoke among youth and adults in homes and public places.
- Exposure to direct and indirect advertisements and promotions.

### *Process Indicators*

- Establishment of multisectoral committee.
- Full-time HR for tobacco control.
- Existence of national tobacco control plan.
- Mechanism for dedicated and sustainable funding.

## 8. Updating mechanism

Within three months of the decisions of sixth session of Conference of Parties (COP6) and then after each Session of the Conference of the Parties (COP), the regional strategy needs to be updated at the tobacco control programme managers' meeting. Member States will report on the status of implementation of the strategy at this meeting.



This Regional Strategy for Tobacco Control primarily provides a longer-term strategic guidance to Member States of the South-East Asia Region to support them in formulating evidence-based policies and designing a sustained and cost-effective programme on tobacco control to counter successfully the rising public health concerns of tobacco use in the Region.

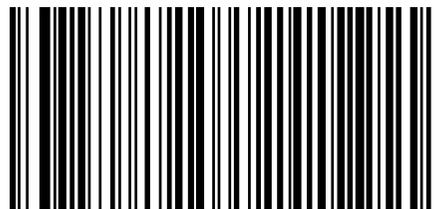
The Region is home to around 250 million smokers and nearly the same number of smokeless tobacco users. About 1.3 million deaths occur every year, including around 160 000 deaths due to exposure to second-hand smoke. The increasing trend of tobacco use and its devastating effects pose a grave threat to the health and well-being of the people of the Region. Thus, the implementation of the Regional Strategy is expected to eventually protect the people of the Region from the enormous negative health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke.



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