

Countering tobacco industry interference

Report of a regional meeting
19–21 March 2013, New Delhi, India

SEA-Tobacco-48
Distribution: General

Countering Tobacco Industry Interference

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New Delhi, 19–21 March 2013*



**World Health
Organization**

Regional Office for South-East Asia

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Printed in India

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1. Opening session

1.1 Regional Director's message

The message of the Regional Director of the World Health Organization South-East Asia Region, Dr Samlee Plianbangchang, was delivered by Dr Athula Kahandaliyanage as Acting Regional Director. The full text of the address is given in Annex 1.

1.2 Election of office bearers

Dr Laxmi Somatunga, Deputy Director General (Medical Services), Ministry of Health, Sri Lanka, was elected Chairperson. Mr Md. Azam-E-Sadat, Deputy Secretary of Ministry of Health and Family Welfare of Bangladesh, was elected Co-chairperson and Mr Hassan Mohammad, Deputy Director, Non-Communicable Diseases, Centre for Community Health and Disease Control of Maldives, was elected Rapporteur.

The introduction of participants was carried out by Dr Nyo Nyo Kyaing, Regional Adviser Tobacco Free Initiative. The objectives of the meeting were described by Dr Athula Kahandaliyanage, Acting Regional Director and Director, Department of Sustainable Development and Healthy Environments.

2. Technical sessions

2.1 Countering tobacco industry interference with tobacco control: a global perspective – Dr Armando Peruga, TFI Programme Manager, WHO/HQ

Internal documents of the tobacco industry indicate that it will use all resources available to fight tobacco control measures.

The tobacco industry has four main components: growing, manufacturing, distribution and selling. The “growing” component consists of tobacco industry-funded tobacco growers’ associations, allied and third-party industries (e.g. pesticides and other inputs), and leaf buying and processing businesses. The “manufacturing” component consists of state-owned, national and multinational tobacco companies and subsidiaries and representatives. The “distribution” component consists of importers, exporters and duty-free distributors. Finally, the “selling” component consists of retailers, duty-free retailers, allied and third-party industries (e.g. advertising and hospitality industries), and smokers’ rights associations.

Tobacco industry interference can be categorized as follows: manoeuvring to hijack the political and legislative processes, exaggeration of the economic importance of the industry, manipulating public opinion to gain the appearance of respectability, fabricating support through front groups, discrediting proven science and intimidating governments with litigation or the threat of litigation. Examples were discussed and recent instances where the tobacco industry has lost cases filed against tobacco control policies were described.

In this context, how such interference should be addressed was outlined. Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) states that “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law”.

The Guidelines for implementation of Article 5.3 have been developed. The guiding principles of the Guidelines were described. The most important aspect of addressing tobacco industry interference is to improve transparency in all dealings with the tobacco industry.

All operations and activities of the tobacco industry should be transparent, for example how much money the tobacco industry makes in the country and how much it spends on marketing (e.g. advertising, sponsorship and promotion) and Corporate Social Responsibility (CSR) initiatives. No funds or contributions should be accepted from the tobacco industry. Tobacco industry representatives should have very limited access to government personnel and elected officials and, when interactions

occur, they should be transparent and records should be made publicly available. A conflict of interest policy and a code of conduct for public officials should be established.

2.2 An overview of tobacco industry interference with tobacco control in South-East Asia – Dr Nyo Nyo Kyaing

The tobacco industry is a complex industry in the WHO South-East Asia Region as there is widespread use of both smoked and smokeless tobacco varieties. Four Member countries are among the top 20 tobacco producers in the world. There are also favourable political and legislative environments for the tobacco industry in some parts of the Region. Interference on tobacco control policies by the tobacco industry has been reported in most countries of the Region.

The industry is constantly manoeuvring to hijack the political and legislative processes. The industry does it in many ways. Getting access to government officials, funding political campaigns, interfering with proposed legislation, trying to intervene in every type of legislation aimed at tobacco control and negotiating seats at forums during policy-making processes are some commonly used strategies.

Another common tactic employed by the tobacco industry is exaggerating the economic importance of itself. For example, the loss of tobacco revenues from tobacco smuggling is exaggerated. The number of employees in the *bidi* industry is exaggerated. They conveniently ignore the social, environmental and health costs caused by tobacco and tobacco products.

Manipulating public opinion to gain the appearance of respectability through CSR initiatives is widespread in the Region too. There are many instances where funds are invested in anti-smoking campaigns for the youth, disaster relief, educational, health and developmental programmes to improve its image and infiltrate into sectors such as agriculture and education.

Front groups defend and protect the tobacco industry interests, and the industry hides deliberately behind them. There are advertiser groups, retailer groups, tobacco industry-funded growers groups and groups

claiming to defend the rights and interests of other businesses. Formation of pro-industry non governmental organizations (NGOs), infiltration of business groups and funding of high-profile institutions are other methods used. For example, farmers' front groups mislead governments and the public into believing that they are fighting for farmers' rights, and manipulate farmers into believing that they stand for their welfare. Indonesian Tobacco Society Alliance (AMTI), a farmers' organization in Indonesia, the Tobacco Institute of India and All India *Bidi* Federation are some examples.

Therefore, the effective implementation of Article 5.3 Guidelines is of utmost importance for Member countries.

2.3 Guidelines for the implementation of Article 5.3 – Dr Dharendra N. Sinha

WHO South-East Asia Region comprises 25% of the world's population, 26% of world's smokers and 90% of the world's smokeless tobacco users. Smokeless tobacco production has increased 25% between 2005 and 2010 worldwide. It has also been reported that the tobacco industry is paying young people to smoke in public in India. The smokeless tobacco industry positions itself as pro-poor to make any attempts to regulate this industry appear "anti-poor".

The contents of Guidelines for Article 5.3 of the WHO FCTC were described in detail. The Guidelines have been prepared and approved by the countries at the Conference of the Parties to the WHO FCTC.

The tobacco industry employs people to talk on different levels of the government structures in countries aiming to create confusion. Such confusion, even when occurring at one level, can delay the progress of any formulation or implementation of policies through government structures.

2.4 Discussion on technical presentations

- The use of delaying tactics in Maldives was discussed. In Maldives, growing or importing tobacco is not permitted. "The tobacco industry used a minor shortcoming in the wording of the description of the tobacco plant in the text of the act to ridicule

the whole non-smoking act, in to cause delays in its implementation.

- Activities to increase political will to address the issue of smokeless tobacco in the North East of India were described.
- It was stated that in Nepal the implementation of the pictorial warnings covering 75% of the pack was delayed due to court cases filed.
- It was stated that the politicians make the final decision in most cases. But it was pointed out that officials should be responsible to ensure that the correct decision is made by the politicians in issues such as this.
- When phrases such as “according to national law” are included, it causes problems as tobacco is a legal product. This makes the implementation of Article 5.3 problematic, as the State signs the WHO FCTC, and if there is no legislation, officials cannot be responsible. It was pointed out that it is the country that has to decide what to do in this respect.
- The new regulations in Indonesia were described. As the associations allied to the tobacco industry oppose this, counter arguments are needed. The Department of Information and Communication is best suited to counter such arguments.
- In Thailand, where the tobacco monopoly is owned by the government, the Ministry of Finance views the tobacco industry as a legitimate stakeholder.
- In Nepal, there is no parliament to pressurize. The tobacco industry will start its interference when a new parliament is established. But anti-tobacco activities are strong in most districts. Even the police are carrying out such activities. Currently, even the Restaurant and Bar Association of Nepal is discussing ways of implementing the law.
- The definition of “Party” was discussed. It was stated that it was the countries that developed and adopted the guidelines. It was pointed out that the definition was in accordance with paragraph 10 of the Guidelines for implementing Article 5.3.

- It was suggested that countries should assist each other to counter the tobacco industry interference.
- The process of development of the Guidelines to the WHO FCTC was described by the meeting secretariat. The development was carried out by the Conference of Parties, which means that the governments agreed to these rules, which they made by themselves. It was consensual without any votes. Therefore, despite the Guidelines not being legally binding, they carry a lot of weight.

2.5 Interview panel on country experiences of tobacco industry interference and country responses: Dr Stella A. Bialous and Dr Mary Assunta interviewed by Dr Armando Peruga

How has the tobacco industry changed over recent times?

Dr Stella A. Bialous: Their goal has not changed. It is profits. This makes it irreconcilable with public health. There have been many mergers and acquisitions. Therefore, the number of growers and manufacturers has decreased. The current four biggest companies are Phillip Morris International, British American Tobacco (BAT), Imperial Tobacco and Japan Tobacco International. The leaf processing has also undergone similar changes. Therefore, farmers have fewer buyers. The tobacco industry now also seems to make small concessions to delay WHO FCTC compliance. Another area of change is the diversification of the tobacco market, for example cigarettes and smokeless tobacco.

Have the ways in which the tobacco industry interferes with public policy changed?

Dr Mary Assunta: The South-East Asia Tobacco Control Alliance (SEATCA) has focal points monitoring tobacco industry interference in seven Association of South-East Asian Nations (ASEAN) countries. Many ways in which the industry interferes in public policies have been reported. Countries such as Indonesia, the Philippines, and Viet Nam are targeted by tobacco multinationals. BAT has entered Myanmar and Viet Nam.

How does the industry distort science for its benefit?

Dr Stella A. Bialous: In the past, the industry created a group of scientists to oppose second-hand smoke. Now, it is clear that the industry is distorting the economic aspects. Questions are twisted to obtain the answers they want. Another area of research they are interested in is “harm reduction”. It is also observed that some scientific journals are more sympathetic to the tobacco industry.

How beneficial are voluntary agreements to countries?

Dr Mary Assunta: These agreements are completely ineffective. Usually governments do not want to upset any industry. Several ASEAN countries still do not have any comprehensive advertising bans. Tobacco industry then volunteers to restrict advertising on their terms.

There are many examples of joint activities by the tobacco industry and the government. It exaggerates the issue of smuggling and forms memoranda of understanding (MOU) with governments. They try to interfere with tax policies through such mechanisms. Such agreements provide the industry an access to governments. Ideally, governments should regulate and not come to agreements with the tobacco industry.

What is the role of corporate social responsibility of the tobacco industry?

Dr Stella A. Bialous: Companies that sell death cannot be socially responsible. It is a form of marketing. They usually spend more money on advertising such efforts than spending on the activity. For example, they spent 15 times more on advertising the fact than on an initiative on domestic violence in one country. They also create NGO and other groups through such funds which oppose regulation of the industry. South Africa has banned advertising of CSR activities which was followed by a significant reduction in such activities.

What is the relationship between trade and tobacco control?

Dr Mary Assunta: WHO FTCT negotiations discussed the issue of trade in detail. Now the tobacco industry is using the trade platform to fight the

FCTC. Free trade agreements are complex. In such agreements and negotiations, the tobacco industry is considered equal to any other industry. Therefore, the tobacco industry advocates for “predictable regulatory environments” and “level playing fields”. For example, attempts to rotate pictorial warnings are interpreted as contrary to “predictable regulatory environments”. Language from trade is used to oppose tobacco control. The Trans-Pacific Partnership (TPP), a trade agreement being negotiated, has some chapters counter to tobacco control.

How should the issue of regulating government officials’ contacts with the tobacco industry be approached?

Dr Stella A. Bialous: Many countries have codes of conduct to address this issue. For example, Canada prohibits such contact, except groups within the government can communicate (regulations, etc.) to the tobacco industry, not consult, and in court cases. Lao People’s Democratic Republic forbids civil servants to have contacts that potentially undermine the Tobacco Control Act. Panama has rules for meetings such as the minutes being made public.

Dr Mary Assunta: Many countries have anti-corruption rules that can be used. The Civil Service Commission of the Philippines drew up a code of conduct as per the FCTC. The Ministry of Health of Thailand has guidelines for its officials. In Singapore, government officials can only notify the tobacco industry about the government decisions and are not allowed to discuss or interact with the tobacco industry.”

Dr Stella A. Bialous: Government owning shares in the tobacco industry is a conflict of interest. The Government of Norway will sell a US\$ 2 billion stake in the tobacco industry.

Dr Mary Assunta: The Thai Government is a good example where the government’s own tobacco company is well regulated. In Viet Nam, the government operates jointly with BAT, but passed strong tobacco control laws. Governments sometimes tolerate the tobacco industry for advice; as such advice comes through the Ministries of Finance and Trade. All such interactions should be recorded. We need to advocate these sectors of government as well.

Points raised at the discussion are as follows:

- Only the Ministry of Health is concerned about hazards of tobacco in Bangladesh. It is important to involve other ministries.
- At national level, the whole view, or the net effect of tobacco, should be promoted.
- The entry of tobacco industry to other sectors, for example pharmaceuticals, allows them to enter areas the tobacco industry alone cannot. It is also a highly profitable industry. Addressing the shareholders of the tobacco industry is complicated by the fact that most of them are held by funds and individual shareholders. Therefore, individuals may not even know that they hold shares of the tobacco industry.
- Statistics should be used strategically for different sectors, for example loss of productivity. This is a way of isolating them from other industries. Denormalizing the tobacco industry is also important. It sits at the bottom of the corporate “Reputation Index”.

2.6 Questions on technical session

The effects of addressing informal promotions (brand extensions) and how it should be addressed in countries such as India was discussed. The summary of the discussion follows:

- Brand extensions improve brand recognition which makes it easier to lure people into smoking. Loopholes in legislation allow this. There is a need to address the language of the laws. For example, British American Tobacco advertises together with Blackberry in Malaysia.
- A possible way of approaching this is listing such instances and studying how it has been addressed in different countries. This should be considered interference of the tobacco industry. Therefore there is a strong need for industry monitoring, sharing information and responding between countries and Regions.
- The industry sets one country against another, bringing examples from other countries to stall or delay implementation policies in

one country. In the presentations by countries (during group work) there were many instances where the source tobacco industry interferences described, the source was “personal observation”. Therefore, it is important that a formal system of monitoring is established. Two-way, active, communication is important in this respect, not passive sharing of information.

- The South East Asia Tobacco Control Alliance (SEATCA) has developed a monitoring system. Civil Society can assist government in this issue. There is also a need for information from developing countries as information from developed countries does not carry much weight in debates in developing countries.
- It was suggested that a strong monitoring mechanism should be built into tobacco control legislation. It was also suggested that tobacco control focal points in countries share information until an international system of monitoring is established.

2.7 Panel discussion on regional challenges on countering tobacco industry interference: moderated by Dr Athula Kahandaliyange

The members of the panel were Dr Mary Assunta, Dr Monica Arora, Dr Laxmi Somatunga, Dr Shailesh Vaite and Dr Prima Yosephine.

Dr Prima Yosephine outlined the following challenges in Indonesia:

- Indonesia has not yet signed nor ratified the Framework Convention on Tobacco Control. Consequently, there is no binding legal instrument for the government to counter tobacco industry interference.
- The Government of Indonesia passed Government Regulation on Tobacco Control at the end of 2012, after 3 years of delay. Although the provisions may not be strong as those set out in WHO FCTC, tobacco control is moving forward step by step. With this regulation, Indonesia becomes the fifth country in ASEAN Region to have graphic health warning.

- The Ministry of Health is also working towards WHO FCTC accession. Those within the Ministry of Health are working on the finalization of Academic Draft and Draft Bill of WHO FCTC accession.
- Tobacco industry is using the Ministries of Trade, Information and Agriculture, tobacco farmers and labour groups to voice and protect their interests in tobacco control policy-making process. Therefore, in many cases, the Ministry of Health is often confronted by these allies when drafting tobacco control policies and regulations.
- The tobacco industry is seen as a legitimate stakeholder to be involved in the policy-making process. If the government does not involve tobacco industry when developing tobacco control policies and regulations, the policy will be deemed as illegitimate. This leads to massive demonstrations from tobacco industry front groups, such as tobacco farmers and tobacco labour groups.
- Tobacco industry CSR in Indonesia is rampant. They support many kinds of social activities, environmental projects, media events, sporting events, educational programmes, cultural activities and disaster relief. These CSR build and strengthen the public opinion that tobacco industry is a socially responsible industry which aims to silent the government from having strong tobacco control measures.
- There is a lack of commitment for tobacco control from some local governments and policy-makers.
- There has also been progress on smoke-free areas. To date, there are approximately 85 districts that have adopted smoke-free areas in 27 of the 33 provinces, either through Local Regulation, Governor Decree, Mayor Decree, Governor or Mayor Instructions.

Dr Laxmi Somatunga highlighted the following challenges in the Region:

- Monitoring/industry strategies: As the tobacco industry works without a legal framework and ethics, we need to be vigilant.

Their ability to infiltrate public domains in countries should not be underestimated.

- Lack of or weak constitutional provisions: To address this, the existing, related provisions should be utilized to the maximum.
- Political commitment: For example, Sri Lanka is fortunate to get strong commitment from His Excellency, the President, for tobacco control. We, especially the government officials, should convince politicians.
- Intersectoral action: Involvement of stakeholders other than the health sector in advocacy for implementing tobacco control measures is not strong. Therefore, each country should establish a mechanism for coordinated action.
- Heighten the role of media: Media plays a critical role in advocacy and awareness. Therefore, its involvement in tobacco control is crucial and important.
- Public awareness: The public is not aware of the country's international commitments on tobacco control. There are myths and misconceptions about tax. The message should be that tax is not administered by the industry, but a price measure imposed by the government.
- Creation of public demand: This is the most challenging but very successful factor, even to overcome litigation.

Dr Mary Assunta highlighted the following challenges:

- Monitoring of SEATCA shows that the tobacco industry is interfering with policy in many countries. It still meets the officials of Ministries of Health. It uses front groups, CSR, foreign law firms, threats and trade platforms for this purpose.
- In Malaysia, the tobacco industry sent information on how other governments collaborate with the tobacco industry on illicit trade. It also claimed that the WHO FCTC does not recommend that governments should not deal with the tobacco industry.
- Phillip Morris spends US\$ 5 million per year in Indonesia for CSR.

- The tobacco industry front group, the International Tobacco Growers' Association (ITGA), now works on alternative crops after steadfastly opposing the concept. It has now launched its Asian chapter "Save Our Farms".
- The President of Phillip Morris Asia has been appointed to the Board of the US ASEAN Business Council, which is the advocacy organization for US corporations operating in the ASEAN countries.
- The TPP, a trade agreement being negotiated between Peru, the United States of America and several Asian countries, is posing an immense threat to tobacco control at country level.
- The SEATCA industry monitoring system tracks industry interference and has developed a tobacco industry interference checklist. It has also developed an FCTC Report Card.

Dr Monica Arora discussed the following points:

- Raising awareness is urgently required for the myriad varieties of tobacco products.
- Measures to limit interactions, as the industry utilizes money to enter the policy process, are necessary.
- Reversing the accepted public norms on interactions between tobacco industry and the government is important.
- There is no system to address the issues of conflict of interest. For example, contributions by the tobacco industry are accepted by many sectors.
- Information must be sought from the tobacco industry on the funds it spends on "under the belt" advertising.
- Tax exemptions and subsidies are a big challenge. Alternative crops are difficult to popularize as no other sector has such a market support mechanism.
- The industry creates confusion during the development of policies and laws, which builds in loopholes in such policies and laws.

Dr Shailesh Vaite discussed the following challenges:

- a success story relating to the cooperation of civil society between two countries in identifying a conflict of interest of a member of a delegation to conference on health was related.
- the importance of a multisectoral mechanism for tobacco control at country level to better address issues such as tobacco industry interference.
- the need of a conflict of interest declaration for meeting participants and the role that civil society can play in this respect.
- the need for issues related to Article 5.3 to be coordinated with other UN bodies.

2.8 Questions on technical session

The effects of addressing informal promotions (brand extensions) and how it should be addressed in countries such as India were discussed. The summary of the discussion includes the following:

- Brand extensions improve brand recognition which makes it easier to lure people into smoking. Loopholes in legislation allow this. There is a need to address the language of the laws. For example, BAT advertises together with Blackberry in Malaysia.
- A possible way of approaching this is listing such instances and studying how it has been addressed in different countries. This should be considered interference of the tobacco industry. Therefore, there is a strong need for industry monitoring, sharing information and responding between countries and Regions.
- The industry sets one country against another, bringing examples from other countries to stall or delay implementation policies in one country. In the presentations by countries (during group work), there were many instances where the source tobacco industry interferences described, the source was “personal observation”. Therefore, it is important to establish a formal system of monitoring. A two-way, active, communication is important in this respect, not passive sharing of information.

- SEATCA has developed a monitoring system. Civil society can assist government in this issue. There is also a need for information from developing countries as information from developed countries does not carry much weight in debates in developing countries.
- It was suggested that a strong monitoring mechanism should be established into tobacco control legislation. It was also suggested that tobacco control focal points in countries share information until an international system of monitoring is established.

Discussion

As an answer to a query, it was stated that the regulation in Indonesia requires that pictorial warnings should cover 40% of the front and back of a tobacco pack.

The ways of countering ITGA was discussed. It was suggested that the best approach should be countering the false arguments and statistics it produces. For example, the actual number of tobacco farmers in some countries was one third of the amount they claimed. The real problems of the tobacco farmers, for example middlemen, are never discussed by this group. Such information should be conveyed to policy-makers.

It was also stated that US NGOs were working on the issue of the Chairman of Phillip Morris Asia being a Board member of the US ASEAN Business Council.

3. Group work and presentations

3.1 Group work 1: assessing tobacco industry interference in each Member State

The group work aimed at assessing:

- the breadth and depth of the tobacco industry interference in the countries;

- the level of awareness among government sectors and employees about the presence of the tobacco industry and tobacco industry interference in each country.

The grouping was made by country and consisted of the following: representative from the Ministry of Health, representative from the Ministry of Information or relevant sector, NGO from that country or any NGO that wants to join the group, and WHO country focal point.

The discussions were structured according to a given template, which was followed by a 10-minute presentation. As Bhutan and Timor-Leste did not have tobacco industries, they presented together with Nepal and Indonesia, respectively.

Template for group presentations

The template categorized tobacco industry interference as follows: CSR programmes, partnerships with governments (such as voluntary agreements/memoranda of understanding), front groups (groups that work to advance the tobacco industry agenda), industry allies (industries that are allied with tobacco industry), litigation and consultants/intelligence gathering.

Bangladesh

BAT started forestation programme with Forest Department in 1980. It distributed 4 million saplings in 2011. The Safe Drinking Water Project of BAT aims to provide rural communities with safe drinking water. Using community-based water filtration technology BAT's 18 water filtration plants provide approximately 95 000 litres of drinking water every day.

BAT has over 34 000 registered farmers. Its sustainable agriculture project has the stated aim of enriching the soil health and fertility. "Dhaincha" is also promoted as an alternate fuel. Moreover, BAT introduced Integrated Pest Management Clubs and Farmer Field Schools in collaboration with the Department of Agriculture Extension.

Every year, *bidi* workers' group takes initiative in the form of demonstration, media campaigns, meetings with policy-makers, etc., to see

that tax on *bidi* is not increased. The *bidi* industry also pays “experts” to speak in media and engages consultancy firms to produce reports, especially to protect the industry. The National Board of Revenue (NBR) holds meeting with tobacco industry every year (as part of meetings with various other industries) before formulation of the national budget.

India

The cigarette and *bidi* industries support educational programmes and also provide infrastructure such as building for educational institutions. Indian Tobacco Company and Godfrey Phillips India (GPI) are involved in water management projects (e.g. recycling and rainwater harvesting), climate change, sustainable development and farm productivity programmes. The DS Group (a leading smokeless tobacco company) conducts charitable work through a trust it has created. Following the Gujarat earthquake in 2001, the *gutkha* industry distributed food and *gutkha* to the victims. The DS Group has been involved in disaster relief following floods and the tsunami in 2004, in addition to restoration of historical monuments. GPI has also constituted a “Bravery Award” for heroes among the common people. It has also associated celebrities with this award.

Tobacco companies have also been involved in sports’ events, fashion shows and film awards. Front groups of the tobacco industry have opposed the movement for banning smokeless tobacco and *gutkha*. The Confederation of Indian Industries with ITC has set up a centre of excellence for sustainable development and also organized a sustainable development awards ceremony where important individuals attended. The Chamber of Commerce and Industry of India supported the tobacco industry’s position on tobacco taxation.

The tobacco industry has instituted legal action against many tobacco control measures implemented. Members of Parliament who are lawyers often represent tobacco companies. The Chairman of ITC has been nominated as Director in the Reserve Bank of India’s (the Central Bank of India) Central Board. When strong pictorial warnings were to be implemented in 2010, the tobacco industry claimed that it has stopped production causing an economic loss of up to Rs 100 crore per day using front groups. Some members of the Indian film industry have litigated the tobacco companies for their support in promoting smoking in films.

The industry and its allies have also filed more than 70 court cases against the ban on smoking in public places. According to the 2011 Annual Report of ITC, it has donated to several political parties. The government insurance companies have invested in ITC and DS Group.

Indonesia

There are many tobacco industry front organizations such as the Indonesian Tobacco Farmers Association (APTI), Indonesian Tobacco Society Alliance (AMTI), Tobacco Labour Alliance, "Save Clove Cigarettes" National Coalition and allied organization, such as advertising agencies and hospitality industries.

The tobacco industry also succeeded in deleting a clause from Article 113 of Health Law No. 36/2009, which states that tobacco is addictive. It has delayed the adoption of Government Regulation on Tobacco Control (PP 109/2012) discussed since 2009 through demonstrations by front groups and public opinion building in the media. The National Association of Kretek Community submitted the Tobacco Draft Bill which accommodates tobacco industry interests and harms public health interests. The industry also interfered with the process of drafting the Ministry of Health Decree on Graphic Health Warning (February 2013) and has been successful in delaying the country adopting the WHO FCTC.

The tobacco industry is also actively taking legal action against tobacco control measures. Bambang Sukarno DPRD (Regional House of Representatives Temanggung) filed Judicial Review of Health Law to Constitutional Court requesting the deletion of Article 113 (2) of Health Law. There was also a citizen lawsuit against Governor Decree No. 88/2010 which eliminates Designated Smoking Rooms claiming that it violates human rights. Both cases were dismissed.

There are also many examples of CSR activities of the tobacco industry. Sampoerna Foundation funds the development of educational module to be integrated into the national curriculum for schools. It also sponsors educational programmes through scholarships to Sampoerna School of Business and Management ITB. Sponsorship of sporting events is common, for example, Indonesia Soccer League and PB Djarum Scholarship for Badminton. Disaster relief/assistance is given by Sampoerna

Foundation, Gudang Garam. The industry also provides charity to community-based groups.

Nepal and Bhutan

Only the information from Nepal was discussed as Bhutan did not have any tobacco industry. In Nepal, tobacco companies, for example Surya company, promote their logo in different forms. Indirect promotion of tobacco in the background of television screens during interviews of celebrities is seen.

Around 12 cases are filed in the Supreme Courts in Nepal. This has delayed the implementation of Section 9 of the Tobacco Control Act. Although there is no visible political funding, this remains a hidden agenda. The tobacco industry publicly claims to have contributed to the boosting of the economy through taxation and employment opportunities.

Myanmar

CSR activities for educational projects and funding social and media events take place. A joint venture tobacco company owns the tobacco farms and funds the education programme for villagers working for tobacco growing and their children. One cheroots company established a savings account at a bank and used the interest for providing scholarships to high school students and for donating materials to schools. Some companies funded social and media events like singing concerts, talent shows and water festival playing stages. In Myanmar, the government employees who deal with the tobacco industry belong to trade, tax and revenue, labour, agriculture and border control sectors.

Sri Lanka

BAT has the monopoly in the cigarette market in Sri Lanka. Retailer education programmes are common in Sri Lanka, where retailers are entertained in plush hotels. However, recently such a programme was raided by the Department of Excise in Sri Lanka and the industry was taken to court for distributing cigarettes free of charge to the participants. CSR activities are not common at present, although the industry carried out

environment and agriculture programmes in the past. There are only two instances of litigation against tobacco policies. The first was a legal action against the national tobacco law when it was first formulated in 2006 which the industry lost. The second is the litigation against the Ministry of Health gazette notification on pictorial health warnings issued under the above act. The Appeals Court verdict issued in February 2013 went against the tobacco industry. The tobacco company has appealed against this decision, which is being heard in the Supreme Court at present.

Thailand

There are several CSR activities reported in Thailand. “One Province One Scholarship” Project for education, distributing life-saving bags to victims of the mega flood in 2011, sponsorship for the production of the Royal Anthem shown in movie theatres, sponsoring of sporting events and sports club for the Thailand Provincial league soccer are some of them. The front groups are Thai Tobacco Association (TTA), tobacco farmers and Boston Consulting Group. Their allies are Price Water House Cooper and consulting groups such as the law firm Baker & McKenzie. The tax benefit enjoyed by the industry is duty-free sales at the airport. Rallies and protests by farmers are some means used by the industry for intimidation.

Discussion on group work 1 presentations

It was stated that in India there are government institutes mandated to support tobacco control, such as the Tobacco Board and the Department of Agriculture. Delegates from these organizations can be included in official government delegations. As a solution, it was suggested that the objective of the institution has to be taken into account when selecting for delegations. For example, a person from the Tobacco Board of the Philippines was withdrawn from the delegation to the Conference of Parties. It was also suggested that civil society can play an active role in pointing out such conflicts of interest to governments as government may not have mechanisms in place to spot such issues.

3.2 Group work 2: assessment of measures/policies and gaps to counter tobacco industry interference in Member States by country

The purpose of this exercise was to apply the information from presentations, interview panel and panel discussions on regional challenges and work out the following:

- What measures are already in place in the country that could be applied to countering the tobacco industry interference?
- What are the gaps that need to be addressed in order to establish measures to counter tobacco industry interference?

The goals and outcomes are as follows:

- to assess country and/or governmental readiness to counter tobacco industry interference;
- to identify the political feasibility related to the implementation of measures to counter tobacco industry interference.

The grouping was made by country and consisted of the following as in the previous grouping: representative from the Ministry of Health, representative from the Ministry of Information or relevant sector, NGOs from that country or any NGO that wants to join the group, and WHO country focal point.

As for group work 1, the discussions were structured according to a given template, which was followed by a 10-minute presentation. As Bhutan and Timor-Leste did not have tobacco industries, they presented together with Nepal and Indonesia, respectively.

Group presentations

Bangladesh

- The Tobacco Control Law of Bangladesh is counterproductive to industry interest. It contains provisions for smoke-free public places, public transport (with penalties for violations), ban on tobacco advertising, and promotions and sponsorships, including

sponsoring of sporting events, health warning on packs and punitive provisions for industry.

- A National Task Force Committee has been established. The National Tobacco Control Cell is an apex body with the vision, trained manpower, and power to establish the code of conduct and enforcement of law, and to coordinate between the government and NGOs. The National Board of Revenue oversees tobacco manufacturing and taxation.
- There is a vigilant civil society and a vibrant media exposing tobacco industry tactics and acting as a watchdog.
- The current gaps include the lack of a written policy on engaging industry, lack of a code of conduct, guidelines, conflict of interest forms or disclosure requirement, and lack of inter-ministerial coordination.

India

- Information specific to tobacco industry interference is available as scattered references. There are no sustained planned campaigns on the issue. Civil society organizations raise the issue, but not in an organized, coordinated manner.
- A focal point for tobacco control has been established in the Ministry of Health and in the States. The terms of reference of these focal points are generic for Tobacco Control, and not specific to Article 5.3 of WHO FCTC.
- Surveillance is not systematic. For GTCR/COP purposes, data are collected on specific issues periodically: tobacco leaf production, manufacture and revenues. Some data regarding the activities listed in the group work guidelines are available in the public domain, such as websites of the companies and annual reports.
- Conflict of interest (Code of Conduct for Civil Servants under process): Apart from these, there is a generic code of conducts for civil servants. All others listed in the group work guidelines do not exist at the moment.

Indonesia

- Indonesia does not have specific measures to counter tobacco industry interference, but the following existing measures can be utilized: Code of Ethics for Civil Servants, Code of Ethics for Members of Parliaments and the Law of Public Information Transparency.
- The following are needed to address the current gaps: establishing a focal point within the government for monitoring tobacco industry interference, developing a systematic mechanism to monitor tobacco industry interference/activities, developing campaigns to raise the awareness of tobacco industry interference targeting government officials and establishing a code of conduct to regulate the government officials' interactions with the tobacco industry.

Maldives

- There is no information of tobacco industry interference readily available to the public. A regular, formal mechanism is necessary to carry out campaigns for public officials, as this is only carried out in an ad hoc manner at workshops and consultations. The Health Protection Agency (HPA) is mandated to carry out awareness programmes. Although such programmes are not implemented regularly, they are planned for the current year.
- There is a need to raise awareness among all government agencies on this issue. There is a government focal point for tobacco control. Traders in tobacco are registered as general businesses. An implementation of a tobacco specific licensing system is planned for 2013. Regular inspection of the implementation of the Tobacco Control Act needs strengthening.
- Import statistics are regularly published but not disaggregated by importers. All tobacco products are imported to Maldives as there is no tobacco cultivation or production in the country. Revenues are also published but are not disaggregated.
- Anti-corruption laws and election law can be used to counter the industry interference.

- As all relevant sectors are not consulted when developing legislation, the tobacco industry can interfere. The Ministry of Health is not involved in the taxation process. The local councils are not fully involved in the enforcement of the law. There are no dedicated anti-tobacco NGOs in the country.

Myanmar

- A National Tobacco Control Law with total ban on tobacco advertising, promotion and sponsorship and penalties has been implemented. The Central Tobacco Control Committee, the main monitoring and control body, consists of the Minister, Deputy Minister and Director General from the Ministry of Health and other related ministries.
- Awareness raising campaigns, including World No Tobacco Day (WNTD) celebrations at the national, state and regional levels, and awareness raising to Central Tobacco Control Committee members, senior officials of other related ministries, NGOs and media personnel at the multisectoral meetings and workshops are being carried out.
- Only the Department of Health, Ministry of Health, is involved in raising awareness about the tobacco industry interference. Regarding the implementation of Article 5.3, the focal point is the Department of Health which includes the Director General (Department of Health), Deputy Director General (Public Health), Director (Public Health) and Assistant Director (Basic Health).
- There is no systematic surveillance system for collecting tobacco industry-related information yet in Myanmar. Some specific data and information, such as tobacco leaf production, manufacture and revenues, may be collected by the respective ministries and departments, but not regularly available by the focal point from the Ministry of Health.

Nepal

- Currently, the tobacco industry is influencing key policy-makers and other responsible persons through different means not to

implement the Tobacco Control and Regulation Law effectively. It is also involved in the creation of the so-called farmers groups and *bidi* manufacturers' groups and in filing court cases challenging the tobacco control law. Logos of tobacco companies have been used in different social programmes, awards and sporting events (e.g. Surya Golf).

- There are several measures in place to counter the tobacco industry interference. There is no representation of tobacco industry in committees. There is no government participation in any programme organized by the tobacco industry. District Inspectors have the right to inspect the producers, manufacturers and retailers in compliance with the Tobacco Control Act. There is a legal obligation to reporting mechanism to ensure transparency. Both the State and Non-State sectors are represented in the high-level policy-making committee.
- The gaps are the lack of inter-ministerial coordinating mechanism, mechanism for civil society and non-implementation of a government committee to monitor the implementation of regulations. There is a sensitization gap on the tobacco industry interference within the government officials responsible, medical professionals and legal experts.

Sri Lanka

- Tobacco industry cannot interfere with policy development. It interferes with implementation. This is monitored by both government and NGO structures. The government and NGOs regularly carry out campaigns on tobacco industry interference to public, officials and politicians. Such activities are in the work plans of national-level NGOs, but yet to be entered into the government work plans.
- Although lists of front groups are not officially prepared, information on such groups is regularly exchanged between the government and NGO sectors. Raising awareness on interference is carried out by Health and Mass Media Ministries, Police and Excise. There is no focal point specific to Article 5.3, but the overall implementation of FCTC is overseen by government focal points.

- Information on leaf production, manufacture, market share and revenue is collected. It is collected and reported by the Health Ministry, Finance Ministry, Central Bank, Agriculture, National Dangerous Drugs Control Board, Excise Department and Customs Department. The information collected is available to the public. It is used for policy implementation, planning and training. There are no penalties other than those pertaining to other industries for inaccurate disclosures.
- There is a code of conduct for government officials, which forbids receiving gifts and contributions. There are guidelines for specific groups of the government officials in relation to their interaction with private sector. Violations are assessed in relation to specific administrative guidelines. There are no guidelines on lobbying, or conflict of interest forms. Although there is a conflict of interest form when applying for civil service and elected officials, these do not specially link to the tobacco industry.
- The Ministry of Health has the ability to establish its own code of conduct and meeting guidelines. There have been no recent attempts by the industry to offer legislative language for tobacco or other public policy.

Thailand

- Information on tobacco industry interference is readily available. There is a collective tobacco control effort involving the government, NGOs and academia with adequate funding from Thai Health Promotion Foundation. The NGO Action on Smoking and Health (ASH) is specifically responsible for developing and disseminating information related to tobacco control. Media has a code of conduct that must disseminate information from the Ministry of Public Health (MOPH), related to tobacco control.
- Surveillance is almost complete – based on Excise Department in its regulation of tobacco products and Bureau of Tobacco Control of MOPH. Information of the Thai Tobacco Monopoly (TTM) is under national regulation of Public Access Information. An information gap exists for market share, advertising, marketing and lobbying expenditures, and research funding.

- Conflict of interest is the biggest challenge. Declaring it is limited to MOPH. The government system does not support establishing conflict of interest for ministries. The lobbying system is informal and not accountable.

3.3 Group work 3: drafting an action plan for implementation of selected measures of Article 5.3 of the WHO FCTC by country

The purpose of this exercise was to apply the information from presentations, interview panel, panel discussions on regional challenges and previous group works 1 and 2 and work out the following:

- prioritize measures to counter tobacco industry interference and select at least one measure to be implemented;
- develop an action plan to implement at least one selected measure or selected area of tobacco industry interference, including a detailed timeline for action.

The goals and outcomes are as follows:

- to identify three to five measures taken from Article 5.3 Guidelines that the country can implement to counter tobacco industry interference;
- to select, out of these three to five measures, the one that is most feasible to implement as a first step towards the implementation of a full set of measures to counter the tobacco industry interference in line with Article 5.3 Guidelines;
- to draft an action plan to implement this selected measure.

The measures, based on Article 5.3 Guideline recommendations, discussed were:

- formulating or applying a code of conduct for public officials (i.e. staff) for interacting with tobacco industry;
- developing guidelines for meeting with the tobacco industry (may or may not be part of the code of conduct);

- designing information and awareness campaigns about tobacco industry interference targeting government employees at all levels;
- developing criteria to ensure that any person employed by the tobacco industry or any entity working to further its interests is not a member of any government body, committee or advisory group that sets tobacco control policy;
- monitoring the tobacco industry activities.

The grouping was made by country and consisted of the following as in the previous grouping: representative from the Ministry of Health, representative from the Ministry of Information or relevant sector, NGOs from that country or any NGO that wants to join the group, and WHO country focal point.

Group presentations

Almost all countries prepared an action plan to raise awareness and to conduct educational campaigns on tobacco industry interference. Education campaigns, advocacy meetings and issuance of circulars and administrative directions were planned. Nepal planned the establishment of multisectoral coordination mechanism for effective implementation of tobacco control policies as well as countering the tobacco industry inference.

The summary of the action plans is given in Annex 4.

4. Conclusions and recommendations

The WHO Regional Office for South-East Asia (SEARO) convened a Regional Meeting on Countering Tobacco Industry Interference, 19–21 March 2013, WHO/SEARO, New Delhi, India. A total of 40 participants representing national governments of 10 Member States of the Region, global and regional experts, representatives from NGOs and Partner Agencies, and the WHO Secretariat attended the meeting.

The overall objective of the meeting was to review the progress on countering tobacco industry interference and strengthen the implementation of tobacco control programmes in the South-East Asia Region.

Specific objectives of the meeting were:

- to review the extent and scope of tobacco industry interference with tobacco control and the national responses to this interference in South-East Asia Region;
- to identify national policies and capacity needs to effectively counter the tobacco industry interference in Member States in line with Article 5.3 of the WHO FCTC;
- to make regional recommendations on way forward for the implementation of Article 5.3 of the WHO FCTC and its Guidelines.

Participants reviewed the various forms and tactics used in industry interference and the global and regional responses to counter them, as well as the Guidelines for the implementation of Article 5.3, and reaffirmed that, based on the WHO FCTC, the tobacco industry is not a legitimate stakeholder in tobacco control and should not be treated as such in the development of national policies and legislation. Participants worked in groups and conducted an assessment of tobacco industry interference in each of their countries, assessed measures/policies and gaps to counter tobacco industry interference and drafted an action plan to implement at least one measure to counter tobacco industry interference, in line with Article 5.3 and its Guidelines according to the country's needs and resources.

After presentation of each country's results, gaps in Member States' ability to counter tobacco industry interference, as well as existing opportunities, were identified. The participants concluded that instances of tobacco industry interference with implementation of tobacco control policies and/or the WHO FCTC are frequent, and their tactics are both open and stealthy. Some of the key areas of interference identified, among others, were:

- tobacco industry's so-called CSR activities;
- creation and/or support of front groups to promote tobacco industry's interests;

- access to policy-makers in manners that are not always public and transparent;
- preventing legislation implementation through legal and political manoeuvres;
- litigation or threat of litigation against government and policies;
- the use of regional and international trade, and other bilateral and multilateral agreements, to challenge and undermine countries' tobacco control measures.

Participants identified the need for regional and national systematic and coordinated tobacco industry monitoring activities, with dissemination of best practices to assist Member States to learn from each other and be better prepared to counter tobacco industry interference. Such monitoring, and dissemination of results, could be best achieved through partnerships with civil society and media.

Participants also identified the need of ongoing awareness raising among all relevant government sectors about tobacco industry interference, the WHO FCTC and Article 5.3, as industry interference occurs at many points within the government and not all sectors/departments are well prepared to recognize it and address it. Although codes of conduct exist in many countries for civil servants and elected officials, these are not being uniformly applied to interactions with the tobacco industry. All Member States agreed to engage all tobacco control stakeholders, including NGOs and media, while safeguarding the public health from potential conflict of tobacco industry, to develop or strengthen the national multisectoral action plan and mobilize and sustain their commitment for the full implementation of the WHO FCTC (if Parties) and national tobacco control policy (if not a Party).

Each participating Member State developed their own short-term action plan to immediately implement measures to counter the tobacco industry interference. In addition, meeting participants formulated the following short-term recommendations for Member States, WHO and international partners to take forward the agenda of advancing implementation of measures to counter the tobacco industry interference in line with the WHO FCTC with the understanding that Member States (if Parties) should complement these recommendations with other measures to fulfil their obligations under the WHO FCTC as soon as they can.

Recommendations for Member States include the following:

- To review and revise as needed the terms of reference of the country's tobacco control focal point (or unit/programme/department) to ensure that monitoring the implementation of Article 5.3 is within its mandate and priorities.
- To formulate and implement, within 1 year, a communication strategy to raise awareness among various government and non government stakeholders about tobacco industry interference and measures to counter interference, as stated in Article 5.3 Guidelines. Such communication strategy needs to focus on the need for the multisectoral implementation of the WHO FCTC and the cross-cutting reach of Article 5.3 and could be enhanced through partnerships with civil society and media.
- To develop and implement a sustainable and systematic national and regional tobacco industry monitoring mechanism to ensure that information related to the tobacco industry is current and accurate. Establish partnership with NGOs and media to build synergy between government and non governmental efforts. Information gathered from the tobacco industry monitoring efforts will support efforts to raise awareness among all national tobacco control stakeholders and Member States about tobacco industry interference.
- To review and, where not available, formulate a code of conduct for government officers that provides guidance on how to prevent conflict of interests, real or perceived, between civil servants, elected officials and other government officers, and the tobacco industry interests.
- To review and, where not available, formulate a guideline on the interaction between government and the tobacco industry, while considering that, based on Article 5.3 Guidelines, such interactions must be limited to instances where interactions are strictly necessary to enable governments for effectively regulating the tobacco industry, and such interactions must be conducted in a transparent manner.

In the implementation of these recommendations, Member States are encouraged to take note of the existing technical resources such as WHO's Technical Resource for Country Implementation of the WHO FCTC Article

5.3,¹ resources available from NGOs such as SEATCA² and the International Union Against Tuberculosis and Lung Disease.³

Recommendations for WHO are as follows:

- to follow up with, and provide technical support as needed to, Member States in the Region in the implementation of each country's action plan as developed in the meeting;
- to follow up with, and upon request provide technical support to, Member States in the Region on the issue of developing a communication strategy to raise awareness about tobacco industry interference and the contents of Article 5.3 Guidelines;
- to serve as a repository of tobacco industry interference examples and best practices on the implementation of Article 5.3 Guidelines, serving as a resource on countering tobacco industry interference;
- to disseminate lessons learned and to provide technical support, upon request, for the implementation of Article 5.3 Guidelines and the utilization of the Technical Resource for Country Implementation of WHO FCTC Article 5.3. Such support may include, but is not limited to, cooperation in the development of, or reframing of existing, code of conducts that will assist in creating a firewall between government officers and elected officials, on one side, and the tobacco industry, on the other side, based on available best practices.

Recommendations to international partners, other UN agencies and donors are as follows:

- increase support and funding to implement the above-mentioned recommendations as well as other measures to implement Article 5.3 and its Guidelines;
- include these recommendations in ongoing cooperation programmes with Member States on transparency and good governance.

¹ http://www.who.int/tobacco/publications/industry/technical_resource_article_5_3/en/index.html

² <http://www.industryinterference.seatca.org/>

³ <http://www.tobaccofreeunion.org/content/en/446/>

Annex 1

Inaugural Message by Dr Samlee Plianbangchang, Regional Director WHO South-East Asia

(Delivered by Dr Athula Kahandaliyanage, Acting Regional Director)

Distinguished Participants, Dear Colleagues, Ladies and Gentlemen

I am glad to see that tobacco control focal points from ministries of health, representatives from ministries of information and communication and from civil society are here together to jointly assess tobacco industry interference in our Member States and to identify national policies and needs to effectively counter it.

It is a known fact that tobacco is the leading preventable cause of death. Tobacco kills nearly 6 million people annually worldwide. The toll of death is over 1.3 million in this Region. Our Region has about 250 million smokers and nearly the same number of smokeless tobacco users. The epidemic of tobacco use is unique in the Region due to the diversity of tobacco products available and the absence in many countries of regulations governing non-cigarette forms of tobacco products such as *bidis*, *kreteks*, cheroots, snuff, *gutkha*, betel quid with tobacco etc. which are regarded as cottage industry products, thus often escaping taxation measures. As a result, the burden of tobacco-related morbidity and mortality is escalating. This situation complicates implementation of the WHO Framework Convention on Tobacco Control in our Member States, posing a unique challenge to regulation of all tobacco products. Understanding these complexities and monitoring the tobacco industry's tactics are crucial for policy-makers and tobacco control activists in the Region. Comprehensive tobacco control cannot be achieved by the health ministry alone and requires multisectoral partnership among ministries and civil society.

It is encouraging to note that the Member States have intensified tobacco control efforts. I am very pleased that the Health Law regulation (109/2012) has been published in Indonesia in December 2012. This regulation covers provisions such as smoke-free public places, pictorial

health warnings and restrictions on tobacco advertising and promotion. In Bangladesh, the amendment of tobacco legislation has been approved by the cabinet in November 2012. In India, the restrictions on tobacco display in movies and television programmes have been a global success story. More than that, many states in India have banned the sale of *gutkha* which is a very dangerous form of chewing tobacco. Thailand has increased taxation on manufactured cigarettes and on shredded (roll-your-own) tobacco, while Indonesia has simplified its tax structure and increased tax rates on cigarettes. Myanmar has also significantly increased its tax rates on all forms of tobacco products. Nepal has adopted comprehensive tobacco control legislation in 2011 and Sri Lanka has adopted regulations on pictorial health warnings in August 2012. Very recently, the Minister of Health in Thailand has signed the announcement for 85% graphic health warnings on cigarette packages which will be the largest in the world. WHO/SEARO and WHO country offices have worked closely with the Ministry of Health and with partners in tobacco control to achieve these results. Timor-Leste has increased its public awareness campaigns and we are providing technical support on drafting their tobacco control legislation. Many countries have demonstrated their commitment to tobacco control by establishing smoke-free public places and banning tobacco product advertisements. Global Tobacco Surveillance has been implemented in all Member States. The data on Global Adult Tobacco Survey in Indonesia have been quoted in the country official publications and are being used as an impetus to draft the Health Law regulation.

Distinguished Participants, Ladies and Gentlemen

To curb the tobacco epidemic, adoption of legislation is not enough. Enforcement is very important, which is still weak in many countries of our Region. Public education on the hazards of tobacco as well as on national policies on tobacco control is very important. They should also be made aware of the techniques adopted by the tobacco industry to interfere with tobacco control in our countries.

Understanding the tobacco industry's practices is crucial for successful tobacco control policy formulation. In this context, it is important also to understand that tobacco products are the only legally available products that can kill up to one half of their regular users if consumed as recommended by the manufacturer. In recognition of this reality, the World

Health Organization monitors and draws global attention to the activities and practices of the tobacco industry. It does so in conformity with World Health Assembly Resolution WHA54.18 and the WHO Framework Convention on Tobacco Control (WHO FCTC).

There is a fundamental and irreconcilable conflict between the interests of the tobacco industry vis-a-vis public health policy. On the one hand, the tobacco industry produces and promotes a product that has been scientifically proven to be highly addictive and destructive, and to exacerbate social ills, including extreme poverty. On the other, governments and public health workers try to improve the health of the population by implementing measures to reduce tobacco use. As the countries in the Region are working towards formulation and enforcement of appropriate legislation and other tobacco control measures, interference by the tobacco industry to counter these measures is only getting stronger. Avoidance of economic regulation, lobbying, manipulation of scientific evidence and use of innovative marketing tactics, including sponsorship activities, are some of the strategies used by the tobacco industry. These strategies are manipulative and diverse, ranging from smart marketing and lobbying to interference in the public policy-making process and exploitation of loopholes in existing legislations with the sole purpose of promoting their lethal products. The tobacco industry indulges in corporate social responsibility activities through youth smoking prevention and development programmes in order to enhance its image of corporate goodwill. The industry forms alliances with farmers, the hospitality industry, wholesalers and retailers and files last-minute suits challenging laws governing the use of tobacco products. The public and the media have limited knowledge and understanding of the health and economic consequences of tobacco use and the tobacco industry's tactics to increase sales. Hence, I am pleased that this meeting will be a platform to advocate policy-makers and to raise public awareness on these techniques.

The industry has been launching campaigns to dilute, delay and interfere with tobacco control legislation by aggressively and openly threatening governments everywhere. We have been seeing an increase in litigations in the Region, most recently in Indonesia, Nepal and Sri Lanka. Intimidation is one big strategy that the industry has been using recently. We need not to be intimidated by these threats. We have seen globally that

finally it was “we” the tobacco control advocates that defeated the tobacco industry in these cases.

Distinguished Participants, Ladies and Gentlemen,

I would like to urge Member States to dedicate their efforts to resist tobacco industry interference in all forms. The tobacco epidemic is growing unabated, and, if appropriate measures are not taken at the earliest to avert the crisis, it will get out of hand.

This meeting will provide opportunities for the participants to learn more about the situation of tobacco industry interference in the Region and to identify needs and gaps and to work out national policies and measures to counter tobacco industry interference. I am confident that at the end of the deliberations, you will be able to meet the objectives of the meeting and act more effectively and efficiently towards implementation of Article 5.3 of the WHO FCTC.

Unquote

Ladies and gentlemen, I shall, of course, apprise the Regional Director of the outcome of this meeting. I would also like to take this opportunity of wishing you a fruitful and productive meeting and a pleasant stay in New Delhi.

Thank you

Annex 2

Objectives and Agenda

General objective

To review the progress in countering tobacco industry interference and strengthening the implementation of tobacco control programme in the South-East Asia Region.

Specific objectives

- To review the extent and scope of tobacco industry interference with tobacco control and the national responses to these interferences in the South-East Asia Region;
- To identify national policies and capacity needs to effectively counter the tobacco industry interference in Member States in line with Article 5.3 of the WHO FCTC;
- To make recommendations on way forward for the implementation of Article 5.3 of the WHO FCTC.

Agenda:

- Countering tobacco industry interference with tobacco control: a global perspective
- An overview of tobacco industry interference with tobacco control in WHO South-East Asia Region
- Guidelines for the implementation of Article 5.3 of the WHO FCTC
- Interview panel on country experiences of tobacco industry interference and country responses
- Identifying gaps and needs in responding to the tobacco industry interference

- Assessing tobacco industry interference in Member States of WHO South-East Asia Region (by country)
- Panel discussion on regional challenges on countering tobacco industry interference

Annex 3

List of participants

Bangladesh

Mr Md. Azam-E-Sadat
Deputy Secretary
Ministry of Health and Family Welfare
Government of the People's Republic of
Bangladesh
Dhaka

Mr Md. Shahidul Hoque Bhuia
Deputy Secretary
Ministry of Information
Government of the People's Republic of
Bangladesh
Dhaka

Bhutan

Mr Tshering Gyeltshen
Communication Officer
Health Promotion Division
Department of Public Health
Ministry of Health
Thimphu

Mr Choki Gyeltshen
Assistant Information and Media Officer
Department of Information and Media
Ministry of Information and Communication
Thimphu

India

Dr L. Swasticharan
Chief Medical Officer
Directorate General of Health Services
Ministry of Health and Family Welfare
New Delhi

Indonesia

Dr Prima Yosephine
Deputy Director
Chronic and Degenerative Disease Control
Directorate of Non-Communicable Disease
Control, Ministry of Health
Jakarta

Drs Muslimin Kulle, M. Si
Deputy Director
International Public Information Service
Ministry of Communication and Informatics
Jakarta

Maldives

Mr Hassan Mohamed
Deputy Director
Non-Communicable Diseases
Centre for Community Health and
Disease Control
Malé

Mr Ali Yoosuf
Sub Editor
Haveeru Daily
Malé

Myanmar

Dr Nang Naing Naing Shein
Assistant Director (Basic Health)
Department of Health
Ministry of Health
Nay Pyi Taw

Mr Ohn Kyaw
Editor
Myanmar News Agency (International)
News and Periodicals Enterprise
Ministry of Information
Nay Pyi Taw

Nepal

Mr Komal Prasad Acharya
Under Secretary (Law)
Ministry of Health and Population
Government of Nepal
Kathmandu

Ms Laxmi Joshi
Under Secretary
Ministry of Information and Communications
Government of Nepal
Kathmandu

Sri Lanka

Dr (Mrs) T.L.C. Somatunge
Deputy Director General (MS)
Ministry of Health
Colombo

Mr T D K. Jayantha
Journalist
No. 4A, Maddumagewatte
Nugegoda

Thailand

Mr Chirawat Yoosabai
Legal Officer
Bureau of Tobacco Control
Department of Disease Control
Ministry of Public Health
Nonthaburi

Mrs Sumonpan Kosonsiriset
Mass Communications Officer
Senior Professional Level
Director, Programme Production Division
National Broadcasting Services of Thailand
The Government Public Relations Department
Office of the Prime Minister
Bangkok, Thailand

Timor-Leste

Mr Danino Araujo Orleans
Unit Officer
Non Communicable Diseases
Ministry of Health
Dili

Mr Juvenal da Costa Ximenes Pires
Public Service for Secretary State of Social
Communication, Government of Timor Leste
Timor-Leste.

NGOs and other Partner Agencies

Mr Shanta Lal Mulmi
Executive Director
Resource Centre for Primary Health Care
(RECPHEC)
Ministry of Health and Population
Kathmandu
Nepal

Mr Lokendra Kumar Shrestha
Chairman
Nepal Cancer Relief Society
Balkumari
Kathmandu, Nepal

Dr Pubudu Sumanasekara
Executive Director
Alcohol and Drug Information Centre
No: 40/18, Park Road
Colombo, Sri Lanka

Dr Sajeeva Ranaweera
Sri Lanka Medical Association
Sub-Committee for Tobacco
Colombo, Sri Lanka

Dr Aua-Aree Engchanil
Lecturer in Law
Faculty of Law
Chulalongkorn University
Bangkok, Thailand

Dr Bhavna B Mukhopadhyay
Executive Director
Voluntary Health Association of India
B 40 Qutab Institutional Area
New Delhi, India

Ms Jaspreet Kaur Pal
Director, External Relations
Campaign for Tobacco-Free Kids
605/11 Kirti Apartments
Mayur Vihar Phase 1 Extension
New Delhi, India

Dr Monika Arora
Head
Health Promotion and Tobacco Control Public
Health Foundation of India
New Delhi, India

Dr Shailesh Vaite
Regional Coordinator
(South-East Asia)
Alliance
124, DDA Pocket-6, Sector-12
Dwarka
New Delhi

Temporary Advisers

Dr Stella Aguinaga Bialous
Senior Consultant
Tobacco Policy International
United States of America

Dr Mary Assunta
Director
International Tobacco Control Project
Cancer Council
Australia

Dr Nuntavarn Vichit-Vadakan
Dean
The School of Global Studies
Thammasat University
Thailand

Observers

Miss Titiporn Gunvihok
Plan and Policy Analysis
Bureau of Tobacco Control
Department of Disease Control
Ministry of Public Health
Thailand

Mr Umesh Chawla
Programme Analyst
UNDP
55, Lodhi Estate
New Delhi
India

WHO secretariat

WHO country offices

Bangladesh

Dr Syed Mahfuzul Huq
National Professional Officer
WHO Project Officer for NCD
C/o WCO-Bangladesh
Dhaka

India

Ms Vineet Gill Munish
National Professional Officer
WHO Country Office, India
New Delhi

Indonesia

Ms Dina Kania
National Professional Officer
WHO Country Office
Jakarta, Indonesia

WHO Headquarters

Dr Armando Peruga
Programme Manager
Tobacco Free Initiative
WHO/HQ
Geneva
Switzerland

WHO Regional Office for South-East Asia, New Delhi, India

Dr Athula Kahandaliyanage
Director
Department of Sustainable Development
and Healthy Environments

Dr Nyo Nyo Kyaing
Regional Adviser
Tobacco Free Initiative

Dr Dharendra N. Sinha
Regional Adviser
Surveillance (Tobacco control)

Ms Barbara Zolty
Bloomberg Project Officer

Annex 4

Summary of Country Action Plans

Bangladesh

Measure selected	Raise awareness and education campaign about tobacco industry interference
Agency in charge of implementation and follow up	Ministries of: 1. Health & Family Welfare (MOH&FW), 2. Education, 3. Information, 4. Finance, 5. Agriculture, 6. Home, 7. Women and Children Affairs Follow up: Ministry of Health & Family Welfare (National Tobacco Control Cell)
Decision-maker	Minister/Secretary
Sectors/agencies involved	Government, civil society, NGOs, media
Type of measure needed	Adopting policy, holding workshops/ seminars/rallies/, observing WNTD, media campaign, school text book
Require additional funding	No
Require additional staff	No
Timeline to implement	10 months
Measurable outcomes	Adoption of policy, two inter-ministerial meetings, letter to the Ministry of Education requesting incorporation of policy item in school curriculum and subsequent follow-ups. WNTD 2013 observed, exclusive two meetings with media, publishing report.
Partners and allies	WHO, Bloomberg initiative, The Union, Campaign for Tobacco Free Kids (CTFK)

Bhutan

The National Assembly of Bhutan during the Eighty-second session held on 12 August 2004 ratified the WHO Framework Convention on Tobacco Control (FCTC). At the same time, the National Assembly passed a resolution banning the sale of tobacco products in the Kingdom, a proposal that came from community representatives in 20 districts. Consequently, the Royal Government also issued directives restricting the import of

tobacco products into the Kingdom and declaring numerous places as “Smoke Free”. The Tobacco bill was enacted in 2010 and has been implemented.

Bhutan has two agencies that work for tobacco control – one for enforcing the law and one for demand reduction. Tobacco control in Bhutan encompasses involving high-level policy-makers and conducting vigorous mass media campaigns across the nation on the rules and regulations and the harms of tobacco products.

However, there are challenges during the implementation of tobacco control. There still remains a need for aggressive media campaigns to reach out to the unreached population Black marketing is a concern to the law enforcement agencies due to porous border. Effective monitoring and evaluation need to be strengthened.

India

Policy	Agency in charge of	Decision-maker	Sectors/agencies involved	Type of measure needed	Require additional funding	Require additional staff	Time-line	Measurable outcome	Partners and allies	Need for violation penalties
Gather and compile industry-related data as per FCTC Article 13.4 D and make them available in public domain	MoHFW Civil Societies	MoHFW	MoHFW	Order	Yes	Yes	1 year	Reports from the industry	Civil societies	Yes
Denormalize the industry regarding tobacco industry interference	Civil societies Media	Civil societies	Civil societies Media	Data	Yes	Yes	1 year	Media reports	MoHFW	No
Code of conduct for civil servants/interaction with tobacco industry	MohFW, WHO and other Mins Civil societies	MohFW other Mins	MohFW and other Mins Civil societies	Order	No	No	1 year	Implementation reports	MohFW and other Mins Civil societies	Yes
Code of conduct for elected officials/interaction with tobacco industry	MohFW, WHO Civil societies	MohFW and parliamentary affairs	MohFW and parliamentary affairs	Resolution/order	Yes	Yes	2 years	Order	MohFW and parliamentary affairs	Yes
Awareness and observance of the WHO FCTC Guidelines on implementation of Article 5.3 nc 5.3 regarding tobacco industry to other ministries	MohFW, WHO and other Mins Civil societies	MohFW and other Mins	MohFW and other Mins Civil societies	Order	No	No	1 year	Implementation reports Reactivation of the IMTF and regular meetings	MohFW and other Mins Civil societies	Yes

Indonesia

Activity	Objective	Agency in charge	Agencies involved	Timeline
Develop national summary and guidelines on TII in Indonesia	Provide evidence-based examples of TII occurring in Indonesia	MoH	Collaborates with civil society	Q3 2013
National workshop on TII	Build awareness on TII among related ministries	MoH – WHO	MoH, MoE, MoT, MoI, MoA, MoF, MoCI, MoF, MoHA, MoYS, MoWE	Q3 2013
Develop ministerial order on inter-ministerial task force to counter TII	Establish a sustainable task force to guard TC policies from TII	MoH	Same as the above	Q3–Q4 2013
Regular Task Force Meeting	To monitor, alert and discuss necessary actions by respective ministries and ensure the implementation of TC policies	MoH	Same as above	Quarterly and as needed
Subnational-level workshop on TII	Build awareness on TII for government at subnational level	MoH	Local government	2014

Nepal

Measure selected	Establishment of multisectoral coordination mechanism for effective implementation of tobacco control policies as well as countering tobacco industry inference
Agency in charge of implementation and follow-up	Ministry of Health
Decision-maker	Minister
Sectors/agencies involved	Government sector: Ministry of Health, Finance, Industry, Commerce, Agriculture, Education Nongovernment sector: Organization working against tobacco
Type of measure needed	Initially take ministerial decision and then ensure such mechanism in the Tobacco Control Legislation
Require additional funding	Yes
Require additional staff	Yes (few)
Timeline to implement	12 months
Measurable outcome	Effectiveness in implementing law and policy
Partners and allies	Government, NGO, INGO, civil society, media partner and private health institutions specifically working in NCDs

Maldives

Priority measures:

- raise awareness,
- develop regulation,
- monitoring and evaluation.

Measure selected	Awareness and education
Agency in charge of implementation and follow-up	Health Protection Agency

Decision-maker	TCB
Sectors/agencies involved	HPA, MoE, Trade, MoFT, Customs
Type of measure needed	Resolution, ICE dissemination
Require additional funding	Yes
Require additional staff	Yes
Timeline to implement	6 months: June–December 2013
Measurable outcomes	Resolution, IEC materials available, employees sensitized
Partners and allies	MCS, MEDIA, MMC, MBC

Myanmar

Measure selected:	Raising awareness on tobacco industry interference targeting government employees at all levels
Agency in charge of implementation and follow-up	Public Health Division, Department of Health, Ministry of Health
Decision-maker	Union Minister for Health, Chair of the Central Tobacco Control Committee
Sectors/agencies involved	Central Tobacco Control Committee members (Health, Commerce and Trade, Finance and Revenue, GAD, Office of Attorney General, Transports, Hotels and Tourism, Information, Home Affairs, City Development Committee, Education, Sports) Other related Ministries (National Planning & Economic Development, Agriculture, Border Affairs) NGOs, media personnel
Type of measure needed	Approval by Director General of Department of Health Approval by the Union Minister for Health
Require additional funding	Not required, can implement by WHO regular budget (2012–2013)
Require additional staff	All staff of Basic Health Section and School Health Section should be involved. Technical support should be given by NPO from WHO country office
Timeline to implement	During May–July 2013

Measurable outcomes	<p>All decision-makers from Ministry of Health and other related ministries, NGOs and media personnel will become aware of various tactics and interference of tobacco industries</p> <p>They will avoid or deny the CSR activities proposed by the tobacco industries</p> <p>They will become more cooperative in law enforcement especially for TAPS</p>
Partners and allies	Central Tobacco Control Committee members, other related ministries, NGOs, media personnel, WHO, INGOs, Bloomberg Initiative

Sri Lanka

Measure selected	Raise awareness and education on tobacco industry interference
Agency in charge of implementation and follow-up	Ministry of Health
Decision-maker	Minister/Secretary of Health
Sectors/agencies involved	Public administration (civil service), Mass Media and Information, Youth Affairs, Agriculture, Trade, Finance policy and implementation agencies, Civil society
Type of measure needed, deliverables and timelines	<p>National-level stakeholder meeting (within 3 months)</p> <p>General circular to all government agencies (within 6 months)</p> <p>Booklet on FCTC provisions (by February 2014 – funding required)</p> <p>Monitor interference using form developed in above workshop (quarterly)</p>
Require additional funding	Required for booklet
Require additional staff	No
Partners and allies	WHO
Disciplinary action	As per general administrative rules

Thailand

Priority measures:

- To raise awareness among organizations and governmental agencies about the tobacco industry's strategies in manipulating individuals, groups, and networks openly and secretly.
- To issue Ministerial or National notifications/announcements regarding the prevention of the tobacco industry's interference.

Measure selected	Implement code of conduct for civil servants and/or elected officials
Agency in charge of implementation	Ministry of Public Health and OPM
Agency in charge of follow-up	Ministry of Public Health
Decision-maker	Ministry of Public Health and OPM
Sectors/agencies involved	All ministries
Type of measure needed	Regulation/notification
Require additional funding	No
Require additional staff	Legal expert, personal managers
Timeline to implement	24 months
Measurable outcomes	Regulation
Partners and allies	NGOs, media, society
Need for violation penalties	None

There is a fundamental and irreconcilable conflict between the interests of the tobacco industry and public health policy. On the one hand, the tobacco industry produces and promotes a product that has been scientifically proven to be highly addictive and harmful, and which exacerbates social ills, including poverty. On the other hand, governments and the public health sector try to improve the health of the population by implementing measures to reduce tobacco use. As the countries work towards developing and enforcing tobacco control measures, interference by the tobacco industry to counter these measures increases. The growing, manufacturing, distribution and selling components of the tobacco industry get involved in such interference through different means.

Article 5.3 of the WHO Framework Convention on Tobacco Control and its Guidelines recommend how such interference should be addressed. Nineteen delegates from different sectors of 10 countries of the WHO South-East Asia Region attended a regional meeting on countering tobacco industry interference, from 19–21 March 2013, at the WHO Regional Office for South-East Asia, New Delhi, to analyse this issue and formulate strategies to address it.

The recommendations for the Member States were to: (1) review and revise as needed, the terms of reference of the national tobacco control focal points; (2) formulate and implement, within one year, a communication strategy to raise awareness among various government and nongovernment stakeholders about tobacco industry interference and measures to counter it; (3) develop and implement a sustainable and systematic national and regional monitoring mechanism to ensure that information related to the tobacco industry is current and accurate; (4) review, and where not available, formulate a code of conduct for national officials that provides guidance on how to prevent conflicts of interest, real or perceived, between the civil service, elected officials and other national officials and the tobacco industry interests; and (5) review, and where not available, formulate rules for interaction between government and the tobacco industry, based on Guidelines for Article 5.3 of the WHO Framework Convention on Tobacco Control.



**World Health
Organization**

Regional Office for South-East Asia
World Health House
Indraprastha Estate,
Mahatma Gandhi Marg,
New Delhi-110002, India
www.searo.who.int



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