



SOUTH EAST ASIA TOBACCO INDUSTRY INTERFERENCE INDEX



ACKNOWLEDGEMENTS

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Collaborators

- » Bangladesh: Knowledge for Progress (PROGGA)
- » India: Health Related Information Dissemination Amongst Youth (HRIDAY)
- » Indonesia: Indonesian Public Health Association (IPHA)
- » Maldives: Maldives NCD Alliance
- » Myanmar: People's Health Foundation (PHF)
- » Nepal: Health Rights and Tobacco Control District Network (RECPHEC)
- » Sri Lanka: Alcohol and Drug Information Centre (ADIC)
- » Thailand: Action on Smoking or Health (ASH) Thailand
- » Timor-Leste: NCD Alliance

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This Index borrows from its precursor, the Asian Tobacco Industry Interference Index. We hope this Index generates discussion and facilitates action to counter tobacco industry interference, which undermines and delays tobacco control efforts. We encourage governments to work in collaboration with civil society partners and other stakeholder groups to strengthen implementation of Article 5.3 of the WHO FCTC.

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INTRODUCTION

World Health Organization Framework Convention on Tobacco Control (WHO FCTC) Article 5.3 empowers governments to protect their public health policies from tobacco industry interference.¹ In 2008, guidelines to Article 5.3,² were adopted by Parties to the FCTC and these provide specific measures that governments can put in place to reduce and prevent tobacco industry (TI) interference. It has been about ten years since the adoption of Article 5.3 guidelines but the tobacco industry remains a big challenge to governments. The industry has been identified as the greatest barrier to the implementation of the FCTC by many Parties.³

This TI Interference Index is a civil society review of how governments have been implementing the recommendations in Article 5.3 guidelines. The Index covers nine (9) countries from the South East Asian (SEA) region, namely, Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.⁴

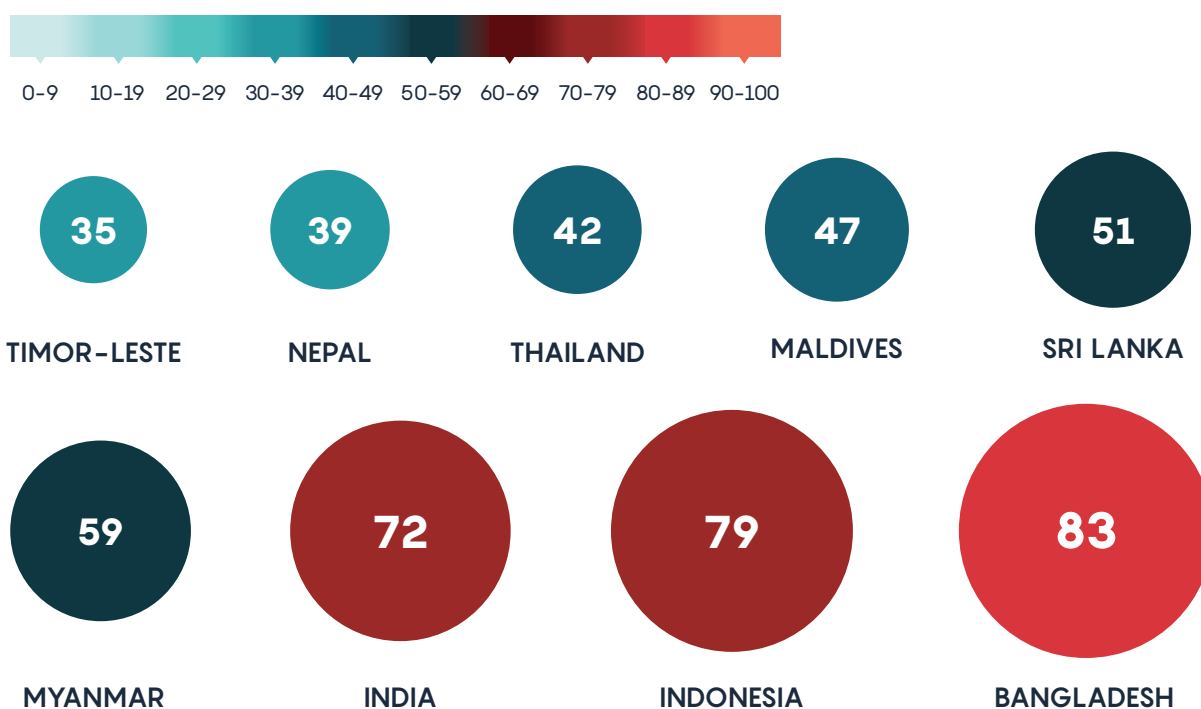
The questionnaire and scoring method developed by the Southeast Asia Tobacco Control Alliance (SEATCA)⁵ used in the ASEAN⁶ TI Interference Indices, were utilised in this survey and cover the period 2017-

2018. This Index is developed from publicly available evidence to support choice of scores accorded. The nine countries have been ranked accordingly. Limitations are acknowledged in that the evidence is based on publicly available information only and hence, are incomplete.

Figure 1 shows ranking of countries, from the lowest to the highest level of TI interference. The lower the score means a lower level of interference, and augurs well for the country. Table 1 provides the total scores for the nine countries in South East Asia.

FIGURE 1: TOBACCO INDUSTRY INTERFERENCE

The lower the score, the better the ranking



SUMMARY FINDINGS

1. LOW LEVEL OF INTERFERENCE — STRONG TOBACCO CONTROL

Thailand – protecting the government from industry interference

Although Thailand owns a tobacco monopoly, Tobacco Authority of Thailand, the government does not accept recommendations, collaborate in policy development, or endorse the TI's corporate social responsibilities (CSR) activities, nor entertain requests for longer implementation period for tobacco control measures. The Ministry of Health has rules for interacting with the TI to protect itself from interference. There is no unnecessary interaction between policymakers and the TI. The new Tobacco Products Control Act 2017 requires manufacturers and tobacco importers to report on volume of production, importation, market share and marketing expenses.

Nepal - persevering through challenges from the tobacco industry

In 2015, Nepal became the first country in the world to adopt 90% PHW on cigarette packs.

Two years earlier (2013) Nepal's legislation on 75% pack warnings was challenged by the tobacco industry – a legal battle where the government lost in the Supreme Court. Despite significant pressure from both cigarette and *bidi* manufacturers, Nepal has managed to limit its interactions with the industry, not accept its recommendations, nor collaborate with it in policy development. There is no record of Nepal's senior officials joining the tobacco industry upon their retirement.

Timor-Leste - demonstrating political will in a poor setting

Timor-Leste, one of the poorest countries in the world, has a high smoking prevalence with two out of three men smoking. This has spurred the government to adopt the world's largest pictorial health warnings (85% front, 100% back) on cigarette packs. While other countries, such as Sri Lanka, India and Thailand faced legal challenges from the tobacco industry for passing prominent PHW legislation, Timor-Leste went ahead with their large pack warnings generally unopposed. Its strong political will to protect public

health, and readiness to counter any challenges from the industry earned them the WHO World No Tobacco Award in 2016.⁷

2. LACK OF RESPONSE TO INTERFERENCE — WEAK PUBLIC HEALTH MEASURES

Bangladesh: unnecessary interactions opens the lobbying door

Handing out awards to the tobacco industry, such as the highest tax payer,⁸ or participating in social events, opens the door for lobbying against tobacco control policies. High level officials from the Ministry of Commerce, Ministry of Finance, the National Bureau of Revenue and Parliament have been particularly vulnerable to participating in such events. These ministries are influential in determining the outcome of tobacco control policies, as such tobacco taxes in Bangladesh have remained low.

Indonesia: only Asian non-Party to the WHO FCTC

Indonesian officials are open to recommendations from the tobacco industry and have among the weakest tobacco control measures in South East Asia.

3. TI NOT PART OF INTERNATIONAL TOBACCO CONTROL NEGOTIATIONS

It is a good achievement for the region that none of the countries had TI representative on their delegation to FCTC related meetings, such as the FCTC Conference of the Parties (COP) and negotiations related to the Protocol to Eliminate Illicit Trade on Tobacco Products.

4. WHO IS THE TOBACCO INDUSTRY?

The WHO FCTC defines the “tobacco industry” to include tobacco manufacturers, wholesale distributors and importers of tobacco products. Maldives and Timor-Leste demonstrate the importance of identifying who the tobacco industry is since the industry is represented through tobacco distributors and importers. No country in the region has a register of TI affiliates and organisations or their lawyers and consultants acting on the industry's behalf.

TABLE 1: SUMMARY: TI INTERFERENCE INDEX ON SOUTH EAST ASIAN COUNTRIES

INDICATORS	BD	IN	ID	MV	MM	NP	LK	TH	TL
Level of Participation in Policy Development									
1. The government accepts, supports or endorses offer for assistance by or in collaboration with the tobacco industry in implementing tobacco control policies (Rec 3.1)	4	3	5	0	1	0	1	1	0
2. The government accepts, supports or endorses legislation drafted by/ collaboration with the tobacco industry (Rec 3.4)	3	0	5	0	2	0	0	1	0
3. The government allows the tobacco industry to sit in multi-sectoral committee/ advisory group that sets public health policy (Rec 4.8) 1 Never 5 Yes	5	3	5	5	1	1	0	1	1
4. The government allows representatives from the tobacco industry (including State-owned) in the delegation to the COP or subsidiary bodies or accepts their sponsorship for delegates. (Rec 4.9 & 8.3)	0	0	0	0	0	0	0	0	0
Subtotal	12	6	15	5	4	1	1	3	1
So-called CSR activities									
5. The government receives contributions from the tobacco industry (including so-called CSR contributions) (Rec 6.4) The government agencies/officials endorses, forms partnerships with/ participates in tobacco industry CSR activities (Rec 6.2)	5	4	5	0	4	2	2	4	0
Subtotal	5	4	5	0	4	2	2	4	0
Benefits to the tobacco industry									
6. The government accommodates requests from the industry for longer implementation time or postponement of tobacco control law (Rec 7.1)	5	0	5	3	4	2	2	0	0
7. The government gives privileges, incentives, exemptions or benefits to the tobacco industry (Rec 7.3)	5	5	5	5	3	3	2	2	0
Subtotal	10	5	10	8	7	5	4	2	0
Forms of unnecessary interaction									
8. Top-level government officials meet with/ foster relations with the tobacco companies such as attending social functions and events sponsored or organized by the tobacco companies. (Rec 2.1)	5	3	5	2	0	2	4	0	0
9. The government accepts assistance/ offers of assistance from the tobacco industry on enforcement (Rec 3.1 & 4.3)	4	5	5	2	0	0	4	2	0
10. The government accepts, supports, endorses, or enters into partnerships or agreements with the tobacco industry (Rec 3.1)	5	4	2	0	1	0	0	0	0
Subtotal	14	12	12	4	1	2	8	2	0

INDICATORS	BD	IN	ID	MV	MM	NP	LK	TH	TL
Transparency									
11. The government does not publicly disclose meetings/ interactions with the tobacco industry where such interactions are strictly necessary for regulation. (Rec 2.2)	3	5	5	3	4	5	5	3	0
12. The government requires rules for the disclosure or registration of tobacco industry entities, affiliate organizations, and individuals acting on their behalf including lobbyists.	5	5	5	5	5	3	3	4	4
Subtotal	8	10	10	8	9	8	8	7	4
Conflict of interest									
13. The government does not have a policy (whether or not written) to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns or to require full disclosure of such contributions (Rec 4.11)	5	5	5	5	5	5	5	5	5
14. Retired senior officials work for the tobacco industry (Rec 4.4)	4	4	5	3	3	0	0	5	0
15. Current government officials and their relatives hold positions in the tobacco business including consultancy positions (Rec 4.5, 4.8 & 4.10)	4	5	1	1	2	1	4	4	0
Subtotal	13	14	11	9	10	6	9	14	5
Preventive measures									
1: Yes, 2: Yes but partially only, 3: Policy/program being developed, 4: Committed to develop such policy/program, 5: None									
16. The government has a procedure for disclosing records of the interaction with tobacco industry and its representatives. (Rec 5.1)	5	4	5	1	5	5	5	2	5
17. The government has formulated, adopted or implemented a code of conduct for public officials, prescribing the standards they should comply when dealings with the tobacco industry (Rec 4.2)	5	4	2	3	5	4	4	2	5
18. The government requires the tobacco industry to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, and political contributions. (Rec 5.2)	2	5	2	3	5	3	3	2	5
19. The government has a program / system/ plan to consistently raise awareness within its departments on policies relating to FCTC Article 5.3 Guidelines. (Rec 1.1, 1.2)	4	3	5	2	5	2	4	2	5
20. The government has a policy prohibiting the acceptance of all forms of contributions from the tobacco industry (monetary or otherwise) including offers of assistance, policy drafts, or study visit invitations to the government, officials and their relatives. (Rec 3.4)	5	5	2	4	4	1	3	2	5
Subtotal	21	21	16	13	24	15	19	10	25
TOTAL	83	72	79	47	59	39	51	42	35

Several countries in South East Asia, namely, Thailand, Nepal, and Timor-Leste are internationally renowned for their significant achievements in tobacco control. Thailand is noted for being the first in Asia to ban cigarette pack display at points of sale (POS), apply large (85%) pictorial health warnings (PHW), and recently passed legislation to implement plain packaging. Timor-Leste and Nepal currently have the largest PHW on packs (90%) in the world. These three countries have fared reasonably well in implementing Article 5.3. as shown in Figure 1.

On the other hand, countries with weak tobacco control measures such as Bangladesh, which has low tobacco tax and smaller health warnings, and Indonesia which has not ratified the FCTC, show high level of industry interference and poor implementation of Article 5.3. This Index will provide some details on how governments responded to TI interference and the effort they made to protect their policies, the gaps where action is needed, and recommendations on the way forward.



Low and middle income countries struggle to combat a tobacco industry seeking to pursue new markets, often through shameless interference with public health policy making.”

– Dr. Vera Luiza da Costa e Silva, Head of WHO FCTC Secretariat

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