



Southeast Asia Tobacco Control Alliance

The
Tobacco
Control **Atlas**
ASEAN Region

Third Edition - November 2016

The Tobacco Control Atlas: ASEAN Region Third Edition

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Tan Yen Lian
Ulysses Dorotheo

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Foreword



“In recent years, there has been tremendous progress in tobacco control in Southeast Asia. Governments are taking a stand and adopting evidence-based measures to protect their citizens from the death and disease caused by tobacco.”

Tobacco kills up to half its users. It is the world’s leading cause of preventable death, with nearly six million people dying of tobacco-related diseases each year. Southeast Asia is home to 10% of the world’s smokers and, with relatively low prices on tobacco products and lower prevalence of female smokers, it is a key growth target for the tobacco industry.

In recent years, there has been tremendous progress in tobacco control in Southeast Asia. Governments are taking a stand and adopting evidence-based measures to protect their citizens from the death and disease caused by tobacco. Cambodia passed its first national tobacco control law which includes graphic health warnings on tobacco products and a commitment to increase tobacco tax. The Philippines implemented a tax on tobacco that caused smoking rates to drop significantly and paid for the health insurance premiums for over 43 million low-income Filipinos. Strengthened tobacco tax policies in Cambodia, Malaysia, Myanmar, and Thailand have reduced the affordability of tobacco products – a key measure to prevent youth from taking up the habit. Vietnam has established a government tobacco control fund supported by tax revenue - a sustainable model for financing domestic tobacco control programs.

And there’s more good news. As of October 2016, all ten ASEAN countries will have graphic health warnings on tobacco products, four of which are among the largest

warnings worldwide: Thailand (85% coverage) and Brunei, Lao PDR and Myanmar (75%). This is a major victory in tobacco control for the whole region. Graphic warnings are proven to reduce the number of young people who start smoking and increase the number of quitters.

However, there is still more to do. The tobacco industry continues to pursue market growth in the ASEAN region, with a sales target of 535 billion cigarettes in 2018, and to try and influence national policy. Tobacco industry revenue is on the rise, and its aggressive marketing, often directed at women and children, is pervasive. The path forward is clear. The WHO Framework Convention on Tobacco Control (FCTC) lays out the strongest evidence-based measures a country can take to prevent and reduce tobacco use. Governments that implement FCTC-compliant policies like tobacco tax, smoke-free public places, and comprehensive advertising and sponsorship bans will save millions of lives and billions in preventable healthcare costs. The FCTC states that there is an irreconcilable conflict between the tobacco industry’s interests and public health interests; the tobacco industry should not be treated as a legitimate stakeholder in the health policymaking process.

Mark Suzman
President, Global Policy & Advocacy
Bill & Melinda Gates Foundation

Foreword



“The third edition of the ASEAN Atlas moves tobacco issues to a new level, tracking the rapid changes since the first edition in 2013. This Atlas is far more than just a statement of the status quo – it is a challenge and a call to action for countries in the region.”

The publication of this third edition of the ASEAN Atlas moves tobacco issues to a new level, tracking the rapid changes since the first edition in 2013. It relies on authentic, solid scientific data sources, such as WHO, the World Bank, the Tobacco Atlas, the GATS surveys and official national statistics.

There is bad news and there is good news: the bad news is that:

1. The average age of starting to smoke is below the age of 20 years in all countries.
2. 10% of the world’s smokers live in the ASEAN region.
3. Male smoking rates are still very high.
4. ASEAN is saturated with tobacco companies – both national monopolies and major international companies. Countries are awash with industry front groups (such as ITIC, lobbying Ministries of Finance that tobacco tax increases will lead to increased smuggling).
5. There is a massive economic debit of tobacco to the economy, to governments and to smokers.
6. Governments spend a miniscule amount on tobacco control in contrast to tobacco tax income.

Indonesia deserves special mention: every index of the tobacco epidemic leaves Indonesia in isolation, including highest youth smoking rates; highest male smoking rates; tobacco advertising that defies belief in this day and age;

highest number of tobacco deaths; its ranking as the 4th largest cigarette market in the world; and lack of government action, including Indonesia’s failure to ratify the WHO Framework Convention on Tobacco Control.

The good news is that there are some wonderful successes:

1. Low female smoking rates (and this must be vigorously maintained).
2. Steady advances in smoke-free areas and advertising bans.
3. Increases in large graphic pack warnings.
4. Proof that alternative farming is feasible and it works.
5. Several countries have taken important and sustained tobacco control action (since Singapore was the first country in the world to introduce tobacco control legislation in 1970), including using tobacco tax to fund tobacco control.

But this Atlas is far more than just a statement of the status quo – it is a challenge and a call to action for countries in the region. Countries must heed that one kilobyte of preventive action taken now is better than a gigabyte of economic costs in the future.

Professor Dr Judith Mackay

Director, Asian Consultancy on Tobacco Control
Senior Advisor, Vital Strategies

Foreword



“ASEAN countries have shown remarkable progress in delivering on their commitments under the WHO FCTC. But challenges remain, notably the continued interference of the tobacco industry.”

Tobacco use is and will continue to be a threat to health in the years to come.

All tobacco control measures are important, but none as important as Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) – still the only global health treaty.

The Division of NCDs and Health through the Life-course, WHO-WPRO thanks and congratulates SEATCA for developing, refining, and updating the ASEAN Tobacco Control Atlas.

Ever since the ASEAN Tobacco Control Atlas was first published in 2013, it has been an important resource and tool to combat tobacco consumption. With one in 10 of the world’s smokers living in ASEAN nations, Southeast Asia is not only an important battleground for health advocates waging war against tobacco use.

ASEAN countries have shown remarkable progress in delivering on their commitments under the WHO FCTC. But challenges remain, notably the continued interference of the tobacco industry.

The ASEAN Tobacco Control Atlas – now on its third edition – has proven invaluable in developing regional action plans, which in turn guide the development of national action plans.

Tobacco industry interference is still the leading obstacle to accelerated action of the WHO FCTC. The Southeast Asia Tobacco Control Alliance’s Tobacco Industry Interference Index, for example, defines and measures industry interference in public health policy, providing an objective basis for implementation of Article 5.3.

We look forward to being able to measure progress through collaboration with our regional partners towards a tobacco-free world.

Dr Susan P. Mercado

Director,
Division of NCDs and Health through the Life-course
World Health Organization,
Regional Office for the Western Pacific

Foreword



“To achieve the Sustainable Development Goals and the Global Noncommunicable Diseases Action Plan target of 30% relative reduction in tobacco use by 2025, our Member States need to fully implement the WHO MPOWER package with special focus on youth and adolescent populations.”

Tobacco control is indeed a challenge for the WHO South-East Asia Region, which is home to 246 million smokers and 290 million smokeless users of tobacco. Three Association of Southeast Asian Nations (ASEAN) countries (Indonesia, Myanmar and Thailand) also belong to the WHO South-East Asia Region. India, one of the Member States of the WHO South-East Asia Region, will host the Seventh Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control in November 2016. This will create an ideal platform for all our Member States to promote the comprehensive tobacco control agenda in all its aspects.

Tobacco use among youth has increased substantially in Bhutan, Myanmar and Nepal. One in 10 students in the age-group 13–15 years smoke tobacco in many of our Member States such as Maldives, Indonesia, Thailand and Timor-Leste. About three of four teenaged smokers turn adult smokers. This is of great concern. The rising trend of use of e-cigarettes, shisha (waterpipes) and other new forms of smokeless tobacco may reverse our earlier gains in tobacco control. To achieve the Sustainable Development Goals and the Global Noncommunicable Diseases Action Plan target of 30% relative reduction in tobacco use by 2025, our Member States need to fully implement the WHO MPOWER package with special focus on youth and adolescent populations.

Despite the challenges, we must celebrate our achievements. In September 2015, Member States of the WHO South-East Asia Region unanimously adopted the Dili Declaration on accelerating implementation of the

WHO Framework Convention on Tobacco Control and reiterated their strong commitment to it. Most of our Member States including Myanmar and Thailand have placed comprehensive restrictions on tobacco advertising and promotion. Myanmar has increased the package warning size to 75% since September 2016. All these achievements are the result of strong commitments and great efforts of governments, policy-makers and all other stakeholders, including civil society organizations. Civil society organizations such as the Southeast Asia Tobacco Control Alliance have been playing a crucial role in our long and collective journey towards combating tobacco epidemic.

I sincerely hope that this forthcoming Seventh Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control will provide the necessary momentum for tobacco control efforts of all stakeholders, including civil society organizations, towards achieving the global and regional targets of reducing tobacco use by 30% by 2025 as envisaged in the WHO Global and Regional Action Plans for the Prevention and Control of NCDs 2013–2020.

Dr Thaksaphon Thamarangsi

Director,
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Message



“To achieve the Sustainable Development Goals and the Global Noncommunicable Diseases Action Plan target of 30% relative reduction in tobacco use by 2025, our Member States need to fully implement the WHO MPOWER package with special focus on youth and adolescent populations.”

The ASEAN Socio-Cultural Community (ASCC) is currently implementing its roadmap for 2025. It is moving towards an ASEAN Community that engages and benefits the peoples and is inclusive, resilient, and dynamic. Inherent in this vision is a healthy, caring and sustainable ASEAN Community where the people achieves maximal health potential through healthy lifestyles, have universal access to quality care and financial risk protection, and live in an environment free from the negative implications of non-communicable diseases, emerging health threats, infectious diseases, poor health systems, and unhealthy diet and unsafe food. These are all in the context of a sustainable inclusive development where health is incorporated in all policies.

The regional programme and project initiatives of the ASEAN Health Sector in tobacco control, together with valuable partners such as SEATCA, have been one of the major areas of collaboration and cooperation that addressed the health and non-health challenges and risks associated with tobacco consumption in Southeast Asia. From 2010 to 2015, the ASEAN Health Sector through the ASEAN Focal Points for Tobacco Control (AFPTC) had collaborated with SEATCA in promoting and advocating tobacco control initiatives. For post-2015, it is expected that this critical collaboration will be sustained through a new governance mechanism of a Health Cluster approach within the ASEAN Post-2015 Health Development Agenda. Under this approach, other

relevant health priorities in promoting healthy lifestyles and preventing and controlling non-communicable diseases will be greatly integrated and complemented by initiatives in preventing tobacco consumption.

This Tobacco Control Atlas by SEATCA, in cooperation with tobacco control advocates from ASEAN Member States and other partners, will provide further evidence-based scenarios that may facilitate the critical incorporation of quality health advocacies and policies related to finance, trade and commerce relevant to tobacco control. The publication of this Atlas provides a timely and reliable source of information during the advent of the implementation of the Sustainable Development Goals (SDGs) and ASEAN 2025 road map.

It is with much pride and appreciation that I welcome the publication of this Atlas. I congratulate SEATCA and other stakeholders involved in the finalisation of this publication.

I wish you success.

H.E. Vongthep Arthakaivalvatee
Deputy Secretary General (DSG)
ASEAN Socio-Cultural Community (ASCC)

Preface



“SEATCA is committed to work hand in hand with countries in ASEAN to promote health and save lives by fast-tracking and effectively implementing the evidence-based tobacco control measures contained in the WHO FCTC.”

SEATCA is committed to work hand in hand with countries in ASEAN to promote health and save lives by fast-tracking and effectively implementing the evidence-based tobacco control measures contained in the WHO FCTC. To achieve this objective, we actively promote increased participation and cooperation among tobacco control advocates at the regional level, organize regional fora for sharing lessons and best practices in advancing tobacco control policies, and act as a regional leader on issues that are priorities in all the countries in the region.

This *Tobacco Control Atlas: ASEAN Region* packages evidence in a simple but comprehensive format aimed at enhancing tobacco control policies in the region.

I am thrilled that SEATCA’s first and second ASEAN Tobacco Control Atlases released in 2013 and 2014 were well received. The feedback from our colleagues within ASEAN and around the world has been amazingly positive. They found the atlas very useful, informative, and well organized. All the comments and encouragement have inspired SEATCA’s preparation of this third edition, which incorporates updated information, as well as adds new topics. We firmly believe that you will find this edition useful to move

tobacco control policy in your countries, and we are pleased that this edition is translated into five ASEAN languages: Khmer, Bahasa Indonesia, Laotian, Burmese and Vietnamese. The English version is also available online at www.seatca.org.

On behalf of SEATCA, I would like to thank our country partners from all 10 ASEAN countries and TFI/WHO country offices for their valuable contributions. My special thanks to Ms. Tan Yen Lian, Dr. Ulysses Dorotheo, and the rest of the SEATCA team, who diligently worked on this updated edition. I also greatly appreciate the encouraging support of Dr. Judith Mackay, who is the originator of the global Tobacco Atlas. We are grateful to the Bill and Melinda Gates Foundation for its financial support to SEATCA’s programs.

We will continue to commit our best to advance tobacco control in ASEAN and hope you all join our efforts.

Bungon Ritthiphakdee
Executive Director, SEATCA

About SEATCA



Southeast Asia Tobacco Control Alliance

Vision: "Towards a healthy, tobacco-free ASEAN"

Mission: "Working together to save lives by accelerating effective implementation of the FCTC in ASEAN countries"

The Southeast Asia Tobacco Control Alliance (SEATCA) is a regional multi-sectorial alliance that supports ASEAN member states in developing and implementing effective and evidence-based tobacco control policies in line with the WHO Framework Convention on Tobacco Control (FCTC).

Since 2001, SEATCA's programs have contributed to the advancement of the tobacco control movement in Southeast Asia particularly in Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand and Vietnam. Working closely with country partners, SEATCA's strategies have been to support progressive policy development, strengthen national tobacco control working groups, generate more local evidence for advancing policies, and increase the number and capacity of tobacco control advocates.

Over the years, SEATCA's efforts have been recognized nationally and internationally. SEATCA has also been engaged by emerging alliances in tobacco control to share the SEATCA model as a learning platform for tobacco control best practices and lessons learned.

In recognition of SEATCA's outstanding contributions to tobacco control in the region, WHO conferred SEATCA with its World No Tobacco Day Award in 2004 and the WHO Director-General Special Recognition Award in 2014.

"SEATCA has emerged as a major catalyst for advances made in tobacco control in the South East Asia Region, especially with regard to policy and legislation."

- Dr. Shigeru Omi, then WHO Regional Director for the Western Pacific, 2004.

"This award recognizes the valuable contribution of SEATCA as a regional ally especially in the area of tobacco taxation. SEATCA is a key catalyst and leader in tobacco tax reform in the ASEAN community bringing together various stakeholders and working closely with ministries of health and finance."

- Dr. Shin Young-soo, WHO Regional Director for the Western Pacific, 2014.

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Dr Domilyn C. Villarreiz, Ms Tan Yen Lian, Dr Ulysses Dorotheo, Dr Mom Kong, Mr Mouhamad Bigwanto, Action on Smoking and Health (ASH), Thailand, collections from SEATCA Tobacco Industry Denormalization program, or as indicated.

Smoking prevalence: Adult male and female smokers in ASEAN*

■ Male ■ Female



In ASEAN, male smoking prevalence is highest in Indonesia (66%) and lowest in Singapore (23.1%). Female smoking rates are particularly high (between 5.8% and 8.4%) in Indonesia, Lao PDR, Myanmar and Philippines.

* ASEAN: Association of Southeast Asian Nations. The term ASEAN will be used to refer to member countries in the region.

Chapter 1

Tobacco Consumption

Globally, more than 1.1 billion people use tobacco, and a significantly higher number of males (945 million) than females (180 million) smokes. This alarming number represents about one-third of the global population aged 15 and above. It has grown substantially in low-and-middle-income countries (82% world's smokers), particularly in the ASEAN region. To date, there are 122.4 million adult smokers residing in the ten ASEAN countries and half of them live in Indonesia (65 million).

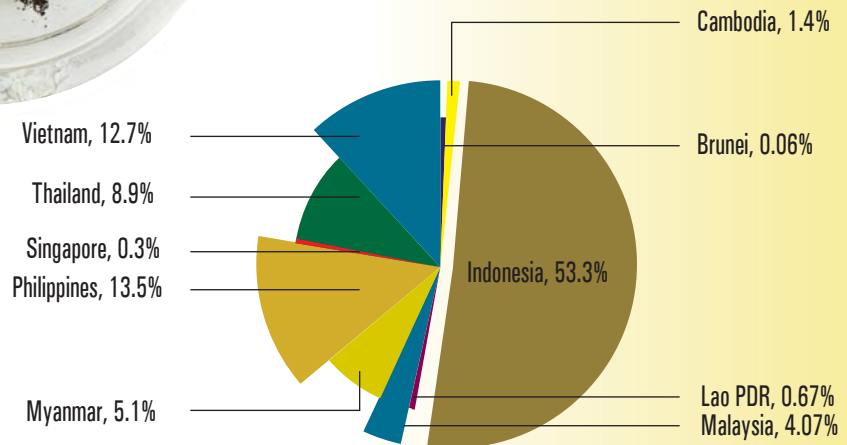
There are more than 15 billion cigarettes smoked every day worldwide and this highly addictive product is

commonly used by different segments of population including vulnerable groups such as women, youth and children. Due to the expansion of world's population and dynamic economic growth, the number of smokers will rise and it is expected to reach at least 2 billion people by 2030.

In the ASEAN countries, male smoking prevalence is highest in Indonesia (66%) and lowest in Singapore (23.1%). Female smoking rates are particularly high (between 5.8% and 8.4%) in Indonesia, Lao PDR, Myanmar and Philippines.



ASEAN has 10% of world's smokers



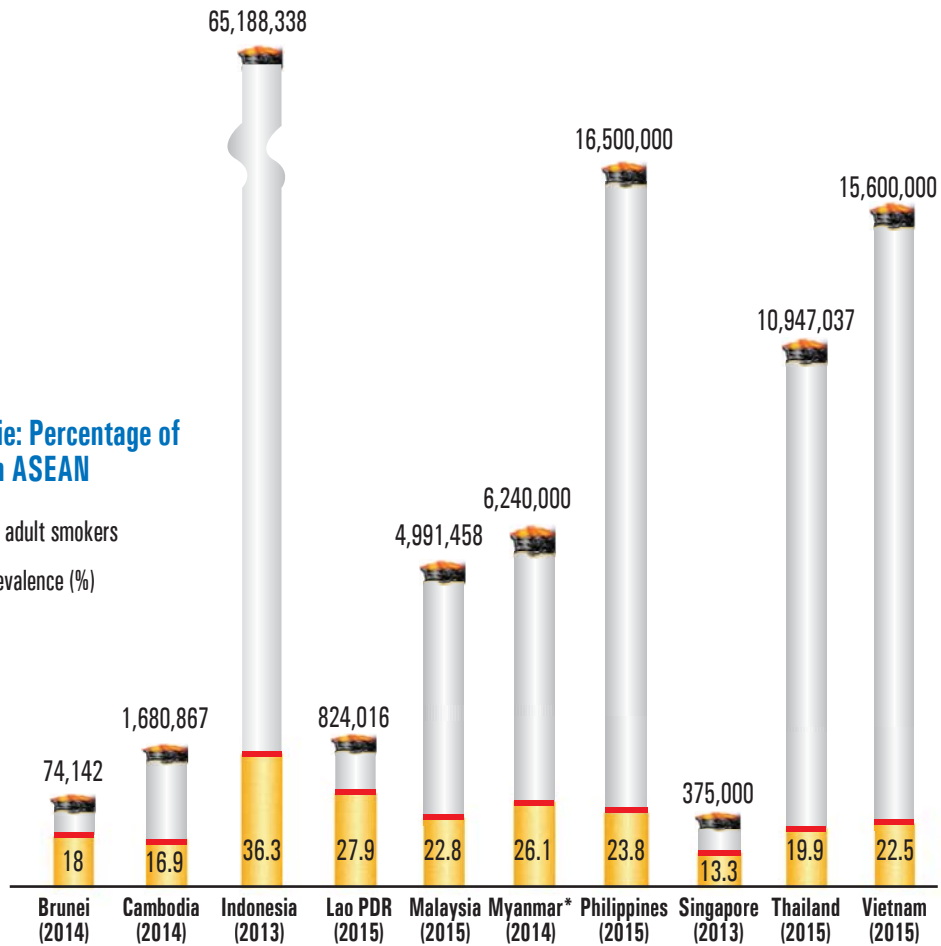
Total adult smokers in ASEAN: 122,420,858

Percentage distribution of total adult smokers in ASEAN

Adult Smoking

Numbers don't lie: Percentage of adult smokers in ASEAN

- Total numbers of adult smokers
- Adult smoking prevalence (%)



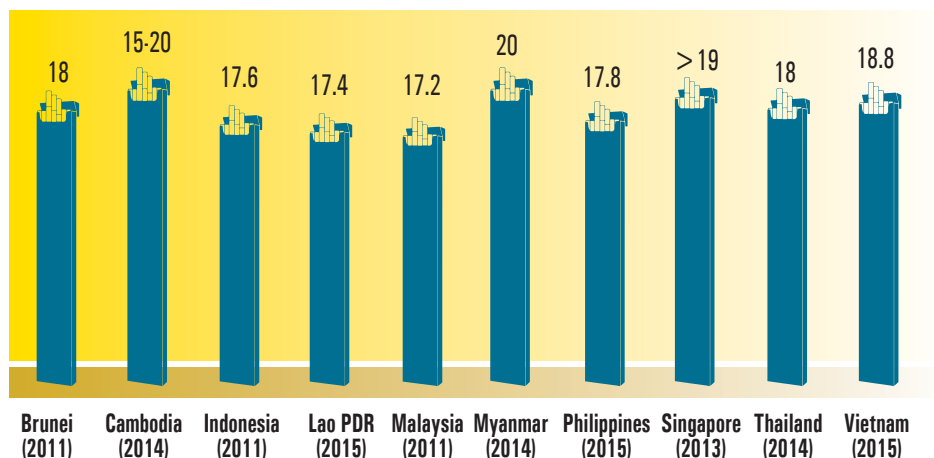
*The study was a population-based survey of adult aged 25-64.

1 in 5 adults in ASEAN smoke

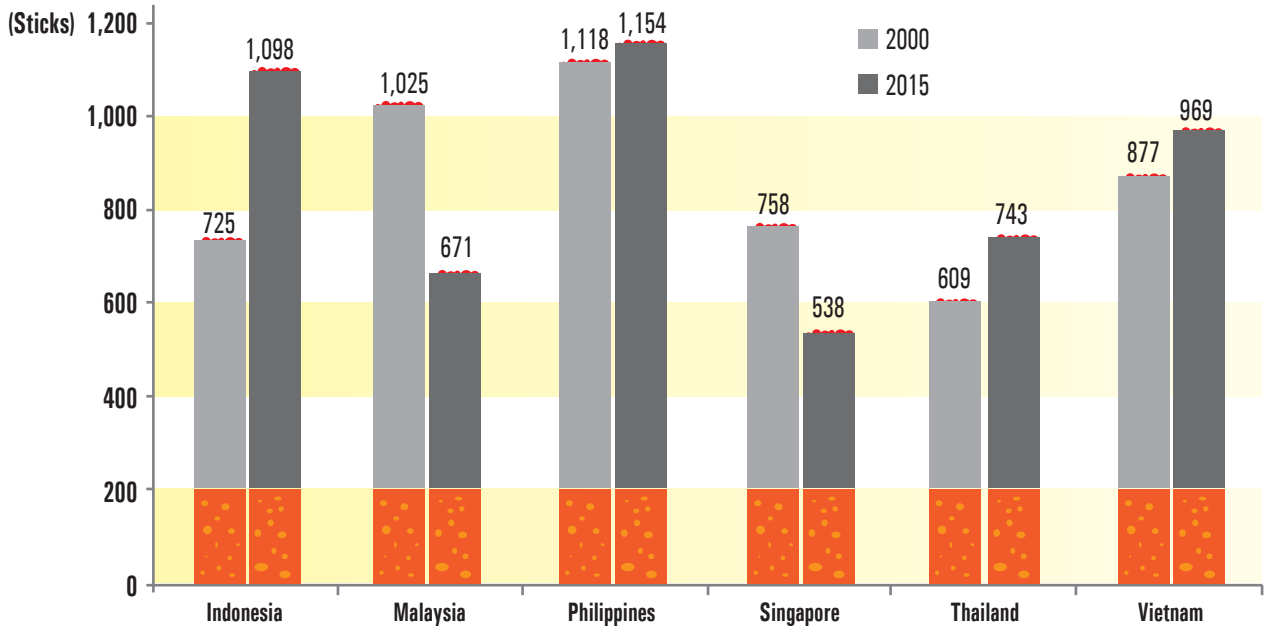
Average age of smoking initiation among adults in ASEAN

On average, smokers in ASEAN started smoking before the age of 20.

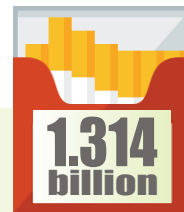
- Average age of smoking initiation (daily smokers)



Regional cigarette per capita consumption in ASEAN (2000 and 2015)

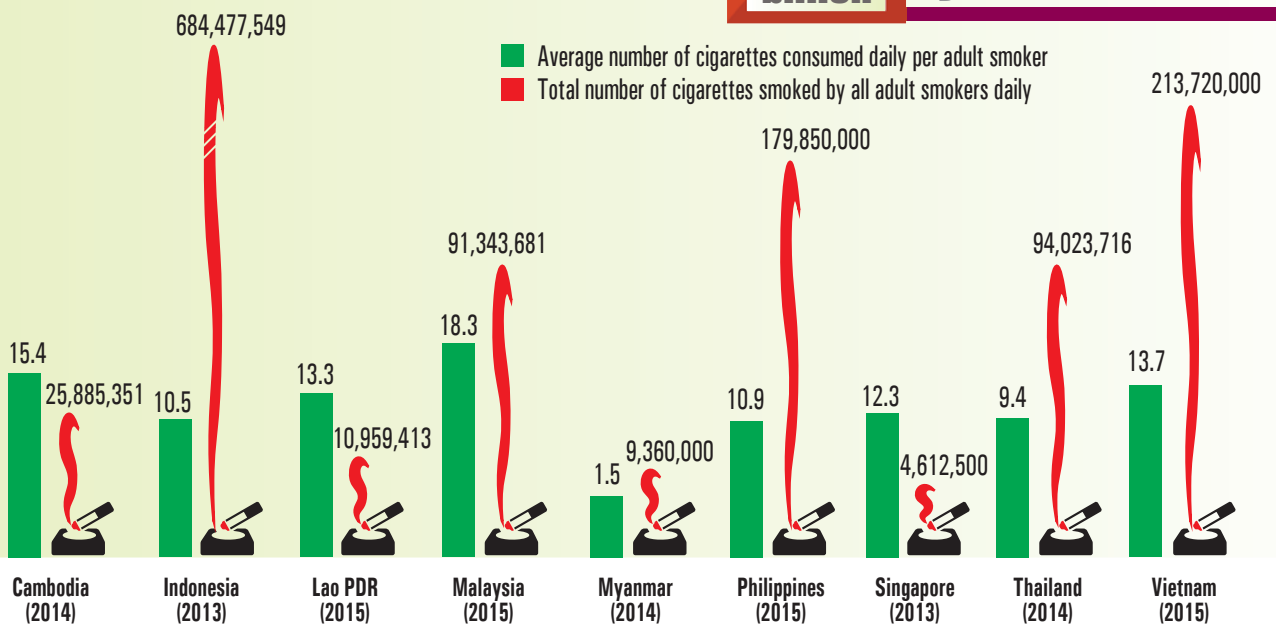


Notes: These are all cigarettes sold (retail sale plus illicit cigarettes) on the territory of a given country independent of who consumes them - i.e. includes tourist consumption, but excludes consumption of citizens abroad (e.g. if they travel abroad and buy cigarettes there)

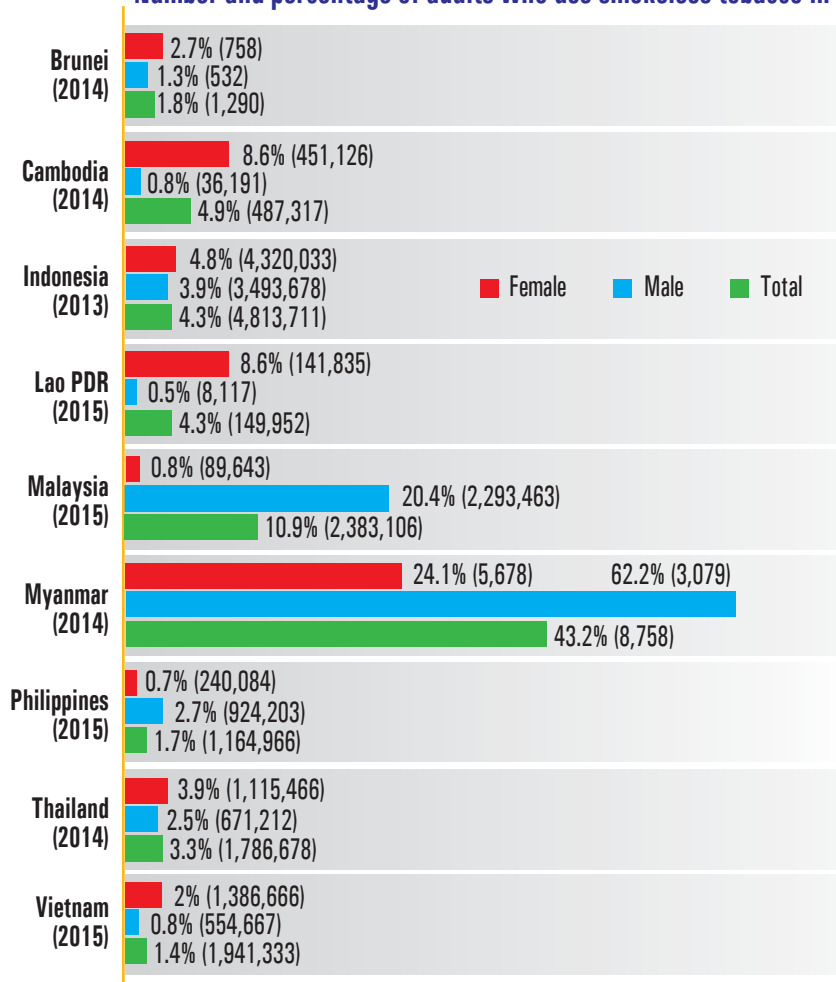


1.314 billion sticks smoked daily by adults in ASEAN

Number of cigarettes smoked daily by adult smokers



Number and percentage of adults who use smokeless tobacco in ASEAN



Smokeless tobacco use

the highest in Myanmar (43.2%), Malaysia (10.9%) and Cambodia (4.9%).



Tobacco industry's internal documents revealed that "...eighteen to twenty-four year olds will be "[c]ritical to long term brand vitality as consumption increases with age."

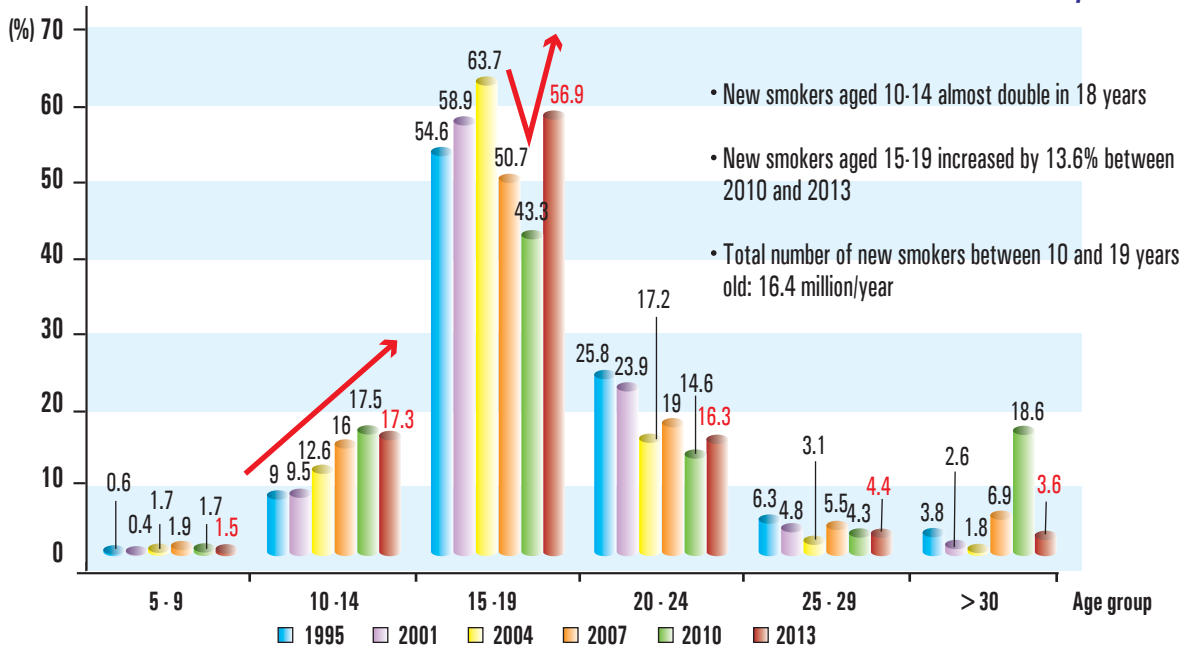
"They represent tomorrow's cigarette business. . . As this 14-24 age group matures, they will account for a key share of the total cigarette volume - for at least the next 25 years."

September 30, 1974 R.J. Reynolds Tobacco Co. marketing plan presented to the company's board of directors. Bates No. 501421310-1335

Quick Fact

Globally, about 30 million young adults begin smoking each year (about 50% of young men and about 10% of young women), and the current patterns of behavior suggest that most will not stop.

Most Indonesian smokers are between 10 and 19 years old



Tobacco industry recruits replacement smokers



Deaths from tobacco

240,618 Indonesians/year
659 Indonesians/day



Recruit new smokers

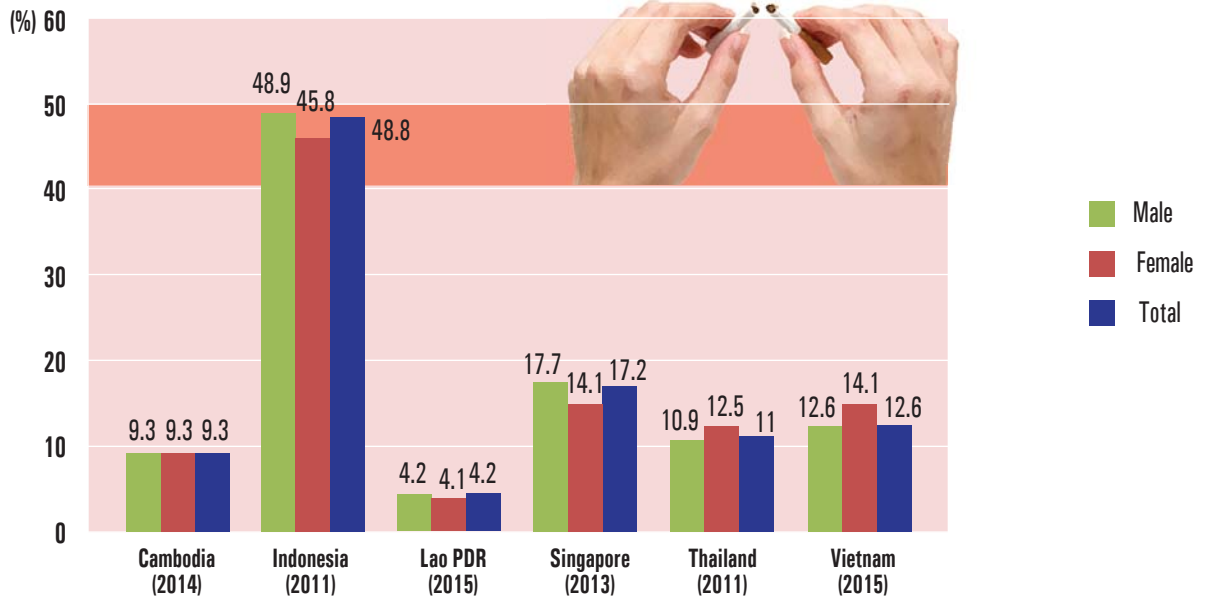
New Indonesian smokers 10-19 years:
16.4 million/year
45,000 youth below 19 years smokers /day

Quick Fact

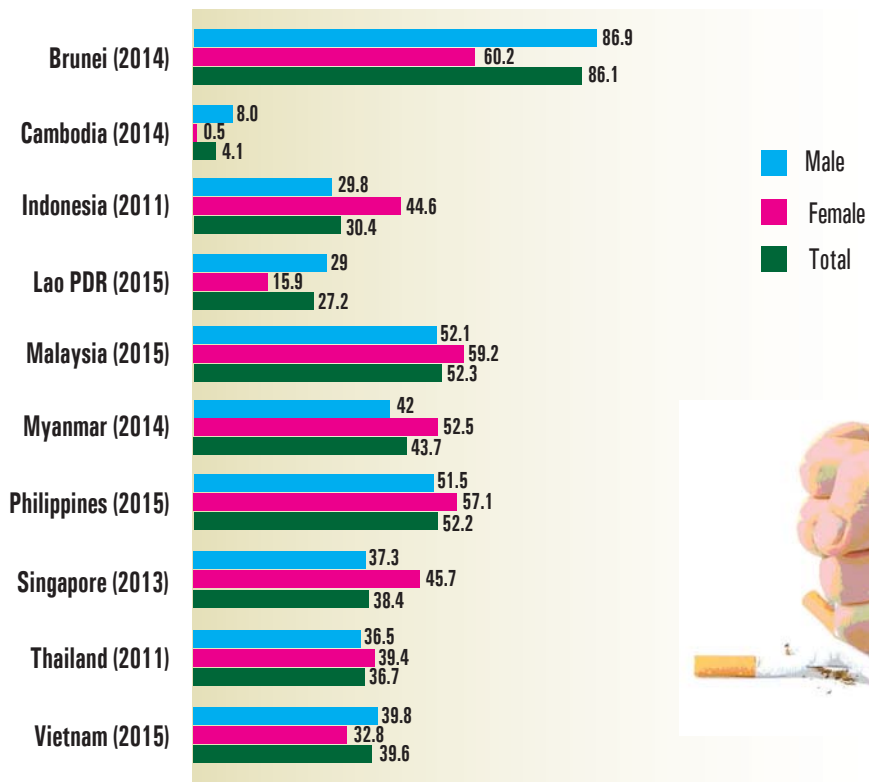
21% of adults globally are current smokers – 950 million men and 177 million women – 1.1 billion smokers globally in 2013 (WHO).

Quit Attempt

Percentage of current smokers (aged ≥ 15 years old) who intend to quit within next 12 months

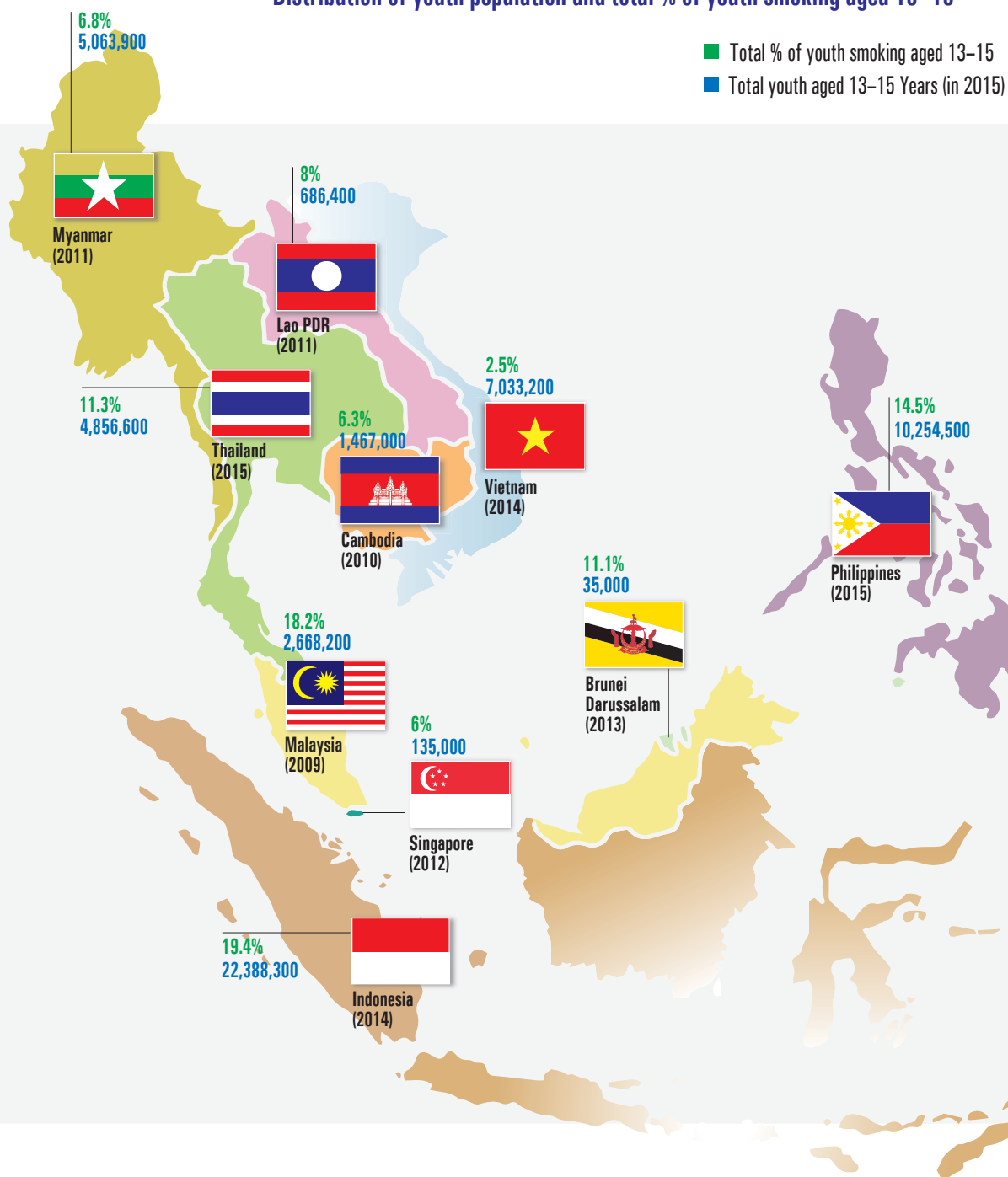


Percentage of current smokers who attempted to quit in the past 12 months



Youth Smoking

Distribution of youth population and total % of youth smoking aged 13–15

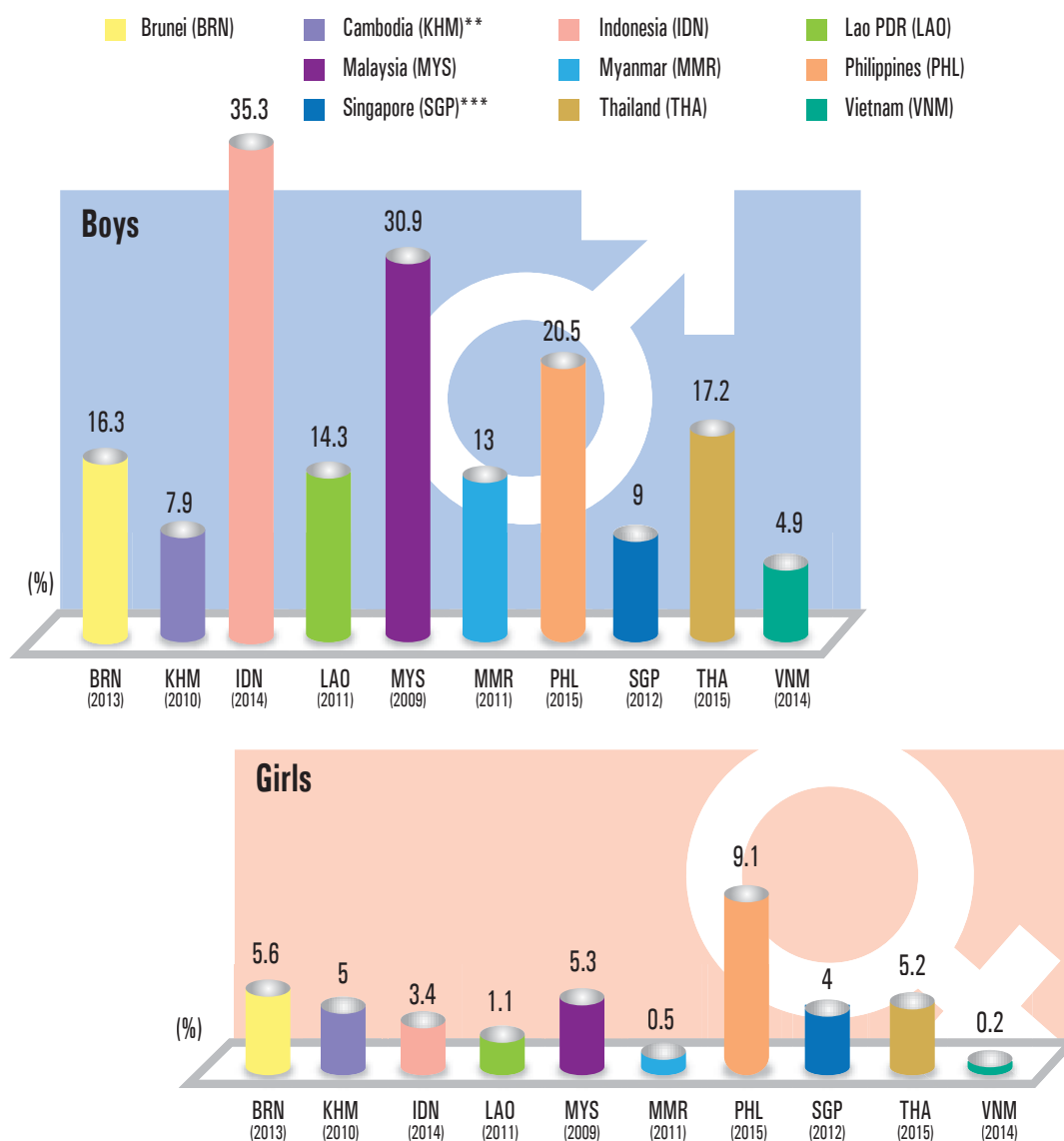


Quick Fact

In the Western Pacific Region,

- more than 1 million students who currently smoke cigarettes (7.7% of the youth aged 13–15 years).
- one out of 100 students is a frequent cigarette smoker, i.e. having smoked on 20 or more days in the past 30 days.

Numbers don't lie: Smoking among boys and girls (13–15 years)*



* Percentage of students who smoked cigarettes on one or more days in the past 30 days.

** The data is based currently use any tobacco product.

*** The data is based on age range 13-16 and the definition smoked once in the past 30 days.

Youth Smoking Initiation

Early initiation of youth smoking among ever smokers* in ASEAN

Country	Boy (%)	Girl (%)	Total (%)
Brunei (2013)	18.4	16.9	18.0
Indonesia (2014)	18.2	32.5	19.8
Lao PDR (2011)	28.6	—	30.9
Malaysia (2009)	19.3	35.9	22.8
Philippines (2015)	10.7	14.5	12
Thailand (2015)	16.8	9.2	14.5
Vietnam (2014)	16.4	24.4	17.7

*Percentage of ever smokers who first smoked before the age of 10 years.



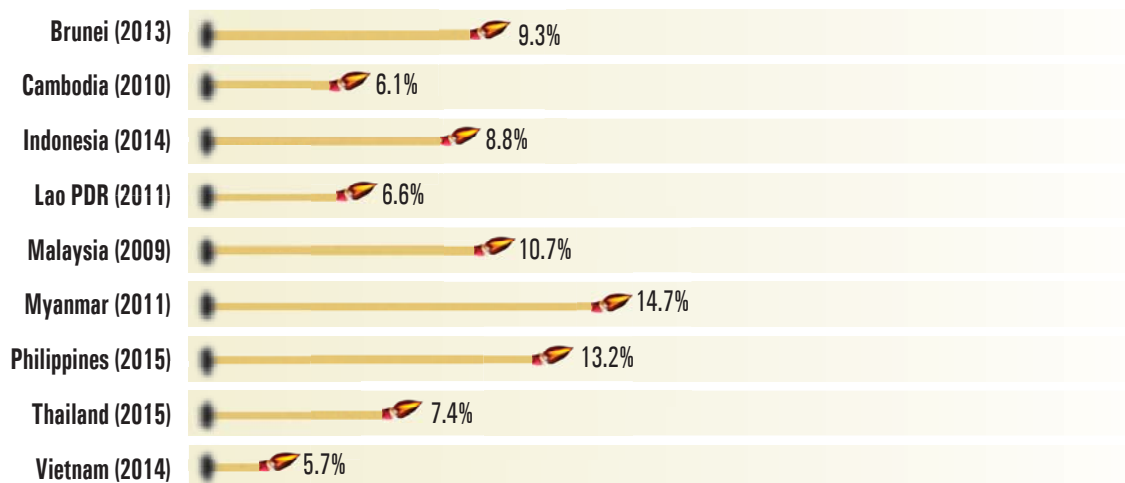
Quick Fact

Individuals who start smoking at younger ages are more likely to smoke as adults.

In 1982, one RJ Reynolds researcher stated:
 “If a man has never smoked by age 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one

“Estimated Change in Industry Trend Following Federal Excise Tax Increase,”
 September 10, 1982,
 Bates Number 513318387/8390

Intentions of non-smoking youths to start smoking in the next year



Note: Years of the Global Youth Tobacco Survey (GYTS) differ between countries.

Tobacco industry players in ASEAN

■ 2014 ■ 2015



Tobacco Industry

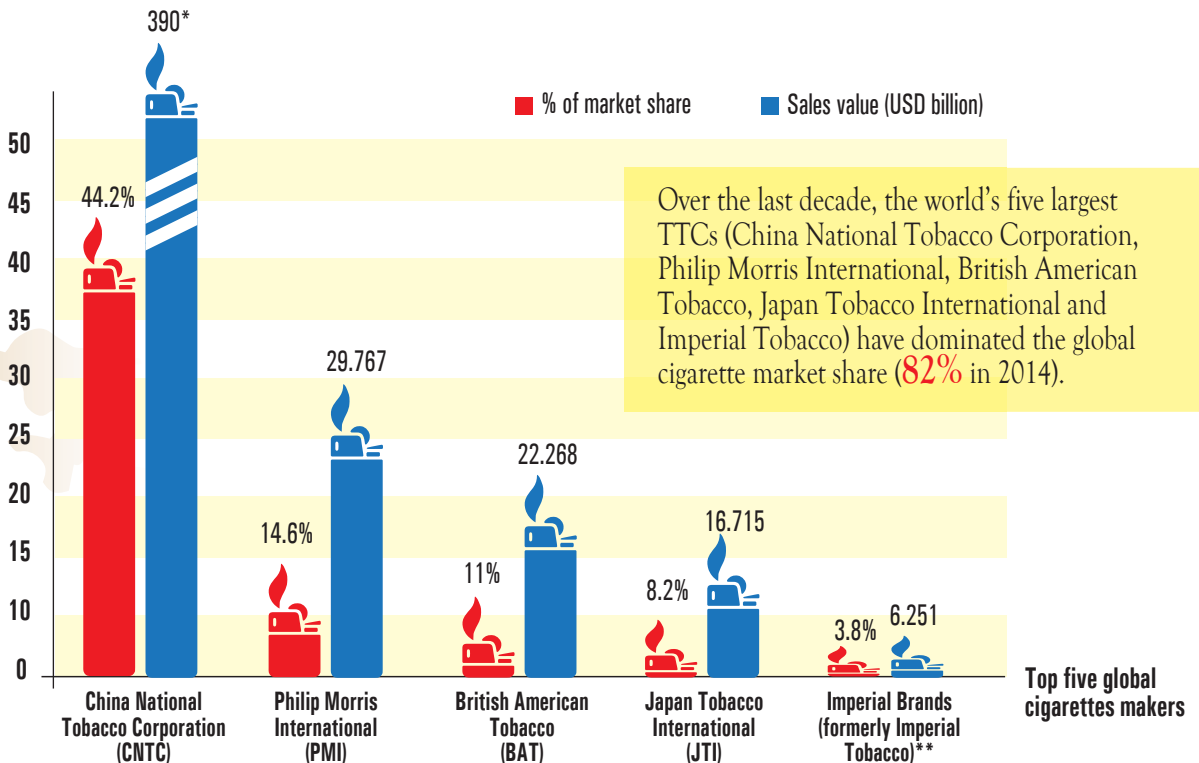
There has been a shift in the tobacco market with transnational tobacco companies (TTC) moving from developed countries and targeting the poorer, less developed countries. The 'Big Transnational Tobacco' has shifted its focus to developing markets where tobacco control is not so stringent and tobacco use is on the rise. ASEAN continues to be a target for potential tobacco market growth with projected cigarette volume sales increasing from 514 billion to 535 billion sticks between 2016 and 2018, primarily in Indonesia, Philippines, Vietnam and Thailand.

Three of the five world's largest TTCs - British American Tobacco, Philip Morris and Japan Tobacco control the cigarette markets in several countries in ASEAN such as Cambodia, Malaysia, Philippines and Singapore. It is estimated that tobacco manufacturers in the 9 ASEAN countries produce close to 500 billion cigarettes

annually. Indonesia and Philippines were among the world's top 10 cigarette market producers in 2014.

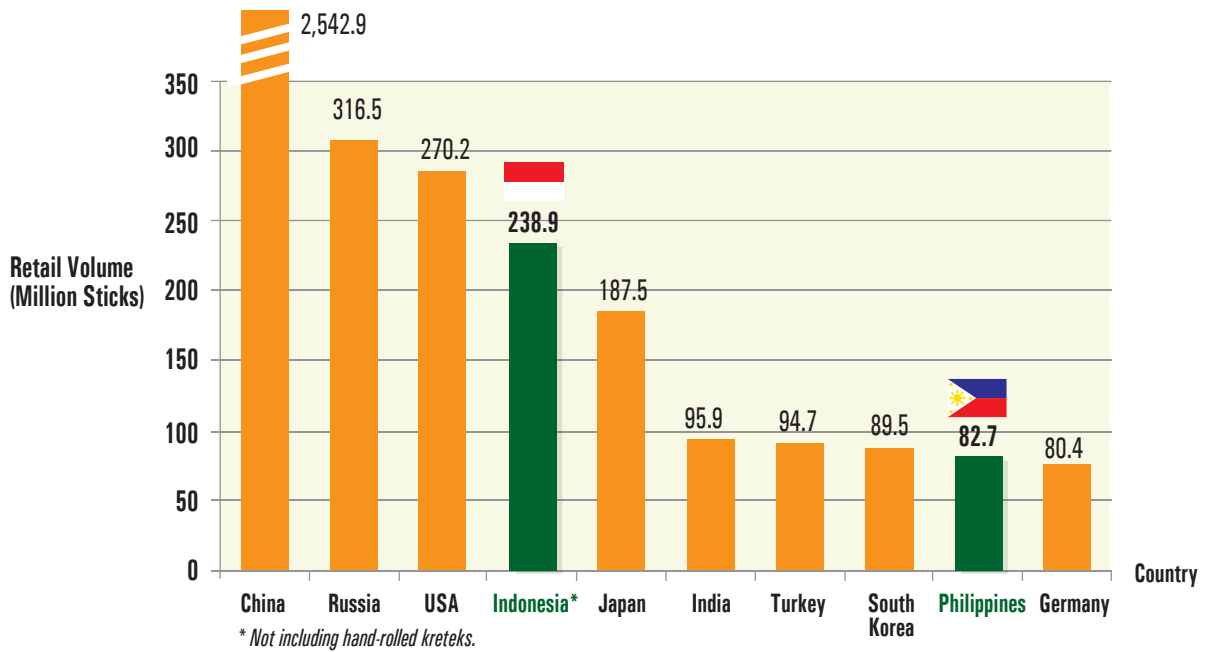
In an effort to enlarge their footprints in some ASEAN countries, TTCs are undertaking mergers and joint ventures, resulting in increased market control by a few international companies. Philip Morris has bought controlling stakes in local cigarette companies in the Philippines and Indonesia. Imperial Tobacco signed a joint venture with Lao Government to form Lao Tobacco Ltd (LTL). State-owned companies are the leading manufacturers in Thailand (Thailand Tobacco Monopoly - TTM) and Vietnam (Vietnam National Tobacco Corp -VINATABA). The tobacco industry has been making billions in profits from selling cigarettes with combined profit of the world top four TTC (PMI, BAT, JTI, IT) estimated to be USD 20.6 billion in 2015.

Tobacco company shares of global cigarette market, 2014 (% volume)



*Estimated value for 2015. **Adjusted year end September 2015.

2 ASEAN countries in world's top 10 cigarette markets by volume (2014)

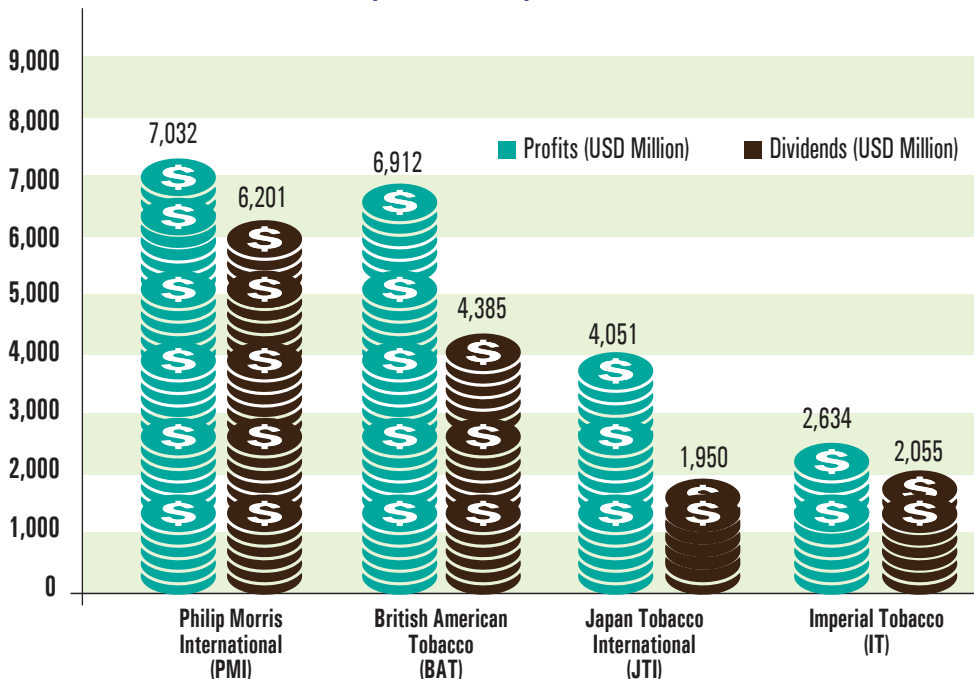


- Japan Tobacco International
- Altria/Philip Morris USA
- Imperial Tobacco
- British American Tobacco
- Philip Morris International
- China National Tobacco Corp.

➔ **USD 342B**

Combined revenue of the world's six largest tobacco companies in 2013.

Transnational tobacco companies (TTCs) profits in 2015



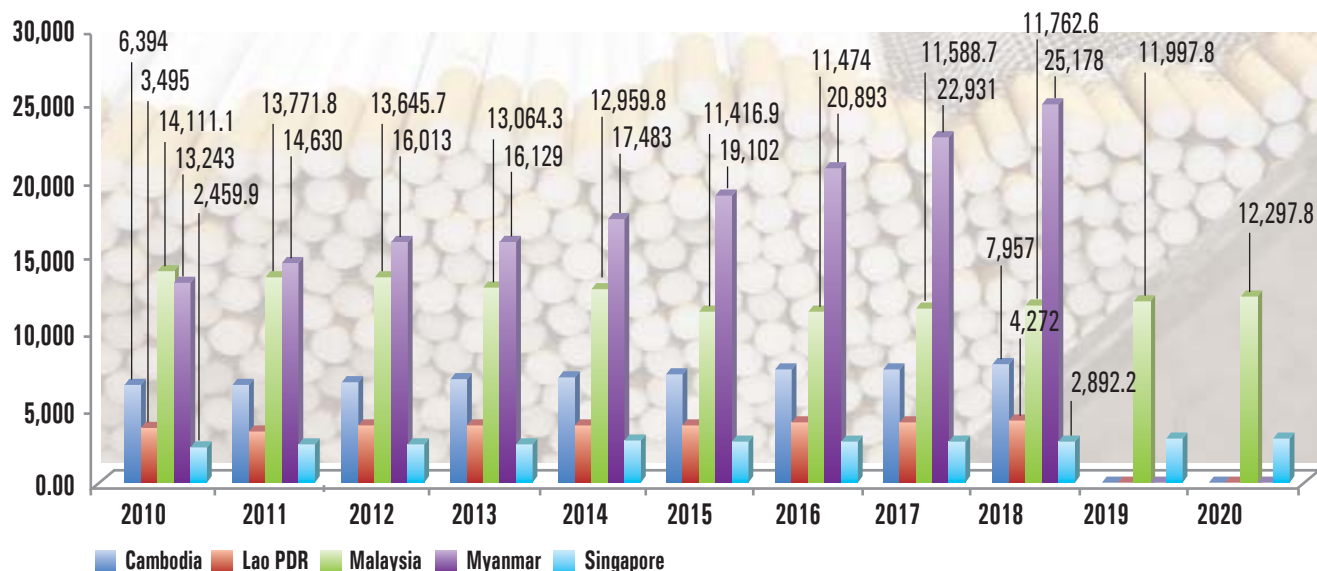
In 2015, the top four transnational tobacco companies (PMI, BAT, JTI, IT) collectively earned **more than USD 20 billion** in profits.

Tobacco Transnational Companies (TTCs)

Cigarette sale volumes in ASEAN region (2010–2020)

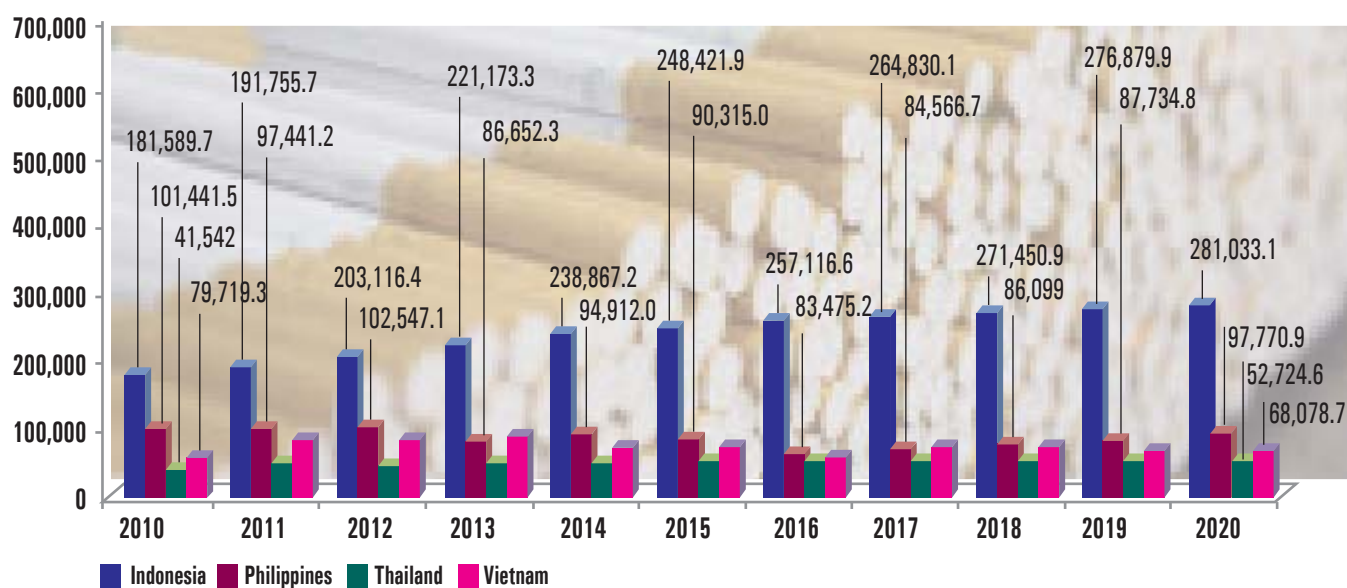
Sales of cigarettes in Cambodia, Lao PDR, Malaysia, Myanmar and Singapore

(Million Sticks)



Sales of cigarettes in Indonesia, Philippines, Thailand and Vietnam

(Million Sticks)



Big transnational tobacco companies consolidating their power in the region

Philip Morris Indonesia bought a controlling stake in local cigarette manufacturer PT HM Sampoerna for USD 5.2 billion in 2005. BAT acquired Bentoel International Investama for USD 579 million in 2009.

Philip Morris Philippines Manufacturing Inc created a joint venture with Fortune Tobacco Corp in 2010 known as PMFTC Inc.

Imperial Tobacco, through its subsidiary, Coralma International (a French company) and S3T Pte Ltd (a Singaporean company) entered into a joint venture with Lao Government to form Lao Tobacco Ltd (LTL) that allows foreign investor to enjoy tax privileges and special benefits.

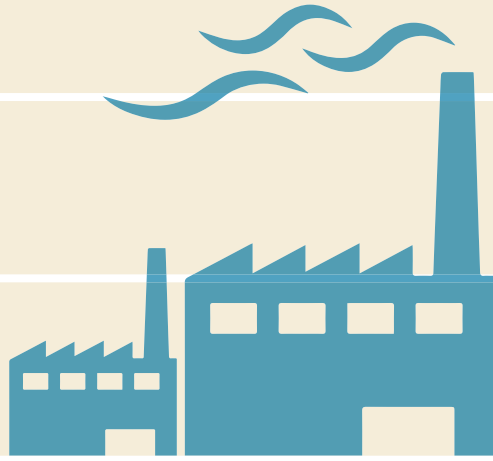
“This transaction is a tremendous strategic fit for our business that will cement our leadership in South East Asia.”

Matteo Pellegrini,
President of Phillip Morris in Asia 2010,
referring to Philippines merger

PMI in 33 countries

Philip Morris International (PMI) operates 53 production facilities in 33 different countries and produces more than 870 billion cigarettes each year. About 16 out of 53 manufacturing facilities are located in ASEAN countries:

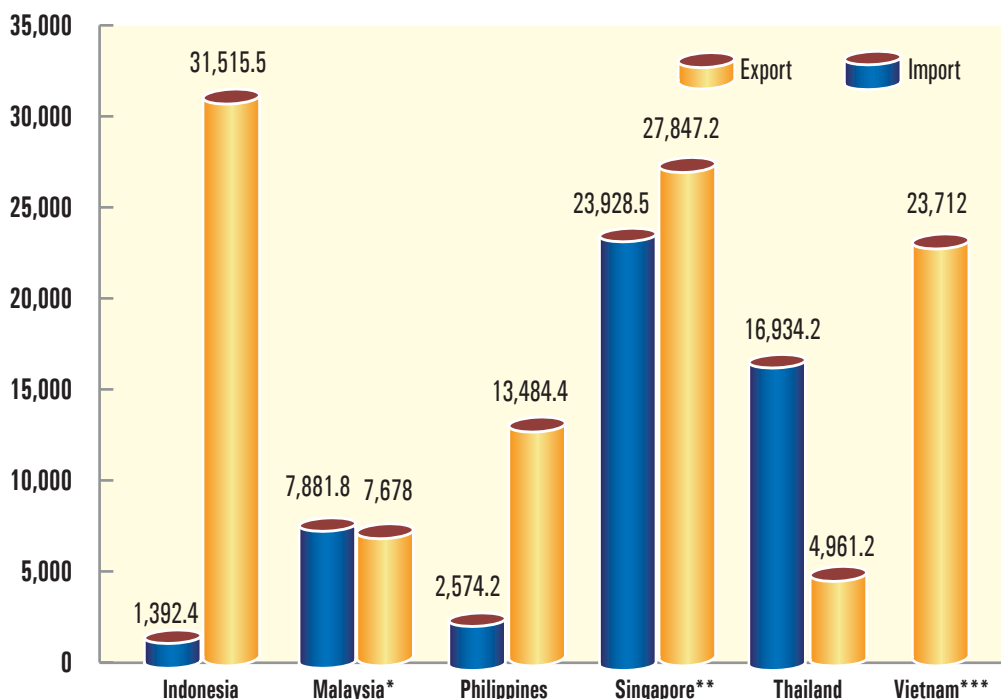
Country	PMI manufacturing facilities in ASEAN
Indonesia (13)	Dopok, Bantul, South Pandaan, Pandaan, Ngoro, Kertosono, Surabaya, Bojonegoro, Cepu, Blora, Mranggen, Bekasi
Malaysia (1)	Seremban*
Philippines (2)	Tanauan Marikina



* Philip Morris Malaysia (PMM) announced to discontinue its manufacturing plant in Malaysia in 2012 and currently operates a Cast Leaf plant in Seremban, which uses tobacco dust and stems to manufacture reconstituted tobacco to be used as one of the blend components in Primary Processing in the PMI manufacturing centers around the world. This 100% export facility is the largest in the world for PMI and its products are exported to PMI businesses around the globe.

Import and export of cigarettes production in ASEAN (2015)

(Million Sticks)



* Philip Morris Malaysia (PMM) operates a Cast Leaf plant in Seremban.

** Singapore is a major global transshipment hub. Japan Tobacco International (Singapore) Pte Ltd and Philip Morris Singapore Pte Ltd are distributor and retailer of tobacco products.

*** Saigon Tobacco Company (BAT) and Vinasa Tobacco Joint (PMI) are joint venture companies that produce Dunhill, 555, Pall Mall (for BAT) and Marlboro (for PMI) respectively.

Licensing of tobacco retailers in selected ASEAN countries

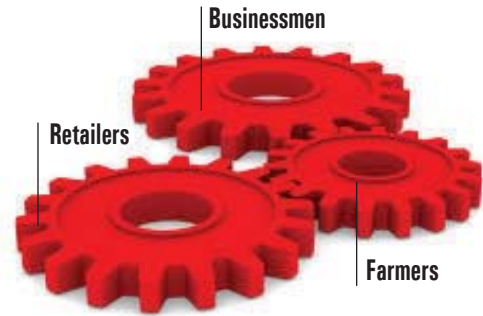
Country	Cost of License (USD/year)	Country	Cost of License (USD/year)
Brunei*	222 (BND 300) - 2008 444 (BND 600) - 2015	Vietnam	Fee for assessment and recognition: In city and urban level: 55.8 (VND 1,200,000) In district level: 27.9 (VND 600,000) Fee for licensing: In city and urban level: 9.3 (VND 200,000) In district level: 4.65 (VND 100,000)
Singapore**	288.14 (SGD 360) - 2010 296.30 (SGD 400) - 2016		
Thailand	1.14 (THB 40)		

* After May 2014, there was no more licensed tobacco importer. Licensing fee of tobacco importers and wholesalers is USD 1,850 (BND 2,500)/year in 2008 and it has increased to USD 3,700 (BND 5,000)/year in 2015.

** SGD 340 for a new license and SGD 60 for admin fees. The fee revision took effect 1 Jan 2016.

Tobacco industry front groups and lobby groups to fight tobacco control

The tobacco industry rallies and funds front groups to fight tobacco control measures at both international and national level. The International Tobacco Growers Association (ITGA) is one such group which mobilizes tobacco growers to interfere in tobacco control policy development in ASEAN countries and fight FCTC implementation particularly Articles 9, 10, 17 and 18. Other front groups include retailers and trade associations, coffee shop associations or research groups which challenge tobacco control legislation.



Country	Front Groups and Lobby Groups
Regional / International 	International Tax and Investment Center (ITIC) US-ASEAN Business Council (US-ABC) International Tobacco Growers Association (ITGA) ASEAN Intellectual Property Association (AIPA) Property Rights Alliance (PRA) ASEAN Intellectual Property Association (ASEAN-IPA) Factasia.org*
 Cambodia	Association of Tobacco Industry in Cambodia (ATIC)
 Lao PDR	Lao Law & Consultancy Group
 Malaysia	Malaysia Singapore Coffee Shop Proprietors General Association Kelantan Tobacco Growers and Curers Association (PITAS) ASEAN Intellectual Property Association (ASEAN-IPA)
 Vietnam	Association of Vietnam Retailers (AVR) Vietnam Chamber of Commerce and Industry (VCCI) Vietnam Tobacco Association (VTA)
 Thailand	Thai Tobacco Growers, Curers and Dealers Association Thai Tobacco Trade Association (TTA) Thai Smokers Community Chiangmai Tobacco Curing Association Sukhothai Burley Tobacco Farm Association Petchaboon Burley Tobacco Farm Association Thai Northeastern Tobacco Farmer Thailand Tobacco Monopoly State Enterprise Workers Union



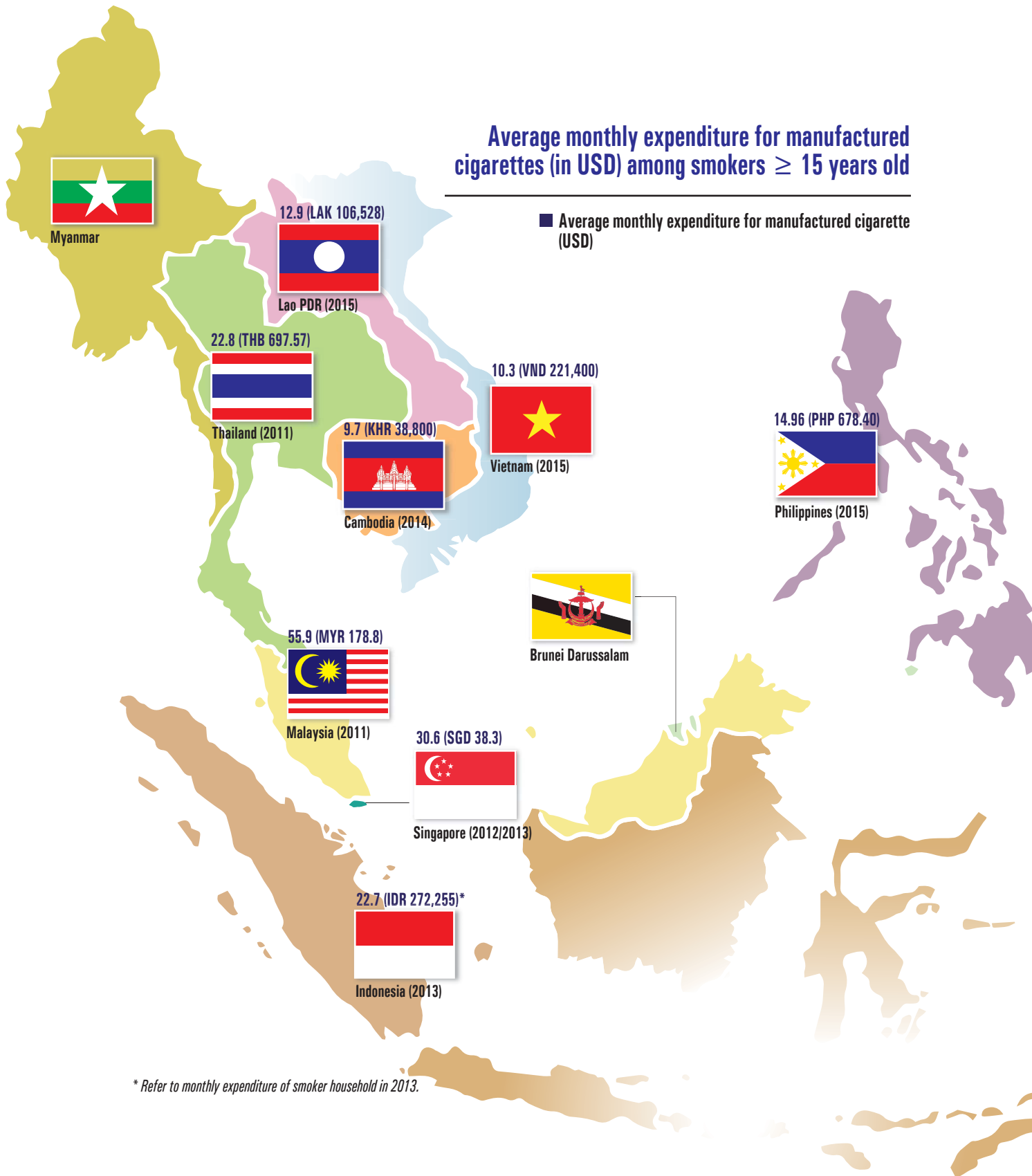
* Factasia.org (www.factasia.org) is a Hong Kong based non-government organization, which promotes e-cigarettes and campaigns for its use, funded by Philip Morris International and Tobacco Vapor Electronic Cigarette Association (TVECA).

Country	Front Groups and Lobby Groups
 Indonesia	<p>Indonesia Tobacco Society Alliance – Aliansi Masyarakat Tembakau Indonesia (AMTI) Indonesian Forum of Tobacco Industry Community - Forum Masyarakat Industri Rokok Indonesia (FORMASI)** Indonesia Tobacco Farmers Association – Asosiasi Petani Tembakau Indonesia (APTI) Corporate Federation of Indonesian Cigarette Industries –Gabungan Perserikatan Pabrik Rokok Indonesia (GAPPRI)*** Corporate of Indonesian White Cigarette Makers – Gabungan Pengusaha Rokok Putih Indonesia (GAPRINDO) Clove National Rescue Coalition – Koalisi Nasional Penyelamat Kretek (KNPK) Indonesia Clove Cigarette Community- (Komunitas Kretek) Indonesian Clove Farmers Association - Asosiasi Petani Cengkeh Indonesia (APCI) Federation of Trade Unions of Cigarette, Tobacco, Food and Beverages - Federasi Serikat Pekerja Rokok, Tembakau, Makanan Minuman (FSP RTMM-SPSI) Cigarette Manufacturing Association - Paguyuban Mitra Produksi Sigaret Indonesia (MPSI)</p>
 Philippines	<p>National Tobacco Administration (NTA) Philippine Tobacco Institute (PTI) Philippine Tobacco Growers Association (PTGA) Philippine Aromatic Tobacco Development Association, Inc. (PATDA) Federation of Philippine Industries (FPI) Peoples' Coalition Against Regressive Taxation (PCART) Philippine Association of Supermarkets Inc. (PASI) The American Chamber of Commerce of the Philippines, Inc.</p>

Association of small-scale tobacco industry. *Federation of kretek cigarette industries.



Average monthly expenditure for manufactured cigarettes (in USD) among smokers ≥ 15 years old



* Refer to monthly expenditure of smoker household in 2013.

Tobacco and Poverty

Tobacco use is inextricably linked to poverty. It is the poor and the poorest who tend to consume tobacco the most. Tobacco consumption varies according to socioeconomic group. In most countries, smoking prevalence is much higher among men with low education and in low-income groups.

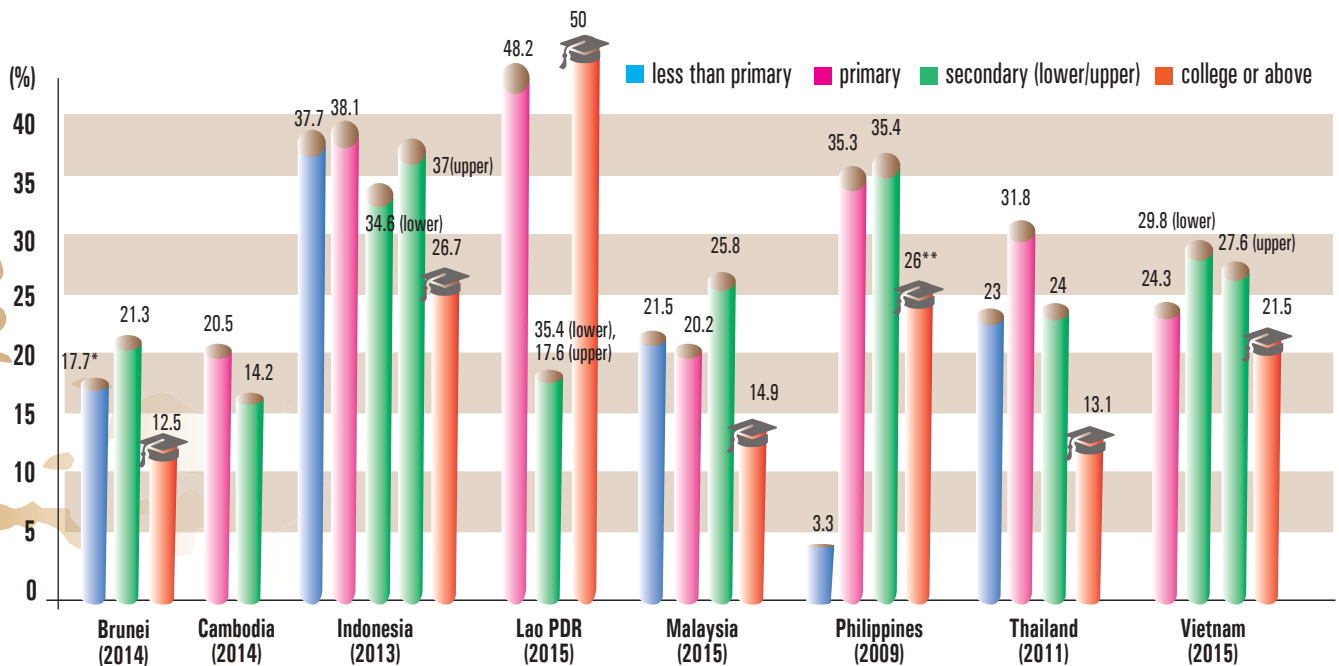
essential needs. The money spent on tobacco reduces the amount of money available to spend on basic necessities such as food, health care, shelter, and education.

In many ways tobacco and poverty are part of the same vicious cycle in which tobacco worsens poverty. Addiction to nicotine drives smokers to spend a large proportion of their income on tobacco instead of

Tobacco continues to exacerbate poverty among users and their families. Smokers are relative at higher risks of falling serious tobacco-related diseases and premature death, depriving families of much-needed income and imposing additional costs for health care.

Poverty and Inequality









Education level of adult smokers in ASEAN countries



* Included less than primary and primary school.













** Included those who took a post-secondary or vocational school course (usually 1-2 years).

Tobacco expenditure and basic needs

Country	Poorest households expenditure (USD) on				
	Tobacco 	Education 	Health 	Clothing 	Others
Indonesia (2013) 	13.2 (IDR 137,652)	1.9 (IDR 20,215)	1.2 (IDR 12,328)	4.9 (IDR 51,586)	83.8 (IDR 874,127) *
Philippines (2003) 	2.6 (PHP 141)	1.6 (PHP 87)	1.3 (PHP 71)	2.6 (PHP 141)	13.1 (PHP 684)
Singapore (2012/13) 	16 (SGD 20)	76.6 (SGD 95.7)	133.5 (SGD 166.9)	24.2 (SGD 30.2)	-
Vietnam (2003) 	2.2 (VND 34,200)	0.95 (VND 14,992)	-	4.72 (VND 73,325)	45.5 (VND 706,942)

* Total Monthly Expenditures = USD 104.8 (IDR 1,095,908)

Price of most popular cigarette brands (per pack) relative to quantity of rice (kg) and eggs in ASEAN

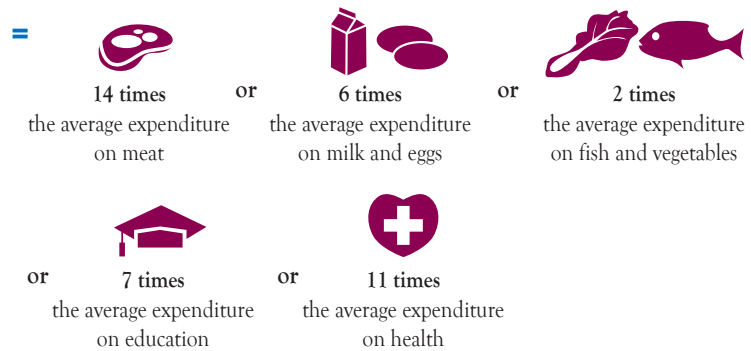
Country	Most Popular Cigarette Brand		Quantity of	
	Brand name	Price (USD)	Rice (kg) 	Eggs 
Brunei 	Djarum Super	5.11	5.8	35
Cambodia 	Fine	0.875	0.65	10
Indonesia 	Marlboro	1.49	1.7	12
Lao PDR 	Adeng	0.86	0.7	7
Malaysia 	Dunhill	4.17	5	21
Myanmar 	Red Ruby	0.57	0.47	5
Philippines 	Marlboro	1.52	2.2	12
Singapore 	Marlboro	9.62	5	59
Thailand 	Krongthip	1.94	1.5	17
Vietnam 	Marlboro	1.08	1.72	7

Annual tobacco expenditures = Lost opportunities

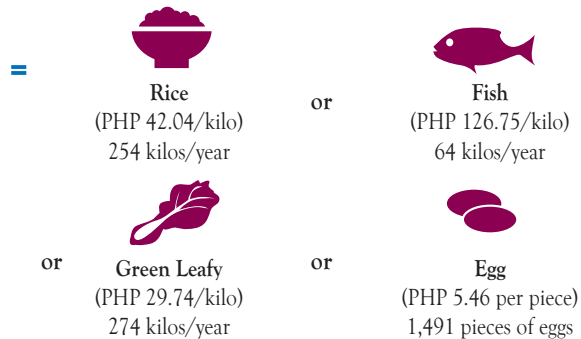
Cambodia Annual expenditure of USD 201,534,701 spent on tobacco. Of these, USD 168,860,800 on manufactured cigarettes, hand-rolled cigarettes (USD 14,545,709) and loose tobacco (USD 18,128,192).



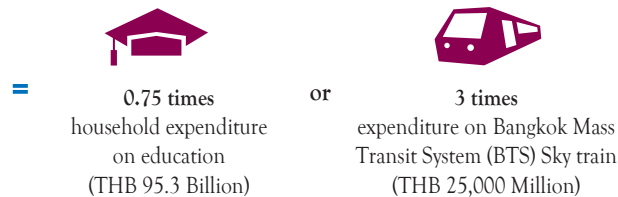
Indonesia Annual spending on cigarettes by smokers (among the poorest group).



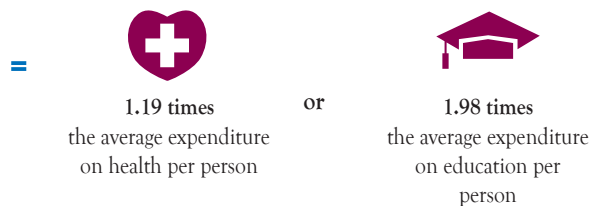
Philippines Annual expenditure of current smokers on cigarettes is PHP 8140.80 (USD 179.55) per smoker.



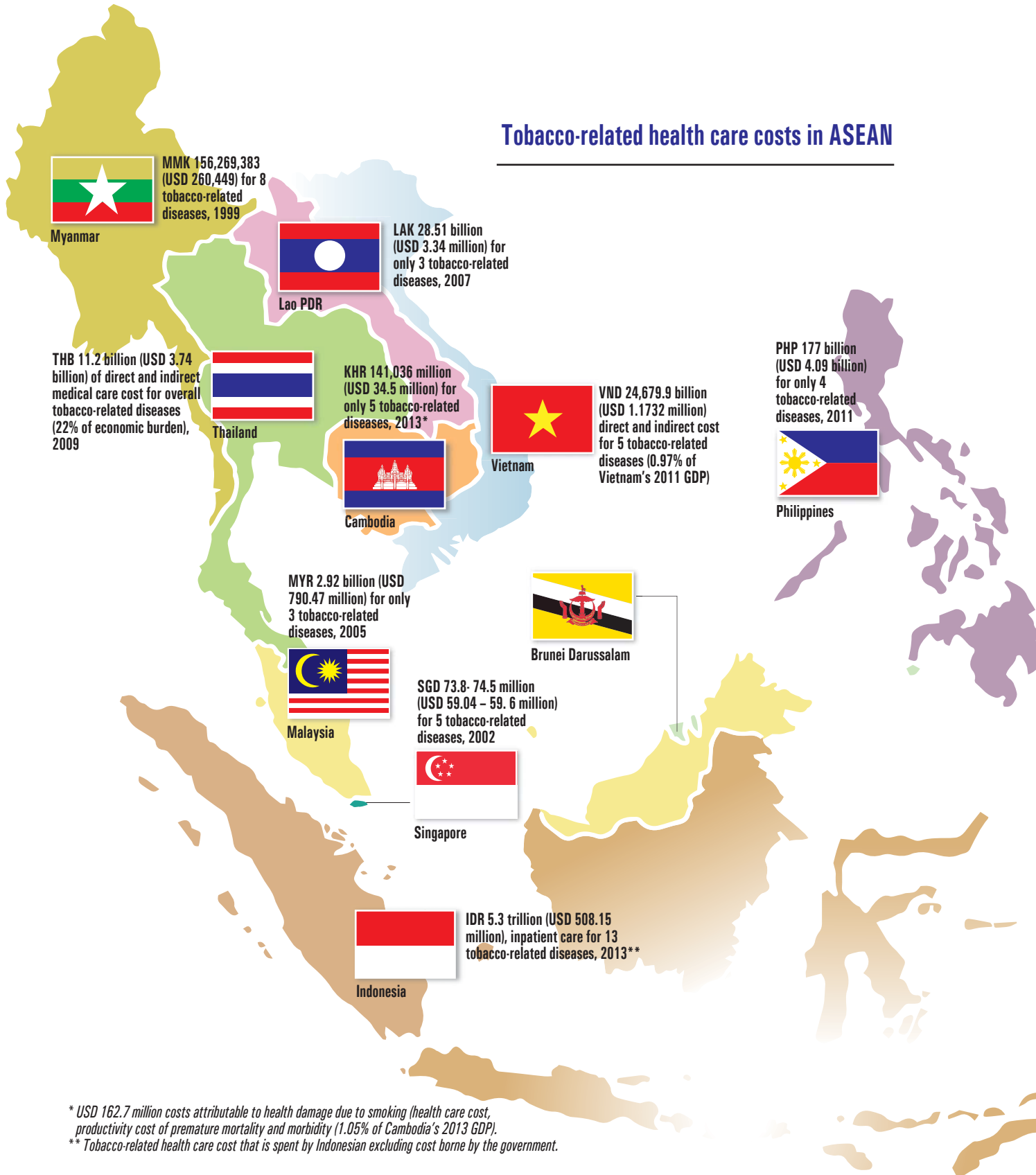
Thailand Annual expenditure on tobacco is estimated to be USD 2.5 Billion (THB 75 Billion).



Vietnam Average annual spending on cigarettes by each smoker.



Tobacco-related health care costs in ASEAN



* USD 162.7 million costs attributable to health damage due to smoking (health care cost, productivity cost of premature mortality and morbidity (1.05% of Cambodia's 2013 GDP).

** Tobacco-related health care cost that is spent by Indonesian excluding cost borne by the government.

Chapter 4

Costs of Smoking

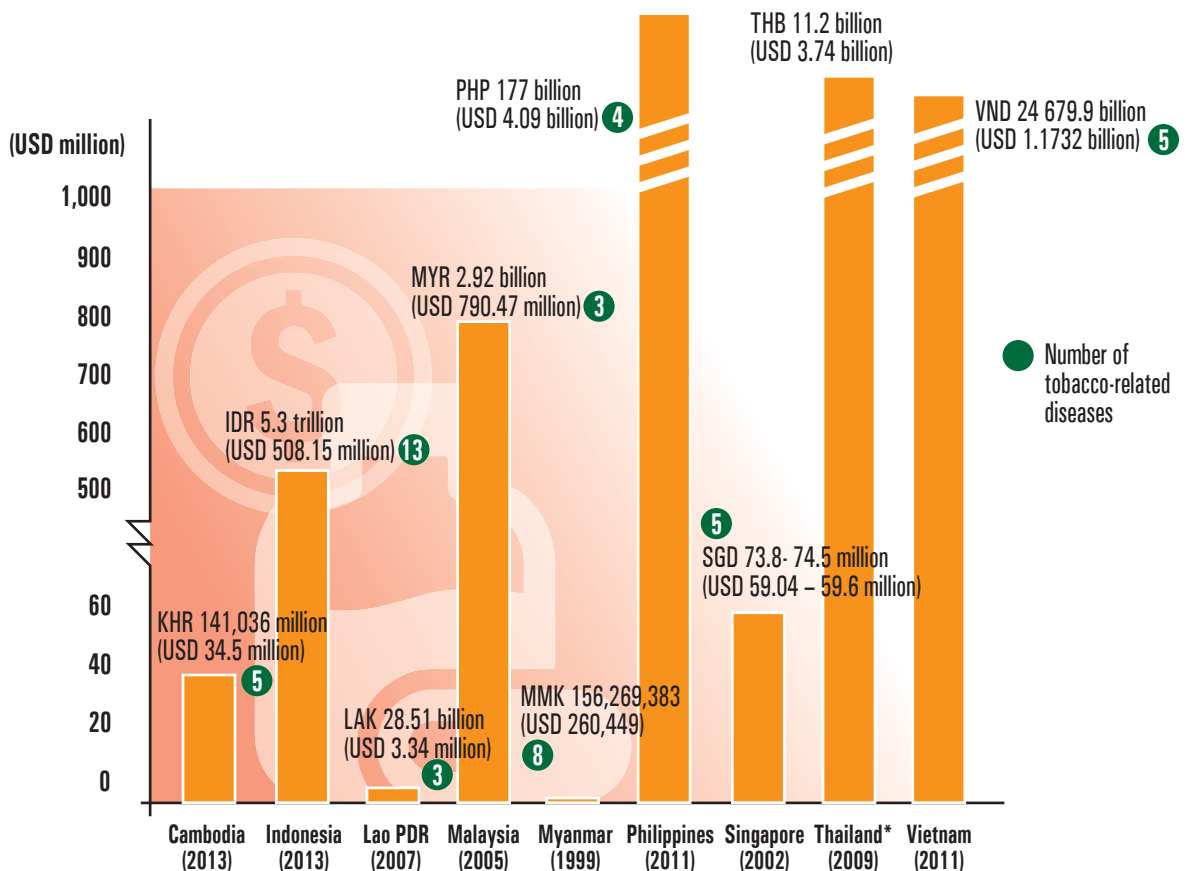
Tobacco is the only legal product that kills half of its regular users, along with hundreds of thousands of non-smokers. Tobacco use continues to be the world's single largest preventable cause of diseases and harms almost every organ in the body. It also contributes to human productivity losses and leads to premature deaths, imposing a heavy economic burden on society and government through increased health care costs.

The economic and societal costs of tobacco-related diseases are staggering and cost billions of dollars worldwide each year. Most ASEAN governments

already spend significant amounts of their budgets for tobacco-related health care costs that are many times higher than revenue gained from tobacco.

Tobacco kills nearly 6 million people yearly including more than half a million deaths in the ASEAN region. The current trends indicate that tobacco use will cause more than 8 million deaths annually with 80% of these premature deaths among those residing in low- and middle-income countries by 2030.

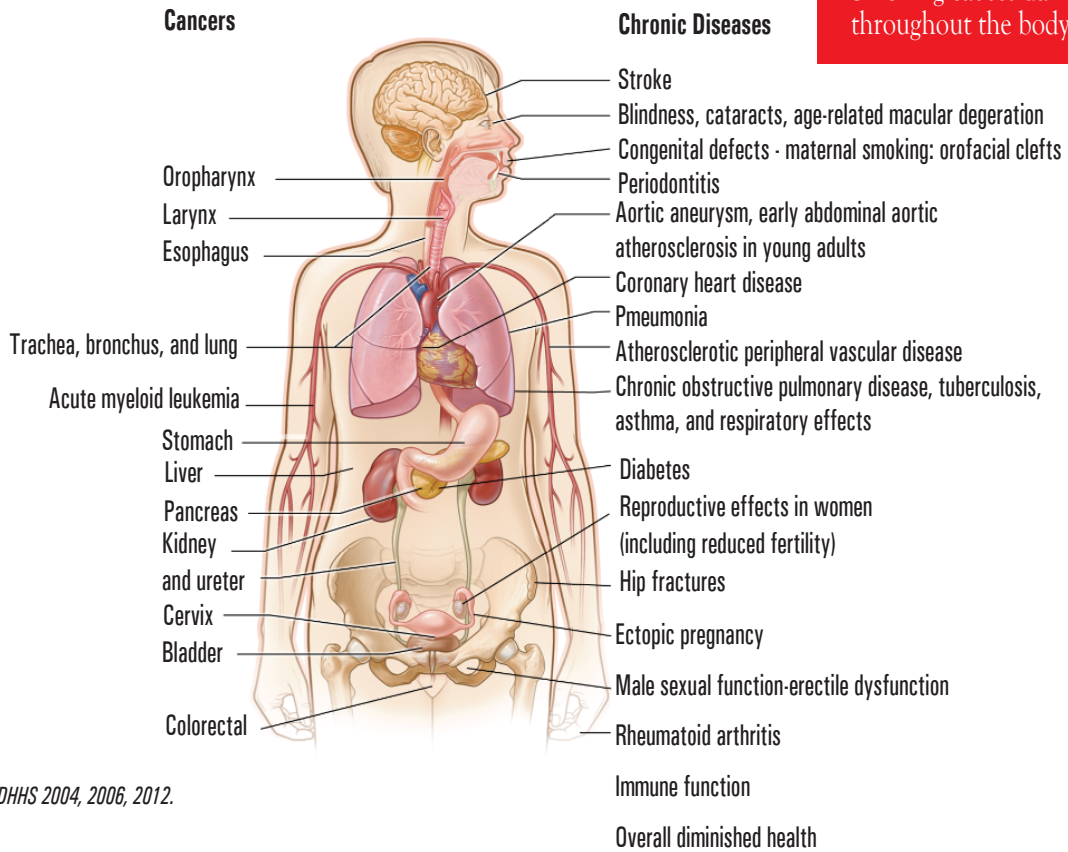
Valuable resources are spent on treating tobacco-related diseases



*Direct and indirect medical care cost for overall tobacco-related diseases in Thailand.

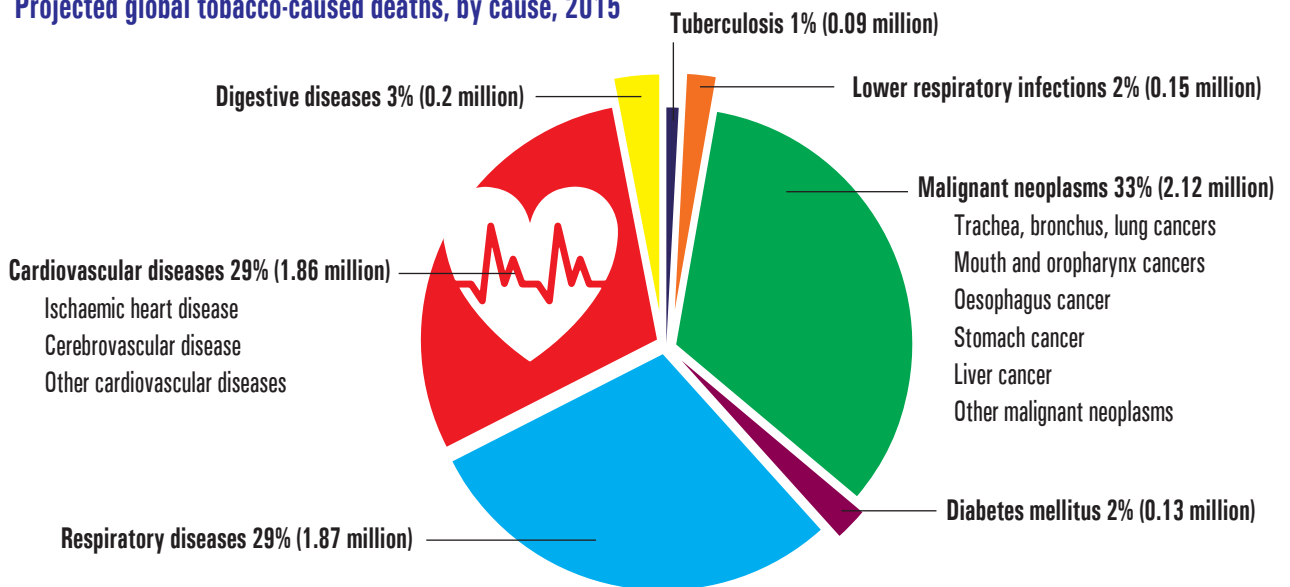
The health consequences causally linked to smoking

Smoking causes damage throughout the body

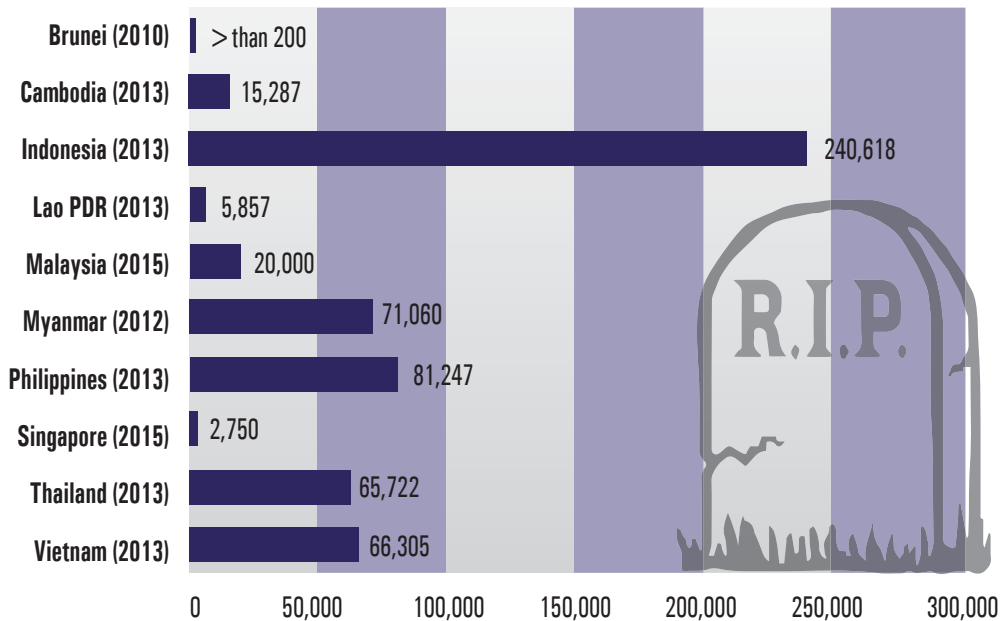


Source: USDHHS 2004, 2006, 2012.

Projected global tobacco-caused deaths, by cause, 2015



Annual deaths attributed to major tobacco-related diseases



Quick Fact

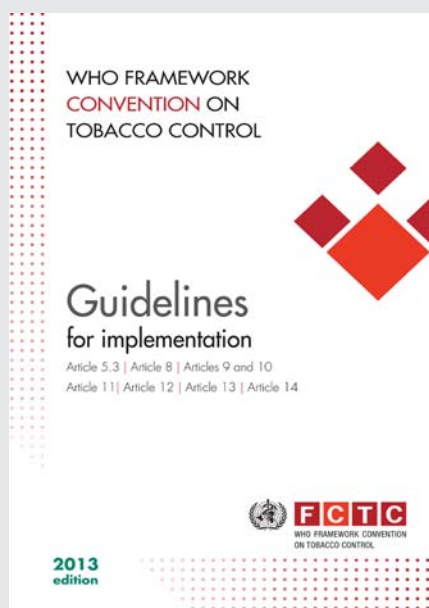
Nearly 8 out of 10 COPD deaths are a result of smoking. There is no cure for COPD.

Tobacco will kill 1 Billion people in the 21st century

Tobacco use killed about 100 million people worldwide in the 20th century, and remains a serious and growing concern that it will claim an estimated 1 billion or more lives in the 21st century unless urgent action is taken.











Solution

WHO FCTC: A Comprehensive Package of Measures



The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first global public health treaty negotiated under the auspices of WHO and is designed to counter the tobacco epidemic. The treaty sets a framework for guidelines and protocols to reduce tobacco consumption and tobacco supply through evidence-based interventions. 180 governments, representing 90% of the world's population are Parties to the FCTC. Indonesia is the only country in Asia that has not ratified the FCTC.

The WHO FCTC contains various provisions on various policies, among others: (a) protection of public health policies from commercial and other vested interests; (b) raising taxes on tobacco; (c) banning smoking in public places; (d) use of pictorial health warnings; (e) bans on tobacco advertising, promotion and sponsorship; (f) controlling the illicit trade in tobacco products; (g) identifying alternative livelihoods to tobacco farming; (h) preventing sales to and by minors; and (i) collecting and sharing data on tobacco use and prevention efforts.

Country	WHO FCTC Ratification			Tobacco Control Law Enacted
	2004	2005	2006	
Brunei* 	3 June 2004			Tobacco Order 2005 and its regulations
Cambodia 	15 Nov 2005			Tobacco Control Law 2015
Indonesia 	Not a party to the FCTC			Under National Health Law Nr. 36/2009 regarding Health [Chapter VI: Health Efforts; part 17: Security Addictive Substance article 114, article 115 paragraph (1), article 115 paragraph (2), article 116]
Lao PDR 	6 Sep 2006			Tobacco Control Law (2009)
Malaysia 	16 Sep 2005			Control of Tobacco Products Regulation 2004 and Control of Tobacco Product (Amendment) Regulations 2008; 2009; 2010 and 2011 under the Food Act 1983, National Tobacco Control Law already drafted
Myanmar* 	21 Apr 2004			The Control of Smoking and Consumption of Tobacco Product Law (The State Peace and Development Council Law No. 5/2006)
Philippines 	6 June 2005			Graphic Health Warning Act 2014 (Republic Act 10643) Sin Tax Reform Act 2012 (Republic Act 10351) Tobacco Regulation Act 2003 (Republic Act 9211)
Singapore* 	14 May 2004			Tobacco (Control of Advertisements and Sale) Act, Smoking (Prohibition in Certain Places) Act, 1. Tobacco (Control of Advertisements and Sale) Act-2. Smoking (Prohibition in Certain Places) Act-Circular No.12/2008 New Marking Requirement on Cigarette Sticks
Thailand* 	8 Nov 2004			Tobacco Products Control Act B.E. 2535 (1992) and Non-Smokers' Health Protection Act B.E. 2535 (1992)
Vietnam* 	17 Dec 2004			Tobacco Control Law (2012)

*Among the first 60 countries to ratify the FCTC.

Human resource in ASEAN



* National Tobacco Control Programme is included in the Lifestyle-related Diseases Prevention and Control Programme of the Disease Prevention and Control Bureau and they are also working with the Health Promotion and Communication Service. Both offices underlined are under the Department of Health.

**18 workers in Vietnam Tobacco Control Fund.

Chapter 5

National Tobacco Control Coordinating Mechanism

Successful tobacco control requires knowledgeable and skilled human resources and effective multi-sectoral collaboration at different society levels for effective development and implementation of a wide range of tobacco control activities. To this end, the FCTC requires countries to establish or reinforce and finance a national coordinating mechanism or focal points that will develop, implement, periodically update, and review comprehensive multi-sectoral national tobacco control strategies, plans and programmes (Article 5).

Generally many countries still lack the necessary structural, human, financial, and technical resources to implement cost-effective and sustainable tobacco control programmes. Few national governments in ASEAN have a sufficient number of staff working full-time on tobacco control. Both Singapore and Thailand have strong tobacco control policies in place with support from a significant number of national level tobacco control staff, while other countries in the region are gradually making progress in building national capacity (human and financial resources) to strengthen their tobacco control implementation.

Country	National Mechanism for Tobacco Control
Brunei	National Committee for Tobacco Control
Cambodia	Inter-Ministerial Committee for Education and Reduction on Tobacco use (IMC)
Indonesia	None, only Ministry of Health (MOH) Focal Point
Lao PDR	National Tobacco Control Committee
Malaysia	Framework Convention on Tobacco Control (FCTC) Secretariat
Myanmar	Central Tobacco Control Committee
Philippines	Non-Communicable Diseases Cluster, Disease Prevention and Control Bureau, Department of Health
Singapore	Health Promotion Board
Thailand	National Committee for Tobacco Control
Vietnam	Vietnam Steering Committee on Smoking and Health (VINACOSH); Vietnam Tobacco Control Fund (VNTCF)

Country	Governmental funding mechanisms for tobacco control
Brunei	Yes
Cambodia	No
Indonesia	Yes
Lao PDR	No
Malaysia	Yes
Myanmar	No
Philippines	Yes
Singapore	Yes
Thailand	Yes
Vietnam	Yes

Tobacco industry undermines tobacco control in ASEAN using legal challenges

8 court cases brought against tobacco control measures. In the latest, Philip Morris Thailand along with other tobacco companies including BAT and JT have challenged Thailand's legislation increasing pictorial warnings from 55% to 85% in the Administration court.



Thailand

3 court cases filed by Philip Morris Malaysia against the Ministry of Health for requiring Ministry's approval for the retail price of tobacco products, rejecting the retail price of its cigarettes', requiring an increase in the selling price of its cigarettes.



Malaysia

7 court cases brought against tobacco control measures including challenging well established scientific facts that nicotine is addictive and Indonesian smokers, challenging the constitutionality of Indonesia's Health law that sought to restrict smoking in work and public places



Indonesia

Indonesia's Health law that regulated the use of tobacco the constitutionality of Article 113 of Indonesia's Health law. The farmers claimed the law excluded any beneficial uses for tobacco and thus severely damaged their livelihoods as tobacco farmers. Health Law addressing tobacco products would cause a decrease in production, which would infringe on their right to work.

9 court cases - including 2 by the Philippine Tobacco Institute, 2 by Philip Morris, 2 by Fortune Tobacco Corp, and 1 by Mighty Corp brought against the government for a variety of tobacco control measures including pictorial health warnings on cigarette packs.

- PMPMI, FTC, JTI, Mighty, La Suerte (5 separate cases) vs DOH re AO 2010-13 requiring graphic health information
- PTI vs DOH and FDA re power to regulate tobacco products
- PMFTC vs DOH re tobacco promotions
- PTI for declaratory relief re outdoor advertising
- Individuals paid by PMFTC vs MMDA re smokefree



Philippines

Tobacco Industry Interference

The tobacco industry is not like any other business – it sells a product that is highly addictive and kills half its customers. Yet the industry vigorously protects its commercial and vested interests by interfering in the development and implementation of tobacco control policies at all levels. The industry has used its resources to deter and thwart governments' efforts to protect public health policies through overt and covert means. In its efforts to derail or weaken strong tobacco control policies, tobacco industry interference takes many forms to weaken the policies when it cannot stop them altogether. It undermines the enforcement when the legislation are adopted. Using a wide range of unethical tactics and strategies, the tobacco industry continues to challenge, defeat, discredit, dilute, obstruct and delay implementation of effective tobacco control measures at the country level. It also employs direct and indirect political lobbying to manoeuvre and hijack the political and legislative process, intimidating governments and individuals with litigation or the threat of litigation as well as mobilizing front groups support to advance its cause.

Recognizing the irreconcilable conflict between the tobacco industry's interests and public health policy interests, the Parties to the FCTC unanimously adopted the Article 5.3 Guidelines at the third session of the Conference of the Parties (COP3) in 2008. The Article 5.3 Guidelines require Parties when setting and implementing their public health policies with respect to tobacco control, to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law. Interference from the tobacco industry is a big problem in the ASEAN region. Four ASEAN countries (the Philippines, Singapore, Thailand and Lao PDR) are leading the way in developing a policy, guidelines or a code of conduct to protect their public health policies from tobacco industry interference. Despite having a few countries moving forward in their efforts in implementing the FCTC Article 5.3 Guidelines, others are still facing increased industry interference. Hence there remains much room for improvement to institute concrete measures to prevent or reduce tobacco industry interference.

Do you know?

In 2015, philanthropists Michael Bloomberg and Bill Gates contributed USD 4 million to help developing countries fight legal suits by tobacco companies.



Article 5.3 acts as an anti-corruption and good governance measure

Anti-corruption measures	Article 5.3 guidelines
Protections against policy manipulation for profit	Safeguard public health policymaking from tobacco industry
Public access to information	Tobacco industry should release information to government
Transparency of dealings and decision-making	Transparent interactions between tobacco industry and governments
Lobbying and conflict of interest disclosure	Government officials disclose conflicts of interest, lobbying register
Codes of conduct through which conflicts of interest can be avoided	Establish a code of conduct that dictates the terms of interactions between government officials and the tobacco industry
Bribing/financial disclosure	Government officials should not take money from or invest in the tobacco industry

All 10 ASEAN countries have anti-corruption laws. This legal framework has huge potential for harnessing the political and legal power to protect public health interests against tobacco industry interference in line with Article 5.3 guidelines.

Implementation of FCTC Article 5.3 in ASEAN

Country	Code of Conduct, Guidelines, or other Policy	Country	Code of Conduct, Guidelines, or other Policy
Brunei Darussalam	No	Singapore	Yes (Code of Conduct)*
Cambodia	No	Thailand	Yes (Code of Conduct)**
Lao PDR	Yes (Policy)	Vietnam	No
Malaysia	No	Indonesia (Non Party to FCTC)	-
Myanmar	No		
Philippines	Yes (Code of Conduct)*		

* The guidelines is enforced by the whole government but, for the Philippines, its needs improved enforcement.

** The guidelines only applies to its Ministry of Health.

Tobacco Industry Interference in ASEAN

Tobacco industry interference in policy development

The tobacco industry works to defeat, dilute and delay effective tobacco control policy. They participate in policy development in order to undermine any stringent tobacco control policy a government may propose.



Brunei



Cambodia



Malaysia



Brunei, Cambodia and Malaysia do not allow the TI to unduly influence decisions in the policy development.



Indonesia



Myanmar



The tobacco industry is regarded like any other industry and is treated as a stakeholder by the government. In many circumstances, the government requests for input from the tobacco industry before formulating regulations or during the drafting process, which can impact public health. There is currently a pro-tobacco bill in Parliament for debate which serves to protect tobacco farmers rather than public health. If passed, this bill has the potential to roll-back the few achievements in tobacco control such as the 40% pictorial health warnings size is currently applied on cigarette packs.

Myanmar is open to accepting assistance from the tobacco industry in implementing tobacco control policies.



Philippines



The Philippine Tobacco Institute (PTI) and National Tobacco Administration (NTA) continue to pose a threat as members of the Inter-agency Committee - Tobacco (IAC-T) of the Philippines as provided in its Tobacco Regulation Act (Republic Act 9211) legislated in 2003. In 2015, the PTI looked for ways to influence policies related to tobacco control. The TI along with other business groups formed an alliance, Fight Illicit Trade (FIT) to collaborate with the Bureau of Customs to fight illicit trade.

The PTI also submitted a position paper to government agencies on the draft Implementing Rules and Regulations (IRR) of the Graphic Health Warnings Law - including a proposal to reduce Department of Health's powers in implementing the law and to amend the definitions in the IRR in such a way that would impede and restrict the law's proper implementation.



Thailand

- ✗ Its Excise Department under the Ministry of Finance received technical assistance from the International Tax and Investment Center (ITIC) on excise tax reform. The ITIC is a known tobacco industry lobby group. In 2015, the Thai government also accepted and acted on a proposal by the Thai Tobacco Monopoly (TTM) to investigate and reorganise - Thai Health Promotion Foundation (ThaiHealth). The investigation resulted in negative press for ThaiHealth. ThaiHealth is recognised as an international success case study of health promotion funded by 2% surcharge on tobacco and alcohol tax revenues.



Vietnam

- ✗ In March 2015, the Ministry of Finance issued Directive 04/CT-BCT which specifies the role of Vietnam Tobacco Association (VTA) to fund government activities in controlling illicit trade of tobacco. In April 2015, the Market Management Department in the Ministry of Trade and Industry (MOTI) organized a forum in cooperation with VTA to discuss solutions to enhance inspection and control of cigarette smuggling and illicit trade.

Industry-related CSR activities

Tobacco companies have been trying to re-brand themselves as “socially responsible” corporations. They use corporate social responsibility (CSR) activities to circumvent laws regulating the industry, and as a strategy to gain access to elected officials who are empowered to approve and implement tobacco control policies.



Cambodia



Lao PDR



Singapore



Thailand



Vietnam

- ✓ Among ASEAN countries, Cambodia, Lao PDR, Singapore, Thailand and Vietnam have banned the publicity of such CSR activities.



Brunei



Thailand

- ✗ All governments, except Brunei and Thailand, receive some form of contribution (monetary or otherwise) from the tobacco industry.



Cambodia



Indonesia



Myanmar



Philippines



Vietnam



The government agencies or officials accepts, endorses and participates in CSR activities of the tobacco industry. These include participation in BAT's tree planting project and JTI's clearing landmines (2015-2016) project in Cambodia; Djarum's 'Trees for Life' project and officiating the National Djarum Circuit (Djarum SIRNAS) for badminton in Li Ning Sulawesi Open 2015 in Indonesia; Japan Tobacco International (JTI) Myanmar provided donation for flood victims; Philippines American Chamber of Commerce's Embrace project to build classrooms in 12 municipalities in Bohol, Tagbilaran City most affected by the earthquake and provides school supplies and toys to schoolchildren as well as Mighty Corporation's Wong Chu King Foundation (WCKF)'s classrooms construction project in Piat, Cagayan; Vietnam National Tobacco Corporation (VINATABA)'s national program on poverty and hunger eradication and also provided funds to the coast guards.

Benefits to the tobacco industry

With the exception of Brunei, Malaysia and Myanmar, the other governments accommodated requests from the tobacco industry for a longer implementation time or a postponement of tobacco control laws in 2015.



Cambodia



Indonesia



Lao PDR



Malaysia



Philippines



Thailand



Vietnam



The Lao government continues to lose tax revenue under the unfair Investment License Agreement (ILA) that has capped ad valorem tobacco tax rates at between 15% and 30% (25-year tax holiday) until 2026 when the country's standard rate is 55%. 93% of tobacco market share controlled by Imperial Tobacco and Lao Tobacco Company. Since 2002, the Lao government has lost over USD 80 million in revenue because of this agreement. The tobacco industry also refuses to pay the 2% profit tax and LAK 200 per pack health tax that should be channeled into the Lao PDR tobacco control fund.

In Indonesia, while value-added tax (VAT) for all consumer products is 10%, cigarettes have been given a discount for many years at only 8.4%. In 2015, the VAT for tobacco was raised slightly to 8.7%, which is still not the full amount. The government continues to accommodate demands from the tobacco industry to provide more time for implementation or delay the regulation of tobacco control as seen in not acceding to the FCTC.

In the Philippines, PMI has a tobacco leaf warehouse in the Subic Bay Free Port Zone and a manufacturing facility in the First Philippines Industrial Park. It received income tax holiday (ITH) for four (4) to a maximum eight (8) years; after the ITH, exemption from national and local taxes with only a special 5% tax rate on gross income; and exemption from duties and taxes on imported capital equipment spare parts, material and supplies.

Thailand has also awarded tax exemption for native tobacco leaves, while Cambodia export tax was exempted for registered farmers producing more than 3,000 tons of tobacco leaf.

The Thai government faced a delay in putting the amended tobacco control law on the Cabinet agenda.

Vietnam government accommodated requests from the tobacco industry, which argued for lower tax rate and delayed the date of its implementation by one (1) year.

Forms of unnecessary interaction

Lao PDR and Vietnam report high levels of unnecessary interactions with the tobacco industry participation in policy development.



Brunei



Cambodia



Malaysia



Myanmar

- ✓ No records of public officials (from Brunei, Cambodia, Malaysia and Myanmar) attending any social functions of the tobacco industry nor accepting any assistance from the tobacco industry for enforcement activities.



Lao PDR



Indonesia



Vietnam

- ✗ There are incidents of senior government officials interacting with the tobacco industry by attending industry functions, handing out awards, and conducting factory visits. In Vietnam, the Deputy Minister of Trade and Industry (MOTI) received a delegation from PMI in May 2015.



Philippines



Thailand



Vietnam

- ✗ The tobacco industry provided assistance to the government in the enforcement of curbing illicit trade in tobacco products.

In the Philippines, Mighty Corporation conducted the destruction and disposal of fake cigarettes carrying its brands that were seized by the authorities.

In Thailand, the Thai Tobacco Monopoly (TTM) provides incentive to the government in seizing illicit trade tobacco.

In Vietnam, Ministry of Finance has issued a circular on mechanism for raising, management and allocation of funds for initiatives against contraband cigarettes and counterfeit tobacco production and trading. This connects the tobacco industry directly with funding of enforcement activities.

Greater Transparency Needed

Most governments have not set up rules or a procedure for the disclosure of meetings and interactions with the tobacco industry or registration of tobacco industry entities, affiliates organizations and individuals acting on their behalf including lobbyists. This includes not indicating when the meetings with the industry take place, their purposes, or the contents and outcomes of the meetings.



Indonesia



Thailand



Vietnam

✗ The Indonesian and Vietnamese governments are “open” about their interactions with tobacco industry as they see this interaction as “normal”; however, details about the interaction are not publically available.

✓ In Thailand, minutes of meetings with the tobacco industry are recorded, including those attended by high-level officials; however, they are not made public.



Philippines

✓ The Philippines’ Joint Memorandum Circular (JMC) 2010 requires government departments to report on their interaction with the industry; however, the Civil Service Commission (CSC) does not have any full information about meetings of other agencies with the tobacco industry. Department of Agriculture and the Department of Trade and Industry do not publicly disclose such meetings nor submit documentation/ reports to the CSC, while the Department of Health is required to keep a public record of persons and entities identified as part of the tobacco industry.

Conflicts of interest

✓ Brunei prohibits political contributions from the tobacco industry and continues to not have any conflict of interest.

✗ Other ASEAN countries do not prohibit or require full disclosure of such contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns.



Indonesia



Lao PDR



Philippines



Thailand



Vietnam

✗ In Indonesia, Eddy Abdurrahman has held many senior positions in various government agencies and he was appointed to British America Tobacco (BAT)/Bentoe’s Board as an Independent Commissioner.

In Lao PDR, key current government officials from the Ministries of Finance and of Industry and Commerce are also in the Board of Management of Lao Tobacco Limited (LTL).

In the Philippines, retired high-ranking government officials are working for the tobacco industry or with private companies such as law firms that have tobacco companies as clients. In media articles on Mighty Corporation’s CSR activities, its executives are described by the titles they held as public officials.

In Thailand, a senior officer from the Excise Department and the Ministry of Finance are TTM board members. Such appointment is seen as normal as TTM is a state enterprise.

In Vietnam, the Deputy Director of the Department of Light Industry (under MOTI) was appointed to be Vice Director of VINATABA. The Vice Director of Industrial Policy and Strategy Institute (under MOTI) was appointed as a board member. Vu Van Cuong, the Chairman of the Board of VINABATA is a member of the Communist Party and has a senior position in the party.

Preventive measures

- ✗ Most government departments outside the Departments/ Ministries of Health have no knowledge of FCTC Article 5.3 Guidelines and treat the tobacco industry like any other industry or investor. Procedure for disclosing records of interactions with the tobacco industry and its representatives is still not implemented in most countries.



Philippines

Thailand

- ✓ Philippines continues to show leadership in implementing its Joint Memorandum Circular 2010-01 (JMC) for protecting the bureaucracy against tobacco industry interference as more government departments draw up Codes of Conduct for their respective officials.
- ✓ Through a Cabinet decision, Thailand prohibits the acceptance of all forms of contributions from the TTM, including offers of assistance, policy drafts, or study visit invitations to the government and its officials; however, this applies only to the TTM. The government through the Article 5.3 Committee is now developing a procedure to raise awareness within its departments on policies relating to FCTC Article 5.3 Guidelines.



Brunei

Indonesia

Malaysia

Thailand

Vietnam

- ✓ The tobacco industry is required to submit information on tobacco production, manufacture, market share, and revenues; however, they are not required to provide information on marketing expenditures, expenses on lobbying, philanthropy, and political contributions.

For more detailed information, please visit <http://tobaccowatch.seatca.org> and refer to Tobacco Industry Interference Index (2016) and Primer on Good Governance and Tobacco Control (2014).

Prices of most popular local and foreign brands (in USD) per pack 2016

■ Local brand ■ Foreign brand



* Dunhill is premium brand and SAAT is minimum price brand.

Tobacco Prices and Taxes

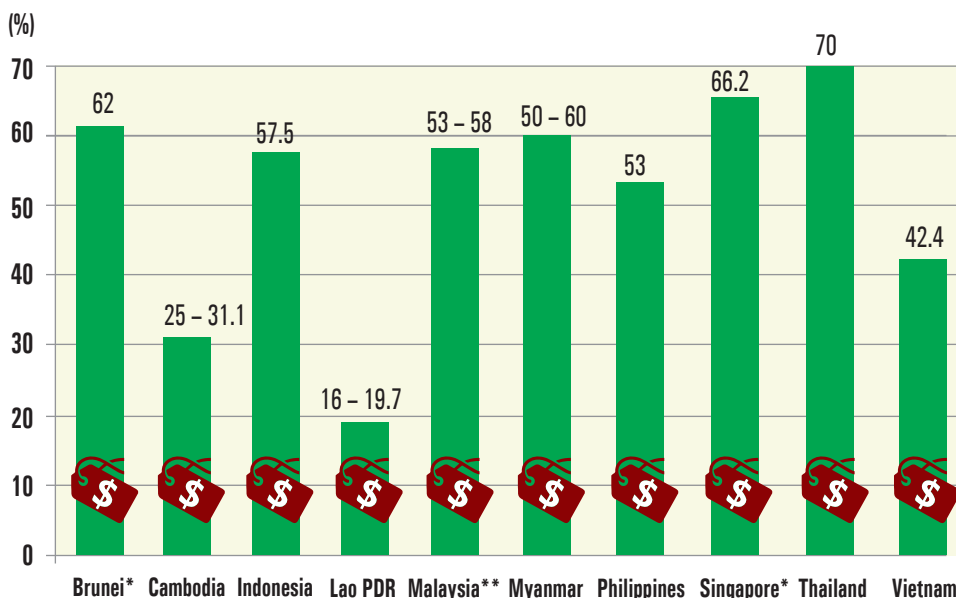
Tax and price increases that reduce the affordability of tobacco products are among the most effective fiscal measures to reduce tobacco consumption by various segments of the population, in particular young persons and its adverse health consequences. Tobacco taxes have large aggregate benefits for public health. Significant increases in tobacco excise taxes that raise tobacco product prices are particularly effective in encouraging tobacco users to quit as well as preventing and reducing tobacco use among the young people and the poor as they are more price sensitive, while at the same time providing a reliable source of government revenues.

As recommended in WHO FCTC Article 6, governments should adopt tax and price policies aimed not only at raising revenues but primarily to reduce consumption as a way to achieve their health objectives. WHO has described tobacco tax increases as a “best buy” intervention that has significant public health impact

and is highly cost-effective, inexpensive and feasible to implement.

The World Bank has recommended that the total tax burden should be 66% to 80% of the retail price. More recently, the WHO has recommended that at least 70% of retail price should be excise. Over the years, a growing number of low- and middle-income countries have taken steps to significantly increase tobacco taxes in their efforts to reduce tobacco use. In ASEAN countries, tobacco tax policies have been strengthened in Cambodia, Malaysia, Myanmar, the Philippines and Thailand and have helped to reduce affordability of tobacco products. However, cigarette prices still remain relatively low (less than USD1 per pack) in Cambodia, Lao PDR, Myanmar and Vietnam where regular adjustment to increase higher tobacco tax is needed to keep pace with economic and income growth.

Tobacco tax burden as percentage of cigarette retail price (2016)



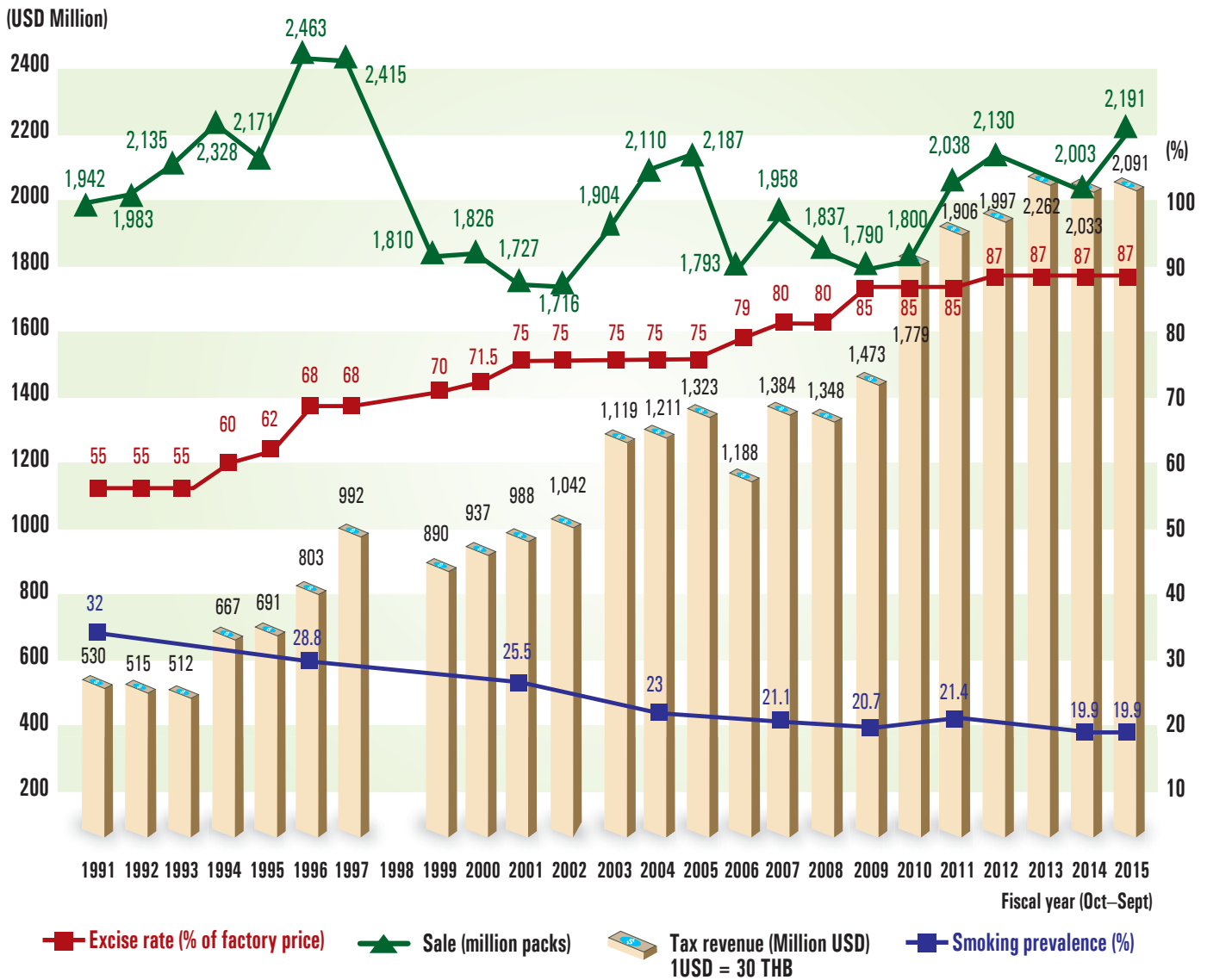
*The estimate was calculated based on premium cigarette brand.

**The estimate was calculated based on premium and value for money cigarette brand.

Higher tax rates, higher revenues, and reduced smoking prevalence in Thailand

Thailand raised its cigarette excise rates 11 times (from 55% to 87% of factory price) between 1991 and 2012, which resulted in an almost fourfold gain in revenues from THB 15.89 billion (USD 530 million) to THB 59.91 billion (USD 1,997 million) over the same period. At the same time, overall smoking prevalence dropped from 32% (1991) to 21.4% (2011).

The Thai government has further increased the tax rate to 90% in early 2016, aimed at reducing number of smokers and raising tax revenue by about THB15 billion per annum.



Highest tobacco tax burden in ASEAN: Singapore

Concerned by a slight increase in smoking prevalence from 2004 to 2010 and noting that the last tobacco excise tax increase was in 2005, the Singapore government decided to increase tax by 10% in 2014.

Year	Excise Duty of Cigarettes (SGD)	Retail Price 20 sticks (SGD)	% Smoking Prevalence (aged 18-69 years)
1987	34 per kg	2.80	
1990	42 per kg	3.30	
1991	50 per kg	3.70	18.3 (1992)
1993	60 per kg	4.90	
1995-98	115 per kg	5.50	15.2 (1998)
1998-99	130 per kg	5.80	
2000	150 per kg	6.40	
2001	180 per kg	6.90	13.8 (2001)
2002	210 per kg	6.50	
Mar 2003	255 per kg	7.70	
July 2003	0.255 per stick of < 1g	8.50	
2004	0.293 per stick of < 1g	9.50	12.6 (2004)
2005-2013	0.352 per stick of < 1g	11.90	13.6 (2007) 14.3 (2010) 13.3 (2013)
2014	0.388 per stick of < 1g	12.00	-
2015	0.388 per stick of < 1g	13.00	-
2016	0.388 per stick of < 1g	13.00	-

Higher revenue gained from tobacco tax increases



Philippines

Year	Tax rate, effective 1 January	Total tobacco excise revenues with reforms under RA 10351	Baseline excise revenues (without RA 10351 reforms)	Total incremental tobacco excise revenue under RA 10351
2012	PHP 2.72 to 28.30/pack (4 tax tiers)	USD 0.68 billion (PHP 28.6 billion)	—	—
2013	PHP 12 or 25/pack (2 tax tiers)	USD 1.66 billion (PHP 70.39 billion)	USD 0.67 billion (PHP 28.55 billion)	USD 0.99 billion (PHP 41.84 billion)
2014	PHP 17 or 27/pack (2 tax tiers)	USD 1.70 billion (PHP 75.51 billion)	USD 0.81 billion (PHP 36.11 billion)	USD 0.89 billion (PHP 39.39 billion)
2015	PHP 21 or 28/pack (2 tax tiers)	USD 2.20 billion (PHP 100.01 billion)	USD 0.97 billion (PHP 44.27 billion)	USD 1.23 billion (PHP 55.74 billion)



Thailand

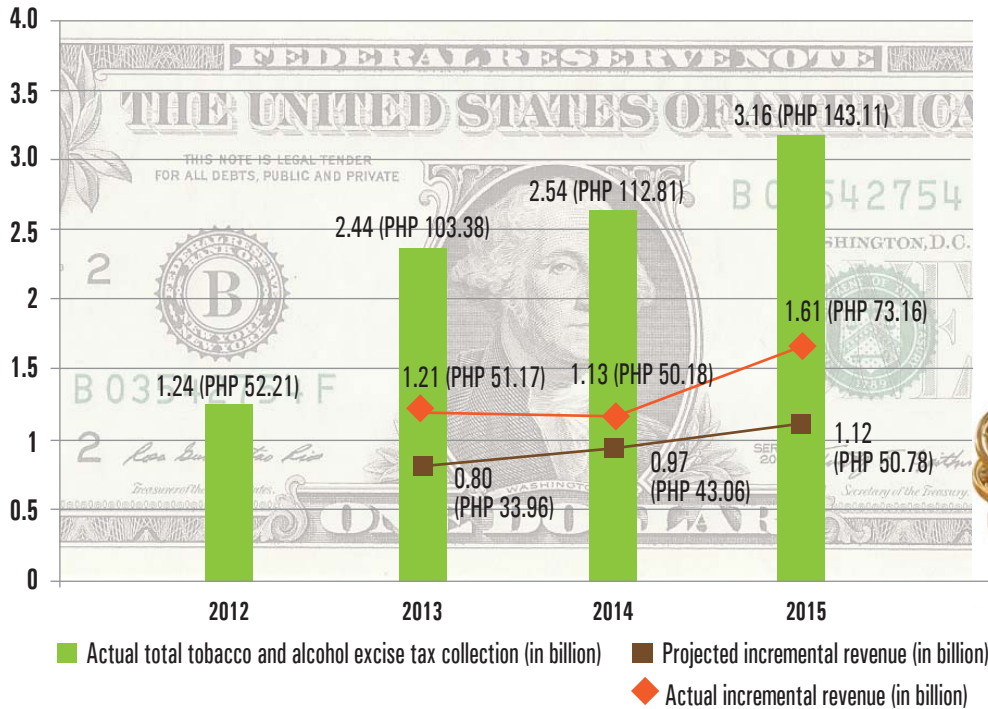
Year		From	To	Tax Revenue
2011-2012	Tax rate	85% of ex factory price	87% of ex-factory price	USD 265.9 million (THB 7.98 billion)
	Revenues	USD 1.99 billion (THB 59.92 billion)	USD 2.26 billion (THB 67.89 billion)	
2016	Tax rate	87% of ex-factory price	90% of ex-factory price	

Impact of Sin Tax Law in the Philippines

Fiscal gain: Government revenue increased, exceeding annual targets (2013-2015)

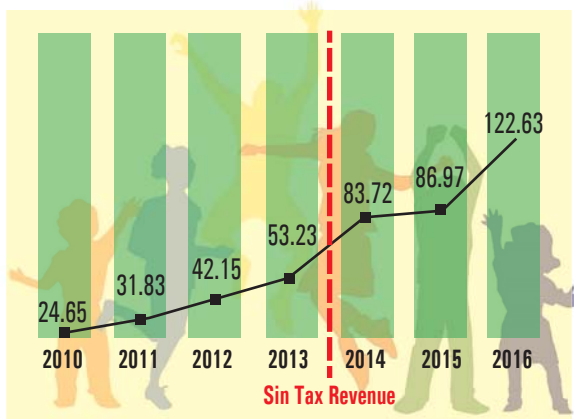
Excise tax revenue from tobacco and alcohol products (2012–2015)

(USD billion)



Public health gain:

DOH budget between 2010 and 2016 (in billion PHP)



2015 budget for Department of Health increased **63.2% over**.

Since the passage of Sin Tax Law (2012)

Smoking prevalence **DECREASED** to 25.4% in 2013 from 31% in 2008.

Smoking among youth **DECREASED** to 5.5% from 6.8% in 2013.

Alcohol drinkers **DECREASED** to 44.9% from 48.3% in 2013.

Cigarette Tax Systems in ASEAN, 2016

Country	Excise Rate	VAT/GST	Import Tariffs	Others
Specific Tax				
Brunei	BND 0.25/stick	N/A	N/A	N/A
Indonesia	IDR 80-495/stick (12 tiers)	8.7%	0% from ASEAN plus China 40% from outside ASEAN plus China	Local cigarette tax 10% of excise tariff
Malaysia	MYR 0.40/stick	6%	MYR 0.20/stick	N/A
Philippines	PHP 25 or 29 per pack (2 tiers)*	12%	0%-10%	N/A
Singapore	SGD 0.388/stick	7%	N/A	N/A
Ad Valorem Tax				
Cambodia	20% of 90% of invoice price	10%	7%-35% plus 10% import VAT	Public lighting tax 3% of invoice value, Profit tax 20% of profit, Turnover tax 2% of invoice value
Myanmar**	120% of retail price 5% (Commercial tax)	-	120% on CIF	The income and profit tax is based on the income tier 5% commercial tax for import, sale and export of tobacco and tobacco products 60% of retail price for locally produced cheroot
Vietnam	70% of ex-factory price (75%, effective on 1 Jan 2019)	10%	30-135% 30% applies on tobacco materials including tobacco leaves and other materials 135% applies on cigarettes and cigars	Compulsory contribution to Vietnam Tobacco Control Fund: 1% of taxable price (May 1 2013); 1.5% of taxable price (May 1 2016); 2% of taxable price (May 1 2019)
Mixed System				
Lao PDR	15-30% of production cost and LAK 500/pack specific tax	10%	Flat rate fee of USD 0.40/pack	Royalty fee 5% of production cost
Thailand	90% of ex-factory price or a specific tax of THB 1/gram, whichever value is higher	7%	Exempted but other local taxes are apply	Local tax of THB 0.093/stick, ThaiHealth tax at 2% of excise, and Thai PBS tax at 1.5% and sport tax 2% of excise***

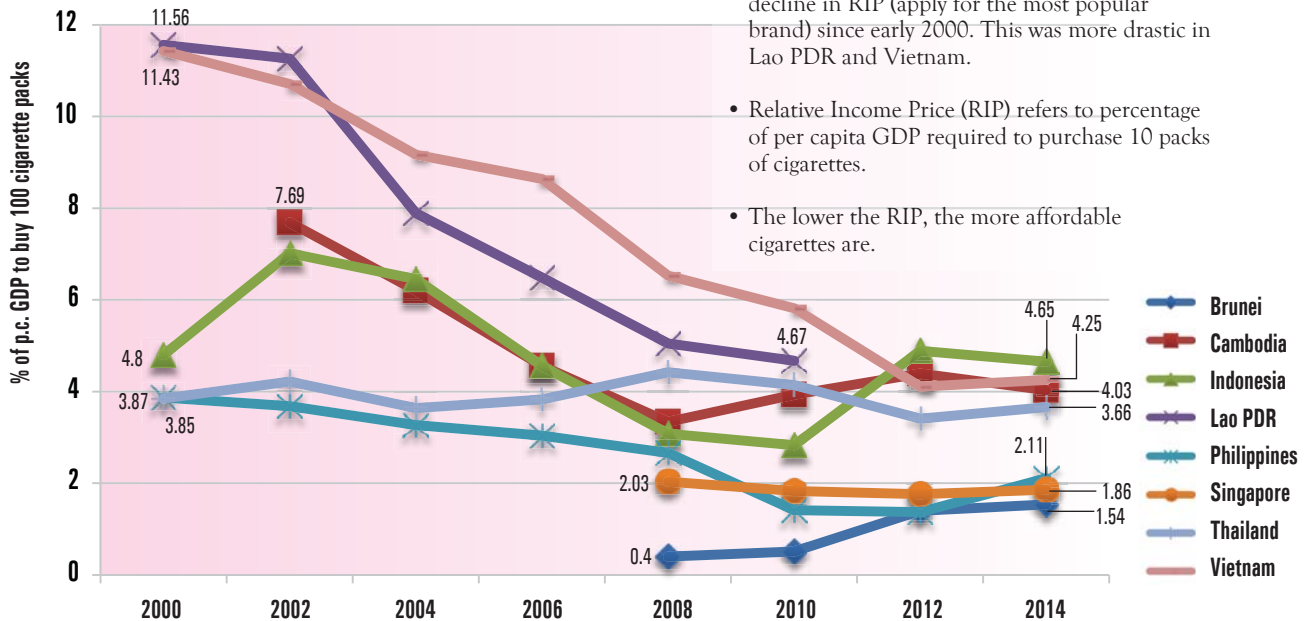
* A single-tier or uniform specific excise tax rate will come into effect in 2017 in the Philippines.

** Based on tier system of taxation on cigarettes, about MMK 3 - 15 per stick of cigarette on market price for 2016-2017 budget year.

*** 2% and 1.5%, respectively, of tobacco and alcohol excise revenues are earmarked for the Thai Health Promotion Foundation (ThaiHealth) and Thai Public Broadcasting Service (Thai PBS).

Cigarette Affordability

Relative Income Prices (RIP) of cigarette (2000–2014)

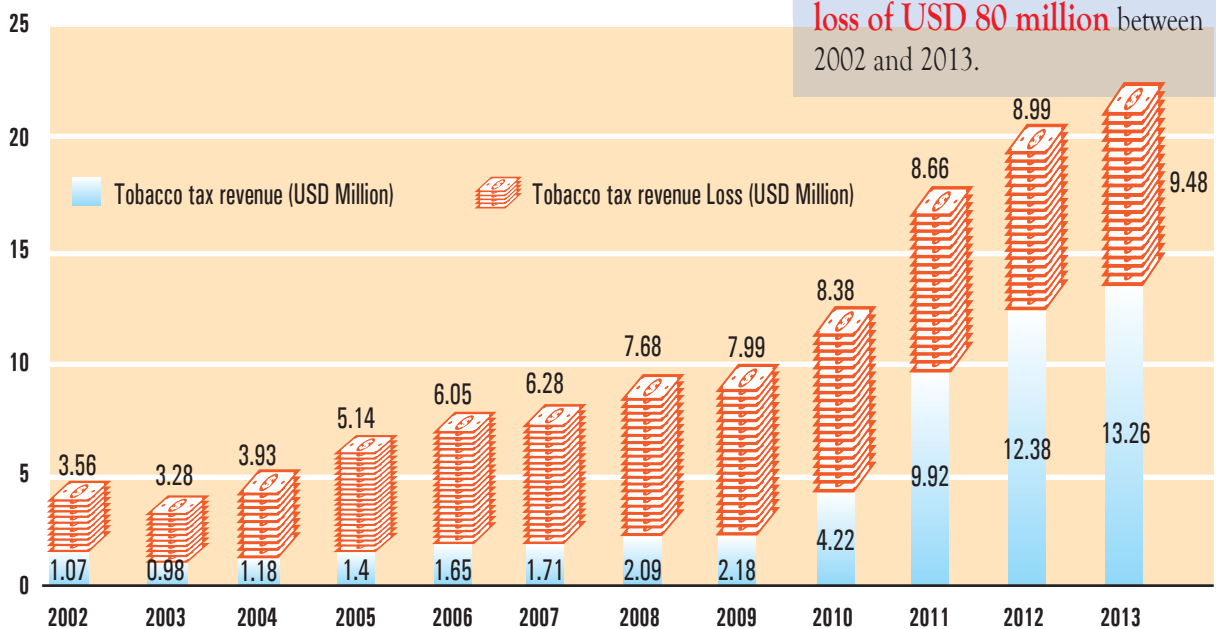


- In most of the countries cigarettes have become more affordable as indicated by the significant decline in RIP (apply for the most popular brand) since early 2000. This was more drastic in Lao PDR and Vietnam.
- Relative Income Price (RIP) refers to percentage of per capita GDP required to purchase 10 packs of cigarettes.
- The lower the RIP, the more affordable cigarettes are.

Tobacco Tax Revenue and Tobacco Tax Revenue Loss in Lao PDR (2002–2013)

The Lao government continues to lose revenues due to its unfair Investment License Agreement (ILA) with the tobacco industry signed on 23 November 2001.

The government collected net tobacco tax revenue of USD 52.04 million instead of USD 131.46 million, an estimated **loss of USD 80 million** between 2002 and 2013.



All Tobacco Products Should Be Taxed: No Duty-free Allowance

Duty-free Allowance in the Region	Country
No duty-free concession on all tobacco products	Brunei
200 cigarettes or 50 cigars or 250 gram of chopped tobacco	Cambodia
200 cigarettes or 25 cigars or 100 gm of rolling tobacco	Indonesia
200 cigarettes or 50 cigars or 250 gm of tobacco	Lao PDR
200 cigarettes or 50 cigars or 225 gm of tobacco	Malaysia
400 cigarettes, 50 cigars or 250 gm of pipe tobacco	Myanmar
400 cigarettes or 50 cigars or 250 gm of pipe tobacco	Philippines
No duty-free concession on all tobacco products	Singapore
200 cigarettes or 500 gm of rolling tobacco including cigars	Thailand
200 cigarettes or 20 cigars or 250 gm of tobacco	Vietnam



For more detailed information, please visit <http://tobaccotax.seatca.org> and refer to SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries (2015) and Tobacco Taxes and Prices in ASEAN: An Overview (2014).

Health promotion/tobacco control fund in ASEAN

- Presence of funding mechanism for tobacco control
- Established health promotion/ tobacco control fund
- Governed and chaired by



* Health Promotion Centre is a division under Ministry of Health and not a statutory board. The Head of Health Promotion Centre is reporting to General Director and Permanent Secretary in Ministry of Health.

Establishing Sustainable Funding




Health promotion programs can be used as an effective tool to reduce risks and prevent the growing prevalence of tobacco-related diseases and other non-communicable diseases (NCDs), at the same time help alleviate social and economic burdens. However, tobacco control and health promotion agendas are usually not given priority and local resources are far from secure, whereby, it has to compete for government funding in most countries.

As recommended in WHO FCTC Article 6 Guidelines, countries should “dedicate revenue” to fund tobacco control and other health promotion activities, while Article 26 also requires “all Parties to secure and provide financial support for the implementation of various tobacco control programs and activities to meet the objectives of the convention. To address this, an effective way is the introduction of surcharge taxes on tobacco and alcohol to reduce consumption of these products and provide a specific funding stream to generate additional

revenue for health promotion and tobacco control programs through a sustained health promotion fund or foundation. This innovative financing mechanism is essential to secure a continuous, stable and regular source of funding for programs that is not subject to annual budgetary review. If managed effectively, they are expected to further reduce health burdens and off set longer-term health costs. This is particularly vital for countries to meet the 2030 Sustainable Development Goals (SDG) to reduce premature mortality from NCDs by one-third.

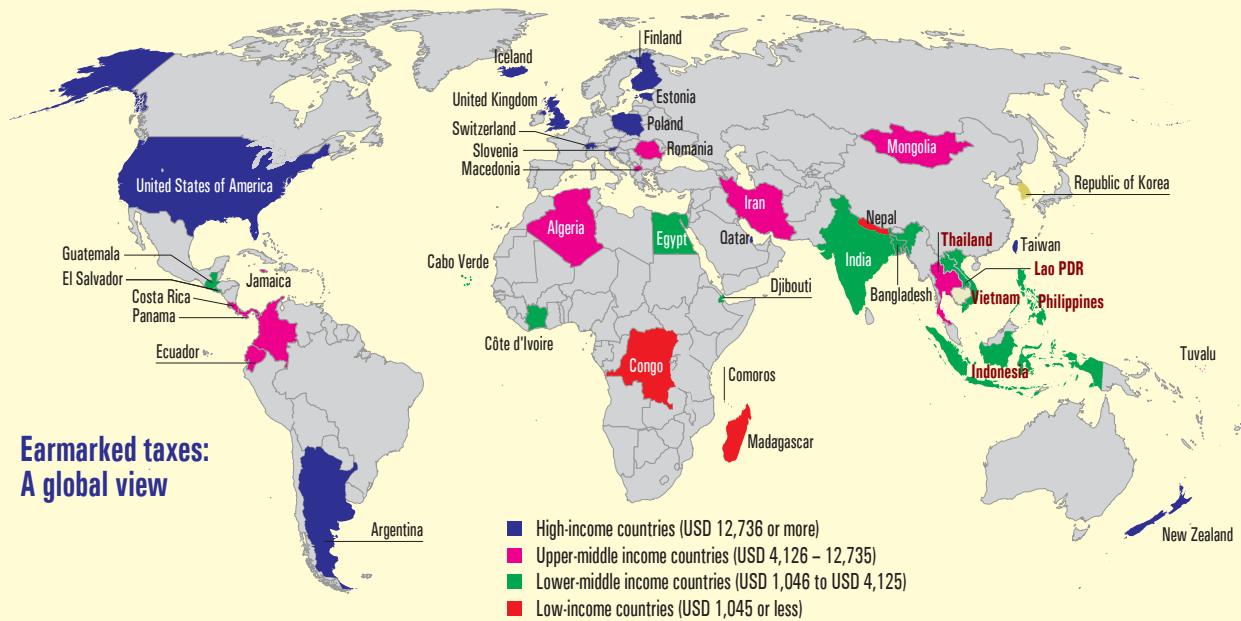
More countries have developed this fiscal mechanism to help finance health programs and are making remarkable progress in NCD global epidemic prevention and control. In ASEAN, four out of ten countries have established health promotion or tobacco control funds through surcharged taxes (Thailand, Lao PDR and Vietnam) and treasury budget (Malaysia).

Types of funding mechanism

Funding source	Year of establishment	Percent surcharge tax/Total budget (USD)
Ministry of Health Budget		
Health Promotion Centre, Ministry of Health Brunei	2008	370,000 (BND 500,000) (2015–2016)
Singapore Health Promotion Board 	2001	161 million (SGD 218.47 million) (2016)*
National Treasury Allocation		
Malaysian Health Promotion Board (MySihat) 	2006	2.31 million (MYR 9 million) (2015) 1.54 million (MYR 6.3 million) (2016)
Earmarked Surcharge Tax		
Lao PDR Tobacco Control Fund	2013	2% profit tax plus LAK 200 (per pack) 5 million (37% - USD 1.85 million for Tobacco Control) estimated by Ministry of Health (2015)**
Thai Health Promotion Foundation (ThaiHealth) 	2001	2% surcharge levied on excise tax from alcohol and tobacco 1.25.1 million (THB 4,064.7 million) (2014) 119.9 million (THB 4,111.3 million) (2015)
Vietnam Tobacco Control Fund	2013	1% excise tax, effective 1st May, 2013; 1.5% from 1st May, 2016; and 2% from 1st May, 2019 3.94 million (VND 299.171 billion) (2013–2014)

* Budget for all non-communicable diseases (NCDs) programmes.

** The projection of government revenue for 2015. However, this was not collected as tobacco industry refused to pay.

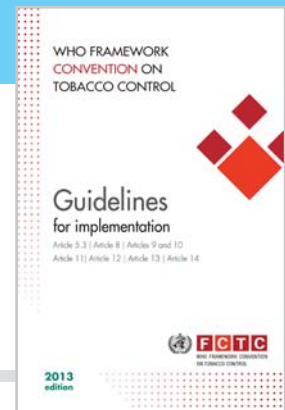


- > 40 countries implemented earmarked taxes for health worldwide
- 13 were high-income countries
 - 12 upper middle-income countries
 - 2 lower-middle income countries
 - 4 low-income countries
 - ASEAN (Thailand, Vietnam, Lao PDR, Indonesia and Philippines)

WHO FCTC:

Article 6 Guidelines recommend countries “dedicate revenue” to fund tobacco control and other health promotion activities.

Article 26 requires all Parties to secure and provide financial support for the implementation of various tobacco control programs and activities to meet the objectives of the convention.



UN Declarations:

“Recognizes that price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries.”



Declaration of the United Nations 3rd International Conference on Financing for Development, Addis Ababa, Ethiopia, July 2015

“45. (d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

“49. Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals.”



Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs, New York City, September 2011



2013 NCD country capacity assessment survey

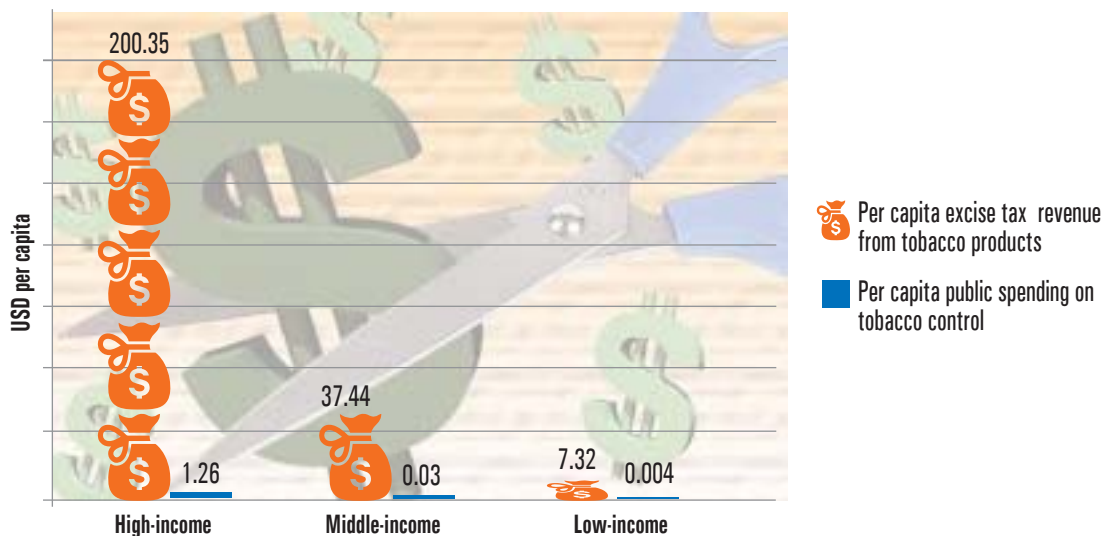
- One-third of countries had fiscal interventions to raise funds for health (39% of countries have such policies and interventions intended to raise general revenues)
- 85% of countries reported taxation on tobacco and 76% on alcohol
- 11% of countries reported taxation on food with high sugar content, and non-alcoholic beverages
- Only 3% reported taxation on high-fat foods

Do you know?

The proportion of countries levying excise taxes has further increased (to 92%, up from 67% in 2010 and 85% in 2012). A total of 119 (92%) of the Parties stated that they levy some form of excise tax on tobacco products.



Tobacco control is under-funded



Governments collect nearly USD 269 billion in tobacco excise tax revenues each year, but spend around USD 1 billion combined on tobacco control. About 91% of this is spent by high-income countries.

Note: Based on 76 countries with available tobacco excise revenue data for 2013 or 2014; expenditure on tobacco control for several of these countries was estimated from figures between 2004 and 2014, adjusting for inflation (average consumer prices, IMF World Economic Outlook 2015). Tax revenues are tobacco product (or cigarette) excise revenue in 2013–2014 for the countries covered. Per capita value is calculated by using 2014 UN forecasted population age 15+.

Comparison of tobacco control and health budgets in ASEAN (2013–2015)

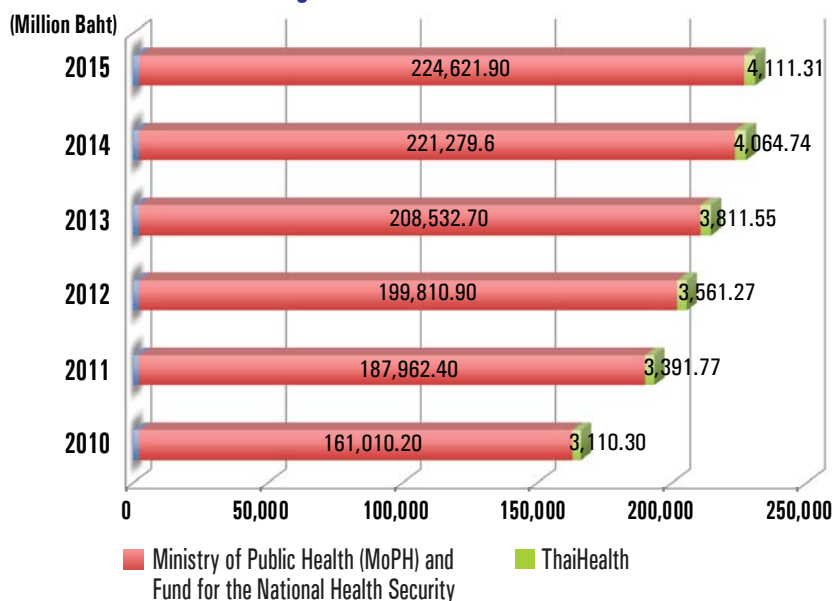
Country	Tobacco Control (USD)	Tobacco Control (per capita in USD)	Health (USD)	Health (per capita in USD)
Brunei (2014)	689,520 (BND 931,784)	1.67 (BND 2.26)	284,389,400 (BND 384,310,000)	690.27 (BND 932.8)
Cambodia (2015)	0.02475 million (KHR 99 million)	0.0016 (KHR 6.4)	No data available	-
Indonesia (2015)	No data available	-	3.567 billion (IDR47.8 trillion)	13.9 (IDR 187,112)
Lao PDR (2013)	2.1 million (LAK 16.8 billion)	0.32 (LAK 2560)	No data available	-
Malaysia (2015)	1.89 million (MYR 7,372,056)	0.062 (MYR 0.242)	5.97 billion (MYR 23.3 billion)	195.8 (MYR 764.3)
Philippines (2015)	No data available	-	2.70 billion (PHP 122.63 billion)	26.6 (PHP 1,207.4)
Singapore (2015)	161.83 million (SGD 218.47 million)*	29.24 (SGD 39.47)	6.81 billion (SGD 9.2 billion)	1230.4 (SGD 1662.2)
Thailand (2015)	9.01 million (THB 309 million)	0.13 (THB 4.48)	3.2 billion (THB 109.7 billion)	46.4 (THB 1,590.3)
Vietnam (2015)	10.5 million (VND 234,465million)**	0.11 (VND 2560)	No data available	-

Note: Myanmar does not have any government budget for tobacco control.

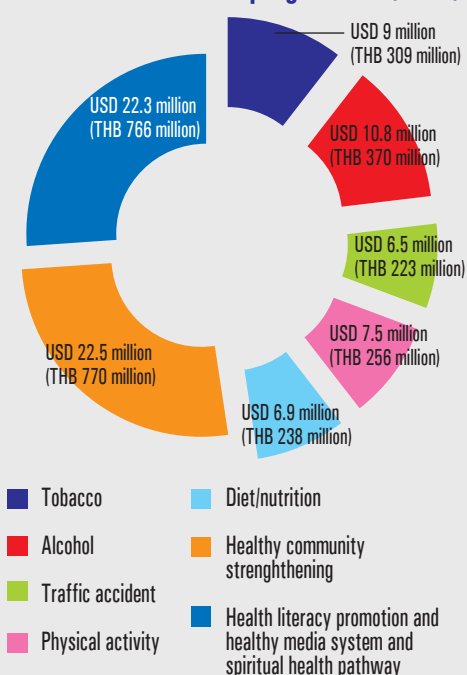
* Budget of USD 161.83 million is for all health programmes (diabetes, nutrition etc) and not solely for tobacco control.

** Estimated government budget for tobacco control office at Ministry of Health, Vietnam.

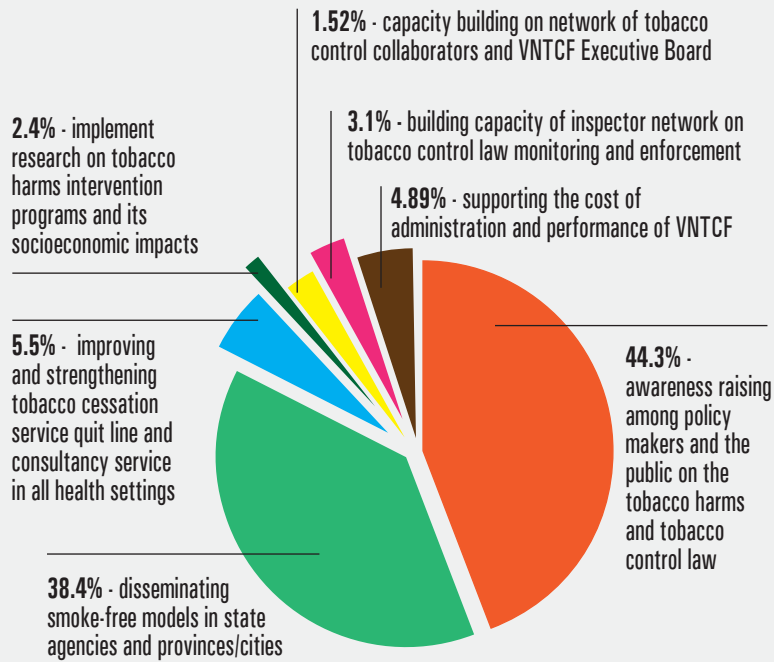
Thailand: Annual budget for health (2010–2015)



ThaiHealth funding for selected major NCDs risks reduction programmes (2015)



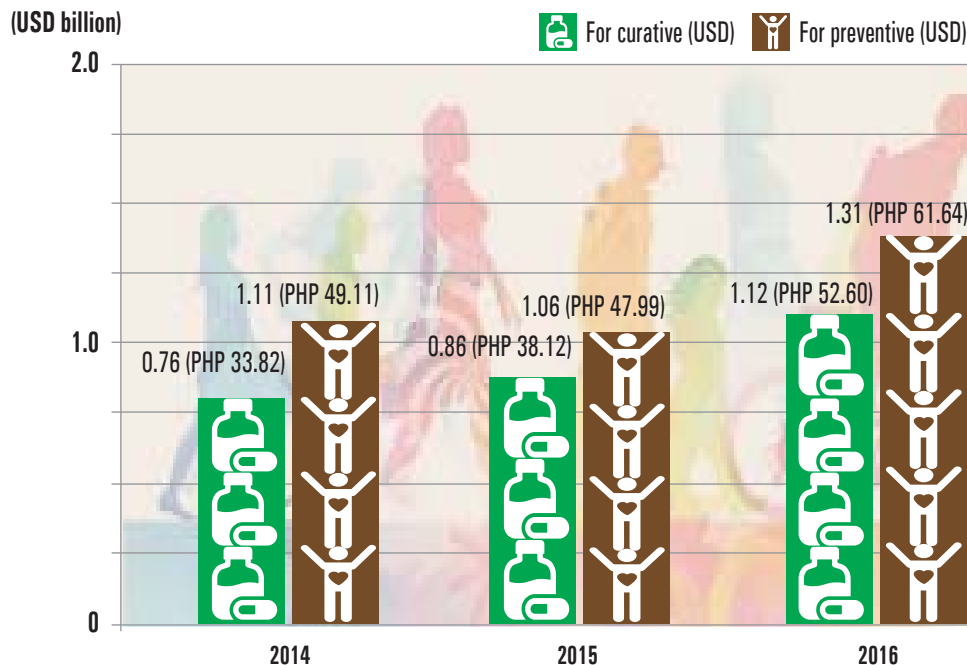
Vietnam Tobacco Control Fund (VNTCF): Fund distribution for tobacco control programmes (2015)






In 2015, a total 92 grantees were funded by VNTCF with a total of VND 200 billion of the fund distributed among 20 ministries, mass organization and 63 provinces/cities and 6 hospitals. The projects supported mainly communication campaigns related to tobacco prevention and control, smoke-free development, law enforcement

In 2016, a total 110 grantees were funded by VNTCF with a total of USD 15,1 million of the fund distributed among 33 ministries, mass organization agencies and 67 provinces/cities agencies and 10 hospitals. The projects supported mainly communication campaigns related to tobacco prevention and control, smoke-free development, capacity building for law enforcement.

Philippines universal health care budget for curative vs preventive (2014–2016)



Governance and roles of health promotion/tobacco control funds

Type and Year Established	Type	Governed and chaired by	Report to	Role of organization			
				Granting agency	Policy development	Implementing health promotion programs	Building capacity
Lao PDR Tobacco Control Fund (2013)	Unit in MOH	Tobacco Control Fund Council (The National Committee on Tobacco Control)	National TC Committee and Government			✓	
Malaysian Health Promotion Board (MySihat) (2006)	Semi-autonomous agency under MOH	Chair and Board of Directors appointed by the Prime Minister upon the advice of the Minister of Health	Minister of Health	✓		✓	✓
Singapore Health Promotion Board (2001)	Statutory Board under MOH	Board of Directors and chaired by independent Chairman	Minister of Health and Parliament	✓		✓	✓
Thai Health Promotion Foundation (ThaiHealth) (2001)	Autonomous agency	Board of Governors, chaired by Prime Minister	Cabinet and to both houses of Parliament	✓		✓	✓
Vietnam Tobacco Control Fund (2013)	Semi-autonomous agency and a unit in MOH	Inter-sectoral Management Board chaired by Minister of Health	Government and National Assembly	✓		✓	✓

Sustainable funding for health promotion and tobacco control

Indonesia

Distribution of 10% local cigarette tax revenue to provinces for health

- Beginning January 2014, central government distributed 10% local (surcharge) tax funds to provincial offices. A minimum of 50% is allocated for health and law enforcement.

Philippines

Distribution of incremental revenue for health

- The share for health promotion programs from the incremental revenue of the sin tax collection for
 - 2014 - USD 61,906 (PhP 2,748,000)
 - 2015 - USD 116,000 (PHP 5,321,000)

The health promotion programs funded by the incremental revenue from sin tax included media placement and development of IEC materials on tobacco control, alcohol control, healthy diet, and improving physical activities. It also funded the Red Orchid Awards, which recognizes government offices and local government units that implement smoke-free policies.

- The revenues collected enabled government to subsidize the health insurance premiums of 14.7 million poor primary members in 2014, up from only 5.2 million registered primary members in 2012. About USD 0.54 billion (PHP 24.56 billion) was spent for the health insurance premium in 2015.

High increase in funding for health programmes (2013-2015)

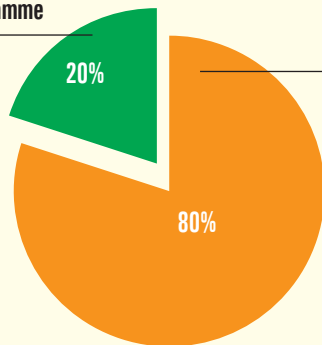
- The incremental revenues for health are as follows:
 - 2013: USD 1.01 billion (PHP 44.72 billion)
 - 2014: USD 0.94 billion (PHP 42.55 billion)
 - 2015: USD 1.33 billion (PHP 62.69 billion)



Distribution of incremental sin tax revenue for health, Philippines

Medical assistance and health enhancement facilities programme

- Improvement of government hospitals and health facilities
- Deployment of health professionals
- Improvement in provision of Supplies



Universal health care

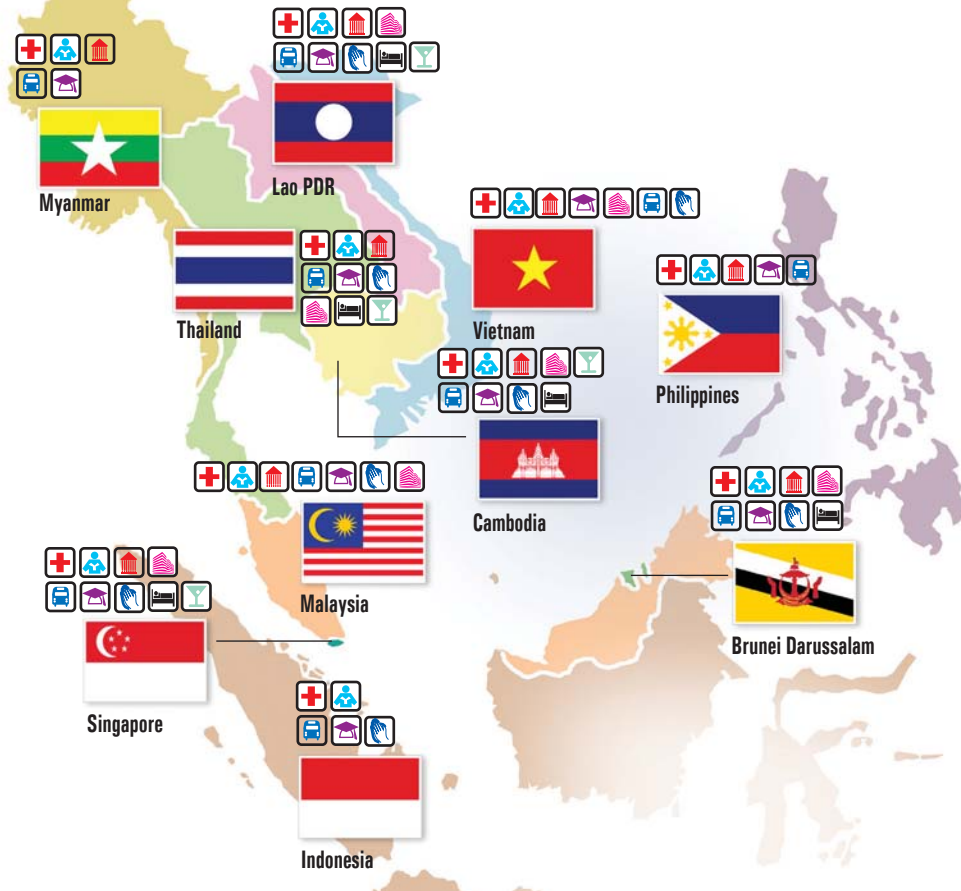
- Enrolment of indigent families and lowest income segment based on DSWD* list and senior citizens
- Preventive health programmes and MDGs
- Health awareness programmes
- Health research

* Department of Social Welfare and Development

100% smoke-free public places policy in ASEAN

-  Healthcare Facilities
-  Educational Facilities
-  Government Offices
-  Bars and Pubs
-  Public Transportation
-  Universities
-  Work Places
-  Places of Worship
-  Hotel Lobby

* 100% smoke-free refers to all indoor areas only
 ** There is no bar or pub in Brunei Darussalam



Enjoy ASEAN foods in smoke-free environments

-  100% smoke-free indoor air-conditioned restaurant
-  100% smoke-free indoor non-air-conditioned restaurant
-  Allows designated smoking room inside the restaurant



Smoke-free Environments

Secondhand smoke kills. Non-smokers who are exposed to secondhand smoke are also at risk of many of the same tobacco-related diseases and premature death as those who actively smoke. These include heart disease, stroke, and cancer. There is no safe level of exposure to secondhand smoke and a brief exposure can cause immediate and serious health harms.

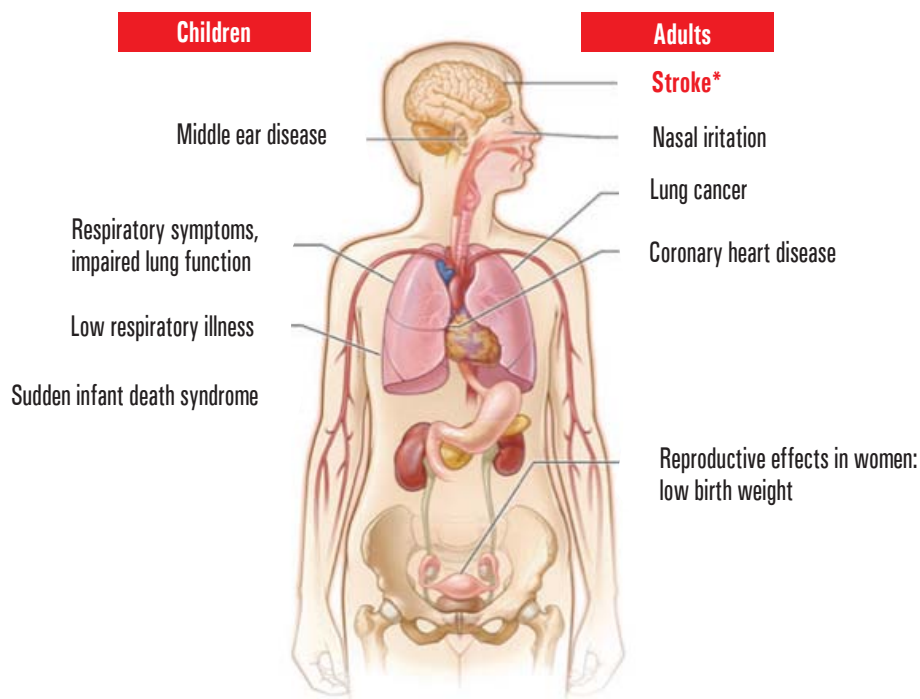
All people deserve protection from secondhand smoke. Implementing a 100% smoke-free environment is the only way to protect non-smokers from the health hazards of smoking while helping smokers quit and reduces youth smoking. Growing public awareness and support for smoke-free environments has called for strong smoke-free legislation banning smoking in all public places.

An increasing number of countries have taken steps to protect people from the dangers of tobacco smoke by enacting laws that create smoke-free environments. This

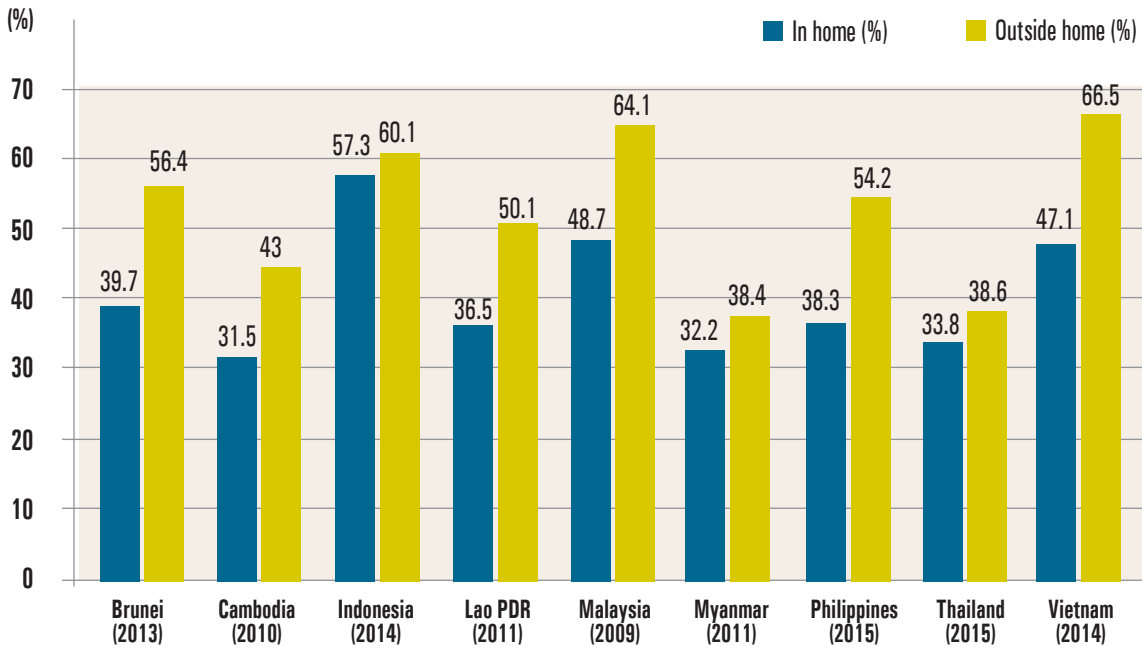
is by banning smoking in healthcare and educational facilities, public transport, and government offices. Partial bans are imposed in restaurants and workplaces.

In ASEAN, smoke-policies are strengthened across the region in accordance with Article 8 of the WHO FCTC. More countries have enforced a comprehensive national smoke-free law prohibiting smoking in hospitality venues such as bars and pubs (Thailand, Cambodia, Lao PDR and Singapore) as well as all indoor air-conditioned and non-conditioned restaurants (Brunei, Cambodia, Lao PDR, Thailand and Vietnam). This smoke-free policy helps to improve the health of workers and the general population by providing a clean air for their health and well-being. Smoke-free policies have been an important tobacco control intervention. Various initiatives have been implemented such as smoke-free cities and world heritage sites with the aim to attain a smoke-free ASEAN.

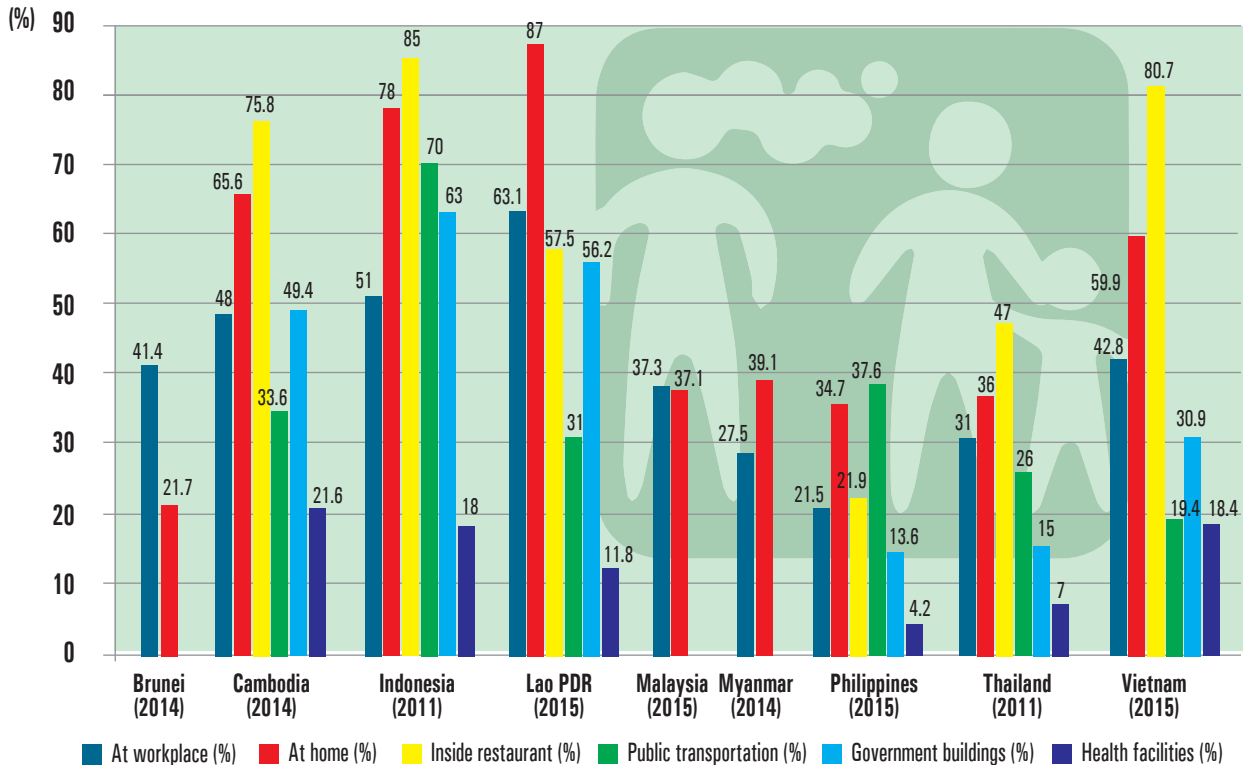
Common health consequences of exposure to secondhand smoke (Surgeon General's Report, CDC)



Percentage of youth exposed to secondhand smoke in and outside home



Common places with secondhand smoke exposure in ASEAN



Best practice of smoke-free law

Country	
Thailand	Smoking ban in pub / bar / discotheques, effective 7 February 2008.
Brunei	No smoking zones include areas within a distance of 6 meters from the perimeter of the no smoking buildings.



Smoke-free Airports

Among the world's 50 busiest airports

Ranking	Smoke-free airports
2	Beijing Capital International Airport, China (PEK)*
4	Chicago O'Hare, Illinois, USA (ORD)
6	London Heathrow, UK (LON)
7	Los Angeles, California, USA (LAX)
11	Istanbul, Turkey (IST)
15	New York, USA (JFK)
19	Denver, Colorado, USA (DEN)

Smoke-free Airports

In ASEAN

Country	
Brunei	Brunei International Airport (BWN) is 100% smoke-free. No designated smoking room at the Airport Terminal and all office premises, effective 1st March, 2012.
Philippines	Davao International Airport is 100% smoke-free.
Lao PDR	Luang Prabang International Airport (LPQ) is 100% smoke-free indoors.

* Removed smoking rooms since June 2015.

Fines imposed on violators of smoke-free policy in ASEAN

Country	Fines Imposed on Violators (USD)
Brunei	222 - 370 (BND 300 - 500) for on-the-spot fines Not more than USD 740 (BND 1,000) if prosecuted in court
Cambodia	5 (KHR 20,000) on individual smoker 12.5 (KHR 50,000) on manager or owner of workplace
Indonesia	Maximum limit of fines: 3,734 (IDR 50 million)
Lao PDR	No fine, give advice and warning
Malaysia*	2,450 (MYR 10,000)
Myanmar	0.83 - 4.16 (Kyats 1000 - 5,000)
Philippines	11 - 257 (PHP 500 - 12,000)
Singapore	146 - 365 (SG 200 - 500)
Thailand	58.82 (THB 2,000)
Vietnam	4.47 (VND 100,000) on individual smoker 134.35 - 2,463.1 (VND 3,000,000 to VND 55,000,000) on owner of establishment

* In 2015, the value of compound / fine imposed was USD1.08 million.

Smoke-free Cities ASEAN Network

The Smoke-free Cities ASEAN Network (SCAN) is a coalition of cities in the ASEAN countries that support each other to achieve its goal of a smoke-free ASEAN (FCTC Article 8).

The SCAN initiative was launched in Davao City, Philippines at the 1st regional workshop on Smoke Free Cities in 2013. It was organized to bring together all cities, municipalities and provinces, and other different smoke-free settings which includes heritage sites and cities in the ASEAN that are moving towards becoming smoke-free. SCAN provides a platform to share experiences and learn from the best practices on smoke-free of different cities, cities with different cultures but with a common goal. The establishment of SCAN has increased the awareness of the political leaders on the importance of creating and adopting strong smoke-free policies to make cities healthy and livable.

In 2015, the mayors and governors signed the pledge of commitment during the 3rd Smoke-Free Regional Workshop in Iloilo City, Philippines, SCAN officially accepted members. At present, there are 45 members from 8 countries ASEAN countries: Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam.



Mayor Rodrigo Duterte, Davao City, Philippines (2013),
President of the Philippines (2016)

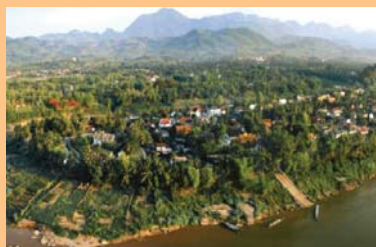




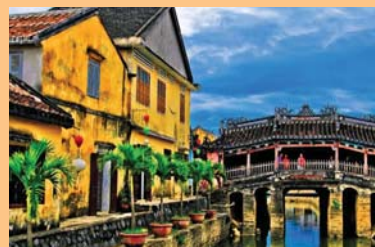
Smoke-free Heritage Sites Alliance (SHA)
Support Smoke-free Tourism!



Malacca, Malaysia



Luang Prabang, Lao PDR



Ancient Town of Hoi An,  HỒI AN
KHÔNG KHÖI THUỐC LÁ



Halong, Vietnam



Penang, Malaysia



Borobudur, Indonesia



Vat Phou, Lao PDR



Bagan, Myanmar



Angkor, Cambodia



Prambanan Temples, Indonesia



Historical Town of Sukhotei, Thailand



Sewu Temple, Indonesia



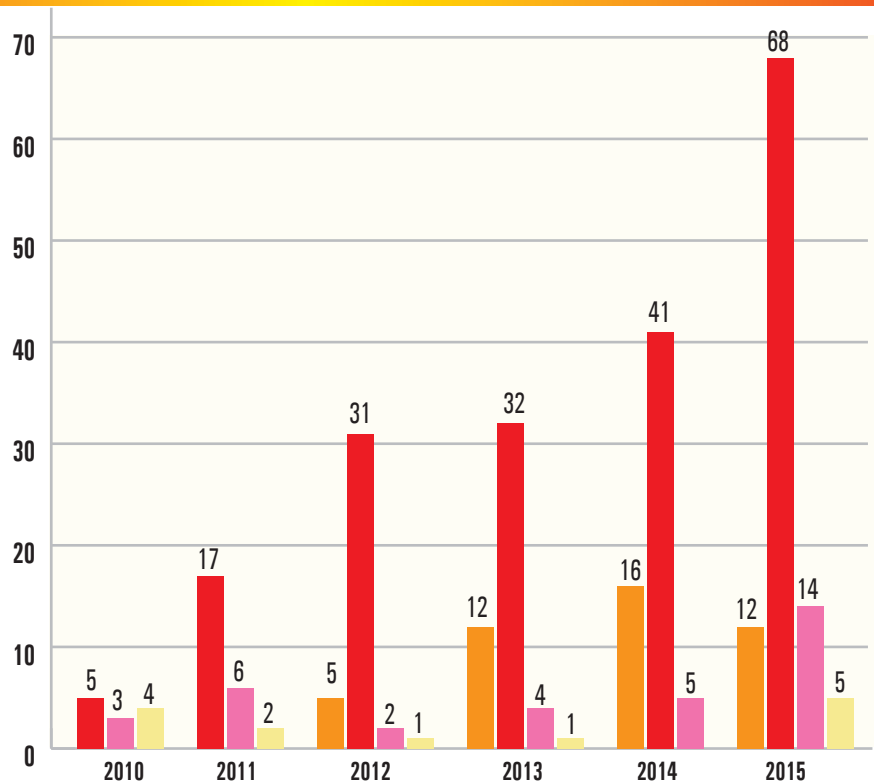
Philippines Department of Health (DOH) Red Orchid Awards

The DOH Red Orchid Award is the first of its kind in the world. It aims to advocate and promulgate DOH Administrative Order 2009-0010 and Civil Service Commission Memorandum Circular No. 17, dated May 29, 2009 on the 100% smoke-free environment policy and pushing for full implementation of World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The awards started in 2010 in giving out recognition to 100% tobacco-free cities, municipalities, government offices and health facilities that are strictly enforcing tobacco control measures. The DOH Health Promotion and Communication Service manages the awards.

Red Orchid Awards and Hall of Fame Awardees in Local Government Unit



- Hall of Fame
- Red Orchid Award
- Pink Orchid Award
- White Orchid Award



* Institutions that obtained a score below 60% were given Certificates of Participation for their efforts to be tobacco-free.

Smoke-Free Sports in ASEAN

Country	
Vietnam	Smoke-free 5th Asian Beach Games held on 24 September – 3 October 2016, Danang, Vietnam
Singapore	Smoke-free 28th SEA Games held on 5 – 16 June 2015, Singapore
Myanmar	Smoke-free 27th SEA Games held on 11 – 22 December, 2013, Myanmar
Cambodia	1st Smoke-Free Sports event held on 20 June 2012
Indonesia	Smoke-Free 26th Southeast Asian (SEA) Games, held in Jakarta, 11-22 November 2011
Lao PDR	Smoke-Free 25th Southeast Asian (SEA) Games, held in Vientiane City, 9-18 December 2009
Malaysia	Smoke-Free Paralympic Games held on 15-19 August 2009
Thailand	Smoke-Free 24th Southeast Asian (SEA) Games, held in Nathon Ratchasima (Korat), 6-15 December 2007
Philippines	Smoke-Free 23rd Southeast Asian (SEA) Games, held in Manila, 27 November to 5 December 2005
Vietnam	Smoke-Free 22nd Southeast Asian (SEA) Games, held in Hanoi, 5-13 December 2003



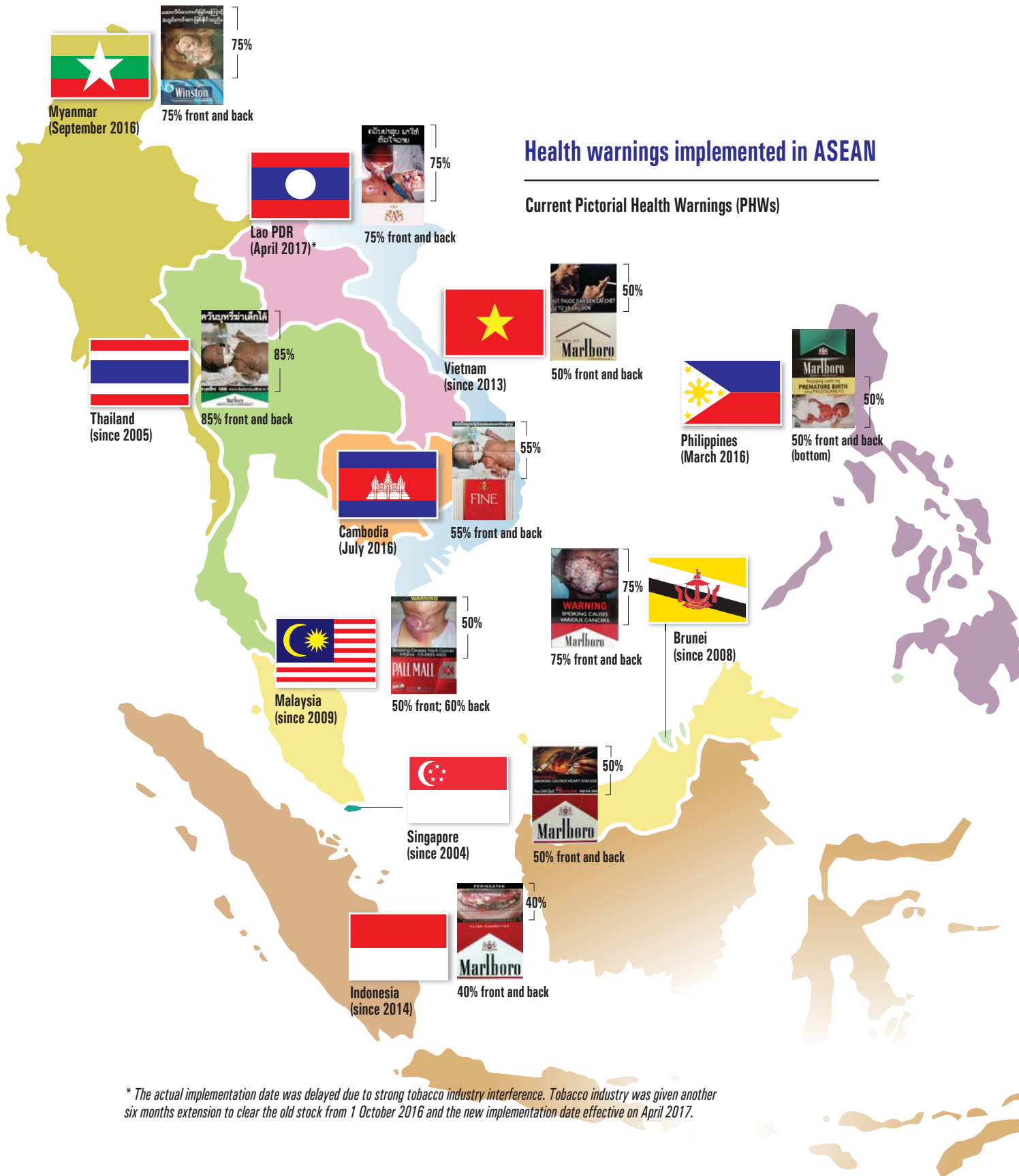
Elements of a Good Smoke-free Campaign

- S** Smoke-free Indoor & Public Places
- T** Task force
- O** Organizations' Support
- P** Political Will

- S** Strategies
- M** Mass Media Campaign
- O** Outdoor Advertisements
- K** Key Messages
- I** Implementation/Inspection
- N** Never Negotiate with Tobacco Industry
- G** Government Support



For more detailed information, please visit <http://smokefreeasean.seatca.org> and refer to *Smoke-free Toolkit: Implementing FCTC Article 8 Guidelines (Protection from Exposure to Tobacco Smoke) (2016)* and *Your Guide To A Smoke-free City: A Glimpse of Davao City Philippines*.



* The actual implementation date was delayed due to strong tobacco industry interference. Tobacco industry was given another six months extension to clear the old stock from 1 October 2016 and the new implementation date effective on April 2017.

Chapter 10

Packaging and Labelling of Tobacco Products

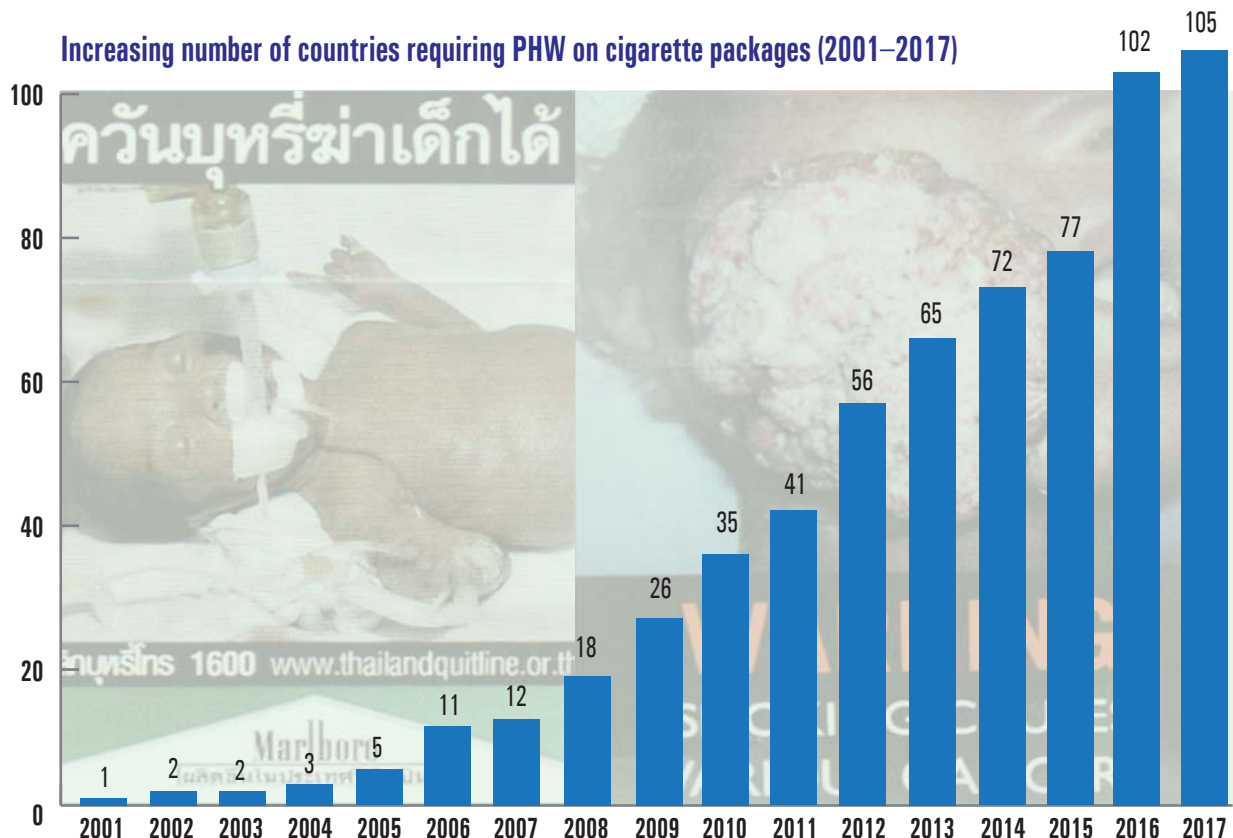
There is a growing global trend in implementation of pictorial health warnings (PHWs) on tobacco packages. From a public health perspective, tobacco packaging serves as the most cost-effective communications channel for governments to convey health risks associated to tobacco use, especially among those with low literacy levels. It is an effective health promotion tool to increase awareness of harmful effects of smoking with no costs to government.

To date, more than 100 countries/jurisdictions have legislated PHWs to date in accordance to WHO FCTC Article 11 Guidelines, adopted at the third session of the FCTC Conference of Parties (COP 3) in November 2008. In 2016, ASEAN became the first region in the world where all ten member states require PHWs on tobacco packages. Four countries (Thailand, Brunei, Lao PDR and Myanmar) require warnings sizes which are considered international best practice (at least 75%).

At present, Thailand leads the way with the world's second largest PHWs (85% front and back of the pack) after Nepal's 90% warnings that set a new benchmark in 2014.

The WHO FCTC Article 11 Guidelines recommend that health warnings be as large as possible and include pictures to effectively communicate health harms of tobacco use in combination with plain packaging. This enhances visibility of the PHWs and reduces the appeal of tobacco products. Plain packaging is recommended and is used as part of a comprehensive multisectoral approach to tobacco control. Australia is the first country to fully implement plain packaging effective December 2012. More countries, including France, United Kingdom and Hungary, have taken steps in this direction by legislating plain packaging. In ASEAN, research and policy development towards standardized or plain packaging have begun in Malaysia, Singapore and Thailand.

Increasing number of countries requiring PHW on cigarette packages (2001–2017)



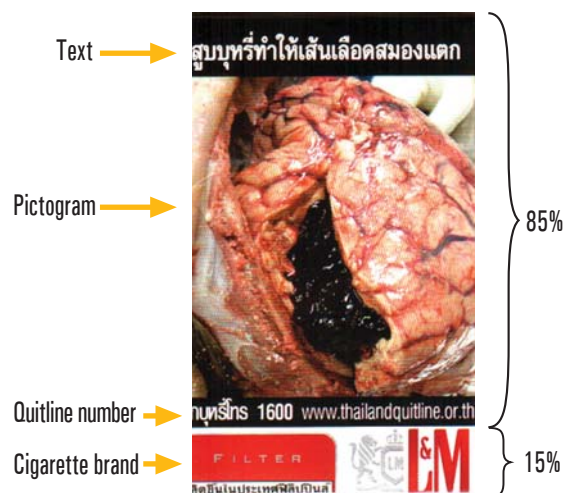
Leader of pack warnings

Four ASEAN countries among top 11 countries worldwide with the biggest pictorial health warnings.

Country	Average PHW size	PHW size (front)	PHW size (back)
1 Nepal	90%	90%	90%
2 Vanuatu	90%	90%	90% (2017)
3 India	85%	85%	85%
4 Thailand	85%	85%	85%
5 Australia	82.5%	75%	90%
6 Sri Lanka	80%	80%	80%
7 Uruguay	80%	80%	80%
8 Canada	75%	75%	75%
9 Brunei	75%	75%	75%
10 Myanmar	75%	75%	75%
11 Lao PDR	75%	75%	75% (2017)



Thailand: ASEAN's biggest pictorial health warnings (85%)



In April 2013, Ministry of Public Health (MoPH) passed a regulation requiring pictorial health warnings to cover the upper 85% of front and back panels of packs; however, implementation was delayed due to a legal challenge by the tobacco industry, including Japan Tobacco International (JTI), Philip Morris (PM), and British American Tobacco (BAT), that led to an injunction being issued by the Central Administration Court.

On 26 June 2014, the Supreme Administration Court ruled in favor of the MoPH and cancelled the injunction, clearing the way for implementation of the larger 85% warnings. All tobacco products sold in Thailand are required to carry the new pictorial warnings by 23 September 2014.

Evolution of pictorial health warnings on cigarette packages in ASEAN

Country	Years of implementation and rounds of rotation	Position, size and location	Language	Number of rotating current health warnings	Cessation messages
Singapore	2004, 2006, 2013	Top 50% front and back	English	6	"YOU CAN QUIT" and "QUITLINE 1800 438 2000"
Thailand	2005, 2007, 2010, 2014	Top 85% front and back	Thai	10	"Quitline 1600" and www.thailandquitline.or.th
Brunei	2008, 2012	Top 75% front and back	Malay (front), English (back)	7	
Malaysia	2009, 2014	Top 50% front and 60% back	Malay (front), English (back)	12	"Infoline: 03-8883 4400"
Vietnam	2013	Top 50% front and back	Vietnamese	6	
Indonesia	2014	Top 40% front and back	Bahasa Indonesia	5	
Philippines	2016	Bottom 50% front and back	Filipino (front), English (back)	12	"QUIT SMOKING: www.beat-tobacco.ph "
Cambodia	2016 (July)	Top 55% front and back	Khmer	2	
Myanmar	2016 (September)	Top 75% front and back	Burmese	10*	
Lao PDR	2017 (April)**	Top 75% front and back	Lao	6	

* Myanmar requires 10 PHWs, only one is to be printed every 12 months beginning on 1 September 2016.

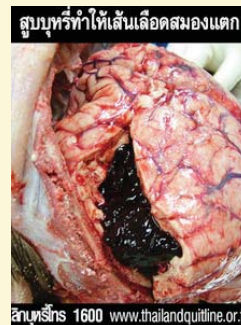
** The actual implementation date was delayed due to strong tobacco industry interference. Tobacco industry was given another six months extension to clear the old stock from 1 October 2016 and the new implementation date effective on April 2017.

Pictorial health warnings on cigarette packages in ASEAN

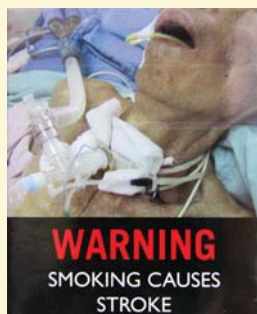
Singapore



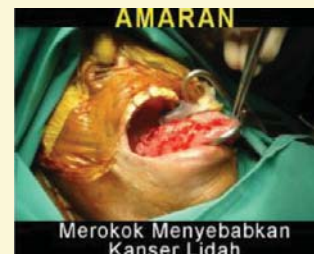
Thailand



Brunei



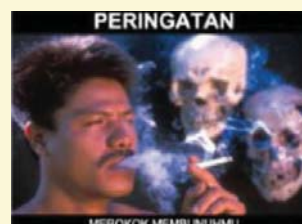
Malaysia



Vietnam



Indonesia



Philippines



Pictorial health warnings on cigarette packages in ASEAN

Cambodia



Myanmar



Lao PDR



Implementation timeline of latest set of pictorial health warnings in ASEAN

Country	Size		2012	Date of Approval		Date of Implementation		Duration of compliance for tobacco industry
	Front (%)	Back (%)		2013	2014	2015	2016	
Brunei	75	75		13 March 2012 – 1 September 2012				Less than 6 months
Cambodia	55	55				22 October 2015 – 23 July 2016		9 months
Indonesia	40	40				24 Dec 2012 – 24 June 2014		18 months
Lao PDR	75	75				23 May 2016 – 1 October 2016*		4 months
Malaysia	50	60				11 June 2013 – 1 January 2014		Less than 7 months
Myanmar	75	75				29 February 2016 – 1 September 2016**		6 months
Philippines	50	50				15 March 2015 – 3 March 2016***		12 months after publication of PHW templates
Singapore	50	50		1 March 2012 – 1 March 2013				12 months
Thailand	85	85				5 April 2013 – 2 October 2013****		6 months
Vietnam	50	50				8 Feb 2013 – 8 August, 2013 for soft pack and 8 December 2013 for hard pack		6 -10 months

* The actual implementation date was delayed due to strong tobacco industry interference. Tobacco industry was given another six months extension to clear the old stock from 1 October 2016 and the new implementation date effective on April 2017.

** On 1 September 2016, there are only two brands (Red Ruby and Winston) carry PHWs. Due to tobacco industry lobby and interference, the Minister for Health and Sport has granted the tobacco companies another six months grace period and new full implementation date will come into force by February 2017.

*** Beginning March 3, 2016, all tobacco products withdrawn from manufacturing facilities or imported for sale in the Philippines are required to carry the new GHWs. (RA 10643, Section 6).

Beginning November 4, 2016, all tobacco products displayed or sold in the Philippines must carry the new GHWs, and manufacturers, importers, distributors, and retailers are required by law to remove any non-compliant packages at that time (RA 10643, Section 10).

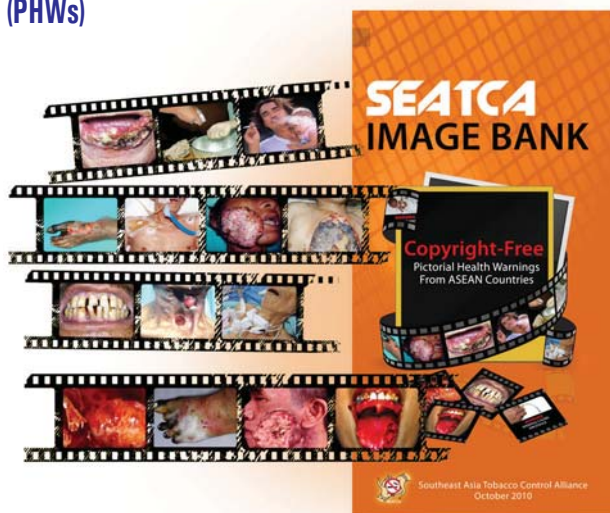
**** The actual implementation of PHWs was delayed by a court case filed by tobacco companies. The Thai Supreme Administrative Court ruled against the tobacco industry, allowing PHWs to be implemented effective on 23 September 2014, 90 days after the court decision.

Image bank of copyright-free pictorial health warnings (PHWs)

In collaboration with ASEAN Focal Points on Tobacco Control (AFPTC), SEATCA has established a sharing mechanism of copyright-free pictorial health warning images of ASEAN countries. SEATCA continues to:

- Provide technical assistance to countries on development and implementation of PHWs policies.
- Facilitate access to high-resolution and copyright-free PHW images from Brunei, Singapore, Thailand and other ASEAN countries.
- Provide sample cigarette packs from the ASEAN region for advocacy purposes.

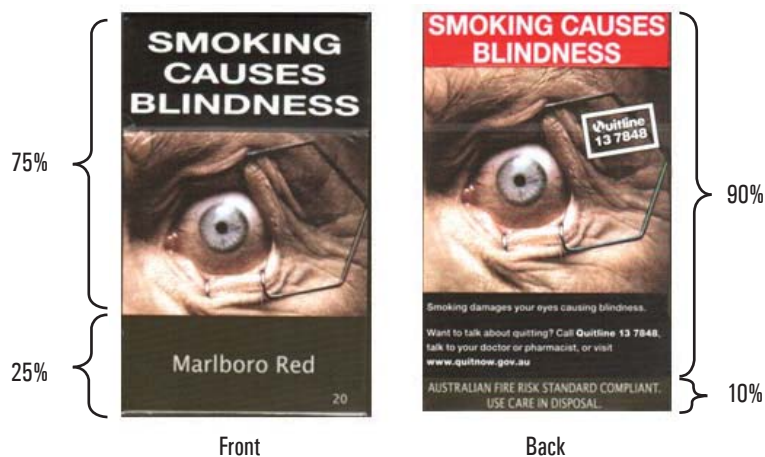
For more detailed information, please visit <http://tobaccolabels.seatca.org/gallery/>



Best practice: Australia's plain packaging – A world first

Plain packaging

- prohibits brand colours and logos
- requires a standard colour, shape and format of packages
- requires the brand name to appear in a standard font size and style on a specific space on the package



Australia was the first country to implement plain packaging of tobacco, effective on the 1st December 2012. Pictorial health warnings cover an average of 87.5% of the package front and back, while a fire-risk statement covers the bottom 10% of the back panel.

Philip Morris Asia caused international outrage by challenging Australia's plain packaging laws and suing the government for alleged breaches in the 'fair and equitable treatment' obligation under its bilateral investment treaty with Hong Kong. However, in December 2015, the arbitration tribunal threw the case out and there have been no further challenges under international investment treaties against Australia or any of the other countries that have adopted plain packaging laws such as, United Kingdom, France and Hungary. These wins have come despite fierce opposition and threatened huge lawsuits from the tobacco industry. Australia has paved the way and inspiring other countries to move this forward. Australia plain packaging law sets a precedent for the world. There are several countries in various stages of development and adoption of similar laws, the United Kingdom and France implemented plain packaging at the manufacturer level on May 20, 2016, and Hungary will implement in 2018. More than 14 countries are in the process of requiring plain packaging or are formally considering doing so including New Zealand, Ireland, Norway, Canada, Slovenia, Uruguay, Belgium, Romania, Turkey, Finland, Chile, South Africa and two in ASEAN countries such as Thailand and Singapore.



Source: <https://twitter.com/breathe2025/status/764033137277964288>

Tobacco control 'hot spots': Plain packaging implementation



United Kingdom (2016)



France (2016)



Hungary (2018)




Countries that have banned false or misleading descriptors in ASEAN

Country	Year of implementation
Cambodia 	2015
Indonesia 	2013
Lao PDR 	2010
Malaysia 	2009
Myanmar 	2016
Philippines 	2016
Singapore 	2013
Thailand 	2007
Vietnam 	2013




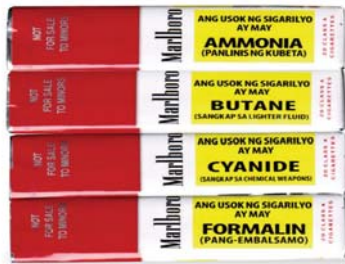


For more detailed information, please visit <http://tobaccolabels.seatca.org> and refer to SEATCA Tobacco Packaging and Labelling Index: Implementation of WHO Framework Convention on Tobacco Control Article 11 in ASEAN Countries (2016).

Disclosure of information on relevant constituents and emissions of tobacco products

Country	Year and number of qualitative statement	Details	Printing requirement on packaging of tobacco products
Brunei	2012 (1)	This Product Contains Nicotine and Tar which Cause Addition and Is Dangerous to Health. Produk Ini Mengandung Nikotina dan Tar yang Menyebabkan	In the English language on one side panel of the pack and in the Malay language on the other side panel 
Indonesia	2012 (1)	Tidak ada batas aman! Mengandung lebih dari 4,000 zat kimia berbahaya, 43 zat penyebab kanker <i>There is no safe limit! Contains more than 4,000 hazardous chemicals and more than 43 cancer causing substances</i>	On one side panel and in Bahasa Indonesia only 
Lao PDR	2016 (9)	Cigarette smoke contains Carbon Monoxide the same toxic in vehicle exhaust Cigarette smoke contains Hydrogen Cyanide that destroys lung vessels and tissues Nicotine in cigarette is addictive and use in pesticides Cigarette smoke contains Ammonia use in toilet cleaner Cigarette smoke contains toxic gas Nitrogen Dioxide Cigarette smoke contains Arsenic use in rat poisons Cigarette smoke contains Tar that causes lung cancer Cigarette smoke contains Formalin that use for embalming Cigarette smoke contains Nitrosamine that causes cancer	On two side panels using different qualitative statement and in Lao language 
Malaysia	2009 (1)	Produk ini mengandungi lebih 4,000 bahan kimia termasuk tar, nikotina dan karbon monoksida yang membahayakan kesihatan <i>This product contains more than 4,000 chemicals including tar, nicotine and carbon monoxide that are dangerous to health</i>	On one side panel and in Malay language only 

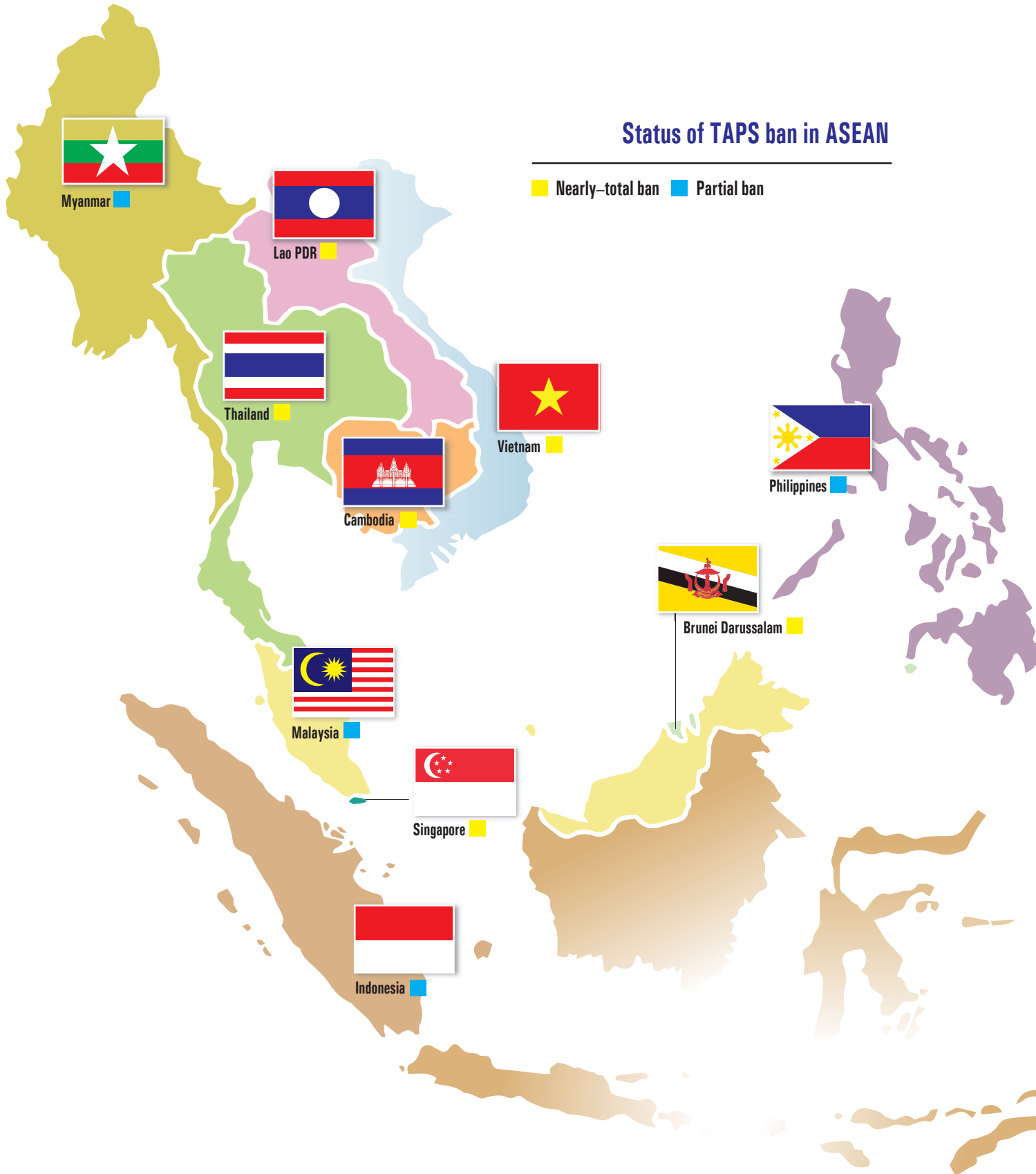
(continued)

Disclosure of information on relevant constituents and emissions of tobacco products

Country	Year and number of qualitative statement	Details	Printing requirement on packaging of tobacco products
Myanmar	2016 (2)	<p>Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Stop Smoking</p> <p>Nicotine, Tar and Carbon Monoxide contained in Cigarettes can cause heart and lung failure. Stop Smoking</p>	<p>“Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Stop Smoking” must be printed on the left side panel and the other texts on the right side panel. Both texts in Burmese language</p> 
Philippines	2016 (4)	<p>ANG USOK NG SIGARILYO AY MAY AMMONIA (PANLINIS NG KUBETA) <i>Cigarette Smoke Contains Ammonia (Toilet Cleaner)</i></p> <p>ANG USOK NG SIGARILYO AY MAY BUTANE (SANGKAP SA LIGHTER FLUID) <i>Cigarette Smoke Contains Butane (Ingredient in Lighter Fluid)</i></p> <p>ANG USOK NG SIGARILYO AY MAY CYANIDE (SANGKAP SA CHEMICAL WEAPONS) <i>Cigarette Smoke Contains Cyanide (Ingredient in Chemical Weapons)</i></p> <p>ANG USOK NG SIGARILYO AY MAY FORMALIN (PANG-EMBALSAMO) <i>Cigarette Smoke Contains Formalin (For Embalming)</i></p>	<p>On one side panel and in Filipino language</p> 
Singapore	2012 (1)	<p>Smoking exposes you and those around you to more than 4,000 toxic chemicals, of which at least 60 can cause cancer. The chemicals include tar, nicotine, carbon monoxide, formaldehyde, ammonia and benzene</p>	<p>On one side panel and in English language</p> 
Thailand	2015 (10)	<p>Rat poisons present in cigarette smoke</p> <p>Nicotine in cigarette used in pesticides</p> <p>More than 250 types of toxic substances are in cigarette smoke</p> <p>Drugs for embalming present in cigarette smoke</p> <p>Want to quit must not smoke in the house</p> <p>To get tuberculosis is easy if smoking</p> <p>Smoking in the house hurts families</p> <p>Smoking causes liver cancer</p> <p>140 people a day, Thais die from smoking</p> <p>Children imitate their parents who smoke</p>	<p>On one side panel and in English language</p> 

Note: Only three countries (Brunei, Philippines, and Thailand) prohibit the display of emission yields (tar, nicotine, and carbon monoxide) on packages.

Status of TAPS ban in ASEAN



Chapter 11

Tobacco Advertising, Promotion and Sponsorship

The tobacco industry has aggressively promoted its deadly product and increased the social acceptability of tobacco use among both adults and young people by investing billion of dollar yearly around the globe on tobacco, advertising, promotion and sponsorship (TAPS) to maintain their corporate profits. A wide range of TAPS strategies are employed to market its lethal product targeting potential tobacco users, as well as current and former tobacco users.

WHO FCTC Article 13 recognizes “that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products by preventing youth uptake, discouraging tobacco use, and preventing ex-users from relapsing. Partial bans do not work because the tobacco industry can easily circumvent them.

An increasing number of countries (more than 80) has reported that they have adopted a comprehensive ban of all tobacco advertising, promotion and sponsorship. In ASEAN, most countries are making progress to implement some forms of ban on TAPS to restrict tobacco industry marketing activities. Thailand, Brunei and Singapore are leading by banning cigarette pack display at point-of-sale (POS) as part of a comprehensive ban of tobacco promotions to reduce visibility of tobacco product. These three ASEAN countries have also licensed cigarette retailers as a means for stricter regulation of retailers.

However, despite comprehensive ban on TAPS the industry is still successful in finding innovative ways and constantly changing its marketing tactics to promote and market their products through creative pack and product designs, new media and cross-border advertising.

Status of ban on tobacco advertising, promotion and sponsorship in ASEAN

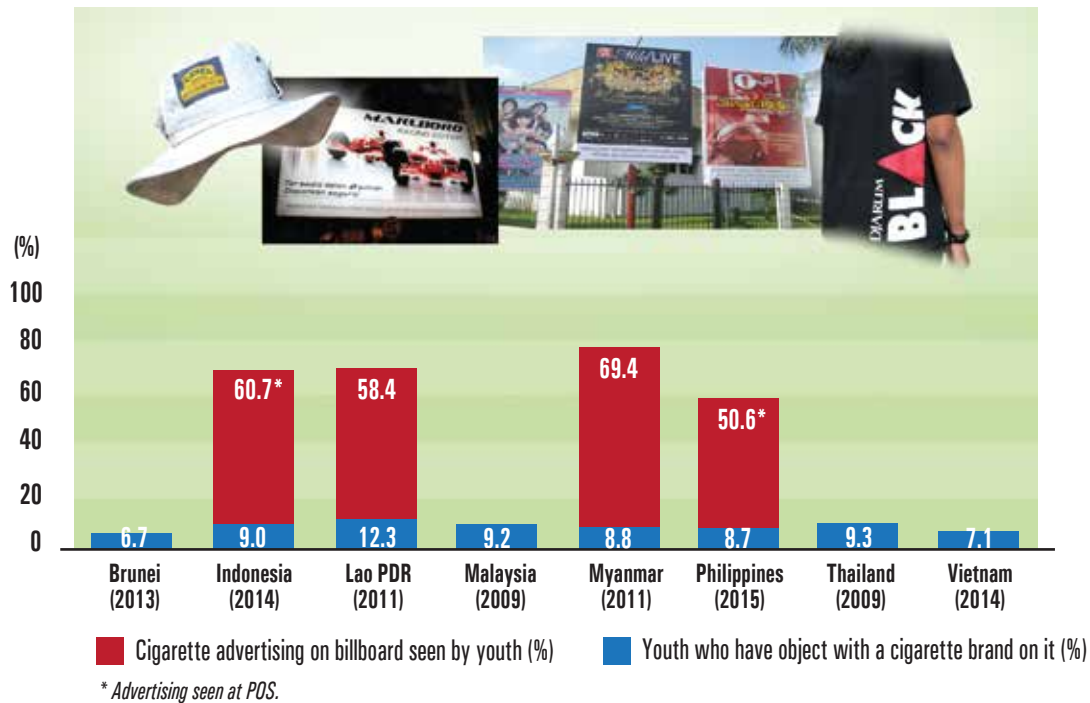
	Direct Advertising	Promotion	Sponsorship	Ad at POS	CSR	Pack Display	Cross Border	
Brunei	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Dark Blue	
Cambodia	Yellow	Yellow	Yellow	Yellow	Ban cigarette brand name	Allow 1 pack per brand	Dark Blue	
Indonesia	Partial ban only on TV*	Allow promotional girls	Ban publicity	Red	Ban publicity	Red	Red	
Lao PDR	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	
Malaysia	Yellow	Yellow	Yellow	Yellow	Red	Red	Dark Blue	
Myanmar	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow	
Philippines	Yellow	Allow at POS	Sponsor without cigarette brand	Red	Red	Red	Red	
Singapore	Yellow	Yellow	Yellow	Yellow	Ban publicity	Yellow	Yellow	
Thailand	Yellow	Yellow	Yellow	Yellow	Ban publicity	Yellow	Oversea live telecast allowed	
Vietnam	Yellow	Yellow	Dark Blue	Yellow	Ban publicity	Allow 1 pack/ carton per brand	Dark Blue	

POS - Point-of-Sale
 CSR - Corporate Social Responsibility

* Tobacco adverts are allowed on television (between 9.30pm and 5.30am)

Yellow Ban
 Dark Blue Partial Ban
 Red No Ban
 Grey No CSR

Youth susceptibility to tobacco advertising and promotion in ASEAN



Tobacco marketing channels

At Point-of-Sale (POS)

- Cigarettes are easily purchased at POS (supermarkets, sundry shops, convenient stores, newsstands, petrol kiosks, street vendors, market stalls and minimarts).
- In 2015, Vietnam (68%), Indonesia (49.8%) and Philippines (24.8%) of cigarette sales are by street vendors.

On Billboards

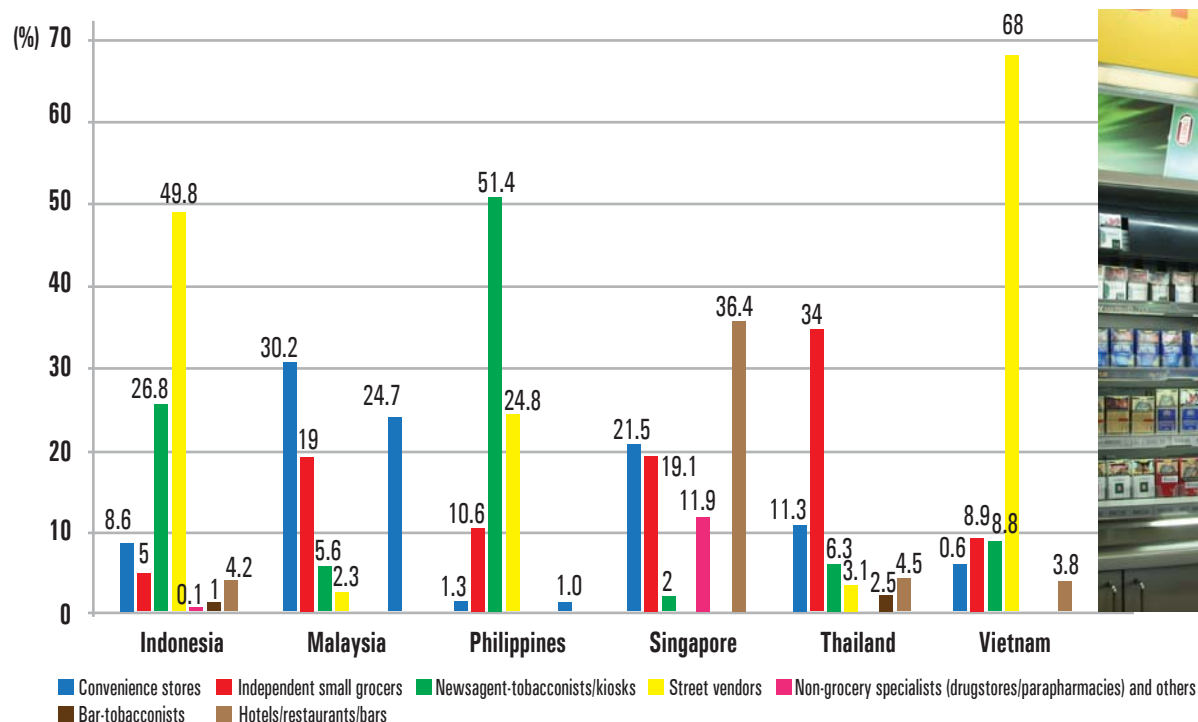
- Outdoor tobacco advertising billboards can be found in the Philippines and Indonesia.

Person-to-Person Sale

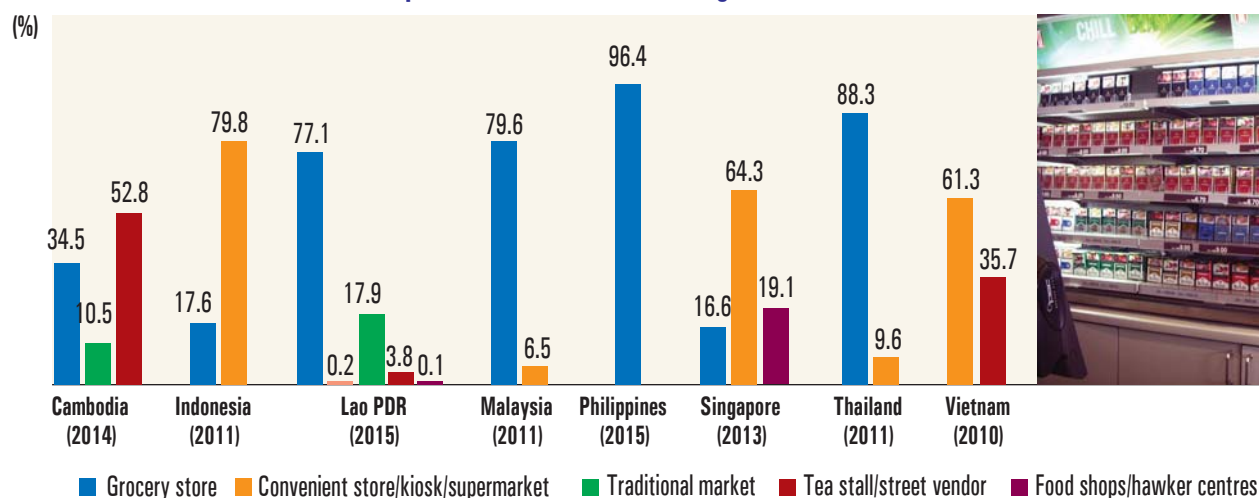
- Tobacco industry recruits pretty young girls as promoters to sell cigarettes in
 - Cambodia (ban)
 - Indonesia (No ban)
 - Lao PDR (ban)
 - Malaysia (ban)
 - Myanmar (ban)
 - Philippines (no ban)
 - Singapore (no ban)
 - Thailand (ban)
 - Vietnam (ban)



Market structure and distribution channels of cigarette sales in ASEAN (2015)

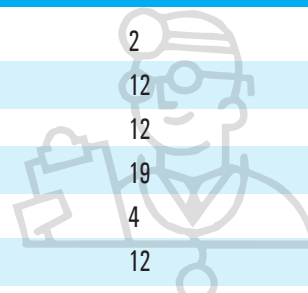


Most common source of the last purchase of manufactured cigarettes in ASEAN



Number of point-of-sale (POS) in selected ASEAN countries

Country	Total Smokers	Cigarette Retailers*	Cig Retailer per 10,000 smokers	Physicians per 10,000 pop**
Indonesia	65,188,338	2,500,000	383	2
Malaysia	4,991,458	80,000	160	12
Philippines	16,500,000	694,821	421	12
Singapore	375,000	4,840	129	19
Thailand	10,947,037	570,000	520	4
Vietnam	15,600,000	303,333***	194	12



*Does not include street vendors. In Indonesia, street vendors make up 50% of all cigarette sales.

** Table 9: Health outcomes in Human Development Report 2015. Available at: http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf

***Ho Chi Minh City has reportedly more than 70,000 cigarette retailers

Best practice: Thailand sets the benchmark




Thailand, the first country in ASEAN region to implement a complete ban on retail display of tobacco products at point-of-sale, effective on 25 September 2005.

Brunei has banned point-of-sale displays in 2010 as prohibition on advertisements relating to smoking and displaying the cigarette packs was considered as one mode of advertisement.

Singapore will enforce a ban on displaying cigarette packs at point-of-sale by 1 August, 2017 to reduce the exposure of non-smokers, especially among the young, to the advertising effect of tobacco product displays as well as encourages current smokers attempting to quit by minimising impulse purchases of tobacco products.



Countries that have banned pack display at POS

2001	2004	2005	2008	2009	2010	2011	2012	2017
Iceland	Canada	 Thailand	Mauritius	Ireland	 Brunei Finland Norway Scotland	New Zealand Australia	Wales North Ireland England	 Singapore



Cambodia

Legislation on tobacco advertising ban at POS in ASEAN

Country	POS Advertising	POS Pack Display
Brunei	Ban	Banned, effective 2010
Cambodia	Ban	Display of only 1 pack per brand (2015)
Indonesia	No ban	Allowed
Lao PDR	Ban	Allowed
Malaysia	Ban	Allowed
Myanmar	No ban	Allowed
Philippines	No ban	Allowed
Singapore	Ban	Banned, effective 2017
Thailand	Ban	Banned, effective 2005
Vietnam	Ban	Display of any 1 pack, box or carton per brand



Indonesia

Ban TAPS via internet in ASEAN

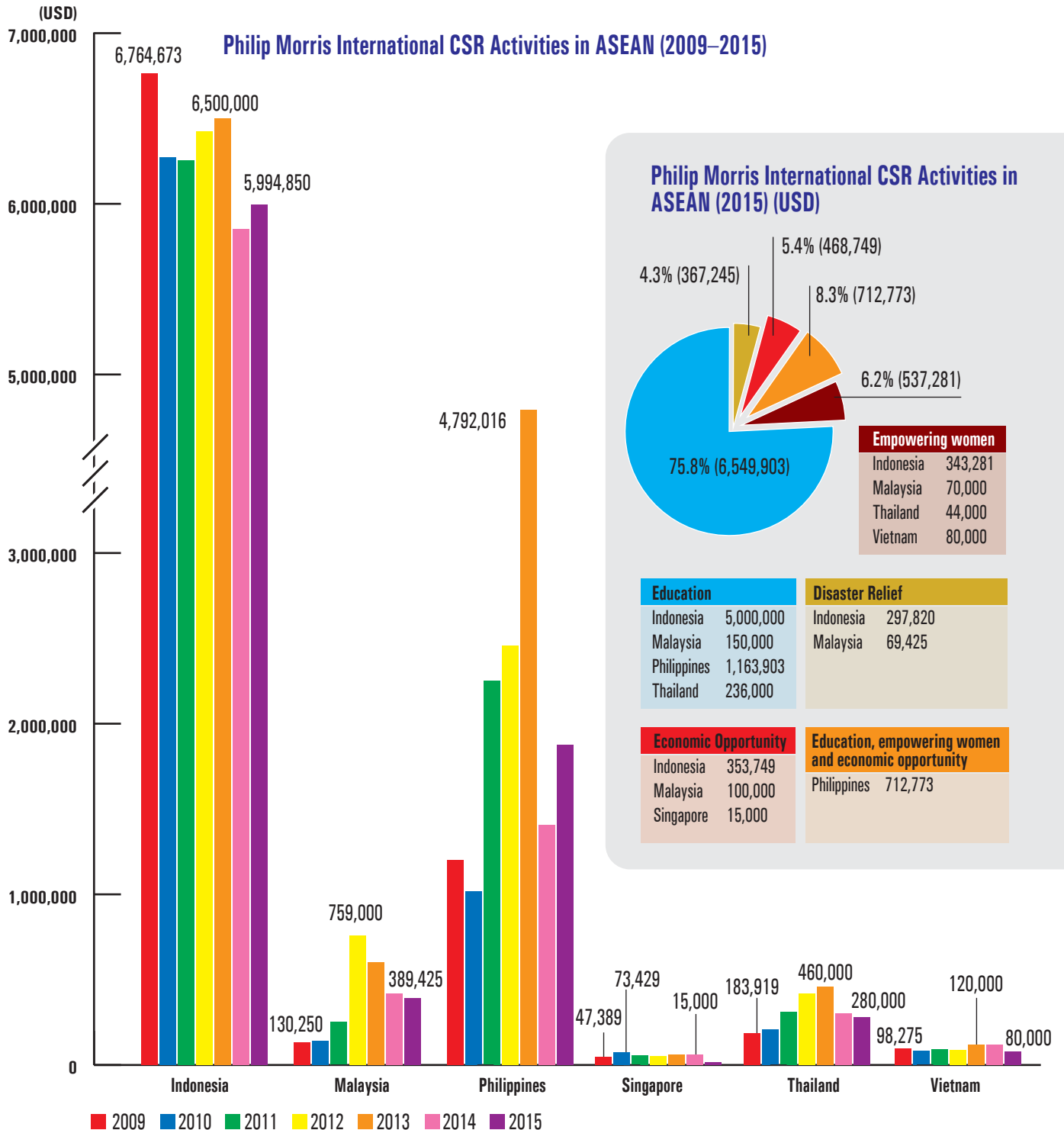
Country	Year
Cambodia	2015
Indonesia	2012*
Lao PDR	2010
Malaysia	2004
Myanmar	2006
Philippines	2008
Singapore	2016
Vietnam	2013



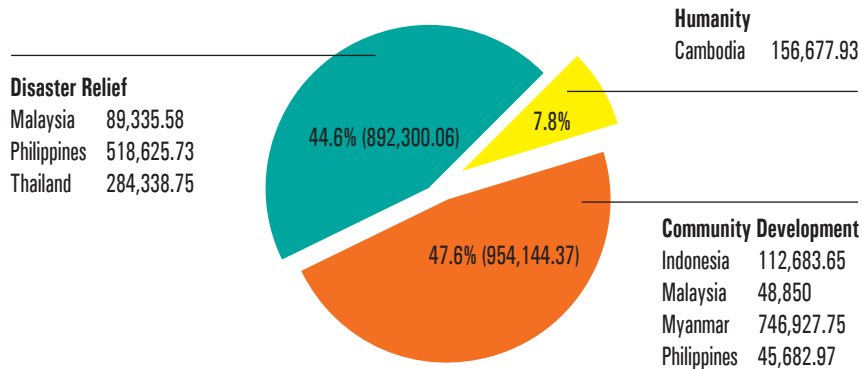
* Advertising in information technology media shall comply with the provisions of the tobacco products trademark website which applies age verification to restrict access only to persons aged 18 (eighteen) years or older.

Corporate Cover Up: PMI, BAT and JTI CSR in ASEAN

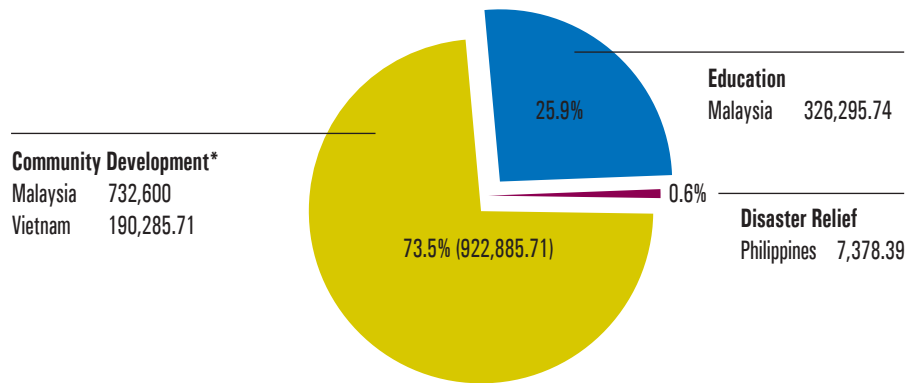
To promote its corporate image and distance itself from its harmful products, PMI has been conducting more CSR activities across the ASEAN region. Indonesia (USD 5,994,850) and the Philippines (USD 1,876,676) are two countries where PMI invested the most money in CSR activities in 2015. Both countries are vital tobacco markets for PMI as it holds 36% and 79% of total market in Indonesia and the Philippines respectively.



Japan Tobacco International CSR Activities in ASEAN (2013–2017) (USD)



British American Tobacco CSR Activities in ASEAN (2013–2015) (USD)



*BAT has provided fund for community development in Cambodia, Indonesia and Philippines but the total value is not available.

ISO 26000

“Responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behaviour that contributes to sustainable development, health and the welfare of society; takes into account the expectations of stakeholders; is in compliance with applicable law and consistent with international norms of behaviour; and is integrated throughout the organization and practiced in its relationships.”

TI related ‘CSR’ is not compatible and failed the standard because of how it violates the FCTC and other widely accepted international standards and rules.

For more detailed information, please visit <http://tobaccowatch.seatca.org> and refer to SEATCA Tobacco Advertising, Promotion and Sponsorship (TAPS) Index: Implementation of WHO Framework Convention on Tobacco Control Article 13 in ASEAN Countries (2016) and Terminate Tobacco Industry Corporate Giving: A Review of CSR in ASEAN (2016).

Ban of single stick sales in ASEAN

■ Ban ■ No ban



Chapter 12

Protecting Future Generations

Children and young people are always the target of the tobacco industry in the overall market for cigarettes and as a source of new customers. The tobacco industry needs young people to start smoking replacing older smokers who either quit or die from tobacco-related diseases. On an average, most smokers start smoking before the age of 20. Youth smoking remains the front line of the epidemic. Youths are more susceptible and highly receptive to tobacco marketing.

The tobacco industry continues to employ novel marketing with attractive packaging and new flavors to appeal to the young and first-time smokers enticing them to their deadly and addictive products. Youth smokers in low-and-middle income countries are a huge potential market for industry's future growth. In ASEAN, menthol and flavoured cigarettes are not regulated and widely available in the market. The availability of single stick cigarette sale is a key driver to entice young smokers to try without having to purchase a full pack. Five countries in ASEAN have regulated the sale of single sticks including Brunei, Lao PDR, Malaysia, Myanmar and Singapore.

The emergence of a new and wider range of alternative nicotine products such as electronic nicotine delivery system or a vaporizer (e-cigarettes) with flavours makes it more appealing to the youth. There has been a significant rise in teen use. Multinational tobacco companies are expanding their business into this non-tobacco nicotine delivery. Many countries have already banned the sale of e-cigarettes, including four countries in the ASEAN region (Brunei, Thailand, Cambodia, Singapore). Japan and Australia have banned e-cigarettes with nicotine.

High accessibility and affordability of single sticks as well as unregulated electronic cigarettes in some ASEAN countries pose a great challenge in preventing the smoking uptake among the young people. A comprehensive regulatory framework must be implemented or enforced, including taxation, bans on tobacco advertising, promotion and sponsorship (TAPS), and the minimum legal sale age. This is crucial to reduce the affordability and accessibility of tobacco products.

Source of Cigarettes for Youth

Percentage of youth who purchased cigarettes in a store and were not refused purchase because of their age in ASEAN

Country	% Youth Purchased Cigarettes in a Store	% Who purchased cigarettes in a store were not refused purchase because of their age
Brunei (2013)	21.9*	68.4
Indonesia (2014)	64.9	64.5
Lao PDR (2011)	51.2	73.1
Malaysia (2009)	53.4	53.2
Myanmar (2011)	39.2	No data
Philippines (2015)	79.4	47.5
Thailand (2015)	67.4	44
Vietnam (2014)	63.2	85



* Store in this context means illegal tobacco vendor because there is no more licenced tobacco retailer in 2013.

Quick Fact

5.6 million children alive today will ultimately die early from smoking if we do not do more to reduce current smoking.

Targeting Youths, Young Adults and Women

Menthol and fruit-flavored cigarettes sold in ASEAN

- Cambodia (Menthol flavour only)
- Indonesia (Menthol flavour only)
- Malaysia (Menthol flavour only)
- Myanmar
- Philippines
- *Singapore (Menthol flavour only)
- **Thailand (Menthol flavour only)
- Vietnam (Menthol flavour only)

* Singapore may restricts the sale of flavored tobacco products including menthol as well as fruit and candy flavours.

**Thailand Excise Department has imposed administrative ban for sale of flavored cigarettes (fruit/confectionery/flower) enforced in 2003.



Lipstick pack from Indonesia, Malaysia and Singapore

Indonesia

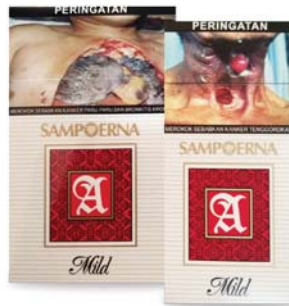
Malaysia

Singapore

Countries that have banned kiddie packs (less than 20 sticks per pack) in ASEAN

Country	Year
Brunei	2005
Cambodia	2015
Indonesia	No ban
Lao PDR	2009
Malaysia	2010
Myanmar	No ban
Philippines	No ban
Singapore	2002
Thailand	No ban
Vietnam	2016

Indonesia



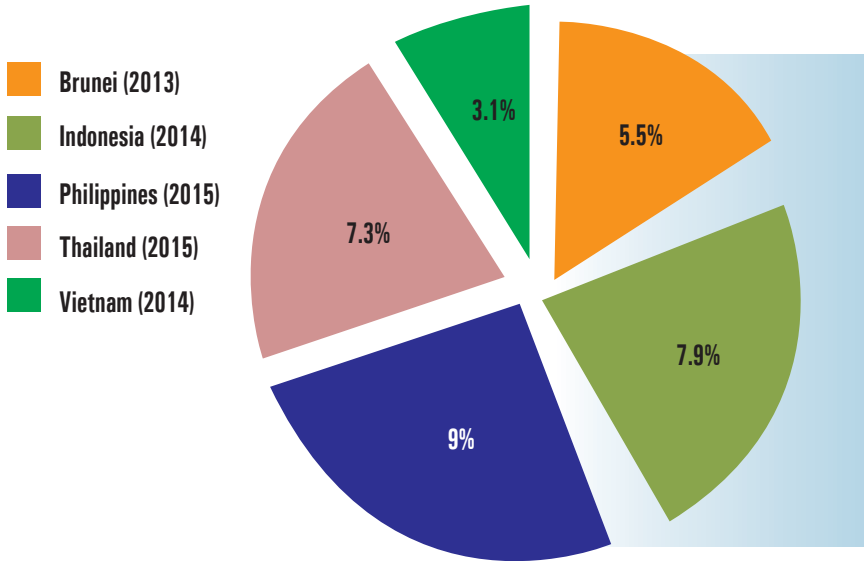
A Mild, the most popular local brand sold in 12 and 16 sticks.

Philippines

Sachet packaging of 5 cigarettes per pack targeting young children and youths widely sold in the market.



Percentage of youth offered free cigarettes by a tobacco company representative in ASEAN



Quick Fact

In 1981, a Philip Morris researcher stated:
 "Today's teenager is tomorrow's potential regular customer. . ."

Myron E. Johnston, Philip Morris researcher, 1981 sent report to Robert B. Seligman, then vice president of research and development at Philip Morris in Richmond

Minimum Legal Age for the Purchase, Possession and Use of Tobacco in ASEAN – 18 years old and above

Clear indicator inside POS about the prohibition of tobacco sales to minors

Required	No
Brunei	Cambodia
Malaysia	Indonesia
Myanmar	Lao PDR
Philippines	Thailand
Singapore	
Vietnam	



Sellers request for appropriate evidence of having reached full legal age

Required	No
Brunei	Indonesia
Cambodia	Lao PDR
Philippines	Malaysia
Singapore	Myanmar
Thailand	Thailand
	Vietnam



Ban Emerging Tobacco Products (Singapore)

Smokeless cigars, smokeless cigarillos and smokeless cigarettes; dissolvable tobacco or nicotine; any product containing nicotine or tobacco that may be used topically for application, by implant or injection into any parts of the body; and any solution or substance of which tobacco or nicotine is a constituent that is intended to be used with an electronic nicotine delivery system or a vaporizer (e-cigarettes); nasal snuff, oral snuff, gutkha, khaini and zarda.



Ban/restrict sale of all types of electronic cigarettes

- 27 countries have banned sale of e-cigarettes including

- a) Brunei Darussalam
- b) Cambodia
- c) Singapore
- d) Thailand

- 22 countries have imposed restrictions on the sale of e-cigarettes, including restricting/prohibiting the sale or requiring marketing authorization for products that have nicotine

Malaysia* - The regulation of vapour products is under the state jurisdiction. four out of 13 states (Johor, Kelantan, Terengganu and Pahang) have banned the sale of e-cigarette. Other states including Perak, Penang, Perlis and Selangor, however, do not implement a firm ban instead of imposing a restriction to not issuing new licenses or renew existing licenses for vape stores. National Fatwa Council has declared all vapour products to be "haram" (forbidden in Islam).



* Under the Poison Act 1952, nicotine based preparation can only be sold by registered medical officers or licensed pharmacists.

Tobacco-free Generation 2000 (TFG 2000)

Civil society in Singapore is the first country to call for a ban on sale of tobacco products to those born after 2000.



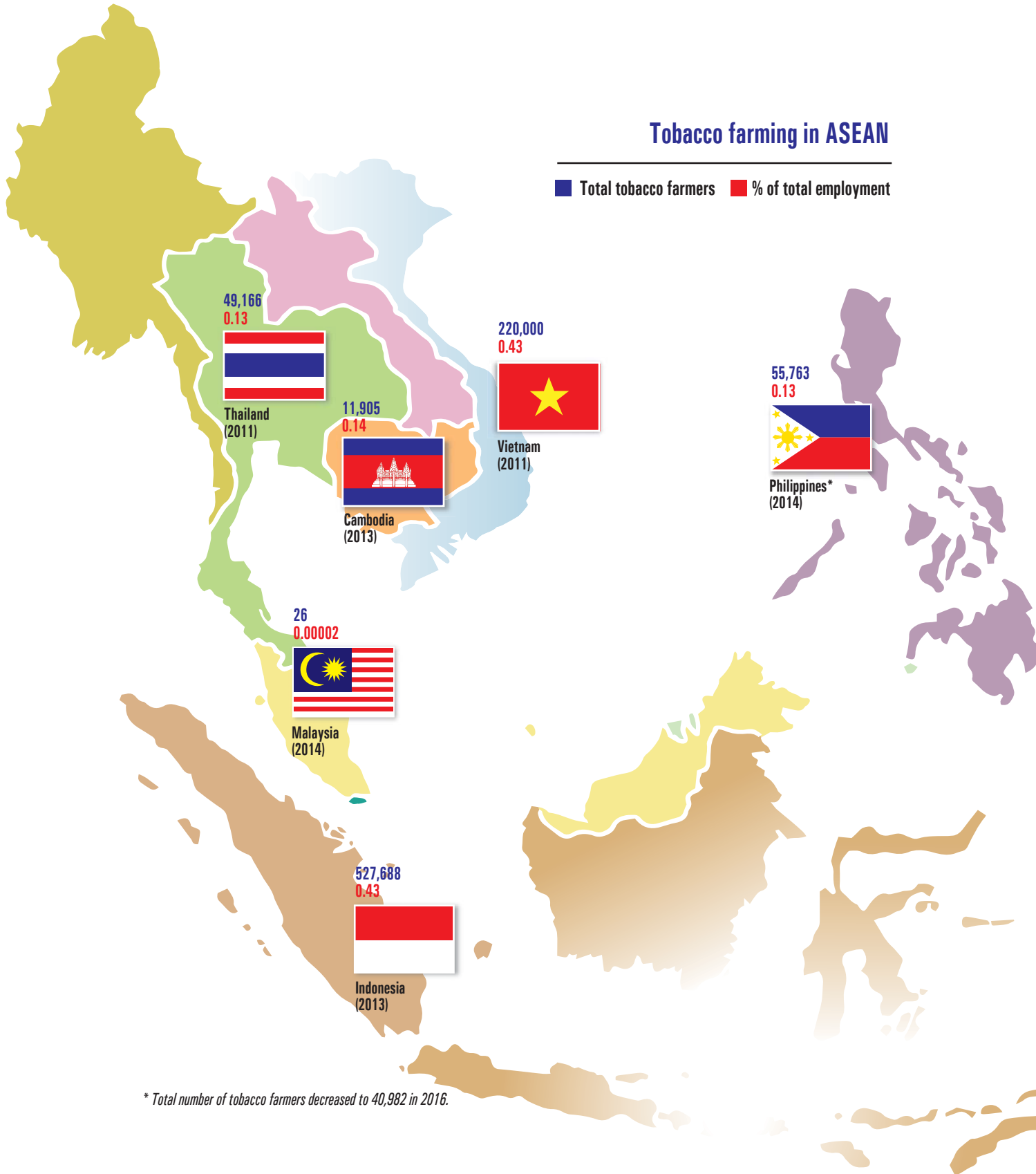
Thailand: Gen Z Strong

- Thailand launched Gen Z Strong: No Smoking program targeting at those born between 1995 and 2009 or aged between 7 and 20 years in 2016 to be a smoke-free generation
 - One in two (53%) smokers started smoking before aged 18, 36% started when they were between 18 and 24 years old
 - 73% of smokers cannot quit smoking
 - 30% of smokers spend about 20 years to quit smoking while 70% will addict to smoking until death by tobacco-related diseases.



Tobacco farming in ASEAN

■ Total tobacco farmers ■ % of total employment

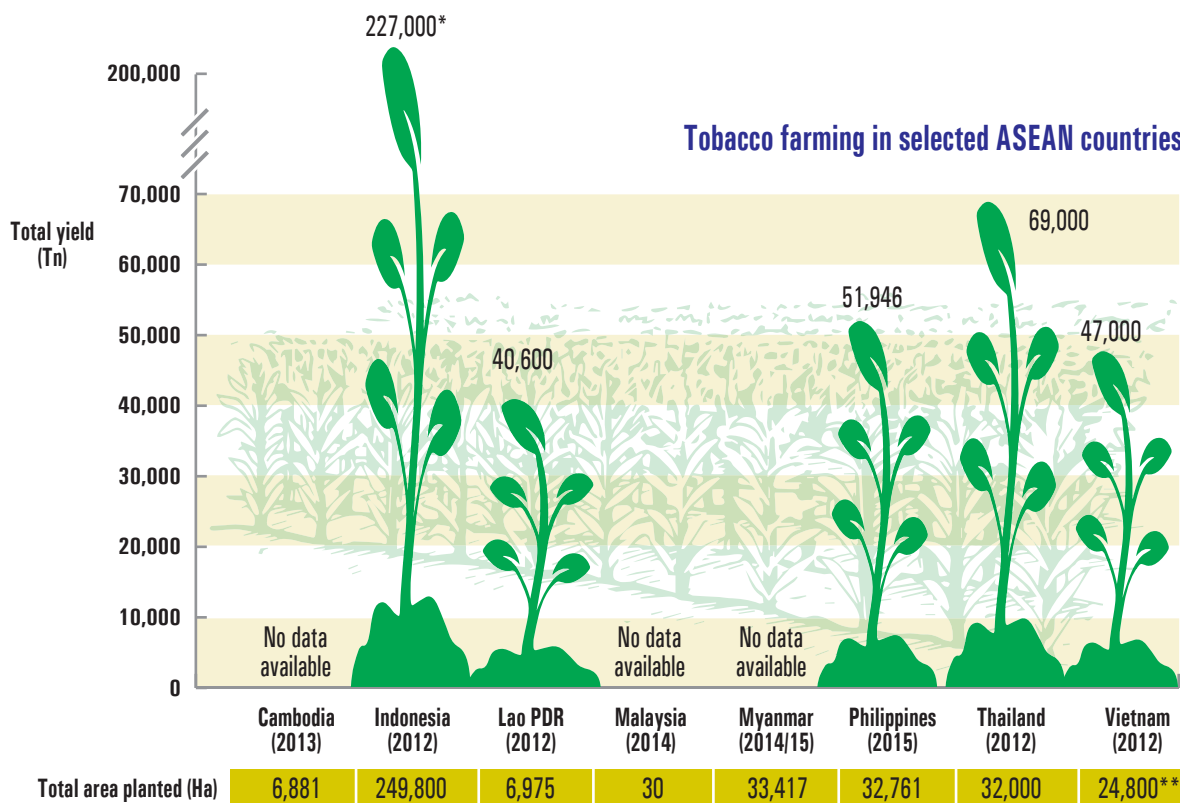


* Total number of tobacco farmers decreased to 40,982 in 2016.

Shifting Tobacco Farming to Alternative Livelihood

Eight of the ten ASEAN countries, excluding Singapore and Brunei, are engaged in tobacco cultivation on different scales. About 332,173 hectare of land was used for tobacco farming across the region between 2012 and 2015. Indonesia was the largest tobacco leaf producer in the region with 249,800 hectares in 2012 and listed as one of the top 10 tobacco leaf growers worldwide. The other major producers are Lao PDR, the Philippines, Thailand and Vietnam. However, tobacco leaf cultivation is decreasing in these countries. Cigarette production amounted to 520,523 million sticks in 2014 from six ASEAN countries (Indonesia, Malaysia, Philippines, Singapore, Thailand and Vietnam) and the sales of cigarettes are projected to increase in ASEAN region till 2020.

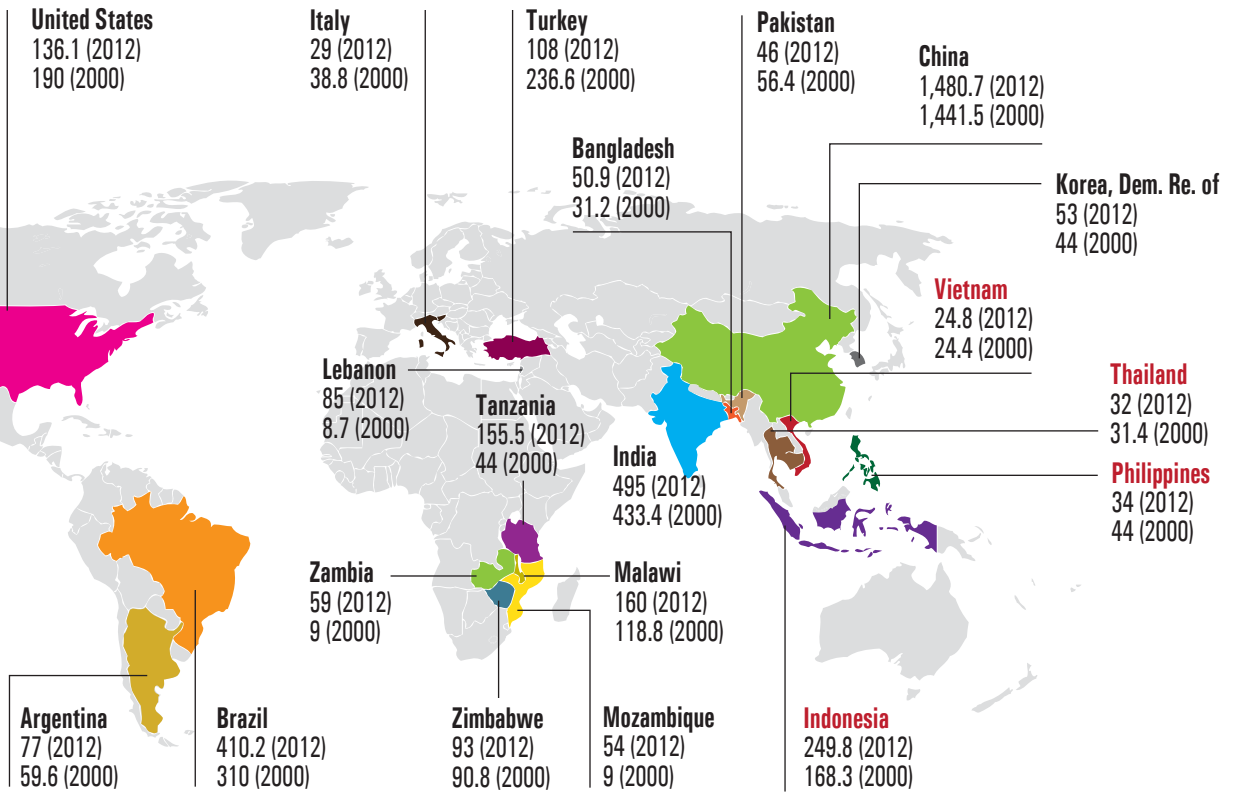
Tobacco farming contributes to less than 1% of total employment in all the producing countries. Malaysia has implemented crop substitution with kenaf being promoted as an alternative crop for tobacco with government support since 2004. Kenaf cultivation has increased from 1,331 hectares to 2,057 hectares between 2012 and 2015. The total number of tobacco farmers in Malaysia has significantly declined to 26 farmers in 2014 from 3,204 in 2010. Tobacco farmers in Philippines, Indonesia and Cambodia are progressively switching to alternative livelihoods.



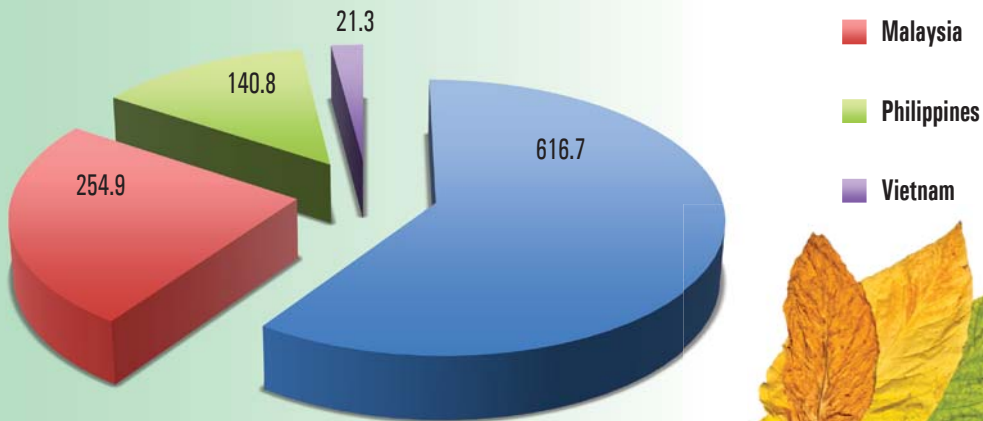
*Tobacco leaf production in 2014 is 166,262 tonnes

** Total area tobacco plantation is 27,300 hectares in 2014

Top 20 tobacco leaf growers by area cultivated (Ha), 2000 and 2012



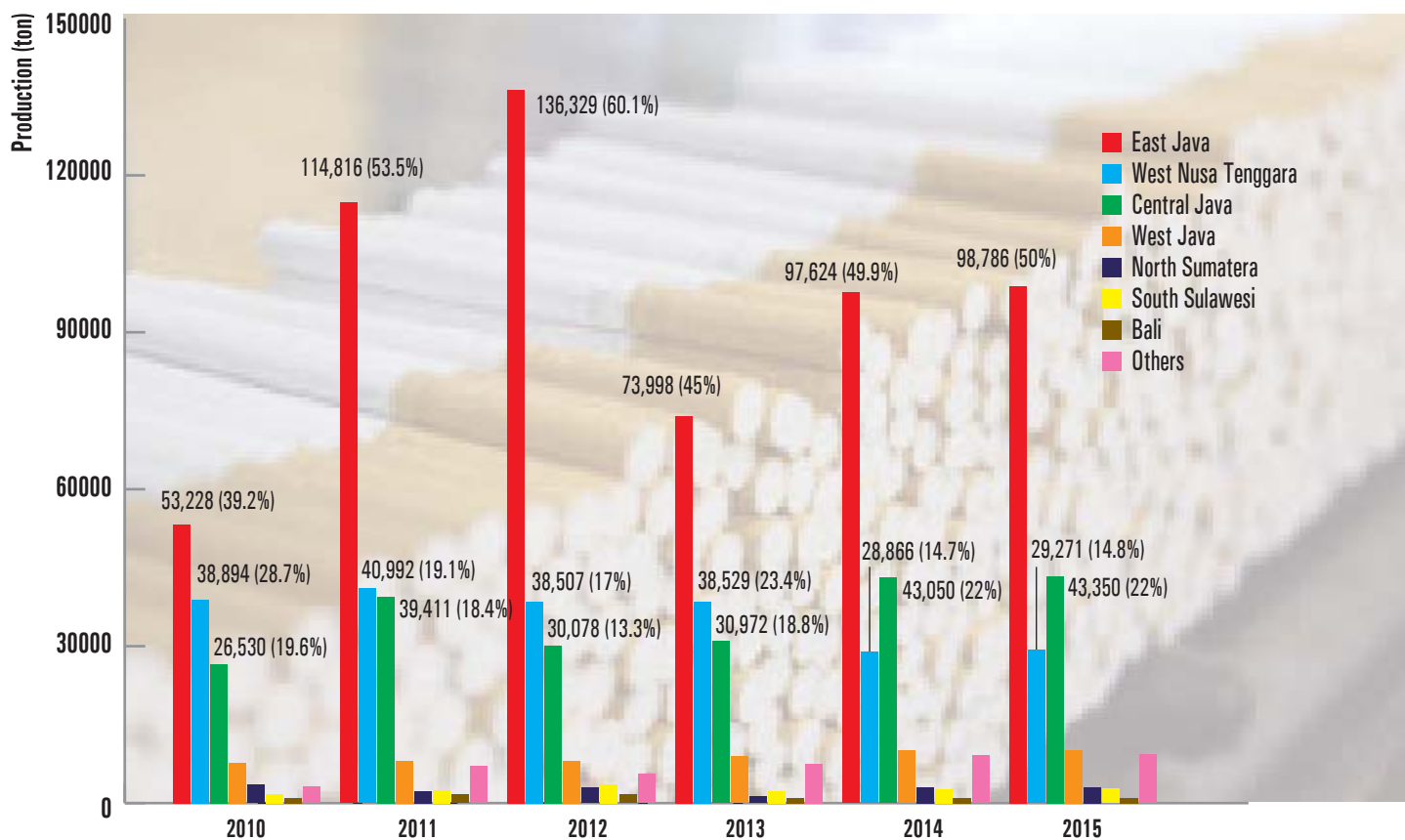
Top leaf importer in ASEAN, by 2013 Nominal Value (million USD)



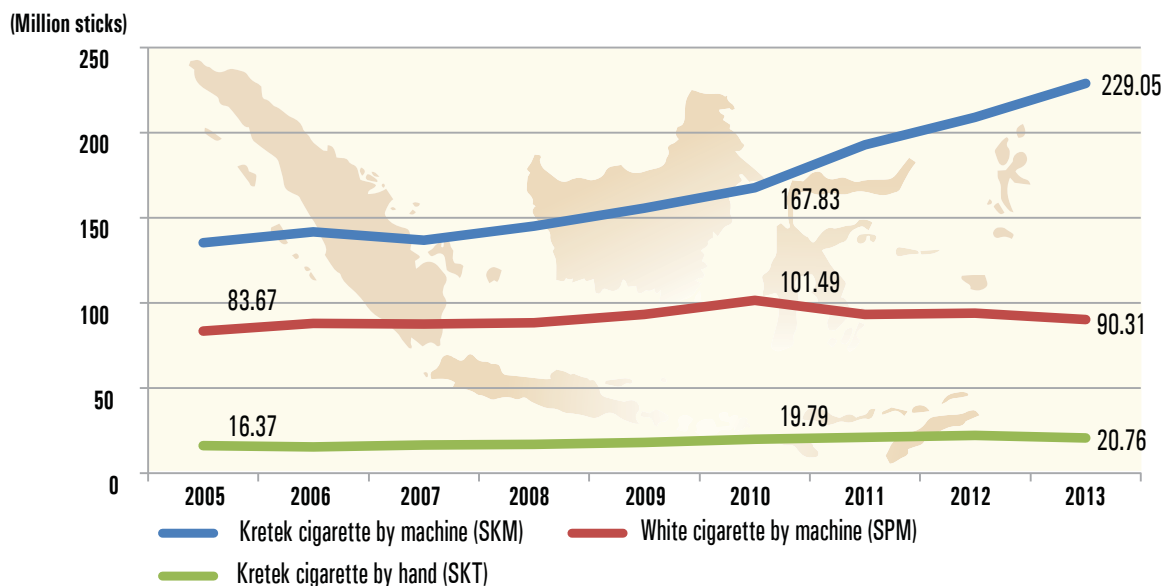
Source: ILO based on UN COMTRADE.



Tobacco production in Indonesia (2010–2015)



Indonesia cigarette production (2005–2013)



Sustainable way out: Alternative crops in Malaysia



Kenaf (*Hibiscus Cannabinus* L) was identified as a new industrial crop with high potential for cultivation in a tropical climate and introduced in Malaysia in 2000. It was promoted by the government as an alternative crop for tobacco in 2004.

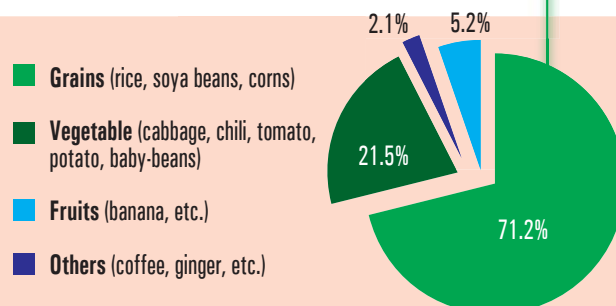
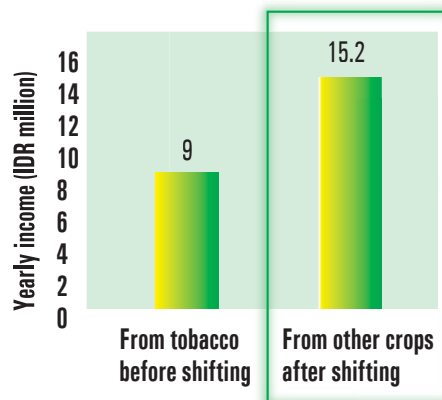
Smaller tobacco farmers are encouraged to switch to alternative livelihood through a crop diversification program, with started in 2005 and has intensified over the years which financial support from the government. Incentives in terms of inputs and mechanization will be given to kenaf's growers.

Since its introduction in 2004 the area under kenaf cultivation rose from less than one hectare to 2,274 hectares in 2015 with about 11,601 tons of kenaf dry stems produced. Total number of kenaf growers also rose from one to 880 over the same period.

The National Kenaf and Tobacco Board (NKTB), formerly known as National Tobacco Board (NTB) plans to increase total kenaf hectareage to 5,000, production of 7,000 tonnes of fiber and 17,500 tonnes of core by 2020. It aims to export 50,000 tonnes or about RM15 billion worth of kenaf annually when ASEAN Free Trade Area (AFTA) is fully implemented in 2015.

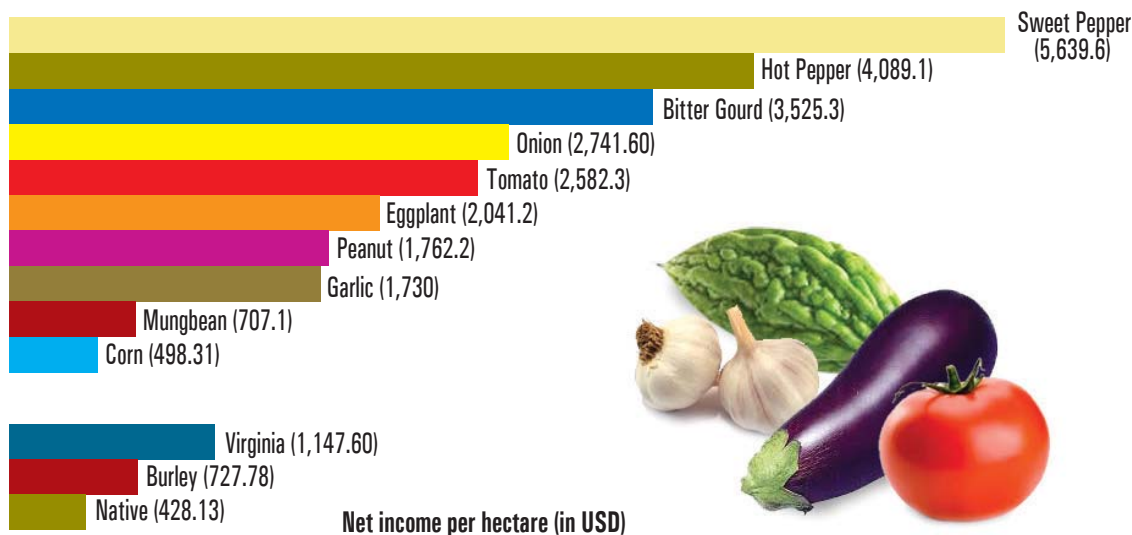
Profitability of tobacco farming vs other crops in Indonesia

- Ex-tobacco farmers' yearly income significantly increased by 69% after they shifted to non-tobacco crops.
- Three in four (71%) ex-tobacco farmers shifted to grains followed by vegetables (21.5%), fruits and others crops, which are much more profitable than tobacco.



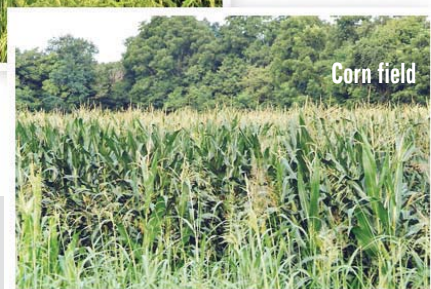
Profitability of tobacco farming vs other crops in the Philippines

- Farmers in Ilocos Norte, Ilocos Sur, La Union, and Pangasinan (Region 1) preferred to plant non-tobacco crops since they require less input and labor compared to tobacco.
- Vegetable crops such as tomato, garlic, eggplant, pepper (sweet/hot) and bitter gourd provided much higher income than tobacco.
- Cultivation of mungbean and peanuts also resulted in higher income compared to tobacco.













Tobacco farmers switched to other crops in Cambodia

- Tobacco farming is less profitable compared to other crops. About 40% of tobacco farmers have switched from tobacco farming to alternative crops in the last ten years. This is due to:
 - Lower profit compared to other crops
 - Tobacco farming needs more capital
 - Price fluctuation of tobacco
- The alternative crops include rice, corn, peanut, other industrial crops, such as soy bean and sesame, as well as other vegetables.



For more detailed information, please visit <http://www.saveourfarmer.org> and refer to Child Labour in Tobacco Cultivation in the ASEAN Region (2013).











ASEAN summary tables (Chapters 1-13)

Country	WHO Region	World Bank Income Group	Land area (sq km)	*Population Size (in '000)	Cigarette Per Capita Consumption (in 2015)	Tobacco Consumption						Smokeless Tobacco (%)		
						Adult Smoking (%)			Youth Smoking (%)			Male	Female	Total
						Male	Female	Total (number of smokers)	Boys	Girls	Total			
Brunei 	WPRO	High	5,766	417	-	32.6	2.3	18.0 (74,142)	16.3	5.6	11.1	1.3 (532)	2.7 (758)	1.8 (1,290)
Cambodia 	WPRO	Low	181,035	15,405	-	32.9	2.4	16.9 (1,680,867)	7.9	5	6.3	0.8 (36,191)	8.6 (451,126)	4.9 (487,317)
Indonesia 	SEARO	Middle	1,919,317	255,462	1,098	66	6.7	36.3 (65,188,338)	35.3	3.4	19.4	3.9 (3,493,678)	4.8 (4,320,033)	4.3 (7,813,711)
Laos PDR 	WPRO	Middle	236,800	6,902	-	50.8	7.1	27.9 (824,016)	14.3	1.1	8	0.5 (8,117)	8.6 (1,141,835)	4.3 (1,141,835)
Malaysia 	WPRO	Middle	329,845	30,262	671	43.0	1.4	22.8 (4,991,458)	30.9	5.3	18.2	20.4 (2,293,463)	0.8 (89,643)	10.9 (2,383,106)
Myanmar 	SEARO	Low	676,578	52,476	-	43.8	8.4	26.1 (6,240,000)	13	0.5	6.8	62.2 (3,079)	24.1 (5,678)	43.2 (8,756)
Philippines 	WPRO	Middle	3,000,000	101,562	1,154	41.9	5.8	23.8 (16,500,000)	20.5	9.1	14.5	2.7 (924,203)	0.7 (240,084)	1.7 (1,164,966)
Singapore 	WPRO	High	710.2	5,535	538	23.1	3.8	13.3 (375,000)	9	4	6	-	-	-
Thailand 	SEARO	Middle	513,115	68,979	743	39.2	1.8	19.9 (10,947,037)	17.2	5.2	11.3	2.5 (671,212)	3.9 (1,115,466)	3.2 (1,786,678)
Vietnam 	WPRO	Middle	331,690	91,713	969	45.3	1.1	22.5 (15,600,000)	4.9	0.2	2.5	0.8 (554,667)	2 (1,386,666)	1.4 (1,941,333)

* Population size in 2015 based on ASEAN Secretariat Statistic.

** The data is based on age range 13-16 and the definition is smoked once in the past 30 days.

ASEAN summary tables (Chapters 1-13)











Country	% Smoking initiation			Quit attempt						Intentions of non-smoking youths to start smoking in the next year (2009-2013)	Average Monthly Expenditure for Manufactured Cigarette (USD)	Annual Deaths Due to Major Tobacco-Related Diseases (Estimates)	Government Budget (per capita in USD)	
	Adult*	Youth**		% current smokers (aged > 15 years old) who intend to quit within next 12 months			% current smokers (aged > 15 years old) who attempted to quit in the past 12 months						Tobacco Control	Health
		Boy	Girl	Total	Male	Female	Total	Male	Female					
Brunei 	18	18.4	16.9	18	-	-	86.9	60.2	86.1	9.3	> than 200	1.67 (BND 2.26)	690.27 (BND 932.8)	
Cambodia 	15-20	-	-	-	9.3	9.3	8.0	0.5	4.1	6.1	15,287	0.0016 (KHR 6.4)	-	
Indonesia 	17.6	18.2	32.5	19.8	48.9	45.8	29.8	44.6	30.4	8.8	240,618	-	13.9 (IDR 187,112)	
Lao PDR 	17.4	28.6	-	30.9	4.2	4.1	29.0	15.9	27.2	6.6	5,857	0.32 (LAK 2,560)	-	
Malaysia 	17.2	19.3	35.9	22.8	-	-	52.1	59.2	52.3	10.7	20,000	0.062 (MYR 0.242)	195.8 (MYR 764.3)	
Myanmar 	20	-	-	-	-	-	42	52.5	43.7	14.7	71,060	-	-	
Philippines 	17.8	10.7	14.5	12	-	-	51.5	57.1	52.2	13.2	81,247	-	26.6 (PHP 1,207.4)	
Singapore 	> 19	-	-	-	17.7	14.1	37.3	45.7	38.2	-	2,750	29.24 (SGD 39.47)	1230.4 (SGD 1,662.2)	
Thailand 	18	16.8	9.2	14.5	10.9	12.5	36.5	39.4	36.7	7.4	65,722	0.13 (THB 4.48)	46.4 (THB 1,590.3)	
Vietnam 	18.8	16.4	24.4	17.7	12.6	14.1	39.8	32.8	39.6	5.7	66,305	0.11 (VND 2,560)	-	

* Average age of smoking initiation.

** Percentage of ever smokers who first smoked before the age of 10 years.

*** Refer to monthly expenditure of smoker household in 2013.

ASEAN summary tables (Chapters 1-13)

Country	WHO FCTC ratification	Human Resource and Mechanism			Implementation of WHO FCTC Article 5.3		Implementation of WHO FCTC Article 6				
		National Mechanism for Tobacco Control	Governmental funding mechanisms for tobacco control	Full Time Government Staff Working on Tobacco Control	Tobacco industry undermines tobacco control using legal challenges	Code of Conduct, Guidelines, or other Policy	% Tobacco Tax Burden as Percentage of Retail Price	Most Popular Local Brand	Price (USD)	Most Popular Foreign Brand	Price (USD)
Brunei 	3 June 2004	√	√	13	-	No	62**	-	-	Djarum Super	5.11
Cambodia 	15 Nov 2005	√	x	7	-	No	25 - 31.1	-	0.50	FINE	0.875
Indonesia 	Has not signed the FCTC	x	√	8	7 court cases	Non Party to FCTC	57.5	-	1.42	Marlboro	1.49
Lao PDR 	6 Sep 2006	√	x	-	-	Yes (Policy)	16 - 19.7	-	0.86	Marlboro	1.85
Malaysia 	16 Sep 2005	√	√	8	3 court cases	No	53 - 58***	Dunhill**** SAAT****	4.17 2.15	-	-
Myanmar 	21 Apr 2004	√	√	-	-	No	50 - 60	Red Ruby	0.57	Marlboro	2.03
Philippines 	6 June 2005	√	√	-	9 court cases	Yes (Code of Conduct)	53	Fortune	1.08	Marlboro	1.52
Singapore 	14 May 2004	√	√	21	-	Yes (Code of Conduct)	66.2**	-	-	Marlboro	9.62
Thailand 	8 Nov 2004	√	√	39	8 court cases	Yes (Guidelines)	70	Krongthip	1.94	L&M	3.28
Vietnam 	17 Dec 2004	√	√	19*	-	No	42.4	VINATABA	0.90	Marlboro	1.08








*18 workers in Vietnam Tobacco Control Fund.

**The estimate was calculated based on premium cigarette brand.




***The estimate was calculated based on premium and value for money cigarette brand.

****Dunhill is premium brand and SAAT is minimum price brand.











ASEAN summary tables (Chapters 1-13)

Country	Implementation of WHO FCTC Article 26						Implementation of WHO FCTC Article 8			
	Sustainable funding			Types of Funding Mechanism/Source			Violators of Smoke-free Policy		Secondhand Smoke (SHS) % Youth exposed to SHS	
	Health promotion/ tobacco control fund	Funding mechanism for tobacco control	Within the Ministry of Health budget	National treasurer allocation	Dedicated ax	Total budget (USD)	Fines Imposed (USD)	No fine, give advice and warning	in home	outside home
Brunei 		√ (2008)	Health Promotion Centre, Ministry of Health Brunei	-	-	370,000 (BND 500,000) (2015–2016)	222 - 370 (BND 300 – 500) for on-the-spot fines Not more than USD 740 (BND 1,000) if prosecuted in court	-	39.7	56.4
Cambodia 	-	-	-	-	-	-	5 (KHR 20,000) on individual smoker 12.5 (KHR 50,000) on manager or owner of workplace	-	31.5	43
Indonesia 	-	-	-	-	-	-	Maximum limit of fines: 3,734 (IDR 50 million)	-	57.3	60.1
Lao PDR 	√ (2013)	-	-	-	Lao PDR Tobacco Control Fund 2% profit tax plus LAK 200 (per pack)	5 million (37% -USD 1.85 million for Tobacco Control) estimated by Ministry of Health (2015)	-	√	36.5	50.1
Malaysia 	√ (2006)	-	-	Malaysian Health Promotion Board (MySihat)	-	1.54 million (MYR 6.3 million) (2016)	2,450 (MYR 10,000)	-	48.7	64.1
Myanmar 	-	-	-	-	-	-	0.83 – 4.16 (Kyats 1,000 – 5,000)	-	32.2	38.4
Philippines 	-	-	-	-	-	-	11 – 257 (PHP 500 – 12,000)	-	38.3	54.2

ASEAN summary tables (Chapters 1-13)

Country	Implementation of WHO FCTC Article 26					Implementation of WHO FCTC Article 8					
	Sustainable funding		Types of Funding Mechanism/Source			Violators of Smoke-free Policy		Secondhand Smoke (SHS)			
	Health promotion/ tobacco control fund	Funding mechanism for tobacco control	Within the Ministry of Health budget	National treasurer allocation	Dedicated ax	Total budget (USD)	Fines imposed (USD)	No fine, give advice and warning	% Youth exposed to SHS		
Singapore 	√ (2001)	-	Singapore Health Promotion Board	-	-	161 million (SGD 218.47 million) (2016)	146 – 365 (SG 200 – 500)	-	-	-	
Thailand 	√ (2001)	-	-	-	Thai Health Promotion Foundation (ThaiHealth)	119.9 million (THB 4,111.3 million) (2015)	58.82 (THB 2,000)	-	-	33.8	
Vietnam 	√ (2013)	-	-	-	Vietnam Tobacco Control Fund (VNTCF) 1% excise tax, effective 1 st May, 2013; 1.5% from 1 st May, 2016; and 2% from 1 st May, 2019	3.94 million (VND 299.171 billion) (2013-2014)	4.47 (VND 100,000) on individual smoker 134.35 – 2,463.1 (VND 3,000,000 to VND 55,000,000) on owner of establishment	-	-	47.1	
											66.5

ASEAN summary tables (Chapters 1-13)









Implementation of WHO FCTC Article 11									
Country	Pictorial Health Warnings (PHWs)					Duration of Latest Set PHWs Compliance for Tobacco Industry	Countries that have banned false or misleading descriptors	Disclosure of information on relevant constituents and emissions of tobacco products	
	Implementation year	Position, Size and Location	Language	Number of rotating current health warnings	Cessation messages				
Brunei 	2008	Top 75% front and back	Malay (front), English (back)	7	-	Less than 6 months	x	√ (2012)	
Cambodia 	July 2016	Top 55% front and back	Khmer	2	-	9 months	√ (2015)	x	
Indonesia 	2014	Top 40% front and back	Bahasa Indonesia	5	-	18 months	√ (2013)	√ (2012)	
Lao PDR 	April 2017*	Top 75% front and back	Lao	6	-	4 months	√ (2010)	√ (2016)	
Malaysia 	2009 September	Top 50% front; 60% back	Malay (front), English (back)	12	"Infoline: 03-9883 4400"	Less than 7 months	√ (2009)	√ (2009)	
Myanmar 	2016 March	Top 75% front and back	Burmese	10**	-	6 months	√ (2016)	√ (2016)	
Philippines 	2016	Bottom 50% front and back	Filipino (front), English (back)	12	"QUIT SMOKING: www.beat-tobacco.ph"	12 months after publication of PHW templates	√ (2016)	√ (2016)	
Singapore 	2004	Top 50% front and back	English	6	"YOU CAN QUIT" and "QUITLINE 1800 438 2000"	12 months	√ (2013)	√ (2012)	
Thailand 	2005	Top 85% front and back	Thai	10	"Quitline 1600" and www.thailandquitline.or.th	6 months	√ (2007)	√ (2011, 2015)	
Vietnam*** 	2013	Top 50% front and back	Vietnamese	6	-	6-10 months	√ (2013)	x	

* The actual implementation date was delayed due to strong tobacco industry interference. Tobacco industry was given another six months extension to clear old stock from 1 October 2016 and the new implementation date effective on April 2017.

** Myanmar requires 10 PHWs, only one is to be printed every 12 months beginning on 1 September 2016.

*** Tobacco cessation service hotline (1 800 6606) Bach Mai Hospital supported by Vietnam Tobacco Control Fund (VNTCF).

ASEAN summary tables (Chapters 1-13)

Country	Implementation of WHO FCTC Article 13											% Youth Susceptibility to Tobacco Advertising and Promotion	
	Status of TAPS ban	Legislation on tobacco advertising Ban at point-of-sale (POS)		Ban direct advertising	Ban TAPS via Internet	Ban person-to-person sale	Ban CSR	Ban cross border	Licensing of tobacco retailers (in USD)	Cigarette advertising on billboard seen by youth	Youth who have object with a cigarette brand on it		
		POS Advertising	POS Pack Display										
Brunei 	Nearly-total ban	Ban	Banned, effective 2011	√	x	x	No CSR	Partial ban	222 (BND 300) - 2008 444 (BND 600) - 2015****	-	6.7		
Cambodia 	Nearly-total ban	Ban	Display only 1 pack per brand	√ (2015)	√ (2015)	√ (2015)	Partial ban (Ban cigarette brand name)	Partial ban	-	-	-		
Indonesia 	Partial ban	No Ban	Allowed	Partial ban only on TV*	√ (2012)**	x	Partial ban (Ban publicity)	No ban	-	60.7*****	9.0		
Lao PDR 	Partial ban	Ban	Allowed	√	√ (2010)	√ (2010)	Ban	Ban	-	58.4	12.3		
Malaysia 	Partial ban	Ban	Allowed	√	√ (2004)	√ (2004)	No ban	Partial ban	-	-	9.2		
Myanmar 	Partial ban	No ban	Allowed	√	√ (2006)	√ (2006)	Ban	Ban	-	69.4	8.8		
Philippines 	Partial ban	No Ban	Allowed	√	√ (2008)	x	No ban	No ban	-	50.6*****	8.7		
Singapore 	Nearly-total ban	Ban	Banned, effective 2017	√	√ (2016)	x	Partial ban (Ban publicity)	Ban	288.14 (SGD 360) - 2010 296.30 (SGD 400) - 2016*****	-	-		

* Tobacco adverts are allowed on television (between 9.30pm and 5.30am)



** Advertising in information technology media shall comply with the provisions of the tobacco products trademark website which applies age verification to restrict access only to persons aged 18 (eighteen) years or older.

*** After May 2014, there was no more licensed tobacco importer. Licensing of tobacco importers and wholesalers is USD 1,850 (BND 2,500)/year in 2008 and it has increased to USD 3,700 (BND 5,000)/year in 2015.











**** SGD 340 for a new license and SGD 60 for admin fees. The fee revision took effect 1 Jan 2016.

***** Advertising seen at POS.

ASEAN summary tables (Chapters 1-13)

Country	Implementation of WHO FCTC Article 13										
	Status of TAPS ban	Legislation on tobacco advertising Ban at point-of-sale (POS)		Ban direct advertising	Ban TAPS via Internet	Ban person-to-person sale	Ban CSR (Ban publicity)	Ban cross border	Licensing of tobacco retailers (in USD)	% Youth Susceptibility to Tobacco Advertising and Promotion	
		POS Advertising	POS Pack Display							Cigarette advertising on billboard seen by youth	Youth who have object with a cigarette brand on it
Thailand 	Nearly-total ban	Ban	Banned, effective 2005	√	x	x	Partial ban (Ban publicity)	Partial ban (Oversea live telecast allowed)	1.14 (THB 40)	-	9.3
Vietnam 	Nearly-total ban	Ban	Display of any 1 pack, box or carton per brand	√	√ (2013)	√ (2013)	Partial ban (Ban publicity)	Partial ban	Fee for assessment and recognition: In city and urban level: 55.8 (VND 1,200,000) In district level: 27.9 (VND 600,000)	-	7.1

ASEAN summary tables (Chapters 1-13)

Country	Implementation of WHO FCTC Article 16							Implementation of WHO FCTC Article 17 & 18					
	Regulation of sale of single stick	Ban/restrict sale of all types of electronic cigarettes	Menthol and fruit-flavored cigarettes sold	Ban kiddie pack (Less than 20-stick per pack)	Source of cigarettes for youth			Sellers request for appropriate evidence of having reached full legal age			Tobacco Farming		Alternative crops
					% youth purchased cigarettes in a store	% who purchased cigarettes in a store were not refused purchase because of their age	% youth offered free cigarettes by a tobacco company representative		Total tobacco farmers	% of total employment	Total area planted in (ha)		
Brunei 	Ban (2005)	√	-	√ (2005)	21.9****	68.4	5.5	√ (Required)	-	-	-	-	-
Cambodia 	No Ban	√	√ (Menthol flavour only)	√ (2015)	No data available	No data available	No data available	√ (Required)	11,905	0.14	6,881	√	√
Indonesia 	No Ban	×	√ (Menthol flavour only)	×	64.9	64.5	7.9	×	527,688	0.43	249,800	√	√
Lao PDR 	Ban (2009)	×	√ (Menthol flavour only)	√ (2009)	51.2	73.1	No data available	×	No data available	No data available	6,975	-	-
Malaysia 	Ban (2004)	×	√ (Menthol flavour only)	√ (2010)	53.4	53.2	No data available	×	26	0.00002	30	√	√
Myanmar 	Ban (2006)	×	√	×	39.2	No data available	No data available	×	No data available	No data available	33,417	-	-
Philippines 	No Ban	×	√	×	79.4	47.5	9	√ (Required)	55,762	0.13	32,761	√	√
Singapore 	Ban (2002)	√	√ (Menthol flavour only)***	√ (2002)	No data available	No data available	No data available	√ (Required)	-	-	-	-	-
Thailand 	No Ban	√	√ (Menthol flavour only)****	×	67.4	44	7.3	×	49,166	0.13	32,000	-	-
Vietnam 	No Ban	×	√ (Menthol flavour only)	√ (2016)	63.2	85	3.1	×	220,000	0.43	24,800	-	-

* In Malaysia, the regulation of vapour products is under the state jurisdiction. Four out of 13 states (Johor, Kelantan, Terengganu and Pahang) have banned the sale of e-cigarette.

** Singapore may restrict the sale of flavoured tobacco products including menthol as well as fruit and candy flavours.

***Thailand Excise Department has imposed administrative ban for sale of flavoured cigarettes (fruit/confectionery/flower) enforced in 2003.

**** Store in this context means illegal tobacco vendor because there is no more licensed tobacco retailer in 2013.

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Chapter 11: Tobacco Advertising, Promotion and Sponsorship

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Chapter 12: Protecting Future Generations

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Chapter 13: Shifting Tobacco Farming to Alternative Livelihood

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