



Southeast Asia Tobacco Control Alliance

The

Tobacco Control Atlas

ASEAN Region

Fifth Edition • December 2021

The Tobacco Control Atlas: ASEAN Region, Fifth Edition

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ASEAN Region

Tan Yen Lian
Ulysses Dorotheo

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Foreword



“With the publication of this 5th edition, the series of Tobacco Control ASEAN Region Atlases is now established as a valuable source of information on the 10 ASEAN countries. The stunningly simple, colourful, graphic format - based on sound data - is immediately understandable.”

The 5th edition of the Atlas updates tobacco issues in ASEAN during a time like no other.

The COVID pandemic has dominated the health agenda during the last two years. The tobacco industry has exploited every moment to use COVID to attempt to shift its image from a vilified business to a trusted health partner, and to make and maximize contact with policy-makers and health professionals, contravening WHO FCTC Article 5.3. It has distributed free masks bearing industry logos, ventilators and protective equipment amid a flurry of publicity. The tobacco companies are in the process of producing COVID vaccines, with headlines such as ‘Tobacco to the rescue.’

Throughout the pandemic, the industry has interfered with government tobacco control policies at many levels, continuing to sell cigarettes and make profits while stepping-up sales and marketing of vape and heated tobacco products. These tactics are rightly exposed by the STOP campaign, the Tobacco Industry Interference Indexes, and also now in the ASEAN Atlas.

The silver lining of COVID is that it has given the health sector an unprecedented opportunity for communicable and non-communicable diseases to find a common cause – with non-communicable disease risk factors of smoking, obesity and chronic illness contributing to the COVID epidemic. Smokers, vapers and waterpipe users are all at increased risk of catching COVID and/or increased risk of severe COVID and death.

With the publication of this 5th edition, the series of Tobacco Control ASEAN Region Atlases is now established as a valuable source of information on the 10 ASEAN countries. The stunningly simple, colourful, graphic format - based on sound data - is immediately understandable. The series of atlases also documents progress (and obstacles) over a time framework since the first edition in 2013.

There is bad news and there is good news between the pages: the bad news is that ASEAN countries continue to be a target for tobacco and e-cigarette market growth. Tobacco industry interference remains the biggest barrier to developing, implementing, and enforcing strong and effective tobacco control policies in most ASEAN countries.

The good news is that all countries are implementing measures to reduce the epidemic, slowly but surely. There is no quick fix, but the Atlas calls on countries in the region to step up action – now – to reduce the economic and health harm of tobacco.

Professor Dr Judith Mackay
Director
Asian Consultancy on Tobacco Control

Foreword



“The Atlas is a much needed, timely, renewed call to action, urging all of us in the health and non-health sectors, as well as civil society and academia to act now to integrate tobacco control into pandemic recovery and broader health, social and economic development efforts.”

As the COVID-19 pandemic and response enters its third year, we must also continue our work on the many other health challenges our Region faces – one of the most urgent of which is the tobacco epidemic, which claims 8 million lives globally and 1.4 trillion US dollars in health expenditures and lost productivity every year.

In the 16 years since the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force in 2005, great strides have been made. Globally, the prevalence of tobacco use among adults aged 15 years and older has been on a steady decline. A similar trend has been observed in the ASEAN region, as countries continue to adopt stronger tobacco control policies. For example, several countries have adopted standardized packaging, and all ten ASEAN countries have now implemented pictorial health warnings. Most ASEAN countries have also taken steps to protect their public health policies from tobacco industry interference.

However, we still have a very long way to go. Close to a quarter (22.5%) of adults in this region are regular smokers; and a staggering 546 billion cigarettes were sold to children and adults last year in the 10 ASEAN countries. The fight against tobacco is far from over. It is imperative that countries continue to take more decisive, innovative, and strategic action to accelerate progress in tobacco control.

We must also stay vigilant in combating the tactics of the tobacco industry, which never ceases to market death and disease, even during the pandemic. The tobacco industry has long attempted to circumvent tobacco laws and regulations, and will continue to do so, as well as using the cover of “corporate social

responsibilities” to improve its image. Right now, the tobacco industry is spreading misunderstanding about novel and emerging tobacco and nicotine products, in order to attract new generations of users to its products and renormalize tobacco use.

To protect the gains we have made in tobacco control and further accelerate progress in the future, now more than ever, countries need to make implementation of the WHO FCTC front and centre of their sustainable development policies and strategies. The WHO FCTC is the most powerful and effective tool we have in the fight against the tobacco epidemic, and tobacco control is an investment in sustainable development.

To support these efforts, the *Tobacco Control Atlas: ASEAN Region* tracks the progress of tobacco control efforts – and closely monitors the activities of the tobacco industry – in ASEAN countries. The Atlas is an important reference for policymakers, researchers, and advocates to identify gaps, formulate strategies to advance tobacco control.

Congratulations to SEATCA on the launch of the 5th Edition of the Tobacco Control Atlas for the ASEAN Region. The Atlas is a much needed, timely, renewed call to action, urging all of us in the health and non-health sectors, as well as civil society and academia to act now to integrate tobacco control into pandemic recovery and broader health, social and economic development efforts.

Dr Takeshi Kasai
Regional Director
WHO Regional Office for the Western Pacific

Foreword



"I urge stakeholders in policy, civil society and across sectors in ASEAN and beyond to make full use of this resource, as together we advance towards the tobacco endgame, a healthy, and tobacco-free South-East Asia Region for all."

In the South-East Asia Region and across the world, tobacco use is a major health and development threat. The world has nearly 1.3 billion tobacco users. This leads to more than 8 million deaths annually, including around 1.2 million from exposure to second-hand smoke. Most tobacco-related deaths occur in low- and middle-income countries, which are often targets of intensive tobacco industry interference and marketing. The WHO South-East Asia Region is home to an estimated 432 million adult tobacco users and accounts for 1.6 million tobacco-related deaths annually. The Region is among the top tobacco consuming and tobacco producing regions in the world.

WHO continues to support countries of the Region to take evidence-based action to reduce tobacco use among all demographic groups, in line with the Region's Flagship Priority on preventing and controlling noncommunicable diseases (NCDs). As highlighted in the fourth edition of the WHO global report on trends in prevalence of tobacco use 2000–2025, between 2000 and 2015, estimated tobacco prevalence in the Region declined from 46.6% to 31.2% – the fastest rate of decline among all WHO regions.

Amid the COVID-19 response, countries have continued to strengthen implementation of the WHO MPOWER package, drawing on considerable momentum. In 2018 Thailand became the first country in Asia to adopt standardized (plain) packaging. DPR Korea, Nepal, India, Thailand, Timor-Leste and Sri Lanka have banned the use of Electronic Nicotine Delivery Systems. The Region continues to contribute to global tobacco control, including through the FCTC Global Knowledge Hub on smokeless tobacco in India; the Knowledge Hub to track tobacco industry interference in public policymaking in Thailand; and the Centre for Combating Tobacco in Sri Lanka.

To build on these and other successes, I welcome this fifth edition of the Tobacco Control Atlas for the ASEAN region, produced by the South-East Asia Tobacco Control Alliance. As every edition, the Atlas provides the Region's three ASEAN countries – Indonesia, Myanmar and Thailand – an array of useful statistics, many in vivid graphic formats, which will enable them to review progress, identify opportunities, and accelerate progress towards our time-bound targets and goals. I urge stakeholders in policy, civil society and across sectors in ASEAN and beyond to make full use of this resource, as together we advance towards the tobacco endgame, a healthy, and tobacco-free South-East Asia Region for all.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

Message

“The Atlas will be a critical resource for policy makers, government agencies, civil society organisations and other partners of ASEAN Member States in crafting innovative and effective policies, programmes, interventions, and partnerships that will strengthen the implement of the WHO FCTC in ASEAN.”



ASEAN Member States have sustained efforts to reduce tobacco use and its impact to public health, economy, and society in line with the WHO Framework Convention on Tobacco Control (FCTC) and the United Nations 2030 Sustainable Development Goals. ASEAN countries carried out a wide range of programmes to address tobacco use, from raising awareness on the dangers of tobacco use, smoke-cessation to smoke-free campaigns, or banning tobacco advertisements, marketing, and sponsorships, to instituting hefty taxes on the sale of tobacco products.

However, tobacco use continues to be a major public health issue in the ASEAN region. In addition to the increasing negative impact on the health and lives of the people in the region, there persists a market which is so huge for the tobacco industry to let go. We see the tobacco industry employing various strategies and tactics – from philanthropy and corporate social responsibility, use of lobby groups, to confrontational legal challenges, among others – all of which are aimed to subvert, hinder or undermine national tobacco control efforts.

The ASEAN, guided by its vision and by the ASEAN Socio-Cultural Community Blueprint 2025, envisages a healthy, caring, and sustainable Community. The ASEAN addresses the challenges and risks associated with tobacco use through regional advocacy and awareness, guideline development and implementation, monitoring and reporting of tobacco control efforts led by the ASEAN Health Sector in cooperation with non-health sectors and various partners.

I take this opportunity to express our appreciation to valuable contributions of the Southeast Asia Tobacco Control Alliance (SEATCA), a strong technical partner of the ASEAN Health Sector since 2011 in its efforts to reduce tobacco consumption. We look forward to the continued and expanded cooperation with SEATCA as the ASEAN Health Sector, through the ASEAN Post-2015 Health Development Agenda and the ASEAN Health Cluster 1 on Promoting Healthy Lifestyle, determine the priority regional initiatives on tobacco control, which is one the sector's strategic health priorities.

I also welcome the publication of the fifth edition of the *Tobacco Control Atlas: ASEAN Region*. The Atlas will be a critical resource for policy makers, government agencies, civil society organisations and other partners of ASEAN Member States in crafting innovative and effective policies, programmes, interventions, and partnerships that will strengthen the implement of the WHO FCTC in ASEAN. The Atlas is also a crucial reference in further shaping regional cooperation in tobacco control as ASEAN Health Sector finalizes its work programme for the next five years.

I also congratulate SEATCA and all its partners for coming up with this brilliant work.

H.E. Ekkaphab Phanthavong
Deputy Secretary General of ASEAN
for ASEAN Socio-cultural Community

Preface

“SEATCA remains committed to stand with ASEAN countries in this protracted battle waged by the tobacco industry against public health and to support country efforts to fast-track implementation of tobacco control measures that protect and promote health and save lives.”



This fifth edition of SEATCA's Tobacco Control Atlas continues to track national tobacco control progress across the ASEAN region in accordance with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which is the globally recognized minimum standard for all governments that are serious about reducing tobacco use, saving lives, and promoting public health.

All countries are making slow but progressive improvements in the implementation of WHO FCTC measures despite the COVID-19 pandemic. Certainly, one milestone to highlight since the 4th edition is that three ASEAN countries are the first in Asia to require standardized (plain) tobacco packaging: Thailand (2019), Singapore (2020), and Myanmar (full compliance in 2022).

Still, the ASEAN community continues to be a target of the tobacco industry, not only for its usual harmful products, but also for its newer electronic smoking products that are a growing threat to the socio-political gains made by countries in recent years. It is quite alarming that e-cigarette use is catching up with and, in some countries, even exceeded cigarette use among youths. The need to accelerate implementation of tobacco control measures in line with the WHO FCTC remains as urgent as ever, if countries are to significantly reduce tobacco use and achieve the UN 2030 Sustainable Development Goals.

SEATCA remains committed to stand with ASEAN countries in this protracted battle waged by the tobacco industry against public health and to support country efforts to fast-track implementation of tobacco control measures that protect and promote health and save lives.

We are deeply grateful to all of our country partners from all 10 ASEAN countries and TFI/WHO country offices for their ever-valuable contributions, as well as our SEATCA team, without which this new edition would not be possible.

We hope that, like past editions of the atlas, this fifth one will be as informative and useful to health advocates and partners in ASEAN countries and around the world, and we welcome all comments and suggestions for its further improvement.

Tan Yen Lian, M.A.
Knowledge and Information Manager
SEATCA

E. Ulysses Dorotheo, MD, FPAO
Executive Director
SEATCA

About SEATCA



Southeast Asia Tobacco Control Alliance

Vision: "A healthy, sustainable and 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 programmes have contributed to the advancement of the tobacco control movement in Southeast Asia particularly in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, 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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The P r o



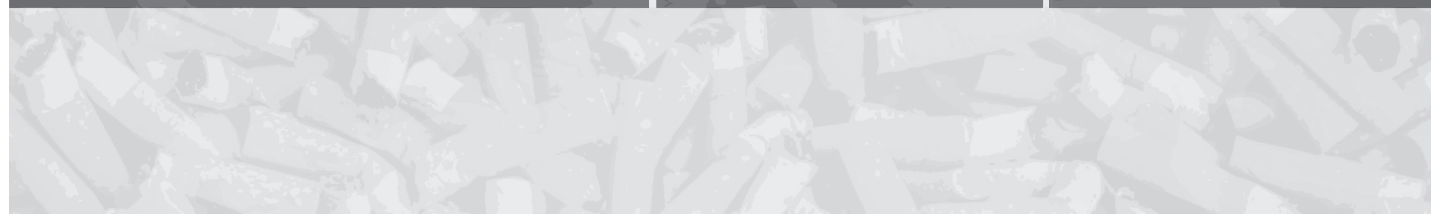
Makes produces products that kill around 8 million people worldwide annually.

The old ways and new

Makes products aimed at vulnerable group including teens, women and girls.



blem



Sues governments to undermine, weaken or delay life-saving tobacco control measures worldwide.

ways to sell harm.

Employs child labour to make tobacco products.

Fake smoke-free promoted by Philip Morris International claimed to be part of the solution.

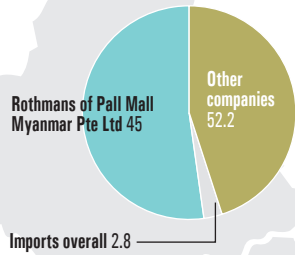


Tobacco industry players in ASEAN

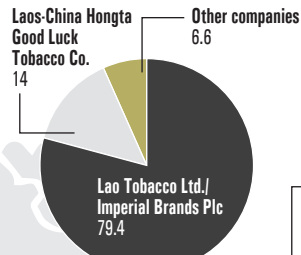
% Market Share



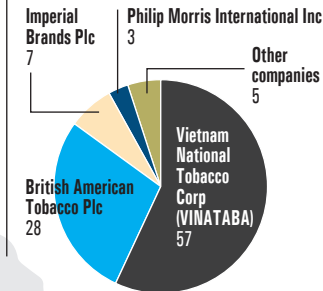
Myanmar (2019)



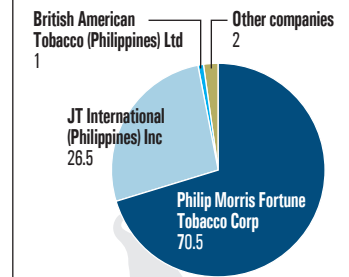
Lao PDR (2019)



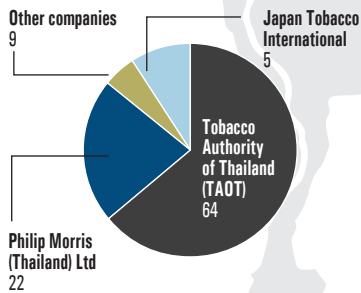
Vietnam (2020)



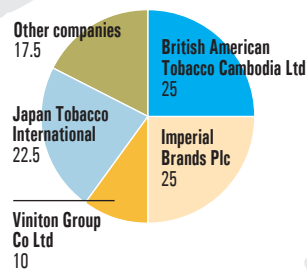
Philippines (2019)



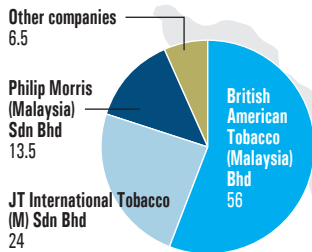
Thailand (2020)



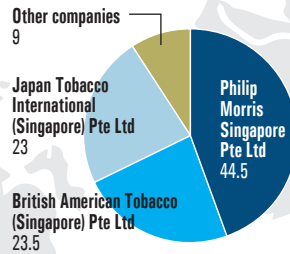
Cambodia (2019)



Malaysia (2019)



Singapore (2019)

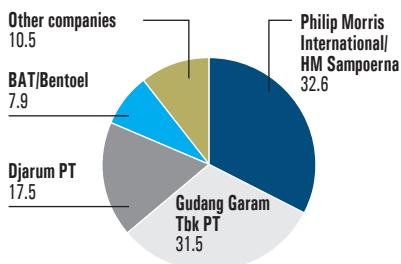


Brunei Darussalam

(No tobacco manufacturer and importer)



Indonesia (2020)



Chapter 1

Profiting from Deadly Products

In the global tobacco market, transnational tobacco companies (TTCs) have been shifting from developed countries and targeting markets in poorer, less developed countries where tobacco control is not as stringent and where tobacco use is significantly high among men and attractively low among women. In 2020, the tobacco market growth in ASEAN is projected to reach a total of 505.65 billion cigarettes sold, primarily in Indonesia, Philippines, Thailand, and Vietnam.

Four of the world's five largest TTCs – British American Tobacco (BAT), Philip Morris International (PMI), Japan Tobacco International (JTI) and Imperial Brands (IB) control the cigarette markets in most countries in ASEAN such as Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Vietnam. They have also ventured into electronic nicotine delivery systems (ENDS, also known as e-cigarettes) and heated tobacco products (HTPs) to expand their nicotine and tobacco market. The ENDS market value in four ASEAN countries (Indonesia, Malaysia, Philippines and Vietnam) reached USD 581.5 million in 2019 and projected to grow by 30% (to USD 756.7 million) in 2023.

In 2020, tobacco manufacturers in seven ASEAN countries (Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam) produced 682.47 billion cigarettes. Two ASEAN countries (Indonesia and Vietnam) were among

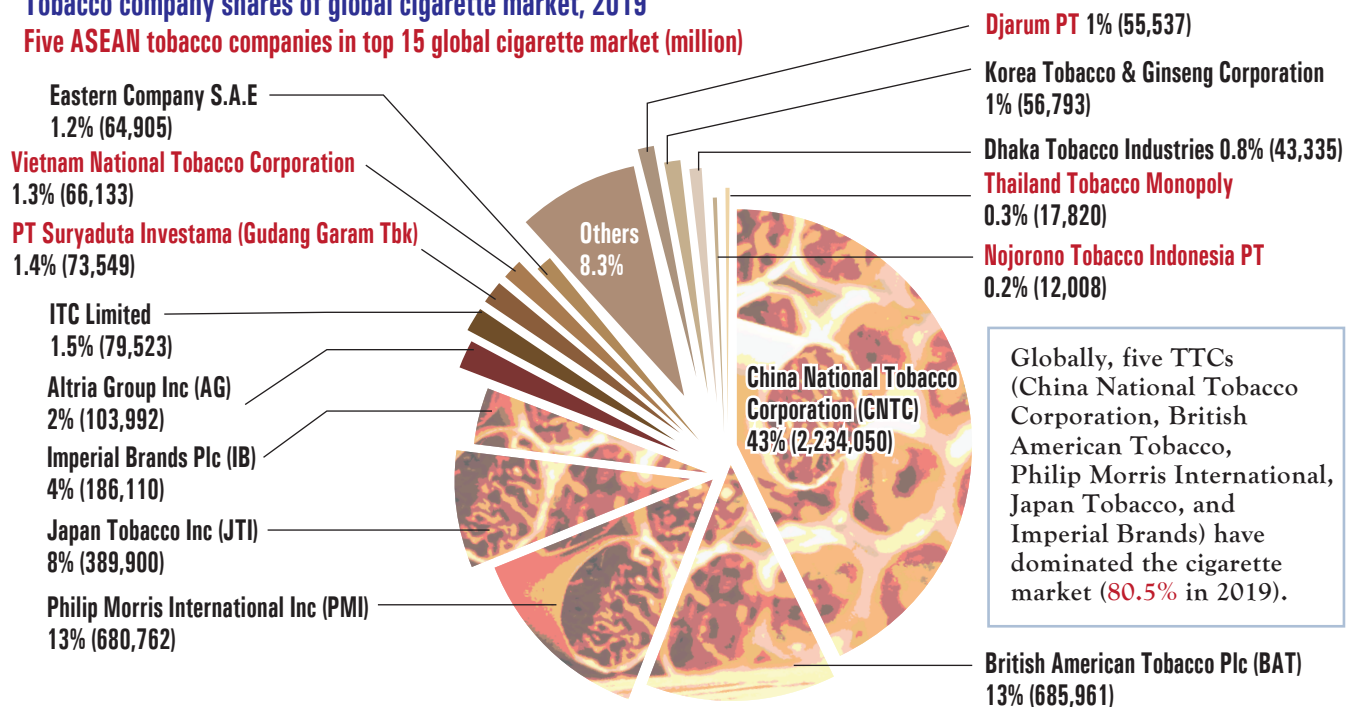
the world's top 10 cigarette markets in 2020. Indonesia, Philippines and Singapore were among the world top 20 cigarette exporters in 2019. Another four ASEAN countries (Indonesia, Lao PDR, Philippines and Thailand) were among world's top tobacco-leaf producing countries in 2019.

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. PMI has bought controlling stakes in local cigarette companies in the Philippines and Indonesia. Imperial Brands (IB) (formerly Imperial Tobacco Group) maintains its majority ownership in Lao Tobacco Ltd (LTL), its joint venture with the Lao Government. State-owned companies are the leading manufacturers in Thailand (Tobacco Authority of Thailand, the former Thailand Tobacco Monopoly – TTM) and Vietnam (Vietnam National Tobacco Corp – VINATABA). PMI has the most (20 out of 39) manufacturing facilities located in ASEAN countries, while JTI, BAT and IB operate six, six and two manufacturing facilities, respectively, in selected ASEAN countries.

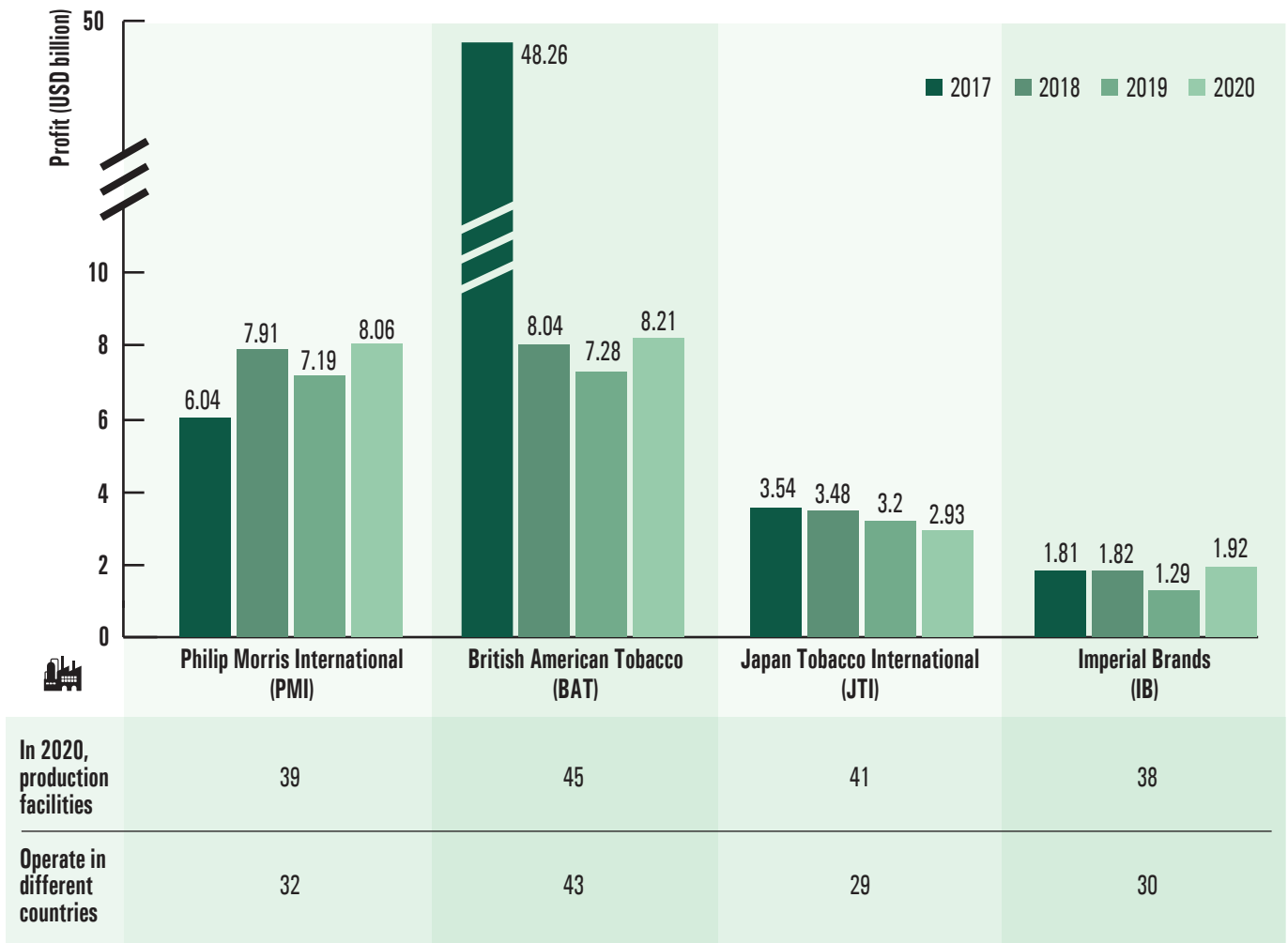
The tobacco industry has been making billions in profits from selling cigarettes in ASEAN and worldwide with combined profit of the global top four TTCs (PMI, BAT, JTI, IB) estimated to be USD 21.12 billion in 2020.

Tobacco company shares of global cigarette market, 2019

Five ASEAN tobacco companies in top 15 global cigarette market (million)



Tobacco Industry profit in global market (2017 – 2020)



Excessive number of cigarette retailers in selected ASEAN countries

Country	Total smokers	Cigarette retailers, total and per 10,000 smokers		Physicians per 10,000 pop
Indonesia	65,700,000	2,400,000	381	4
Malaysia	4,877,697	80,000	164	15
Philippines	16,500,000	694,821	421	6
Singapore	323,000	4,443	138	23
Thailand	10,676,362	527,839	494	8
Vietnam	15,602,400	303,333*	194	8



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

Tobacco manufacturing facilities in ASEAN

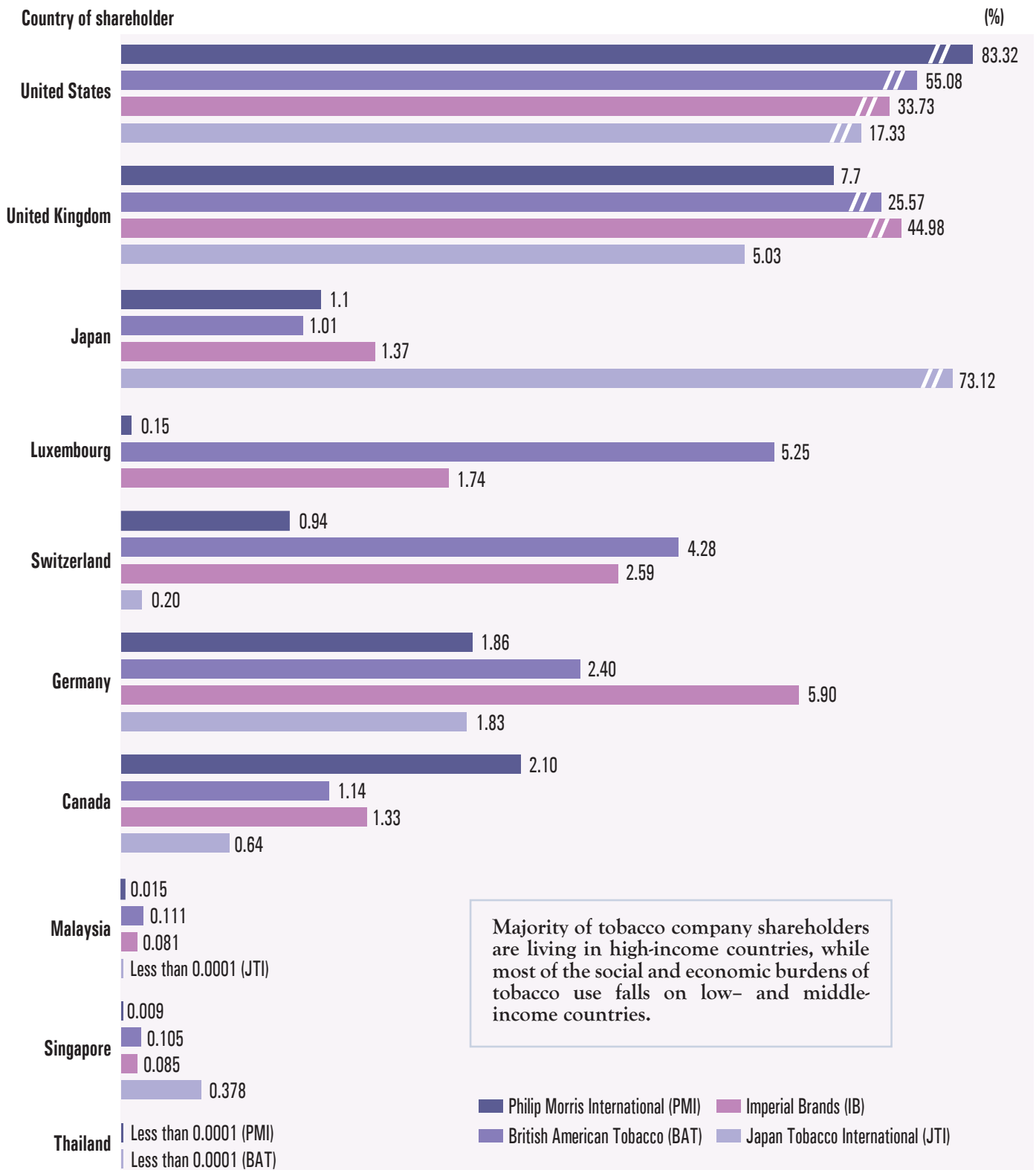
		Philip Morris International (PMI)	Japan Tobacco International (JTI)	British American Tobacco (BAT)	Imperial Brands (IB)
		20	6	6	6
Cambodia			Phnom Penh	Phnom Penh	
Indonesia		Bantul Bekasi Blora Bojonegoro Cepu Depok Karawang Kertosono	Malang Mranggen Ngoro Pandaan South Pandaan Pasuruan Probolinggo Surabaya	Jakarta Selatan* East Java* Jakarta Selatan* Malang Bekasi**	Jakarta**
Lao PDR					Vientiane
Malaysia		Seremban***	Kuala Lumpur	Kuala Lumpur	
Myanmar			Yangon	Yangon	
Philippines		Tanauan City, Batangas Marikina City	Malolos City, Bulacan Malvar, Batangas		
Singapore				Singapore	
Vietnam		Ho Chi Minh city	Ho Chi Minh city	Ho Chi Minh city	Ho Chi Minh city

*Office **Distributor ***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.



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 an 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.

Less than 1% of tobacco company shareholders domiciled in ASEAN



Big transnational tobacco companies consolidating their power in ASEAN

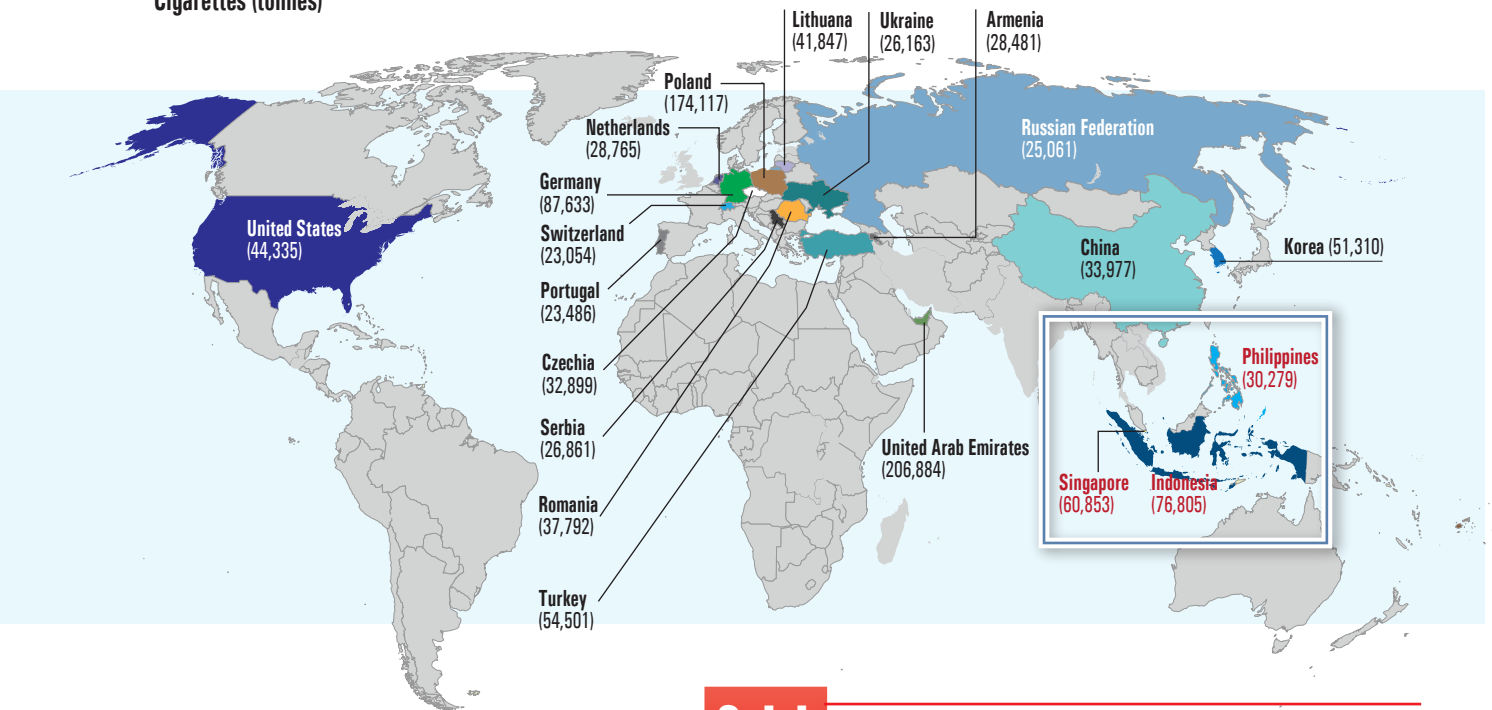
TTCs	Year	Acquisition/Merger/Partnership
Philip Morris International (PMI)	2010	Philip Morris Philippines Manufacturing Inc merged with Fortune Tobacco Corp in 2010, creating Philip Morris Fortune Tobacco Corp (PMFTC) Inc., which is the largest tobacco company in the Philippines .
	2005	Philip Morris International bought 97% stake of the local cigarette manufacturer PT H.M. Sampoerna for USD 5.2 billion in 2005. It became the largest tobacco company in Indonesia .
British American Tobacco (BAT)	2009	BAT acquired 85% stake of the PT Bentoel Internasional Investama Tbk for USD 494 million, the 4 th largest tobacco company in Indonesia in 2009.
Japan Tobacco (JT)	2017	<p>Japan Tobacco Group acquired assets of Mighty Corporation (including its distribution network, manufacturing equipment, inventories and intellectual property) for PHP 46.8 billion (USD 936 million) to become the second largest tobacco company in the Philippines.</p> <p>Japan Tobacco acquired Karyadibya Mahardhika (KDM) and its distributor, PT. Surya Mustika Nusantara ("SMN"), 100% stake of 2 subsidiaries of Gudang Garam for USD 677 million in Indonesia.</p>
Imperial Brands (IB)	2001	Imperial Tobacco, through its subsidiary, Coralma International (a French company) has a controlling stake in Lao Tobacco Ltd (LTL), its joint venture with the Lao Government that gave the company tax privileges and special benefits for 25 years. LTL is the largest tobacco company in Lao PDR .
KT&G		Korea Tobacco & Ginseng Corporation (KT&G) - KT&G acquired 60% stake of PT Trisakti Purwosari Makmur, a local cigarette manufacturer for the USD 133 million, the sixth largest company in Indonesia .
Juul Labs	2019	<p>Juul Labs entered the Philippine market in June 2019 and partnered with Gokongwei-owned Better For You Corporation (BFY). Juul Labs is 35% owned by Altria, the parent company of Philip Morris USA.</p> <p>Juul Labs entered the Indonesian market in July with local partner PT Erajaya Swasembada Tbk, a distributor of Apple Inc.'s iPhones.</p>

"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 Philipines merger

Top 20 global cigarette exporters (2019)

Cigarettes (tonnes)

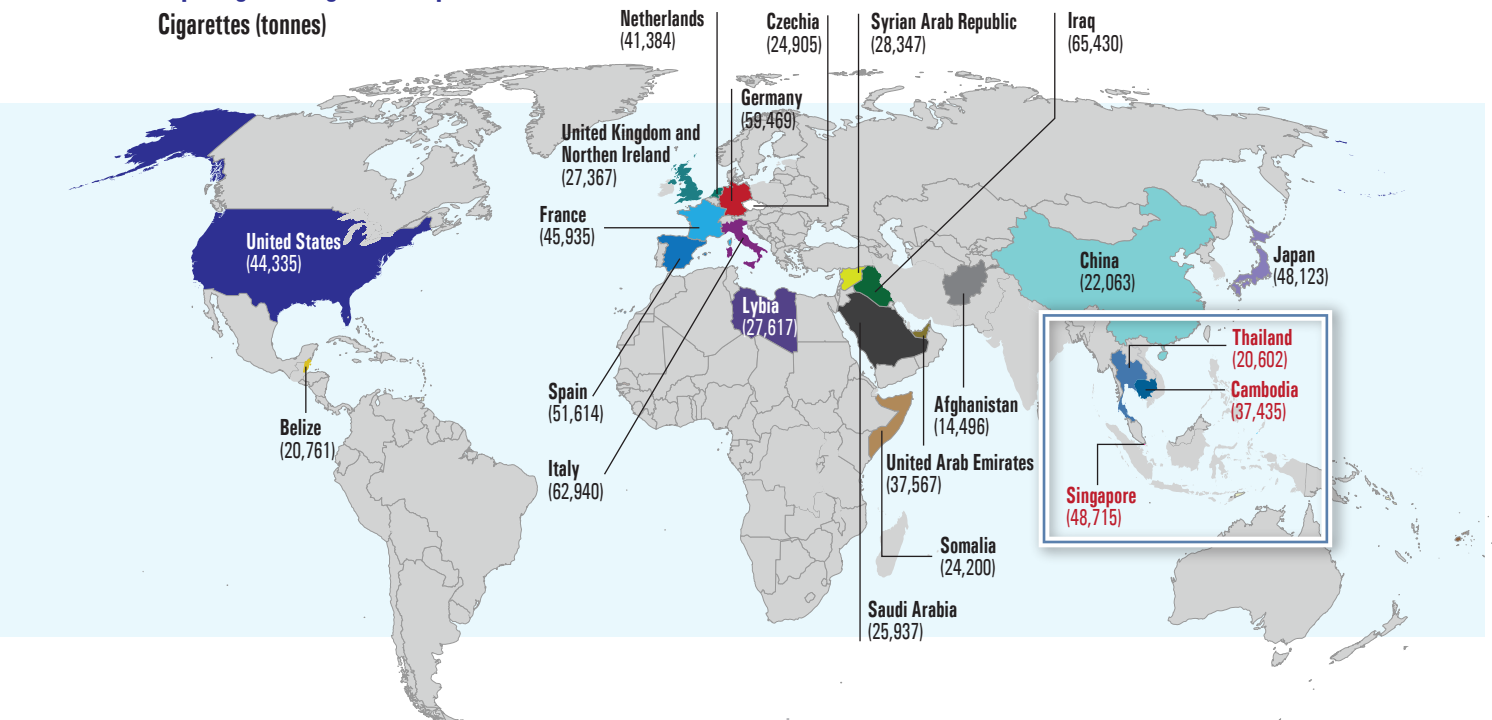


Quick Fact

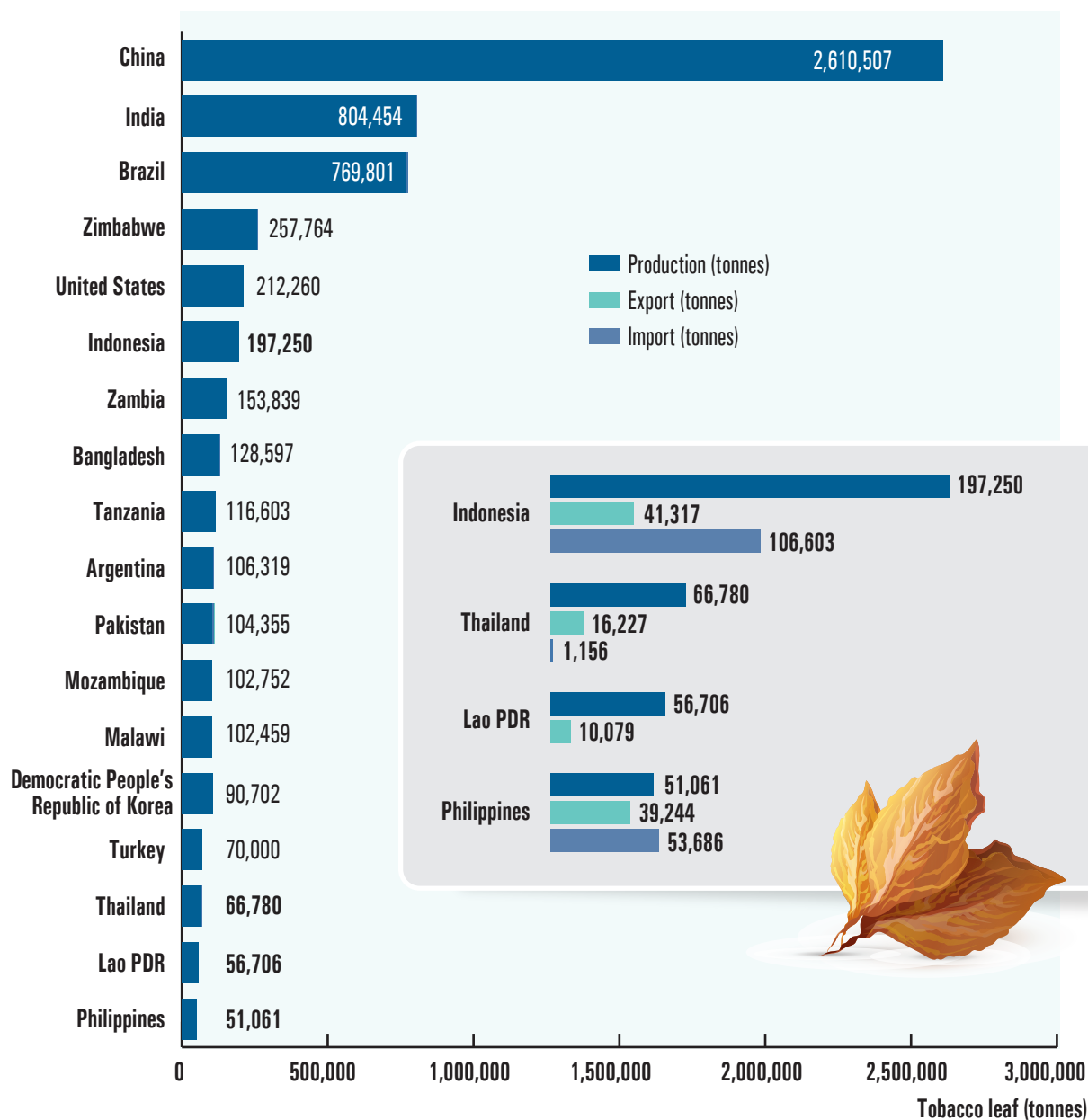
The global tobacco market size was valued at **USD 849.09 billion** in 2019 and is expected to reach **USD 878.35 billion** in 2020.

Top 20 global cigarette importers (2019)

Cigarettes (tonnes)

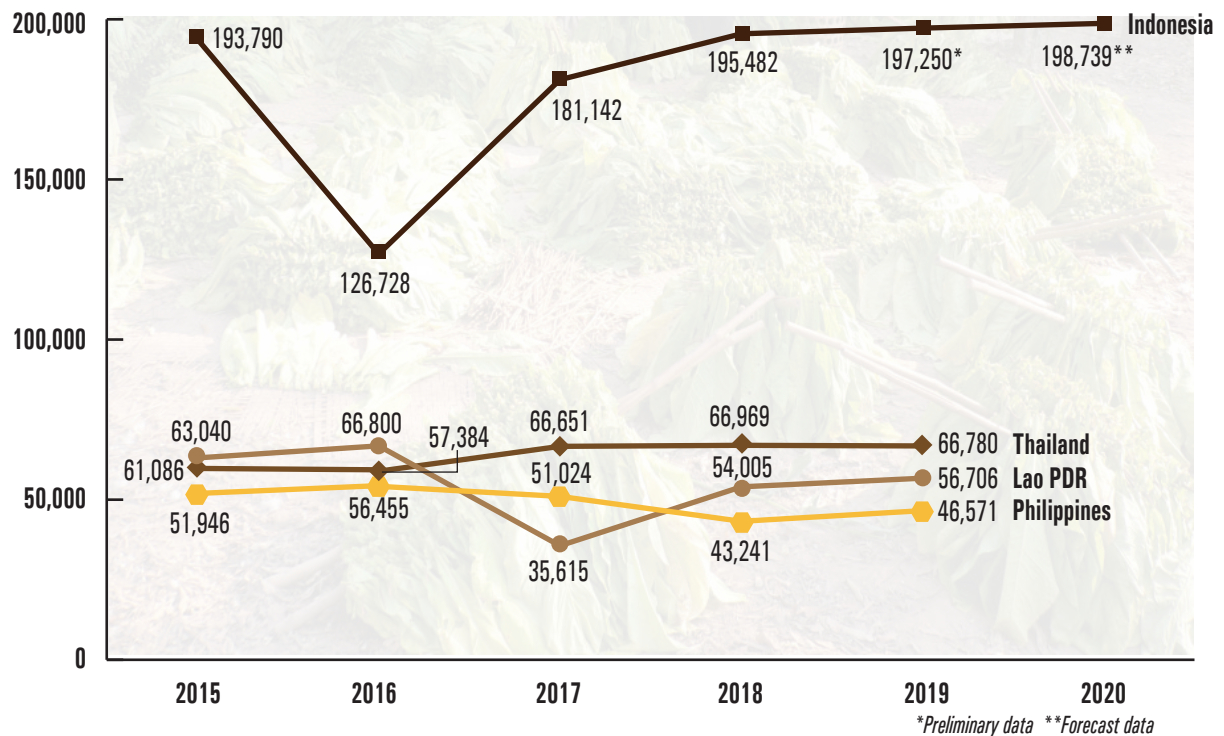


Four ASEAN countries among world's top tobacco-leaf producing countries (2019)



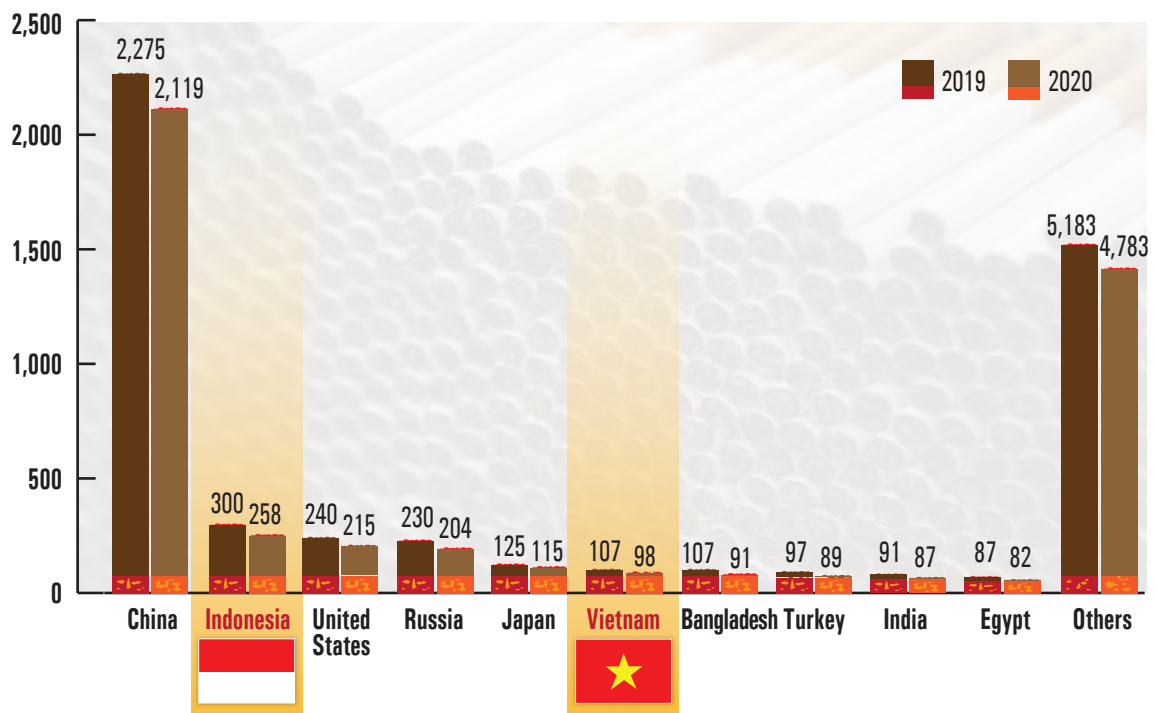
Indonesia, Lao PDR, Philippines and Thailand: Tobacco leaf production (2015 – 2020)

Production (tonnes)

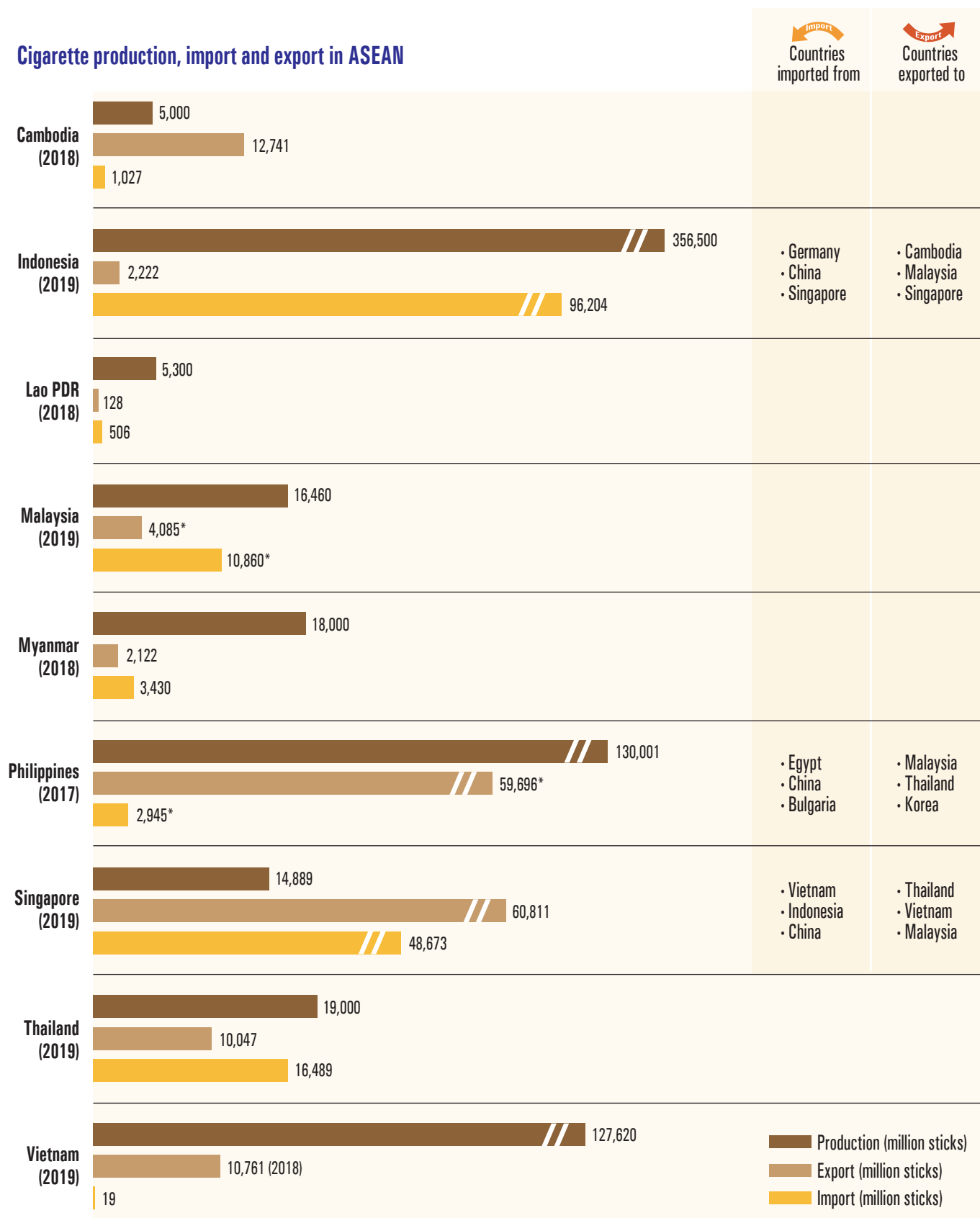


Top 10 global cigarette markets

(Billion sticks)

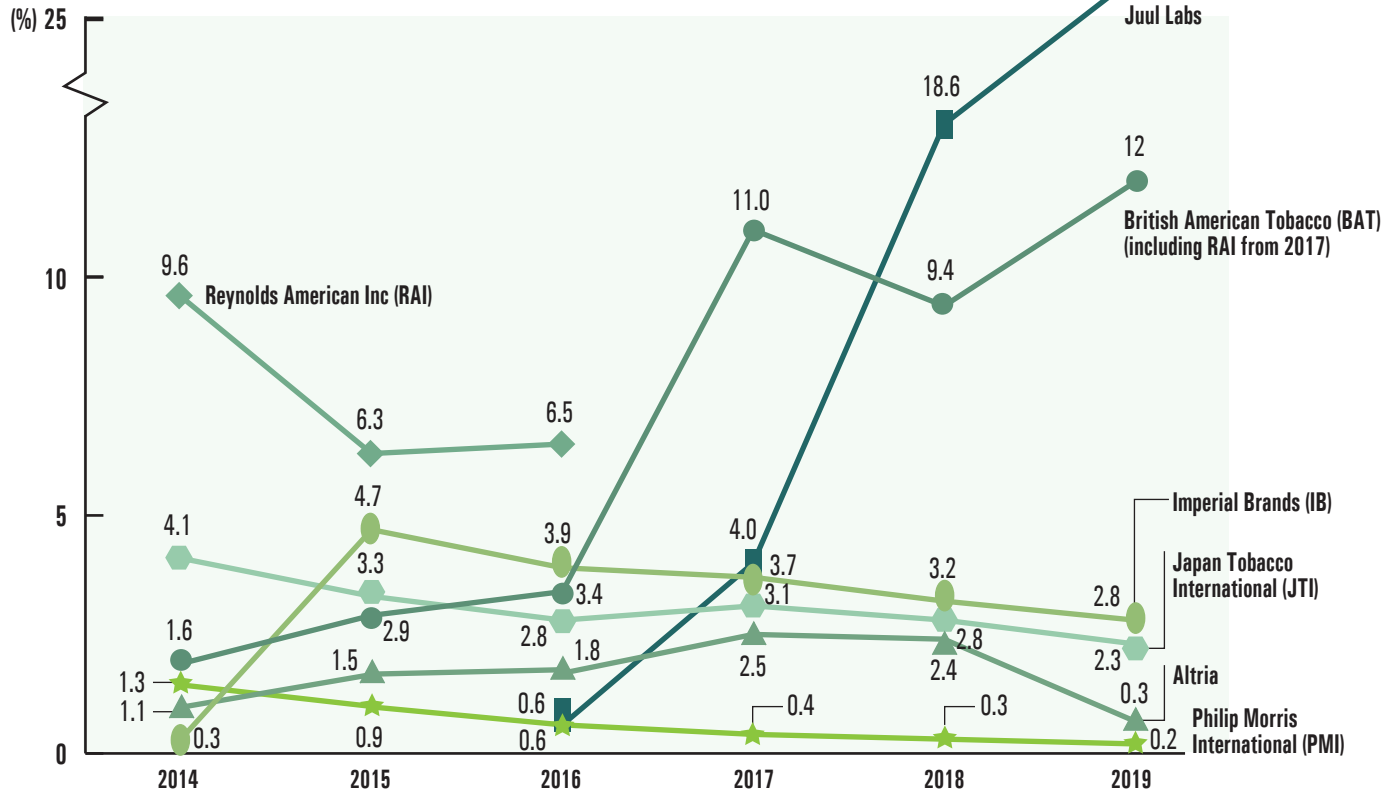


Cigarette production, import and export in ASEAN



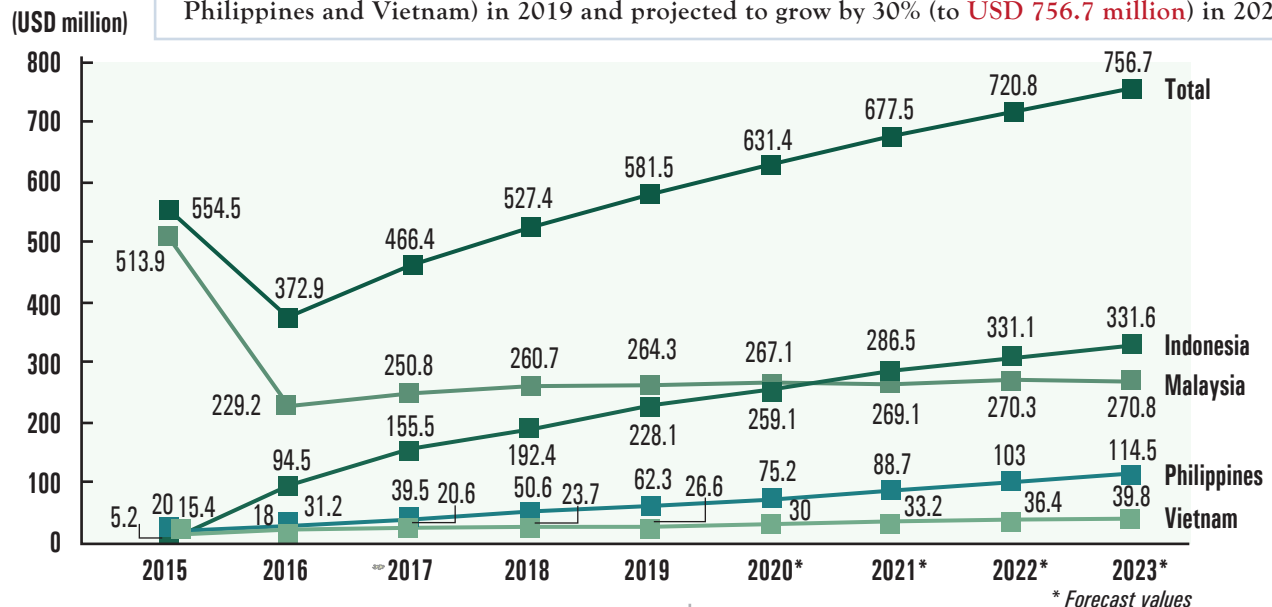
The global tobacco industry is dominated by five transnational tobacco companies (TTCs), all with a presence in Asia: China National Tobacco Corporation (CNTC), Philip Morris International (PMI), British American Tobacco (BAT), Japan Tobacco Inc. (JTI), and Imperial Tobacco Group (ITG). All these TTCs have ventured into electronic nicotine delivery systems (ENDS) and heated tobacco products (HTPs) and are accessing many countries in Asia as fast-growing markets for expansion.

Tobacco company shares of global ENDS market (2014 – 2019)



ENDS market size in ASEAN (2015 – 2023)

A total of **USD 581.5 million** ENDS market value in four ASEAN countries (Indonesia, Malaysia, Philippines and Vietnam) in 2019 and projected to grow by 30% (to **USD 756.7 million**) in 2023.



Corporate cover up: PMI, BAT and JTI CSR in ASEAN

Tobacco companies promote themselves as “good corporate citizens” to divert attention from the diseases and other harms caused by the products they manufacture and sell and to unduly influence and corrupt tobacco regulatory policy development and implementation.

The tobacco industry has stepped up its corporate social responsibility (CSR) activities across the world during the COVID-19 pandemic. It continues to hand out CSR to create and maintain a positive public view of its business, whitewash the harms caused by its products, and gain access to high-level officials and policy makers.

To this end, PMI increased its corporate social responsibility (CSR) investment in the ASEAN region from USD 8,753,391 (in 2017) to USD 21,987,966 (in 2020), with the bulk going to the Philippines (USD 13,405,967) and Indonesia (USD 8,007,835). Both countries are vital tobacco markets, where PMI holds 70.5% and 32.6% of the market respectively.

More than half of the total CSR investment was channelled into Philippines to support activities linked to social welfare, disaster relief, and others. Generally, fewer organizations benefited from PMI's charitable fund, some of which have been regular recipients for many years. The amount PMI invested in the Philippines in 2020 is four times more than what it spent in 2019 (USD 2,927,960).

In addition, PMI also provided in-kind contributions of USD 281,123 to organizations in Indonesia, Malaysia and Singapore in 2020. These include IT and medical equipment, as well as food, water and sanitation.

What transnational tobacco companies (TTCs) spend on CSR activities is paltry compared to the remuneration paid to their top executives. André Calantzopoulos, CEO of PMI, alone was paid almost more than double PMI's total expenditure on CSR activities in the ASEAN region in 2019.

Tobacco industry's miniscule CSR spending in ASEAN compared to its profits and remuneration for the CEO

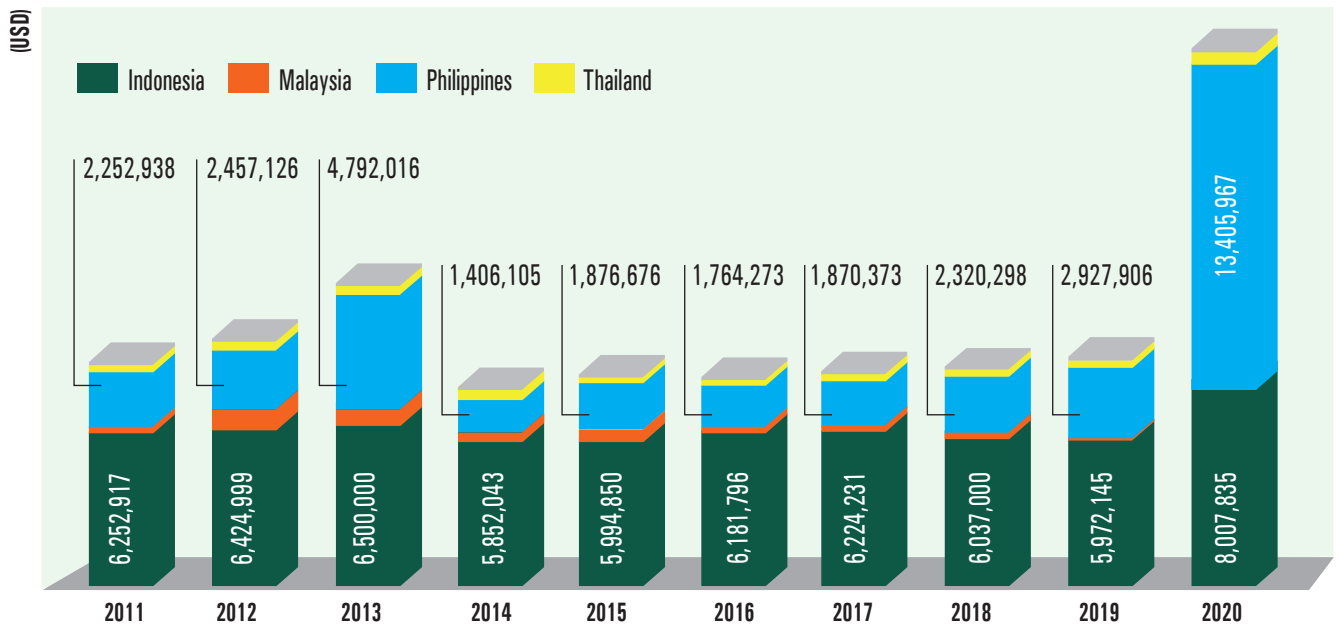
TTCs	CEO	Remuneration in 2019 (USD)	2019 profits in global market (USD)	Total expenditure on CSR activities in ASEAN (USD)
Philip Morris International (PMI)	André Calantzopoulos	16.82 M	7.19 B	9,566,715 (2019)
British American Tobacco (BAT)	Nicandro Durante Jack Bowles	11.05 M	7.28 B	No data available
Imperial Brands	Alison Cooper	2.84 M	1.29 B	No data available
Japan Tobacco International (JTI)	Masamichi Terabatake	No data available	3.20 B	2,609,570 (2016–2019)



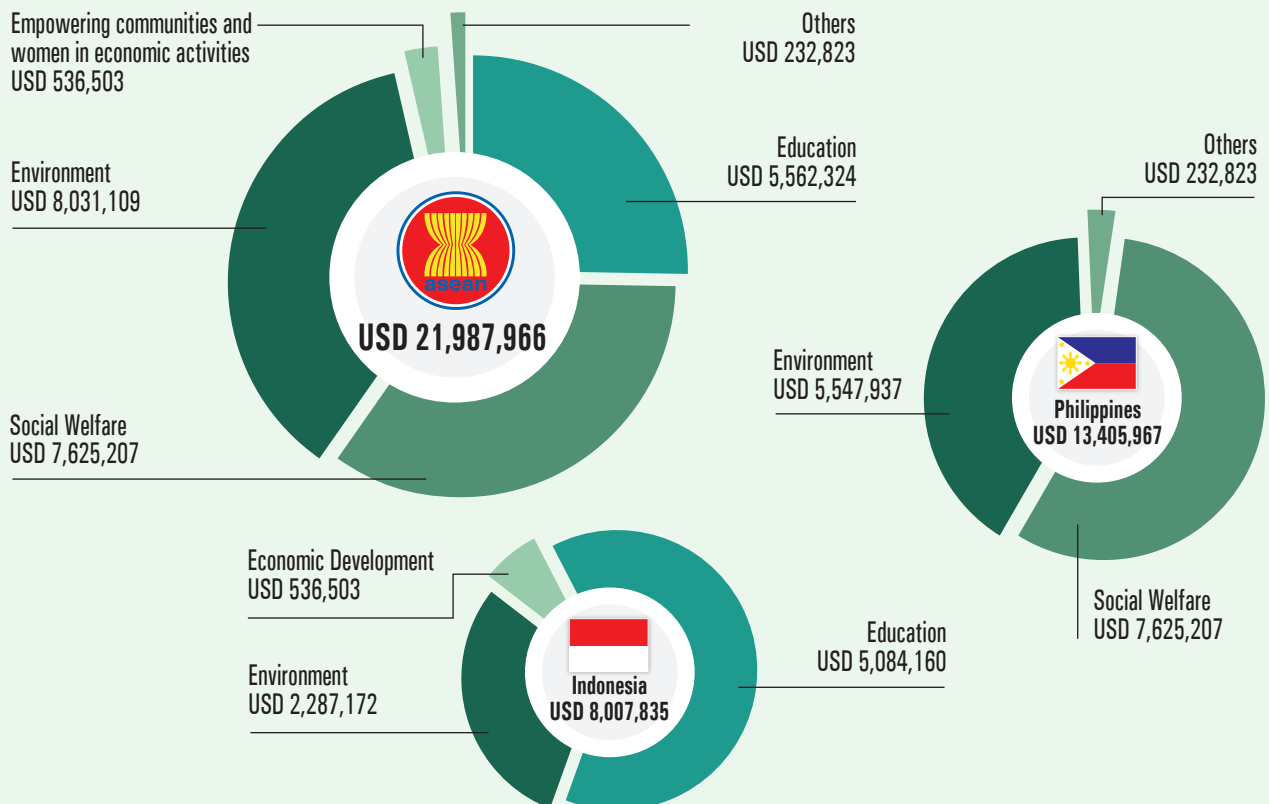
A PMI executive has stated clearly that their corporate giving is not charitable:

"I never use the word corporate philanthropy. That implies that you do something without any regard to yourself... I don't see any corporation giving money without a reason."

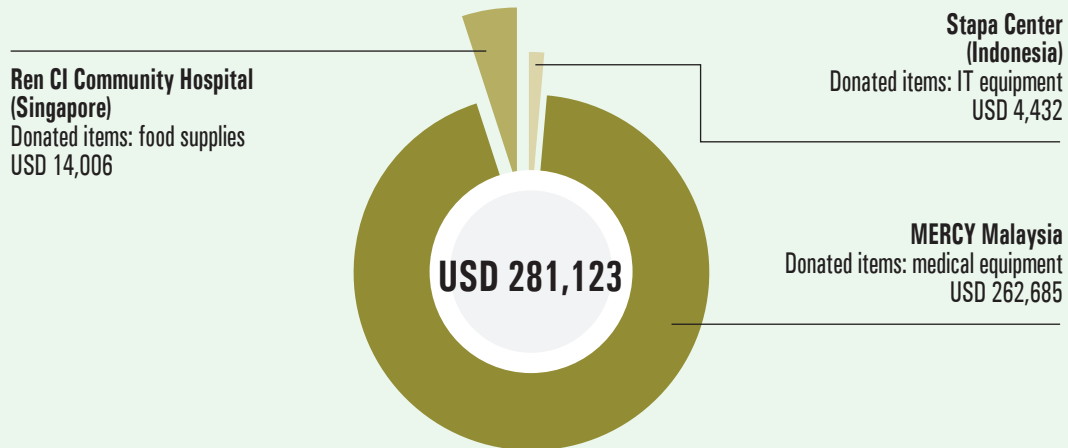
Top 4 ASEAN countries receiving PMI CSR funding (2011 – 2020)



Distribution of PMI CSR activities (2020)



PMI in-kind contribution (2020)

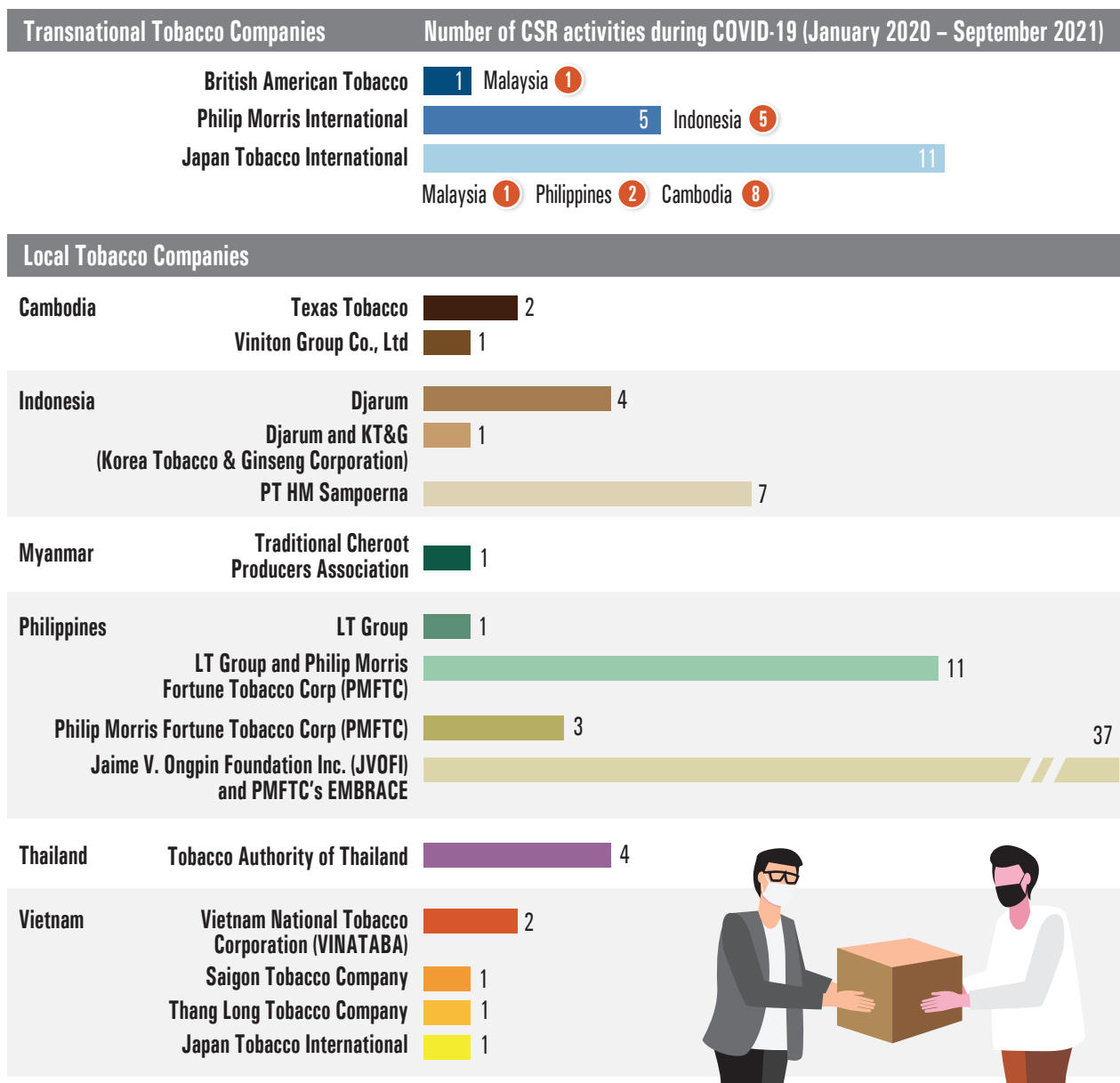


Quick Fact

“More than USD 50 billion of profit per year (USD 10,000 per tobacco death) enables the tobacco industry’s powerful public relations, marketing, and scientific arms to present themselves in a bright light, including donations of cash, protective equipment, ventilators, and other health support to governments and health-care systems, and aggressive marketing of new products.”



Tobacco industry's CSR during COVID-19 pandemic in ASEAN



Legal challenges of the tobacco industry to undermine tobacco control in ASEAN



Philippines

15 court cases

- PMPMI, FTC, JTI, Mighty, La Suerte vs DOH re AO 2010-13 requiring graphic health information (5 separate cases filed in 2010).
- PTI vs DOH and FDA re power to regulate tobacco products
- PMFTC vs DOH re tobacco promotions (2 separate cases filed in 2011 and 2012).
- PTI for declaratory relief re outdoor advertising (in 2007)
- Individuals (Anthony M. Clemente and Vianne I. Lamson) reportedly paid by PMFTC vs MMDA re smoke-free.
- PTI vs. City of Balanga re city ordinance making the city's 80-hectare University Town and its three-kilometer radius "tobacco free".
- PTI vs. City of Balanga re tobacco free generation ordinance.
- Green Puff Electronic Cigarettes Inc. and Ryan Sazon vs DOH, Manila RTC and Ryan Leopando Sazon vs DOH, Pasig RTC were filed against DOH Administrative Order (AO) No. 2019-0007 that classified electronic cigarettes as health or consumer products under the jurisdiction of the FDA.



Thailand

3 court cases. In 2013, Philip Morris Thailand and other tobacco companies including BAT and JT filed three separate suits to challenge Thailand's legislation increasing pictorial warnings from 55% to 85% in the Administration court.



Malaysia

5 court cases

- filed by Philip Morris Malaysia against the MOH for
- requiring Ministry's approval for the retail price of tobacco products,
 - rejecting the retail price of its cigarettes, and
 - requiring an increase in the selling price of its cigarettes.
 - Judicial review by seven Malaysian smokers on a smoking ban in eateries that was enforced in January 2019.
 - Judicial review by British American Tobacco (BAT) for "mini-cigar"- Dunhill HTL-Cigarillo.



Indonesia

13 court cases

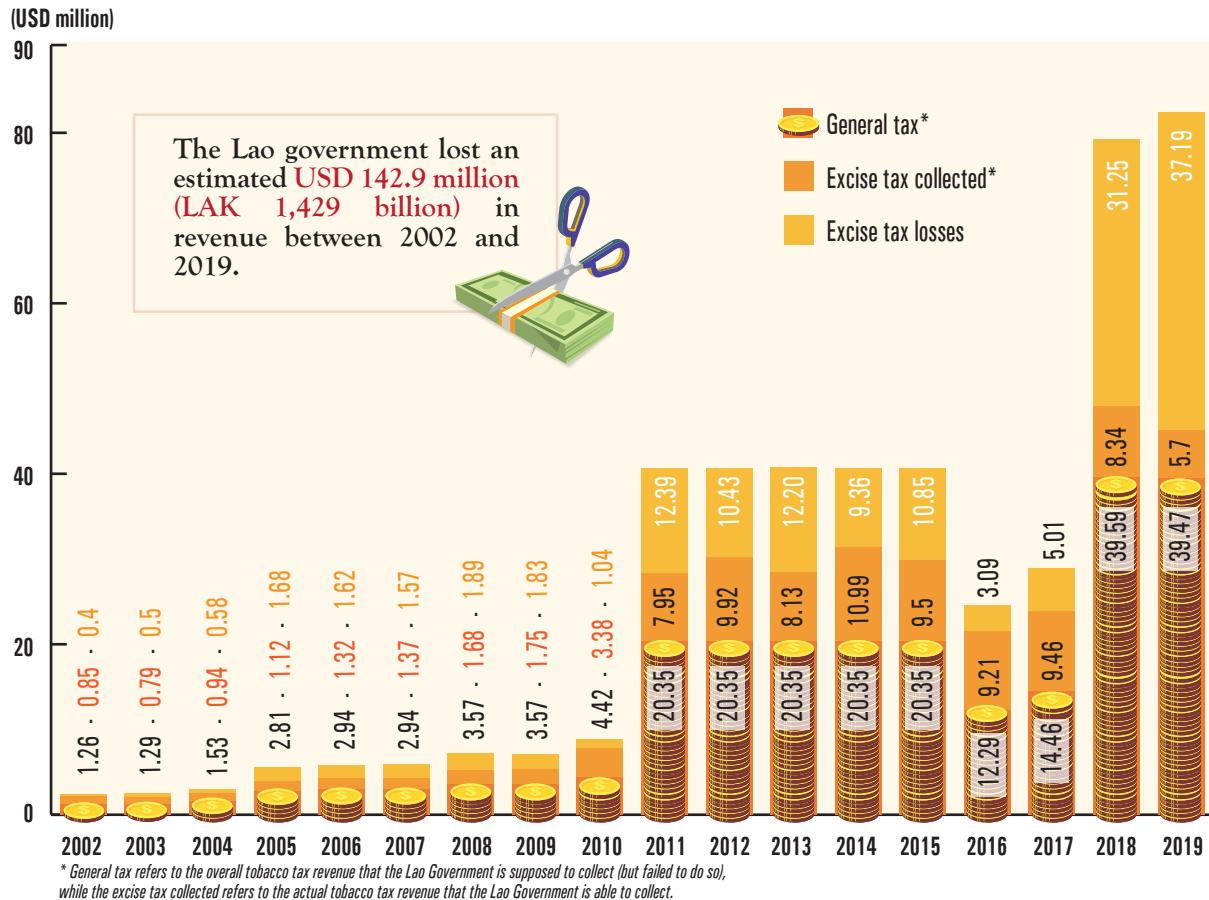
- Six juridical reviews (2010 - 2012) of the Law No 36/2009 concerning health including tobacco control, pictorial health warnings and smoke-free.
- Two judicial reviews (2011) of the DKI Jakarta Governor Regulation No 88/2010 concerning smoking areas.
- A judicial review (2011) of the Bogor City Regional Regulation No 12/2009 concerning No-Smoking Areas and another judicial review (2020) the amendments to the Regional Regulation No 12/2009 concerning the non-smoking area, and the prohibition of displaying cigarettes at the point of sale.
- A judicial review (2011) of the Joint Regulations of the Minister of Home Affairs and the Minister of Health regarding guidelines for implementing a no smoking area in 3 different files.
- A judicial review (2013) of the Law No 28/2009 concerning regional taxes and regional levies, related to regional cigarette taxes.
- CSO "Healthy Jogja Without Tobacco" (JSTT) was sued by tobacco farmers for unlawful acts of using the word Tobacco for the name of the organization in 2014.
- A judicial review (2020) of the Regional Regulation of the City of Bogor No 10/2018 concerning amendments to the Regional Regulation of the City of Bogor No 12/2009 concerning the non-smoking area and prohibition of displaying cigarettes at the point of sale.



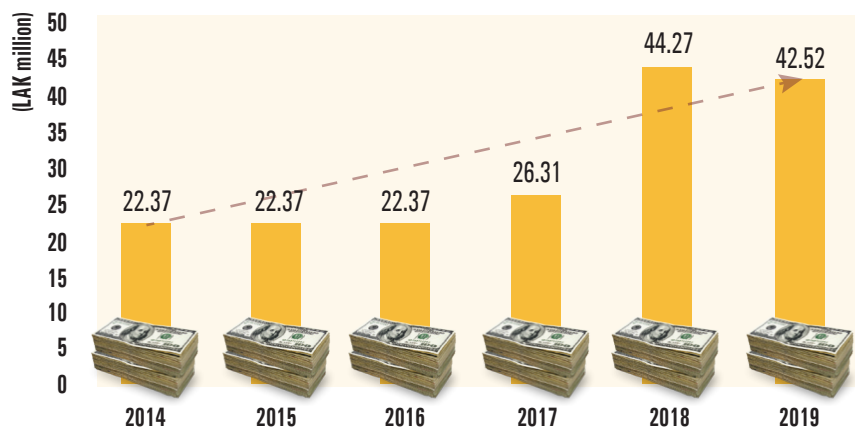
Lao PDR: Tobacco tax revenue losses

The Lao government continues to lose revenues due to its unfair Investment License Agreement (ILA) with the tobacco industry. Signed in 2001, the ILA capped ad valorem tobacco tax rates at 15% to 30% of wholesale price until 2026 (25-year tax break) when the country's tobacco tax rate by law is 50%. If the ILA is not terminated, the Lao government will continue to suffer more revenue losses till 2026.

Tobacco tax revenues and revenue losses in Lao PDR (2002 – 2019)



Lao PDR Tobacco Control Fund revenue loss (2014 – 2019)



The Lao government lost an estimated **USD 20.33 million** (LAK 180.21 billion) between 2014 and 2019 from uncollected revenue (2% of profit tax and LAK 200/ pack surcharge taxes from domestic tobacco companies such as Lao Tobacco Ltd) for Tobacco Control Fund (TCF). A significant loss in revenue collection for TCF to support tobacco control programs and strengthening health care system in the country.

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 tobacco industry refers to (a) any tobacco or tobacco product (including electronic smoking devices (ESD)) manufacturer, processor, wholesale distributor, importer, (b) any parent, affiliate, branch, or subsidiary of a tobacco or tobacco product (including ESD) manufacturer, wholesale distributor, importer, retailer, or (c) any individual or entity, such as, but not limited to an interest group, think tank, advocacy organization, lawyer, law firm, scientist, lobbyist, public relations, and/or advertising agency, business, or foundation, that represents or works to promote the interests of the tobacco and nicotine industry. 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 8, 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 in ASEAN
Farmers groups	Regional/ International	International Tobacco Growers Association (ITGA)
	Indonesia	Asosiasi Petani Tembakau Indonesia (APTI) - Indonesia Tobacco Farmers Association Asosiasi Petani Cengkeh Indonesia (APCI) - Indonesian Clove Farmers Association Paguyuban Petani Pedagang Tembakau Magelang (P3TM) - Association of Tobacco Farmers and Traders of Magelang
	Philippines	Philippine Tobacco Growers Association (PTGA) Federation of Free Farmers (FFF)
	Thailand	Thai Tobacco Growers, Curers and Dealers Association Tobacco Farmer Association (TFA) Chiangmai Tobacco Curing Association Sukhothai Burley Tobacco Farm Association Petchaboon Burley Tobacco Farm Association Thai Northeastern Tobacco Farmer
Manufacturer Associations	Cambodia	Association of Tobacco Industry in Cambodia (ATIC)
	Indonesia	Aliansi Masyarakat Tembakau Indonesia (AMTI) - Indonesia Tobacco Society Alliance Gabungan Produsen Rokok Putih Indonesia (GAPRINDO) - The Association of Indonesia White Cigarette Producers Gabungan Perserikatan Pabrik Rokok Indonesia (GAPPRI) - The union of Indonesia Cigarette (kretek) Industries Paguyuban Mitra Produksi Sigaret Indonesia (MPSI) - Cigarette Manufacturing Association Gabungan Perusahaan Rokok (GAPERRO) - Association of Cigarette Companies Persatuan Perusahaan Rokok Kudus (PPRK) - Cigarette Company Association of Kudus
	Myanmar	Myanmar Cigarette Producers' Association Myanmar Association of Cheroot Making Industries
	Philippines	Philippine Tobacco Institute (PTI) Federation of Philippine Industries (FPI) Philippine E-cigarette Industry Association (PECIA)
	Singapore	Tobacco Association (Singapore)
State-owned company / State agency	Lao PDR	Lao Tobacco Ltd
	Philippines	National Tobacco Administration (NTA)
	Thailand	Tobacco Authority of Thailand (TAOT)
	Vietnam	Vietnam National Tobacco Corporation (VINATABA)


continued

	Country	Front groups and lobby groups in ASEAN
Retailer groups	Regional	Asia Pacific Travel Retail Association (Singapore)
	Cambodia	Dufry (Cambodia) Ltd
	Indonesia	Forum Masyarakat Industri Rokok Indonesia (FORMASI) - Indonesian Forum of Tobacco Industry Community
	Malaysia	Malaysia Retail Electronic Cigarette Association (MRECA)
	Philippines	Peoples' Coalition Against Regressive Taxation (PCART) Philippine Association of Supermarkets Inc. (PASI)
	Singapore	Singapore Retailers Association DFS Venture Singapore Informal group of licensed tobacco retailers
	Vietnam	Association of Vietnam Retailers (AVR)
Business groups	Regional	US-ASEAN Business Council (US-ABC) EU-ASEAN Business Council ASEAN Intellectual Property Association (ASEAN-IPA) Property Rights Alliance (PRA) International Trademark Association (INTA) American Chamber of Commerce European Chamber of Commerce
	Indonesia	Forum Komunikasi Pengusaha Rokok Kecil (FKPRK) - Communication Forum of Small Cigarette Businessmen Asosiasi Personal Vaporizer Indonesia (APVI) - Indonesian Association of Personal Vaporizer Asosiasi Vaper Indonesia (AVI) - Indonesia Vapers Association
	Malaysia	International Chamber of Commerce Malaysia Malaysian International Chamber of Commerce and Industry Malaysia-Singapore Coffee Shop Proprietors General Association (MSCSPGA) Federation of Sundry Goods Merchants Associations of Malaysia Malaysia E-Vaporisers and Tobacco Alternative Association (MEVTA) Malaysian Vape Chamber of Commerce (MVCC) Malaysian Organization of Vape Entity (MOVE)
	Philippines	Philippine Aromatic Tobacco Development Association, Inc. (PATDA) Trade Union Congress of the Philippines (TUCP) American Chamber of Commerce of the Philippines, Inc. Federation of Philippine Industries
	Singapore	Singapore International Chamber of Commerce European Chamber of Commerce, Intellectual Property Rights Committee Amcor Specialty Cartons (of Amcor Group) (Singapore/ Switzerland) GD Machinery Southeast Asia Pte Ltd (a COEASIA company) (Packaging industry) Design Bridge (Design/advertising agency)
	Thailand	Thai Tobacco Trade Association (TTTA)
	Vietnam	Vietnam Chamber of Commerce and Industry (VCCI)

continued

	Country	Front groups and lobby groups in ASEAN
Consumer/ astroturf groups	Regional / international	Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA) International Network of Nicotine Consumer Organisations (INNCO)
	Indonesia	Komunitas Perokok Bijak (KOJAK) - Wise Smokers Community Koalisi Nasional Penyelamat Kretek (KNPK) - National Coalition for the Rescue of Kretek Yayasan Pemerhati Kesehatan Publik (YPKP) - Public Health Observer Foundation Koalisi Indonesia Bebas Tar (KABAR) - The Indonesia Tar-Free Coalition
	Philippines	Proyosi Inc / Nicotine Consumers Union of the Philippines Harm Reduction Alliance of the Philippines The Vapers Philippines
	Thailand	End Cigarette Smoke Thailand Group (ECST) Thai Smokers Group (TSG)
Labor/ workers group	Indonesia	Federasi Serikat Pekerja Rokok, Tembakau, Makanan Minuman (FSP RTMM-SPSI) - Federation of Trade Unions of Cigarette, Tobacco, Food and Beverages
	Thailand	Tobacco Authority of Thailand Workers Union
Think tanks/ Legal	Regional / international	Factasia.org (HK-based) Competitive Enterprise Institute (US-based) R Street Institute (US-based)
	Lao PDR	Lao Law & Consultancy Group
	Malaysia	Institute for Democracy and Economic Affairs (IDEAS) Malaysia Society for Harm Reduction (MSHR)
	Philippines	Minimal Government Thinkers
Foundation/ CSR group	Regional/ international	JTI Foundation Fundacion Altadis (Imperial Brands)
	Indonesia	Putera Sampoerna Foundation Djarum Foundation
	Malaysia	BAT Malaysia Foundation
	Philippines	American Chamber Foundation Philippines Jaime V. Ongpin Foundation Tan Yan Kee Foundation Wong Chu King Foundation Synergeia Foundation, Inc



Tobacco is a
GLOBAL THREAT

The I m p



More than
1 Billion

Smokers worldwide

- Adult (aged 15 years and above)
Men - 847 million
Women - 153 million
- Youth (aged 13-15)
Boys and girls - 24 million

Lives lost from tobacco use annually

More than 7 million deaths
result from direct tobacco use

1.2 million non-smokers are killed
due to exposure to secondhand smoke

More than
8 Million

Tobacco is a **SILENT KILLER** that
contributes to significant **MORTALITY**,
ILLNESSES and **SUFFERING** worldwide



act



**USD
1.4 Trillion**

Global annual costs from tobacco-related healthcare and lost productivity

Growing health care costs and burden of disease from tobacco use

Adult tobacco users living in poverty worldwide

More than 10% of household income is spent on tobacco products – meaning less money for food, education and healthcare

**226
Million**



Tobacco use not only **DAMAGES HEALTH** but also **WORSENS POVERTY** and causes **DEVASTATING** social, economic and environmental **HARMS**

Adult smoking prevalence in ASEAN



*Daily smokers aged 18 to 74 years.

Nicotine and Tobacco Addiction

Globally, more than one billion people use tobacco with adult male smokers (1,091 million) significantly outnumbering women (230 million). 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, constituting over 80% world's tobacco users. In the ASEAN region, there are currently 124 million (22.5%) adult smokers, half of whom live in Indonesia (65.7 million).

This highly addictive product is commonly used by different segments of the population including vulnerable groups such as women, youth, and children. About 6.5 trillion cigarettes are sold each year, estimated 18 billion cigarettes are smoked every day worldwide (1.457 billion sticks in ASEAN). In 2020, an estimated 505 billion cigarettes were sold in ASEAN countries with 92% primarily consumed in Indonesia, Philippines, Thailand, and Vietnam. Due to the expansion of the world's population and dynamic economic growth, the number of smokers is expected to reach at least 2 billion people by 2030.

Among ASEAN countries, adult male smoking prevalence is highest in Indonesia (62.9%) and lowest in Singapore (18.4%). Adult female smoking rates are particularly high (ranging between 4.4% and 7.1%) in Indonesia, Lao PDR, Myanmar and Philippines.

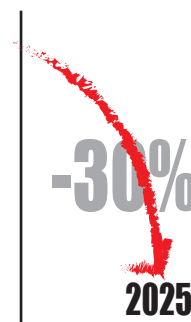
Youth smokers are estimated to be around 24 million worldwide. Of these, the South East Asian (6.4 million or 27%) and Western Pacific (4.7 million or 19.9%) regions have the largest number of youth cigarette smokers. In ASEAN, youth smoking prevalence is high (ranging between 11.3% and 19.2%) particularly in Indonesia, Malaysia, Philippines and Thailand.

In addition to smoking, an increasing exposure and prevalence of electronic nicotine delivery systems (ENDS, also known as e-cigarettes) and heated tobacco products (HTPs) use among youths in ASEAN further contribute to nicotine addiction. The prevalence of ENDS among youth is high (ranging between 9.8% and 13.3%) particularly in Brunei, Indonesia, Malaysia and Philippines.

Reducing the prevalence of tobacco use (smoked and smokeless tobacco)

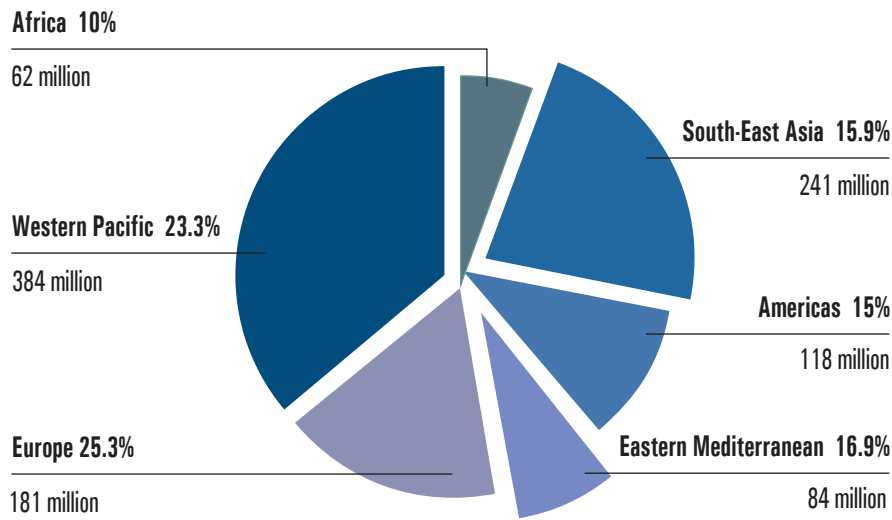
Country	National target (%)	*Global target (%)
Brunei	13.93% (30% relative reduction in prevalence of current tobacco use (19.9%) in adults by 2023, set in 2019)	12.88% (30% relative reduction from 18.4% in 2011)
Cambodia	No target available	13.65% (30% relative reduction from 19.5% in 2011)
Indonesia	10 – 18 years old: 8.7% in 2024 (no target for adults)	24.01% (30% relative reduction from 34.3% in 2010)
Lao PDR	17.85% (30% relative reduction in adult smoking prevalence in 2012 (25.5%) by 2025, set in 2015)	Same as national target
Malaysia	19.63% (15% relative reduction in adult smoking prevalence (23.1%) by 2025 set in 2015)	17.22% (30% relative reduction from 24.6% in 2011)
Myanmar	24.8% and 23.5% (5% and 10% relative reduction in prevalence of current tobacco use (26.1%) in persons aged 15+ years by 2021 and 2025 respectively, set in 2017)	15.4% (30% relative reduction from 22% in 2009)
Philippines	15% - 18% adult smoking prevalence by 2022	20.8% (30% relative reduction from 29.7% in 2009)
Singapore	< 10% adult smoking prevalence by 2020	10% (30% relative reduction from 14.3% in 2010)
Thailand	17.59% (15% relative reduction in prevalence of current tobacco use (20.7%) in persons aged 15+ years by 2025, set in 2010)	14.49% (30% relative reduction from 20.7% in 2009)
Vietnam	28.54% (37% relative reduction in prevalence of adult male smokers (45.3%))	16.66% (30% relative reduction from 23.8% in 2010)

*A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025 (2020 baseline).



A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025/(2010 baseline).

Global estimate of smokers* by WHO region in 2020



*Projection of smoking prevalence and number of smokers.



About **1.3 billion** tobacco users aged 15 years and above worldwide – 1.07 billion smokers and 367 million smokeless tobacco users.

About **80%** of the world's smokers live in low- and middle-income countries and 226 millions of them are living in poverty.

ASEAN has 10% of world's smokers

22.5% of adults in ASEAN smoke

ASEAN has **124.3 million** adult smokers, half of whom live in Indonesia.
Total ASEAN population: **667,304,000** (2020)

Quick Fact

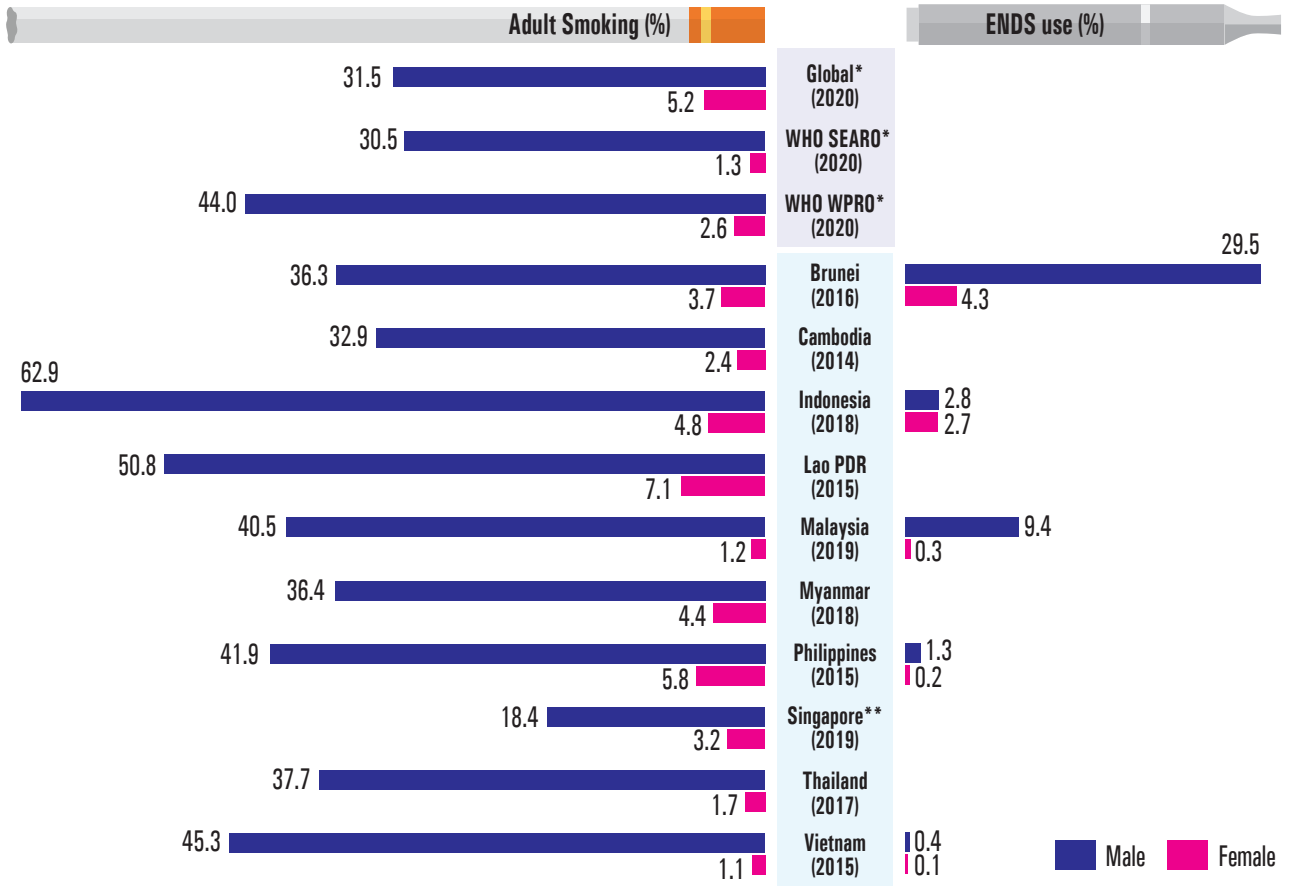
About 1.3 billion tobacco users aged 15 years and above worldwide – 1.07 billion smokers and 367 million smokeless tobacco users.

About 80% of the world's smokers live in low- and middle-income countries and 226 millions of them are living in poverty.



Adult smoking and ENDS use

Numbers don't lie: Percentage of adult male and female smokers and ENDS users



*Projected 2020 prevalence (%) for current tobacco smoking prevalence, age-standardized average.

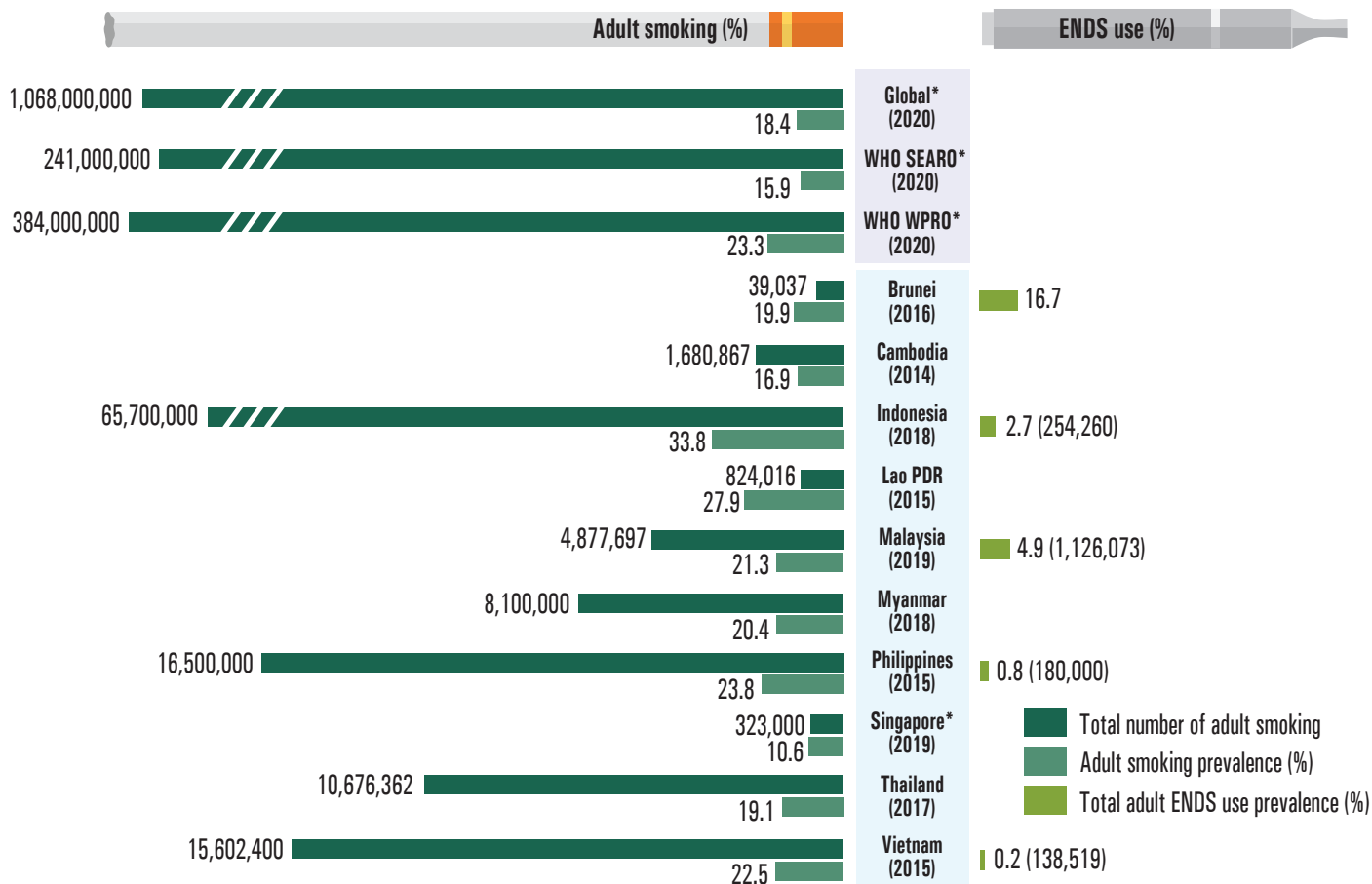
**Daily smokers aged 18 to 74 years.

Quick Fact

Smoking is associated with an increased risk of suffering from a wider range of COVID-19 symptoms and smokers are more likely to visit hospital than non-smokers.

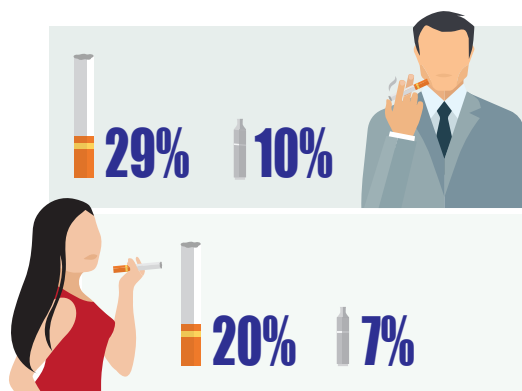


Numbers don't lie: Adult smokers and ENDS users in ASEAN



*Projected 2020 prevalence (%) for current tobacco smoking prevalence, age-standardized average.

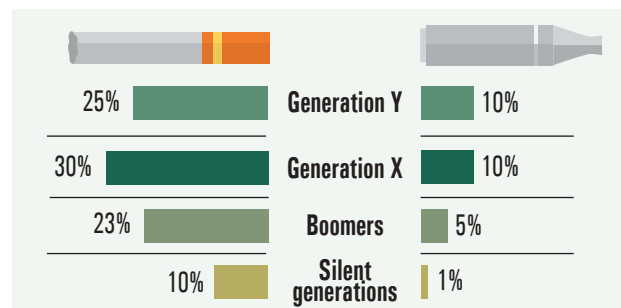
Regular smokers and ENDS users by gender (Global)



Prevalence of current dual users of ENDS and cigarettes

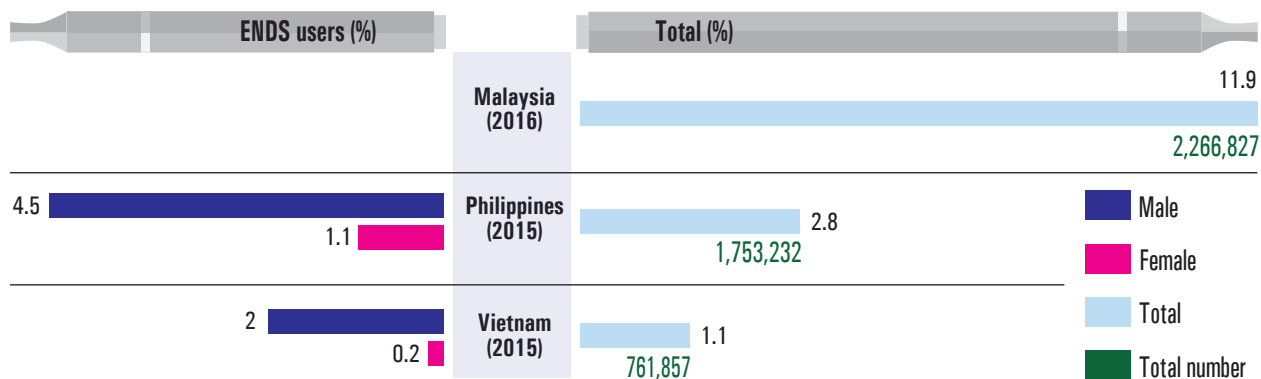


Regular smokers and ENDS users by generations (Global)



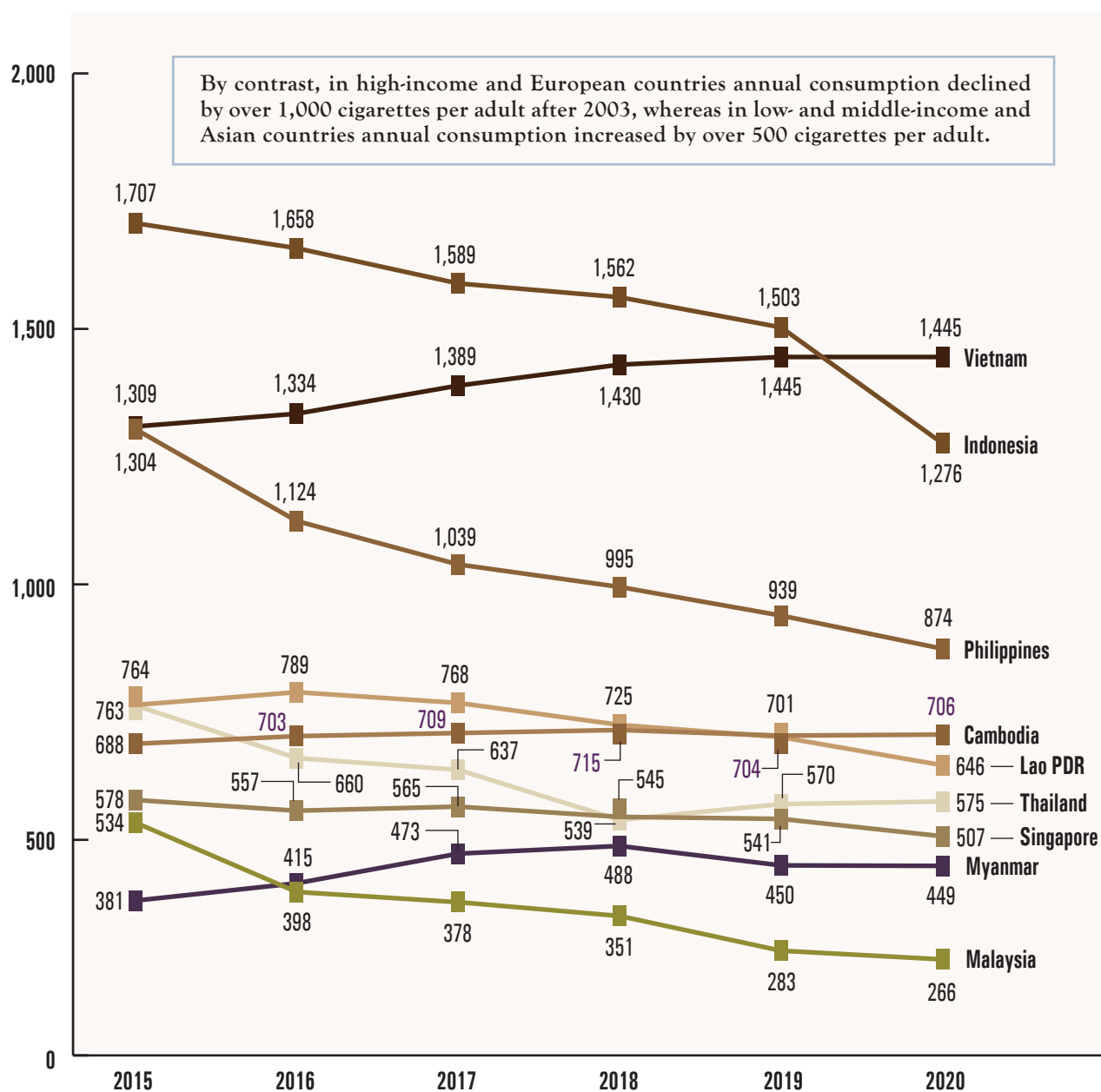
**Quick
Fact**

The World Health Organization (WHO) has warned that all forms of tobacco, including heated tobacco products (HTPs), are harmful. The Conference of Parties to the WHO FCTC recommends that HTPs be regulated as tobacco products.

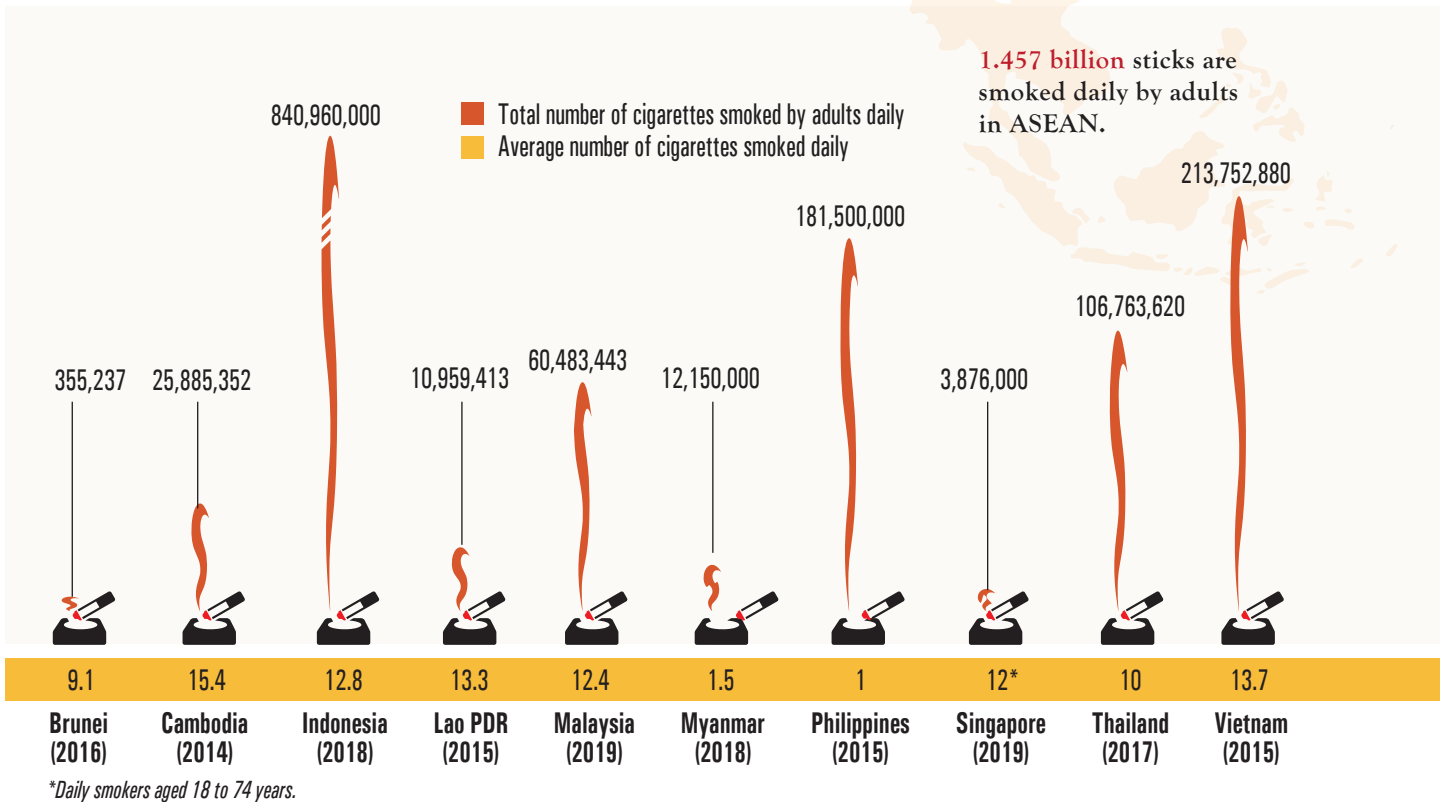
Prevalence and number of ever-tried adult ENDS users in ASEAN*


*No data available in Cambodia, Indonesia, Lao PDR, Myanmar, Singapore and Thailand.

Cigarette per capita annual consumption in ASEAN (2015 – 2020)



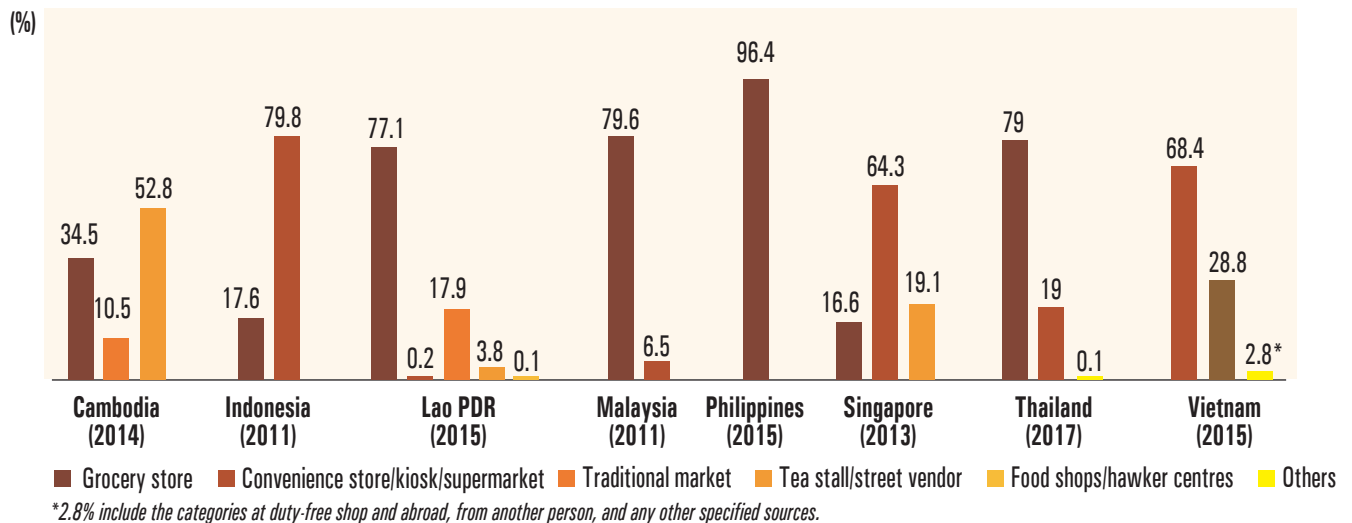
Number of cigarettes smoked daily by adults in ASEAN



Quick Fact

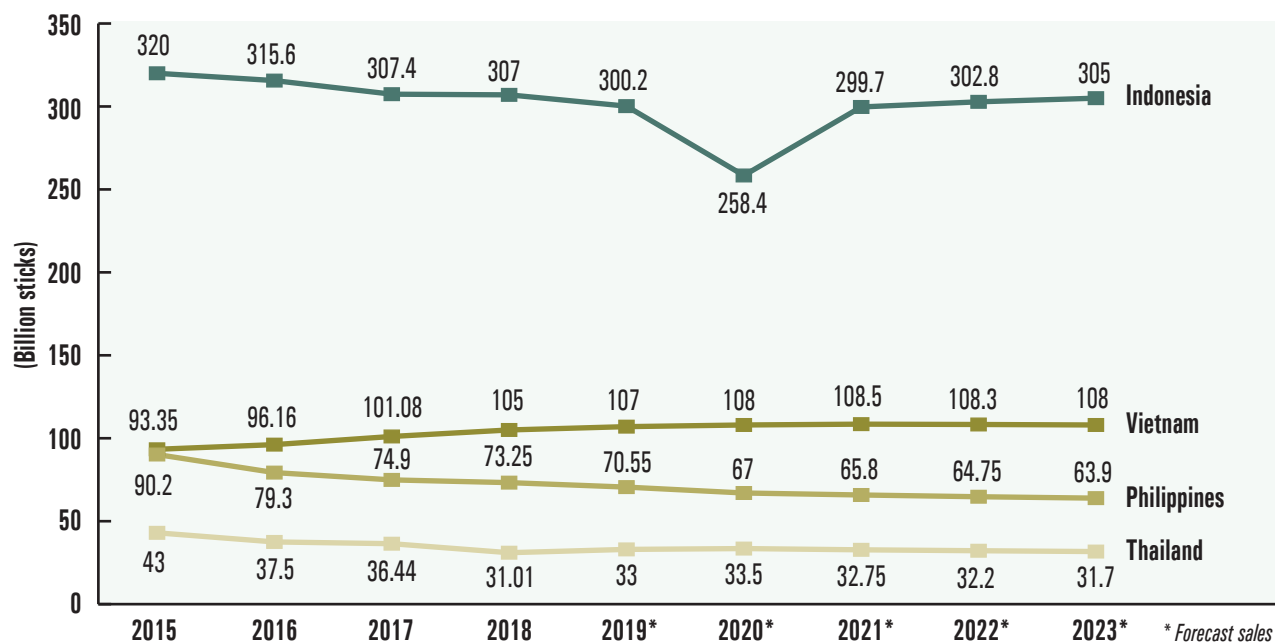
Smoking causes thousands of DNA mutations, such that every 15 cigarettes smoked causes a genetic mutation leading to the development of lung cancer.

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



Cigarette sales volumes in ASEAN region (2015 – 2023)

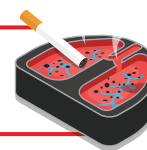
Cigarette sales volumes are highest in Indonesia, Philippines, Thailand, and Vietnam



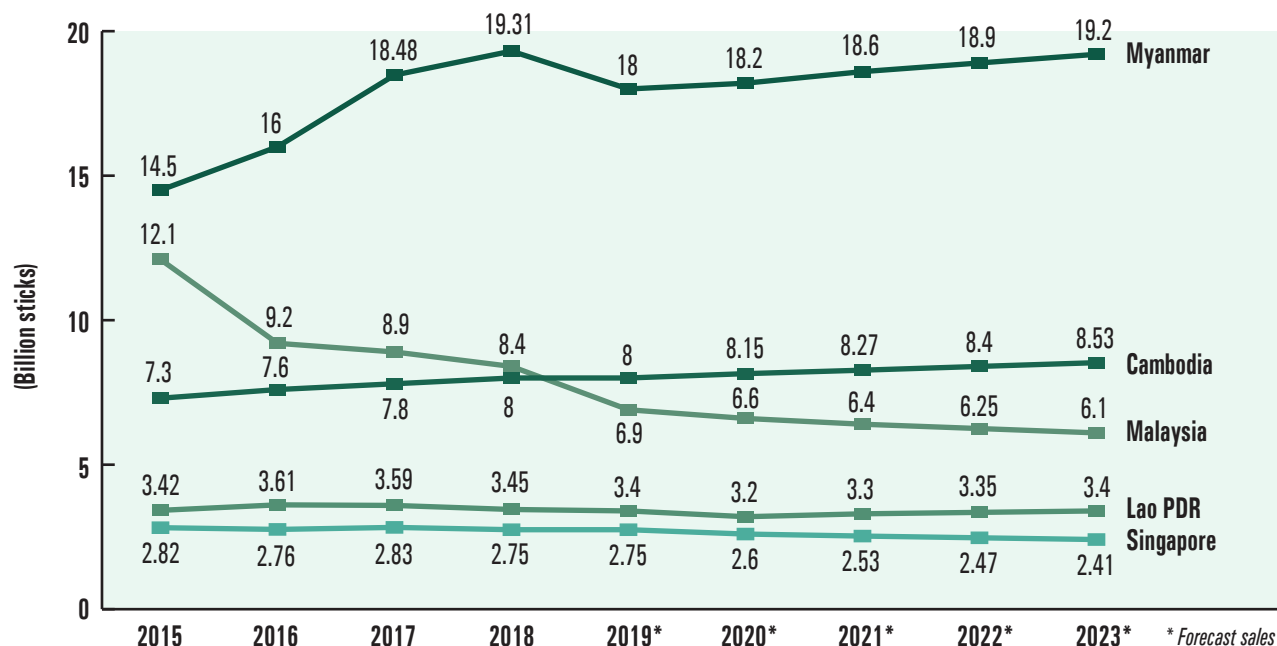
Quick Fact

In ASEAN, an estimated **505.65 billion** cancer sticks were sold in 2020.

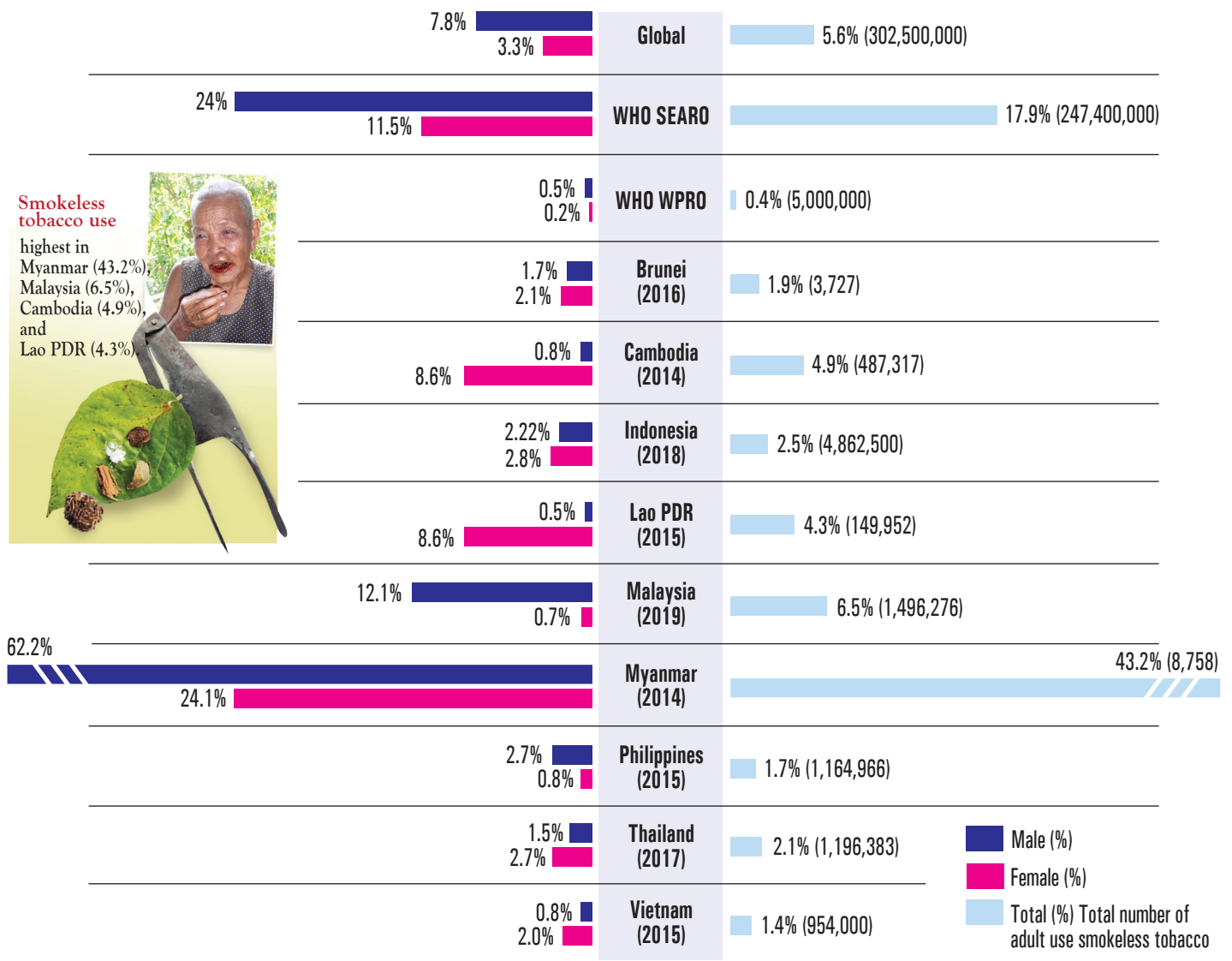
Over **six trillion** cancer sticks with highly addictive nicotine are produced annually worldwide.



Cigarette sales volumes in Cambodia, Lao PDR, Malaysia, Myanmar and Singapore



Number and percentage of adults who use smokeless tobacco in ASEAN



Quick Fact

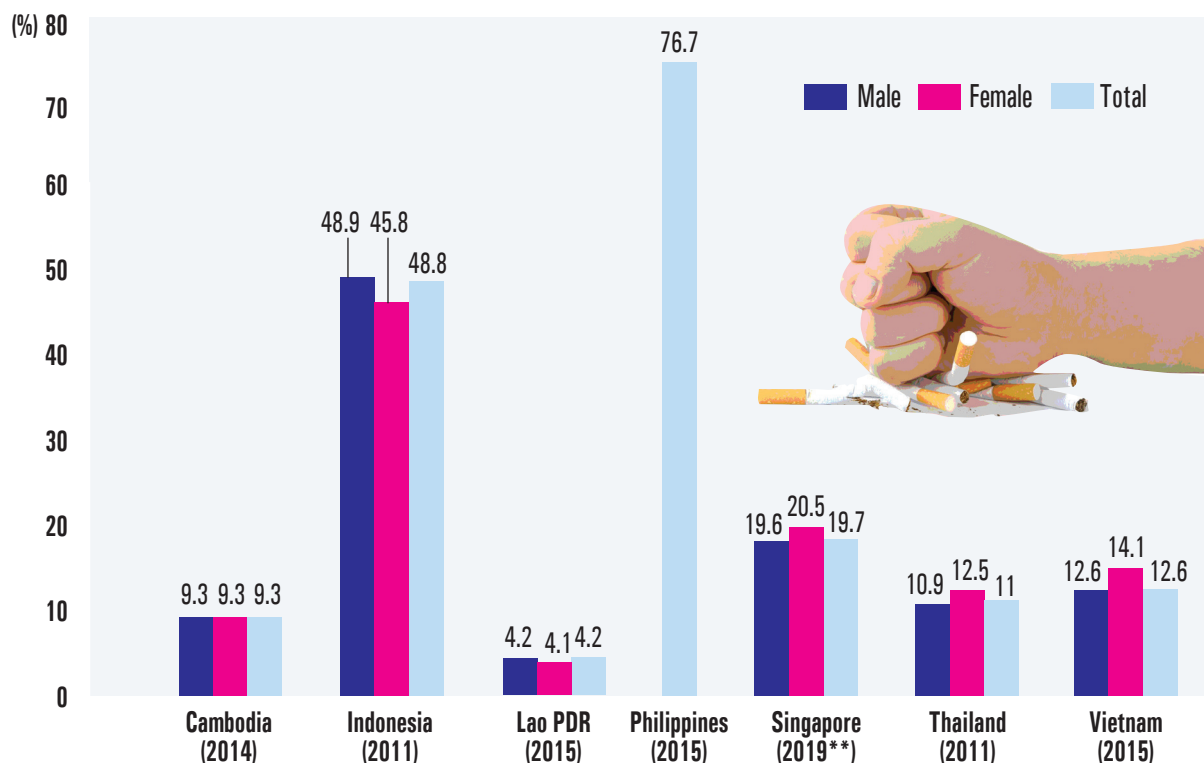
About **303 million** people globally (from 133 countries), aged 15 years and older, currently use smokeless tobacco. Of these, 248 million smokeless tobacco users live in the WHO South-East Asia region, primarily in India.

More than 85% of the smokeless tobacco-related burden was in South and Southeast Asia and the risk estimates for cancers were highest in this region. In 2017, at least **2.5 million** DALYs and 90,791 lives were lost across the globe due to oral, pharyngeal and oesophageal cancers that can be attributed to smokeless tobacco.



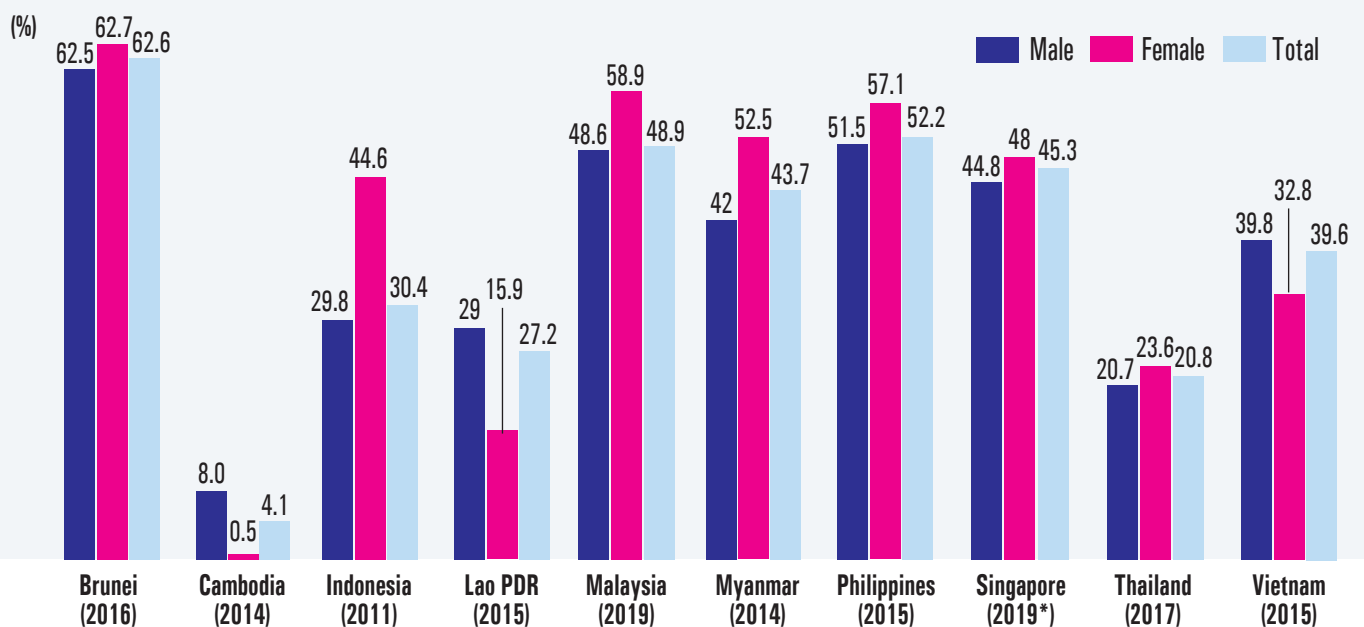
Quitting tobacco use

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



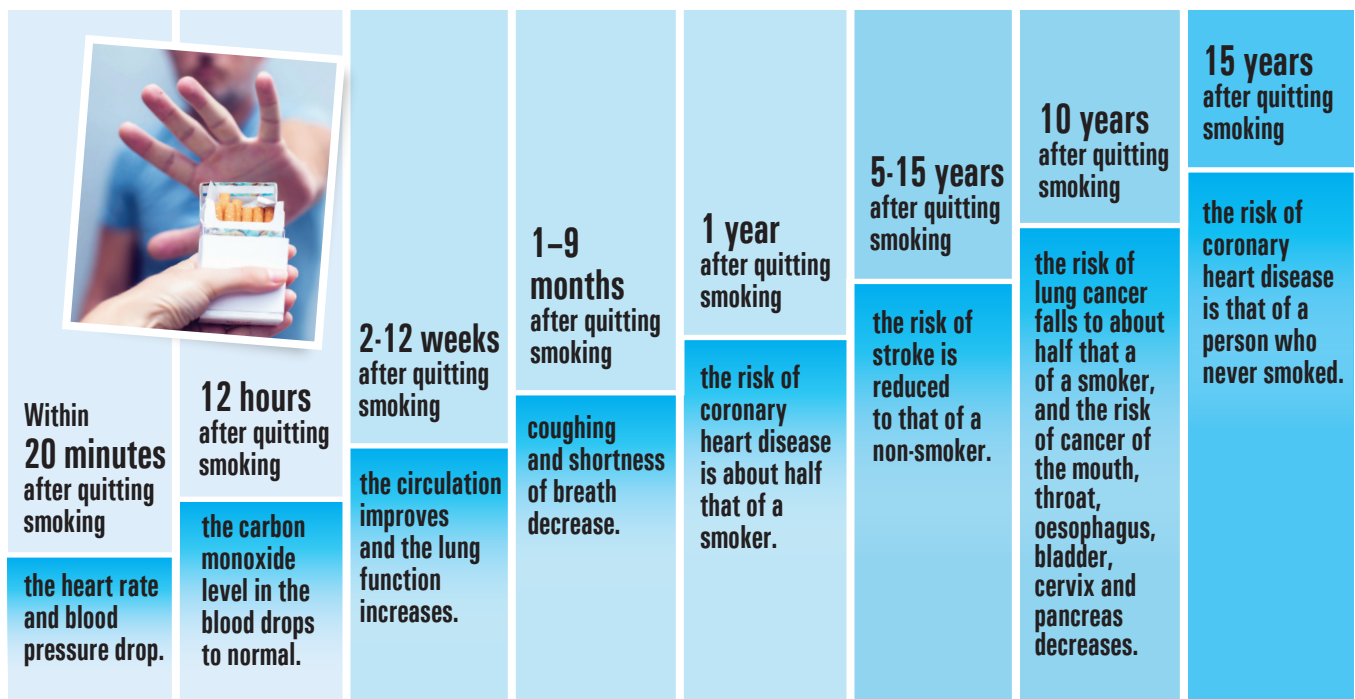
*No data available in Brunei, Malaysia and Myanmar. **18-74 years old.

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



*18-74 years old.

Health benefits in quitting for all tobacco users



Quick Fact

Smoking cessation is beneficial at any age. It improves health status and enhances quality of life as well as reduces the risk of premature death and many adverse health effects, including reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and cancer.

Years gained by quitting smoking by age

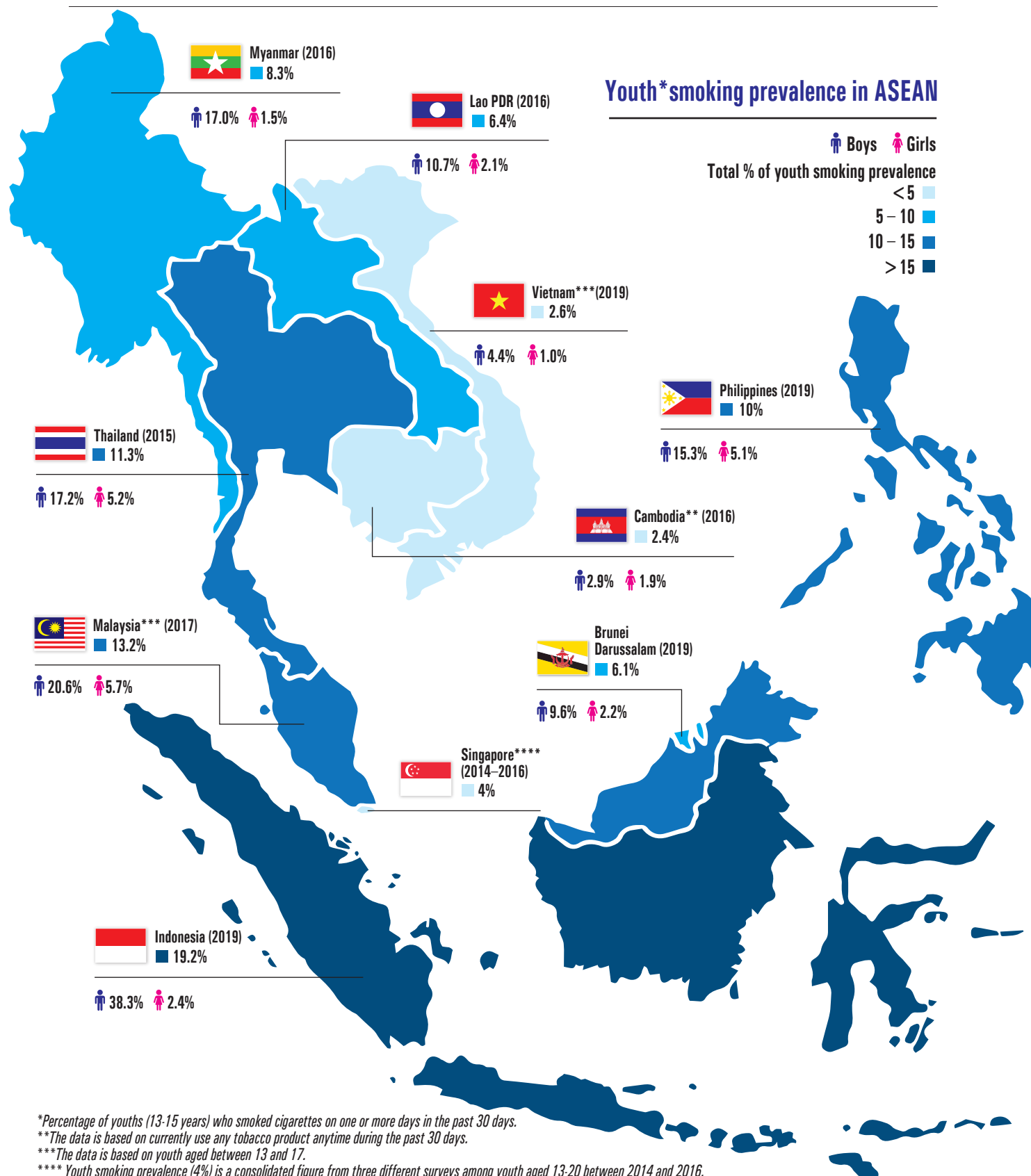
Benefits in comparison with those who continued:



Cessation support (national toll-free tobacco quitline service) in selected ASEAN countries

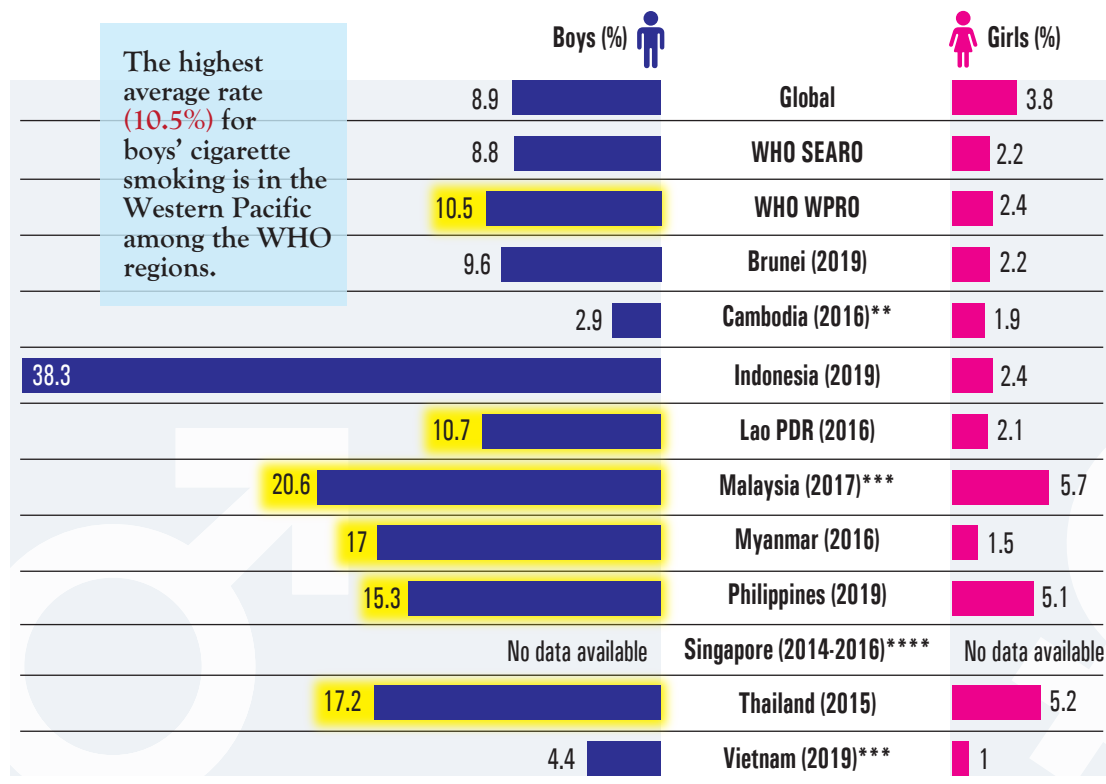
Country	National toll-free tobacco quitline service
Indonesia	Layanan Berhenti Merokok (0800-177-6565)
Malaysia	Infoline: 03-8883 4400
Philippines	Quit Smoking: Call DOH Quitline 1558 (formerly 165-364)
Singapore	QUITLINE 1800 438 2000
Thailand	Quitline 1600





Youth Smoking

Numbers don't lie: **Percentage of smoking among boys and girls (13 – 15 years)* in ASEAN**



*Percentage of students who smoked cigarettes on one or more days in the past 30 days. ** Data is based on current use of any tobacco product during the past 30 days.

The data is based on youth aged between 13 and 17. * Youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Quick Fact

The South East Asian (6.4 million or 27%) and Western Pacific (4.7 million or 19.9%) regions have the largest number of youth cigarette smokers of the global total (23.6 million) respectively.

"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."

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



Youth smoking initiation

Early initiation of youth ever-smokers* in ASEAN

Country	Boy (%)	Girl (%)	Total (%)
Brunei** (2019)	20.7	6.4	13.9
Cambodia		No data available	
Indonesia** (2019)	37.9	37.5	37.9
Lao PDR (2011)	28.6	—	30.9
Malaysia** (2017)	69.9	56.7	68.4
Myanmar (2016)	15.2	28.2	17.2
Philippines*** (2015)	10.7	14.5	12
Singapore		No data available	
Thailand (2015)	16.8	9.2	14.5
Vietnam (2014)	16.4	24.4	17.7

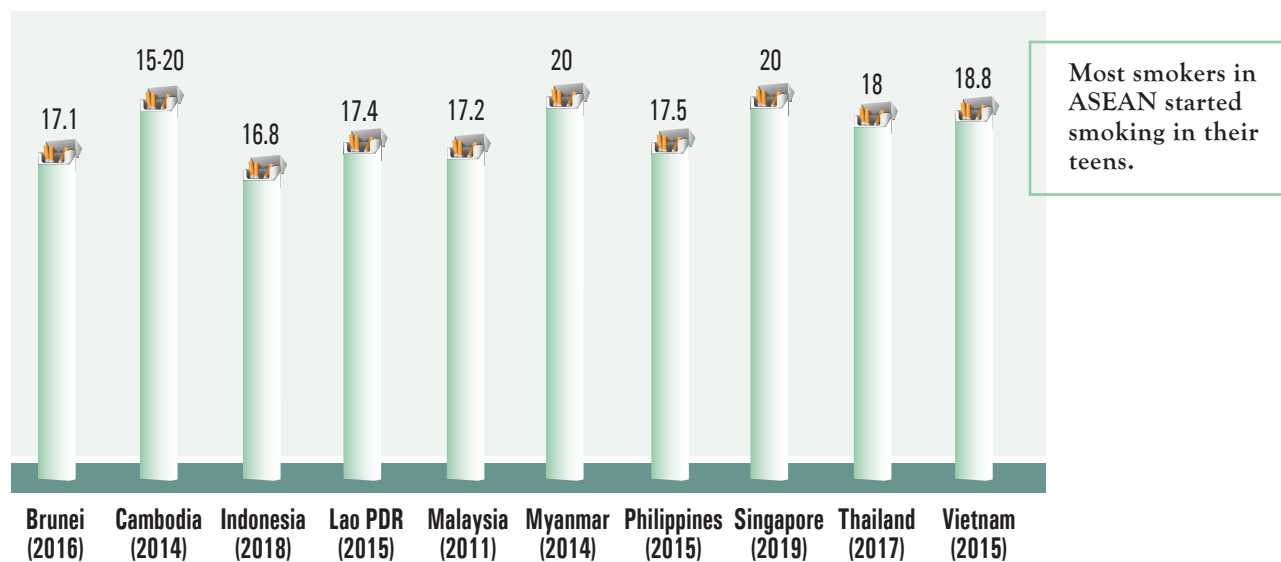


*Percentage of ever smokers who first smoked before the age of 10 years

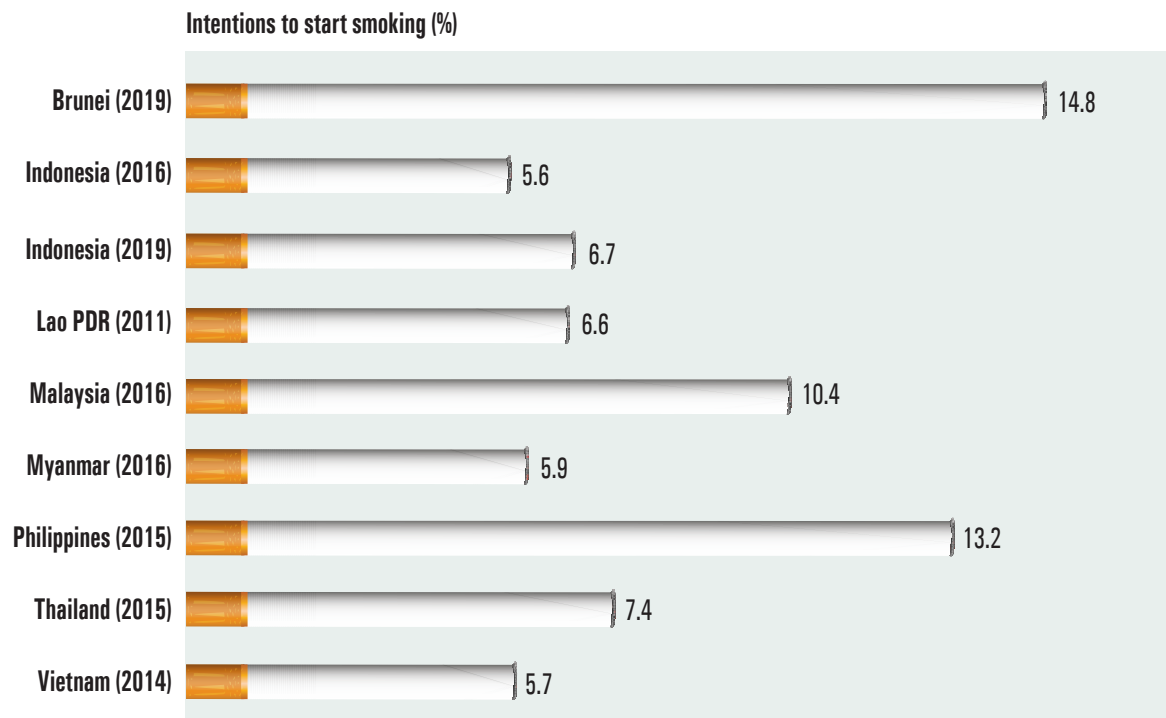
**Percentage of students who first tried cigarette smoking before age of 14 years

*** Percentage of ever smokers who first smoked at the aged of 7 or younger.

Average age of adults smoking initiation (daily smokers) in ASEAN

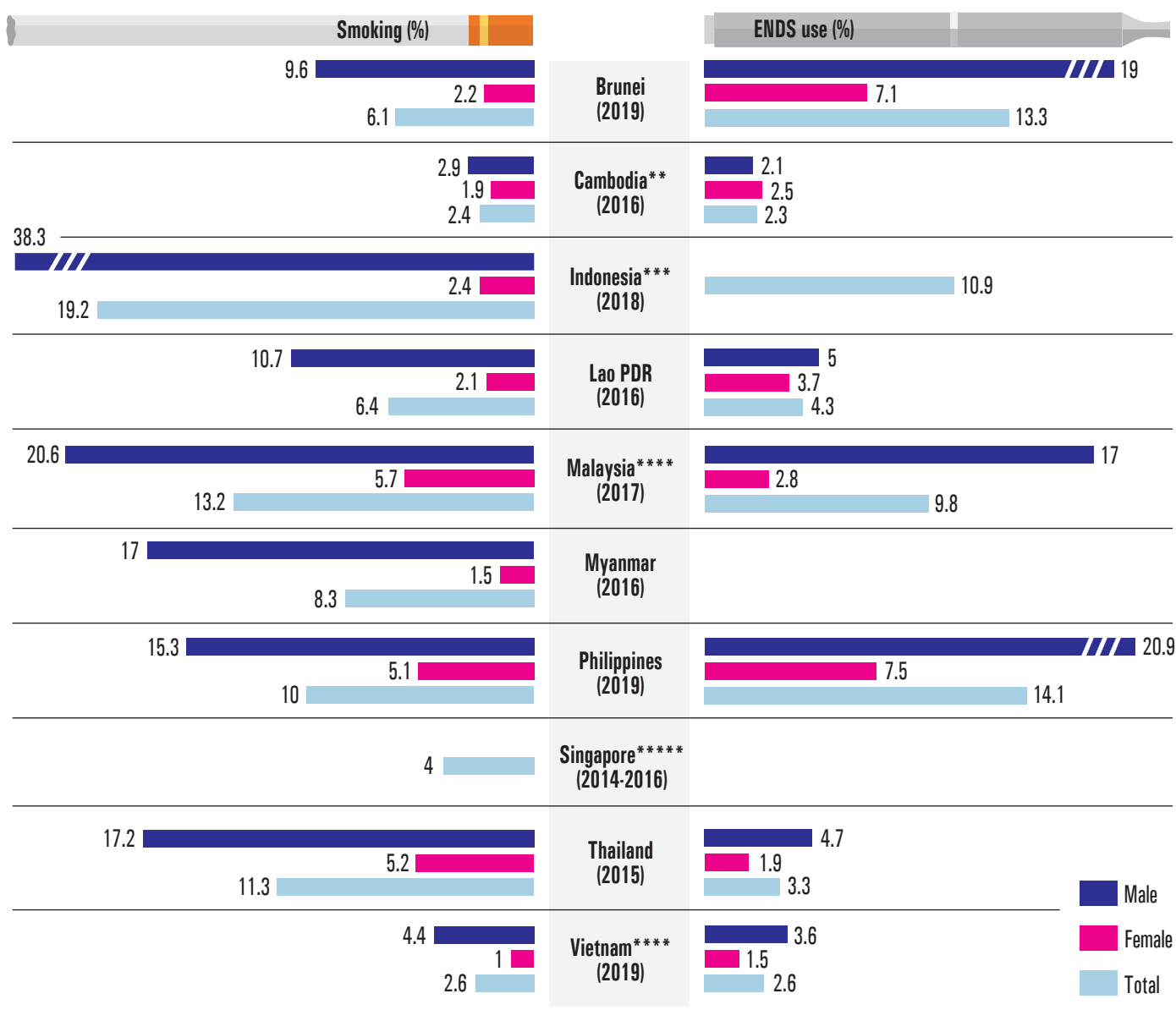


Intentions of non-smoking youths to start smoking in the next year



*Note: Years of the Global Youth Tobacco Survey (GYTS) differ between countries.
No data available in Singapore.*

Numbers don't lie: Percentage of youth smokers* and ENDS users in ASEAN



* Percentage of students who smoked cigarettes on one or more days in the past 30 days. ** The data is based on currently use any tobacco product anytime during the past 30 days.

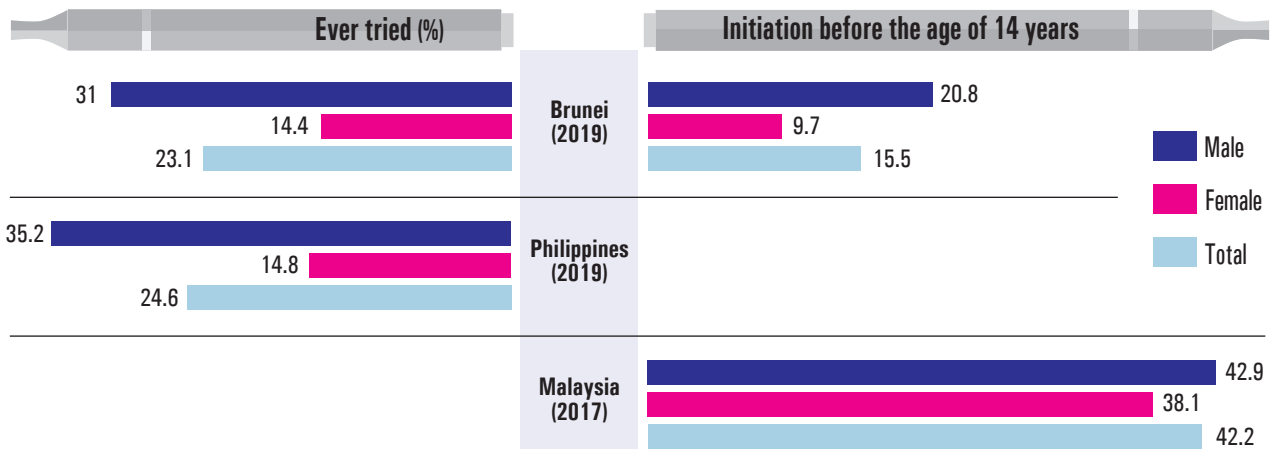
*** Indonesian youth aged 10-18 years old **** The data is based on youth aged between 13 and 17.

***** Youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Quick Fact

Globally, the number of youths aged 13–15 years, who smoke, is estimated to be around 24 million, and 13 million use smokeless tobacco products.

Prevalence of ever tried and initiation age using ENDS in ASEAN*

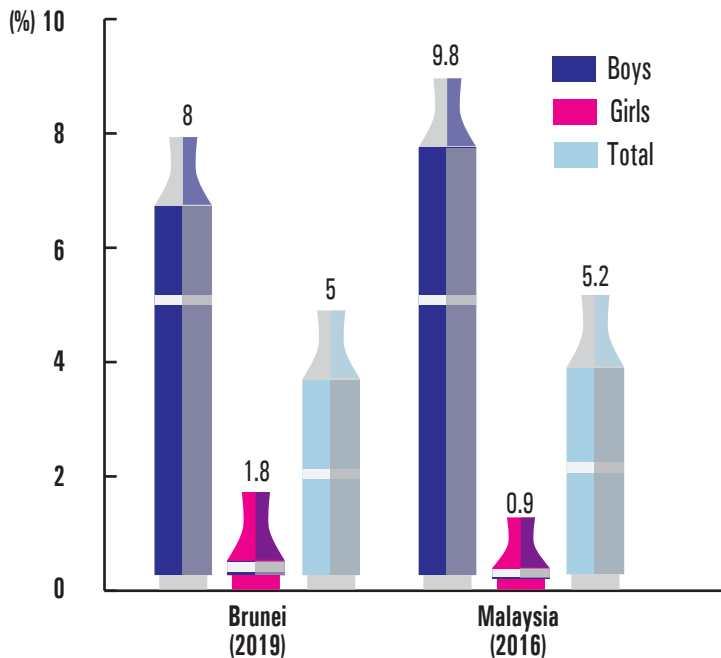


*No data available in Cambodia, Indonesia, Lao PDR, Myanmar, Singapore, Thailand and Vietnam.

Quick Fact

Electronic nicotine delivery systems (ENDS) use is associated with a higher risk of cigarette smoking among adolescents who had no prior intention of taking up conventional smoking. They are more than four times more likely to start smoking cigarettes one year later compared to those who did not use ENDS.

Prevalence of current youth dual users of ENDS and cigarettes in ASEAN*

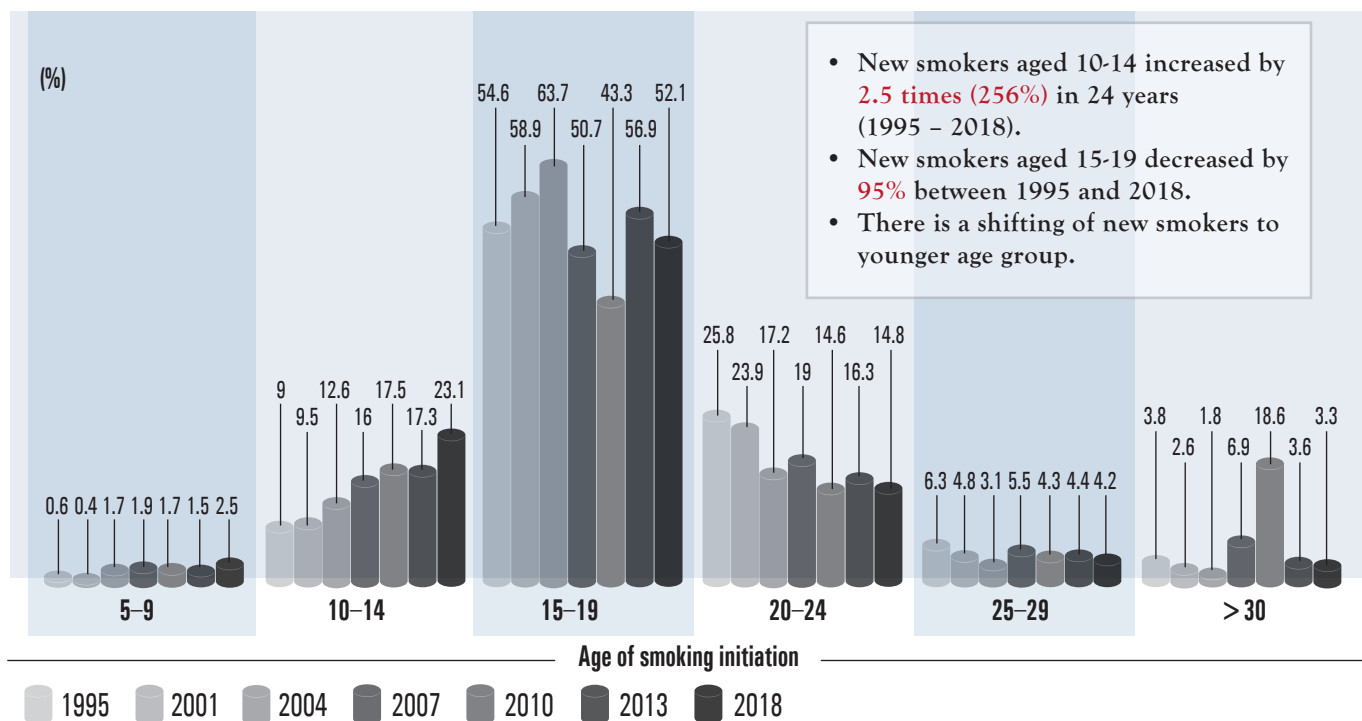


Quick Fact

Electronic nicotine delivery systems (ENDS) are associated with adolescents starting to smoke tobacco cigarettes; adolescents who use ENDS are three to five times more likely to start smoking tobacco cigarettes compared to those who never used ENDS.

*No data available in Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Singapore, Thailand and Vietnam.

Smoking initiation trend among Indonesian between 1995 and 2018



DEATHS FROM TOBACCO

- 290,444 Indonesians/year
- 795.7 Indonesians/day



RECRUIT NEW SMOKERS

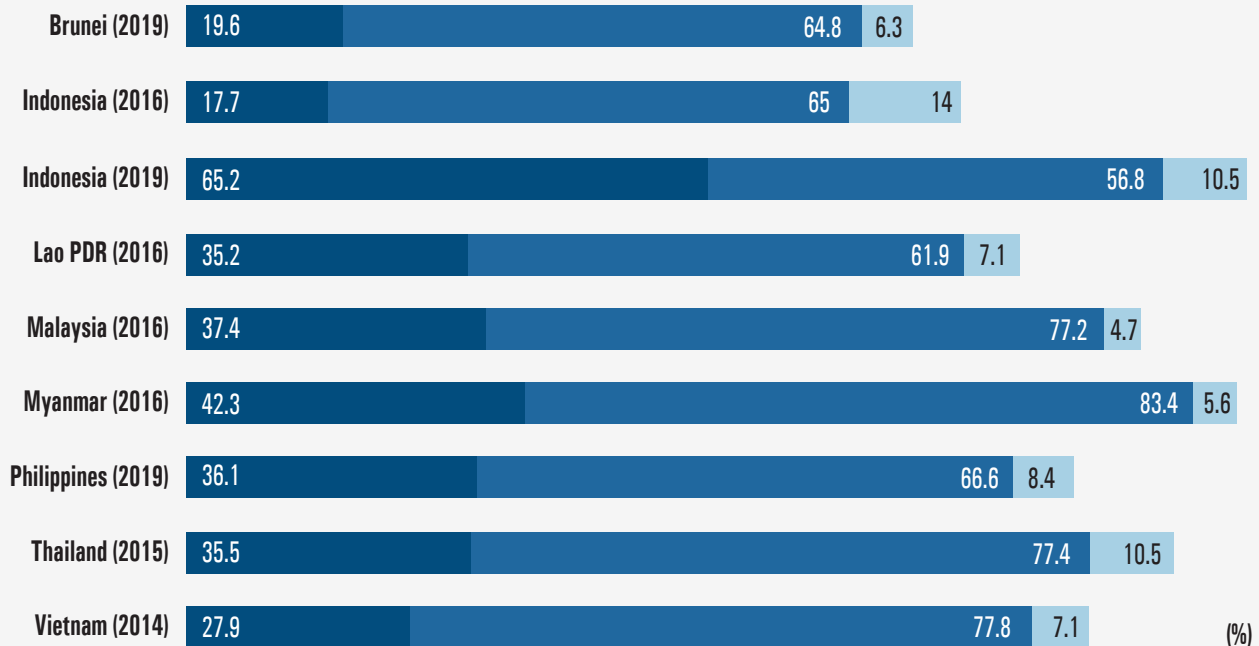
- 16.8 million new Indonesian smokers (10-19 years old)/year
- 46,027 youth smokers (below 19 years)/day

Quick Fact

Indonesia has one of the highest smoking rates in the world where **63%** of adult males and **38.3%** of youths (aged between 10 and 18) smoke.

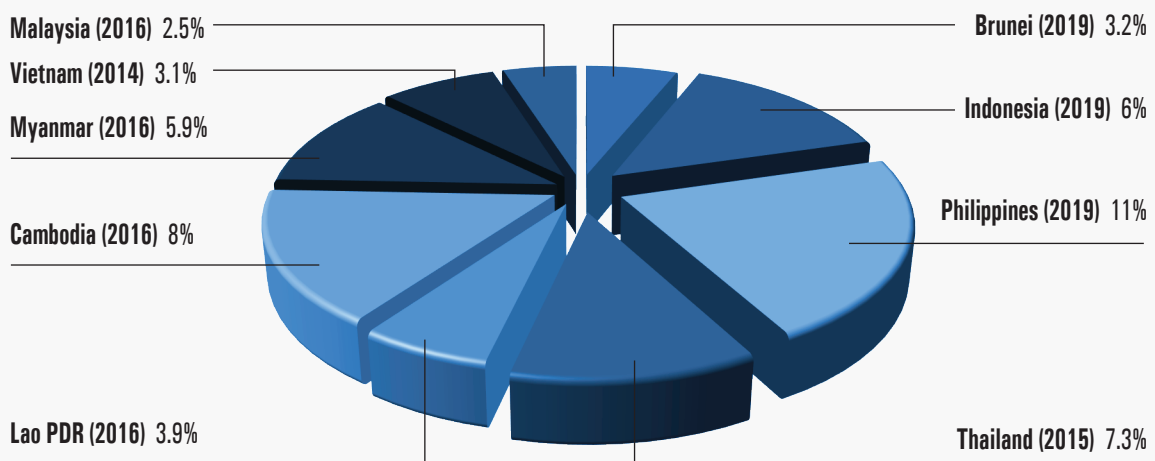
Youth susceptibility to tobacco advertising and promotion in ASEAN

- Tobacco advertisement or promotion at point-of-sale seen by youth
- Youth who saw anyone using tobacco on television, videos, or movies
- Youth who have object with a tobacco brand on it



**All forms of tobacco advertising or promotion are prohibited in Singapore.*

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



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



Chapter 3

Basic Needs Sacrificed

Tobacco use is inextricably linked to poverty. Tobacco consumption varies according to socioeconomic group, but in most countries, those who tend to consume tobacco the most are the poor and the poorest and men with low education than their more affluent and higher education counterparts. This inequality in smoking implies wide disparities in the health status of different socioeconomic groups in many countries.

In many ways tobacco perpetuates the vicious cycle of poverty that many smokers are in. Nicotine addiction drives

smokers to spend a large proportion of their income on tobacco diverting limited family resources from spending on basic necessities such as food, health care, shelter, and education. Tobacco also exacerbates poverty among families of tobacco users, who are at high risk of falling seriously ill from tobacco-related diseases and dying prematurely, thereby imposing heavy health care costs on families and depriving them of much-needed household income. It contributes to a disproportionate burden of disease and death among the poor.

Quick Fact

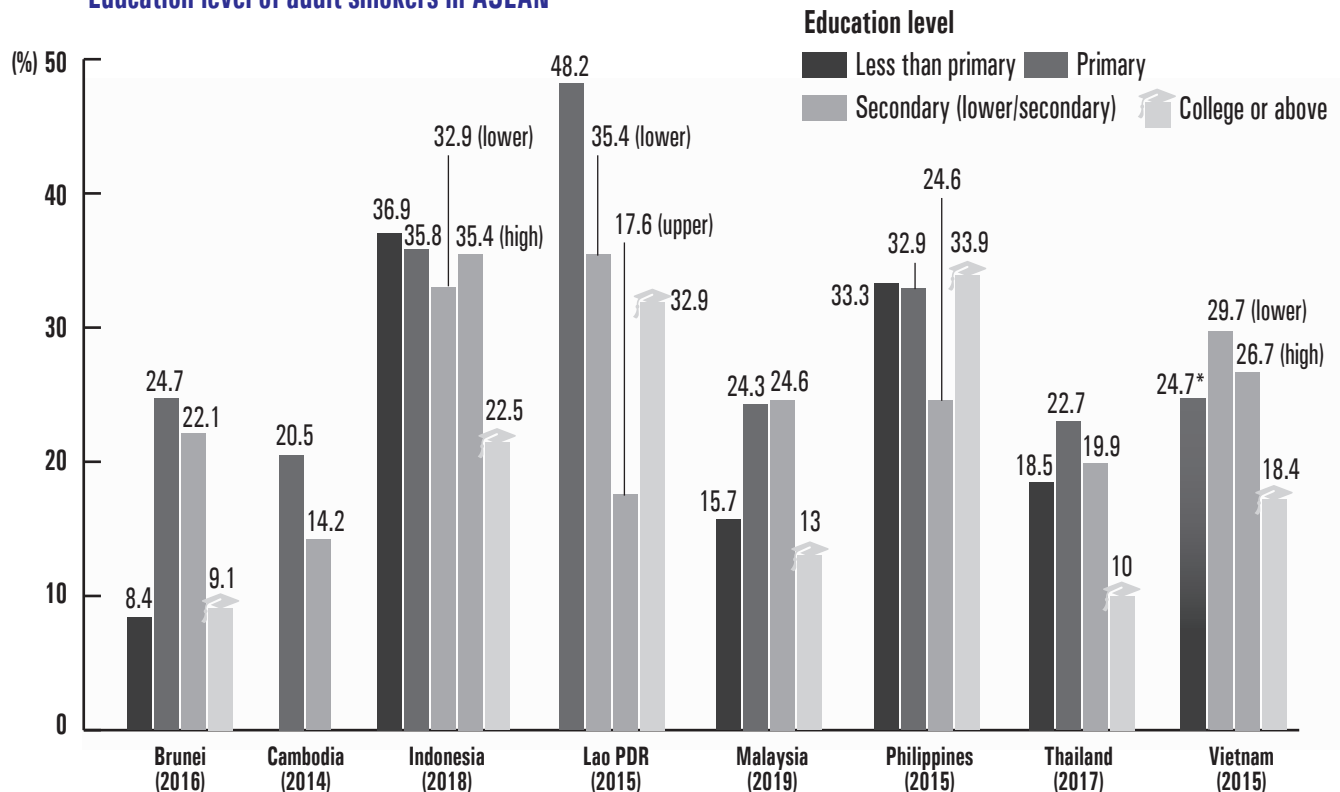
Globally, around **226 million** adult tobacco users live in poverty.

Smoking prevalence was strongly linked to the level of educational attainment. In most countries, smoking and other forms of tobacco use are much higher among the poor.



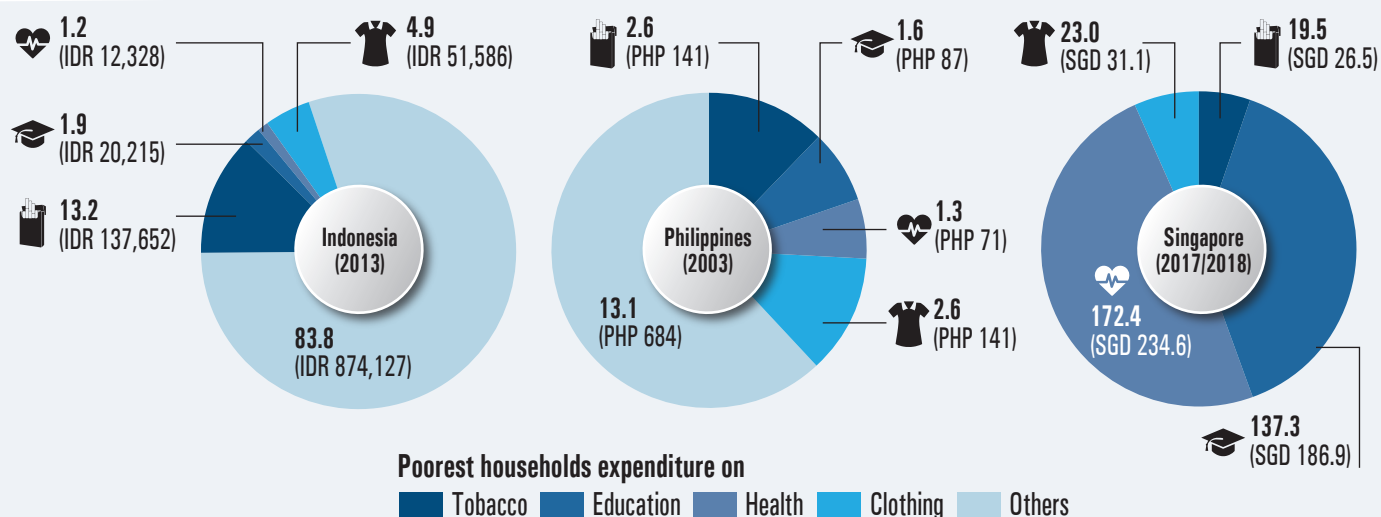
Poverty and inequality

Education level of adult smokers in ASEAN



* The percentage of primary and less than primary.

Tobacco expenditure and basic needs (USD)



Quick Fact

Among poor families in urban slum areas of Indonesia, households where the father was a smoker are at greater risk of household food insecurity.

Paternal smoking diverts household money from food to tobacco (22% of weekly per capita household expenditures) and exacerbates child malnutrition.

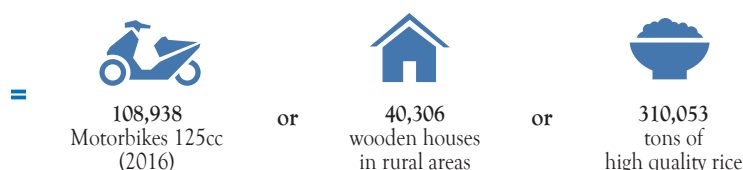
Price of most popular cigarette brands (per pack) relative to quantity of rice (kg) and eggs in ASEAN

Country	Most Popular Cigarette Brand		Quantity of	
	Brand name	Price		
		Local currency	USD	
Brunei	Djarum Super*	BND 4.10	5.11	Rice (kg) 5.8, Eggs (pieces) 35
Cambodia	Fine	KHR 4,000	1.00	Rice (kg) 2, Eggs (pieces) 8
Indonesia	A Mild (16 sticks)	IDR 25,500	1.75	Rice (kg) 2.3, Eggs (pieces) 18
Lao PDR	Adeng	LAK 8,000	0.85	Rice (kg) 0.96, Eggs (pieces) 1.05
Malaysia	Dunhill	MYR 17.40	4.20	Rice (kg) 11.7, Eggs (pieces) 79
Myanmar	Red Ruby	MMK 2,500	1.79	Rice (kg) 1.25, Eggs (pieces) 17
Philippines	Fortune	PHP 111	2.29	Rice (kg) 3.01, Eggs (pieces) 17
Singapore	Marlboro	SGD 14	10.42	Rice (kg) 5.08, Eggs (pieces) 60
Thailand	SMS	THB 60	1.92	Rice (kg) 3.15, Eggs (pieces) 19.35
Vietnam	Thang Long	VND 10,000	0.43	Rice (kg) 0.78, Eggs (pieces) 5

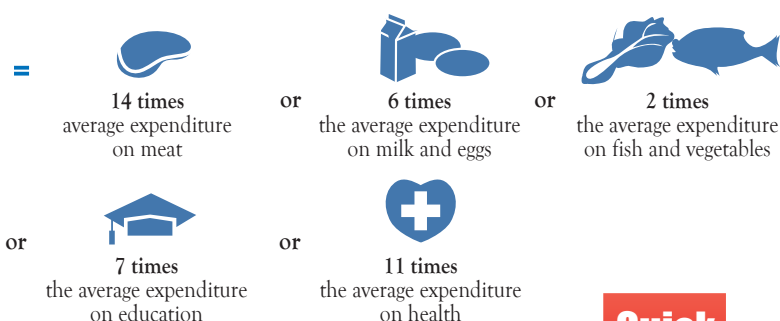
* Djarum Super was the most popular brand sold prior to May 2014. There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country at present.

Annual tobacco expenditures = Lost opportunities

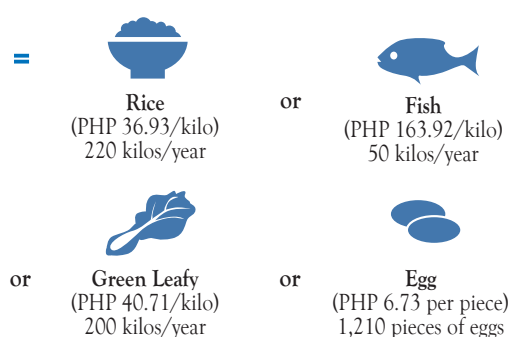
Cambodia Annual expenditure of USD 201,534,701 spent on tobacco in 2014. Of these, USD 168,860,800 on manufactured cigarettes, hand-rolled cigarettes (USD 14,545,709) and loose tobacco (USD 18,128,192).



Indonesia Annual spending on cigarettes by smokers (among the poorest group) in 2013.



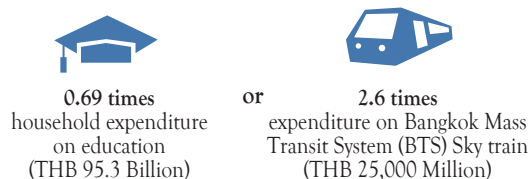
Philippines Annual expenditure of current smokers on cigarettes is USD 179.55 (PHP 8,140.80) per smoker in 2015.



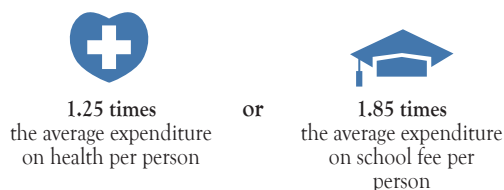
Quick Fact

In low-income countries, sometimes more than 10% of household income is spent on tobacco products – meaning less money for food, education and healthcare.

Thailand Annual expenditure on tobacco is estimated to be USD 20.87 Billion (THB 65.76 Billion) in 2017.



Vietnam Average annual expenditure on cigarettes is USD 132 (VND 2,656,800) per smoker in 2015.



Annual deaths attributed to major tobacco-related diseases in ASEAN



Quick Fact

More than **half a million** people die from tobacco-related diseases annually in ASEAN.

On average smokers lose **15 years** of their life. Millions of people stop smoking by dying.

Chapter 4

Burden of Death, Disease and Disability

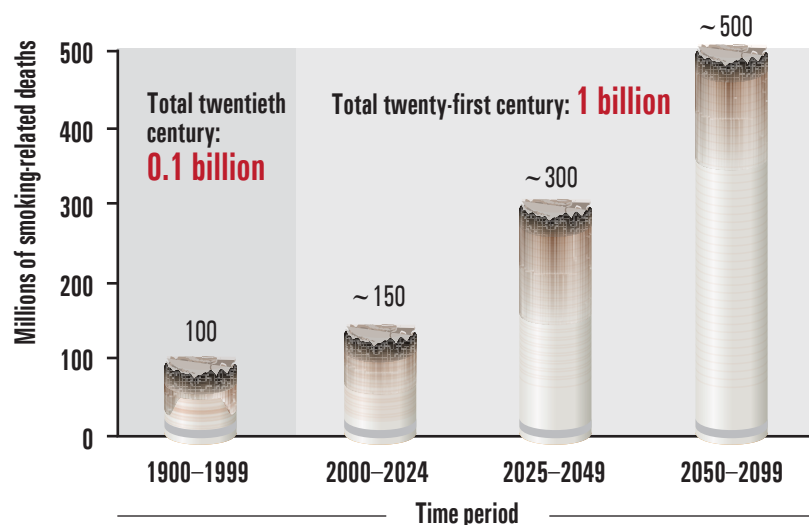
When used as intended by the manufacturer, tobacco is the only legal product that kills up to two thirds of its regular users, currently killing more than 8 million people globally each year, including about 1.2 million non-smokers, who lose their lives due to exposure to secondhand smoke. All forms of tobacco are harmful, and there is no safe level of exposure to tobacco. As such, tobacco use is the biggest public health threat continues to be the world's single largest preventable cause of diseases, harming almost every organ of the body.

Given the current trends of the tobacco epidemic being exported from high-income countries to low-and middle-income countries, it is estimated that tobacco use will kill more than 8 million people annually by 2030, with 80% of these premature deaths in low-and middle-income countries. In the ASEAN region, tobacco already causes more than half a million deaths every year.

Tobacco also imposes a heavy economic burden on society and government through increased health care costs and human productivity losses. The economic and societal costs of tobacco-related diseases are staggering and cost an estimated USD 1.4 trillion annual expenditure in tobacco-related healthcare costs and in lost productivity due to illnesses and early deaths. Forty percent (40%) of the global cost of smoking occurred in low- and middle-income countries. Most ASEAN governments already spend significant amounts of their budgets for direct and indirect tobacco-related health care costs that are many times higher than revenue gained from tobacco.

Tobacco is a key risk factor for many noncommunicable diseases and reduction in tobacco use is critical to reducing the NCDs burden, which account for 71% (41 million people) of deaths globally, including 15 million people aged between 30 and 69 years.

Tobacco – Global agent of death



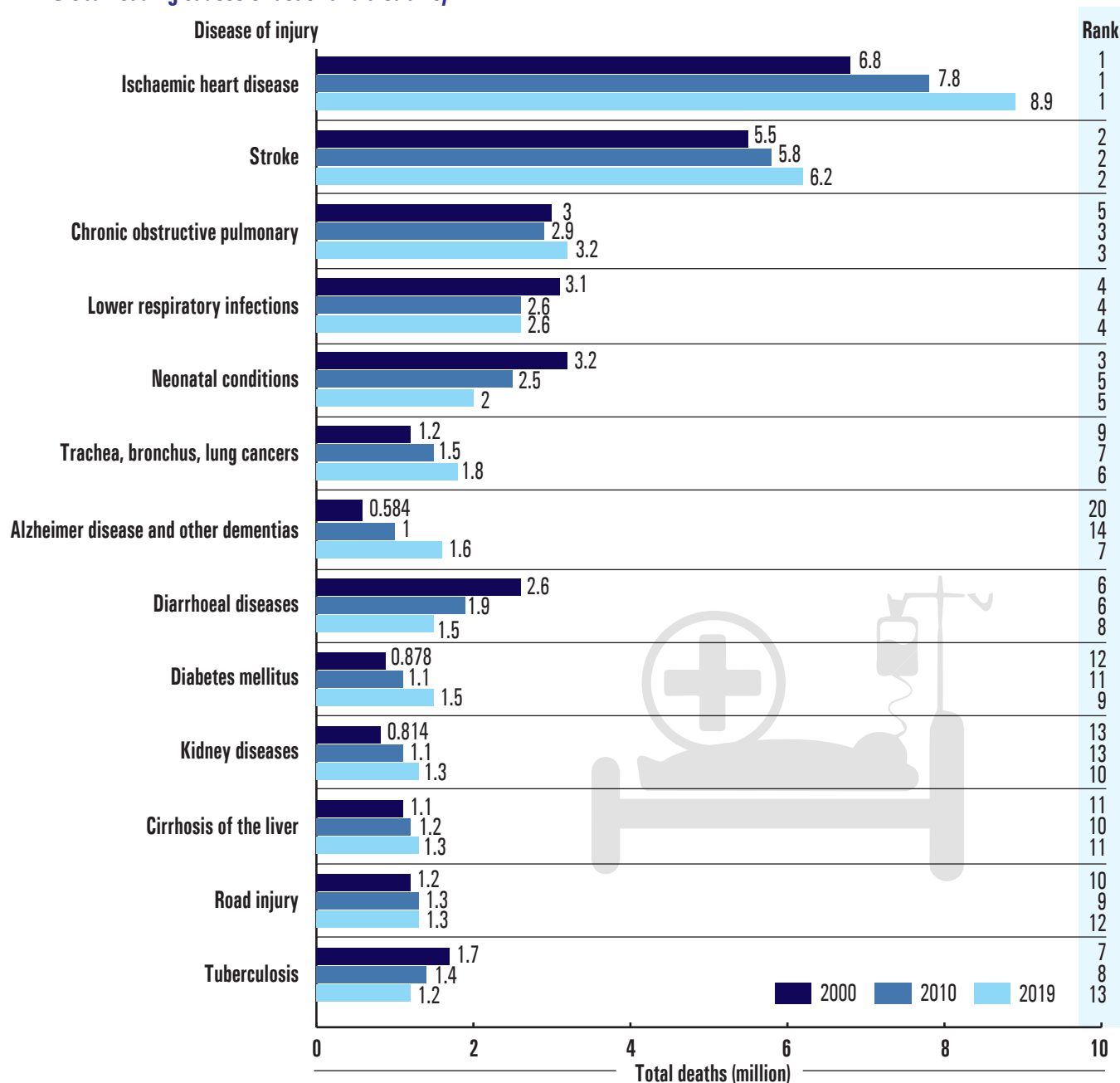
Tobacco will kill 1 Billion people in the 21st century About half of these deaths will occur before 70 years of age.

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.

Quick Fact

On the basis of current consumption patterns, approximately **450 million** adults will be killed by smoking between **2000** and **2050**. At least half of these adults will die between **30** and **69** years of age, losing decades of productive life.

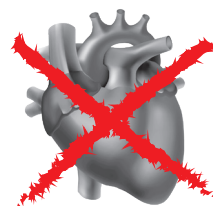
Global leading causes of death and disability



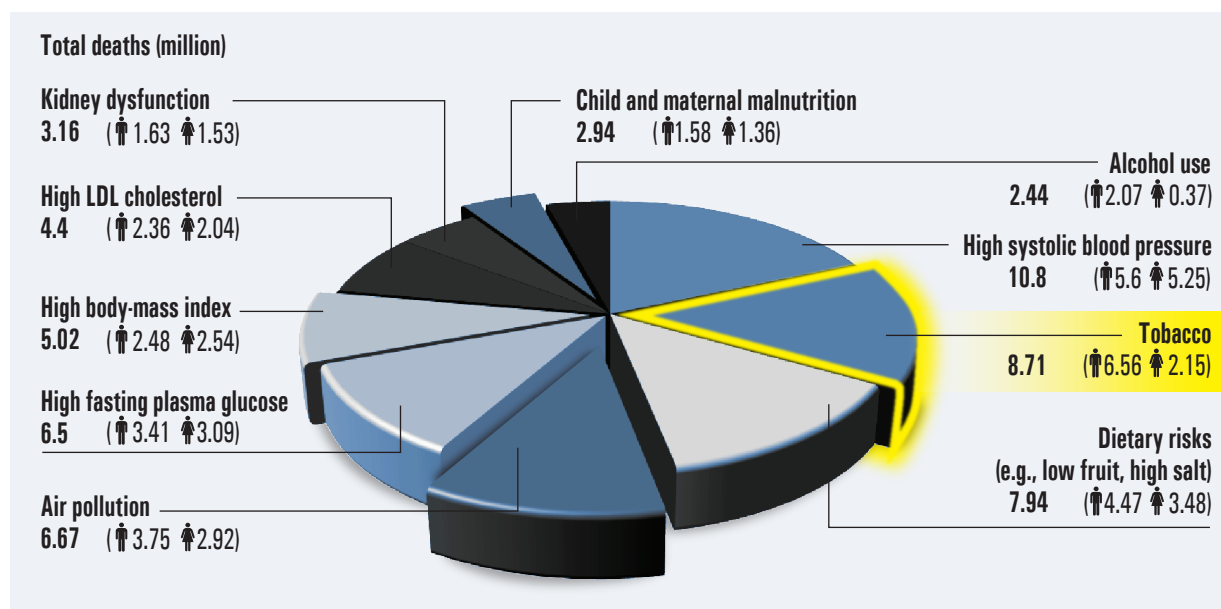
Quick Fact

At the global level, 7 of the top 10 causes of death in 2019 are noncommunicable diseases. There were **55.4 million deaths** and **2.5 billion healthy years of life lost** worldwide. Ischaemic heart disease caused the most deaths and was responsible for 16% of total deaths. Since 2000, it has seen the largest increase in deaths, rising by more than **2 million** to nearly **9 million deaths** in 2019.

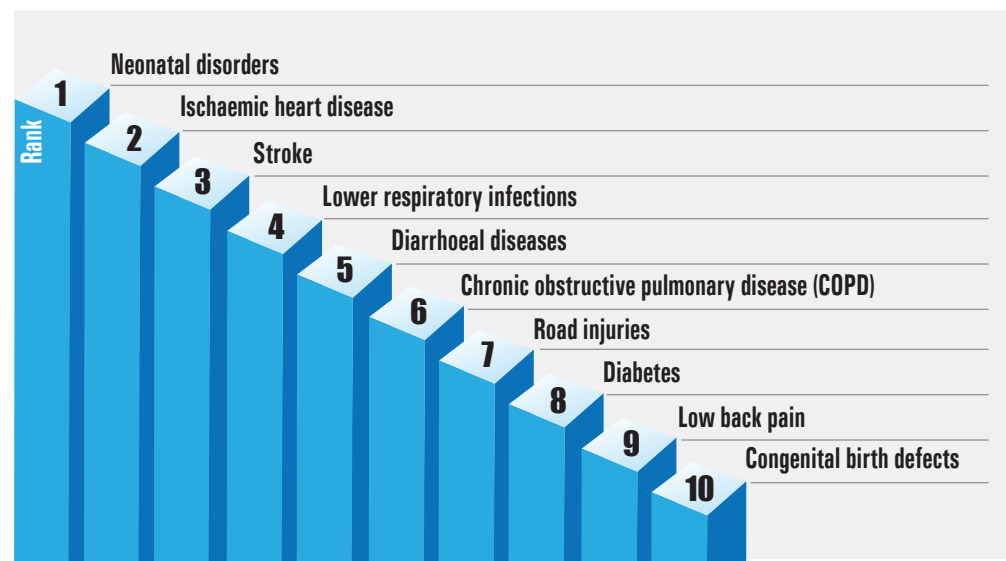
Today's tobacco users will make up the majority of future tobacco-related deaths, which will disproportionately affect low- and middle-income countries.



Risks associated with the highest number of deaths worldwide for both sexes combined, all ages, in 2019



Leading causes of DALYs* or health loss globally for both sexes combined, all ages, in 2019



*Disability-adjusted life-years (DALYs).

Low-income and middle-income countries account for 62.6% of the global burden of COPD and lung cancer, and this share is likely to increase sharply over coming decades due to ageing populations and less successful tobacco and air pollution control.

Quick Fact

Several of the risk factors and non-communicable diseases (NCDs), including obesity, diabetes, and cardiovascular disease, are associated with increased risk of serious illness and death from COVID-19.

Tobacco use is a leading common risk factor for non-communicable diseases.

41 million people kill each year, equivalent to 71% of all deaths globally, including 15 million people aged between 30 and 69 years.

Direct and indirect tobacco-related health care costs in ASEAN

		Total number of adult smokers
Brunei (2012)	BND 190 million (USD 155.483 million) of direct and indirect economic cost for overall tobacco-related diseases (0.9 % of Brunei's 2012 GDP).	39,037
Cambodia (2017)	KHR 2.71 trillion (USD 660 million) total economic costs of tobacco use for 31 tobacco-related diseases (3.0% Cambodia's 2017 GDP).	1,680,867
Indonesia (2017)	IDR 531.8 trillion (USD 39.4 billion) of direct and indirect smoking cost for 21 tobacco-related diseases (2.15% of Indonesia's 2017 GDP).	65,700,000
Lao PDR (2017)	LAK 3.54 trillion (USD 427.8 million) total economic costs of tobacco use for 30 tobacco-related diseases (2.3% of Lao PDR's 2017 GDP).	824,016
Malaysia (2012)	MYR 15.785 billion (USD 5.175 billion) of direct and indirect economic cost for overall tobacco-related diseases (1.7% of Malaysia's 2012 GDP).	4,877,697
Myanmar (2016)	MMK 2.62 trillion (USD 1.919 billion) total economic costs of tobacco use for 30 tobacco-related diseases (3.3% of Myanmar's 2016 GDP).	8,100,000
Philippines (2012)	PHP 269.326 billion (USD 6.568 billion) of direct and indirect economic cost for overall tobacco-related diseases (2.5% of Philippines's 2012 GDP).	16,500,000
Singapore (2014)	SGD 609.37 million (USD 479.8 million) of direct and indirect smoking cost for 4 tobacco-related diseases (0.19% of Singapore's 2014 GDP).	323,000
Thailand (2017)	THB 87.25 billion (USD 2.6 billion) of direct and indirect economic cost for tobacco-related diseases (0.56% of Thailand's GDP or 15% of total health expenditure in 2017).	10,676,362
Vietnam (2011)	VND 24, 679.9 billion (USD 1.1732 billion) of direct and indirect cost for 5 tobacco-related diseases (0.97% of Vietnam's 2011 GDP).	15,602,400

Tobacco-related health care costs (billion)

Global economic cost and health burden of tobacco use

USD 422 Billion

Healthcare expenditure due to smoking-attributable diseases

5.7%

of total global healthcare expenditure

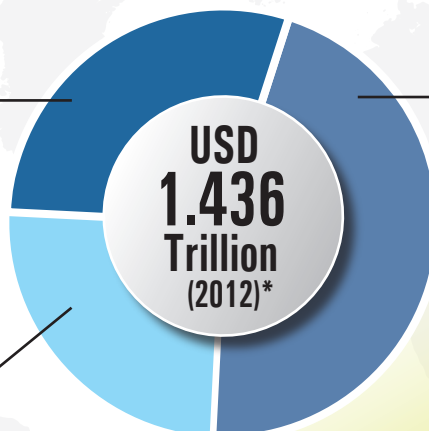
USD 357 Billion

Indirect cost of morbidities caused by smoking

USD 657 Billion

Indirect cost of mortalities caused by smoking

Malignant neoplasms
Cardiovascular diseases
Respiratory diseases
Lower respiratory infections
Tuberculosis



1.8%
world GDP

40%

of the total economic costs are incurred in LMICs

** Total economic cost of smoking (from health expenditures and productivity losses together).*

The numbers of lives behind these costs include:

2.1 Million

deaths caused by smoking

13.6 Million

years lost due to disability among adults ages 30 to 69

40%
of USD 1.436 Trillion

18 Million

years of labor lost due to death

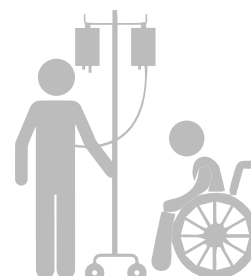
26.8 Million

years of lost labor due to smoking-related diseases

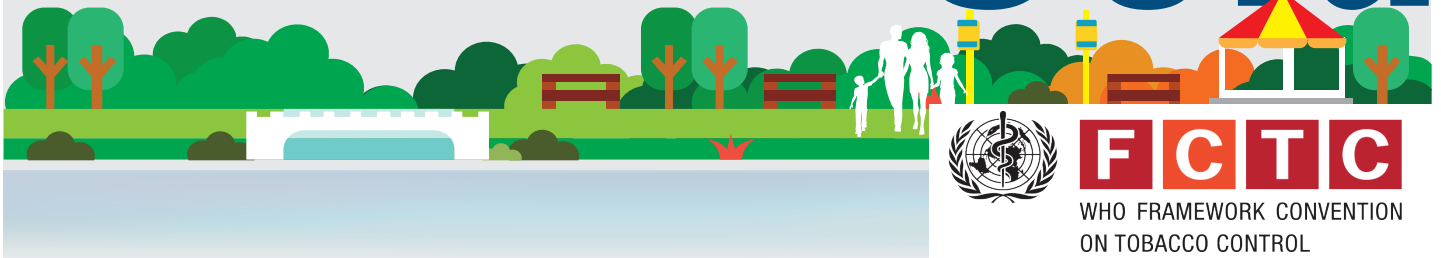
Quick Fact

Global annual costs from tobacco use are **USD 1.4 trillion** in healthcare expenditure and lost productivity from illness and premature death.

40% of the **USD 1.436 trillion** global cost of smoking occurred in low- and middle-income countries.



The Solu



FCTC compliance in ASEAN

WHO FCTC Ratification



are Parties to the WHO FCTC. Indonesia is a non-Party to the WHO FCTC

WHO FCTC Articles 5.1: Tobacco control strategies and plans) and 5.2: Coordinating mechanism or focal point for tobacco control



have established or reinforced and financed a national coordinating mechanism for tobacco control, as well as developed multi-sectoral national tobacco control strategies, plans, and programmes in accordance with the WHO FCTC

WHO FCTC Article 5.3: Protection from tobacco industry (TI) interference



have code of conduct or guidelines on protection of tobacco control policies from tobacco industry interference

WHO FCTC Article 6: Price and tax measures



have regular adjustment processes or procedures for periodic revaluation of tobacco tax levels

tion



The WHO Framework Convention on Tobacco Control (WHO FCTC) provides a framework for effective tobacco control measures to be implemented at the national, regional and international levels.

WHO FCTC Article 8: Protection from exposure to tobacco smoke



Brunei



Cambodia



Lao PDR



Malaysia



Myanmar



Philippines



Singapore



Thailand



Vietnam

introduced laws on smoke-free public places

WHO FCTC Article 11: Packaging and labelling



Brunei



Cambodia



Lao PDR



Malaysia



Myanmar



Philippines



Singapore



Thailand



Vietnam

require pictorial health warnings labels on tobacco packaging

WHO FCTC Article 13: Comprehensive bans on tobacco advertising, promotion, and sponsorship



Brunei



Cambodia



Lao PDR



Singapore



Thailand



Vietnam

have implemented a fairly comprehensive ban on advertising, promotion and sponsorship

WHO FCTC Article 26: Financial resources



Lao PDR



Thailand

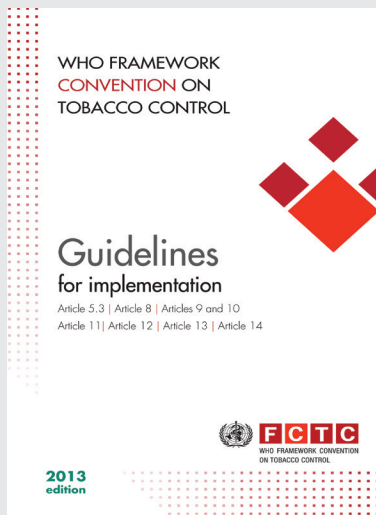


Vietnam

have established health promotion or tobacco control fund

Solution

WHO FCTC: A Comprehensive Package of Measures



Designed to counter the global tobacco epidemic, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first public health treaty negotiated under the auspices of the WHO. It is a landmark legal instrument in international, regional, and national tobacco control that has changed the paradigm of public health policies. At present, 182 governments, representing 90% of the world's population, are Parties to the WHO FCTC and have committed to implementing the treaty's various lifesaving measures. Indonesia is the only ASEAN country that has not ratified the WHO FCTC.

The WHO FCTC provides a framework for guidelines and protocols to reduce tobacco consumption through evidence-based supply and demand regulatory interventions, among others: (a) protection of public health policies from commercial and 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 illicit trade in tobacco products; (g) providing alternative livelihoods to tobacco farming; (h) preventing sales to and by minors; and (i) collecting and sharing data on tobacco use and prevention efforts.

Because tobacco poses a major threat to life and health, it also threatens sustainable global and national development. A multisectoral, whole-of-government and whole-of-society approach is therefore essential for the implementation of the WHO FCTC as a means to achieving the Sustainable Development Goals (SDGs) and to meet the global target of a 30% relative reduction in tobacco use prevalence among persons aged 15 and over by 2025 as agreed by WHO Member States.

Higher taxes TAPS ban 100% smoke-free Standardized packaging

Within ASEAN, most countries have made significant progress in implementing measures to reduce tobacco use in accordance with the WHO FCTC since its entry into force in 2005.

Over the past several years, ASEAN member states have demonstrated growing commitment and leadership in adopting FCTC-compliant policies and interventions, particularly to (a) protect the public from exposure to secondhand smoke by restricting smoking and ensuring smoke-free environments in public places and workplaces (Article 8) and (b) raise public awareness of health risks of tobacco use, help motivate quit attempts, and discourage tobacco use uptake through prominent pictorial health warnings and standardized/plain packaging on all tobacco packages (Article 11).

That said, full implementation of the WHO FCTC remains a work in progress, and further strengthening of national tobacco control policy is needed in order to achieve the objective of the treaty. This includes reducing tobacco product affordability through tobacco tax systems strengthening and regular excise tax increases (Article 6); enforcing a comprehensive ban on tobacco advertising, promotion and sponsorship, including plain or standardized tobacco packaging, prohibiting corporate social responsibility (CSR) activities by the tobacco industry, and banning retail display of tobacco products (Article 13); and securing sustainable financing for tobacco control (Article 26), such as through establishment of health promotion/tobacco control mechanisms funded through tobacco surcharge taxes. It is also widely acknowledged that most ASEAN member states still lag in safeguarding their public health policies from tobacco industry interference (Article 5.3), which is a major obstacle to effective tobacco control implementation.

Sustainable financing Large pictorial warnings Multisectoral coordination Code of Conduct

Tobacco control policy milestones in ASEAN



Brunei

WHO FCTC Ratification: 3 June 2004

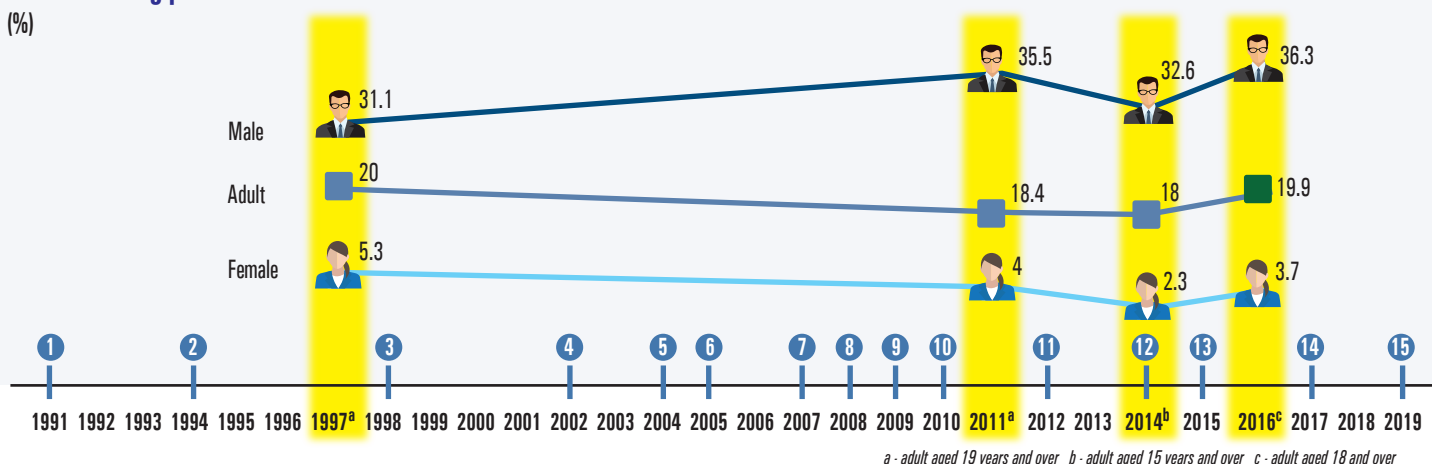
Tobacco Control Law Enacted: Tobacco Order 2005 and its Regulations

Tobacco control milestones

- 1 Mandatory textual health warnings on cigarette packs
- 2 All government building declared smoke-free
200% increase in tobacco tax
- 3 Royal Brunei Airlines became smoke-free
- 4 Schools declared smoke-free
- 5 Ratified WHO FCTC (3 June)
Haram fatwa on smoking issued
- 6 Tobacco Order 2005 (S49/05) passed
 - Sale of single sticks of cigarettes ban
 - Kiddie pack (less than 20-stick) ban
- 7 Tobacco Regulations 2007 enacted
Smoking cessation clinics established
- 8 Tobacco Control Unit established
Tobacco retail licensing enforced
- 9 National Committee on Tobacco Control established
Pictorial health warnings (PHWs) implemented (Top 50% front and back)
- 10 New tobacco tax and price (Cigarettes – BND 0.25 per stick)
Pack display ban
Additional requirements for tobacco retail license
- 11 100% smoke-free airport
Expansion of smoke-free areas
PHWs (2nd rotation) – warning size increased to 75%
- 12 No more licensed tobacco retailer (since May 2014)
Smoking cessation clinics expanded to all health centers nationwide and one hospital
- 13 Increased in licensing fee for importer and retailer
- 14 Increased in tobacco tax by 100% (Cigarettes – BND 0.50 per stick)
- 15 Prime Minister's Office circular for civil servants on involvement with tobacco industries was endorsed and distributed

Adult smoking prevalence in Brunei

(%)



Key measures	Brunei: Progress in WHO FCTC implementation
Article 5.2	National Committee for Tobacco Control Multi-sectoral Taskforce for Health
Article 5.3	Code of conduct circular on prohibition of involvement with the tobacco industry that applies to all government agencies.
Article 6	Tobacco tax burden as % or retail price (62%) No licensed tobacco importers and retailers in Brunei since May 2014
Article 8	100% smoke-free indoor in No smoking zones include areas within a distance of 6 meters from the perimeter of the no smoking buildings Penalties or compound for violating smoke-free policy
Article 11	Pictorial health warnings (Top 75% front and back) in 2008 and 2nd rotation in 2012 • False or misleading descriptors (No ban)
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Pack display ban • Sale of cigarette in single sticks ban • Sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe ban • Cross border advertising (partial ban) • TAPS via internet (no ban) • Person-to-person sale (no ban)
Article 16	Less than 20-stick pack ban • Required clear indicator inside POS about the prohibition of tobacco sales to minors • Required Sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	Health Promotion Centre (operational budget), Ministry of Health, Brunei Total budget: USD 189,107 (BND 250,000) for 2019-2020

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes



Cambodia

WHO FCTC Ratification: 15 Nov 2005

Tobacco Control Law Enacted: Tobacco Control Law 2015

Tobacco control milestones

- 1 Regulation on banning smoking in educational, health, religious and tourism facilities and some workplaces but not binding
- 2 Inter-ministerial committee on education and reduction of tobacco use established

Strategic plan on tobacco education and reduction phase 1 developed (2001–2005)
- 3 Ratified WHO FCTC
- 4 Sub-decree on textual health warning on cigarette packages
- 5 Comprehensive ban of tobacco advertising, promotion and sponsorship (TAPS) (Sub-decree)

Expansion of smoke free workplaces (Prakas)
- 6 Sales and imports of shisha and e-cigarette ban

Smoking ban at workplaces and public places (Circular)
- 7 Tobacco Control Law passed

Kiddie pack (less than 20-stick) ban
- 8 Pictorial health warnings (PHWs) implemented (Top 55% front and back)

Smoking ban at workplaces and public places (Sub-decree)
- 9 Tobacco control committee established

Sub-decree on establishment and functioning of the CFTC legislated
- 10 PHWs (2nd rotation)

490 Tobacco Control Inspection Officers established

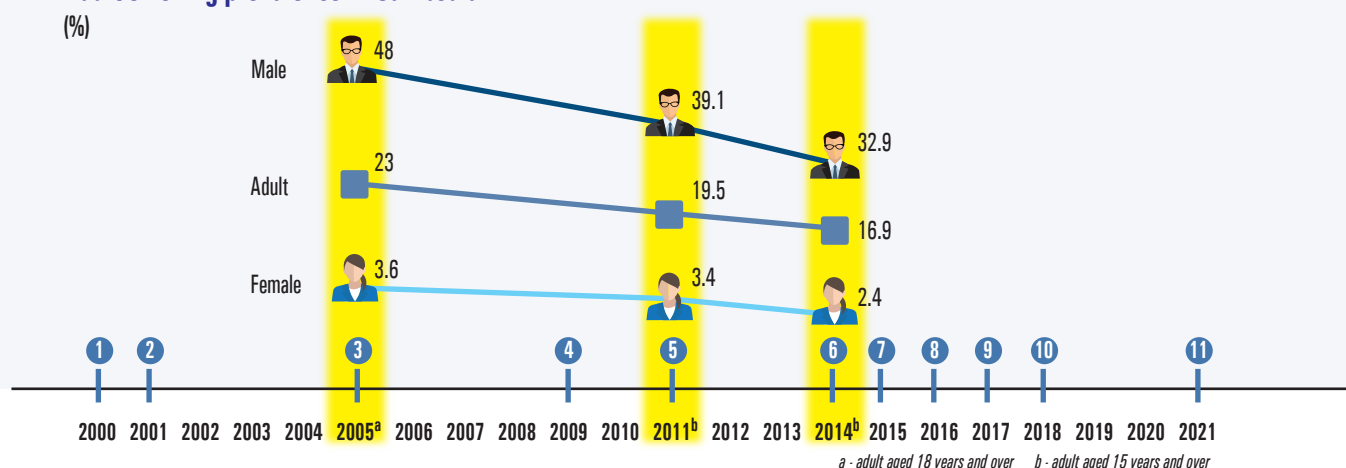
Strategic plan on tobacco education and reduction phase 2 adopted (2021–2026)
- 11 PHWs (3rd rotation)

Ban all forms of partnerships with tobacco industry among educational facilities

Ban the use, sale, and importation of HTPs (in addition to a ban on e-cigarette and shisha since 2014)

Adult smoking prevalence in Cambodia

(%)

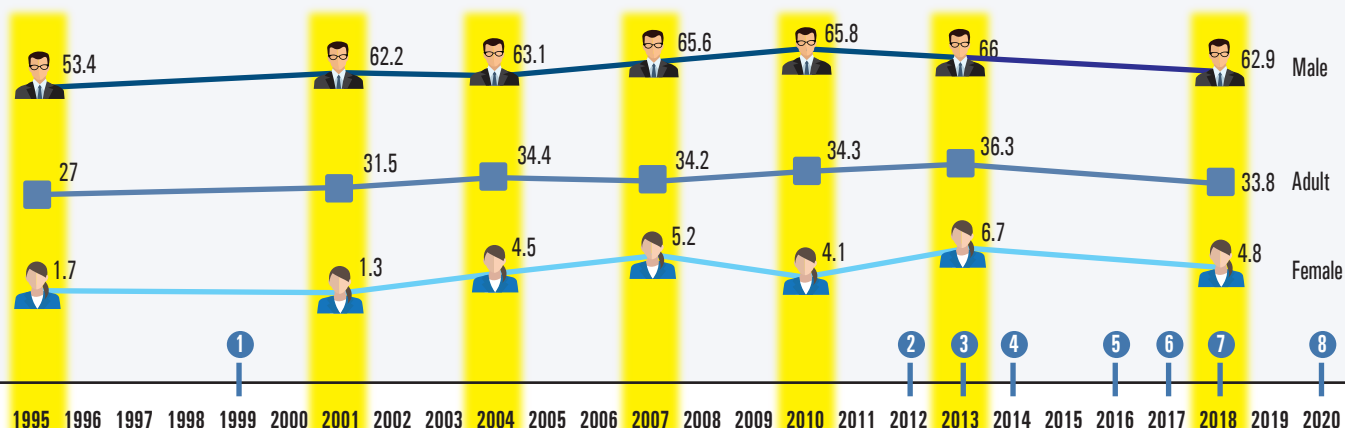


Key measures	Cambodia: Progress in WHO FCTC implementation
Article 5.2	Committee for Tobacco Control (CFTC)
Article 5.3	Principles of Article 5.3 in the Sub-decree on establishment and functioning of the committee for Tobacco Control (CFTC) <ul style="list-style-type: none"> • Circular of the Ministry of Education, Youth, and Sport bans all forms of partnerships with tobacco industry among educational facilities.
Article 6	Tobacco tax burden as % of retail price (25 - 31.1%) No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free in Indoor smoking room allowed in Outdoor smoking anywhere allowed in
Article 11	Pictorial health warnings (Top 55% front and back) in 2016 and 2 nd and 3 rd rotation in 2018 and 2021 • False or misleading descriptors ban
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Cross border advertising ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • Sale of all types of electronic cigarettes, heated tobacco products, shisha and water pipe ban • Corporate social responsibility (Ban cigarette brand name only) • Pack display (Allow 1 pack per brand)
Article 16	Less than 20-stick pack ban • Not required clear indicator inside POS about the prohibition of tobacco sales to minors • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	No governmental funding mechanisms for tobacco control

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes

- 1 Apply single message of textual warning of 5 health related diseases on cigarette packs and smoke-free public places policy
- 2 Local SF Area (KTR) became the key TC policy measure to be spread out nationwide
- 3 No new license issued for false or misleading descriptors on cigarette packs
- 4 Pictorial health warnings (PHWs) implemented (Top 40% front and back)
- 5 Guideline for managing conflict of interest with the tobacco industry in the Ministry of Health
- 6 Point-of-sale (POS) pack display ban in Bogor SF Regulation No 12/2009 began implemented and it has been expanded to 14 other cities.
- 7 PHWs (2nd rotation)
- 8 Proposed government regulation (PP) revision is underway to include PHW enlargement to 90%, banning outdoor and online advertisements and regulating novel tobacco and nicotine product.

Adult smoking prevalence in Indonesia (%)



Key measures	Indonesia: Progress in WHO FCTC implementation*
Article 5.2	Ministry of Health (MOH) Focal Point
Article 5.3	Ministerial regulation (code of conduct) or guidelines apply to its Ministry of Health only
Article 6	Has regular adjustment processes or procedures for annual evaluation of tobacco tax levels • Tobacco tax burden as % of retail price (63.5%) • No licensing of tobacco retailers
Article 8	By local ordinance: 100% smoke-free indoor in By local ordinance: Indoor smoking room is not allowed in
Article 11	Pictorial health warnings (Top 40% front and back) in 2004 and 2 nd rotation in 2018 • False or misleading descriptors ban
Article 13	POS pack display ban is expanded to several cities • Some cities applied direct/outdoor tobacco advertisement. This provision is included in the draft national regulation of PP 109/2012 revision • Corporate social responsibility (Ban logo, brand image and publicity only) • No ban on cross border advertising, person-to-person sale, sale of cigarette in single sticks and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	No ban on less than 20-stick pack • Not required clear indicator inside POS about the prohibition of tobacco sales to minors.* • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	10% local tobacco tax surcharged for social development (50% of the amount is for health - 75% of the 50% allocation for preventive care, 25% for construction and maintenance) • Starting from 2019, some 75% of the 50% allocation for health should be allocated for national health insurance (JKN) program.

✈ Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes

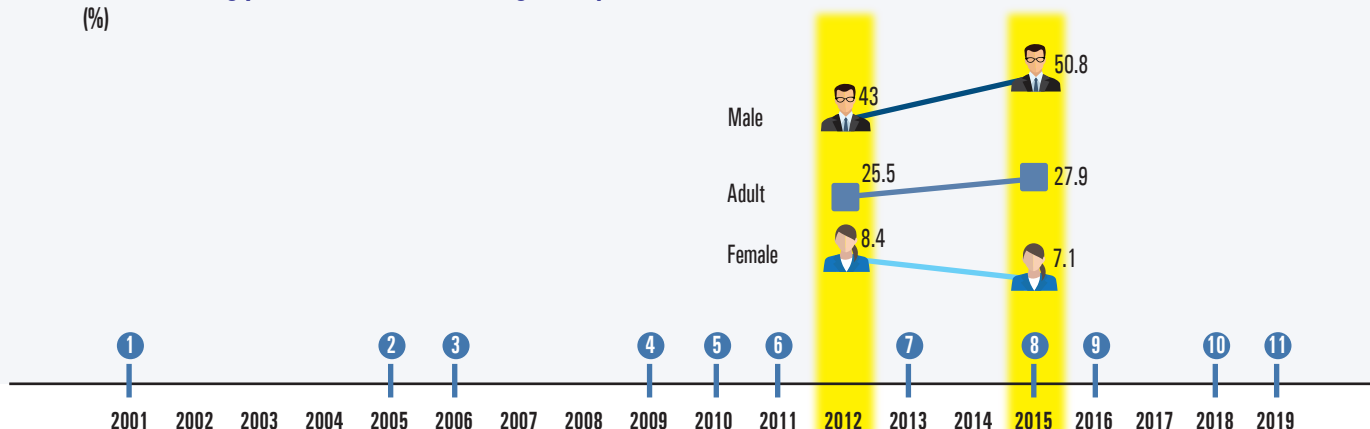
*Indonesia is a non-Party to the WHO FCTC but has implemented some of FCTC measures.



- 1** National Tobacco Control Policy approved by the Health Minister
 - Increase tobacco tax
 - Control cigarettes smuggling
 - Ban on tobacco advertising
 - Smoke free
 - Ban selling cigarettes to minor (< 18)
 - Health Education on tobacco harms
 - Government budget support
 - Establish the National Tobacco Control Committee
- 2** Established Tobacco Control Task Force Committee (10 representatives from Ministries)
- 3** Ratified WHO FCTC
 - Minister of Health Regulation required 30% text warning
- 4** Tobacco Control Law legislated
 - Sale of single sticks of cigarettes ban
 - Kiddie packs (less than 20 sticks per pack) ban
- 5** TAPS ban
 - TAPS via internet ban
 - False or misleading descriptors ban
 - 100 LAK per pack of Specific Tax
- 6** Specific Tax increased to 500 LAK per pack
- 7** Lao PDR Tobacco Control Fund established
- 8** Excise tax rate 45% of wholesale (Excise Tax Law 2015)
- 9** Pictorial health warnings implemented (Top 75% front and back)
 - Corporate Social Responsibility (CSR) ban
- 10** MOH code of conduct on article 5.3 between health sector and tobacco industry
 - Prime Minister Ordering bans on sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
 - Specific Tax increased to 600 LAK per pack
- 11** Prime Minister Decree penalties on implementation of Tobacco Control Law and Regulations
 - Excise tax rate increased to 50% of wholesale (Excise Tax Law 2019)

Adult smoking prevalence in Lao PDR (Aged 15 years and over)

(%)



Key measures	Lao PDR: Progress in WHO FCTC implementation
Article 5.2	National Tobacco Control Committee
Article 5.3	MOH code of conduct apply to health sector only
Article 6	Tobacco tax burden as % or retail price (18.8%) No licensing of tobacco retailers
Article 8	100% smoke-free indoor in All indoor public places are smoke-free • Penalty to all smoke-free violations
Article 11	Pictorial health warnings (Top 75% front and back) in 2016 • False or misleading descriptors ban
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Corporate social responsibility ban • Cross border advertising ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • Pack display (allow 1 pack per brand) • Ban on sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	Less than 20-stick pack ban • Not required clear indicator inside POS about the prohibition of tobacco sales to minors • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	Lao PDR Tobacco Control Fund Total budget: USD 117,740 (LAK 1,004,912,730) for 2018



Malaysia

WHO FCTC Ratification: 16 September 2005

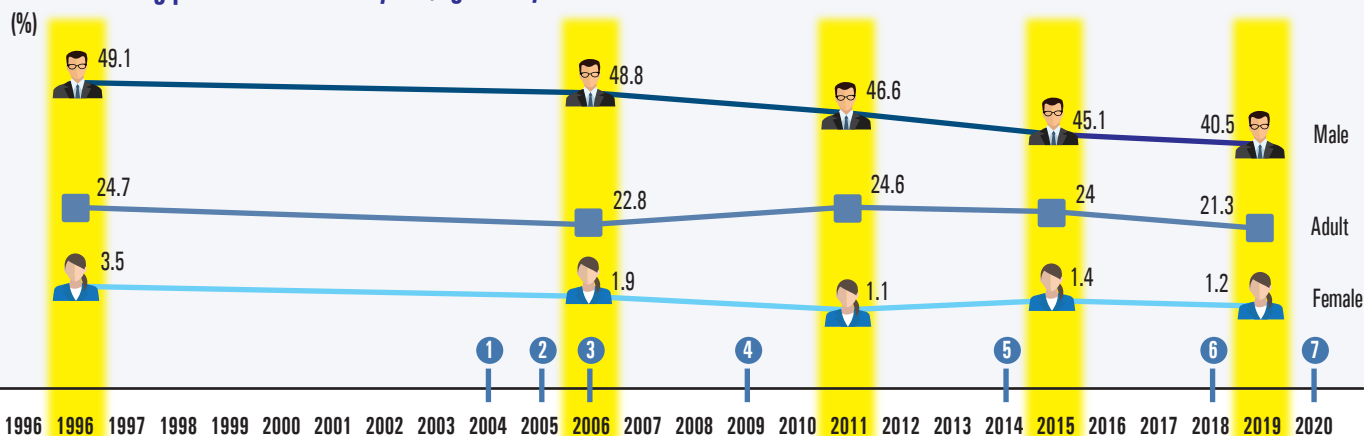
Tobacco Control Law Enacted: Control of Tobacco Products Regulation 2004 and Control of Tobacco Product (Amendment) Regulations 2008; 2009; 2010; 2011 and 2013 under the Food Act 1983, National Tobacco Control Law already drafted

Tobacco control milestones

- 1** Control of Tobacco Products Regulation 2004 under the Food Act 1983
 - Direct and indirect tobacco, advertising, promotion and sponsorship ban
 - TAPS via internet ban
 - Kiddie pack (less than 20 sticks per pack) ban*
 - Sales of single stick ban
- 2** Ratified WHO FCTC
- 3** Malaysian Health Promotion Board (MySihat) established and abolished in 2018
- 4** Pictorial health warnings (PHWs) implemented - Top 40% front and 60% back
 - False or misleading descriptors ban
- 5** PHWs (2nd rotation) - Top 50% front and 60% back
- 6** Expansion of smoke-free places (23 places)
 - Expansion of smoke-free cities (5 cities)
- 7** Minimum retail price for cigarette increased to MYR 12 (USD 2.90)
 - PHWs apply on all tobacco products

* The kiddie pack ban was delayed and came into force in 2010.

Adult smoking prevalence in Malaysia (Aged 18 years and over)



Key measures	Malaysia: Progress in WHO FCTC implementation	
Article 5.2	Framework Convention on Tobacco Control (FCTC) Secretariat	
Article 5.3	No code of conduct	
Article 6	Tobacco tax burden as % or retail price (58.6%) No licensing of tobacco retailers	
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Indoor smoking anywhere allowed in	Outdoor smoking area within public places allowed in Outdoor smoking anywhere allowed in Penalties or compound for violating smoke-free
Article 11	Pictorial health warnings (Top 40% front and 60% back) in 2009 and 2 nd rotation in 2014 (Top 50% front and 60% back) <ul style="list-style-type: none"> • False or misleading descriptors ban 	
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • Cross border advertising (Partial ban) • Corporate social responsibility ban • No ban on pack display and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe	
Article 16	Less than 20-stick pack ban • Required clear indicator inside POS about the prohibition of tobacco sales to minors • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age	
Article 26	Malaysian Health Promotion Board (MySihat) Total budget: USD 1.91 million (MYR 7.5 million) for 2018	

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes
 Casino



Myanmar

WHO FCTC Ratification: 21 Apr 2004

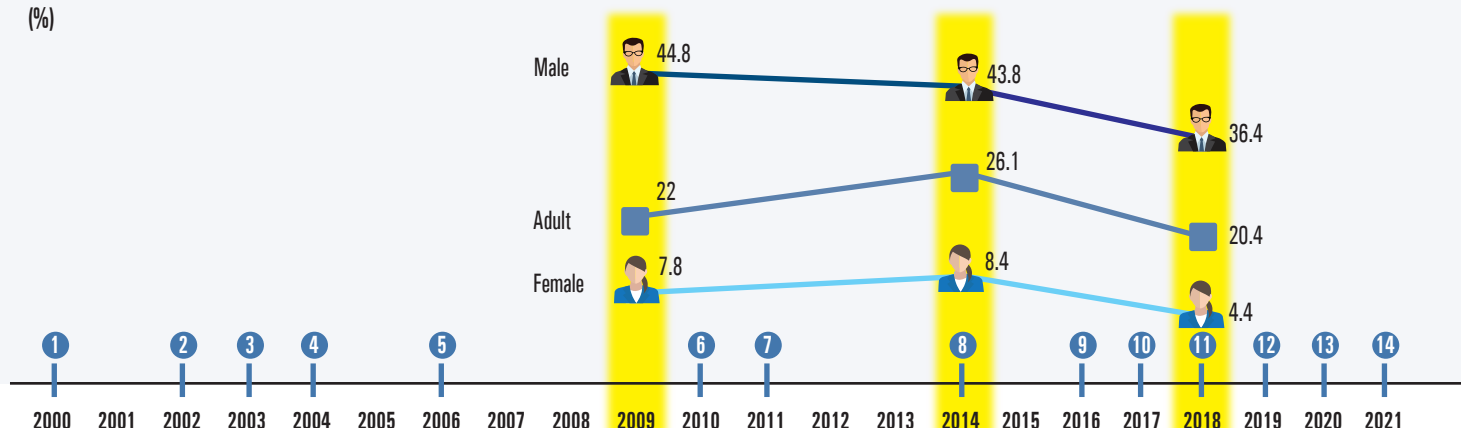
Tobacco Control Law Enacted: Control of Smoking and Consumption of Tobacco Product Law (2006)

Tobacco control milestones

- 1 Designated health facilities, all basic education schools and sports fields and ground as tobacco free
- 2 Prohibition of TAPS from all electronic media, billboards, print media
- 3 Training of health personnel for tobacco control activities
- 4 Ratified WHO FCTC
- 5 The Control of Smoking and Consumption of Tobacco Product Law legislated
Smoking prohibited in
- 5 Total ban of tobacco advertising, promotion and sponsorship
Restriction of access to tobacco products by legal minors
Sales of single stick ban
Text warning on tobacco product packages
- 6 Offer cessation service
- 7 Central Tobacco Control Committee established chaired by Union Health Minister and members include the Deputy Ministers and Senior officials from Health Ministry and other related ministries
- 7 Tobacco use in all government offices' compounds and buildings is prohibited – directive by the president office
- 8 Notification on posting signage for no smoking area issued
- 9 Pictorial health warnings implemented (Top 75% front and back) on all tobacco products (2016–2017)
False or misleading descriptors ban
- 10 2nd rotation of PHWs (2017–2018)
- 11 3rd rotation of PHWs (2018–2019)
- 12 4th rotation of PHWs (2019–2020)
- 13 5th rotation of PHWs (2020–2021)
- 14 Standardized Packaging Notification on tobacco products approved, 6th rotation of PHWs, effective on 10 April 2022

Adult smoking prevalence in Myanmar (Aged 15 years and over)

(%)



Key measures	Myanmar: Progress in WHO FCTC implementation
Article 5.2	Central Tobacco Control Committee
Article 5.3	Guidelines on contact with cigar and tobacco product manufacturer, distributor, seller or related person apply to Ministry of Health only
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels • Tobacco tax burden as % or retail price (50 – 60%) • No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free Indoor smoking room allowed in Outdoor smoking area within public places allowed in
Article 11	Pictorial health warnings (Top 75% front and back) in 2016 and 2 nd rotation (2017), 3 rd (2018), 4 th (2019), 5 th (2020) and 6 th (2021) False or misleading descriptors ban
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Cross border advertising ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • No ban on advertising at point-of-sale, corporate social responsibility, pack display and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	Required clear indicator inside POS about the prohibition of tobacco sales to minors • Less than 20-stick pack (No ban) • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	No governmental funding mechanism for tobacco control

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes



Philippines

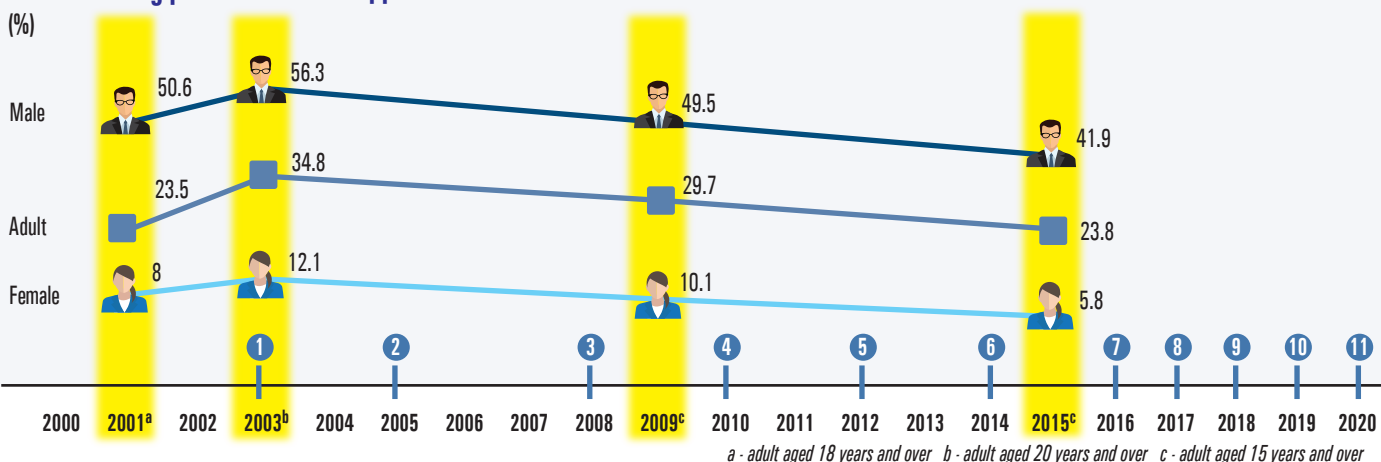
WHO FCTC Ratification: 6 June 2005

Other Tobacco Control Laws Enacted: Tobacco Regulation Act 2003 (RA 9211), Sin Tax Reform Law (RA 10351), and Graphic Health Warnings Law (RA 10643)

Tobacco control milestones

- 1 Tobacco Regulation Act 2003 (Republic Act 9211) legislated
- 2 Ratified WHO FCTC
- 3 TAPS via Internet ban
- 4 Joint Memorandum Circular 2010-01 between DOH and CSC for protecting the bureaucracy against tobacco industry interference
- 5 RA 10351 Sin Tax Law legislated
- 6 RA 10643 Graphic Health Warning on Tobacco Products Law legislated
AO-2014-0008 FDA Rules and Regulations on ENDS
- 7 Pictorial health warnings implemented (Bottom 50% front and back)
False or misleading descriptors ban
- 8 RA 10963 TRAIN Law legislated (additional increase in excise taxes for tobacco products)
Executive Order 26 "Smoke Free Environment"
- 9 2nd rotation of PHWs (Bottom 50% front and back)
- 10 RA 11346 (additional increase in excise taxes for tobacco; levied new taxes on ENDS and heated tobacco products)
DOH AO 2019-0009 (3rd set of pictorial health warnings)
- 11 Executive Order 106 "Smoke-Free, Vape-Free Environment"
RA 11467 (additional increase in excise taxes for ENDS and heated tobacco products)
AO 2020-0055 (Regulation on Vapor Products and Heated Tobacco Products under the FDA)

Adult smoking prevalence in Philippines



Key measures	Philippines: Progress in WHO FCTC implementation
Article 5.2	Non-Communicable Diseases Cluster, Disease Prevention and Control Bureau, Department of Health
Article 5.3	Code of conduct is enforced by the whole government
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels • Tobacco tax burden as % of retail price (71.3%) • No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free Outdoor smoking area within public places allowed in Indoor smoking room allowed in
Article 11	Pictorial health warnings (Bottom 50% front and back) in 2016, 2 nd rotation (2018) and 3 rd rotation (2020) False or misleading descriptors ban
Article 13	Direct tobacco advertising ban • TAPS via internet ban • Partial ban on tobacco promotion and sponsorship • No ban on advertising at point-of-sale, corporate social responsibility, pack display, cross border advertising, person-to-person sale, sale of cigarette in single sticks and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	Required clear indicator inside POS about the prohibition of tobacco sales to minors • No ban on less than 20-stick pack • Required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	Incremental sin tax revenue for health (85% of the increment for Universal Health Care or Department of Health Budget)

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes



Singapore

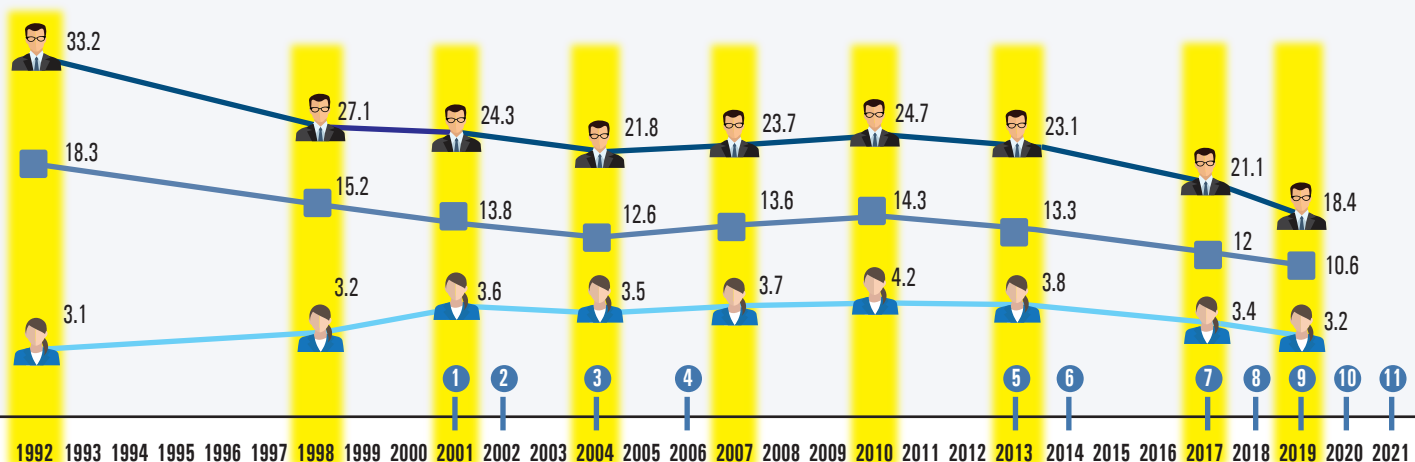
WHO FCTC Ratification: 14 May 2004

Tobacco Control Law Enacted: Smoking (Prohibition in Certain Places) Act (1992), Tobacco (Control of Advertisements and Sale) Act (1993) and its Notifications and Regulations

Tobacco control milestones

- 1** TAPS via internet ban
Singapore Health Promotion Board established
- 2** Sales of single stick ban
Kiddie packs (less than 20 sticks per pack) ban
- 3** Ratified WHO FCTC
Tobacco (Control of Advertisements and Sale) Act
Pictorial health warnings implemented (Top 50% front and back)
- 4** 2nd rotation of PHWs (Top 50% front and back)
- 5** 3rd rotation of PHWs (Top 50% front and back)
False or misleading descriptors ban
- 6** Emerging Tobacco Products (Smokeless cigars, smokeless cigarillos and smokeless cigarettes; dissolvable tobacco or nicotine) ban
- 7** Point of Sale pack display ban
- 8** Ban on the possession and use of e-cigarettes
- 9** Minimum Legal Age for the purchase, use and possession of tobacco increased to 19
- 10** Minimum Legal Age for the purchase, use and possession of tobacco increased to 20
Standardised packaging for all tobacco products, 4th rotation of PHWs and increased warning size to 75%, effective on 1 July 2020
- 11** Minimum Legal Age for the purchase, use and possession of tobacco increased to 21

Adult smoking prevalence in Singapore (Aged 18 - 69 years)



Key measures Singapore: Progress in WHO FCTC implementation

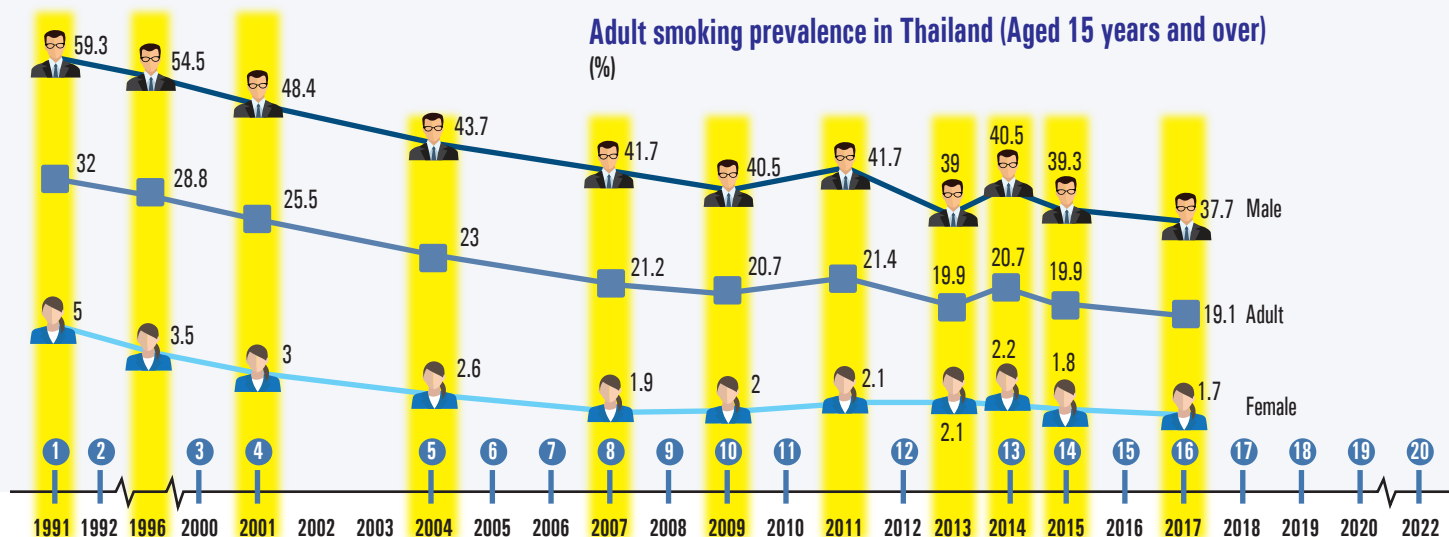
Article 5.2	Health Promotion Board
Article 5.3	Code of conduct is enforced by the whole government
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels • Licensing of tobacco retailers • Tobacco tax burden as % of retail price (67.5%)
Article 8	100% smoke-free indoor in Outdoor smoking area within public places allowed in Penalties or compound for violating smoke-free Indoor smoking room allowed in
Article 11	Pictorial health warnings (Top 50% front and back) in 2004, 2 nd rotation in 2006, 3 rd rotation in 2013. • Standardized packaging and increased warning size of 75% (4 th rotation) in 2020 • False or misleading descriptors ban
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Pack display ban • Cross border advertising ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • Sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe ban • Corporate social responsibility (Ban on publicity only)
Article 16	Less than 20-stick pack ban • Required clear indicator inside POS about the prohibition of tobacco sales to minors • Required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age
Article 26	Singapore Health Promotion Board Total budget: USD 261.71 million (SGD 352 million) for 2019

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes



Tobacco control milestones

- 1 Tobacco Control Office in MOPH
- 2 Tobacco Products Control Act and Nonsmoker's Health Protection Act
- 3 Ban smoking scene on television
- 4 ThaiHealth established
Excise tax 75% of factory price
- 5 Ratified WHO FCTC
- 6 Pictorial health warnings implemented (Top 50% front and back)
POS pack display ban
- 7 Excise tax 80% of factory price
- 8 2nd rotation of PHWs (Top 55% front and back)
False or misleading descriptors ban
Excise tax 79% of factory price
- 9 Smoking ban in pub/bar/discotheques
- 10 Excise tax 85% of factory price
- 11 3rd rotation of PHWs (Top 55% front and back)
- 12 Excise tax 87% of factory price
- 13 4th rotation of PHWs (Top 85% front and back)
- 14 Sales and imports of shisha and E-cigarette ban
- 15 Excise tax 90% of factory price
- 16 Tobacco Products Control Act 2017
 - Minimum age requirements (20 years old)
 - Minimum age for purchase (18 years old)
 - Restrictions on sale and promotions (including CSR)
 - Disclosure and reporting
- 17 Criteria, methods and conditions on
 - display of text or message that may mislead or motivate consumption on labels of cigarette, cigar, tobacco or blended/flavoured tobacco
 - display of names, prices and points of sale of tobacco products
- 17 Appearance and methods for displaying no-smoking signs and smoking area signs
Identification of types or names of public places, work places and vehicles, entirely or in part, as non-smoking areas or smoking areas in non-smoking areas
- 18 Standardized packaging for cigarette and 5th rotation PHWs, effective on 10 September 2019
- 19 Standardized packaging for shredded tobacco and 5th rotation PHWs
- 20 6th rotation of PHWs



Key measures Thailand: Progress in WHO FCTC implementation

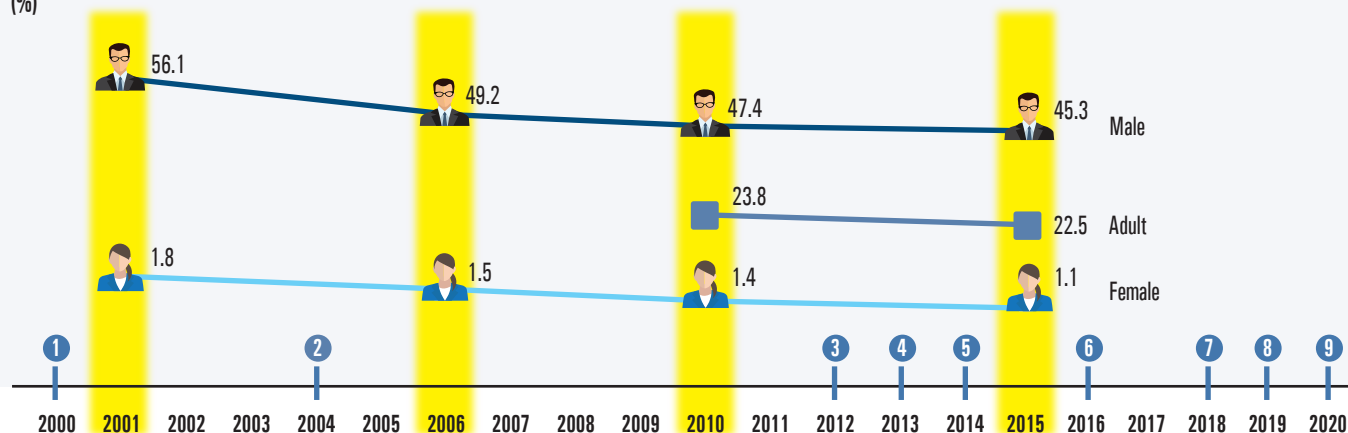
Article 5.2	National Committee for tobacco Control
Article 5.3	Ministerial regulation (code of conduct) or guidelines only apply to its Ministry of Health
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels • Tobacco tax burden as % or retail price (78.6%) • Licensing of tobacco retailers
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Outdoor smoking area within public places allowed in
Article 9&10	The testing and measuring of tobacco products and regulation. • Reducing tobacco-attractiveness of tobacco products and reducing overall toxicity.
Article 11	Pictorial health warnings (Top 50% front and back) in 2005, 2 nd rotation (55% PHWs) in 2007, 3 rd rotation in 2010, 4 th rotation (85% PHWs) in 2014) • Standardized packaging, 5 th rotation of PHWs (2019) and 6 th rotation of PHWs (2022) • False or misleading descriptors ban
Article 12	Propose measures to increase the effectiveness of education, communication, training efforts that raise public awareness of matters related to tobacco control.
Article 13	Ban on direct tobacco advertising, promotion and sponsorship • Advertising at POS ban • Corporate social responsibility ban • Pack display ban • Person-to-person sale ban • TAPS via internet ban • Sale of cigarette in single sticks ban • Sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe ban • Cross border advertising (Overseas live telecast allowed)
Article 16	Less than 20-stick pack ban • Required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age • Not required clear indicator inside POS about the prohibition of tobacco sales to minors
Article 26	Thai Health Promotion Foundation (ThaiHealth) Total budget: USD 118.65 million (THB 3,550 million) for 2020



- 1 National Strategy on Tobacco Harm Prevention and Control (2000–2010) approved by the Prime Minister
- 2 Ratified WHO FCTC
- 3 Tobacco Control Law legislated
- 4 Vietnam Tobacco Control Fund established
Pictorial health warnings implemented (Top 50% front and back)
False or misleading descriptors ban
POS advertising ban (Display of any 1 pack, box or carton per brand)
TAPS via Internet ban
National Strategy on Tobacco Harm Prevention and Control till 2020 approved by the Prime Minister
- 5 Revision of Law on Excise Tax passed (tobacco excise tax rate increased to 70% effective on 1 Jan 2016 and 75% on 1 Jan 2019)
- 6 Kiddie packs (less than 20 sticks per pack) ban
- 7 Restricting the use of tobacco in theatrical and film works
- 8 Prohibition of smoking and drinking alcohol at schools
- 9 Penalties increased for violations on smoke-free policy, TAPS, display cigarette packs at POS, sell/provide cigarette to people under 18 years old
New penalty for violating health warning on tobacco packaging and labelling

Adult smoking prevalence in Vietnam (Aged 15 years and over)

(%)



Key measures	Vietnam: Progress in WHO FCTC implementation	
Article 5.2	Vietnam Tobacco Control Fund (VNTCF)	
Article 5.3	No code of conduct	
Article 6	Tobacco tax burden as % of retail price (36.7%) Licensing of tobacco retailers	
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Penalties or compound for violating smoke-free	Outdoor smoking area within public places allowed in Outdoor smoking anywhere allowed in
Article 11	Pictorial health warnings (Top 50% front and back) in 2013 • False or misleading descriptors ban	
Article 13	Ban on direct tobacco advertising, and promotion • Advertising at POS ban • Person-to-person sale ban • TAPS via internet ban • Partial ban on tobacco sponsorship and cross border advertising • Corporate social responsibility (Ban on publicity only) • Pack display (Allow 1 pack/carton per brand) • No ban on sale of cigarette in single sticks • No ban on sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe	
Article 16	Less than 20-stick pack ban • Required clear indicator inside POS about the prohibition of tobacco sales to minors • Not required sellers request for appropriate evidence prohibition of tobacco sales to minors of having reached full legal age	
Article 26	Vietnam Tobacco Control Fund Total budget: USD 16.256 million (VND 375,030 million) for 2020	

Airport
 Bars & pubs
 Educational facilities
 Health care facilities
 Hotels
 Restaurants (aircon)
 Restaurants (non-aircon)
 Shop & shopping complex
 Transport terminals
 Transportation (public)
 Universities
 Workplaces/offices
 Workplaces/offices (open area)
 Parks & playgrounds
 Sport complexes

Human resource for tobacco control in ASEAN



* Full-time tobacco control staff from Food and Drugs Association (FDA) Indonesia.

** Part-time tobacco control staff from Ministry of Health Indonesia.

*** The ratio estimate based on number of part-time tobacco control staff.

**** Department of Health officers from Substance Abuse Prevention Unit (include tobacco control) and health promotion officers across the region in the Philippines.

***** About half of the NGOs are not solely working on tobacco control issues but on other health-related ones as well.

Chapter 5

Human and Financial Resources for Tobacco Control

Knowledgeable and skilled human resources and effective multi-sectoral collaboration at different levels of government and society are necessary for effective development and implementation of a wide range of tobacco control activities. To this end, the WHO FCTC requires Parties to establish or reinforce and finance a national coordinating mechanism or focal point in order to develop, implement, periodically update, and review comprehensive multi-sectoral national tobacco control strategies, plans and programmes (Articles 5.1 and 5.2).

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 need to build national capacity (human, financial, and technical) to carry out effective and sustainable tobacco control programmes to combat the tobacco epidemic.

Country	National mechanism for tobacco control	Governmental funding mechanisms for tobacco control
Brunei	National Committee for Tobacco Control Multi-sectoral Taskforce for Health	Yes
Cambodia	Committee for Tobacco Control (CFTC)	No
Indonesia	None, only Ministry of Health (MOH) Focal Point*	Yes**
Lao PDR	National Tobacco Control Committee	Yes
Malaysia	Framework Convention on Tobacco Control (FCTC) Secretariat	Yes
Myanmar	Central Board of the Control of Smoking and Consumption of Tobacco Products	No
Philippines	Department of Health (Health Promotion Bureau, Disease Prevention and Control Bureau, Bureau of International Health Cooperation) and the Food and Drug Administration	Yes
Singapore	Health Promotion Board	Yes
Thailand	National Tobacco Products Control Committee	Yes
Vietnam	Vietnam Tobacco Control Fund (VNTCF)	Yes

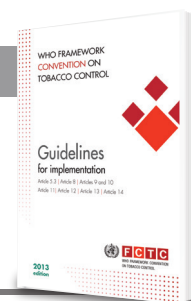
*The focal point is supported by health promotion unit of Ministry of Health.

** Local Government mechanism through Local Tobacco Tax and Excise Sharing Fund.

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.

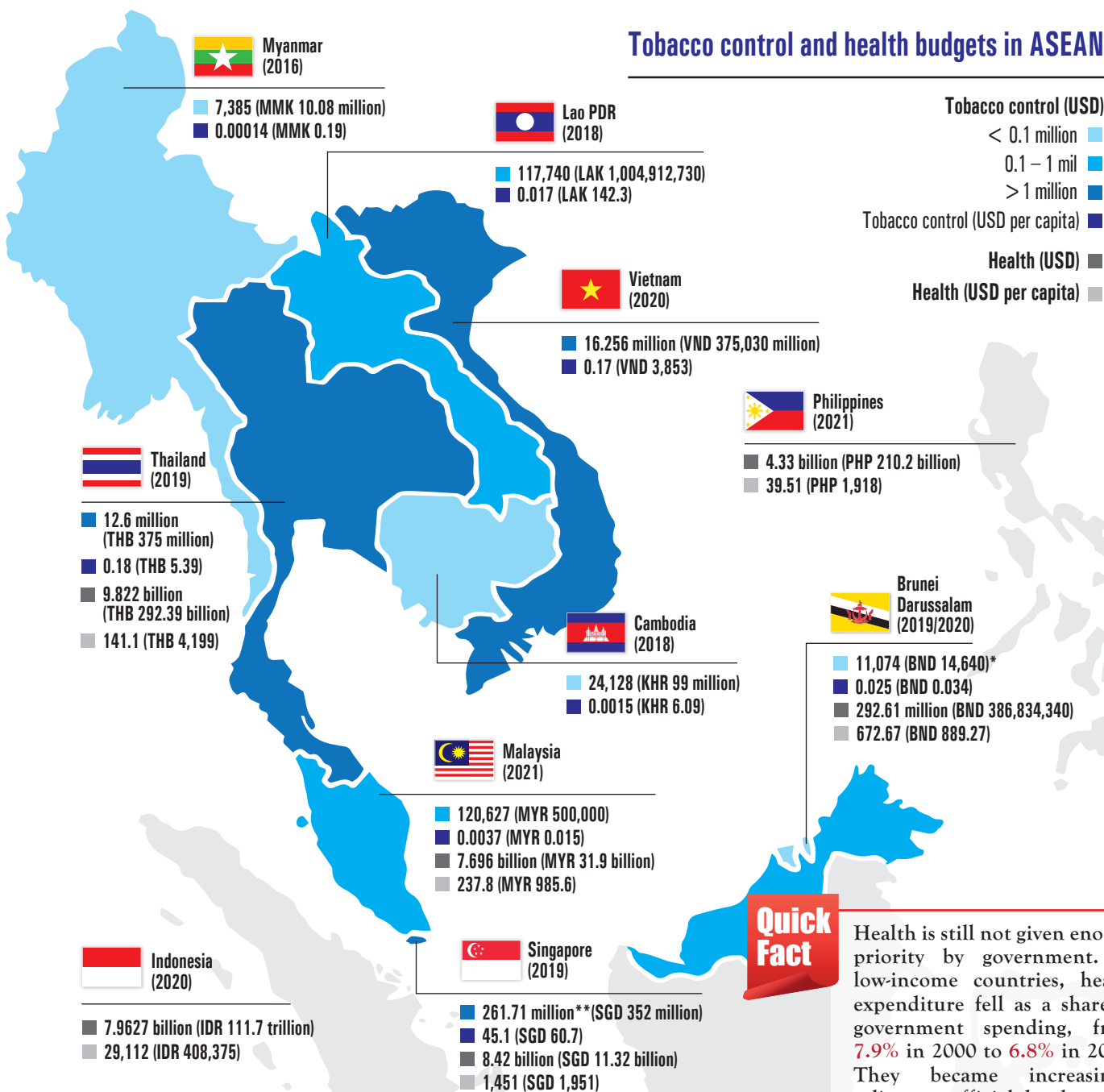


The way forward: Innovative national financing solutions

In many countries tobacco control is often not a national priority. Consequently, domestic resources for WHO FCTC implementation are far from secure and must compete with other programmes for government funding. An effective way to address this is the introduction of dedicated surcharge taxes on tobacco and alcohol, which can aid in reducing consumption of these harmful products and, more importantly, provide a more secure funding stream for health promotion and tobacco control programmes.

Four out of ten ASEAN countries have established health promotion or tobacco control funds through surcharged taxes (Thailand, Lao PDR and Vietnam) and treasury budget (Singapore).

Tobacco control and health budgets in ASEAN



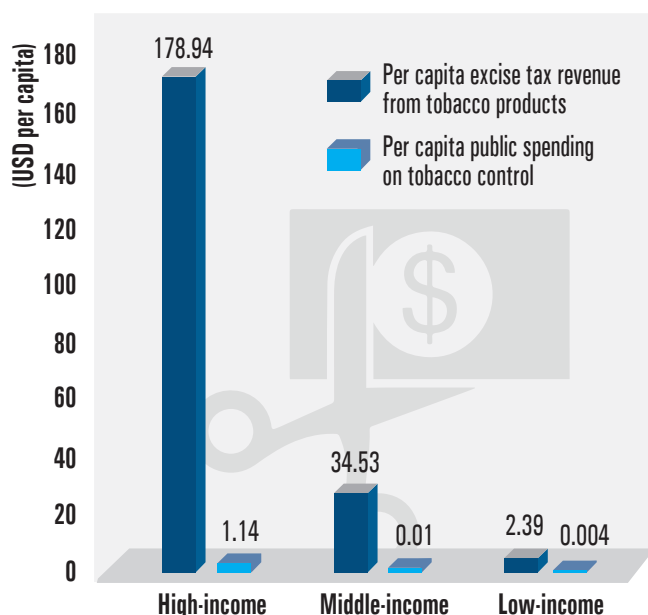
Quick Fact

Health is still not given enough priority by government. In low-income countries, health expenditure fell as a share of government spending, from 7.9% in 2000 to 6.8% in 2016. They became increasingly reliant on official development assistance for health.

*The budget use for tobacco related programmes come from the operational budget of Health Promotion Centre, Brunei.

**Budget of USD 261.71 million (SGD 352 million) is for all health promotion programmes and not solely for tobacco control.

Tobacco control is under-funded



Governments collect more than **USD 250 billion** in total tobacco excise tax revenues each year worldwide, but spend only around **USD 1 billion** combined on tobacco control – with 95% of this spent by high-income countries.

Quick Fact

Too few resources applied to tobacco control in low- and middle-income countries.

Fund currently available from public spending and foreign assistance: **USD 0.019 per capita**.

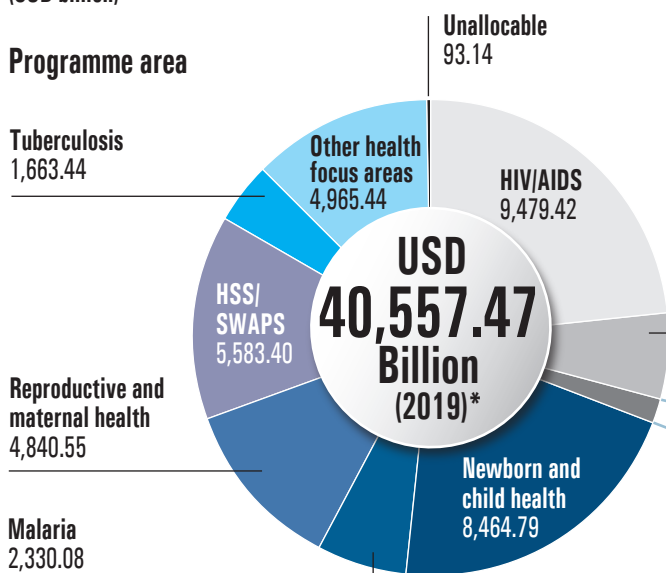
Fund needed to implement tobacco control “Best Buys” measures: **USD 0.11 per capita**.

Note: Based on 87 countries with available data on public spending on tobacco control and tobacco excise revenue data. Expenditure on tobacco control for several of these countries was estimated from figures between 2004 and 2016, adjusting for inflation (average consumer prices, IMF World Economic Outlook 2016). Tax revenues are tobacco product (or cigarette) excise revenue for 2016 and 2015 (or where unavailable, 2014 or 2013 converted to 2016 values for the countries covered). Per capita value is calculated by using 2016 UN forecasted population age 15 years and above.

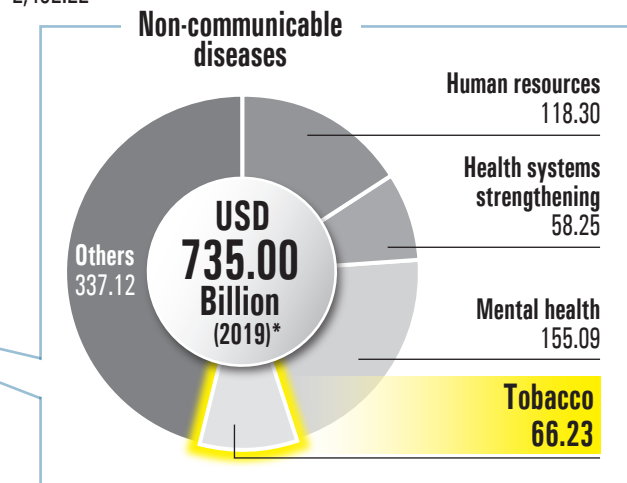
Development assistance for health by programme area for non-communicable diseases

(USD billion)

Programme area



Other infectious diseases



*2019 estimates (in USD billion) are preliminary.

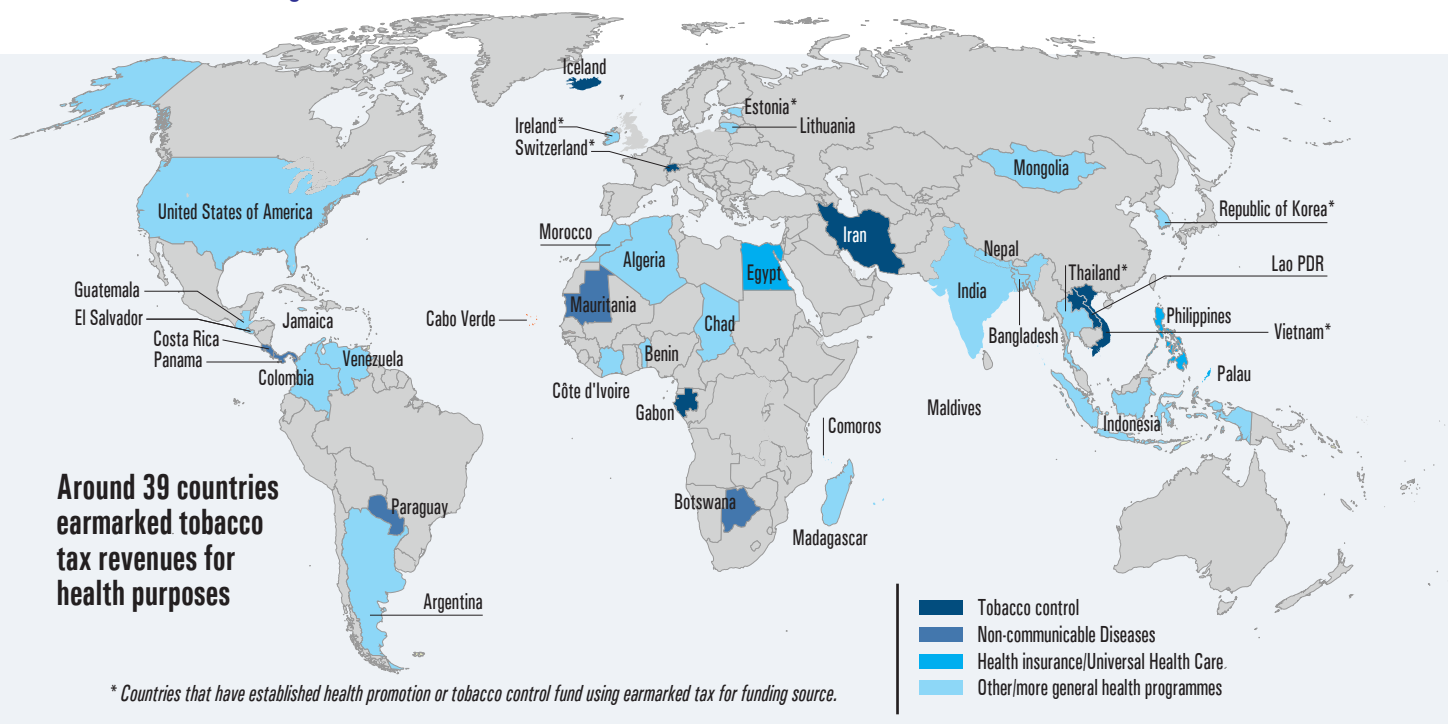
All figures are in millions of 2019 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health earmarked for HIV/AIDS; maternal, newborn, and child health; malaria; tuberculosis; other infectious diseases; non-communicable diseases; and health systems strengthening and sector-wide approaches. “Other health focus areas” captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed. Contributions from remaining channels are shown as unallocable by disease.

Quick Fact

The global tobacco control funding gap is currently estimated at **USD 27.4 billion**.

The current average annual amount of domestic funding for tobacco control per country is **USD 15 million**, half of what’s needed to scale-up the FCTC policies implementation.

Earmarked taxes: A global view



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



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




Quick Fact

In low income countries, health expenditure fell as a share of government spending, from 7.9% in 2000 to 6.8% in 2016.

In low income countries, average government spending per head increased from USD7 in 2000 to just USD9 in 2016.

In lower middle income countries, government health spending as a share of general expenditure grew in real terms from only 7.6% in 2000 to 8.3% in 2016. In low income countries, health expenditure fell as a share of government spending, from 7.9% in 2000 to 6.8% in 2016.

Types of innovative funding mechanism in ASEAN

	Funding source	Year of establishment	Details/ Total Budget (USD)
Ministry of Health Budget	Health Promotion Centre (operational budget), Ministry of Health, Brunei	2008	115,942 (BND 160,000)* (2016-2017) 115,942 (BND 160,000)* (2017-2018) 189,107 (BND 250,000)* (2019-2020)
	Singapore Health Promotion Board	2001 	183.33 million (SGD 253 million)** (2017) 185.61 million (SGD 245 million)** (2018) 261.71 million (SGD 352 million)** (2019)
	Philippines Department of Health budget Philippine Health Insurance Corporation	2012 (RA 10351) 2019 (RA 11467)	85% of incremental sin tax revenue earmarked for health • 80% for Universal health coverage • 20% for medical assistance and health enhancement facilities programme Tobacco products 50% of the total revenues collected are earmarked for health • 80% for Universal health coverage • 20% for medical assistance and health enhancement facilities programme Heated tobacco products (HTPs) and vapor products 100% of the total revenues collected from the excise taxes on HTPs (and vapor products) • 60% for universal health coverage • 20% for medical assistance and health facilities enhancement programme • 20% for Sustainable Development Goals (SDGs)
Earmarked Surcharge Tax	Lao PDR Tobacco Control Fund	2013	2% profit tax plus LAK 200 (per pack) 116,700 (LAK 945,266,000)*** (2017) 117,740 (LAK 1,004,912,730)*** (2018)
	Thai Health Promotion Foundation (ThaiHealth)	2001 	2% surcharge levied on excise tax from alcohol and tobacco 121.12 million (THB 4,275.7 million) (2016) 128.97 million (THB 4,372.1 million) (2017) 142.52 million (THB 4,610.5 million) (2018) 153.2 million (THB 4,560.7 million) (2019) 118.65 million (THB 3,550 million) (2020)
	Vietnam Tobacco Control Fund	2013	1% excise tax, effective 1st May 2013; 1.5% from 1st May 2016; and 2% from 1st May 2019 11.263 million (VND 260,970 million) (2019) 16.256 million (VND 375,030 million) (2020)
National Treasury Allocation	Malaysian Health Promotion Board (MySihat)****	2006 	1.65 million (MYR 7.1 million) (2017) 1.91 million (MYR 7.5 million) (2018)
	Indonesia Local Cigarette Tax	2014	Distribution of 10% local cigarette tax revenue to provinces for health*****

*The estimate budget also covers other NCD prevention programmes (healthy eating, physical activity, school health and community programmes), in both children and adults.



** Budget for all non-communicable diseases (NCDs) programmes and not solely for tobacco control.

***The total budget excluded the amount that failed to collect from imported brands as the tobacco industry refused to pay the 2% profit tax and LAK 200 per pack.

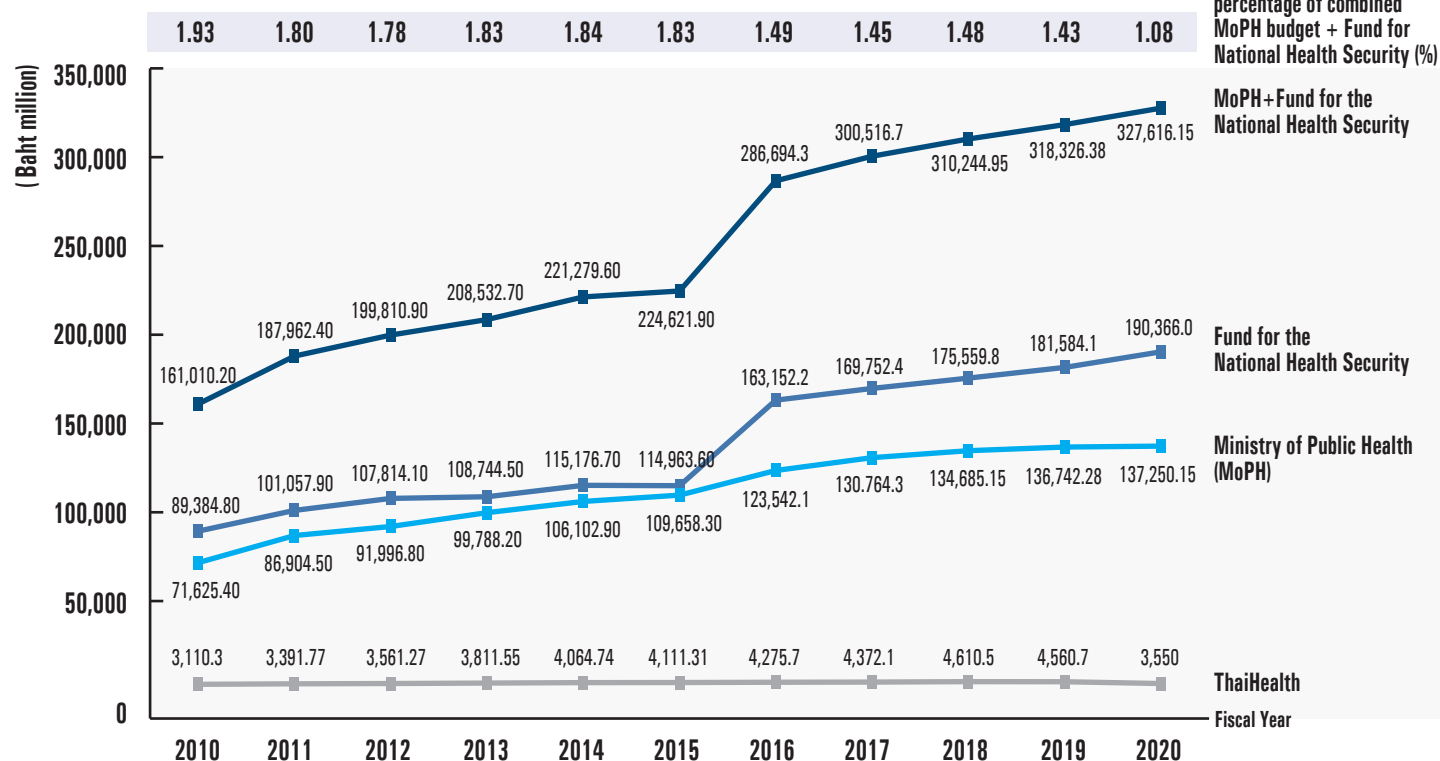
**** In June 2018, Health Minister Dr Dzulkefly Ahmad announced a cabinet decision to abolish MySihat as part of the government's rationalisation plan.

*****10% local tobacco tax surcharged for social development (50% of the amount is for health - 75% of the 50% allocation for health are to be used for National Health Insurance (Jaminan Kesehatan Nasional (JKN)) program, 25% for health services and law enforcement).

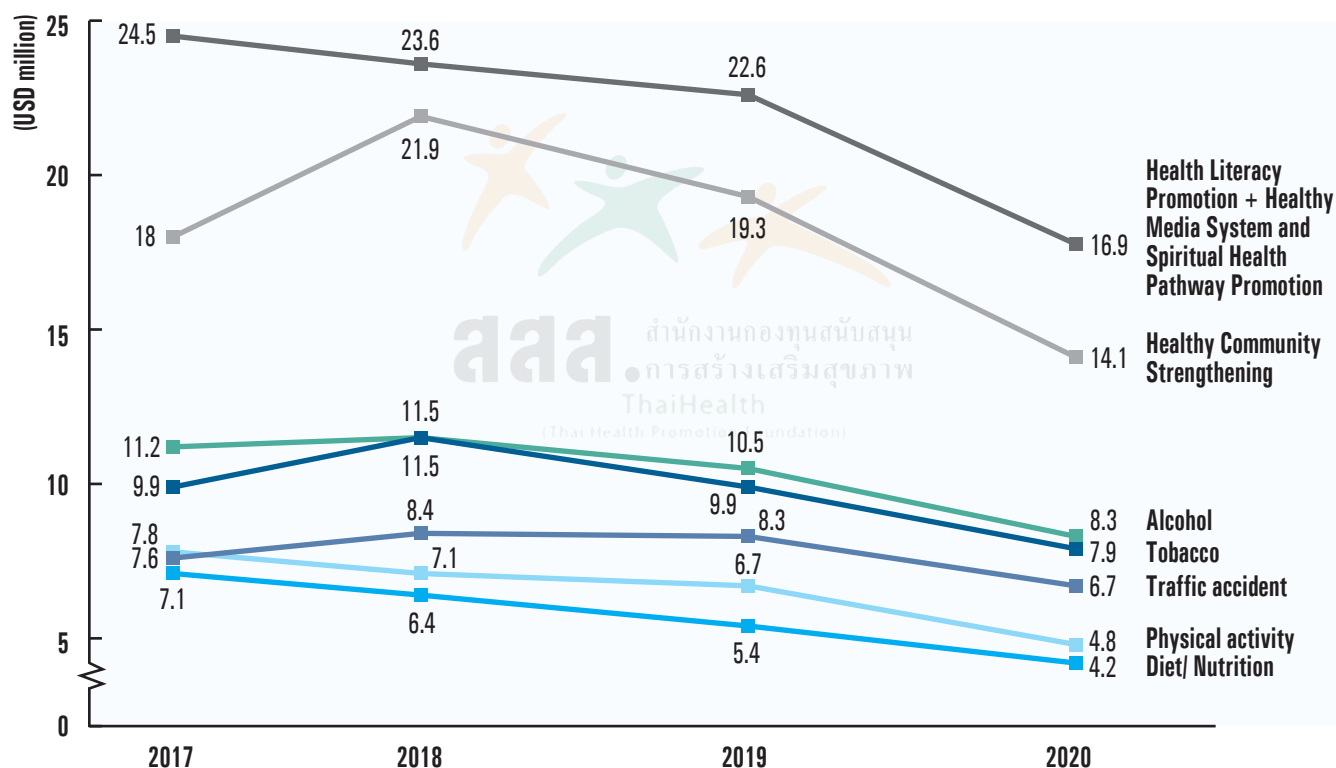
Governance and roles of health promotion/tobacco control funds in ASEAN

Type and Year Established	Type	Governed and chaired by	Report to	Role of organization			
				Granting agency	Policy development	Implementing health promotion programs	Building capacity
Thai Health Promotion Foundation (ThaiHealth) (2001)	Autonomous agency	Board of Governors and chaired by Prime Minister	Cabinet and to both houses of Parliament	✓		✓	✓
Singapore Health Promotion Board (2001)	Statutory Board under MOH	Board of Directors and chaired by independent Chairman	Minister of Health and 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	✓		✓	✓
Lao PDR Tobacco Control Fund (2013)	Unit in MOH	Tobacco Control Fund Council (National Tobacco Control Committee)	National Tobacco Control Committee and Government			✓	✓

Thailand: Annual budget for health (2010–2020)



Thaihealth funding for selected major NCDs risks reduction programmes (2017–2020)



VNTCF: Fund distribution for tobacco control programmes (2019/2020)



Between 2019 and 2020, 100 grantees were funded by VNTCF with a total funding of **USD 27.568 million (VND 636,000 million)** distributed among 23 ministries, mass organization agencies, 63 provinces/cities agencies, 4 tourism cities and 10 hospitals. The projects supported mainly on communication campaigns related to tobacco prevention and control, smoke-free development, and capacity building for law enforcement.

Implementation of FCTC Article 5.3 in ASEAN

Code of conduct, guidelines, or other policy ☐

Preventive measures

Limited to issuing authority ☒

Apply to the whole bureaucracy ☒



*In 2017, Ministry of Health issued an Official Letter cautioning all ministries and local government offices on non-cooperation with PMI-funded Foundation for a Smoke-free World (FSFW) and in 2019. MOH also issued a circular that aims to safeguard the drafting process for policies and legal documents to reduce interference from other units with conflicts of interests.

Chapter 6

Insulating Public Health Policies from Industry Interference

The tobacco industry is not like any other business. Despite selling a highly addictive and inherently defective product that kills up to two thirds of its consumers, it continues to escape commensurately stringent regulation of its business and products by interfering at all levels of tobacco control policy development and implementation. Through both overt and covert means, the industry uses its massive resources to deter and thwart governments' efforts from implementing effective tobacco control measures and protecting public health policies. Tobacco industry interference remains a major problem in the ASEAN region as in other parts of the world.

The tobacco industry employs an extensive range of unethical and intentionally orchestrated tactics and strategies, at both the country level and internationally, to directly and indirectly challenge, defeat, discredit, dilute, obstruct, delay and circumvent implementation of effective tobacco control measures. These include political lobbying to manipulate and hijack the political and legislative process through drafting and distributing industry-friendly legislation, providing incentives to government officials and politicians to take a pro-industry position, and hiring former prominent government officials or appointing them to be tobacco industry spokespersons or board members. Other tactics include intimidating governments and individuals with litigation or threat of legal suit, mobilizing front groups to advance its cause, and making false claims and spreading half-truths and misinformation through position papers, news items, posters, and paid ads.

Article 5.3 of the WHO FCTC requires 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. By unanimously adopting the WHO FCTC Article 5.3 Guidelines at the third session of the Conference of the Parties (COP3) in 2008, Parties to the treaty formally recognized the irreconcilable conflict between the tobacco industry's interests and public health policy interests.

Within ASEAN, eight countries (Brunei, Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Singapore and Thailand) have taken concrete steps to protect their public health policies from tobacco industry interference by developing a policy, guidelines, or a code of conduct to prevent unnecessary interactions with the industry and ensure transparency of any interactions that do occur, while Malaysia and Vietnam still have to institute similar preventive measures in line with the Article 5.3 Guidelines. Only Brunei, Philippines and Singapore introduce a whole-of-government code of conduct or policy that prohibits unnecessary government interactions with the tobacco industry.

Regardless of such actions taken, there has been increasing industry interference in many countries, and this is expected to continue into the future. Hence there remains much room to institute or strengthen mechanisms at the highest levels to prevent or reduce such industry interference in tobacco control.

Tobacco companies' timeline of public deception

For decades, the tobacco industry has deceived the public for purposes of gaining more profit.

1950s	1960s	1970s	1980s	1990s
Harms of smoking Concealed evidence that cigarettes cause cancer while marketing products as safe	Addictiveness of smoking and nicotine Concealed evidence that cigarettes are highly addictive and in the 90s, swore under oath to deny it	Link of smoking to cancer Spent enormous amount of resources on disinformation campaigns and propaganda to negate and deflect the science clearly linking smoking to cancer	Harms of secondhand smoke Hired "independent" scientists to support industry studies and questioned smoke-free policies	Dangers of tobacco's youth smoking prevention campaigns Aimed programs not at reducing youth smoking but at harnessing "positive feelings" for tobacco companies
2000s				
Benefits of smoking "light" and "mild" Misled the public that products are safer, use light/mild cigarettes to leverage on smokers' health concern to increase sales, and even designed new products that increase nicotine intake			Supporting WHO FCTC Falsely claimed that it is supportive of the WHO FCTC but in its internal documents, called the measures compliant with FCTC as "extreme"	

Global Center for Good Governance in Tobacco Control (GGTC)

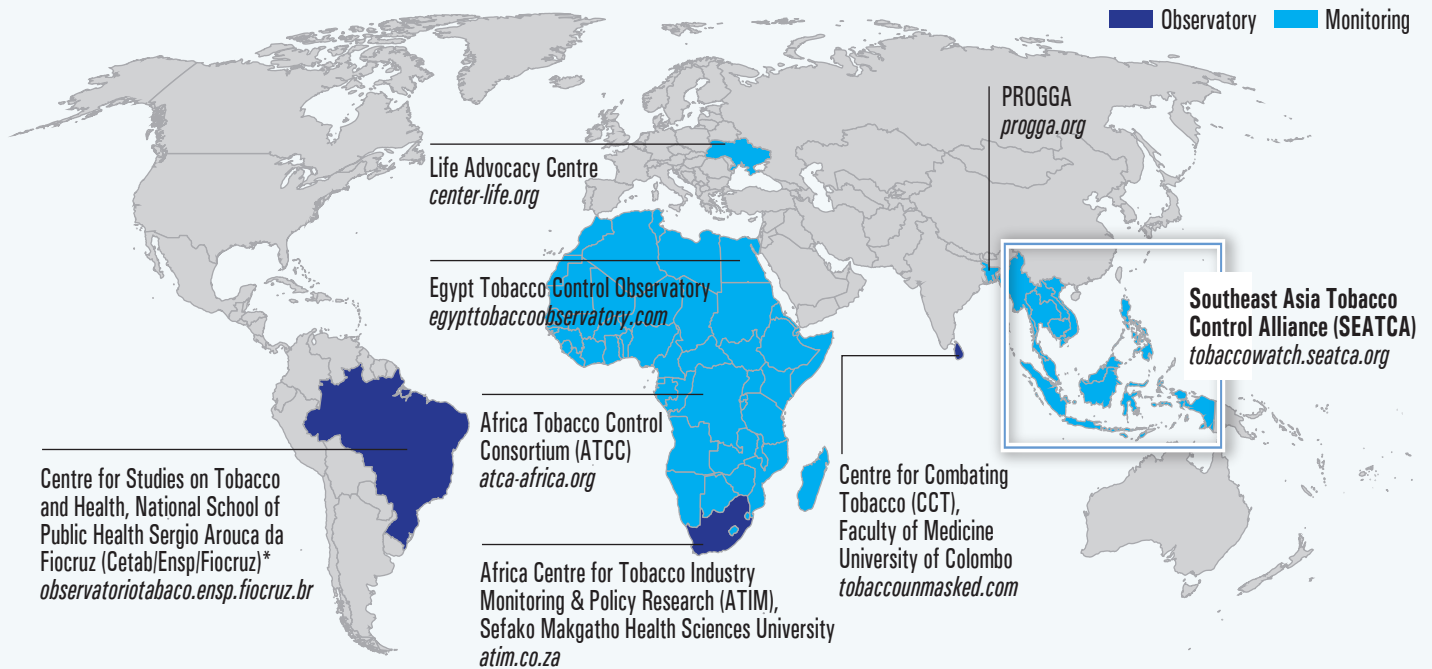
The Global Center for Good Governance in Tobacco Control was designated by the FCTC Secretariat to serve as the Knowledge Hub for Article 5.3 to support implementation of the Convention's obligation on protecting against tobacco industry. In 2019, the Knowledge Hub for Article 5.3 (GGTC) provided technical support to at least 12 countries in 8 regions to advance Article 5.3 implementation: Setting up Tobacco Industry Observatories and disseminating tools to counter tobacco industry tactics.



Global Center for
Good Governance
in Tobacco Control

Monitoring center

The Monitoring Centers in Egypt, Ukraine, and Bangladesh joined the network of Observatories and Monitoring Centers established to monitor and identify tobacco industry tactics all over the world.



Quick Fact

International Organizations such as the UN Economic and Social Council (ECOSOC), United Nations Global Compact (UNGC) WHO, United Nations (UN) and United Nations Development Programme (UNDP) and UNESCO, have adopted or developed policies to be consistent with or to support the Implementation of WHO FCTC Article 5.3. It aims to address tobacco industry interference, and have the legal personality and medium to influence governments and international bodies.

Globally, there are **36 countries** have adopted good practices and measures to prevent tobacco industry interference in the development and implementation of public health policies with respect to tobacco control in accordance with the recommendations provided by the Article 5.3 Guidelines.



Implementation of FCTC Article 5.3 in ASEAN

Industry interference in policy development

The tobacco industry (TI) works to defeat, dilute, and delay effective tobacco control policy. They participate in different stages of policy development in order to undermine any stringent measure a government may propose.



Brunei



Cambodia



Myanmar



Thailand



Brunei, Cambodia, and Thailand do not accept or endorse policy or legislative drafts by or in collaboration with the tobacco industry, nor invite the tobacco industry to sit at meetings where policies are decided.



Brunei, Cambodia, Myanmar, and Thailand do not allow the TI to sit in inter-ministerial or committee meetings on implementing the FCTC.

Industry-related CSR activities

Tobacco companies are re-branding themselves as “socially responsible” and a “legitimate partner” for social and development causes. 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.

The industry engages with non-health government sectors such as sports, education, environment, welfare and development, and law enforcement to whitewash its business agenda and dissociate its corporate image from the health harms caused by the products it manufactures and sells.



Brunei



Cambodia



Lao PDR



Myanmar



Singapore



Thailand



Vietnam



Among ASEAN countries, only **Brunei, Lao PDR, Myanmar, and Thailand** have banned all tobacco-related CSR activities, while **Cambodia, Singapore, and Vietnam** have banned the publicity of these activities.

Benefits to the tobacco industry

Except in **Brunei** and **Vietnam**, the tobacco industry continues to receive benefits in a variety of ways in most countries because their governments still associate economic value in the tobacco industry's business portfolio. Because of this preconception, the tobacco industry gains political capital to influence policies to its advantage.



Cambodia



Indonesia



Malaysia



Thailand

Delay in implementation of stronger tobacco control measures was accommodated in



Cambodia deferred the adoption of the Joint Prakas between the MOF and MOH to implement the Tobacco Control Law's penalties (fines).



Indonesia cancelled the scheduled 2019 tobacco tax increases and revoked the tobacco excise simplification roadmap.



Malaysia deferred tax increases for 2019, introduction of standardized packaging, imposing retail licenses for tobacco product sellers, and banning all ENDS and electronic non-nicotine delivery system (ENNDS)) pending since 2016.



Thailand deferred to 2021 the excise tax increase from 20% to 40% scheduled in 2019.

Forms of unnecessary interaction

Unnecessary interactions between government personnel and the tobacco industry still occur. With the exception of **Brunei**, all countries have documentation of such interactions that include senior government officials attending social functions with or accepting assistance and offers of partnerships from the tobacco industry.



Cambodia



Indonesia



Lao PDR



Malaysia



Philippines



Thailand



Vietnam

Unnecessary interactions

• Attending social functions and junkets

Malaysia Deputy Minister of International Trade and Industry attended an event by the American Malaysian Chamber of Commerce (AmCham) - PMI was a major sponsor.

During the 74th UN General Assembly, the US-ASEAN Business Council (US-ABC) (PMI sits on its Board) and the US Chamber of Commerce held separate dinner receptions for the Prime Minister of **Malaysia** and **Thailand** together with their entourage of high-level officials.

A group of **Philippines** legislators, including the chairs of the Committee on Health and Committee on Trade and Industry in the House of Representatives, went on a study tour to the UK. They met a Member of Parliament, David Amess who is a supporter of PMI's "Unsmoke Your World" campaign; and visited an IQOS shop escorted by PMFTC's Manager of Fiscal and Government Relations.

In **Vietnam**, anniversary celebrations of Vinataba and other tobacco companies are attended by senior officials from the MOIT, Central Communist Party, and Commission for the Management of State Capital at Enterprises.

• Accepting assistance and offers of partnerships

Cambodia Minister of Information met with the Chair of China Huaxin Group to discuss a tobacco farming investment worth USD 2 billion.

Indonesia, Lao PDR, Malaysia, Philippines, and Vietnam have accepted assistance from the tobacco industry to conduct anti-smuggling activities in the country.

Greater transparency needed

Most governments have no procedures in place for the disclosure of meetings and interactions with the tobacco industry or about entities, affiliates organizations and individuals acting on the industry's behalf such as lobbyists. While the tobacco industry can communicate with the government regarding its business, systematic recordkeeping to document what transpires or how the industry's agenda might impact policy (such as when the meetings take place, their purposes, or the contents and outcomes of such meetings) remains lacking.



Malaysia



Myanmar



Philippines



Thailand



Vietnam

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 full information about meetings of other agencies with the tobacco industry. For example, while there are social media sightings and anecdotal information of different interactions between the tobacco industry and government agencies, the CSC reports that it has not received any documents or disclosure of any meetings or interactions as required by the JMC.

Governments of **Malaysia, Thailand, and Vietnam** continue to interact (either in closed-door meetings or open interactions in) with the tobacco industry; however, details of these interactions are not accessible or made transparent to the public.

continued



Myanmar



Philippines

- There are certain domestic laws/regulations in all countries that require the tobacco industry to register aspects of its business operations (such as manufacturing, trading, revenues) in order to operate. For example, in **Myanmar**, a Special Goods Tax Law requires all manufacturing facilities and distribution chains to register with the government, while in the **Philippines**, corporate and business entities are also required to register with the BIR and Securities and Exchange Commission (SEC) to operate.

Conflicts of interest



Brunei



Lao PDR



Vietnam

- One way the tobacco industry gains influence with governments is by subscribing to a patronage system – exchanging contributions for candidates, parties, and their election campaigns for political support. **Brunei** prohibits political contributions from the tobacco industry and political campaigns do not take place in **Lao PDR** and **Vietnam** because of their unitary/single party governments.



Philippines



Thailand

- In the **Philippines** (through individuals including industry representatives) and **Thailand** (with certain monetary limits) the tobacco industry is still allowed to give political contributions.



Cambodia



Indonesia



Lao PDR



Philippines



Thailand



Vietnam

- Another way the tobacco industry influences public policy and creates conflict of interest situations is through the “revolving door”, where politicians or civil servants take up jobs as lobbyists or consultants in the area of their former public service or where former private sector employees accept government positions that regulate the sector they were once a part of. Revolving doors may undermine trust in governments because of the potential for real or perceived conflicts of interests regarding matters of the state.

Country	Current/ former public service/ private sector employees	Position/part of
Cambodia	President of the LYP Group (owner of cigarette company Hero King)	Senator
Indonesia	Director of Beverage Industry, Tobacco Products and Refresher Materials, and the Head of Data and Information Center	Indonesian Cigarette Manufacturers' Association (GAPRI)
Lao PDR	Vice Minister of Ministry of Industry and Commerce (MOIC) MOF and MOIC representatives	Chair of the LTL Board Board of Management
Philippines	Former Chief Justice and former Governor of the Philippine Central Bank	Board of Trustees of Tan Yan Kee Foundation
Thailand	CEO of Tobacco Authority of Thailand (TOAT)	Government official
Vietnam	Ministry of Industry and Trade (MOIT) officials	Vinataba

Preventive measures

Article 5.3 details guidelines to protect against interference, not only by the tobacco industry but also by entities working in its behalf. Two elements are essential for achieving this outcome: a) governments need information about the industry's activities and practices to ensure transparency and accountability; and b) a code of conduct for the bureaucracy prescribing the standards they should comply with in their interactions with the tobacco industry or its representatives.



Brunei



Cambodia



Indonesia



Malaysia



Myanmar



Philippines



Thailand



Vietnam



Brunei, Philippines, and Thailand are leading the way in implementing a code of conduct for the bureaucracy prescribing the standards they should comply with in their interactions with the tobacco industry or its representatives.



Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Thailand, and Vietnam require the tobacco industry 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.

Country	Preventive measures limited to issuing authority	Position/part of
Brunei		Prime Minister Circular (code of conduct) – Prohibition of involvement of the tobacco industry and smoking in government premises Prevention of Corruption Act*
Cambodia	Ministry of Education, Youth, and Sport Circular on ban all forms of partnerships with tobacco industry among educational facilities including ban the use, advertisement, and display and sale of tobacco and alcohol products within campuses of public and private educational facilities	Law on Anti-Corruption*
Indonesia	Ministry of Health Guidelines for Managing Conflicts of Interest with the Tobacco Industry within the Health Ministry	Ministry of Administrative and Bureaucratic Reforms Guidelines for Managing Conflict of Interest* Several anti-corruption laws*
Lao PDR	Ministry of Health Tobacco Control Code of Conduct between Government Health Sector and Tobacco Industry	Law on Anti-corruption*
Malaysia		Anti-corruption Commission Act*
Myanmar	Ministry of Health and Sports Guidelines on contact with cigar and tobacco product manufacturer, distributor, seller or related person	Anti-corruption Code of Ethics for Companies and Corporate Bodies*

continued



Philippines



Thailand



Vietnam

Country	Preventive measures limited to issuing authority	Position/part of
Philippines	<ul style="list-style-type: none"> Department of Education (DepEd) Order No. 6, s. 2012 – guidelines against tobacco industry interference Department of Labor and Employment (DOLE) Memorandum (30 April 2012) – reiterates the JMC Bureau of Internal Revenue (BIR) Memorandum Order No. 16-2012 – restricts interactions with the tobacco industry Department of Foreign Affairs (DFA) Memorandum (24 May 2013) – directs compliance with the JMC Metro Manila Development Authority (MMDA) Memorandum (20 August 2013) – amends the Code of Conduct to include protection against tobacco industry interference Department of Social Welfare and Development (DSWD) Administrative Order No. 11-2019 - guidelines against tobacco industry interference Food and Drug Administration (FDA) Advisory No. 2019-501 - reminds public physicians to follow the JMC and avoid interaction with the tobacco and electronic nicotine delivery systems (ENDS) industry 	<p>Civil Service Commission-Department of Health Joint Memorandum Circular (JMC) 2010-01</p> <p>Code of Conduct and Ethical Standards for Public Officials and Employees*</p> <p>Anti-graft and Corrupt Practices Act*</p>
Thailand	Ministry of Public Health Guidelines on Interaction with Tobacco Entrepreneurs and Related Persons	<p>Office of Civil Service Commission Regulation</p> <p>Several anti-corruption laws*</p>
Vietnam		<p>Ministry of Health Official Letter to other ministries, mass organizations, and the people's committees of the provinces and municipality on non-cooperation with Smoke-free World Foundation funded by PMI</p> <p>Anti-corruption Law*</p>

* Not specific to the tobacco industry.

Quick Fact

Foundation for a Smoke-Free World (FSFW) and its relationship with the tobacco industry

In 2017, Philip Morris International (PMI) announced its financial support (USD 960 million for 12 years) for the establishment of the Foundation for a Smoke-Free World (FSFW), whose purported goal is to “eliminate smoking.” This wholly PMI-funded foundation presents itself as a tobacco control organization, but, unsurprisingly, its definition of “smoke-free” is fully aligned with PMI’s “smokefree future” ~ not eliminating tobacco use but switching smokers to so-called less harmful alternatives like electronic nicotine delivery systems (ENDS, also known as e-cigarettes).

For more detailed information, please visit <http://tobaccowatch.seatca.org> and refer to Tobacco Industry Interference Index (2020); A Handbook on the Implementation of Article 5.3 of the WHO’s Framework Convention on Tobacco Control (WHO FCTC) and Related Actions (2018) and Anti-corruption and Tobacco Control (2017).

Prices of most popular cigarette brands in ASEAN



Reducing Tobacco Affordability and Consumption

Excise tax increases that significantly raise tobacco product prices and reduce their affordability are among the most effective fiscal measures to reduce tobacco consumption (and thereby its adverse health consequences) by discouraging purchase of tobacco products, thereby encouraging tobacco cessation and preventing tobacco uptake among various segments of the population, in particular price-sensitive young people and the poor. Tobacco taxes can therefore have large aggregate benefits for public health and socio-economic development, primarily through healthier and more productive populations and reduced healthcare costs, reducing poverty, and providing a reliable source of government revenues. For these reasons, tobacco tax increases are described as a win-win policy measure, i.e. a highly cost-effective WHO “best buy” public health intervention and a reliable source of domestic financing.

The World Bank has recommended that the total tax burden should be 66% to 80% of the retail price, and more recently, the WHO has recommended that at least 70% of retail price should be excise. The current global guidance for tobacco taxation, however, remains to be WHO FCTC Article 6 and its implementation guidelines (adopted by the WHO FCTC COP in 2014), which recommend that governments should adopt long-term tax and price policies that meet both their public health and fiscal needs.

This means applying specific or mixed (specific and ad valorem) taxes on all tobacco products, taxing all tobacco products in a similar way (to reduce the potential for product substitution), and regularly increasing tax rates so as to

continually reduce affordability of tobacco products. This also means strengthening tobacco tax administration (licensing, warehousing, anti-forestalling, fiscal markings, and enforcement), considering dedicating tobacco tax revenues to tobacco control programmes, and prohibiting or restricting tax/duty-free sales of tobacco products.

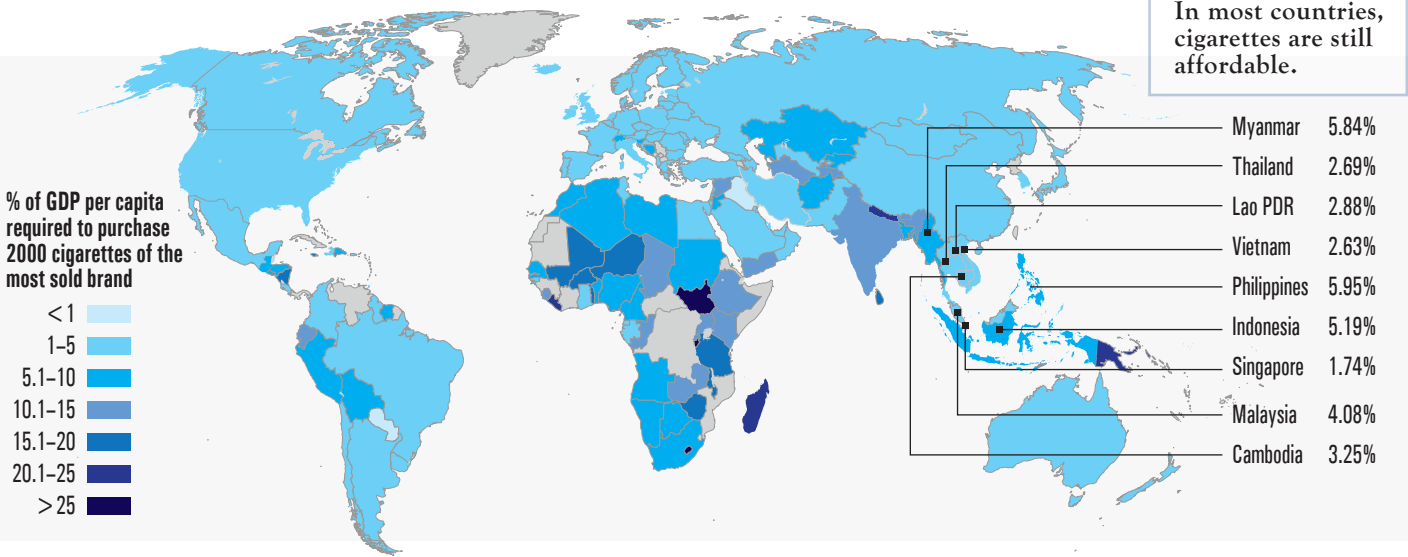
This chapter provides an overview of the tobacco tax situation in ASEAN countries, where tax policies have been strengthened in some countries, but require more improvements in others. Thailand has the highest tax burden as a percentage of retail price (78.6%), followed closely by Philippines (71.3%) and Singapore (67.5%). These countries are good examples where tax increases have contributed to a decline in smoking prevalence rates alongside higher tobacco tax revenues. Most countries also do not have any long-term tobacco tax policies with regularly evaluated fiscal and public health targets. Cigarette prices remain affordable and relatively low throughout the region, particularly in Cambodia, Lao PDR, and Vietnam (less than USD 1 per pack) where regular tax increases are needed to keep pace with economic and income growth.

In the case of Lao PDR, the government’s lopsided Investment License Agreement (2001-2026) with Imperial Brands prevents the Lao government from benefiting, as the government continues to lose millions in tobacco tax revenues (see page 19) while being unable to reduce tobacco use.

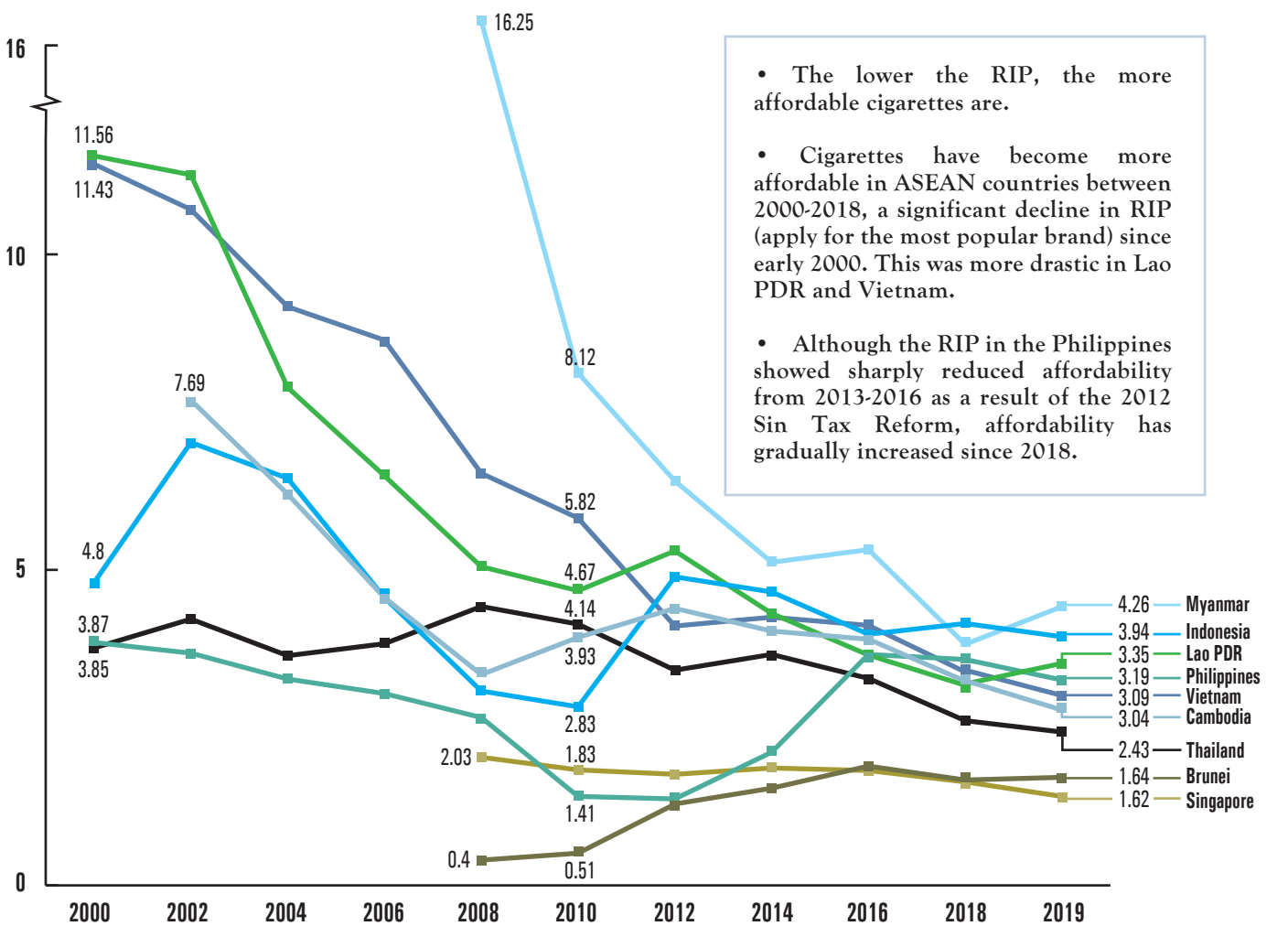
Quick Fact

Generally, cigarette prices remain affordable and relatively low throughout the region, but particularly in Cambodia, Lao PDR, and Vietnam (**less than USD 1 per pack**) where regular tax increases are needed to keep pace with economic and income growth.

Cigarette affordability: Affordability of the most sold brand of cigarettes (2020), globally

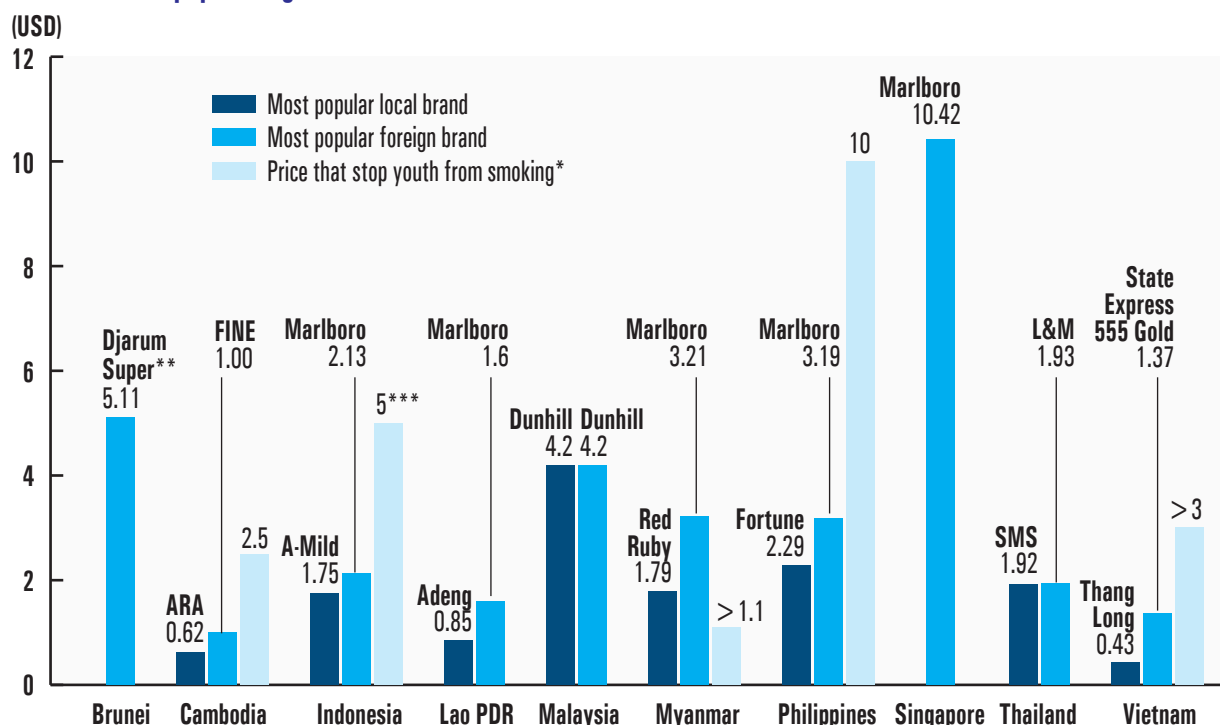


Cigarette affordability: Relative Income Prices (RIP)* of cigarettes in ASEAN



* Relative Income Price (RIP) refers to percentage of per capita GDP required to purchase 100 packs of cigarettes.

Prices of most popular cigarette brand

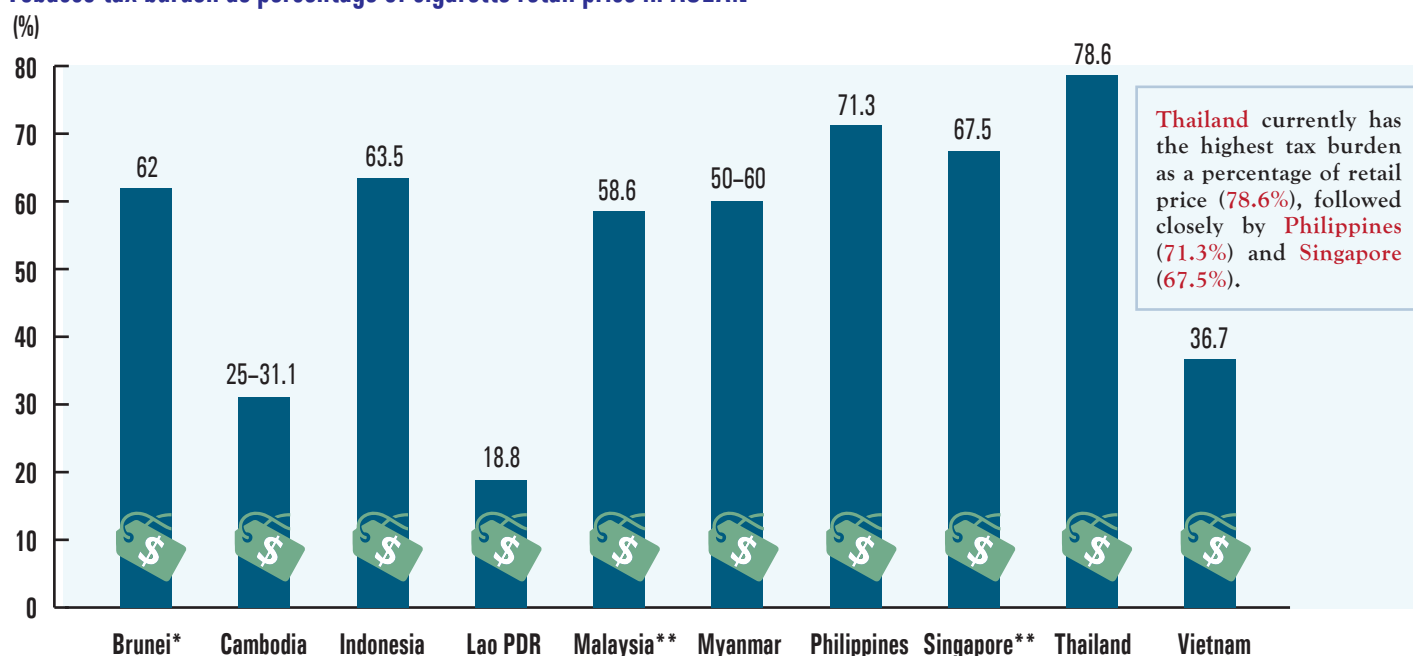


*Findings from youth opinion survey on cigarette prices in five ASEAN countries conducted in 2017. Respondents were aged 13-24 years.

**Djarum Super was the most popular brand prior to 2014. There are no licensed tobacco importers and retailers in Brunei since May 2014.

***The study was conducted among Indonesians aged between 14-78.

Tobacco tax burden as percentage of cigarette retail price in ASEAN



*There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country.

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

Cigarette tax systems in ASEAN

	Country	Excise rate	VAT	Import tariffs	Others
Specific Tax	Brunei 	BND 0.50/stick	None	None	N/A
	Indonesia 	IDR 110–865/stick (10 tiers)	9.1%	0% from ASEAN plus China; 40% from outside ASEAN plus China	Local cigarette tax 10% of excise tariff
	Malaysia* 	MYR 0.40/stick		MYR 0.20/stick	N/A
	Myanmar 	MMK 9–26/stick (4 tiers)	N/A	30% on CIF	5% commercial tax for import, sale and export of tobacco and tobacco products 1% special excise duty, income tax and import duties are also charged on raw tobacco and materials for cigarettes
	Philippines 	PHP 50.00/pack on 1 January 2021; PHP 55.00/pack on 1 January 2022; PHP 60.00/pack on 1 January 2023; and 5% annual increase beginning on 1 January 2024	12%	0%–10%	
	Singapore 	SGD 0.427/stick	7%	None	
Mixed System	Lao PDR** 	15%–30% of production cost plus LAK 600/pack additional specific tax (in practice) 50% of wholesale price plus LAK 600/pack additional specific tax (by law)	10%	Flat rate of USD 0.40/pack	Royalty fee 5% of production cost Compulsory contribution to Lao PDR Tobacco Control Fund: 2% of profit tax and LAK 200/pack
	Thailand 	20% Ad valorem rate of suggested retail price (SRP) less than/equal to 60 THB/pack and 1.2 THB/stick*** 40% Ad valorem rate of SRP more than 60 THB/pack and THB 1.2/stick***	7%	Exempted but other local taxes are applied	Provincial Administration Organization tax of THB 1.86/pack ThaiHealth tax at 2% of excise tax TV tax at 1.5% of excise tax Sport tax at 2% of excise tax Interior tax at 10% of excise Senior citizen fund tax at 2% of excise
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
	Vietnam 	75% of ex-factory price	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 (1 May 2013); 1.5% of taxable price (1 May 2016); 2% of taxable price (1 May 2019)

* GST is removed beginning of 1 June 2018, however, the cigarette prices remain the same. The new tax rate of 10% sales and services tax (SST) will be applied in September.

**Based on the new tax law passed in 2016, the excise tax rate should be 30% (2016–2017); 45% (2018–2019) and 60% (2020 onwards). However, the new tax rate is not enforced due to the unfair Investment License Agreement (ILA) with tobacco industry signed in 2001. Lao Tobacco Company (LTC) stops paying specific tax LAK 600 per pack since September 2019.

***These rates have been applied from 16 September 2017 to present. A single rate of 40% of SRP and THB 1.2/stick was scheduled to be applied from 1 October 2019 onwards; however, because of tobacco industry opposition, enforcement was postponed indefinitely.

Implementation of FCTC Article 6 Guidelines

- Have regular adjustment processes or procedures for periodic revaluation of tobacco tax levels.



While some countries have made significant progress in implementing tobacco tax policies, the region as whole is advancing very slowly.

- Have long-term policies on the tobacco taxation structure with regular monitoring and adjustments.



- Have had tax increases that are discouraging consumption.



- Dedicate tobacco tax revenues to tobacco control/health promotion programmes.



- Have a procedure/policy that protects tobacco tax and price policies from commercial and other vested interests of the tobacco industry.



Quick Fact

In Malaysia, an excise duty of 10% on all smoking devices—both electronic and non-electronic cigarettes including vape, electronic heated tobacco products, and traditional tobacco devices such as hookah/shisha and smoking pipes; while excise duty of **MYR 0.40 (USD 0.10)** per milliliter imposed on non-nicotine liquid used in electronic cigarettes (vape juice), effective on 1 January 2021.



In Malaysia, there was no tax increase on tobacco following statements from the tobacco industry that it will worsen smuggling. The last tax increased was in 2015.

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.

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.

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.

Tobacco tax administration in ASEAN

Authorization/licensing	Brunei*	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Requires a license or control system on the manufacture and import or export of tobacco products.	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have licensed wholesaling, brokering, warehousing or distribution of tobacco and tobacco products.	✓	✓		✓	✓		✓	✓	✓	✓
Have enforced a license system on retailing of tobacco products.	✓							✓	✓	✓
Have a control or license system for tobacco farmers and producers.	N/A						✓		✓	✓
Requires license for transporting of commercial quantities of tobacco products.	✓			✓			✓	✓	✓	
Requires license for manufacture, import or export of tobacco manufacturing equipment.		✓		✓	✓	✓	✓		✓	✓
Requires license for transporting of tobacco manufacturing equipment.				✓					✓	

*No tobacco manufacturers in Brunei Darussalam.

Quick Fact

Thailand enforces a license or control system on the whole tobacco supply chain. All other countries in ASEAN require licensing for only some parts of the supply chain, thereby allowing loopholes for tax evasion and illicit trade.

Licensing of tobacco retailers in ASEAN

Country	Cost of license (USD/year)	Country	Cost of license (USD/year)
Brunei*	222 (BND 300) – 2008 444 (BND 600) – 2015	Singapore**	272.73 (SGD 360) – 2010 297.62 (SGD 400) – 2016
Cambodia	No	Thailand	3.20 – 16.0 (THB 100 – 500)***
Indonesia	No	Vietnam	<i>Fee for assessment and recognition:</i> In city and urban level: 52 (VND 1,200,000) In district level: 26 (VND 600,000)
Lao PDR	No		<i>Fee for licensing:</i> In city and urban level: 8.67 (VND 200,000) In district level: 4.33 (VND 100,000)
Malaysia	No		
Myanmar	No		
Philippines	No		

* 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 January 2016.

*** Two types of tobacco retail licensing (VAT- THB 500) and (Non VAT- THB 100) registrant retailers.



In Malaysia, a public consultation on licensing of cigarette retailers was carried out early in the year but following protests from retailer groups there was no decision.

Tax all tobacco products: No duty-free allowance

Duty-free allowance in the region	Country
 No duty-free concession on all tobacco products	Brunei (since 2011)
200 cigarettes or 50 cigars or 250 grams 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, 100 cigars or 250 gm of tobacco	Myanmar
400 cigarettes	Philippines*
 No duty-free concession on all tobacco products	Singapore (since 1991)
200 cigarettes or 250 gm of tobacco or all types of combined	Thailand
200 cigarettes or 20 cigars or 250 gm of shredded tobacco	Vietnam

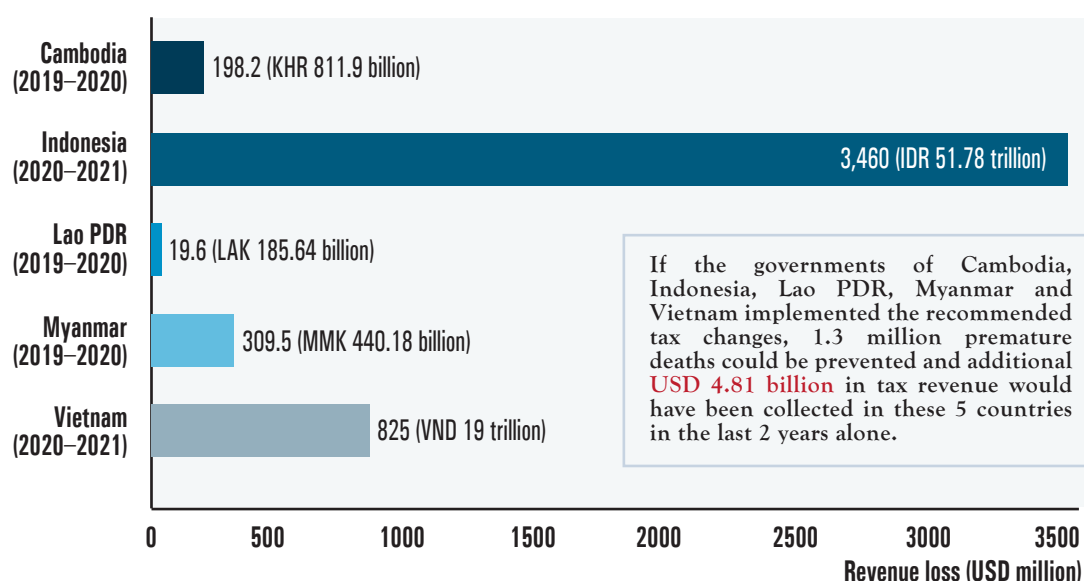


* Malaysia has imposed excise tax on tobacco products sold at duty-free shops beginning in 2021, while the Philippines, whose tax on duty-free tobacco began in 2013.

Quick Fact

All countries should follow the lead of Brunei Darussalam and Singapore that prohibit duty-free tobacco sales or of Malaysia and the Philippines that impose excise tax on duty-free products.

Lost funds in tobacco tax revenue gap in 2 years (cigarettes) in selected ASEAN countries



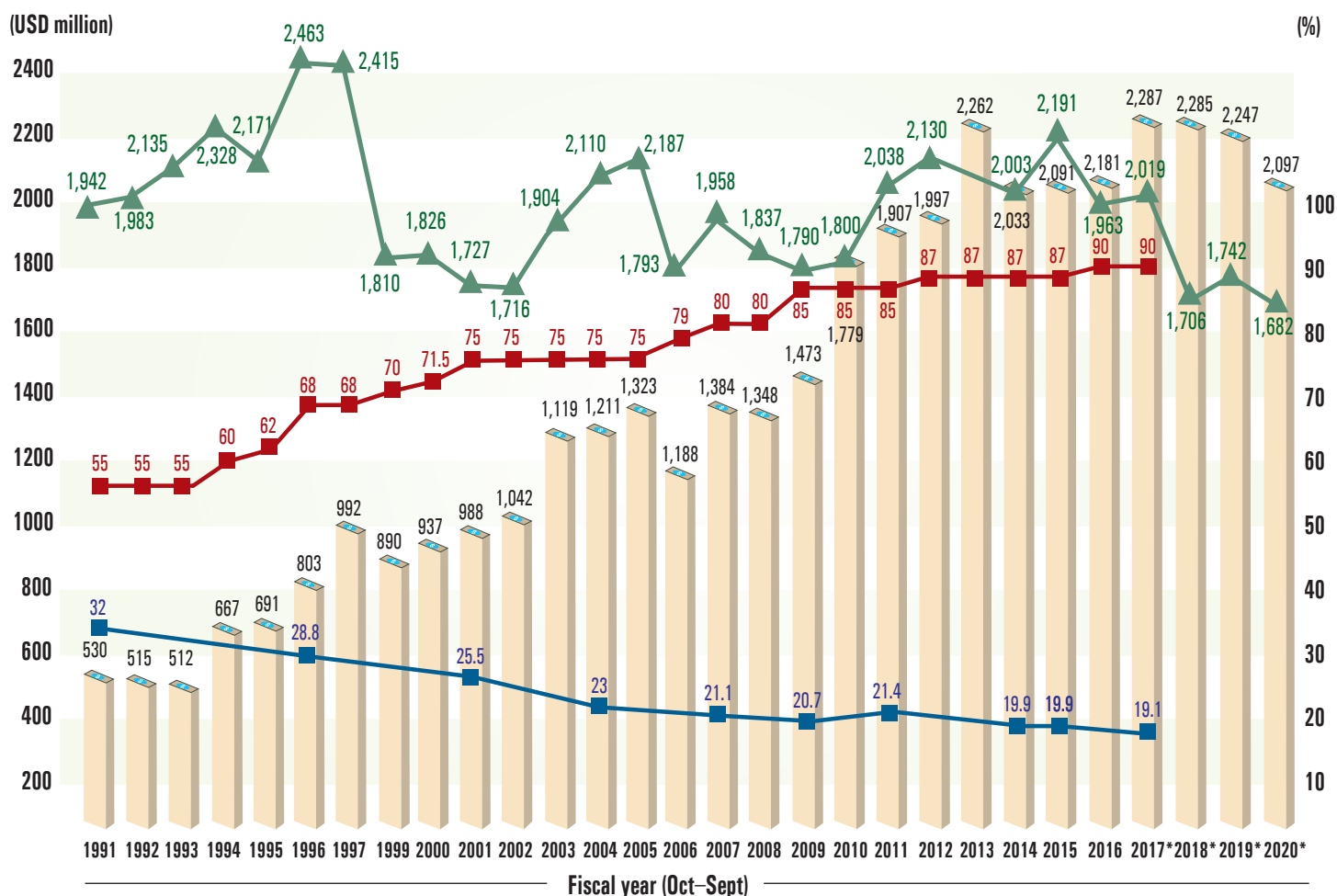
Thailand: Higher tax rates, higher revenues, and reduced smoking prevalence

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.

In September 2017, a new tax structure and rate on tobacco came into force to further reduce cigarette affordability in Thailand.

Excise tax on cigarette in Thailand



■ Excise rate (% of factory price)

2018 – 2020

SRP	Ad Valorem (% of SRP)	Specific (THB/Sticks)
SRP ≤ 60 THB/Packs	20%	1.2
SRP > 60 THB/Packs	40%	1.2

▲ Sale (million packs)

■ Smoking prevalence (%)



Tax revenue (USD million)

USD 1 = THB 30

Source: Excise Tax Department, Ministry of Finance, Thailand, 2020.

* These rates have been applied from 16 September 2017 to present. A single rate of 40% of SRP and THB 1.2/stick was scheduled to be applied from 1 October 2019 onwards; however, because of tobacco industry opposition, enforcement was postponed indefinitely.

Singapore: Highest tobacco tax burden in ASEAN

Concerned by 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	-
2017	0.388 per stick of < 1g	13.00	-
2018	0.427 per stick of < 1g	14.00	12.0 (2017)
2019	0.427 per stick of < 1g	14.00	10.6 (2019)
2020	0.427 per stick of < 1g	14.00	No data available

Quick Fact

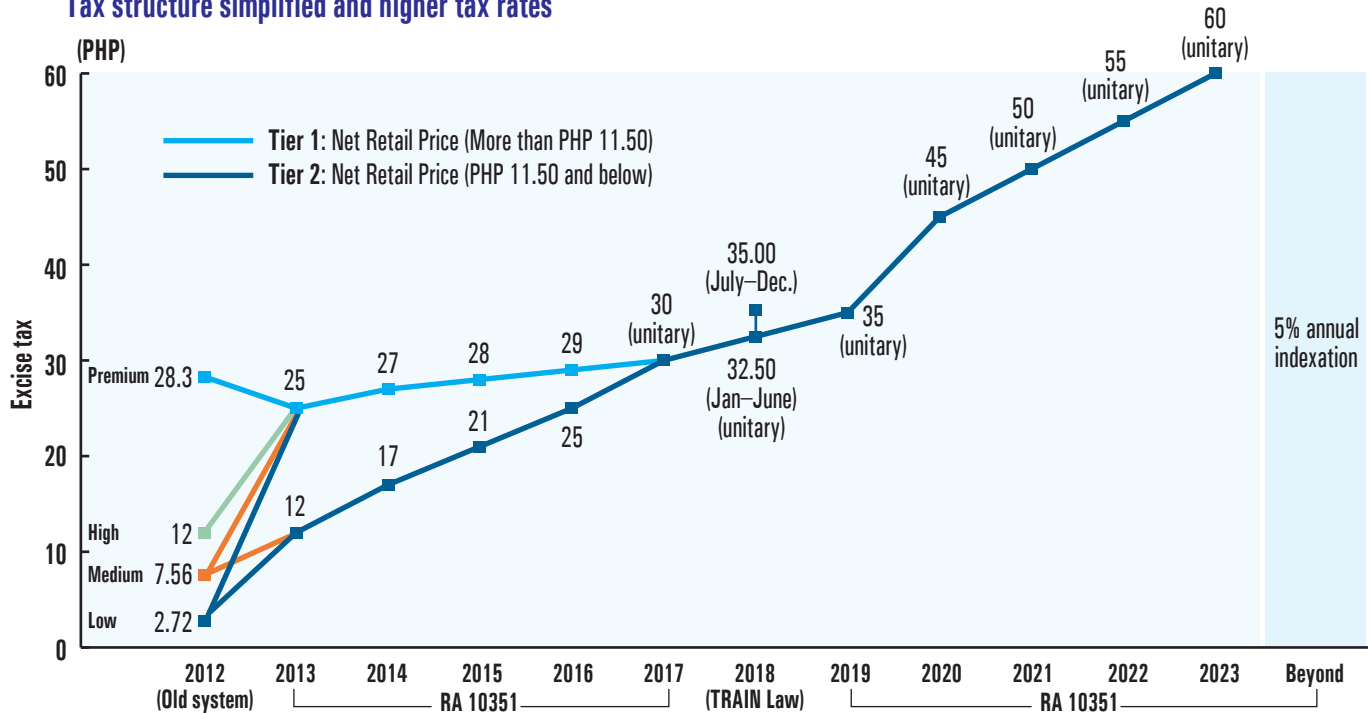
Up to March 2003, excise duty on cigarettes was by weight per kilogram of tobacco. From July 2003, excise duty on cigarettes was revised to a unit-based (per stick) system. This change to a unit-based system was in response to the emergence in 2000 of low-priced cigarettes that had less tobacco content and less weight per cigarette and which, due to their price, were attracting young people to smoke and encouraging smokers to smoke more, as evidenced in a shift in consumer behavior pattern (sales of low-priced cigarettes increased from **6% in 2000** to **25% in 2003**).

For unmanufactured tobacco and cut tobacco, the excise duty is **SGD 388 per kg**. For beedies, ang hoon, and smokeless tobacco, the excise duty is **SGD 329 per kg**. For all other tobacco products, the excise duty is **SGD 427 per kg**. An additional 7% goods and services tax (GST) - on the cost, insurance and freight incurred plus tobacco tax - is imposed on top of the excise duties.

Philippines: Impact of sin tax law

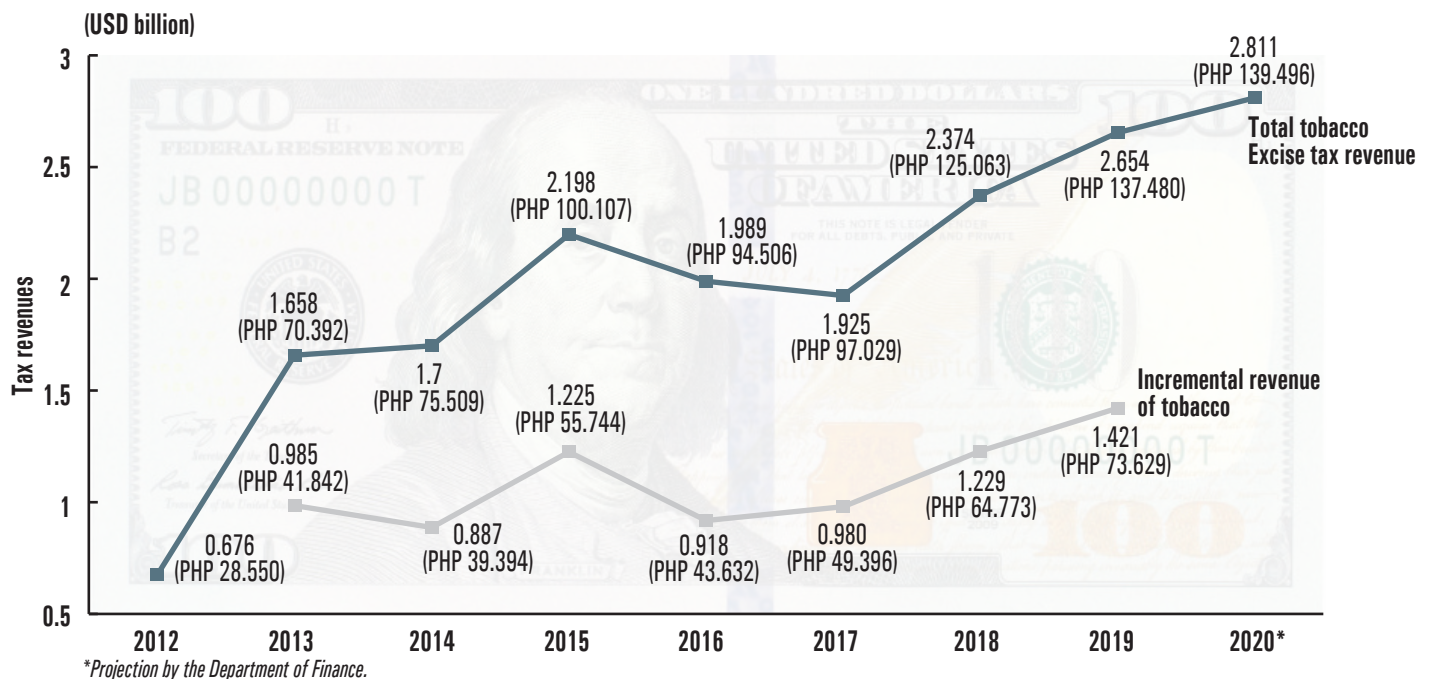
📈 Fiscal gain: Strengthened, more efficient tax administration

Tax structure simplified and higher tax rates



📈 Fiscal gain: Regular Adjustment to Tobacco Excise Tax Rates have resulted to an increase in government revenue

Reforms in the tobacco excise tax system have increased government revenues over time (2012–2020)



Fiscal gain: Increase in resources to achieve Universal Health Care

Share of health sector (80% of the incremental revenue for both tobacco and alcohol excise taxes)

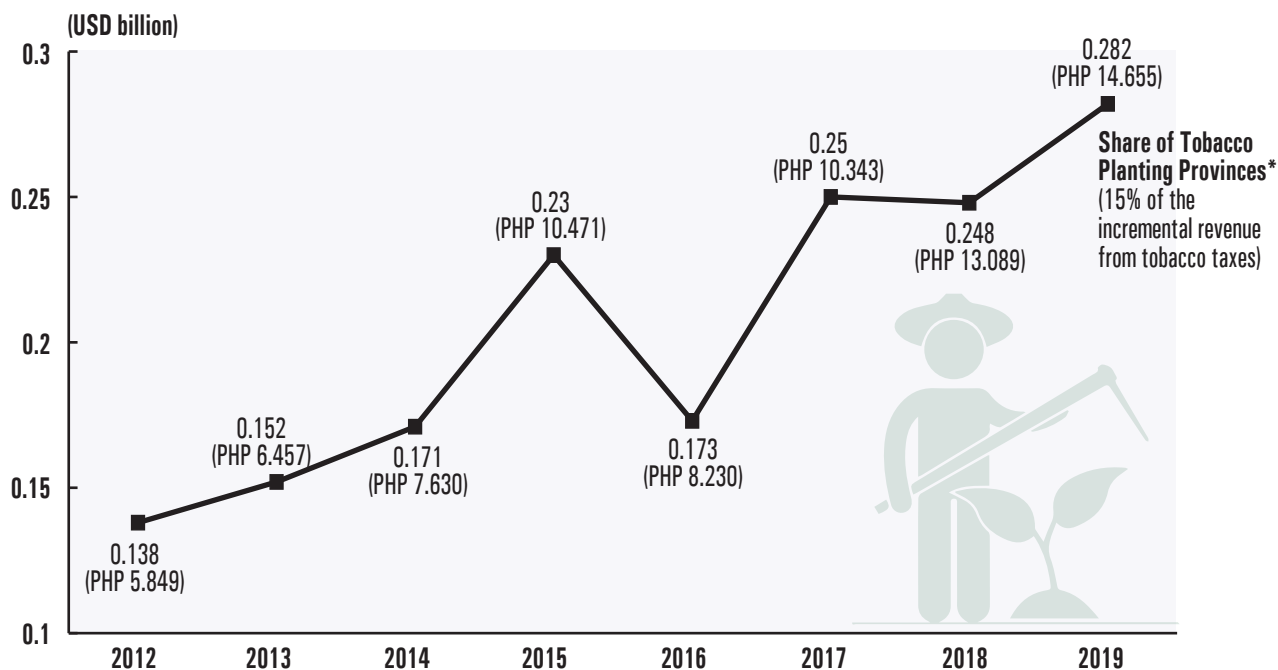


* Prior to the Sin Tax Law of 2012, there is no provision in the Internal Revenue Code of the Philippines that Health will directly benefit from the incremental revenue of tobacco and alcohol. The Sin Tax Law was passed in 2012. It took effect only in 2013.

** For 2014-2015, the primary reason in the decline is the so-called frontloading practice of the tobacco industry wherein they produce so much so that they will escape the higher tax rate the following year. Another reason is that the tobacco tax stamp is not yet mandatory so there are leakages in this period.

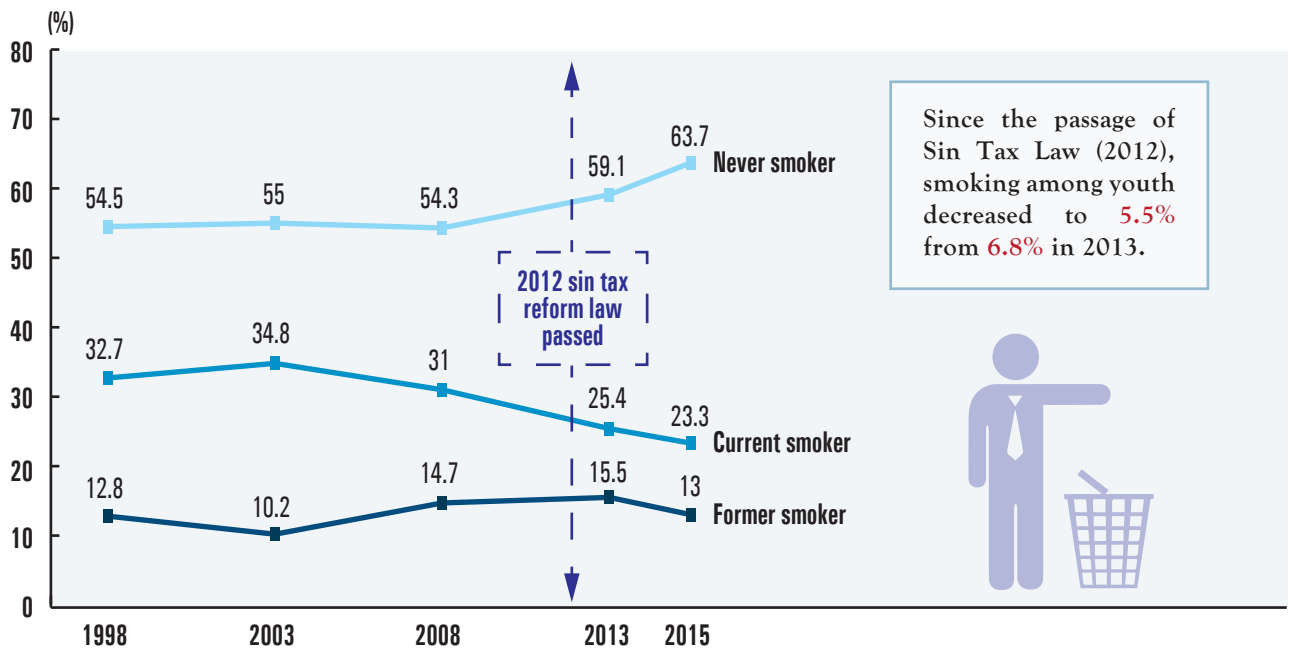
*** For 2016, this is when Mighty Corporation was caught to be using fake tax stamps thus doing tax evasion.

Share of tobacco-growing provinces and funds for alternative livelihood of tobacco farmers

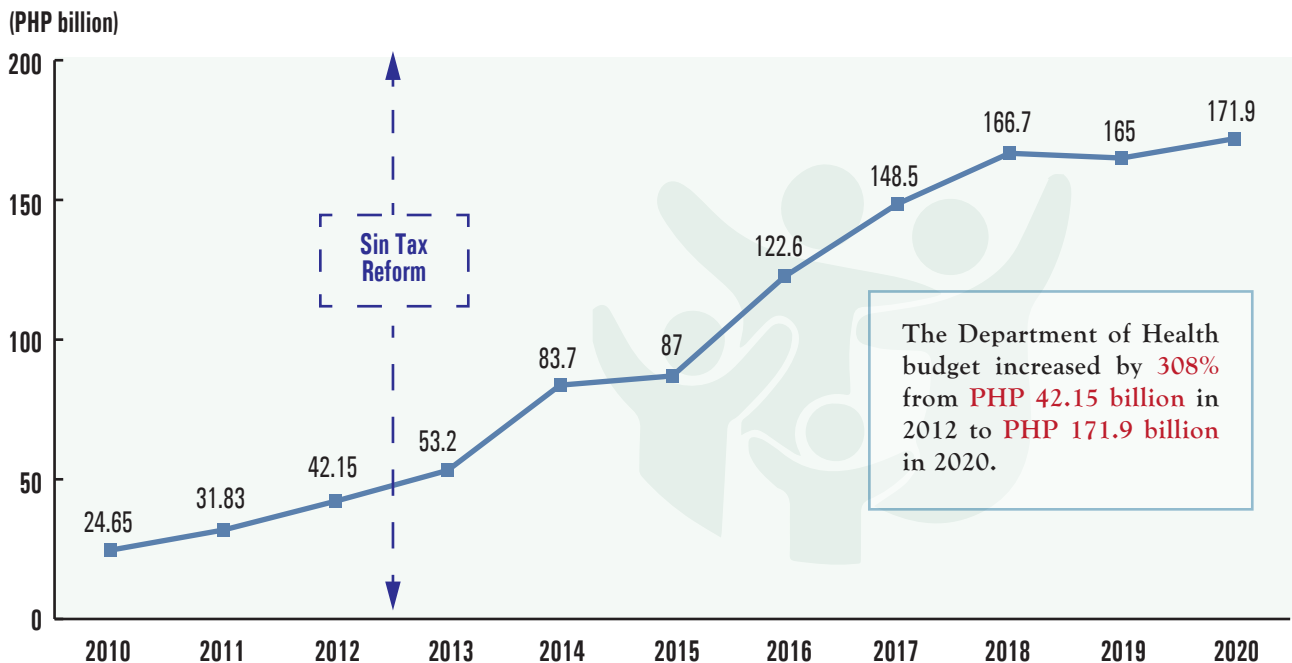


* There are 2 other Laws that mandate the government to allocate funds for tobacco-growing provinces. These 2 Laws date back in the mid-90's. The purpose of the share of tobacco-growing provinces is to compensate for farmers who lost their livelihood or encourage them to shift to alternative livelihood activities.

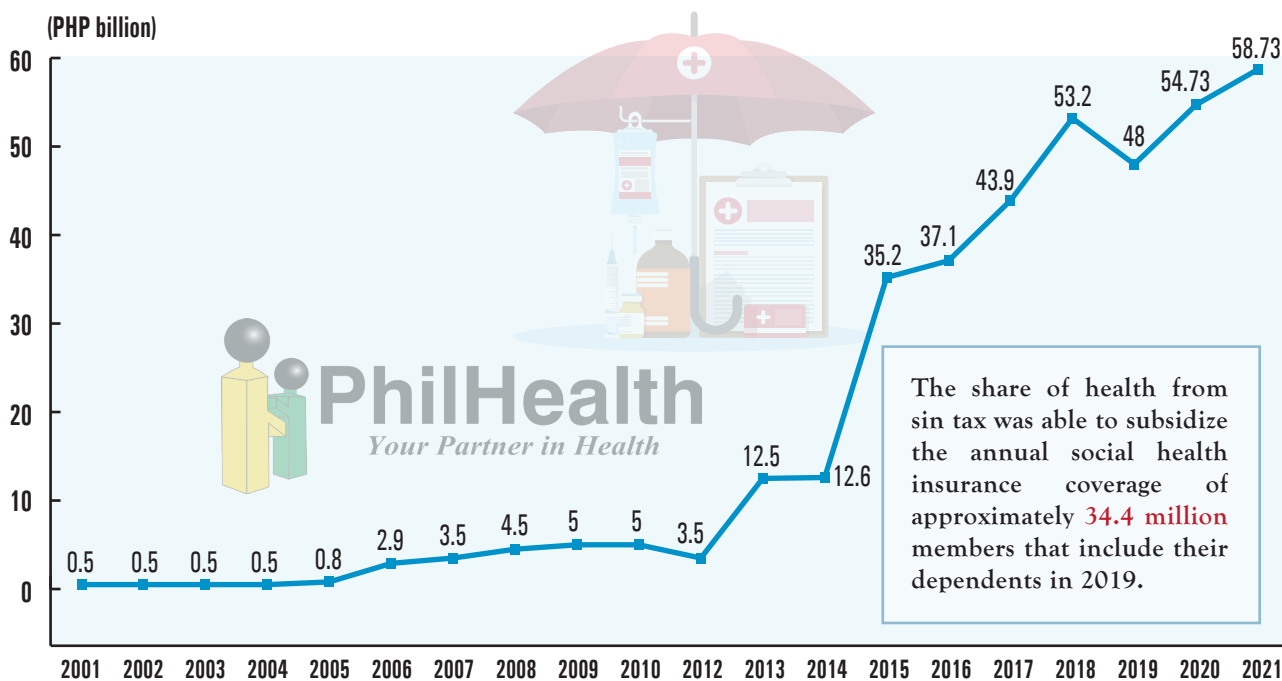
Public health gain: Reduction in smoking prevalence (1998–2015)



Public health gain: Department of Health budget between 2010 and 2020

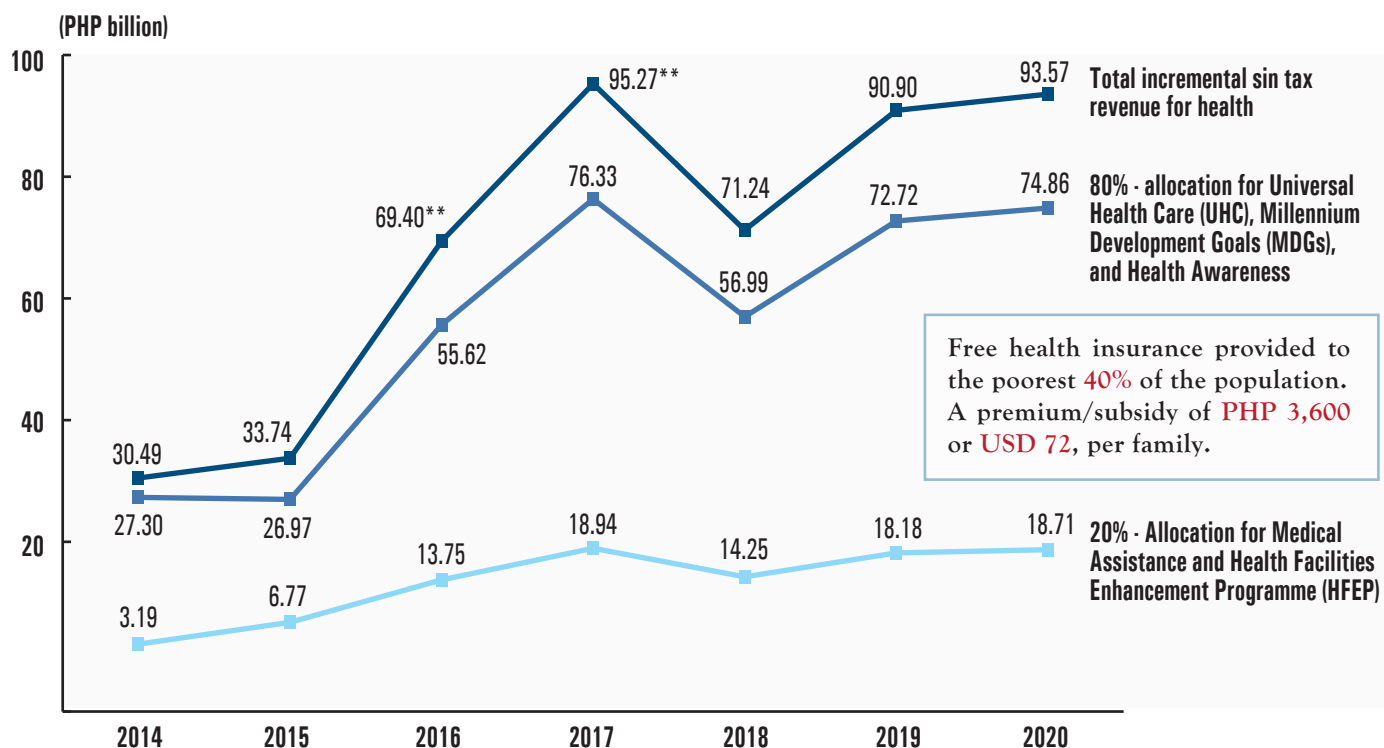


👍 Public health gain: Win for the poor



Note: Starting 2019, 100% of Filipinos have PhilHealth coverage due to the passage of the Universal Health Care Law or Republic Act No. 11223.

Philippines: Distribution of incremental sin tax revenue for health



* The allocation is derived from the total Excise Tax Revenue (Tobacco and Alcohol). The health sector was able to benefit from sin taxes only from 2014.

For more detailed information, please visit <https://tobaccotax.seatca.org/> and refer to SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries (2021).

100% smoke-free public places (indoor) policy in ASEAN



Chapter 8

Clearing the Air for a Healthier Environment

Secondhand smoke (SHS) kills, and WHO and other health authorities have declared that there is no safe level of exposure to SHS. Non-smokers exposed to SHS are equally at risk of tobacco-related diseases and premature death as those who actively smoke. Globally, more than a third of all people are regularly exposed to SHS. SHS exposure commonly occurs in homes and workplaces, but exposure also occurs in many public places including in restaurants, bars, markets, airports, public transportation, and even health and education facilities. It is estimated that around 1.2 million premature deaths annually are due to exposure to SHS causing heart disease, stroke, cancer, acute asthma, and others. Even brief exposure can cause immediate and serious health harms.

All people, regardless of age, gender, or socio-economic status, deserve protection of their health, and involuntary exposure to SHS may be considered a violation of the basic human right to life and smoking around children as a form of child abuse.

As recommended in the WHO FCTC Article 8 Guidelines, only a 100% smoke-free environment can effectively protect persons from exposure to tobacco smoke and the health hazards of smoking. Public smoking bans also encourage smokers to quit and discourage youth smoking.























With growing public awareness and support for smoke-free environments, an increasing number of countries have taken steps to protect people from the dangers of tobacco smoke by enacting laws that ban smoking in all public places and create smoke-free environments. The ban covers all forms of tobacco products including waterpipes and e-cigarettes and heated tobacco products.

This chapter describes the progress achieved by ASEAN countries to enforce comprehensive smoke-free laws prohibiting smoking in various public settings. Related initiatives include smoke-free cities, smoke-free world heritage sites, and smoke-free universities with the aim of attaining a smoke-free ASEAN.

Enjoy ASEAN food in smoke-free environments

Country	 100% smoke-free indoor air-conditioned restaurant	 100% smoke-free indoor non-air conditioned restaurant	 Allows designated smoking room inside the restaurant
Brunei	✓	✓	
Cambodia	✓	✓	
Indonesia			✓
Lao PDR	✓	✓	
Malaysia	✓	✓	
Myanmar	✓	✓	
Philippines			✓
Singapore	✓	✓	
Thailand	✓	✓	
Vietnam	✓	✓	























Smoke-free settings (indoor) based on the national law in ASEAN

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
										
 Airport										
 Bars & pubs	*									
 Educational facilities										
 Health care facilities										
 Hotels										
 Restaurants (aircon)										
 Restaurants (non-aircon)										
 Shops & shopping complex										
 Transport terminals										
 Transportation (public)						**				
 Universities										
 Workplaces/offices										

100% smoke-free/No smoking room With smoking room Allows smoking anywhere/not included in the law

*No bars/pubs in Brunei. ** Myanmar: Designated smoking areas are allowed in public trains and public water transportation under the national tobacco control law but the Ministerial Notifications (2014) prohibits smoking in those forms of transportation.

Smoke-free settings (outdoor) based on the national law in ASEAN

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
										
 Airport (Waiting areas)										
 Bars & pubs (Open area dining)								*		
 Educational facilities (Premises)										
 Healthcare facilities (Premises)										
 Hotels (Open area facilities)										
 Restaurants (AI Fresco dining)								*		
 Shop & shopping complex (Open area market/shops)										
 Transport terminals (Waiting areas)										
 Universities (Premises)										
 Workplaces/offices (Open area for work)										
 Parks & playgrounds										**
 Sports complex										

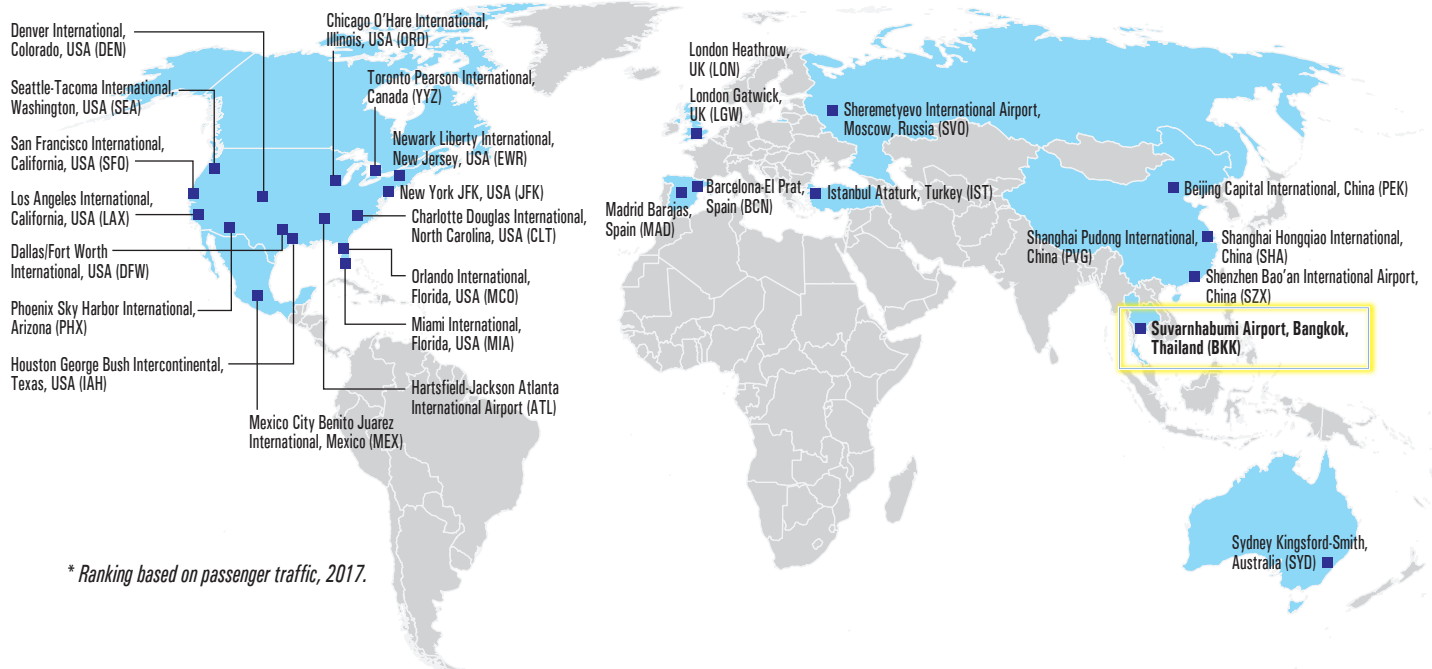
100% smoke-free With smoking area within public places Allow smoking anywhere/not included in the law

*In Singapore, since 30 June 2017, new smoking areas have not been approved for bars and pubs but existing smoking areas are all allowed to remain until the business operators cease operations.

** In Vietnam, sports complex may have designated smoking areas with the exception of childcare facilities and recreational facilities for children which should be 100% smoke-free.

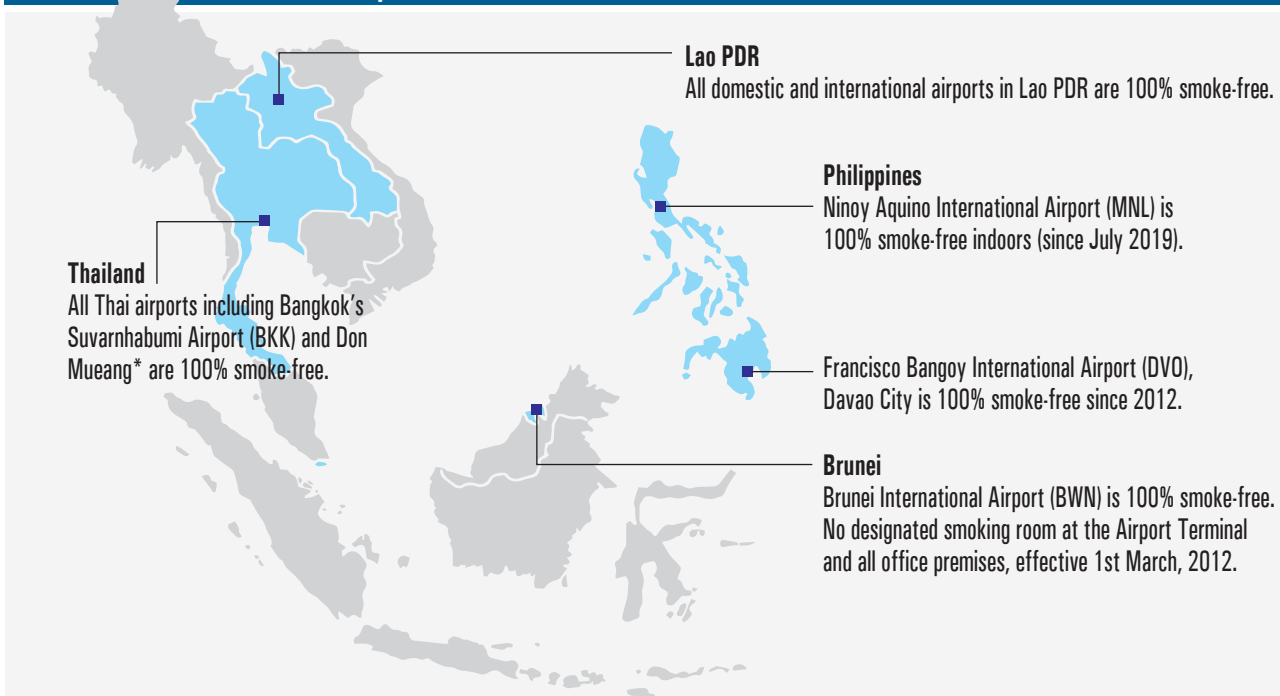
Smoke-free airports

28 smoke-free airports among the world's 50 busiest airports*



* Ranking based on passenger traffic, 2017.

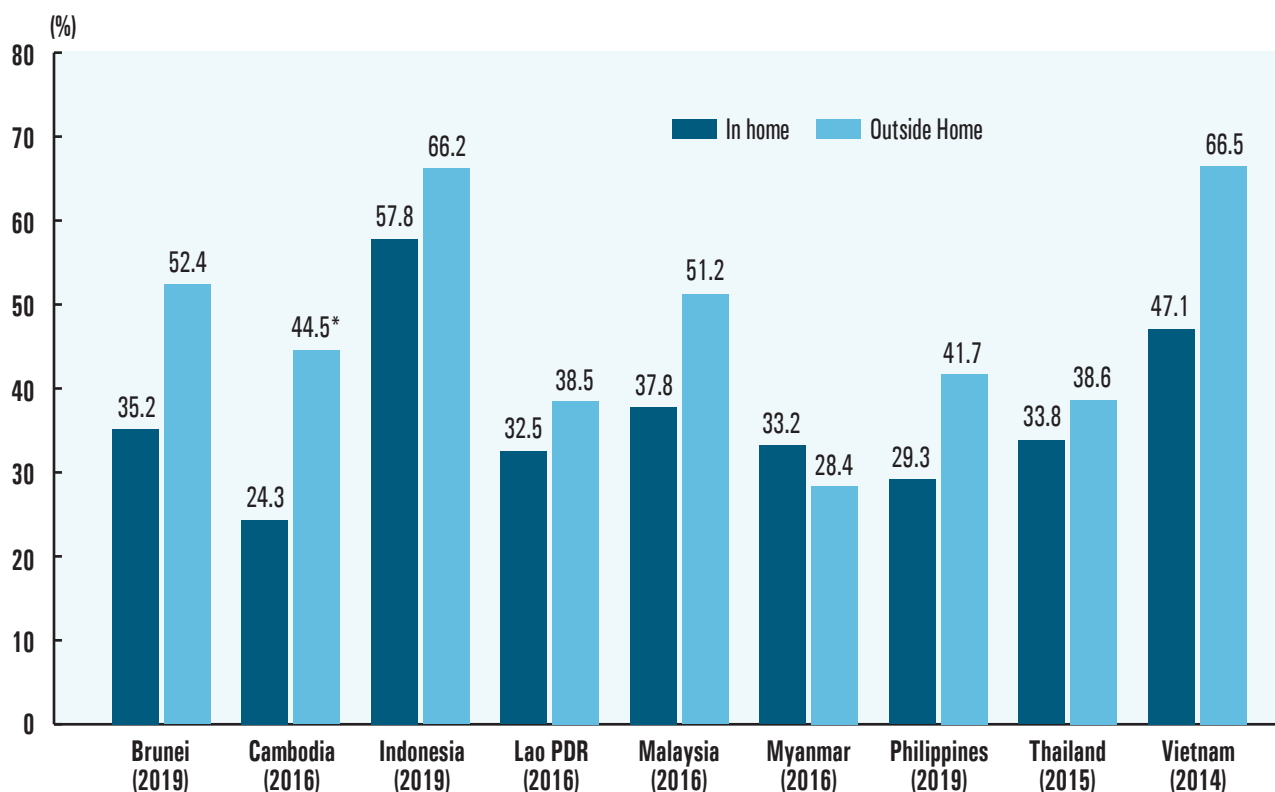
Smoke-free airports in ASEAN



*Suvarnabhumi Airport (BKK) and Don Mueang closed all smoking rooms in February 2019 in compliance with the Tobacco Products Control Act 2017. Smoking is prohibited within 5 meters of airport entrances and walkways.

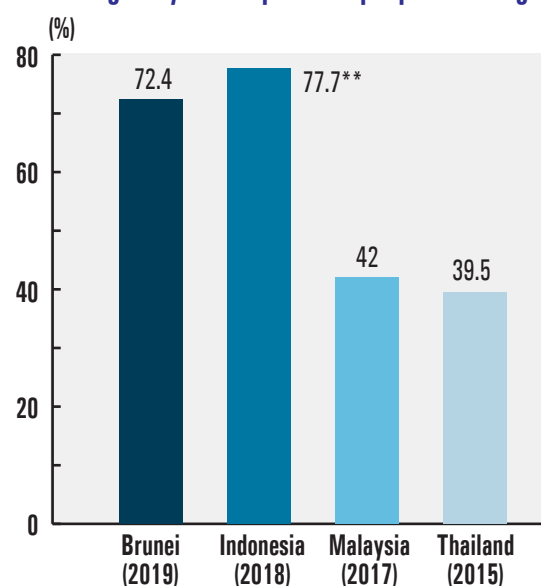
Secondhand smoke exposure in ASEAN

Percentage of youth exposed to secondhand smoke inside and outside the home



*Exposed to tobacco smoke inside enclosed public places.

Percentage of youth exposed to people smoking in their presence in ASEAN*



*No data available for Cambodia, Lao PDR, Myanmar, Philippines, Singapore and Vietnam. **Percentage of youth aged 10-18 who were exposed to people smoking in their presence.



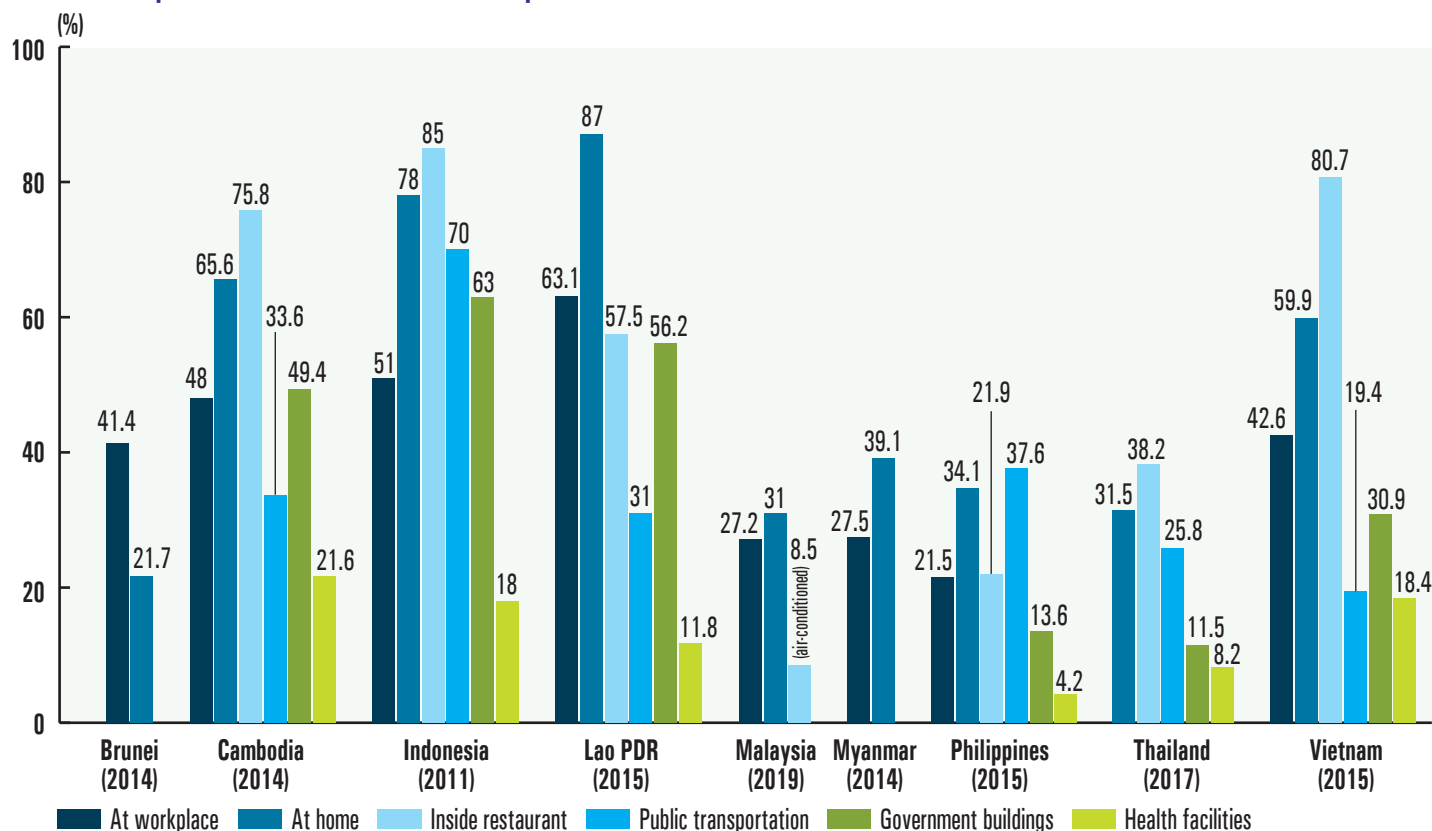
Quick Fact

Almost **1.5 billion** people in **55 countries** protected by smoke-free legislation.

Comprehensive smoke-free legislation is currently in place for almost **1.5 billion** people in **55 countries**.

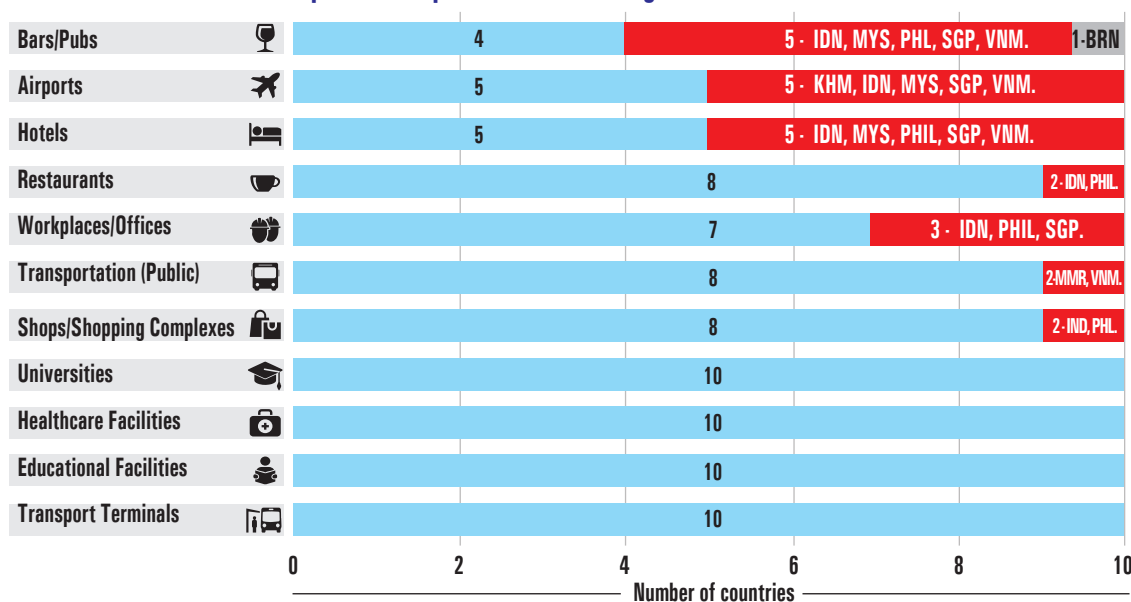
1 in 2 children is exposed to secondhand smoke.

Common places with secondhand smoke exposure in ASEAN



*89.1% reported expose at Bar/café/ teashops.

Countries with smoke-free places and places with smoking rooms in ASEAN



Brunei (BRN) • Cambodia (KHM) • Indonesia (IDN) • Malaysia (MYS) • Myanmar (MMR) • Philippines (PHL) • Singapore (SGP) • Vietnam (VNM)



Quick Fact

Nicotine is highly addictive and exposure to nicotine in adolescents, in particular, can have long-lasting, damaging effects, noting that it could affect brain development. ENDS involves the inhalation of a nicotine-infused aerosol.

Penalties

Countries that allow the issuance of compound fees to smoke-free violators

Country	Compound fees (USD)	
	Smokers	Establishment
Brunei	224 - 374 (BND 300 - 500)	374 (BND 500)
Malaysia	50% from the total fine up to 1,206 (MYR 5,000)	50% from the total fine up to 362 or 603 (MYR 1,500 or MYR 2,500)
Singapore	1st Offense 149 (SGD 200)	1st Offense 149 (SGD 200)
	Succeeding offenses 372 (SGD 500)	Succeeding offenses 372 (SGD 500)

Penalties for violating smoke-free policy in ASEAN

Country	Penalties (USD)	
	Smokers	Establishments
Brunei	747 (BND 1,000)	747 - 1,494 (BND 1,000 - 2,000)
Cambodia	5 (KHR 20,000)	12.3 (KHR 50,000)
Indonesia	Maximum limit of fines: 3,438 (IDR 50 million)	106.7 - 533.3 (LAK 1,000,000 - 5,000,000)**
Lao PDR	21.3 - 42.7 (LAK 200,000 - 400,000)*	106.7 - 533.3 (LAK 1,000,000 - 5,000,000)**
Malaysia	2,413 (MYR 10,000) or imprisonment not exceeding 2 years	724 (MYR 3,000) or imprisonment not exceeding 6 months (not displaying no smoking signage)
		1,206 (MYR 5,000) or imprisonment not exceeding 1 year (failing to ensure no people smoke in the premise)
Myanmar	0.71 - 3.57 (MMK 1,000 - 5,000)	1 st Offense 0.71 - 2.14 (MMK 1,000 - 3,000)
	Succeeding Offenses 2.69 - 8.98 (MMK 3,772 - 12,572)	Succeeding offenses 2.14 - 7.14 (MMK 3,000 - 10,000)
Philippines	10.3 - 206 (PHP 500 - 10,000)	10.3 - 206 (PHP 500 - 10,000)
Singapore	744 (up to SG 1,000)	1 st Offense 744 (SG 1,000)
		Succeeding offenses 1,488 (up to SG 2,000)
Thailand	160 (THB 5,000)	1,600 (THB 50,000)
Vietnam	8.7 - 21.7 (VND 200,000 - 500,000)	130 - 2,600 (VND 3 - 60 million)

*1st offence shall be disciplined and warned; 2nd offence LAK 200,000; 3rd or succeeding offences LAK 400,000.

** None 'no-smoking sign', 1st offence shall be disciplined and warned; 2nd offence LAK 1,000,000; 3rd or succeeding offences LAK 2,000,000. Ignored or negligence somebody smoking in the establishment, 1st offence shall be disciplined and warned; 2nd offence LAK 1,000,000; 3rd and succeeding offences LAK 5,000,000.

Government toll-free telephone complaint hotline or similar system to report violations

Country	Toll-free telephone complaint hotline	Provided by
Brunei	+67 37192005 (any violations to smoke-free law)	Health Enforcement Unit, Ministry of Health
Singapore	+ 66 842036 or 66842037 (any tobacco related offences)	Health Science Authority (HSA)
Thailand	1442 (any complaints including issues related to tobacco and violence offences)	Department of Disease Control, Ministry of Public Health

Regional smoke-free networks

Smoke-free Cities Asia Pacific Network (SCAN)

The Smoke-free Cities Asia Pacific Network (SCAN) formerly known as the Smoke-free Cities ASEAN Network, is a coalition of cities, municipalities, provinces, states and districts in the Asia Pacific countries that support each other to achieve the goal of making their countries smoke-free (FCTC Article 8).

SCAN was launched in Davao City, Philippines during the 1st Smoke-free Cities Regional Workshop 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 liveable.

In 2015, the mayors and governors signed the pledge of commitment during the 3rd Smoke-free Cities Regional Workshop in Iloilo City, Philippines. SCAN officially accepted members coming from the 10 ASEAN countries. At present, there are more than 300 SCAN members.



Photo of Philippines President Rodrigo Duterte taken in 2013 while he was the Mayor of Davao City.



Siem Reap, Cambodia (2019)



Penang, Malaysia (2017)



Iloilo, Philippines (2015)



Davao City, Philippines (2013)



Hoi An, Vietnam (2018)



Krabi, Thailand (2016)



Balanga City, Philippines (2014)



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



Malacca, Malaysia



Luang Prabang, Lao PDR



Ancient Town of Hoi An, Vietnam



Halong, Vietnam



Penang, Malaysia



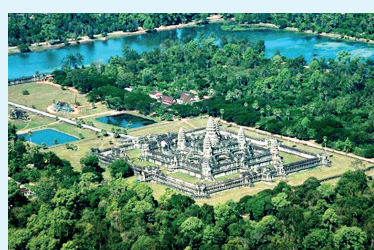
Borobudur, Indonesia



Vat Phou, Lao PDR



Bagan, Myanmar



Angkor, Cambodia



Prambanan Temples, Indonesia



Historical Town of Sukhotai, Thailand



Sewu Temple, Indonesia

Smoke-free tourism in ASEAN



Cambodia: Smoke-free award

The Ministry of Tourism in collaboration with the Ministry of Health has launched a ‘Smoke-Free Environment Compliance Awards’ initiative in 2019. The award aims to give recognition and encourage good compliance of smoke-free environments in the tourism sector in tandem with the smoke-free regulation particularly among the eatery establishments (restaurants, cafeteria, and food court) and accommodations (hotels, guesthouses, and homestays). At present, 378 tourism establishments have received the smoke-free environment compliance awards (a trophy and a certificate of appreciation) by the Ministry of Tourism.

The initiative started with tourism-active provinces including Kampong Cham, Siem Reap and Battambang. About 37 hotels/guesthouses and 26 restaurants across the three provinces were eligible to receive the ‘Smoke-free Environment Compliance Award’ in the tourism sector for 2019-2020.

The initiative has extended to other provinces with a higher number of awardees of 138 hotels/guesthouses and 97 restaurants attaining the excellent smoke-free compliance in the context of COVID-19 crisis and receiving the 2020 Smoke-Free Environment Compliance Award in the tourism sector. No smoking stickers were also provided to hotels/guesthouses and restaurants to support the smoke-free initiative. The awardees were from Kampong Speu, Pursat, Kep, Kampot, Prey Veng, Svay Rieng, Kampong Chhnang, Takeo, Tboung Khmum and Kratie provinces.

In 2021, about 46 hotels/guesthouses and 34 restaurants have received the award for good compliance with smoke-free environments in the tourism sector and prevention of COVID-19. The awardees came from Kampong Thom, Preah Vihear, Steung Treng and Steung Treng provinces.



Smoke-free environment compliance awardees for 2019–2021

Provinces	Number of awardees		Year
	Hotels/guesthouses	Restaurants	
Kampong Cham, Siem Reap, Battambang	37	26	2019
Kampong Speu, Pursat, Kep, Kampot, Prey Veng, Svay Rieng, Kampong Chhnang, Takeo, Tboung Khmum, Kratie	138	97	2020
Kampong Thom, Preah Vihear, Steung Treng	46	34	2021



Vietnam: Non-smoking tourism city model



Vietnam has initiated a non-smoking tourism city model in Hoi An, Hue, Nha Trang and Ha Long cities. No-smoking signages were displayed in non-smoking areas particularly at tourist attraction areas, hotels, and restaurants. Besides providing a non-smoking working environment, the restaurants and hotels also enforce penalties for those who smoke in workplaces and public places, as well as promote smoke-free policy to the locals and tourists.

Hanoi was promoted as a model for “food-safe and non-smoking restaurants and hotels” in 2017. About 200 hotels and restaurants had participated in the non-smoking campaign and committed to comply with smoke-free policy according to the Law on Prevention of the Harm of Tobacco.

In September 2019, there were 30 non-smoking cultural, tourist, and relic sites in Hoan Kiem District, Hanoi City. No smoking signages were put up to warn the locals or tourists to comply with the smoke-free policy.



Smoke-free cities model: Philippines

Davao City was the first local government unit to enact a Comprehensive Anti-Smoking Ordinance in 2002. The smoke-free policy was further strengthened by the enactment of City Ordinance 0367-12 in 2013. It stipulated that smoking of any tobacco products and vaping of any electronic device is absolutely prohibited in all enclosed places and outdoor public places. Davao City was awarded as the 1st 100% Smoke-Free Metropolitan City in the ASEAN region in 2013 by SEATCA.



Maasin City, Southern Leyte from a smoke-free city to promoting a 100% tobacco-free city. The City Ordinance No. 2017-085 regulating the use, sale and distribution of tobacco products in the city of Maasin prohibits (1) smoking in all public places, public outdoor spaces, public conveyances or workplaces; (2) selling or distribution of tobacco products in retail or wholesale within 100 meters from any point within the perimeter of schools, colleges, public playgrounds, day care centers, hospitals, medical clinics, dental clinics, optical clinics, health centers, nursing homes, maternities, homes for the aged, dispensaries, laboratories, or any facilities and buildings frequented by minors and senior citizens; (3) no sale or distribution of tobacco products to minors, or any person, below 18 years old, as well as buying or purchasing of cigarettes or tobacco products from any minor; (4) ban outdoor or indoor tobacco advertisements including but not limited to billboards, streamers, posters, flyers, print or broadcast using any media.

Balanga City, Bataan is a 100% smoke-free City in the Philippines where smoking is not allowed in all enclosed places and public places. In Balanga, smoking, selling, distribution, advertising and promotions of tobacco products and/or electronic nicotine delivery systems (ENDS) within the declared University Town area and within a three (3) kilometer radius from the university town area are prohibited as stipulated in the Ordinance No. 09 S 2016.



Baguio City is a 100% smoke-free City in the Philippines. Ordinance No. 34 s. 2017 makes it unlawful for any person to smoke or allow smoking in public utility vehicles, government-owned vehicles or any other means of public transport for passengers, accommodation and entertainment establishments, public buildings, public places, enclosed public places or any enclosed area outside of one's private residence or private place of work, except in duly designated smoking areas. Those allowing or abetting or tolerating the aforementioned violations will be fined PHP 1,000 for the first offense, PHP 2,000 for the second offense and PHP 3,000 for the third offense.

In 2020, Baguio City reported a total of PHP 2.815 million collection from establishments and individual violators of the smoke-free ordinance.



Smoke Free Universities Network (SFUN)

The Smoke-free Universities Network (SFUN) was launched in Mandalay, Myanmar in 2016. The People's Health Foundation (PHF) and SEATCA organized the Smoke-free Universities Workshop that initially included medical universities only but was expanded to include non-medical universities. These smoke-free universities formed a network known as the Smoke-free Universities Network and plans to include other smoke-free universities in the ASEAN.

Several universities joined the selection for the Best Smoke-free University in Myanmar. Dr Myint Htwe, the Minister of Health and Sports, presented the awards to the recipients during the 2018 World No Tobacco Day celebration in Nay Pyi Taw. In recognition of their successful smoke-free campaign, the top 3 universities were recognized which included the University of Medicine (Magway), the University of Dentistry (Yangon) and the University of Traditional Medicine (Mandalay).

All medical related universities have been smoke-free since 2018. Major universities in all capital cities of regions and states have also been smoke-free since 2019. About 25% of the universities are implementing 100% smoke-free policy.



Smoke-free universities awarded in Myanmar



Capacity Building Workshop on Making Myanmar Universities Smoke-free
22-23 August 2017 | Yangon, Myanmar



Thailand

Ministry of Higher Education, Science, Research and Innovation has established a smoke-free universities network with a total of 164 members. The network aims to support the strengthening the implementation of smoke-free university.

Smoke-Free Sports in ASEAN

Country	
Vietnam	Smoke-free 5th Asian Beach Games held on 24 September–3 October 2016, Danang, Vietnam
Singapore	28 th SEA Games held on 5–16 June 2015, Singapore
Myanmar	27 th SEA Games held on 11–22 December, 2013, Myanmar
Cambodia	1 st Smoke-Free Sports event held on 20 June 2012
Indonesia	Smoke-Free 26 th Southeast Asian (SEA) Games, held in Jakarta, 11–22 November 2011
Lao PDR	Smoke-Free 25 th 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 24 th Southeast Asian (SEA) Games, held in Nathon Ratchasima (Korat), 6–15 December 2007
Philippines	Smoke-Free 23 rd Southeast Asian (SEA) Games, held in Manila, 27 November to 5 December 2005
	Smoke-free, Vape-Free 30 th Southeast Asian (SEA) Games, held in Manila, 30 November to 11 December 2019
Vietnam	Smoke-Free 22 nd Southeast Asian (SEA) Games, held in Hanoi, 5–13 December 2003



Enforcement infrastructure at the national level

Components of the enforcement infrastructure that should be included in the law	Brunei	Cambodia*	Indonesia**	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Authorities responsible for enforcement	Yes	Partial	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
System for monitoring compliance and for prosecuting violations	Yes	No	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
Process for inspection of businesses for compliance	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Yes	Yes
National coordinating mechanism to ensure a consistent approach on monitoring nationwide	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Partial	Partial
Overall Enforcement Plan	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Yes	Yes
Regular Inspections	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Yes	No
Authorizes inspectors to enter the premises and to collect samples and gather evidence	Yes	Partial	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
Prohibits businesses from obstructing the inspectors in their work	Yes	Yes	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
Funding Mechanism	Partial	Yes	No	No	Yes	No	Partial	Yes	Partial	Partial

Yes Partial No

* Cambodia is in the process of developing regulations related to enforcement.

** All enforcement infrastructure and activities are based on Local Smoke-free Regulations legislated by the local government.

Strategies for enforcement

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Soft enforcement upon the law's entrance into force	Yes	Yes	Yes	Yes	Yes	No	Partial	Yes	Yes	Yes
Information drive for business establishments	Yes	Yes	Yes	Partial	Yes	No	Partial	Yes	No	Partial
Swift & decisive action to penalize violators	Yes	No	Yes	Partial	Yes	No	Partial	Yes	No	No

Yes Partial No



Smoke-free awards



Malaysia: Blue Ribbons Award

The Blue Ribbon Campaign was initiated in 2013 as part of the initiative of the Malaysian Health Promotion Board (MySihat) to recognize and honour the significant roles played by individuals, organizations and institutions in advocating a 100% smoke-free environment in both indoor and outdoor areas in workplaces, restaurants or hotels. Currently, there are more than 300 premises were recognised as smoke-free through the Blue Ribbon Premises Certification. The role of media is honoured through a media award for raising awareness on the harmful effects of smoking and exposure to secondhand smoke. An outstanding achievement and special awards were given to individuals, groups, institutions, communities, government agencies and other stakeholders who have shown excellence in tobacco control leadership. MySihat has also been actively promoting and supporting the smoke-free cities initiatives in Malaysia, particularly in Melaka, Johor, Pulau Pinang, Kelantan and Terengganu. At present, around 33 smoke-free zones have been gazetted in these 5 states between 2011 and 2017.

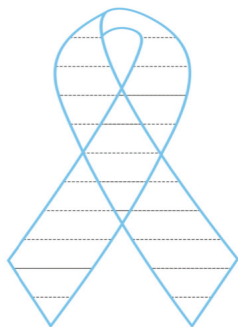


Philippines: Department of Health (DOH) Red Orchid Awards

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 push for full implementation of World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). The awards started in 2010 through giving recognition to 100% tobacco-free cities, municipalities, government offices and health facilities strictly enforcing tobacco control measures. The DOH Health Promotion and Communication Service manages the awards.

SMOKE-FREE METER

- S** MOKE-FREE ENCLOSED PLACES (Law/Policy)
- T** ASK FORCE /WORKING GROUP
- O** RGANIZATIONS
- P** OLITICAL WILL
- S** TRATEGIES
- M** ASS MEDIA CAMPAIGN/MONITORING
- O** UTDOR ADVERTISEMENTS
- K** EY MESSAGES
- I** MPLEMENTATION/INSPECTION
- N** EVER NEGOTIATE WITH TOBACCO INDUSTRY
- G** OVERNMENT SUPPORT



For more detailed information, please visit <http://smokefreeasean.seatca.org> and refer Smoke-free Index: Implementation of Article 8 of the WHO Framework Convention on Tobacco Control in ASEAN Countries, 2020.

Standardized packaging (SP) and pictorial health warnings (PHWs) in ASEAN

Pictorial health warning size

- 85% and above
- 75%–84%
- 50%–74%
- Less than 50%



() Year of PHWs implementation

* Myanmar was the third ASEAN country after Thailand and Singapore to implement standardized packaging, effective by 12 April 2022

** The actual implementation date was delayed due to strong tobacco industry interference. Tobacco industry was given three times extension deadline from 1 October 2016 and the new implementation date effective on 1 January 2018 (a total of 19 months grace period after Pictorial Health Warnings Regulation was legislated in May 2016).

*** The implementation of 4th rotation of Philippines PHWs effective by March 2022.

**** The implementation of 3rd rotation of Cambodia PHWs effective on 1 August 2021 was delayed to 1 December 2021 due to strong tobacco industry interference.

***** Thailand was the first country in ASEAN to implement standardized packaging, effective by 10 September 2019.

***** Singapore ranked second country in ASEAN to implement standardized packaging, effective by 1 July 2020.

Chapter 9

A Picture Is Worth A Thousand Words

Tobacco packaging serves as the most cost-effective communications channel for governments to convey health risks associated with tobacco use. Especially among those with low literacy levels, pictorial health warnings (PHWs) are an effective health promotion tool to increase awareness of tobacco's harmful effects with no costs to government.

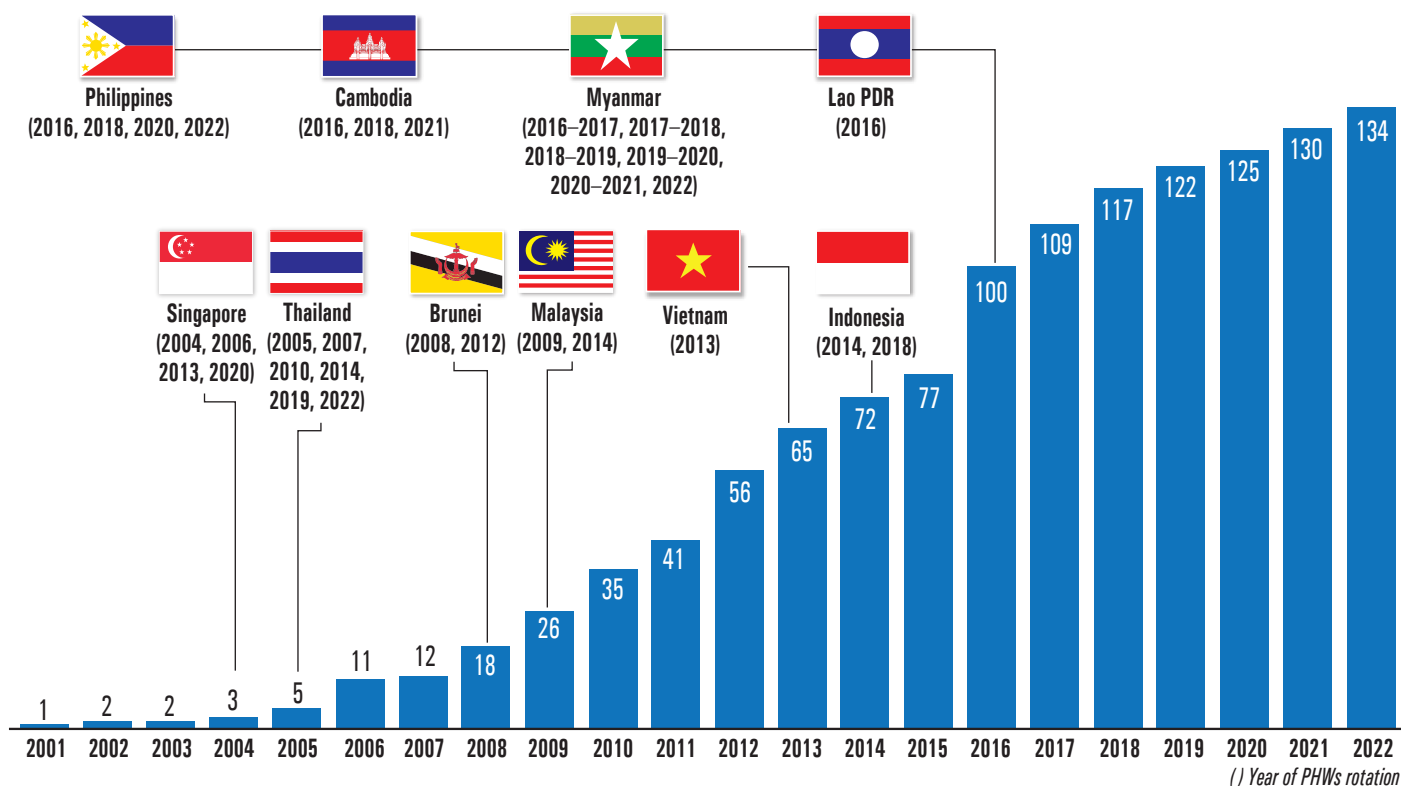
As part of a growing global trend, at least 134 countries/jurisdictions have legislated PHWs to date in accordance with WHO FCTC Article 11 and its implementation guidelines, adopted at the third session of the FCTC Conference of Parties (COP 3) in 2008. In 2016, ASEAN became the first region in the world where all ten member states require PHWs on tobacco packages.

The Article 11 Guidelines recommend that health warnings be as large as possible and include pictures to effectively communicate health harms of tobacco use. Thailand currently requires the world's fourth largest PHWs (85% front and back of the pack) after East Timor and Turkey (92.5%), Maldives, Nepal, Vanuatu and Benin (90%) and New Zealand (87.5%). Four other ASEAN countries (Brunei, Lao PDR, Myanmar and Singapore) require PHW sizes that are considered international best practice (at least 75%).

The Article 11 Guidelines also recommend standardized (plain) packaging, which enhances visibility of the PHWs and reduces the appeal of tobacco products. In 2012, Australia was the first country to implement standardized/plain tobacco packaging. More than 30 countries and territories moving forward with standardized packaging, with 21 countries having adopted the measure, 3 countries having it in practice and at least 14 other countries are in varying stages of introducing standardized packaging laws. With the recent World Trade Organization dispute panel decision upholding Australia's right to require standardized packaging, it is expected that even more countries will follow suit.

In ASEAN, Thailand, Singapore and Myanmar have adopted standardized packaging, which eliminated all promotional aspects of packaging including brand colours, logos and graphics on tobacco packages, effective on 10 September 2019, 1 July 2020 and 10 April 2022 respectively. Other ASEAN countries (Malaysia and Philippines) are underway to adopt a similar measure.

Increasing number of countries requiring PHWs on cigarette packages (2001–2022)



Leader of pack warnings size

Five ASEAN countries among top 24 countries worldwide with the largest pictorial health warnings size.

	Country	% Average PHW size	% PHW size (front)	% PHW size (back)
1	Timor-Leste	92.5	85	100
1	Turkey	92.5	85	100
2	Maldives	90	90	90
2	Nepal	90	90	90
2	Vanuatu	90	90	90
2	Benin	90	90	90
3	New Zealand	87.5	75	100
4	Hong Kong (S.A.R., China)	85	85	85
4	India	85	85	85
4	Thailand	85	85	85
5	Australia	82.5	75	90
5	Cook Islands	82.5	75	90
5	Niue	82.5	75	90
6	Gambia	81.5	81.5	81.5
7	Chad	80	80	80
7	Sri Lanka	80	80	80
7	Uruguay	80	80	80
8	Ethiopia	78	78	78
9	Brunei	75	75	75
9	Canada	75	75	75
9	Lao PDR	75	75	75
9	Myanmar	75	75	75
9	Singapore	75	75	75
9	Tajikistan	75	75	75



Thailand: Asia first standardized packaging (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 were required to carry the new pictorial warnings by 23 September 2014.

Thailand is the first Asian country to enforce standardized packaging for tobacco products. On 14 December 2018, Thailand's Standardized Packaging Regulation was enacted with effect after nine (9) months (on 10 September 2019) with a 3-month full phase-out of old cigarette stocks by 8 December 2019. All cigarettes packaging must be sold in drab brown-colored packs with cigarette brand names printed in a standardized font type, size, color, and location, without brand colors or logos. The new standardized packaging complements Thailand's pictorial health warnings, which occupy the upper 85% of the front and back panels of packs, currently the largest in ASEAN.



Quick Fact

Thailand continues to be a regional leader in the area of tobacco product packaging and labelling. Its Tobacco Product Control Act enacted in 2017 authorises the Minister of Public Health to prescribe the standards for package size, colour, marks, labels, and display of trademarks, pictures, and messages on tobacco packages.

Among the world's largest: Thailand, Brunei, Lao PDR, Myanmar and Singapore

Large PHWs on cigarette packages in five ASEAN countries

Thailand (85% front and back)*



*These are 4 out of 10 new Thailand PHW images for the 6th rotation, effective by 11 January 2022.

Brunei (75% front and back)



Lao PDR (75% front and back)



Myanmar (75% front and back)*



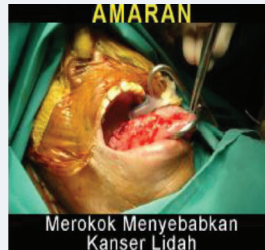
Singapore (75% front and back)



* These are 2 out of 10 new Myanmar PHW images for the 6th rotation, effective by 10 April 2022.

Pictorial health warnings on cigarette packages in other ASEAN countries

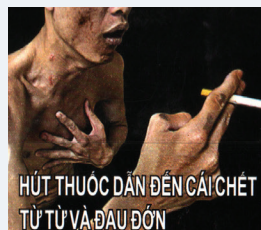
Malaysia (50% front and 60% back)



Cambodia (55% front and back)



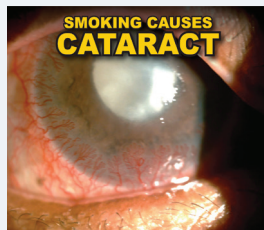
Vietnam (50% front and back)



Indonesia (40% front and back)



Philippines (50% front and back)*



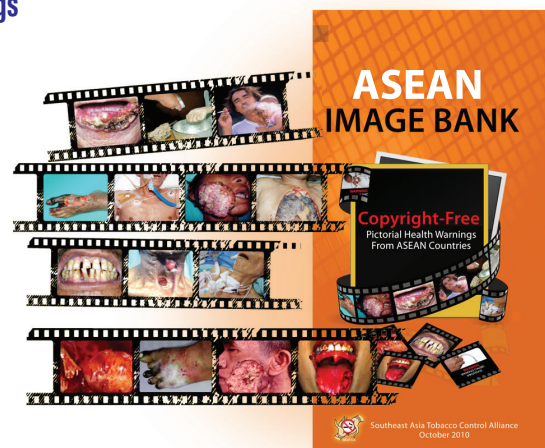
*These are 4 out of 10 new Philippines PHW images for the 4th rotation, effective by March 2022.

ASEAN image bank of copyright-free pictorial health warnings

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, Malaysia 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/>



Evolution of pictorial health warnings and standardized packaging in ASEAN

Country	Years of implementation and rounds of rotation	Position, size and location	Language	Number of rotating health warnings	Cessation messages
Brunei	2008, 2012	Top 75% front and back	Malay (front), English (back)	7	
Cambodia	2016, 2018, 2021*	Top 55% front and back	Khmer	2	
Indonesia	2014, 2018	Top 40% front and back	Bahasa Indonesia	5	Layanan Berhenti Merokok (0800-177-6565)
Lao PDR	2016 **	Top 75% front and back	Lao	6	
Malaysia	2009, 2014	Top 50% front and 60% back	Malay (front), English (back)	12	Infoline: 03-8883 4400
Myanmar	2016–2017, 2017–2018, 2018–2019, 2019–2020, 2020–2021, 2020–2021, 2022***	Top 75% front and back	Burmese	10	
Philippines	2016, 2018, 2020, 2022****	Bottom 50% front and back	Filipino (front) English (back)	12	Quit Smoking: Call DOH Quitline 1558 (formerly 165-364)
Singapore	2004, 2006, 2013, 2020*****	Top 75% front and back	English	6	YOU CAN QUIT and QUITLINE 1800 438 2000
Thailand	2005, 2007, 2010, 2014, 2019, 2022*****	Top 85% front and back	Thai	10	Quitline 1600
Vietnam	2013	Top 50% front and back	Vietnamese	6	

*The implementation of 3rd rotation of Cambodia PHWs effective on 1 August 2021 was delayed to 1 December 2021 due to strong tobacco industry interference.

** The full implementation of PHWs was delayed due to strong tobacco industry interference. Tobacco industry was given three times extension deadline from 1 October 2016 and the new implementation date effective on 1 January 2018 (a total of 19 months grace period after Pictorial Health Warnings Regulation was legislated in May 2016).

***Myanmar was the third ASEAN country to implement standardized packaging requiring 10 PHWs for smoked and smokeless tobacco products (5 PHWs each), effective by 10 April 2022.

****The 4th rotation of the Philippines PHWs effective by March 2022.

*****Singapore has implemented standardized packaging and increase the pictorial warning size from 50% to 75% effective by 1 July 2020.

*****Thailand standardized packaging with a new set of 10 rotating pictorial health warnings effective by 11 January 2022.



In Lao PDR, the implementation of PHWs was delayed by 7 months (moved from October 2016 to May 2017) with the industry claiming that it had “a large stockpile of printed packets” and even requested “a reduction in the warning size from 75% to 50% of the pack.”

In Myanmar, JTI and BAT met with the Myanmar Investment Commission in March 2016 requesting more time to prepare the packs with PHWs, past the September deadline. There are still tobacco packs being sold which are not compliant with the PHWs requirement.

Similarly in Cambodia, when the new PHWs came into place in July 2016, there was low compliance of the law among the tobacco companies.

The Sec-Gen of Ministry of International Trade and Industry (MITI) was appointed as a Council Member to the Institute for Democracy and Economic Affairs (IDEAS), a Malaysian think tank that opposes plain packaging. IDEAS received funds from JTI and PMI in 2015 and 2016. Since 2015, IDEAS has been actively opposing tobacco control measures - especially plain packaging and tax increase.

Implementation timeline of the latest pictorial health warnings and standardized packaging in ASEAN

Country	Pictorial health warnings	Standardized packaging	Size: Front/Back	Date of approval	Date of implementation	Duration of compliance for tobacco industry
Brunei	✓		75%/75%	13 Mar 2012	1 Sept 2012	Less than 6 months
Cambodia*	✓		55%/55%	20 Nov 2020	1 Aug 2021	9 months
Indonesia**	✓		40%/40%	13 Dec 2017	31 May 2018	12 months
Lao PDR***	✓		75%/75%	23 May 2016	1 Jan 2018	19 months
Malaysia	✓		50%/60%	11 June 2013	1 Jan 2014	Less than 7 months
Myanmar****	✓	✓	75%/75%	12 Oct 2021	10 Apr 2022	6 months
Philippines*****	✓		50%/50%	15 Apr 2021	Mar 2022	12 months
Singapore*****	✓	✓	75%/75%	1 July 2019	1 July 2020	12 months
Thailand*****	✓	✓	85%/85%	14 July 2021	11 Jan 2022	6 months
Vietnam	✓		50%/50%	8 Feb 2013	8 Aug 2013 (soft pack) 8 Dec 2013 (hard pack)	6 – 10 months

*The implementation of 3rd rotation of Cambodia PHWs effective on 1 August 2021 was delayed to 1 December 2021 due to strong tobacco industry interference.

**The second rotation of PHWs in Indonesia was implemented earlier before the end of one-year grace period given to tobacco industry coincided with the WNTD 2018 as there was no change in the warning size.

***The full implementation of PHWs was delayed due to strong tobacco industry interference. Tobacco industry was given three times extension deadline from 1 October 2016 and the new implementation date effective on 1 January 2018 (a total of 19 months grace period after Pictorial Health Warnings Regulation was legislated in May 2016).

****Myanmar was the third ASEAN country to implement standardized packaging requiring 10 PHWs for smoked and smokeless tobacco products (5 PHWs each), effective by 10 April 2022.

*****The implementation of 4th rotation of Philippines PHWs effective by March 2022.

*****Singapore ranked second country in ASEAN to implement standardized packaging, effective by 1 July 2020.

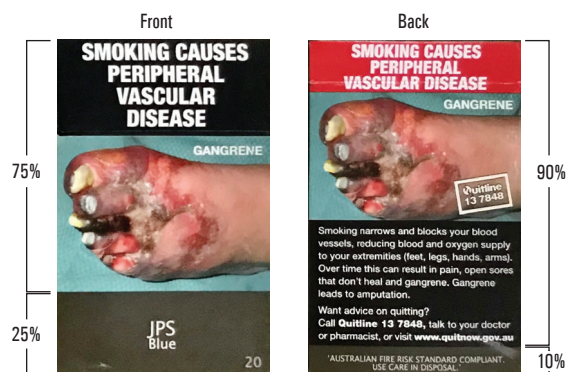
*****Thailand was the first country in ASEAN to implement standardized packaging, effective by 10 September 2019. The 6th rotation of pictorial health warnings, effective by 11 January 2022.

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

Australia was the first country to implement plain packaging of cigarettes, effective on the 1st December 2012. The plain packaging law restricts or prohibits the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style, with graphic health warning images occupying an average of 87.5% of the front and back panels of the pack, while a fire-risk statement covers the bottom 10% of the back panel. This is in line with its international obligations under Articles 11 and 13 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Philip Morris Asia mounted a challenge in the Singapore-based international court using provisions - known as investor-state dispute settlement. The legal claim for alleged breaches in the 'fair and equitable treatment' obligation under the Australia-Hong Kong bilateral investment agreement dismissed on 17 December 2015. A six-year legal battle came in favor of public health when the court ordered Philip Morris to pay the Australian government (about USD 50 million in legal costs after its failed bid to kill off plain packaging laws in July 2017). On 28 June 2018, a panel of dispute-settlement experts (World Trade Organization) backed the legality of Australia's 2011 plain packaging law as being consistent with international trade and intellectual property laws. The decision upheld Australia's right to require cigarettes to be sold in plain packs.

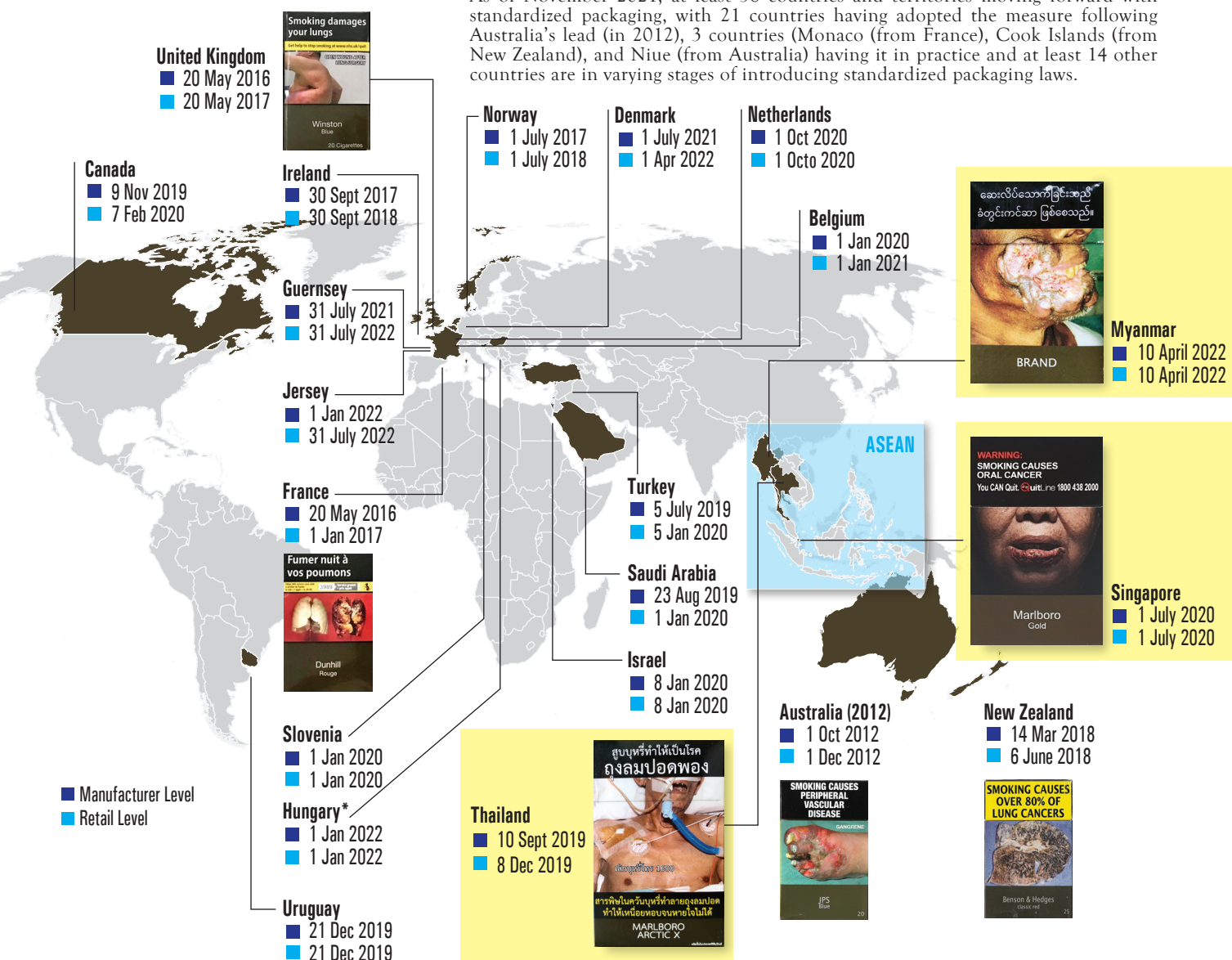
The victory has come despite fierce opposition and threatened huge lawsuits from the tobacco industry. Australia has paved the way and inspiring other countries to move this forward. Australia plain packaging law sets a precedent for the world and encourages other countries especially in the ASEAN region (Thailand and Singapore) are considering to implement plain packaging. There are increasing number of countries in various stages of development and adoption of similar laws.



All the legal challenges brought by the tobacco industry against plain packaging laws have been dismissed by the courts and tribunals across the globe.

Standardized/plain packaging around the world

As of November 2021, at least 38 countries and territories moving forward with standardized packaging, with 21 countries having adopted the measure following Australia's lead (in 2012), 3 countries (Monaco (from France), Cook Islands (from New Zealand), and Niue (from Australia)) having it in practice and at least 14 other countries are in varying stages of introducing standardized packaging laws.



Standardized packaging in ASEAN (Thailand, Singapore and Myanmar)

Thailand, Singapore, and Myanmar are the first in Asia and among the 24 countries and territories that implement standardized packaging for tobacco products, eliminating all promotional aspects of packaging including brand colours, logos and graphics on tobacco packages. Singapore's PHWs size on the package surface, increased to 75% from 50% (introduced since 2004) along with the standardized packaging regulation.





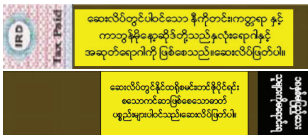
In ASEAN, Thailand leads with the largest pictorial warnings (85%), followed by Brunei, Lao PDR, Myanmar and Singapore requiring a warning size of 75%.

Quick Fact

In February 2016, the Malaysia Health Ministry announced its plan on standardized packaging, though no firm dates were included.


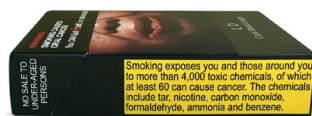

There were numerous protests from industry lobby groups in the media and a month later (on 21 March) the Health Minister said no implementation date will be announced until his Ministry talks with the tobacco companies on intellectual property rights. Since then, there has been no update on this policy.

Disclosure of information on relevant constituents and emissions of tobacco products in ASEAN

Country	Details	Printing requirement on packaging of tobacco products
Brunei (2012)	<p>This Product Contains Nicotine and Tar which Cause Addiction and Is Dangerous to Health.</p> <p><i>Produk Ini Mengandungi Nikotina dan Tar yang Menyebabkan Ketagihan dan Membahayakan Kesihatan.</i></p>	<p>In the English language on one side panel of the pack and in the Malay language on the other side panel</p> 
Indonesia (2012)	<p>Tidak ada batas aman! Mengandungi lebih dari 4,000 zat kimia berbahaya, 43 zat penyebab kanker</p> <p><i>There is no safe limit! Contains more than 4,000 hazardous chemicals and more than 43 cancer causing substances</i></p>	<p>On one side panel and in Bahasa Indonesia only</p> 
Lao PDR (2016)	<p>Cigarette smoke contains Carbon Monoxide the same toxic in vehicle exhaust</p> <p>Cigarette smoke contains Hydrogen Cyanide that destroys lung vessels and tissues</p> <p>Nicotine in cigarette is addictive and use in pesticides</p> <p>Cigarette smoke contains Ammonia use in toilet cleaner</p> <p>Cigarette smoke contains toxic gas Nitrogen Dioxide</p> <p>Cigarette smoke contains Arsenic use in rat poisons</p> <p>Cigarette smoke contains Tar that causes lung cancer</p> <p>Cigarette smoke contains Formalin that use for embalming</p> <p>Cigarette smoke contains Nitrosamine that causes cancer</p>	<p>On two side panels using different qualitative statement and in Lao language</p> 
Malaysia (2009)	<p>Produk ini mengandungi lebih 4,000 bahan kimia termasuk tar, nikotina dan karbon monoksida yang membahayakan kesihatan</p> <p><i>This product contains more than 4,000 chemicals including tar, nicotine and carbon monoxide that are dangerous to health</i></p>	<p>On one side panel and in Malay language only</p> 
Myanmar (2021)	<p>Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Quit Smoking.</p> <p>Nicotine, Tar and Carbon Monoxide contained in Cigarettes can cause heart and lung failure. Quit Smoking.</p>	<p>“Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Quit Smoking” must be printed on the left side panel and the other texts on the right side panel. Both texts in Myanmar language</p> 

(continued)

Disclosure of information on relevant constituents and emissions of tobacco products in ASEAN

Country	Details	Printing requirement on packaging of tobacco products
Philippines (2019)	<p>ANG USOK NG SIGARILYO AY MAY BUTANE (SANGKAP SA LIGHTER FLUID) Cigarette Smoke Contains Butane (Ingredient in Lighter Fluid)</p> <p>ANG USOK NG SIGARILYO AY MAY CYANIDE (SANGKAP SA CHEMICAL WEAPONS) Cigarette Smoke Contains Cyanide (Ingredient in Chemical Weapons)</p> <p>ANG USOK NG SIGARILYO AY MAY AMMONIA (PANLINIS NG KUBETA) Cigarette Smoke Contains Ammonia (Toilet Cleaner)</p> <p>ANG USOK NG SIGARILYO AY MAY FORMALIN (PANG-EMBALSAMO) Cigarette Smoke Contains Formalin (For Embalming)</p>	<p>On one side panel and in Filipino language</p> 
Singapore (2012)	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>On one side panel and in English language</p> 
Thailand (2021)	<p>Template A</p> <ol style="list-style-type: none"> Smoking increases the risk of tuberculosis. Smoking at home is hard to quit Smoking causes cancer and painful death. Nicotine in cigarettes is a toxic substance. Smoking causes LDL cholesterol. Selling cigarettes to kids harms young generation. Every smoked cigarette harms lung. Smoking causes stroke. Smoking causes liver cancer. With hypertension, smoking can lead to stroke soon. <p>Template B</p> <ol style="list-style-type: none"> With tuberculosis, the chance of dying from smoking increases 3 times. Smoking at home is linked to children's risk of addiction to cigarette. Cigarette causes 20 types of cancer. Nicotine toxicity harms brain. Smoking causes atherosclerosis. 7 in 10 kids addicted to cigarette can't quit. Smoking causes chronic pneumonitis. Smoking causes heart attack. Smoking causes colon cancer. With diabetes, smoking can lead to complications soon. 	<p>On two side panels using different qualitative statement (1 group = A,B template) and in Thai language</p> 

Note: Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand prohibit the display of emission yields (tar, nicotine, and carbon monoxide) on packages.

Ban on false or misleading descriptors in ASEAN

2007	2009	2010	2012	2013	2015	2016
Thailand	Malaysia	Lao PDR	Indonesia	Singapore and Vietnam	Cambodia	Myanmar and Philippines

For more detailed information, please visit <http://tobaccolabels.seatca.org> and refer SEATCA Tobacco Packaging and Labelling Index: Implementation of WHO Framework Convention on Tobacco Control Article 11 in ASEAN Countries, 2019.

Tobacco advertising at point-of-sale in ASEAN



Chapter 10

Pulling the Plug on Tobacco Marketing and Tobacco Philanthropy

To maximize profits, the tobacco industry invests billions of dollars yearly around the globe on tobacco advertising, promotion and sponsorship (TAPS) to aggressively promote its deadly products and the social acceptability of tobacco use. A wide range of TAPS strategies are employed to directly and indirectly make tobacco products attractive and pervasive, targeting not only potential tobacco users (i.e. youth, who are highly receptive to tobacco marketing) and current and former tobacco users, but also policy makers and the public, so as to artificially create the impression that tobacco use is normal and non-harmful or that the tobacco industry is a socially responsible corporate sector.

Therefore, Parties to the WHO FCTC “recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products” (Article 13) because an effective TAPS ban can reduce the appeal of tobacco use (out of sight, out of mind), thereby helping prevent youth uptake, discouraging tobacco use, and preventing ex-users from relapsing. To be effective, a TAPS ban must be comprehensive and cover all forms of TAPS. Partial bans are ineffective because the tobacco industry will maximize TAPS forms that are not banned (e.g. banning mass media TAPS but allowing TAPS at points of sale (POS) or on the Internet, or allowing CSR activities by the tobacco industry). Globally, an increasing number of

countries (57) have reported having adopted a comprehensive ban of all TAPS.

All ASEAN countries are implementing a TAPS ban, but most are partial bans, with Indonesia having the weakest TAPS restrictions in the region.

In addition to a ban on direct tobacco advertising in most ASEAN countries, Brunei, Singapore, and Thailand also ban the display of tobacco packs at POS to reduce the visibility of tobacco products. These three countries also require licenses for tobacco retailers to facilitate regulatory compliance.

Only three ASEAN countries (Lao PDR, Myanmar and Thailand) currently ban CSR activities by the tobacco industry, while only the publicity of tobacco industry CSR is prohibited in Cambodia, Singapore and Vietnam.

As this chapter illustrates, more still needs to be done to achieve a comprehensive TAPS ban across the ASEAN region, noting that the industry will continue to find innovative ways and constantly evolve its marketing tactics to promote and market its products, such as through creative package designs, new product flavors, 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							
Cambodia					Ban cigarette brand name	Allow 1 pack per brand	
Indonesia					Ban publicity		
Lao PDR							
Malaysia							
Myanmar							
Philippines		Allow at POS	Sponsor without cigarette brand				
Singapore					Ban publicity		
Thailand							
Vietnam					Ban publicity	Allow 1 pack/carton per brand	

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

Ban
 Partial Ban
 No Ban

Tobacco marketing channels

• On billboards

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



*As of May 2020, there are 16 cities/districts including Jakarta province that have banned outdoor advertisement and billboards. This include Jakarta Province; 5 cities (Bukit Tinggi, Padang Panjang, Payakumbuh, Bogor, Depok); 10 districts (Bekasi, Padang, Sawahlunto, Banggai, Karangasem, Klungkung, Pasaman Barat, Jemberana, Dianyar, Badung).

• Person-to-person sale

Tobacco industry recruits pretty young girls as promoters to sell cigarettes.



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

Ban TAPS via internet in ASEAN

Country	Year	Country	Year
Cambodia	2015	Philippines	2008
Lao PDR	2010	Singapore	1993
Malaysia	2004	Thailand	2017
Myanmar	2006	Vietnam	2013

Country	Year
Brunei	No ban
Indonesia*	No ban



*No ban on TAP via internet, however, 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 or older.

Bans on retail display of tobacco products: Brunei, Singapore and Thailand

Best practice: Brunei, Singapore and Thailand set 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 has enforced 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.



Thailand



Singapore

Curbing tobacco industry CSR activities in ASEAN

Progress in curbing tobacco industry CSR activities



Ban on corporate social responsibility (CSR) activities: All tobacco-related CSR activities are now banned in Lao PDR, Myanmar and Thailand. The publicity of such CSR activities is banned in Cambodia, Indonesia, Singapore and Vietnam.



Philippines: Ban on donations to schools: The Philippine Department of Education issued a Department Order No. 6/2012, restricting interaction of officials with the tobacco industry; this includes a prohibition on the tobacco industry contributing funds to schools and school officials.

In 2016 the Department of Education issued Department Order No. 48 s. 2016: Policy and Guidelines on Comprehensive Tobacco Control, which prescribes rules on how parents, teachers, and school officials of private and public schools can facilitate enforcement of the ban on sponsorships, including so-called CSR of the tobacco industry, and on selling and advertising tobacco within a 100-meter perimeter of schools.



Indonesia: Minister of Education and Culture Regulation No. 64/2015 Tobacco-Free School Premises

states, "Reject any offer of advertisement, promotion, sponsorship, and/or collaboration in any form with tobacco manufacturers and/or any organization that uses trademark, logo, slogan, and/or colour associated with the specific characteristics of tobacco industry to support curricular or extracurricular activities inside and outside school premises." This effectively bans the tobacco industry from conducting anti-smoking programme in schools.

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."



For more detailed information, please visit <http://tobaccowatch.seatca.org> and <https://timonitor.seatca.org/>, also refer to SEATCA Tobacco Advertising, Promotion and Sponsorship (TAPS) Index: Implementation of WHO Framework Convention on Tobacco Control Article 13 in ASEAN Countries, 2019, Whitewashing a harmful business: Review of tobacco industry's CSR activities in ASEAN, 2021 and Hijacking 'Sustainability' from the SDGs: Review of Tobacco Related CSR activities in the ASEAN Region (2017).

Ban sale of single sticks of cigarettes in ASEAN



Chapter 11

Protecting Future Generations from Nicotine Addiction

Youth smokers, particularly in low- and middle-income countries, are a huge potential market for industry's future growth. Tobacco companies target children and youths, whom they refer to as "replacement smokers" to replace older smokers who either quit or die from tobacco-related diseases. Youth smoking therefore remains the front line of the tobacco epidemic, as youths are more susceptible to tobacco marketing, and nicotine addiction is more entrenched in the developing adolescent brain. On average, most smokers start smoking before the age of 20.

The tobacco industry keeps inventing new ways to sell harm through novel marketing schemes, attractive and colourful packaging, new flavors, and new products to appeal to the young and first-time smokers. In ASEAN, menthol and flavoured cigarettes are unregulated and widely available. Single stick cigarette sales, which increase accessibility to cigarettes, are banned in all but available in three ASEAN countries (Indonesia, Philippines and Vietnam), while the sale of kiddie packs (containing less than 20-sticks) is still allowed in Indonesia and Philippines.

The emergence and rapid market growth of a new and wider range of alternative nicotine products such as electronic nicotine delivery systems (ENDS, which include e-cigarettes and are available in myriads of flavours) and heated tobacco products (HTPs) are a new challenge for preventing nicotine addiction and other health harms. Such gadgets, with their sleek designs and flashy marketing easily appeal to youths and increase the risk for transitioning to conventional

cigarettes, and some countries have already seen a significant rise in teen use.

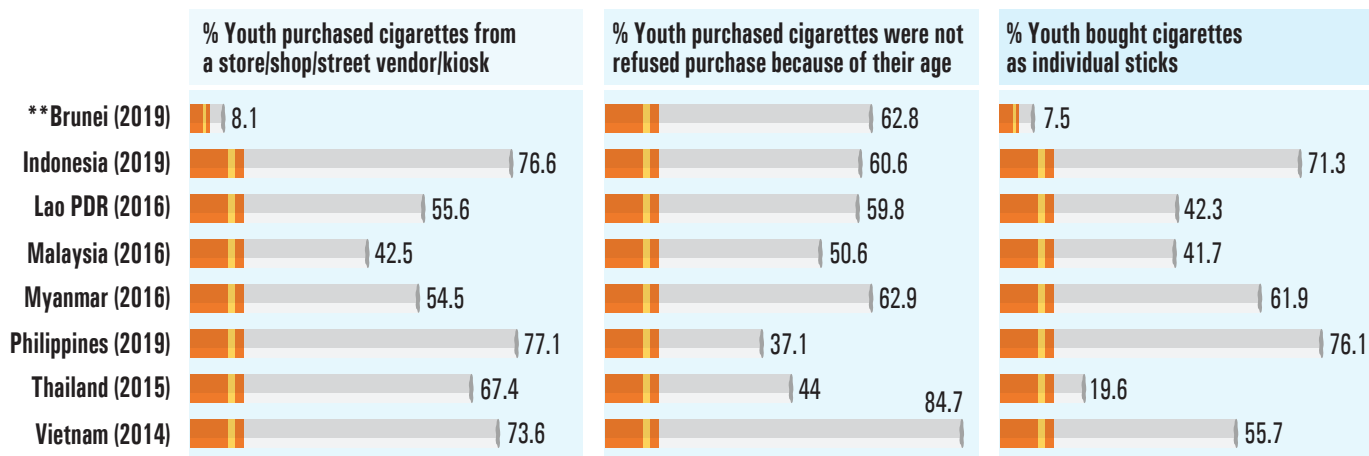
Globally, there are 111 countries have either banned or restricted the sale of ENDS. Thirty two of these countries (covering 2.4 billion people) ban the sale of ENDS, and the other 79 countries have adopted one or more legislative measures to regulate ENDS, covering 3.2 billion people. In ASEAN, five countries (Brunei, Cambodia, Lao PDR, Singapore, and Thailand) already ban ENDS and HTPs.

Transnational tobacco companies also produce ENDS and HTPs and promote these as being less harmful than conventional cigarettes and as smoking cessation devices. Noting that there are no long-term studies on the safety of these devices and insufficient evidence on their benefit as tools for smoking cessation, the WHO and some national health authorities, such as the Australian National Health and Medical Research Council (NHMRC) and the US National Academies of Sciences, Engineering, and Medicine (NAS), have recommended a precautionary approach and action to minimize harm to users and bystanders and to protect vulnerable groups such as young people, until clear evidence of safety, quality and efficacy are produced. For HTPs, the WHO recommends that these be regulated similarly to other tobacco products.

This chapter also highlights initiatives to protect present and future generations from nicotine addiction and tobacco harms.

Source of cigarettes for youth

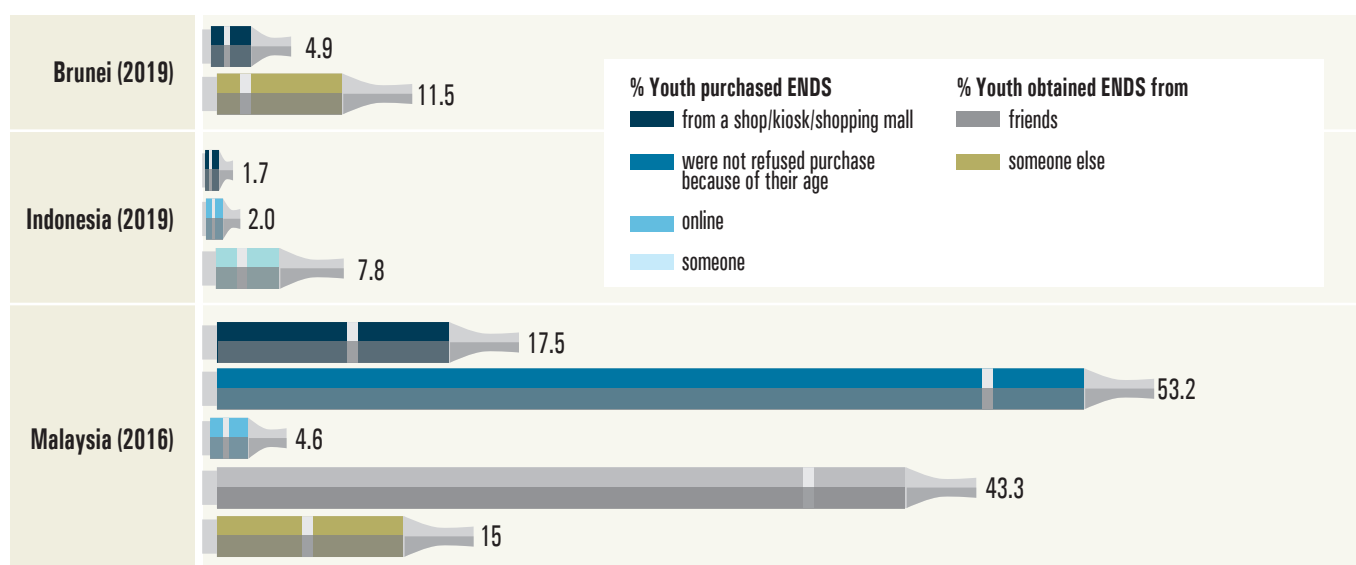
Percentage of youth who purchased cigarettes from a store/shop/street vendor/kiosk, they were not refused purchase because of their age and bought individual sticks*



* No data available in Cambodia and Singapore. **Store in this context means illegal tobacco vendor because there is no licensed tobacco

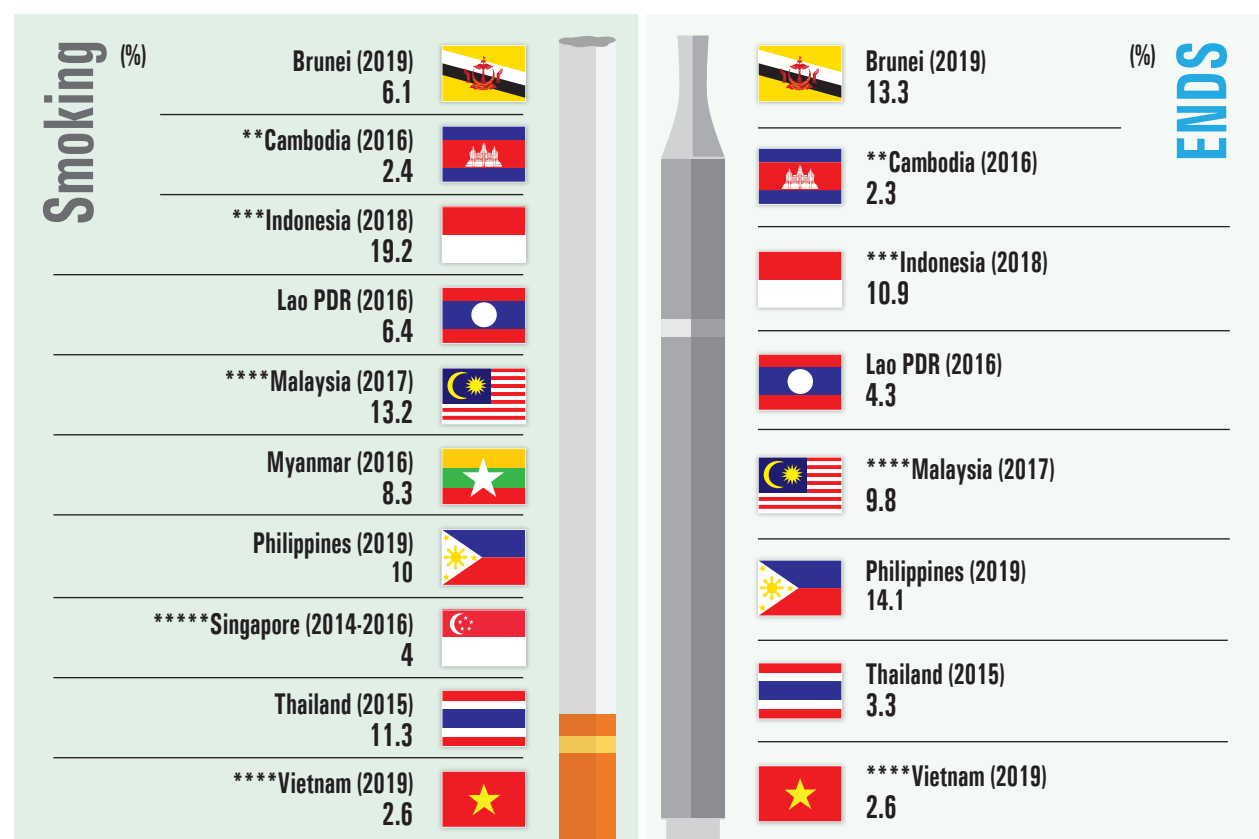
Source of ENDS for youth

Percentage of youth who purchased ENDS from a shop/kiosk/shopping mall, they were not refused purchase because of their age and obtained from friends/someone else



* No data available in Cambodia, Lao PDR, Myanmar, Philippines, Singapore, Thailand and Vietnam.

Percentage of total youth smokers* and ENDS users in ASEAN



* Percentage of students who smoked cigarettes on one or more days in the past 30 days. ** The data is based on currently use any tobacco product anytime during the past 30 days.

*** Indonesian youth aged 10-18 years old **** The data is based on youth aged between 13 and 17.

***** Youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Targeting youths, young adults and women

Menthol and fruit-flavored cigarettes sold in ASEAN

No ban

Cambodia
Brunei
Indonesia
Lao PDR
Malaysia
Myanmar
Philippines
Singapore
Thailand*
Vietnam*



Vietnam

Indonesia

Philippines

Myanmar

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

* Menthol flavor only.

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



Brunei	2005	Lao PDR	2009	Myanmar	2006	Thailand	2017
Cambodia	2015	Malaysia	2010	Singapore	2002	Vietnam	2016

No ban

Indonesia
Philippines



Indonesia

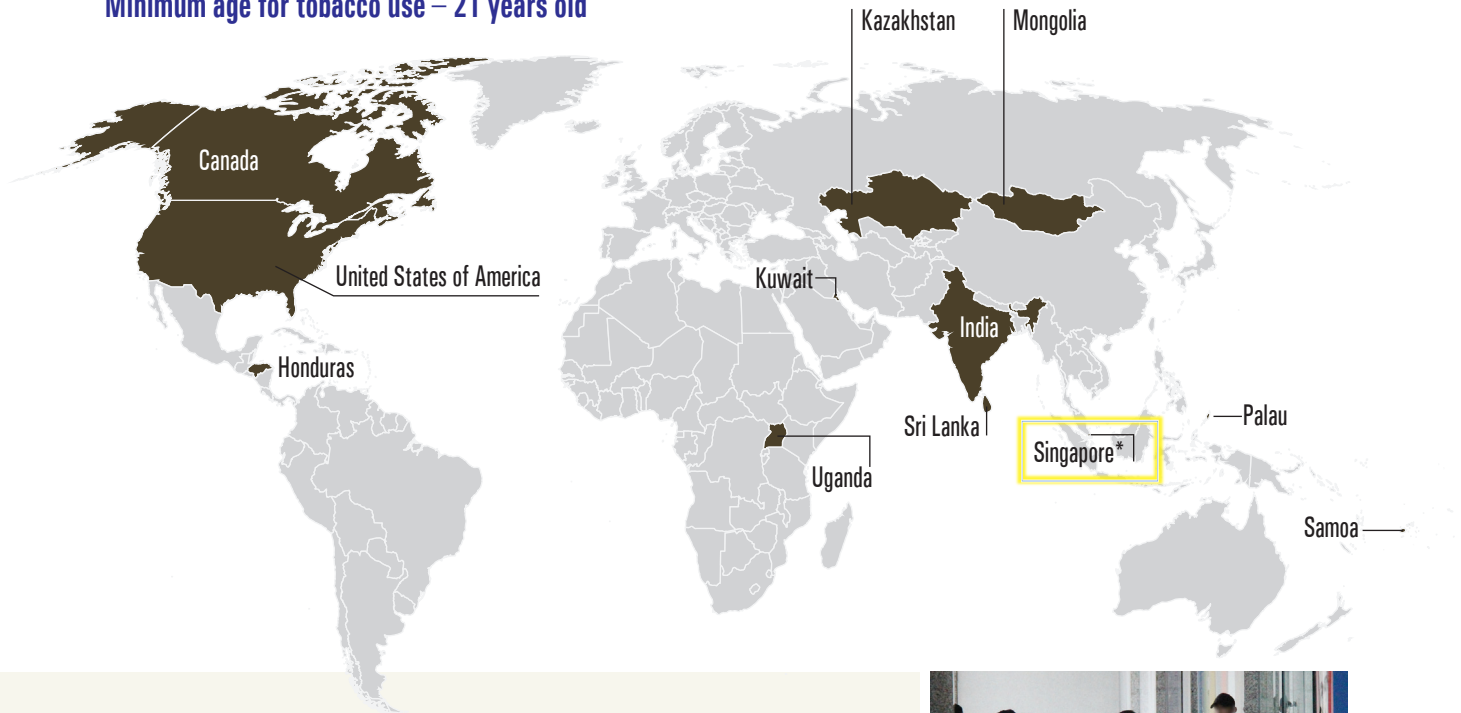
A Mild, the most popular local brand sold in 12 and 16 sticks per pack.



Philippines

Marlboro, the most popular foreign brand sold in 10 sticks per pack.

Minimum age for tobacco use – 21 years old



More than 20 countries worldwide have raised the minimum legal age for tobacco use to at least 21 years old. Such measure would reduce tobacco initiation and overall prevalence of tobacco use, prevent tobacco-related diseases and save lives.

**In Singapore, the minimum age for smoking will be raised to 19 effective on 1 January 2019. It will also raise and do it progressively every January until 2021 requiring citizens to be at least 21 to smoke.*



Minimum legal age for the purchase, possession and use of tobacco in ASEAN – 18 years and above

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

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



Sellers request for evidence (reached full legal age) before sale

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



Quick Fact

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

Global status of ENDS ban

Globally, about 38 countries have banned the sale of electronic nicotine delivery system (ENDS, also known as e-cigarette), 73 countries restricting the sale and 36 countries regulating nicotine (and/or other) contents of e-cigarettes.



Singapore: Ban emerging tobacco products

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 (ENDS) or a vaporizer (e-cigarettes); nasal snuff, oral snu gutkha, khaini and zarda.



The Malaysia Health Ministry call for a ban on vaping and sale of e-cigarettes, however, due to strong lobbying by the vaping industry resulted in the non-nicotine based e-cigarettes being allowed and to be regulated by the Domestic Trade, Cooperatives and Consumerism (DTCC) Ministry and the Ministry of Science, Technology and Innovation.

Status ban of Electronic Smoking Device (ESD) in ASEAN

Country	Ban on ESD* (ENDS, HTPs and Shisha/hookah)	Regulated nicotine (and/or other) content/s of e-cigarettes	No ban
Brunei (2005)	✓		
Cambodia (2014)**	✓		
Lao PDR (2018)	✓		
Singapore (2014)	✓		
Thailand (2014)	✓		
Indonesia***		✓	
Malaysia****		✓	
Myanmar			✓
Philippines*****		✓	
Vietnam			✓



*Electronic smoking device (ESD) means Electronic Nicotine Delivery Systems / Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS), Heated Tobacco Products (HTPs), and other new and emerging smoking devices, including consumables, e.g. e-liquids and heat sticks. If ESDs are banned by law, full points are awarded for questions relating to ESDs.

**Cambodia National Authority for Combating Drugs has passed a circular banning the importation, trafficking, sale, and use of tobacco heated products (HTPs) in Cambodia on 18 March 2021.

***Appears to be 'legitimized' only by being subject to tax laws. According to the 2017 Ministry of Finance regulation on tobacco products, nicotine-containing e-cigarettes are regarded as other processed tobacco or products that contain extract and essence of tobacco. E-liquids are taxed (ad valorem) at 57% of retail price.

****Beginning 1 January 2021, e-liquid without nicotine was subjected to an ad valorem excise tax of 10% and an excise duty of MYR 0.40 (USD 0.10) per millilitre of e-liquid. E-liquid with nicotine is regulated under the Poison Act 1952 and enforced by Ministry of Health Malaysia. This is a federal law and applied to all state in Malaysia. Under this regulation, e-liquid containing nicotine cannot be sold as a consumer product in Malaysia. The Malaysian National Fatwa Council has declared all vapour and shisha products as "haram" (forbidden in Islam). Five out of 13 states (Johor, Kelantan, Kedah, Penang, and Terengganu) have banned the sale of e-cigarette under the state jurisdiction.

*****Philippine Republic Act 11467 stipulates tax increments for heated tobacco sticks and e-liquids. Executive Order 106/2020 prohibited the importation of unregistered e-cigarettes (with and without nicotine) and heated tobacco products including restrictions on use, sale, distribution, or advertising of e-cigarettes and heated tobacco products. A health warning label will be required for all e-cigarettes and heated tobacco products.

Tobacco-free generations: Philippines, Singapore, and Thailand



Philippines: Balanga – World's First Tobacco Free Generation City

The tobacco-free generation concept prohibits the sale of any tobacco products including electronic nicotine delivery systems (ENDS) and other similar products to any citizen born on or after 01 January 2000 in the City of Balanga. This was enforced through the enactment of Tobacco Free Generation End-Game Strategy Ordinance of Balanga City, Bataan in 2016.

On 21 July 2017, the PTI filed a Petition for Prohibition against Balanga City on the grounds of pre-emption, alleging prohibitions delineated in the CNSO supersede and therefore violate national regulations established by the Tobacco Regulation Act of 2003. Currently, the lower courts have ruled in favour of the PTI. Balanga City is contemplating exploring legal remedies to defend its local autonomy to develop public health policies promoting general welfare."

Balanga City also passed new legislation – New Comprehensive Tobacco and Nicotine Regulation for the Protection of Health And Welfare Ordinance.





Singapore: Tobacco-free Generation 2000 (TFG 2000)

Singapore is the first country to call for a ban on sale of tobacco products to those born after 2000, initiated by the civil society. It referred to as the millennium generation (TFG2000), to protect the next generation from tobacco.



Thailand: Gen Z Strong (2017–2021)

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. Social media and digital media are utilised convince the target youths not to start smoking and to actively participate in advocacy campaigns.

The project has expanded to engage more youth leaders and organizations. In 2017, about 100 youth leaders (from seven youth groups) and 9 leading organizations were engaged to support, promote and share the Gen Z project with their network through a series of workshops and trainings for 4,000 youths across the country. The youth groups continued to support the pilot projects in selected ten provinces, including Phuket, Krabi, Khonkhen, Srisaket, Ubonratchathani, Nakhonratchasima, Pitsanulok, Chiangmai, Petchaboon, and Maehongson.

In 2019, a new initiative 'MPOWER GEN Z' was designed to build and strengthen the capacity of youth groups in different areas including media (writing news, creative video clip) and tobacco industry monitoring and surveillance through a 'Gen Z Academy Programs'. Four Gen Z Academy workshops were held with a participation of 356 young leaders across ten provinces between 2019 and 2021.



At present, the Gen Z project has reached out to more than 10,000 Thai youths. Key activities implemented to support the Gen Z project includes:

- Seed grants for youth-related organizations including school and media (10 projects in 12 provinces across the country)
- Development of website for Gen Z Academy (from Zero to Hero)
- Engagement in social media platforms (Facebook/ Twitter/ Instagram/ YouTube/ Tik Tok/ LINE)
 - To establish a communication and dissemination channel reaching out and connecting with Gen Z network at all times.
 - To disseminate information on tobacco control besides encouraging Gen Z youth in the network to participate in the creative activities.
 - To connect and link information to other social media channels in a quick and effective manner.
- Connecting with net idol and influencer as motivation and inspiration for youths to engage in the Gen Z activities.
- Developing and supporting the production of new materials (T-shirt/pen/face mask)

Tobacco farmers in ASEAN



Chapter 12

Alternative Livelihood for Tobacco Growers

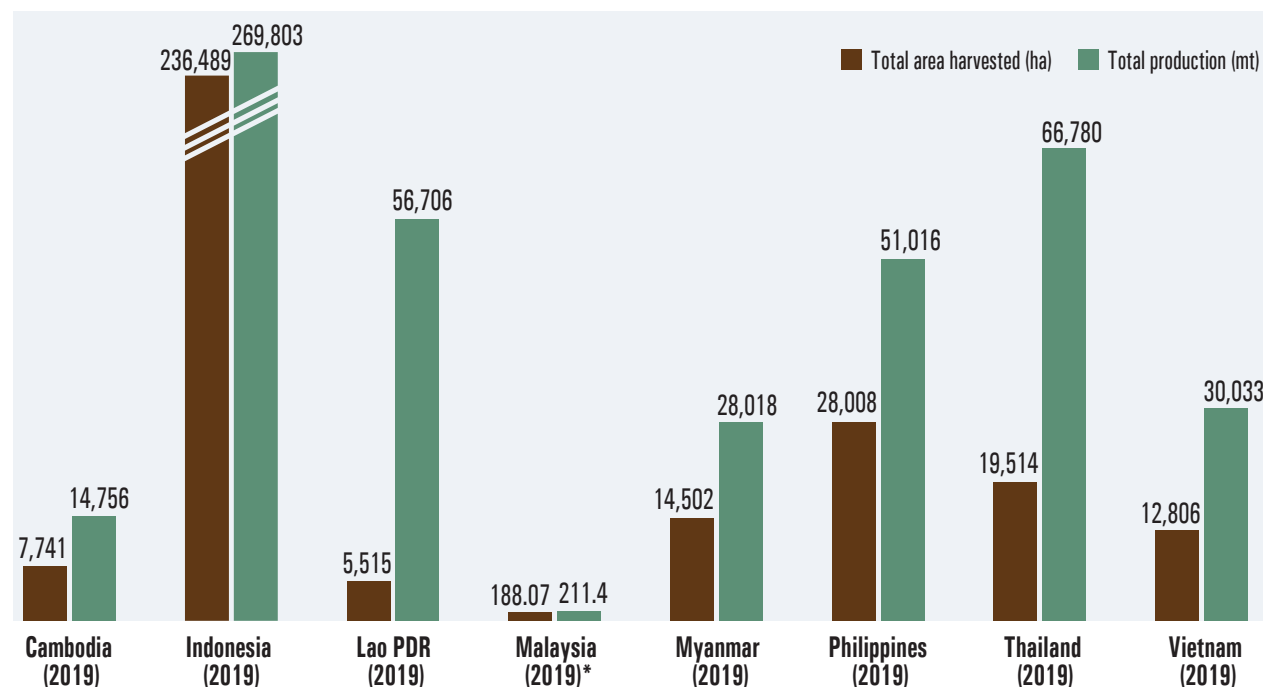
In recent decades, transnational tobacco companies have shifted tobacco leaf cultivation from high-income to low-income countries, where 90% of tobacco farming now takes place. Eight of the ten ASEAN countries, excluding Singapore and Brunei, are engaged in tobacco cultivation on different scales. About 324,575 hectares of land was used for tobacco farming, producing a total of 517,323 million tonnes of tobacco leaves across the region in 2019.

Generally, the number of farmers employed in tobacco cultivation in ASEAN countries is small compared to overall national employment, contributing less than 1% of total employment in all the producing countries. Tobacco cultivation is highly labor-intensive and employs entire households (including unpaid women and children) in many stages of planting, harvesting, curing and marketing. Most tobacco farmers are smallholders, cultivating only part of a hectare, and do not turn a profit due to major input costs (rental fees to landowners, costs of seedlings, fertilizers, insecticides, and wood fuel for curing) and low leaf prices

as determined by tobacco companies. Other challenges in the cultivation of tobacco leaf include Green Tobacco Sickness and other health hazards for farmers, environmental degradation, unpaid labor, and child labor.

Article 17 of the WHO FCTC requires Parties to promote economically viable alternative livelihoods for tobacco farmers and workers. In ASEAN, the Malaysian government has actively implemented crop substitution since 2004, with kenaf being promoted as an alternative crop for tobacco. A total of 1,364 hectares and 928 growers involved in kenaf cultivation in 2019. Under the 11th Malaysia Plan (2016 - 2020) the government has allocated MYR 5 million (USD 1.206 million) in strengthening the kenaf R&D and MYR 58,989,000 (USD 14.23 million) for kenaf new planting program. The total number of tobacco farmers in Malaysia declined significantly and there are small-scale farmers (140) for sliced tobacco for the local market only. Tobacco farmers in Cambodia, Indonesia, and Philippines are progressively switching to more profitable alternative crops and livelihoods.

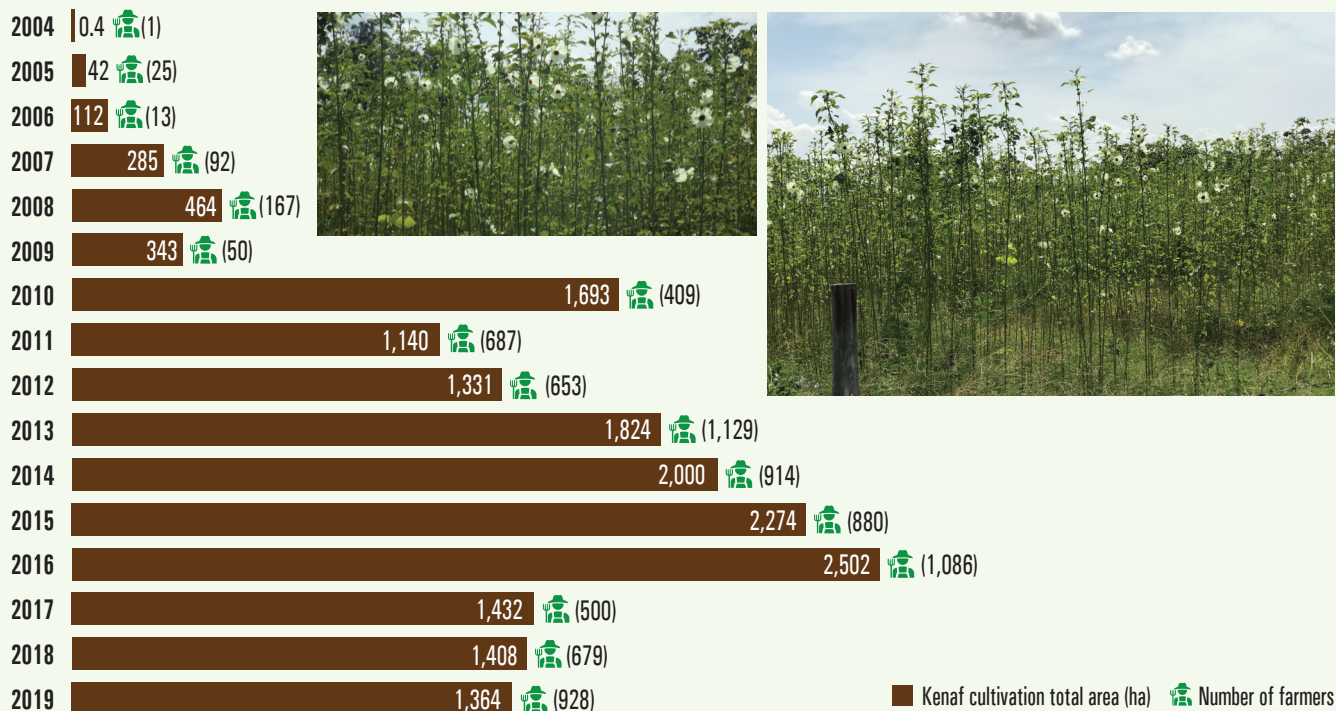
Tobacco farming in ASEAN



* Since 2013, the Malaysia government disengaged from supporting and promoting tobacco and now solely implements policies to regulate the tobacco industry. However, there is small-scale farming for sliced tobacco for the local market only.



Malaysia: Sustainable way out – Kenaf alternative crop



In 2000, Kenaf (*Hibiscus Cannabinus* L) was recognized in Malaysia as a new short-term industrial crop supporting the diversification of the country's commodities sector. It has high potential for cultivation in a tropical climate and was promoted by the government as an alternative crop for tobacco in 2004. About MYR 5.8 million (USD 1.53 million) was allocated for kenaf research and development (R&D) to attract industrial players to invest in kenaf between 1996 and 2005. Under the 11th Malaysia Plan (2016 - 2020) implementation of programs and projects made by rolling plan, the government has allocated MYR 5 million (USD 1.206 million) in strengthening the kenaf R&D and MYR 58,989,000 (USD 14.23 million) for kenaf new planting program.

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.

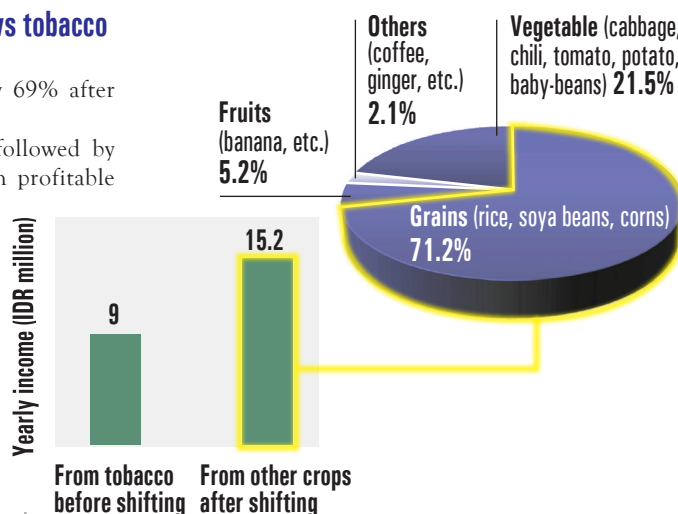
At present, the kenaf cultivation area involved 1,364 hectares with a total of 928 kenaf growers in 2020.

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.



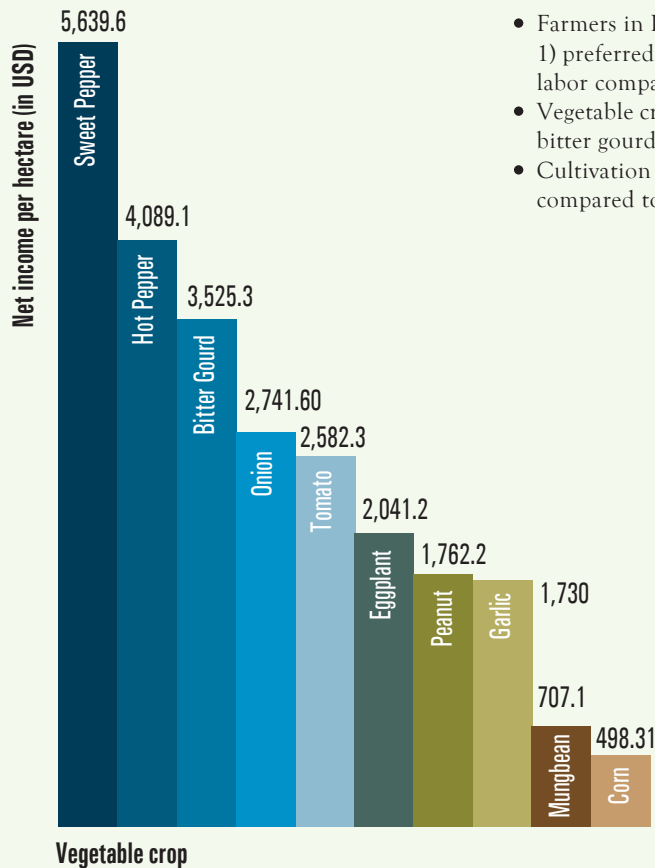
Indonesia: Profitability of farming other crops vs tobacco

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

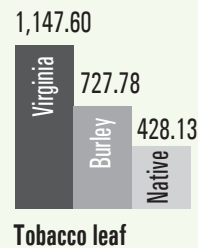




Philippines: Profitability of farming other crops vs tobacco



- 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.



Cambodia: Tobacco farmers switched to other crops

Some tobacco farmers realized that 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 refer to Child Labour in Tobacco Cultivation in ASEAN Region (2018).

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THE IMPACT

Chapter 2: Nicotine and Tobacco Addiction

Main Map: Adult smoking prevalence in ASEAN

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Sources the same as in the main map.

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Quitting tobacco use

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

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Youth smoking

Numbers don't lie: Percentage of smoking among boys and girls (13-15 years)* in ASEAN

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Chapter 8: Clearing the Air for a Healthier Environment

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Chapter 10: Pulling the Plug on Tobacco Marketing and Tobacco Philanthropy

Main map: Tobacco advertising at point-of-sale in ASEAN

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Photo credit: Tobacco Industry Monitoring team in Indonesia.

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