

Regional consultation to prioritize tobacco control in South-East Asia with PreCOP10 and PreMOP3 meetings

Report of the Regional Consultation

Bangalore, India; 10-13 October 2023



REGIONAL OFFICE FOR

**World Health
Organization**

South-East Asia

**Regional consultation to prioritize tobacco control in
South-East Asia with PreCOP10 and PreMOP3 meetings**
10–13 October 2023, Bangalore, India



Report of the Regional consultation to prioritize tobacco control in South-East Asia with PreCOP10 and PreMOP3 meetings Report of the Regional Consultation, Bangalore, India; 10-13 October 2023

SEA-NCD-110

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Report of the Regional Meeting on Healthy Ageing in the South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use. Printed in India





ACRONYMS

COP	Conference of the Parties
ENDS	Electronic Nicotine Delivery Systems
FCTC	Framework Convention on Tobacco Control
GTCR	Global Tobacco Control Report
HTPs	Heated Tobacco Products
MOP	Meeting of the Parties
MPOWER	Six evidence-based policies to reduce demand for tobacco
NCD	Noncommunicable Diseases
NENTPs	Novel and Emerging Nicotine and Tobacco Products
SEA	South-East Asia
ST	Smokeless Tobacco
TAPS	Tobacco Advertisements, Promotion and Sponsorship
TFI	Tobacco-Free Initiative
TII	Tobacco Industry Interference
WHO	World Health Organization

Introduction

As per the fifth edition of the World Health Organization (WHO) global report on trends in prevalence of tobacco use 2000–2030, the South-East Asia (SEA) Region is the only WHO Region with sufficient survey data in all Member States to allow measurement and projection of tobacco use trends over the period 2000–2030. On current trends, two countries in the Region (India and Nepal) are likely to achieve at least a 30% relative reduction in tobacco use by 2025, assuming they are able to continue implementing tobacco control measures at the current pace or faster. Only one country (Indonesia) is likely to experience an increase in prevalence, whereas the remaining eight countries of the Region are likely to achieve a decrease in prevalence, albeit less than 30%. The Region is doing exceptionally well in combating the current tobacco epidemic. To give a perspective, the current tobacco use prevalence decreased from 68.9% in the year 2000 to around 43.7% in the year 2022 among adult men and from 33.5% in the year 2000 to around 9.4% in the year 2022 among adult women. Still, in the year 2022, the Region has the highest average tobacco use prevalence rates among adults globally. In fact, out of approximately 1245 million adult tobacco users globally, around 411 million (33%) reside across the Region. More significantly, over 280 million smokeless tobacco users, or 77% of the global total, and around 11 million adolescent tobacco users, or 30% of the global total, currently reside in the Region.

The global COVID-19 pandemic had a significant and widespread impact not only on the health of billions of people worldwide but also on public health systems, economies and the environment. Globally, COVID-19 has caused over 6 million deaths; at the same time, tobacco kills more than 8 million people each year. Ten Member States of the WHO SEA Region (all except Indonesia) are Parties to the WHO Framework Convention on Tobacco Control (FCTC) and two Member States (India and Sri Lanka) are Parties to the Protocol to Eliminate Illicit Trade in Tobacco. While FCTC is governed by the Conference of the Parties (COP), the Protocol treaty is governed by the Meeting of the Parties (MOP). Meetings of the COP and MOP are held biennially and are expected to be organized next in February 2024.

The Member States are recovering from the after-effects of the pandemic, and most have changed priorities regarding the health of their respective populations. Although there is strong evidence that tobacco use increases the risks of mortality and disease severity among COVID-19 patients, tobacco control programs and policies were pushed back and interference by the tobacco industry increased in all countries during the pandemic. The

industry used the pandemic as an opportunity to minimize the policy decisions related to tobacco control, by offering support through CSR activities to the national governments who were in a resource crunched situation during the pandemic.

Thus, there is an urgent need to accelerate and strengthen tobacco control at the country level across the Region in the post COVID-19 pandemic situation. Also, it is imperative to identify actions to build consensus on the regional stand on the relevant agenda items of upcoming COP10 and MOP3 meetings.

Objectives of the Regional Consultation

The broad objective of this regional consultation was to accelerate tobacco control in the SEA Region and to prepare countries for the upcoming COP10 and MOP3 meetings.

The specific objectives were as given below:

1. To identify actions to accelerate and strengthen tobacco control at the country level in the post COVID-19 pandemic situation;
2. To identify actions to build consensus on the regional stand on the relevant agenda items of the tenth meeting of the WHO FCTC Conference of the Parties (COP10);
3. To identify actions to build consensus on the regional stand on the relevant agenda items of the third meeting of the WHO FCTC Meeting of the Parties (MOP3); and
4. To decide on the selection of the next COP/MOP Bureau Vice Presidents and Regional Coordinators from the SEA Region.

The agenda of the Regional consultation is appended as **Annexure 1** and the list of participants is appended as **Annexure 2**.

Opening of the Regional Consultation

At the outset, Dr Jagdish Kaur, Regional Adviser, Tobacco-Free Initiative (TFI), SEA Regional Office of the WHO, welcomed all the dignitaries and experts participating in the consultation and delivered the RD's message.

RD underscored that reducing tobacco use is extremely critical to mitigating the high burden of noncommunicable diseases (NCD), which account for a major chunk of preventable deaths in the Region. The rising trend of smokeless tobacco (ST) use among adults and youth alike is particularly alarming in some countries of the Region. Thus, the situation calls for effective implementation of all the WHO FCTC measures, addressing both supply-side and demand-side issues, in relation to smoking as well as ST products to ensure significant reductions in mortality and disease burden attributable to tobacco use in the Region. To this end, the forthcoming tenth session of the COP and the third session of the MOP in Panama will provide a viable platform for the governments of the Region to participate in discussions and decisions aimed at protecting people around the world from the devastating health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, as well as at eliminating all forms of illicit trade in tobacco products. Plus, the countries of the Region may like to take this opportunity to reaffirm their commitment to curb the tobacco epidemic and to recognize the importance of fighting the illicit trade of tobacco products. As the illicit tobacco trade jeopardizes both public health and tobacco control efforts, all the countries of the Region must act together to fight the illicit tobacco trade with a common framework by becoming Parties to the Protocol.

Dr Adriana Blanco Marquizo, Head of the WHO FCTC Secretariat, in her virtual address noticed that this is the opportune time to review the regional progress in the implementation of the WHO FCTC. Dr Alan Ludowyke, Vice President and Rapporteur, COP Bureau, stressed the need to identify the next crucial steps to accelerate and strengthen tobacco control in the Region to reaffirm the right of all people of the Region to the highest standard of health. Dr Vinayak Prasad, Unit Head, No Tobacco Unit, WHO HQ, in his address stressed the need to leverage existing data and other available evidence to sensitize policy makers in the Region. Dr Jagdish Kaur delivered the vote of thanks to culminate the opening ceremony.



Proceedings of Day One (10th October 2023)

The technical sessions started with the presentation by Dr Vinayak Prasad from WHO HQ on the global progress in tobacco control policies. He shared that the number of countries which have adopted at least one MPOWER measure at the highest level of achievement has grown from 44 in 2008 to 151 in 2022. However, 44 countries remain unprotected by any of the MPOWER measures. It is crucial that tobacco control continues to be a global health priority. He outlined tobacco industry interference (TII), Novel and Emerging Nicotine and Tobacco Products (NENTPs), including Electronic Nicotine Delivery Systems (ENDS), and competing priorities arising out of the COVID-19 pandemic as the major challenges for effective tobacco control worldwide. Dr Jagdish Kaur from the SEA Regional Office of the WHO delivered a presentation on the regional progress in tobacco control policies. She shared the findings of the ninth edition of the Global Tobacco Control Report (GTCR 2023) with the audience. As per GTCR 2023, Thailand has the highest level of achievement in implementation of five MPOWER measures, Nepal and Sri Lanka in three each, India and Timor-Leste in two each, whereas Bangladesh, Bhutan, Indonesia, Maldives and Myanmar have the highest level of achievement in implementation of one MPOWER measure. It is imperative for the Member States to progressively improve the implementation of the MPOWER package in their jurisdictions. Dr Nuntavarn Vichit-Vadakan from the WHO FCTC Knowledge Hub on Article 5.3 at Thammasat University, Bangkok, discussed tobacco industry interference in the Region, including the main challenges and the way forward.

Dr Rana J Singh from The Union South-East Asia discussed the role of civil society in bolstering tobacco control in the Region. He underscored that meaningful participation of civil society at different levels in tobacco control promotes transparency and introduces a high level of accountability. Dr Shalini Singh from the FCTC ST Knowledge Hub at the ICMR-National Institute of Cancer Prevention and Research, Noida, India, shared research priorities in ST in the regional context. She emphasized the need for developing standardized methodologies for impact assessment of ST policies and to support evidence-based policy formulation and implementation across the Region. Dr Priyamvada Sharma from the Tobacco testing lab at NIMHANS, Bangalore, India, delivered a technical presentation on physical and chemical characterization of tobacco products. She discussed the significance of international collaboration on sharing data and best practices, especially in the context of laboratory testing of ST products and NENTPs.

The last technical session of the day involved country presentations from each of the nine participating countries on the progress, challenges, opportunities and priorities for action in respect of tobacco control implementation at the country level. Based on the existing tobacco control landscape, evidence and data, including the newly released GTCR 2023 report, and using a predefined template, countries objectively discussed the priorities for action in tobacco control at the country-level in the post COVID-19 pandemic scenario. The country presentations were followed by an open discussion to identify actions to accelerate and strengthen tobacco control implementation at the country level in the Region. The Region, except Bhutan and DPR Korea, has performed well in the implementation of large graphic health warnings with all appropriate characteristics on packages of tobacco products. However, a number of opportunities exist to improve the implementation of the remaining MPOWER measures across different countries of the Region. Demand-side measures for tobacco control can be effective only if supply-side aspects are simultaneously addressed. Countries of the Region need to effectively implement the supply-side provisions of the WHO FCTC. These provisions are aimed at providing viable alternative livelihood options for tobacco growers and workers, addressing illicit trade in tobacco products, and restricting access of tobacco products to minors. Renewed efforts are needed on the part of the countries to effectively implement these provisions.



Proceedings of Days Two and Three (11th and 12th October 2023)

The day two started with a field visit to tobacco testing laboratory at NIMHANS, Bangalore. The PreCOP10 meeting started after lunch.

The technical sessions of PreCOP10 started with the adoption of the agenda and organization of work. This was followed by a presentation on global progress in implementation of the WHO FCTC by Dr Tibor Szilagyi, Team Lead, Reporting and Knowledge Management, Secretariat of the WHO FCTC. The level of acceleration in implementation of the WHO FCTC anticipated through uptake of the Global Strategy has not been achieved. It can be partially attributed to the COVID-19 pandemic. Parties need to devote more attention to comprehensive implementation of the treaty in general, with particular attention to priority articles, including Articles 5, 6, 8, 11 and – the least implemented – Article 13.

Agenda item 6.1 involved reports on the implementation of Articles 9 and 10 of the WHO FCTC (regulation of contents and disclosure of tobacco products) by the Bureau, by the Expert Group, and by WHO. Evaluations of the impact of flavour bans across countries, globally, corroborate the associated reduced sales of flavoured products and the increase in successful quit attempts, but also reveal a cautionary tale of the necessity of a comprehensive ban which covers all tobacco products to prevent switching of products and to eliminate potential loopholes for the industry to exploit. Parties empowered with product regulation tools need to strengthen implementation of Articles 9 and 10 of the WHO FCTC. Agenda item 6.2 concerned TAPS, including depiction of tobacco in entertainment media. The Parties broadly agreed with the draft specific guidelines on cross-border TAPS and the depiction of tobacco in the entertainment media for implementation of Article 13. The last agenda of the day involved reports by the Convention Secretariat and the WHO on NENTPs. Parties noted that further research work is needed on NENTPs prior to COP11. Also, Parties ought to treat Heated Tobacco Products (HTPs) as tobacco products and fully apply the provisions of the WHO FCTC to these products, amending their regulations, if deemed appropriate. Notably, in the light of the design and marketing strategies for HTPs, both the device and the tobacco insert should be addressed as tobacco products.

The day three started with a report by the Convention Secretariat on agenda item 6.4 involving forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC). This was followed up by a presentation on agenda item 6.5 (implementation of Article 19 of the WHO FCTC) by the Convention Secretariat. All the Parties were urged to establish and apply proportionate and dissuasive sanctions, to enforce liability regimes. Reports on improving the reporting system of the WHO FCTC and implementation review mechanism were presented by Dr Tibor Szilagyi. The revised reporting instrument of the WHO FCTC, which could be piloted after COP10 as part of a newly designed reporting platform, was showcased before the Parties of the Region. Also, the draft decision establishing the implementation review and support mechanism in accordance with specific objective 3.1.2 of the global strategy and adopting the terms of reference for the WHO FCTC implementation review and support mechanism as contained in Annex 1 of Document FCTC/COP/10/14 was presented. The same was endorsed by all the Parties. Agenda item 7.3, contribution of the WHO FCTC to the promotion and fulfilment of human rights, was discussed in detail by the Parties. The Parties decided to prepare a position paper which elaborates the stance of the SEA Region countries on the contribution of the WHO FCTC to the promotion and fulfilment of human rights, aligning with the spirit of international cooperation for the betterment of global health. Bangladesh took the responsibility to develop a draft position paper on behalf of the Region.

In the next session, the Convention Secretariat made presentations on agenda items concerning proposed workplan and budget for the financial period 2024–2025, payment of assessed contributions, WHO FCTC investment fund, possible amendments to the Rules of Procedure of the COP (including agenda item 11), applications for the status of observer to the COP, and review of accreditation of nongovernmental organizations with the status of observer to the COP.

The last session of the day involved discussion among the Parties on the appointment of the Head of the Convention, selection of the next COP Bureau member and Regional Coordinator from the SEA Region, Chairs of the Committees, as well as the Panama Declaration. Consensus was reached among Parties on all these agendas. Also, consensus was reached among the Parties on decisions regarding interventions by the Parties during COP10 and also regarding various side events during COP10. The closing session of the PreCOP10 was chaired by Dr Jagdish Kaur, Dr Vinayak Prasad and Dr Tibor Szilagyi. They congratulated the Parties on reaching consensus on the regional stand on all the relevant agenda items of

COP10 and expressed hope that the same will ensure that the Parties of the WHO SEA Region can actively participate in the discussions and meaningfully influence the decisions during various COP10 sessions. Dr Tibor Szilagyi thanked the SEA Regional Office of the WHO for organizing the PreCOP10 and equipping the countries of the Region with all the necessary information to actively participate in the upcoming COP10. The chairs thanked the Parties and various dignitaries and experts participating in the consultation for their active participation.





Proceedings of Day Four (13th October 2023)

The day four proceedings started with a formal inauguration ceremony of PreMOP3. Dr Jagdish Kaur and Dr Adriana Blanco Marquizo welcomed the participants from India and Sri Lanka – the two Parties to the Protocol to Eliminate Illicit Trade in Tobacco from the SEA Region. Smt. V. Hekali Zhimomi, President, MOP Bureau, underscored the significance of the Protocol to combat the ongoing tobacco epidemic in the Region.

The opening session started with presentations by India and Sri Lanka on progress on the implementation of the Protocol to Eliminate Illicit Trade in Tobacco. Both Parties agreed that greater efforts and collaboration would be needed to meet the obligations of the Protocol. It was opined that the track and trace mechanism would be useful only if it is implemented in all the countries (especially the source countries). Otherwise, the disproportionate regulatory mechanism imposed in any country might cause the cost of domestic cigarettes to go up, which arbitrages the smuggling of cigarettes into that country.

The technical sessions of PreMOP3 started with a presentation by the Convention Secretariat on applications for the status of observer to MOP. This was followed by a presentation on review of accreditation of nongovernmental organizations with the status of observer to the MOP by Mohammad Ehteshamul Hoque, Technical Officer (Customs), Reporting and Knowledge Management, Secretariat of the WHO FCTC. Later, Convention Secretariat made a presentation on tracking and tracing systems, including the global information-sharing focal point (Article 8). In this presentation, the working group report and the draft decision, as proposed by the working group, were presented to the Parties. The draft decision reminds Parties of their obligation to establish a tracking and tracing system for cigarettes within a period of five years and for other tobacco products within a period of 10 years from the entry into force of the Protocol for each Party, in accordance with Article 8, and to make appropriate use of the global information-sharing focal point, notably in relation to compliance with provisions related to security, confidentiality and protection of data. Plus, the draft decision requests the Convention Secretariat to continue operating the global information-sharing focal point as established since September 2023 with a view to ensuring efficient exchange of information between the Parties in accordance with Article 8 of the Protocol and to establish the library of unique identification marking(s) patterns, to be made available in the global information-sharing focal point, and to maintain it updated.

The Convention Secretariat delivered a presentation on the road map, timelines and steps to conduct evidence-based research to the two Parties of the Region. The contemporary research on key inputs and duty-free sales is insufficient to support an informed discussion on the implementation of Articles 6.5 and 13.2. Data on illicit tobacco trade are generally scarce and no comprehensive assessment has been done. Also, differences between methodological approaches, data collection and analysis, restricted geographic focus of research, and various regulatory contexts are the major research obstacles. A presentation on reporting and information sharing under the Protocol (including improving the reporting system of the Protocol) was made by Dr Tibor Szilagyi. In the next session, the Convention Secretariat made presentations on agenda items concerning proposed workplan and budget for the financial period 2024–2025, payment of assessed contributions, investment fund for implementation of the Protocol, and possible amendments to the Rules of Procedure of the MOP (including agenda item 10).

The last session of the day involved discussion among the Parties on appointment of the Head of the Convention, selection of the next MOP Bureau member and Regional Coordinator from the SEA Region, Chairs of the Committees, as well as the Panama Declaration. Consensus was reached among the two Parties on all these agendas. Also, consensus was reached among the Parties on decisions regarding interventions by the Parties during MOP3 and also regarding various side events during MOP3. The closing session of the PreMOP3 was chaired by Dr Jagdish Kaur and Dr Tibor Szilagyi. They congratulated both the Parties on reaching consensus on the regional stand on all the relevant agenda items of MOP3. Dr Tibor Szilagyi thanked the SEA Regional Office of the WHO for organizing the PreMOP3. The chairs thanked the Parties for their active participation.





Recommendations of the Regional Consultation

In line with the country presentations and the discussions thereof, the following are the recommendations to accelerate and strengthen tobacco control at the country level across the SEA Region in the post COVID-19 pandemic situation:

- ❖ Develop a comprehensive approach — one that optimizes synergy by applying a mix of educational, clinical, regulatory, economic and social strategies — to eliminate the health and economic burden of tobacco use, with special emphasis on adopting the regional and global best practices in tobacco control;
- ❖ Adopt a human rights approach to tobacco control by elevating tobacco as a human rights issue in order to address human rights implications over the whole life-cycle of tobacco growing, manufacturing, marketing, distribution, consumption and post consumption, including child labor, violations of workers' rights and the rights of special populations as well as environmental destruction;
- ❖ Create more opportunities for meaningful engagement of “all” health and non-health stakeholders to strengthen policy formulation, implementation, coordination and coherence towards accelerated tobacco control and to prioritize tobacco control in “all” relevant government policies;
- ❖ Strengthen the regulatory framework around issues pertaining to digital cross border marketing of NENTPs targeting youth, including in social media, by exploring intercountry collaborations and common platforms to effectively implement Article 13 of the WHO FCTC in “online” settings;
- ❖ Forge greater *South–South* and *Traingular* collaboration on research, innovation and roll-out of new tools and technologies to promote a range of tobacco control measures, including combating illicit tobacco trade, provisioning alternative livelihoods to tobacco farmers and workers, restricting access of youth to tobacco products, instituting national coordination mechanisms, and implementing tobacco product regulation and disclosure;
- ❖ Tax all forms of tobacco optimally and equitably as an integral component of the post-COVID financial recovery plan; the countries of the Region should leverage tobacco taxation revenue for funding tobacco control and other health programmes, as in Bangladesh, Maldives, Nepal and Thailand;

- ❖ **Protect tobacco control policy-making from tobacco industry interference by adopting a whole-of-government approach; implementation of Article 5.3 of the WHO FCTC and its guidelines should be extended to all the departments of the government at national as well as subnational levels, as applicable; and**
- ❖ **Ensure availability and implementation of cost-effective and quality tobacco cessation services, including “evidence-informed cognitive behavioural therapies and techniques”, particularly those aimed at youth and smokeless tobacco users at the population level.**

