

Regional meeting on tobacco policy acceleration and data-to-action in the WHO South-East Asia Region

Report of the Regional Meeting

Dhulikhel, Nepal; 3-5 May 2023



REGIONAL OFFICE FOR

**World Health
Organization**

South-East Asia



**Regional meeting on tobacco policy acceleration and data-to-action
in WHO South-East Asia Region, 3-5 May, 2023, Dhulikhel, Nepal.**





ACRONYMS

AN	Arecanut
ENDS	Electronic Nicotine Delivery Systems
FCTC	Framework Convention on Tobacco Control
GTCR	Global Tobacco Control Report
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
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 Advertising, Promotion and Sponsorship
TFI	Tobacco-Free Initiative
TQS	Tobacco Questions for Surveys
WHO	World Health Organization

Introduction

Tobacco use remains one of the leading causes of non-communicable diseases (NCD), including cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases. The tobacco epidemic is one of the biggest public health threats and the leading cause of preventable mortality the world over. Tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. Tobacco use implies a varied range of chewing and smoking forms of tobacco available at different price points, reflecting the varying socio-economic and demographic patterns of consumption.

The World Health Organization (WHO) Report on the Global Tobacco Epidemic (GTCR) is published every two years. The report monitors and tracks the global progress on the demand-reduction tobacco control measures that make up the WHO MPOWER technical package. The MPOWER package was introduced in 2008, focusing on six evidence-based policies to reduce demand for tobacco at the country level. In 2021, the WHO published the eighth report in the GTCR series. This last report highlighted the significant progress countries have made in tobacco control over the last 13 years and presented new analysis on electronic nicotine delivery systems (ENDS) and the status of regulation of these novel and emerging nicotine and tobacco products (NENTPs) globally. The ninth edition of the GTCR report is expected to be published in July 2023.

The WHO Framework Convention on Tobacco Control (FCTC) and the corresponding MPOWER measures offer many opportunities for effective responses to protect populations through tobacco control. All the countries in the South-East Asia (SEA) Region, except Indonesia, are Parties to the Convention, and are striving to effectively implement the MPOWER measures and the WHO FCTC provisions. Both, supply- and demand-side tobacco control measures, are being prioritized for implementation to counter the ongoing tobacco epidemic across the Region.

WHO SEA Region has the highest tobacco use prevalence among all WHO Regions. Among the SEA Region countries, only India and Nepal have been projected to achieve the Global NCD Action Plan target for tobacco control, i.e., a 30% relative reduction in tobacco use by

2025. SDG agenda target 3.a. relates to the acceleration of the WHO FCTC implementation for effective tobacco control. Countries have been undertaking regular surveillance to monitor tobacco use prevalence and tobacco control policies which feeds into the GTCR periodically. However, the countries of the Region need to fill in several critical gaps to attain the highest level of implementation of various MPOWER policies.

Also, in the context of tobacco control in the SEA Region, a robust data-to-action framework, a process that guides public health practitioners through rapid-feedback cycles to leverage available data to improve implementation of ongoing programs, is largely missing. This is important as the Region has the availability of adequate tobacco survey data for nearly 100% of the adult population, and the countries have been regularly conducting the Global Youth Tobacco Surveys (GYTS) and are increasingly incorporating Tobacco Questions for Surveys (TQS) in national health surveys or multiple risk factor surveys, as per the country needs and context.

Objectives of the Regional Meeting

General objective:

To assess WHO MPOWER policy implementation and gaps in selected SEAR countries for policy reforms to accelerate effective tobacco control in the Region

Specific objectives:

1. Support countries to identify the barriers and challenges that currently prevent the adoption of effective tobacco control policies in the absence of leveraging data to action
2. Empower countries to use the available data to advocate for change in their contexts by demonstrating the expected tobacco use reduction outcomes by overcoming the identified challenges and barriers
3. Learn from best practices from other countries and regions to advance remaining MPOWER policies that are not at the highest level
4. Develop detailed country action plans to close specific gaps over the following year

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

Opening of the Regional Meeting

The regional meeting was inaugurated by Dr Rajesh Pandav, WR Nepal. He welcomed all the dignitaries and experts participating in the meeting and delivered the RD's message.

RD expressed concern that despite tobacco control policies and regulations in place, tobacco use across the Region continues to be a major public health problem. Thus, countries need to improve monitoring of tobacco use and prevention policies, more holistically formulate and implement smokefree laws, and implement efficient and affordable quality tobacco cessation services. Though the Region is one of the best performing WHO regions in implementation of large graphic health warnings, Bhutan and DPR Korea have consistently lagged behind in implementing effective health warnings on packages of tobacco products. Likewise, effective Tobacco Advertising, Promotion and Sponsorship (TAPS) bans are not in place in DPR Korea and Indonesia. It is imperative for the countries of the Region to consider raising taxes, to at least 75% of the retail price of the most widely sold brand, on all tobacco products, including smokeless tobacco products and indigenous smoking products such as bidi, cheroots or kreteks, to realistically decrease the demand for these products. RD observed that regulation of smokeless tobacco (ST) and arecanut (AN) products represents a major gap for overall tobacco control in the Region. This issue is even more significant in the context of aggressive direct as well as surrogate marketing of ST and AN products such as pan masala and supari by the industry.

Mr Sunil Raj Sharma, Director, National Health Education, Information and Communication Centre, Ministry of Health and Population, Nepal in his address underscored the strategic significance of this regional meeting given the substantial use of tobacco products across the Region. 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, Regional Adviser, Tobacco-Free Initiative (TFI), SEA Regional Office of the WHO emphasized that all the countries of the Region should have a data-to-action national policy framework in the context of tobacco control.



Proceedings of Day One (3rd May 2023)

The technical session started with the presentation by Dr Vinayak Prasad from WHO HQ on the global progress in tobacco control policies. He shared that around 5.3 billion people globally are now covered by at least one MPOWER measure at the highest level of achievement and approximately 4.4 billion people are now covered by at least two MPOWER measures at the highest level of achievement. He outlined tobacco industry interference, NENTPs 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 that the Region has done exceedingly well in monitoring tobacco use and prevention policies and has availability of adequate survey data for nearly 100% of the adult population. However, a lack of robust data-to-action policy framework in the context of tobacco control at the national and subnational levels is the missing link. She emphasized the significance of identifying all the stakeholders and sharing data and evidence with them in multiple forms. She discussed various opportunities and challenges related to the implementation of the demand- as well as supply-side tobacco control measures in the countries of the Region.

Dr Indu Ahluwalia from the U.S. Centers for Disease Control and Prevention discussed how the Global Tobacco Surveillance System (GTSS) is enhancing the capacities of the countries to design, implement, and evaluate tobacco control interventions. She emphasized that GTSS is closely linked to both the WHO FCTC provisions and the MPOWER measures. The GTSS framework is designed to assure that evidence generated from surveillance data are used to inform programmes and policies at the appropriate levels and to assess their impact at the population level as well as to identify the challenges and solutions thereof. She called for greater collaboration among the tobacco control community in order to achieve four specific objectives: a global strategy to accelerate tobacco control, protecting youth and other vulnerable populations, increasing access to cessation services worldwide and identifying opportunities to address existing gaps or inequities in tobacco initiation, use and treatment. Dr Hebe Gouda from WHO HQ discussed the GTCR findings and shared country profiles outlining tobacco control gaps and priorities. Dr Alison Commar delivered a recorded presentation on the Interactive Smoking Projection and Target Setting Tool (ISPT). She discussed how the countries of the Region can use it for decision making and priority setting.

A pre-workshop questionnaire (**Annexure 3**) was administered to understand the existing data-to-action policy framework in the context of tobacco control in the ten participating countries (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) of the Region. Additionally, prior to the workshop, country-wise current tobacco use prevalence and MPOWER status were shared with all the participants. Using this information, all countries undertook a comprehensive pre-workshop exercise (**Annexure 4**) to identify existing tobacco control policy achievements, policy gaps and opportunities for action. Based on the pre-workshop preparation and using a predefined template, all countries made a presentation titled “Identifying gaps in data-to-action in the context of effective tobacco control and priorities for action” on day one of the regional meeting. These presentations eventually fed into the country action plans that were developed during day two of this regional meeting.

The last technical session of the day involved sharing of best practices and success stories in the context of tobacco control from the Region. Dr Suveendran from WCO Sri Lanka shared how the country successfully navigated challenges to collect data for GATS during the COVID-19 pandemic. Dr Prashant Kumar Singh from ICMR shared how India is utilizing data from GATS-2 and NFHS-5 for furthering tobacco control. Dr U Thein Tun from Myanmar and Dr Novi Indriastuti from Indonesia shared how their countries are successfully and proactively utilizing data for tobacco policy acceleration.



Proceedings of Day Two (4th May 2023)

The technical session started with the sharing of country experiences on overcoming barriers to achieve tobacco control policy progress in Nepal, Thailand and Timor-Leste. Mr Sunil Raj Sharma from Nepal, Mr Parinya Darasuwon from Thailand and Mr Mario Sere Kai from Timor-Leste shared how these countries were able to address various challenges, particularly those related to tobacco industry interference, resource constraint and lack of political will, to take the agenda of tobacco control forward.

In the next session, Dr Hebe Gouda explained the concept of fishbone analysis to the participants and how it can be employed in the context of tobacco control. A fishbone diagram is a cause-and-effect discovery tool that helps figure out the reasons for defects, variations or failures within a process. In other words, it helps break down, in successive layers, root causes that potentially contribute to an effect. Sometimes called an Ishikawa diagram or cause-and-effect analysis, a fishbone diagram is one of the main tools used in a root cause analysis. A fishbone diagram mimics a fish skeleton. The underlying problem is placed as the fish's head (facing right) and the causes extend to the left as the bones of the skeleton; the ribs branch off the back and denote major causes, while sub-branches branch off of the causes and denote root causes. These causes mimic the bones of the fish skeleton. The construction of the fishbone can branch off to as many levels as is needed to determine the causes of the underlying problem.

To provide a practical perspective to the participants, Dr Hebe Gouda and Dr Vinayak Prasad identified the most important causes of weak implementation of TAPS ban in the SEA Region using the fishbone analysis. Concluding the session, Dr Vinayak Prasad encouraged the participating countries to organize various national and subnational workshops, as appropriate, to effectively disseminate tobacco use data to all the relevant stakeholders. He also advised the Member States to undertake a deep dive into the available data, preferably employing the fishbone analysis, to identify the root-causes of the major barriers to effective tobacco control. Dr Jagdish Kaur opined that the upcoming release of the GTCR IX data could be an ideal opportunity for the countries of the Region to adopt such an approach.

As already reported, based on the pre-workshop preparation and using a predefined template, all countries made a presentation titled “Identifying gaps in data-to-action in the context of effective tobacco control and priorities for action” on day 1 of the regional meeting. On day two of the meeting, these country presentations along with the technical presentations and deliberations during the meeting, including sharing of best practices in tobacco control from other Regions and countries, fed into the country action plans that were developed and presented by all the participating countries using a predefined template. All the country action plans can be seen at **Annexure 5**.

The last technical session of the day involved recorded presentations from the WHO HQ team highlighting the support available from WHO to Member States on tobacco cessation, plain packaging of tobacco products, tobacco taxation and tobacco product regulation. Dr Dongbo Fu delivered presentation on the WHO support to countries to promote tobacco cessation, where as Ms Kritika Khanijo discussed how to take the agenda of plain packaging forward across the SEA Region. Ms Anne-Marie Perucic discussed tobacco taxation and related issues in the context of the Region. The presentation on the support available from WHO to countries on tobacco product regulation was delivered by Dr Jagdish Kaur on behalf of Dr Ranti Fayokun. She emphasized the need for adopting multisectoral collaboration and ‘all of government approach’ to beat the ongoing tobacco epidemic.





Proceedings of Day Three (5th May 2023)

The day three proceedings started with a field trip to *Bhaktapur Durbar Square* to observe enforcement of tobacco control laws in Nepal. All the participants were properly briefed and given a reporting format (please refer to **Annexure 6**) to be used during the field trip.

Based on the responses of the participants, the following salient observations can be drawn out with regard to the enforcement of tobacco control laws at *Bhaktapur Durbar Square* in Nepal:

- ❖ Few shops were selling tobacco products along with daily consumer goods. This violates Section 11(6) of the Tobacco Products Control and Regulatory Act, 2011.
- ❖ In most of the points of sale, the notice board with the necessary information (in accordance with the public notice dated 19 January 2017 as per provisions specified in Section 11(6) of the Tobacco Products Control and Regulatory Act, 2011) was missing.
- ❖ Many persons were smoking in this public place which clearly violates the provisions of Tobacco Product (Control and Regulatory) Bill, 2010
- ❖ The notice board (as envisaged in Tobacco Products [Control and Regulatory] Regulation - 2011) declaring the public place (*Bhaktapur Durbar Square*) smokefree was absent.

Thereafter, Dr Vinayak Prasad and Dr Jagdish Kaur held bilateral discussions with several Member States on specific issues, as per country needs and tobacco control priorities. In particular, for Nepal, the discussion revolved around the implementation of GYTS, possibility of GATS implementation in 2024 and the way forward for testing of tobacco products for regulation. In case of Sri Lanka, the discussion was primarily focused on GATS Sri Lanka report dissemination and the data to action work thereafter, and the Pre-COP/Pre-MOP meetings for the SEA Region.

Recommendations of the Regional Meeting

In line with the country action plans and the discussions thereof, following are the recommendations to expand and accelerate effective tobacco control in the Region:

- ❖ **Implement the country action plans developed during this regional meeting to achieve global, regional and national tobacco control goals and, thus, counteract a shared threat to health, longevity and prosperity of populations across the Region;**
- ❖ **Develop a robust data-to-action national policy framework with an emphasis on identifying all relevant stakeholders and communicating and disseminating data to these stakeholders in multiple and innovative ways, especially against the backdrop of the upcoming release of the ninth WHO report on the global tobacco epidemic (GTCR IX);**
- ❖ **Organize various national and subnational workshops, as appropriate, to effectively disseminate the upcoming GTCR IX data to all the relevant stakeholders and to undertake a deep dive into the new data, preferably employing the fishbone analysis as demonstrated during this regional meeting, to identify the root-causes of the major barriers to effective tobacco control;**
- ❖ **Prioritize tobacco control in all relevant policies with special emphasis on gearing up for emerging challenges in tobacco control, including increasing use of electronic nicotine delivery systems, heated tobacco products, nicotine pouches and electronic shisha among youth, and to apply whole-of-government and whole-of-society approaches to tobacco control;**
- ❖ **Forge greater South–South 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 and tobacco industry interference, provisioning alternative livelihoods to tobacco farmers and workers, national coordination mechanisms, tobacco product regulation and disclosure, tobacco control legislation and law enforcement, and addressing smokeless tobacco and arecanut usage;**
- ❖ **Ensure availability and implementation of cost-effective and quality tobacco cessation services, particularly those aimed at youth and smokeless tobacco users at the population level; and**

- ❖ **Strengthen the school health programmes in the countries of the Region to address the high use of smokeless tobacco, arecanut, electronic nicotine delivery systems, heated tobacco products and electronic shisha among school children and adolescents.**



