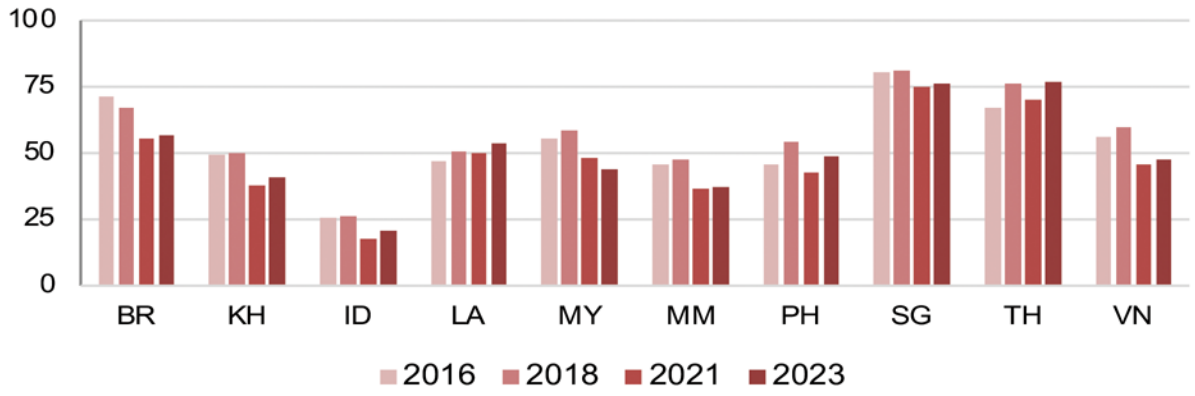
# SEATCA FCTC SCORECARD

## Measuring implementation of the WHO Framework Convention on Tobacco Control




2023

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# A. Objective

This fourth edition of SEATCA's FCTC Scorecard continues to quantify the implementation of various provisions of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) at the national level among the ten Member States of the Association of Southeast Asian Nations (ASEAN) region. As with the prior editions, this scorecard acknowledges milestones and ongoing concerted tobacco control initiatives from ASEAN countries since the FCTC's entry into force. This edition continues to shed light on implementation gaps that still require intervention. Such knowledge sharing and country comparisons can stimulate enhanced FCTC implementation. SEATCA continues to encourage other regions to adopt this civil society tool to drive much-needed improvements in the implementation of the treaty.

As with the previous edition, no distinction is made between the Republic of Indonesia, a non-Party to the FCTC, and other ASEAN nations that are Parties to the FCTC. This document holds the Republic of Indonesia to its commitments to the 2030 Sustainable Development Agenda, which recognizes the FCTC's role in reducing non-communicable diseases and achieving Good Health and Well-Being for all (Sustainable Development Goal 3).[1]

# B. Methodology

The FCTC articles evaluated in this scorecard (Table 1) were chosen based on their assessed impact on tobacco consumption, importance for effective tobacco control, and availability of international implementation guidelines adopted by the FCTC Conference of Parties (COP).

The scoring criteria developed for each FCTC article closely follow the treaty text and, where applicable, WHO FCTC implementation guidelines. While the intention was to be as comprehensive as possible, the criteria currently cover only select recommendations from the WHO FCTC's guidelines. The scorecard also covers a limited range of FCTC articles, focusing primarily, but not exclusively, on priority action areas and time-bound commitments.

*What this fourth edition offers:*

This edition of the scorecard maintains the expanded and enhanced questions from the third edition, allowing a consistent evaluation of tobacco control implementation and other developments since November 2021, such as the upgrading of Indonesia's economic classification as an upper middle-income country, the passage of the landmark Tobacco Control Law in Lao PDR, the passage of a retrogressive, pro-industry e-cigarette and heated tobacco product law in the Philippines, and the repeated delay of standardized packaging implementation in Myanmar.

An annex presents the scores for WHO FCTC Articles 6 and 26 with and without adjustment for purchasing power parity (PPP) to more faithfully capture nuances of tobacco that are not reflected in other market baskets.

***Erratum:*** In the 3rd edition (2021), **Brunei**'s total weighted score had been miscalculated as 47.53% but should have been 55.05%. This affected the over-all rank of Brunei, which should have been third, instead of fifth, out of 10 ASEAN countries. Brunei's scores for individual FCTC articles were correct.

[1] Sustainable Development Goals Target 3.a: "strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate"

Five ASEAN countries (Brunei, Cambodia, Lao PDR, Singapore, and Thailand) currently prohibit electronic nicotine delivery systems (ENDS) in line with the decision of the WHO FCTC Conference of Parties, recommending that Parties regulate them by prohibiting or restricting the manufacture, importation, distribution, presentation, sale and use of these products. As prohibition is the strictest form of regulation, full points were awarded to these countries for questions pertaining to electronic smoking devices (ESDs). The scoring system also accounted for smokeless tobacco products (e.g. chewing tobacco) which were preemptively banned under Singaporean law even before the advent of ESDs.

**Table 1.** WHO FCTC articles evaluated in this scorecard in order of weighted scores

| FCTC Article | Weighted score |
|---|---|
| Article 6: Price and tax measures | 18% |
| Article 5.3: Tobacco industry interference | 16% |
| Article 8: Protection from exposure to tobacco smoke | 12% |
| Article 13: Tobacco advertising, promotion, and sponsorship | 10% |
| Article 11: Packaging and labelling | 9% |
| Article 26: Financial resources | 9% |
| Article 12: Education, communication, training and public awareness | 8% |
| Article 5.1: National tobacco control strategies and plans | 6% |
| Article 5.2: National coordinating mechanism | 5% |
| Article 14: Tobacco dependence and cessation | 4% |
| Article 15: Illicit trade in tobacco products | 3% |

One point was deducted from Indonesia's over-all score for remaining a non-Party to the WHO FCTC.

Scoring was done by SEATCA and national-level correspondents from civil society (Table 2) based on available data (as of July 2023), such as the most recent Party reports to the COP, national legislation, and country-specific reports. Relevant government officials were consulted for information as needed.

**Table 2.** Civil society country correspondents for 2023 scorecard

| |
|---|
| **Cambodia**: Dr. Mom Kong, Cambodia Movement for Health |
| **Indonesia**: Mr. Bigwanto Mouhamad, Indonesian Health Policy Forum |
| **Lao PDR**: Dr. Maniphanh Vongphosy |
| **Myanmar**: Dr. U Than Sein, People's Health Foundation |
| **Philippines**: Mr. Ralph Degollacion, HealthJustice Philippines; Dr. Maria Encarnita Limpin, ASH Philippines |
| **Thailand**: Dr. Prakit Vathesatogkit, Action on Smoking or Health (ASH) Thailand |
| **Vietnam**: Ms. Nguyen Hanh Nguyen, Healthbridge Vietnam |

# C. Results

For the first time since SEATCA published the FCTC Scorecard, Thailand had the highest over-all score for FCTC implementation (77.24%) followed by Singapore (75.76%) (Table 1 and Figures 1 and 2).

**Table 3. Unweighted and weighted scores per country**

| FCTC Article | Max points and weight | Unweighted scores (weighted scores) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BR | KH | ID | LA | MY | MM | PH | SG | TH | VN |
| Article 5.1 | 10 (6%) | 6 (3.6) | 6 (3.6) | 0 (0) | 10 (6) | 10 (6) | 0 (0) | 10 (6) | 10 (6) | 10 (6) | 10 (6) |
| Article 5.2 | 10 (5%) | 6 (3) | 6 (3) | 2 (1) | 6 (3) | 10 (5) | 2 (1) | 6 (3) | 10 (5) | 10 (5) | 10 (5) |
| Article 5.3 | 125 (16%) | 76 (9.73) | 25 (3.20) | 9 (1.15) | 57 (7.30) | 22 (2.82) | 81 (10.37) | 50 (6.40) | 91 (11.65) | 95 (12.16) | 13 (1.66) |
| Article 6 | 107 (18%) | 54.47 (9.16) | 43.8 (7.37) | 47.6 (8.01) | 39 (6.56) | 54 (9.08) | 53.6 (9.02) | 84 (14.13) | 59 (9.92) | 66.4 (11.18) | 34.4 (5.79) |
| Article 8 | 20 (12%) | 18 (10.80) | 11 (6.60) | 4 (2.40) | 16 (9.60) | 7 (4.20) | 10 (6.00) | 8 (4.80) | 12 (7.20) | 17 (10.20) | 8 (4.80) |
| Article 11 | 40 (9%) | 21 (4.73) | 30 (6.75) | 12 (2.70) | 28 (6.30) | 19 (4.28) | 27 (6.08) | 21 (4.73) | 33 (7.43) | 40 (9) | 14 (3.15) |
| Article 12 | 12 (8%) | 8 (5.33) | 4 (2.67) | 4 (2.67) | 6 (4) | 9 (6) | 4 (2.67) | 9 (6.00) | 11 (7.33) | 11 (7.33) | 11 (7.33) |
| Article 13 | 44 (10%) | 34 (7.73) | 28 (6.36) | 4 (0.91) | 38 (8.64) | 11 (2.50) | 4 (0.91) | 2 (0.45) | 38 (8.64) | 36 (8.18) | 8 (1.82) |
| Article 14 | 20 (4%) | 13 (2.60) | 5 (1) | 12 (2.40) | 6 (1.20) | 18 (3.60) | 5 (1) | 14 (2.80) | 18 (3.60) | 16 (3.20) | 15 (3) |
| Article 15 | 3 (3%) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Article 26 | 9 (9%) | 0.15 (0.15) | 0.17 (0.17) | 0 (0) | 0.07 (0.06) | 0.06 (0.06) | 0 (0) | 0.72 (0.72) | 9 (9) | 4.99 (4.99) | 9 (9) |
| FCTC Party | | | | (-1) | | | | | | | |
| **Total weighted score** | | 56.83 | 40.72 | 20.23 | 52.66 | 43.53 | 37.04 | 49.02 | 75.76 | 77.24 | 47.56 |

**Figure 1.** Total country scores (%) in 2023

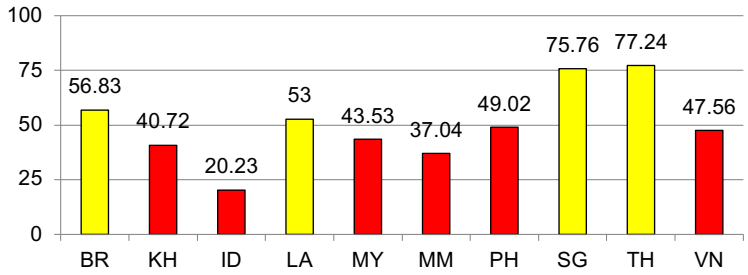
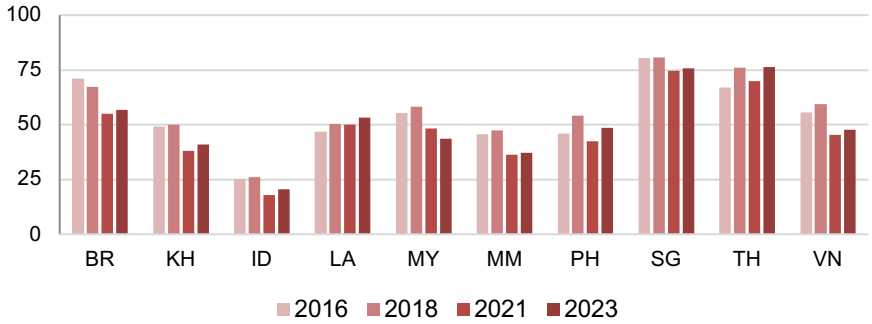



**Figure 2.** Comparison of country scores (%) in 2016, 2018, 2021, and 2023



Brunei, Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines, Singapore, Thailand, and Vietnam showed some improvement in their scores compared to the last report; however, six countries (Cambodia, Indonesia, Malaysia, Myanmar, Philippines, and Vietnam) still score below 50%, with Indonesia scoring the lowest (20.45%).

Although the 2021 and 2023 editions are not directly comparable with earlier editions (2016 and 2018) due to changes in methodology to better gauge country-level implementation, progress has generally been slow and uneven in the ASEAN region in terms of FCTC implementation, with only Lao PDR showing some consistent improvement (Figure 2).

The 2023 country scores are unpacked in detail below for each FCTC article, and subtotal scores per FCTC Article are visualized in a graph (**green** bars for full points, yellow bars for 50% or more points, and **red** for less than 50% of points).

## General obligations: Articles 5.1 and 5.2

Still except for Indonesia and Myanmar, all ASEAN countries have developed multisectoral national tobacco control strategies, plans, and programmes in accordance with the WHO FCTC and include their monitoring and evaluation as part of the periodic review process. Lao PDR, Malaysia, Philippines, Singapore, Thailand, and Vietnam periodically review and update such national strategies and plans. This is unchanged from 2021.

**Figure 3.** Article 5.1: Tobacco control strategies and plans (6%)

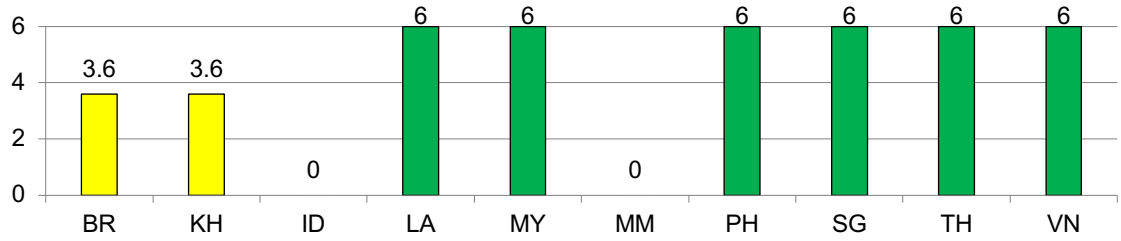



**Table 4.** Article 5.1: Tobacco control strategies and plans (unweighted scores)

| **Article 5.1: General Obligations (6%)** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| There are multisectoral national tobacco control strategies, plans, and programmes in accordance with the WHO FCTC. (2 pt) | | | | | | | | | | |
| 2 | 2 | 2 | 0 | 2 | 2 | 0 | 2 | 2 | 2 | 2 |
| Monitoring and evaluation of the implementation, enforcement, and impact of tobacco control strategies, plans, and programmes is conducted as part of the periodic review process. (4pt) | | | | | | | | | | |
| 4 | 4 | 4 | 0 | 4 | 4 | 0 | 4 | 4 | 4 | 4 |
| These strategies, plans, and programs are periodically reviewed and updated. (4 pt**)** | | | | | | | | | | |
| 4 | 4 | 2 | 0 | 4 | 4 | 0 | 4 | 4 | 4 | 4 |

Except for Indonesia, all ASEAN countries have established or reinforced and financed a national coordinating mechanism or focal point for tobacco control; however, only Malaysia, Singapore, Thailand, and Vietnam have mobilized sufficient human and financial resources to support their designated focal point or coordinating mechanism, and this represents no change from 2021.

**Figure 4.** Article 5.2: National coordinating mechanism or focal point (5%)

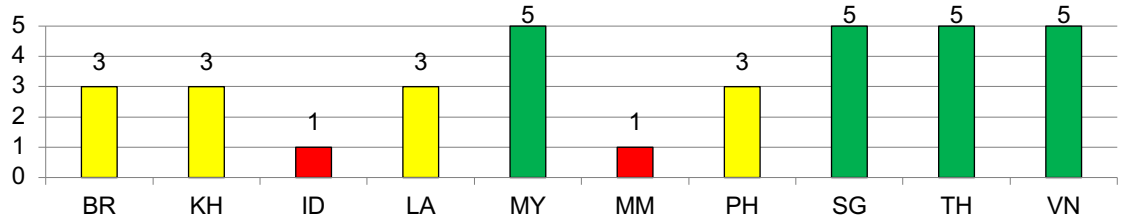


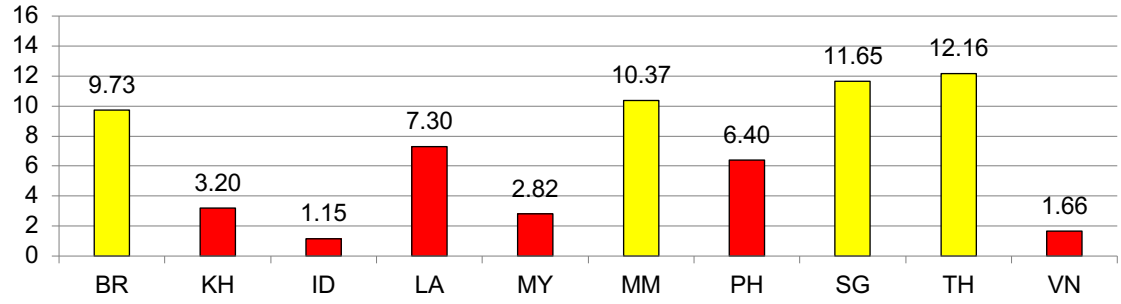

**Table 5.** Article 5.2: National coordinating mechanism or focal point (unweighted scores)

| **Article 5.2: General Obligations (5%)** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| A national coordinating mechanism or focal point for tobacco control: (additive)<br>a. has been established or reinforced (2 pt) | | | | | | | | | | |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| b. is comprised of adequate human and technical resources (4 pt) | | | | | | | | | | |
| 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 4 | 4 | 4 |
| c. is financed (4 pt) | | | | | | | | | | |
| 4 | 4 | 4 | 0 | 4 | 4 | 0 | 4 | 4 | 4 | 4 |

## General Obligations: Article 5.3

Tobacco industry interference continues to be a major obstacle to effective tobacco control in the region; there has been no recent Article 5.3 policy breakthrough, with many countries still failing to implement measures that would protect the State from tobacco industry interference.

**Figure 5.** Article 5.3: Protect from tobacco industry (TI) interference (16%)




*Raise awareness about Article 5.3*

While most countries raise awareness about the addictiveness and harm of tobacco products, only Myanmar, Singapore, and Thailand scored full points, followed closely by Lao PDR, for raising awareness in government and among the public about Article 5.3, the industry's tactics to interfere in public health policies, and the need to protect those policies from the commercial and vested interests of the industry. All others are lagging in this duty to educate the government and the public.

*Limit interactions with the tobacco industry and ensure transparency*

Government officials in Brunei, Myanmar, Singapore, and Thailand still interact with the tobacco industry but only when – and to the extent strictly – necessary for effective regulation.

Unnecessary interactions still occur in other ASEAN countries. Where government interactions with the tobacco industry are necessary, these are conducted in public through public hearings in Lao PDR, the Philippines, Singapore, and Thailand. Only Singapore provides public notice of its interactions with the industry, and no ASEAN country publicly discloses records of these interactions – observations consistent with the 2021 report.

*Reject partnerships with the tobacco industry*

Five countries (Brunei, Malaysia, Myanmar, Singapore, and Thailand) reject partnerships, voluntary arrangements, and tobacco control-related initiatives with the tobacco industry; voluntary industry codes of conduct in lieu of government regulation; and industry offers to draft or collaborate in drafting tobacco control policies. Lao PDR and Vietnam score 4 out of 20 under this measure, while Cambodia, Malaysia, and the Philippines score only 14 out of 20 on these matters. Indonesia and Lao PDR remain to have no policy to reject partnerships with the tobacco industry.

*Avoid conflicts of interest*

Only Cambodia, Lao PDR, Philippines, and Singapore have a policy to disclose and manage conflicts of interest for those involved in setting and implementing public health policies with respect to tobacco control.

In addition, most countries still do not have a national policy or code of conduct prescribing the standards for government officials in their dealings with the tobacco industry. Both Brunei and Singapore have Article 5.3-compliant policies or codes of conduct that are enforced by the whole government. The Philippines has an Article 5.3 policy or code of conduct that applies to the whole government, but enforcement has been very weak, and no government official has been penalized. Notably, the Philippines' Civil Service Commission-Department of Health joint memorandum circular has been attacked by pro-industry legislators.

In Indonesia, Lao PDR, Myanmar, and Thailand, only the ministries of health have codes of conduct governing interactions with the tobacco industry. Cambodia is unique in the sense that only the Ministry of Education, Youth, and Sports that has this code of conduct. Malaysia and Vietnam still have no such regulations on interactions with industry.

Brunei, Myanmar, Philippines, Singapore, Thailand, and Vietnam do not award contracts for carrying out any work related to setting and implementing public health policies with respect to tobacco control to candidates or tenderers who have conflicts of interest with established tobacco control policies.

Lao PDR and Myanmar still require public office holders, who have or have had a role in setting and implementing tobacco control policies, to inform their institutions about any intention to engage in an occupational activity within the tobacco industry, whether gainful or not, within a specified period after leaving service. Myanmar, Philippines, and Singapore remain to be the only countries which require applicants for public office positions with roles in setting and implementing tobacco control policies to declare any current or previous occupational activity with any tobacco industry, whether gainful or not.

Only Brunei, Myanmar, and Philippines require government officials to declare and divest themselves of direct interests in the tobacco industry to serve in office.

Only Brunei, Myanmar, and Thailand do not have government institutions and their bodies that have any financial interest in the tobacco industry, unless they are responsible for managing a Party's ownership interest in a State-owned tobacco industry.

Only Myanmar and Thailand do not allow any person, currently or previously employed (for a certain number of years immediately before) by the tobacco industry or any entity working to further its interests, to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.

Malaysia, the Philippines, and Vietnam have nominated persons or entities either employed by or advancing the interest of the tobacco industry to serve on delegations to meetings of the Conference of the Parties (COP), its subsidiary bodies or any other bodies established pursuant to decisions of the COP (Note: Indonesia, a non-Party, does not attend the COP.).

In all ASEAN countries, except Cambodia, Lao PDR, and Vietnam, all officials or employees of government or of any semi/quasi-governmental body are prohibited from accepting payments, gifts or services, whether monetary or in-kind, from the tobacco industry.

Only Brunei, Myanmar, Singapore, and Thailand have effective measures to prohibit (or require full disclosure of) contributions from the tobacco industry or any entity working to further its interests to whether these contributions be to political parties, candidates, or campaigns.

*Require transparent and accurate information from the tobacco industry*

In ASEAN, only Thailand requires disclosures from the tobacco industry on the volume of tobacco production, manufacture, market share, marketing expenditures, revenues, and other activity, including philanthropy and political contributions. No ASEAN government, however, requires any disclosure or registration of affiliated entities or organizations and individuals acting on their behalf, including lobbyists. Only Lao PDR implements effective legislative, executive, administrative, and other measures to ensure public access to a wide range of information on tobacco industry activities.

Brunei, Lao PDR, Malaysia, Myanmar, and Thailand impose by law mandatory penalties on the tobacco industry for providing false or misleading information.

*Denormalize and regulate so-called CSR by the tobacco industry*

Only Brunei, Lao PDR, Myanmar, and Thailand have a policy/process to ensure that all branches of government and the public are informed and made aware of the true purpose and scope of activities described as socially responsible performed by the tobacco industry.

Only Brunei, Lao PDR, Myanmar, Singapore, and Thailand do not endorse, support, form partnerships with, or participate in activities of the tobacco industry described as "socially responsible."

Only Indonesia, Lao PDR, Myanmar, Singapore, Thailand, and Vietnam do not allow public disclosure by the tobacco industry, or any other person acting on its behalf, of activities described as socially responsible (corporate social responsibility or CSR) or of the expenditures made for these activities, except when legally required to report on such expenditures, such as in an annual report.

Only Brunei, Lao PDR, Philippines, Singapore, and Thailand prohibit acceptance by any branch of government or the public sector of political, social, financial, educational, community or other

contributions from the tobacco industry or from those working to further its interests, except for compensations due to legal settlements or mandated by law or legally binding and enforceable agreements. A pending CSR bill in the Philippine Congress would allow and require tobacco industry-related CSR.

*Do not give preferential treatment to the tobacco industry*

Only Brunei and Singapore do not grant incentives, privileges or benefits to the tobacco industry to establish or run their businesses. Lao PDR has been providing preferential tax treatment to tobacco industry since 2001 under an Investment License Agreement (ILA) with the industry.

Brunei, Philippines, Singapore, and Thailand do not provide preferential tax exemption to the tobacco industry.

**Table 6.** Article 5.3: Protect from tobacco industry (TI) interference (unweighted scores)

| **Article 5.3: General Obligations (16%)**<br>*Explanatory notes:*<br>**"Tobacco industry"** means (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.<br>***Preferential treatment** is any preferential policy or action as referred to in the FCTC Article 5.3 Guidelines, specifically under Recommendation #7, including tax exemption or other incentives, privileges or benefits to the tobacco industry to establish or run their businesses**.**<br>**"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. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **Raise awareness on Art. 5.3** (additive)<br>a. The government informs and educates **all branches of government** about:<br>i. the addictive and harmful nature of tobacco products (1 pt)<br>ii. the need to protect public health policies for tobacco control from commercial and other vested interests of the tobacco industry (1 pt)<br>iii. the strategies and tactics used by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control (2 pt)<br>b. The government informs and educates **the public** about:<br>i. the addictive and harmful nature of tobacco products (1 pt)<br>ii. the need to protect public health policies for tobacco control from commercial and other vested interests of the tobacco industry (1 pt)<br>iii. the strategies and tactics used by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control (2 pt)<br>c. The government raises awareness about the tobacco industry's practice of using individuals, front groups and affiliated organizations to act, openly or covertly, on their behalf or to take action to further the interests of the tobacco industry. (2 pt) | | | | | | | | | | |
| 10 | 3 | 2 | 2 | 9 | 2 | 10 | 6 | 10 | 10 | 2 |
| **Limit interactions with the tobacco industry and ensure transparency of any interactions that occur** (additive)<br>a. The government interacts with the tobacco industry only when and to the extent strictly necessary to effectively regulate the tobacco industry and tobacco products. (5 pt) | | | | | | | | | | |

b. Where interactions with the tobacco industry are necessary, the government ensures that such interactions are conducted transparently by:

i. conducting interactions in public through public hearings (2 pt)

ii. public notice of interactions (4 pt)

iii. public disclosure of records of such interactions (4 pt)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15 | 5 | 0 | 0 | 2 | 0 | 5 | 2 | 11 | 15 | 4 |

**Reject partnerships with the tobacco industry** (additive)

The government does **not** accept, support or endorse:

a. partnerships and non-binding/non-enforceable agreements, or any voluntary arrangement with the tobacco industry or any entity or person working to further its interests (6 pt)

b. initiatives (e.g., youth, public education, etc.) organized, promoted, participated in, or performed by the tobacco industry that are directly or indirectly related to tobacco control (4 pt)

c. any voluntary code of conduct or instrument drafted by the tobacco industry offered as a substitute for legally enforceable tobacco control measures (4 pt)

d. any offer for assistance or proposed tobacco control legislation or policy drafted by or in collaboration with the tobacco industry (6 pt)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 20 | 20 | 14 | 0 | 4 | 14 | 20 | 14 | 20 | 20 | 4 |

**Avoid conflict of interests with the tobacco industry** (additive)

a. The government has a policy on the disclosure and management of conflicts of interest that applies to all persons involved in setting and implementing public health policies with respect to tobacco control, including government officials, employees, consultants and contractors. (4 pt)

b. The government has a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry. (choose <u>one</u> only)

i. The whole government strictly enforces this code of conduct, and violations are being monitored & countered. (5 pt)

ii. The whole government has a code of conduct but it is not well enforced. (3 pt)

iii. Only the Ministry of Health has a code of conduct. (1 pt)

c. The government does not award contracts for carrying out any work related to setting and implementing public health policies with respect to tobacco control to candidates or tenderers who have conflicts of interest with established tobacco control policies. (3 pt)

d. The government implements clear policies that require: (additive)

i. public office holders, who have or have had a role in setting and implementing public health policies with respect to tobacco control, to inform their institutions about any intention to engage in an occupational activity within the tobacco industry, whether gainful or not, within a specified period of time after leaving service. (3 pt)

ii. applicants for public office positions, which have a role in setting and implementing public health policies with respect to tobacco control, to declare any current or previous occupational activity with any tobacco industry whether gainful or not. (3 pt)

e. The government requires government officials to declare and divest themselves of direct interests in the tobacco industry. (3 pt)

f. Government institutions and their bodies do not have any financial interest in the tobacco industry, unless they are responsible for managing a Party's ownership interest in a State-owned tobacco industry. (3 pt)

g. The government does not allow any person employed (or previously employed for a specified number of years immediately before) by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy. (5 pt)

h. The government does not nominate any person employed by the tobacco industry or any entity working to further its interests to serve on delegations to meetings of the Conference of the Parties, its subsidiary bodies or any other bodies established pursuant to decisions of the Conference of the Parties. (5 pt)

i. The government does not allow any official or employee of government or of any semi/quasi-governmental body to accept payments, gifts or services, monetary or in-kind, from the tobacco industry. (3 pt)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| j. The government has effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions. (3 pt) | | | | | | | | | | |
| 40 | 23 | 9 | 4 | 16 | 3 | 32 | 19 | 29 | 23 | 0 |
| **Require transparent and accurate information from the tobacco industry** (additive)<br>a. The government requires the tobacco industry and those working to further its interests to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, and political contributions (4 pt)<br>b. The government requires disclosure or registration of the tobacco industry entities, affiliated organizations and individuals acting on their behalf, including lobbyists (4 pt)<br>c. The government imposes mandatory penalties on the tobacco industry in cases of providing false or misleading information in accordance with national law (3 pt)<br>d. The government implements effective legislative, executive, administrative, or other measures to ensure public access to a wide range of information on tobacco industry activities (4 pt) | | | | | | | | | | |
| 15 | 3 | 0 | 0 | 11 | 3 | 3 | 0 | 0 | 7 | 0 |
| **Denormalize and regulate so-called corporate social responsibility (CSR) activities by the tobacco industry** (additive)<br>a. The government has a policy/process to ensure that all branches of government and the public are informed and made aware of the true purpose and scope of activities described as socially responsible performed by the tobacco industry. (4 pt)<br>b. The government does not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible. (4 pt)<br>c. The government does not allow public disclosure by the tobacco industry or any other person acting on its behalf of activities described as socially responsible or of the expenditures made for these activities, except when legally required to report on such expenditures, such as in an annual report. (3 pt)<br>d. The government prohibits acceptance by any branch of government or the public sector of political, social, financial, educational, community or other contributions from the tobacco industry or from those working to further its interests, except for compensations due to legal settlements or mandated by law or legally binding and enforceable agreements. (4 pt) | | | | | | | | | | |
| 15 | 12 | 0 | 3 | 15 | 0 | 11 | 4 | 11 | 15 | 3 |
| **No preferential treatment given to the tobacco industry** (additive)<br>The government does **not**:<br>a. grant incentives, privileges or benefits to the tobacco industry (including State-owned) to establish or run their businesses (5 pt)<br>b. provide preferential tax exemption to the tobacco industry (including State-owned) (5 pt) | | | | | | | | | | |
| 10 | 10 | 0 | 0 | 0 | 0 | 0 | 5 | 10 | 5 | 0 |

## Article 6: Price and tax measures

Raising tobacco taxes is globally recognized as among the most effective means of reducing tobacco consumption, but FCTC Article 6 has not been maximized among ASEAN countries (Figure 6). Singapore has the region's nominally most expensive cigarettes, but when ASEAN-centric PPS values are applied, cigarettes in Myanmar and the Philippines are currently the least affordable for their target markets. Even then, cigarettes are still generally very affordable in all countries (Table 8).[2]

[2] Singapore's accelerated post-pandemic growth had driven the purchasing power standard lower for other LMICs in the ASEAN, in general. These observations are based on normalized prices of cigarettes benchmarked to the size of the economies of the countries where they are sold.

No ASEAN country currently has a long-term tobacco tax plan or roadmap aimed at reducing tobacco use over time, although the Philippines implements an annually compounding 5% excise tax rate increase for conventional tobacco, e-cigarettes, and heated tobacco products.

**Figure 6.** Article 6: Price and tax measures (18%)

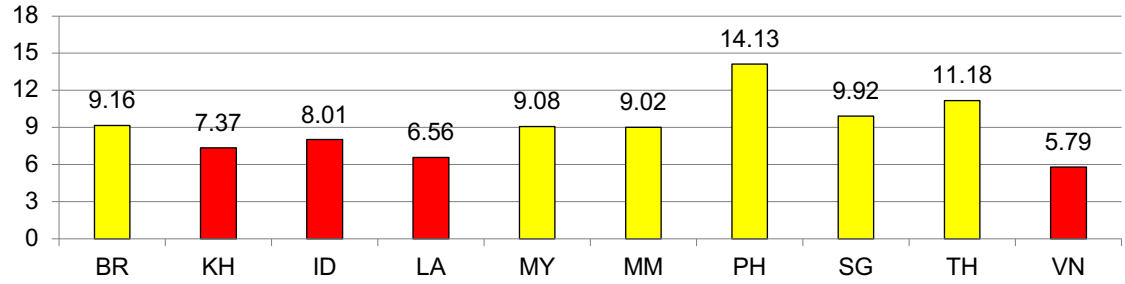



**Table 7.** Country classification by income and Gross Domestic Product (GDP) per capita at Purchasing Power Parity, and corresponding Purchasing Power Standards (PPS) for the ASEAN

| | Classification by income* | GDP per capita at PPP** | | | PPS*** 2022 |
|---|---|---|---|---|---|
| | | 2018 | 2020 | 2022 | |
| Brunei | High | 60,759 | 65,043 | 70,457 | 226 |
| Cambodia | Lower Middle | 4,468 | 4,723 | 5,601 | 18 |
| Indonesia | Upper Middle | 11,800 | 12,235 | 14,687 | 47 |
| Lao PDR | Lower Middle | 7,728 | 8,060 | 9,207 | 30 |
| Malaysia | Upper Middle | 27,495 | 27,794 | 34,392 | 110 |
| Myanmar | Lower Middle | 4,685 | 5,247 | 4,847 | 16 |
| Philippines | Lower Middle | 8,794 | 8,467 | 10,497 | 34 |
| Singapore | High | 100,643 | 100,226 | 127,564 | 409 |
| Thailand | Upper Middle | 18,537 | 18,219 | 21,153 | 68 |
| Vietnam | Lower Middle | 9,894 | 10,931 | 13,284 | 43 |
| Average per capita GDP of 10 countries | | 25,474 | 26,091 | 31,168.81 | |

* World Bank classification, 2023 ** International Monetary Fund data
***PPS = GDP per capita at PPP divided by regional average and expressed as a percentage

**Table 8.** Price for 20-stick cigarette pack (Jan 2023 or most recent data, local currency and USD)

| Country | Regular Marlboro | Most popular brand | Recommended price based on 2022 PPS |
|---|---|---|---|
| Brunei** | BND 8 (USD 6.10)* | Djarum Super BND 6.90 (USD 5.27)* | BND (USD 24.21) |
| Cambodia | KHR 6,400 (USD 1.60)* | Luxury KHR 2,000 (USD 0.50)* | KHR (USD 1.92) |
| Indonesia | IDR 29,900 (USD 2.10)* | A Mild IDR 32,300 (USD 2.30)* | IDR (USD 5.05) |
| Lao PDR | LAK 15,000 (USD 1.6)* | Adeng LAK 8,000 (USD 0.52)* | LAK (USD 3.16) |
| Malaysia | MYR 17.40 (USD 4.30)* | Dunhill MYR 17.40 (USD 4.30)* | MYR (USD 11.82) |
| Myanmar | MMK 2,800 (USD 2.00)* | Red Ruby MMK 1,200 (USD 0.85)* | MMK (USD 1.67) |
| Philippines | PHP 120 (USD 2.40)* | Marlboro PHP 120 (USD 2.40)* | PHP (USD 3.61) |
| Singapore | SGD 15.50 (USD 11.62) | Marlboro SGD 15.50 (USD 11.62) | SGD (USD 43.83) |
| Thailand | THB 145 (USD 4.50)* | L&M 7.1 THB 60 (USD 2.00)* | THB (USD 7.27) |
| Vietnam | VND 27,000 (USD 1.15) | Vinataba VND 22,900 (USD 0.97) | VND (USD 4.56) |

*Unchanged or nominally lower than in 2021 **No licensed sellers of tobacco products in Brunei since May 2014.

Cambodia and Vietnam apply purely ad valorem excise taxes, which are ineffective at discouraging tobacco use and are administratively inefficient. Indonesia, Lao PDR, Myanmar, and Thailand also apply tiered tax regimes, which are also both ineffective and administratively inefficient.

While all countries apply taxes on all tobacco products (including on ESDs where they are not banned), tobacco products are generally not taxed in a comparable way, thereby increasing the risk of product substitution by consumers, rendering excise tax hikes less effective. Only Brunei and Malaysia tax all tobacco products in a comparable manner.

Only Thailand requires licenses for all components of the tobacco supply chain, including equipment for tobacco product manufacturing, from tobacco growing to manufacture, import/export, transport, distribution, and retail sale. Vietnam is the only other country that licenses tobacco growers, noting that there are no such growers in Brunei and Singapore. Retail licenses are still not required in Indonesia, Lao PDR, Myanmar, and Philippines, including for electronic smoking devices.

All countries impose excise taxes at the point of manufacture, importation, or release for consumption from the storage or production warehouses. In most countries (except Brunei, Indonesia, and Vietnam), tax payments include reporting of production and sales volumes, price by brands, taxes due and paid, and may include volumes of raw material inputs. Only Myanmar and Singapore tax authorities allow public disclosure of the information contained in tax reports, through available media, including those online, taking into account confidentiality rules established by law.

Only Indonesia, Philippines, and Singapore implement anti-forestalling (frontloading) measures to ensure that new tax rates are properly collected and not avoided by the industry.

Excise stamps or other fiscal markings are applied on all conventional tobacco products in all countries, but Indonesia, Malaysia, Myanmar, and Vietnam do not have a similar policy for ESDs.

Lao PDR, Thailand, and Vietnam have policies that dedicate tobacco excise revenues to tobacco control programs, while Indonesia and the Philippines have tobacco tax revenues earmarked for health promotion programs (not specifically tobacco control).

Only Brunei, Malaysia, and Singapore ban duty-free tobacco products, while the Philippines imposes excise taxes on tobacco products sold in duty-free stores. By allowing duty-free tobacco products, other countries fail to collect tax revenues and fail to discourage tobacco use.

**Table 9.** Article 6: Price and tax measures (unweighted scores)

| **Article 6: Price and tax measures (18%)** |
|---|
| *Explanatory notes:*<br>**Affordability**: The price (as of January 2023 or most recent data) of a 20-stick pack of Marlboro and of the most popular brand, taking into account Purchasing Power Standards (PPS), is used to score *affordability*.<br>* Gross Domestic Product (GDP) per capita can be expressed in PPS per capita to take account of the real purchasing power in different countries. In the ASEAN region, the GDP per capita in PPP expressed as PPS varies from 18 in Cambodia to 409 in Singapore. The ASEAN average of 31,168.81 is considered to be 100% (Table 7).<br>The country with a price of USD 10.71 per pack, based on the ASEAN average PPP (100), receives full points. Brunei for instance, would receive full points if the price of a pack was 10.71 x 2.26 = USD 24.21.<br>**Long-term tobacco tax plan:** The FCTC Article 6 Guidelines recommend that Parties should establish coherent *long-term policies* on their tobacco taxation structure. |

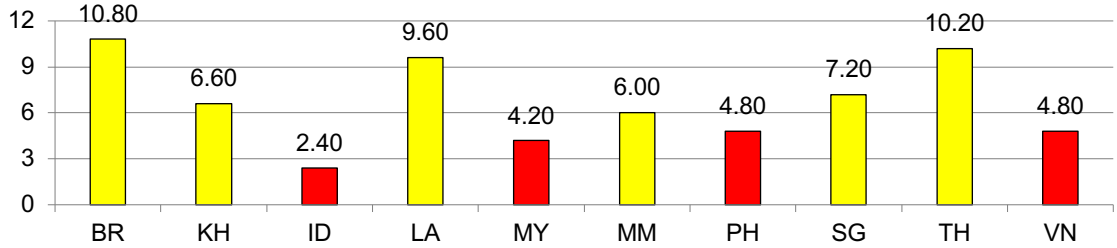
| **Comparable taxation**: The FCTC Article 6 Guidelines recommend that tobacco products be taxed *in a comparable way* to reduce the risk of substitution or switching to a cheaper product.<br>**"Electronic smoking device (ESD)"** - Please refer to the explanatory note under Article 5.3. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **Affordability** (points calculated based on PPS)<br>a. a 20-stick pack of regular Marlboro should cost USD 10.71 after accounting for PPS (6 pt)<br>b. a 20-stick pack of the most popular/sold brand should cost USD 10.71 after accounting for PPS (9 pt) | | | | | | | | | | |
| 15 | 1.51 | 4.99 | 2.50 | 3.03 | 2.18 | 6.00 | 3.99 | 1.59 | 3.71 | 1.51 |
| | 1.96 | 2.34 | 4.10 | 1.48 | 3.27 | 4.59 | 5.99 | 2.39 | 3.71 | 1.91 |
| **Excise tax structure** (choose one only)<br>a. Uniform specific or uniform mixed (specific and ad valorem) taxes are applied. (15 pt)<br>b. Tiered specific or tiered mixed taxes are applied (7 pt)<br>c. Only ad valorem excise taxes are applied. (3 pt) | | | | | | | | | | |
| 15 | 15 | 3 | 7 | 3 | 15 | 7 | 15 | 15 | 7 | 3 |
| **Long-term tobacco tax plan**<br>The government has a long-term tobacco tax policy (e.g. excise tax roadmap specifying changes in tax structures and tax rates) to reduce tobacco consumption over time. (10 pt) | | | | | | | | | | |
| 10 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 |
| **Regular tax increase** (choose one only)<br>a. Excise taxes have increased annually over the past 2 years. (10 pt)<br>b. Excise taxes increased only once over the past 2 years. (5 pt) | | | | | | | | | | |
| 10 | 10 | 5 | 10 | 5 | 0 | 10 | 10 | 5 | 5 | 5 |
| **Taxing all tobacco products** (choose one only)<br>a. All tobacco products, including ESDs, are taxed in a comparable way. (10 pt)<br>b. All tobacco products, including ESDs, are taxed, but not in a comparable way. (5 pt) | | | | | | | | | | |
| 10 | 10 | 10 | 5 | 5 | 10 | 5 | 5 | 10 | 5 | 5 |
| **Licensing is required for:** (additive)<br>a. manufacture, import, and export of conventional tobacco products. (2 pt)<br>b. manufacture, import, and export of ESDs. (2 pt)<br>c. manufacture, import, and export of manufacturing equipment for tobacco products. (2 pt)<br>d. retailing of conventional tobacco products. (1 pt)<br>e. retailing of ESDs. (1 pt)<br>f. growing of tobacco, except for traditional small-scale growers, farmers and producers. (0.5 pt)<br>g. transporting of tobacco product manufacturing equipment. (0.5 pt)<br>h. transporting commercial quantities of tobacco products. (0.5 pt)<br>i. wholesaling, brokering, warehousing or distribution of tobacco and tobacco products. (0.5 pt) | | | | | | | | | | |
| 10 | 6 | 7.5 | 4 | 7.5 | 7.5 | 4 | 7 | 7 | 10 | 6 |
| **Tax payments** (additive)<br>a. Excise taxes are imposed at the point of manufacture, importation, or release for consumption from the storage or production warehouses (1 pt)<br>b. Tax payments are required by law to be remitted at fixed intervals or on a fixed date each month. (1 pt)<br>c. Tax payments include reporting of production and sales volumes, price by brands, taxes due and paid, and may include volumes of raw material inputs. (5 pt)<br>d. Tax authorities allow for the public disclosure of the information contained in tax reports, through available media, including those online, taking into account confidentiality rules established by law. (3 pt) | | | | | | | | | | |
| 10 | 1 | 7 | 1 | 7 | 7 | 10 | 7 | 9 | 10 | 2 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Anti-forestalling measure**<br>The government implements anti-forestalling measures, such as restricting the release of excessive volumes of tobacco products immediately prior to a tax increase or levying the new tax on products already produced or kept in stock, and not yet supplied to the final consumer, including those in retail (known as a floor-stock or inventory tax). (5 pt) | | | | | | | | | | |
| 5 | 0 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 5 | 0 |
| **Excise stamps or other fiscal markings** are: (additive)<br>a. applied on all conventional tobacco products. (2 pt)<br>b. applied on all ESDs (2 pt)<br>c. part of a track-and-trace system (5 pt) | | | | | | | | | | |
| 9 | 4 | 4 | 2 | 4 | 4 | 7 | 4 | 4 | 9 | 2 |
| **Tobacco excise revenue** (choose one only)<br>a. **is dedicated to tobacco-control programmes**, such as those covering awareness raising, health promotion and disease prevention, cessation services, economically viable alternative activities, and financing of appropriate structures for tobacco control (8 pt)<br>b. **is dedicated to health programmes** (not specifically tobacco control) (4 pt) | | | | | | | | | | |
| 8 | 0 | 0 | 4 | 8 | 0 | 0 | 4 | 0 | 8 | 8 |
| **Duty-free tobacco products** (choose one only)<br>a. Duty-free tobacco products, including ESDs, are **prohibited**. (5 pt)<br>b. **Excise taxes** are imposed on duty-free tobacco products, including ESDs. (3 pt) | | | | | | | | | | |
| 5 | 5 | 0 | 3 | 0 | 5 | 0 | 3 | 5 | 0 | 0 |

## Article 8: Protection from exposure to tobacco smoke

All countries restrict or ban smoking in various settings, but only Brunei enforces a 100% smoke-free policy in all indoor workplaces, indoor public places, and public transport, as well as some outdoor public places.

**Figure 7.** Article 8: Smoke-free environments (12%)




Cambodia, Lao PDR, Myanmar, and Thailand require indoor workplaces and indoor public places to be 100% smoke-free, but this is only partially enforced. Malaysia, Philippines, Singapore, and Vietnam do not require all indoor workplaces and public places to be 100% smoke-free, but the partial restrictions are generally enforced. All modes of public transport are required by law and enforced to be 100% smoke-free in Brunei, Lao PDR, Singapore, and Thailand. In Cambodia, Malaysia, and Myanmar, the law requires all modes of public transport to be smoke-free, but this is only partially enforced. Only Brunei, Lao PDR, and Singapore require and enforce some outdoor public places to be smoke-free.

Only Indonesia has no national smoke-free law of any kind. Other countries that score poorly have ineffective partial smoking bans, partial enforcement, or both.

Most countries (except Brunei, Malaysia, and Singapore) include civil society in developing, implementing, and enforcing smoke-free policies as recommended in the FCTC Article 8 guidelines.

**Table 10.** Article 8: Protection from exposure to tobacco smoke (unweighted scores)

| **Article 8*: Protection from exposure to tobacco smoke (12%)***<br>*Explanatory notes:*<br>**"Electronic smoking device (ESD)"** - Please refer to the explanatory note under Article 5.3.<br>**"Indoor" or "enclosed" areas** are any spaces covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.<br>**"Public places"** are all places accessible to the general public or places for collective use, regardless of ownership or right to access.<br>**"Public transport"**: Transport terminals should be considered under "public places".<br>**"Smoke-free"** means 100% smoke-free, including use of ESDs; any setting that has designated smoking/vaping rooms (DSRs) or adjacent smoking and non-smoking sections are considered not smoke-free.<br>**"Workplace"** is any place used by people during their employment or work, including voluntary work, and including also all attached or associated places commonly used by workers in the course of their employment, including, for example, vehicles, corridors, lifts, stairwells, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms and also outbuildings such as sheds and huts.<br>**"Enforced"** means "very well enforced" or that at least 90% of these places or settings are smoke-free.<br>**"Partially enforced"** means "fairly well enforced" or that around 50%-90% of these places or settings are smoke-free.<br>**"Meaningful restrictions"** means sub-national smoke-free legislation/policies that only apply to some regions (e.g. cities or provinces) or some settings (e.g. health and educational facilities) of the country.<br>If **DSR is allowed only in some settings** (e.g. at the airport) this would be the same as "some indoor public places are 100% smoke-free". | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **Indoor workplaces including bars and restaurants (**choose one only)<br>a. All indoor workplaces are 100% smoke-free (no smoking rooms) by national law; enforced. (5 pt)<br>b. All indoor workplaces are 100% smoke-free (no smoking rooms) by national law; partially enforced. (3 pt)<br>c. Some indoor workplaces are 100% smoke-free by national law; enforced. (2 pt)<br>d. Meaningful smoking restrictions in indoor workplaces; enforced. (1 pt) | | | | | | | | | | |
| 5 | 5 | 3 | 1 | 3 | 2 | 3 | 2 | 2 | 5 | 2 |
| **Indoor public places** (choose one only)<br>a. All indoor public places are 100% smoke-free (no smoking rooms) by national law; enforced. (5 pt)<br>b. All indoor public places are 100% smoke-free (no smoking rooms) by national law; partially enforced. (3 pt)<br>c. Some indoor public places are 100% smoke-free by national law; enforced. (2 pt)<br>d. Meaningful smoking restrictions in indoor public places; enforced. (1 pt) | | | | | | | | | | |
| 5 | 5 | 3 | 1 | 3 | 2 | 3 | 2 | 2 | 5 | 2 |
| **Public transport** (choose one only)<br>a. All modes of public transport are 100% smoke-free by national law; enforced. (5 pt)<br>b. All modes of public transport are 100% smoke-free by national law; partially enforced. (3 pt)<br>c. Some modes of public transport are 100% smoke-free by national law; enforced. (2 pt)<br>d. Meaningful smoking restrictions in public transport; enforced. (1 pt) | | | | | | | | | | |
| 5 | 5 | 3 | 0 | 5 | 3 | 2 | 2 | 5 | 5 | 2 |

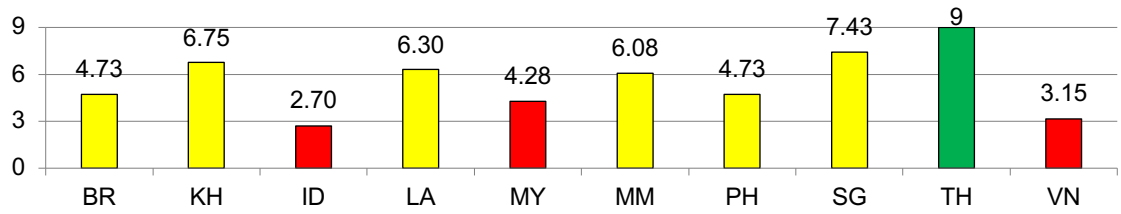
| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Outdoor public places**<br>Some outdoor public places (e.g. parks, sport venues, and open markets) are smoke-free by national law; enforced. (3 pt; no point given if not enforced or only partially enforced) | | | | | | | | | | |
| 3 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 3 | 0 | 0 |
| **Civil society** is included as an active partner in the process of developing, implementing, and enforcing smoke-free legislation. (2 pt) | | | | | | | | | | |
| 2 | 0 | 2 | 2 | 2 | 0 | 2 | 2 | 0 | 2 | 2 |

## Article 11: Packaging and labelling

Singapore and Thailand were the fourth and fifth countries in the world to require pictorial health warnings on tobacco products; both of them are now the first Asian countries to have implemented standardized/plain packaging for conventional tobacco products.

Standardized packaging was supposed to have been implemented in Myanmar in April 2022; however, the Myanmar government gave in to tobacco industry pressure and delayed the implementation of this tobacco control milestone.

**Figure 8.** Article 11: Packaging and labelling (9%)




All ASEAN countries require pictorial health warnings on tobacco packages, but only the Philippines, Singapore, and Thailand require them for all tobacco products (including ESDs in the Philippines).

Thailand still leads with the largest pictorial health warnings (85% front and back), followed by 75% in Brunei, Lao PDR, Myanmar, and Singapore. Indonesia's are the smallest at 40%.

Notably, only the Philippines has its health warnings on the lower, rather than upper, portion of the principal display areas, and health warnings have not been rotated for more than two years in Indonesia, Myanmar, and Vietnam.

Most countries (except Brunei) ban misleading descriptors such as "light" and "mild" on tobacco labels, while six countries (Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand) prohibit the display of emission yields (tar, nicotine, and carbon monoxide) on packages. Expiry dates are prohibited in Indonesia, Lao PDR, Myanmar, Philippines, and Thailand.

Indonesia, Malaysia, Philippines, Singapore, and Thailand require a number for the quitline to be printed on packages.

**Table 11.** Article 11: Packaging and labelling (unweighted scores)

| **Article 11: Packaging and labelling (9%)**<br>*Explanatory notes:*<br>**Plain/standardized packaging**: the removal of trademarks, logos, colours and graphics, except for the tobacco brand name presented in a standardized typeface in combination with government-mandated health warnings |
|---|

| **Size**: the combined size of pictorial and text components of the health warning<br>**Misleading information**: any term, descriptor, trademark or figurative or other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than others, including terms such as “low tar”, “light”, “ultralight” or “mild”.<br>**“Electronic smoking device (ESD)”** - Please refer to the explanatory note under Article 5.3. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **Plain/standardized packaging** is implemented for:<br>a. conventional tobacco products (5 pt)<br>b. ESDs (5 pt) | | | | | | | | | | |
| 10 | 5 | 10 | 0 | 5 | 0 | 5 | 0 | 10 | 10 | 0 |
| **Size of health warning** (choose one only)<br>a. 80% or more of each principal display area (10 pt)<br>b. 50–79% of each principal display area (5 pt)<br>c. Less than 50% of each principal display area (1 pt) | | | | | | | | | | |
| 10 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 10 | 5 |
| **Pictorial health warnings** are required on packaging of: (additive)<br>a. cigarettes (1 pt)<br>b. cigars, cigarillos, and cheroots (1 pt)<br>c. roll-your-own tobacco (1 pt)<br>d. smokeless tobacco (e.g. snuff, snus, chew tobacco) (1 pt)<br>e. ESDs (1 pt)<br>f. all tobacco products intended for duty-free sale (1 pt) | | | | | | | | | | |
| 6 | 4 | 6 | 2 | 5 | 5 | 4 | 6 | 6 | 6 | 3 |
| **Location**: Health warnings are located on the upper portion of principal display areas (4 pt) | | | | | | | | | | |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 4 | 4 | 4 |
| **Rotation:** Health warnings are required to be rotated every 1 to 2 years, enforced (3 pt) | | | | | | | | | | |
| 3 | 3 | 3 | 1 | 3 | 0 | 3 | 3 | 3 | 3 | 0 |
| **Misleading or deceptive packaging or labeling** is prohibited: (additive)<br>a. misleading information (2 pt)<br>b. emission yields (tar, nicotine, carbon monoxide) (2 pt)<br>c. expiry dates (2 pt) | | | | | | | | | | |
| 6 | 0 | 2 | 4 | 6 | 4 | 6 | 6 | 4 | 6 | 2 |
| **Quitline**: A quit website or quitline number is required on package labels. (1 pt) | | | | | | | | | | |
| 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 0 |

## Article 12: Education, communication, training, and public awareness

All ASEAN countries have educational and public awareness programmes on the harmful health (including addiction), economic, and environmental consequences of tobacco production, tobacco consumption, and exposure to tobacco smoke and the benefits of cessation of tobacco use and tobacco-free lifestyles, but access to such programmes is limited in most countries. Tobacco control training or sensitization and awareness programmes for health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons is still limited and not conducted regularly in most countries, except in Malaysia and Singapore. The Philippines provides an online and on-demand training course for physicians and other healthcare workers on tobacco control and brief tobacco intervention. Multisectoral collaboration with public and private agencies and non-governmental

organizations not affiliated with the tobacco industry is reported by all countries in relation to awareness raising and tobacco control training.

Lao PDR, Singapore, Thailand, and Vietnam maintain a tobacco control database or central repository of research results and a wide range of information on tobacco products, tobacco control, and the tobacco industry, but only Singapore and Vietnam provide public access, in accordance with national law, to such information.

**Figure 9.** Article 12: Education and public awareness (8%)

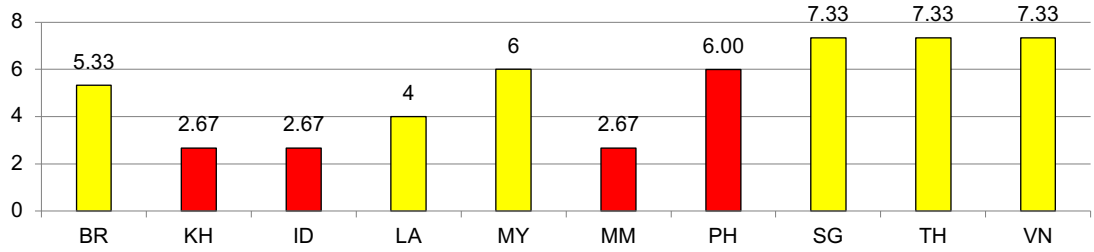



**Table 12.** Article 12**:** Education, communication, training, and public awareness (unweighted scores)

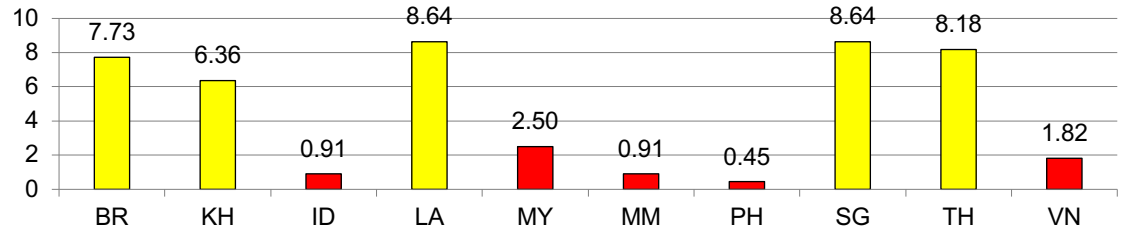
| **Article 12*:* Education, communication, training, and public awareness (8%)**<br>*Explanatory notes:*<br>**"Tobacco industry"** - Please refer to the explanatory note under Article 5.3. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **Educational and public awareness programmes** (choose one only)<br>The government has established educational and public awareness programmes on the harmful health (including addiction), socioeconomic, and environmental consequences of tobacco production and consumption, and exposure to tobacco smoke and the benefits of the cessation of tobacco use and tobacco-free lifestyles; this also includes ESDs.<br>a. There is broad access to such educational and public awareness programmes. (5 pt)<br>b. There is limited access to such educational and public awareness programmes. (1 pt) | | | | | | | | | | |
| 5 | 5 | 1 | 1 | 1 | 5 | 1 | 5 | 5 | 5 | 5 |
| **Tobacco control training** (choose one only)<br>The government has established tobacco control training or sensitization and awareness programmes that include knowledge and skills for implementing tobacco control measures and information on the tobacco industry and its strategies to undermine tobacco control; this also includes ESDs.<br>a. These training programmes are implemented regularly for health workers, community workers, social workers, media professionals, educators, decision-makers, religious and spiritual counsellors, administrators, fiscal, customs, and justice officials, and other concerned persons. (2 pt)<br>b. There is only limited access to such training or it is not conducted regularly. (1 pt) | | | | | | | | | | |
| 2 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 |
| **Multisectoral collaboration**: Public and private agencies, and nongovernmental organizations, including academia, student organizations, and professional organizations, not affiliated with the tobacco industry participate in planning, developing, financing, implementing, and/or monitoring and evaluating education, communication, and training programmes for tobacco control. (2 pt) | | | | | | | | | | |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

| **Tobacco-control database** (additive)<br>a. The government maintains a tobacco control database or central repository of research results compiled from local, national, regional and international data that includes a wide range of information on tobacco products, ESDs, tobacco control, and the tobacco industry and its activities that undermine tobacco control efforts. (2 pt)<br>b. There is public access to this central repository or database. (1 pt) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 2 | 2 |

## Article 13: Tobacco advertising, promotion, and sponsorship (TAPS)

All ASEAN countries except Indonesia enforce a complete ban on tobacco advertising in print media, TV, radio, and cinema, and a complete ban on outdoor tobacco advertising is also enforced in all countries except Indonesia and the Philippines. To date, only five ASEAN countries (Brunei, Lao PDR, Malaysia, Singapore, and Thailand) enforce a ban on tobacco advertising at points of sale (POS); Cambodia and Vietnam have bans on POS advertising, but these are still not well enforced. Furthermore, only Brunei, Lao PDR, Singapore, and Thailand ban the retail display of tobacco products.

**Figure 10.** Article 13: Tobacco advertising, promotion and sponsorship (TAPS) ban (10%)




Five ASEAN countries (Cambodia, Indonesia, Myanmar, Philippines, and Vietnam) still permit or do not enforce a ban on promotions and indirect advertising of tobacco; Brunei, Lao PDR, Malaysia, Singapore, and Thailand enforce bans on promotions, while Brunei, Cambodia, Lao PDR, Singapore, and Thailand enforce bans on indirect tobacco advertising. Only Lao PDR, Malaysia, and Thailand ban tobacco sponsorships, including CSR activities by the tobacco industry (note: there is no CSR in Brunei), while Singapore and Vietnam ban only the publicity of tobacco sponsorships; although this is not fully enforced in Vietnam. A ban on internet tobacco advertising and promotion is enforced in five countries (Brunei, Cambodia, Lao PDR, Malaysia, and Singapore), while only Singapore and Thailand enforce a complete (both outgoing and incoming) ban on cross-border TAPS, which is a growing challenge for most countries.

Only five countries (Brunei, Cambodia, Lao PDR, Singapore, and Thailand) do not have any advertising, promotion, or sponsorship of ESDs, as sales of these products are prohibited by law. All other countries do not yet completely ban advertising, promotion, or sponsorship of ESDs.

Seven countries (Brunei, Cambodia, Indonesia, Lao PDR, Singapore, Thailand, and Vietnam) prohibit tobacco depictions in entertainment media. Malaysia prohibits only the use of identifiable tobacco brands or imagery.

**Table 13.** Article 13: Tobacco advertising, promotion, and sponsorship (unweighted scores)

| **Article 13*: Comprehensive bans on tobacco advertising, promotion, and sponsorship (10%)***<br>*Explanatory notes:*<br>Because partial or unenforced TAPS bans are ineffective, only complete national bans that are enforced are given points. |
|---|

**Advertising at point of sale** includes vending machines.
**Cinema advertising** does not include tobacco depictions or smoking scenes in movies.
**"Electronic smoking device (ESD)"** - Please refer to the explanatory note under Article 5.3.
**Indirect advertising** includes "brand stretching" and "brand sharing", such as product-branded clothes, watches, bags, etc.
**Internet advertising** includes online shopping/e-commerce.
**Promotions** include discounted purchase, bundled items with purchase (e.g. lighters, pens, keychains, tumblers, etc), raffles, loyalty schemes, free product samples, etc.
**Sponsorships** include provision of financial or other support to events, activities, individuals or groups (such as sporting or arts events, individual or groups, welfare organizations, politicians, political candidates or political parties), whether or not in exchange for publicity, including corporate social responsibility activities and retailer incentive programs.

| Max | BR | KH | ID | LA | MY | MM | PH | SG | TH | VN |
|---|---|---|---|---|---|---|---|---|---|---|
| For **conventional tobacco products**: (additive)<br>a. Complete ban on advertising in print media, TV, radio and cinema; enforced (2 pt)<br>b. Complete ban on outdoor advertising (e.g. billboards and posters); enforced (2 pt)<br>c. Complete ban on internet advertising and promotion, including social media; enforced (2 pt)<br>d. Complete ban on advertising at point of sale; enforced (2 pt)<br>e. Complete ban on display of tobacco products at the point of sale; enforced (2 pt)<br>f. Complete ban on indirect advertising; enforced (2 pt)<br>g. Complete ban on promotions; enforced (2 pt)<br>h. Complete ban on sponsorships; enforced (2 pt)<br>i. Complete ban on cross-border advertising, promotion, and sponsorship; enforced (2 pt) | | | | | | | | | | |
| 18 | 12 | 6 | 0 | 16 | 10 | 4 | 2 | 16 | 16 | 4 |
| For **ESDs**:<br>a. Complete ban on advertising in print media, TV, radio and cinema; enforced (2 pt)<br>b. Complete ban on outdoor advertising (e.g. billboards and posters); enforced (2 pt)<br>c. Complete ban on internet advertising and promotion, including social media; enforced (2 pt)<br>d. Complete ban on advertising at point of sale; enforced (2 pt)<br>e. Complete ban on display of tobacco products at the point of sale; enforced (2 pt)<br>f. Complete ban on indirect advertising; enforced (2 pt)<br>g. Complete ban on promotions; enforced (2 pt)<br>h. Complete ban on sponsorships; enforced (2 pt)<br>i. Complete ban on cross-border advertising, promotion, and sponsorship; enforced (2 pt) | | | | | | | | | | |
| 18 | 18 | 18 | 0 | 18 | 0 | 0 | 0 | 18 | 18 | 0 |
| **Depictions of conventional tobacco products and ESDs in entertainment media** (e.g. films, videos, theater, and games):<br>a. The government prohibits tobacco depictions in entertainment media. (4 pt) (if yes, skip letter b)<br>b. The government restricts tobacco depictions and enforces the following policies: (additive)<br>i. requiring certification that no benefits were received for any product depictions (1 pt)<br>ii. prohibiting the use of identifiable product brands or imagery (1 pt)<br>iii. requiring anti-tobacco advertisements at the beginning of or during any entertainment media product that depicts products and their use or images (1 pt)<br>iv. implementing a ratings or classification system that takes depictions into account (1 pt) | | | | | | | | | | |
| 4 | 4 | 4 | 4 | 4 | 1 | 0 | 0 | 4 | 4 | 4 |

## Article 14: Tobacco dependence and cessation

Almost all ASEAN governments (except Cambodia, Lao PDR, and Myanmar) have a national cessation strategy and national tobacco dependence treatment guidelines for all health care workers. This time, all ASEAN governments, have been observed to provide tobacco cessation training to healthcare workers and other relevant sectors. Only Singapore, however, incorporates tobacco cessation into the training curricula of all health professionals at pre- and post-qualification levels and in continuous professional development.

Brunei, Malaysia, Singapore, and Vietnam have a nationwide tobacco cessation network. Indonesia and Lao PDR have no cessation network, while other ASEAN countries have a cessation network only in limited areas. Indonesia, Malaysia, Philippines, Singapore, Thailand, and Vietnam have a toll-free tobacco quitline/infoline service supported by trained cessation counselors.

Cessation medications are free or reimbursed only in Brunei, Malaysia, Philippines, and Singapore.

Only Lao PDR requires that tobacco use status is recorded in all medical and other relevant notes, including death certificates.

**Figure 11.** Article 14: Tobacco cessation (4%)

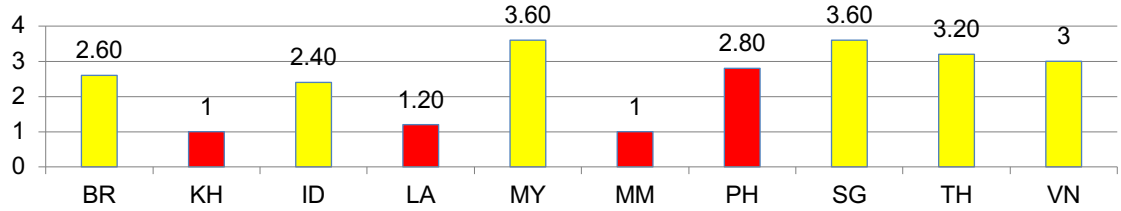



**Table 14.** Article 14: Tobacco dependence and cessation (unweighted scores)

| **Article 14*:* Tobacco dependence and cessation (4%)**<br>*Explanatory note:*<br>The national cessation strategy and programs also include ESDs. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| **National cessation strategy and tobacco dependence treatment guidelines**<br>The government has a national cessation strategy and national tobacco dependence treatment guidelines for all health care workers. (5 pt) | | | | | | | | | | |
| 5 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 5 | 5 | 5 |
| The government provides tobacco cessation training (e.g. record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate) to healthcare workers and other relevant sectors (4 pt) | | | | | | | | | | |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| There is a cessation support network: (choose only one)<br>a. covering the whole country (3 pt)<br>b. only in selected areas, e.g. major cities (1 pt) | | | | | | | | | | |
| 3 | 3 | 1 | 0 | 0 | 3 | 1 | 1 | 3 | 3 | 3 |
| A toll-free tobacco quitline/infoline service supported by trained cessation specialists/ counselors is available. (3 pt) | | | | | | | | | | |
| 3 | 0 | 0 | 3 | 0 | 3 | 0 | 3 | 3 | 3 | 3 |
| Cessation medications are free or reimbursed (totally or partially) (1 pt) | | | | | | | | | | |
| 1 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| It is mandatory to record tobacco use status in all medical and other relevant notes, including death certification. (2 pt) | | | | | | | | | | |
| 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tobacco cessation is incorporated into the training curricula of all health professionals (medical, dental, nursing, pharmacy, etc.) at pre- and post- qualification levels and in continuous professional development. (2 pt) | | | | | | | | | | |
| 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 |

## Article 15: Illicit trade in tobacco products

Within ASEAN, Myanmar is the only signatory to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products (ITP) but has not ratified it. All countries, therefore, scored no points on this article. While becoming a Party to the Protocol is unnecessary to act against illicit tobacco trade within each country's borders, international cooperation is necessary to eliminate cross-border illicit trade and is a sign of government commitment to collaborate with other Parties on this matter.

| **Article 15: Illicit trade in tobacco products (3%)** |
|---|
| The government has ratified the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products. (1 pt) |

## Article 26: Financial resources

Based on a non-inflation-adjusted 2007 estimate, the cost to implement four FCTC measures (tax increases, comprehensive smoke-free laws, health information and warnings about the effects of tobacco, and TAPS bans) is less than USD 0.40 per person per year in low-income and lower middle-income countries, and USD 0.50-1.00 per person per year in upper middle-income countries.[3]

**Table 15.** Nominal per capita expenditure for tobacco control

| | Total TC budget* | National population, thousands* | Per capita spending on TC* |
|---|---|---|---|
| Brunei | BND 23,010 (17,087.01) | 449 | BND 0.06 (USD 0.04) |
| Cambodia | KHR 90 M (USD 22,500) | 16,768 | KHR 5.38 (USD 0.0013) |
| Indonesia | No data | 275,501 | No data |
| Lao PDR | LAK 60 M (USD 6,667) | 7,529 | LAK 8.24 (USD 0.00089) |
| Malaysia | MYR 500,000 (USD 120,962) | 33,938 | MYR 0.015 (USD 0.0036) |
| Myanmar | MMK 10.08 M (USD 7,200) | 54,179 | MMK 0.18 (USD 0.00001) |
| Philippines | PHP 62 M (USD 1.17 M) | 115,559 | PHP 0.60 (USD 0.01) |
| Singapore | SGD 352.68 M (USD 262.44 M)[4] | 5,637 | SGD 60 (USD 46.56) |
| Thailand | THB 400 M (USD 11.2 M) | 71,697 | THB 5.58 (USD 0.16) |
| Vietnam | VND 288.17 B (USD 12.67 M) | 98,187 | VND 2,960 (USD 0.18) |

* Rounded figures

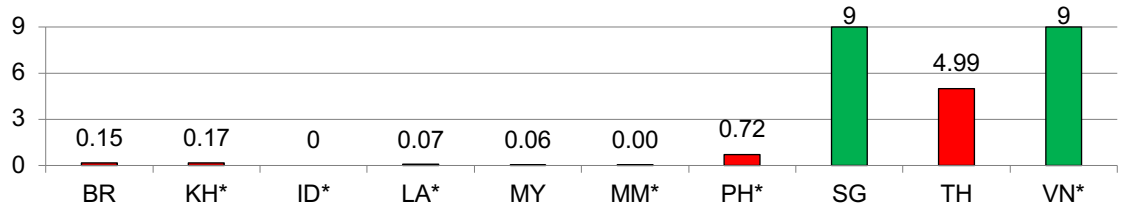
[3] Asaria P, Chisholm D, Mathers C, et al. (2007). Chronic disease prevention: health effects and financial costs of strategies to reduce salt intake and control tobacco use. *Lancet* 370(9604):2044-2053

[4] The Singapore Health Promotion Board budget is for all health programs, not only tobacco control.

Given limited available data,[5] it appears that most ASEAN countries, except Singapore, are severely underspending for tobacco control: less than USD 0.01 per capita in Cambodia, Lao PDR, Malaysia, and Myanmar; slightly more than USD 0.12 per capita in the Philippines; slightly less than USD 0.04 per capita in Brunei; and around USD 0.15 per capita in Thailand and Vietnam (Table 15).

Among low- and middle-income countries (LMICs) in ASEAN, Thailand and Vietnam are spending significantly more on tobacco control per capita, while higher income countries, specifically Brunei and Malaysia, are investing very little (Fig. 12).

**Figure 12.** Article 26: Financial resources (9%)




*KH=2016 data, ID=no data, LA=2018 data, MM=2016 data, PH=2017 data
**These values may have been skewed by Singapore's sudden post-pandemic economic growth during the observation period, resulting in lowered recommended tobacco control spending per capita.

**Table 16.** Article 26**:** Financial resources (unweighted scores)

| **Article 26: Financial resources (9%)**<br>*Explanatory notes:*<br>Accounting for PPS, countries spending USD 0.40 per capita (for lower-middle-income countries), USD 0.50 (for upper middle-income countries – Malaysia and Thailand), and USD 1.00 (for high-income countries – Brunei and Singapore) receive 9 points. For example, Brunei would receive 9 points if per capita spending for tobacco control was USD 1 x 2.26 = USD 2.26. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Max** | **BR** | **KH** | **ID** | **LA** | **MY** | **MM** | **PH** | **SG** | **TH** | **VN** |
| What is the government's tobacco control spending per capita? (points calculated based on PPS) | | | | | | | | | | |
| 9 | 0.02 | 0.02 | No data | 0.01 | 0.01 | 0 | 0.08 | 11.38 | 0.55 | 1.05 |

# D. Country snapshots

A glance at the composite scores per country (Figures 13-22) provides a quick overview of how well each country is implementing specific tobacco control measures and where further political action is needed to accelerate the decline of tobacco use. Unfortunately, Indonesia's progress in tobacco control over the past several years continues to be extremely slow and lags severely behind other ASEAN countries.

[5] Cambodia=2016 data, Indonesia=no data, Lao PDR=2018 data, Myanmar=2016 data, Philippines=2017 data, Vietnam=2017 data

**Figure 13.** Brunei

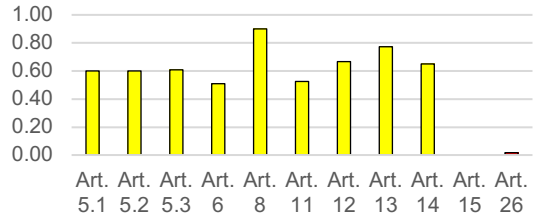



**Figure 14.** Cambodia

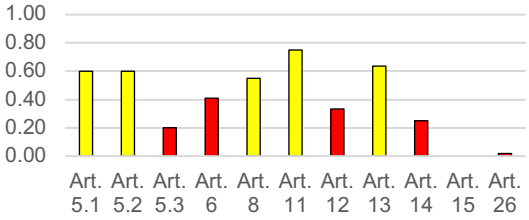



**Figure 15.** Indonesia

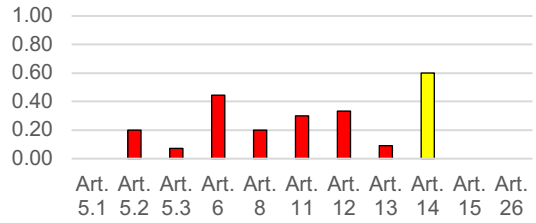



**Figure 16.** Lao PDR

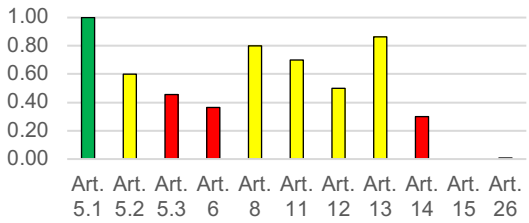



**Figure 17.** Malaysia

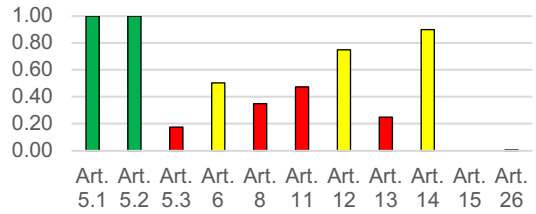



**Figure 18.** Myanmar

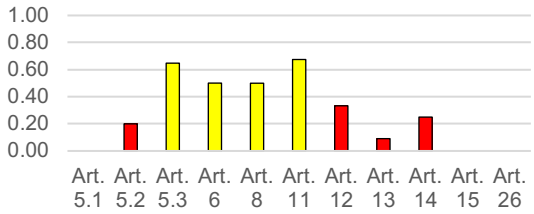



**Figure 19.** Philippines

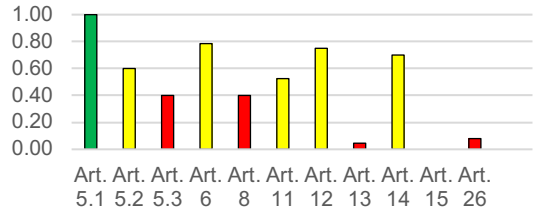



**Figure 20.** Singapore

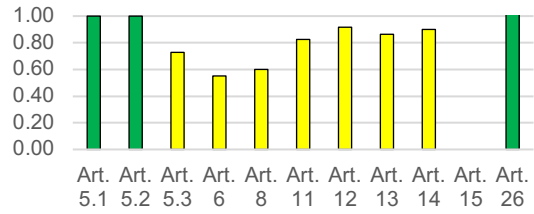



**Figure 21.** Thailand

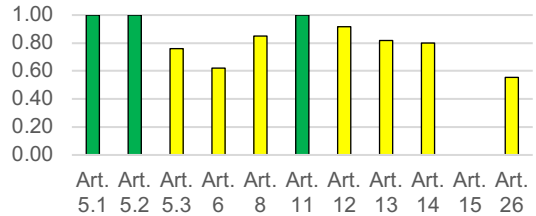
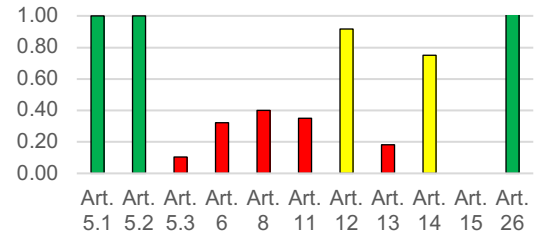



**Figure 22.** Vietnam



# E. Conclusions

This civil society scorecard, based on the WHO FCTC and its implementing guidelines, identifies both achievements and gaps in the country-level implementation of selected WHO FCTC articles.

Policy developments in Thailand, enabled by sustainable funding for tobacco control, allowed Thailand to become the top performer, in terms of WHO FCTC implementation, among the ASEAN group of nations. While Thailand and Singapore are both doing well over-all, Indonesia, a non-Party to the WHO FCTC, remains lagging in its tobacco control efforts.

Most ASEAN countries have a multisectoral coordinating mechanism or focal point for tobacco control and have national tobacco control strategies and plans. However, ASEAN countries need more thorough follow-through to more quickly achieve the objectives of the WHO FCTC and realize the tobacco endgame. Ahead of the tenth session of the Conference of the Parties to the WHO FCTC, progress for most ASEAN nations has been slow, uneven, and incremental. Only Lao PDR has consistently improved over the past several years.

Significant room for further progress is available for most countries. It is clear that governments need to invest financially and politically to effectively accelerate progress in WHO FCTC implementation.

While political leadership, technical capacity, adequate human and financial resources, and effective enforcement remain crucial, it is even more important today to be alert in countering deception and interference to keep policymaking independent of industry influence. Malaysia and the Philippines warrant attention because of increasing industry interference, coupled with stagnation and weakening of Article 5.3 implementation.

Enforcement of smoke-free policies and TAPS bans need to be strengthened to achieve the full health benefits of such policies. Unfettered CSR by tobacco companies in some countries also deserves special attention.

Monitoring instruments such as this WHO FCTC scorecard can complement implementation review mechanisms. Tools such as these can identify priority areas for implementation assistance and help civil society gauge which areas of cooperation should be pursued with interested governments.

This scorecard can be applied and adapted to other regional contexts in a collaborative manner to make it more accurate and relevant for more country contexts.

# A healthy, tobacco-free world

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