



The 4th Meeting of the ASEAN Focal Point on Tobacco Control (AFPTC) in Siem Reap, Cambodia on 7-9 May 2013.

The Tobacco Fighters

Excerpts from the speech of

H.E. DR. MAM BUNHENG

Minister of Health of the Kingdom of Cambodia

during Opening Ceremony of the Fourth Meeting of the ASEAN Focal Point on Tobacco Control

The health implication from tobacco use is a serious public health concern in Cambodia and in the ASEAN region. It is one of the risk factors of non-communicable diseases that it kills nearly six million people every year from tobacco related diseases. Tobacco is the only legal consumer products that kills half of its regular consumers and kills 600,000 of non-users who expose to tobacco smoke.

In order to reduce burden of tobacco epidemic, the Royal Government of Cambodia under the strong and brilliant leadership of Samdech Akka Moha Sena Padei Techo Hun Sen, the Prime Minister

of the Kingdom of Cambodia has put outstanding commitment toward comprehensive tobacco control efforts ranging from legislation development and implementation, monitoring legislation compliance, program implementation and health education and research.

For example, with multi-sectoral collaboration and partnership, the Royal Government of Cambodia has already banned cigarette advertisement, promotion and sponsorship, and required health warning on cigarette packs. Cambodia has also been working to promote smoke-free environment by enforcing government institutions to

implement smoke-free workplaces, as well as promote awareness on tobacco harm among general public.

As result, we have observed significant reduction of prevalence of tobacco users in the last 5 years, particularly among adult men aged 18 and over from 48.98% in 2005 to 43.3%. We expect that we would produce more achievements over the period from now up to 2015. This achievement resulted from the effort and commitment of the Royal Government and Ministry of Health of Cambodia, other related government institutions with the support provided, both technical and financial, from WHO and other

health partners in this kind of intervention and I would like to call for more support on this area that impact on health by tobacco can be much greater reduced or even avoided.

Although remarkable progress has been made in the fight against tobacco epidemic but we are still facing a continuing challenge of working collaboratively on interference from tobacco industries and putting more emphasis on changing behavior toward smoking habit. We need to work more to further bring down the prevalence of tobacco use in our country and to prevent premature death and disability caused by tobacco related diseases.

As tobacco fighters, we understand that to ensure success of tobacco control we need to understand and appreciate social, economic and political contexts of each ASEAN country especially our coordinated program interventions

including mass media campaigns, price measure, comprehensive ban of tobacco product advertising, promotion and sponsorship, community awareness and behavior changes, and protecting people from second hand smoke, and the implementation of these activities requires solid commitment from community, local government and international collaboration.

Despite these huge tasks ahead, we admit that tobacco control efforts are often neglected on public health investment. Thus, establishing the ASEAN Focal Point on Tobacco Control (AFPTC) reflects the political commitments of the government of all the countries in ASEAN to combat the epidemic of the tobacco use in the region.

The AFPTC brings together the tobacco control experts in the region to share their ideas, lessons learnt, experience to further advance the tobacco control policy in the ASEAN community.



*The ASEAN Health Cooperation on Tobacco Control, through the ASEAN Focal Points on Tobacco Control (AFPTC) and guided by ASEAN Senior Officials on Health, will soon release a follow-up report on the **ASEAN TOBACCO CONTROL REPORT 2013**. The completed and endorsed report will be made available soon in the ASEAN Website through the ASCC-Health link.*

AFPTC Meets in Cambodia

The Fourth Meeting of the ASEAN Focal Points on Tobacco Control (AFPTC) was held from 7th to 9th of May 2013 in Siem Reap, Cambodia. The Meeting was attended by Focal Points from Brunei Darussalam, Cambodia, Indonesia, Malaysia, Philippines, Singapore, and Thailand. Development partners that were invited to participate in the Meeting include: MySihat, Adventist Development and Relief Agency (ADRA), Cambodia Movement for Health (CMH), South East Asia Tobacco Control Alliance (SEATCA), World Health Organization (WHO) Western Pacific Regional Office and WHO Cambodia.

The main 4th AFPTC Meeting aimed at providing updates to the progress of initiatives on Tobacco Control in ASEAN as well as to prioritize relevant activities for 2013 - 2014. The Meeting also

discussed and endorsed four (4) recommendations, namely:

- AFPTC Recommendations on Protecting from Exposure to Tobacco Smoke to assist Member States in formulating and implementing a 100% Smoke-Free Environment Policy and in planning for effective enforcement strategies for the smoke-free policy.
- AFPTC Recommendations on Protecting Public Health Policy with Respect to Tobacco Control from Tobacco Industry Interference to serve as reference and consideration when formulating policies and measures to protect public health policy from tobacco industry interference.
- AFPTC Recommendations on Price and Tax Measures

to Reduce the Demand for Tobacco Products that aims for the reduction of economic burden related to tobacco use and generate revenues; and

- AFPTC Recommendations on Banning Tobacco Advertising, Promotion, and Sponsorship (TAPS) that emphasizes the need for ASEAN Member States (AMS) to step up their measures to implement comprehensive bans and harmonize efforts to restrict cross-border tobacco advertising through all forms of traditional and new media platforms, channels, and outlets for the AMC's continued social and economic development.

The 4th AFPTC Meeting also provided a platform to share national experiences and achievements related to tobacco control.

Singapore presented its experiences on tobacco tax and with their differential system, harmonization, and prices for tobacco products;

the Philippines presented its current experience in implementing the sin tax reforms which was recently passed by the country's Congress;

and Thailand discussed its latest achievement in putting 85% pictorial health warning in tobacco product packages.

New Pictorial Health Warnings in Thailand

by PROF. PRAKIT VATHESATOGKIT, MD

The Ministry of Health notification on cigarette labeling was published in the official gazette on 5 April 2013. It requires tobacco companies to print new pictorial health warnings on cigarette packages marketed in Thailand starting 2 October 2013.

The new regulation increases the size of the pictorial health warnings on both facing sides of cigarette packages from the current 55% to 85%, the largest pictorial health warnings in the world, larger than 82.5% in Australia and 80% in Uruguay.

The rationale for the requirement of an 85% pictorial health warning is based on research,

which shows that the effectiveness of health warnings increases with size of the warning. Also, the current Thai law cannot authorize plain packaging as recommended by World Health Organization Framework Convention on Tobacco Control (WHO FCTC) Article 11 Guidelines.

The new regulation was drafted to incorporate the recommendations from the WHO FCTC to include the warning positioned at the top of the cigarette package, inclusion of the national quit line number, and pictures of diseased organs from smoking shown in color.

The regulation also requires all 10 different pictorial health warnings used on cigarette packages to

be contained in each carton of cigarettes. The intention is to simplify post-marketing surveillance on tobacco company's compliance with the regulation.

Pictorial health warning is one of the four "best buy" tobacco control interventions; the other three are tax increase, enforcement of comprehensive advertising ban, and protection of non-smokers from tobacco smoke. Pictorial health warning does not cost government budget for its powerful functions in educating the public about the harmful effect of tobacco use and exposure to tobacco smoke, and to denormalize cigarette package design.

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Smoking causes lung cancer

Tobacco companies have threatened to take legal action against the Thai Ministry of Health, alleging the new regulation infringes on their trademark, but the Ministry of Health stood firm.

The tobacco industry has not challenged Uruguay's 80% health warnings as trademark infringement to the World Trade Organization (WTO). Phillip Morris challenged Uruguay's 80% health warning under the Uruguay-Switzerland bilateral investment treaty (BIT). The Ukraine,

Honduras, and the Dominican Republic have filed complaints to WTO on Australia's plain packaging regulation, which ban the use of cigarette brand logo.

These developments send a signal to countries to exclude tobacco products from free trade and investment agreements, particularly the on going negotiation on the Trans-Pacific Partnership Agreement (TPPA), in which many countries in ASEAN are involved. Since these agreements extend

country's obligations beyond WTO rules and thus will impede countries' implementation of FCTC provisions.

Currently four countries in ASEAN have pictorial health warning regulations: Brunei (75%), Singapore (50%), Malaysia (50%) and Thailand (55%). Vietnam's pictorial health warning regulation (50%) will become effective in November 2013, while Indonesia's tobacco control law includes provisions for pictorial health warnings, but awaits the issuance of regulations.

Sin Tax Reforms in the Philippines

by IVANHOE C. ESCARTIN, MD

The Philippines is the second biggest market for cigarettes in Asia, second only to Indonesia, which has 50 million smokers. According to the 2009 Global Adult Tobacco Survey, up to 28.3% (17.3 million) of Filipinos aged 15 years and older currently smoke tobacco: nearly half (47.7% or 14.6 million) of men, and 9% (or 2.8 million) of women are smokers. The 2011 Global Youth Tobacco Survey the prevalence of tobacco use among students 13-15 years of age was 17.3% (18.8% boys; 9.3% girls).

One of the reasons for the high prevalence of tobacco use in the Philippines is the relative affordability of cigarettes. The Philippines in 2011 has one of the lowest prices of cigarettes in the world and one of the lowest excise tax rates.

The effort to increase tobacco tax started almost 15 years ago when the National Internal Revenue Code of 1997 shifted from ad valorem to specific taxation for tobacco products

In 2010, the administration of President Benigno S. Aquino III proposed a unitary excise tax structure to be indexed to inflation, without the price classification freeze, with increased excise tax rates for tobacco and alcohol products. The incremental revenues

from the measure will be used to fund the universal health care program.

The Department of Health together with the Department of Finance (with the Bureau of Internal Revenue) advocated for the Sin Tax Reform Bill in the Congress. They presented the advocated the bill as an urgent health measure designed to protect the young and the poor from smoking and excessive alcohol consumption by making tobacco and alcohol products more expensive and to generate funds for universal health care.

The health advocates from civil society and health professionals, officials from the health department provided evidences on the health detriments and economic costs of smoking, which warranted health arguments that favored the passage of the bill.

On 20 December 2012, the President signed into law Republic Act 10351 (An Act Restructuring the Excise Tax on Alcohol and Tobacco) that will generate Php 34 billion (USD 829 million) in its first year of implementation, starting 1 January 2013.

The features of the law and their impacts include: significant excise tax rates that effectively discourage smoking and generate resources for public services; unitary

taxation that will reduce price gaps among brands thus preventing downshifting; indexation to inflation that prevents cigarette affordability in the long-run; removal of price classification freeze that will enable all brands pay according to their respective current prices; and earmarking for universal health care in which the bulk of the generated incremental revenue will be used to finance health services for the Filipinos.

The earmarking features are:

- 15% of the incremental revenues collected shall be allocated and divided among provinces producing burley and native tobacco. The fund shall be used exclusively for programs to promote economically viable alternatives for tobacco farmers and workers;
- After the 15% deduction, 80% of the remaining balance of the incremental revenue shall be allocated for the universal health care, specifically for the National Health Insurance Program, the attainment of the Millennium Development Goals, and health awareness program; and
- 20% of the remaining balance shall be allocated nationwide, based on political and district divisions, for medical



President Benigno S. Aquino III (seated, second from right) signs the Sin Tax Reform Law as the proponents of the law and Cabinet members look on. (Photo courtesy of Philippines Department of Health)

assistance and health facilities enhancement program. The annual requirements of which shall be determined by the Department of Health.

The law has a transition provision that states financial support for displaced workers in the alcohol and tobacco industries shall be allocated and included in the appropriations under the Department of Labor and Employment to finance unemployment alleviation program and to the Technical Education and Skills Development Authority to finance the training and retooling of displaced workers to be included in the General Appropriations Act for fiscal years 2014-2017.

However, the Sin Tax law is not without threats, and they include:

- **Tax Avoidance.** Industry may resort to different means to avoid paying correct taxes (misdeclaration, front-loading, etc). Doing so will undermine both revenue and health objectives of the law, creating a leverage to warrant the demand for policy reversal;
- **Smuggling.** This can be used by big tobacco manufacturers to oppose law, yet evidences show that tobacco manufacturers themselves are responsible for large-scale smuggling. Philippine manufacturers may similarly engage in smuggling to make the threat “credible”, and give warrant to demand for policy reversal;
- **Improper Use of Funds.** When the earmarked funds are not

used appropriately. Leakages and inefficiencies in the use of funds will create an opportunity for opposition to claim to nullify the law; and

- **Political Interests.** By the third quarter of 2016, a review on the impact of the law will be conducted. Newly-elected politicians with vested interests may use their authority to pose threat against the law.

On 31 May 2013, President Aquino and the Sin Tax Team were recognized with a World No Tobacco Day award by the World Health Organization (WHO) Western Pacific Regional Office for this outstanding contribution to the advancement of the WHO Framework Convention on Tobacco Control (FCTC) and its guidelines.

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Note: The articles were contributed by the focal point from each of the ASEAN health subsidiary bodies.

The Association of Southeast Asian Nations was established on 8 August 1967. The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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One Vision. One Identity. One Community.



Joint Statement 11th ASEAN HEALTH MINISTER MEETING

(5 July 2012 | Phuket, Thailand)

WE, the Ministers of Health of ASEAN Member States, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, convened the 11th ASEAN Health Ministers Meeting on 5 July 2012 in Phuket, Thailand.

We and all health officials will continue implementing the framework and key guiding principles of "Healthy ASEAN 2020", emphasising that health is a fundamental right of our peoples; health development is a shared responsibility and must involve greater participation and empowerment of the people, communities and institutions; and, ASEAN cooperation shall strive to achieve social justice and equity in health development and solidarity in action towards a healthy paradigm that emphasises health promotion, disease prevention and control, and health care for all.

We commend the efforts made by the Senior Officials Meeting on Health Development (SOMHD), the 10 subsidiary bodies on health, and relevant networks in finalising their respective work plans to implement the ASEAN Strategic Framework on Health Development (2010-2015, endorsed by the 10th AHMM) and fulfilling the 55 health action lines stipulated in ASEAN Socio-Cultural Blueprint.

We support and reinforce the implementation mechanisms of these work plans that include the valuable roles of lead countries; improved collaboration with partners; the critical roles of SOMHD and its Chair; and also the respective Chairs of the Working Groups/Task Forces/Networks; and the role of the ASEAN Secretariat.

We recognise and fully commit to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2) in September 2011; the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control; and, resolution WHA64.11 ["Moscow Declaration"] and WHA65.8 ["Rio Declaration"] of the World Health Assembly.

With our ultimate goal of improving health situation in the region, we have discussed and exchanged views on the progress of implementation of joint activities in the health sector under the ASEAN Socio-Cultural Blueprint and agreed to the following resolutions:

1. We commit to intensify ASEAN cooperation in health development and to mobilise resources at the national, regional, and international levels to tackle health priorities, especially the increasing disease burden from Non-communicable Diseases

(NCDs); the increasing prevalence of tobacco consumption; the goal to achieve Universal Health Coverage (UHC); the effort in getting to zero new infection of HIV/AIDS in the region; and, the effective response system to all kinds of public health emergencies at national and regional levels, Emerging Infectious Diseases (EIDs), artemisinin-resistant malaria and dengue.

2. We agree to intensify the current prevention strategies for disability and premature death from NCDs by using two levels of actions: the first involves population-wide measures to reduce exposure to risk factors by implementing cost-effective interventions, both within the health sector and beyond. These include measures on Social Determinants of Health (SDH), tobacco and alcohol control, promoting healthy diet and physical activities. The second concern interventions targeting those who are already suffering from NCDs, and affected by associated complications, or who are at high risk of developing them. Health systems that respond more effectively and equitably to the health-care needs of people with NCDs, through early detection and effective treatment, can further reduce premature mortality by at least one third.

3. We pursue our aim to achieve Universal Health Coverage (UHC) in all Member States by tasking the SOMHD to discuss the formation of an ASEAN network on UHC. We will support this network to collectively build up capacity to assess and manage health systems to support UHC, through sharing of experiences, information and experts. We commit to collectively move the UHC to all top levels of regional and global development forum, including the ASEAN Summit and the United Nations General Assembly (UNGA).

4. We reaffirm our commitment to implement the "ASEAN Declaration of Commitment: Getting To Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths" as adopted by the 19th ASEAN Summit in November 2011 in Bali, Indonesia. We will advance our commitment to raise the awareness on HIV/AIDS, working with other ministries at national and regional levels to reduce undesirable social determinants, which are the root causes of the problem. We will steer our region to be on time and on the right course of getting to zero new HIV infections, zero discrimination, and zero AIDS-related death. We applaud the initiation of ASEAN Cities Getting to Zero and support its expansion for the years to come. We will continue to advocate harm reduction programs, where appropriate and applicable, for all vulnerable groups.

5. We support our senior officials and International Health Regulations (IHR) national focal points to share and exchange information on EIDs especially drug-resistant malaria and dengue; and public health emergencies of all causes that happen in an ASEAN Member State. A joint study/multi-country investigation in response to epidemic or other threats by the expert groups or field epidemiologists of the ASEAN Plus Three

FETN should be conducted using the Minimum Standards on Joint Multi-sectoral Outbreak Investigation and Response (MS JMOIR) – that has been endorsed in our last meeting. We will collectively work with the World Health Organization (WHO) and other agencies to have all ASEAN Member States achieve the IHR core competency within the next two years.

6. We resolve to sustain our collective efforts and incremental gains in the prevention and control of EIDs through whole-of-society approaches, built on new health advocacy initiatives

and, achieve momentum such as our groundbreaking ASEAN Dengue Day through improved communication strategies; and lastly, to be vigilant as we identify and address future serious threats to our region's health security as with artemisinin-resistant malaria through effective collaboration and enabling environment.

We look forward to further exchanges of views on joint collaboration in health development at our next Meeting in the Socialist Republic of Viet Nam, in 2014.

Joint Statement **4th ASEAN-CHINA HEALTH MINISTER MEETING**

(6 July 2012 | Phuket, Thailand)

1. WE, the Ministers of Health of ASEAN Member States, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam and the People's Republic of China, convened the 4th ASEAN-China Health Ministers Meeting on 6th July 2012 in Phuket, Thailand. We share our concerns and express our commitment to strengthen our collaboration in the spirit of governments and people of ASEAN and China.

2. We express deep concerns on the increasing trend of tobacco use in several countries. We fully recognise the adverse impact of tobacco use on public health, as well as its social, economic consequences, including the serious health effect of tobacco use and second hand smoke for non-smokers particularly mothers and children. We acknowledge the role of the governments in exercising taxation and regulation to control the increasing trend of smoking. We recognise the roles of the special funds derived from additional levy on the Tobacco and Alcohol Tax to reduce consumption, and also mobilize more funding for health development. We fully understand the roles of Social Determinants of Health (SDH) and Health in all Policies (HiAP) to support tobacco control. We commit to advocate and do the best to incorporate tobacco control in other ministerial agenda in our countries.

3. We recognize and commit to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2). We will collectively support the development, before the end of 2012, for a comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of Non-Communicable Diseases (NCDs). We agree to prioritise our actions to address four principal NCDs, i.e., cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, together with the underlying common risk factors, namely unhealthy diet, physical inactivity, harmful use of alcohol, and in particular tobacco use.

4. We note the progress made in ASEAN and China collaboration in the areas of communicable, and emerging infectious diseases including artemisinin-resistant malaria, pandemic influenza, and dengue. We learned of the increasing number of ASEAN and China tourists and the need to increase exchange of surveillance

information and disease control experts/field epidemiologists for the purpose of learning and developing a timely containment and control of all epidemic of regional significance.

5. We also note the need for further collaboration pertaining to HIV and AIDS prevention, treatment, and care to facilitate a collective response to achieve the universal call to Zero New HIV Infections, Zero Discrimination, and Zero AIDS-related Deaths.

6. We also note the progress made in the ASEAN and China collaboration in the areas of traditional and complementary alternative medicine; and efforts in information exchanges in facilitating its integration into the national health care system.

7. We acknowledge the efforts made by the ASEAN-China Senior Officials in convening the first two consecutive Meetings. We strongly urge them in maximising the avenue of the ASEAN-China Senior Officials Meeting on Health Development (ASEAN-China SOMHD) to strengthen current collaborations including monitoring the progress of these identified collaborative areas and identifying new areas of working together.

8. We commit to the signed ASEAN-China MOU on Health Cooperation and task the ASEAN-China SOMHD to develop a work plan to concretely implement the signed MOU.

9. We welcome and commend the achievement of China and some ASEAN countries, which strive to achieve Universal Health Coverage (UHC), and those that are moving fast towards UHC. We appreciate and strongly support the collaboration between China and countries in ASEAN in strengthening the policy on UHC and improving quality and coverage of health service provisions. We commit to mobilize more financial and human resources to enrich our collaboration and to achieve UHC as stated in the national health development plan of each country. We have tasked our senior health officials to work closely, share experiences, increase exchange of human resources, and other necessary means to expedite the movements towards universal access to equitable, efficient and affordable essential health services, in order to support the achievement of the Millennium Development Goals.

We look forward to further exchange of views and joint collaboration in health development at our next meeting in the Socialist Republic of Viet Nam in 2014.

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World No Tobacco Day 2013 Awards

WHO Recognizes Winners from 5 ASEAN Member States

Every year, the World Health Organization (WHO) recognizes individuals or organizations from the six regions for their accomplishments in the area of tobacco control such as research, capacity building, promotion of policy or legislation and advocacy to enhance tobacco control. This year, the WHO South-East Asia and Western Pacific Regional Offices (SEARO and WPRO) name winners from five ASEAN Member States.

SEARO awards the Director-General's Special Recognition to H.E. Dr. Pradit Sintavanarong, Minister of Public Health of Thailand, and the World No Tobacco Day 2013 Award to H.E. Prof. Pe Thet Khin, Union Minister of Health of Myanmar. WPRO awards the World No Tobacco Day 2013 Award to Phnom Penh, the capital city of Cambodia, Dr Zariyah Binti Dato' Mohd. Zain of the Lincoln University College in Malaysia, and H.E. President Benigno S. Aquino III and the Sin Tax Team of the Philippines.

On World No Tobacco Day (31 May), the WHO calls for a comprehensive ban on all tobacco advertising, promotion and sponsorship (TAPS). Despite the effectiveness of comprehensive bans, only 6% of the world's population was fully protected from exposure to the tobacco industry advertising, promotion and sponsorship tactics in 2010.

To help reduce tobacco use, comprehensive TAPS ban work to counteract the deceptive and misleading nature of tobacco



- WHO World No Tobacco Day 2013 poster.

marketing campaigns; the unavoidable exposure of youth to tobacco marketing; the failure of the tobacco industry to effectively self-regulate; and the ineffectiveness of partial bans.

As more and more countries move to fully meet their obligations under the WHO Framework Convention on Tobacco Control (FCTC), attempts of the tobacco industry to undermine the treaty become even more aggressive.

For example, where jurisdictions have banned advertising of tobacco products through point of sale (PoS) displays – known as tobacco “powerwalls” – or banned the advertising and promotional features of tobacco packaging through standardized packaging, the tobacco industry has sued governments in national courts and through international trade mechanisms.

On the other hand the tobacco industry uses sponsorship and especially corporate social responsibility tactics to trick public opinion into believing in their respectability and good intentions while they manoeuvre to hijack the political and legislative process.

The global tobacco epidemic kills nearly 6 million people yearly, of which more than 600,000 are non-smokers dying from breathing second-hand smoke. Unless countries act, the epidemic will kill more than 8 million people every year by 2030. More than 80% of these preventable deaths will be among people living in low- and middle-income countries.

The ultimate goal of World No Tobacco Day is to contribute to protect present and future generations not only from these devastating health consequences, but also against the social, environmental and economic scourges of tobacco use and exposure to tobacco smoke.

The specific objectives of the 2013 campaign are to spur countries to implement WHO FCTC Article 13 and its guidelines to comprehensively ban TAPS and drive local, national and international efforts to counteract tobacco industry efforts to undermine tobacco control.

Tobacco killed 100 million people in the 20th century. Unless urgent action is taken, the figure could rise to 1 billion in the 21st century.

