



No.40/18, Park Road, Colombo 05, Sri Lanka. Tel: +94 11 2584416,+94 11 2592515, Fax: +94 112508484 Email: info@adicsrilanka.org Web site: http//www.adicsrilanka.org

Media Release 1 – 15/12/2021

# **Tobacco Industry Interference Index**

The tobacco industry and its products are already killing over eight million people globally per year, mostly in low- and middle-income countries. Because tobacco smoking is a known risk factor for many respiratory infections and noncommunicable diseases, people with these conditions have a higher risk of severe COVID-19 illness and death.

Nearly all Asian countries are Parties to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). FCTC Article 5.3 emphasizes vigilance and a need to protect public health from the tobacco industry's strategies that challenge new and weaken existing tobacco control measures and life-saving policies. However, the Article 5.3 implementation guidelines remain largely underutilized by many governments, with non-health policymaking particularly vulnerable to tobacco industry interference.

The COVID-19 pandemic has highlighted that any gap in the implementation of Article 5.3 and its guidelines would provide the tobacco industry ample opportunities to influence governments to its advantage. Low-resourced countries are particularly vulnerable to the tobacco industry. For example, the industry stepped up its corporate social responsibility (CSR) activities such as donations of medical equipment and hospital supplies, while enjoying privileges such as tax breaks and blocking regulatory measures such as tax increases that would have given governments potential resources for a robust pandemic response.

This 3rd Asian Tobacco Industry Interference Index report gauges the level of implementation of Article 5.3 and its guidelines in 19 countries. Mongolia joins the roster of countries in addition to Bangladesh, Brunei, Cambodia, China, India, Indonesia, Japan, Korea, Lao PDR, Malaysia, Maldives, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, and Vietnam. Partners in each country conducted the initial survey and prepared a national report based on publicly available evidence from January 2020 to March 2021. For consistency, a standard questionnaire and scoring method are used to identify and quantify the frequency and severity of tobacco industry interference and specific government measures or responses to address these incidents. As the report uses only publicly available data, analysis is limited. Nevertheless, these assessments may still help identify specific policy gaps where governments can make improvements.

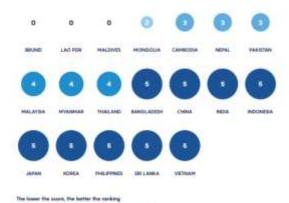
#### PIGURE 1: TOBACCO INDUSTRY INTERFERENCE IN ASIAN COUNTRIES

Figure 1 shows the consult level of bibancia reduciny injection on in 10 spartings in Asia in  $\overline{aaa}$  . Lower scanns reason before implementations of Arbith 1.5 and its qualitations.



The lower the score, the better the ranking

## FIGURE 3: INDUSTRY CSR ACTIVITIES



### FIGURE 5: FORMS OF UNNECESSARY INTERACTIONS

. . . . . . . . . .

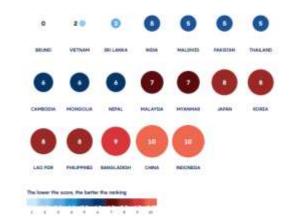


#### FIGURE 2: INDUSTRY PARTICIPATION IN POLICY DEVELOPMENT

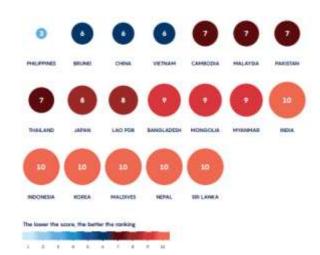


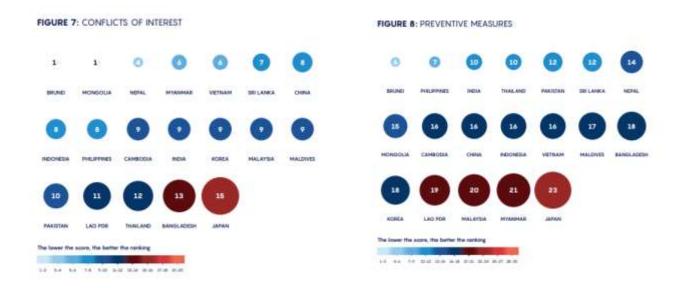
14 54 54 55 50 50 50 50 50 50 50

## FIGURE 4: BENEFITS TO THE TOBACCO INDUSTRY



## FIGURE 6: TRANSPARENCY

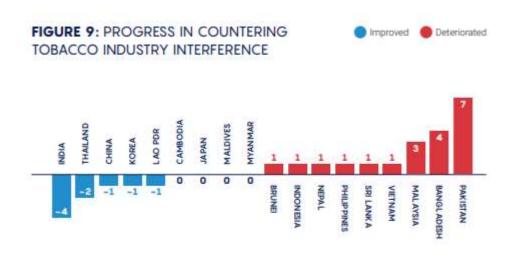




## **Conclusion & Recommendations:**

In comparison with their 2020 scores, five (5) countries marginally improved, four (4) remained unchanged, while nine (9) countries showed deterioration in their 2021 rankings. Two factors are likely to have influenced these outcomes:

The tobacco industry's unrelenting and more aggressive tactics, taking advantage of government vulnerability during the COVID-19 pandemic, and increasing public awareness and civil society's capacity to monitor and de-normalize the industry's activities. A whole-of-government approach is fundamental to counter tobacco industry interference effectively. Both health and non-health ministries and sectors remain largely vulnerable to tobacco industry interference, especially in the context of the COVID-19 pandemic. All governments must strengthen their efforts to implement Article 5.3, as it is pivotal to successful tobacco control and improved health outcomes.



In terms of making progress in countering the interference of the tobacco industry, it is clear that rather than improving in this regard, Sri Lanka's position has deteriorated in comparison to its previous circumstances. This highlights the fact that tobacco control in the country is weakening, which must be addressed and corrected swiftly so the situation does not descend into an uncontrollable spiral.

The main reason for this documented deterioration is that the tobacco industry has progressively increased their active interference and as a result, the control mechanisms put in place have been weakened.

While this concern needs to be addressed, it is not only the government that must take action. Individuals and organizations must take a proactive stance and take initiative to start a dialogue on how the current situation can be improved.

This particular tool as a measurement of implementation is a very good method of identifying areas that need to be developed through changes to policies.

Alcohol and Drug Information Centre (ADIC)

No. 40/18,

Park Road,

Colombo 05.