Regional Summary for the South-East Asia Region

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The 11 countries – Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste – comprising the WHO South-East Asia Region (SEAR) are inhabited by 1.536 billion people (in 2000) comprising about 25.35% of the world population. In regard to economic developmental level, the countries have also some parity. One half of them are developing countries; while the other half of countries fall into the category of the least developing countries.

In regard to tobacco consumption, SEAR has some unique problems. The people in the region are used to both smoke and smokeless tobacco consumption. Four countries of the region – India, Indonesia, Bangladesh and Thailand – are among the top 20 tobacco-producing countries in the world.

Tobacco Cultivation and Production

Tobacco farming for home consumption has been an age-old practice for the rural people of the South-East Asian Region. However, tobacco cultivation for commercial purposes is a relatively new phenomenon. During the mid-1990s, some 815,000 hectares of land in the Region was under tobacco cultivation which, by 2000, had slightly decreased to 809,000 hectares – about 16.5% of the world total. Except in two countries of the Region, land under tobacco cultivation has declined in the last ten years. It increased by 4.9% and 10.0% in India and the Democratic People's Republic of Korea in the decade of the 1990s. In 2000, some 436,000 hectares of land was harvested for tobacco in India.

Despite a decline in the total area under tobacco cultivation, as a whole, the Region's production of tobacco leaf has increased in the late 1990s compared to a decade ago. During the 1990s, tobacco leaf production decreased in Bangladesh, Nepal, Democratic People's Republic of Korea, Indonesia, and Sri Lanka. The other countries in the region increased tobacco leaf production. India has only slightly increased the land under tobacco cultivation but production of tobacco leaf has risen by 10.4% to 609,000 metric tons between 1990 and 2000. Similarly, Thailand's production of tobacco increased 6.8% to 74,200 metric tons by 2000. These increases may be due to more intensive agricultural practices.

In the last ten years, the production of major tobacco products, like cigarettes increased in the Region. Overall, the production of cigarettes has gone up by more than 50%. While it has declined in Sri Lanka and Thailand, it has increased substantially in India, Indonesia, Bangladesh, and Myanmar. In Nepal, it has remained constant in the last ten years. Though recent data are not available from the Democratic People's Republic of Korea, it is quite likely that cigarette production has increased there. Indonesia's cigarette (including *kreteks* and *klobots*) production, as a percentage of the total regional cigarette production, was about 51.5% in the early 1990s. By the late 1990s it increased to 60.5%. India occupies the second position in the Region in terms of cigarette production. However, because of the lack of data on bidi production, India's position is not very clear. Thailand occupies the third place in the production of cigarettes.

Employment in Tobacco Sector

Employment in tobacco-related activities is difficult to estimate as many of these activities are seasonal. Furthermore, many workers are migrants, part-time, and/or family members, and include workers of all ages and both genders. The available statistics in the South-East Asian countries suggest that tobacco-related full-time employment, as a percentage of total employment, ranges between 0.06% and 0.6%. In the Region as a whole, some 4.2 million persons are employed full time, in about 2 281 tobacco establishments. They represent 1% to 2% of the total work force. Except for 21 cigarette manufacturers and two *gutkha* (chewing tobacco) producers, the other establishments are small. These 21 manufacturers account for more than 80% of the total cigarette market in the Region. Interestingly, most of these are BAT owned or BAT affiliated. BAT's cigarette market shares are: 60% in Bangladesh, 78% in India, 56% in Nepal, 99.8% in Sri Lanka, and 1% in Thailand.

Types of Tobacco Products in the Region

The main commercial tobacco products that are smoked are regular cigarettes, kreteks (indigenous cheroots containing tobacco, cloves and cocoa), klobots, cheroots, bidis, and cigars. Of these, cigarettes are most commonly smoked in all countries. *Kreteks* and *klobots* are popular in Indonesia, and *bidis* in India, Bangladesh, Nepal, Sri Lanka, and Maldives. *Cheroots* are common in Myanmar, while cigars are used in all countries but only by a select few. Other forms of smok-

ing tobacco products such as *kakkad/chilim/sulfa* (smoking of tobacco in clay pipe), *hukka* (hubble-bubble), and hand-rolled tobacco are also common in the Region, particularly in India, Nepal, Bangladesh, Myanmar, Maldives, Sri Lanka, and Bhutan.

A variety of smokeless tobacco products are consumed in South-East Asia. *Pan masala*, *gutkha* (industrially-manufactured chewing tobacco product), *khaini* (chewing of dry tobacco leaves and lime), and chewing tobacco with areca nuts are common in India, Nepal, Bangladesh, Sri Lanka, Maldives, and Bhutan. They are consumed in Myanmar too, but not so extensively.

Tobacco Revenue

Tobacco revenue, as a percentage of the government annual revenue, is substantial in some of these countries. It is as high as 10-12% of the total government revenue in Nepal and Sri Lanka. In Nepal, the annual tobacco revenue was about US$48 million in 1999/2000, while in Sri Lanka it was about US$270 million in 1999. In India, Indonesia and Thailand, tobacco revenue accounts for 3% of the total revenue. In 1998, India's tobacco revenue was about US$1.54 billion, Thailand's US$771 million and Indonesia's US$531 million. In Bangladesh, tobacco revenue ranges between 4% to 5% of the total government revenue. In 1999-2000 it was US$278 million. In Maldives and Myanmar, tobacco revenue of the total government revenue was 1.7% and 0.2% respectively in 1998-99. In absolute terms, Maldives earned US$11.8 million, and Myanmar US$38.8 million as tobacco revenue in 1998-99.

Taxes on cigarettes range from 30% to 60% in the Region, but taxes on *bidi*, *cheroots* and hand-rolled cigarettes are much lower. In India, a *bidi* making house producing less than 2 million sticks a year is tax exempted, leaving this industry virtually out of the tax bracket. The price per pack of local cigarettes in the Region ranges from US$0.20 to US$1.56. On an average, less than half a day's labour is needed to buy a pack of cigarettes. Other tobacco products are much cheaper.

Tobacco Consumption, Prevalence and Control Measures

The per capita tobacco consumption data are difficult to estimate as adequate sales, import and export data are not available. Smuggling of tobacco products in the Region further compounds the problem. However, cigarette and *bidi* production, imports and exports data indicate that the overall per capita consumption (cigarettes and *bidi* combined) had increased in the late 1990s compared to the early 1970s in Bangladesh, India, Indonesia, Myanmar, and Nepal. In Maldives and Thailand, the per capita consumption had slightly decreased, whereas in Sri Lanka it appears to have declined by some 12%.

Tobacco prevalence in mega countries of the Region has increased in the past decade. In Bangladesh, the overall prevalence increased from 37% to 41%. In Indonesia, it increased from 28.6% in 1990, to 31.9% in 1998. In India, it increased from 19.5% in 1993-94, to 20.5% in 1998-99, and the latter is argued to be under-reported. In Sri Lanka and Thailand, some decline in the prevalence of tobacco use has been noticed. Unfortunately, most increases in tobacco prevalence are accounted for by an increasing number of women tobacco consumers.

Most cigarettes manufactured in the Region have tar levels ranging from 18-30 mg, and in *bidis* about 40-50 mg. *Kreteks* are reported to contain 41-71 mg tar level. The nicotine level ranges between 0.9-3.2 mg.

Smoking attributable morbidity data are scarce in the Region. Sporadic research in different parts of the Region suggests that smoking is responsible for cardiovascular disease, cancer and respiratory ailment s. Second-hand smoke is also a major problem. Some 56% (Sri Lanka) to 70% (Nepal) homes have at least one family member smoking. In most countries of the Region, lung cancer mortality tops the list among all cancer deaths, particularly among males. Oral cavity cancer also stands out prominently even among women in this Region.

Health warnings on tobacco products are in place in all countries of the Region, except Bhutan and Democratic People's Republic of Korea. However, the effectiveness of health warnings is questionable especially in low literate societies. Besides, in most countries warnings are too small to be noticed. Most countries have banned tobacco product advertisements in the electronic media, even though advertising in print media is allowed in some countries. Some countries, such as India, have no regulations that ban promotion of tobacco products through private media channels. However, India has taken a big step to ban smoking in all public places since November 2001 through an order of the Supreme Court. In most countries, smoking is not allowed in public places. In Bangladesh, India, Maldives, Sri Lanka, and Thailand, minors are not allowed to buy tobacco products. Only one country of the region, Thailand, has a comprehensive tobacco control policy.

World No-Tobacco Day is celebrated in all SEAR countries. Hazards of tobacco use have also been incorporated in the school health education programmes. Most countries have well-organized health education programmes conducted by both government and NGOs.

All countries of the Region have strongly supported the Framework Convention on Tobacco Control (FCTC) process in order to have an effective convention to control tobacco. This strong will would need to be translated into ratification and active implementation of the FCTC.

Research in Tobacco Control

Youth being the most vulnerable and easily reachable target of the tobacco industry, WHO and the Centers for Disease Control and Prevention (CDC), Atlanta, USA, developed the Global Youth Tobacco Survey (GYTS) to track tobacco use among youth across countries. The intention is to enhance the capacity of countries to design, implement and evaluate tobacco control and prevention programmes. Similarly under "Protecting the Youth from Tobacco", four activities are currently underway in India.

A number of projects under the "Channeling the Outrage" project have been undertaken in the region. Studies on implementation of pilot projects on community-based tobacco cessation interventions have been initiated in five countries of the region.

In view of greater impact and necessity of multisectoral approach to tobacco control, a study on review of existing and potential multisectoral mechanisms for comprehensive national tobacco control in eight countries of the region with a view to developing a Regional Strategy for Multisectoral Mechanisms for Comprehensive Tobacco Control in the region.

In order to magnify the economic impacts of tobacco, a joint WHO-World Bank study on economic analysis of tobacco control was being conducted in seven countries of the region. The findings of these studies will also be widely disseminated in the Member Countries.

Given the implications of Bollywood on tobacco consumption among the youth, a study on the portrayal of tobacco in Indian cinema entitled "Bollywood: a victim or ally?" was undertaken in India and efforts are being made to implement the recommendations of the study.

In order to assess the situation on the overall impact of tobacco on women, a Regional Situation Analysis on the subject is being carried out. Similarly, given the widespread production and use of oral tobacco and its huge nefarious health impacts, another Regional Situation Analysis has been undertaken in this area. The studies would depict the true pictures in these two areas in SEAR countries and appropriate measures would be taken to address them.

Conclusion

The increasing trends of tobacco production and consumption in the region vary from country to country. However, there is a concern that these increasing trends are more visible in mega countries, in particular, in countries like India. Although only one country of the region has, until today, a comprehensive national tobacco control policy, putting in place the proposed Regional Strategy for Multisectoral Mechanisms for Comprehensive Tobacco Control in the region would improve the situation in the future. SEAR countries have also yet to establish reliable information system in order for better and effective planning, implementation and monitoring of the tobacco control activities. It is, however, heartening that all the Member Countries in the region have strong commitment to control the tobacco epidemic in the region. This strong commitment was reflected throughout the whole process of the FCTC negotiations. It is hoped that the SEAR Member Countries will continue to display this commitment by ratifying the FCTC at their earliest opportunity once it has been adopted by the 56th World Health Assembly in May 2003 and by implementing the convention to their right earnest.