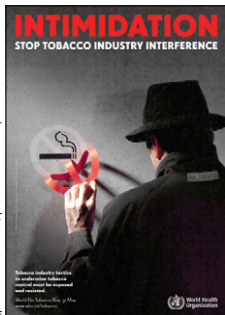


Tobacco industry versus tobacco control



World Health Organization, 2012/Design Pro Bone Fabrica (poster M. Povolni; photo: A. Ferretto)

See [World Report](#) page 1935

May 31 is World No Tobacco Day. This year's theme is tobacco industry interference, chosen, in WHO's words, "to expose and counter the tobacco industry's brazen and increasingly aggressive attempts to undermine the WHO Framework Convention on Tobacco Control (WHO FCTC)".

In its 2008 report *Tobacco industry interference with tobacco control*, WHO outlines "the long history and the extent of tobacco industry efforts to avoid, delay and dilute" effective tobacco control policies. Key methods include lobbying, political donations, exploiting legislative loopholes, undermining or countering research, and funding groups or individuals to advance the tobacco industry's objectives. Examples include the industry's attempts to counter research by the International Agency for Research on Cancer that showed the link between passive smoking and lung cancer, and to undermine the US Environmental Protection Agency's assessment of the risks associated with second-hand smoke. Direct funding of business analysts, scientists, and even historians has been important in promoting the interests of the tobacco industry over those of public health.

In China, the tobacco industry continues to exert major influence, despite China's ratification of the FCTC in 2005. A glimmer of hope for change rests with China's 12th 5-year Plan, which mentions tobacco control for the first time, and calls for smoke-free public places. Moreover, at the launch of the 2012 China themed issue of *The Lancet* in Shanghai on March 31, Health Minister Chen Zhu pledged to ramp up tobacco control at provincial and local levels.

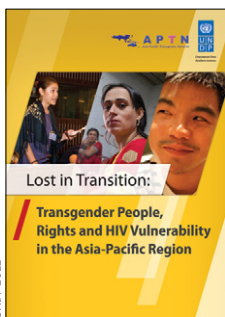
In Turkey, where tobacco control efforts are reducing smoking rates, tobacco production still generates substantial revenue for the government, and greater scrutiny of the tobacco industry is warranted. The bid to introduce plain packaging for cigarettes in Australia has led to trademark violation claims by the industry, and even claims under bilateral investment treaties, along with other defensive strategies.

There is no sign of weakening of the tobacco industry's resolve to counter control measures. Tackling industry interference with tobacco control continues to be an essential component of public health strategy, and is likely to remain so for the foreseeable future. ■ [The Lancet](#)

For **China's relations with big tobacco** see [Editorial Lancet](#) 2011; 377: 180

For **hope in China on tobacco control** see [Comment Lancet](#) 2012; 379: 779-80

Lost in transition: health of transgender people in Asia Pacific



UNDP 2012

On May 17, International Day of Action Against Homophobia and Transphobia, a report—*Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region*—was released by the UN Development Programme and the Asia Pacific Transgender Network. Transgender people, defined as "individuals whose gender identity, and/or expression of their gender, differs from social norms related to their gender of birth", have gained dramatically increased visibility and public acceptance in the past two decades globally.

The report notes that the Asia Pacific has rapidly rising rates of HIV infection in transgender people and in men who have sex with men (MSM). Together, most new HIV infections in Asia by 2020 will occur in these groups. Worryingly, the HIV prevalence rate in transgender people, which is even higher than that in MSM, has reached an alarming level—up to 49% in Delhi in one study in 2009. Transgender people's experiences of stigma, harassment, and abuse not only push them to the margin of society, but also have a serious negative influence on their

physical and mental health. Worse, many transgender people report that health services are difficult to access, unsupportive, unqualified, or unable to meet their unique needs. A 2008 study on MSM and transgender people in Asia noted that the main disincentives for transgender people to seek treatment are stigma and discrimination, particularly from health-care providers. For instance, in Nepal, being transgender is associated with assaults by health-care staff and refusal of health-care services.

The new report acknowledges the absence of adequate and rigorous research in Asia Pacific that addresses transgender people's health vulnerability and needs, and proposes a research agenda to overcome the gap and tackle the problem. Health professionals, researchers, governments, and non-governmental organisations should work together to adapt health care to meet the needs of transgender people in different cultures. With regard to health practitioners in Asia Pacific, the first and foremost step should be recognising and respecting the diversity in gender identity and expression. ■ [The Lancet](#)

For the **Lost in Transition** report see <http://www.snap-undp.org/eLibrary/Publications/HIV-TG-people-rights.pdf>.

For more on the **2008 study on MSM and transgender people in Asia** see http://www.gnplplus.net/images/stories/Rights_and_stigma/Treatment_Access_for_Positive_MSM_in_the_Asia_Pacific.pdf