

Papua New Guinea



SUMMARY OF FINDINGS

1. Industry Participation in Policy Development

There have been several instances where the tobacco industry (TI) has had influence over public policy, raising concerns about compliance with the WHO FCTC. For instance, during periods of financial difficulty, the government accepted tax advances from British American Tobacco (BAT), potentially compromising the government's independence in policymaking. There is also evidence suggesting that the TI was involved in drafting proposed regulations under the Tobacco Control Act 2016.

Despite these concerns, the government has taken some positive steps to limit direct TI participation in health policy development. The TI is not included in technical advisory committees or interagency bodies that shape public health policies, and no industry representatives have been part of national delegations to international forums such as the WHO FCTC COP meetings.

2. Industry CSR Activities

In Papua New Guinea, BAT has actively engaged in corporate social responsibility (CSR) initiatives involving both government and public institutions, raising concerns about TI influence in public affairs. Notable examples include a PGK 1 million partnership with the Fresh Produce Development Agency (FPDA) to supply solar-powered dryers to rural farmers, and a PGK 200,000 donation in 2020 to the Human Development Institute (HDI) to support SME development and financial literacy. While these activities are framed as contributions to food security and economic empowerment, they conflict with Article 5.3 of the WHO FCTC Guidelines, which advise governments to avoid engaging with or accepting support from the TI.

3. Benefits to the Industry

The TI in Papua New Guinea has gained significant advantages from the prolonged delay in implementing the Tobacco Control Act 2016. Although the Act was passed nearly a decade ago, its supporting regulations have yet to be finalized. Stakeholder evidence suggests that BAT attempted to draft the proposed regulations. While the draft was not formally adopted by the government, industry involvement is believed to have contributed to delays and weakened the enforcement of key provisions. Furthermore, in 2024, the government introduced a temporary freeze on the biannual excise tax indexation for Tier-I tobacco products, shielding BAT from higher tax obligations and undermining price-based measures designed to reduce tobacco consumption.



4. Unnecessary Interaction

There is a concerning level of unnecessary interaction between government representatives in Papua New Guinea and the TI. Stakeholder consultations, including insights from former BAT employees, reveal that the company maintains high-level engagements with senior government officials, such as participation in BAT-hosted events, which raises serious concerns about undue influence and compromises the independence of public health policymaking. Additionally, the government's acceptance of enforcement support from BAT, most notably through a 2017 Memorandum of Understanding with PNG Customs to address illicit tobacco trade, represents a clear conflict of interest and contravenes Recommendation 4.3 of the Article 5.3 Guidelines, which advises against involving the TI in enforcement activities.

5. Transparency

Papua New Guinea's approach to transparency in tobacco control, particularly regarding its interactions with the TI, remains limited and inconsistent with the Article 5.3 Guidelines. Specifically, the government does not publicly disclose meetings or engagements with the TI, even when such interactions are necessary for regulation. Transparency in government interactions with the TI remains a major gap. No formal mechanism exists yet for disclosing meeting records, agendas, or attendees.

6. Conflict of Interest

The issue of conflict of interest in relation to the TI remains a significant governance challenge that undermines efforts to protect public health policy from commercial and vested interests. One major concern is the absence of legal prohibitions or requirements for the disclosure of political contributions made by the TI or affiliated entities to political parties, candidates, or election campaigns. The Tobacco Control Act 2016 is silent on this matter, leaving a critical gap in the country's regulatory framework.

7. Preventive Measures

The government has not put in place a procedure for disclosing the records of interactions (such as agenda, attendees, minutes, and outcomes) with the TI and its representatives. The government has not adopted a policy explicitly prohibiting the acceptance of gifts, donations, study tours, policy assistance, or other contributions from the TI. In the absence of such a policy, the TI retains significant opportunity to exert influence over government institutions and officials through financial or in-kind contributions that appear benign but are strategically designed to shape policy outcomes in their favor.



RECOMMENDATIONS

1. Endorse and operationalize the Tobacco Control Regulations urgently to give full legal effect to the Tobacco Control Act 2016, particularly provisions relating to Article 5.3 of the WHO FCTC.
2. Establish a mandatory disclosure policy for all meetings and interactions with the TI, including publishing agendas, minutes, attendees, and outcomes on a government website.
3. Adopt and enforce a whole-of-government code of conduct for public officials that regulates their interactions with the TI, in line with Recommendation 4.2 of the Article 5.3 Guidelines.
4. Introduce post-employment restrictions (a cooling-off period) to prevent former public officials from working in or lobbying on behalf of the TI for a specified period after leaving public service.
5. Implement mandatory industry reporting requirements to disclose data on production, market share, marketing expenditures, lobbying, donations, CSR activities, and affiliations, as provided under Section 50 of the Act.
6. Develop and fund a national Article 5.3 awareness and training program targeting all government agencies, especially those not traditionally involved in health policy (for example, customs, trade, finance).
7. Establish a public registry of TI entities, lobbyists, and front groups to improve monitoring and transparency of TI activities and influence in Papua New Guinea.
8. Reject all forms of assistance, gifts, or partnerships from the TI, including CSR projects, study tours, or technical assistance, through a government-wide policy.
9. Strengthen enforcement and oversight through an independent tobacco control oversight body or committee tasked with monitoring compliance with Article 5.3 and reporting annually to the public and Parliament.