

Myanmar National Tobacco Control Policy and Plan of Action

1. Background

The increased use of tobacco is one of the greatest public health threats for the 21st century and tobacco epidemic is an epidemic like no other, being impossible to blame a biological pathogen. The tobacco epidemic is increasingly spreading across international borders by a variety of means, including advertising/ promotion and smuggling.

According to the WHO estimate, today there are more than a billion smokers in the world (200 million females), the largest share of them in Asia. Recent studies point to growing numbers of smokers in developing countries, particularly in women. WHO has estimated that about 4.9 million die due to tobacco annually and that by 2020, it will be the leading cause of death and disability.¹ Research studies show that tobacco is becoming a greater cause of death and disability than any other single disease. Tobacco poses a major challenge not only to health, but also to social and economic development and to environmental sustainability. Tobacco use is a major drain on the world's financial resources. Although it generates short term income, it has been estimated that tobacco costs the world over US \$ 2000 billion per year.

Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Organization at the World Health Assembly in May 1996, decided to initiate the development of a binding international instrument on tobacco control. (WHA 49.17)¹

In July 1998, WHO reorganized its tobacco control efforts within a new structure, the Tobacco Free Initiative (TFI). The long term mission of global tobacco control is to reduce the prevalence and consumption of tobacco use in all countries and among all groups, and thereby reducing the burden of disease caused by tobacco. The goals of the TFI are to galvanize global political support for evidence-based tobacco control policies and actions; to build new, and strengthen existing, partnerships for action, to accelerate the

implementation of national, regional and global strategies and to mobilize resources to support the required action.²

2. The Goal

The goal of the policy is to improve health and well being, decrease poverty and stimulate social development in Myanmar through a sustained reduction in tobacco use and tobacco related harm which can be achieved through a concerted effort based on national multisectoral approaches and mobilization of civil society.

3. Objectives

3.1 General Objective

The general objective of the national policy and plan of action on tobacco control is to reduce tobacco uptake and consumption, promote cessation of tobacco use, protect non-smokers from exposure to second-hand smoke and protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

3.2 Specific Objectives

- 3.2.1 To formulate, promote and implement national policy and plan of action on tobacco control.
- 3.2.2 To develop, enact and enforce comprehensive national tobacco control legislation in line with the obligations of Framework Convention on Tobacco Control.
- 3.2.3 To increase awareness on the dangers of tobacco use to prevent initiation of tobacco use and to increase the number of ex-users in the country.
- 3.2.4 To ban on all forms of tobacco advertisement, promotion and sponsorship.

- 3.2.5. To protect non-smokers from exposure to second-hand smoke by taking measures to designate smoke-free places including health and education facilities, work places, public places and public transport.

4. Strategies

- 4.1 Formulation of a high level national committee and tobacco control committees at various levels to oversee the formulation and implementation of the nationwide tobacco control programme.
- 4.2 Development, enactment and enforcement of comprehensive national tobacco control legislation inline with the obligations of Framework Convention on Tobacco Control.
- 4.3 Enhancement of health promotion using mass media programmes on dangers of tobacco use and the health, social and economic impact of tobacco use.
- 4.4 Development of education programmes for specific target groups including out of school youth, school children and women.
- 4.5 Advocacy campaigns for decision makers, legislative personnel and law-enforcement personnel.
- 4.6 Training on tobacco epidemic, hazards of tobacco and tobacco control measures for health personnel, education personnel, media personnel and the community.
- 4.7 Appropriate price and tax measures on tobacco products to reduce tobacco consumption.
- 4.8 Ban on direct and indirect promotion of tobacco with effective and appropriate legal actions on advertisement and sponsorship of tobacco.
- 4.9 Limitation of access to tobacco by minors.
- 4.10 Provision of guidelines for testing and measuring the contents and emissions of tobacco products and for the regulation of these contents and emissions.

- 4.11 Adoption of effective legislative measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products.
- 4.12 Adoption of effective measures for public disclosure of information about the toxic constituents of the tobacco products and emissions that they may produce.
- 4.13 Legislation on packaging and labeling of tobacco products ensuring that tobacco product packaging and labeling do not promote a tobacco product by any means that are false and that each unit packet and package of tobacco products and any outside packaging and labeling of such products also carry health warnings in local language which should be no less than 30% of the principal display areas.
- 4.14 Improve co-ordination, collaboration and promote new partnerships within the community and with local, International NGOs, UN agencies and other international bodies concerned in the South East Asia Region.
- 4.15 Partnership building with related ministries, UN organizations, international agencies, national and international NGOs. Strengthening of intra sectoral, multisectoral and coordination and collaboration between related Ministries.
- 4.16 Systematic collection of information regarding the prevalence of tobacco consumption, behavioral patterns and health and socio- economic impacts of tobacco use.
- 4.17 Establishment of a systematic surveillance system and Country TFI website and Online Database System.
- 4.18 Research to obtain relevant information and data on smoking prevalence, behavioral patterns, health and socio-economic impact of smoking. Research on mechanisms to increase capacity, strengthen infrastructure, improve sharing of information and collaboration between sectors.
- 4.19 Control and prevention of cross-border influx through smuggling.
- 4.20 Establishment of tobacco cessation clinics and community-based tobacco cessation programme.

- 4.21 Incorporation of hazards of tobacco in the school curriculum.
- 4.22 Introduction of healthy lifestyle since childhood.

5. Targets

Short Term by the Year 2010

- ✚ Enactment and enforcement of National Tobacco Control Legislation.
- ✚ All schools and health facilities to be tobacco free.
- ✚ Public transport; designated public places and workplaces to be smoke free.
- ✚ Comprehensive ban on direction and indirect advertisement, sponsorship and promotion of tobacco products.
- ✚ Ban on sale of tobacco products to and by minors.
- ✚ All tobacco packets and packages to have health warnings in local language with no less than 30% of the principal display areas.
- ✚ Establishment of Online Database System for tobacco surveillance modeled on the Reporting Instrument under Article 21 of WHO FCTC.
- ✚ Favorable trends in knowledge, attitude and practice in regard to smoking.
- ✚ A decrease in per capita tobacco consumption of at least 1% by the end of 2010.

Long Term at 20 years

- ✚ Falling trends in tobacco use.
- ✚ Falling trends in tobacco production and importation.
- ✚ Prevalence of smoking reduced by 10%.
- ✚ Rising trend of smoking related illness to plateau.
- ✚ Favourable trends in "quit ratio".

6. Activities

6.1 Formation of National and Sub-national Committees on Tobacco Control

A National Committee on Tobacco Control had been formed by the highest office in 2002 constituting representatives from the Ministry of Health, Ministry of Education, Ministry of Information, Ministry for Progress of Border Areas and National Races and Development Affairs, Ministry of Transport, Ministry of Agriculture, Ministry of Finance and Revenue, Ministry of Trade, Ministry of Internal Affairs(Anti-narcotics Division) and National NGOs.

The Minister for Health took responsibility as chairman of this committee, the Deputy Minister for Health as vice chairman, the Director General of the Department of Health as secretary, Director (Public Health) and tobacco control project manager as joint secretaries of the Committee.

Tobacco control committees will also been formed at State and Divisional levels with the State and Health Divisional Health Directors taking the leading role.

6.2 Designation of tobacco control focal points

Tobacco control cell will be established with designated national focal point for tobacco control in the Ministry of Health and also focal persons at State and Divisional Health Departments.

6.3 Promotion of Community Awareness

Advocacy/training workshops for media personnel will be conducted. Anti-tobacco campaigns will be conducted through wider media coverage via both paid and unpaid media in collaboration with UN and international agencies, national and international NGOs and media personnel. Pooling of limited resources and sharing of experts among anti-tobacco advocates will be required to generate unpaid media publicity.

Mass media programmes against the use of tobacco, emphasizing on its ill effects on health, social and economic aspects will be developed. Various forms of electronic media,

printed media and folk media will be used to give the message that smoking is no longer a socially acceptable norm. Information, education and communication materials will be produced and disseminated widely to related departments and to the community.

Preventive education programmes on the dangers of tobacco use will be given, directed to different target groups, with special emphasis on school and out of school youth. Health education and peer education will also be given to women, workers and the community. Seminars or workshops will be conducted for celebrities such as movie stars, pop singers and sport stars to increase awareness of the health, socio-economic impact of tobacco and to adopt as well as portray a healthy life style since they serve as role models for youths. Counter-advertising will also be promoted with active involvement of youth force. Means of assessing the effectiveness of preventive education activities will be an integral part of the programme.

Commemorating World No-Tobacco Days every 31st of May could be used as a tool to promote community awareness and to advocate decision makers and the public.

6.4 Advocacy campaigns

Advocacy campaigns to promote awareness of health, social and economic impact of tobacco use will be conducted among decision makers, local authorities, educationalists, the media, community and religious leaders, so as to enhance tobacco control measures. They will be conducted in all States and Divisions, with priority given to those States and Divisions where the consumption and production of tobacco and tobacco related products is high. Advocacy campaigns will be conducted in collaboration and coordination with national NGOs including Women's Affairs, Myanmar Maternal and Child Welfare Association, Myanmar Medical Association, Myanmar Red Cross Society, Myanmar Nurses Association, Myanmar Health Assistants Association, Myanmar Anti-narcotics Association etc.

Requests will be made either directly or through Motion picture and Video, Music Associations to movie and pop stars, to refrain from promoting tobacco related products either directly or indirectly. Producers, script writers and directors will also be requested

through related departments and associations to include negative aspects of smoking in movie or video scenes or dialogues.

6.5 Training of health and education personnel

Training of trainers on hazards of tobacco to health and educational personnel from township levels (preferably Township Medical and Education officers) will be conducted phase by phase at State and Divisional levels. These trainers will provide multiplier courses to basic health personnel and school teachers at township level.

Hazards of tobacco including health risks, addictiveness and socio-economic cost of tobacco consumption and exposure to second hand smoke will be incorporated in the curricula of basic education schools, medical schools, nursing schools, dental schools, pharmacy schools, schools for basic health personnel and teachers training schools.

Various aspects of control of tobacco smoking will be included in the curriculum of all health care providers and during medical education programmes.

6.6 Partnership Building and Community Mobilization

Partnership Building

Partnership with concerned ministries, relevant professional organizations, key community members and local authorities , including parents, youth groups, teachers, religious leaders, users, NGOs, women, youth and trade organizations, other programmes and media. Inter-country partnerships and relationships with regional mechanisms and institutions such as ASEAN, and the Asian Development Bank, to achieve regional consensus and direction on tobacco control. Inter-agency development mechanisms with UN agencies and other international organizations, such as the World Bank and the World Trade Organization to ensure global control interventions.

Community Mobilization

Community can take part in planning and decision making; e.g., participating in the school health team or community advisory committee, they can also participate in activities and services through formal or non-formal education; e.g.; attending tobacco cessation sessions, school and other community activities to gain knowledge and skills in dealing with tobacco such as exhibitions, photo expositions, concerts, drama, sport, community wide entertainment, festivals and health fairs.

Community can also support for resources, in cash or kind; or provide technical support such as being guest speakers or providing specialist services related to health and tobacco use.

6.7. Protection of Non smokers from Exposure to Tobacco Smoke

All government institutions and public places like schools, cinemas, hospitals; public transports, workplaces will be designated as "Tobacco free areas". Establishment of "smoke free" areas should extend from work places especially in small scale industries and institutions to towns. Smoking zones will be provided for smokers in certain public places.

6.8. Development of National School Policy

National School Policy on tobacco control will be developed by the Central School Health Supervisory Committee. It will be targeted that all schools in the country will be smoke free by the year 2008. Policies should need to meet national and local rules and needs and should be adapted to health concerns and cultures of different ethnic groups of the school and the community.

Written policies should guarantee that tobacco use and other health interventions are carried out for all levels of schooling, starting in the earliest grade and continuing up to the last grade of school. The creation of tobacco free schools is the best guarantee to protect the health of the people learning, working and playing in the school and its surroundings.

6.9 Smoking cessation

Smoking cessation clinics and counseling services will be set up gradually at all levels within the health care delivery system. Multiplier courses will be conducted for trainers. Community-based cessation programmes will be expanded phase by phase.

6.10 Research

Sentinel prevalence studies on tobacco use will be carried out every two years at sentinel sites. Priority research areas include Repeat Global Youth Tobacco Survey, Study on Cross-border advertisement, Study on Illicit Trade of tobacco, Study on health impact of tobacco, Study on women and tobacco, Study on tobacco use among health personnel etc.

7. National Plan of action 2006-2010

7.1 Objectives of National Plan of Action

1. Strengthening national infrastructure and capacity for tobacco control.
2. Increased public awareness about tobacco epidemic through dissemination of information using advocacy, strong media coverage and comprehensive website.
3. Strengthened tobacco surveillance and information system, strengthened intercountry collaboration and information sharing in tobacco control in the light of FCTC.
4. Enact and implement appropriate and effective legislation and fiscal measure to reduce tobacco use.

Objective 1. Strengthening national infrastructure and capacity for tobacco control.

Activity	2006	2007	2008	2009	2010
1.1 Establish multi-sectoral national coordinating agency or focal point on tobacco control.	✓				
1.2 Develop and initiate implementation of a National Tobacco Control Policy and a time-bound Plan of Action for tobacco control.	✓				
1.3 Strengthen resource mobilization for tobacco control through national budgets and special bilateral donor allocations.	✓	✓	✓	✓	✓
1.4 Establish and implement a system of surveillance for monitoring implementation of tobacco control measures, and for monitoring tobacco related morbidity and mortality.	✓				
1.5 Form coalitions of NGOs and coalitions of professional groups to provide impetus for national tobacco-control policy implementation.	✓	✓			

1.6 Train health professionals, economists, social professionals and media personnel on issues related to tobacco.	✓	✓	✓	✓	✓
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Objective 2: Increased public awareness about tobacco epidemic through dissemination of information using advocacy, strong media coverage and comprehensive website.

Activity	2006	2007	2008	2009	2010
2.1 Develop and initiate sustainable national information, education and communication strategies to inform and educate relevant sectors, communities.	✓				
2.2 Carry out advocacy to obtain commitment of policy makers on finance, trade, law, education, labour, environment, agriculture and social welfare.	✓	✓	✓	✓	✓
2.3 Intensify public education, community mobilization, and prevention and cessation interventions.	✓	✓	✓	✓	✓
2.4. Heighten the role of media in tobacco control and use the World No-Tobacco Day theme for year-long, sustainable education activities on tobacco control.		✓	✓	✓	✓
2.5. Incorporate tobacco prevention and cessation activities into existing health, social and development programmes (e.g, Primary Health Care, poverty alleviation)	✓	✓	✓	✓	✓

2.6. Incorporate tobacco control activities into related programmes such as School Health, Non-Communicable Disease Control and Tuberculosis Control programmes.	✓	✓	✓	✓	✓
2.7. Establish tobacco control programmes at work places as part of Health Promoting Workplace programmes.	✓	✓	✓	✓	✓
2.8. Integrate issues related to tobacco control into NGO supported programmes.	✓	✓	✓	✓	✓
2.9. Declare all schools and all health facilities as tobacco free.	✓				
2.10. Secure involvement of other UN agencies and bilateral donors on tobacco control at country level.	✓	✓	✓	✓	✓

Objective 3. Strengthened tobacco surveillance and information system in the light of FCTC.

Activity	2006	2007	2008	2009	2010
3.1 Conduct sentinel prevalence survey on tobacco at sentinel sites to estimate per capita tobacco consumption and to monitor implementation and to evaluate impact of the country level plan of action.		✓			
3.2 Collect information to quantify the health, social and other economic costs of tobacco use, the economic impact of tobacco trade, cultivation and smuggling and to estimate the effect of tax and price especially among young people.		✓	✓	✓	✓

3.3. Conduct research on behavioral and socio-cultural issues related to tobacco consumption and carry out operational research on effective and appropriate interventions to reduce tobacco consumption.		✓	✓	✓	✓
3.4. Develop a comprehensive national database on issues related to tobacco, and implement a mechanism to collect and disseminate success stories related to tobacco control.	✓	✓	✓	✓	✓
3.5 Establishment of standardized surveillance mechanism and information system.	✓	✓			
3.6 Publication of regular biennial tobacco surveillance report.		✓		✓	
3.7 Setting up Country Online Database System and TFI website modeled on the Reporting Instrument under Article 21 of WHO FCTC (Reporting and exchange of information).		✓			

Objective 4. Enact and implement appropriate and effective legislation and fiscal measures to reduce tobacco use.

Activity	2006	2007	2008	2009	2010
4.1 Adoption and implementation of legislative measures to put a comprehensive ban on direct and indirect tobacco advertising, promotions, sponsorships and product placements.	✓	✓	✓	✓	✓
4.2 Adoption and implementation of executive, administrative and legislative measures to prohibit smoking at public places such as schools, hospitals and health facilities, public transport and enclosed public places.	✓	✓	✓	✓	✓

4.2. Adoption and implementation of executive, administrative and legislative measures to ban sale of tobacco products to and by minors.	✓	✓	✓	✓	✓
4.3 Provision of guidelines for testing and measuring the contents and emissions of tobacco products and for the regulation of these contents and emissions.		✓			
4.4 Adoption and implementation of executive, administrative and legislative measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products.		✓	✓	✓	✓
4.5 Adoption and implementation of executive, administrative and legislative measures on packaging and labeling of tobacco products ensuring that tobacco product packaging and labeling do not promote a tobacco product by any means that are false and that each unit packet and package of tobacco products and any outside packaging and labeling of such products also carry health warnings in local language which should be no less than 30% of the principal display areas.		✓	✓	✓	✓

8. Monitoring and Evaluation

Monitoring

The monitoring of the tobacco control activities will be carried out at all levels of administration, by the township, State and Divisional and central levels.

Reports of activities conducted will be prepared by parties concerned and sent to the National Committee for Tobacco Control. This committee will regularly monitor the progress of the programme.

Surveys and research activities will also be monitored by the National Committee and health personnel at various levels. Monitoring visits to different parts of the country will be made regularly by the National Committee personnel to supervise education activities, advocacy campaigns and other activities. Progress on legislation and activities of other Ministries will also be monitored.

Evaluation

Process Evaluation

Activities mentioned will be monitored whether they are implemented according to the schedule.

Evaluation

Programme review meeting will be conducted at the end of each year to evaluate the strengths and weaknesses of the programme and to analyze the lessons learnt from the past to take action for the future. The following indicators will be used at yearly evaluations.

(1) Output indicators

1. Number of advocacy campaigns conducted during the year.
2. Number of health education programmes implemented during the year.
3. Number of schools declared to be " tobacco free".
4. Public places designated as " tobacco free".
5. Actions taken against tobacco advertisement.
6. Training given to health care providers and school teachers.
7. Surveys and research conducted.
8. Development of data-base on tobacco and establishment of TFI website.

(2) Impact Indicators

1. Prevalence of tobacco consumption in different age groups.
2. Change of knowledge and attitude after health education sessions.
3. Trends in tobacco consumption.
4. Quit ratio among smokers.
5. Prevalence of tobacco related diseases.

9. Conclusion

As a result of Tobacco Control Activities in the whole country, awareness on dangers of tobacco will be increased and heightened among the target groups as well as the general population. This increased awareness along with the social and cultural support provided by health and different sectors with the involvement of the community would provide the necessary stimuli for behavioral changes to occur. With the increasing momentum of tobacco control activities, the lasting benefit is that less people will suffer from tobacco induced illnesses in the coming years. People will live longer and healthier and it will also be beneficial on social and economic aspects for the country, as the economic burden will be lessened. The medical cost for tobacco related illness which will have to be borne by the government as well as the community, could be alleviated by sustained measures aimed at reduction of tobacco consumption in the country.

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