Regional Review and Situation on existing policies for comprehensive national tobacco control (CNTC) and opinion polling on existing and potential multi-sectoral mechanisms on consensus building for CNTC

Maldives

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1. Background

Country background

The Republic of Maldives is a small archipelago consisting of 1190 coral islands situated over the equator and divided into 20 administrative atolls. The total land area is 298 sq km. The islands are low lying and almost 80% of the islands are barely one metre above sea level. The Maldives has a very humid climate with an average annual rainfall of about 1200mm. The mean temperature lies between 25 degree celcius to 31 degree celcius.

Of the 1190 islands, only 199 are inhabited with only 270,101 people with a male to female ratio of 103:100. More than 75,000 people live in Male', the capital city of just 2 square kilometers, making it among the most densely populated places in the world. The rest of the population is scattered on several small islands. Almost 80% of inhabited islands have a population of less than 1,000. And only 6 islands have a population of more than 3,000. The population growth rate is at 1.9%. 44% of the population is less than 15 years of age and 11.4% below 5 years(census 2000). The average total fertility rate is 5.4.

The general health status of the population of the country improved significantly during the last decade, as reflected in the basic health indicators. The crude death rate (CDR) declined from 6 per 1000 population in 1990 to 4 in 2000, and the crude birth rate (CBR) from 41 to 20 during this same period. However, maternal mortality has remained high. The average life expectancy at birth in the Maldives has risen sharply, while infant mortality has declined steeply.

The emphasis on education during the past 10 years has been considerable. Primary school enrolment is almost 80% and secondary school enrolment 21% for year 2000 (Educational statistics 2001). The literacy rate in the 10-45 years age group was 97.7% for males and 98.8% for females in 1999.

Tobacco situation

It is widely believed that the Portuguese brought the tobacco habit to the region during their occupation of the Indian subcontinent. And it has then spread to all the countries in the region including Maldives. It soon became a habit and socially accepted norm[1].

The first national tobacco prevalence survey conducted in 1997 revealed that among males, 57% were smokers and among females 29% were smokers. With the ongoing anti-tobacco campaign, tobacco use among the males

decreased to 37.4% and to 15% among females in 2001. It is either smoked as cigarettes, bidis, and hubble-bubble or chewed with betel nuts. Main form of tobacco use is cigarette smoke[2].

Tobacco is not cultivated in the Maldives and all forms of tobacco consumed are imported. In 1997 alone 214.8 million cigarettes were imported, in 2000, 51 tons of unprocessed tobacco and 195 million cigarettes were imported to Maldives. However in 1997 Maldivians spent us $ 4.4 million on tobacco products, the figure for 2000 were US $ 3.9 million.

Although tobacco control activities in the country date back to 1940's, the recent anti- tobacco activities were officially started after the president Maumoon Abdul Gayoom made a public appeal in 1982 to all citizens against smoking and tobacco use. After the appeal various anti-tobacco activities and regulations has been developed and implemented.

The government's measures to discourage and stop tobacco use was recognized by the WHO and Minister of Health Mr. Ahmed Abdullah was awarded the WHO anti-tobacco award in 1997 and Minister of Education was awarded WHO anti tobacco award in 2001.

As a response to government's efforts to control tobacco and its harmful effects number of communities and private organizations have taken the initiative to prevent tobacco use in the country. The island of Madifushi received WHO Tobacco Free World 2000 award in recognition of their initiative and commitment to the tobacco free initiative.

2. Policy

The government recognizes the harmful effect of tobacco on human health, and acknowledges the importance of taking all possible measures to reduce the tobacco consumption among the Maldivian population.

Public health policy regarding tobacco control relies mainly on creating awareness to empower people to take action for healthy lifestyles and advocacy to promote tobacco free environments. Although there is no separate tobacco control policy, the policy regarding its control is reflected in the health education policy and policies related to CVD and oro-dental health[3].

Reduction of tobacco use has also been defined in the Health Master Plan (1996-2005) objectives of the health education programme while decreasing the number of adults who take up tobacco habit is defined in the Health Master Plan (1996-2005) objectives of adolescent health programme.

3. Regulations and measures

To reduce the tobacco consumption in the country the government has passed the first anti-tobacco law in the 1940's. A total ban on tobacco was imposed in 1953, however this ban was lifted after a popular public revolt[4].

President Maumoon Abdul Gayyoom made a public appeal in 1982 for all citizens to work against smoking and tobacco use. As a response to this appeal, Ministry of Health took the initiative to strengthen awareness activities and implemented a number of advocacy activities to lobby other Ministries for the cause of tobacco control.

A number of high level appointments, meetings were organized to advocate development of relevant regulations. Although Ministry of Health played an initial role in putting the regulations in place, it is the individual Ministries that developed them and monitors the enforcement status. Once the regulations are approved by National Tobacco Control Committee and the President's Office, enforcement of these regulations are communicated by that particular Ministry to the Ministry of Health who announces the enforcement of the regulation to the public[5]. The details of key control measures in place is given in annex 1

As result of this, tobacco sale to children below 16 years was prohibited and made a legal offence, import duty on tobacco products was raised to 50% and tobacco use in health facilities, educational establishments and sports arenas prohibited. A study was conducted to obtain baseline information on tobacco use.

Two islands declared themselves tobacco-free and their initiatives were recognized and certified by the Government and WHO.

In 1997 a National Committee was established to advocate, plan and monitor tobacco control measures in the country. The committee consisted of Ministry of Health, Department of Public Health, Maldives Customs Services, Ministry of Trade and Industries.

Following this, in 1997, on the National Day of the country, the President again called on the community to fight the tobacco epidemic and welcomed their ideas and suggestions for better tobacco control in the Maldives. The response to this call is the basis of the tobacco measures that are currently implemented. An independent intersectoral committee, and with much wider representation of the concerned sectors, was established to review the suggestions and ideas of the public and the recommendation was presented to the National Committee for approval[5].

The period after 1997 has been particularly eventful in tobacco control in the Maldives. A number of tobacco control measures, including regulations were implemented. These include banning tobacco use in restaurants and enclosed

food outlets, sea ferries, taxis, airports, government buildings. Tobacco import duty was increased threefold with adoption of the new trade law and World No- Tobacco Day has also been declared as a 'No –Tobacco Sale Day'. Some retailers have taken initiatives by complete cessation of tobacco sales in their shops. Five such retailers have been recognized and one of them has had the status for over four years.

A number of awareness activities were conducted, including TV and radio programmes through the national TV and Radio and special awareness activities targeted to school children and youth through workshops, music shows etc. Tobacco-free households initiative was launched and the worldwide 'Quit and Win' programme is implemented jointly with KTL Finland every other year since 2000. At present 563 households are recognized as tobacco-free and many more has applied to the Ministry of Health to obtain the status. The Ministry of Education initiated a school anti-tobacco campaign and the Ministry of Defense and National Security have undertaken special initiatives.

Two nation wide surveys were conducted to assess the situation and the impact and a study on economics of tobacco control was undertaken[6].

Private Organization, ADK initiated a programme of an annual award for an organization, person or community group with commitment and efforts to control and reduce tobacco use.

Two other islands declared themselves tobacco-free and in 7 islands all women have stopped all forms of tobacco use. One sports association has declared themselves tobacco-free and a number of private individuals and community-based organizations have initiated work against tobacco.

4. Difficulties

Limited manpower, both technical and managerial, is the main difficulty faced in the implementation of the tobacco control programme. This leads to frequent turn over of the focal point, which in turn hinders smooth implementation and looses continuity[7].

The second most significant difficulty is ensuring that the control measures and regulations are enforced. This also stems from the limited manpower. However, due to small community sizes residing in the islands it is not difficult to identify defaulters.

5. New Mechanisms, laws, regulations and other initiatives

New mechanisms, initiatives and regulations needed to speed up the tobacco control measures include:

Mechanisms

- Strengthen National Tobacco Control Committee and widen representation of concerned sectors and NGOs, private and community organizations to ensure better co-ordination and support. Ministry of Health could take the initiative to revise the members and expand the mandate of the National Tobacco Control Committee.

- Establish a monitoring mechanism to ensure enforcement of control measures and regulations and review the penalties laid out for defaulters. The Ministry of Health could take the initiative of reviewing the current mechanisms and enforcement of penalties. An independent consultant could be hired to carryout this review and recommend improvement in the mechanism. The report of such a review could be reviewed by the National Committee to agree on a monitoring mechanism.

- Develop medium/long term strategic Plan for tobacco control. Ministry of Health could prepare a draft 5 year plan reflecting the current initiatives as well as new initiatives. This could then be discussed at a multi sectoral workshop to improve, amend and finalize the Plan. This will ensure partnership of other sectors and agencies in implementation of the Plan.

- Train/recruit human resource for the programme. The tobacco focal point needs to be trained in programme management. Additional technical staff should be provided orientation and refresher training on newer developments in tobacco control, to ensure greater assistance to programmes run by island communities and organizations.

- Establish Quit–Tobacco Clinics. At present there is only one quit clinic. Although a large number of current smokers wishes to quit, there is no mechanism to provide them counselling and assist the quit process. Selected technical staff needs to be trained to conduct such clinics. Nicotine replacement therapy should be made available at these clinics until such time that they are widely available in the pharmacies. Establishment of these clinics should be widely publicized to ensure that tobacco users are aware of the services and existence of these clinics.

- Make available quitting-aids such as nicotine gum and patches at affordable process by exempting import tariffs on the products. The availability of nicotine replacement therapy should take place hand in hand with establishment of Quit-Tobacco clinics. Ministry of Health under the guidance of the National Committee could advocate and encourage pharmacies to ensure availability of aids required for nicotine replacement therapy.

Laws and Regulations

- Develop standard/guidelines for labeling of tobacco products. Registration of local bidi producers
- Ban duty free sales of tobacco products
- Develop and enforce a law on tobacco

To develop the above legislations, Ministry of Health needs to conduct more advocacy activities targeting the Ministry of Trade as well as the tobacco importers. A draft guideline on labeling could be developed by the Ministry of Health with technical assistance from WHO. Such as draft document should be available during the advocacy activities for promoting labeling.

Initiatives

- Develop and implement control measures against chewing of tobacco and other related substance (processed substances which contain tobacco and other cancerous agents). Awareness regarding chewing of tobacco and related substances is low. More awareness activities needs to be implemented along with mechanism to screen for precancerous lesions of the oral cavity. This could be implemented by the Ministry of Health, National radio and television and with NGO participation.

- Youth Anti-tobacco Initiative. A youth anti-tobacco campaign could be initiated by the Ministry of Youth and Sports. Ministry of Health could obtain guidance of the National committee. Once the committee approves of the initiative, Ministry of Health and the Ministry of Education, with their experience of school snit-tobacco campaign, could provide input into development of the campaign. During the implementation phase, Ministry of Health could provide technical assistance.

- Entertainment without Tobacco Initiative (focusing on entertainment through films/TV/Radio/Internet). Ministry of Health could conduct advocacy activities targeting video/audio producers to encourage development of A-V materials that do not show use of tobacco. Similarly organizers of music shows, cinema owners, discos and karoke

centres could be lobbied to display anti-tobacco messages during the should and promote anti-tobacco entertainment.

- Trade/Business without Tobacco Initiative. A few small scale traders in the country have opted not to sell tobacco in their shops. This concept could be expanded with publicity and advocacy. The initiative for this could be taken up by the traders association.

6. Institutions involved

The key Government institutions involved in tobacco control in the country are Ministry of Health, Ministry of Education, Ministry of Information Arts and Culture, Ministry of Youth and Sports, Ministry of Trade and Industries, Ministry of Defense and National Security and Maldives Customs Services.

Each of these institutions looks after different aspects of the tobacco control programme. The table below gives the role of each of these Government institutions.

Key Role	Strengths	Weaknesses
MINISTRY OF HEALTH		
Develop tobacco policy; develop medium/long term plans; advocate tobacco control and create general awareness; provide technical assistance to other institutions; co-ordinate with other sectors in implementation of the activities and enforcement of regulations; conduct monitoring, evaluation and research.	Technical capability in terms of availability of medical and public health personnel	Limited human resource; limited capacity to develop IEC materials including A-V aids
MINISTRY OF EDUCATION		
Create awareness among school children through school health programme and school anti-tobacco programme; ensure enforcement of regulations related to tobacco use in educational establishments[8]	Access to large number of the population (about 45% population is below 15 years); well established information system; capacity to develop IEC materials	Limited technical staff for programme management and implementation; limited finance
MINISTRY OF INFORMATION, ARTS AND CULTURE		
Develop and implement tobacco awareness through national radio and television; assist in organization of entertainment shows related to tobacco control and ensure enforcement of	Access to the general population; regulatory authority of mass media; control of mass entertainment programmes	Limited human resource and facilities

regulations related to tobacco advertising		
MINISTRY OF YOUTH AND SPORTS		
Assist in organization of programmes for youth and sports association. Ensure enforcement of regulations related to youth and sports	Access to a large number of youth and control of sport associations	Limited human resource and limited co-ordination with MOH
MINISTRY OF TRADE AND INDUSTRIES		
Ensure enforcement of regulations elated to sale of tobacco products	Regulatory authority of sale of commercial products	Limited co-ordination with MOH; Information system not well established
MINISTRY OF DEFENCE AND NATIONAL SECURITY		
Implement tobacco control measures and awareness for the Police and National Security Staff	Access to a large number of staff, technical capacity	Limited capacity to develop IEC materials
MALDIVES CUSTOMS SERVICES		
Ensure enforcement of import regulations and maintain statistics of tobacco imports[9]	Regulatory body of all imports; well established information system	Limited co-ordination

Among the non-governmental institutions are the community-based organizations such as the Island Development Committee, Women's development committee, youth and sports clubs/associations, NGOs and private organizations. The table below gives a snapshot of their initiatives, strengths and weaknesses.

Key Role	Strengths	Weaknesses
Island Development Committee		
Advocate for tobacco free island initiative	Community leaders represented in the committee	Limited technical information and planning skills
Women's Development Committee		
Create awareness and contribute to tobacco free island initiative	Community leaders represented in the committee	Limited technical information and planning skills
Youth/Sports Clubs and Associations		
Create awareness, peer education	Peer support	Limited technical information and planning skills
Non-governmental Organizations - NGOs		
Create awareness	Technical capacity	Limited finance and limited co-ordination with MOH
Private Organizations (ADK)		
Advocacy for tobacco control; Quit clinic[10]	Technical capacity	Limited finance and limited co-ordination with MOH
Pharmacies		
Ensure availability of nicotine replacement therapy	Access to manufacturers of such products	Limited technical information and co-ordination with MOH

The current activities of the different institutions are not well coordinated. Establishment of a co-ordination network is crucial for the maximum benefit for the country. Due to limited human resource available, it will not be possible to establish a separate coordinating committee. The National Committee Tobacco Control Committee should be revised to ensure representation of all these institutions and take the responsibility of co-ordination of the national programme.

The information system in place needs to be re-oriented to obtain information the sale of tobacco sales in addition to the imports.

A skill development workshop and training of key persons in each of these institutions should be carried out ensure better impact of the programme. Similarly technical assistance needs to be provided to island committees and women's committees to ensure their programmes are successful.

Better involvement of the island and women's committees and private organization in the national tobacco control programme will make the programme more comprehensive. As such the feedback mechanism from the central to the periphery needs to be improved. The health personnel at the island level could be the focal point to provide information regarding the national tobacco control programme to the community. Similarly the national radio and television could be utilized to give regular updates of the tobacco control programme.

7. Gaps in the current mechanism

Documentation of Tobacco control policy:

A Tobacco control policy needs to be developed and documented. Since the country lacks skilled personnel in drafting policies, technical assistance should be obtained through WHO. The draft could be reviewed by the National Committee for Tobacco Control and adopted after necessary adaptations.

Representation of concerned sectors and organizations in the National Committee for Tobacco Control

National Committee, along with its mandate, needs to be reviewed by Ministry of Health and a recommend revision to the Government. The revised committee should ensure representation of the key Government agencies, private organizations, NGOs and CBOs. Ministry of Health, being the

secretariat of the committee needs to ensure the committee meets as scheduled and document decisions of the committee.

A medium term strategic plan for Tobacco control

A strategic plan should be developed in the light of the national tobacco policy to guide the programme. An intersectoral workshop could be held to develop this plan. The plan should be approved by the National committee and implementation status reported to the Committee biannually.

Human resource for tobacco programme

Efforts should be made to ensure that the programme manager/focal point doesn't change frequently. Additional staff needs to be recruited and provided training on programme management as well as planning IEC programmes.

Targeted interventions

The awareness activities needs to be better planned and targeted. Selected technical staff could be trained in communication and advocacy skills and planning IEC for behaviour change with technical assistance from institutions within the South East Asia Region. This will ensure the IEC programmes targeted and obtain the optimum benefit.

Monitoring and evaluation of the programme

The programme implementation needs to be monitored regularly. A 6 monthly implementation report should be prepared and submitted to the National Committee during the implementation of the Plan.

A mechanism to monitor enforcement of control measures and regulations need to be developed. This mechanism needs to be approved by the National Tobacco Control Committee and should be integrated into existing monitoring mechanisms existing in the country as far as possible.

At the end of the plan period an evaluation should be undertaken, to assess the programme management as well as the impact.

ANNNEX -1

Key Tobacco Control Measures in place in the Maldives

1. In 1982, the president made a public appeal for anti-smoking and anti-tobacco use
2. As a response to this appeal, health education activities on the adverse effects of tobacco strengthened
3. In 1984, there was ban on tobacco advertising through the national radio and television
4. In 1984, serving cigarettes at official gatherings and reception was stopped
5. In 1993, smoking was prohibited in all health facilities
6. In 1993, the island of Madifushi in Meemu Atoll was declared a tobacco-free island
7. In 1994, survey conducted in Male' to assess the tobacco situation
8. In 1994, total ban on any form of advertisement in the country
9. In 1994, smoking in the compounds of educational institutions was banned
10. In 1994, the island of Berinmadhoo in Haa Alif atoll was declared a tobacco- free island
11. In 1995, smoking in and around 100 meters of sports complexes and stadiums was banned
12. In 1996, a high level intersectoral anti-tobacco committee was established
13. In 1991, sale of tobacco products to children under 16 years was made a legal offence
14. In 1979, 30% import duty levied on all tobacco products
15. In 1991, 50% import duty levied on all tobacco products
16. In 1997, a national wide survey was conducted to assess the situation and focus health education activities
17. In 1997, a survey was conducted to assess the tobacco use among government employees
18. In 1997, Minister of Health received the WHO Tobacco health Award
19. In 1997, smoking in air-conditioned restaurants and inland vehicles was banned
20. In 1997, smoking in all government offices and buildings banned
21. In 1997, ADK, a NGO, proposed an annual award of Rufiyaa 25,000/- for an organization, person or community group with commitment and efforts to control and reduce tobacco use.
22. In 1998, smoking in ferries was banned
23. In 1998 and 1999, anti-tobacco activities targeted to school children was strengthened
24. In 1999, a second survey was conducted to assess the tobacco use among government employees
25. In 2000, in 3 islands all women stopped tobacco use (H.Dh.Nlohivaranfaru, Th.Kinbidhoo and Th.Guraidhoo)
26. In 2000, house holds not using tobacco were awarded a special certificate by the Ministry of Health
27. In 2000, Import duty on tobacco products increased 3 fold following the adoption of new legislation on trade of commercial products
28. A special country wide anti-tobacco school programme initiated
29. Smoking within 100 meters of all educational institutions banned
30. A special Quit and Win programme, in association with KTL, Finland carried out
31. The island of Madifushi received WHO Tobacco Free World 2000 award
32. In 2000,a survey in collaboration with WHO on " Economics of Tobacco" conducted.
33. In 2000, WHO SEA Region's anti-tobacco campaign "SEAAT Flame" brought and promoted in Maldives.
34. In 2000,WHO goodwill ambassador against tobacco, former Hollywood actor and model Mr.Allen Landers (The Winston Man) visited Maldives and activities to sensitize public were carried out.
35. In 2000, ADK started a Quit Tobacco Clinic at the ADK hospital in Male'
36. In 2001, the island of Nolhivaranfaru in Haa Dhaalu Atoll declared themselves tobacco-free (not certified yet- under surveillance)
37. In 2001, in another 4 islands all women stopped tobacco use (M.Naalaafushi, F.Dharanboodhoo, S.Meedhoo and G.Dh.Nadalla)

38. In 2001, the second national wide survey was conducted to assess the situation and focus health education activities
39. World no-tobacco day celebrated every year, with special emphasis on health education and awareness through the national radio, television, daily newspapers, schools, youth center and NGOs.
40. In 2001, WNTD also designated as a "NO TOBACCO SALE" day.
41. In 2001, through anti tobacco school programme, 9 schools became totally tobacco free - (school where none of the staff use any form of tobacco)
42. In 2002, Minister of Education received the WHO Tobacco Free Award
43. In 2002, the island of Hathifushi in Haa Alif Atoll was declared tobacco-free
44. In 2002, second Quit and Win programme was conducted

Tobacco free Islands

1. M.Madifushi – certified
   Population as of end December 2001: 206 (95m/111f)
2. HA.Berinmadhoo- certified
   Population as of end December 2001: 173 (85m/88f)
3. HA.Hathifushi-certified
   Population as of end December 2001: 273 (144m/129f)
4. H.Dh.Nolhivaranfaru (not certified)
   Population as of end December 2001: 520 (293m/327f)

Islands where Women quit tobacco use

1. H.Dh. Nolhivaranfaru (2000)
   Female population as of end December 2001: 327
2. Th. Kinbidhoo (2000)
   Female population as of end December 2001: 577
3. Th. Guraidhoo (2000)
   Female population as of end December 2001: 870
4. M. Naalaafushi (2001)
   Female population as of end December 2001: 220
5. F. Dharanboodhoo (2001)
   Female population as of end December 2001: 163
6. S. Meedhoo (2001)
   Female population as of end December 2001: 1161
7. G.Dh. Nadalla (2001)
   Female population as of end December 2001: 509

Tobacco imports (CIF in MRf)

Year	Tobacco Leaves (Kg)	Cigars	Cheroot	Cigarette	Chewing Tobacco-pkts (kg)	Smoking tobacco-Hubble bubble (kg)	Total CIF (MRf)	
1995	666,698.57	22,028.54	2,601.70	51,790,720.60	48,217.09	14,126.08	52,546,387.58	52 m
1996	419,424.90	135,379.53	9,251.17	61,394,025.55	22,854.92	58,525.11	62,041,457.18	62 m
1997	606,036.47	498,892.25	5,298.27	65,246,079.57	59,739.06	32,241.30	66,450,283.92	66 m
1998	521,003.45	129,066.79	1,977.17	62,575,670.15	38,185.33	19,740.00	63,287,640.89	64 m
1999	668,170.72	305,364.65	64,269.43	70,843,705.76	42,123.89	28,531.94	71,954,165.39	71 m
2000	243,074.41	519,483.68	72,585.68	56,418,541.52	59,444.13	88,414.58	57,403,544.00	57 m
2001	398,110.18	410,148.81	107,409.24	54,526,973.93	42,850.83	120,119.71	55,607,613.70	56 m

Source: Maldives Customs Services

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