INTRODUCTION

Since the early 1950s, scientific evidence has been accumulating to the point where more than 25 diseases are known or strongly suspected to be related to smoking. Each year, it has been estimated that tobacco is responsible for more than 4 million deaths and the numbers are increasing. If the current trends are not reversed, it has been estimated that the death tolls will reach to 8 million a year by 2020 and 10 million a year by 2030, with 70% of these deaths occurring in developing countries. Apart from the vast burden of health consequences, the cost of tobacco encompasses large economic and social costs as well.

Recognizing the enormous burden of tobacco and reflecting the concern of the international community, the World Health Assembly has adopted a number of resolutions on tobacco control, including a call for the implementation of comprehensive tobacco control strategies. 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.

Myanmar launched its Tobacco Free Initiative Programme in 2000. Prior to this, health education and tobacco control measures have been conducted by different organizations, but the launching of a specific TFI project reorganized the efforts and increased the momentum. The National Policy on Tobacco Control and National Plan of Action was approved by the Ministry of Health in June, 2000.

The National Tobacco Control Committee was formed in March 2002. The formation of this Committee by the highest office of State Peace and Development Council shows the high political commitment towards tobacco control. It plays a major role in setting policy guidelines for tobacco control and in coordinating and collaborating multisectoral mechanism for anti-tobacco activities.

This Review paper aims to analyse the existing and potential multisectoral mechanisms for tobacco control in Myanmar. The socioeconomic background information of Myanmar is briefly described in Chapter One whereas background information on tobacco agriculture, production, trade, consumption and household expenditure are described in Chapter Two. The National Tobacco Control Policy and Plan of Action is presented in Chapter Three and in Chapter Four, legislation, rules and regulations related to tobacco are provided in detail. Chapter Five deals with the identification of existing and potential multisectoral mechanisms in tobacco control in Myanmar. Chapter Six presents general discussion. It is hoped that based on this review paper, a more comprehensive tobacco control programme will be im[lemented in Myanmar with the active involvement of all related sectors.

CAHPTER ONE

GENERAL BACKGROUND INFORMATION

1.1. Social and Political Background.

The Union of Myanmar is geographically situated in Southeast Asia. It is bordered on the north and northeast by the People's Republic of China, on the east and southeast by the Lao People's Democratic Republic and the Kingdom of Thailand, on the south by the Andaman Sea and the Bay of Bengal and on the west by the People's Republic of Bangladesh and the Republic of India.

The total area of Myanmar is 2,618,228 square miles (6,77,000 square kilometers). The topography of Myanmar can be roughly divided into three parts: the Western Hills Region, the Central Valley Region and the Eastern Hill region. Myanmar enjoys a tropical climate with three distinct seasons: hot season, rainy season and cold season. Climatic conditions differ widely from place to place due to widely differing topographical situations.

The Union of Myanmar is made up of over hundred national races of which the main ethnic groups are Kachin, Kayar, Kachin, Chin, Mon, Bamar, Rakhine and Shan.

According to the statistics of 2000-2001, the population of the country at 2001 is estimated at 51.12 million with the population growth rate of 2.02%.

About 70% of the population reside in the rural areas, whereas the remaining are urban dwellers. The population density ranges from 390 per square kilometers in Yangon Division, wherein lies the capital city of Yangon, to 10 per square kilometers in Chin State, the western part of the country. [1]

Administratively, the country is divided into seven States and seven Divisions with two additional States and one additional Division. It consists of 64 districts, 324 townships, 13,762 village tracts and 65,235 villages.

Since the ancient times, there has been full freedom of worship for followers of religions. Although the main religion is Buddhism (89.3%), different religions can be practiced freely in Myanmar; 5.6% are Christians, 3.8% are Muslims, 0,5% practice Hinduism and only 0.2% are animists.[2]

Historically, Paleolithic and Neolithic cultures flourished in many parts of Myanmar from about 20,000 years ago.[3] Myanmar civilization passed through the kingdoms of Bagan, the Hanthawady Empire, the Inwa Kingdom and the Konbaungdom. The British started

to rule parts of Myanmar in 1826 and the whole country in 1886. Myanmar gained its Independence on the 4th of January 1948.

1. Ministry of Health Myanmar, *Health in Myanmar 2002,* (Yangon, 2002), page 2.

2. Ministry of Information, Union of Myanmar, *Myanmar Facts and Figures 2002.* (Printing and Publishing Enterprise, Yangon, March 2002),page 5.

3. Ibid. 6

Burma Socialist Programme Party (BSSP) took power to govern the country from 1962 to 1988. A general dissatisfaction with the social and economic situation led to a crisis in 1988. A movement of protest developed in August 1988 and the Armed Forces took over on 18 September 1988. The Armed Forces formed the State Law and Order Restoration Council(SLORC). SLORC moved away from the centrally planned economy of the BSSP period and towards a market oriented economy, relaxing the former restrictions on private industry and trade, offering incentives to attract foreign investment. Under SLORC, Myanmar adheres to an active and independent non-aligned foreign policy, participated in the activities of the United Nations and its agencies. It took an active part in regional affairs, joining the Association of the South-East Asian Nations in 1997. In 1997, SLORC was reorganized as the State Peace and Development Council (SPDC). [4]

Myanmar introduced the market economy system in October 1998. Accordingly, series of legislation were enacted. In this context, with an aim that foreign investors can participate actively in exploiting natural and human resources thereby enhancing long-term mutually beneficial economic cooperation, the Union of Myanmar Foreign Investment Law was

promulgated on 30 November 1998. Border trade was also promoted. Myanmar's economy grew by more than 10.9% during 1999-2000. [5]

---

4. See Supra Note 2, page 10.

5. See Supra Note 1,page 3.

1.2 Health Policy

The two main objectives of the Ministry of Health are: (1) to enable every citizen to attain full life expectancy and (2) to ensure that every citizen is free from diseases.

National Health Policy

The National Health Policy was developed with the initiation and guidance of the National Health Committee in 1993. The National Health Policy has placed the Health For All goal as a prime objective using Primary Health Care approach. The National Health Policy is designated as follows:

1.To raise the level of health of the country and promote the physical and mental well being of the people with the objective of achieving "Health for all" goal, using primary health care approach.

2. To follow the guidelines of the population policy formulated in the country.

3. To produce sufficient as well as efficient human resource for health locally in the context of board frame work of long term health development plan.

4. To strictly abide by the rules and regulations mentioned in the drug laws and bylaws which are promulgated in the country.

5. To augment the role of co-operative, joint ventures, private sectors and non-governmental organizations in delivering of health care in view of the changing economic system.

6. To explore and develop alternative health care financing system.

7. To implement health activities in close collaboration and also in an integrated manner with related ministries.

8. To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.

9. To intensify and expand environmental health activities including prevention and control of air and water pollution.

10. To promote national physical fitness through the expansion of sports and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.

11. To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health system research.

12. To expand the health service activities not only to rural but also to border areas so as to meet the overall health needs of the country.

13. To foresee any emerging health problem that poses a threat to the health and well being of the people of Myanmar, so that preventive and curative measures can be initiated.

14. To reinforce the service and research activities of indigenous medicine to international level and to involve in community health care activities.

15. To strengthen collaboration with other countries for national health development.

1.3 Health Development Plans

From 1978 onwards, four yearly People's Health Plans have been drawn up and implemented and since 1991, short term National Health Plans have been developed and implemented.

Existing health development plans are:

- Myanmar Health Vision(2001/02 to 2030/31)

- Special (4) Year Plan for Promoting National Education (Health Sector)(2000/01 to 2003/04)

Rural Health Development Plan (2001/02 to 2005/06)

Project for Upgrading of Hospitals (2001/02 to 2005/06)

National Health Plan (2001/02 to 2005/06)

Tobacco Free Initiative is one of the projects under the Health Promotion broad programmes of National Health Plan.

CHAPTER TWO

TOBACCO PRODUCTION, TRADE, REVENUE, CONSUMPTION, AND HOUSEHOLD EXPENDITURE IN MYANMAR

2.1 Myanmar Culture and Tobacco Use

Tobacco use is culturally, socially and religiously accepted in Myanmar where it is taken as a social "norm". People use to offer tobacco products to house guests along with green tea and it is literally two of the three blessed things donated to religious orders; namely tobacco, betel quid and green tea leaves (hsey, kwan and lephet). It is also given as a token of friendship and a well wishing gift to be sent along with the invitation cards for weddings or donation ceremonies. It is also offered to wedding guests as a thank-you gift. Smoking at public places is a relatively common practice and according to the nature of Myanmar, people are usually very reluctant or very shy to ask someone not to smoke, and to say that they mind.

Buddhism in Myanmar differs from Buddhism in Bhutan where Mahayana Buddhism prohibits smoking. Smoking is a sin in Bhutan where all religious orders are strictly prohibited from smoking. In Therawadda Buddhism that is worshipped by the majority of the people in Myanmar, people usually follow the five *thelas* or commandments every day. These include abstinence from killing, abstinence from taking other peoples possessions without being given (in other words stealing), abstinence from telling lies, abstinence from committing adultery and abstinence from drinking any form of alcohol. Thus, Buddhist teachings in Myanmar strictly prohibit drinking alcohol but do not directly prohibit smoking or other form of tobacco use.

In Myanmar literature, smoking of cheroots and chewing of betel quid with tobacco are quoted frequently in poems, songs or novels. It is usually quoted as some form of gift

between lovers and friends or as an offering to religious orders. One popular poem of ancient days cited the names of towns where the best ingredients of betel quid (betel leaf mixed with tobacco and lime) can be found.

History books quoted that tobacco was brought to Myanmar during the King Tharlon Mintaya Era (AD 1131). It was quoted that in the Myanmar Kawzar year 1128 (AD1766), Burmese soldiers that went to battle with the neighbouring countries took the example of the Thai people and smoked tobacco wrapped with corn tusk, betel leaf or banana leaf. Cigarettes were introduced to Myanmar after World War II and cigarette factories were established in Myanmar after 1948, the year Myanmar gained independence from the British Colony.[6]

---

6. Aung Tun, "*History of Myanmar tobacco use*,"_Dangers of tobacco, Department of Health, Yangon, 2001 (translated from Myanmar), page 1-2

Several studies had been conducted on prevalence of tobacco use. The sentinel prevalence study of tobacco use in Myanmar conducted in the year 2001, supported by WHO South East Asia Region, reported prevalence of current smokers as 31.1% of population above 15 years: 42.9% of males and 21.9% of females. Current smokeless

tobacco use was reported as 14.9% of above 15 years population; 23.8% of males and 8.0% of females.

Different types of tobacco are used in Myanmar. The most common form of tobacco smoked are *cheroots*; which are thin and long and usually wrapped with a specific leaf called " thenetphet"; other smoking forms include hand-rolled cheroots, cigarettes, cigars, pipes and watery tobacco in some parts of Myanmar.

Cheroots are also hand-rolled but they are mostly made by small cottage industries where hired women roll them with their hands. Cheroots are made of chopped raw tobacco mixed with chopped "hsey yoe"(trunk of a hsey yoe tree or ohn hnae tree) tamarind, small amount of liquor and some ingredients wrapped with thenetphet leaf. Hand-rolled cheroots are larger ones rolled at home; they are tobacco wrapped with corn(maize) tusk (pyaung phoo phet), betel leaf or banana leaf. They may also be rolled in smaller and longer forms wrapped with thenetphet (these are called as putchun). Cigars and pipes are also smoked in Myanmar.

Smokeless forms of tobacco use include chewing of betel quid with raw tobacco and chewing of raw tobacco. Percentage distribution of different types of tobacco used *among current users* was reported as 48% cheroots, 33% betel quid with tobacco, 11% hand-rolled cheroots, 4% cigarettes, 2% raw tobacco and 2% cigars. Among smokers, 73%

smoked cheroots, 17% smoked hand-rolled cheroots, 7% smoked cigarettes, 3% smoked cigars and 0.2% smoked pipes. Among smokeless tobacco users, mostly chewed tobacco with betel and only a few percentage chewed raw tobacco. [7]

Cheroot and hand-rolled cheroot smoking decreased with increased level of education whereas cigarette smoking increased with increasing level of education. All forms of smoking and smokeless tobacco use decreased with higher level of education and income.[8]

Paternal use of tobacco has very strong influence on all types of tobacco use. A strong association was detected between current paternal use of tobacco and all types of tobacco users. Significant associations were also detected with either parent currently using any form of tobacco with all forms of tobacco users.[9]

---

7. Nyo Nyo Kyaing , " *Myanmar Sentinel Tobacco Use Prevalence Study 2001"*, final report , in collaboration with WHO South East Asia Regional Office, Yangon ,2002, page 6.

8. Ibid. 6

9. Ibid. 7

In 2001 the Myanmar Global Youth Tobacco Survey was conducted in collaboration with Center for Disease Control and WHO Headquarters. It was a school- based survey of

students in grades 8-10, age groups 13 above (mostly 13-15). Results show that 25.7% of students had ever smoked any tobacco product (male=44.2%, female=8.6%); 20.5% currently used any tobacco product (male=37.3%, female=4.7%); and 15.7% currently smoked cigarettes (male=29.1%, female=3.1%).[10]

The Global Youth Tobacco Survey also reported that ETS exposure is high in Myanmar. Half of the students live in homes where others smoke in their presence, almost 6 in 10 are exposed to smoke in public places; 6 in 10 have parents who smoke. [11]

It has been estimated that only about 5% of the tobacco consumed are in the form of manufactured cigarettes. In 1972, annual consumption per adult of manufactured cigarettes was about 100. By 1990, this had increased to 150, and by 1993 to 175. However, total tobacco consumption is much greater, in the range of 2000-3000 cigarettes per adult per year. It is estimated that 50%- 60% of the cigarettes produced in Myanmar are filter- tipped. [12]

---

10. Office on Smoking and Health, CDC, *"Myanmar Global Youth Tobacco Survey (GYTS) Fact Sheet",* preliminary findings , for further information , please contact Dr. Nyo Nyo Kyaing , nyonyok @ Myanmar.com.mm

11. Ibid.

12. WHO, "*Tobacco or Health: A global status report 1999",* Geneva, 2000.

Since the majority of the adult men smokes or chews betel quid or uses both, it is no wonder that Myanmar children look towards smoking and betel chewing as a *normal* adult behaviour. Most families have at least one of the household members smoking or chewing betel quid. A very important determinant factor that initiates smoking in Myanmar children is the age-old tradition of Myanmar women asking the children to light the cheroots for them. Cheroots are usually lit by using the burnt charcoal from the kitchen. Children are asked to go to the kitchen to light the cheroots with the charcoal and asked to take care that the cheroots are kept lit on the way back from the kitchen. The children take care by smoking the cheroots on the way to their mothers or grand mothers and by doing so; learn how to smoke at a very early age.

More than that, Myanmar youth and adult men like to spend their leisure hours at the tea-shops which can be seen at almost everywhere at most cities. At the teashops, cigarettes as well as cheroots are usually sold at cheaper prices than the departmental stores. Although vending machines are not yet available, cigarettes can be bought " loose" either single or in twos or threes depending on the price. Due to lack of legislation on the " age to buy or sell cigarettes", the tea sellers also sell cigarettes, cheroots and betel quid freely to all ages. Young teenage boys love to meet with friends at the tea shops, which is the ideal place for the teenagers to start learning to smoke.

Peer pressure and easily availability of cigarettes, combined with the cheap price of cigarettes and all forms of tobacco products are the major determining factors for the initiation of tobacco use (smoking and smokeless). Studies show that positive perception of tobacco use was higher among lower income groups and among lower education groups. Prevalence rate of tobacco use was higher among those who had positive perception towards tobacco use. Significant findings were also seen with awareness of hazards of passive smoking and tobacco use of ever users as well as current users. [13]

2.2 Tobacco Agriculture

Two types of tobacco, Virginia and Myanmar tobacco are sown in Myanmar. Harvested acres for Virginia had declined from 20,000 acres in 1985/86 to 12,000 acres in 2000/2001. Similarly, harvested acres for Myanmar tobacco declined from 112,000 acres in 1985/86 to 70,000 acres in 2000/2001. Land utilization and cultivation of Virginia and Myanmar tobacco from 1985/86 to 1999/2000 show that sown acres for Virginia was less than 0.1% of net area sown and sown acres for Myanmar tobacco was less than 0.6% of net area sown. [14]

---

13. Nyo Nyo Kyaing, See Supra Note 7, page 7.

14. Central Statistical Organization, Statistical Year Book 2001, Table 5.05, page 89.

There is no information available for the estimate of people engaged in tobacco cultivation. From household survey conducted at five townships it was found that only about 0.1% of the sampled households were engaged in agriculture related to tobacco and about 0.3% earned daily wages from tobacco. There were no government loans for tobacco cultivation nor any government subsidies for tobacco cultivation in the form of fertilizer, electricity, water and insecticide. [15]

2.3 Tobacco Production

2.3.1 Production of cigarettes

There are two state- owned factories that have been producing cigarettes for decades. The number of cigarettes produced by these state owned factories are shown below in Table (2.1) which shows the total number of cigarettes produced by these factories from fiscal year 1980/81 to 1999/2000. It shows that the production of cigarettes by these factories declined between 1987/889 and 1995/96 and gradually increased from 1996/97 onwards.[16]

---

15. Nyo Nyo Kyaing , " *Myanmar Study on Tobacco Economics"*, second draft , in collaboration with WHO South East Asia Regional Office, Yangon ,2002.

16. Ibid

Cigarette Factory No: (2) which is located in Pakkuku in the central plains of Myanmar produces several brand names, both filter-tipped and non filter-tipped. The " Duya" and " Khapaung" brands had been very popular and had almost monopolized the cigarette market until 1996/97. Foreign brands and brands produced by either joint ventures or by domestic companies, eventually began to dominate domestic cigarette market. With the introduction of foreign brands at cheaper prices, cigarettes produced by State owned factories are becoming less popular. [17]

Factory No: (2) had introduced new brands such as Duwan, Polo Nine, Fine 2000 and Reno 5 but they are still at the sale promotion stage. There was an uprising in Myanmar in the year 1988, during which most of the industries were hard hit. The factories resumed its momentum later in 1994/95 and gradually increased its production.

A few domestic companies and joint ventures imported raw material for production of foreign brands that became very popular lately due to cheaper prices than imported foreign cigarettes. The most popular brands are “ London” and “ Vegas” , the prices of which are about 15% of the foreign brands.

17. See Supra Note 15.

Table (2.1) Cigarette Production by State Owned Factories(1980/81 to 1999/2000)

Year	Production (millions)
1980/81	2,734
1985/86	3,236
1986/87	1,574
1987/88	553
1988/89	398
1989/90	629
1990/91	1,059
1991/92	507
1992/93	410
1993/94	341
1994/95	542

1995/96	853
1996/97	1,965
1997/98	2,116
1998/99	2,009
1999/2000	2,502
2000/2001	2,521

Source: 1) Central Statistical Organization , *Statistical Year Book various issues*

2) Central Statistical Organization , *Selected Monthly Indicators (May-June, 2000)*

Table (2.2) shows the production of cigarettes by cigarette companies registered under the Directorate of Supervision and Inspection of Myanmar Foodstuff Industries, Ministry of Industry (1). It shows the number of cigarettes that the companies produce each year. Some of the companies had stopped functioning since 2000. The Indonesian company " Sympoerna" and Joint Venture produces "Vegas" which is the second most popular brand produced by domestic private companies.

Currently, the most popular brand is called " London" which is produced by a joint venture between a foreign company (Rothman's International Limited) and Myanmar Economic Enterprises. It produces about 3,000 million cigarettes per year currently. It is not shown in the Table because it is not registered under Myanmar Food Industries and data is not available. Reports are not available for the study.

It is estimated that there is an increase in cigarettes being produced by these private companies over the past three years because a marked increase is observed in the import of raw materials for cigarette manufacturing (Table 2.7(a)) Similarly there was an increase in commercial tax levied from domestic companies . It is also learnt from market surveys that foreign brands as well as cigarettes produced by domestic companies share a big chunk of the cigarette market.

All domestic cigarettes are available in packages or as *loose* cigarettes. " Vegas" is sold also in small packets of threes and the company had spent a considerable amount of budget on advertising these small packets.

Table (2.2) Private cigarette companies registered under the Directorate of Industrial Supervision and Inspection of Myanmar Foodstuff Industries.

Sr. No	Name of Cigarette Factory/ Place	Year of Registration	Production (millions) per year	Remarks
1	Myanmar Sampoerna / Thanlyin	1995	1460	Produce "Vegas" cigarettes which is the second most popular domestic brand currently
2	Shwe Pyan Hlwa International United/ Mandalay	1996	87.48	Not functioning since 2000
3	Milar/ Kyaingtone	1994	60	*
4	Kholone Lishaw/ Nang Khan	1994	50	*
5	KoKant Yone Phone/ Kyukoke Pansaing	1995	90	*
6	Kokant / Kwanlone	1996	100	Produce "Daung" Cigarettes

7	Myanmar Peony Company Limited/ Lashio	1997	200	*
8	Muse Kokant Company Limited/ Muse	1998	20	*
9	Kabalone / Muse	1998	56	*

Source: Directorate of Industrial Supervision and Inspection of Myanmar Foodstuff Industries, official documents.

*Data not available; most likely to be not functioning

2.3.2 Production of Cheroots

Data on cheroot production is also very limited. Data is available up to 1995, but the data on cheroot production was not included anymore in the Statistical Year Books since 1996. It is estimated that national cheroot production was slightly declining over the past ten years. Table (2.3) shows national data for cheroot production from 1985 to 1994.

Table (2.3) Cheroot production (1985-1994)

unit in millions

Year	Production
1985	2,752
1986	2,780
1987	2,800
1988	2,856
1989	2,307

1990	2,342
1991	2,389
1992	2,000
1993	1,837
1994	2,298

Source: Central Statistical Organization, *Statistical Year Book 1995,* (Yangon, 1996),page 142

2.4 Tobacco Trade

2.4.1 Trade Policy

Myanmar believes in the concept of free trade and has pledged to follow a market oriented economic system and adheres to the principles of GATT, as a member nation of the World Trade Organization. Since 1988, the Economic System is in transition from a centrally planned system to a market-oriented economic system. As a result, the role of the private sector has developed considerably. Agriculture produce such as rice, pulses, maize, animal feed and wood products such as teak, hardwood, sawed wood, metallurgical products and jewelry have emerged as the major export items.[18]

Laws, procedures and rules have been adopted to facilitate the economic system, allowing state economic enterprises to form joint ventures with local and foreign entrepreneurs, and private entrepreneurs to form partnerships, and limited companies, and modifying export and import procedures as and when necessary. Due to extensive participation of private entrepreneurs in economic activities in line with the market economy, there were improvements in private business leading to a more liberalized market.[19]

---

18. See Supra Note 2, page 58-70.

19. Ibid. 58-70

The Trade Policy on Tobacco as stated by the Ministry of Trade and Commerce is confined to those Enterprises that operate with the approval from Myanmar Investment Commission (MIC). There is no limitation on the import of Virginia or on the import of raw materials for the production of cigarettes. The import of manufactured cigarettes is however limited. The cigarettes produced by local firms can be freely distributed inside the country or exported to other countries. However, there is no export of cigarettes or any tobacco products to other countries.[20]

2.4.2 Exports and Imports of Tobacco Products as Percentage of Total

There is no data on tobacco export; but according to Myanmar Standard International Trade Classification, tobacco is listed under beverages and tobacco. From all data available for domestic export by commodity, the percentage of export for beverages and tobacco has been calculated from Fiscal Year 1980/81 onwards and it is seen that export of beverages and tobacco is almost negligible. (Table 2.4)

The share of tobacco and tobacco manufactures as percentage of total import has remained well below 1% except for the Fiscal Year 1997/98, during which it increased to over 1.2 percent. (Table 2.5) Manufactured goods, machinery and transport equipment formed the largest percentage of total imported goods.

20. See Supra Note 15

Table 2.4 Export of Beverages and Tobacco as Percentage of Total Export

Year	Total Export (Kyat million)	Export of Beverages and Tobacco (Kyat million)	Percentage of Total Export
1	2	3	4
1980-81	3176	1.10	0.0399
1985-86	2566	-	-
1988-89	2169	-	-
1989-90	2835	-	-
1990-91	2953	11.01	0.373
1991-92	2926	2.99	0.102
1992-93	3590	0.03	.0008
1993-94	4228	0.01	0.024

1994-95	5405	0.32	.0059
1995-96	5033	2.14	.0425
1996-97	5488	2.37	.0432
1997-98	6290	8.66	0.137

Source : Central Statistical Organization ,*Statistical Year Book 1998,* (Yangon, 1999), Table 10.06, p199

Table 2.5 Import of Tobacco and Tobacco Manufactures as Percentage of Total Import

Year	Total Import (Kyat million)	Import of tobacco and tobacco manufactures (Kyat million)	Percentage of total import
1980-81	4,635	0.11	0.0024
1985-86	4,802	0.37	0.0077
1988-89	3,443	0.01	0.0003
1989-90	3,395	1.02	0.0300
1990-91	5,523	1.19	0.0215

1991-92	5,337	0.30	0.0056
1992-93	5,365	5.31	0.0186
1993-94	7,923	5.18	0.0654
1994-95	8,332	3.03	0.0364
1995-96	10,301	45.15	0.4383
1996-97	11,779	48.31	0.4101
1997-98	14,258	176.88	1.2406

Source : Central Statistical Organization, *Statistical Year Book 1998 (Yangon, 1999), Table 10.08, p203; Table 10.09, p 204*

2.5 Prices of Tobacco Products

The Central Statistical Organization collected data on retail price of cigarettes (Duya), cheroots and cigars. It was found that there was a gradual increase of retail price of tobacco products over the years, with a marked increase after 1992. . There was also a gradual increase of price of tobacco leaves over the years, with a sharp increase after 1997; but when prices of tobacco products were adjusted at 1985/86 constant prices there

was no increase in the price of cheroots over the years.[21] There was a slight decrease in the price of cigarettes, and a slight increase in the price of cigars.

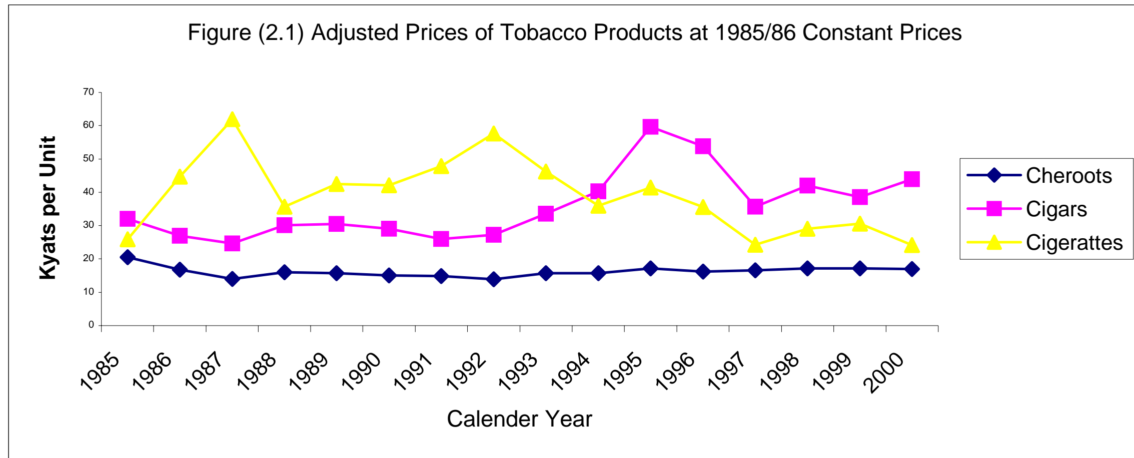

Figure (2.1) Adjusted Prices of Tobacco Products at 1985/86 Constant Prices

---

21. Nyo Nyo Kyaing , See Supra Note 15

2.6 Tax Rates for Tobacco

Commercial Tax Law (1990) and Tobacco

In the Commercial Tax law (The State Law and Order Restoration Council No. 8/1990) enacted on 31st March , 1990 , it is prescribed to levy tax on goods relating to tobacco.

Under section 4 of the said law , among the descriptions of goods that shall be levied 10 per cent tax are cheroots , 20 per cent tax are cigars and different kinds of smoking pipes , 25 per cent tax are pipe tobacco and betel chewing preparations , and 75 per cent tax are cigarettes.

In levying such taxes, if the goods are imported , the tax will be levied basing on the CIF value and if the goods are manufactured locally , the tax will be levied basing on the sale value.

As such, it is found that the commercial transactions of tobacco are controlled by imposing taxes depending on the descriptions of goods.

In Table (1) of the Commercial Tax Law which was amended in 1991, several agricultural items were listed as *tax-free* which include paddy, wheat, maize, peanuts, garlic etc and also Virginia and cured tobacco leaves.

According to the Commercial Tax Law, the commercial tax rate levied is 10% on cheroots, 20% on cigars and pipes and 25% on pipe tobacco of TIRSP (tax-inclusive

retail sales price) for revenues exceeding 240,000 kyats. . If these items are imported the commercial tax will be levied on c.i.f value, but there are no import of cheroots, cigars or pipes into Myanmar. [22]

The tax rate levied on cigarettes according to the commercial tax law is 75% of turnover that exceeds the threshold of 240,000 kyats. In other words commercial tax is calculated on the amount of money obtained from cigarette sales. Sales up to 240,000 kyats are not charged for commercial tax. Sales exceeding this threshold will be charged 75% of turnover for commercial tax. [23]

From domestic companies 30% *income tax* is also collected in addition to the 75% commercial tax. From private enterprises, *profit tax* rather than income tax was collected. Profit was calculated after subtracting the cost of production. Then upon the profit, tax was collected according to the scheduler rate starting from the profit of 10,000 kyats. The maximum profit tax is 50% of profit. Up to 300,000 kyats profit it falls within the scheduler rate; the maximum amount for 300,000 kyats is 146,783 kyats of profit tax. For profit more than 300,000 kyats, 50% of profit will be collected. [24]

---

22 . Ministry of Finance and Revenue: Department of Internal Revenue, official documents. Nyo Nyo Kyaing , " *Myanmar Study on Tobacco Economics"*, second draft , in collaboration with WHO South East Asia Regional Office, Yangon ,2002.

23. Ibid

24. Ibid

For imported cigarettes 75% of commercial tax will be collected according to the c.i.f value (cost, insurance and freight) plus customs duty (landed cost). Before 1972 there has been excise tax on tobacco and alcohol. In 1974, the Income Tax Law was enacted and commercial tax, profit tax and income tax were collected but not excise tax. [25]

Before 1997, the exchange rate was 6.5 kyats per dollar and 300% tariff was charged. After 1997, the Customs Department set its own exchange rate of 100 kyats per dollar and the tariff was reduced to 30% of c.i.f value for tobacco raw material as well as cigarettes. Duty charged for Virginia is 2.5 US$ per kg. [26]

Table 2.6 Tax Rate as a Percentage of the Retail Price of Tobacco

Unmanufactured Tobacco		Cigarettes		Cheroots	
Tax rate	Specific*	Commercial Tax rate for imported cigaretts	Specific* Income tax for domestic companies	Tax rate	Specific* (Profit Tax)
0-15%		75% of CIF value	30% of net profit	10%	Profit tax (Schedular rate)

Source: Ministry of Finance and Revenue, Department of Internal Revenue

25 . See Supra Note 22.

26. Ibid

Table 2.7 (a)Tax Collected on Individual Tobacco Products (1995/96 to 1989/90)[27]

Million kyats

Fiscal Year	Commercial tax on cheroots	Profit tax on cheroots	Commercial tax on cigarettes	Customs duty on imported tobacco and tobacco manufactures	Commercial tax on imported tobacco and tobacco manufactures	Total tobacco revenue *
1995/96	22.1	11.7	71.7	9.9	8.9	124.4
1996/97	29.1	11.1	23.6	116.6	41.8	222.2
1997/98	50.8	14.6	314.9	431.0	131.5	942.8
1998/99	29.5	17.8	409.3	90.9	2.7	550.2
1999/2000	22.3	17.7	393.2	262.5	2.4	698.1

* does not include income tax as there is no data available prior to 1997/98 and does not include tax collected in US $ because of different exchange rate

Table 2. 7(b) Government Total and Tobacco Related Revenues [28]

Million kyats

Fiscal Year	Total revenue Kyat	Commodities. services and commercial tax Kyats	Total tobacco revenue Kyats	Tobacco revenue as % of total revenue
95/96	16,687	7,045	124.4	0.74
96/97	21,802	9,490	222.2	1.0
97/98	38,361	1,806	942.8	2.5
98/99	48,366	22,734	550.2	1.1
99/2000p	52,071	24,591	698.1	1.3

28 . See Supra Note 22

29. Ibid

2.7 Household Income and Expenditure on Tobacco

From the **household survey on tobacco economics**, the *mean yearly expe*nditure on tobacco was kyats 2983.6 whereas the mean *monthly expenditure* on tobacco per household was kyats 256.5 .[30] It was found that the mean expenditure on tobacco from the study households was *2.5% of household expenditure.*

As the most common type of tobacco used was in the form of cheroots which were comparatively cheaper than cigarettes and cigars, the expenditure on tobacco was less than 3% of household expenditure.

Table 2.8. Monthly Household Expenditure on Different Types of Tobacco

(kyats)

No:	Type of tobacco	Urban	Rural
1	Cheroots	241.90	241.50
2	Cigarettes	406.80	310.00
3	Cigars	567.00	235.00
4	Pipes	110.00	128.80
5	Hand-rolled cheroots	163.60	219.90

(Source :Nyo Nyo Kyaing, First draft on Myanmar Sentinel Tobacco Use Prevalence Study 2001)

30. Nyo Nyo Kyaing , See Supra Note 22.

From Table 2.8, it is evident that, in urban areas, expenditure on cigarettes and cigars was much higher than cheroots, and hand-rolled cheroots. Cheroots are the most common type of tobacco used in both urban and rural areas; hand rolled cheroots of different kinds of leaves and paper with a small amount of tobacco inside are the form mostly used by the poor and the elderly women residing in the villages; hence the expenditure for hand-rolled cheroots was found to be the least. Expenditure for cigarettes was higher than any other type of tobacco in both urban and rural.

Table 2.9 Percent of Monthly Expenditure On Tobacco by Income Groups

Kyats

Sr. No:	Monthly Income	% Monthly Expenditure on Tobacco		
		Urban	Rural	Union
1.	Income Group (1)	4.3	3.3	3.5
2.	Income Group (2)	4.3	3.3	3.5
3.	Income Group (3)	3.3	2.3	2.4
4.	Income Group (4)	3.9	1.9	2.4

5	Income Group (5)	2.4	1.2	1.4
	Total	3.3	2.5	2.5

(*Source: Nyo Nyo Kyaing . Myanmar Study on Tobacco Economics 2001,* Second draft,*2002)*

It can be stated that percentage of monthly expenditure for tobacco is higher among lower income groups compared to higher income groups. It was also higher in urban areas than in rural areas. Although the actual expense in kyats was lower in low income groups as these groups have less money to spare for non-food expenditure, the percentage of household expenditure on tobacco was relatively higher for the lower income groups, which showed that tobacco use is a burden on the poor and the under privileged.

Table 2.10 Share of Tobacco in Non-food Expenditure

Residence	Monthly Household Income	Monthly Household Expenditure			Tobacco Share in Non-food Expenditure
		Total	Non-food	Tobacco	
Union	10,122.98	13,784.51	4,005.06	154.74	3.86
Urban	13,005.76	15,266.42	4,846.43	150.29	3.10

Rural	8,905.65	13,091.16	3,611.86	151.47	4.19

(Source: Central Statistical Organization, Report of 1997 Household Income and Expenditure Survey, Table 4.11.1, pp 153, Table 4.12,pp 165).

CHAPTER THREE

NATIONAL TOBACCO CONTROL POLICY

3.1 Formulation of the National Tobacco Control Policy and Plan of Action

Following the guidelines of the 26th Meeting of National Health Committee and Recommendations of the Inter-ministerial Meetings, a seminar on tobacco control was held in September 1999, at the Meeting Hall of the Department of Medical Research.

The seminar was chaired by His Excellency, Deputy Minister for Health, Professor Dr. Mya Oo and was attended by representatives from the Ministry of Health, Ministry of Information, Ministry of Trade, Ministry of Finance and Revenue, Ministry of Industry II, Ministry of Agriculture and Office of the Attorney General.

Speakers presented issues on the health and socio-economic impact of tobacco, legislation and health promotion on tobacco control. Participants worked in groups and came up with strong recommendations on tobacco control.

During the two months following the Seminar, focal persons from various departments met frequently to draw the National Tobacco Control Policy. It was drafted in November 1999 and was approved by the Ministry of Health accordingly. The final version of the National Tobacco Control Policy and Plan of Action was stated in July 2000.

3.2 National Tobacco Control Policy (June, 2000)

3.2.1. The Goal

The goal of the policy is to improve health and well being, increase productivity, 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 multi-sectoral approaches and mobilization of civil society.

3.2.2General Objective

To decrease the morbidity and mortality due to tobacco related illnesses.

3 .2.3 Specific Objectives

3.1 To increase awareness on the dangers of tobacco use so as to prevent never smokers from smoking and increase the number of ex-smokers in the country.

3.2 To enhance the community participation in anti-tobacco control activities.

3.3 To form a high level multisectoral committee for Tobacco Free Initiative.

3.4 To adopt measures to reduce supply as well as demand for tobacco products in collaboration with other related sectors.

3.5 To systematically collect information regarding the prevalence of tobacco consumption , behavioral patterns and health and socio-economic impacts of tobacco use.

3.2.4 Targets

Short Term by the Year 2000

All schools to be tobacco free.

Designated areas to be smoke free.

Warning labels on cigarette and cheroot packages

Disclosure of contents in cigarettes

To ban cigarette advertising.

Long Term at 5 years

Falling trends in tobacco use

Falling trends in tobacco production and importation

Prevalence of smoking reduced by 5%

Rising trend of smoking related illness to plateau

Favourable trends in " quit ratio"

Favourable trends in knowledge, attitude and practice in regard to smoking.

3.2.5 Strategies

5 .1 Formulation of a high level national committee to oversee the formulation and implementation of the tobacco control programme.

5. 2 Enhance health promotion using mass media programmes on dangers of tobacco use and the health, social and economic impact of tobacco use .

5 .3 Education programmes for specific target groups like youth, school children and women.

5.4 Advocacy campaigns.

5.5 Reduction of tobacco cultivation acreage.

5.6 Reduction of manufacture of cigarettes and cheroots.

5.7 Reduction of the import of tobacco products into the country.

5.8 Raising taxes on tobacco products.

5.9 Prohibition of direct and indirect promotion of tobacco. Effective and appropriate legal actions on advertisement and sale of tobacco.

5.10 Limitation of access to tobacco, especially minors.

5.11 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.

5.12 Strengthening intra-sectoral, multisectoral and coordination and collaboration between related Ministries.

5.13 Resource mobilization to counter increase promotional activities of the Tobacco Industries in the South East Asia Region.

5.14 Research to obtain relevant information and data on smoking prevalence, behavioral patterns, health and socio-economic impact of smoking.

3.2.6.Multisectoral co-ordination and collaboration in tobacco control

Multi-sectoral actions against the tobacco production and sale constitute of the following:

(a) Licensing of tobacco farms and reduction of tobacco plantation through crop substitution activities by the Agriculture Department in collaboration with the Ministry of Health.

(b) Limitation of the manufacture of cigarettes and cheroots and prohibition of further establishment of cigarette factories in the country by the Ministry of Industry. Disclosure of tar and nicotine contents in currently producing cigarettes.

(c) Increase taxation on tobacco products by the Department of Finance and Revenue. A certain percentage of the increased levy on tobacco products should be used for tobacco control measures.

(d) All tobacco retailers should be licensed by local municipal authorities.

(e) Development of Tobacco Free Schools (Health Promoting Schools)by the Ministry of Education in co-ordination with the Ministry of Health.

(f) Banning of direct and indirect tobacco advertisements in the media and promotion of health education via the mass media in collaboration with the Ministry of Information.

. (g) Reduction of the import of tobacco products into the country by the Foreign Trade Department.

3.2.7.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.

3.2.8.Community Mobilization

1.Taking part in planning and decision making; e.g., participating in the school health team or community advisory committee.

2. Participating 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.

3. Providing support and resources, in cash or kind; technical support such as being guest speakers or providing specialist services related to health and tobacco use.

3.2.9.Protection of Non smokers from Exposure to Tobacco Smoke

All government institutions and public places like cinemas, Institutions, hospitals, public transports will be designated as "Tobacco free areas". Establishment of " smoke free" areas should extend from works place especially in small scale industries and institutions to towns.

Formation of " Non-smokers Association" will be encouraged.

Smoking zones will be provided for smokers in certain public places .

3.2.10.Development of National School Policy

National School Policy will be developed on Tobacco Use by the Central School Health Supervisory Committee. It will be targeted that all primary schools in the country will be smoke free by the year 2000. 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.

3.2.11. 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.

3.2.12. 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 meet every month to monitor the progress of the programme. Surveys and research activities will also be monitored by the National Committee and health personnel at various level. 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 mid-term and end of the year to evaluate the strengths and weaknesses of the programme and to analyse the lessons learnt form the past to take action for the future. The following indicators will be used at yearly evaluations.

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. Actions taken to reduce tobacco production and sale.

7. Number of tobacco shops licensed.

8. Amount of cigarettes produced during the year.

9. Amount of tobacco products imported during the year.

10. Amount of tax increased on tobacco .

11.Training given to health care providers and school teachers.

12. Surveys and research conducted.

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.

3.3 National Plan of Action 2000-2004

The Action Plan was based on the WHO First Action Plan for Tobacco Control- Years 2000 to 2004.

Objectives of National Plan of Action

1. Strengthening national infrastructure and capacity for tobacco control.
2. Undertake advocacy, public education, dissemination of information and community mobilization.
3. Carry out research ,collect and collate data on tobacco and its effects, and establish national databases on issues related to tobacco.
4. Enact and implement appropriate and effective legislation and fiscal measures to reduce tobacco use.

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

Activity	2000	2001	2002	2003	2004
1.1 Establish multi-sectoral national coordinating agency or focal point on tobacco control.	✓				

Activity	2000	2001	2002	2003	2004
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.	✓	✓	✓	✓	✓

Objective 2: Undertake advocacy, public education, dissemination of information and community mobilization.

Activity	2000	2001	2002	2003	2004
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, law, education, labour, environment , agriculture and social welfare.	✓	✓	✓	✓	✓
2.3 Intensify public education, community mobilization, prevention and cessation interventions.	✓	✓	✓	✓	✓
2.4 Participate in regional advocacy campaign- the SEAAT flame every year.	✓	✓	✓	✓	✓
2.5. 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.		✓	✓	✓	✓
2.6. Incorporate tobacco prevention and cessation activities into existing health, social and development programmes (e.g, Primary Health Care, poverty alleviation)	✓	✓	✓	✓	✓
2.7. Incorporate tobacco control activities into school health programmes		✓	✓	✓	✓
2.8. Establish tobacco control programmes at work places as part of Health Promoting Workplace programmes.		✓	✓	✓	✓
2.9. Integrate issues related to tobacco control into NGO supported programmes.	✓	✓	✓	✓	✓
2.10.Declare all health facilities as tobacco free.	✓	✓	✓		
2.11.Secure involvement of other UN agencies and bilateral donars on tobacco control at country level.		✓	✓	✓	

Objective 3. Conduct research, collect and collate data on tobacco and its effects, and establish national databases on issues related to tobacco.

Activity	2000	2001	2002	2003	2004
3.1 Conduct prevalence survey on tobacco using standard WHO guidelines.	✓				
3.2 Carry out sentinel surveys to estimate per capita tobacco consumption and to monitor implementation and to evaluate impact of the country level plan of action.		✓	✓	✓	✓
3.3 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.		✓	✓	✓	✓
3.4Conduct 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.		✓	✓	✓	✓
3.5 Develop a comprehensive national database on issues related to tobacco, and implement a mechanism to collect and disseminate success stories related to tobacco control.	✓	✓	✓	✓	✓

Objective 4.

Enact and implement appropriate and effective legislation and fiscal measure to reduce tobacco use.

Activity	2000	2001	2002	2003	2004
4.1Review/current legislation on tobacco advertising and implement measures to discontinue all direct and indirect tobacco advertising, promotions, sponsorships and product placements.			✓		
4.2 Institute mechanisms for increasing tax on all tobacco products significantly above increase in cost of living every year.	✓	✓	✓	✓	✓
4.3 Institute special levy on tobacco products in support of health promotion intervention.			✓		
4.4 Develop and implement legislative package on product labeling, ingredients disclosure, publication of tar and nicotine levels, point of sale information and health information.			✓		
4.5 Endorse and implement the international Framework Convention for Tobacco Control by countries.				✓	
4.6 Initiate and strengthen ban smoking implement the international Framework Convention for Tobacco Control by countries.				✓	

4.7 Discontinue placement of tobacco advertisements on cable and satellite broadcasting, other trans-border communications and the Internet.		✓			
4.8 Ban smoking on all local and international international flights to and from SEAR.					✓
4.9 Discontinue use of price of tobacco products when calculating Cost of Living index.			✓		
4.10 Ban on duty free tobacco products.					✓
4.11 Withdrawal of tax concessions and other incentives for tobacco industry and tobacco cultivation.					✓

CHAPTER FOUR

POLITICAL COMMITMENT ON TOBACCO CONTROL

4.1 The National Health Committee

The National Health Committee (NHC) was formed on 28 December 1989 as part of the policy reforms and reorganized on February 27, 1998 .The Committee is chaired by His Excellency General Khin Nyunt, Secretary (1) of the State Peace and Development Council. The members of the committee was increased to 18 in 1998 and comprise of Ministers from related Ministries with the Director General of the Department of Health

Planning as secretary of this Committee. It is a high level inter-ministerial and policy making body concerning health matters.

The National Health Committee takes the leadership role and gives guidance in implementing the health programmes systematically and efficiently. Being a high level policy making body, the Committee is instrumental in providing the mechanism for intersectoral collaboration and coordination. It also provides guidance and direction for all health activities.

Under the guidance of the NHC, various health committees had been formed at each administrative level. At each State and Division Health Committees are formed, chaired by the Secretary of the State/ Division Peace and Development Council. The State/ Divisional Health Director is the secretary of this committee that consists of representatives from related departments as members. Implementation of National Health Plan at various levels is carried out in collaboration and cooperation with health related sectors and NGOS. For the monitoring and evaluation purpose, National Health Plan Monitoring and Evaluation Committee was formed at the central level.

Since more than two decades, Myanmar has been conducting anti-tobacco campaigns on its own although Tobacco Free Initiative programme was officially launched in the year 2000. In the year 1998, the National Health Committee, which is the highest decision

making body related to health issues set guidelines on tobacco control including prohibition of smoking at public places, restriction of tobacco advertisements from all electronic media, prohibition of tobacco advertisements from the vicinity of schools, hospitals and health facilities, sports stadiums etc.

The National Health Committee during at its regular meetings set guidelines for tobacco control. It also held a special meeting to guide for the welcoming ceremony of the South East Asia Anti-tobacco Flame which arrived at Myanmar on the 15th of December 2000 and left the country on the 6th of January 2001.

The guidelines set by the National Health Committee on Tobacco Control are as follows:

Decisions of the 26th Meeting of National Health Committee [31]

(22nd September, 1998)

1. To ban smoking in all hospitals, schools, cinema halls, factories and government offices.

2. To ban smoking on buses, trains, boats, airplanes and at the airport.

3. To designate smoking areas outside government factories, offices and cinema halls.

4. To ban cigarette advertisements and sale of cigarettes near the environs of hospitals and schools.

5. To continuously disseminate health education messages on the dangers of smoking via mass media namely newspapers, TV and radio.

6. To enhance health education talks on dangers of smoking and tobacco use in the schools and public places.

7. To delete scenes promoting smoking in the films, video features and commercials.

8. To enhance anti-tobacco activities in the community through mobilizing the community to actively participate in tobacco control.

9. To promote tobacco control only in the government sector but also in the private sector.

10. To ban cigarette advertisements in the newspapers and TV.

---

31. Meeting minutes of the National Health Committee, Ministry of Health

Decisions of the 34th Meeting of National Health Committee

(12th April 2002)

1. To ban cigarette advertisement at the airport, road junctions, and public places such as hospitals, schools etc.

2. To proceed participating in the Intergovernmental Negotiating Body Sessions for Framework Convention on Tobacco Control as the National Health Committee agrees with the Framework Convention on Tobacco Control in principle.[32]

4.2 The National Tobacco Control Committee

The National Tobacco Control Committee was officially formed by the highest political level, the State Peace and Development Council on the 13th of March 2002. This Committee is chaired by His Excellency, the Minister for Health and includes two Deputy Ministers for Health, directors general and managing directors of related departments and enterprises. The departments include health, education, sports, information, revenue, trade, agriculture and irrigation, industry, transport, social welfare, public relations and psychological welfare, Myanmar Radio and Television, Yangon City Development Committee, Mandalay City Development Committee and border area development and development of national races; whereas the enterprises include news and periodicals and Myanmar food enterprises. [33]

32. Meeting minutes of the National Health Committee, Ministry of Health

33. Tobacco Free Initiative Project, Department of Health, Ministry of Health.

It also comprises of heads of local NGOS such as Myanmar Maternal and Child Welfare Association, Myanmar Medical Association, Myanmar Music Association, Myanmar Film Association, Myanmar Women Entrepreneurs Association etc. as members.

Although this Committee has yet to obtain specific funds for tobacco control and public health issues, it is likely that the Committee may be able to generate funds in the future.

The National Tobacco Control Committee at its first meeting, made the following decisions: [34]

1. To enhance the health education activities on dangers of tobacco nationwide, in collaboration with the related Ministries and NGOs.

2. To prohibit tobacco advertisements from the vicinity of schools, hospitals, sports stadiums, road junctions and publicly visible places.

3. To ban tobacco advertisement from the print media in coordination with the Ministry of Home Affairs, General Administrative Department.

4. To co-ordinate with related departments and organizations to prohibit direct or indirect tobacco sponsorship for sports, music, entertainment and festivals.

5. To control smoking at public places and public transport.

---

34 . Meeting minutes of the National Tobacco Control Committee, Tobacco Free Initiative Project, Ministry of Health.

CHAPTER FIVE

TOBACCO LEGISLATION/RULES AND REGULATIONS

5.1 Existing laws on tobacco control

Currently, laws relating to tobacco control include the Prohibition of Smoking at Theatre's Act (1959) and Commercial Tax Law (1990). The Public Health Law enacted in 1972 contained general issues relating to noxious smoke. The Customs Duty Law 1959 is not relevant to the current practice. The Child Law (1993) includes a section related to smoking.[35]

5.1.1 The Prohibition of Smoking at Theatres Act (1959)

The Prohibition of Smoking at Theatres Act, 1959 was enacted on 29th September, 1959 and the said Act came into force on 25th January, 1960 and is still in force.

Section 3 of the said Act prescribes that whoever, while using the inner hall of the theatres for performance, smokes shall be punished with fine extending to kyats twenty-five for the offence committed for the first time and, shall be punished with fine extending to kyats one hundred for the offence for the second time or successive offences committed . A police officer not lower than the rank of Inspector of Police may, without warrant, arrest any offender of the offence prescribed in section 3 who committed in his presence.

35. Office of the Attorney General, Department of Law Drafting and Law Translation

In addition, section 5 of the said Act Prescribes that the notice-whoever smokes at places reserved for the audience shall be arrested without warrant and be also liable to a fine-shall be stuck or hang at the conspicuous place or by other means. In section 6, it is prescribed that whoever contravenes the provisions of section 5 shall be punished with a fine extending to kyats fifty.

The said Act that was enacted in 1959 is still in force.

5.1.2 Commercial Tax Law (1990)

In the Commercial Tax law (The State Law and Order Restoration Law No. 8/1990) enacted on 31st March, 1990, it is prescribed to levy tax on goods relating to tobacco.

In the Annex tables (1) to (6) , of the said law, among the descriptions of goods that shall be levied 10 per cent tax are cheroots, 20 per cent tax are cigars and different kinds of smoking pipes, 25 per cent tax are pipe tobacco and betel chewing preparations, and 75 per cent tax are cigarettes.

In levying such taxes, if the goods are imported, the tax will be levied basing on the CIF value and if the goods are manufactured locally, the tax will be levied basing on the sale value.

As such, it is found that the commercial transactions of tobacco are controlled by imposing taxes depending on the description of goods.

5.1.3 The Public Health Law(1972)

The Public Health Law, 1972 (The Union of Myanmar Revolutionary Council Law No. 1/72) was enacted to ensure the promotion of public health throughout the whole country.

Under clause(c) of sub-section(1) of section 3, it is prescribed that the Government shall, for the purpose of further promotion and safeguarding public health, protect the environment from *air pollution arising from smoke* and other factors in areas where people reside.

For the implementation of the said provisions, the Government may, subject to sub-section (1) of the section 11, make or issue rule, regulation, by laws, orders and directives.

In clause (a) of sub-section (1) of section (9), it is prescribed that who-ever fails to comply with any provision of the law shall for the first offence be punished with imprisonment for a term which may extend to one year or with fine which may extend to kyats 500 or with both, and the goods and materials involved in the offence shall also be confiscated.

In clause (a) of sub-section (2) of section 9, it is also prescribed that who-ever fails to comply with any provision of the law for the second or subsequent occasion shall be

punished with imprisonment for a term which may extend to 3 years, or with both, and goods and materials involved in the offence shall also be confiscated.

5.1.4 Child Law (1993)

In Myanmar a child is under 16 years of age and youth is from 16 to 18 years of age.

In section 30 of the Child Law, it is stated that every child should abide by the following rules and disciplines:

(f) Abstaining from taking alcohol, smoking, using narcotic drugs or psychotropic substances, gambling and other acts which tend to affect their moral character.

5. 2 Protection of Non-smokers' Health Act (Draft)

An expert committee on drafting of tobacco legislation was formed in the year 2000. The Committee is headed by the Director General of the Department of Health and members consist of representatives from the Office of the Attorney General, Deputy Director General (Public Health and Disease Control), Deputy Director General (Central Statistical Organization) Director (Public Health), Director (Food and Drug), Deputy Director (Food and Drug), Deputy Director (Lab), and National Tobacco Focal Point as Secretary. [36]

The Committee drafted a law on Protection of Nonsmoker's Act and submitted it to the Ministry of Health. It is now in the process of rephrasing certain portions concerned with advertisement on tobacco to be in line with the adoption of the Framework Convention on Tobacco Control. [37]

---

36. Tobacco Free Initiative Project, Department of Health, Ministry of Health.

37. Ibid

The following is the second draft of the Protection of Nonsmokers' Health Act:

CONFIDENTIAL

The State Peace and Development Council
Protection of Non-smokers Act
(The State Peace and Development Council Law No. 2002)
The Day of ,1363 M.E
(,2002)

The State Peace and Development Council hereby enacts the following Law:

CHAPTER I

TITLE AND DEFINATIONS

1. This Law shall be called the Protection of Nonsmokers' Law .

2. The following expressions contained in this law shall have the meanings given hereunder:

   (a) **Tobacco Product** means materials modified by any means basing on tobacco leaf for enabling to smoke or inhale the fume produced.

   (b) **Smoking** means smoking or inhaling the smoke produced by burning the tobacco product.

   (c) **Public Place** means the building, vehicle or place or any location to which general public may come in or go out, freely or against payment.

   (d) **Advertisement** means any communication or acts that directly or indirectly promote any tobacco product.

   (e) **Person-in-charge** means the person assigned duty by the Ministry of Health to carry out the protection of non smokers health..

   (f) **The Inspector** means the person assigned duty by the Ministry of Health to carry out the protection of non smokers health.

CHAPTER II

AIMS

3. The aims of this Law are as follows:

   (a) to reduce the prevalence of smoking of tobacco products

(b) to prevent the general public from diseases and hazards that may arise from smoking tobacco products.

(c) to avoid health, economic and social ill-effects of the general public arising from smoking tobacco products.

CHAPTER III

DUTIES AND FUNCTIONS OF THE MINISTRY OF HEALTH

4. The duties and functions of the Ministry of Health are as follows:

(a) instructing to carry out the protection of nonsmokers' health effectively in conformity with the aims contained in this Law:

(b) determining places where there shall be no advertisement of tobacco products.

(c) determining public places where there shall be no smoking and public places where smoking is permitted with restrictions;

(d) stipulating conditions, nature and status of the special place where smoking is permitted, of which the person-in-charge has to arrange in public places where smoking is permitted with restriction;

(e) determining the signs to notify the place where smoking is prohibited and where smoking is permitted in clarity;

(f) carrying out dissemination work extensively, imparting knowledge among the general public on the dangers of smoking;

(g) coordinating and co-operating with relevant government departments and organization and non-government organizations for enabling to control smoking.

(h) holding agitation, conference, meeting and talks for reduction of smoking;

(i) accepting, keeping and spending the money and property donated by international organizations, domestic and foreign non-governmental organizations for enabling to carry out the protection of non-smokers health effectively.

CHAPTER IV

THE DUTIES AND FUNCTION OF THE INSPECTOR

5. The duties and functions of the inspector are as follows;

(a) entering and inspecting public place stipulated under this law from time to time and taking action as may be necessary to carry out protection of nonsmokers' health.

(b) co-operating with government departments, organizations authority bodies, non-governmental organizations and interested persons located at the relevant area for enabling to carry out the provision contained in this law;

6. The inspector shall, in carrying out this duties and functions, ask for the assistance of relevant police.

CHAPTER V

THE DUTIES AND FUNCTIONS OF THE PERSON-IN-CHARGE

7. The person-in-charge shall;

   (a) if the public place to which he is responsible is determined as a public place where smoking is permitted with restrictions, arrange the specific place where smoking can be done in conformity with the stipulation of the Ministry of Health;

   (b) arrange the signs that are to be used as the indications at the places to which he is responsible where smoking is not permitted and where smoking is permitted.

8. The person-in-charge shall assist the inspector who comes for the inspection of the place to which the person-in-charge is responsible;

CHAPTER VI

OFFENCES AND PENALTIES

9. Whoever smokes a tobacco product at public place where smoking is not permitted shall, on conviction, be punished with imprisonment for a term extending to one month or with fine extending to kyats 1000/- or with both.

10. Whoever commits one of the following offences shall, on conviction, be punished with imprisonment for a term extending to 3 months or with fine extending to kyats 1000/- or with both;

    (a) selling, giving or exchanging a tobacco product with a certain thing to a person who has not attained eighteen years of age;

    (b) carrying out the promotion of sale using the method of giving freely of tobacco products;

    (c) giving additionally, giving present or selling jointly of tobacco product in selling goods or of other goods in selling tobacco products;

    (d) selling any kind of tobacco product in every package or parcel of which no written warning on the dangers of smoking is mentioned in Myanmar language;

    (e) failing to mention the written warning in Myanmar language in the advertisement of tobacco products;

    (f) selling tobacco products giving excuse to games, fun fair or exhibition or any other service or charity work.

11. Whoever advertised tobacco products through radio, television, newspaper, journal or magazine or education or health celebrations or at any place where tobacco product advertisement is prohibited or allows for a such activity shall, on conviction, be punished with imprisonment extending to 6 months or with fine extending to kyats 50,000/- or with both.

12. If any person-in charge commits one of the following offences at the public place to which he is responsible, he shall, on conviction, be punished with imprisonment for a term extending to 6 months or with fine extending to kyats 50,000/- or with both;

    (a) Failing to put, up signs in conformity with the stipulations of the Ministry of Health at the place where smoking is not permitted or where smoking is permitted;

    (b) Failing to make arrangements in conformity with the stipulations of the Ministry of Health at the specified place if it is a place where smoking is permitted with restrictions.

CHAPTER VII

MISCELLANEOUS

13. The offences contained in this law as re-prescribed as the cognizable offences.

14. For enabling to carry out the provision contained in this law;-

    (a) the Ministry of Health may, with the approval of the Government, issue necessary rules and procedures;

    (b) the Ministry of Health and the Department of Health may issue necessary notification orders and directives.

15 The prohibition of smoking at Theatres Act., 1959 is hereby repealed.

5.3 Tobacco Rules and Regulations

5.3.1 Regulations Concerning Tobacco Free Public Places

(A) Health Facilities and Hospitals

On the 21st of May, 2001, the Director General of the Department of Health issued **a standing order** that *prohibit smoking* at all hospitals and health departments in the entire country, in commemoration of World No-Tobacco Day, 2001. The order clearly stated that all hospitals and health departments should be tobacco-free. Since then, reports from hospitals all over the country have reached the Tobacco Free Initiative Project of the Department of Health, stating the date on which they declared their hospitals to be tobacco free. Some of the hospitals put up billboards displaying the declaration of *Tobacco Free Hospital* and ceremoniously upright the billboards, where not only the hospital staff but also members of the local authority and members of local NGOs attended.

Measures have also been undertaken to ensure that health care workers and institutions set a good example by not smoking themselves, make their institutions smoke free and through their own training, counseling and advocacy activities emphasize the benefits of a smoke free life.

At the States and Divisions where Advocacy Workshops had been conducted, namely Mandalay Division (2001), Yangon Division (2002) and Mon State (2002) , the health authorities have designated nearly all the hospitals and health facilities such as Rural Health Centers, Maternal and Child Health Centers as tobacco free areas. Other States and Divisions including Eastern and Southern Shan States also issued orders to designate all the hospitals and health facilities in their provinces to be tobacco free.

The following is the translation of the Standing Order or Directive issued by the Director General of the Department of Health on the 21st of May 2001.[38]

---

38. Tobacco Free Initiative Project, Department of Health, Ministry of Health.

Government of the Union of Myanmar

Ministry of Health

Department of Health

36- Theinbyu Road, Yangon

Letter No: AKK (2). 20(Kha) / 2001 (412)

Dated (21) May, 2001

Directive

From hereby smoking is prohibited to all staff, patients, attendants and visitors at all hospitals and health facilities under the Ministry of Health and it is directed to put up " No-smoking" signs widely visible.

signed

(Dr. Wann Maung)

Director General

Department of Health.

Circulated to:

1. Deputy Directors General, Department of Health
2. All Directors of the Department of Health with the direction to further circulate the order to all staff of respective section.
3. All State and Divisional Health Directors with the direction to further circulate the order to all hospitals and health facilities in respective State/ Division.
4. All medical superintendents with the direction to further circulate the order to all the hospital staff.
5. Project file
6. Office copy.

(B) Sports Stadiums and Sports Fields

The sports stadiums where the athletes practice and compete has been tobacco free since more than 2 years. After the first meeting of the National Tobacco Control Committee, the Ministry of Sports, Department of Sports and Physical Education issued an order to all its departments throughout the country to designate all the sports stadiums and sports fields tobacco free. The following is the translation of the office order issued by the Department of Sports and Physical Education, Ministry of Sports. [39]

Government of the Union of Myanmar

Ministry of Sports

Department of Sports and Physical Education

Aung San Sports Stadium, Yangon

Office Order (408/2002)

1. At the 34th Meeting of the National Health Committee that was chaired by the Secretary (1) it had been instructed that all related Ministries should implement tobacco control activities.

2. Ministry of Sports, Department of Sports and Physical Education issued the following orders to follow the decisions of the 34th Meeting of the National Health Committee:

(a) All sports stadiums and sports fields under the administration of the Department of Sports and Physical Education must be designated as No-smoking areas.

(b) " No-smoking" signs must be put up visibly at all sports stadiums and sports fields.

(c) All sports stadiums, sports fields and training campus of various Myanmar Sports Organizations registered under Myanmar Olympic Committee must also be designated as No-smoking areas and " No-smoking" signs must be put up visibly.

(d) Sponsorship by cigarette industry should be reduced gradually.

Signed

U Thaung Hteik

Director General

Letter Number 1536/117/ Ah Kha

Date: 20th May 2002

Circulation:

All Sports Organizations of Myanmar.

All State and Divisional Sports and Physical Education Departments

Cc:

1. Ministry of Sports
2. Director General, Department of Health
3. Dr. Nyo Nyo Kyaing, Tobacco Free Initiative Project Manager
4. Office Files

---

39. Tobacco Free Initiative Project, Department of Health, Ministry of Health.

(C)Schools

The School Health Project of the Department of Health and the Department of Basic Education (1) (2) and (3) and Department of Educational Planning and Training of the Ministry of Education have collaborated to establish tobacco free schools throughout the country. The regulations include prohibition of smoking and chewing tobacco by students, teachers and workers in school compounds and banning of sales of cigarettes and cheroots near the vicinity of basic education schools: primary, middle and high schools. The regulations issued by the State and Divisional Educational Departments are not available for translation for this report. Copies of reports from the basic education schools to the central departments were sent to the School Health Project and to the Tobacco Free Initiative Project of the Department of Health. [40]

(D) Factories

State owned factories have Safety Committees which issued orders that prohibit smoking within the factory compounds. The Occupational Health Department and Tobacco Free

Initiative Project jointly gave training on TFI to factory medical officers and distributed anti-tobacco posters and No-smoking stickers to all State owned factories during 2001. Health talks were also given by the medical officers.[41]

---

40. School Health Project, Department of Health, Ministry of Health.

41. Occupational Health Department , Department of Health, Ministry of Health.

(E)Maternal and Child Welfare Association (MCWA) Offices and Maternity Homes

Central MMCWA as well as townships in every State and Division have made every effort to conduct " Tobacco Free Initiative" Programmes. The Central MMCWA has declared the entire MMCWA Central Building Complex in Yangon as " Smoke Free Zone" and a billboard has been put up. A total of 2295 " Smoke Free Zones" have been established at MCWA ofices, maternity homes, child day care centers and schools. [42]

5.3.2 Regulations Concerning Tobacco Advertising

The National Health Committee at its 24th and 36th Meetings set guidelines on tobacco control which include restriction of tobacco advertising. The Ministry of Information has banned all tobacco and alcohol advertisements from television and radio since the year 1998. As it is an internal document, the copy of the official banning of tobacco

advertisement from electronic media cannot be obtained. The Ministry of Health has been cooperating with the Ministry of Health towards tobacco control since a few years back.

---

42. Myanmar Maternal and Child Welfare Association: Tobacco Free Initiative Programmes, 2002
See NGOS in chapter six

The National Tobacco Control Committee was officially formed on the 13th of March 2002 by the Office of State Peace and Development Council. The Committee held its first meeting on the 24th of April 2002. At that meeting, recommendations were made to restrict tobacco advertising near schools, hospitals, sports stadiums and publicly visible places; to ban tobacco advertisement from print media (newspapers, journals and magazines) and to coordinate with related departments and organizations to gradually eliminate tobacco sponsorship of sports, entertainment and public events.

Following the recommendations of the National Tobacco Control Committee, the Department of Development Affairs, Ministry of Progress of Border Area and Special Races and Development Affairs circulated directives to all the States and Divisions and townships of the country. An official letter from the Yangon City Development Committee to the National Health Committee also reported that it has removed tobacco

advertising billboards from the vicinity of schools, sports stadiums and maternity homes and that the department has also informed the tobacco industry and advertising companies that contracts of tobacco advertising billboards will not be renewed after the termination of the current contracts.

The following is the translation of the circulation of the Department of Development Affairs:[43]

---

43. Tobacco Free Initiative Project, Department of Health

Government of the Union of Myanmar

Ministry of Progress of Border Area and

Special Races and Development Affairs

Department of Development Affairs

Letter No: 30/GA-6/ Sa Ya Kha (03)

Dated (16) May, 2002

To

Directors

All State and Divisional Departments of Development Affairs

Subject: Banning of cigarette advertising billboards

1. In some cities and townships of Myanmar, cigarette-advertising billboards were seen being up-righted near main roads and at road junctions.

2. The National Tobacco Control Committee at its first meeting made decisions to ban cigarette advertisement from public places such as schools and hospitals and from road junctions and all visible public places. It is hereby directed there should be no extension of contracts for all existing billboards after the termination of contracts and to further prohibit contracting of cigarette-advertising billboards from the vicinity of schools, hospitals, sports stadiums and publicly visible places.

Signed On behalf of Director General

(Thura Soe Aung, Director)

Copy to :National Tobacco Control Committee, No: 27 Pyitaungsu Yeiktha Street,
Dagon township, Yangon.

CHAPTER FIVE

EXISTING AND POTENTIAL MULTISECTORAL MECHANISMS IN TOBACCO CONTROL

5.1 National Coordinating Mechanism

Strengths / Measures Taken for Tobacco Control

As stated in Chapter two, for the effective implementation of comprehensive tobacco control measures, the State Peace and Development Council has officially formed the *National Tobacco Control Committee* which is headed by the Minister of Health and consists of heads of departments from various sectors such as education, sports, information, revenue, agriculture, trade etc and also chairs of local NGOS. The Secretary of the Committee is the Director General of the Department of Health and the Joint Secretary (1) is the Director (Public Health) of the Department of Health.

This committee has *set guidelines for tobacco control measures* which include widespread health education on dangers of tobacco use, banning of tobacco advertisement from all forms of media, putting up of health warning signs on cigarette packages, inclusion of ant-tobacco message in school curriculum of basic education and all medical and para-medical schools, collaboration and co-ordination between different sectors and local as well as international NGOs.

The National focal point for tobacco control is the project manager of Tobacco Free Initiative Project which is currently taken responsibility by the Assistant Director (Primary Health Care) of the Department of Health. The focal point is also joint secretary (2) of the National Tobacco Control Committee and is fully responsible for coordinating between related departments and NGOS for the successful implementation of the National Tobacco Control Programme.

Weaknesses and Measures need to be taken

The National Tobacco Control Committee needs specific funding mechanism. The Tobacco Taxation Policy should ear-mark certain percentage of the *sin tax or ear-marked tax* on tobacco and alcohol for public health programmes, the major portion of which should go to the tobacco control programme.

5.2 Office of the Attorney- General

The former Central Office Law has been reorganized as office of the Attorney-General. The Office of the Attorney-General constitutes of four departments : the Law Drafting and Law Translation Department, Legal Opinion Department, Prosecution Department and Administration Department.

The Director General of the Office of the Attorney General is also a member of the National Tobacco Control Committee. Representatives from the Law Drafting and Law Translation Department are members of the expert committee drafting the tobacco control law.

5.3 Ministry of Information and the Department of Public Relations and Psychological Welfare

Under the administration of the Ministry of Information, there are Motion Picture Enterprise, News and Periodical Enterprise, Printing and Publishing Enterprise, Information and Public Relations Department, Myanmar Radio and Television, and Video Scrutinizing Committees.

The Myanmar Radio and Television (MRTV) owns MRTV channel and MRTV3 channel which broadcast in English.

The Department of Public Relations and Psychological Welfare, which is under the Ministry of Defense, has its own television programme of *Myawaddi* which is also a very popular channel.

Yangon City Development Committee also broadcasts popular programmes from *Myodaw Radio* Programme.

Strengths / Measures taken

The Ministry of Health, the Ministry of Information and the Department of Public Relations and Psychological Welfare are actively joining hands to promote anti-tobacco campaigns. The Ministry of Information *banned all tobacco and alcohol advertisements from radio, television and newspapers* in 1998. The *Myawaddi* channel also banned all tobacco and alcohol advertisements. Apart from banning of tobacco advertisement, *anti-tobacco messages* appear almost every day on television and radio fro all channels.

The Director General of the Department of Information, and the Director of the Public Relations and Psychological Welfare (the position is equivalent to Director General) are active members of the National Tobacco Control Committee. The salient milestone in the history of tobacco cessation progrmame is that the Director of the Public Relations and Psychological Welfare who had smoked since the age of 13 years and was born into a prominent tobacco industry decided to quit smoking soon after the first meeting of the National Tobacco Control Committee. With the help of the national focal point, he had successfully quitted smoking after the counseling and guidance provided at the Tobacco Cessation Clinic of Yangon General Hospital. He is committed towards tobacco control, and the most popular TV programmes of *Myawaddi* channel now display anti-tobacco messages prior to the commercials.

The Tobacco Free Initiative Project in collaboration with the Central Health Education Beureu has produced several TV spots and documentations which are broadcast on Television and radio. A number of songs were also composed by popular musicians and are being broadcast regularly. These songs were also sung at the “ Let’s sing and enjoy” song contest programme to promote youth awareness on hazards of tobacco. All anti-tobacco messages, songs, TV spots etc which convey public service promotional and educational messages about the hazards of tobacco use are being offered free of charge.

Weaknesses/ Measures need to be taken

Although the National Health Committee at its 24th Meeting has set guidelines *to delete scenes promoting smoking in the films, video features and commercials,* scenes of smoking still appear in the films and video features.

The Ministry of Information in collaboration with the Myanmar Music Association, Myanmar Film Features Association, and Myanmar Video Association should organize the actors and actresses, singers etc. to cut smoking scenes. They should also be informed about the techniques of tobacco industry, the dangers of tobacco use and the ill effects that can be brought by tobacco advertising. Being looked upon by the youth as role models, they should be warned that act of smoking in film features and videos glamorizes smoking and can have a serious negative impact on the youth. *Advocacy for the media personnel* is needed to provide necessary information to them.

Every year throughout the country, the Water Throwing Festival is greatly enjoyed by all ages, especially by the teenage groups. During this festival, stage shows and other entertainment are usually sponsored by the tobacco industry. Cigarettes as well as paraphernalia are freely distributed at these stage shows. These and all forms of *cultural and sports sponsorship must be banned totally*. With the political commitment of the State and Divisional Peace and Development Councils, the State and Divisional Departments of Development Affairs and State and Divisional General Administration Departments can issue orders and directives to ban all forms of tobacco advertising as

well as free distribution of cigarettes at any place. Each State and Division (province) can set its own example of banning of tobacco advertising.

The Tobacco Free Initiative Project plans to implement advocacy workshops for the policy makers and related departments at State and Divisional level yearly until it covers the whole country by 2004. Due to financial constraints of the Tobacco Free Initiative Project, advocacy workshops cannot be implemented at all States and Divisions during the first and second bi-ennium.

5.4 Ministry of Education

Strengths/ Measures taken

The Ministry of Education is also an enthusiastic partner in the implementation of the tobacco free initiative programme. The School Health Project in collaboration with the Ministry of Education has established *" Tobacco free schools project"* since 1998 and currently , it is estimated that more than 75% of the schools have declared to be tobacco free.

Health hazards of tobacco are also included in *the school curriculum o*f all primary, middle and high schools. It is also taught at all health institutions such as medical schools, nursing schools and paramedical schools.

The Ministry of Education participated in the Global Youth Tobacco Survey conducted by the Tobacco Free Initiative Project jointly with the School Health Project in 2001. A total of 100 schools were chosen by Proportionate Probability Sampling and out of 100 schools, 96 schools participated in the survey.

There are plans to conduct more studies, including school personnel survey at schools.

Weaknesses/ Measures need to be taken

The short term target of the National Tobacco Control Programme (2001-2005) is to designate all schools to be tobacco free within the first two years. Due to inadequate reporting, there is no detailed report on the number of schools that have declared to be tobacco free. The majority of schools prohibit smoking within school compounds by students, and students who are caught smoking are likely to get some form of punishment. About 90% of the teachers are females and the majority of them do not smoke. But a few male teachers as well as the menials may smoke within the school compound. Smoking should be strictly restricted within the school compound; teachers should be role models of students and should not smoke in front of them.

Measures to *prohibit sale of cigarettes, cheroots and other forms of tobacco products near the vicinity of schools* still need to be undertaken .This cannot be done by the school authorities alone, but need the commitment of the local authorities as well as the City Development Committees and Department of Development Affairs.

5.5 Ministry of Sports

Strengths/ Measures taken

The Ministry of Sports is an enthusiastic partner of the Ministry of Health in most of the health programmes including the tobacco-free initiative programme. It has *prohibited smoking from all sports stadiums* since two years and this year, in commemoration of the World No-Tobacco Day, it also declared *all the sports fields as tobacco free*. Sportspersons are also urged to refrain from tobacco use and national sportspersons were selected as focal persons for anti-tobacco activities.

Weaknesses/ Measures need to be taken

Golf tournaments are still being sponsored by Tobacco Industry. *All forms of sponsorship for sports as well as entertainment should be gradually eliminated with the aim to ban all forms of tobacco sponsorship.*

More sports persons should participate in anti-tobacco campaigns. Currently, some popular soft drinks and energy drinks are using popular athletes to advertise their products. A volunteer programme by prominent athletes as well as film stars and pop

singers to counter-advertise tobacco will greatly enhance the anti-tobacco programme. They should serve as role models for healthy life styles and free from tobacco. Athletes should also be protected from being used to endorse tobacco products.

It will also be an advantage to the sportspersons if strict rules and regulations prohibit them from smoking. It is an unofficial fact that a sportsman will not be selected for the national team if he or she smokes. Although the majority of sportspersons do not smoke, the rules and regulations that prohibit smoking will prevent them from picking up the habit.

5.6 Ministry of Trade

Since 1998, the market orientated economic system has been in practice in Myanmar. Processes such as giving freedom to the agricultural sector, encouraging foreign investment, giving legal service for border trade, encouraging the participation of private sector in foreign trade and letting companies, joint-ventures, traders and Association of Union of Myanmar Chamber of Commerce and Industry have been organized in sequences. [44]

Myanmar is one of the first countries in GATT (General Agreement on Tariffs and Trade). Now, Myanmar is one of the members of the World Trade Organization which is organized through GATT. Therefore, foreign trade activities of Myanmar are carried out

according to the system of W.T.O. The main exports are farm produce such as rice, pulses, maize, animal food and wood products such as teak, hardwood, sawed wood, metallurgical products and jewels.

With an aim that foreign investors can participate actively in exploiting natural and human resources thereby enhancing long-term mutually beneficial cooperation, the Union of Myanmar Foreign Investment Law was promulgated on 30 November 1988. The Government formed the Myanmar Investment Commission in 1994 which act as an authority for both foreign and Myanmar citizen's investments. The Law provides attractive incentives to foreign investors in the form of tariff and taxes. [45]

Strengths

The Trade Policy on Tobacco as stated by the Ministry of Trade and Commerce is confined to those Enterprises that operate with the approval from Myanmar Investment Commission (MIC). There is no limitation on the import of Virginia or on the import of raw materials for the production of cigarettes. *The import of manufactured cigarettes is however limited.* The cigarettes produced by local firms can be freely distributed inside the country or exported to other countries. However, there is no export of cigarettes or any tobacco products to other countries.[46]

44. See Supra Note 2

45. Ibid

46. Nyo Nyo Kyaing , See Supra Note 15

Weaknesses/ Measures to be taken

There are no *existing laws, rules or regulations on tobacco labeling, packaging, and disclosure of contents*. The New Chair's Text on Framework Convention on Tobacco Control stated in Article 9 about the Regulation of contents of tobacco products, including standards and best practices for testing and measuring, in accordance with each Party's capabilities. In Article 10, it stated the requirement of manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products.

In Article 11 of the New Chair's Text on FCTC, it is also stated that measures to ensure that tobacco packaging and labeling does not promote a tobacco product should be adopted and implemented. It has been frequently recommended that on the cigarette packages, health warnings should appear prominently (such as 50% of the surface or both surfaces), in pictograms and in local language as approved by the Ministry of Health.

Cigarette packages should carry not only health warnings and labels, but also statement and product information to ensure the traceability of tobacco products. This is to control with the view to eliminate tobacco smuggling. The new Chair's Text on FCTC in Article 15 stated that each cigarette package should carry the statement or carry any other effective marking which would assist authorities in determining whether the product is legally for sale on the market for which it is attended as a final destination.

The Ministry of Trade, the Ministry of Finance and Revenue and the Ministry of Health need to fully cooperate for enactment of laws or the development of rules and regulations on labeling and packaging, regulation of tobacco contents and regulation of tobacco product disclosures. The Food and Drug Administration (FDA), which is under the Department of Health, Ministry of Health has the responsibility to regulate tobacco contents. But there is lack of facility on analysis of tobacco constituents and plans are underway to procure necessary equipments.[47]

One major problem in Myanmar is that the majority (75%) of *smokers smoke cheroots which are not sold in proper packages, hence it is impossible to carry any health warning*. The cheroots are sold either loose or in bundles and only the brand name appears on the lower end of the cheroots on thin slips of paper without any space to carry health warnings. Being sold loose at very cheap prices is the major reason of being most widely used. People also believe that cheroots are less dangerous than cigarettes although there is no scientific evidence to prove that. In fact a few studies ever conducted reported

that cheroots also effected ventilatory functions and that a rise in serum FFA after smoking was seen with both cigarettes and cheroots.[48,49,50,51]

47.Department of Laboratory and Department of Food and Drug, Department of Health, Ministry of Health

48. Phyu Phyu Aung et al, Occupational Health Unit, Department of Health and Nutrition Research Division, Department of Medical Research ,*A preliminary study on effect of cheroot smoking on ventilatory functions,* (1990)

49. Kyaw Nyunt thein, Myo Win, Thin Thin Hlaing & Nyunt Tin, *A study of the effects of tobacco smoking on lipid profile of apparently healthy Myanmar adults,* 1996

50. Phyu Phyu Khin, Maung Maung & San Yi, Institute of Medicine, Mandalay, *The study of lung functions in cigarette smokers and cheroot smokers,* 1997

It is highly recommended that measures should be sought for regulating packaging of cheroots with proper health warnings on them. A comprehensive tobacco control law is urgently needed, containing banning of loose sale of cigarettes or cheroots. It is anticipated that Myanmar will be a signatory to the Framework Convention on Tobacco Control, after which related protocols will be drawn. Regulation of tobacco products, regulation of tobacco product disclosures and packaging and labeling as well as banning of sale of loose tobacco products should be part of these protocols.

Another area to be strengthened is *"registration and licensing"* of tobacco manufacturers and wholesale of tobacco products. Currently there is no regulation that requires tobacco manufacturers, wholesale distributors or retailers to register and obtain license. It is not yet possible for retailers to register, but manufacturers and wholesale distributors should be registered. This would help to obtain necessary data and information on production and sale and also help to implement tobacco control measures. Regulations that require

putting up of anti-tobacco messages or health warnings at the point of manufacture and point of sale will reduce the demand for tobacco.

It is also expected that the related protocols of the FCTC will include *banning of sales of tobacco products to and by legal minors.* The Ministry of Trade, the Ministry of Home Affairs, Office of the Attorney General, the Department of Development Affairs and the Ministry of Health can collaborate for the protocols to be implemented effectively. All efforts should be made for effective elimination of tobacco sales and distribution to children.

Another major area of concern is *smuggling.* According to the Trade Policy as stated by the Ministry of Trade, import of cigarettes is limited and is only permitted for the amount required for the duty free shops as estimated by the Ministry of Hotels and Tourism. However in many countries, large amounts of tax-free cigarettes disappear during international transport, only to reappear as smuggled goods. Tobacco smuggling is a global problem, involving international brands produced by multinational companies and distributed by international criminal organizations. Some 30% of internationally traded exported cigarettes are lost to smuggling.[52] Measures should be taken to progressively restricting, with a view to *prohibiting duty-free sale of tobacco products in order to combat tobacco smuggling.* [53]

The Ministry of Trade, the Ministry of Home Affairs and the Ministry of Finance and Revenue can work in cooperation to combat cigarette smuggling. *Marking of tobacco products* to provide traceability is essential: cigarette packages should carry markings in order to identify the origin and enable the tracking of the product, including the name of the manufacturer, the country of origin, the product and batch number and the date of production and carry the statement or carry any other effective marking which would assist authorities in determining whether the product is legally for sale on the market for which it is intended as a final destination.[54]

---

52. .Bettcher D et al, *Confronting the Tobacco Epidemic in an Era of Trade Liberalization,* WHO document, WHO/NMH/TFI/01(A paper originally prepared for Working Group 4, Trade and Health, Commission on Macroeconomics and Health)

53. New Chair's Text on Framework Convention on Tobacco Control 54. Ibid

5.7. Ministry of Finance and Revenue

The Department of Customs and the Department of Internal Revenue are administratively under the Ministry of Finance and Revenue.

Strengths/ Measures taken

The Department of Customs has already set *a high tariff on imported cigarettes (300% prior to 1997 and 30% after 1997 , but due to a change in exchange rates the tax levied is relatively the same)*, and the Department of Internal Revenue has set a high 75 %

commercial tax rate on cigarettes and a 30% income tax from domestic cigarette companies.

The Department of Customs installed a data base system since 2000 on the customs duty charged on every import item. It has *provided the information* on duty charged on raw tobacco and tobacco manufactures, and the information on the amount of cigarettes imported for duty-free sales. The Director General of Customs Department and the Department of Internal Revenue are members of the National Tobacco Control Committee.

Weaknesses / Measures need to be taken

Myanmar still needs a *specific tobacco taxation policy on tobacco*. Raising tobacco taxes discourages tobacco consumption, particularly among young people, and at the same time increases government revenues. The Ministry of Health can play an important role in making a case to the Ministry of Finance and Revenue for viable, health-orientated tobacco taxation.

It is learnt that there was a separate excise department before 1972 and excise tax was levied on tobacco and alcohol. But after 1972, this department was merged into the Department of Internal Revenue and the excise tax was no longer levied. Currently, tobacco taxes in Myanmar are levied according to the Income Tax Law (1974) and Commercial Tax Law (1990) and the Profit Tax Law (1994).[55]

The current tax rate on cheroots is very low. Studies show that nearly 75% of smokers in Myanmar smoke cheroots. Due to the *very low tax rates,* cheap labour and abundant resources for raw material, the price of cheroots is very cheap compared to foreign brand cigarettes. The low tax rate, low prices and easily availability of loose cheroots lead to a high prevalence of cheroot smoking.

Taxes on cheroots should be increased significantly. In the Myanmar Study on Tobacco Economics 2001, it has been estimated that a 40% increase in the price of cheroots will lead to only 1.2% reduction in consumption of cheroots. Due to the very low price and tax rates, it is needed to increase tobacco taxes significantly, especially on cheroots to get a marked reduction on cheroot consumption.

The most popular cigarettes currently smoked by the Myanmar people are not foreign brands imported or smuggled into Myanmar, but cigarettes produced by joint ventures in the country. Being domestic companies, they do not have to pay for the high tariff for cigarettes; they have to pay only low duty rates for import of raw material. With the open

market economy and incentives provided for investment, the companies are also able to sell their products at prices which are much cheaper than imported foreign brands.

Ways and measures should be sought to increase the tax rate on domestic cigarettes as well. Taxing all tobacco products ensures that substitution of other tobacco products (including smokeless tobacco) is not encouraged. [55]

In the WHO Guidelines for Tobacco Control, it has been stated that raising the price of tobacco products through tobacco tax changes is likely to be the single most significant step towards reducing consumption of tobacco products. Increasing tobacco taxes and designating a portion of these taxes to replace tobacco sponsorships of sports, arts and cultural programmes will reduce the economic clout of the tobacco companies while promoting health messages.

---

55. .Department of Internal Revenue, Ministry of Finance and Revenue
56. World Health Organization, *Guidelines fro Controlling and Monitoring the Tobacco Epidemic",*

Although the existing Child Law stated that a child (in Myanmar a child is a person under 16 years of age) has the responsibility to refrain from smoking, Myanmar *lacks of a specific tobacco control law that prohibits sale of tobacco products to and by legal minors*. The increase in tobacco prices will keep price sensitive consumers (especially the young) out of the market, and may prevent them from ever starting to smoke.

Myanmar is enjoying a rapid economic growth together with other ASEAN countries. In the absence of government intervention to impose a strict tobacco taxation policy, tobacco use can be expected to rise as disposable income rises. Thus, prices for tobacco products should rise regularly to cover normal inflation, to ensure that they do not become more affordable as income rises, and to give existing smokers the incentive to quit. [57]

The major drawback of the existing tax system is that there is no *ear marked tax* on tobacco. Increased tobacco taxes, above the rate of inflation, and earmarking a proportion of the proceeds to finance the other tobacco control programmes, that comprise the comprehensive tobacco control programme have been repeatedly recommended by experts. [58] The earmarking of increased tobacco taxes is more important for Myanmar where the National Tobacco Control Programme is still at early infancy and is very much in need of funds.

---

57. Supra Note 56, Annexes

58. Ibid, Annexes

The Ministry of Finance and Revenue can also help tobacco control by *collecting information on smuggling and providing it to the National Tobacco Control Committee*. The Ministry of Home Affairs, the Ministry of Trade and the Ministry of Finance and Revenue together with the Ministry of Health and related departments should develop a

comprehensive anti-smuggling programme. It is essential to obtain detailed and updated information on current and past tobacco taxation levels, tobacco sales and tobacco revenues.

5.8 Ministry of Border Area Development and Developmental Affairs

Strengths/ Measures taken

The functions of Department of Development Affairs is similar to those of municipal departments in some countries. It also has the authority of providing permits and contracts for putting up of advertising billboards and other form of advertisements at restaurants/ shops etc.

The Yangon City Development Committee, the Mandalay City Development Committee and the Department of Development Affairs have issued orders to remove all tobacco billboards from the vicinity of schools, hospitals and health facilities. It has also issued orders not to renew any contracts after the completion of current contracts. At Yangon City, the capital of Myanmar, most of the cigarette advertising billboards have disappeared from major road junctions and publicly visible places.

Weaknesses / Measures need to be taken

The World Bank Report, *Curbing the Tobacco Epidemic* confirms that bans on tobacco advertising do reduce consumption of tobacco. However evidence shows that this only applies when the ban is comprehensive [59] When tobacco advertising was banned, tobacco

companies resort to *band stretching*, to enable indirect tobacco advertising, the advertising of a tobacco brand using a non-tobacco product like clothing, holidays or accessories. All forms of tobacco advertising, promotion and sponsorship should be banned if the full health value is to be achieved.

The Department of Development Affairs in collaboration with other related departments should take measures to ban all forms of tobacco advertisement, direct and indirect. As mentioned above, tobacco industries in Myanmar use festivals like Water Throwing Festival (Thingyan) to sponsor stage shows and other entertainment . Cigarettes are sometimes freely distributed at these occasions.

---

58. Saffer H, Chaloupka F. The effect of tobacco advertising bans on tobacco consumption. *J Health Econ, 2000; 19:1117-37.*

5.8 Ministry of Transport and Ministry of Railway Transportation

Strengths/ Measures taken

As the Protection of Non-smoker's Act is yet to be enacted, measures are still underway to prohibit smoking at enclosed public places. The Ministry of Railway Transportation

has participated in the Tobacco Control Programme by putting up anti-tobacco billboards and posters at railway stations. It has also contributed in making a TV documentary of exposure to tobacco smoke at railway stations and on trains. Plans are underway to designate smoke free coaches and to designate certain coaches such as restaurant coaches as areas where smoking is permitted.

Weaknesses/ Measures need to be taken

Advocacy for decision makers and authority of transport and railway is needed. People still smoke on highway buses even in air-conditioned ones. Public transport should be smoke free. Ministry of Health and Ministry of Transport and Ministry of Railway Transportation should collaborate to identify means to make public transport smoke free.

5.9 Ministry of Labour

Strengths/ Measures taken

The majority of the tobacco industry in Myanmar is made up of cottage industries that produce cheroots. The social welfare system of the Ministry of Labour covers industries that employed a minimum of five. It covers 75 townships out of 324 townships in the country.

Weaknesses/ Measures to be taken

The data on tobacco employment at the national level is not available as the department of labour does not collect data on tobacco employment for the whole country.

The National Tobacco Control Committee needs the information on tobacco employment at the national level which includes the estimates or the actual number of people engaged in tobacco cultivation, manufacturing and processing, wholesale and retail etc.

Although data on employees of State owned cigarette factories is available, there is no information on the number of people employed by private domestic companies.

During 1996/97, the Department of Labour collected data on the number of employees working at the cheroot industries of 7 States and Divisions. There are a total of 14 States and Divisions in Myanmar, hence the information covers only half of the country.

Apart from the possibility that the cheroot industries do not register all those who are employed, most of the cheroot industries hire women who take the material to their homes and rolled them at their leisure time. These women are paid on the basis of per 1,000 number of cheroots rolled and they are not registered as employees anywhere in the existing system. In fact, they shared about 60% of the workforce engaged in the tobacco industry.

For all the above mentioned facts the national data on tobacco employment cannot be compiled currently. A system to compile information on tobacco employment should be introduced.

5.10 Ministry of Agriculture

Strengths/ Measures taken

Data on acres of Virginia and Myanmar tobacco sown is reported regularly in the Statistical Year Books published by Central Statistical Organization. Data on harvested crops is also available.

There are no government subsidies, loans or rebates for tobacco agriculture.

Weaknesses/ Measures need to be taken

There is no information available for the estimate of people engaged in tobacco cultivation. From household survey conducted at five townships it was found that only about 0.1% of the sampled households were engaged in agriculture related to tobacco and about 0.3% earned daily wages from tobacco. Tobacco growers are also part of the tobacco industry. Data on people engaged in tobacco agriculture should be kept and monitored.

5.10 UN Agencies and International NGOS

Strengths and Weaknesses

The World Health Organization has strongly committed itself towards tobacco control. Being a priority cabinet project, tobacco control in all member countries is fully supported by WHO.

However, other UN agencies in Myanmar do not show any sign of interest in the area of tobacco control. The major UN agencies existing in Myanmar such as UNICEF, UNDP, UNFPA, UNDCCP etc have never given any technical or financial support for tobacco control.

International NGOs working in Myanmar are also mainly concerned with primary health care, control of communicable diseases and environmental sanitation. There are no international NGOs in Myanmar who are working in the field of tobacco control.

5.12 Local NGOS

The local NGOs who are related to tobacco control in Myanmar include the following:

1. Myanmar Maternal and Child Welfare Association
2. Myanmar Medical Association
3. Union of Solidarity and Development Association
4. Myanmar Academy of Medical Science
5. Myanmar Women Entrepreneurs Association
6. Myanmar Nurses Association
7. Myanmar Dental Association

8. Myanmar Health Assistants Association

9. Myanmar Red cross Society

10. Myanmar Antinarcotics Assocciation

11. Myanmar Music Association

12. Myanmar Video Association

13. Myanmar Motion Pictures Association

Of the local NGOs, the Myanmar Maternal and Child Welfare Association is very actively involved in tobacco control.

Myanmar Maternal and Child Welfare Association

The Myanmar Maternal and Child Welfare Association was established in 1991; it has a Central Council and also have Supervisory Committees in every State and Divisions. It has township associations in all the 324 townships of the country and more than 12,000 branch associations have been formed in the wards and villages. [59]

[59.] Myanmar Maternal and Child Welfare Association: Tobacco Free Initiative Activities, Yangon 2002

MCWA members are from all walks of life without discrimination what so ever. Currently, there are over 2.4 million unpaid volunteers serving the community nation wide, reaching down to the grassroots level.

Activities of MMCWA are in the area of health, education and income generation. Tobacco Free Initiative is one of the many health programmes implemented by MMCWA.

MMCWA's activities on Tobacco Free Initiative are:

1. Information, Education and Communication Programmes:
    - 1.1 Health talks to many target populations nationwide: youth, housewives, MCWA volunteers and general public.
    - 1.2 Production and distribution of Health Education pamphlets on risk of smoking.
    - 1.3 Display of posters at MCWA offices, maternity homes, child day care centers and public places.
    - 1.4 Putting up billboards
    - 1.5 Publication of articles in Newspapers, journels and magazines.
2. Community Awareness Campaigns
    - 2.1 Using folk media such as folk music, song and dance.
    - 2.2 Performing role Plays and conducting contests.
    - 2.3 Organizing debate, essay, poetry, cartoon, poster and painting contests.

CHAPTER SIX

GENERAL DISCUSSIONS

6.1 Tobacco Cessation

Apart from a pilot smoking programme of the CVD project there are as yet no formal smoking cessation clinics in Myanmar. Plans are underway to open cessation clinics during 2002-2003. However, once a smoking related disease is detected, either in a hospital or a clinic, smoking cessation is advocated as part of the management protocol. This is usually continued when a patient comes for follow up at the outpatients.

Specific smoking cessation counseling services are not available because of human and financial resource constraints. For the same reasons, self reported abstinence cannot be validated objectively such as measurement of the level of expired carbon monoxide. Depending on the commitment of the health personnel the patient will be reminded about the importance of smoking cessation at these follow ups. Therefore in the hospitals and clinics, most of the smoking cessation advocacy is directed at patients only. However the CVD project via the media regularly advise cessation using a " could turkey approach" to the general public. Being the cheapest it is also the commonest approach adopted by health personnel. [60]

The CVD project prescribes doxpein and tricyclic antidepressants in those who had a relapse. Presently a pilot programme initiated by the CVD Project using a nicotine patch replacement therapy is currently underway. The cessation rate at the cardiac medical unit YGH, among patients with various CVDs during the hospital stay is 100 %. [61]

Nicotine replacement treatments and other pharmacological aids to quitting can roughly double the chances that an individual will successfully quit. Increased access to nicotine replacement is effective in reducing smoking. [62] Funds should be raised to make nicotine replacements available.

Plans are underway to conduct community tobacco cessation programmes in two States and Divisions. Lessons learnt from this pilot intervention programme can be used to expand the programme to other parts of the country. Health personnel, members of NGOs and community volunteers can be trained on counseling skills to help smokes quit. Asking current smokers quit to stop smoking is a highly cost-effective intervention, and clinic staff other than doctors too should be mobilized where possible to reinforce this message. [63]

61. Cardiovascular Disease Project, Department of Health.

62. Ibid

63. Prabhat Jha and Frank J Chaloupka, “ *The Economics of global tobacco control”*,BMJ 2000,page 321:358-361(5 August)

64. WHO SEARO, “ Prevention and Cessation of Tobacco Use: A manual for Clinical and Communioty Based Interventions” (prepared by Diyanath Samarasinghe with assistance from Varuni de Silva)

6.2 Research

In Myanmar, a few studies had been conducted on prevalence of tobacco use among specific age, sex groups and in different urban and rural settings. Although the Global Youth Tobacco Survey can be stated as representing the national figure for the 13-15 age group of school going children, there is still lack of a survey which can be said as representing the national figure on prevalence of tobacco use. A nation wide survey is essential to monitor the trend of tobacco use in the country and to evaluate the effectiveness of tobacco control measures.

Studies on the constituents of different types of tobacco used in Myanmar and their effects on health is also very much in need. Cheroots and hand-rolled cheroots are unique of Myanmar and information on their constituents and effects compared to cigarettes is lacking. Being the most widely used type of tobacco product in the country, it is mandatory to know the effects of cheroots on health.

A study is planned to be conducted by the TFI project to calculate the attributable risk of smoking in Myanmar. Detailed analysis of burden of tobacco related disease is also needed.

Due to financial constraints, prospective cohort studies have never been conducted in the field of tobacco in Myanmar. Funds should be raised for prospective cohort studies to study the effect of cheroot smoking on the health and economy.

6.3 Free Trade Agreements and Tobacco Control

It is still needed to advocate the decision makers and the Ministry of Trade that encouraging tobacco industries poses a threat to the health of the population. It should be made clear that when health is threatened, long term social and economic development is also threatened. Health and economic development authorities now agree that short-term economic gains from supporting the development of the tobacco industry are, in the long term, detrimental to health, social and economic development. The Ministry of Trade can also find ways to provide economic alternatives to tobacco growing and manufacturing, to bring national policies in line with those of WHO and World Bank.

Myanmar is a member of ASEAN. ASEAN was established in Bangkok in 1967. Preferential tariffs for the ASEAN Free Trade Area (AFTA) were negotiated in 1992 and fully operationalized in January 2002. Under AFTA agreements, ASEAN Member States provide preferential trade status to each other; this status is more favourable than that given to other WTO Members. [65]

According to the 1998 Framework Agreement on the ASEAN Investment Area and the related protocol, all direct investments in manufacturing and agriculture, including

tobacco investments, are afforded increased protection and reduced regulation, this protection is applied non-discriminatorily to domestic and foreign ASEAN investments. Customs liberalization ASEAN Member States have agreed to reduce the barriers and make more transparent customs between ASEAN States; while tobacco is not mentioned specifically, it is covered under this instrument. [66]

Reduced trade barriers can encourage trade in tobacco products, reduce the price of tobacco products thereby increasing tobacco consumption. ASEAN Member States can choose to remove tobacco-related advertising and distribution from the list of services scheduled to be liberalized. [67]

The ASEAN trade regime has an exception for the protection of health. ASEAN countries have included items exempted from trade liberalization, which currently includes firearms and narcotics. In an assembly of the Health Ministers of the ASEAN Member States in Yogyakatra in April 2000, it was declared that health should be a priority consideration in the development of AFTA and in particular, the Ministers resolved to work toward making ASEAN tobacco-free. [68]

---

65 . Onzivu William, *The Implications of the Association of South East Asian Nations (ASEAN) Legal Regime on Tobacco Control:* Paper presented at the ASEAN Intersession Meeting at Penang, Maalysia, March 2002.

66 Ibid

67 Ibid

68 Ibid

References

Ministry of Health, *Health in Myanmar* 2002

Ministry of Information, Union of Myanmar, *Myanmar Facts and Figures 2002*. March 2002

Dangers of tobacco, Department of Health, Yangon, 2001 (translated from Myanmar)

Nyo Nyo Kyaing, Final Report on *Myanmar Sentinel Tobacco Use Prevalence Study 2001,* WHO SEARO supported study, 2002

Nyo Nyo Kyaing , Soe Naung and Kyaw Khaing, *Socioeconomic determinants of tobacco use*, 2002

Nyo Nyo Kyaing, Preliminary Report on WHO SEARO supported *Study on Tobacco Economics in Myanmar 2001,* 2002

Department of Health, *" Tobacco Free Initiative in Myanmar",* 2001

Center for Communicable Disease Control, Office on smoking and health, *Fact sheet on Myanmar GYTS 2001,* 2002

Central Statistical Organization, *" Statistical Year Book 2001 ",Yangon, 2002*

Myanmar Maternal and Child Welfare Association: Tobacco Free Initiative Programmes ,2002.

Bettcher D et al, *Confronting the Tobacco Epidemic in an Era of Trade Liberalization,* WHO document, WHO/NMH/TFI/01(A paper originally prepared for Working Group 4, Trade and Health, Commission on Macroeconomics and Health)

World Health Organization , *Guidelines for Controlling and Monitoring the Tobacco Epidemic*, 1998

World Health Organization, *Evaluating Tobacco Control Activities, Experiences and Guiding Principles, 1996*

WHO, *Tobacco or Health: A global status report 1999,* Geneva, 2000

Onzivu William, *The Implications of the Association of South East Asian Nations (ASEAN) Legal Regime on Tobacco Control:* Paper presented at the ASEAN Intersession Meeting at Penang, Maalysia, March 2002.

New Chair's Text on Framework Convention on Tobacco Control

John Bloom,J.D, Public Health, International Trade and the Framework Convention on Tobacco Control , March 2001

World Health Organization Prevention and Cessation of Tobacco Use ; A manual for clinical and community based interventions (SEARO, NEwDehli

Prabhat Jha and Frank J Chaloupka, *" The Economica of global tobacco control",* BMJ 2000,321:358-361(5 August)

The Economics of Tobacco Control: "*Exploding the Myths*" (Tobacco Fact Sheet: 11th World Conference on Tobacco or Health)

John Bloom, J. D, Public Health, *"International Trade and the Framework Convention on Tobacco Control" (March 2001)* (Paper prepared for a Roundtable Meeting at Washington DC, February 2001)