



The

ASEAN

TOBACCO CONTROL REPORT



2015-2020





THE ASEAN TOBACCO CONTROL REPORT 2015-2020

The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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1. TOBACCO CONTROL IN ASEAN



The Association of Southeast Asian Nations (ASEAN) is a geo-political and economic organization of 10 countries located in Southeast Asia: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. In 2002, through the 6th Health Ministers Meeting, ASEAN Member States committed to a vision and a “Regional Action Plan on Healthy ASEAN Lifestyles”. Identifying tobacco control as one of the priority policy areas, the Action Plan calls upon member nations to implement a Program of Work on promoting healthy ASEAN lifestyles.

Guided by the ASEAN Vision 2025, the ASEAN Health Cooperation adopted the ASEAN Post-2015 Health Development Agenda (APHDA) which consists of shared goals, strategies, priorities and programs of the health sector between 2016 and 2020. To achieve its vision, mission and goals of the ASEAN Health Cooperation, the Agenda will focus attention and resources to 20 Health Priorities overseen by four Health Clusters; to promote a healthy and caring ASEAN Community, where the people achieve maximal health potential through healthy lifestyle, have universal access to quality healthcare and financial risk protection; have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies.

Under Health Cluster one, promoting healthy lifestyle, the subcomponent priorities are prevention and control of NCDs, reduction of tobacco consumption and harmful use of alcohol, prevention of injuries, promotion of occupational health, promotion of mental health, promotion of healthy and active ageing, and promotion of good nutrition and healthy diet. For tobacco control, this includes developing and implementing a national action plan, consistent with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) on issues such as taxation, smuggling, product advertising, distribution, sale, agricultural production, smoke-

“One Vision, One Identity, One Community”





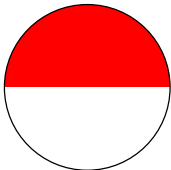
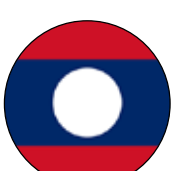
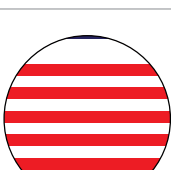
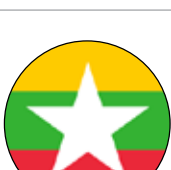
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free environments, packaging and tobacco industries interference. We hope that this report will help point the way forward and promote further collaborations in tobacco control among our ASEAN Member States.

2. SMOKING PREVALENCE AND TOBACCO DEATH

While Asia’s nearly 3.8 billion people account for over 60% of the world population, the 10 ASEAN countries are home to almost 599 million people or about 9% of the world population. Country estimates show that almost 20% (about 121 million) of the adult population in ASEAN are current smokers, accounting for 10% of the world’s 1.25 billion adult smokers. Over the past half century, the global annual tobacco attributable deaths has risen at a disproportionately rapid pace: from an estimated 0.3 million deaths in 1950 to almost 8 million in 2019. The ASEAN region accounts for almost 10% of these deaths. “Tobacco use is the world’s number one preventable killer. In a world undergoing economic upheaval, with populations ageing, chronic diseases on the rise, and medical costs soaring, tackling a huge and entirely preventable cause of disease and death becomes all the more imperative.”

Table 1: Smoking Prevalence for Adults and Youth

 Brunei Darussalam	Total Population	428,697	
	Adults: 19.9 % (aged 18-69 years) *2015/2016	Male: 36.3%	Female: 3.7%
	Youth: 6.1% (aged 13 to 15 years) *2019	Boys: 9.6%	Girls: 2.2%
 Cambodia	Total Population	15,288,489	
	Adults: 16.9% (aged 15 years and above) *2017	Male: 32.9%	Female: 2.4%
	Youth: 4.8% (aged 13 to 15 years) *2016	Boys: 2.9%	Girls: 1.9%
 Indonesia	Total Population	271,066,400	
	Adults: 28.9% (aged 15 years and above) *2018	Male: 62.9%	Female: 4.8%
	Youth: 19.2% (aged 13 to 15 years) *2019	Boys: 38.3%	Girls: 2.4%
 Lao PDR	Total Population	6,858,160	
	Adults: 27.9% (aged 15 years and above) *2015	Male: 50.8%	Female: 7.1%
	Youth: 6.4% (aged 13 to 15 years) *2016 E-cigarette(2016)	Boys: 10.7%	Girls: 2.1%
		Boys: 5%	Girls: 3.7%
 Malaysia	Total Population	31,624,264	
	Adults: 21.3% (aged 15 years and above) *2019	Male: 40.5%	Female: 1.2%
	Youth: 13.2% (aged 13 to 15 years) *2017	Boys: 20.6%	Girls: 5.7%
 Myanmar	Total Population	53,370,609	
	Adults: 26.1 % (aged 15 years and above) *2014	Male: 43.8%	Female: 8.4%
	Youth: 10.6% (aged 13 to 15 years) *2016	Boys: 21.1%	Girls: 2.4%

 Philippines	Total Population	104,918,090	
	Adults: 22.7% (aged 15 years and above) *2015	Male: 40.3%	Female: 5.1%
	Youth: 10% (aged 13 to 15 years) *2019	Boys: 15.3%	Girls: 5.1%
 Singapore	Total Population	5,703,569 (2019)	
	Adults: 10.6% (aged 18-74 years) *2019	Male: 18.4%	Female: 3.2%
	Youth: 4% (aged 13 to 20 years) *2014-2016	Boys: 5.9%	Girls: 2.8%
 Thailand	Total Population	69,037,513	
	Adults: 19.1% (aged 15 years and above) *2017	Male: 37.3%	Female: 1.7%
	Youth: 11.3% (aged 13 to 15 years) *2015	Boys: 17.2%	Girls: 5.2%
 Viet Nam	Total Population	95,540,800	
	Adults: 22.5 (aged 15 years and above) *2015	Male: 45.3%	Female: 1.1%
	Youth: 2.5 (aged 13 to 15 years) *2014	Boys: 4.9%	Girls: 0.2%

3. WHO FCTC STATUS AND NATIONAL TOBACCO CONTROL LAW

Unanimously adopted by the 56th World Health Assembly on 21 May 2003, the WHO FCTC became the world's first international public health treaty when it came into force on 27 February 2005. Of the 195 WHO Member States, 168 have signed the treaty and 182 have become parties making it one of the most rapidly embraced covenants in United Nations history. Among its many measures, the treaty requires countries to ban tobacco advertising, promotion and sponsorship; establish effective packaging and labelling of tobacco products; protect people from exposure to tobacco smoke; and strengthen legislation to clamp down on tobacco smuggling.

Table 2: FCTC Status

Brunei Darussalam	Ratified on 3 June 2004
Cambodia	Ratified on 11 November 2005
Indonesia	Has not signed the FCTC
Lao PDR	Ratified on 6 September 2006
Malaysia	Ratified on 16 September 2005
Myanmar	Ratified on 21 April 2004
Philippines	Ratified on 6 June 2005
Singapore	Ratified on 14 May 2004
Thailand	Ratified on 8 November 2004
Viet Nam	Ratified on 17 December 2004

Table 3: Status of Tobacco Control Law

Brunei Darussalam	Tobacco Order 2005 and its Regulations
Cambodia	Tobacco Control Law 2015 Sub-decree on advertising of Tobacco Products 2011 Sub-decree on Health Warnings 2015 Sub-decree on the Organization and Functioning of Committee for Tobacco Products Control 2017
Indonesia	Under National Health Law No. 36/2009 regarding Health, Government Regulation No. 109/2012 regarding Control of Materials that Contain Addictive Substances in Tobacco Products in the Interests of Health
Lao PDR	Law on Tobacco Control, 2009
Malaysia	Control of Tobacco Product Regulation 2004, Food Act 1983
Myanmar	The Control of Smoking and Consumption of Tobacco Product Law 2006
Philippines	Tobacco Regulation Act 2003, Clean Air Act 1999, Sin Tax Law 2012, Graphic Health Warning Law 2014, Executive Order No. 26: Smoke-free Environments in Public and Enclosed Places 2017 and Executive Order No. 106 Prohibiting the Manufacturer Distribution, Marketing and Sale
Singapore	Tobacco (Control of Advertisements and Sale) Act Smoking (Prohibition in Certain Places) Act
Thailand	Tobacco Products Control Act 2017
Viet Nam	Tobacco Control Law (2012)

4. INTERNATIONAL BEST PRACTICE RECOMMENDATIONS

One hundred (100) million died from tobacco use in the 20th century. Unless effective measures are implemented to prevent young people from smoking and to help current users quit, tobacco will kill 1 billion people in the 21st century. Tobacco is truly a global problem. Nearly 8 million people die from tobacco-related illness each year with 70% of those deaths occurring in developing countries. Just as infectious diseases know no political boundaries, the tobacco epidemic also requires international cooperation for it to be controlled.

Based on the WHO FCTC and its guidelines, ASEAN Member States should:

1. Promulgate and effectively implement tobacco control laws that are consistent with the spirit of the WHO FCTC, including:
 - Parties could consider, while bearing in mind Article 26.2 of the WHO FCTC, and in accordance with national law, dedicating revenue to tobacco-control programs, such as those covering awareness raising, health promotion and disease prevention, cessation services, economically viable alternative activities, and financing of appropriate structures for tobacco control (Article 6)
 - Banning all forms of direct and indirect tobacco advertising, promotion and sponsorship including at points of sale (Article 13)
 - Implementing 100% Smoke-free workplaces and public places (Article 8)
 - Requiring large, prominent, pictorial health warnings covering at least 50% of the principal display areas (Article 11)
 - Banning the use of deceptive labels for tobacco such as “light” and “mild” (Article 11)
 - Cooperating on cross-border issues such as illicit tobacco trade and cross-border advertising with the aim of putting an end to them (Articles 15 and 13)

2. Recognize that regional and global policy interventions are needed to address the international problem of negative health and socio-economic impacts from tobacco use, thus emphasizing the need to put tobacco control on the agenda of ASEAN governments’ meetings (Article 22)

3. Establish permanent government units with staff working full-time on tobacco control (Article 5)
4. Promote the participation of non-government organizations and other groups not affiliated with the tobacco industry in the development of national and regional tobacco control programs (Article 4.7)
5. Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur (Article 5.3)

5. TOBACCO CONTROL MEASURES

A. Price and Tax Measures

The WHO FCTC recognizes that price and tax measures are “an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons (Article 6).” Duty-free sales of tobacco products are also discouraged. Generally, every 10% increase in the price of cigarettes will reduce youth smoking by about 7% and overall cigarette consumption by about 4%. Increasing tobacco may be used to establish and sustain national tobacco control programs and institutions.

Table 4: Tobacco Tax (Percentage of Retail Price)

MOST POPULAR BRAND (as of 2020)	
Brunei Darussalam	N.A. Currently, there are no licensed tobacco importers and retailers in Brunei Darussalam
Cambodia	25-31.1%
Indonesia	58.5%

MOST POPULAR BRAND (as of 2020)	
Lao PDR	19.7%
Malaysia	46.5%
Myanmar	30-40%
Philippines	53%
Singapore	67.5%
Thailand	70%
Viet Nam	35.3%

B. Smoke-Free Environment

It is well known that half the people who smoke regularly today – about 650 million people will prematurely be killed by tobacco. Equally alarming is the fact that 600,000 of people who have never smoked die each year from diseases caused by breathing secondhand smoke (SHS). Breathing SHS causes cancer, as well as many serious respiratory and cardiovascular diseases in children and adults, often leading to death. There is no safe level of human exposure to SHS. These are the indisputable conclusions reached by international and national health authorities, backed up by extensive rigorously reviewed and published research results over many years. Article 8 of the WHO FCTC requires all Parties to protect all persons from exposure to tobacco smoke.

**Figure 1:
ASEAN Smoke-Free Map**



Table 5: Smoke Free Public Places

	All Public Places		Note
	Yes	No	
Brunei Darussalam	√		No bars or pubs in Brunei Darussalam
Cambodia	√		Cambodia bans smoking in all public places and workplaces. Department of Health/Operational District, Referral hospital/Health center, Private Clinics. Department of education/District education office, School/University, Nursery, Museum, Historical place, Petrol station, Inflammable, Gym, and Pagoda

	All Public Places		Note
	Yes	No	
Indonesia		√	Indonesia is regulated seven (7) places that should be implemented as smoke free environments including healthcare facilities, educational facilities, Public Transportation, workplaces, playground, place of worships, public places and other places which has been selected as smoke free place. The challenge is there is no monitoring systems and weak law enforcement
Lao PDR	√		All 12 smoke free public places in graphic above are smoke free areas Minister of Health Regulation bans all indoor places including International and Domestic airports
Malaysia		√	Designated smoking area (DSA) in certain international airports are still permitted under the law and not all public places are gazette as smoke free
Myanmar		√	Smoking room in public transportations (train and water bus/boats)
Philippines		√	Enclosed public places: smoking prohibited except for designated smoking areas (DSAs), provided the DSA comply with the standards Government facilities: smoking prohibited in government agencies that cater to health, education and social welfare Public transportation: smoking prohibited

	All Public Places		Note
	Yes	No	
Singapore	√		List of public places where smoking is prohibited is covered in the Smoking (Prohibition in Certain Places) Regulations (SPCPR) Bars & Pubs, Food shops: With effect from 30 Jun 2017, no new smoking corners will be approved
Thailand		√	Partial Implementation at 1. Private vehicles 2. Indoor area at workplace and hotel lobby
Viet Nam		√	Designated smoking room in restaurants, bars & pubs, hotels, train, ship

C. Effective Health Warnings

While many tobacco users generally know that tobacco use is harmful, studies show that most are unaware of the true risks, even in countries in which there has been a great deal of publicity about the health hazards of tobacco. As the World Bank has noted, “People’s knowledge of the health risks of smoking appears to be partial at best, especially in low and middle-income countries where information about these hazards is limited.” Smokers tend to be even less aware of the risks of tobacco smoke to others. Health warning labels on cigarette and other tobacco product packages as well as all marketing materials, help inform consumers of these dangers are an important component in a national health education program. Although Article 11 of the WHO FCTC only requires health warning labels that cover, at a minimum, 30% of the principal display areas of tobacco packages, Parties agree that health warning labels ideally should cover 50% or more of the principal display areas of each packet. Health warning labels must include rotating messages in the principal languages of the Party, and may include pictures or pictograms. Prominent health warnings and messages on tobacco product packages have been found to lead to an increased awareness of health risks and an increased desire to quit, even among smoking youth.

Table 6: Health Warning

Brunei Darussalam	Seven (7) rotating pictorial health warnings on the top 75% of front and back panels of the pack
Cambodia	Two (2) rotating pictorial health warnings on the top 55% of the front and back panels of the pack
Indonesia	Five (5) pictorial health warnings on the top 40% of front and back panels of the pack
Lao PDR	Six rotating pictorial health warnings on the top 75% of front and back panels of the pack and carton
Malaysia	Twelve (12) rotating pictorial health warnings on the top 50% of the front and top 60% of the back panels of the pack
Myanmar	Rotating pictorial health warning 75% on both front and back
Philippines	Twelve (12) rotating text warnings on the bottom 50% of the front and back of all tobacco product packages
Singapore	Six (6) rotating pictorial health warnings on the top 75% of front and back panels of the pack
Thailand	Ten (10) rotating pictorial health warnings on top 85% of front and back panels of the pack including ten (10) rotating messages on toxic constituent and emission from tobacco smoke covering 60% of both side panels of the pack.
Viet Nam	Six (6) rotating pictorial warnings on the top 50% of the front and back panels of the pack

D. Ban Tobacco Advertising, Promotion and Sponsorship

Since the majority of smokers begin before the age of 18, there is compelling evidence that much of tobacco industry advertising and promotion is directed at children and successfully recruits new tobacco users. “Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products (WHO FCTC Article 13).” The WHO FCTC requires all Parties to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of ratifying the treaty.

Table 7: Ban Tobacco Advertising, Promotion and Sponsorship

Brunei Darussalam	Ban on direct advertising, promotion and sponsorship
Cambodia	Ban on direct and indirect advertising, promotion and sponsorship including at points of sale except display of pack
Indonesia	Regulate tobacco advertising on: (1) electronic media; (2) outdoor media; (3) information technology media; and (4) printed media (sponsorship is allowed without publicity).
Lao PDR	Ban all forms of advertising, promotion and Sponsorship and CSR, except pack display
Malaysia	Ban on direct and indirect advertising, promotion and sponsorship, except at points of sale
Myanmar	Ban all forms of direct and indirect tobacco advertising, promotion and sponsorship
Philippines	Partial ban, Media Ban implemented at billboard and mass media. Tobacco advertising at point of sale still allowed. Ban on sponsorship implemented
Singapore	Ban all direct and indirect advertising, promotion and acknowledgment of sponsorship, including points of sale
Thailand	Ban on direct and indirect advertising, promotion and sponsorship including points of sale and pack display
Viet Nam	Ban on direct and indirect advertising, promotion and marketing in every form. However, tobacco industry allowed to sponsor for hunger eradication and poverty reduction; prevention and control of natural disasters, epidemics, disasters; and for combating cigarette smuggling, without announcing in the mass media about the sponsorship)

E. Preventing Tobacco Industry Interference

WHO FCTC Article 5.3 requires that Parties shall act to protect their public health policies from the commercial and other vested interests of the tobacco industry. This is regarded as a critical measure in the implementation of the treaty as the industry will stop at nothing to derail, dilute, and delay the development and implementation of effective tobacco control policies. In 2008, based on a well-documented evidence of strategies and tactics used by the tobacco industry over a span of decades to interfere with the setting and implementing of tobacco control measures, the Conference of the Parties to the WHO FCTC adopted the “Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry” (Article 5.3 Guidelines). The guidelines contain four guiding principles and eight recommendations:

Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests.

Principle 2: Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent.

Principle 3: Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent.

Principle 4: Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses.

- Recommendation 1:** Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.
- Recommendation 2:** Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- Recommendation 3:** Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- Recommendation 4:** Avoid conflicts of interest for government officials and employees.
- Recommendation 5:** Require that information provided by the tobacco industry be transparent and accurate.
- Recommendation 6:** Denormalize and to the extent possible regulate activities described as "socially responsible" by the tobacco industry, including but not limited to activities described as "corporate social responsibility".
- Recommendation 7:** Do not give preferential treatment to the tobacco industry.
- Recommendation 8:** Treat state-owned tobacco industry in the same way as any other tobacco industry.

Table 8: Implementation of Article 5.3

	Implementation of Article 5.3		Code of Conduct		Note
	Yes	No	Yes	No	
Brunei Darussalam	√		√		The code of conduct was endorsed and circulated to all civil servants in November 2019
Cambodia	√			√	
Indonesia		√	√		Ministry of Health already have Code of Conduct for internal organization
Lao PDR	√		√		Minister of Health approved the 5.3 Code of Conduct for Health Sector in Dec 2018 Strengthening the implementation of FCTC article 5.3 in non-health sector is required
Malaysia	√			√	
Myanmar	√			√	Guidelines on contact with cigar and tobacco product manufacturer, distributor, seller, or related person apply to the Ministry of Health only
Philippines	√		√		
Singapore	√		√		
Thailand	√		√		
Viet Nam		√		√	

6. PROGRESS REPORT AMONG ASEAN COUNTRIES 2015-2020





A. Brunei Darussalam



a. New development or new amendments of law and policy on tobacco control measures

Royal Customs and Excise Department, Ministry of Finance, Brunei Darussalam has amended the Customs Import Tax and Excise Duties, effective on 1st April 2017, and this includes the revision of the tobacco tax. The tobacco tax was increased by 100%, for example tax for cigarette was increased from BND\$0.25/stick to BND\$0.50/stick, tax for cigars was increased from BND200/kg to BND400/kg, etc. At the same time, excise tax for vape and related products was also introduced at 100% rate.

b. Main activities conducted at National and Regional level

Quit-2-Win Program

Quit-2-Win Program is similar to our smoking cessation clinic, which runs for 6 months. However, quit-2-win successful clients are given incentives at the end of the program. This program was started in 2014 and continues to be conducted annually until 2017. The quit rate (successful quit) for this program is higher compared to our smoking cessation clinic success rate.

**Figure 2:
Quit-2-Win Program 2017 (BRUNEI DARUSSALAM)**



**Winners of the 2017 Quit-2-Win program with
organising committee**



**Among the attendance of Quit-2-Win
closing ceremony**

Source of photos: Health Promotion Centre, Ministry of Health, Brunei Darussalam

Training:

On top of training new counsellors for the smoking cessation clinic, refresher courses were also conducted for the existing counsellors every 2 years (2015 and 2017). Meanwhile, two trainings were conducted in 2018 for new counsellors which include some doctors and nurses from the Primary Health Care Services, Health Promotion Centre and School Health Services.

**Figure 3:
Refresher Course for the Smoking Cessation Counsellors
(BRUNEI DARUSSALAM)**



**Activity conducted during
the refresher course**



**Participants of the course at the end of
an outdoor activity**

Source of photos: Health Promotion Centre, Ministry of Health, Brunei Darussalam

In 2019, 5As tobacco cessation brief intervention training was conducted for all doctors and nurses in Maternal and Child Health Services nationwide, which comprises 19 doctors and 112 nurses. The training was divided into 5 groups and was conducted over 2 months.

In 2020, 5As tobacco cessation brief intervention training was conducted for allied health professionals under the Ministry of Health. 3 groups of 47 allied health professionals attended the first training sessions in February 2020. Second training sessions are scheduled to be conducted for 4 groups of allied health professional in August 2020.

Figure 4:

5As Tobacco Cessation Brief intervention Training (BRUNEI DARUSSALAM)



As tobacco cessation brief intervention training for medical officers from Maternal and Child Services



5As tobacco cessation brief intervention training for nurses from Maternal and Child Services



5As tobacco cessation brief intervention training for Allied Health Professionals on 1st February 2020



5As tobacco cessation brief intervention training for Allied Health Professionals on 8th February 2020

Source of photos: Health Promotion Centre, Ministry of Health, Brunei Darussalam

Exhibition and roadshows:

Anti-tobacco exhibition and roadshows are conducted regularly every year at strategic places, which include educational institutions, workplaces and shopping centres. Some of the activities conducted during the exhibition and roadshows are health talk, quizzes, carbon monoxide test, brief counseling on smoking cessation, etc. (Figure 5)

**Figure 5:
Exhibition & Roadshows (BRUNEI DARUSSALAM)**



Roadshows conducted in the shopping centre



Anti-tobacco activities at secondary school

Source of photos: Health Promotion Centre, Ministry of Health, Brunei Darussalam

Mass Media Campaign:

In conjunction of World No Tobacco Day 2018, mass media campaign was conducted starting June 2018. Through this campaign, several radio and video messages were produced and distributed across several platforms, which include social media, radios, television, advertising digital boards, as well as cinemas. Anti-tobacco mass media campaign will continue to be conducted every 2 years as one of the strategies to reduce tobacco use in the country.

Another mass media campaign in conjunction of World No Tobacco Day 2020 is planned to be conducted this year. However, due to COVID-19 situation in the country, the campaign has been postponed to October 2020.

Global Youth Tobacco Survey (GYTS):

Second round of GYTS was conducted concurrently with Global School-based Student Health Survey (GSHS) between August to October 2019. The surveys were conducted with the support from World Health Organization (WHO) and Center for Disease Control and Prevention, USA (CDC).

**Figure 6:
Global Youth Tobacco Survey & Global School-Based
Student Health Survey (BRUNEI DARUSSALAM)**



GYTS & GSHS conducted at one of the secondary schools in the country



GYTS & GSHS conducted at one of the secondary schools in the country

Source of photos: Health Promotion Centre, Ministry of Health, Brunei Darussalam

c. Challenges and remedial measures within the period of 2015-2020

Low global oil & gas prices have affected Brunei Darussalam's economy due to these consideration as well as other priorities, few tobacco prevention programs/ activities were I conducted.

d. Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

There is a rise in e-cigarette users from 5.6% in 2014 to 16.7% in 2015, where majority of the users are those aged between 15 and 24 years old, despite its sale banned in Brunei Darussalam. Although e-cigarette and heated tobacco product are not specified under the Tobacco Order 2005 and its Regulations, these are considered as tobacco products, hence are covered by the Tobacco Order 2005 and its Regulations.

Currently, Ministry of Health is in the process of amending the Tobacco Order 2005 and its Regulations, taking into account the above-mentioned products.

e. Achievements within the period of 2015-2020

- **2015** – Increase in licensing fee for tobacco importer (from BND\$2,500 to BND\$5,000) and retailer (from BND\$300 to BND\$600)
- **2017** – Increase in tobacco tax by 100%
- **2019** – Code of conduct (circular) was endorsed and circulated to all civil servants in November 2019, which requires any interactions with the tobacco industry and its representatives must be conducted in transparent manner



B. Cambodia



a. New development or new amendments of law and policy on tobacco control measures

- Since 2015, Cambodia has passed its first tobacco control law and relevant tools, for enforcing the tobacco control law including
- Sub-decree on 55% pictorial health warning on tobacco products packaging
- Prakas on legal procedure for printing of 55% Health Warning in Khmer Language and Pictorial on Tobacco Products Packages
- Sub-decree on the Ban of Smoking Tobacco Products at Workplaces and Public Places
- Prakas on restrictions on display of tobacco products at point of sales
- Draft Prakas on tobacco products inspection teams to ensure the compliance of tobacco industry and public with tobacco control legislation
- Establish Cambodia Smoke-free Cities and NCD Prevention Alliance

b. Main activities conducted at National and Regional level

After the Law on Tobacco Control and other Sub-decrees had been approved by the Royal Government of Cambodia, National Center for Health Promotion which is under supervision by Ministry of Health had conducted the following activities:

- Raising awareness of stakeholders and public on tobacco law and relevant legislation through workshops and mass media
- Conduct training on tobacco cessation
- World No Tobacco Day (annually)
- Conduct monitoring on the compliance of tobacco intervention and sub decree on the ban of smoking at workplace and public place

c. Challenges and remedial measures

Cambodia has made remarkable progress to reduce tobacco used. However, there are many challenges such as lack of awareness among Cambodian i.e public harm of tobacco use and second hand smoke, social norm related to smoking in public places and workplaces, low tobacco tax as compared to the

WHO's recommendations, lack of human resources and financial resources at national and sub-national level to implement tobacco control, and strong tobacco industry interference to weaken and/or delay tobacco control measures.

d. Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

- Lack of information on the use of new emergence of smoking product like e-cigarettes and heated tobacco products
- Lack evidence to advocate to policy makers to develop the legislation
- Policy to ban e-cigarette and shisha has been in place but enforcement remains weak

e. Achievements within the periods of 2015-2020

The Royal Government of Cambodia has seen success in fighting tobacco use. As a result, the prevalence of tobacco used among adults (15+) has gradually dropped from 39.2% and 3.4% in 2011 to 32.9% and 2.4% in 2014 for male and female respectively. The prevalence of tobacco used among youth (13-15years) has significantly decreased from 6.3% in 2010 to 2.4% in 2016.

Below is the summary of achievements related to regulations and legislation in these three-year period:

- Sub-decree on 55% pictorial health warning on tobacco products packaging
- Prakas on legal procedure for printing of 55% Health Warning in Khmer Language and Pictorial on Tobacco Products Packages
- Sub-decree on the Ban of Smoking Tobacco Products at Workplaces and Public Places
- Prakas on display of tobacco products at point of sales
- Draft Prakas on tobacco products inspection teams to ensure the compliance of tobacco industry and public with tobacco control legislation
- Establish Cambodia Smoke-free Cities and NCD Prevention Alliance

Figure 7:
Enforcing the implementation of Smoke-free legislation,
presided over by the Health Minister, September 2018 (CAMBODIA)



Source of photo: Ministry of Health, Cambodia

Figure 8:
The meeting of the National Tobacco Control Committee, June 2019
(CAMBODIA)



Source of photo: Ministry of Health, Cambodia

Figure 9:
Display of “No Smoking Sign” to public places and workplaces, July 2016
(CAMBODIA)

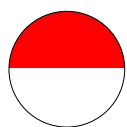


Source of photo: Ministry of Health, Cambodia

Figure 10:
Joint inspection between Ministry of Interior and NCHP/MOH
on the implementation of PHW, October 2017 (CAMBODIA)



Source of photo: Ministry of Health, Cambodia



C. Indonesia



a. New development or new amendments of law and policy on tobacco control measures

Indonesia has fully committed to protect people from tobacco smoking by creating laws and policies as tobacco control measures including:

- Government Regulation number 2 in year 2015 regarding National Medium-Term Development Plan 2015-2019. The government is committed to reduce the prevalence of smokers aged <18.
- The Ministry of Education Regulation number 64 in year 2015 regarding the Smoke Free Environment at School.
- The Ministry of Health of Republic of Indonesia has a strict law to guide on handling conflict of interest with the tobacco industries by developing The Ministry of Health Regulation Number 60 in year 2016 regarding the Guidelines for handling conflicts of interest with the tobacco industry in the Ministry of Health.
- The Ministry of Health Regulation number 40 in year 2016 regarding the allocation of tobacco tax for health.
- President Instruction number 1 in year 2017 regarding community health movement emphasizing smoke free environment policy should be implemented in national and sub-national level.
- The Ministry of Internal Affairs number 33 in year 2017 regarding the guidelines for planning of Regional Budget for 2018, in which that Public health services which are funded from cigarette taxes are guided by Minister of Health Regulation Number 40 in year 2016.
- The Ministry of Health Regulation number 53 in year 2017 regarding the revision of the Ministry of Health Regulation number 40 in year 2016 on allocating the tobacco tax for health and National Health Insurance.
- The Ministry of Health Regulation number 56 in year 2017 regarding the revision of the Ministry of Health regulation number 28 in year 2013 regarding pictorial health warnings on tobacco packs. Pictorial health warnings on tobacco packs that has been launched in 2017, starting 2019 Indonesia used two sets of new

pictures that are originally from Indonesia's victim and others are still used from previous pictures that have been evaluated to be effective in preventing new smokers. Start on 2017, Indonesia initiated to amend the Government Regulation number 109 in year 2012 about Safety of Materials Containing Addictive Substances Forming Tobacco Products for Health regarding to the enlargement of pictorial health warning on tobacco packaging to 90%. The Ministry of Health conducted coordination meetings and photo collection activities in 2019 for new rotation of PHW.

Figure 11:
The inclusion of Pictorial Health Warning (PHW) in Indonesia is still 40% of the total cigarette packaging area. Since 2018 Indonesia has used 3 new images from 5 types of PHW (INDONESIA)



Source of photo: Ministry of Health, Indonesia

- Revocation of Regulation of the Minister of Trade Number 86 in year 2017 concerning Provisions on the Import of Electric Cigarettes. Indonesia has recently initiated to amend the Government Regulation number 109 in year 2012 about Safety of Materials Containing Addictive Substances Forming Tobacco Products for Health regarding to the prohibition of electronic cigarettes, enlargement of pictorial health warnings on cigarette packs (Pictorial Health

Warning/PHW) to 90%, as well as advertising, promotion and sponsorship of tobacco products. This is an ongoing process which has been started since the beginning of 2017.

- The Ministry of Finance regulation number 146/PMK.010, year 2017 regarding e-cigarette as product has been included in excise tax.
- The Ministry of Finance regulation number 222 in year 2017 regarding utilization of excise tax for health and national health insurance.
- In 2017, Indonesia has initiated to amend the Government Regulation number 109 in year 2012 regarding to the enlargement of pictorial health warning on tobacco packaging. This is an undergoing process due to some material changes in the development of the discussion regarding ban on tobacco advertising, promotion and sponsorship; provisions on the use of additional substances in cigarette products; and ban on electronic cigarettes.
- Presidential Government Regulation number 18 in year 2020 regarding National Medium-Term Development Plan 2020-2024. The government commit to decrease the prevalence of young smokers (under 18 years old) down to 8.7%, simplification excise tariff structure, tobacco advertising, promotion and sponsorship ban and PHW enlargement, and revision on Government Regulation on tobacco control.
- In 2020, the government increase the excise tax on tobacco products by 23% and raise the retail price of cigarettes across categories by an average of 35% through the Minister of Finance Regulation number 152 year 2019 which applies from January 1, 2020.

b. Main activities conducted at National and Regional level

■ Mass media campaign

- Production and placement PSA Smoking victims “Pak Pandjaitan” on National Television and social media, 2015
- Production and Placement PSA smoking victims “Ibu Ike” on National Television and social media, 2015-2016
- Production and Placement PSA Smoking victims on children “Suara Hati” on national television and social media, 2016

- Production and Placement PSA Smoking Victims “Robby”, on national television and social media 2016-2017
 - Production and Placement PSA Smoking Victims “Richard”, on national television and social media 2018
 - Production and Placement PSA Smoking Victims “Story of Ranap Family” “Richard”, on national television and social media 2018
- **Monitoring tobacco control policy**
- Ministry of Health reviewed the implementation of Smoke free-environments policy in provinces and districts in Indonesia annually
 - Implement Smoke-Free schools in primary school, junior high school and senior high school. In 2019, 50.2% of districts/cities in Indonesia have implemented the Smoke Free Area policy at minimal 50% of school
 - In 2020, the data shows 100% Province and 75,5% of city and districts in Indonesia (388 of 514) have regulations and policy related to Smoke Free Area
- **Provide tobacco cessation services**
- Tobacco cessation program has been provided in several health centers and schools in Indonesia to help and motivate smokers to quit smoking
 - Tobacco cessation program training for health workers and teachers

Figure 12:
Respiration Check in Schools to promote “Stop Smoking in School” program (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 13:
Orientation of implementation of Smoke-free area and Smoking Cessation Program for Health workers (INDONESIA)



Source of photo: Ministry of Health, Indonesia

- Indonesia provides quit line services 08001776565 since 2016 to all smokers who want to quit smoking. The quit line hot line number has been attached in every smoking IEC materials that has been made by Ministry of Health including PSAs, brochures, Billboards, Public Transportations such as busses and trains. In 2019, we will implement to provide the quit line number in tobacco packs. Almost 30% of smokers started to stop smoking after got a cessation consultation by Quitline Service.

Figure 14:
QUITLINE INA 0-800-177-6565



Source of photo: Ministry of Health, Indonesia

Quitline INA 0-800-177-6565 is a smoking cessation counselling service via toll free/toll free and reaches all parts of Indonesia. This counselling service can be accessed directly by people who want to stop smoking or who need information on how to stop smoking. Public interest in Quitline INA services increased sharply in 2019 as evidenced by the number of incoming calls of 556,827, because Quitline INA telephone numbers since January 2019 have been listed in each cigarette pack according to the mandate of the Minister of Health Regulation No. 56 of 2017.

- Socialization and advocacy activities targeting sub-national leaders including Governors and Majors through Community Health Movement (GERMAS) focusing smoke-free environment policy and implementation.
- Conduct meeting of the joint partnership across programs and sectors in tobacco control.
- Conduct World No Tobacco Day Campaign together with creating public awareness, communications through a variety of mass media and public relations, and campaigns to raise awareness on tobacco harm and tobacco industry strategy.

Figure 15:
Community Empowerment through anti-smoking campaigns by students (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 16:
Interactive dialogue of the Minister of Health with the Indonesian Mayors and Regent in commemoration World No Tobacco Day 2019 (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 17:
High Level Dialogue Multi Sectoral lead by Minister of Health with Indonesian Mayor and Regent Alliance for Tobacco Control and NCDs Prevention in the Commemoration World No Tobacco Day 2019 (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 18:
Interactive dialogue through video conference between the Minister of Health and the local government of Klungkung Regency, Bali province in commemoration of World No Tobacco Day 2019 (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 19:
Bima Arya, Mayor of Bogor City received the World No Tobacco Day 2019 Award from the World Health Organization (WHO) (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 20:
Director General of Disease Prevention and Control, Ministry of Health Indonesia awarded one of the Indonesian Regent who succeeded to implement Smoke-free area (INDONESIA)



Source of photo: Ministry of Health, Indonesia

- Awarding sub-national leaders in implementing KTR policies in a series of World No Tobacco Day Celebrations.
- Launch World No Tobacco Day 2020 Campaign through webinars and social media campaign using varies of hashtags, including #tolakbujukanrokok (refuse Tobacco enticement) #perokokrentanCOVID19 (smokers vulnerable to COVID19) and #tahumaumampu (know, want able). The campaign is also associated with COVID-19 pandemic to raise awareness on tobacco harm.

Figure 21:
HTTS/WNTD 2020 Challenge encouraged community to write invitation to reject the persuasion of cigarettes in a piece of paper. The message must be uploaded through social media platform Instagram followed with creative caption (INDONESIA)



Source of photos: Ministry of Health, Indonesia

c. Challenges and remedial measures

- Need strong and comprehensive tobacco control regulation at national level.
- Need to strengthen commitment at the subnational level to regulate and implement tobacco control measures.
- Law enforcement is still weak.
- The rise of tobacco advertisement on all media.
- Tobacco Industry interferences.
- The cigarette price is low and it is easy to buy per stick.
- Lacking of commitments in sub-national to regulate and implement tobacco control measures, especially due to decentralizations.
- Some sectors from national level do not support tobacco control.

d. Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

- Prohibition of electronic cigarettes is included on the amendment plan of the Government Regulation number 109-year 2012.
- The prevalence of electric smokers in the age range of 10 to 18 years in Indonesia reached 2.7% (2018), an increase of 0.7% compared to 2016. Meanwhile, the highest increase occurred in the age group above 15 years which is 10.9% or an increase of about 9.7% compared to 2016.
- E-cigarette is proposed as product that needs to be included in excise tax.

e. Achievements within the period of 2015-2020

- Rotation of new set of PHWs that has been implemented since 11 January 2019.
- Smoke-Free Environments policies have been regulated in many provinces and district in Indonesia. There have been 328 cities/districts and 20 provinces which have regulated the smoke free environment policies.
- Tobacco tax and excise tax can fund public health program in sub-national level and contribute to the pay National Health Insurance.
- Good partnership and collaborative effort with the non-sector agency including local NGOs, Religious organization, Academician, Researcher, University Student Organization, Youth Organization, International NGOs.

Figure 22:
The 4th Asia Pacific Cities Alliance for Tobacco Control and NCDs Prevention (APCAT) Summit attended by more than 200 delegates from 12 countries in the Asia Pacific region held on 25-26 September 2019 in Bogor (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 23:
Declaration of Smoke-free generation enlivened by 3,000 kindergarten to high school students in Bogor (INDONESIA)



Source of photo: Ministry of Health, Indonesia

Figure 24:
Healthy lifestyle campaign without smoking, fun run event in the commemoration of World No Tobacco Day (INDONESIA)



Source of photo: Ministry of Health, Indonesia



D. Lao PDR



a. New development or new amendments of law and policy on tobacco control measures

- 23 May 2016, the Health Minister issued a regulation to strengthening the enforcement of National Tobacco Control Law which is required the tobacco companies, both in-country manufactured and import to print 75% of PHW on top of both sides of cigarette packs and cartoon, 100% smoke free indoors, ban the parasol advertising at POS and CSR.
- 14 Dec 2018, the Minister of Health issued a tobacco control code of conduct for health sector.
- 13 Aug 2018, Prime Minister Noticed to ban import, distribution and consume of electronic cigarettes and shisha in Lao PDR.
- 21 Feb 2019, the Prime Minister approved a Prime Minister's decree on Tobacco Control Penalty.
- In 2020, Lao PDR is amending the National Tobacco Control Law, it is expected to propose for the government to provide inputs and further comments in the last quarter of 2020 prior submission to the National Assembly for consideration and approval in 2021.

b. Main activities conducted at National and Regional level

- Meetings of National and provincial Tobacco Control Committees.
- High ranking government officials meeting on Tobacco Tax in collaboration with SEATCA and WHO Lao PDR in 2016.
- WHO FCTC article 5.3 advocacy meetings for key policy-makers in the Ministries of Health, Finance, Industry and Commerce, National Defense, Planning and Investment, Prime Minister's Office.
- Dissemination of the Health Minister issued a regulation to strengthen the enforcement of National Tobacco Control Law which is required the tobacco companies, both in-country manufactured and import to print 75% of PHW on top of both sides of cigarette packs and cartoon, 100% smoke free indoors, ban the parasol advertising at POS and CSR.

- Declaration of smoke free Wattay and Luang Prabang International Airports and Xiengkhoung domestic airport.
- Declaration of smoke free plain of jars (a third world heritage sites in Lao PDR, located in Xienghoung province. Strengthen smoke free tourism spots in main city of Vientiane Capital, Luang Prabang province.
- Celebration of smoke Free Luang Prabang World Heritage site, 20th anniversary, smoke-free Chao Anouvong Park, smoke-free Thatluang Park, smoke-free Phanom Village in Luang Prabang, Smoke Free National Games, Smoke Free ASEAN University Games.
- Advocacy meetings with Youth on peer education related to harms of tobacco use.
- Celebration of World No Tobacco Day every year, Media campaigns, advocate policy-makers and youth on harms of tobacco use, protecting young people from tobacco industry manipulations, raising public awareness, communications through a variety of channels such as TV, Radio, newspapers and Facebook.
- National workshop on WHO FCTC article 5.3 for journalists.
- Media campaign to raising awareness on the advantages of pictorial health warnings to policy makers and journalists, increase tobacco tax and smoke free workplaces, public places and private sectors.

c. Challenges and remedial measures

- The government of Lao PDR signed a joint venture investment license agreement (ILA) with the Lao Tobacco Company which is a subsidiary of Imperial International Tobacco Industry from 2001-2026. The ILA capped lock the tax rate in a very low rate like ‘if the production cost of a pack of cigarette is less than 1,500 kip, the company pay 15% of excise tax and if the production cost is equivalent to or more than 1,500 kip, the company pay 30% of excise tax. The Ministry of Health tries to advocate for related ministries such as Ministries of Planning and Investment, Finance, Industry and Commerce and Prime Minister’s Office on ‘no extension of the ILA’ after is expired in 2026.
- The Ministry of Finance could not collect the 2% of profit tax and 200 LAK per pack of both in-country manufactured and import tobacco products for the

Tobacco Control Fund as per the Prime Minister' decree no. 155/gov, dated 21 May 2013. The Ministry of Health is planning to conduct a meeting with the Ministry of Finance to discuss the possibility of enforcing the decree.

- The policy makers support for tobacco control is required; and it is competing with other priorities among health and non-health sectors. The Ministry of Health is planning to develop a tobacco control strategy in 2020 and ensuring that tobacco is integrated into other national action plans.

d. Achievements within the periods of 2015-2020

- The Minister of Ministry of Health issued the regulation on implementation of TC Law.

**Figure 25:
High level meeting on 30 August 2017 (LAO PDR)**



Source of photo: Ministry of Health, Lao PDR

**Figure 26:
National Tobacco Control Committee Meeting (LAO PDR)**



Source of photo: Ministry of Health, Lao PDR

Figure 27:
Smoke Free Chao Anouvong Park and Night Market in Vientiane (LAO PDR)



Source of photo: Ministry of Health, Lao PDR

Figure 28:
1st set of Pictorial Health Warning 75% on top of front and back of the packs and cartons (LAO PDR)



Source of photo: Ministry of Health, Lao PDR



E. Malaysia



a. New development or new amendments of law and policy on tobacco control measures

- Development of National Strategic Plan (NSP) for Tobacco Control (2015-2020) which is in line with WHO Framework Convention on Tobacco Control and WHO NCD Global Target.
- Development of Steering Committee Meeting chaired by Minister of Health to discuss the plan of action.
- Active participation from other related Ministries and agencies on tobacco policy development.
- Development of new Tobacco and Smoking Act to replace existing regulation.

b. Main activities conducted at National and Regional level

- Multilevel advocacy programs: Preschool, primary school, youth (secondary school and University) and adult.
- Co-working with school dental health program for screening and follow up of young smokers (KOTAK).
- Agreement with private hospitals/general practitioners'/retail pharmacies for quit smoking program (mQuit).
- Blue Ribbon Program by MySihat: Premises that are not gazette under Control of Tobacco Product Regulation 2004 are encouraged to join this program for voluntarily declaring premises as smoke free premise.

c. Challenges and remedial measures within period of 2015-2020

- Based on the GATS findings in 2011 and Mini GATS (National Health Morbidity Survey) findings in 2015, majority of smokers have the intention to quit but they did not avail the quit smoking services. In order to improve this situation, the Ministry of Health developed a program named Malaysia Quit Smoking Services or mQuit program with the concept of Public Private Partnership. This program aimed to increase the availability of smokers to get treatment for quit smoking.

d. Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

- E-liquid with nicotine is regulated under Poison Act 1952, however e-liquid without nicotine is not regulated under any law.
- Burden to the enforcement in enforcing the Poison Act as the usage of e-cigarette is not banned in Malaysia.
- Other main challenges were the usage of e-cigarette among school children and the dual user both conventional and e-cigarette among adults increased over the years.

e. Achievement within the period of 2015-2020

- Closing of smoking rooms in all domestic airports in Malaysia.
- Smoke free city program by local authorities in various states of Malaysia, e.g. *Penang Bebas Asap Rokok*; *Kelantan Bebas Asap Rokok*. Smoke free city project is special initiative from the state government with their respective NGOs. This program has been initiated in 2011 in Malacca and has been emulated in other cities in Malaysia. The strategic plan has indicated that the Smoke Free City project is to be expanded to many more cities in Malaysia.
- Community Empowerment and intensifying Multi Sectoral Involvement in Tobacco Control through *KOSPEN* program for *Rumah Bebas Asap Rokok* (RBAR) or Smoke Free House. One of the main activities to enhance community empowerment with smoke-free agenda is through the *Komuniti Sihat Perkasa Negara (KOSPEN)* program. Communities under *KOSPEN* are encouraged to generate as many smoke free settings (which are not gazetted under the Control of Tobacco Products Regulations 2004) as possible such Smoke Free Homes (*Rumahku Bebas Asap Rokok*) and other smoke free settings such as smoke free shops, stalls, eateries and so forth. *KOSPEN* communities are also encouraged to do their public events as smoke free such as smoke free weddings, public meetings and gathering.
- Expansion of smoke free regulation at non air conditioned eateries in 2019.

Table 9: Status of Smoke-free City Project

State	Status of Smoke free City Project
Perlis	Yes, planning initiated
Kedah	Yet to be implemented
Penang	Yes
Perak	Yes, planning initiated
Selangor	Planning initiated
WP KL Putrajaya	Yes
Negeri Sembilan	Yes
Malacca	Yes
Johor	Yes
Pahang	Yet to be implemented
Terengganu	Yes
Kelantan	Yes
Sarawak	Yes, planning initiated
Sabah	Yes, planning initiated
WP Labuan	Yet to be implemented

Figure 29: Smoke-free Cities logo (MALAYSIA)



Source of photo: Ministry of Health, Malaysia

Figure 30: Kelantan-Smoke free City (MALAYSIA)



Source of photo: Ministry of Health, Malaysia

Figure 31:
Smoke-free House owner in Sabah (MALAYSIA)



Source of photo: Ministry of Health, Malaysia



F. Myanmar



a. New development or new amendments of law and policy on tobacco control measures

- A series of workshop was conducted for amending the current law in 2016. With recommendations from these workshops and with guidance from parliament, a workshop for development of New Tobacco Control legislation was conducted on 22nd of November 2019. Ministry has started necessary processes in 2020, for development of a new comprehensive Tobacco Control Legislation.
- With FCTC 2030 project support, Workshop for development of Tobacco Control Policy, Strategy and Action plan focusing on multi-sectoral involvement was conducted from 19th to 21st of November 2019 with technical support from WHO FCTC convention secretariat, knowledge hub for smokeless tobacco, WHO SEARO and WHO country office (Myanmar).
- Ministry of Health and Sports has been collaborating with WHO country office and related partners to develop Multi-Sectoral Tobacco Control Policy and Action Plan (2021-2025), and to develop Monitoring and Evaluation Framework in 2020.
- In 2016, Ministry of Health issued Notification for Pictorial Health Warning and it came into effect in February 2017.
- With the objective of advocating parliamentarians, related sectors on implementing standardized packaging legislation and to develop a roadmap “Workshop on Standardized Packaging of Tobacco Products” was conducted from 16th to 17th of December 2019.
- Ministry of Health and Sports has started necessary processes for issuing notification for Standardized Packaging of Tobacco Products since March 2020.
- Ministry submitted policy letter to President’s Office in February 2020, for raising tobacco tax and for strengthening multi-sectoral collaboration. Ministry has been collaborating with Ministry of Planning, Finance and Industry for a change in tobacco tax policy, since April 2020.

b. Main activities conducted at National and Regional level

- In collaboration with implementing partners, Johns Hopkins Bloomberg School of Public Health, Sub Regional tobacco control leadership program was held.
- Workshops on regulation for control of E-cigarettes and water-pipe and on increased taxation on tobacco products were conducted.
- Two times of consultative inter-ministerial meetings were conducted for amendment of Tobacco Control Law.
- MOHS did “Joint Need Assessment in implementing the WHO FCTC”, “Launch of FCTC 2030 project in Myanmar and Stakeholders Meeting on the Implementation of WHO FCTC”, in collaboration with WHO FCTC convention secretariat, UNDP and WHO country office (Myanmar), in May 2018.
- Besides that, Investment Case Study on Tobacco Control in Myanmar was done in 2018, which shows Tobacco use costs Myanmar 2.6 trillion MMk, equivalent to 3.3% of GDP in 2016.

**Figure 32:
Union Minister, FCTC mission team, WHI and senior officials from related ministry at Launching ceremony of FCTC 2030 Project in Myanmar (May 2018)**



Source of photos: Ministry of Health, Myanmar

- According to Article 5.2a, even there is multi-sectoral coordination mechanism, it has been defunct. Reinvigoration of Central Tobacco Control Committee (CTCC) was done by Government in May 2019, containing 26 members from 16 related sectors.
- First Myanmar National Conference on Tobacco Control and Prevention of NCDs was held on 25th and 26th of June 2018 by support from The Union, with participation of social ministers from States/Regional government, Parliamentarian, CSO, NGO/INGO, Academia, National and International speakers and experts.

Figure 33:

Union Minister delivered opening remarks at First Myanmar National Conference on Tobacco Control and Prevention of NCDs (June 2018)



Source of photos: Ministry of Health, Myanmar

- In collaboration with SEATCA and local NGO (PHF), workshop for development of Smoke Free Universities for those universities under the Department of Higher Education was done in September 2018.
- Mass media campaigns for Smokeless Tobacco were done in 2017 & 2018 in collaboration with local NGO.
- Advocacy Health Talk to parliamentarian was done on 11th September 2018 with technical inputs from clinicians and experts from related sections and departments.

- Training workshop for State/Regional personnel for enforcement of tobacco control legislation and advocacy and training at State/Regional level was done in October and November 2019 with the objective of strengthening subnational level capacity on tobacco control.
- Coordination meetings with focal persons from Ministry of Information and Ministry of Education were done in December 2019, for strengthening tobacco control activities in terms of raising awareness for community and mainly focusing on children and youths.

Figure 34:
Trainers and trainees from Training Workshop on Enforcement of Tobacco Control Legislation (October 2019)



Source of photo: Ministry of Health, Myanmar

c. Challenges and remedial measures

- Tobacco Control Program has a lot of areas to be focused. With limited number of Human Resource, and with limited technical expertise, Myanmar has to struggle to improve the programed. Multi-sectoral involvement is still weak in Myanmar and still has to be improved.

d. Challenges in controlling new emergence of smoking products like e-cigarette and heated tobacco and their regulation

- As existing law has not included new emerging tobacco and smoking products, it is difficult to control. But all emerging smoking products to be

added to new tobacco control legislation. With the focus on public health, MOHS has not given any approval for importation of new emerging products into the country. There are companies who have been trying to import new and emerging products.

e. Achievements within the periods of 2015-2020

- Launch of Pictorial Health Warning with 75% on both front and back of tobacco packs was a milestone for tobacco control program.
- To strengthen multi-sectoral coordination mechanism, The Central Tobacco Control Committee was reformed in 2019.
- To update policy and legislation and to be in-line with FCTC provision and guideline, initial steps of conducting Workshop for development of Tobacco Control Policy, Strategy, Action plan and legislation in 2019.
- Myanmar is on the way to implement Standardized Packaging on Tobacco Products with full commitment by Union Minister.
- Initial steps for strengthening tobacco control programs in subnational level were taken place by training of responsible persons on tobacco control, collaboration with related sectors for development of smoke free areas, focusing on schools and universities.

**Figure 35:
Sample cigarette packs with Pictorial Health Warnings from
(2016-2017) to (2018-2019) (MYANMAR)**



Source of photos: Ministry of Health, Myanmar



G. Philippines

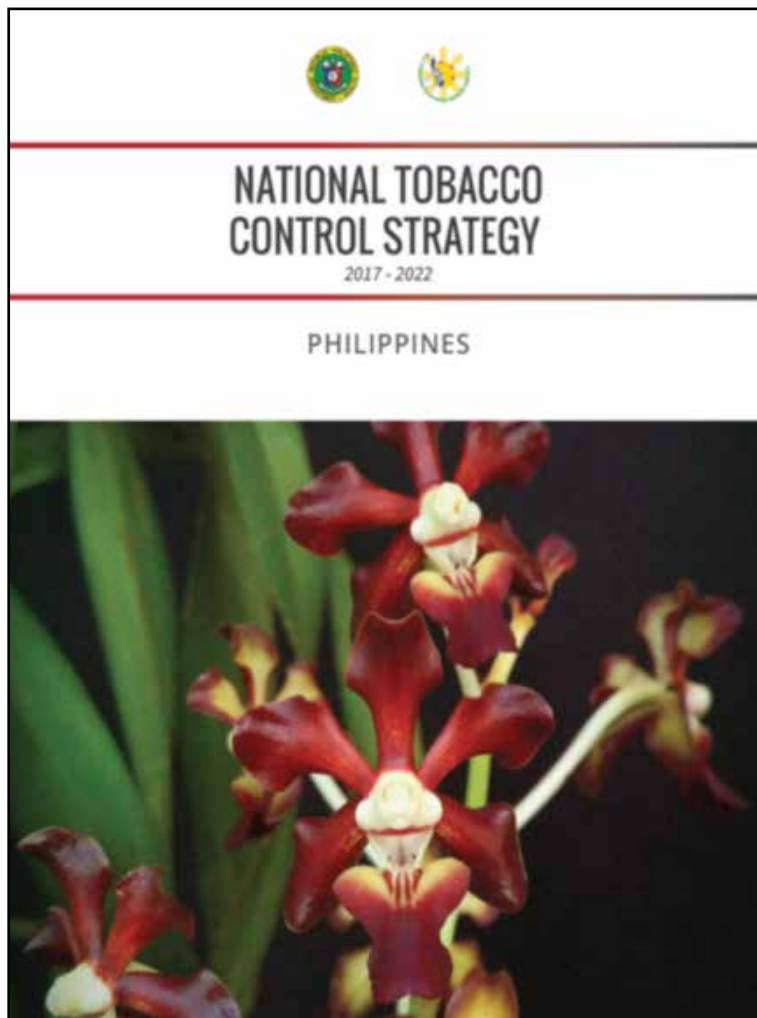


a. New developments or new amendments of law and policy on tobacco control measures

- Executive Order (EO) No. 26 entitled “Providing for the Establishment of Smoke-Free Environments in the Public and Enclosed Places” was signed by President Rodrigo Duterte on May 16, 2017. The EO took effect on July 23, 2017, 60 days after its publication in a major newspaper of general circulation. The Department of Health (DOH) issued Administrative Order (AO) No. 2017-0023 entitled “Guidelines in the Effective Implementation and Enforcement of EO No. 26: Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places”. This AO was crafted in coordination with multi-sectoral stakeholders — DOH offices, National Government Agencies, Civil Society Organizations and other stakeholders. The objective of this AO is to ensure a coordinated, integrated, and efficient implementation of EO No. 26.
- Executive Order (EO) No. 106 entitled “Prohibiting the Manufacture, Distribution, Marketing and Sale of Unregistered and/or Adulterated Electronic Nicotine/ Non-nicotine Delivery Systems, Heated Tobacco Products, Amending Executive Order No. 26 (s. 2017) and for other purposes was signed by President Rodrigo Duterte on February 26, 2020. The EO requires that all e-liquids, solutions or refills forming components of ENDS/ENNDS or HTPs be registered with the Food and Drug Administration (FDA) in accordance to Republic Act (RA) 11467.
- The DOH has developed a National Tobacco Control Strategy 2017-2022. It summarizes the framework to reduce tobacco—related burden on non-communicable diseases and its related health, economic, and social costs, with the end-in-view of helping the Filipino people lead healthier and happier lives. It details the objectives and targets for tobacco control until 2022 and outlines nine priority areas for action.

- A quit line service for tobacco users was launched in 2017. It is initially free for Metro Manila residents and has plans to have it nationwide thru a toll free number. Counselors are on 24-duty to provide services to callers by providing brief tobacco intervention and assist callers, if necessary, for intensive counseling. Likewise, in the same year, a mobile cessation (mCessation) service was also made available nationwide for free where tobacco users can enrol in mCessation service and will receive text messages to help them quit and stay quit.

Figure 36:
Philippines's National Tobacco Strategy 2017-2022 (PHILIPPINES)



Source of photo: Department of Health, Philippines

Figure 37:
DOH Quitline Poster. Source: Department of Health – Lung Center of the Philippines, 2017 (PHILIPPINES)



Source of photo: Department of Health, Philippines

b. Main activities conducted at National and Regional level

Provision of technical assistance on MPOWER and brief tobacco intervention trainings.

Figure 38:
Conduct of MPOWER and Brief Tobacco Intervention Trainings at the Regional Level. Source: Department of Health Development Eastern Visayas, 2017 (PHILIPPINES)



Source of photos: Department of Health, Philippines

c. Challenges and remedial measures within the period of 2015-2020

The presence of tobacco industry representative in the Inter-Agency Committee on Tobacco (IAC-Tobacco) as per Republic Act 9211 or the Tobacco Regulation Act of 2003 is a major challenge in implementing tobacco control. In 2016, amendment to the Tobacco Regulation Act of 2003 was included in the Health Executive Agenda for Legislation (HEAL). It is high time that certain provisions in the Tobacco Regulation Act of 2003 be harmonized with the WHO FCTC. In the 17th Congress, several house bills on the amendment of the Tobacco Regulation Act of 2003 were introduced. Included in the amendment is the re-constitution of the IAC-Tobacco by removing the tobacco industry representative as a member and assigning the chairperson to DOH.

d. Challenges in controlling new emergence of smoking products like e-cigarette and heated tobacco and their regulation

Despite conflicting studies on the health effects of electronic nicotine/non-nicotine delivery systems (ENDS/ENNDS) and Heated Tobacco Products (HTPs), these products are being marketed as “less harmful alternatives” to combustible tobacco products and are taxed lower.

e. Achievements within the periods of 2015-2020

Significant reduction of current tobacco use prevalence among adults 15 years old and above between 2009 and 2015, from 29.7% (18.3 million) to 23.8% (16.5 million) respectively. Likewise, current tobacco smokers also declined significantly from 28.3% (17.3 million) in 2009 to 22.7% (15.9 million).

Passage of Executive Order No. 26

Figure 39:
EO No. 26 Awareness Activity in Enclosed Public Places. Source: Department of Health – Health Promotion and Communication Service (PHILIPPINES)



Source of photos: Department of Health, Philippines

- The search for 100% Tobacco-Free Environment (Red Orchid Awards) has continued to be a major gain for achieving smoke-free environments among different administrative levels (national, region, province, city, municipal). This strategy is an incentive program that recognizes exemplary work of local government units (LGUs). The winners are judged based on the strength of the comprehensive efforts to implement the 100% smoke-free environments using

the WHO MPOWER initiative. The scores for all indicators are tallied and the total score is ranged on percentage points. The resulting tallies become the basis for the color of the orchid each nominee will receive. The White Orchid (71-80%) and the Pink Orchid (81-90%) are considered as runner-up and the Red Orchid (91-100%) is the winner. Winning a Red Orchid for three consecutive years will automatically receive a Hall of Fame award. From its inception in 2009 to 2017, the ROA has declared 68 Hall of Fame Awards (14 cities and 54 municipalities) and 89 Red Orchid Awardees.

Figure 40:
Recognizing the exemplary works of the Local Government Units and Government Offices in tobacco control implementation through the Red Orchid Awards (PHILIPPINES)



Source of photos: Department of Health-Center for Health Development Bangsamoro Autonomous Regional in Muslim Mindanao (Upper). Department of Health-Center for Health Development Eastern Visayas (Lower)

- Inclusion of nicotine replacement therapy (NRT) and Varenicline in the Philippine Drug Formulary. This will now enable government health facilities to procure NRTs.

Figure 41:
Inclusion of Nicotine Replacement Therapy and Varenicline in the Essential Medicines List of DOH Philippine National Formulary (PHILIPPINES)

	Nicordipine (as hydrochloride) (1)	50 mg/5 mL suspension, 240 mL Inj.: 1 mg/mL, 2 mL, and 10 mL ampul (IV)
	Nicotine polacrilex	Pastille: 1 mg and 2 mg Gum: 1 mg and 2 mg Patch: 7 mg, 14 mg and 21 mg patch
	Nicotine transdermal therapeutic system	
	Nifedipine	Oral: 10 mg capsule (B) (restricted use for acute hypertensive emergencies in patients less than 18 years old with extreme caution due to rapid and prolonged fall in blood pressure) 30 mg MR tablet
	Nimodipine	Oral: 30 mg tablet
	Nitrofurantoin (B)	Oral: 50 mg and 100 mg capsule (as microcrystals)
	Valaciclovir (as hydrochloride)	Oral: 500 mg tablet
	Valganciclovir	Oral: 450 mg tablet
	Valproic Acid	Oral: 250 mg/5 mL syrup, 120 mL Inj: 500 mg/5mL IV infusion, 5 mL vial Oral: 80 mg and 160 mg tablet/film coated tablet
	Valsartan	Oral: 80 mg valsartan + 12.5 mg hydrochlorothiazide tablet
	Valsartan + Hydrochlorothiazide	
	Vincosmyon (as hydrochloride) *Restricted Antibiotic	Inj.: 500 mg and 1 g vial (IV)
Varenicline	Oral: 0.5 mg and 1 mg tablet	

Source of photo: Department of Health, Philippines

OTHER ADVOCACY CAMPAIGNS

Figure 42:
Issuance of the of Graphic Health Warnings Templates (PHILIPPINES)



Source of photo: 2nd issuance of GHW, Department of Health Administrative Order No. 2014-0037-B dated August 23, 2017

**OBSERVANCE OF WORLD NO TOBACCO DAY AND NATIONAL
NO SMOKING MONTH**

Figure 44:
Annually, a conduct of national celebration of World No Tobacco Day every 31st of May and National No Smoking Month every June led by the Centers of Health Development (CHD) (PHILIPPINES)



Source of photo: Department of Health, Philippines

Figure 45:
Fun Run organized by the Tobacco Control Coordinator in the celebration of the World No Tobacco Day; with participants from the different agencies and tobacco control advocates. Source: CHD- Eastern Visayas (PHILIPPINES)



Source of photos: Department of Health, Philippines

Figure 46:
First forum for ARMM partnership on tobacco – free environment with the theme: “Stop Illicit of tobacco products. Source: CHD-Bangsamoro Autonomous in Muslim Mindanao (BARMM) (PHILIPPINES)

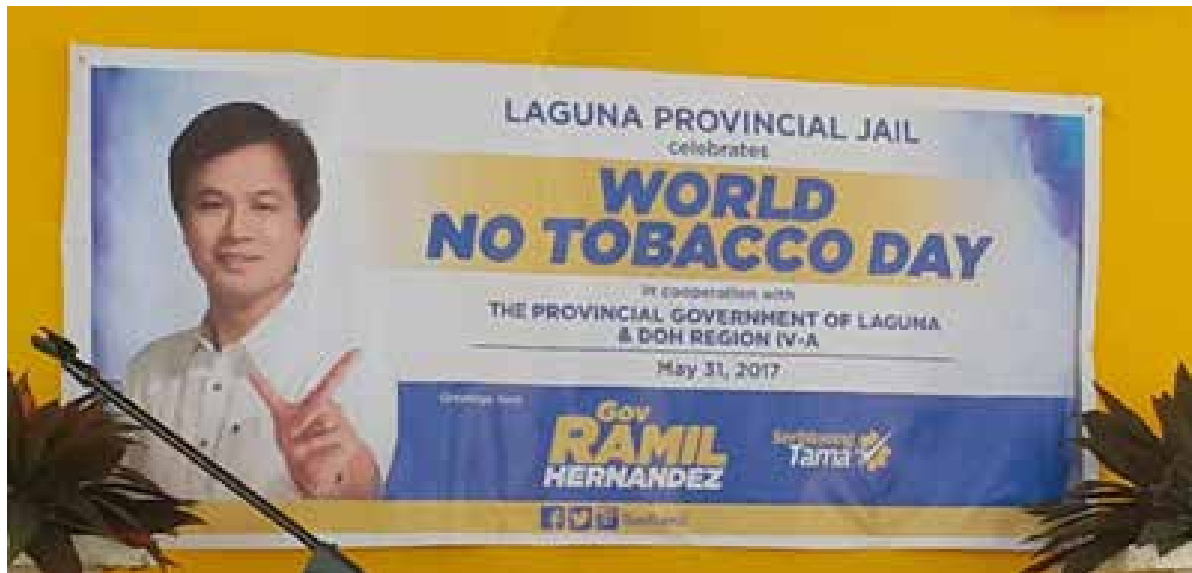


Source of photos: Department of Health, Philippines

Figure 47:
Dance fitness presentation performed by one of the provincial jails in Laguna and Laguna Provincial Capitol employees; Inmates formed a “gigantic human no smoking sign”. Source: CHD-CaLaBaRZon (PHILIPPINES)



Source of photos: Department of Health, Philippines



Source of photo: 2nd issuance of GHW, Department of Health Administrative Order No. 2014-0037-B dated August 23, 2017



H. Singapore



Singapore adopts a multi-pronged approach which comprises public education, provision of smoking cessation services, strict legislation including controls on tobacco advertisements and sales of cigarettes to minors, and tobacco taxes, aimed at preventing smoking initiation and encouraging non-smokers to stay smoke-free as well as smokers to quit smoking. Many of these efforts are made possible through collaborative partnerships with the private, public and people sectors.

a. Tobacco control legislation

A number of amendments to existing legislation took effect between 2015 and 2020.

■ **Standardized Packaging for tobacco products**

From 1 July 2020, all tobacco products sold in Singapore will be subject to standardized packaging and enlarged (75%) graphic health warnings. This will apply to all tobacco products.

■ **Point-of-sale display ban**

In August 2017, Singapore implemented a ban on the point-of-sale display of tobacco products.

■ **Increase in the minimum legal age for tobacco**

In November 2017, legislation was passed in Parliament to increase the minimum legal age (MLA) for the sale, purchase, use and possession of tobacco products from 18 to 21 years old. The MLA is being progressively raised, from 18 years old to 19 in 2019, to 20 in 2020, and to 21 in 2021.

■ **Extension of ban on smoking in public places**

The legal smoking prohibition was extended to certain parks, reservoir areas and defense installations in June 2016, and further extended to university compounds, private education institutions, five metres from all educational

institutions and private-hire vehicles in October 2017. Public areas within the Orchard Road precinct, a popular shopping area, have been designated as a No Smoking Zone (NSZ) since January 2019. Smoking is only allowed in Designated Smoking Areas (DSAs); smoking corners at food shops within the NSZ have been removed.

■ **Prohibitions on imitation and emerging tobacco products**

In addition to the long-standing ban on imitation tobacco products (which include e-cigarettes), Singapore implemented a two-phase prohibition on the importation, sale and distribution of emerging harmful tobacco products from Dec 2015 to Aug 2016 onwards. These products included the following:

- Smokeless tobacco products (which include heated tobacco products)
- Nicotine-containing solutions intended to be used with an electronic nicotine delivery system or a vaporizer (commonly referred to as e-cigarettes)
- Nasal snuff, oral snuff, gutkha, khaini and zarda

The prohibitions on imitation and emerging tobacco products were extended to comprehensively cover purchase, use and possession with effect from 1 February 2018.

b. Public education and the provision of cessation services

- In 2018, a public education campaign titled ‘I Should Have Said’ highlighted a smoker’s regret, due to the detrimental effects that smoking has on one’s health, family and finances. Through videos and Facebook posts, the campaign featured former smokers sharing how smoking has impacted their personal lives.
- The public education campaign complemented I Quit, the national anti-smoking initiative, which adopts a community-based but personalized approach to build a network of support to help smokers of all ages make their first or next attempts to quit smoking. On an annual basis, more than 10,000 smokers register to the program and one in five smokers successfully stayed smoke-free over the 28-day period of the program. In 2018, the program highlighted different activities that smokers could do to keep their minds off

smoking. Activities included spending time with their family and friends by playing sports, gardening or learning a musical instrument. Smokers were encouraged to collect rewards every month, after successful validation of their smoke-free status from the Health Promotion Board (HPB).

- To make smoking cessation services readily available throughout the year, HPB has put in place more than 630 touchpoints across Singapore, where smokers who want to quit smoking can sign up for the 'I Quit 28-Day Countdown' program. These include roving roadshows in community settings, workplaces and uniformed groups, and targeted activations for groups with higher prevalence of smoking, as well as our partner pharmacies, Public Healthcare Institutions (PHIs) and polyclinic Quit Centre's across the country. To further support the smokers' journey, they were given resources and additional assistance from Quitline, HPB's toll-free helpline.

- HPB also offers help to youth smokers to quit smoking at schools. Student Health Advisors are deployed to selected secondary schools and ITE Colleges to provide support and counselling to students on health issues which include tailored counselling for youth smokers in schools. The sessions help youth to understand the harms of smoking and equip them with strategies to cope with withdrawal symptoms and quit the habit. Counselling support to youth is also provided via HPB's Quitline (Tel: 1800 438 2000) services.

Figure 48:
Marketing collateral for the I Quit 28 Day Countdown (SINGAPORE)



Source of photo: Health Promotion Board, Singapore

Figure 49:
Testimonials from formers mokers for the public education campaign 'I Should Have Said' (SINGAPORE)



Source of photos: Health Promotion Board, Singapore

c. Preventing Initiation

- To raise awareness about the benefits of leading a tobacco-free lifestyle and discourage youth from experimenting with tobacco products, HPB works closely with the Ministry of Education and Institutes of Higher Learning (IHLs) to incorporate anti-tobacco messages into the curriculum. Interactive programs such as assembly kits and workshops are some examples of school-based initiatives. HPB also works with youths to develop and implement creative initiatives such as campaigns and roadshows to promote a tobacco-free lifestyle among their peers. HPB leveraged social media to better engage youth on the benefits of a smoke-free lifestyle, and to persuade youths to stay smoke-free. In 2018, a new youth-centric tobacco prevention campaign 'Better Things To Do' was launched to highlight how tobacco-free lifestyle can be their lifestyle of choice.
- To commemorate World No Tobacco Day, Tertiary students visited the Health Sciences Authority's Cigarette Testing Laboratory where they learnt about the addictive nature of cigarettes and the harmful effects of toxicants produced during smoking.

Figure 50:
Students viewing the cigarette testing machine (SINGAPORE)



Source of photo: Health Promotion Board, Singapore

Figure 51:
Students learning about the harmful effects of smoking during their visit to Health Sciences Authority (SINGAPORE)



Source of photo: Health Promotion Board, Singapore

- In 2019, to address the growing trends of Electronic Nicotine Delivery Systems (ENDS) a campaign themed “Looks Can Be Deceiving” was launched to educate youth and parents on the harmful chemicals used in e-cigarettes. The social media campaign was complemented by on-ground roadshows in the city and at IHLs.

Figure 52:
Main Campaign Video (SINGAPORE)



Source of photo: Health Promotion Board, Singapore

- As part of the ongoing efforts to prevent smoking initiation in youths, HPB also worked with a social enterprise Vision Strategy Storytelling to roll out the “Ctrl Alt Del Tobacco” initiative. The ground-up youth-led campaign promoted healthy and smoke-free lifestyles among youths using the art of storytelling. Through creative workshops on film-making, video creation, designing, creative writing and photography, the youths learnt to use their creative skills to share their stories on staying tobacco-free, quitting smoking and being affected by their loved ones who were smokers. The campaign also profiled and introduced relatable youth role models who embody this belief. The initiative culminated in the showcase of all the creatively-presented stories in conjunction with World No Tobacco Day in May 2019. The event generated meaningful discourse around how youths could influence their peers to stay tobacco-free and to “delete” such habits from their lives.

Figure 53:
Panel Discussion at WNTD 2019 (SINGAPORE)



Source of photo: Health Promotion Board, Singapore

Figure 54:
Participants at WNTD 2019 (SINGAPORE)



Source of photo: Health Promotion Board, Singapore



I. Thailand



a. New development or new amendments of law and policy on tobacco control measures

- **In 2015-2016:** The Minister of Public Health issued the regulation on the implementation of the Tobacco Control Law including Notification of the Ministry of Public Health on Displaying statements about the dangers and hazards of consuming tobacco products on cigarette label 2015 and Regulation of the Ministry of Public Health on communication between authorities and operators or concerned persons of Tobacco Products 2016.

- **In 2016:** The Second National Strategic Plan for Tobacco Control, 2016–2019 was developed through collaborative efforts from all sectors including government and NGOs and aimed to achieve smoke-free Thai society. This National Strategic Plan is multidisciplinary plan and was approved by the Cabinet on April 19, 2016. This National Strategic Plan consists of 6 strategies which are:
 - Strategy 1:** Strengthening and developing national capacity in tobacco control operations.
 - Strategy 2:** Preventing of the initiation of new tobacco consumers and control of tobacco industry interference target to adolescent and new smokers.
 - Strategy 3:** Providing help and support to quit smoking.
 - Strategy 4:** Regulating of tobacco product contents and disclosure.
 - Strategy 5:** Protecting non-smoker through smoke-free environments.
 - Strategy 6:** Controlling tax measure of illicit trade on tobacco products.

- **In 2017:** The National Legislative Assembly, Thailand has approved the Tobacco Products Control Act 2017. It has come into effect since 4 July 2017. It replaced the Tobacco Products Control Act 1992 and the Non-Smoker's Health Protection Act 1992, which regulated the display, purchase and use of tobacco products over the previous 20 years. However, to raise

the level of public health protection, particularly for children and adolescents, the nation's greatest asset, the laws must be more efficient and cover main recommendations from WHO FCTC. It indicates that no one shall be allowed to sell or give tobacco product to a person who does not attain 20 full years of age. No one shall assign, employ, ask or allow the person who is below 18 full years of age to sell or give tobacco product. Prohibiting the sale of cigarettes individually or in small packets, prohibiting the sale of tobacco products by vending machines, prohibiting the sale of tobacco products through electronic media or computer network, prohibiting the sale of tobacco products with the distribution, addition, gift of or exchange of tobacco product with other product, provision of service or other privilege. No one shall advertise or conduct marketing communications of tobacco products and no business operator and related person shall sponsor or support person, group of persons, state agency or private organization to create image of tobacco products, to advertise tobacco products. Important measures related to the implementation of smoking-free public spaces are categorized into 3 types:

1. The law requires public places to be non-smoking in order to protect the health of non-smokers.
 2. Assign the duty to the owner of a public place legally designated as a non-smoking area. It is obligatory to operate a nonsmoking facility. According to, the conditions and characteristics as required by law.
 3. In addition to those who own a public place, the owner of the place must also be obliged to advertise or notify the place that it is a non-smoking area, as well as to control, prohibit, or take any other action in order to avoid smoking in the non-smoking area.
- Training of Tobacco Control Leadership program for health professional and establish a leadership training center to promote treatment of tobacco addicts. There are 272 "Fah Sai (Clear Sky) Clinic" and 555 tobacco cessation clinics in MOPH health facility service for tobacco dependence cessation.
 - Developing integrated tobacco cessation system, drafting and testing guideline for tobacco cessation using 1S3C in 3 pilot areas.

- Supporting and promoting Quitline 1600 by coordinating with related authorities for exempting call charge from both fixed line and mobile call.
 - Making a proposal to include NRT into the national health security system and national essential drug list.
 - MOPH is responsibility as a national focal point of tobacco control surveillance system. Regarding the exchanges of information, the information related to tobacco control has been exchanged continuously both national and international level. The exchanges have also been conducted in the form of meetings among policymakers, technical officers, and personnel working on tobacco control.
- **In 2018-2019:** Developed 14 subordinate legislations under Tobacco Products Control Act 2017: requirement and appointment of expert committee for National, Bangkok and Provincial tobacco products control committee, smoke free environment: identification of types or names of public places, work places and vehicles, entirely or in part, as non-smoking areas or smoking areas in non-smoking areas B.E.2561 (2018) and appearance and methods for displaying no-smoking signs and smoking area signs B.E.2561(2018), appointment of enforcement tobacco control officers, criteria, methods and conditions for displaying text or message that may mislead or motivate consumption on labels of cigarette, cigar, tobacco or blended flavored tobacco B.E.2561 (2018), criteria, methods and conditions on display of names, prices and points of sale of tobacco products B.E.2561 (2018).
 - **In 2019:** Thailand has plain packaging, compulsory from 9 December 2019, includes a graphic picture of tobacco's effects on health and the logo-free brand name written in plain font. Shops found to be selling the old packets face a fine of 40,000 baht under the tobacco control legislation and in 2020 standardized packaging for shredded tobacco was introduced.
 - The Second National Strategic Plan for Tobacco Control, 2016-2019 (B.E.2559-2562) that will be extended to 2022 was developed through collaborative

efforts from all sectors including government and NGOs and aimed to achieve smoke-free Thai society.

- **In 2020:** Plain packaging for shredded tobacco was enforced on 12 February 2020. It also includes a graphic picture of tobacco's effects on health and the logo-free brand name written in plain font.

b. Main activities conducted at National and Regional level

In the past five years, through progressing in the implementations of tobacco control measures, the activities which have been implemented and organized regularly including:

1. National tobacco Control Committee, in charge of formulating policy and national strategies. The members of this National committee are from multi-sectoral government agencies as well as academic and civil society. The committee is chaired by Minister of Public Health.

At the provincial level, where number of smokers is still high especially in rural are, similar mechanism is required by law and chaired by the provincial governor. Their role is to develop and support provincial tobacco control plan in particular in enforcing tobacco control law on smoke free environment and tobacco advertising ban.

2. Establish, expand and strengthen tobacco control network by training/workshop programs about health impacts of tobacco, Smoke-Free Schools, promotion of cessation, reduction of tobacco use, control tobacco industry's advertising and marketing and Tobacco Products Control Act 2017. Central office shall serve as the legal center for consultation and practice guidelines, as well as knowledge and skill center of law enforcement to train staff working in the regional area.
3. Develop Smoke-Free School policy under Ministry of Public Health, Department of Disease Control in collaboration with the Ministry of Education and Tobacco Control Network, as well as conduct tobacco control network activities and campaign as follows:

- 3.1 Implement Smoke-Free schools in primary school, secondary school, and special education school under the Office of the Basic Education Commission.
 - 3.2 Provide training and encourage participation among education officer, youth, children, and public health personnel.
 - 3.3 Create communication on social network platform to campaign for the prevention of smoking initiation and elimination the access to tobacco products especially new tobacco product with types and favors which the tobacco industry introduces in youth and children.
4. Conduct World No Tobacco Day Campaign together with creating public awareness, communications through a variety of mass media and public relations, and campaigns to raise awareness on tobacco harm and tobacco industry strategy.
- In 2020, due to novel coronavirus - 2019 (COVID-19) situation, Ministry of Public Health together with Thailand tobacco control network partners propose new World No Tobacco Day 2020's theme as "Tobacco use plus COVID-19 leads to fatal risk" to raise awareness dangers of tobacco use especially during COVID-19 situations.
5. In June 2020, MOPH issued guideline under National Tobacco Products Control Committee to support implementation of Tobacco Control Act 2017 post easing lock down COVID-19 measures in market and bus station at provincial level.

c. Challenges and Remedial Measures

- Lack of manpower on tobacco control activities especially at the local level. This is the main limitation on implementing the Convention effectively.
- Even though ministerial notification in preventing the interference on tobacco control policy has been enacted, it covers only government officers.
- Ineffective law enforcement.
- Shredded tobacco price is low.

d Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

Thailand bans Electronic Nicotine Delivery System (ENDS) in compliance with Notification of the Ministry of Commerce on Prohibition of Import of Baraku/Shisha/Water pipe tobacco and electronic Baraku/Shisha/Water pipe tobacco or Electronic Cigarettes into the Kingdom 2014 clause 4, which stated that Hookah and Electronic Hookah or Electronic cigarette are prohibited goods for importing into Thailand. Any substances which are source of smoke or vapor for smoking of Hookah and Electronic Hookah or Electronic cigarette importing with Hookah and Electronic Hookah or Electronic cigarette are prohibited from importing into Thailand as well. However, currently, the illicit tobacco product (Electronic Cigarettes and heated tobacco) is still being found at a street vendor and flea market.

e. Achievements

The Minister of Public Health issued the regulation on the implementation of Tobacco Control Law (The Tobacco Products Control Act 2017).

**Figure 55:
The Minister of Ministry of Public Health and Tobacco Control Network Working with the public relations on implementation of New Tobacco Control Law (Tobacco Products Control Act 2017) (THAILAND)**



Source of photo: Ministry of Public Health, Thailand



Source of photos: Ministry of Public Health, Thailand

Figure 56:
Thailand first in ASIA to adopt plain cigarette packaging (THAILAND)



Source of photo: Ministry of Public Health, Thailand

**Figure 57:
Smoke free Environments campaign (THAILAND)**



**Figure 58:
MOPH and Office of the Consumer Protection Board confiscated
E-cigarettes from online sale and in market. (E-cigarette equipment, and
E-juice and other related items) (THAILAND)**



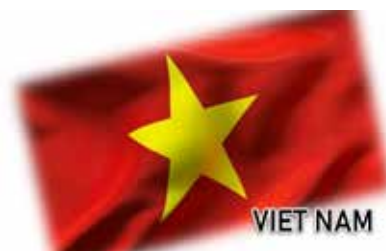
**Figure 59:
Director – General of DDC, MOPH and team visit bar and restaurant to ensure
compliance of smoke-free environment Under COVID-19 situation (THAILAND)**



Source of photos: Office of the Consumer Protection Board, Thailand



J. Viet Nam



a. New development or new amendments of law and policy on tobacco control measures

- Promulgating Decree No. 117/2020/NĐ-CP of the Government on sanctioning of administrative violations in the health sector replacing Decree No. 176/2013/NĐ-CP of November 14, 2013. Main changes bellows as: 1) Increase the fines for violated actions (almost at least two times higher fines); 2) First ever use of new technologies (like camera caught) as evidence for smoke free violations; 3) Clearer definition of law enforcers: details & giving them more powerful authority for stronger fines for more act of violations; and 4) Broader group of law enforcer having authority to make record for administrative sanctions: In previous Decree 176, only law enforcers and health/health insurance officers on duty. And now, all of above law enforcers, plus with policeman, Army Forcer has this power in delivering records.
- Promulgating The Law on Education takes effect from 1/7/2019 stipulating “Prohibition of acts of smoking and drinking alcohol at schools”.
- Promulgating Circular No. 25/2018/TT-BVHTTDL replaces Circular No. 02/2014/TT-BVHTTDL restricting the use of tobacco in theatrical and film works.
- Promulgating Decision No. 70/QĐ-BTC of January 8, 2016 on minimum selling price of cigarette products.
- Promulgating Decree No. 98/2020/NĐ-CP of August 26, 2020 replaces Decree No. 185/NĐ-CP of the Government on sanctioning of administrative violations in the commercial field.
- Promulgating Decree No 124/2015/ND-CP of the Government: amending and supplementing some articles of the government’s Decree No 185/2013/ND-CP dated November 15, 2013 on administrative violation in commercial activities, production, trading of fake goods, banned goods and protection of consumers’ interests, including increasing the levels of administrative sanctions on acts of trading, transporting and storing, delivery prohibited goods are smuggled cigarettes.

- Promulgating Decree 106/2017/ND-CP supplementing some articles of the government's Decree No 67/2013/ND-CP dated June 27, 2013 on some measures to enforce Tobacco Control Law, which has removed some contents related to the conditions for licensing the purchase and sale of tobacco products, such as the conditions on the area of retail business locations, the conditions for means of transport in meeting the requirements of preserving quality of tobacco products during transit.
- Promulgating Circular No 23/2015/TT-BYT Ministry of Health on National Technical Standard on cigarettes, in which maximum tar and nicotine content in smoke of one cigarette as follows: tar content: 16.0 (mg/smoke of 1 cigarette); nicotine content: 1.4 (mg/smoke 1 cigarette).
- Promulgating Directive No 6036/CT-BGDDT dated December 17, 2014 on strengthening implementation and abuse of alcoholic beverages in the education sector, which strictly regulates on ban smoking in schools, and the inclusion of tobacco control content into annual workplan, criteria for consideration of emulation and commendation titles of officials, public employees, officials and employees of agencies, units, and schools.
- Promulgating Circular 25/2018/TT-BVHTTDL dated 30 August, 2018 regulated to limit images of actors smoking cigarettes in theatrical and cinematographic works.
- Decree No 108/2015/ND-CP guideline the Law on special excise duty, with improvement on narrowing the gap between producer price (tax base) and whole sale price to reduce tax avoidance from price transfer.

b. Main activities conducted at National and Regional level

The Viet Nam Tobacco Control Fund (VNTCF) was established in July 2013 as per the Prime Minister decision. The Fund operates for non-profit purpose and is under the arm of the Ministry of Health (MOH) and is subjected to state financial management by Ministry of Finance (MOF). The MOH is also responsible for reporting to the government on its performance management and the use of funds annually, and also reporting to the National Assembly on the results of operations and the management of the fund biannually. The number of grantees has 99 units, of which 22 ministries, 63 provinces, 4 tourism cities and 10 hospitals, supported

to implement a wide range of tobacco control activities. From 2015 until 2019, Viet Nam achieved some accomplishment based on MPOWER methods as follows:

i. Monitoring tobacco uses & prevention policies

- Setting up a research network at central level and technical assistance for lower levels including experts from universities (Ha Noi Medical University, Hanoi University of Public Health, Thuongmai University and other organizations) Technical assistance from international organizations (CDC, WHO, Union, CTFK, JHU, UIC).
- Provide grants and support 63 provinces and ministries to conduct assessment on tobacco use and law implementation at the local levels.
- Collaborate with Inspector of MOH, Ministry of Public Security and inspector of provinces grants to monitor, check smoke free implementation.
- Collaborate with WHO, CDC, and Viet Nam General Statistic Office carried out two large scale research: GYTS: 2003, 2007 & 2014; GATS: 2010 & 2015; GHPSS: 2006; GSPS: 2003, 2014.
- Collaborate with universities, research units to conduct research on: the effectiveness of health warnings; the implementation of regulations on tobacco advertising prohibition; and economic burden and health loss of smoking in Viet Nam; illicit cigarette consumption survey, cost-effectiveness of tobacco control policies, tobacco farming and alternative livelihood.
- Province grants and support 63 provinces and ministries to conduct assessment on the law enforcement at the local levels including guide to develop proposal, enter data, analyze data and write the report, develop toolkits for all 63 provinces and ministries.
- MOH organized training on strengthening the capacity for Health Inspector from 63 provinces/cities on Law on Control and Prevention of Tobacco Harms and guide for sanctioning violations of the Law. Supported by UNION, Inspectors of Ministry of Health organized check in 3 cities Ha Noi, Hai Phong, Ho Chi Minh city, are 3 large cities of Viet Nam. Supported by WHO, Ministry of Health collaborate with Ministry of Security to enhance inspection in Hanoi, Ho Chi Minh city, Hai Phong, Nha Trang, Hue, Hoi An, Thai Nguyen. Up to now, total facilities were checked is 3,740 units.

Figure 60:
Assoc. Prof. Dr Nguyen Thi Kim Tien, Minister of Health received award of WHO on contribution of Viet Nam for tobacco control in 10 years FCTC implementation, May 2015



Source of photo: Ministry of Health, Viet Nam

Figure 61:
Assoc.Prof.Dr. Nguyen Thi Kim Tien, Minister of Health, Chairwoman of Viet Nam Tobacco Control Fund (VNTCF) awarded for 2018 Bloomberg Philanthropies Awards for Global Tobacco Control in South Africa, March 2018



Source of photo: Ministry of Health, Viet Nam

ii. Protect people from tobacco smoke

Viet Nam Tobacco Control Fund grant for 99 units to develop smoke free environment at workplace, hospitals, schools, restaurants, hotels and transportation.

- 100% provinces and cities have established a tobacco control steering committee, get the contents of tobacco control into the annual work plan, and ban on smoking regulation into the internal regulations of the agency, unit.
- Some tobacco control model was established such as: mobilize a network of public health collaborators and the elderly to communicate on tobacco control, develop smoke free indoor sports venues; give smoke free criteria into system of cultural family recognition criteria, released stamps on Tobacco control.
- Strengthen the capacity building for VNTCF officers and all grantees of VNTCF from provinces, ministries and hospitals on planning, monitoring, communication skills and inspection.

Figure 62:

Dr. Phan Thi Hai, Vice Director of VNTCF opening ceremony for training course on project management on tobacco control for all VNTCF officer and Tobacco Control Working Group supported by UNION



Source of photo: Ministry of Health, Viet Nam

Figure 63:
Youth Viet Nam join events in World No Tobacco Day in Viet Nam



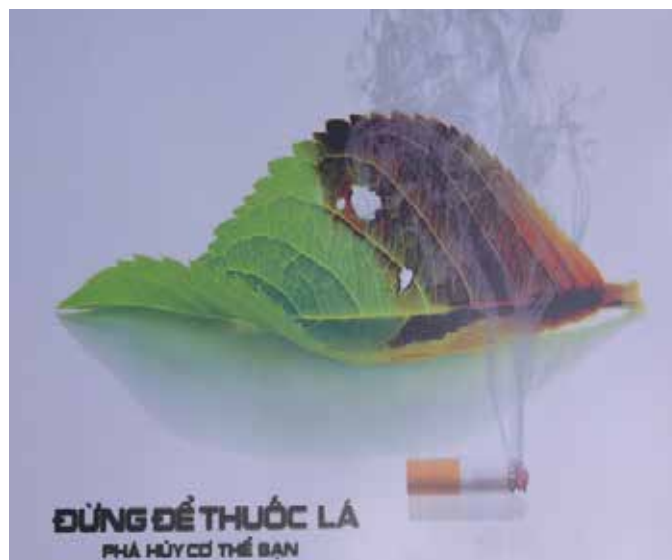
Source of photo: Ministry of Health, Viet Nam

Figure 64:
**6th Regional Meeting of Smoke-free Cities in Asia Pacific Region,
in Hoi An City, Viet Nam, November 2018**



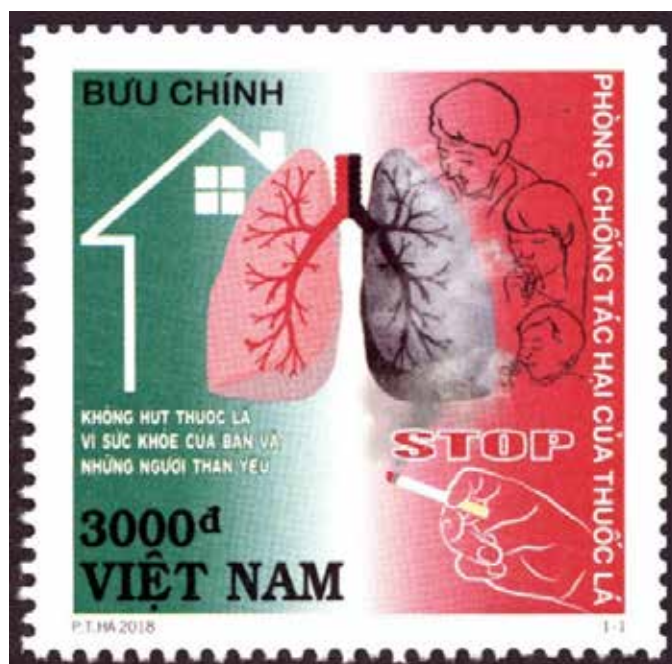
Source of photo: Ministry of Health, Viet Nam

Figure 65:
Award designing poster in competition



Source of photo: Ministry of Health, Viet Nam

Figure 66:
The special stamp to raise awareness on the harms of tobacco



Source of photo: Ministry of Health, Viet Nam

iii. Offer help to quit tobacco use thro tobacco cessation service

- Cooperate with hospitals to establish and implement counseling services for smoking cessation in 5 hospitals (2015) and 9 hospitals (2016). Establishment of a free counseling center for smoking cessation in Bach Mai Hospital (1800-6606).
- Establish the fanpage Facebook “B nh vi n B ch Mai-T v n b thu c lá 18006606” and frequently update the information.
- In 2018-2020, there were 20,488 clients call through telephone and cessation counselling center of hospital, in which 1.066 quit smoking above 1 year (accounted 5.2%).

Figure 67:

Opening Ceremony of the Counseling and Support Services for Smoking cessation in the National Hospital of Traditional Medicine



Source of photo: Ministry of Health, Viet Nam

Figure 68:

Counselor of the hotline for tobacco cessation consultancy service 1800-6606 Bach Mai hospital in Ha Noi



Source of photo: Ministry of Health, Viet Nam

iv. Warn about the danger of tobacco

- Maintaining the labeling and printing graphic health warnings on cigarette packages with 6 graphic health warning on cigarette pack, 50% of the area of both the front and back of tobacco packaging.
- Communicate on many diversified mass media such as: Viet Nam Television on channel: VTV1, VTV2, VTV3, VTV5, VTV6, Radio spot on Viet Nam Voice (VOV), and local television, newspaper and electric papers, electronic board. Sharing information about tobacco harmful effect, sharing TVC about smoke-free house, restaurant, transportation is updated regularly on fan page VN0khoithuoc.
- Supported 63 provinces/city produced news reportage, television messages, programs for communication & knowledge dissemination broadcast on local television.
- Organize competition on tobacco control in many target groups: youth, officers, ethnic minority, pupils.
- Integrating communication activities in several events such as festivals, sport activities, and cultural activities in tourism cities.

Figure 69:
Develop smoke free beach in An Bang beach, Hoi An



Source of photo: Ministry of Health, Viet Nam

Figure 70:
**Viet Nameese traditional opera about smoke-free enviroment
in Bac Ninh province**



Source of photo: Ministry of Health, Viet Nam

Figure71:
**Students sign online no smoking commitment in the World No Tobacco Day
meeting ceremony at the National Economics University, May 31, 2019**



Source of photos: Ministry of Health, Viet Nam

v. Enforce bans on tobacco advertising, promotion and sponsorship

- Ha Noi Public Health University implement research to find out the differences or loopholes on Tobacco Control Law and other related existing law, regulations with regard to the TAPS ban in Viet Nam; and improve the capacity of inspectors to monitor violations of tobacco advertising and promotion at point of sale (POSs); and raise POSs owner’s awareness on Tobacco Control Law focusing on TAP bans through communication materials.

- Ministry of Information & Communication organized training courses for inspectors of 63 Department of Information on advertisement ban on printed documents, newspapers and internet; work with newspapers to remind and warn on posting sponsorship of tobacco companies.
- Ministry of Culture, Sport, Tourism organized training course inspectors of 63 Departments on advertisement ban on mass media.

vi. Raise taxes on tobacco

- Develop plan and focal point to organize technical group meetings to discuss the roadmap for raising taxes; discuss the study as evidence of tax advocacy; Orientations on the content of the report, presented at the workshop suitable for each target group.
- Participate in the press conference (VTV1, congressional television, etc.), write the interview papers for the press. Advise the Minister of Health to meet and work with the leaders of the National Assembly, the Government Office, working directly with the grantees of Ministries to discuss the tax increase, request grantees of provinces to contact the National Assembly delegates and send information on taxes, coordinate to develop communication documents on tax, and send directly to provincial delegates.
- Evidence for tax advocacy: tax impact modelling (WHO, HB, UNION, VNTCF and MOF), health impact assessment modelling (HUPH, TMU), Illicit trade (UIC, DEPOCEN, IPPM, TMU), employment impact (HB/TMU), the distributional impact of tobacco tax (WB), longitudinal study if tax impacts (Union, HUPH)
- Develop communication materials: a set of Q&A, Factsheet and Workshop Presentations.

c. Challenges and remedial measures within the period of 2015-2020

- Easily access to tobacco products with cheap price and sold everywhere.
- The tobacco use prevalence in male already decrease but still high, 45.3%.
- The smoking exposure at some public places still high such as: restaurants, bar.
- New emerging kind of tobacco products (shisha, vape, etc.), are advertised attractively, make misunderstand about the safety of using these products, especially adolescents; lack of official and scientific information, how to communicate new products.

- Tobacco is addictive product. Monitoring and supporting for patients limited during and after counseling. Patients are less likely to return to hospital for further counseling. Patients are not actively accessing services. Limited tobacco cessation facilities at health care institutions.
- Limited rotation of images, images cover only 50% of pack and box of tobacco.
- 90% points of sale still violated on display tobacco pack (2010).
- Cigarette advertising and promotions still happen (19.8% aged from 15 to 24 noticed advertising and promotion). (GATS 2015)
- Tobacco tax in Viet Nam is significantly low.
- Tobacco industry interference is still very strong.
- Capacity on monitoring and evaluation of tobacco control is still limited. It is necessary to develop a long term strategy to strengthen the capacity of M&E staff at national level and grantee level.

d. Challenges in controlling the emergence of new smoking products like e-cigarette and heated tobacco and their regulation

- E-cigarette and heated tobacco are imported into Viet Nam mainly through portable or smuggled in small scale. They are not controlled by authorities and vague origin.
- No research yet on harm of e cigarette and heated tobacco which imported to Viet Nam, so the chemical or mixture of substances which smokers inhale, and effects of these substances are unknown. Viet Nam needs to gather more evidence to support for banning on e-cigarette and heated tobacco.

e. Achievements within the periods of 2015-2020

- Setting up the research network at central level and technical assistance for lower level.
- Provide annual budget/grants for research to other ministries and State agencies.
- Grants and support 63 provinces, 4 cities and 22 ministries and 29 ministries, 10 hospitals to conduct assessment on the law enforcement at the local levels.
- Implement second round research of GATS in 2015.

- Received the award from WHO on the tobacco control success in Viet Nam in 10 year-FCTC implementation 2015.
- Received the award from Bloomberg Philanthropies Awards for Global Tobacco Control on Monitoring tobacco use and implementation of prevention policies.
- Proportion of smoke exposure at some public places decreased such as: universities (54.3% to 37.9%), home (73.1% to 59.9%), work (55.9% to 42.6%), public transportation (34.3% to 19.4%).
- Strengthened monitoring and inspection on tobacco control law enforcement.
- Organized leadership training course on tobacco control in cooperation with John Hopkins University, project management by the UNION.
- Set up the hotline for tobacco cessation consultancy service (18006606) and traditional medicine for cessation.
- Published the set of stamp on tobacco control in Viet Nam.
- Organized workshop to share experiences on management and discussion policy for new emerging tobacco products collaborated between Ministry of Health, Ministry of Information and Communication.

Figure 72:
“Women and children have rights to live in Smoke free environment” campaign organized by Viet Nam Women Union in World no Tobacco Day, 2015



Source of photo: Ministry of Health, Viet Nam

7. HUMAN RESOURCES AND MECHANISM

Article 5 of the WHO FCTC obliges each Party, in accordance with its capabilities, to develop, implement, periodically update and review comprehensive multi-sectoral national tobacco control strategies, plans and programs through the following:

- a. Establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
- b. Adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

Parties are also expected to:

- Protect their tobacco control policies from commercial and other vested interests of the tobacco industry;
- Cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and its protocols;
- Cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and its protocols; and
- Cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

Table 10: Human Resources

Country	Number of Full-time Government Staff Working for Tobacco Control
Brunei Darussalam	14
Cambodia	National: 7, Provincial: 25, Inspector: 490
Lao PDR	2 (there are two technical staff in the Division of Health Promotion Management, Department of Hygiene and Health Promotion, the Ministry of Health in-charge of tobacco control together with other tasks)
Indonesia	15
Malaysia	10
Myanmar	5
Philippines	46 national and regional (the same staff has different programs aside from Tobacco Control)
Singapore	29
Thailand	35
Viet Nam	24

Table 11: National Coordinating Mechanism

Country	Presence Of A National Coordinating Mechanism for Tobacco Control		
	Yes	No	Note
Brunei Darussalam	√		
Cambodia	√		Sub decree on establishment of Tobacco control committee
Indonesia		√	The Ministry of Health has two (2) focal points: Directorate of Health Promotion and Community Empowerment and Directorate of Non communicable Diseases
Lao PDR	√		Sub decree on establishment of Tobacco control committee
Malaysia	√		
Myanmar	√		
Philippines	√		
Singapore	√		
Thailand	√		
Viet Nam	√		

Table 12: Funding Mechanism

Country	Presence of Funding Mechanisms for Tobacco Control		
	Yes	No	Note
Brunei Darussalam	√		Operational budget for Health Promotion Centre
Cambodia	√		National budget to the National Centre for Health Promotion
Indonesia	√		National Budget, Tobacco Tax, Tobacco Excise Tax
Lao PDR			National budget, Tobacco Control Fund and ODA
Malaysia	√		National budget based on consolidated fund
Myanmar		√	
Philippines	√		National budget
Singapore	√		Funds derived from the block budget from the Treasury
Thailand	√		National Budget and Thai Health Promotion Foundation
Viet Nam	√		<ul style="list-style-type: none"> - A compulsory contribution from tobacco manufacturers and importers which is calculated by percentage (%) of the excise tax-based prices with a roadmap as following: 1.0% from the effective date of the Law 01/5/2013; 1.5% from 01/5/2016 on ward; and 2.0% from 01/5/2019 onward. This compulsory contribution will be registered, calculated and paid to the Fund by the tobacco manufacturers or importers at the same time when they pay tobacco tax. - Voluntary contribution from national and international organizations and individuals. - Other legal sources of fund.

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