

Index for Tobacco Control Sustainability

MYANMAR



The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

INDICATORS		Weighted Score	2016		2022	
			Present (P)/ Absent (A)	Country Score	Present (P)/ Absent (A)	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	9	A	0	A	0
2	National tobacco control budget (annual)	7	A	0	A	0
3	National tobacco control law	6	P	6	P	6
4	National budget allocation for tobacco control capacity building	6	A	0	A	0
5	Tobacco taxation >75% of retail sales price	6	A	0	A	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	6	A	0	P	6
7	National tobacco control unit	5	P	5	P	5
8	Civil society tobacco control network	5	A	0	P	5
9	Civil society representation in national tobacco control advisory committees	5	A	0	P	5
10	Health promotion fund for, or including, tobacco control	5	A	0	A	0
11	National policy against tobacco industry corporate social responsibility	5	P	5	P	5
12	Tobacco-related mortality and morbidity recording system	5	A	0	A	0
13	National evaluation framework in place	5	A	0	A	0
14	Evaluation built into all major policy implementation plans	5	A	0	P	5
15	National tobacco control strategy	4	P	4	P	4
16	Tobacco control and non-communicable diseases form part of national health policy	4	P	4	P	4
17	Tobacco control forms part of national development plan	4	A	0	P	4
18	Human resource for implementation (national)	4	P	4	P	4
19	Global Tobacco Surveillance System surveys	4	P	4	P	4
20	Intergovernmental coordination mechanism	3	P	3	P	3
21	Capacity building plan for tobacco control personnel	3	A	0	P	3
22	Developmental assistance funding includes tobacco control	3	A	0	P	3
23	Code of conduct for government officials and staff	3	P	3	P	3
24	Ministry of health WHO FCTC Article 5.3 policy	3	A	0	P	3
25	WHO FCTC Article 5.3 policy across all ministries	3	A	0	A	0
26	Economic and social tobacco costs data	3	A	0	P	3
27	National focal point post	3	P	3	P	3
28	National advisory committee	2	P	2	P	2
29	Capacity building plans on research and evaluation	2	A	0	A	0
30	Mass media campaigns funded	1	A	0	P	1
31	Capacity building plan for non tobacco control specific personnel	1	A	0	P	1
Total Score		130		43		82

The overall score for Myanmar is 82, 39 points improved from the last score of 43 in 2016.

Explanation of the scores:

1. Pre-requisite Indicator: >4 MPOWER policies in place: As per the 2021 WHO Report on the Global Tobacco Epidemic, Myanmar fulfills only two out of six MPOWER measures, i.e., monitoring and health warnings on tobacco packs.
2. National tobacco control budget (annual): There is no dedicated budget for tobacco control.
3. National tobacco control law: The Control of Smoking and Consumption of Tobacco Product Law has been enacted since 2006.
4. National budget allocation for tobacco control capacity building: No national budget allocation exists for tobacco control capacity building.
5. Tobacco taxation >75% of retail sales price: According to Union Taxation Law 2020, the tax rate imposed on the most sold cigarette brand was 460 MMK per pack (23*20=460 MMK) and taxes as a percentage of retail sales price stood at 46%, which is lower than the WHO recommendation of >75% of retail sales price.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: The percentage of change in the price of most sold brand in 2018–2020 was 25% and, according to World Bank, the percentage of change in nominal GDP per capita during 2018–2020 was 21.37% so, tobacco taxation rate increased faster than inflation plus gross domestic product growth in Myanmar.
7. National tobacco control unit: The National Tobacco Control Cell is functional under the Noncommunicable Diseases Control Unit of MoH.
8. Civil society tobacco control network: Myanmar has had a national coalition or network of civil society organisations, including The Union, People Health Foundation (PHF), since 2017.
9. Civil society representation in national tobacco control advisory committees: Since 2018, representatives from CSOs are also members of the Central Tobacco Control Committee, the national tobacco control advisory committee. CSOs provide technical support in drafting new legislations and implementation of the program and also are involved in revising the current tobacco control law. In addition, the advisory team for implementation of Plain Packaging and Interaction with Tobacco Industry has been formed with representatives from The Union and PHF.
10. Health promotion fund for, or including, tobacco control: There is no health promotion fund in Myanmar.
11. National policy against tobacco industry corporate social responsibility: According to the tobacco control law 2006 of Myanmar, CSR and welfare activities are prohibited. Thus, the indicator has been revised from absent to present both for 2016 and 2022.
12. Tobacco-related mortality and morbidity recording system: There is no dedicated system to record the country's tobacco-related mortality and morbidity.
13. National evaluation framework in place: No national evaluation framework exists for tobacco control in place.
14. Evaluation built into all major policy implementation plans: According to the National Strategic Plan for Prevention and Control of NCDs (2017–2021), a plan exists for evaluation of tobacco control activities, together with NCD responses.
15. National tobacco control strategy: Myanmar National Tobacco Control Policy and Plan of Action is in place, and are currently undergoing revision.

16. Tobacco control and noncommunicable diseases form part of national health policy: Myanmar National Health Plan 2017–2021 extensively covers tobacco control and NCD prevention and control as key components.
17. Tobacco control forms part of national development plan: Tobacco control is part of the Myanmar Sustainable Development Plan (2018–2030) to implement the UN Sustainable Development Goals.
18. Human resource for implementation (national): There are permanent government staff posts funded from the health budget specifically to work on tobacco control at the national level.
19. Global Tobacco Surveillance System surveys: Myanmar conducted STEP survey in 2009 and 2014. GYTS has been conducted every three to five years since 2001, with the fifth round in 2016.
20. Intergovernmental coordination mechanism: Representatives from various ministries are involved in the Central Tobacco Control Committee, which provides guidance to develop and carry out tobacco control policies and programmes.
21. Capacity building plan for tobacco control personnel: Since 2018, MoH provides capacity building support to program officials and wider stakeholders at the national, state, and regional levels.
22. Developmental assistance funding includes tobacco control: Myanmar has been receiving development assistance funding from the World Bank for the NCD Program, which since 2018 has included tobacco control activities.
23. Code of conduct for government officials and staff: All government officials and staff are required to adhere to the code of conduct according to their respective service rules.
24. Ministry of Health WHO FCTC Article 5.3 policy: The Ministry of Health and Sports of Myanmar adopted Directive 91/2020 on August 17, 2020, which contains guidance on interactions with cigar and tobacco product manufacturer, distributor, seller or related person. All the staff under MoH needs to follow this code of conduct.
25. WHO FCTC Article 5.3 policy across all ministries: Although there is a directive regarding WHO FCTC Article 5.3 for all MoH staffs, no such policy exists across all ministries.
26. Economic and social tobacco costs data: Myanmar Tobacco Control Investment Case – The Case for Investing in WHO FCTC Implementation was developed jointly by UNDP, the WHO FCTC Secretariat, WHO, and the Ministry of Health in 2018.
27. National focal point post: There is a dedicated tobacco control focal point at the national level.
28. National advisory committee: The Central Tobacco Control Committee has been acting as the national advisory committee on tobacco control.
29. Capacity building plans on research and evaluation: Myanmar currently has no capacity building plans on research and evaluation.
30. Mass media campaigns funded: Quit Tobacco Campaign on Facebook is currently running in collaboration with WHO.
31. Capacity building plan for non-tobacco-control-specific personnel: MoH provides capacity building support to other stakeholders for implementation of smoke-free activities.

Main findings:

Progress in tobacco control sustainability since 2016

The Ministry of Health in Myanmar has demonstrated a strong commitment to improving tobacco control through various initiatives. In 2016, the ministry introduced 75% Graphic Health Warnings on tobacco packs, and further rotations were made in subsequent years. To enhance the effectiveness of these warnings, the ministry adopted Standardized Packaging, also known as Plain Packaging, on October 12, 2021.

Efforts to strengthen tobacco control research capacity are under way at both the national and subnational levels, with funding support from government and non-government sources. The tobacco control program is subject to periodic evaluation through conducting STEP and GYTS surveys to obtain a comprehensive overview of progress in reducing tobacco use and promoting public health.

To reduce tobacco industry interference, the MoH (then the Ministry of Health and Sports) issued Directive No.91/2020 on a code of conduct for ministerial staff for dealing with the tobacco industry. This directive applies to all health staff under the jurisdiction of MoH, including health office staff at the subnational level.

The MoH has included a range of key activities in the Myanmar Sustainable Development Plan (2018–2030) to reduce the prevalence of smoking and meet the UN Sustainable Development Goals. According to the National Strategic Plan for Prevention and Control of NCDs (2017–2021), there is a plan for evaluation of tobacco control activities, together with NCD responses.

The country has made gradual improvements to tobacco taxation, with a 25% price increase on the most sold cigarette brands between 2018 and 2020. This increase outpaced inflation and GDP growth rates, which were 3.64% and 21.37%, respectively, according to the World Bank. These actions reflect Myanmar's efforts to promote sustainable tobacco control initiatives.

Changes in scores from the 2016 survey:

Myanmar's progress in tobacco control is reflected in its current score of 82 out of 130, a significant improvement over its 2016 score of 43 out of 130. The increase of 39 points is due to improvements in several indicators, including:

- Tobacco taxation increases faster than inflation plus gross domestic product growth, which saw an increase of six points. Although the tax rate imposed on tobacco products is less than WHO recommendation, it has outpaced inflation plus real per capita GDP growth in the past few years.
- Civil society tobacco control network, which saw an increase of five points. Myanmar has national-level coalitions or networks of civil society organisations, including WHO, FCTC 2030, The Union and PHF.
- Civil society representation in national tobacco control advisory committees, which saw an increase of five points. Since 2018, representatives from civil society organizations have been members of the Central Tobacco Control Committee, the national tobacco control advisory committee.
- Evaluation built into all major policy implementation plans, which saw an increase of five points. According to the National Strategic Plan for Prevention and Control of NCDs (2017–2021), there is a plan for evaluation of tobacco control activities, together with NCD responses.
- Tobacco control forms part of national development plan, which saw an increase of four points. Tobacco control

is part of the Myanmar Sustainable Development Plan (2018–2030) to implement the UN Sustainable Development Goals.

- Capacity building plan for tobacco control personnel, which saw an increase of three points. Since 2018, MoH has provided capacity-building support to program officials and wider stakeholders at the national, state, and regional levels.
- Developmental assistance funding includes tobacco control, which saw an increase of three points. Myanmar has been receiving development assistance funding from the World Bank for its NCD Program, which has included tobacco control activities since 2018.
- Ministry of Health WHO FCTC Article 5.3 policy, which saw an increase of three points. Directive 91/2020, adopted on August 17, 2020, contains guidance on interactions with cigar and tobacco product manufacturer, distributor, seller or related person. All the staff under MoH needs to follow this code of conduct.
- Economic and social tobacco costs data, which saw an increase of three points. Myanmar Tobacco Control Investment Case – The Case for Investing in WHO FCTC Implementation was developed jointly by UNDP, the WHO FCTC Secretariat, WHO, and the Ministry of Health in 2018.
- Mass media campaigns funded, which saw an increase of one point. Quit Tobacco Campaign on Facebook is currently running in collaboration with WHO.
- Capacity building plan for non-tobacco-control-specific personnel, which saw an increase of onw point. MOH provides capacity building support to other stakeholders for implementation of smoke-free activities.

These improvements demonstrate Myanmar's commitment to addressing the public health concerns associated with tobacco use, and are an encouraging sign for the future of tobacco control in the country.

Remaining gaps in tobacco control sustainability

Myanmar's progress in achieving only two out of six MPOWER policies at the highest level of achievement underscores the pressing need to strengthen tobacco control laws and enhance their implementation. To address this issue, it is imperative to prioritize interventions such as comprehensive bans on TAPS, 100% smoke-free policies, higher tobacco taxation, and accessible smoking cessation programs. Furthermore, given the numerous loopholes in the current tobacco-control law, more revision is necessary to increase its comprehensiveness. Additionally, Directive 91/2020 concerning WHO FCTC Article 5.3 currently only applies to the staff of MoH, and it is recommended that it be extended to other ministries as well.