

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

Myanmar

Information on national contact responsible for preparation of the report:

Title

Dr

Family name

NWE

First name

MYA LAY

Full name of institution

Ministry of Health and Sports

Mailing address

Mailing address 1 Office 47, Department of Public Health,
Ministry of Health and Sports, Nay Pyi Taw,
Myanmar

Mailing address 2

Post code 15011

Post box

City Naypyitaw

Country

Myanmar

E-mail

drmyalaynwe@gmail.com

Alternative email address

myalaynwe@mohs.gov.mm

Telephone number

+95 67 421217

Fax number

+95 67 421217

Signature of government official submitting the report:

Title

Dr

Family name

Kyaw

First name

Thar Tun

Full name of institution

Ministry of Health and Sports

Mailing address

Mailing address 1

Office 47, Department of Public Health,
Ministry of Health and Sports, Nay Pyi Taw,
Myanmar

Mailing address 2

Post code

15011

Post box

City

Naypyitaw

Country

Myanmar

E-mail

drtharhtunyaw@gmail.com

Alternative email address

thartunkyaw@mohs.gov.mm

Telephone number

+95 9 403 776 414

Fax number

+9567411022

Web page

Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	43.8	2.9
FEMALE	8.4	2.2
TOTAL (males and females)	26.1	2.7

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	34.0	
FEMALE	7.4	
TOTAL (males and females)	20.7	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	9.8
FEMALE	0.9
TOTAL (males and females)	5.4

Former smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	11.7
FEMALE	2.7
TOTAL (males and females)	7.2

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	44.6
FEMALE	88.9
TOTAL (males and females)	66.7

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarette, Cheroot, Cigar, Hand rolled cheroot, pipes and other types of tobacco

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	25	64

Please indicate the year of the data used to answer question B11:

2014

Please indicate the source of the data used to answer question B11:

WHO STEPS Survey (2014)

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	is a person who have smoked tobacco currently
Daily smoker	is a person who smoke any tobacco products everyday
Occasional smoker	is a person who smoke currently but not everyday
Former smoker	is a person who have ever smoked any tobacco products but not currently
Never smoker	is a person who have never smoked any tobacco products

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

There was an increasing trend in smoking prevalence in the adult female but it was decreased among adult male while comparing with data from WHO NCD STEPs Survey (2009)

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	25	34	41
MALES - current smokers ¹	35	44	46
MALES - current smokers ¹	45	54	45
MALES - current smokers ¹	55	64	44
FEMALES - current smokers ¹	25	34	2
FEMALES - current smokers ¹	35	44	6
FEMALES - current smokers ¹	45	54	13
FEMALES - current smokers ¹	55	64	21
TOTAL (males and females) - current smokers ¹	25	34	22
TOTAL (males and females) - current smokers ¹	35	44	26
TOTAL (males and females) - current smokers ¹	45	54	29
TOTAL (males and females) - current smokers ¹	55	64	33

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Cigarette, Cheroot, Cigar, Hand rolled cheroot, pipes and other types of tobacco

Please indicate the year of the data used to answer question B12:

2014

Please indicate the source of the data used to answer question B12:

WHO NCD STEPs Survey (2014)

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

There was a decreasing trend in smoking prevalence among adult males population except (35-44) year's age group. For adult females population, although there was decreasing trend among younger age groups of (25-44), there was increasing trend in smoking prevalence among (45-64) year's age group. For both sexes, there were increasing trends in all age group.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	62.2
Daily users	44.5
Occasional users	17.7
Former users	4.9
Never users	32.9

Females

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	24.1
Daily users	16.1
Occasional users	8.0
Former users	2.6
Never users	73.3

TOTAL (males and females)

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	43.2
Daily users	30.3
Occasional users	12.9
Former users	3.8
Never users	53.1

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Snuff, Chewing raw tobacco, Betel-quid with raw tobacco

Please indicate the age range to which the data used to answer question B13 refer:

	From	To
Age range	25	64

Please indicate the year of the data used to answer question B13:

2014

Please indicate the source of the data used to answer question B13:

WHO NCD SETPs Survey (2014)

Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.

Current user	is a person who has used any smokeless tobacco product currently
Daily user	a person who use any smokeless tobacco product everyday
Occasional user	a person who use any smokeles tobacco product currently but not everyday
Former user	a person who has ever used any smokeless tobacco product but not currently
Never user	a person who has never used any smokeless tobacco product

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

There was an increasing trend in smokeless tobacco use both in the adult males and females.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ²	25	34	66
MALES - current smokers ²	35	44	70
MALES - current smokers ²	45	54	59
MALES - current smokers ²	55	64	46
FEMALES - current smokers ²	25	34	17
FEMALES - current smokers ²	35	44	28
FEMALES - current smokers ²	45	54	30
FEMALES - current smokers ²	55	64	24
TOTAL (males and females) - current smokers ²	25	34	42
TOTAL (males and females) - current smokers ²	35	44	49
TOTAL (males and females) - current smokers ²	45	54	44
TOTAL (males and females) - current smokers ²	55	64	35

Please indicate the smokeless tobacco products included in the answer to question B14:

Snuff, chewing raw tobacco, betel-quid mixed with raw tobacco.

Please indicate the year of the data used to answer question B14:

2014

Please indicate the source of the data used to answer question B14:

WHO NCD STEPs Survey (2014)

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

There was an increasing trend in smokeless tobacco use both in the adult males and females of all age groups.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
------------------------	-------------------------------	---------------------------------	---

Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13-15	21	11	7.5
GIRLS - Current users ⁴	13-15	2	1.5	1.3
TOTAL (boys and girls) - Current users ⁴	13-15	11	6	4

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking tobacco - any form of smoked tobacco including ciagarettes and cheroots

Smokeless tobacco - chewing tobacco with betel quid, chewing tobacco, snuff

Other tobacco - smoked tobacco products other than cigarettes

Please indicate the year of the data used to answer question B16:

2016

Please indicate the source of the data used to answer question B16:

Global Youth Tobacco Survey (2016)

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Current smoker is one who smoked tobacco anytime during the past 30 days.

Current smokeless tobacco user is one who used smokeless tobacco anytime during the past 30 days.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

The trend in current smoking and current use of smokeless tobacco products decreased among young persons compared to previous survey (GYTS, 2011).

Please attach the relevant documentation.

No comment

File type "pdf"

No comment

File type "pdf"

Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
-----------	---	--	---	---------------------------------

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Total - 39.1 %, Male - 32.1%, Female - 46.0% (Exposure tobacco smoke at home)

Total - 27.5 %, Male - 31.8%, Female - 23.6% (Exposure tobacco smoke at work place)

Please indicate the year of the data used to answer question B21:

2014

Please indicate the source of the data used to answer question B21:

WHO NCD STEPs Survey (2014)

Please attach the relevant documentation.

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

64000

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Chronic Obstructive Pulmonary disease - 14,401 No

Tracheal, bronchus, and lung cancer - 10,417 No

Hemorrhagic stroke - 7,538 No

Ischemic heart disease - 7,280 No

Ischemic stroke - 3,642 No

Please indicate the year of the data used to answer question B32 and 33:

2016

Please indicate the source of the data used to answer questions B32 and B33:

INVESTMENT CASE FOR TOBACCO CONTROL IN MYANMAR

Please submit a copy of the study you refer to:

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Direct costs - 307.4 MMK Billion in 2016

Indirect costs - 2,277.7 MMK Billion in 2016

Please indicate the year of the data used to answer question B42:

2016

Please indicate the source of the data used to answer question B42:
INVESTMENT CASE FOR TOBACCO CONTROL IN MYANMAR

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Cigarette	tonnes	6399.928	55.789 M USD	Exports	
Smoking tobacco products	Cheroots	tonnes	43.418	0.036 M USD	Exports	
Smoking tobacco products	Cigarette	tonnes	91.264	3.862 M USD		Imports

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Duty-free allowance - 400 cigarettes, 50 cigars or 250 gm of pipe tobacco

Please indicate the year of the data used to answer question B51 and 52:

2018

Please indicate the source of the data used to answer questions B51 and B52:

Information from Ministry of Commerce

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018	Cigarette	187 bar	1762000
Smoking tobacco products	2018	Cheroot	3270 bulk	2753400
Smoking tobacco products	2019	Cigarette	907 box	1767150
Smoking tobacco products	2019	Cheroot	154102 bulk	7767500

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

Internal Revenue Department, in collaboration with Custom department and Police Force, take action for seizures of illicit tobacco products. According to the information from Ministry of Planning, Finance and Industry, amount of illicit tobacco products seized in Myanmar has increased in these years. Even though detail information regarding percentage of illicit tobacco products in relation to the national tobacco market is not available.

Please provide any further information on illicit tobacco products.

Please indicate the source of the data used to answer questions in section B6:
Ministry of Planning, Finance and Industry

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

According to the Statistical Yearbook, 2018, there were production of 2.71 Thousand Tons of Virginia from 4.15 Thousand Acres of harvested area and 24.6 Thousand Tons of Myanmar Tobacco from 32.4 Thousand Acres of harvested area.

But, the information regarding the number of workers involved in tobacco growing is not available yet.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

NA.

Please indicate the year of the data used to answer questions in section B7:

2018

Please indicate the source of the data used to answer questions in section B7:

Source: Myanmar Statistical Yearbook, 2018, published by Ministry of National Planning and Economic Development.

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

30

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	No
More complex structure (please explain below)	Yes

If a more complex structure of taxes (*please explain*):

Specific goods tax, commercial tax and income tax are levied on cigarettes and other tobacco products. Commercial tax at 5 per cent is charged on cigarettes and other tobacco products as follows:
 Domestic Production on Sales Proceeds (including Specific Goods Tax)
 Importation on Landed Cost (including Specific Goods Tax)
 Besides, commercial tax at 5 per cent is chargeable on re-sale proceeds of imports and trading of the goods.

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Cigarettes	Specific goods tax	4 Tiers, 8 to 25 MMK per stick	Sale price
Smoking tobacco products	Cheroots	Specific goods tax	1 Tier, 0.75 MMK per stick	Sale price
Smoking tobacco products	Cigars	Specific goods tax	80%	Sale price
Smoking tobacco products	Pipes	Specific goods tax	80%	Sale price
Smokeless tobacco products	Myanmar Tobacco leave	Specific goods tax	60%	Sale price
Smokeless tobacco products	Virginia Tobacco	Specific goods tax	60%	Sale price
Smokeless tobacco products	Betel chewing preparation	Specific goods tax	80%	Sale price
Other tobacco products	Pipe tobacco	Specific goods tax	80%	Sale price

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

The tax structure of cigarettes and cheroots became complicated in 2016 and 2017 as those are taxed in tier system. There is no changes in tax rate on tobacco leaves since 2015 (60% of sale price), but the increased tax rate is seen in cigars, pipes, pipe tobacco and betel chewing preparation (60% each in 2015 and 2016 and 80% each in 2017).

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No ✘

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

The Union Tax Law, 2019

Please attach the relevant documentation.

**2019 Union
Tax Law**

Myanmar Language

File type "pdf"

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Red Ruby	20 sticks	1100	MMK
Smoking tobacco products	Premium Gold	20 sticks	800	MMK
Smoking tobacco products	London	20 sticks	1000	MMK
Smokeless tobacco products	Shwe Cho Pyin	16.3 gm	100	MMK
Smokeless tobacco products	Htet Moe	16.3 gm	100	MMK
Smokeless tobacco products	Pin Ma	230 ml	500	MMK
Other tobacco products	Kyal Ni	50 sticks	1300	MMK
Other tobacco products	Kyar Thi Ha	50 sticks	1500	MMK
Other tobacco products	Kyae Tar Yar	50 sticks	1600	MMK

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Mevius	20 sticks	2800	MMK
Smoking tobacco products	Marlboro	20 sticks	2700	MMK
Smoking tobacco products	Dunhill	20 sticks	2200	MMK
Smokeless tobacco products	92	50gm	2000	MMK
Smokeless tobacco products	Signal	12.5gm	2000	MMK

Please indicate the year of the data used to answer question B91:

2020

Please indicate the source of the data used to answer question B91:

Myoma Market, Naypyitaw (2020)

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

1 USD = 1400 MMK (March 2020)

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

- A Deputy Director of NCDs unit under Disease Control Division of Department of Public Health, Ministry of Health and Sports, was assigned as the focal point for tobacco control.

- According to "The Control of Smoking and Consumption of Tobacco Product Law", enacted in 2006, the Central Tobacco Control Committee was formed by the government on 24th January, 2011. It is chaired by the Union Minister for Health and involves the Deputy Ministers and Director Generals from other related Ministries: Finance, Commerce, Home Affairs, Education, Information, Transports, Sports, Hotels and Tourism, Naypyitaw City Development Council and Office of the Attorney General. The Director General of Department of Public Health is the secretary of that Committee. Even it was formed, it has been defunct for years. According to the changed situation of government, Government office reformed CTCC in May 2019, with 26 members from 16 related ministries.

- In April 2015, the NCDs unit was established under Department of Public Health and the tobacco control unit was formed as part of that unit in 2016 October. The State/Regional Health Directors from 17 State/Regional Health

Departments were also assigned as the focal persons for tobacco control for respective State/ Region.

- To improve multi-sectoral collaboration, and to development a new Tobacco Control Policy, Strategy and New Legislation according to the FCTC guidelines, Coordination meetings and workshops were done in November and December of 2019.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

- Regarding article 5.1 (financial resources and mechanisms of assistance), the National Tobacco Control Programme had mostly relied on the WHO biennium budget up to 2013 and there is no earmarked tax or sin tax yet for health promotion including tobacco control. The GYTS, GSPS surveys were done in 2001, 2004, 2007, 2011 and 2016 by the technical and financial support from CDC. In 2013, the National Tobacco Control Programme received the funding support from the Bloomberg Initiative Grant for 2 years' project starting from 2013 and till now.
- Myanmar is also being selected as one of the FCTC 2030 Partner party in March 2017 for 4 yr. project. Implementation started in 2018.
- Regarding article 5.2 (reporting and exchange of information), Ministry of Health and Sports, the focal Ministry for tobacco control, has shared the information to related Ministries and all stakeholders, and has also exchanged the information related to tobacco control at regional workshops and meetings.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✗

If you answered “Yes” to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

The Tobacco Control Cell under Public Health Division of Department of Public Health organized a National Workshop on Countering Tobacco Industry Interference with the objective of raising awareness of governmental and non-governmental organizations.

The information regarding the tobacco industry activities is not much available yet in Myanmar.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

In collaboration with Peoples Health Foundation, the awareness raising workshop on Article 5.3 was organized for the parliamentarians. A manual for civil servants was also drafted.

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en> (<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

The tax rate on cigar, pipe tobacco and betel preparations became increased since 2017 (60% in 2016 and 80% in 2017 and same in 2019), but the tax structure became complicated for cigarettes and cheroots (4 tiers for cigarettes and 2 tiers for cheroots). There is increased tax rates per year but much less than that is recommended by WHO.

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en> (<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

Internal revenue department under Ministry of Planning, Finance and Industry set road map for tax reform. Multi - sectoral meeting, workshops and were done to be able to increase tax on tobacco products according to article 6. Even it is recommended to increase taxation on tobacco products, considering inflation, income and affordability, there is no specific factors on which the tax rates are increased. Ministry of Health and Sports reported to President office regarding situation and Ministry of Planning, Finance & Industry will be conducting coordination meetings for developing road-map in near future.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	No
administrative and executive orders	Yes
voluntary agreements	No
other measures (please specify in C223 below)	Yes

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

The "Control of smoking and consumption of tobacco product law" was enacted in 2006 and came into effect in 2007. The law defines the totally smoke-free area and the limited area with designated smoking place. The totally smoke-free area includes the health facilities, the educational institutions, the play grounds, sports stadiums, the public transport and indoor public places. But, the designated smoking room should be kept at public transport like trains, public transport ports and terminals, government offices and industries according to the law.

In 2011, the President's office made the direction that all government offices' buildings and compounds must be tobacco-free.

According to the law, the Ministry of Health is authorized to adopt the necessary orders and notifications. The notifications regarding the sign and warning to be kept at no-smoking area and designated smoking area were developed and adopted by Ministry of Health in March, 2014. According to that notification, the designated smoking area must be defined at outside area, at least 10 meters away from the main entrance and the windows of the building, ensuring that all the indoor places are smoke-free.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

The "Control of smoking and consumption of tobacco product law" defines the penalties for offences, and Myanmar police force as the law enforcer.

According to that law, the government had established a multi-sectoral central tobacco control committee for providing guidance and making policy for effective tobacco control in Myanmar. The law defines the roles and responsibilities of the central tobacco control committee, including the establishment of the supervisory committees at State/Regional, District and Township level and defining their respective roles and responsibilities.

Regarding the smoke-free area, the respective administrator or owner of the area or building or office is the responsible person for monitoring and taking action for violations.

The Law also defines the roles and responsibilities of Ministry of Health and give the authority for adopting the notifications and regulations as necessary for effective tobacco control.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Partial
ferries	None
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Complete
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

The Article 6 in Chapter IV of “The Control of smoking and consumption of tobacco product law” defines non-smoking areas which includes indoor workplaces such as hospitals, medical treatment centres and clinics, teaching buildings, classrooms and offices of schools including private tuition classes and training schools, universities, colleges and institutes, marts, department stores and market sheds.

But, the Article 7 of that Chapter mentions the non-smoking areas with designated smoking places. Those include: buildings of offices and departments, factories and workshops, hotels, motels, guest houses, lodging houses and restaurants.

In 2011, the President’s office made the direction that the government offices’ buildings and compounds must be tobacco-free.

According to notification released by the MoHS in 2014, all indoor places become smoke-free as the designated smoking area is to be defined outside at least 10 meters away from main entrance and windows.

Banning tobacco smoking in public transport

The Article 6 in Chapter IV of “The Control of smoking and consumption of tobacco product law” defines non-smoking areas which includes public transports such as motor vehicles and aircrafts for passenger transport.

But, the Article 7 of that Chapter mentions the non-smoking areas with designated smoking places. Those include: railway stations, airports, ports, highway bus terminals, and trains and vessels for passenger transport.

Banning tobacco smoking in indoor public places

The Article 6 in Chapter IV of “The Control of smoking and consumption of tobacco product law” defines non-smoking areas which includes indoor public places such as stadiums and indoor playing fields, children drill sheds and playgrounds, opera houses, cinema halls, video halls and other buildings of entertainment, museums, archives, public libraries and reading rooms, elevators, escalators, air-conditioned public rooms and public auditoriums. .

According to notification released by the MoHS in 2014, all indoor places become smoke-free as the designated smoking area is to be defined outside at least 10 meters away from main entrance and windows.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

During 2016 and 2017, the Shan State (Southern part) organized series of smoke-free advocacies at State and township levels. With strong commitment of local government, leadership of State Public Health Department and involvement of CBOs, Pindaya cave could declare as smoke-free cave in August 2017.

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en> (<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

No ✘

testing and measuring the emissions of tobacco products?

No ✘

regulating the contents of tobacco products?

No ✘

regulating the emissions of tobacco products?

No

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

According to Article 13(b) of “The Control of smoking and consumption of tobacco product law”, production, distribution or sale of tobacco products, which are mentioning fraudulently that the toxic chemicals potency is less than the amount prescribed by the Central Board, is defined as offences. But, Myanmar still has very limited facility and capacity for testing, measuring and regulating the contents and emission of tobacco products.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

“The Control of smoking and consumption of tobacco product law” doesn’t include the obligation regarding the disclosure of contents and emissions of the tobacco products to government authorities or public by the manufacturers or importers. There is also no other regulation yet requiring the disclosure of contents and emissions of the tobacco products.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

Article 13 of the National Law describe the penalties for the following offences:

(a) production, distribution or sale of cigar without mentioning the caption of warning in Myanmar language to be mentioned on the package of cigar that smoking can seriously affect health and other necessary warnings in

accordance with the stipulations;

(b) production of cigar and tobacco products fraudulently mentioning that the toxic chemical potency is less than the amount prescribed by the Central Board in cigar and tobacco production, distribution or sale thereof in spite of

knowing such fact mentioned;

(c) production, distribution or sale of cigar and tobacco product without label for commercial purpose;

(d) production, distribution or sale of any other goods showing the label of any cigar and tobacco product;

(e) production, distribution or sale of toys, edibles or wares made in the form of cigar.

Ministry of Health, by the approval of cabinet, released the notification on Pictorial Health Warning on Cigarette and other Tobacco Packaging on 29th February 2016 and it came into force after six months.

According to that notification, the textual and pictorial health warnings must be displayed in upper 75% of front and back surfaces of the tobacco packages (25% is text warning and 50% is pictorial warning). The new picture was distributed to tobacco industries in June 2017 for year 2 implementation.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>

(<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

(<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)
- Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
 - health risks of exposure to tobacco smoke?
 - benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
 - adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
 - community workers?
 - social workers?
 - media professionals?
 - educators?
 - decision-makers?
 - administrators?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

The World No-Tobacco Day ceremonies were held at central level and all States and Regions on 31st May 2018 and 2019. A short documentary video on tobacco victim was developed and showed in May 2018. Pamphlets and vinyls were distributed to all State and Regional health departments. The message on dangers of tobacco were disseminated up to rural area through Standardized health message book by basic health staffs since August 2017 and updated in 2019. A national media campaign on smokeless tobacco was launched in September 2017 and 2018. Two short videos and 1 radio message of tobacco victims were broadcasted in public media for 3 weeks. It was accompanied by distribution of sticker posters of victims to all RHCs and sub-rural health centers. Further media campaign was done in 2019 for the theme of "Second Hand Smoke Kills" and a short video and messages were distributed to respective States/Regions.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en> (<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?
Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
 - the domestic Internet?
the global Internet?
 - brand stretching and/or brand sharing?
 - product placement as a means of advertising or promotion?
 - the depiction of tobacco or tobacco use in entertainment media products?
 - tobacco sponsorship of international events or activities and/or participants therein?
 - contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?
 - cross-border advertising, promotion and sponsorship originating from your territory?
the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
-

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

Yes ✓

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

Yes ✓

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

According to Article 11 of the National Tobacco Control Law, there is a ban on all forms of direct and indirect tobacco advertisement, sales promotion and sponsorship.

Since 2013 July, a regular monitoring and reporting mechanism was established among Township, State/Regional and Central level regarding the TAPS. There were local actions by local tobacco control teams such as educating the shops' owners on dangers of tobacco use and awareness raising on national regulations on TAPS, removing the advertisements found and warning not to accept the direct and indirect advertisements and promotion from tobacco companies. But, there was no direct action on tobacco industries for violating the law yet in Myanmar.

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en> (<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

No ✘

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
programmes specially designed for underage girls and young women?
- programmes specially designed for women?
programmes specially designed for pregnant women?
telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?

NCD prevention, screening and treatment services provided at health facilities

Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?
- Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✔

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Partially
secondary and tertiary health care	Partially
specialist health-care systems (please specify below)	None
specialized centres for cessation counselling and treatment of tobacco dependence	None
rehabilitation centres	None
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

No ✕

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Since May 2017, the Ministry of Health and Sports initiated the implementation of WHO package of essential NCDs (PEN) interventions. The manual and guidelines were developed for Basic health staffs (BHS) and brief advice on tobacco cessation is one of the interventions in it. The BHS in 232 townships were trained till 2019. But, the medicines required for Nicotine Replacement Therapy (NRT) are still less accessible and affordable in Myanmar.

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>

(<https://extranet.who.int/dataform/655321?token=kw79795kzawzhe9&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

No ✘

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

No ✘

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✘

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

No ✘

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No ✘

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

No ✘

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

No ✘

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

No ✘

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✔

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

No ✗

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

The internal revenue department under Ministry of Planning and Finance expanded the coverage of putting the tax stamp on cheroots, in addition to cigarette packets which are manufactured within the country. The multisectoral mobile teams has been confiscating the illicit tobacco products at the border area.

The Peoples Health Foundation has made translations of the protocol into Myanmar language. The self-assessment for implementation of protocol in Myanmar is still underway.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

No ✗

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
 - to minors?
-

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

Ministry of Education, in collaboration with MOHS, conducted national level seminar and workshops for development of ways forward for strengthening 7 priority areas, including tobacco control, in 2019. Peer education programme has been launched to increase awareness including provisions of the law, focusing on prevention of minors from tobacco use. MOE has been working in close collaboration with parent teachers association and Students Unions to strengthen necessary areas.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

The Section 8 of the National Tobacco Control Law defines the penalties for the above offences. But, the compliance and enforcement are still weak in Myanmar.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	Not applicable

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Although the Union Government office directed the Ministry of Agriculture to conduct researches on tobacco growing with compared to other alternative crops and to encourage the farmers to grow alternative crops instead of tobacco in 2013, any follow-up monitoring and other relevant actions could not be made during last two years.

However, the best practices on alternative livelihoods for tobacco farmers of other countries are shared in advocacy workshops for parliamentarians in 2017.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Those information are not available from the respective Ministries and agencies.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Not applicable

Do you have any civil liability measures that are specific to tobacco control?

Not applicable

Do you have any general civil liability provisions that could apply to tobacco control?

Not applicable

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Not applicable

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Not applicable

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

Not applicable

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

The Section 8 of the National Tobacco Control Law defines the offences and penalties.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social and economic indicators related to tobacco consumption?
 - tobacco use among women, with special regard to pregnant women?
 - the determinants and consequences of exposure to tobacco smoke?
 - identification of effective programmes for the treatment of tobacco dependence?
 - identification of alternative livelihoods?
 - Other
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

1. Global Youth Tobacco Survey and Global School Personnel Survey (2001, 2007, 2011, 2016)
 2. Global Health Profession Student Survey (2006, 2009)
 3. WHO NCD STEPS Survey (2003, 2009, 2014)
 4. Demographic and Health Survey (2015-2016)
-

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

If technical and financial supports are available, WHO NCDs STEPS Survey and GYTS, GSPS Survey will be conducted.

According to the schedule, NCDs STEPS survey was intended to conduct in 2019 but with emerging interest in integrating this survey to WHS plus survey, that survey is planned to conduct in 2020. And GYTS in 2021.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
information about the enforcement of laws on tobacco control?
pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

In Myanmar, the Department of Public Health had conducted the above mentioned researches on tobacco control. The Department of Human Resource for Health and Departments of Medical Research had also conducted many researches regarding the determinants of tobacco use and its consequences. But, the information sharing mechanism is still need to be strengthened for getting concrete and comprehensive information regarding the tobacco control.

Since the Department of Public Health under Ministry of Health and Sports is responsible as a national focal point of tobacco control, the information related to tobacco control have been exchanged continuously both at national and international level, in the form of advocacy workshops or meetings among policy makers and all stakeholders, in the form of documents or research reports and poster presentation through the regional and international conferences.

The last GYTS 2016 findings were disseminated at World No-Tobacco Day ceremony, seminar and advocacy workshops using fact sheets, posters and power point presentations. The trend analysis workshop was conducted in August 2017, comparing the findings of GYTS 2001, 2007, 2011 and 2016.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	No
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	Yes

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	Yes

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

The technical and financial assistance were received from Convention Secretariat, WHO, UNDP, the Bloomberg Initiative, the International Union against Tuberculosis and Lung Disease/ the Vital Strategies and South East Asia Tobacco Control Alliance (SEATCA) and from party like Thailand and Australia.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

The Convention Secretariat and WHO supported for conducting multi-sectoral workshops and meetings, and prevalence surveys, respectively. CDC supported for conducting the global surveys. The Bloomberg Initiative supported through the International Union against Tuberculosis and Lung Disease and Vital Strategies for strengthening the tobacco control policies in Myanmar. SEATCA supported for implementation of smoke-free cities and heritage sites.

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Article 5.1, 5.2, 5.3, 6, 8, 11, 12, 13, 14, 15 and 16

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

National Tobacco Control Plan of Action was for the period of 2006 to 2010

Multi-sectoral coordination mechanism, Central Tobacco Control Committee is not fully functional

Other ministries are not focused on implementation of the WHO FCTC

The Control of Smoking and Consumption of Tobacco Product Law 2006 and Orders are not fully compliant with the Convention in a few areas.

The Law is not fully enforced.

Awareness of Article 5.3 of the Convention and its guidelines among relevant government ministries is limited.

There is no specific code of conduct for civil servants.

Currently the tobacco product taxation level is still below the WHO recommended level (70% of retail price).

Tax rates do not take into account changes in household incomes or inflation.

Tax policy is not used as a public health measure.

Enforcement capacity is limited for implementation of smoke free areas.

There are no national regulations and standards concerning contents and emissions of tobacco product, including the banning of additives.

The Control of Smoking and Consumption of Tobacco Product Law 2006 does not specify a designated testing laboratory for tobacco products.

There are no measures and standards to regulate shisha and electronic nicotine delivery systems.

A comprehensive plan for the implementation of education, communication and training activities within a comprehensive multisectoral tobacco control programme have not been developed.

There is a lack of systematic evaluation of the effectiveness of the education, communication and training activities.

There is no explicit ban on advertising at point of sale, on unpaid depiction of tobacco brands, products and use in media, on sponsorship and publicity of sponsorship as part of corporate social responsibility, on direct person to person targeting of individuals, on promotional discounts, trade discounts or rebates, on internet sales of tobacco products, on use of brand name of non-tobacco products for tobacco products.

Does not have comprehensive guidelines for the diagnosis and treatment of tobacco dependence, no national quit line, and pharmaceutical products are not available.

There is no comprehensive provision in the law to tackle illicit trade in tobacco products, no tracking and tracing system and no licensing system for import, distribution and retail, specifically targeting on tobacco products.

Even law prohibit sell to minor, no measures developed to ban sale of tobacco products in a manner by which they are directly accessible.

Cigarettes could still be purchased in individual sticks from street vendors.

There is no program to promote economically viable alternatives for tobacco growers, workers and individual sellers.

There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco cultivation and manufacturing.

Funding allocated by ministry is not sufficient to fully implement the Convention.

Insufficient full time staffs who can focus on tobacco control activities at all levels contributes to limitation of implementing the Convention effectively.

Training or sensitization programmes are required for capacity building of the focal personnel at all levels.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Article 5.2: Multisectoral National Strategic Plan for tobacco control need to be developed.

Article 5.3: All stakeholders and policy makers still need to be aware of and interested in protecting the public health policy from interfering by the tobacco industries. The multisectoral cooperation and collaboration need to be strengthened.

Article 6: Various kinds of smoking and smokeless tobacco products are used in Myanmar. The tax rate and the price are still need to be raised. The tax structure is complicated.

Article 8: Public awareness and compliance still low and law enforcement. is still weak.

Article 11: It takes a long time to implement the pictorial health warning in Myanmar. The capacity and facilities are required for defining the potency of toxic chemicals of tobacco products.

Article 12: Financial resources and effective strategies are required for raising public awareness.

Article 13: Although Myanmar has comprehensive ban on TAPS, law enforcement is still required.

Article 14: The National standard guideline still need to be developed and logistic support is required for counselling and cessation clinics.

Article 15: The relevant regulations and multisectoral cooperation is required for controlling illicit tobacco products in Myanmar.

Article 16: Law enforcement is still need to be strengthened.

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
water pipe tobacco
Electronic Nicotine Delivery Systems (ENDS)
Electronic Non-Nicotine Delivery Systems (ENNDS)
heated tobacco products (HTPs)
- Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Various kinds of SLT are used in Myanmar, especially in traditional and cultural events. Water pipes (shisha) and ENDS become popular among youths.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

© 2020 WHO