



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to use the interactive features of the reporting instrument, please follow the instructions below. **It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

If you use a version of Microsoft Word of before 2010:

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
 - (i) Under the "Tools" menu, select "Macro".
 - (ii) In the "Macro" menu, select "Security".
 - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
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If you use a newer version of Microsoft Word:

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I confirm that I read the note and followed the instructions therein

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	MALAYSIA
1.2	Information on national contact responsible for preparation of the report:	
	Name and title of contact officer	DR NORARYANA HASSAN
	Full name of institution	DISEASE CONTROL DIVISION MINISTRY OF HEALTH MALAYSIA
	Mailing address	LEVEL 2, BLOCK E3, PARCEL E 62590 PUTRAJAYA, MALAYSIA
	Telephone number	+603 8892 4527
	Fax number	+603 8892 4526
	E-mail	noraryana@moh.gov.my
1.3	Signature of government official submitting the report:	
	Name and title of officer	DR NORARYANA HASSAN
	Full name of institution	DISEASE CONTROL DIVISION MINISTRY OF HEALTH MALAYSIA
	Mailing address	LEVEL 2, BLOCK E3, PARCEL E 62590 PUTRAJAYA, MALAYSIA
	Telephone number	+603 8892 4527
	Fax number	+603 8892 4526
	E-mail	noraryana@moh.gov.my
	Web page	www.moh.gov.my
1.4	Period of reporting	1 JANUARY – 15 APRIL 2014
1.5	Date the report was submitted	APRIL 2014

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
	MALES		
	Current smokers	43.9 %	
	Daily smokers	39.9 %	
	Occasional smokers	4.1 %	
	Former smokers	2.4 %	
	Never smokers	1.7 %	
	FEMALES		
	Current smokers	1 %	
	Daily smokers	0.7 %	
	Occasional smokers	0.4 %	
	Former smokers	0.3 %	
	Never smokers	0.1 %	
	TOTAL (males and females)		
	Current smokers	23.1 %	
	Daily smokers	20.9 %	14
	Occasional smokers	2.3 %	
	Former smokers	1.4 %	
	Never smokers	0.9 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:								
	Manufactured cigarettes (not including kreteks), hand-rolled cigarettes, kreteks, tobacco filled pipes, curut, cigar or cigarillos, shisha/ hookah and bidis								
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:								
	Adults age 15 and above								
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:								
	Global Adult Tobacco Survey (GATS) Malaysia 2011								
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.								
	<p>Current Smoker GATS 2011: Smoker who daily or occasionally smokes any tobacco product</p> <p>Daily Smoker GATS 2011 : Person who currently smoked any tobacco product every day</p> <p>Occasional Smoker GATS 2011 : Person who uses at least one of the smoked tobacco products but not daily, regardless of the time he/she has been smoking</p> <p>Former Smoker GATS 2011 : A person who in the past made use of at least one smoked tobacco product daily for a period of one month or more</p> <p>Never Smoker GATS 2011: Non-smoker – person currently does not smoke at all</p>								
2.1.1.5	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.								
	<p>National Health and Morbidity Survey (NHMS) III, 2006 was conducted among persons 18 years and above however Global Adult Tobacco Survey (GATS) Malaysia 2011 was conducted among persons age 15 and above. Therefore, to analyse the trend in smoking prevalence, data had been recalculated to enable comparison between the same age group.</p> <p>Based on the data, overall smoking prevalence has increased from 21.5% to 23.4%.</p> <p>Details of the trend in smoking prevalence are as follows:</p> <table border="1"> <thead> <tr> <th>SOURCE</th> <th>NHMS 3</th> <th>GATS 2011</th> </tr> </thead> <tbody> <tr> <td>AGE</td> <td>18 years and above</td> <td>18 years and above</td> </tr> <tr> <td>OVERALL</td> <td>21.5%</td> <td>23.4%</td> </tr> </tbody> </table>	SOURCE	NHMS 3	GATS 2011	AGE	18 years and above	18 years and above	OVERALL	21.5%
SOURCE	NHMS 3	GATS 2011							
AGE	18 years and above	18 years and above							
OVERALL	21.5%	23.4%							

2.1.2	Smoking prevalence in the adult population (by age groups)		
	<i>(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)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES			
Current smokers ¹		15-24	32.0 %
		25-44	54.9 %
	Add age group	45-64	43.8 %
		65 +	25.3 %
			%
FEMALES			
Current smokers ¹		15-24	0.5 %
		25-44	1.0 %
	Add age group	45-64	0.5 %
		65 +	5.0 %
			%
TOTAL (males and females)			
Current smokers ¹		15-24	16.7 %
		25-44	29.0 %
	Add age group	45-64	22.7 %
		65 +	15.0 %
			%

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	“Any smoked tobacco product” – Prevalence of current adult smokers age 15 and above who smoked any tobacco product which includes any cigarette smoked either manufactured, hand-rolled and kretek cigarettes and other smoked tobacco products which includes pipes, curut, cigars or cigarillos, shisha/ hookah, bidis and any other reported tobacco smoking products.
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Global Adult Tobacco Survey (GATS) Malaysia 2011
2.1.2.3	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.
	GATS Malaysia 2011 shows the 25-44 age group had the highest number of smokers for any smoked tobacco products (29.0%), any type of cigarette (28.9%), and manufactured cigarettes (26.2%). Among men, the highest percentage of smokers was also found in the 25-44 age group where 54.9% smoked tobacco. This age group for men also had the highest prevalence of smoking any type of cigarette (54.6%), and manufactured cigarette (49.4%). The next highest percentage of male smokers was found for the age group of 45-64, where 43.8% smoked tobacco. Among women, the oldest age group (65+) had the highest prevalence of current smokers (5.0%) and hand-rolled cigarettes (2.6%).

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	0.9 %
	Daily users	0.4 %
	Occasional users	0.5 %
	Former users	%
	Never users	99.1 %
	FEMALES	
	Current users	0.6 %
	Daily users	0.5 %
	Occasional users	0.1 %
	Former users	%
	Never users	99.4 %
	TOTAL (males and females)	
	Current users	0.7 %
	Daily users	0.5 %
	Occasional users	0.3 %
	Former users	%
	Never users	99.3 %

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Chewed tobacco products such as betel quid with tobacco, gutkha, paan masala and other such products like snuff.
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	Adults age 15 and above
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	Global Adult Tobacco Surveys (GATS) 2011
2.1.3.4	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 smokeless tobacco user” – Prevalence of current adults 15 years or older who currently use smokeless tobacco both daily and occasionally (less than daily) to have responded proceeding the survey.
2.1.3.5	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.
	As documented analysed evidence from GATS Malaysia 2011, the use of smokeless tobacco products in Malaysia was very low; at 0.7%. Men used smokeless tobacco more often than women (0.9% versus 0.6%). The majority of smokeless tobacco users were daily users (0.5%).

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(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)</i>	
		Age group (adults) Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
MALES		
	Current users ²	%
	Add age group	%
		%
		%
		%
FEMALES		
	Current users ²	%
	Add age group	%
		%
		%
		%
TOTAL (males and females)		
	Current users ²	%
	Add age group	%
		%
		%
		%

² Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	(Kindly refer to response on 2.1.3.1)
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	Global Adult Tobacco Survey (GATS) Malaysia 2011
2.1.4.3	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.
	The prevalence of smokeless tobacco products is too small, thereby further analysis by adult age group was not undertaken within the GATS Malaysia 2011 survey.

2.1.5		Tobacco use by ethnic group(s)			
	Ethnic group(s)	Prevalence (%)			
		<i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
		Males	Females	Total (males and females)	
Current users ³	Malay	46.8 %	1.1 %	24.6 %	
	Chinese	29.7 %	0.2 %	15.4 %	
	Add ethnic group	Indian	36.7 %	0.0 %	19.6 %
	Others	56.7 %	2.7 %	30.0 %	
			%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	“Any smoked tobacco product” – Prevalence of current adult smokers age 15 and above who smoked any tobacco product which includes any cigarette smoke either manufactured, hand-rolled and kretek cigarettes and other smoked tobacco products which includes pipes, curut, cigars or cigarillos, shisha/ hookah, bidis and any other reported tobacco smoking products.				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	Adults age 15 and above				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	Global Adult Tobacco Survey (GATS) Malaysia 2011				

³ Please provide data on either all current users or daily users only, whichever is available.

2.1.6	Tobacco use by young persons				
	Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
Boys					
	Current users ⁴	13-15	30.9 %	%	%
Add youth group			%	%	%
			%	%	%
			%	%	%
Girls					
	Current users ⁴	13-15	5.3 %	%	%
Add youth group			%	%	%
			%	%	%
			%	%	%
TOTAL (boys and girls)					
	Current users ⁴	13-5	18.2 %	%	%
Add youth group			%	%	%
			%	%	%
			%	%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:				
	Cigarette				

⁴ Please provide data on either all current users or daily users only, whichever is available.

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2009, Global Youth Tobacco Survey (GYTS) Malaysia
2.1.6.3	Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.
	“Current smoker” – Student who answered ‘1 or more days’ to the question; “During the past 30 days (one month), on how many days did you smoke cigarettes?”
2.1.6.4	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.
	When compared with the findings of the Global Youth Tobacco Survey done in 2003, there seem to be slight decline in the overall prevalence of current cigarette smoker from 20.2% to 18.2%.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.2.2	If you answered “Yes” to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	<p>1. Indoor Workplaces</p> <p>In Malaysia, 39.8% were exposed to SHS in the workplace in the past 30 days. Looking at the non-smokers, 33.9% were exposed to SHS at the workplace.</p> <p>Males (46.2% overall, 39.1% non-smokers) were more likely than females (30.1% overall, 29.8% non-smokers) to be exposed to SHS in the workplace.</p> <p>Residents of urban areas (41.6% overall, 35.6% non-smokers) were exposed to SHS in the workplace at the higher rate than those residing in rural areas (33.1% overall, 27.4 % non-smokers).</p> <p>2. Home</p> <p>38.4% of adults in Malaysia (7.6% million adults) were exposed to SHS at home. Males (43.3%, 4.5 million) had a higher exposure to SHS at home than females (33.3%, 3.2 million). Adults living in rural areas (45.4%, 2.5 million) had more exposure to SHS at home than those living in urban areas (35.7%, 5.1 million).</p> <p>Among current non-smokers, 27.9% (4.2 million non-smokers) were exposed to SHS at home. Female non-smokers (32.8%, 3.1 million) were more exposed to SHS at home compared to male non-smokers (19.5%, 1.1 million). Non-smokers living in rural areas (35.0%, 1.5 million) had more exposure to SHS at home than those living in urban areas (25.1%, 2.8 million).</p> <p>3. Public Places</p> <p>i. Prevalence of SHS exposure in public places</p>

	<p>SHS exposure rates measured in the various public places were as follows (from highest to lowest):</p> <ul style="list-style-type: none"> a) 84.9% (84.1% non-smokers) in cafes/ coffee shops/ bistros b) 78.7% (70.3% non-smokers) in bars/ night clubs c) 71.0% (68.3% non-smokers) in restaurants d) 28.2% (27.9% non-smokers) in public transportation e) 20.0% (90.0% non-smokers) in government buildings f) 13.9% (14.6% non-smokers) in indoor shopping complexes g) 8.7% (8.6% non-smokers) in health care facilities <p>Adults in urban areas (21.5% overall, 20.5% non-smokers) who had visited government buildings had higher exposure to SHS compared rural adults (15.4% overall, 14.9 non-smokers)</p> <p>ii. Population exposure to SHS at various public places</p> <p>The population SHS exposure rates measured in the various public places were as follows (from highest to lowest):</p> <ul style="list-style-type: none"> a) 42.9% (38.1% non-smokers) in cafes/ coffee shops/ bistros b) 42.1% (39.8% non-smokers) in restaurants c) 8.8% (9.7% non-smokers) in indoor shopping complexes d) 5.6% (5.9% non-smokers) in public transportation e) 4.9% (4.3% non-smokers) in government buildings f) 3.4% (3.5% non-smokers) in health care facilities g) 2.4% (1.3% non-smokers) in bars/ night clubs <p>The SHS exposure rate when visiting bars/ night clubs is very high but since many adults did not go to bars/ night clubs, the population exposure rate is very low. With this being said, the noticeable finding was that over 40% of the entire adult population were being exposed in restaurants and cafes/ coffee shops/ bistros.</p> <p>In addition, urban adults had higher population exposure rates than rural adults in restaurants (46.5% vs. 30.6%), bars/ night clubs (3.0% vs. 0.8%), cafes/ coffee shops/ bistros (45.6% vs. 35.8%), and indoor shopping complexes (10.1% vs. 5.6%) – all places are typically more common in urban areas.</p>
2.2.3	<p>Please indicate the year and source of the data used to answer question 2.2.1:</p> <p>Global Adult Tobacco Survey (GATS) Malaysia 2011</p>

2.3	TOBACCO-RELATED MORTALITY
2.3.1	<p>Do you have information on tobacco-related mortality in your population?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

2.3.2	If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:

2.4	TOBACCO-RELATED COSTS
2.4.1	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	<p>If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).</p> <p>A cost analysis study was undertaken to estimate the direct and indirect cost of medical care of three smoking related disease, i.e. chronic obstructive pulmonary disease (ICD 10: J40-J44), ischaemic heart disease (ICD 10: I20–I25) and lung cancer (ICD 10: C33-C34).</p> <p>This is a descriptive study which consists of three components, i.e. in-patient survey, hospital macro-costing survey and expert group discussion to develop clinical pathways on the selected diseases.</p> <p>Treatment cost of 3 smoking related disease:</p> <ol style="list-style-type: none"> 1. Mean total cost borne by patients: RM 949,805,517.51 (USD 299,623,191.64) 2. Mean total cost borne by providers: RM 1,974,950,532.78 (USD 623,012,786.36) 3. Combined total treatment cost (by both patients & providers): RM 2,924,756,050.29 (USD 922,635,978.01)
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:
	Health Care Costs of Smoking in Malaysia, Syed Al-Junid et. Al, 2007

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports

	Smoking tobacco products	Cigarettes, 2012	Sticks	13.52 billion	MYR 7.00	0.27 billion	4.28 billion
	Add product	Cigarettes, 2013	Sticks	11.75 billion	MYR 7.00	0.02 billion	15.44 billion
	Smokeless tobacco products						
	Add product						
	Other tobacco products						
	Add product						
	Tobacco	Leaves					
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.						
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:						
	Royal Malaysian Customs						

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products <input type="button" value="Add row"/>	2012	Cigarette	Sticks	510,833,702
		2013	Cigarette	Sticks	449,944,178
	Smokeless tobacco products <input type="button" value="Add row"/>				
	Other tobacco products <input type="button" value="Add row"/>				
	2.6.2	Do you have any information on the percentage of illicit tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do illicit tobacco products constitute? %			
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, 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?				
2.6.5	Please provide any further information on illicit tobacco products.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				
	Royal Malaysian Customs				

2.7		TOBACCO-GROWING	
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.		
	The number of tobacco farmers/ growers registered (licensed) with Malaysia National Kenaf and Tobacco Board is 248 (2013), 1,515 (2012), 1,953 (2011),		

	2,170 (2010) and 1,247 (2009). Malaysia National Kenaf and Tobacco Board is promoting kenaf vegetation as an alternative for tobacco plantation and more tobacco growers has been switching to kenaf growing every year.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7: 2014, National Kenaf and Tobacco Board

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>				
2.8.1	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))? 53%				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• Specific tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Combination of specific and ad valorem taxes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• More complex structure (<i>please explain:</i>)				
2.8.3	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 tax ⁵
	Smoking tobacco products <input type="button" value="Add product"/>	Cigarette	Import duty	RM 0.20	per stick
		Cigarette	Specific excise duty	RM 0.25	per stick
		Cigarette	Ad valorem excise	20%	Ex-factory price plus import duty (if applicable)
		Cigarette	Sales tax	5%	Ex-factory price plus import duty (if applicable)

⁵ The “base of the tax” should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer’s price, 30% of the retail price. In this case the “base” is the manufacturer’s price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

					plus excise duty
	Smokeless tobacco products <input type="button" value="Add product"/>				
	Other tobacco products <input type="button" value="Add product"/>				
2.8.4	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 excise tax for cigarettes has been increased from RM 0.22 per stick (2010) to RM 0.25 per stick (2013). Cigarette taxes increase from 48% (2011) to 53% (2013) of retail price.				
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(In reference to Article 26)</i>				
2.8.6	If you answered “Yes” to question 2.8.5, please provide details in the space below.				
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:				
	2013, Ministry of Finance				

2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>					
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Domestic	Dunhill (Premium brands)			20	12.00
		Winston (value for			20	10.50

		money brands)				
		Saat (cheap brands)			20	7.00
	Imported					
2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.					
	2013					
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.					
	Currency used for Q 2.8.3 & Q 2.9.1: Ringgit Malaysia (RM)					
	Exchange rate (on 12 March 2014), USD 1 = RM 3.24					
2.9.4	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.					
	In the past 3 years, prices of cigarettes have increased by approximately 14%:					
	2. Premium brands from RM 10.50 in Jun 2013 to RM 12.00 in October 2013					

3. Value for money brands from RM 9.00 in Jun 2013 to RM 10.50 in October 2013

4. Cheap brands remained at RM 7.00

Note:

The Malaysian Government introduced a floor price (Minimum Cigarette Price) in the 2009 amendment of Control of Tobacco Product Regulation.

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.1.2		If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3		If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed <ul style="list-style-type: none"> • a focal point for tobacco control • a tobacco control unit • a national coordinating mechanism for tobacco control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5		If you answered “Yes” to any of the questions under 3.1.1.4, 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). The Tobacco Control & FCTC Unit is positioned within the Disease Control Division of the Ministry of Health (MOH). Its main function is to develop the National Tobacco Control Policies (including legislations) in accordance to the requirement of WHO FCTC. This unit also coordinates with relevant government agencies to carry out (non-MOH) tobacco control efforts e.g. control illicit tobacco trade by the Royal Malaysian Customs, etc. This unit also monitors the overall performance of tobacco control activities implementation especially enforcement of the Control of Tobacco Product Regulation (CTPR) that is concluded by the enforcement officers in the State Health Departments nationwide.		
3.1.1.6		Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.		

	<p>Since past year, there has been significant progress in implementing Articles 5.1 & 5.2. These include:</p> <ol style="list-style-type: none"> 1. Establishment of National Strategic Plan for Tobacco Control from 2014-2025 2. The Strategic Plan will be established every 5 years 3. Divided the Tobacco Control & FCTC Unit into subunit based on MPOWER Strategies 4. Collaborative efforts with other agencies e.g. illicit trade, expansion of quit smoking services, smoke free initiative project and smoke free community project (KOSPEN) 5. Various amendment has been undertaken within our CTPR 2004 e.g.: TAPS, illicit cigarette and drafted Tobacco Control Bill
3.1.1.7	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.2		– 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p>			
3.1.2.4	<p>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.</p> <p>Code of Conduct on the Prevention of Tobacco Industry Interference in Health Policymaking has been developed together with SEATCA and now in a process to get legal approval from MOH Legal Advisor.</p> <p>MOH is also in a process to develop a guideline to restrict the meeting or appointment between government agencies and Tobacco Industry.</p>			
3.1.2.5	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 5.3 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
	<p>Develop Code of Conduct on the Prevention of Tobacco Industry Interference in Health Policymaking</p>			
3.1.2.6	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)		
3.2.1	6	Price and tax measures to reduce the demand for tobacco (Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		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:		
3.2.1.1	6.2(a)	<ul style="list-style-type: none"> tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.1.2	6.2(b)	<ul style="list-style-type: none"> prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		<ul style="list-style-type: none"> prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.			
	Cigarette taxes increase from 48% (2011) to 53% (2013) of retail price			
3.2.1.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.2	8.2	Protection from exposure to tobacco smoke <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.2.1		– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?		
		h) national law	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		i) subnational law(s)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		j) administrative and executive orders	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		k) voluntary agreements	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		l) other measures (<i>please specify</i> : as listed in Regulations 11(1) of the CTPR 2004, attached)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		Please provide a brief explanation of the type/nature and content of the measures providing for the ban.		
		20 places are gazetted as prohibited smoking area under CTPR 2004		
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.5		If you answered "Yes" to question 3.2.2.4 please provide details of this system.		
		Regular/ routine enforcement will be conducted to ensure the compliance		

3.2.2.6	If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
Indoor workplaces:				
• government buildings		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• health-care facilities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• educational facilities ¹		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• universities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private workplaces		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• other (<i>please specify:</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport:				
• airplanes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• trains		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ferries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ground public transport (buses, trolleybuses, trams)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private vehicles		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• other (<i>please specify:</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ except universities

	Indoor public places:			
	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• pubs and bars	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• nightclubs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
	<ul style="list-style-type: none"> Banning tobacco smoking in indoor workplaces 			
	Complete banning of tobacco smoking in centralised air conditioning workplaces would be extended in future plans			
	<ul style="list-style-type: none"> Banning tobacco smoking in public transport 			
	Currently it is completely banned in public transport			
	<ul style="list-style-type: none"> Banning tobacco smoking in indoor public places 			
	Banning in shopping complexes, places of worship has already been undertaken			
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.			
	<p>In April 2010, The Melaka State Government i.e. one of the 15 states in Malaysia, which is also recognised as one of UNESCO World Heritage Sites had declared to be a “Smokefree City”. The Malacca State Chief Minister had also declared Malacca as a “Developed State” status at 20:10 hours, on the 20th October 2010 or 20:10 (20.10.2010).</p> <p>Five zones (namely Malacca World Heritage City, Melaka Raya, Malacca International Trade Centre, Alor Gajah and Jasin town centres, all comprising of 338 hectares) were declared by the Health Minister as “Smokefree” areas in Malacca on June 15, 2011 which embarks upon the Ministry of Health’s commitment to protect the public from the dangers of cigarette smoke, especially to women and children.</p> <p>In October 2012, 2 more States in Malaysia which are Johor and Pulau Pinang had declared “Smokefree” areas namely Hutan Bandar Mutiara Rini, Johor Bahru in Johor and 6 other areas in Pulau Pinang (namely Taman Perbandaran Georgetown, Taman Botani Daerah Timur Laut, Empangan Mengkuang Bukit Mertajam, Taman Bandar Ampang Jajar Seberang Perai Tengah, Empangan Telok Bahang Daerah Barat Daya and Empangan Ayer Itam daerah Timur Laut).</p>			

3.2.2.9	<p data-bbox="443 165 1362 228">USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p data-bbox="443 248 1430 452">Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 8 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> <ol data-bbox="469 495 1442 1160" style="list-style-type: none"> <li data-bbox="469 495 1442 640">1. Implement smoke-free legislation by having 20 public places gazetted as non-smoking areas including public transportation, shopping complex, etc. in 2014, 1 more public place i.e. Rest & Service Area will also gazetted as non-smoking area. <li data-bbox="469 678 1442 824">2. Business owners, managers or other persons in charge of affected premises is responsible to place the non-smoking sign at their places in relation to implement the smoke-free, sales to minor and minimum retail price legislation <li data-bbox="469 862 1442 943">3. Penalty amounted not more than RM 10,000 or prison not more than 2 years is charge for most of the violation to CTPR 2004 <li data-bbox="469 981 1442 1043">4. Hotline is established for public to get any information related to tobacco. <li data-bbox="469 1081 1442 1160">5. Public can also make complaint related to any health issues including tobacco through email, telephone or mail.
3.2.2.10	<p data-bbox="443 1234 1378 1296">If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <div data-bbox="357 1296 1455 1370" style="border: 1px solid black; height: 30px;"></div>

3.2.3	9	<p>Regulation of the contents of tobacco products</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	<p>Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report.</p> <p>Under the CTPR (amendment) 2013, the standard emission of tar and nicotine has been reduced from 1.5 mg and 20 mg per stick to 1.3 mg and 15 mg per stick starting on 1st January 2014. In addition, emission for carbon monoxide has also been standardized to maximum level of 15 mg per stick.</p> <p>These standard emission will continually be reduced on 1st June 2015, i.e. nicotine level from 1.3 mg to 1.0 mg per stick, tar level from 15 mg to 10 mg per stick and carbon monoxide from 15 mg to 10 mg per stick.</p>			
3.2.3.6	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
3.2.3.7	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.4	10	Regulation of tobacco product disclosures <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.4.1		– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:		
		• contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.4.2		– requiring public disclosure of information about the:		
		• contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.4.3	Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.			
3.2.4.4	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .			
3.2.4.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.5	11	Packaging and labelling of tobacco products		
		<i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.5.1	11	– requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.2	11.1(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.3	11.1(b)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.4	11.1(b)(i)	– ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.5	11.1(b)(ii)	– ensuring that the health warnings are rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.6	11.1(b)(iii)	– ensuring that the health warnings are clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.7	11.1(b)(iii)	If you answered "" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8	11.1(b)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.9		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.10	11.1(b)(v)	– ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• emissions of tobacco products	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.14	11.3	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.			
	<p>The size of Pictorial Health Warning on the front panel of cigarette packet and carton is increased from 40% to 50% of the coverage area under the CTPR (amendment) 2013.</p> <p>Additional of 6 new pictorial health warning that are taken from Malaysia’s hospital are also included in the CTPR (amendment) 2013.</p> <p>Since 2009, ban on misleading descriptors has been introduce. In 2013, the matter forbidden on tobacco product packaging or label has been expended by prohibited the use of any term, word, description, claim, representation or graphic that states the grading, quality or supremacy of the product.</p>			
3.2.5.16	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 11 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
	Packaging and labelling requirements under the CTPR 2004:			

	<ol style="list-style-type: none"> 1. Malaysia has set a standard that 50% of top front panel & 60% of top back panel of the principal display areas of each cigarette packet and carton to be occupied by pictorial health warnings (PHW). 2. Frames warnings is included in calculating the display area 3. Every PHW must be rotated equally in the total cigarette packet/ carton production 4. Messages in the PHW included the smoking adverse health effects, poisonous content, hotline no, health warning notice
3.2.5.17	<p>If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.</p>

3.2.6	12	<p>Education, communication, training and public awareness</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>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:</p>		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2		If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?		
		• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3		If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?		
		• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• educational background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:		
		• health risks of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of		
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• adverse environmental consequences of				
- tobacco production?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.5	12(e)	a. awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:		
		• public agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• nongovernmental organizations not affiliated with the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• private organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.6	12	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• community workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	<ul style="list-style-type: none"> • media professionals? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • educators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • decision-makers? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • administrators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p> <ol style="list-style-type: none"> 1. A nationwide anti-smoking media campaigns known as “Tak Nak Merokok” Campaign were conducted since 2009, and evaluations showed positive impact of the concerted efforts. 2. Public awareness campaign is also conducted through social media such as facebook and twitter. 3. Intensive educational program to promote the smoke free project and Blue Ribbon campaign are conducted intensively targeted hotels, non-air conditioning restaurant and residential area. 4. Health education activities on the harmful effects of smoking is conducted is also conducted in collaboration with Department of Islamic Development Malaysia (JAKIM) known as Fatwa road show. 		
3.2.6.9	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 12 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>		
3.2.6.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>		

3.2.7	13	Tobacco advertising, promotion and sponsorship		
		<p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:</p>		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3.				
3.2.7.2		If you answered “Yes” to question 3.2.7.1, does your ban cover:		
		• display and visibility of tobacco products at points of sales?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• brand stretching and/or brand sharing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• product placement as a means of advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the depiction of tobacco or tobacco use in entertainment media products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco sponsorship of international events or activities and/or participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
• cross-border advertising, promotion and sponsorship originating from your territory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	<ul style="list-style-type: none"> applying restrictions on all tobacco advertising, promotion and sponsorship? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	<ul style="list-style-type: none"> applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.6	13.4(a)	<ul style="list-style-type: none"> prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	<ul style="list-style-type: none"> requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.8	13.4(c)	<ul style="list-style-type: none"> restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	<ul style="list-style-type: none"> requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	<ul style="list-style-type: none"> restricting tobacco advertising, promotion and sponsorship on: 		
		o radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		o the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		o the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		o other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	<ul style="list-style-type: none"> restricting tobacco sponsorship of: 		
		o international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		– participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	<ul style="list-style-type: none"> cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	<ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.			
	A new requirement has been inserted into the CTPR 2004 in 2013 that the sales of tobacco product by promotion. This requirement clearly prohibits any person to promote the sale of any tobacco product directly or indirectly by any way such as contract, agreement, understanding or undertaking.			
3.2.7.15	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 13 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of</p>			

	guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.7.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.2.8.1	14.1	<ul style="list-style-type: none"> developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	<ul style="list-style-type: none"> programmes to promote cessation of tobacco use, including: <ul style="list-style-type: none"> media campaigns emphasizing the importance of quitting? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> programmes specially designed for: <ul style="list-style-type: none"> h) underage girls and young women 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> i) women 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> j) pregnant women 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> telephone quitlines 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		3.2.8.3	14.2(a)	<ul style="list-style-type: none"> design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: <ul style="list-style-type: none"> educational institutions?
<ul style="list-style-type: none"> health-care facilities? 	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<ul style="list-style-type: none"> workplaces? 	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No

		<ul style="list-style-type: none"> sporting environments? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.4	14.2(b)	<ul style="list-style-type: none"> inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: 			
		<ul style="list-style-type: none"> tobacco control? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> health? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> education? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3.2.8.5		<ul style="list-style-type: none"> inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		<ul style="list-style-type: none"> primary health care 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> secondary and tertiary health care 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> specialist health-care systems (<i>please specify:</i>) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		<ul style="list-style-type: none"> primary health care 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> secondary and tertiary health care 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> specialist health-care systems (<i>please specify:</i>) 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	<ul style="list-style-type: none"> training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: 			
		<ul style="list-style-type: none"> medical? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.10	14.2(d)	<ul style="list-style-type: none"> facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?			
		The NRTs and Varenicline is available within the “Quit Smoking Services” rendered at the Primary Health Care Centres as all the medications are enlisted within the MOH National Drug Formulary No.3/2011. However, all forms of NRT and Varenicline is also available at all registered pharmaceutical companies and pharmacists in Malaysia.			
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		<ul style="list-style-type: none"> nicotine replacement therapy 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> bupropion 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> varenicline 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?			
		<ul style="list-style-type: none"> nicotine replacement therapy 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> bupropion 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> varenicline 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.				
	NRT and varenicline are included in MOH Drug Formulary updated 9 th Dec 2011. Since last 2 years, MOH has requested special budget for purchasing these drugs.				
3.2.8.15	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE				

	<p>PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 14 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
	<p>Malaysia is planning to incorporate e-cigarette smoking services with quit line services in order to increase the number of quitters.</p> <p>Previously infoline system has been implemented where patients can get information, and this system will be upgraded to quitline within 2014.</p>
3.2.8.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.3.1.1	15.2	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.3	15.2(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.6	15.4(a)	– requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.7	15.4(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.8	15.4(b)	– enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.9	15.4(c)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.10	15.4(d)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.12	15.6	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p>
	<p>Malaysia has conducted several discussion session with other agencies in implementing illicit trade protocol to strengthen the existing control mechanism and also looking for improvement opportunity</p>
3.3.1.15	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8.				
3.3.2.7	16.1(d)	If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>There is no significant change in the implementation of Article 16 since the last report in 2012.</p>			
3.3.2.13	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	Provision of support for economically viable alternative activities <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.				
	Malaysia has implemented Article 17 through Kenaf & Tobacco Board which the number of tobacco growers has reduce in the past 5 years.				
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>			
3.4.1	18	Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		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:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
3.4.1.4	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	Liability <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.5	19.1	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.6	19.1	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.7	19.1	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.8		Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.			

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

3.4.3	20	Research, surveillance and exchange of information <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		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:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• exposure to tobacco smoke?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

		<ul style="list-style-type: none"> other relevant information (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.4	20.3(a)	<p>If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.</p> <p>1996 2nd Health and Morbidity Survey;</p> <p>2003 World Health Survey;</p> <p>2005 NCD Risk Factors in Malaysia (STEPS);</p> <p>2006 The 3rd National Health and Morbidity Survey;</p> <p>GATS 2010;</p> <p>GYTS 2009</p>		
3.4.3.5	20.3(a)	<p>In reference to any question under 3.4.3.3, 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.</p> <p>Malaysia is planning to conduct GATS and it will be included in National Health Morbidity Survey in the year 2015.</p>		
3.4.3.6	20.4	<p>– regional and global exchange of publicly available national:</p> <ul style="list-style-type: none"> scientific, technical, socioeconomic, commercial and legal information? information on the practices of the tobacco industry? information on the cultivation of tobacco? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.7	20.4(a)	<p>– an updated database of:</p> <ul style="list-style-type: none"> laws and regulations on tobacco control? information about the enforcement of laws on tobacco control? pertinent jurisprudence? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.8		<p>Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.</p> <p>Information and experiences in tobacco control is shared with regional countries through the Southeast Asia Tobacco Control Alliance (SEATCA), the Association of Southeast Asian Nation (ASEAN) as well as with WHO.</p>		

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

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	<i>Article</i>	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:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	<p>If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.</p> <p>The acquisition of technology, knowledge, skills, capacity and expertise in tobacco control, as well as provision of technical, scientific, legal and other expertise to strengthen tobacco control strategies, plans and programmes were received and provided via activities of WHO, SEATCA and ASEAN. Bilateral relations on health with Brunei had also benefitted both countries in the area of tobacco control.</p>			

4.8	Please provide information about any assistance provided or received in the space below.
	<p>Received assistance from SEATCA to develop Code of Conduct on the Prevention of Tobacco Industry Interference in Health Policymaking</p> <p>Bilateral on health between Malaysia and Brunei: Brunei offer a study visit on retail licensing of tobacco products</p>
4.9	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.
4.10	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(Please refer to Article 26.4.)</i></p>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Implementation of Articles 5.3, 6, 8, 11, 13 and 14
5.2	<p>Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
	Malaysia is planning to establish the Tobacco Control Act to strengthen the tobacco control advocacy
5.4	<p>What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p>
	Collaboration between inter agencies and lack of awareness among inter agencies
5.5	Please provide any other relevant information not covered elsewhere that you consider important.
	Tobacco to be excluded in any free trade agreement
5.6	Your suggestions for further development and revision of the reporting instrument:

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End of reporting instrument