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POLICY BRIEF

TOBACCO CONTROL AS AN ACCELERATOR FOR THE SUSTAINABLE DEVELOPMENT GOALS IN MYANMAR



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FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT

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This policy brief was adapted from a joint report by the United Nations Development Programme (UNDP) and the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) Secretariat, titled *The WHO Framework Convention on Tobacco Control: An Accelerator for Sustainable Development*.

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INTRODUCTION

Tobacco costs lives, causes economic losses, contributes to environmental degradation, and poses significant threats to sustainable development. In 2016, tobacco use caused 64,033 deaths on Myanmar, 56 percent of which occurred among citizens under the age of 70.¹ In Myanmar, 54.4 percent of adults use some form of tobacco: 26.1 percent of adults are current tobacco smokers and 43.2 percent of adults currently use smokeless tobacco.²

Tobacco is one of the biggest public health threats, and a key risk factor for the four major non-communicable diseases (NCDs): cancer, diabetes, chronic respiratory disease and cardiovascular disease. In 2016, smoking cost the country MMK 307.4 billion (approximately USD 203 million) in healthcare expenditures.³ Not only does tobacco use and its supply deprive Myanmar people of health and wealth, it also threatens national development.

Tobacco use displaces household expenditure on basic needs, including food and education, and it can push families into poverty and hunger. It causes environmental damage, which in turn can contribute to climate change. It affects life under oceans and on land, and imposes disproportionate health and socioeconomic challenges on tobacco users, the poor, women, the elderly, youth and other vulnerable populations.

Myanmar signed the WHO Framework Convention on Tobacco Control (FCTC) on 21 April 2004 and the Convention entered into force for Myanmar on 27 February 2005.⁴ In 2006, the Control of Smoking and Consumption of Tobacco Product Law (Law No. 5/2006) was enacted, which is the first and primary law that regulates smoke-free public places; tobacco promotion, sponsorship, and advertising; and labeling and packaging requirements for tobacco products.⁵ The Government of Myanmar is strongly committed to tobacco control and has achieved many successes including tobacco tax increases and implementation of large pictorial health warnings on cigarette packages (among the largest warnings in ASEAN and 7th in the world).⁶ Despite the progress, the tobacco epidemic continues in Myanmar with significant burdens for the country – in terms of lives, economic growth, and sustainable development. Stronger tobacco control, including effective law enforcement, require the engagement of stakeholders across government ministries and society.

To support these efforts, this paper highlights how a continued focus on strengthening tobacco control will help accelerate Myanmar's commitments towards achieving the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The UN Member States adopted the SDGs in 2015, as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity, with a commitment to leave no one behind. SDG 3, 'Ensure healthy lives and promote well-being for all at all ages,' includes a specific target on tobacco control (3.a), positioning implementation of the WHO FCTC as key to sustainable development. It also includes a target to reduce premature mortality from non-communicable diseases (NCDs) by one third by 2030. This paper explores linkages between tobacco and the SDGs, identifying issues and opportunities to deliver mutual benefits across the SDG agenda in the Myanmar context.

Tobacco control can help accelerate poverty alleviation efforts. This is because tobacco use results in premature death and disability, with breadwinners exiting the labour market in the prime of their lives, disrupting productive employment or schooling of caregivers – often women and girls. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures especially for the poor, trapping families in a 'vicious cycle' of poverty and poor health.



END POVERTY IN ALL FORMS EVERYWHERE

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In every region of the world, the poor are those most likely to use tobacco, have reduced access to critical prevention and treatment services, and who endure lower levels of access to education and other health messaging opportunities. Spending on tobacco also diverts a significant percentage of household resources from productive investments – such as for food, education, healthcare, housing and agricultural inputs – that can help keep and lift people out of poverty.

KEY FACTS

- Buying tobacco robs families of the resources they need to rise out of poverty.
- Tobacco costs Myanmar MMK 2.6 trillion per year, which is 3.3 percent of the GDP in 2016.⁷
- A smoker in Myanmar would have to spend 9.72 percent of their average income (measured by per capita GDP) on purchasing 10 of the most popular cigarettes to smoke daily each year.⁸
- The lowest income earners are more likely to smoke (18.1 percent) than the highest income earners (15.6 percent).⁹
- Those with no education are substantially more likely to smoke (23 percent) than those with primary education or higher (approximately 15 percent).¹⁰
- Of the 64,033 tobacco-attributable deaths observed in 2016, 27.6 percent occurred among the poorest 20 percent of the population, highlighting the disproportionality of burden among the poor.¹¹
- In 2016, Myanmar lost MMK 2.3 trillion due to productivity losses caused by tobacco use.¹²
- Stronger tobacco control is pro-poor, bringing disproportionate health and financial benefits to low-income people and households over the long run.

RECOMMENDATIONS:

- Ensure that tobacco control policies address vulnerability to, and the impact of tobacco on poor individuals and families, including providing access to tobacco cessation support.

- Strengthen evidence base on the socio-economic impacts of tobacco on the poor to inform pro-poor tobacco control policies.
- Use part of tobacco tax revenues for pro-poor initiatives such as expanding social protection and universal health coverage, to enhance the pro-poor effect of tobacco taxation.
- Incorporate tobacco control as part of national poverty reduction and SDG strategies, and provide adequate human and financial resources.

2 ZERO HUNGER



END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

Tobacco control helps tackle the problem of hunger. Household expenditure on tobacco products, and out-of-pocket medical costs for tobacco-related ill-health, is money not invested in food and nutrition. Current smokers are more likely to be food insecure than non-smokers, including in wealthier countries.

Moreover, tobacco cultivation eats up large swaths of land, which could otherwise support sustainable food production systems. About 90 percent of commercial tobacco leaf is grown in the Global South, often in countries where undernourishment and child labour continue to pose challenges.

KEY FACTS:

- Tobacco farming poses a significant threat to food and nutrition security as well as sustainable agriculture and livelihoods.
- There were 27,352 metric tons of tobacco produced in Myanmar in 2016, with 14,916 hectares devoted to growing tobacco.¹³

RECOMMENDATIONS:

- Support tobacco farmers to engage in economically viable alternatives, and when designing alternative livelihoods programmes for tobacco farmers, provide information on the mechanics of introducing alternative crops. The Philippines's sin tax law, for example, allocates a certain portion of tax revenues to support alternative livelihoods for tobacco farmers and workers.
- Offer vocational training for youth in tobacco farming families, so that they have alternatives to tobacco farming.
- Prevent subsidies to tobacco farmers by tobacco companies.



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Tobacco control is essential for meeting many of the SDG 3 targets to ensure healthy lives and well-being at all ages. Tobacco use is one of the key risk factors for non-communicable diseases (NCDs), and substantially increases the risk of tuberculosis. Exposure to tobacco smoke affects the health of mothers, infants and children and toxic chemicals released from tobacco manufacturing facilities can also cause adverse health outcomes.

SDG 3 includes a tobacco-specific target (3a), which seeks to accelerate implementation of the WHO FCTC with a view to reducing prevalence of tobacco use by 2030. Implementing the treaty whose overarching objective is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke” is instrumental in achieving this goal for Myanmar.

KEY FACTS:

- Tobacco use can constrain Myanmar’s progress towards achieving many of the SDG health targets.
- Tobacco use is one of the most dangerous NCD risk factors. In Myanmar, 79.8 percent of adult males and 29.1 percent of adult females use tobacco.¹⁴
- In Myanmar, 68 percent of total deaths are due to NCDs. An individual in Myanmar has a 24 percent chance of dying between the ages of 30-70 from one of the four main NCDs.¹⁵
- In 2016, smoking cost Myanmar MMK 307.4 billion in healthcare expenditures,¹⁶ imposing a significant strain on the health system as well as on the country’s vision to achieve universal health coverage by 2030.
- Enacting a range of proven FCTC tobacco control measures such as tobacco tax increase would save over 250,000 lives between 2019 and 2033, or 17,000 lives annually.¹⁷

RECOMMENDATIONS:

- Increase tobacco taxes according to WHO FCTC recommendations, taking into account affordability and inflation; move to a single tier tax system; and impose taxes on roll-your-own cigarettes, such as cheroots.
- Fully implement a tobacco policy package composed of the following WHO FCTC tobacco control measures: increase taxes, expand and enforce the ban on smoking in public areas, run national anti-tobacco campaigns, enact and enforce a comprehensive ban on tobacco advertising, promotion and sponsorship, and implement plain packaging on tobacco products.
- Design programmes for the cessation of smoking among vulnerable populations including the poor, elderly, youth, and street children, with appropriate social support.

- Integrate tobacco control and cessation support in primary healthcare as well as relevant programmes such as maternal health, tuberculosis, diabetes, HIV/AIDS, alcohol disorders, disabilities, LGBTI, and street children.

4 QUALITY EDUCATION



ENSURE INCLUSIVE AND QUALITY EDUCATION FOR ALL AND PROMOTE LIFELONG LEARNING

Tobacco control helps advance educational achievements. A quality education includes accessible messaging around how children can lead healthy, productive lives, and should provide a safe environment free from risks such as second-hand smoke and tobacco advertising.

Supporting schools to create tobacco-free environments can help protect children (and teachers), shift social norms, and enhance education. Tobacco control also helps keep children in school: (1) when families are healthier, children are not forced to drop out of school to take care of a sick relative or to find work to make up for lost wages; (2) household spending on tobacco products, and expenditures in response to tobacco-related ill-health, is money not used to support children's education; and (3) for tobacco growing families, children are sometimes kept from school to work.

Adding to the list of interactions is the fact that adolescent smoking is associated with attention deficits and increased risk of cognitive impairment later in life. A study by Harvard researchers found that children exposed to second-hand smoke in the home were 50 percent more likely to develop learning and other neurobehavioral disorders including attention-deficit disorders and learning disabilities, compared to children without such exposure.¹⁸ There also appears to be a negative association between tobacco use and academic achievement.¹⁹ Quality education consists of providing a safe environment, positive health messaging and role models. When teachers become sick, students are deprived of educational resources, and families getting sick of tobacco use result in school drop outs, absences from school, and inappropriate household expenses, that may keep children from getting a proper education.

KEY FACTS:

- In Myanmar, 13.6 percent, or more than 1 in 10 students, use tobacco products.²⁰
- The prevalence of tobacco use (smoked) among youths in Myanmar increased from 13 percent in 2011 to 17 percent in 2016 for boys, and from 0.5 percent to 1.5 percent for girls.²¹ This may be associated with the fact that cigarettes are becoming more and more affordable in Myanmar, which were found to be over 3 times more affordable in 2016 than in 2008.²²
- About 69.4 percent of current youth smokers wanted to stop smoking now, and almost three-quarters of current smokers (74.5 percent) had tried to quit smoking in the past year, but just 45.8 percent received professional help to quit.²³
- More than two-thirds of the students (64.5 percent) reported seeing someone smoking on school premises during the past 30 days.²⁴
- The percentage of students who saw someone using tobacco on television or in videos or movies was high at 83.4 percent.²⁵
- One-third of the students were still exposed to second-hand smoke at home, while there was a sharp decline from 2007 in exposure to second-hand smoke in public places.²⁶

RECOMMENDATIONS:

- Strictly enforce smoke-free schools.
- Reduce affordability of tobacco products to adolescents by increasing taxes and preventing single-stick sales, and reduce accessibility by enforcing the ban on sale to and by minors.
- Support and train teachers, who can be instrumental in not only promoting non-smoking behaviour and health literacy among students but also among their families.
- Incorporate more tobacco control and health-related information in the formal education system.
- Develop tobacco prevention and support programmes targeting vulnerable children including out-of-school children and children with disabilities



ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Tobacco control measures that address gender-specific risks, as required under Article 4.2(d) of the WHO FCTC, can contribute to women's well-being. Women who use tobacco face similar risks as men and even greater risks for some diseases; and tobacco use affects reproductive health. Women may also bear a disproportionate burden of second-hand smoke exposure. Power inequities in the home and workplace, as well as low levels of empowerment, are impediments to changing this dynamic. On the other hand, those who quit tobacco consumption after a tax increase will lead to an increase in disposable income that could enhance household welfare. This effectively means that increasing tobacco taxation facilitates an income transfer from male smokers to females and other family members.²⁷ Green tobacco sickness, poisoning caused by absorption of nicotine through the skin during tobacco harvest and curing, is also often more prevalent among women in tobacco growing areas.²⁸ Even as women account for over half of all deaths from NCDs globally, NCDs are still often misconstrued as being primarily diseases of men, leading to critical delays in diagnosis and treatment for women.

The disparity between male and female smoking prevalence varies across regions reflecting different social norms, cultural traditions, demographic factors and socioeconomic influences.²⁹ Smoking prevalence among women and girls is growing in certain parts of the world, and the proportion of female smokers is projected to increase from 12 percent in 2010 to 20 percent in 2025.³⁰ The rise among women may be attributed to weakening social, cultural and political constraints, greater earning power and targeted marketing.³¹ Attention to gender aspects in tobacco control can help to strengthen policy, programmes and research.

KEY FACTS:

- The prevalence of current smoking is higher in men (43.8 percent) than women (8.4 percent), and men also smoke more intensely than women (5.6 sticks per day compared to 3.2 sticks per day).³²
- The exposure to second-hand smoke (SHS) was more common in women at home (46 percent) than men (32.1 percent). However, men were more likely to be exposed to SHS at work and public places.³³
- There is a traditional practice of fathers passing on tobacco to their sons, often starting with a young boy helping his father "light up" and thus starting a ritual of early initiation of smoking, especially in rural areas.³⁴
- Smokeless tobacco use among both men (62.2 percent) and women (24.1 percent) in Myanmar is the highest among ASEAN countries.^{35,36}
- Percentage of adult female smokers in Myanmar is the highest in ASEAN.³⁷

RECOMMENDATIONS:

- Identify gender-specific risks and develop gender-specific prevention and cessation strategies for more effective tobacco control.
- Support community-based health education programmes to inform about the dangers to the health of adults and children of smoking inside the house.
- Incorporate tobacco control in gender equality strategies.
- Integrate tobacco prevention and cessation support into maternal health and women's empowerment initiatives.
- Explore incentives to bring men to health clinics to discuss tobacco abuse, viewing health-seeking behavior through a gender lens.

6 CLEAN WATER AND SANITATION



ENSURE AVAILABILITY OF AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

Tobacco control supports clean water and sanitation because cigarette butts, which are non-biodegradable, are the most widely littered product globally, often dumped into our planet's oceans, lakes and other water sources. Meanwhile, tobacco production is not only water intensive but also disperses chemicals into nearby waterways. Without considering the “environmental life cycle of tobacco” and its impacts on pollution, hazardous waste disposal, and inefficient water use, efforts to achieve clean water and sanitation will be both less comprehensive and less effective.

KEY FACTS:

- As a mono-crop, tobacco plants are vulnerable to a variety of pests and diseases, which require the application of a large quantity of chemicals – pesticides and growth regulators. The common agricultural practices related to tobacco farming, especially in low-income and middle-income countries, lead to deforestation and soil degradation.³⁸

RECOMMENDATION:

- Provide assistance for alternative livelihoods for tobacco farmers, to prevent water contamination because of tobacco farming and the use of pesticides.



PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL

Tobacco control can help avoid the tangible productivity and GDP losses that result from premature mortality, sick leave, and unwell workers who remain on the job but perform below capacity. Tackling tobacco would also advance better and safer working conditions, while helping to diversify economies. Pathways include smoke-free spaces for workers and leveraging workplaces as a platform to deliver health messages as well as counselling and services.

Tobacco control efforts can also support families to shift from tobacco growing, and the debt-bonded and child labour it often entails, to more lucrative alternative economic activities which do not harm growers' health. Indeed, nicotine toxicity from handling tobacco leaves (i.e. 'green tobacco illness') undermines the well-being of farm workers, particularly women, children, minority and migrant workers. Cigarette manufacturers and leaf buying companies also exploit farmers and trap them in a cycle of debt by paying low prices for their leaf, making them pay too much for the inputs, and not compensating them adequately for their hours of work.

KEY FACTS:

- In 2016, tobacco use cost the Myanmar economy MMK 2.6 trillion (USD 1.7 billion), equivalent to 3.3 percent of the GDP.³⁹
- Smoking-related healthcare expenditures totalled MMK 307 billion (USD 200 million).⁴⁰
- The economy also lost MMK 2.3 trillion (USD 1.5 billion) in indirect productivity costs due to tobacco-attributable premature mortality, disability and workplace smoking.⁴¹
- Implementing five cost-effective tobacco-control measures (see below) over the next fifteen years would provide economic benefits (MMK 8 trillion, USD 5.2 billion) that significantly outweigh the costs (MMK 35.7 billion, USD 23.3 billion). Raising cigarette taxes has the highest return on investment: for every kyat spent to administer and collect the cigarette taxes, the Government can expect to receive a little over 1,000 kyats in return.
- Tobacco legislation permits designated smoking places in offices, which must be ten meters away from the main entrance.⁴²

RECOMMENDATIONS:

- Implement and invest in cost-effective WHO FCTC control measures, including (1) tobacco tax increase, (2) advertisement bans, (3) no smoking in public places, (4) plain packaging, and (5) anti-tobacco mass media campaigns.
- Provide alternative livelihoods programmes for tobacco farmers that are sensitive to farmers' needs, including their willingness to shift livelihoods and associated costs. A portion of

increased tobacco tax revenue could be allocated to support alternative livelihoods for tobacco farmers and workers.

- Extend tobacco-free workplaces to cover all workplaces, without exception.
- Raise awareness among business owners, the public, and government of the true costs of tobacco use.



BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER INNOVATION

“Research is an important element of tobacco control, particularly to optimize effectiveness of interventions by increasing reach, demand, quality, dissemination, implementation and sustainability of tobacco use treatment.” Harnessing information and communication technology would be instrumental in achieving this goal.⁴³

In an increasingly ‘connected’ world, the marketing of tobacco products has only grown more global and more nuanced. Tobacco control advocates must continue to actively capitalize on emerging platforms (e.g. social media) and disciplines (e.g. behavioural sciences) to raise awareness, support cessation, and unmask tobacco industry tactics (a strategy which can increase people’s autonomy and instil in them a sense of social justice). WHO’s mobile health (mHealth) programme, for example, leverages the ubiquity of mobile technologies to support a range of tobacco control objectives, from smoke-free places to cessation and training of health workers.

KEY FACTS:

- In Myanmar, the percentage of students who saw anti-tobacco messages in the media dropped from 93.4 percent in 2007 to 80.2 percent in 2016,⁴⁴ although the level remains high.
- The percentage of students who saw someone using tobacco on television or in videos or movies was high at 83.4 percent in 2016.⁴⁵
- Myanmar’s University of Public Health, in collaboration with Southeast Asia Tobacco Control Alliance, established a youth network called MNet in 2016, to monitor and expose industry violations of law, and advocate for a tobacco-free generation.⁴⁶

RECOMMENDATIONS:

- Proactively encourage and use innovations in technology to change the way tobacco is perceived, and get messages across in a more powerful way.
- Forums/expos promoting tobacco in Myanmar should be prohibited, as well as branding targeted towards youth.
- Encourage youth activism as a mechanism for change.
- Engage the Ministry of Information, the media and youth coalitions to create a culture that discourages tobacco use and supports tobacco cessation.

10 REDUCED INEQUALITIES



REDUCE INEQUALITIES WITHIN AND AMONG COUNTRIES

Tobacco use widens inequalities within and amongst countries, not just in terms of health outcomes but across development dimensions. Low- and middle-income countries already endure 85 percent of the world's premature mortality from NCDs,⁴⁷ with the poorest and most marginalized disproportionately affected, having little to no access to essential health services and information. Various forms of social disadvantage and deprivation – stress, isolation, unsafe neighbourhoods and limited recreation, for example – are also associated with greater vulnerability to smoking, which then leads back to disadvantaged circumstances and perpetuates a vicious cycle of poor health and financial stress.⁴⁸

On the other hand, increasing tobacco taxation will bring the largest health and financial gains to people and households with low income, and avert premature deaths, diseases, catastrophic health expenditures, and poverty.⁴⁹ This measure will also benefit a large population, expand the country's fiscal space, and reduce social inequalities. With the tobacco industry increasingly targeting low and middle-income countries and vulnerable populations in their marketing strategies, stronger tobacco control measures are needed.

KEY FACTS:

- In Myanmar, those with no education are substantially more likely to smoke (23 percent) than those with primary education or higher (approximately 15 percent).⁵⁰
- Similarly, people from the lowest income category are more likely to smoke (18.1 percent) than those from the highest income category (15.6 percent).⁵¹
- A higher prevalence rate of current tobacco use is reported among males, in rural areas, low-income group and low education status.⁵²
- Although strengthening tobacco control would benefit all, Myanmar's poorest population would benefit the most. Around 40 percent of the deaths averted from the recommended tax increase on cigarettes (i.e. 75 percent of the retail price) in Myanmar would be among the poorest 20 percent of the population.

RECOMMENDATIONS:

- Strictly enforce the Control of Smoking and Consumption of Tobacco Product Law of 2006
- Tailor tobacco control programmes to benefit those with low income, low education and other vulnerabilities, in order to reduce inequalities.



MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

Tobacco smoke diminishes ambient air qualities such that, without appropriate tobacco control measures, the safety of housing, workplaces, transport systems and public spaces is compromised. With the majority of the global population now living in urban areas, local governments are presented with a challenge and responsibility to protect and enhance the lives of entire city populations.

Through the lens of tobacco control, local governments worldwide are showing initiative and leadership which, in turn, can shape national standards. Examples include smoke-free cities and raising of tobacco excise taxes, with the latter not just important for reducing health inequities but also for sustainably financing municipal priorities.

KEY FACTS

- Myanmar launched the Smoke-Free Universities Network (SFUN) in 2016, which will go on to include other universities in the ASEAN.⁵³ Three universities recognized with the most successful smoke-free campaign in 2018 were the University of Medicine (Magway), the University of Dentistry (Yangon), and the University of Traditional Medicine (Mandalay).
- Although universities and health facilities are 100 percent smoke-free, other public places in Myanmar allow designated smoking zones.⁵⁴
- By 2022, smoke-free zones will be set up in 33 townships across Myanmar, which include 12 townships in municipal areas.⁵⁵
- The Pindaya Caves in the Shan State won an award for promoting a healthy environment by being a smoke-free heritage site.⁵⁶

RECOMMENDATIONS:

- Rigorously implement and enforce the ban on smoking in public places in partnership with relevant ministries such as the Ministry of Tourism, Ministry of Interior, Ministry of Religious Affairs and Culture, municipal authorities, and communities.
- Expand smoke-free restrictions for universities, sporting facilities and events, heritage and tourist sites, and zones and cities.
- Remove exemptions permitting designated smoking areas (e.g. private offices and rooms, factories, hotels and other types of lodging, public transport terminals, trains and vessels).
- Promote campaigns on Smoke-Free Homes/Cities to create safer environments for people, families and communities, especially for vulnerable populations such as children, youth, pregnant women and other groups exposed to smoke.



ENSURE SUSTAINABLE CONSUMPTION AND PRODUCTION PATTERNS

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulators, and chemical fertilizers. These have environmental consequences, particularly in low and middle-income countries with lax regulatory standards. Tobacco also depletes soil fertility more rapidly than food and cash crops as it absorbs more nutrients such as nitrogen, potassium, and phosphorus.

Furthermore, in many regions of the world, new areas of woodlands are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed to cure tobacco leaves. This deforestation contributes to climate change by removing trees that eliminate CO₂ from the atmosphere.

KEY FACTS:

- Tobacco farming and curing accelerate deforestation. It is estimated that one tree is needed to cure tobacco leaves for every 300 cigarettes.⁵⁷ In Myanmar, 461.8 million packs of cigarettes were produced in the fiscal year 2014/15.⁵⁸

RECOMMENDATIONS:⁵⁹

- Mandate tobacco manufacturers to provide timely and regular information and data on the environmental and health risks of tobacco throughout production and distribution.
- Strengthen regulation of tobacco agriculture to prevent deforestation and land degradation.
- Extend tobacco product sales regulation to eliminate single-use filters – including any biodegradable varieties – to reduce post-consumption waste.
- Innovate, improve and enforce new and existing environmental regulations and agreements that may apply to tobacco manufacturing, transport, consumption and post-consumption waste.



TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE AND ITS IMPACTS

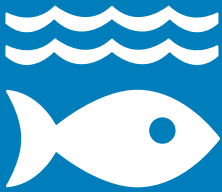
Tobacco control and climate action are mutually reinforcing. The WHO FCTC, in particular Article 18, calls for the protection of the environment in addition to human health. This is largely because growing and curing tobacco is a cause of deforestation worldwide, with several negative impacts including increased greenhouse gas emissions (e.g. carbon dioxide and methane), global warming and changes in rainfall, and irreversible biodiversity loss. In other words, tobacco farming is a destructive force which carries severe environmental consequences.

KEY FACTS:

- There have been marked impacts of climate change in Myanmar. During summer 2010, 1,482 heat-related disorders were reported and 260 heat-related deaths occurred across Myanmar.⁶⁰
- In 2007, extensive record-breaking flooding resulted in the inundation of 809, 284 hectares of cropland and more than 50 percent of crops were damaged.⁶¹
- Myanmar ratified the Paris Agreement on Climate Change in 2016.

RECOMMENDATIONS:

- Support alternative economic livelihoods for tobacco growers to help tackle a major threat to the planet and raise awareness around climate change.
- Assess the environmental impact of tobacco in Myanmar.
- Consider tobacco and its environmental impacts in the implementation of the UN Framework Convention on Climate Change (UNFCCC), including the 2015 Paris Agreement.



CONSERVE AND SUSTAINABLY USE THE OCEANS, SEAS, AND MARINE RESOURCES FOR SUSTAINABLE DEVELOPMENT

Tobacco control can reduce marine pollution and toxicity, thus improving aquatic life. The majority of the nearly 6 trillion cigarettes smoked each year are littered, and the filter on cigarettes is comprised of plastic ingredients, which are particularly harmful to beaches and oceans. Amongst the substances found in cigarette butts are arsenic, lead, nicotine and ethyl phenol, all of which leach into aquatic environments. Cigarette butt leachate kills aquatic life, for example, marine and freshwater fish.

Moreover, pesticides and agrochemical residues from tobacco growing pollute nearby waterways, jeopardizing not just clean water but also the welfare of aquatic organisms. If tobacco control reduces both cigarettes smoked and tobacco grown, then it also means a major threat to life below water is confronted.

KEY FACTS:

- Among the top 10 items collected globally on beaches, cigarette butts were number one.⁶²
- It is estimated that 4,225 tonnes of butts and packs wind up as toxic trash in Myanmar each year. This is roughly equivalent to the weight of 845 endangered African elephants.⁶³
- Tobacco waste contains over 7,000 toxic chemicals - with tons of carcinogenic, greenhouse effect-causing gases - that pollute not just air but also land, sea and waterways.⁶⁴
- With two-thirds of cigarettes thrown away, anywhere between 340 to 680 million kilograms of tobacco waste is generated every year. In urban and coastal regions, tobacco accounts for 30 to 40 percent of all the garbage collected.⁶⁵

RECOMMENDATIONS:

- Consider introducing tobacco-free beaches as part of preserving the natural environment and promoting sustainable tourism.
- Prevent litter of cigarette butts in public places and provide systems to collect this waste.
- Ensure that solid waste management mechanisms allow for separation of waste at the source, so that cigarettes do not end up polluting waterways.

15 LIFE ON LAND



PROTECT, RESTORE AND PROMOTE SUSTAINABLE USE OF TERRESTRIAL ECOSYSTEMS, SUSTAINABLY MANAGE FORESTS, COMBAT DESERTIFICATION, AND HALT AND REVERSE LAND DEGRADATION AND HALT BIODIVERSITY LOSS

Tobacco control can improve life on land because tobacco farming is land intensive and frequently uses large amounts of chemical fertilizers, pesticides, growth regulators and wood for flue-curing. Tobacco crops strip the soil of nutrients such as nitrogen, phosphorus and potassium to a greater extent and faster than other major food and cash crops. Clearing land for tobacco growing cuts into forest reserves, as do tobacco-related forest fires. Wood is needed to cure tobacco leaves, and one tree is consumed to produce every 300 cigarettes.⁶⁶ Tobacco production disrupts the ecosystem and leads to soil and land degradation including deforestation.

KEY FACTS:

- Tobacco control, in particular supporting economic alternatives to tobacco growing, can help restore biodiversity and protect land resources while advancing other important development objectives, for example, increased food security.

RECOMMENDATIONS:

- Conduct monitoring to prevent tobacco farmers from illegally using wood for curing tobacco.
- Support tobacco farmers' transition to alternative livelihoods.

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

Tobacco control requires good governance to fulfil the WHO FCTC's general obligations, including the development and implementation of comprehensive multisectoral national tobacco control strategies, as well as the establishment or reinforcement of national coordinating mechanisms for tobacco control.

Advancements in meeting these obligations can promote a range of broader governance objectives in turn, including: enhanced capacities for intersectoral engagement and conflict of interest management; greater transparency and accountability; reduced corruption and stronger protection against undue interference in policy making (e.g. from the tobacco industry); and combating organized crime (e.g. with respect to the illicit trade of tobacco products by ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products). Tobacco control can also be a concrete entry point for strengthening the legislative and oversight capacities of lawmakers and parliamentarians.

KEY FACTS:

- In 2018, the Directorate of Investment and Company Administration of the Myanmar Ministry of Planning and Finance passed a code of ethics that prohibits certain activities to prevent possible corruption by companies and corporate bodies.⁶⁷
- This includes the tobacco industry and prohibits corporations from providing travel assistance (which includes study visits), undertaking corporate social responsibility activities, and making political contributions, among other activities.⁶⁸
- Myanmar scores relatively well among countries with forms of unnecessary interaction with the industry, indicating less interaction.⁶⁹
- Myanmar signed the Protocol to Eliminate Illicit Trade in Tobacco Products in 2013, but the country has yet to ratify it.⁷⁰

RECOMMENDATIONS:

- Strictly follow the WHO FCTC Article 5.3 guidelines to protect public health policies from commercial or other vested interests of the tobacco industry.
- Ensure full transparency in any interactions with the tobacco industry, through appropriate processes of disclosure.
- Develop codes of conduct for government officials across sectors prescribing standards with which they should comply in their dealings with the tobacco industry.
- Require tobacco companies to disclose and report all expenditure on marketing, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political

contributions. Companies should also be periodically required to submit information on tobacco production, manufacture, and market share.

- Ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.



STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Calls for a 'New Global Partnership' and policy coherence are highly pertinent to tobacco control because all sectors have a fundamental responsibility to protect the right to health. Trade agreements must preserve national policy space for implementation of strong tobacco control measures, which protect this right to health. For example, being able to implement plain packaging laws and increase access to affordable health technologies including nicotine replacement therapy.

Win-wins are possible because tobacco can hurt businesses overall, when factors such as reduced productive capacities and increased health insurance premiums – not just sales – are considered. Moreover, tobacco taxation, and the inter-sectoral collaboration it requires, enhances domestic capacity for tax and other revenue collection. Tobacco control efforts also leverage and promote South-South and Triangular Cooperation.

KEY FACTS:

- Studies by the World Bank point out that a 10 percent increase in tobacco tax leads to a 3 to 8 percent decline in consumption.⁷¹
- Myanmar has one of the lowest cigarette prices in all of ASEAN. Its taxation rate on cigarettes is 35 percent, and cigarettes are becoming more and more affordable as the economy and people's income are growing. In fact, cigarettes were much more affordable in 2016 than in 2010.⁷²
- According to the new 2016 Union tax law, cigarettes are subject to 4-tiered special goods tax, 5 percent commercial tax (similar to VAT), and income tax (on tobacco producers).⁷³
- Cheroots are specific to Myanmar and a cottage industry. Cheroots do not have tax stamps, and it is challenging to make this industry comply with the tax law.⁷⁴
- Myanmar ratified the WHO FCTC to combat the tobacco epidemic in 2004, and actively participates in the FCTC Conference of Parties meetings.

RECOMMENDATIONS:

- Increase tobacco excise tax rates regularly to reduce affordability, taking into account inflation and income growth.
- Collapse the multi-tier tax system into a single one.
- Consider using part of tobacco tax revenues to finance pro-poor programmes such as universal health coverage, alternative livelihood support for tobacco farmers, and other social protection schemes.
- Involve the non-health sector in tobacco control, through, for example, strengthening the role and functions of the Central Tobacco Control Committee.
- Continue to play an active role in the FCTC Conference of Parties meetings.

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