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POLICY BRIEF

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



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FCTC
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ON TOBACCO CONTROL
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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.

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