



Needs assessment for the implementation of the WHO Framework Convention on Tobacco Control in Thailand



Joint needs assessment for the implementation of the
WHO Framework Convention on Tobacco Control
(WHO-FCTC) in Thailand
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Table of Abbreviations and Acronyms

ASH Thailand	Action on Smoking and Health Foundation Thailand
BTPCC	Bangkok Tobacco Products Control Committee
CCS	Country Cooperation Strategy
COP	Conference of the Parties
CSR	Corporate Social Responsibility
DSA	Designated Smoking Area
GGTC	Global Center of Good Governance in Tobacco Control
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
INB	Intergovernmental Negotiating Body
LMIC	Low Middle-Income Country
MoEd	Ministry of Education
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
NATFT	National Alliance for Tobacco Free Thailand
NCDs	Noncommunicable Diseases
NRT	Nicotine Replacement Treatment
NTPCC	National Tobacco Products Control Committee
OBEC	Office of Basic Education Commission
OVEC	Office of Vocational Education Commission
PDA	Principle Display Areas
PTPCC	Provincial Tobacco Products Control Committee
Protocol	Protocol to Eliminate Illicit Trade in Tobacco Products
ThaiHealth	Thailand Health Promotion Foundation
TI	Tobacco Industry
TNQ	Thailand National Quitline
TPCA	Tobacco Products Control Act
TOAT	Tobacco Authority of Thailand
TAPS	Tobacco advertising, promotion and sponsorship
THPAAT	Thai Health Professionals Alliance against Tobacco
ToRs	Terms of Reference
UHC	Universal Health Care
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNRC	UN Resident Coordinator
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

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Executive Summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) is an international treaty negotiated under the auspices of World Health Organization (WHO) which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

Thailand signed the WHO FCTC on 20 June 2003 and ratified it on 08 November 2004 and was among the first 40 countries to do so.

Having ratified the WHO FCTC, Thailand is obliged to implement its provisions through national laws, regulations, or other measures. There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate to fully implement the Convention.

The Government of Thailand through its Ministry of Public Health (MoPH), requested to the Convention Secretariat to conduct a needs assessment exercise to track the progress of the WHO FCTC implementation, identify possible remaining gaps and challenges and provide recommendations for addressing these challenges.

The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.

Since its ratification of the WHO FCTC in 2004, Thailand has implemented a comprehensive tobacco control strategy because of the synergistic work of the MoPH that has a highly committed dedicated tobacco control unit, other ministries and agencies that are part of the national coordinating mechanism, and a very committed civil society and academia.

The **main findings** regarding the current implementation of the Convention so far, can be summarized as:

- a. The Convention requires a national multisectoral coordinating mechanism to be established (and funded) to coordinate its implementation. Thailand has established the National Tobacco Products Control Committee (NTPCC) and subnational ones, the Bangkok Tobacco Products Control Committee (BTPCC) and Provincial Tobacco Product Control Committees (PTPCCs).

Gaps: The participation of high-level authorities from the different ministries and agencies have been a challenge. Particularly at subnational level, there is a need for more coordination and more human and financial resources dedicated to these mechanisms.

- b. Thailand has an innovative funding mechanism, the Thai Health Promotion Fund (ThaiHealth), funded by a 2% surcharge on tobacco and alcohol excise taxes. It provides financial support to tobacco control in the country, for government and civil society.

Gaps: The funding from the ThaiHealth is intended to fill gaps in the funding of tobacco control in the country. The budget allocated by ministries other than health, in particular, to developing their tobacco control activities is inadequate.

- c. The Convention also requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention, and to adopt and implement effective legislative, executive, administrative and/or other measures for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. A multidisciplinary National Strategic Plan for Tobacco Control, 2022-2027 is in place and a set of legislative and executive measures (Tobacco Products Control Act (TPCA) 2017 (B.E.2560) and Tobacco Control Ministerial Regulations) are in place regulating the main demand reduction measures from the Convention. According to the WHO report on the global tobacco epidemic, 2021, Thailand has achieved a high level of implementation in the areas related to taxation (Article 6), protection of tobacco smoke (Article 8), tobacco products packaging and labelling (Article 11) and media campaigns (Article 12). In the area of tobacco advertising, promotion and sponsorship (Article 13) and tobacco cessation (Article 14) has been rated as having moderate measures. Needs to be highlighted that Thailand is currently implementing plain packaging and has one of the biggest health warnings in the world (85%).

Gaps: Certain measures that would allow full compliance with the mandates under some of the articles mentioned above are still missing. Thailand has no regulations on Article 9 and 10, but the government is in the process of drafting a bill related to flavouring additives. Full enforcement of the law and regulations remains a major challenge.

Particularly in taxation, the current excise tax structure on tobacco products in Thailand does not conform to international best practice. There is a two-tier system based on price, with different level of taxes for each tier. That means that while the tax rate for the more expensive cigarettes represents around 78% of the final price, lower price cigarettes and fine cut tobacco used for roll-your-own cigarettes are taxed at a much lower level. Finally, there are no foreseen measures to keep path with inflation, therefore cigarettes are not less affordable today than in 2010.

- d. The importation, production and sale of novel tobacco and nicotine products as well as hookahs, e-hookahs and smokeless tobacco are banned in the country.

Gaps: Notwithstanding the ban, the products (particularly novel tobacco and nicotine products) are sold illegally in the country, mainly through online sales and accessible to young people. There is pressure from some lobby groups and the tobacco industry to lift the ban on these products.

- e. In the area of protecting public policy from the interference of tobacco industry, the MoPH) and the NTPCC have procedures in place to prevent and handle actual or perceived conflict of interest. The WHO FCTC Knowledge Hub for Article 5.3 (located in Thailand) has a new memorandum of understanding signed between the Convention Secretariat and Thammasat and Mahidol Universities as part of a global watchdog project to counter the tobacco industry's nefarious tactics of undermining tobacco control.

Gaps: There are no similar measures neither for the non-health ministries, nor for the other branches of the government. There is a lack of awareness that the mandates of Article 5.3 involve all sectors and branches of the government. The existence of the Tobacco Authority of Thailand (TOAT) a state enterprise under the supervision of Ministry of Finance and the only tobacco monopoly of cigarette manufacture and distribution in the country, provides an extra challenge in this regard.

- f. Thailand has advanced in the implementation of Article 15 on illicit trade of tobacco products. There is a licencing system that covers the whole supply chain, and there is a germinal track and tracing system with the inclusion of some extra information regarding the products on the tax

stamps. In 2022 an intersectoral working group composing members from Ministry of Public Health, Ministry of Finance, Ministry of Justice, Ministry of Foreign Affairs, Attorney General Office, State Council Office, and the National Tobacco Products Control Committee was tasked with analysing the requirements for the implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products. The group concluded that Thailand is already complying with many of the requirements of the Protocol.

Gaps: Thailand is not yet a Party to the Protocol. Despite the evidence provided by the intersectoral working group, the Ministry of Finance still does not support Thailand's accession to the Protocol.

- g. In 2021, Thailand set up a working group to discuss alternative crop production and marketing opportunities for tobacco farmers and encourage them to grow sustainable, nutritious crops (Articles 17 and 18). The working group consisted of Ministry of Finance, Ministry of Agriculture, Ministry of Social Development and Human Security and Ministry of Public Health.

Gaps: The work carried out by this working group was very limited. There has not been a consistent and systematic approach to encourage farmers to switch to alternative crops, and no financial mechanism has been envisioned to support to this initiative.

Considering the findings related to the implementation of the Convention in Thailand, as well as the gaps and challenges that need to be addressed, the following are the main **recommendations** resulting from this needs assessment exercise.

- 1- Strengthen the NTPCC by ensuring regular high-level representation (Permanent Secretaries) at the meetings, at least once a year. Include the follow up of the activities of the BTPCC and PTPCCs in the agenda of the monthly meetings of provincial governors with the Permanent Secretary of the Ministry of Interior, at least once a year. Increase the human and financial resources particularly by non-health ministries and at the local level.
- 2- Strengthen the Office of Tobacco Products Control Committee, Ministry of Public Health with adequate resources, capacity building and additional support to continue advancing the implementation of the WHO FCTC in Thailand.
- 3- Continue raising awareness of all sectors and branches of government, including judiciary, legislative and executive, about tobacco industry interference, and encourage them to take appropriate actions (i.e., code of conducts, declaration, and management of conflict of interests, etc.). Continue to strengthen the enforcement of the ban of the so called “socially responsible” activities (including but not limited to Corporate Social Responsible actions).
- 4- The Ministry of Finance is encouraged to simplify the tobacco tax system by eliminating the tier system and substantially increase the tax on fine cut tobacco used for roll-your-own cigarettes (as these are one of the most consumed tobacco products) as part of a long-term plan for gradual increases in taxes for all tobacco products, to meet both fiscal and public health goals. Also, to ensure automatic increases of taxes on a regular basis to outpace inflation and economic growth, thereby decreasing affordability.
- 5- To protect youth from becoming a new generation of addicts, it is therefore recommended that the ban on new and emergent tobacco and nicotine products be maintained, as these products are particularly harmful to children and adolescents including damaging effects to the developing brain, and are aggressively marketed and promoted, including to young people, who are often targeted by

tobacco and related industries. Enforcement mechanisms should also be strengthened to protect the younger generations and non-nicotine and non-tobacco users.

- 6- It is also recommended to elaborate regulations to implement Articles 9 and 10 of the WHO FCTC to make tobacco products less appealing, especially to young people. This can be achieved including by mandating disclosure requirements, testing of tobacco products and ensuring a comprehensive ban on flavors in all tobacco products, taking into account that some measures are easier to be enforced (i.e. banning flavouring ingredients rather than characterizing flavors).
- 7- It is recommended to consider the accession to the Protocol, not only for its own benefit, but also as a global and regional leader in tobacco control, to influence other WHO FCTC Parties to do so. It may also be considered to request the cost of the track and tracing system to be beard by the tobacco industry as suggested by the Protocol.
- 8- The Ministry of Agriculture and Cooperatives is encouraged to continue to promote and expand its program to help tobacco farmers who desire to switch (or whose livelihood is/will be impacted by the reduction in the demand of tobacco leaf) to economically viable and environmentally friendly alternatives. This includes working with the Ministry of Finance and any other relevant ministry, to find financial support for the program. Also, is recommended that the Ministry of Agriculture and Cooperatives strengthen its collaboration with other relevant ministries in sensitizing tobacco growers on the health, environmental and social consequences of tobacco growing and the benefits of switch to other crops.

Introduction

The WHO FCTC is an international treaty negotiated under the auspices of World Health Organization (WHO) which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005 (Box 1). The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 182 Parties to date.¹

Thailand signed the WHO FCTC on 20 June 2003 and ratified it on 08 November 2004 and was among the first 40 countries to do so.

Box 1 - The WHO FCTC

- The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- It entered into force on 27 February 2005, 90 days after the 40th ratification.
- The objective of the Convention is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”.
- The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention.
- The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The Government of Thailand through its MoPH, requested to the Convention Secretariat to conduct a needs assessment exercise (Box 2) to track the progress of the WHO FCTC implementation, identify possible remaining gaps and challenges and provide recommendations for addressing these challenges.

The desk review for the needs assessment exercise was conducted jointly by the Government of Thailand and the Convention Secretariat from May to June 2023. This included the initial analysis of the status, challenges and potential needs deriving from the country’s WHO FCTC implementation reports and other sources of information. An international team led by the Convention Secretariat which also included representatives of the WHO Country Office in Thailand, the WHO FCTC Knowledge Hub on Article 5.3, United Nations Development Program (UNDP) Regional Hub for Asia and the Pacific, and UNDP Thailand Country Office, conducted a mission in Thailand from 12 to 16 June 2023 (see Annex 2 for mission programme). The assessment involved relevant government departments, NGOs, and other stakeholders (see Annex 3).

¹https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=en

Box 2 - The needs assessment exercise

- The first session of the COP (COP 1) in February 2006, called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).²
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.
- It comprises of a preliminary desk review and virtual consultations with the government to establish the status of implementation of the WHO FCTC in the country; followed by an international mission that meets with local stakeholders (including government agencies and nongovernmental organizations - NGOs) to jointly finalize the review of the status of implementation of the Convention; looking to identify the main gaps and challenges in implementation of tobacco control measures.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

² See COP/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

Background

Fifteen years ago, in November 2008, WHO led the process to conduct a joint national capacity assessment on the implementation of effective tobacco control policies in Thailand; an exercise with similar goals than the current needs assessment. According to the report, “*the assessment team found that Thailand has a distinctive tobacco control model based on close cooperation between the Ministry of Public Health (MoPH), the Thai Health Promotion Foundation (ThaiHealth) and a very active coalition of tobacco control nongovernmental organizations guided by a unique generation of creative civil society leaders*”. A model that has contributed to the development and implementation of strong tobacco control policies in the country.

The needs assessment mission team recognises Thailand’s significant progress in implementing the WHO FCTC (Box 3), thanks, amongst other things, to intersectoral coordination between different ministries. The most advanced areas are protecting people from exposure to second-hand smoke, providing comprehensive support for smoking cessation, and maintaining and strengthening tobacco control governance and financing mechanisms. However, some areas, notably price and tax measures to reduce tobacco demand, already mentioned in the recommendations of the 2008 Joint National Capacity Assessment report³, strengthening multisectoral action and coordination at the subnational level, as well as new challenges such as the spread of new and emerging tobacco and nicotine products, require further attention and improvement. Furthermore, counteracting tobacco industry (TI) interference is another important topic that needs to be streamlined across the whole government.

Hence, key elements that need to be put in place to enable Thailand to fully meet its obligations under the Convention are summarized in the next sessions of the report.

Box 3 - Milestones of tobacco control in Thailand	
Year	Tobacco control efforts
1990	Establishment of the Office of Tobacco Control, Ministry of Public Health
1992	Tobacco Products Control Act (1992) and Non-Smokers’ Health Protection Act (1992)
1992	Repeal of permission to import, sell, or produce chewing tobacco in Thailand
2001	Thai Health Promotion Bureau
2004	Ratification the WHO FCTC (8 November 2004)

³ https://apps.who.int/iris/bitstream/handle/10665/44762/9789241502757_eng.pdf?sequence=1&isAllowed=y

2005	WHO FCTC enters into force (27 February 2005). Thailand being one of the first 40 countries required for the Treaty to enter into force
2009	Excise taxes increase on cigarettes to 85% of the ex-factory price
2010	National Strategic Plan for Tobacco Control 2010–2014
2010	Set of 10 pictorial health warnings covering 55% of the front and back on cigarette packets
2010	Ban on smoking extended to all public places
2010	The Regulation of Department of Disease Control Regarding How to Contact Tobacco Entrepreneurs and Related Persons establishes requirements around interactions between government officials and the TI, in fulfilment of WHO FCTC Art. 5.3.
2011	Ban (MoPH Notice No.15 2011) on use of all misleading terms on the packages of cigarettes, cigars, loose tobacco, or flavored loose tobacco (governed by the tobacco products control act of 1992)
2012	Rules, procedures and conditions for display of statements concerning toxins and carcinogens on cigarette labels (MoPH Notice No. 16 2011) (10 labels of toxins/carcinogens introduced, covering 60% of each side panel) on cigarette labels
2012	Excise taxes on cigarettes increase to 87% of the ex-factory price
2013	Set of four pictorial health warnings (55%) on shredded tobacco packets
2013	New set of 4 pictorial health warnings and channels to quit tobacco introduced on shredded and blended tobacco (MoPH Notification No.17 2012).
2014	Notification of the Ministry of Commerce Prohibition of importing Hookah and Electronic Hookah or Electronic cigarette into Thailand 2014
2015	Consumer Protection Board Order No. 9/2015 prohibits the sale of hookahs, electronic hookahs, and e-cigarettes, as well as materials for filling these products (including e-cigarette liquids).

2015	Second National Strategic Plan for Tobacco Control 2016–2020
2015	Set of 10 textual health warnings introduced on cigarette packaging
2016	Excise taxes increase on cigarettes to 90% of the ex-factory price
2017	New Tobacco Products Control Act 2017 was passed
2017	Ministerial Regulations on Tobacco Production Licensing and Tobacco Sales Licensing
2019	Regulation on plain cigarette packaging entered into force for cigarette packaging
2022	Third National Tobacco Products Control Action Plan (2022-2027)

Key data on tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality, taxes and tobacco production can be found in Annex 1.

Article by Article Analysis: Findings and Recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Thailand. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention and its guidelines for implementation.

i. Article 2. Relationship between this Convention and other agreements and legal instruments

Article 2.1 of the Convention, to better protect human health, encourages Parties “*to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law*”.

It is recommended that the Government, while working on meeting the obligations under the Convention, continue to consider the implementation of other tobacco control measures that will have an impact on reducing tobacco use prevalence, and that will prevent children and young people taking up tobacco use.

Article 2.2 clarifies that the Convention does not affect “*the right of Parties to enter into bilateral or multilateral agreements on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat*”.

Thailand is a member of the intergovernmental organization - Association of Southeast Asia Nations (ASEAN). Currently no other agreements that might have an influence on implementation of the Convention have been reported.

It is recommended that the Ministry of Foreign Affairs and other relevant government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Thailand communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

ii. Article 4. Guiding Principles

This article establishes that to achieve the objective of the Convention and its protocols, and to implement its provisions, the Parties shall be guided by a set of principles.

Article 4.2 acknowledges that “*strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses*”.

Thailand is committed to protect the health of Thailand population from the harm of tobacco use. To realize this commitment, among other measures, the Office of Tobacco Control within the MoPH was established in 1990 dedicated to the tobacco control at the national, regional, and international levels. To meet the needs of a comprehensive approach to tobacco control, the works and structure of

this office have evolved over the years and presently known as Office of Tobacco Products Control Committee. The main mandate of this office focuses on fulfilling the obligations of the WHO FCTC.

Among other principles **Article 4.7** recognizes that “*the participation of civil society is essential in achieving the objective of the Convention and its protocols*”.

Also, the Preamble of the Convention emphasizes “*the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts*”.

Thailand has very active civil society organisations working individually and in coalition in close collaboration with the MoPH and other relevant institutions such as the ThaiHealth.

Action on Smoking and Health Foundation Thailand (ASH Thailand) was founded back in 1996 and has played a key role in advocating for introduction of comprehensive tobacco control national policies and in setting up ThaiHealth, which was established in 2001. Its main strategic areas of work are local level capacity building and developing communication materials on the consequences of tobacco use. One of ASH Thailand’s priorities now is to combat the increased trend of use of e-cigarettes amongst adolescents and young adults. ASH Thailand is running two projects which aim to create values against smoking. The Gen Alpha projects focuses on creating smoke-free homes by involving childcare centers, teachers’ trainings, village health volunteers and clinics to communicate with mothers. The Gen-Z project aims to promote inclusion of tobacco control in school curricula in collaboration with the Ministry of Education and to build capacities at local levels.

The Thai Health Professional Alliance against Tobacco (THPAAT) was established in 2005 in response to Thailand’s King, Bhumibol Adulyadej’s expressed wish to reduce the growing problem of cigarette addiction in the country. THPAAT is financially supported by ThaiHealth. Over 30 professional organizations have joined the Network including physicians, dentists, pharmacists, public health professionals etc. Since its inception, THPAAT has been actively engaged in public information campaigns, smoking cessation activities (culminating in the establishment of a nationwide network of over 500 smoking cessation clinics) and encouraging research. In 2022 THPAAT signed a Memorandum of Understanding (MoU) with all universities of Thailand to become smoke-free. Today, 239 universities in 9 administrative nodes are smoke-free. THPAAT is expanding its activities through its Provincial Alliances in 36 provinces of Thailand. THPAAT has successfully pushed smoking cessation into Thailand’s Hospital Accreditation (HA) of Thailand to implement and regulate the quality control of smoking cessation services in hospitals and clinics, as well as to enforce all hospitals to become truly smoke-free places. THPAAT won an international award for bringing together several health professions in a major collaborative project that was presented by World Health Professions Alliance in 2015.

In 2013 the National Alliance for Tobacco Free Thailand – NATFT was established to push forward the Tobacco Control Act and to support its implementation. Currently, the NATFT has more than 1400 members and 729 organizations including THPAAT, Thai Dentist Alliance for Tobacco Control, Nurses Network on Tobacco Control of Thailand, among others.

The Tobacco Control Research and Knowledge Management Center (TRC), affiliated with Mahidol University, was established in 2005 with the aim of developing and managing knowledge and skills for tobacco control in Thailand.

The Global Center for Good Governance in Tobacco Control (GGTC) is based in Thailand and hosted by the Southeast Asia Tobacco Control Alliance (SEATCA) and its mission is to provide strategies and tools to counter TI interference and promote tobacco control policy coherence at national, regional and global levels. The GGTC is one of the recipients of the Bloomberg Philanthropies \$20 million grant to establish the project Stopping Tobacco Organizations and Products (STOP), a global watchdog to counter the tobacco industry's nefarious tactics of undermining tobacco control.

The WHO FCTC Knowledge Hub on Article 5.3 is hosted at School of Global Studies, Thammasat University. GGTC served as WHO FCTC Knowledge Hub on Article 5.3 from 2017 to 2022. In June 2023, a new memorandum of understanding between the Convention Secretariat and Thammasat and Mahidol Universities was signed. The Knowledge Hub will continue to provide technical assistance, produce guidance notes and other key publications, develop tools and act as a clearing house for information on the tactics used by the TI to influence public health policies, especially those related to tobacco control.

iii. **Article 5. General obligations**

Article 5.1 calls upon Parties to *“develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention”*.

On February 15, 2022, the Cabinet approved a third multidisciplinary National Strategic Plan for Tobacco Control, 2022-2027. The plan aims to improve the health of Thai people by reducing the prevalence of smoking and the health, social and economic costs and inequalities associated to it. The Thai government announced a new target of reducing smoking rates below 14 % by 2027.

This National Strategic Plan for Tobacco Control consists of following strategies:

- Strategy 1: Strengthen and enhance the country's tobacco control capability.
- Strategy 2: Prevent the emergence of new tobacco users and monitor tobacco businesses.
- Strategy 3: Provide treatment for addicts to help them stop using tobacco.
- Strategy 4: Control, inspect, monitor, and disclose the ingredient lists of tobacco products
- Strategy 5: Create a smoke-free environment
- Strategy 6: Enforce measures for tax collection and for the prevention and suppression of illegal tobacco products.

Thailand also adopted a five-year national plan (2017–2021) for the prevention and control of noncommunicable diseases (NCDs) to guide and promote a range of policy measures and initiatives to address NCDs. Among the nine specific targets of the five-year plan, target 5 is to reduce the prevalence of smoking among people under 15 to less than 15.7%.

Further, Thailand has twenty-year National Strategy (2018–2037), which includes long-term objectives that require strengthening the NCD response including by addressing its risk factors.

Article 5.2(a) calls on Parties to *“establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control”*.

Thailand has a national coordinating mechanism, the National Tobacco Products Control Committee (NTPCC) comprised of:

1. The Minister of Public Health, as Chairperson,

2. The Deputy Minister of Public Health, as Vice-Chairperson,
3. Twelve members by duty position, including the Deputy Minister of Finance, the Deputy Minister of Social Development and Human Security, the Deputy Minister of Tourism and Sports, the Deputy Minister of Agriculture and Cooperatives, the Deputy Minister of Commerce, the Deputy Minister of the Interior, the Deputy Minister of Justice, the Deputy Minister of Labor, the Deputy Minister of Education, the Commander of the National Police, the Secretary of the National Office of Health Standards, and the Manager of the Health Promotion and Support Fund,
4. Five members having special qualifications, appointed by the Cabinet on the basis of their exceptional knowledge, expertise, and experience in the fields of medicine, public health, law, protection of women's and children's rights, or another field of advantage to the control of tobacco products. One person may be appointed from each field,
5. Four members having special qualifications, appointed by the Cabinet from persons nominated by private sector non-profit organizations. Three of these members shall be engaged in activities relating to public health, and one in the field of civil liberties.

In addition to the NTPCC, there are also local tobacco control mechanisms such as the Bangkok Tobacco Products Control Committee (BTPCC) and Provincial Tobacco Products Control Committees (PTPCCs) giving Thailand a unique opportunity to strengthen implementation of the WHO FCTC at subnational levels.

The power and duties of the NTPCC are to propose policies and strategic plans relating to the control of tobacco products, to prescribe measures relating to the control of tobacco products as well as give recommendations, advise and coordinate with public sector/state agencies/state enterprises and private organizations to implement such measures. It also provides recommendations to the Cabinet, to the BTPCC, PTPCCs, public sector, state agencies, state enterprises, private organizations, and competent officers about the execution of the Tobacco Products Control Act (TPCA); and monitors, assess results and examines the operations of BTPCC and PTPCCs vis a vis compliance with the policies and strategic plans.

The MoPH acts as the national focal point for prevention and control of tobacco products, and under the Department of Disease Control there is the Office of Tobacco Products Control Committee (OTPC) or previously called Office of Tobacco Products Control. The main responsibility of the OTPC is tobacco control policy formulation (including development of new legislation and revision of existing laws and regulations), policy decision, policy implementation, and policy evaluation. The Director General of the Department of Disease Control is member of the NTPCC and serves as its secretary. Two employees of this department, whose duties relate to the control of tobacco products, serve as Assistant Secretaries. There are rules, procedures and conditions set out in ministerial notices for selection of members with special qualifications.

Tobacco products control in Thailand has been mainly financially supported by ThaiHealth and MoPH.

ThaiHealth is an autonomous state agency which is outside of the formal structure of the government and is funded by a surcharged two percent of the excise tax on cigarettes and alcohol beverages. The fund provides financial support for various activities related to health promotion, including tobacco control, for government, non-government and civil society since 2001. In 2021, total ThaiHealth budget was THB 3,432 million (USD119.64 million). From this amount, TBH 310 million (USD 8.6 million) was dedicated to tobacco control.

Expenditures on tobacco control for the latest available years:

Fiscal Year	Government (Million Bath)	ThaiHealth (Million Bath)	Total (Million Bath)
2022	13.074.100	30.101.115	43.175.215
2023	15.108.918	34.710.000	49.818.918

Source: Office of Tobacco Product Control Committee, 2023

Gaps

NTPCC is not utilizing its full potential due to insufficient involvement of high-level officials from the participants agencies.

Non-health ministries do not have dedicated budgets for the implementation of the WHO FCTC. There is a need for strengthening the work of the PTPCCs which don't have sufficient human and financial resources for tobacco control activities at local level.

It is recommended to strengthen multisectoral cooperation, including strengthening capacity of the NTPCC by ensuring regular high-level representation (Permanent Secretaries) at the meetings– as provided in the Tobacco Products Control Act 2017- at least once a year.

It is also recommended to assess results and examine the operations of the BTPCC and PTPCC in compliance with the policies and strategic plans and ensure adequate financial and human resources at all levels for effective enforcement of tobacco control measures.

Further, it is recommended to prioritise enforcement of tobacco control measures in the platform of provincial governors and chief district officers including discussions around the enforcement of tobacco control measures in the agenda of monthly meetings of provincial governors with the Permanent Secretary of the Ministry of Interior, at least once a year (with the aim of monitoring progress).

Article 5.2(b) calls on Parties to “adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke”

In 2017 Thailand passed a new Tobacco Products Control Act (TPCA) 2017. The Act covers a comprehensive range of articles from the WHO FCTC (mainly Articles 5, 8, 9 and 10, 11, 13, 16) and includes punitive provisions for violations including imprisonment and/or fines, which have been increased.

Since 1992 the importation, sale and production of smokeless tobacco is prohibited in Thailand. On December 04, 1992, the Permanent Secretary of State in the Ministry of Finance sent a letter informing the Permanent Secretary of the MoPH of the ban on the import, sale, and production of chewing tobacco. On December 24, 2014 the importation of Hookah and Electronic Hookah or Electronic cigarette are prohibited according to Notification of the Ministry of Commerce Prohibition of importing Hookah and Electronic Hookah or Electronic cigarette into Thailand 2014 on the grounds that “...it harms to public health, society, country security, peaceful and morality.”

In February 2015 the Consumer Protection Board Order No. 9/2015 prohibited the sales and service of Hookahs, Electronic Hookahs, and Electronic Cigarettes, Smoking Materials for Hookahs, and Liquids for Filling Electronic Hookahs and Electronic Cigarettes.

The Deputy Secretary General of the Office of the Consumer Protection Board in Thailand received the WHO Regional Director Special Recognition Award 2023⁴ for the South-East Asia Region. In 2016, he assumed leadership of an ad hoc working group focused on controlling electronic cigarettes. Looking ahead to 2023, the Office of the Consumer Protection Board will sustain their initiatives, including proactive public relations through online channels, establishing a youth network in educational institutions, and intensifying electronic cigarette control in schools, temples and among online sellers.

Level of enforcement:

The vigorous advertising and sale of hookah and e-hookah or e-cigarettes via social media or online platforms is leading to a rapid increase in their consumption, particularly among teenagers and young adults.

E-cigarette consumption prevalence %	
Global Youth Tobacco Survey ages 13 – 15	
Boys	4.7
Girls	1.9
Total	3.3
Global School-Based Student Health Survey 2021 ages 13 – 17	
Male	18.7
Female	8.9
Total	13.6
Health Behaviour of Population Survey 2021	
male	0.26
female	0.02
total	0.14
Ages 15-24	0.26
Ages 25-59	0.15
Ages 60 and over	0.02

In general, considering the penalties included in this TPCA 2017, it is recommended that consideration be given to imposing higher penalties on manufacturers, importers, and wholesalers than on retailers, as those entities would be responsible for the more serious violation; and consider imposing more severe penalties for repeat offences, as well as additional or alternative penalties such as license suspension or revocation.

⁴ <https://www.who.int/southeastasia/news/events/detail/2023/05/31/south-east-asia-events/world-no-tobacco-day-2023>

The analysis of the findings, level of enforcement, and recommendations regarding the articles considered in the law are presented in the following sections under each individual article.

Article 5.3 stipulates that in setting “*public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*”.

The Guidelines for implementation of Article 5.3 remind Parties that any government branch (executive, legislative and judiciary) should be accountable for protecting those policies from the interference of the TI and that the guidelines aim “at protecting against the interference not only of the tobacco industry, but also, as appropriate, by organizations and individuals that work to further the interests of the tobacco industry”.

The Guidelines also recommend to:

- establish measures to limit interactions with the TI and ensure transparency of those interactions that occur.
- reject partnerships and non-binding or non-enforceable agreements with the TI.
- denormalize, and to the extent possible, regulate activities described as “socially responsible” by the TI, including but not limited to activities described as CSR.
- Do not give preferential treatment to the TI and treat State-owned TI in the same way as any other TI.

In 2010 Thailand Department of Disease Control already developed “The Regulation of Department of Disease Control Regarding How to Contact Tobacco Entrepreneurs and Related Persons” which was establishing requirements around interactions between civil servants, civil staff, Disease Control Department employees, including those persons under other entities coming to perform their civil service within the Department of Disease Control and the TI, in fulfilment of WHO FCTC Art. 5.3.

In 2016 “Regulation of the Ministry of Public Health on communication between the authorities and operators or concerned persons of tobacco products.2016” was released which regulates communication between government officials, government employees, employees of the Ministry of Public Health or its agencies including the persons under other agencies performing official duties in the Ministry of Public Health and the TI, in line with set out procedures and transparency requirements.

There is clear written policy on exclusion of TI-affiliated organizations involvement in all tobacco control processes. Moreover, Thailand imposes a declaration of conflict-of-interest for the national tobacco product control committee, to be signed before attending the meeting. Direct or indirect interest in the tobacco trade disqualifies one from being a member of NTPCC

The TPCA 2017 bans tobacco related CSR activities. Previously, only the publicity of tobacco related CSR activities was banned. However, this was not effective and did not stop the TI from publicising them in the media and online. However, as TOAT remains a state-owned enterprise under the jurisdiction of the Ministry of Finance, it is challenging to monitor and prevent its so called CSR activities.

Since 2019, the TI in Thailand has been required by law to provide information including its production, marketing expenditure and revenue.

Thailand has conducted a series of activities to increase awareness about TI interference among various stakeholders, this includes: 1) public education on tobacco industry tactics, 2) community campaigns on direct and indirect tobacco advertisement 3) CSR monitoring and urging educational institutes to decline any sponsoring activities from tobacco industry.

Thailand Global Tobacco Industry Interference Index score improved from 43 in 2020 to 41 in 2021, Compared to previous years, the total score of Thailand in the Tobacco Industry Interference Index has declined from 57 in 2015 to 41 in 2021. The lower score indicates stronger tobacco control policies and laws with better capacity of the government to resist or prevent tobacco industry interference. Among the countries that were analysed in 2021, the TI interference score ranged from 15 (lowest) to 96 (highest).

Level of enforcement:

Despite the measures above, the TI continues to interfere in tobacco control policies in particular tobacco taxation, and the ban on novel and emerging tobacco and nicotine products, including e-cigarettes by opposing regulatory measures and undermining existing laws.

Thailand faces interference from TI in various ways – lobbying parliamentarians and key government officials, using front groups, providing false information, attack tobacco control advocates, etc. some examples include:

- Tobacco farmers are used by the TI as a front group to oppose the development of ministerial regulations on the content, emissions, and disclosure of tobacco products in line with the WHO FCTC articles 9 and 10.
- lobby groups linked to the tobacco companies are working closely together and actively lobbying policy-makers, including members of political parties and decision-makers in sectors other than health, to promote the legalisation of e-cigarettes by claiming that these products are a safer option for smokers who want to stop smoking and that legalising e-cigarettes will increase the country's revenue from tobacco taxation.
- Tobacco Authority of Thailand (TAOT): administered by Ministry of Finance – creates conflict of interests and challenges in implementing Article 5.3. TAOT is considered a stakeholder by non-health ministries and under Thailand constitution.

Gaps

1. Regulation on interacting with the TI has been enacted for officials of MoPH, but there is no code of conduct for other government officials.
2. There is no policy on the disclosure and management of conflicts of interest beyond the MoPH and the NTPCC.
2. Tobacco industry is entitled to receive tax privileges in the duty free-zone similar to any other industries.
3. TI is allowed to make charitable donations or humanitarian acts during a time of serious public danger as stipulated in the Art. 35 of TPCA 2017

It is recommended to continue raising awareness of all sectors and branches of government, including judiciary, legislative and executive, about the risks and implications of industry interference in tobacco control and to encourage compliance with article 5.3 of the WHO FCTC and its implementation guidelines.

It is also recommended, to develop a code of conduct for officials of the three branches of government, encouraging them to recognize and avoid undue interference when interacting with the TI; and to limit interactions with the TI and to conduct those needed with full transparency. This may include making public any records of lobbyists acting on behalf of the TI.

Continue to strengthen the enforcement of the measures that are already in place, like the ban of the

so called socially responsible activities (including but not limited to CSR), in line with the guidelines for implementation of Article 5.3; and keep requesting the TI to fully disclose all its activities including revenue and profits, tax exemptions or any other privilege.

It is further recommended to continue to support and promote the work of the WHO FCTC Knowledge Hub on Article 5.3 and its partner organisations in providing regular monitoring of TI business and its interference and ensuring publicity of information.

iv. Article 6. Price and tax measures

In Article 6.1, Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”.

Article 6.2(a) stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

The guidelines for the implementation of Article 6 recommends “*Parties should implement the simplest and most efficient system that meets their public and fiscal needs, ... Parties should consider implementing specific or mixed excise system with a minimum specific tax floor, as these systems have considerable advantages over purely ad valorem systems.*”

The excise tax rates on cigarettes in Thailand have steadily risen in the two decades since the country’s tobacco control policies were implemented. In 2012, Thailand adjusted its ad valorem tax rates for all types of tobacco and imposed a specific tax rate on cigarettes to prevent a downtrading effect. Later in 2017, Thailand changed to a two-tier system for cigarette taxation (based on economic and premium brands). On 1st October 2020, the tobacco tax structure has been revised. The upper tier went from THB 60 to THB 72. The ad valorem rate for the lower tier passed from 20% to 25% and for the upper tier from 40% to 42%. Moreover, the specific rate has been increased from THB 1.20/stick to THB 1.25/stick. In fiscal Year 2022, the total Tobacco Tax revenue was THB 59,784.31 million, 6.88% lower comparing with fiscal year 2021.⁵

Fine-cut tobacco is popular among low-income groups in Thailand, for roll-your-own (RYO) cigarettes. Since 16 September 2017, farmers were cutting tobacco themselves and selling shredded tobacco to manufacturers, with a specific tax of THB 0.005/gr (THB 5/kg). Since April 2019 the specific tax became THB 0.10/Gram (THB 100/Kg) and since September 2019 farmers can sell shredded tobacco as raw material directly to manufacturers or through middleman following excise department rules, with the same specific tax. In January 2020 the specific tax unit was lowered to THB 0.10 /gr (THB 100 /kg) up to 12,000 kg/year and THB 0.025/gr (THB 25/kg) if more. Ad valorem excise tax rate applied to fine-cut tobacco remains at zero.

Thailand has the highest total tobacco tax rate (78.6% of retail value) for cigarettes in the WHO Southeast Asia Region, in line with WHO recommendation to reach or exceed 75%. The Ministry of Finance of Thailand is to be congratulated for this remarkable effort. However, the introduction of the tiered ad valorem tax, based on price and the low taxation of fine cut tobacco creates challenges. Currently the smokers are shifting from domestic to international cigarette brands and/or RYO cigarettes (An estimated 50% of tobacco products consumed in Thailand is RYO).

⁵ WHO FCTC Implementation Progress report 2023

An exercise conducted by UNDP, the Excise Department of the Ministry of Finance and other UN and national partners in May 2023 modelled different tax increase scenarios, showing that the government could substantially increase its revenue from tobacco taxes.

In the Tobacco Tax Scorecard 2018, Thailand received a score of 1.75 out of 5. Tax structure score fall from 2014 to 2018 due to the replacement of the uniform ad valorem tax with a tiered ad valorem tax based on price.

In Thailand, 2.69% of GDP per capita is required to purchase 100 packs (or 2000 cigarettes) of the most sold brand of cigarettes. While cigarettes are less affordable in 2020 compared to 2018, there has been no change in the average trend of affordability between 2010 and 2020.

Thailand applies earmarking to tobacco taxes. The earmarking is not a percentage of tobacco tax revenue, but a surcharge calculated as a percentage of the tobacco tax. In this way the importers and domestic producers must pay this surcharge on top of tobacco tax revenue.

This earmarking is applied for:

- Provincial Administration (cigarettes only) - THB 1.86/Pack
- Elderly fund – 2% of excise tax burden
- Sports development fund - 2% of excise tax burden
- Thai Public Broadcasting Service -1.5% of excise tax burden
- Tax for the Ministry of Interior - 10% of excise tax burden
- Thai Health Promotion Fund – 2% of tobacco and alcohol tax burden.

The revenue of TAOT has been decreasing gradually in last five years.

Fiscal year	Revenue of TAOT (million TBH)
2018	51,565.57
2019	50,838.89
2020	45,901.72
2021	48,439.26
2022	39,119.48

Source: Tobacco Authority of Thailand (Annual Report 2022)

Gaps

1. The current excise tax structure on tobacco products in Thailand does not conform to international best practice.
2. Despite the high tax rate, cigarettes are no less affordable today than in 2010 because of income growth and inflation.
3. Thailand has no regular adjustment process or procedure to periodic reevaluate of tobacco tax. However, in practice, tobacco tax rates increased almost every two years.
4. There are no anti-forestalling measures in place.

The Ministry of Finance is encouraged to simplify the tobacco tax system by eliminating tiers and substantially increasing the tax on roll-your-own tobacco products, as part of a long-term plan for gradual increases for all tobacco products to meet both fiscal and public health goals.

The Ministry of Finance is also encouraged to ensure automatic increase of taxes on a regular basis to outpace inflation and economic growth, thereby decreasing affordability.

Article 6.2(b) requires Parties to prohibit or restrict, “*as appropriate, sales to and/or importations by international travellers of tax and duty-free tobacco products*”.

Thailand has neither banned sales of duty-free cigarettes nor the importation by international travellers, of tax-free tobacco products. According to Excise Tax Act B.E.2560 (2017) Article 102 and 165, travellers are allowed to carry 200 cigarettes while for other types of tobacco products such as cigar, chewing tobacco, RYO, the allowed amount for travellers cannot exceed 500 grams.

It is recommended that consideration be given to prohibiting or further restricting, where appropriate, duty-free tobacco products for international travellers.

Article 6.3 requires that Parties shall “*provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21*”.

Thailand has provided this information in its two-year reports and has therefore met the obligations under Article 6.3.

It is recommended that Thailand continue to provide such information in regular WHO FCTC implementation reports.

v. Article 8. Protection from exposure to tobacco smoke

Article 8.2 requires Parties to “*adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places.*”

The guidelines for the implementation of **Article 8** emphasize that “*there is no safe level of exposure to tobacco smoke*” and call on each Party to “*strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party*”.

TPCA 2017 contain important measures related to the implementation of smoking-free public spaces which include:

- Complete smoke-free laws exist in the following places:
 - Health-care facilities and health businesses, educational facilities – enclosed and outdoor and within 5 meters distance from entrance or exit
 - All indoor places and indoor offices and workplaces
 - Restaurants
 - Cafés, pubs and bars
 - Public transport
 - Public parks and other recreational areas
- Outdoor non-smoking places are:
 - facilities for exercise, sports training, sports playing and sports competitions of all kinds
 - public parks, zoological parks, amusement parks, children’s playgrounds
 - markets

- Non-smoking areas where specific smoking areas can be arranged outside the buildings, structures or edifices.
- Indoor non-smoking places, that have SDA outdoors*:
 - Tertiary educational institutions
 - Government offices, state enterprises, or other government agencies
 - Airports

* Tobacco Product Control Act 2017 stipulates that “The Minister, upon the advice of the Committee, may designate smoking areas within the smoke-free Zones...”. However, such smoking areas have been designated only in outdoor spaces of tertiary educational institutions, Government offices, state enterprises, or other government agencies and Airports.

The regulations are part of the MoPH Notification Re: Identification of Types or Names of Public Places, Workplaces and Vehicles, Entirely or in Part, as Non-Smoking Areas or Smoking Areas in Non-Smoking Areas 2018.

The Act requires fines for smoking, that are levied both on the establishment and on the smoker. It also establishes a complaint system that requires an investigation after a complaint. The penalty for smoking tobacco products in a smokefree zone has been increased to THB 5,000 from THB 2,000 under the previous laws.

Level of Enforcement

The OTPC serves as a legal centre for consultation, practice guidance, development and training on tobacco control law enforcement knowledge and skills for law enforcement officers in regional areas, but according to the WHO report on the 2021 global tobacco epidemic, there are no dedicated funds for execution.

The Ministry of Interior strategic division for community development and local administration have a mandate under strategic area 2 and 5 of the national tobacco control strategy, which are preventing the emergence of new tobacco users and monitor tobacco businesses and creating smoke-free environments. According to the head of the special operations investigation group, law enforcement division oversees tobacco law monitoring since last year and on educating on consequences of tobacco use on provincial level. The provinces have allocated budget for fulfilling these tasks and it is also possible to request extra budget through provincial development scheme in case of need. It is difficult to secure sufficient human resources, as law enforcement officers have to prioritize other competing areas such as prostitution, human trafficking and gambling. However, the NTPCC is conducting continuous education of enforcement officers about their roles and importance of enforcement of tobacco control act.

Studies demonstrated that despite these efforts, an important part of the population is regularly exposed to second-hand smoke, which kills more than 6,000 people in Thailand each year.

The Smoking and Drinking Behaviour Survey 2017 found that among people 15 years and above:

- 33.7% were exposed to tobacco smoke at home
- 68.2% were exposed in transport services
- 74% were exposed in markets

A new study from 2021 demonstrated that among people aged 15 years and above:

- 23.7% were exposed to tobacco smoke at home
- 36.6% were exposed to tobacco smoke at restaurants

- 47% were exposed to tobacco smoke at markets

The Global Youth Tobacco Survey 2015 indicated that one of every three Thai adolescents were exposed to second-hand smoke at home in 2015.

Gaps

1. Tobacco Product Control Act 2017 allows the Minister of Public Health to create smoking designated areas within the smoke-free zones upon advice of the Committee, although so far, the ministerial order is only allowing designated smoking areas in the outdoor spaces of a limited number of places such as Tertiary educational institutions, Government offices, state enterprises, or other government agencies and Airports.
2. Insufficient human resources for adequate enforcement and monitoring, particularly at local level.

It is recommended to keep these “designated smoking areas” to a minimum and to ensure that they are only allowed in outdoor spaces.

It is also recommended to further raise awareness about negative consequences of exposure to tobacco smoke and strengthen the mechanisms to ensure that the current law and regulations are enforced.

It will be important to increase capacity of relevant agencies and authorities responsible for enforcement through dedicating more financial and human resources for awareness raising about requirements of smoke-free law and monitoring and inspection mechanisms.

vi. **Articles 9 and 10 – Regulation of the contents of tobacco products and tobacco products disclosures**

Article 9 Regulation of the contents of tobacco products requires Parties to “adopt and implement effective legislative, executive and administrative or other measures” for the testing and measuring of the contents and emissions of tobacco products.

Article 10 Regulation of tobacco product disclosures requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities’ information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

The partial guidelines for the implementation of Articles 9 and 10 state that regulation of the contents and emissions of tobacco products have the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

They also state that from the perspective of public health, there is no justification for permitting the use of ingredients, such as flavouring agents, which help make tobacco products more attractive.

Article 37 of the Tobacco Product Control Act 2017 stipulates:

- Tobacco products for sale in Thailand must contain the ingredients and must produce substances upon burning of those ingredients as set out in Ministerial Regulations.

- Manufacturers or importers of tobacco products must:
 - List the ingredients of tobacco products and the substances produced upon burning those ingredients
 - Send samples of tobacco products for testing
 - Publish test results to inform the public
- In case tobacco products do not contain a description of ingredients and substances upon burning, Ministry of Public Health shall:
 - Order cessation of sale of these products
 - Forbid importation of these products
 - Order destruction of the products
 - Make public notice of these actions
- Any costs arising from inspection of the ingredients of a tobacco product and the substances produced by that substance upon burning, as well as any costs arising from product destruction and publication of notices, shall be borne by the manufacturer or importer. Payment of such costs shall comply with rules, procedures, and conditions set out in Ministerial Regulations.

Currently, Thailand does not have government laboratories that have been given the mandate to specifically test tobacco products. TI is required to submit testing report of tobacco products (testing and measuring the contents of tobacco products and testing and measuring the emissions of tobacco products) from any laboratories.

Ministerial Regulations for obligations under Articles 9 and 10 of the WHO FCTC are in drafting process.

Gaps

The law grants the authority to regulate the contents and emissions of tobacco products; however, no subsequent regulations have been issued so far, even though the process of drafting has been initiated.

There is no designated testing laboratory with adequate capacity for tobacco products in the country. Ingredients, such as flavouring agents, which help make tobacco products more attractive are permitted in Thailand.

The Ministry of Public Health is encouraged to adopt a regulation to impose a comprehensive flavor ban on tobacco products in line with Article 9 and 10 of the WHO FCTC and its partial guidelines.

It is also recommended to:

- ***assess the arrangements for testing, either by expanding national testing capacity or utilizing capable laboratories in the region through bilateral arrangements. The TI should bear the costs of such testing requirements.***
- ***issue relevant ministerial regulations that clearly require disclosure by manufacturers and importers to government authorities of information on the contents and/or ingredients used in the manufacture of their cigarettes and that such information be made readily available to the public.***
- ***enable public access to information submitted by the TI.***

vii. Article 11. Packaging and labelling of tobacco products

Article 11 requires each Party “within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures” on packaging and labelling of tobacco products.

The guidelines for the implementation of Article 11 express that Parties should consider adopting plain packaging to increase the noticeability and effectiveness of health warnings and address industry package design techniques that may suggest that some products are less harmful than others. This is also considered in the guidelines for implementation of Article 13 with the aim to eliminate the effects of advertisement or promotion in the packaging.

On 13 December 2018, Thailand became the first country in Asia, and the first low and middle-income country in the world to adopt plain packaging for cigarettes (Ministerial regulation on Criteria, methods and conditions on tobacco product and cigarette packaging 2018. This measure entered into force from September 2019. This complimented earlier legislation requiring 85% of the surface of tobacco packs to show graphic warnings of the adverse effects of smoking on health. The law requires that health warnings must still occupy 85% of both principal display area (PDAs). Images and text must be placed at the top edge of both PDAs of the pack or carton. Rotation of the set of images is at the rate of 5,000 packs/cartons per image. In addition to the pictorial health warnings on each PDA, each side panel of the unit (e.g., pack) and outside (e.g., carton) packaging must display a text warning statement. Ten pairs of statements have been issued, with one statement printed on no less than 60% of one side and the related statement printed no less than 60% of the other side. Warning texts must be in Thai language; however, name of brand/sub brand or other information is allowed to be either in Thai or in English languages

For cigars, picture and text warnings must occupy 50% of both PDAs (30% if the package is not rectangular). The warnings shall be printed in four colours.

In line with WHO FCTC Article 11, Thailand has issued two sets of regulation as follows:

The Tobacco Products Control Act of 2017 requires the NTPCC to review the required health warnings every two years, therefore Ministry of Public Health Notification of Criteria, Methods and Conditions of Tobacco Product and Cigarette Packaging 2018 was replaced by the Ministry of Public Health Notification 2021. This notification only applies to cigarettes and includes a new set of health warnings and messages required to appear on tobacco products and cigarette packages and requirements for plain packaging. In addition, the MoPH has issued a Notification on Criteria, Methods and Conditions for Packaging of Tobacco or Flavored Tobacco Products 2019

The law prohibits the importation or production of smokeless tobacco products. However, shredded tobacco is typically used for both hand-rolled cigarettes and smokeless tobacco products. Therefore, the health warnings for shredded tobacco and blended shredded tobacco can be attributed to the chewing tobacco products as well. Picture and text warnings for shredded and blended shredded tobacco must occupy 55% of both PDAs (30% if the package is not rectangular) and be printed in four colours. There are four warnings prescribed and rotation must be at the rate of 500 packs/cartons per image. It should be noted, however, that the warnings pertain to “smoking” rather than chewing.

The law requires that any wrapping around cigarettes packs be transparent and colourless so that the graphic health warning information is visible.

Article 11.1 (a) requires that *“tobacco product packaging and labelling do not 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, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”*

The Ministry of Public Health Notice on misleading descriptors prohibits the use of a wide array of terms and related symbols, including words or statements that might cause consumers to understand that such tobacco products are less dangerous than other products; and words or statements describing fragrance, flavour, characteristics or qualities that might encourage consumers to use such products. “Statements” include “writing, symbol, or image” but now this is further limited by the plain packaging.

Article 11.2 requires that “Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall contain information on relevant constituents and emissions of tobacco products as defined by national authorities.”

The regulation requires a set of 10 text warning statements each to be displayed on the side panels of cigarette packaging. Each text warning statement contain two types of messages about the health consequences of smoking. One of the messages warns that nicotine is a toxic substance that has negative consequences on the brain. Warning/messages are also required on outside packaging and labelling (e.g., cartons).

Gaps:

1. The law does not prohibit the placement of warnings where they may be damaged or concealed when opening the pack.
2. The law does not require that tax stamps or other required markings not be placed where they may conceal warnings or other messages.
3. The Ministry of Public Health Notification do not prohibit the use of quantitative statements about emissions.
4. Manufacturers and importers who violate packaging and labelling requirements are subject to a fine of not more than THB 20,000, while wholesalers and retailers who violate packaging and labelling requirements are subject to a fine of not more than TBH 40,000.

To align with Article 11 of the WHO FCTC and its guidelines for implementation, it is recommended:

- ***health warnings are placed in such a way that they are not damaged by the normal opening of the pack as stated in the WHO FCTC Article 11 guidelines for implementation.***
- ***to clearly state that tax stamps or other required markings may not be affixed where they may conceal health warnings or messages.***
- ***to require qualitative messages on emissions to appear on each tobacco product package and prohibit quantitative information such as figures that may be misleading to consumers.***
- ***to specify a range of fines or other penalties commensurate with the severity of the violation***
- ***to consider imposing higher penalties for repeat offenses, and additional or alternative penalties such as license suspension or revocation.***

Finally, the guidelines also recommend Parties to consider introducing other innovative measures regarding location, including but not limited to, requiring health warnings and messages to be printed on the filter overwrap portion of cigarettes.

viii. Article 12. Education, communication, training and public awareness

Article 12 requires that *each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.*

Thailand has regularly implemented education communication training and public awareness activities Included (most of them funded by Thai Health):

- Communications through a variety of mass media conducted by Thai Health (on risks of tobacco consumption, exposure to secondhand smoke and use of e cigarettes).
- Establish, expand and strengthen tobacco control network by Training/workshop programs about health impacts of tobacco, Smoke – free Schools, Promotion of Cessation, Reduction of Tobacco Use, Control tobacco industry’s advertising and marketing and Tobacco Products Control Act 2017.
- World No Tobacco Day campaigns together with public awareness campaigns
- ASH Thailand projects Gen Z and Gen Alfa
- Launch the smoke-free school reinforcement project by signing the MOU of Ministry of Public Health, Office of the Basic Education Commission (OBEC) and ASH Thailand. Developed guidelines and disseminated to participated schools and related networks.
- Training programs on Treatment of Nicotine use Disorder and Advanced Training Program on Treatment of Nicotine Use Disorder for Health Professionals
- Public relations and campaigns to raise awareness on tobacco use consequences and TI strategies.

Ministry of Education has integrated education and communication activities about health consequences of conventional tobacco as well as new and emerging tobacco and nicotine products at all levels of education through its OBEC, Education Standard Office (focusing on tobacco under the umbrella of narcotics). Schools use a project-based approach to tobacco control and have established peer counseling practice. Safety Center and Office of Vocation Education Commission (OVEC) focuses on tobacco control in the light of safety. The OVEC established safe center to ensure physical and mental safety of students and has integrated in the curricula as an elective subject on narcotic studies including tobacco. Tobacco control studies are included in the curricula of boy scouts, and tailored approach ranging from treatment, rehabilitation and education is applied to students classified into categories of addicted, risk or normal groups.

According to GYTS 2015, 3 in 4 students (74.9%) noticed anti-tobacco messages in the media and 72.2 % who attended sporting or community events noticed anti-tobacco messages there. 76.2% of students were taught in school about the dangers of tobacco and 77.6% of students definitely thought other people’s tobacco smoking was harmful to them.

Gaps

Action plans for the implementation of education, communication, and training activities within a comprehensive multisectoral tobacco control programme have not been established and the mandates

of relevant ministries, Government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined.

There is no free airtime allocated to broadcast tobacco control campaigns or messages.

There is a lack of systematic evaluation of the effectiveness of the conducted activities regarding education, communication and training programmes aimed at raising awareness of tobacco control issues.

It is therefore recommended that a multisectoral national action plan on education, communication and training be developed in the overall national action plan and resources allocated to its implementation.

It is also recommended that the Ministry of Education continue to integrate education on the consequences of tobacco use in the school curriculum

Ministry of Public Health and all relevant organizations are encouraged to make efforts to pre-test and rigorously research and evaluate the impact of education and awareness raising activities in order to achieve better outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the Ministry of Public Health work closely with other stakeholders to ensure greater synergy in the efforts of different media campaigns to increase effectiveness. Increasing public awareness of the law will contribute to better compliance with the tobacco control legislation.

ix. Article 13. Tobacco advertising, promotion, and sponsorship (TAPS)

Article 13.1 of the Convention notes that the Parties “recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products”.

Article 13.2 of the Convention requires each Party to: “in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion, and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21 ”.

The guidelines for implementation of Article 13, provide an indicative (non-exhaustive) list of forms of tobacco advertising, promotion and sponsorship, within the terms of the Convention.

Tobacco Products Control Act 2017 contains a general ban on tobacco advertising and promotion (Art. 30) and then explicitly prohibits:

- tobacco advertising "upon or within printed matter, tapes or other video media, motion pictures, radio broadcasts, television broadcasts, electronic media, computer networks, or advertising signs" (Art. 31). Outdoor advertising and messages through conventional mail fall under printed matter.
- display of the name or symbol of a tobacco product or tobacco manufacturer on "advertising signs" and on "a provided service" (Art. 31).
- an operator of an establishment from aiding any person or organization in promoting, advertising or building up the image of a tobacco product (Art. 35).

- distribution of free samples of tobacco products
- distribution, addition, provision, or exchange of tobacco products for merchandise, services, or other benefits; discount sales promotion; or offering "any other benefit for the purchases of tobacco products".
- competitions associated with the purchase of tobacco products
- direct person-to-person sales since it falls under the categories of direct marketing and sales promotion by specific persons
- brand stretching and brand sharing
- paid product placement of tobacco products in TV, film and other media.
- tobacco industry sponsorship and all CSR activities except in case of donation or humanitarian aid in the event of severe disasters (Article 35)
- Display of tobacco products at point of sale. Only the names and prices of tobacco products for sale are allowed (Art. 36).

Level of Enforcement:

Since internet communications take place through "computer networks" are then banned when the law bans advertisement and promotion through these means. However, in practice tobacco marketing through internet and social media platforms is a challenge for enforcement.

According to GYTS 2015, 30.9% of students noticed tobacco advertisements or promotions at points of sale, 72.6% of students saw someone using tobacco on television videos or movies, 7.3% of students were offered a free tobacco product from a tobacco company representative and 10.5% of students had something with the tobacco brand logo on it.

According to the *WHO Global Tobacco Control Report* country profile for Thailand 2021, the compliance score of direct advertising bans was assessed as 8/10. Compliance score for sponsorship was assessed as 6/10 and compliance score on indirect advertisement bans as 7/10.

Gaps

1. The Tobacco Products Control Act of 2017 broadly prohibits advertising or conveying a "marketing communication" for tobacco products (Art. 30), however the "marketing communication" definition does not explicitly mention retailer incentive programs.
2. The law does not address unpaid depiction of tobacco use or tobacco products in media.
3. Art. 35 of the TPCA 2017 goes on to exempt "charitable donations or humanitarian acts during a time of serious public danger" from this prohibition.
4. Insufficient Law enforcement, especially sale and promotion on internet
5. Limited resources for monitoring and inspection.

To align with Article 13 of the WHO FCTC and its guidelines for implementation, it is recommended make clear that all forms of tobacco advertising and promotion, including retailer incentive programs, are prohibited.

It is also recommended to address unpaid depiction in media in the manner suggested in the guidelines for implementation of Article 13 of the WHO FCTC.

It is further recommended to strengthen the monitoring system through routine monitoring and inspection of compliance with the TAPS ban especially through online networks and to devote more resources to inspection by relevant agencies and authorities

Thailand is also recommended to eliminate exceptions on CSR activities.

Increasing awareness among the public and different ministries and agencies on TAPS ban is also highly recommended.

Article 13.5 encourages Parties to: “implement measures beyond the obligations set out in paragraph 4” (minimum obligations).

Currently Thailand has not implemented any measures beyond the obligations set out in WHO FCTC paragraph 13.4.

Article 13.7 reaffirms Parties’ “sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law”.

The Tobacco Products Control Act does not explicitly address tobacco advertising and promotion via international or cross-border TV and radio, via international or cross-border newspapers and magazines. However, given that advertising is banned on all TV and radio, on all magazines and newspaper, it is interpreted that both domestic and international levels are covered by the ban.

It is recommended to include an explicit ban to cross-border TAPS entering Thailand or originating in its territory.

x. Article 14. Measures concerning tobacco dependence and cessation

Article 14.1 requires each Party to “develop and disseminate appropriate, comprehensive and integrated guidelines [concerning tobacco dependence and cessation] based on scientific evidence and best practices... [and] take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.

According to Thailand WHO FCTC Implementation progress report 2020, Thailand has a Training of Tobacco Control Leadership Program for health professional (Tobacco Cessation Provider (TCP) training course and Tobacco Cessation Instructor (TCI) training course) and established a leadership training center to promote treatment of tobacco addiction.

Thailand developed guidelines 1) for the implementation of standardized and unified tobacco cessation services (especially for the Thailand National Quitline) and 2) for smoking cessation in the Workplace. The National Alliance for Tobacco Free Thailand is providing an online training of Health Care Professionals in providing very brief advice (VBA). Different health professional alliances are in the network of providing and promoting cessation services including Pharmacy Alliance against Tobacco, The Thai Dentist Alliance for Tobacco Control (TDATC), Nurses’ Network on Tobacco Control in Thailand, Thai Medical Technologist Alliance Against Tobacco (MTAAT), Physical Therapist Alliance Against Tobacco.

There is a national smoking cessation database registration system that facilitates patient tracking. NATFT regularly organizes annual national conferences on smoking cessation as well as regional trainings and workshops.

There is an integrated tobacco cessation service for NCD patients and integrated tobacco cessation services into hospital and health service standards with international recognition. Thailand is promoting

and supporting access to a comprehensive tobacco cessation service system for members of Social Security Fund programme in coordination with the Social Security Office, the Ministry of Labor, and the Ministry of Public Health to work on a surveillance system for tobacco use and the provision of services for the treatment of tobacco dependence, including the piloting of Varenicline. Additional resources are required to strengthen tobacco cessation service activities.

In recent years Thailand successfully implemented tobacco cessation service for COVID-19 patients in field hospitals, factory isolation, or community isolation.

Thailand's Clinical Practice Guidelines (CPG) for Smoking Cessation have been developed following the same principles as Article 14 of the WHO FCTC and its implementation guidelines.

It is recommended to consider updating the CPG on regular basis in to take into account latest evidence and best practice.

Article 14.2 sets out that to achieve WHO FCTC Article 14.1, “each Party shall endeavour to design and implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence, and ensure the accessibility and affordability of treatments for tobacco dependence.

Thailand has established a multidisciplinary smoking cessation clinic, namely the SMART Quit Clinic Program (FAH-SAI Clinic), since 2010, which provides smoking cessation services through a multidisciplinary team, including education counselling, pharmacological treatment, as well as the prevention, monitoring, and empowerment of smokers. As of 2022 data Multidisciplinary smoking cessation clinics operate in 552 locations throughout Thailand's 77 provinces.

Thailand has a toll-free telephone quit line/help line, a Thailand National Quitline (TNQ) with a live person available to discuss cessation with callers. Quitline is operational on 24-hour basis. TNQ has grown from a project to a sustainable organization providing reactive and proactive telephone smoking cessation counseling service under the UHC scheme for all Thais.

There is a “URefer” mobile application or www.thailandquitline.or.th, to be used by hospital personnel/health professionals/interested organization in referring smokers for TNQ’s call-back/proactive telephone counseling services.

Nicotine replacement therapy (NRT, e.g., patch, gum, lozenge, spray or inhaler) is legally sold in the pharmacies without prescription. Cost for NRT is not covered by national health insurance or service. Thailand FDA removed NRT out of “the dangerous chemicals & drugs” and NRT is now therefore available widely in all pharmacies. Thailand FDA also has planned to label NRT as over the counter (OTC) drugs, in order to have them being sold in all stores that have cigarette available.

Bupropion (e.g., Zyban, Wellbutrin) is legally sold in pharmacies upon prescription, cost is not covered by national health insurance or service.

Varenicline is legally sold in pharmacies upon prescription; the cost is partially covered by national health insurance or service under social security health scheme.

Cytisine is currently being processed for national FDA approval.

NRTs, Bupropion, Varenicline and Cytisine are not yet included in the list of essential medicines in Thailand. However, Varenicline and Cytisine are in the process of being included on the national essential medicine list.

Smoking cessation support is available in most of the health clinics and other primary healthcare facilities and hospitals, some of the offices of the health professionals, in most of the community setting. National health insurance or health service fully cover cessation support in hospitals, health clinics or other primary healthcare facilities, offices of healthcare professionals and partially covers in the community.

Thailand has also implemented tobacco cessation service & smoke-free policy in the prison & correctional institutions nationwide.

Gaps

Smoking cessation service provision and uptake is insufficient (In 2011: The Thai NSO survey showed that 4.1million Thai smokers went to the hospitals for various reasons only 1.45 million of them (1/3) received at least 1 session of advice to quit smoking)

According to the 2015 Global Youth Tobacco Survey, 72.2% of students who smoked wanted to quit smoking, while only 29.3% had received help in doing so.

Actual incoming calls on Quitline consist of only 45% of the expected

NRT and other smoking cessation medications are not included in the national essential drug list and not covered through national health insurance schemes, except Varenicline which is partially covered under social security health scheme.

Despite of remarkable work that has been done by health professional associations, there is still more work to be done in terms of increasing accessibility and providing resources for cessation programmes to meet the growing need.

It is recommended to include dependence treatment medications in the National Essential Medicine List (as recommended by the latest 22nd WHO Model List of Essential Medicines, 2021)⁶ and smoking cessation into the Essential Health Service Minimal Package and cover the costs for NRTs through national health insurance schemes.

It is also recommended to further promote the existing National Toll-free Quitline Increasing public awareness about available smoking cessation services with a focus on vulnerable target groups such as pregnant women and youth can help increasing uptake of such services in Thailand.

To define an implementation mechanism for article 14.

⁶ Available at: <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

xi. **Article 15. Illicit trade in tobacco products**

Article 15 of the Convention “*recognize[s] that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control*”.

The Protocol to Eliminate Illicit Trade in Tobacco Products adopted at COP5 is a new legal instrument available for Parties to the WHO FCTC to comply with the mandates of Article 15.

Thailand is not yet a Party to the Protocol. Almost all sectors are favourable to Thailand accession to the Protocol except the Ministry of Finance. The major concern expressed by Excise Department who is responsible for combating illicit trade is the costs of the implementing the Protocol and the effectiveness of controlling illicit trade in Thailand while the neighbouring countries have not ratified the Protocol. Addressing these two issues may support Thailand’s accession to the Protocol.

In 2022, the MoPH established a working group to prepare for Thailand’s accession to the Protocol, with various agencies joining the working group. The aim was to analyse Thailand's implementation of Article 15 and compare it with the requirements of the Protocol. The analysis revealed that, while Thailand's operations are still not fully compliant with certain requirements, many mechanisms are in place to allow steady advancement and sophistication to the level of full compliance with the requirements of the Protocol.

During the 2019 financial year, 10,054 cases of illicit trade were revealed and the total amount of fines amounted to TBH 228.90 million. Further in the WHO FCTC Implementation Progress Report 2023 it is indicated that in fiscal year 2021-2022, 16,522 cases of illicit trade were revealed and total amount of fines reached TBH 414 million. In 2021, 734 cases of smuggled or tax avoided cigarettes were revealed. In 2022 it reached to 1,169 cases and according to 2023 data 1,101 cases are already revealed.

In case of novel and emerging tobacco and nicotine products, 494 cases of smuggled and tax avoided products were seized in 2021, 804 in 2022 and so far, 345 in 2023.

According to recent information from the Department of Excise, the Ministry of Finance found that illegal cigarettes in Thailand, increased from 6.2% in 2020 to 10.3% in 2021. (The Empty Packs Survey) Most of illicit tobacco products are found in the southern region.

Illegal sales of novel and emerging tobacco and nicotine products is a challenge, but the mission of Royal Thai Police – a member of National Tobacco Products Control Committee – is to enforce the Tobacco Control Act of 2017 - control the sales, services, imports, possession, or retention related to novel and emerging tobacco and nicotine products. The Committee for Monitoring the Progress of Prosecution for Violations under the Tobacco Control Act of 2017 has assigned an operational unit in the area to support the enforcement of the Tobacco Control Act and the measures to prevent and control the spread of novel and emerging tobacco and nicotine products in Thailand, through the Bangkok Metropolitan Administration/Provincial Tobacco Control Committee. Following an operational plan, the Royal Thai Police seized large volumes of novel and emerging tobacco and nicotine products and devices intended for illegal sale in Thailand. The total value of the seizures exceeds 80 million baht. In the WHO FCTC Implementation Report 2023, Thailand reports that the country is currently developing a track and trace system with unique identification features of the cigarette tax stamp. Tobacco Authority of Thailand completed the installation of the tracking and tracing system and is now in the process of testing the functionality. The Excise department visited overseas factories for site

survey preparing for the tracking and tracing system. The department is now gathering concerns from importers

The Thai Excise Department, Ministry of Finance uses excise tax stamps to indicate that the tax payment has been made. To grant excise tax stamps, manufacturers and/or importers shall submit a request form after the excise tax has been paid. The excise tax stamps must be affixed on tobacco products before being taken out of the factory or customs house. The current excise tax stamps use secure printing technologies which include security paper, hidden image technology, intaglio printing, barcode and hologram. The new excise tax stamps will use QR code to improve track-and-trace system with embedded information such as running number, date of manufacture, price and brand. However, the current tax stamps do not fully comply with Article 8 of the Protocol.

The Thai Government requires licenses for the entire tobacco supply chain from growing, manufacturing, warehousing, importing or exporting, wholesaling and retailing of tobacco products, all of which are under the Excise Department, Ministry of Finance. The requirements for granting a permission to grow, manufacture and sell tobacco are as follows: the applicants must be a Thai state enterprise, legal entity under the laws of Thailand, and/or individuals aged 20 or above.

Regarding the retailing license, in addition to the requirements mentioned above, the Excise Department also set additional requirements on the locations to sell tobacco products as follows: the retailers must be qualified by the Tobacco Product Control Act, and the premises must not be situated in the same location where a permit has been revoked within the past 5 years. The cost of each license varies from THB 100-150,000 (USD 3.28-4,931.63) depending on the types of tobacco the licensees aim to grow/produce/sell/import and/or export; the cigarette license costs the highest when compared with other types of tobacco such as shredded or chewing tobacco.

A study conducted in 14 LMICs (2017) found that the median price of illicit cigarette packs was higher than that of legal cigarette packs in six countries including Thailand and 2011 study from Thailand reported that the cigarette excise tax rates had a negative relationship with consumption trends but no relation with the level of illicit trade.

Gaps

1. Thailand is not a Party to the Protocol of Eliminating Illicit trade in Tobacco Products
2. A tracking and tracing system is under development. Although measures are already in place, it does not track the tobacco supply chain because tracking down stops at the level of the factory.
3. Illicit tobacco products are still found in street vendors and flea markets and there is a trend of increase in illicit trade in tobacco products especially in the Southern region of the country.
4. Despite the ban of sales of novel and emerging tobacco and nicotine products in Thailand, illegal products are sold, particularly through online platforms.

Thailand is encouraged to accede to the Protocol to Eliminate Illicit Trade in Tobacco Products. As a leader in introducing progressive and innovative measures in tobacco control, Thailand can become an inspiration for launching a regional movement against the illegal trade in tobacco products.

Thailand may also consider that the costs to comply with the obligations of the tracking and tracing system should be beard by the TI, as suggested in Article 8.14 of the Protocol

It is recommended to further strengthen national, regional and global coordination/cooperation in combating illicit trade and to increase resources for border control.

It is also recommended to strengthen monitoring and elimination of sale of cigarettes and novel and emerging tobacco and nicotine products online by coordinating with online platform service providers, which are easily accessible and currently the main channel for product distribution.

xii. Article 16. Sales to and by minors

Article 16 requires Party to “adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include:

- (a) requiring Parties to ensure 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 and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age;”.
- (b) “banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;”.
- (c) “prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors”
- (d) ensure “that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors”.
- (e) “ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors”.

Article 16.2 requires Parties “to prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors”.

Article 16.3 calls on Parties to “endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors”.

In Thailand it is prohibited by law to sell or provide tobacco products to persons less than 20 years of age. (art. 26 TPCA 2017). For verifying the age purchaser should present citizen ID card or other proof of age verification. It is prohibited to sell or provide tobacco products by persons under the age of 28 years of age (art. 26 TPCA 2017). However, there is no explicit provision in the TPCA 2017 about requirement to display at retail tobacco sale points an indication that it is prohibited to sell tobacco to people under 20 years of old.

It is also prohibited to display tobacco products on the retail sale establishment premises (Art. 36 TPCA 2017) as well as selling the products via a vending machine (art 27 TPCA 2017).

It is prohibited to sell (1) Products having an appearance suggesting that they are modelled after tobacco products. (2) Consumer products used in a way that simulates smoking, and that contain chemicals that are hazardous to health as identified in Ministerial Notices, upon the advice of the Board (art 34. TPCA 2017).

Further, the law prohibits to manufacture and import cigarettes "in packs or other containers of less than 20 cigarettes each." The law also prohibits the distribution of free samples of tobacco products and the division of the contents of a pack of cigarettes for separate sale. (Art. 39 TPCA 2017)

Level of Enforcement:

Thailand WHO FCTC Implementation Progress Report 2020 reports that tobacco in small packets in small shops is still sold illegally to people under the age of 20.

According to Global Youth Tobacco Survey 2015:

- about 15% of young people (aged 13–15) reported using some form of tobacco
- 67.4% of current cigarette smokers obtained cigarettes by buying them from a store, small grocery, a stall, flea market, or convenience store and nearly half of the current cigarette smokers (44.0%) were not prevented from buying cigarettes despite being underage 85% of shops sell cigarettes to youngsters.⁷
- 10.5% of students (13.4% boys and 7.4% girls) had something with a tobacco brand logo on it.

In general, it is recommended to strengthen the enforcement of the requirements of this article, particularly at provincial level utilizing the PTPCC mechanisms.

Selling cigarettes in small packs or selling single sticks increases affordability for youth and represents a significant gap in meeting the obligations of WHO FCTC Article 16, therefore it is recommended to strengthen the enforcement of banning the sale of cigarette packs containing less than 20 sticks.

Further, it is recommended to raise awareness of retailers about their legal responsibilities to prevent underage purchase of tobacco and to ensure they place an indicator inside their point of sale about the prohibition of tobacco sales to minors.

It is also recommended to strengthen the enforcement of the law relating to TAPS to prevent tobacco brands being used on other products, especially those attractive to young people.

xiii. Article 17. Provision of support for economically viable alternative activities

Article 17 calls on Parties to promote, as appropriate, “in cooperation with each other and with competent international and regional intergovernmental organizations... economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers”.

Thailand WHO FCTC Implementation Progress Report 2020 reports that 10,450 persons are growing shredded tobacco and 15,056 persons are growing tobacco in Thailand. Same report of the year 2023 reports that according to 2022 data there are 26,574 tobacco farmers in Thailand and share of value of tobacco leaf production in the national gross domestic product was 0.25% (based on tax revenue) in 2020.

According to the Tobacco Atlas 2019 estimates 66,780 tonnes of tobacco leaf was produced by Thailand and that 19,514 hectares are used for tobacco growing.

Tobacco farming and manufacture represent a decreasing share of economic activity in Thailand.⁸ Tobacco hectareage relative to total agricultural lands is 0.2 percent for Thailand. Studies show that

⁷ Available at: <https://www.bangkokpost.com/thailand/general/1832034/85-of-shops-sell-cigarettes-to-youngsters>

⁸ Available at: [https://thailand.un.org/sites/default/files/2021-](https://thailand.un.org/sites/default/files/2021-11/%E6%9C%80%E6%96%B0%E6%BC%BFTHAILAND_NCD%20IC%20REPORT_v06_231121.pdf)

[11/%E6%9C%80%E6%96%B0%E6%BC%BFTHAILAND_NCD%20IC%20REPORT_v06_231121.pdf](https://thailand.un.org/sites/default/files/2021-11/%E6%9C%80%E6%96%B0%E6%BC%BFTHAILAND_NCD%20IC%20REPORT_v06_231121.pdf)

total revenues generated from tobacco are also insignificant, contributing 0.35% to Thailand,⁹ while cost of production of tobacco is increasing. (For more details on tobacco production see Annex 1). Despite of low levels of tobacco growing in Thailand, and the decreasing revenue, the economic return on tobacco farming has been used as an argument against increasing tobacco taxes in Thailand.¹⁰

In 2021, Thailand set up a working group to discuss alternative crop production and marketing opportunities for tobacco farmers and encourage them to grow sustainable, nutritious crops. The working group consisted of Ministry of Finance, Ministry of Agriculture, Ministry of Social Development and Human Security and Ministry of Public Health.

The role of the Ministry of Agriculture and Cooperatives on tobacco related issues includes gathering information about cost production and profits of 25 types of Tobacco replacements, conduct trainings Training on Tobacco replacements with TOAT (8,961 Farmers in 16 Provinces), assist in rotating crops in provinces.

The Tobacco Authority of Thailand (TOAT) is a juristic organization under the supervision of Ministry of Finance according to the Tobacco Authority of Thailand Act (BE 2561) since 14 May 2018. Its status was elevated from Thailand Tobacco Monopoly which was established by a cabinet resolution.

The Ministry of Finance is providing financial assistance to tobacco farmers affected by reduction of the purchase volume of Tobacco Authority of Thailand:

- Production Season 2018/2019 - 15,056 farmers 133 million Baht.
- Production Season 2019/2020 - 12,936 farmers 125 million Baht.

The TAOT also finance production factors, in production season 2022/2023, 9,013 farmers received TBH 56.21 million from the Government and TBH 56.16 million TOAT, total 112.37 million baht was received.

The Excise department of the Ministry of Finance appointed a committee on alternative crops, members are from related departments. The committee is investigating possibilities to shifting tobacco farmers to alternative crops like potato or corn. A 2022 paper shows that around 60% of farmers would like to move to growing of alternative crops. Ministry of Finance is collaborating with the ministry of agriculture and ministry of Interior to develop further schemes to shifting tobacco farmers to alternative livelihoods.

The Ministry of Agriculture and Cooperatives compared tobacco growing to other alternative crops with the aim to encourage farmers to grow alternative crops instead of tobacco in 2021. Comparative analysis show that tobacco production is less profitable for farmers than other crops like Asparagus, Basil, Corn Silage, Sweet Corn, Maize etc. No follow-up monitoring or other relevant actions were taken during the last two years.

Also, reportedly Thailand tobacco farmers associations opposed and challenged MoPH during the public hearings of the draft ministerial regulations on prohibiting menthol or characterized flavours in tobacco products. It is important to take into account that the Tobacco industry provides financial support for the implementation of several CSR activities to tobacco farmers and local communities, such as the scholarship program for tobacco farmers' children and Women's Potential Development Training Program development.

⁹Available here: <https://seatca.org/tobacco-control-alliance-reveals-truth-about-tobacco-farming-exposes-industry-lies/>

¹⁰Available here: <https://www.bangkokpost.com/business/1727491/tobacco-tax-cut-aimed-at-farmers>

Several studies demonstrate that tobacco growing has negative effects on the health of farmers, the economy and the environment. Greater awareness of these issues is needed among these groups.

With reference to the policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to articles 17 and 18 of the WHO FCTC), it is recommended that Thailand strives to maintain the lowest possible levels of tobacco growing and that all relevant government agencies be made aware of the obligations under this articles and support awareness raising about WHO FCTC article 5.3 and its implementation guidelines.

The Ministry of Agriculture and Cooperatives is encouraged to continue to promote and expand its programme to help tobacco farmers who desire to switch from tobacco growing (or whose livelihood is/will be impacted by the reduction in the demand for tobacco leaf) to economically viable and environmentally friendly alternatives, including working with the Ministry of Finances to raise financial support to switch.

It is also recommended that the Ministry of Agriculture and Cooperatives strengthen its collaboration with the other relevant ministries in sensitizing tobacco growers on the health, environment and social consequences of tobacco growing and explaining the benefits of switching to other viable alternatives; as well as to mobilize support from development partners¹¹ and considering use of the revenue from tobacco taxes to improve livelihoods of tobacco farmers through economic and social programmes.

xiv. Article 18. Protection of the environment and the health of persons

In Article 18, Parties agree to “have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture”.

In 2018, the Ministry of Natural Resources and Environment banned smoking and littering on 24 popular beaches in Thailand over environmental concerns. Designated areas for smoking further inland have been created on prohibited beaches, with containers provided for dropping cigarette butts. Violators of the ban will be prosecuted and face up to one year in prison, a fine of up to 100,000 baht or both.¹²

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

The Ministry of Environment does not have any specific measures or policies in place to destroy confiscated illegal tobacco or illegal farms in an environmentally friendly way.

Gap

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

There are no specific measures in place for destroying confiscated illegal tobacco in an environmentally friendly way.

¹¹ <https://www.who.int/initiatives/tobacco-free-farms>

¹² Available at: <https://thai369.com/en/ban-on-smoking-at-thailande-beaches-until-one-year-prison/>

It is therefore recommended that the Ministry of Environment work together with other relevant ministries and state authorities and make joint efforts in meeting this treaty obligation.

It is also recommended that Ministry of Environment submits a request to the relevant ministries to require, by law, tobacco farms and factories to pass an environmental impact assessment, to have an environmental protection plan in place, and to ensure farms and factories meet occupational health and safety standards.

Further, Thailand is encouraged to raise awareness of the evidence of tobacco's substantial environmental toll (including litter and plastic contamination) and its negative impact on sustainable development.

Thailand is also encouraged to support international efforts to address the environmental toll of tobacco.

xv. Article 19. Liability

Article 19 requires Parties to consider, for the purpose of tobacco control, “taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate”.

Gaps

There is no provision in tobacco control legislation to deal with criminal and civil liability.

It is recommended that Thailand review and explore opportunities offered by implementing Article 19 in its national context, including by employing the [WHO FCTC Article 19 Civil Liability Toolkit](#)¹³.

xvi. Article 20. Research, surveillance and exchange of information

Article 20 requires Parties to “develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control”.

The National Statistical Office of Thailand (NSO) received the [World No Tobacco Day 2023 Award](#)¹⁴ for the WHO South-East Asia Region for its contribution to advancing tobacco control efforts in Southeast Asia. As a state entity and principal agency, the NSO is dedicated to conducting national surveys to gather timely economic, social, and environmental data in Thailand. NSO include questions on tobacco use in their 4-year census, and over the past three decades, has been playing a pivotal role in supporting tobacco control agencies, encompassing public, non-profit, and private organizations.

Thailand has completed to date:

- four rounds of the Global Youth Tobacco Survey (GYTS): 2005, 2009, 2015 and 2022 (data from this last one in being processed)
- three rounds of the Global School-based Student Health Survey (GSHS) in 2008, 2015 and 2021
- two rounds of the Global Health Profession Students Survey (GHPSS) in 2006 and 2011.
- two rounds of Global Adult Tobacco Survey (GATS) in 2009 and 2011.

¹³ <http://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/>

¹⁴ <https://www.who.int/news/item/25-05-2023-world-no-tobacco-day-2023-awards---the-winners>

Also, tobacco-related questions were also included in:

- the Smoking and Drinking Behaviour Survey 2017
- Health Behavior of Population Survey 2021
- Survey on the Tobacco Industry's Strategies at Tobacco Retail Shops in Thailand,
- National Health Examination Survey, initiated in 2004, (conducted every 5 years)
- National Population Health Surveys, (conducted every 4 years).

In 2005, Tobacco Control Research and Knowledge Management Center (TRC), affiliated with Mahidol University, was established with the aim of developing and managing knowledge and skills for tobacco control in Thailand. TRC acts as a main organization working to provide innovative research to develop and produce important results that: (1) Establish tobacco control background information, (2) Encourages tobacco control research and evaluation, (3) Conducts and develops surveillance of tobacco control systems, (4) Works to develop researchers for tobacco control, and (5) Manages tobacco control knowledge.

TRC also embarked on tobacco control research that included commissioned research, supporting academicians and local researchers (in sub – districts, districts, and provinces), and fostered new tobacco researchers to extend and increase the effectiveness of tobacco control, as well as sharing the benefits of the tobacco control research interface from Thailand to neighbouring countries. Moreover, TRC also emphasized knowledge management which benefits policy-oriented research and serves to further informed tobacco control performance in Thailand. Currently the research focus is controlling e-cigarettes.

It is recommended that the Government of Thailand continue supporting a national surveillance system on tobacco control, in a regular basis, to monitor tobacco prevalence and tobacco control policies in order to inform policy decisions.

It is also recommended for Thailand to continue encouraging academic research into tobacco and seek to coordinate research programmes at the regional and global levels.

xvii. Article 21. Reporting and exchange of information

Article 21 requires each Party to “submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention”.

Thailand submitted WHO FCTC Implementation reports in following year: 2007, 2010, 2012, 2014, 2018, 2020 and 2023.

Thailand is congratulated for submitting all necessary reports to date and is encouraged to continue to provide reports on time.

xviii. Article 22. Cooperation in the scientific, technical, and legal fields and provision of related expertise

Article 22 requires that Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall

promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes”.

At its fourth session, in decision FCTC/COP4 (17)¹⁵ the COP fully acknowledges the importance of implementation of the Convention under the as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF) and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

Thailand cooperates with and has received assistance from the WHO country office and WHO South-East Asia Regional Office of WHO (WHO SEARO) to implement tobacco control activities. The Secretariat of the WHO FCTC, US Centers for Disease Prevention and Control, the Bloomberg Initiative, the International Union against Tuberculosis and Lung Disease, the Vital Strategies, The Global Center for Good Governance in Tobacco Control and South East Asia Tobacco Control Alliance, and Parties in the WHO FCTC (Australia, Brazil, India and others).

Thailand received technical and financial support from Convention Secretariat of the WHO FCTC and WHO HQ to conduct multisectoral workshops and meetings, and prevalence surveys, respectively. CDC supported for conducting the global surveys. The Bloomberg Initiative supported through the International Union against Tuberculosis and Lung Disease and Vital Strategies for strengthening the tobacco control policies in Thailand. SEATCA supported for implementation of Articles 5.3, 6, 8, 9 &10, 11, 13, 14, 15, 17 &18, 19 and 20 of WHO FCTC.

The WHO Country Office’s sixth Country Cooperation Strategy (CCS) 2022-2026 is a strategic vision for the organization’s work with the Royal Thai Government and its partners. The CCS in Thailand is a strategic, innovative and unique approach to partnership – more than 60 stakeholders including the Ministry of Public Health, academia, civil society, other sectors and government autonomous health agencies all come together to work on a limited number of clear priorities based on evidence. In this CCS, WHO uses its social and intellectual capital to catalyse broader collaboration across different sectors. This CCS focuses on six strategic priorities. Tackling noncommunicable diseases and its main risk factors including tobacco is strategic priority 4 of the CCS.

Thailand and the United Nations are working closely together to realise the sustainable development goals (SDG) outlined in various economic development plans. At the end of December 2022, the Thai Cabinet endorsed the draft United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, between the Thai government and the UN, as submitted by the Ministry of Foreign Affairs. UNSDCF explicitly mentions that “The UN will collaborate with Thailand on the Framework Convention on Tobacco Control”.

Development cooperation between Thailand and the UN had been guided by the United Nations Development Assistance Framework (UNDAF) and, subsequently, the United Nations Partnership Framework (UNPAF). These frameworks helped ensure that UN agencies based in Thailand deliver concrete, effective and coherent development support to their host country. The last UNPAF ran from 2017 through 2021. In early 2022, the Thai Cabinet endorsed¹⁶ the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022 – 2026 between the Royal Thai government and the United Nations.

¹⁵ See [FCTC/COP/4/REC/1, Decisions and ancillary documents](#)

¹⁶ [Ministry of Foreign Affairs, Kingdom of Thailand](#) & [United Nations Thailand](#)

It is recommended that the MoPH actively follow up with the UN Resident Coordinator to utilize available support for the implementation of the WHO FCTC that is included in Thailand's UNSDCF for 2022 to 2026. The activities proposed may include priorities identified based on this joint need assessment report.

It is further recommended that the Government of Thailand actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Thailand is also encouraged to continue collaborating and knowledge sharing, skills and successful initiatives in the implementation of the Convention with other WHO FCTC Parties, including through South-South Cooperation.

xix. Article 26. Financial resources

In Article 26, Parties recognize “the important role that financial resources play in achieving the objective of this Convention”. Furthermore, Article 26.2 calls on each Party to “provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes”.

Tobacco control in Thailand has mainly been financially supported by ThaiHealth and government budgetary allocation to the MoPH.

ThaiHealth was established in 2001 as an autonomous state agency which is outside of the formal structure of the government and is set up based on the National Health Promotion Act of 2001. It is funded by using 2% surcharge of excise tax on cigarettes and alcohol beverages as an innovative funding mechanism for health promotion. ThaiHealth has its board of governance, chaired by a Prime Minister and has a multisectoral composition comprising of 9 relevant ministries and 9 independent experts. The goal of ThaiHealth is to be utilized as a catalyst to fill the systematic gaps, thus in 2022 it covered 4% of health expenses of the MoPH, 1.8% of national health expenses and 0.1% of Governments expenses.

ThaiHealth has a multisectoral approach and is financing about 30,000 projects a year for more than 20,000 multisectoral partners, that may include government institutions, NGOs, universities, media, community, and private sector. Financing tobacco control is one of the strategic priority areas of ThaiHealth. 90% of ThaiHealth funds go to funding of proactive programs and 10% is dedicated to open grants. Tobacco control received 11.2% of total ThaiHealth funding in 2021.

ThaiHealth funding strategy is based on tri-power approach: policy advocacy and law enforcements, knowledge and research, and social mobilization.

ThaiHealth Budget in 2016 - 2021

Funding Source	Year of Establishment	Percent Surcharge Tax/ Total Budget
ThaiHealth Promotion Foundation	2001	2% surcharge levied on excise tax from alcohol and tobacco 121.12 million (THB 4,275.7 million) (2016) 128.97 million (THB 4,372.1 million) (2017) 142.52 million (THB 4,610.5 million) (2018) 153.2 million (THB 4,560.7 million) (2019)

		118.65 million (THB 3,550 million) (2020)
		119.64 million (THB 3,432 million) (2021)

Source : ThaiHealth Reports

Each year, ThaiHealth has the budget around US\$ 120 million from surcharged tax from tobacco and alcohol products. This is in addition to Ministry of Public Health budget, which also has an allocation for tobacco control.

Financial resources for TC Policy in 2022 -2023

Fiscal Year	Government (Million Bath)	ThaiHealth (Million Bath)	Government + ThaiHealth (Million Bath)
2022	13,074,100	30,101,115	43,175,215
2023	15,108,918	34,710,000	49,818,918

Source: office of Tobacco Products Control Committee

Most of Tobacco Control budget at the Ministry of Public Health comes from ThaiHealth (1.25 % of total ThaiHealth budget) which is insufficient to fully implement the National Tobacco Control plan. ThaiHealth is an excellent example of innovative and sustainable funding mechanism for ensuring resources for implementation of the WHO FCTC. It has established exceptional international partnerships, leveraging strengths of the WHO and UN family and exercises knowledge sharing practices through annual meetings, fellowship program, Resource Hub on Sustainable Financial Mechanism for Health Promotion (<https://hpfhub.info>) and other platforms that are built in cooperation with its main partner, Southeast Asia Tobacco Control Alliance (SEATCA). In 2021 ThaiHealth Promotion Foundation received Nelson Mandela Award for Health Promotion from WHO for its outstanding contribution to health promotion in Thailand and internationally.

Gaps

1. Government budgetary allocations are not sufficient to fully implement the Convention and enforce the country's tobacco control measures. Tobacco control in Thailand relies heavily on ThaiHealth funding, although ThaiHealth's aims to fill existing gaps in systematic funding.
2. Other relevant ministries that have obligations to implement the WHO FCTC have not allocated staff time and budget to implementation of the Convention.

It is recommended that the Government of Thailand prioritize multisectoral capacity building in tobacco control and allocate sufficient funds and human resources to all relevant ministries for accelerating implementation of the WHO FCTC.

Thailand is also encouraged to continue to share information about successful initiative of innovative and sustainable tobacco control funding mechanism through ThaiHealth with other WHO FCTC Parties, including through South-South Cooperation.

Article 26.3 requires Parties to “promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition”.

In WHO FCTC Implementation Progress Report 2020 Thailand is reporting that it has received assistance from various organizations such as: ASH Thailand, Chulalongkorn University, Mahidol University, WHO country office in Thailand, WHO SEARO, WHO Tobacco Free Initiative, SEATCA,

Thai Health, TRC.

Thailand also provided and received assistance in sharing knowledge on WHO FCTC Articles 11, 13, and control of novel and emerging tobacco and nicotine products.

It is recommended in line with Article 26.3 of the WHO FCTC that the Government of Thailand seek further assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

Article 26.4 stipulates that “Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities 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, without limiting the rights of participation within these organizations”.

It is recommended that Thailand utilize the potential of Article 26.4 of the WHO FCTC to advocate for moving the Convention higher up the international development agenda.

It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Finance, etc., representing Thailand in other regional and global forums, also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries to support them in implementation of the Convention.

Annexes

Annex 1: Key Data

1. Tobacco prevalence, exposure to tobacco smoke, tobacco-related mortality

1.1. Prevalence of tobacco use (year 2021)

	Tobacco use (1)	Tobacco smoking (1)	Cigarette smoking (1)	Smokeless (2)	Waterpipe	E-cigs
	Current	Current	Current	Current	Current	
ADULT ages +15 (1)						
Male	35.16	34.7	33.6	1.31		
Female	2.96	1.3	1.26	1.71		
Total	18.49	17.4	16.8	1.52		
YOUTH ages 13 – 15 (2)						
Boys	21.8	20.7	17.2	4.1		4.7
Girls	8.1	7.1	5.2	1.3		1.9
Total	15.0	14.0	11.3	2.7		3.3
YOUTH ages 13 – 17 (3)						
Male	22.3		18.2			18.7
Female	7.7		5.6			8.9
Total	14.6		11.5			13.6

Source: 2021 Health Behavior of Population Survey, National Statistical Office¹⁷,
Global Youth Tobacco Survey, 2015.¹⁸, Global School-Based Student Health Survey 2021¹⁹

¹⁷ Available at: <http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-2020-Health-behavior-population-survey.aspx>

¹⁸ Available: <https://apps.who.int/iris/handle/10665/251465>

¹⁹ <https://hp.anamai.moph.go.th/th/teenager-emag/211751#>

1.2. Average daily consumption of the most consumed product (2017)

Average number of the most-consumed smoking tobacco product used per day by current smokers ages +15 (4)	
Male	10.16
Female	6.91
Total	10.01

Sources: *The Smoking and Drinking Behaviour National Survey 2017*²⁰

1.3. Smoking prevalence (2004, 2021)

Smoking prevalence age +15 ²¹			
2004		2021 (1)	
Male	43.7%	Male	34.7%
Female	2.6%	Female	1.3%
Total	23%	Total	17.4%

Source: *The 2021 Health behavior of population survey, National Statistical Office (NSO, 2021)*²²

1.4. Exposure to tobacco smoke (2021)

Exposure to tobacco smoke:
<p>From The 2021 Health behavior of population survey, among adults aged 15 years and above:</p> <ul style="list-style-type: none">• 23.7% were exposed to tobacco smoke at home• 36.6% were exposed to tobacco smoke at restaurants• 47% were exposed to tobacco smoke at markets <p>From the Smoking and Drinking Behaviour National Survey 2017, among adults aged 15 years and above:</p>

²⁰ Available: <http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-Smoking-And-Drinking-Behavior-Survey-2011.aspx>

²¹ WHO FCTC Implementation Report 2023. Core Questionnaire of the WHO FCTC. 2023 p.4

²² Available at: http://www.nso.go.th/sites/2014en/Survey/social/health/health_behavior/2021/new_fullreport_64.pdf

- 32.7% were exposed to tobacco smoke at home
- 68.2 % were exposed to tobacco smoke at transportation service
- 74.5% were exposed to tobacco smoke at markets

From the GYTS 2015 survey, among students aged 13-15 years:

- 33.8% of students were exposed to tobacco smoke at home.
- 38.6% of students were exposed to tobacco smoke inside enclosed public places.

1.5. Tobacco related mortality (2018 & 2014)

Tobacco-related mortality:

Over 10 million people in Thailand use tobacco. Tobacco kills more than 80 000 Thais annually and is responsible for 18% of all deaths (Fact sheet 2018 Thailand, Geneva: World Health Organization).²³

Estimated total number of deaths attributable to tobacco use in Thai population is reported 55,000 deaths (based on year 2014) in WHO FCTC Implementation Progress Report 2023

1.6. Tobacco related costs (2017)

Tobacco-related costs:

In total, smoking has caused financial losses of about bt220 billion a year in Thailand, while cigarette tax revenue for the state was just about bt68.6 billion.²⁴

In 2017, the direct morbidity cost attributable to smoking and SHS exposure at home in Thailand was estimated to be at least US\$265.97 million and US\$23.66 million, respectively. Indirect morbidity costs from workday losses totaled US\$25.04 million.²⁵

²³ Available: https://apps.who.int/iris/bitstream/handle/10665/272690/wntd_2018_thailand_fs.pdf?sequence=1

²⁴ Available at: <https://seatca.org/smoking-claims-72000-thai-lives-every-year/>

²⁵ Available at: <https://pubmed.ncbi.nlm.nih.gov/33632807/>

2. Prices and taxes of most sold brand of cigarettes (standardized to a pack of 20)

In currency reported by country - 60.00 THB

In international dollars (purchasing power parity adjusted) – 4.86

In US dollars at official exchange rates – 1.92

Taxes on this brand (% of retail price)

Total taxes – 78.60%

Specific excise – 40.00%

Ad valorem excise - 18.69%

Value added tax (VAT) or sales tax - 6.54%

Import duty - 0.00%

Other taxes (Thai health promotion, Thai public broadcasting tax, provincial tax, local fund) – 13.37%

Source: *Global Tobacco Control Report Country Profile for Thailand 2021*

3. Tobacco growing in Thailand 2022/2023

3.1.

type	No. of household	Area (Rai)	Avg. Yield (Kg./Rai)	Avg. Selling Price (THB/Kg.)
Total	15,266	109,444.71	308.79	82.35
1. Burley	4,501	40,842.30	385.46	55.14
2. Local	3,884	32,619.08	256.43	115.18
3. Turkish	4,062	17,574.50	242.91	77.65
4. Virginia	2,416	16,547.85	400.07	61.20
5. Others	403	1,860.98	488.25	88.77

Source: *Department of Agriculture Extension as of 2 June 2023*

3.2. Cost of Tobacco Production between Year 2021/22 and Year 2022/23

Type	Cost (THB/Kg.)			
	Year 2021/22		Year 2022/23	
	Affiliated Farmers	Independent Farmers	Affiliated Farmers	Independent Farmers

1. Burley	51.87	-	58.96	-
2. Turkish	58.24	-	63.52	-
3. Virginia	85.21	87.86	96.49	102.24

Source: Tobacco Authority of Thailand (TOAT)

** Year 2022/23 is the estimated cost since the Russian-Ukraine war has highly impacted on an increase in cost of productions and fertilizers.*

Annex 2: Mission Agenda

ANNOTATED AGENDA

Time	Activity	Venue /Participants
Day 1: Monday 12 June 2023		
9:30 – 10:30	<p>Internal planning meeting:</p> <p>Purpose: To run through all technical and administrative arrangements of the mission. Discussions will include:</p> <ul style="list-style-type: none"> ▪ A review of the mission agenda (confirmed bilateral meetings, courtesy visits, stakeholder meeting agenda/participants, venues, etc.). ▪ Review proposed outline of stakeholders, bilateral meetings, courtesy visits. ▪ Other logistical arrangements for the mission such as interpretation services, visibility materials, press conference etc. <p>Expected outcome: the mission team and national partners have a common understanding of what will be discussed at all meetings.</p>	<p>WHO Thailand Country Office</p> <p><u>Participants²⁶:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team.</p>
10:45 – 12:30	<p>Working session with the Office of Tobacco Products Control Committee at MoPH Thailand</p> <p>Purpose: to provide each other with an update on information collected thus far as part of the needs assessment, identify any missing information, and discuss the implementation of the WHO FCTC from the perspective of the Office of Tobacco Products Control Committee. Discussions could include:</p>	<p>Department of Disease Control, MoPH Thailand (Building 1: Floor 2)</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one</p>

²⁶ Refer to the mission team in Annex I

Time	Activity	Venue /Participants
	<ul style="list-style-type: none"> ▪ A presentation of key data collected so far and proposed recommendations ▪ Challenges and opportunities for a comprehensive implementation of the WHO FCTC in Thailand ▪ Ongoing tobacco control policy and legislative efforts in the country <p>Expected outcomes: the mission team has a better understanding of ongoing efforts, challenges and opportunities for the full implementation of the WHO FCTC from the point of view of Office of Tobacco Products Control Committee.</p>	representative per organization that is part of the mission team.
12:30 – 13:30	Lunch	TBD
14:30 – 16:30	<p>First Bilateral meeting with Civil Society Organisations (<i>National Alliance for Tobacco Free Thailand, ASH Thailand, Tobacco Control Research and Knowledge Management Center, Thailand Youth Institute, Thai health professional alliance against tobacco, Thailand national Quitline and SEATCA</i>)</p> <p>Purpose: to gather intelligence on the implementation of the WHO FCTC in Thailand and discuss the role of civil society organisations in tobacco control in Thailand with focus on what they believe to be the key gaps, needs and priorities for effective implementation of the WHO FCTC in Thailand</p> <p>Expected outcomes: accurate data on the role of civil society organisations in tobacco control and their perspectives on what is needed for an accelerated implementation of the WHO FCTC in Thailand</p>	<p>National Alliance for Tobacco Free Thailand (NATFT)</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team and CSO representatives:</p>
16:30 - 17:00	Mission team debrief and planning for day 2	National Alliance for Tobacco Free Thailand

Time	Activity	Venue /Participants
Day 2: Tuesday 13 June 2023		
09:30 – 10:30	<p>Second Bilateral meeting with Civil Society (<i>Prof. Dr. Prakrit Vathesatogkit, Executive Secretary of Action on Smoking and Health Foundation, Thailand</i>)</p> <p>Purpose: gather information on the implementation of the WHO FCTC in Thailand and discuss the role of civil society organizations in tobacco control in Thailand with a focus on what ASH Thailand believes to be the main gaps, needs and priorities for effective implementation of the WHO FCTC in Thailand</p> <p>Expected outcomes: accurate data on the role of civil society organisations in tobacco control and ASH Thailand’s perspectives on what is needed for an accelerated implementation of the WHO FCTC in Thailand</p>	<p>ASH Thailand</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team and Prof. Dr. Prakrit Vathesatogkit of ASH Thailand.</p>
11:00 – 12:00	<p>Bilateral meeting with the Ministry of Finance (<i>Fiscal Policy Office, Department of Excise Department of Customs</i>)</p> <p>Purpose: to collect aadditional information on tax system and options for improvement; provide an opportunity to the Ministry of Finance to discuss their role and contribution in the implementation of the WHO FCTC and build strategic relationships with Ministry to gain their support for any eventual tobacco tax reforms</p> <p>Expected outcome: Missing information collected and needs assessment report contains accurate information on tobacco taxes in Thailand.</p>	<p>Ministry of Finance (Director of Excise Tax Department)</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team. From the Government side, we’ll have representative(s) from the Fiscal Policy Office, Department of Excise, Department of Customs</p>

Time	Activity	Venue /Participants
12:30 – 13:30	Lunch – Organised by the Ministry of Finance	Ministry of Finance (Director of Excise Tax Department)
14:00 – 15:00	<p>Bilateral Meeting with the Ministry of Interior</p> <p>Purpose: gather further information on the role of the Ministry of Interior in the implementation and enforcement of Thailand’s tobacco control measures; provide an opportunity for Ministry of Interior officials to seek information and advice regarding the implementation of the WHO FCTC</p> <p>Expected outcomes: the needs assessment report contains accurate information on the Ministry of Interior’s to enforcing tobacco control measures in Thailand. Also, the Ministry has a better understanding of how they can promote the implementation of tobacco control work to the local administrative organizations through the Provincial Tobacco Products Control Committees, with the Provincial Governor as Chairman.</p>	<p>Ministry of Interior</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team.</p> <p><i>PS: List of participants from the Ministry of the Interior will be communicated later.</i></p>
15:30 – 16:30	<p>Bilateral meeting with the Ministry of Education (<i>Office of the Basic Education Commission and Office of the Vocational Education Commission</i>)</p> <p>Purpose: gather additional information on the role and contribution of the Ministry of Education in the implementation of the WHO FCTC in Thailand; provide Ministry of Education officials with the opportunity to seek information and advice regarding the implementation of the WHO FCTC</p>	<p>Ministry of Education</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team. On the government side, we will have representative(s) from the office of basic education commission and the office of vocational education commission.</p>

Time	Activity	Venue /Participants
	Expected outcomes: the needs assessment report contains detailed information on the contribution of the Ministry of Education to the implementation of tobacco control measures in Thailand.	
17:00 - 17:30	Mission team debrief and planning for day 3	Ministry of Education
Day 3: Wednesday, 14 June 2023		
09:30 – 11:00	<p>Bilateral meeting with the Thai Health Promotion Foundation (<i>Dr. Supreda Adulyanon – CEO and some board members</i>)</p> <p>Purpose: Learn more about the Thai Health Promotion Foundation and gather additional information on the administration of funds raised through health taxes. It will also be an opportunity for the Thai Health Promotion Foundation to share its challenges and recommendations for an effective and comprehensive implementation of the WHO FCTC in Thailand.</p> <p>Expected outcomes: the needs assessment report contains accurate information on the Thai Health Promotion Foundation.</p>	<p>Thai Health Promotion Foundation</p> <p><u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team. The CEO and some board members of Thai Health Promotion Foundation will be present.</p>
12:00 – 13:00	Lunch	Thammasat University, Thaprachan Campus
13:00 – 15:30	MoU Signing Ceremony (WHO FCTC Knowledge Hub for Article 5.3)	Thammasat University, Thaprachan Campus
Day 4: Thursday, 15 June 2023		

Time	Activity	Venue /Participants
09:00 – 10:00	<p>Courtesy visit to UNDP Regional Hub and UNDP Thailand</p> <p>Purpose: This will be a high-level courtesy visit to exchange ideas and information on tobacco control in the region and to strengthen the relationship between UNDP and the Convention Secretariat on tobacco control issues.</p> <p>Expected outcome: Strengthened relationship with UNDP Regional Hub (Asia and the Pacific) and UNDP Thailand</p>	<p>UNDP, Thailand</p> <p><u>Participants:</u></p> <p>Dr Chayanan Sittibusaya (Mr.) Ms. Pinalin Penthong Mr. Parinya Darasuwon Prof. Dr Nuntavarn Vichit-Vadakan (Mrs.) Ms Worrawan Jirathanapiwat Dr Adriana Blanco Marquizo (Mrs.) Mr. Tih A. Ntiabang (Mr.) Dr Nino Maglakelidze (Mrs.)</p>
10:30 – 11:30	<p>Courtesy call with the UN Resident Coordinator (Ms. Gita Sabharwal)</p> <p>Purpose: to present tobacco control as a priority of the 2030 Agenda for Sustainable Development and to express the need for a United Nations-wide approach to tobacco control in Thailand. Discussions will include an overview of the challenges for full implementation of the WHO FCTC, the importance of multisectoral coordination for tobacco control, and how the UN can provide support.</p> <p>Expected outcome: the UN Resident Coordinator is aware of the role of the UN in assisting the Thai government in fulfilling its obligations under the WHO FCTC; the UN Country Team is aware of Thailand's efforts and challenges in implementing the WHO FCTC.</p>	<p>UN Resident Coordinator' Office</p> <p><u>Participants:</u></p> <p>Dr Chayanan Sittibusaya (Mr.) Ms. Pinalin Penthong Mr. Parinya Darasuwon Prof. Dr Nuntavarn Vichit-Vadakan (Mrs.) Ms Worrawan Jirathanapiwat</p>

Time	Activity	Venue /Participants
		Dr Adriana Blanco Marquizo (Mrs.) Mr. Tih A. Ntiabang (Mr.) Dr Nino Maglakelidze (Mrs.)
12:00 – 12:30	Lunch	Ministry of Public Health
12:40 – 13:00	Courtesy call with the Permanent Secretary of the Ministry of Public Health Purpose: this is a very high-level meeting aimed at briefing the Permanent Secretary on the needs assessment mission and next steps. Expected outcome: the Permanent Secretary is well informed of the objective of the mission as well as the work of the Convention Secretariat and expresses the Ministry's commitment to the implementation of the WHO FCTC in Thailand	Office of the Permanent Secretary Ministry of Public Health <u>Participants:</u> Permanent Secretary, Head of the Convention Secretariat, Director – General Department of Disease Control, and Director of the Office of Tobacco Products Control Committee
13:00 – 16:00	Quarterly Meeting of the National Tobacco Products Control Committee and Stakeholder Meeting for the WHO FCTC Needs Assessment²⁷ Purpose: the purpose of the stakeholders meeting is to: <ul style="list-style-type: none"> ▪ facilitate the involvement of all relevant sectors and stakeholders in the needs assessment process ▪ collect additional information from stakeholders on their current involvement in implementation of the WHO FCTC, including their relevant programmes, areas of work, 	Office of the Permanent Secretary Ministry of Public Health <u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team.

²⁷ See the proposed agenda for the stakeholder meeting in Annex II.

Time	Activity	Venue /Participants
	<p>strategies and plans, priorities, challenges, and opportunities, needs and gaps in implementation of the Convention</p> <ul style="list-style-type: none"> ▪ identify the need for additional meetings with relevant stakeholders for the next days of the mission. <p>Expected outcomes: By the end of the meeting, all relevant sectors and stakeholders will have shared what they believe to be the key gaps, needs and priorities for effective implementation of the WHO FCTC in Thailand. Other outcomes of the stakeholder meeting include:</p> <ul style="list-style-type: none"> ▪ Additional information on the status of implementation of the WHO FCTC collected ▪ Better understanding of different responsibilities and activities of stakeholders in relation to meeting Thailand's obligations under the WHO FCTC is built ▪ Need for additional meetings with selected stakeholders identified for the following days <p>Methodology: This stakeholder meeting will be part of the national coordination meeting chaired by the Minister of Public Health at the Ministry of Public Health. The first part of the meeting will be high-level and political during which the Permanent Secretary and the Head of the Convention Secretariat will provide remarks (based on a jointly agreed agenda). The second part will be more technical and will follow a proposed agenda for a needs assessment stakeholder meeting. An outline of the discuss include:</p> <ul style="list-style-type: none"> ▪ An overview of the WHO FCTC Needs Assessment Exercise (by the Convention Secretariat) ▪ Presentations by the Ministry of Agriculture and Cooperatives, Royal Thai Police, and National Health Security Office. ▪ Q and A, open discussion based on presentations 	

Time	Activity	Venue /Participants
	<ul style="list-style-type: none"> Press Conference between the Permanent Secretary and the Head of the Convention Secretariat. 	
16:00 – 16:30	Mission team debrief and planning for day 5	Office of the Permanent Secretary Ministry of Public Health
Day 5: Friday, 16 June 2023		
09:30 – 10:30	Mission team working session Purpose: to agree on the main findings, recommendations and prepare key talking points for the debrief meeting with the Minister of Public Health. Discussions will include: <ul style="list-style-type: none"> Presentation of the main findings and recommendations of the draft report A brainstorm on the key recommendations to present at the official mission debrief meeting. Expected outcome: full agreement on the needs assessment findings and recommendations.	Ministry of Public Health Participants: The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team.
11:00 – 12:00	Debrief meeting with the Senior Management of the Ministry of Public Health Purpose: to provide an update on the joint needs assessment findings and to highlight key recommendations for Thailand to meet its obligations under the Convention. Discussions could include: <ul style="list-style-type: none"> A high-level presentation of the WHO FCTC needs assessment exercise (objectives, methodology, key meetings planned) 	Ministry of Public Health <u>Participants:</u> The three representatives of the Convention Secretariat and at least one representative per organization that is part of the mission team.

Time	Activity	Venue /Participants
	<ul style="list-style-type: none"> ▪ Challenges for a comprehensive implementation of the WHO FCTC and ongoing tobacco control policy and legislative efforts in the country ▪ The WHO FCTC Knowledge Hub for Article 5.3 at Thammasat University (implementation after MoU signing ceremony) <p>Expected outcome: the senior management of the Ministry of Public Health is well informed of the objective of the mission as well as the work of the Convention Secretariat and expresses the Ministry's commitment to the implementation of the WHO FCTC in Thailand</p>	
12:00 - 14:00	Lunch, Mission debriefing and end of mission	Ministry of Public Health

Annex 3 Meetings and participants

Stakeholder Meeting for the WHO FCTC Needs Assessment

AGENDA Quarterly Meeting of the National Tobacco Products Control Committee and Stakeholder Meeting for the WHO FCTC Needs Assessment June 15, 2023		
Time	Activity	Presenter/Responsibility
13:00 – 13:05	General Introduction by the Permanent Secretary of the Ministry of Public Health	Permanent Secretary, Ministry of Public Health
13:05 – 13:15	Address by the Head of the Convention Secretariat	Head of the Convention Secretariat
13:15 – 13:55	<p>10 minutes presentation on the role, contribution, and challenges on the implementation of the WHO FCTC in Thailand by:</p> <ul style="list-style-type: none"> - Ministry of Agriculture and Cooperatives, - Royal Thai Police, - National Health Security Office. <p>Followed by comments from the Head of the Convention Secretariat</p>	Representatives from the respective sectors.
13:55 – 14:15	Group Photo: Thailand Needs Assessment Mission official photo	
14:15 – 14:45	Press Conference between the Permanent Secretary and the Head of the Convention Secretariat	Parallel plenary discussion with members of the Tobacco Product Control Committee ²⁸ .
15:00...	Departure of the needs assessment mission team and continuation of the meeting of the Tobacco Products Control Committee	

²⁸ Discussion will be facilitated by the Convention Secretariat, WHO Thailand and UNDP

Mission Team:

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Prof. Dr. Nuntavarn Vichit-vadakan	Expert in National Tobacco Products Control Committee
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Mr. Pakorn Krisprachant	Interpreter

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4. Ministry of Finance

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Mr. Boobagad Pooteela	Public Relation Officer
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Mr. Kittipong Keardrit	Director of Division of Local Public and Health
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Name - surname	Position
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7. Thai Health Promotion Foundation

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Annex 4: Photo Gallery



Annex 5: Resources

1. An Overview of Global Regulatory Practices in Controlling waterpipe Tobacco Use. https://fctc.who.int/docs/librariesprovider12/meeting-reports/who-fctc-regulatory-practices-on-water-pipes.pdf?sfvrsn=e732529a_1&download=true
2. Cigarette smoking: an assessment of tobacco's global environmental footprint across its entire supply chain, and policy strategies to reduce it. https://fctc.who.int/docs/librariesprovider12/meeting-reports/who-fctc-environment-cigarette-smoking.pdf?sfvrsn=5d1245ee_1&download=true
3. Gender-Responsive Tobacco Control: Evidence and Options for Policies and Programmes. [https://fctc.who.int/docs/librariesprovider12/meeting-reports/gender-responsive-tobacco-control-\(1\).pdf?sfvrsn=ccedeb2a_1&download=true](https://fctc.who.int/docs/librariesprovider12/meeting-reports/gender-responsive-tobacco-control-(1).pdf?sfvrsn=ccedeb2a_1&download=true)
4. Guide for WHO FCTC Parties in including SDG Target 3.a in Voluntary National Reviews. <https://apps.who.int/iris/rest/bitstreams/1349585/retrieve>
5. Implementation practices in smokeless tobacco control. <https://apps.who.int/iris/bitstream/handle/10665/363378/9789240052291-eng.pdf>
6. Integrating tobacco control into tuberculosis and HIV responses implementing the WHO FCTC to address co-morbidities. https://fctc.who.int/docs/librariesprovider12/meeting-reports/who-fctc-hiv-tb.pdf?sfvrsn=7b7bf0a0_1&download=true
7. The Tobacco Industry and the Illicit Trade in Tobacco Products. https://fctc.who.int/docs/librariesprovider12/meeting-reports/the_ti_and_the_illicit_trade_in_tobacco_products.pdf?sfvrsn=43b2c17d_1&download=true
8. Toolkit for Parties to Implement Article 5.2(a). <https://fctc.who.int/publications/m/item/national-coordinating-mechanism-for-tobacco-control>
9. Toolkit for Parties to Implement Article 5.1. <https://www.undp.org/publications/national-tobacco-control-strategies>
10. WHO FCTC Article 19 Civil Liability Toolkit. <http://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/>
11. Viable Alternatives to Tobacco growing: an economic model for implementing Articles 17 and 18. <https://fctc.who.int/publications/m/item/viable-alternatives-to-tobacco-growing>
12. WHO FCTC implementation review in Pacific Island Countries. https://fctc.who.int/docs/librariesprovider12/meeting-reports/9789240012035-eng.pdf?sfvrsn=ba685bfc_1&download=true
13. Model Policy for UN agencies on preventing tobacco industry interference. https://fctc.who.int/docs/librariesprovider12/default-document-library/fctc-model-policy-brochure.pdf?sfvrsn=6abe34ad_12&download=true
14. Model Policy for Agencies of the United Nations System on Preventing Tobacco Industry Interference (full text). https://fctc.who.int/docs/librariesprovider12/default-document-library/fctc-model-policy---short-.pdf?sfvrsn=c577f329_18&download=true

Annex 6: References

1. Sittibusaya, C. (2020). *2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC*. pp. 21 -23 , Available at: <https://untobaccocontrol.org/impldb/thailand/> (accessed: 29/04/2023)
2. Tobacco Product Control Act. B.E. 2560 (2017). 2017. *Nonthaburi: Department of Disease Control, Bureau of Tobacco Control*; 2017 Available at: (http://www.ashthailand.or.th/en/content_attachment/attach/new_thai_law.pdf).
3. Regulation of Department of Disease Control Re: How to Contact Tobacco Entrepreneurs and Related Persons B.E. 2553 (2010). 2010 *Department of Disease Control*. Vol 127 Special Section 145 Ngor Government Gazette December 17, 2010 Available at: <https://assets.tobaccocontrollaws.org/uploads/legislation/Thailand/Thailand-Dept.-Dis.-Ctrl.-on-Contact-with-TI.pdf>
4. Regulation of the Ministry of Public Health on communication between the authorities and operators or concerned persons of tobacco products B.E. 2559 (A.D.2016). 2016 *Ministry of Public Health* Available at: <https://untobaccocontrol.org/impldb/thailand/>
5. Thailand: Ban On Tobacco Related CSR Comes Into Force. 2017. / *News / By seatca* Available at: <https://tobaccowatch.seatca.org/index.php/2017/07/07/thailand-ban-on-tobacco-related-csr-comes-into-force/>
6. Documentation in all official languages of Conference of Parties. *World Health Organization, WHO FCTC* Available at: <https://apps.who.int/gb/fctc/E/>
7. GGTC, WHO FCTC host key meetings in Thailand. 2019. *WHO FCTC Coordination Platform, Knowledge Hub News*. 2019 Available at: <https://portal-uat.who.int/fctcapps/fctcapps/fctc/kh/TIInterference/news/ggtc-who-fctc-host-key-meetings-thailand>
8. Thailand Leads Crusade against Tobacco, 2018. *World Health Organization News, Featured Stories* Available at: <https://www.who.int/southeastasia/news/feature-stories/detail/thailand-leads-crusade-against-tobacco>
9. Assunta M. 2021. *Global Tobacco Industry Interference Index 2021*. Global Center for Good Governance in Tobacco Control (GGTC). Bangkok, Thailand. 2021 Available at: <https://exposetobacco.org/wp-content/uploads/GlobalTIIndex2021.pdf>
10. Bloomberg Philanthropies Announces Organizations Selected to Lead “STOP,” \$20 Million Global Tobacco Industry Watchdog. 2018. *Bloomberg Philanthropies Org*. 2018 Available at: <https://www.bloomberg.org/press/organizations-selected-to-lead-stop-global-tobacco-industry-watchdog/>
11. 5-Year National NCDs Prevention and Control Plan (2017–2021). Nonthaburi: Policy and Strategy Section, Bureau of Non-communicable Disease, Ministry of Public Health; 2017. Available at: <https://www.who.int/docs/default-source/thailand/ncds/national-ncd-prevention-andcontrol-plan-2017-2021-eng.pdf>)
12. National Strategy, 2018-2037. 2018. Bangkok: *Office of the National Economics and Social Development Council*; 2018. Available at: https://www.bic.moe.go.th/images/stories/pdf/National_Strategy_Summary.pdf
13. Report on the global tobacco epidemic 2021. Country profile Thailand. 2021 Geneva: *World Health Organization*; 2021. Available at: https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_thailand.pdf?sfvrsn=668fd7e1_5&download=true

14. Prevention and Control of Noncommunicable Diseases in Thailand - A case for Investment. 2022. *the Ministry of Public Health of Thailand, the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the United Nations Inter-Agency Task Force (UNIATF) on the Prevention and Control of NCDs*. 2022; Available at: https://thailand.un.org/sites/default/files/2021-11/%E6%9C%80%E6%96%B0%EF%BC%BFTHAILAND_NCD%20IC%20REPORT_v06_231121.pdf
15. Chaloupka, F., Drope, J., Siu, E., Vulovic, V., Stoklosa, M., Mirza, M., Rodriguezlglesias, G., & Lee, H. Tobacconomics cigarette tax scorecard. 2020. Chicago, IL: *Health Policy Center, Institute for Health Research and Policy, University of Illinois Chicago*, 2020. Available at: www.tobacconomics.org
16. SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries. 2021. Available at: <https://tobaccotax.seatca.org/thailand/>
17. Thai Health Professional Alliance against Tobacco (THPAAT). 2011. Bangkok. Available at: https://dol.thaihealth.or.th/resourcecenter/sites/default/files/documents/thai_health_professional_alliance_against_toba.pdf
18. Collaborative Practice Award won by Thai anti-Tobacco Alliance. 2015. World Medical Association. Available at: <https://www.wma.net/news-post/new-collaborative-practice-award-won-by-thai-anti-tobacco-alliance/>
19. Vathesatogkit P., Lian T. Y., Ritthiphakdee B., Lessons Learned in Establishing a Health Promotion Fund. 2011. *Southeast Asia Tobacco Control Alliance (SEATCA) 2011*. Available at: https://www.ashthailand.or.th/en/content_attachment/attach/lessons_learned_in_establishin.pdf
20. Ministry of Finance Letter to Permanent Secretary of Public Health Repealing the Permission to Import Chewing Tobacco. 1992. Available at: <https://assets.tobaccocontrollaws.org/uploads/legislation/Thailand/Thailand-MoF-Ltr.-on-Smokeless.pdf>
21. Notification of the Ministry of Public Health (No. 17) B.E. 2555 (A.D.2012). 2012. Criteria, Procedures and Conditions for Displaying Pictures, Statements Relating to Warning on harm and Contact Channels to quit Tobacco on Labels of Shredded Tobacco and Blended Shredded Tobacco pursuant to Tobacco Products Control Act, B.E. 2535 (A.D. 1992). Available at: <https://assets.tobaccocontrollaws.org/uploads/legislation/Thailand/Thailand-2012-Shredded-Tobacco-HWs.pdf>
22. Ministry of Public Health Notice (No. 15, 2011) of Rules, Procedures, and Conditions for the Display of Words or Statements that Might Cause Misunderstanding or Encourage Consumption on the Labels of Cigarettes, Cigars, Loose Tobacco, or Flavoured Loose Tobacco Governed by the Tobacco Products Control Act of 1992. 2011. Available at: <https://assets.tobaccocontrollaws.org/uploads/legislation/Thailand/Thailand-Misleading-Statements-Regs-2011.pdf>
23. Chaisai ., Thavorn K., Wattanasirichaigoon S., Rungruanghiranya S., Thongphiew A., Dilokthornsakul P., Lee S. W. H., Nathorn Chaiyakunapruk N. 2022. The impact of Thai multidisciplinary smoking cessation program on clinical outcomes: A multicentre prospective observational study. *Front. Public Health*, 24 August 2022 Sec. Public Health Policy. Volume 10 - 2022 | <https://doi.org/10.3389/fpubh.2022.965020>
24. Pavananunt, P. (2011) Illicit Cigarette Trade in Thailand. *Southeast Asian Journal of Tropical Medicine and Public Health*. (42): 6 Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3509212/>
25. Brown, J., Welding, K., Cohen, J., Cherukupalli, R., Washington, C., Ferguson, J. and Clegg Smith, J. (2017). An analysis of purchase price of legal and illicit cigarettes in urban retail environments

- in 14 low- and middle-income countries. *Addiction*. 2017 Oct; 112(10): 1854–1860. Published online 2017 Jun 26. doi: 10.1111/add.13881 Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5600117/>
26. Global Youth Tobacco Survey Thailand, 2015, World Health Organization
 27. 85% of shops sell cigarettes to youngsters. Bangkok Post, 9 January 2020 (<https://www.bangkokpost.com/thailand/general/1832034/85-of-shops-sell-cigarettes-to-youngsters>).
 28. Komonpaisarn T. Economic cost of tobacco smoking and secondhand smoke exposure at home in Thailand. 2021. *Tobacco Control*. Volume 31, Issue Available at: (<http://dx.doi.org/10.1136/tobaccocontrol-2020-056147>)
 29. Smoking and drinking behavior survey 2017. National Statistical Office (NSO). 2017. Available at: <http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-Smoking-And-Drinking-Behavior-Survey-2011.aspx>
 30. Satpathy N., Jena P., Pratap, Epari V. 2022. Gender dimensions of youth vulnerability toward access to cigarettes in South-East Asia: Evidence from global youth tobacco survey. *Front. Public Health*, 10 November 2022 Sec. *Public Health Policy*. Volume 10 - 2022 | Available at: <https://doi.org/10.3389/fpubh.2022.976440>
 31. Thailand bans smoking, littering at popular tourist beaches. 2018. Reuters. Available at: <https://www.reuters.com/article/us-thailand-tourism-idUSKBN1FL40X>
 32. Sy D. 2020. Tobacco Industry Accountability and Liability in the Time of COVID-19. *Global Center for Good Governance in Tobacco Control (GGTC)* Available at: https://exposetobacco.org/wp-content/uploads/TI_Accountability_Policy_Brief.pdf
 33. Tobacco control alliance reveals truth about tobacco farming, exposes industry lies. 2013. *South East Asia Tobacco Control Alliance. Asean Tobacco Control Resource Hub*. 2013 Available at: <https://seatca.org/tobacco-control-alliance-reveals-truth-about-tobacco-farming-exposes-industry-lies/>
 34. NCD Surveillance data Thailand. World Health Organization. available at: <https://www.who.int/teams/noncommunicable-diseases/surveillance/data/thailand>
 35. Thailand Burden of Diseases Attributable to Risk Factors, 2014. *International Health Policy Program* 2018. Available at: <http://bodthai.net/en/download/thailand-burden-of-diseaseattributable-to-risk-factors-2014/>
 36. Measures to Control the Tobacco Supply Chain: A review of scal markings, track-and-trace mechanisms, and licensing systems in the ASEAN region 2019. *Southeast Asia Tobacco Control Alliance*. (2019). Bangkok. Thailand
 37. Thailand, UN to work together on development goals. 2022. www.thaipbs.com. Available at: <https://www.thaipbsworld.com/thailand-un-to-work-together-on-development-goals/>
 38. Our work in Thailand. WHO. Available at: <https://www.who.int/thailand/our-work>
 39. WHO FCTC Implementation Progress report 2023
 40. Tobacco Tax aimed at farmers, 2019, *Bangkok Post*. available at: <https://www.bangkokpost.com/business/1727491/tobacco-tax-cut-aimed-at-farmers>
 41. Tobacco Authority of Thailand (homepage). Available here: <https://en.thaitobacco.or.th/>
 42. Tobacco-Free Farms. World Health Organization. available at: <https://www.who.int/initiatives/tobacco-free-farms>
 43. Smoking ban on Thailand's beaches: up to one year in prison. 2023. *Thai369*. available at: <https://thai369.com/en/ban-on-smoking-at-thailande-beaches-until-one-year-prison/>
 44. WHO Framework Convention on Tobacco Control, Conference of the Parties to the WHO Framework Convention on Tobacco Control, fourth session, Punta del Este, Uruguay, 15-20

November 2010. (2010). Decisions and ancillary documents.

<https://apps.who.int/iris/handle/10665/75778>

45. The Thai Cabinet endorses the draft United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022 - 2026 between the Royal Thai Government and the United Nations. 2022. *Ministry of Foreign Affairs, Kingdom of Thailand*. available at:
<https://www.mfa.go.th/en/content/unsdcf04012565?cate=5d5bcb4e15e39c3060006842>
46. The 2021 Health behavior of population survey. 2021. National Statistical Office. available at:
<http://www.nso.go.th/sites/2014en/Pages/survey/Social/Health/The-2020-Health-behavior-population-survey.aspx>
47. Global School-based Student Health Survey Thailand 2021 Fact Sheet. available at:
<https://cdn.who.int/media/docs/default-source/ncds/2021-thailand-gshs-fact-sheet.pdf>
48. Factsheet Thailand 2018. World Health Organization. available at:
https://apps.who.int/iris/bitstream/handle/10665/272690/wntd_2018_thailand_fs.pdf?sequence=1
49. Thailand: Smoking claims 72,000 Thai lives every year. 2019. *SouthEast Asia Tobacco Control Alliance*. available at: <https://seatca.org/smoking-claims-72000-thai-lives-every-year/>