



Ministry of Health Malaysia

NATIONAL STRATEGIC PLAN

FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS

2021-2030





Ministry of Health Malaysia

NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

MINISTRY OF HEALTH MALAYSIA

All rights are reserved. No part of this publication may be reproduced, stored in any form or by any means, mechanical or electronic form except after obtaining the permission of the publisher.

First Edition 2021

Published, printed and distributed by
Tobacco Control Sector and FCTC Secretariat
Disease Control Division
Ministry of Health Malaysia

Phone No.: +603-8892 4530/ 4528

Emel: fctcmalaysia@moh.gov.my/ fctckkm@gmail.com

Contents

FOREWORD BY SECRETARY GENERAL	4
FOREWORD BY DIRECTOR GENERAL OF HEALTH	6
PART 1: INTRODUCTION	8
1.1 BACKGROUND	9
1.2 ACHIEVEMENT & CHALLENGES IN IMPLEMENTING THE NATIONAL STRATEGIC PLAN FOR TOBACCO CONTROL 2015-2020	10
1.3 SMOKING BURDEN	12
1.4 EMERGING OF NEW TOBACCO PRODUCTS AND THEIR IMPACT ON HEALTH ..	13
1.5 SMOKING AND RISK FOR COVID-19 INFECTION.....	14
1.6 THE TOBACCO & SMOKING PRODUCTS END GAME.....	15
PART 2: POLICY, VISION, MISSIONS & OBJECTIVES	17
2.1 POLICY	17
2.2 VISION	17
2.3 MISSIONS.....	17
2.4 OBJECTIVES	17
PART 3: MAIN STRATEGIES	19
3.1 COMMUNITY EMPOWERMENT AND ENCOURAGE MULTISECTORAL PARTICIPATION	20
3.2 STRENGTHEN LAW & ENFORCEMENT ON THE CONTROL OF TOBACCO AND SMOKING PRODUCTS.....	20
3.3 TO EMPOWER THE MALAYSIA QUIT SMOKING SERVICES THROUGH SMART COLLABORATION WITH PROFESSIONAL BODIES/ NON GOVERNMENTAL ORGANIZATIONS AND PRIVATE AGENCIES.....	20
PART 4: IMPLEMENTATION AND MONITORING	22
4.1 IMPLEMENTATION AND MONITORING	22
4.2 NATIONAL LEVEL.....	23
4.3 STATE LEVEL.....	25
PART 5 : AGENCIES AND STRATEGIC PARTNERS	28
5.1 INTERNAL AGENCIES	28
5.2 OTHER AGENCIES	28
ANNEX 30	
3.1 COMMUNITY EMPOWERMENT AND ENCOURAGE MULTISECTORAL PARTICIPATION	31
3.2 STRENGTHEN LAW & ENFORCEMENT ON THE CONTROL OF TOBACCO AND SMOKING PRODUCTS.....	33

3.3 TO EMPOWER THE MALAYSIA QUIT SMOKING SERVICES THROUGH SMART COLLABORATION WITH PROFESSIONAL BODIES/ NON GOVERNMENTAL ORGANIZATIONS AND PRIVATE AGENCIES..... 35

List of Figures

Figure 1: National Strategic Plan for Tobacco Control 2015-2020..... 10
Figure 2: New Smoking Products including e-cigarette/ vape..... 13
Figure 3: Smoking & COVID-19 study conducted in collaboration with Ministry of Health, Institute of National Health, International Islamic University Malaysia and Universiti Putra Malaysia..... 14

List of Tables

Table 1: WHO FCTC Steering Committee 23
Table 2: Terms and Regulations for WHO FCTC Steering Committee 24
Table 3: National Strategic Plan for Tobacco Control Technical Committee at State Level 25



Front page concept by:
#MHNizam



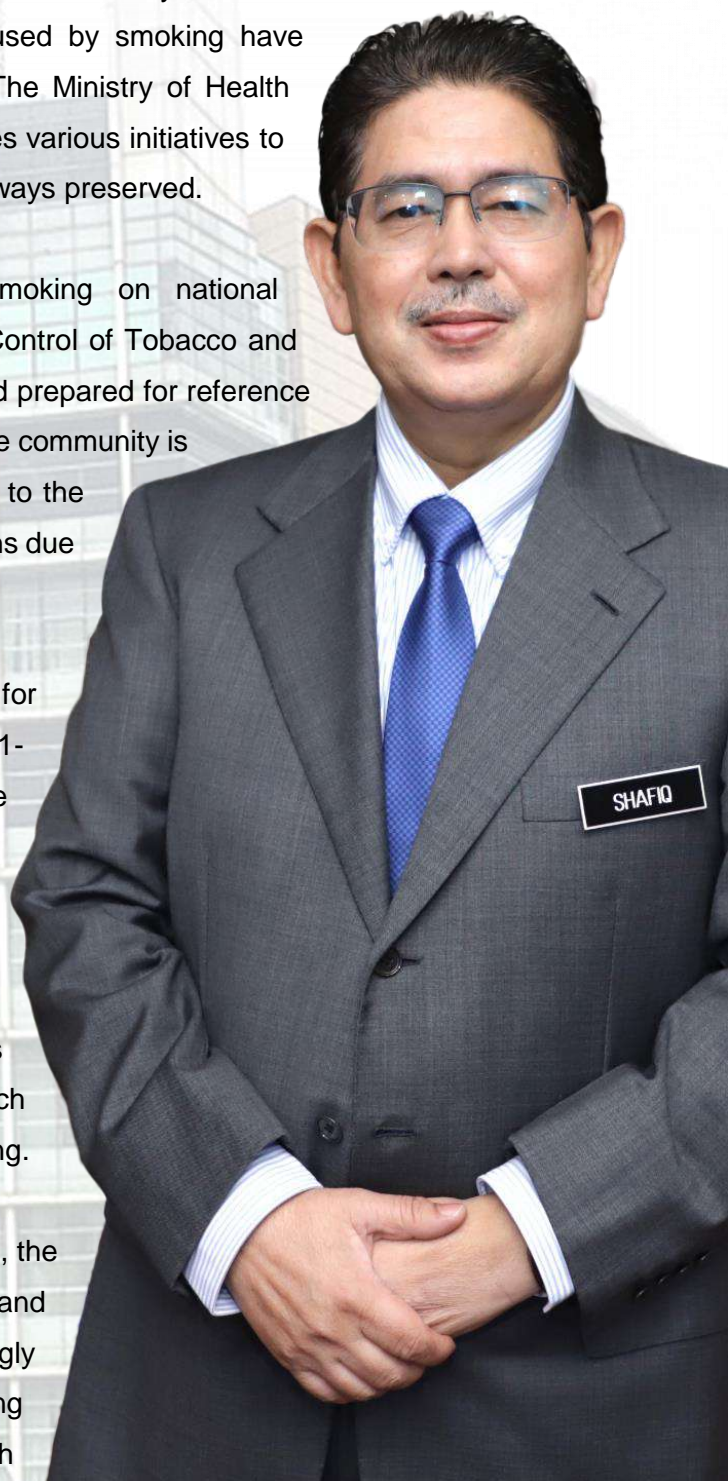
FOREWORD BY SECRETARY GENERAL

The COVID-19 pandemic has changed the views and perceptions of Malaysian to be more aware and concerned about their own health issues and society. In addition to the burden of COVID-19 infection, complications caused by smoking have significant impacts on health and the economy. The Ministry of Health Malaysia (MOH) takes this issue seriously and takes various initiatives to ensure the health and well-being of Malaysian is always preserved.

Taking into account the impact of smoking on national development, the National Strategic Plan for the Control of Tobacco and Smoking Products 2021-2030 has been drafted and prepared for reference by all Ministries and agencies. Through this plan, the community is given continuous exposure and knowledge related to the dangers of smoking habits and disease complications due to continuous smoking.

Apart from that, this National Strategic Plan for the Control of Tobacco and Smoking Products 2021-2030 also outlines smart collaborations with the private sectors, professional bodies and non-governmental organizations to further improve the delivery of health system, in particular the Malaysia Quit Smoking Services or also known as mQuit Services. The involvement of various parties proves the seriousness and comprehensive approach taken by the Ministry to help smokers to quit smoking.

As we live in a technologically advanced era, the Ministry of Health observes that efforts to control and prevent smoking habits are becoming increasingly difficult due to the emergence of new smoking products such as electronic cigarettes/vapes, which necessitate detailed control strategies. Therefore, through this Strategic Plan, the community will be



YBHG. DATO' MOHD SHAFIQ BIN ABDULLAH



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

empowered so that they can easily express their rights as non-smokers. This is important in order to develop smoke-free environment and to cultivate non-smoking practices among the younger generation.

Thus, it is hoped that the activities outlined in this Strategic Plan will be carried out effectively. On top of that, all parties need to work together to achieve better health for the nation and free our country from the threat of harmful usage of all types of smoking products, in order to achieve The Endgame for Tobacco by 2040 in Malaysia.



YBHG DATO' MOHD SHAFIQ BIN ABDULLAH
SECRETARY GENERAL OF MINISTRY OF HEALTH MALAYSIA



FOREWORD BY DIRECTOR GENERAL OF HEALTH

Tobacco products are responsible for the deaths of over 8 million people worldwide. More than 7 million of these deaths were caused by direct tobacco use, while 1.2 million were caused by non-smokers exposed to second-hand smoke. Furthermore, our country has been dealing with an issue with electronic cigarette use since 2013 and the problem became more visible in 2016. In 2018, the use of electronic cigarettes has increased in popularity due to the evolution of its shape, which now includes a variety of flavours and is capable of attracting the use of teenagers and young children.

Smoking has been shown in studies to increase the risk of infection with COVID-19. This is because smokers already had impaired lung function and a lower immunity level than non-smokers. This risk applies not only to smokers who use traditional cigarettes but also to those who use electronic cigarettes such as vape.

The smoking problem will have significant economic consequences and will continue to place a strain on the government. The economic impact includes not only loss of productivity but also the cost of medical treatment to treat various types of diseases and smoking-related complications. The government must also bear the costs of carrying out enforcement activities.

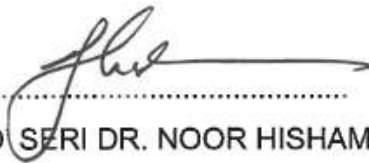
Through the second edition of the National Strategic Plan for the Control of Tobacco and Smoking Products 2021 – 2030, Ministry of Health has outlined the control and prevention activities based on three (3) main strategies which are community empowerment and multi sectorial collaboration; strengthening the legislation and enforcement of tobacco and other smoking products; and enhancing quit smoking services through the support and partnership with various professional bodies, non-governmental organizations and private companies.

**YBHG. TAN SRI DATO' SERI DR. NOOR
HISHAM BIN ABDULLAH**



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

The implementation of all the strategies in Malaysia's most recent National Strategic Plan is expected to have a significant impact on the control of tobacco and other smoking products including electronic cigarettes. I hope that through the various activities and measures outlined in this Strategic Plan, Malaysians will gain a better understanding of the dangers and risks of both smoking and vaping. This understanding is critical if the community is to support the government's and the Ministry of Health's efforts to reduce the use of tobacco and smoking products.



YBHG. TAN SRI DATO SERI DR. NOOR HISHAM BIN ABDULLAH
DIRECTOR GENERAL OF HEALTH MALAYSIA



PART 1: INTRODUCTION



PART 1: INTRODUCTION

1.1 BACKGROUND

The National Strategic Plan for the Control of Tobacco and Smoking Products 2021–2030 is a policy strategy aimed at increasing tobacco control and other smoking substance control. This is the second edition, following the first, which was published in 2015 and took place over a five-year period from 2015 to 2020. The plan, which will begin in 2021 and end in 2030, aims to strengthen activities in order to achieve Malaysia's status as a smoke-free country. This strategy is structured in line with the three (3) major global goals as follows:

- 1) NCD Global Target by 2025;
- 2) Strengthening the implementation of WHO Framework Convention on Tobacco Control (FCTC) under the Sustainable Development Goal (SDG); and
- 3) Global target for the endgame of tobacco.



1.2 ACHIEVEMENT & CHALLENGES IN IMPLEMENTING THE NATIONAL STRATEGIC PLAN FOR TOBACCO CONTROL 2015-2020



Figure 1: National Strategic Plan for Tobacco Control 2015-2020

The National Strategic Plan for Tobacco Control 2015-2020 was the first strategic plan since Malaysia became a party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). This plan used as the basis for both government and non-governmental organisations and other agencies in strengthening activities to control the usage of tobacco and other smoking products in Malaysia. It has been formally structured in line with the MPOWER strategy outlined by the WHO FCTC since 2005.

Progress has been made during the implementation phase of this Strategic Plan. Among them are the development of the screening and intervention programme of smokers among youth, gazzement of new non-smoking places, strengthening of smoking cessation services and enhancement of the community empowerment programme. In addition, a Steering Committee of WHO FCTC chaired by the Minister of Health has been set up. The membership (updated June 2021) consists of ten (10) other ministries and one (1) non-governmental organisation (NGO) to discuss on issues pertaining to tobacco control.

In addition to the accomplishments in developing and strengthening tobacco control activities, the implementation of this first plan encountered a few challenges. The main issue was the failure to significantly reduce the prevalence of smokers as a result of the WHO's lack of comprehensiveness. FCTC articles are not being used optimally and must be strengthened on a regular basis.



There was a significant decrease in the prevalence of smokers in Malaysia among them. This is due to the limitations of tobacco control implementation as outlined in the WHO FCTC, which is still not optimally applied and requires constant strengthening. Furthermore, the use of new emerging smoking devices such as electronic cigarettes adds to the current difficulties.



1.3 SMOKING BURDEN

Smoking of tobacco and tobacco products can lead to various complications of chronic non communicable diseases (NCD) such as coronary heart disease, cancers and chronic lung disease. It is the main cause of death worldwide whereby 6 million people die every year as a consequence of this habit (WHO Tobacco Fact Sheet, 2016). In Malaysia, smoking kills around 20,000 people a year (Tobacco Atlas, 2015) while the cost of treating three out of six chronic diseases related to tobacco was estimated around MYR 2.92 billion (Global Adults Tobacco Survey, 2011).

The National Health Morbidity Survey (NHMS) 2019 estimated that the prevalence of current tobacco smoker in Malaysia age 15 years and above was 21.3%, with approximately 4.8 million people with males being higher than females (male: 40.5%, female: 1.2%). There was a small decline from the 2015 NHMS where the prevalence of active tobacco smoker was 22.8%, male was 43% and female was 1.4%.

The Tobacco and E-cigarette Survey Among Adolescents (TECMA) 2016 has stated the prevalence of smoker among adolescent age between 13 to 15 years was 14.8% as compared to 13.2% which was reported in the Adolescent Health Survey (AHS) 2017. The prevalence of smoker among boys dropped from 26.1% in 2016 (TECMA 2016) to 20.6% in 2017 (AHS 2017). The prevalence of smoker among girls in 2017 was 5.7% in 2017 (AHS 2017).



1.4 EMERGING OF NEW TOBACCO PRODUCTS AND THEIR IMPACT ON HEALTH

Electronic cigarette (e-cigarette) is a device used to heat tobacco products and other smoking substances. It was designed to replace the conventional method of smoking since the year 2000. In Malaysia, this product was introduced in 2013 and became a phenomenal hit in 2016.



Figure 2: New Smoking Products including e-cigarette/ vape

The prevalence of e-cigarette users in Malaysia aged 18 years and above increased from 3.2% in 2016 (National E-Cigarette Survey; NECS). In 2019, the prevalence of e-cigarette user aged 15 years and above was 4.9% (National Health Morbidity Survey; NHMS). Meanwhile, Tobacco and E-Cigarette Survey among Malaysian Adolescents (TECMA), 2016 documented that 300,000 children and adolescents age 10 to 19 years old used electronic cigarette. The latest survey conducted by University Kebangsaan Malaysia (UKM) in 2018 found that 42.2% of secondary school students in Kuala Lumpur used e-cigarettes, in which 82.2% of them were from the B40 group.

Scientific research has shown that the use of E-cigarette causes more harm than benefit as it contains pure nicotine, Propylene Glycol (PG) and flavour. The harms are also caused by the toxic intermediates known as Volatile Organic Compounds produced as a result of the interaction when the substances were heated. Worldwide scientific researches has also shown that e-cigarette, either contains nicotine or not can be harmful to health whether in short term or long term. E-cigarette also fails to help users stop smoking, but instead transforms them into a dual user.

In 2019, there was a new disease reported in the United State of America known as E-cigarette or Vaping Associated Lung Injury (EVALI). It occurred as a result of inflammation on the epithelial lining of the respiratory tract. Up to February 2020, there were 2,807 recorded cases that causes 68 deaths occurred in the United States.



1.5 SMOKING AND RISK FOR COVID-19 INFECTION

Year 2020 is a difficult year for all countries as a result of the COVID-19 pandemic. According to the most recent study, conducted over 5,889 patients infected with COVID-19 in Malaysia from 1st February 2020 to 31st May 2020, smokers were at least two (2) times more likely to develop severe COVID-19 complications, specifically Acute Respiratory Distress Syndrome (ARDS), renal injury and liver injury. As a result, the National Strategic Plan for the Control of Tobacco and Smoking Products 2021-2030 has been strengthened to reflect the new standards that must be met.

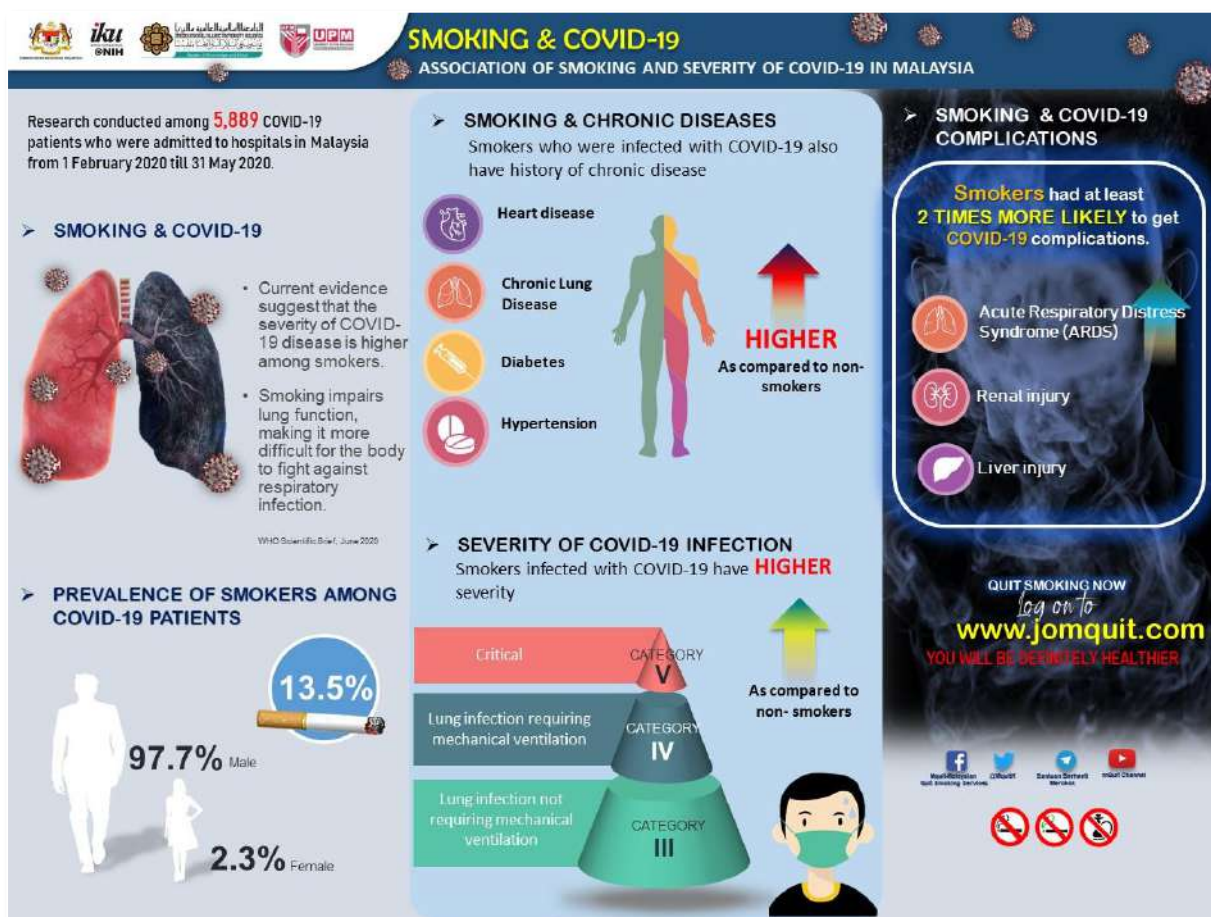


Figure 3: Smoking & COVID-19 study conducted in collaboration with Ministry of Health, Institute of National Health, International Islamic University Malaysia and Universiti Putra Malaysia

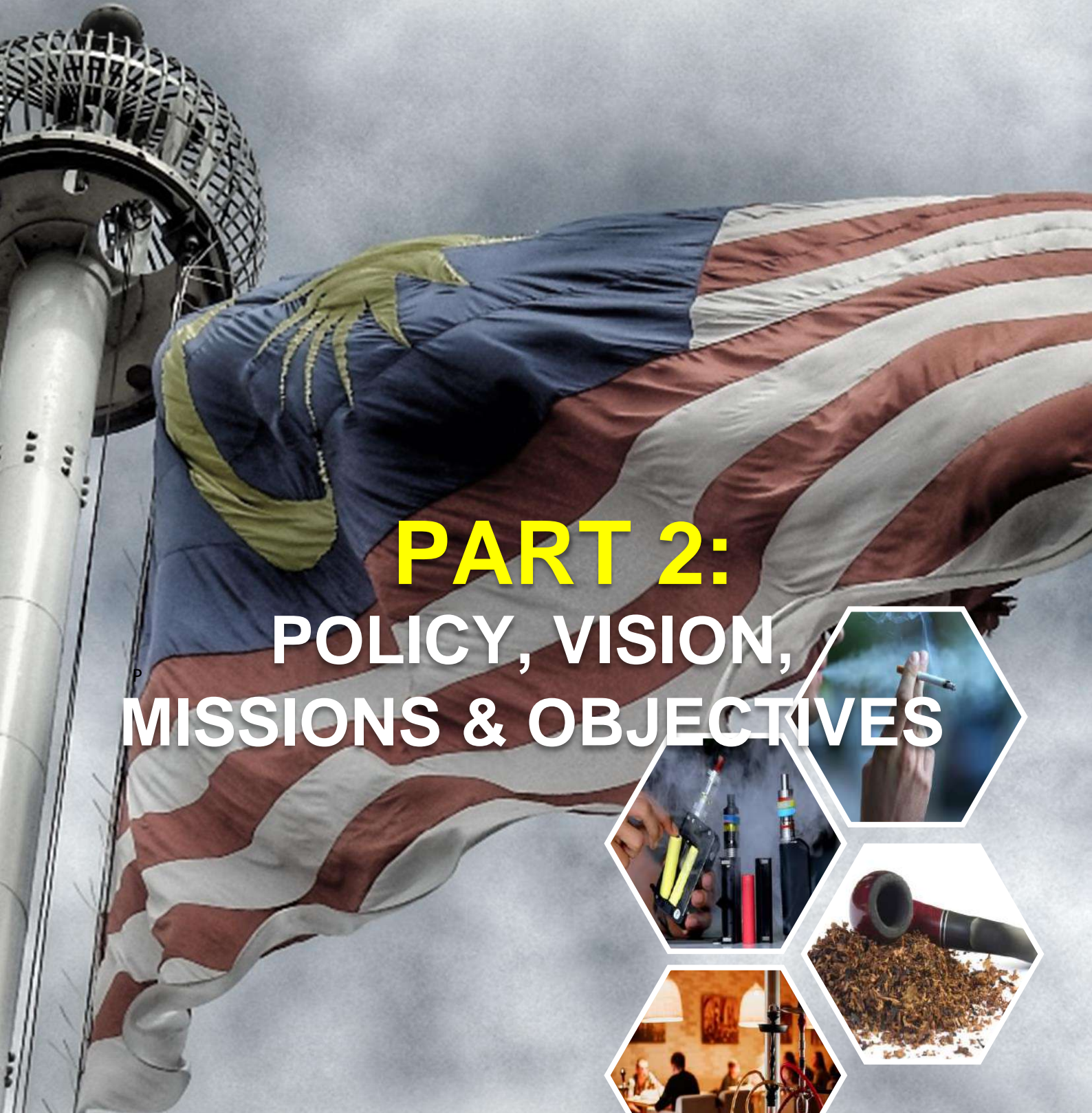


1.6 THE TOBACCO & SMOKING PRODUCTS END GAME

The global experts consensus targeted the End Game for Tobacco and Tobacco Products by 2040. There are four (4) main elements in defining the tobacco end game i.e. smoking prevalence less than 5%; end of commercial sale of tobacco products; denormalization of smoking culture and zero exposure of tobacco use to children.

In Malaysia, the first NSP for tobacco control, published in 2015, aimed to prevent children from initiating smoking. The target population consisted of children born in 2009 (preschool). Various activities were planned, ranging from preschool to activities involving the general public. Those activities will be stepped up in order for Malaysia to become a smoke-free country.





PART 2: POLICY, VISION, MISSIONS & OBJECTIVES



PART 2: POLICY, VISION, MISSIONS & OBJECTIVES

2.1 POLICY

The National policy for Tobacco Control is to achieve Malaysia as a Smoke-free Country.

2.2 VISION

To create a tobacco-free nation by 2040.

2.3 MISSIONS

- 1) All Malaysian born in 2009 onwards will **NOT START SMOKING**.
- 2) Empowering the community in denormalizing smoking habit.
- 3) Expanding smoke-free places to protect the public.

2.4 OBJECTIVES

- a) To maintain smoking prevalence among women age 15 years and above to less than 5%;
- b) To reduce the smoking prevalence to less than 15% by 2025; and
- c) To achieve the endgame of tobacco by reducing smoking prevalence less than 5% by 2040.



PART 3: MAIN STRATEGIES



PART 3: MAIN STRATEGIES

STRATEGY 1

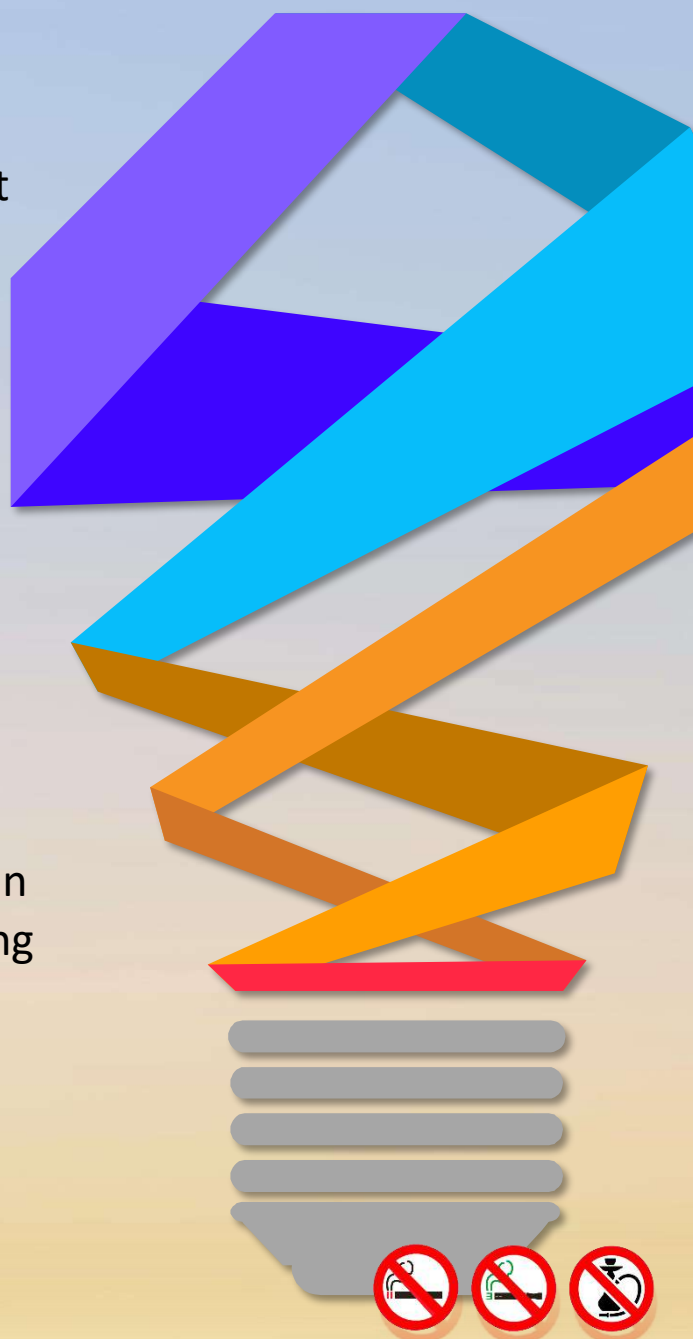
Empowering the community and strengthening multisectoral participation.

STRATEGY 2

Strengthening the law & enforcement on the Control of Tobacco and Smoking Products.

STRATEGY 3

Collaborating with professional bodies / non governmental organizations and private agencies in implementing Malaysia Quit Smoking Services.



3.1 COMMUNITY EMPOWERMENT AND ENCOURAGE MULTISECTORAL PARTICIPATION

- (a) Empowering the community towards implementation of anti-Smoking campaign;
- (b) Strengthening Public-Private Partnership in tobacco control advocacy; and
- (c) Establishing collaborations with other agencies in tobacco control activities such as enforcement and taxation as well as the development of Smoke-free city policy.

3.2 STRENGTHEN LAW & ENFORCEMENT ON THE CONTROL OF TOBACCO AND SMOKING PRODUCTS

- (a) Strengthening the control of tobacco products by amending the existing regulations and developing the New Act;
- (b) Establishing the control of new emerging smoking products including the sale and usage of electronic cigarette through the New Act; and
- (c) Gazettement and enforcement of the New Act.

3.3 TO EMPOWER THE MALAYSIA QUIT SMOKING SERVICES THROUGH SMART COLLABORATION WITH PROFESSIONAL BODIES/ NON GOVERNMENTAL ORGANIZATIONS AND PRIVATE AGENCIES

- (a) Strengthening the quit smoking services through *Kesihatan Oral Tanpa Amalan Merokok* (KOTAK) Program for primary and secondary school students under Oral Health team and Quit smoking programme at higher education institutions.;
- (b) Increasing the number of referral to quit smoking services via integrated management at public and private facilities among Tuberculosis and NCD's patients; and
- (c) Establishing the policy for cessation program to support the B40 (low household income category) community.



PART 4: IMPLEMENTATION AND MONITORING



PART 4: IMPLEMENTATION AND MONITORING

4.1 IMPLEMENTATION AND MONITORING

All policy development will be tabled and decided at the National level, while the implementation at the state and district level will be conducted by the State Health Department and other related agencies (as in Annex).

The outcome impact will be monitored through the National Health and Morbidity Survey for both adolescents and adults. Two (2) main studies to monitor the outcomes are the Global Youth Tobacco Survey (GYTS) for adolescents and the Global Adult Tobacco Survey (GATS) for adults.

Implementation of promotion and advocacy programmes at national level and state level will be planned and carried out by the Health Education Division at headquarters level and the Health Education Unit at state level.



4.2 NATIONAL LEVEL

This National Strategic Plan will be monitored by the WHO FCTC Steering Committee chaired by the Minister of Health and consist of eleven (11) committee members (until June 2021). The committee members are representative from ten (10) Ministries and one (1) NGO while the secretariat is the Tobacco Control Sector and FCTC Secretariat, Disease Control Division, Ministry of Health Malaysia.

Table 1: WHO FCTC Steering Committee (until June 2021)

NO	MEMBERSHIP
1.	Chairperson: Minister of Health
2.	Vice Chairperson 1 : Director General of Health
3.	Vice Chairperson 2 : Deputy Director General of Health (Public Health)
4.	Secretary : Head of Tobacco Control Sector & FCTC Secretariat
5.	Secretariat : Law and FCTC Secretariat Unit
Committee Member	
1.	Ministry of Health
2.	Ministry of Finance
3.	Ministry of International Trade and Industry
4.	Ministry of Plantation Industries and Commodities
5.	Ministry of Education
6.	Ministry of Housing and Local Government
7.	Ministry of Women, Family and Community Development
8.	Ministry of Domestic Trade and Consumer Affairs
9.	Ministry of Home Affairs
10.	Attorney General's Chamber
11.	Malaysian Council for Tobacco Control (MCTC)



Table 2: Terms and Regulations for WHO FCTC Steering Committee

NO	DESCRIPTION
Frequency of meeting: 3 times/year or depend on the decision by the Chairperson	
1.	Monitoring and evaluating on the:
	a) Implementation of obligations under the WHO FCTC
	b) Implementation of NSP for the Control of Tobacco and Smoking Products
	c) New emerging products e.g. electronic cigarette, other smoking devices etc.
2.	To coordinate Inter Ministries and Inter Agencies activities and programs related to the control of tobacco and the smoking substances
3.	To propose and review the involvement of Malaysia in any protocol from WHO FCTC



4.3 STATE LEVEL

All activities under this plan will be monitored by the Technical Working Committee at the State Level chaired by the State Health Director while the secretariat is the Epidemiology Officer of the Non-Communicable Disease (NCD) Unit.

Table 3: National Strategic Plan for Tobacco Control Technical Committee at State Level

NO	MEMBERSHIP	FUNCTION/ STRATEGY
Frequency of meeting: 2 times/year or more depend on the decision by the Chairperson		
1.	Chairperson: State Health Director	a. To chair the technical working committee b. To monitor the implementation of NSP at state level
2.	Vice Chairperson: Deputy State Health Director (Public Health)	a. To chair the technical working committee meeting when the State Health Director is not available b. To assist in the monitoring of the implementation of NSP at state level
3.	Specialist: Epidemiology officer (Non-communicable Disease Unit)	a. To consult the chair and the vice chair on the implementation of the NSP b. To conduct analysis based on the activities conducted
Committee member (please refer on the Matrix of Activities):		
1.	Deputy State Health Director (Medical)	Monitoring on the Activity 3.3(B):(6)(7)(8)
2.	Deputy State Health Director (Dental)	Monitoring on the Activity 3.3(B): (1)
3.	State Primer Officer	Organizing the implementation of Activity 3.3(B): (3)(4)(5) at state level
4.	District Primer Officer	Implementing the Activity 3.3(B):(3)(4)(5) at district level
5.	State TB Officer	Organizing the implementation of Activity 3.3(B): (2) at state level
6.	District TB Officer	Implementing the Activity 3.3(B): (2) at district level
7.	State Environmental Health Officer	Organizing the implementation of Activity 3.2(B): (1)(2)(3) at state level
8.	District Environmental Health Officer	Implementing the Activity 3.2(B): (1)(2)(3) at district level



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

9.	State Dental Officer	Organizing the implementation of Activity 3.3(B): (1) at state level
10.	District Dental Officer	Implementing the Activity 3.3(B): (1) at district level
11.	Hospital Director	Monitoring the implementation of Activity 3.3(B): (6)(7)(8)
12.	State Education Department	Monitoring the implementation of Activity 3.3(B): (1)
13.	Local authorities	Implementing the Activity 3.2(B): (1)(2)
14.	Relevant NGO	Implementing the Activity 3.1(A): (5) and Activity 3.1(B): (1)(2)



PART 5:

AGENCIES AND STRATEGIC PARTNERS



PART 5 : AGENCIES AND STRATEGIC PARTNERS

5.1 INTERNAL AGENCIES

- Disease Control Division
- Medical Development Division
- Family Health Development Division
- Public Health Development Division
- Health Education Division
- Oral Health Program
- Planning Division
- Pharmaceutical Services Divisions
- Legal Advisor Office
- Institute for Public Health
- State Health Department
- District Health Office

5.2 OTHER AGENCIES

- Ministry of Finance
- Ministry of Communication and Multimedia
- Ministry of Women, Family and Community Development
- Ministry of Education
- Ministry of Domestic Trade and Consumer Affairs
- Ministry of Home Affairs
- Ministry of Housing and Local Government
- Ministry of International Trade and Industry
- Ministry of Higher Education
- Ministry of Plantation Industries and Commodities
- Ministry of Defence
- Ministry of Rural Development
- Ministry of Federal Territories
- Attorney General's Chamber



- Royal Malaysian Customs Department
- Malaysian Volunteer Department (RELA)
- Department of Social Welfare
- Department of Community Development
- State Unity and National Integration Department
- Royal Malaysia Police
- Islamic Religious Departments
- Islamic Religion and the Malay Customs Department
- Local Universities
- Local Authorities
- Malaysian Council for Tobacco Control (MCTC)
- Non-Governmental Organizations





ANNEX



3.1 COMMUNITY EMPOWERMENT AND ENCOURAGE MULTISECTORAL PARTICIPATION

NO	ACTIVITIES	INDICATOR	TARGET(S)	AGENCY INVOLVE	NOTE
A) NATIONAL LEVEL					
1.	Briefing on the development of the tobacco control policies to other agencies/ministries, professional bodies, non-governmental organisations (NGOs), and the general public.	No. of briefing given	At least 5 briefing of new policies given	<ul style="list-style-type: none"> Ministry of Health (MOH) 	Briefing on the direction of FCTC 2021-2030
2.	Provide technical assistance to local governments in the development of smoke-free city policies.	No. of briefing given.	At least 5 briefing on the development of Smoke-free city policy given to Local Government	<ul style="list-style-type: none"> MOH Ministry of Housing & Local Government (KPKT) Local Government 	
3.	To establish collaborations with other agencies in tobacco control	Agencies given authority.	At least 10 agencies given authority for Reg. 11 CTPR	<ul style="list-style-type: none"> MOH KPKT Ministry of Home Affairs (KDN) Royal Police Malaysia Local authorities (LA) 	
		No. of policies on Prohibition of import for Tobacco products developed.	At least 2 policies on Prohibition of Import for Tobacco Products developed.	<ul style="list-style-type: none"> MOH Ministry of Finance (MOF)- Custom Department 	Prohibition of import for smoking products /vape
		Proposal on raise of tobacco products duty excise.	Proposal on raise of tobacco products duty excise tabled at least 3 times.	<ul style="list-style-type: none"> MOH Ministry of Finance (MOF)- Custom Department 	
4.	Involvement of more National agencies towards the development of quit smoking programs among Civil servant	No. of quit smoking programs for civil servants established.	At least 3 quit smoking programs for civil servants established	<ul style="list-style-type: none"> MOH KDN KPKT 	



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

NO	ACTIVITIES	INDICATOR	TARGET(S)	AGENCY INVOLVE	NOTE
5.	To empower Public-Private Partnership	No. of Public-Private partnership established	At least 2 new Public-Private partnerships established	<ul style="list-style-type: none"> • MOH • NGO • Private sector 	<ul style="list-style-type: none"> • mQuit program. • Pensijilan TELANG.
B) STATE LEVEL					
1.	Empowering communities through NGOs toward Smoke-free Country through these activities:				
	a) Development of Smoke-free community	No. of Smoke-free Community established	No target fixed	<ul style="list-style-type: none"> • Epid NCD • NGO • Local authority 	
	b) Smoke-free House	No of Smoke-free House registered	<ul style="list-style-type: none"> • KOSPEN At least 10 houses in a locality put up Smoke-Free House (Rumah Bebas Asap Rokok) signage • MyHOUSE No target fixed 	<ul style="list-style-type: none"> • Epid NCD • District Health Office • NGO • Local authority 	
2.	To involve Local Authorities (LA) in order to establish more smoke-free programs	<ul style="list-style-type: none"> • Quit smoking program at workplace • Quit smoking program at worship place • Quit smoking program for higher education institution 	<ul style="list-style-type: none"> • Quit smoking program established at workplace • Quit smoking program at worship place expanded • Quit smoking program for higher education institution expanded 	<ul style="list-style-type: none"> • Epid NCD • Islamic Religious Department • NGO • Local authority • Ministry of Higher Education 	



3.2 STRENGTHEN LAW & ENFORCEMENT ON THE CONTROL OF TOBACCO AND SMOKING PRODUCTS

NO	ACTIVITIES	INDICATOR	TARGET	AGENCY INVOLVE	NOTE
A) NATIONAL LEVEL					
1.	Gazettement and enforcement on the new Control of Tobacco and Smoking Act	Draft of the new Act	Draft of the new Act tabled to Parliament and gazetted by end of 2022	<ul style="list-style-type: none"> • MOH • AGC 	
2.	Tabling new policies under WHO FCTC Steering Committee	New policies presented to WHO FCTC Steering Committee	At least 5 new policies presented to WHO FCTC Steering Committee	<ul style="list-style-type: none"> • MOH • AGC • KPKT • MITI • MOF • KPDNHEP • KDN • Ministry of Women, Family and Community Development (KPWKM) • Ministry of Education (KPM) • Ministry of Higher Education (KPT) • Ministry of Plantation Industries and Commodities 	<ul style="list-style-type: none"> • Total Display Ban • Plain Packaging • Code of Conduct • Direct and indirect promotion
B) STATE LEVEL					
1.	Setting a target for Compound Notice to be produced under the Control of Tobacco Product Regulations (CTPR) 2004.	No of compound notice produced by Environmental Health Officer (EHO)	At least 3 notices/ EHO/ month for 10 months	<ul style="list-style-type: none"> • UIP (Unit Inspektorat & Perundangan) 	
2.	To increase the number of enforcement activities as follow:				
	a) Thematic E-blast enforcement	No of Eblast enforcement	10 times/year	<ul style="list-style-type: none"> • UIP (state and district) 	
	b) Integrated enforcement	No of integrated enforcement	Once/ 3 month		



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

NO	ACTIVITIES	INDICATOR	TARGET	AGENCY INVOLVE	NOTE
	c) Routine enforcement	No of enforcement	8 Main Regulations enforced. a. Reg. 4 b. Reg.5 c. Reg. 8A d. Reg. 8C e. Reg. 9 f. Reg. 11 g. Reg. 12 h. Reg. 13 i. Reg. 16A		
3.	Completing the informations required during enforcement activities in Public Health Enforcement Information System (PHEIS)	No. of complete information	Informations to be completed after each operation	• UIP (state and district)	



3.3 TO EMPOWER THE MALAYSIA QUIT SMOKING SERVICES THROUGH SMART COLLABORATION WITH PROFESSIONAL BODIES/ NON GOVERNMENTAL ORGANIZATIONS AND PRIVATE AGENCIES

NO	ACTIVITY	INDICATOR	TARGET	AGENCY INVOLVE	NOTE
A) NATIONAL LEVEL					
1.	Empowering quit smoking services through integrated treatment at public facilities	No of hospital offering integrated quit smoking treatment	100% hospitals offer integrated quit smoking treatment over 10 years	<ul style="list-style-type: none"> MOH (Disease Control Division) MOH (Medical Development Division) 	The policy of integrated treatment in the hospital was presented in the <i>Mesyuarat Khas KPK Bil. 1/2020</i>
		Policy for the expansion of integrated treatment to Oral Health and Primary Health Facilities Type 1 until Type 5 developed	Integrated treatment expands to Oral Health and Primary Health Facilities Type 1 until Type 5	<ul style="list-style-type: none"> Oral Health Program MOH (Family Health Development Division) 	
2.	Developing the policy for quit smoking services among B40 group	New policy for quit smoking services for B40 developed	New policy for quit smoking services for B40 developed by 2022	<ul style="list-style-type: none"> MOH (Disease Control Division) MOH (Planning Division) 	A presentation for PeKa B40 treatment proposal was presented to PHCorp
B) STATE LEVEL					
1.	Primary and Secondary School level Empowering KOTAK Program under Oral Health team	Percentage of schools undergo screening session under KOTAK program every 6 months	95% of primary and secondary school undergo screening	<ul style="list-style-type: none"> State and district Dental Officer State Education Department 	
		Percentage of current smoker among students who receive at least 3 times quit smoking intervention	60% of students who are current smoker receive at least 3 time quit smoking intervention		



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

NO	ACTIVITY	INDICATOR	TARGET	AGENCY INVOLVE	NOTE
2.	For Tuberculosis Patient Increasing the number of TB patients screened and referred to quit smoking services	Percentage of TB patient screened for smoking status	100% TB patients screened (except non-citizen)	<ul style="list-style-type: none"> • TB Epid Officer (State and district) 	
		Percentage of smoker among TB patient referred to quit smoking services	100% smoker among TB patients referred to quit smoking services.		
3.	At Public Clinic (Type 1- Type 5) Increasing the number of smokers registered to quit smoking clinic in public clinics (KK) Type 1- Type 5	Number of smokers registered at KK. / month	3 smokers/ KK/ month registered at KK Type 1 – Type 5	<ul style="list-style-type: none"> • Primer Officer (State and district) 	
4.	At Public Clinic (Type 1- Type 5) Increasing the number of smokers who receive pharmacotherapy	Percentage of smokers received pharmacotherapy	65% of smoker with high nicotine dependency received pharmacotherapy over 10 years	<ul style="list-style-type: none"> • Primer Officer (State and district) 	
5.	At Public Clinic (Type 1- Type 5) Increasing percentage of smokers successfully quit smoking	Percentage of smoker successfully quit smoking	At least 35% of smoker successfully quit smoking annually	<ul style="list-style-type: none"> • Primer Officer (State and district) 	



NATIONAL STRATEGIC PLAN FOR THE CONTROL OF TOBACCO & SMOKING PRODUCTS 2021-2030

NO	ACTIVITY	INDICATOR	TARGET	AGENCY INVOLVE	NOTE
6.	<p>Integrated treatment at public hospital</p> <p>Increasing the number of smokers with chronic disease to receive integrated treatment of quit smoking in public hospitals</p>	Percentage of smoker who received integrated treatment of quit smoking at public hospitals	<p>At least 60% of smoker with chronic disease registered to receive integrated treatment of quit smoking</p> <p>(Quit smoking treatment means either counselling alone OR counselling with pharmacotherapy)</p>	<ul style="list-style-type: none"> Medical Department at Hospital 	
7.	<p>Integrated treatment at public hospital</p> <p>Increasing the number of smokers who receive pharmacotherapy</p>	Percentage of smokers received pharmacotherapy	65% of smoker with high nicotine dependency received pharmacotherapy over 10 years	<ul style="list-style-type: none"> Medical Department at Hospital 	
8.	<p>Integrated treatment at public hospital</p> <p>Increasing percentage of smokers successfully quit smoking</p>	Percentage of smoker successfully quit smoking	At least 35% of smoker successfully quit smoking annually	<ul style="list-style-type: none"> Medical Department at Hospital 	



