Policy Measures on Strengthening and Developing Capabilities for National Tobacco Control in Thailand

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Objective: *To assess the situation and report on a national capacity plan for tobacco control under the National Strategic Plan for Tobacco Control (NSPTC) 2010-2014.*
Material and Method: *Systematic documentary review and analysis were managed by the working group. The results were discussed and provided recommendations by the sub-committee on developing the NSPTC 2010-2014. Seven meetings were organized from March 2009-January 2010. Eventually, the NSPCT 2010-2014 was approved by the National Committee for Tobacco Control, chaired by the Minister of Public Health on 22 April 2010.*
Results: *The major result of the present study was brought to the National Capacity in Tobacco Control Plan under the NSPTC 2010-2014. The purpose of the plan is to strengthen and develop national tobacco control capacity before 2011. Seven strategic areas for National Tobacco Control Capacity have been proposed. They are, 1) tobacco control policy and leadership development, 2) developing an organizational structure and management systems, 3) developing surveillance, monitoring and evaluation systems, 4) formulate measures to support research and knowledge management, 5) capacity building and network expansion for tobacco control in various sectors, 6) capacity building and expansion of a collaborative network for tobacco control at regional levels and 7) improving and strengthening tobacco control laws. In addition, the indicators, key players and support partners were addressed.*
Conclusion: *Although the strength of the strategic plan on National Capacity in Tobacco Control is participatory planning process and result in the integrated and comprehensive capacity in tobacco control plan, but some concerns should be considers. They are infrastructure, evidence and networking and leadership.*

Keywords: *Strengthen and develop capacity, National tobacco control plan*

J Med Assoc Thai 2012; 95 (Suppl. 6): S61-S70
Full text. e-Journal: *http://jmat.mat.or.th*

Tobacco control in Thailand has been implemented for more than 3 decades. It has decreased tobacco consumption and smoking prevalence steadily from 32% in 1991 to 21.22% in 2007[1]. Several strong policy measures have been implemented including smoke-free public places, advertising (including a ban of all advertising at points of sale), pictorial health warning packaging, new labeling guidelines and an increase in tax.

Despite these successes, one of the biggest challenges is the development of a National Tobacco Control Plan. In 2002 and 2005, MOPH developed a National Tobacco Control Plan, but it was not complete and never implemented. Therefore, the MOPH set up a subcommittee and working groups for the development of a national tobacco control plan in March of 2009. Subcommittees and Working Groups, with collaboration from various sectors, including civil society, academic institutions and non-health governmental organizations, prepared the information and met several times. Finally, the National Strategic Plan for Tobacco Control 2010-2014 was developed and approved by the National Committee for the Control of Tobacco Use (NCCTU) in April, 2010. NCCTU is chaired by the Minister of Public Healthand the Director-General of the Department of Disease Control has been assigned to serve as Secretary-General. The members of the committee consist of the Permanent under secretaries of related ministries and a group of tobacco experts. NCCTU is responsible for policy making, cooperating with other organizations related with tobacco control,

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monitoring, and evaluating the tobacco control policy implementation.

Tobacco control achievement depends upon several factors, especially the strength of policy development and leadership, effective tobacco control organizations, surveillance systems, research and evaluation mechanisms and capacity building of manpower for tobacco control. Accordingly, one of the working groups responsible for developing the strategic area concerning strengthening and developing national capacity in tobacco control operations was established. This article reports the results of situation assessment and the contents of the national capacity in tobacco control plan under the National Strategic Plan for Tobacco Control 2010 -2014.

Material and Method

For the purpose of the present study, the working group under the sub-committee for developing the National Strategic Plan for Tobacco Control 2010-2014 was established. The working group was composed of participants from the Faculty of Public Health, Mahidol University, the Tobacco Control Research and Knowledge Management Center, National Statistic Office, ASH Thailand, the Health Professional Alliance Against Tobacco and the Tobacco Control Office, Bureau of Tobacco Control, MOPH. A combination of systematic documentary review and a multi-sectoral panel discussion were used. After reviewing the literature, the SWOT analysis concerning the national capacity in tobacco control was prepared by the working group. The results and content synthesis of strategic areas to strengthen and develop national capacity in tobacco control implementation were discussed and synthesized four times in the working group. Later, three panel synthesis meetings in Sub-committee have been arranged. Eventually, the national plan was approved by the National Committee for Tobacco Consumption Control in April, 2010.

Results

SWOT analysis

The working group reviewed several documents[1-8] on the topic of tobacco control and the capability of tobacco control from past policies, reports and research and further discussed these documents with tobacco control advocates. Afterwards, SWOT Analysis was performed. The outcome was as follows:

Strength

The strength of tobacco control capacity in Thailand is the leadership of senior tobacco control advocates, infrastructure for tobacco control and sustainable funding from the Thai Health Foundation.

1) A number of strong tobacco control policies were advocated by senior advocates from two NGOs: Action on Smoking or Health Foundation, Thailand (ASH Thailand) and Thai Health Promotion Institute (THPI). They work effectively with government decision makers and the ThaiHealth Foundation.

2) Infrastructure for tobacco control in Thailand is composed of three major organizations: a governmental organization, NGOs and an academic institute. The Office of Tobacco Control, MOPH is the organization set up as being responsible for national tobacco control. NGOs have actively advocated tobacco control policies and launched media campaigns for more than two decades.

3) The ThaiHealth Foundation, funded by an earmarked 2% from tobacco and alcohol taxes, was established in 2001. This foundation supports tobacco control programs for both GOs and NGOs since 2008. It guarantees that the budget is sufficient to cover the national tobacco control programs.

4) Tobacco Control Research and Knowledge Management Centre (TRC) at Mahidol University is the academic institute responsible for producing evidence based information, knowledge, research and evaluation of tobacco control programs to support implementation in both GOs and NGOs.

Weaknesses

The capability of tobacco control has some weaknesses[8]:

The National Committee for the Control of Tobacco Use: NCCTU is a governmental structure for decision-making at the highest levels yet does not seem to be very active. There has not been a regular meeting because of political instability and frequent changes in the position of Minister of Health.

The government Infrastructure for tobacco control, Tobacco Control Office and MOPH is weak: The quantity of experienced manpower in tobacco control, both at the central and the regional levels, are limited because the Tobacco Control Office is currently in transition and understaffed. The training and capacity for tobacco control in the MOPH and other related ministries is inadequate. The turnover of the director of the Bureau is very high, which affected tobacco control activities.

Lack of Government capacity for coordinating capability in tobacco control: All tobacco

control capacity building programs which are the responsibility of both NGOs and GOs are arranged independently and fragmented. The governmental sector has played a weak role in coordination.

Coordination mechanisms at the provincial level are not strong: There is no provincial tobacco control plan or committee, and less coordination at implementation levels.

Various institutions perform epidemiological surveillance activities: In tobacco control without a general plan and depend on available national and external funding.

Monitoring of tobacco control activities are fragmentary and limited: The Tobacco Control Office has limited capacity to monitor tobacco control activities at national and provincial levels. For large-scale epidemiological studies, determining the risk associated with tobacco use or computing tobacco-attributable deaths in the countrywas the responsibility of the TRC.

Monitoring of tobacco industry activities are not conducted by governmental structures: Some NGOs conduct some tobacco industry surveillance activities, such as THPI and ASH Thailand, by regularly checking the news media.

Opportunity

The WHO-Framework Convention on Tobacco Control (FCTC) is the effective global treaty which supports Thailand implementation. Thailand ratified the WHO-FCTC in 2004, the 36th country among over 174 countries participating[9]. The FCTC treaty has been effective since 27 February 2005. Thailand has used this opportunity to strengthen and develop the capabilities for National Tobacco Control as recommended in FCTC, Article 20 (research, surveillance and exchange of information)[10].

Threat

Globalization and the changing societal context have led to an increase in the of problems in tobacco consumption control. The Free Trade Agreement (FTA) may have a negative impact on tobacco control if the Thai government does not exclude tobacco products from the proposed FTA within ASEAN countries, The EU, or The USA. Smokers, especially youthful smokers, have easy access to cigarettes. Furthermore, the globalization of commercial cigarette promotions through the Internet threatens the tobacco control program through unrestricted sales to minors, cheaper cigarettes due to tax avoidance and smuggling, loss of advertising and marketing control and the continued normalization of the tobacco industry and its products[11].

Strengthening and Developing National Capacity in Tobacco Control

After the multi-disciplinary panels of the working group and the sub-committee synthesized the documentary data several times it was approved by the NCCTU in April 2011. Finally, the panel addressed the purpose of the plan, which was to strengthen and develop the national tobacco control capacity before 2011. The seven strategic measures for National Tobacco Control Capacity as recommended are

1) Tobacco control policy and leadership development.

2) Developing an organizational structure and management system.

3) Developing surveillance, monitoring and evaluation systems.

4) Adopt measures to support research and knowledge management.

5) Promote capacity building and expanding networks for tobacco control in various sectors.

6) Build capacity and expand the collaborative network for tobacco control at the regional level.

7) Improve and strengthen tobacco control laws.

In addition, the indicators, key players and supportive partners were identified in Table 1.

Tobacco control policy and leadership development

The first strategy is composed of two major activities. The first is to arrange meetings of the National Committee on Tobacco Consumption Control (NCTCC) every four months, or depending upon need, but not less than three times a year. The second is to develop Thailand's tobacco control policy and strategies which address specific provisions of the WHO FCTC as follows[10]:

Article 5.3

Protection of national tobacco control policy from interference of the tobacco industry by developing government policy or issuing Ministerial Notification on this area.

Article 6

Measures for tobacco tax. According to the national strategic plan for tobacco control 2010-2014, there will be an urgent revision to improve tax measures

Table 1. Strategies/Measures, Indicators and Players for National Tobacco Control Capacity Strategies/Measures, Indicators and Players for National Tobacco Control Capacity

Strategies/Measures	Indicators	Key players	Supportive partners
1. Tobacco control policy and leadership development	1.1 NCCTU have 3 meetings/year 1.2 Issues of tobacco control policies relevance with FCTC would be made decision by NCCTU 1.3 Policy implementation would be monitored and evaluated by NCCTU	Bureau of Tobacco Control, MOPH	-Ministry of Finance -Ministry of Education -Ministry of Foreign Affairs -Ministry of Transportation -Ministry of Social Development and Human Security -Ministry of Information and Communication Technology -Ministry of Interior -Royal Thai Police Bureau -Office of the Juridical Council -Office of the Attorney General -Thai Health Promotion Foundation -National Health Security Office
2. Developing an organizational structure and managementsystem for tobacco control	2.1 Establish Bureau of Tobacco Control (BTC) under the Dept. of Disease Control, MOPH before 2009 2.2 BTC would be fully supported by budgets and manpower from the government	Dept. of Disease Control, MOPH	Thai Health Foundation WHO-Thailand TC core group
3.Developing surveillance, monitoring and evaluation systems for tobacco control	3.1 National tobacco control surveillance system (NTCSS) would be established 3.2 Reporting from NTCSS would cover - national smoking prevalence every 2 years -Smoking attributes Morbidity and mortality every 5 years - tobacco industry surveillance data -impact of tobacco control policy	-BOTC,MOPH	-NSO -TRC -Faculty of Public Health , Mahidol University -ASH -THPI -SEATCA -WHO-Thailand

Table. 1 Cont.

Strategies/Measures	Indicators	Key players	Supportive partners
4. Measures to support research and knowledge management ontobacco control	4.1 10 research programs related to FCTC per year would be supported 4.2 Research Knowledge Management among policy makers, tobacco control network, researchers and civil society 5 issues/year 4.3 Number of research findings disseminate through mass media	-TRC	-Thai Health
5. Capacity building and expanding networks for tobacco control in various sectors	5.1 Establish Provincial Tobacco Control Committees in every province 5.2 Provincial tobacco control plan would be implemented in every province. 5.3 Capacity of target groups in tobacco control	-Dept. of Disease Control, MOPH - Provincial Health Offices, MOPH -Disease Control Regional Office - Health Professional Alliance Against Tobacco	-Thai Health
6. Capacity building and expansion of collaborative network at regional level	6.1 Tobacco control as an agenda of the ASEAN Public Health Ministerial meeting 6.2 ASEAN countries have a joint tobacco control policy/strategies accordance with WHO FCTC 6.3 Collaborating Center for Tobacco Control would be established in Thailand	-MOPH -South East Asia Tobacco Alliance (SEATCA) -TRC	-ThaiHealth -THPI -WHO-Thailand
7. Improving tobacco laws and strengthening law enforcement	7.1 Number of MinisterialNotifications/ regulations/rules under tobacco control laws. 7.2 Coverage of trained tobacco law enforcers.	BTV, MoPH	ThaiHealth

as follows:

- Revise the cigarette taxing system according to WHO recommendations which use a retail price base.
- Increase the tax of roll-your-own tobacco/ cigarettes so that smokers affected by the higher price of manufactured cigarettes will not switch to lower priced roll-your-own products.
- Revise the tax calculation system of other tobacco products suitable to the current situation.
- Make attempts to adjust the excise tax structure for cigarette and other tobacco products every two years.
- Make attempts to eliminate cigarettes and other tobacco products as tax-free tobacco products sold at duty free shops.

Article 8

Measures for the protection of people from exposure to tobacco smoke by expanding smoke-free areas by 100% in accordance with the Non-Smoker's Health Protection Act of 1992, including the strengthening of law enforcement.

Article 11

Measures for packaging and labeling of tobacco products to have the Quit Line service phone number 1600 printed on every cigarette package, to update health warning pictures on the cigarette packages every two to three years and to have relevant regulations strictly enforced, especially the warning pictures, on packages of roll-your-own tobacco.

Article 13

Prohibiting tobacco advertising, promotion and sponsorship by the tobacco industry: Developing a policy or issuing Ministerial Notifications to prohibit all governmental sectors from accepting support from activities for corporate social responsibility (CSR) from the tobacco industry, or permit CSR to be done but without publicizing.

Article 14

Provision concerning the cessation of services for tobacco consumers by expanding services through primary health care facilities, integrating tobacco cessation into the health insurance system (UC), advocating inclusion of tobacco cessation medicine, first-line drugs, on the National Essential Drug List, improving the referral system from primary, through tertiary level services for those who seek tobacco cessation and who wish to use the quit line phone services.

Article 15

Controlling illicit trade of tobacco products by developing a surveillance system and mechanism.

Article 16

Prohibition of sales of tobacco products to and by youth. In Thailand, prohibition of sales of tobacco products to persons under 18 already exists. However, this prohibition, as well as the prohibition of sales of individual cigarettes from packets is still not enforced. Advocating for the lack of these measures shall be adopted by 2014.

Developing an organizational structure and management systemfor tobacco control

The second strategy is composed of two major activities. They are to develop a structure and management system for the central government's tobacco control office, the Bureau of Tobacco Control, Department of Disease Control and to develop a structure and management system at the peripheral level by establishing Provincial Tobacco Control Committees. The committee must include relevant government officials, representatives from civil societies and those involved in tobacco control so that the National Committee of Tobacco Consumption Control's recommendations will be well implemented at regional and provincial levels.

Developing surveillance, monitoring and evaluation systems for tobacco control

The third strategy is composed of two major activities. The first is to develop and establish the national tobacco surveillance system covering the following:

Demand side surveillance: collecting/ reporting information on tobacco consumption, tobacco-related morbidity and mortality.

Supply side surveillance: collecting/reporting information on illicit trade of tobacco products.

Tobacco industry surveillance: Vigilance on the interference with government policy, CSR and promotion/advertising by the tobacco industry. In 2010-2014, a comprehensive surveillance pilot project for tobacco control will be initiated before expanding to cover the entire country.

To strengthen surveillance of compliance with the provisions of the Non-Smoker's Health Protection Act 1992 and the Tobacco Products Control Act of

1992.

To have tobacco surveillance systems at provincial, regional, and national levels.

To systematically integrate tobacco control surveillance operated by various organizations.

The second major activity is to evaluate the impact of tobacco control policies by measuring the tobacco consumption rate, tobacco-related morbidity, and mortality rates.

Measures to support research and knowledge management on tobacco control

The fourth strategy is composed of four major activities. The first is to support research in accordance with the WHO-FCTC by priorities in order to support policy development and operations with respect to needs urgency. Second, to provide knowledge management for tobacco control in accordance with the WHO-FCTC. Third, to disseminate research results to organizations and related persons in tobacco control for the development of program implementation. And the last is to disseminate knowledge and research findings to the public.

Capacity building and expanding networks for tobacco control in various sectors

The fifth strategy is composed of three major activities. They are to initiate capacity building development for tobacco control at the provincial level so that provincial plans for tobacco control can be developed based on evidence; to develop capacity concerning public health human resources professional networks and of health teaching institutes to include knowledge on tobacco control; and to make efforts to include tobacco control contents in both formal and educational systems in order to reach people of all ages and all levels.

Capacity building and expansion of a collaborative network for tobacco control at the regional level

The sixth strategy is composed of 3 major activities. First, to develop collaboration mechanisms for tobacco control among ASEAN countries by

1) Push tobacco control as an agenda of the ASEAN Public Health Ministerial meeting.

2) To make efforts to have a joint tobacco control policy/strategies out of the ASEAN Public Health Ministerial Meeting. Second, to develop human resource capacity on tobacco control, in accordance with WHO FCTC, in ASEAN countries. Third is to initiate a process for the designation of the WHO Collaborating Center for Tobacco Control.

Improving tobacco laws and strengthening law enforcement

The seventh strategy is composed of four major activities. They are, to revise and strengthen the Tobacco Control Acts, Ministerial Notifications, regulations and other related tobacco control rules. Develop/strengthen the capacity of tobacco law enforcers and to inform implementers on legal measures in accordance with tobacco control laws. Campaign, disseminate and publicize information of tobacco control laws

Discussion

The strength of a strategic plan on National Capacity in Tobacco Control is a participatory planning process resulting in an integrated and comprehensive capacity in the tobacco control plan. Concerns, however, include infrastructure, evidence and networking and leadership, which is the framework for the components of National Capacity recommended by World Health Organization[12].

Infrastructure

Thailand has a good infrastructure for tobacco control. The main structures are the NCTCC and Tobacco Control Office (BOC). Although the National Strategic Plan for Tobacco Control 2010-2014 states which important policies should be passed by the NCTCC during those four years, the new government in Thailand, along with the policy and attitude of the new Minister of Public Health in tobacco control may affect the implementation process and outcome of the National Plan. Thus the BOTC and senior advocates should work strategically with the Minister of Public Health.

The Tobacco Control Office has been upgraded to the Bureau of Tobacco Control (BOTC), Department of Disease Control, Ministry of Public Health. The new director of the BOTC should have an effective learning process to step up the plan, push current policy, implementation and monitoring through the NCTCC and work with other tobacco control partners. The limitation of manpower in The Tobacco Control Office is the big problem because of the bureaucratic system. The unit of the tobacco surveillance system has only one government officer, the other three members are temporary staff supported by the Thai Health Foundation budget. Thus the activities of epidemiological surveillance concerning tobacco use

would have priority over the tobacco industry activities surveillance, especially when the MOPH must responsible for big surveys like GATS second round, which will be conducted in 2011.

Evidence

TRC supports a number of research projects which need to be disseminated and communicated to policy makers and actors. Neither of them are familiar with the technical terms used in research papers. The policy makers always make decisions without evidence, and the same can be said for agents of both GOs and NGOs who do not use evidence in their implementation strategies. Both users and the TRC should work closely together to establish a clearing house mechanism composed of specialists who are able to look at research results and critically analyze and advise the policy makers and partners in tobacco control. This suggestion is consistent with the finding of Hyder AA et al[13] that the most important barrier between the researcher and policy maker is communication. There are no formal channels for research findings to be communicated to policy makers. Suggestions for solving communication barriers included establishing a systematic approach to support research results to policy makers and training researchers to bridge this communication gap.

Networking and leadership

Although the National Tobacco Control Capacity Plan has been developed by the multi-disciplinary approach and a wide engagement from a number of key players as in Table 1 still it has at least two weaknesses. The first is the process of developing a national tobacco control plan does not involve participants from the provincial and local levels. Thus, the prevalence of smoking in provincial and rural areas would be difficult to decrease without community participation. As discussed by Mehl G et al[14] that community participation and ownership is critical to the success and effectiveness of tobacco control. Wouters E et al[15] also stated that vertical top-down implementation tended to negate the health problems and the course of the implementation process and thus created an obvious gap between policy intentions and policy reality. Second, capacity building for tobacco control manpower programs is fragmentary and has overlaps. The BOTC is responsible for training law enforcers at the provincial and regional level. ASH Thailand has a training program for teachers and hospital health personnel to develop smoke-free schools and smoke-free hospitals, while The Thai Health Professional Alliance Against Tobacco has a cessation training program for health personnel. In fact, all players should create virtual networks for setting the goal of capacity building programs together. They should analyze the gap in tobacco control capacity building. Nevertheless, it looks like the areas of training to develop skills in advocacy, research policy, program planning and implantation, leadership in tobacco control and evaluation are not the responsibility of any organization.

Ethical declaration

The present study did not experiment on human subjects or take any action that could be harmful to the health or mental state of either people or animals.

Acknowledgement

The author wish to acknowledge the members of the Strengthening and Developing National Capacity in Tobacco Control Working Group and Sub-Committee on Developing the National Strategic Plan for Tobacco Control, 2010-2014 for active involvement along with the policy planning process. This paper is supported by The Tobacco Control Research and Knowledge Management Center, Mahidol University and The Thai Health Foundation.

Potential conflicts of interest

None.

References

1. Tobacco Control Research and Knowledge Management Center, Mahidol University. Tobacco consumption situation in Thailand, 1991-2007. Bangkok: Charoendee Munkong Printing; 2008.
2. World Health Organization, Regional Office for South East Asia. Global adult tobacco survey (GATS): Thailand country report. Nonthaburi: Office of the WHO Representative to Thailand; 2009.
3. Kengganpanich M, Termsrikulchai L, Nakju S. Documentary reviewed and analysis of tobacco control research in Thailand 1976-2006. Bangkok: Tobacco Control Research and Knowledge Management Center, Mahidol University; 2006.
4. Levy DT, Benjakul S, Ross H, Ritthiphakdee B. The role of tobacco control policies in reducing smoking and deaths in a middle income nation: results from the Thailand SimSmoke simulation

model. Tob Control 2008; 17: 53-9.
5. Tobacco Control Research and Knowledge Management Center, Mahidol University. Annual report TRC report 2005-2008. Bangkok: Charoendee Munkong Printing; 2008.
6. Bureau of Non-communicable Disease, Department of Disease Control, Ministry of Public Health. Report of monitoring of areas of the smoking ban (round 2). Nonthaburi: Ministry of Public Health; 2005.
7. Termsrikulchai L, Benjakul S, Kengganpanich M, Thekayan N, Nakju S. Thailand tobacco control profile. Bangkok: Tobacco Control Research and Knowledge Management Center, Mahidol University; 2008.
8. World Health Organization. Joint national capacity assessment on the implementation of effective tobacco control policies in Thailand. Geneva: WHO; 2008.
9. World Health Organization. Parties to the WHO framework convention on tobacco control [Internet]. 2011 [cited 2011 Aug 3]. Available from: http://www.who.int/fctc/signatories_ parties/ en/ index.html.
10. World Health Organization. WHO framework convention on tobacco control. Geneva: WHO; 2005.
11. Cohen JE, Sarabia V, Ashley MJ. Tobacco commerce on the internet: a threat to comprehensive tobacco control. Tob Control 2001; 10: 364-7.
12. Wipfli H, Stillman F, Tamplin S, da Costa e Silva VL, Yach D, Samet J. Achieving the Framework Convention on Tobacco Control's potential by investing in national capacity. Tob Control 2004; 13: 433-7.
13. Hyder AA, Corluka A, Winch PJ, El Shinnawy A, Ghassany H, Malekafzali H, et al. National policy-makers speak out: are researchers giving them what they need? Health Policy Plan 2011; 26: 73-82.
14. Mehl G, Stimson V, Riley L, Ball A. Youth tobacco-rapid assessment and response guide. Version 1.0. Geneva: World Health Organization; 2002.
15. Wouters E, van Rensburg HC, Meulemans H. The National Strategic Plan of South Africa: what are the prospects of success after the repeated failure of previous AIDS policy? Health Policy Plan 2010; 25: 171-85.

มาตรการทางนโยบายในการสร้างความเข้มแข็งและขีดความสามารถด้านการควบคุมยาสูบของประเทศ

มณฑา เก่งการพานิช, ลักขณา เติมศิริกุลชัย, ศรัญญา เบญจกุล

วัตถุประสงค์: *เพื่อประเมินสถานการณ์และรายงานแผนพัฒนาขีดความสามารถในการควบคุมยาสูบของประเทศภายใต้แผนยุทธศาสตร์การควบคุมยาสูบแห่งชาติ พ.ศ. 2553-2557*

วัสดุและวิธีการ: *การการทบทวนเอกสารอย่างเป็นระบบ การวิเคราะห์ด้วย SWOT การประเมินสถานการณ์ ร่วมกับการอภิปรายหมู่และหาข้อสรุปจากผู้ทรงคุณวุฒิจากสหสาขาวิชาในคณะทำงานฯ คณะอนุกรรมการจัดทำแผนควบคุมยาสูบแห่งชาติ และคณะกรรมการควบคุมยาสูบแห่งชาติ*

ผลการศึกษา: *ผลลัพธ์สำคัญจากการประเมินสถานการณ์และการพัฒนาขีดความสามารถ การควบคุมยาสูบของประเทศ นำมาสู่แผนการสร้างเสริมความเข้มแข็งในการควบคุมยาสูบของประเทศ ภายใต้แผนยุทธศาสตร์การควบคุมยาสูบแห่งชาติ พ.ศ. 2553-2557 ซึ่งกำหนดเป้าหมายของแผนงานฯ คือการสร้างเสริมความเข้มแข็งและพัฒนาขีดความสามารถในการควบคุมยาสูบของประเทศภายในปี พ.ศ. 2554 โดยมียุทธวิธีในการดำเนินงาน 7 ยุทธวิธี ได้แก่ 1) การพัฒนานโยบายและภาวะการนำในการควบคุมยาสูบ 2) การพัฒนาโครงสร้าง และระบบการบริหารจัดการงานควบคุมยาสูบ 3) การพัฒนาระบบการเฝ้าระวัง การควบคุมกำกับ และประเมินผลการควบคุมยาสูบ 4) การสนับสนุนการศึกษาวิจัยและจัดการความรู้ด้านการควบคุมยาสูบ 5) การเสริมสร้างขีดความสามารถและขยายเครือข่ายในการควบคุมยาสูบของภาคส่วนต่างๆ ที่เกี่ยวข้อง 6) การเสริมสร้างขีดความสามารถ และขยายเครือข่ายในการควบคุมยาสูบของภาคส่วนต่าง ๆ ในระดับภูมิภาค 7) การปรับปรุงกฎหมาย และสร้างความเข้มแข็งการบังคับใช้กฎหมาย นอกจากนั้นยังมีการกำหนดตัวชี้วัด ผู้รับผิดชอบหลักและผู้สนับสนุนในแต่ละกลยุทธ์*

สรุป: *แม้ว่ากระบวนการและผลลัพธ์ของการจัดทำแผนยุทธศาสตร์ เพื่อการสร้างเสริมขีดความสามารถ ในการควบคุมยาสูบของประเทศจะมีจุดแข็งในลักษณะที่สร้างการมีส่วนร่วมอย่างกว้างขวาง และเป็นแผนที่มีลักษณะบูรณาการและเบ็ดเสร็จก็ตาม แต่ยังมีจุดอ่อนบางประการที่จะต้องให้ความสำคัญคือ ปัญหาเรื่องโครงสร้างพื้นฐาน การใช้ข้อมูลเชิงประจักษ์ในการทำงานและการสร้างเครือข่ายและภาวการณ์ผู้นำ*