Enabling children to grow up in a smoke-free world: policies and practices

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

28 SEPTEMBER 2021

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Enabling children to grow up in a smoke-free world: policies and practices

Welcome

Part 1: A smoke-free world: why it matters and how to get there

Part 2: Actions to create smoke-free environments: country examples

Part 3: Questions & answers

Part 4: Partners' reflections

Closing remarks

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1. A smoke-free world: why it matters and how to get there

Facilitated by Bernadette Daelmans
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A smoke-free world

why it matters and how to get there

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Creating the enabling environments for child and adolescent health and development

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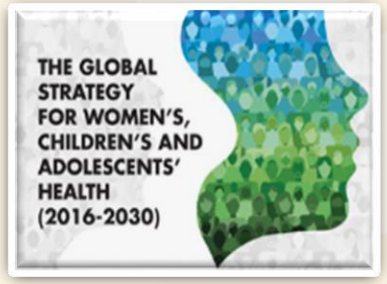
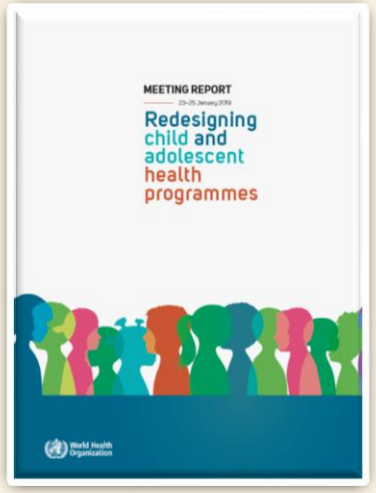
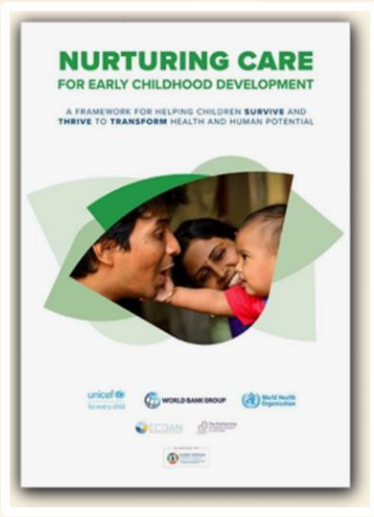
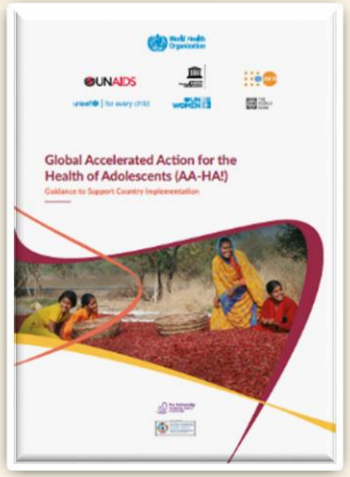
The global agenda for child and adolescent health and well-being

Convention on the Rights of the Child









A future for the world's children? A WHO–UNICEF–*Lancet* Commission

Helen Clark, Awa Marie Coll-Seck*, Anshu Banerjee, Stefan Peterson, Sarah L Dalglish, Shanthi Ameratunga, Dina Balabanova, Maharaj Kishan Bhant, Zulfiqar A Bhutta, John Borrazzo, Mariam Claeson, Tanya Doherty, Fadi El-Jardali, Asha S George, Angela Gichaga, Lu Gram, David B Hipgrave, Aku Kwamie, Qingyue Meng, Raúl Mercer, Sunita Narain, Jesca Nsungwa-Sabiiti, Adesola O Olumide, David Osrin, Timothy Powell-Jackson, Kumanan Rasanathan, Imran Rasul, Papaarangi Reid, Jennifer Requejo, Sarah S Rohde, Nigel Rollins, Magali Romedenne, Harshpal Singh Sachdev, Rana Saleh, Yusra R Shawar, Jeremy Shiffman, Jonathon Simon, Peter D Sly, Karin Stenberg, Mark Tomlinson, Rajani R Ved, Anthony Costello*

Childhood and adolescence are periods of rapid physical, cognitive, social and emotional development.

It is also the time when risks associated with noncommunicable diseases have a major impact.

Tobacco poses major risks for children's survival, health and development.

Protecting children from tobacco smoke is essential to help them to survive and thrive.

Comprehensive smoke-free policies optimize human capital for current and future generations.

Thematic Brief:
Tobacco control for child health and development

Access the brief at:
https://nurturing-care.org/tobacco-control/

Other thematic briefs in the series:
https://nurturing-care.org/thematic-briefs/

THEMATIC BRIEF

NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT

Tobacco control to improve child health and development

What is nurturing care?

What happens during early childhood (pregnancy to age 8) lays the foundation for a lifetime. We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. This requires providing children with nurturing care, especially in the earliest years (pregnancy to age 3).

Nurturing care comprises five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

Why is protecting children from tobacco important?

Tobacco poses risks to children's survival, health and development. Protecting children from tobacco smoke is essential to help them to survive and thrive.

Children exposed to tobacco smoke are at an increased risk of a range of diseases and are more likely to take up smoking themselves. Enabling children to grow up free from the dangers of tobacco exposure is a key aspect of providing clean, safe and secure environments. Providing such environments is central to achieving Sustainable Development Goal 3 on good health and wellbeing. It is also essential for nurturing care.

The World Health Organization (WHO) has set out a package of proven effective measures, together called MPOWER *(1)*, to reduce tobacco use and second-hand smoke exposure (see Box 1). Many of these tobacco control policies have been shown to reduce children's exposure to second-hand smoke and therefore to improve birth outcomes and children's health and development.

01

Photo credit: © WHO/Luca Passerini

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Access the Thematic brief *Tobacco control for child health and development* at:
https://nurturing-care.org/tobacco-control/

Tobacco’s impact on child health and development and the role of smoke-free environments

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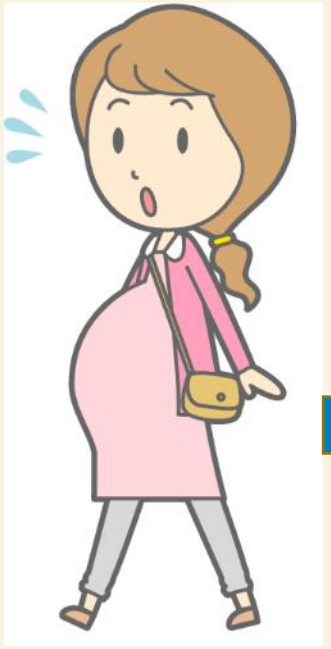
Exposure to the harms of tobacco

Maternal smoking during pregnancy

Exposure of pregnant women and children to secondhand smoke

Smoking in childhood

Impact of tobacco on child health



gestation

perinatal period

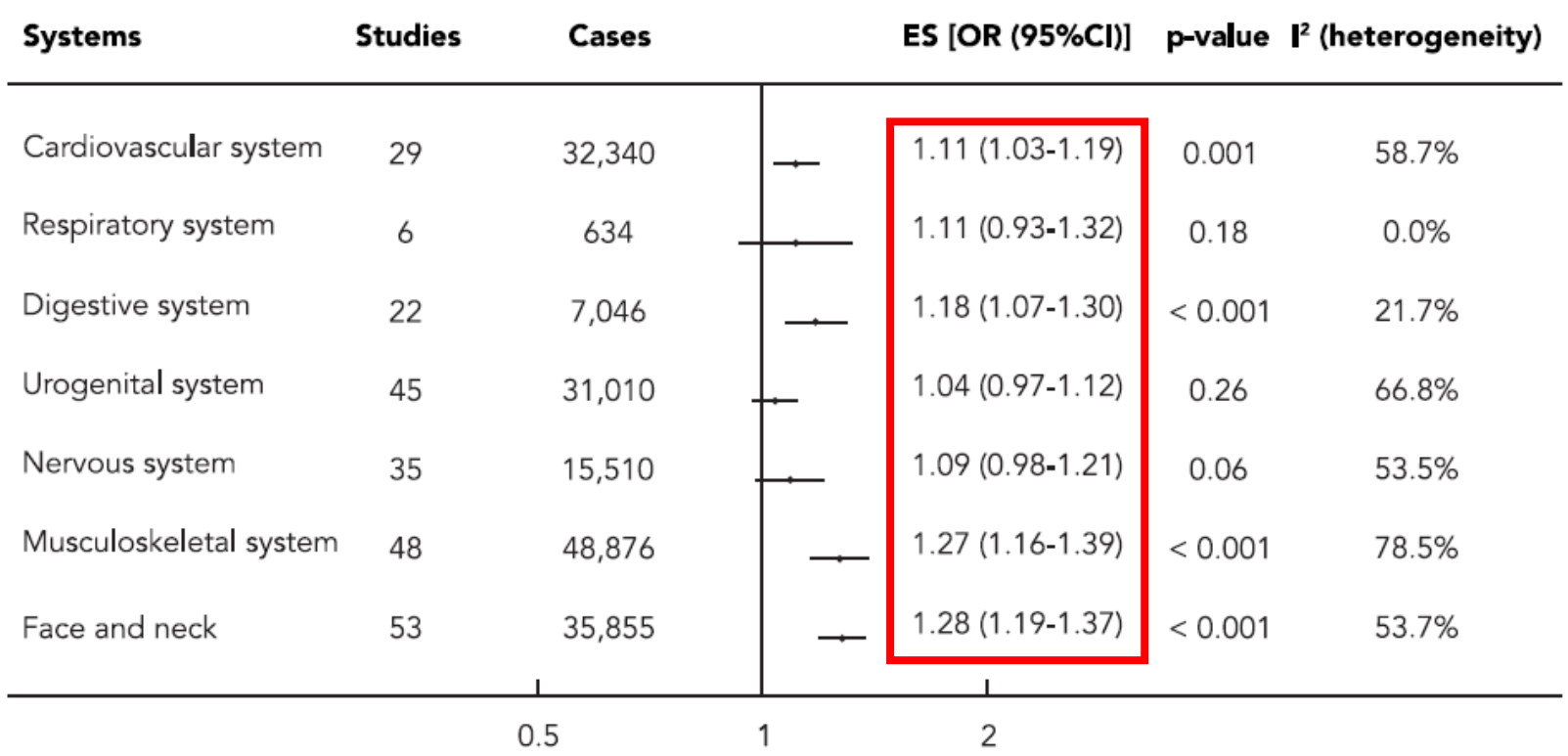
infancy

childhood

Maternal smoking and birth defects

Figure 3

Maternal smoking during pregnancy and birth defects in children according to the body systems involved.



Nicoletti D, Appel LD, Siedersberger Neto P, Guimarães GW, Zhang L. Maternal smoking during pregnancy and birth defects in children: a systematic review with meta-analysis. Cad Saude Publica. 2014;30:2491–529.

Second-hand exposure to smoke (SHS) in pregnancy and congenital malformation

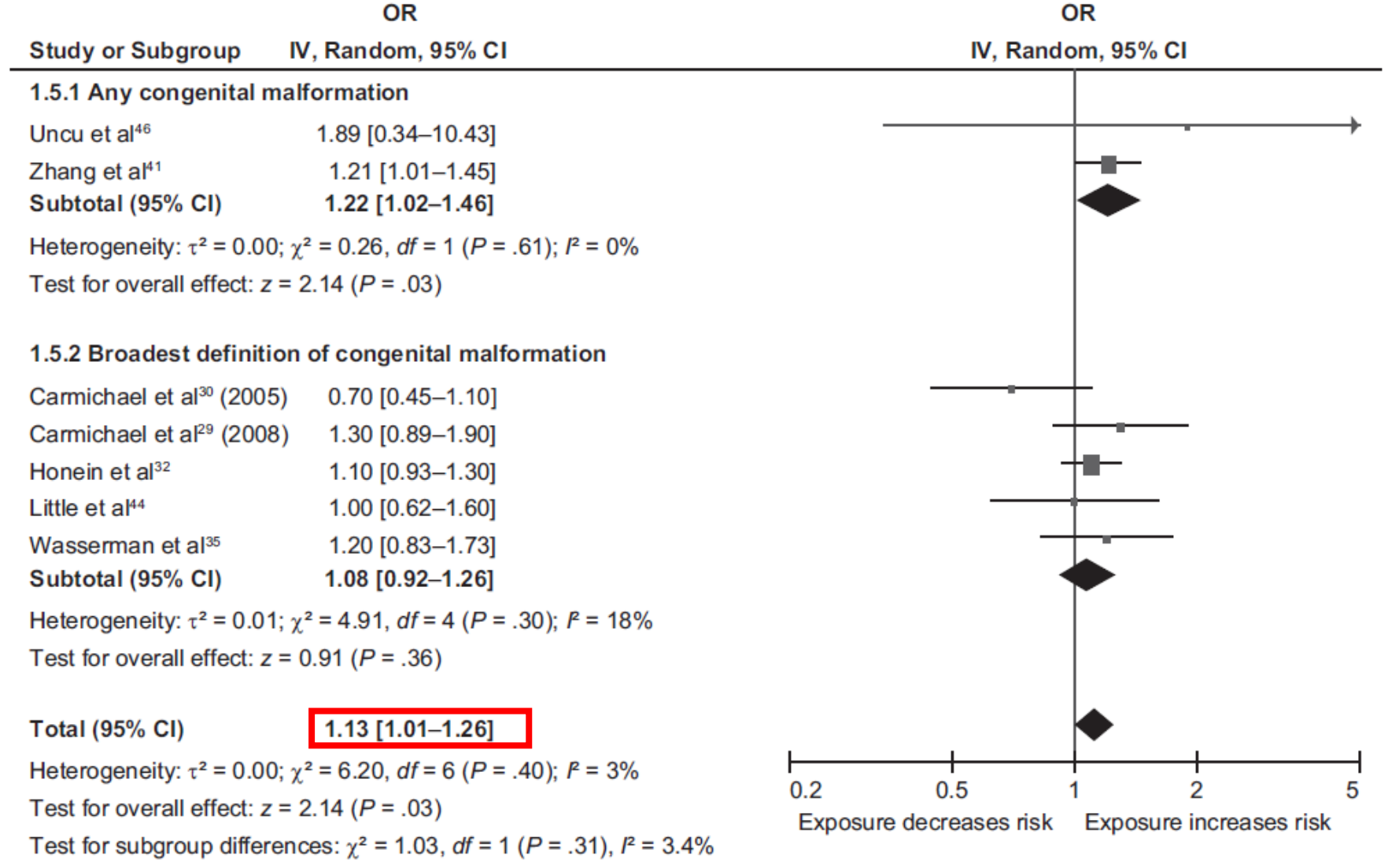


FIGURE 4

Forest plot of secondhand smoke exposure and the risk of congenital malformation. IV indicates inverse variance method; cig, cigarettes; *df*, degrees of freedom.

Leonardi-Bee J, Britton J, Venn A. Secondhand smoke and adverse fetal outcomes in nonsmoking pregnant women: a meta-analysis. Pediatrics. 2011;127(4):734-41.

SHS in pregnancy and stillbirth

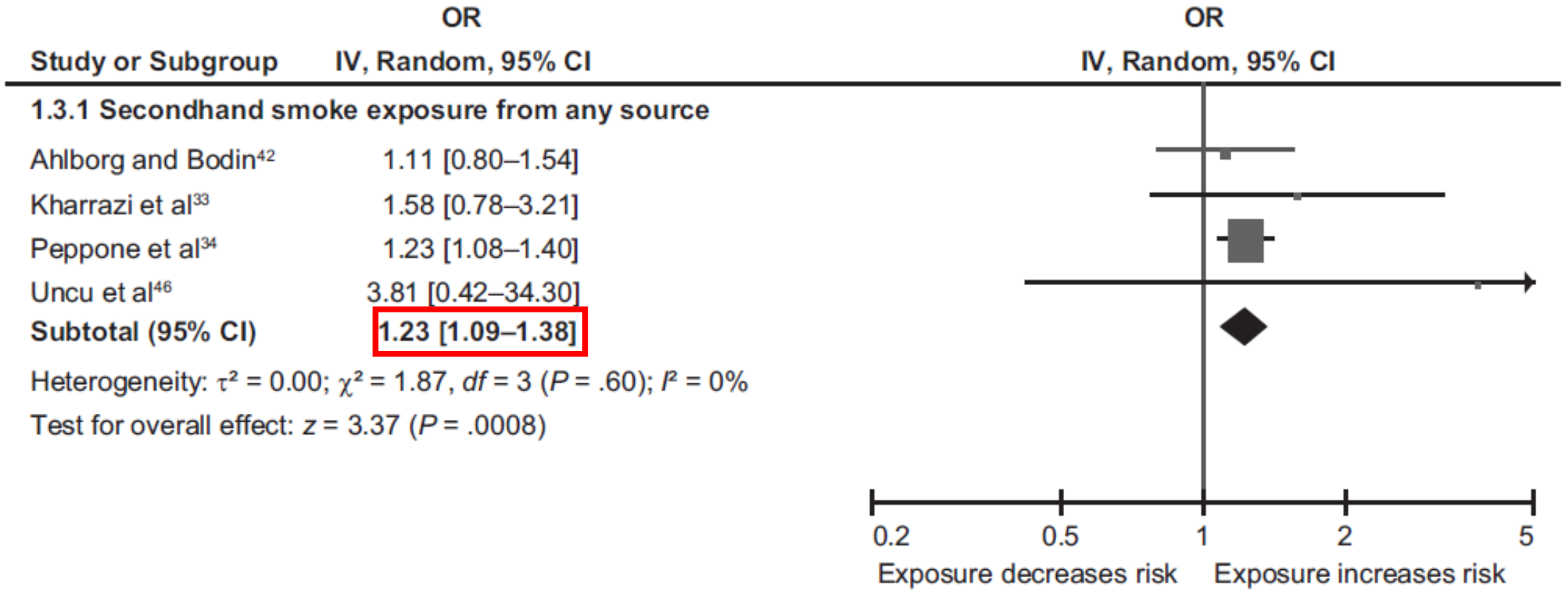


FIGURE 3

Forest plot of secondhand smoke exposure and the risk of stillbirth. IV indicates inverse variance method; cig, cigarettes; *df*, degrees of freedom.

Leonardi-Bee J, Britton J, Venn A. Secondhand smoke and adverse fetal outcomes in nonsmoking pregnant women: a meta-analysis. Pediatrics. 2011;127(4):734-41.

Paternal smoking and leukaemia

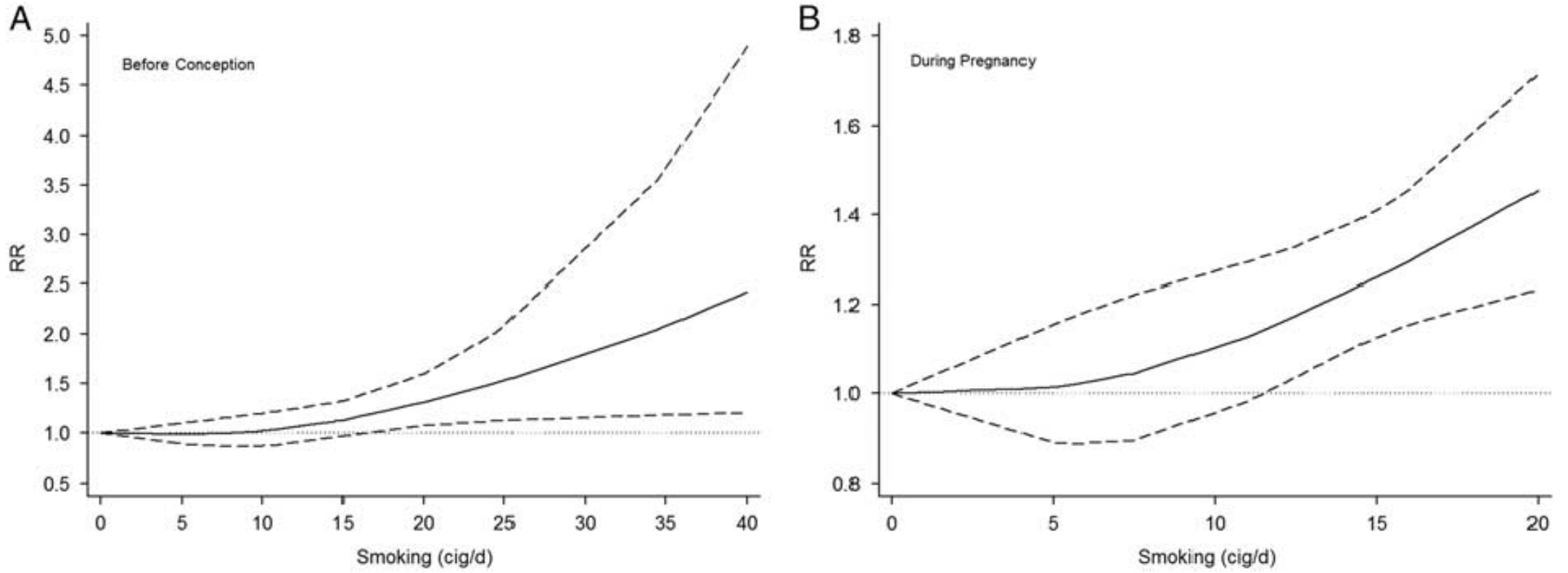


FIGURE 4. A, Dose-response curve by restricted cubic spline model (smoking before conception). The solid line is the fitted line, dash lines are the lines for 95% confidence interval, and dot line is the reference line. B, Dose-response curve by restricted cubic spline model (smoking during pregnancy). The solid line is the fitted line, dash lines are the lines for 95% confidence interval, and dot line is the reference line. cig/d indicates cigarette per day; RR, risk ratio.

Cao Y, Lu J, Lu J. Paternal smoking before conception and during pregnancy is associated with an increased risk of childhood acute lymphoblastic leukemia. J Pediatr Hematol Oncol. 2020;42:32–40.

Maternal smoking in pregnancy and childhood obesity

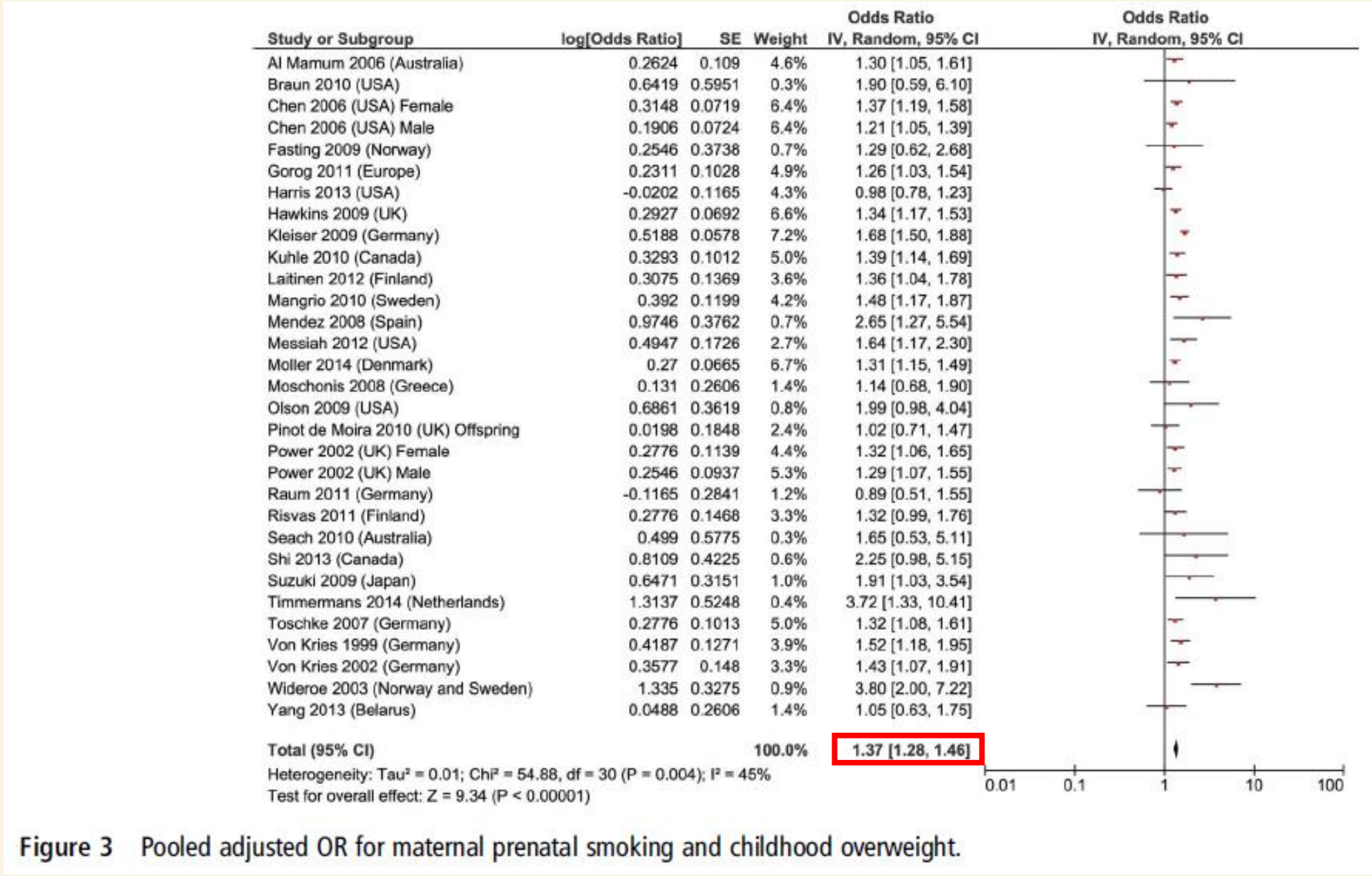


Figure 3 Pooled adjusted OR for maternal prenatal smoking and childhood overweight.

Rayfield S, Plugge E. Systematic review and meta-analysis of the association between maternal smoking in pregnancy and childhood overweight and obesity. J Epidemiol Community Health. 2017;71:162–73.

SHS and asthma hospitalizations

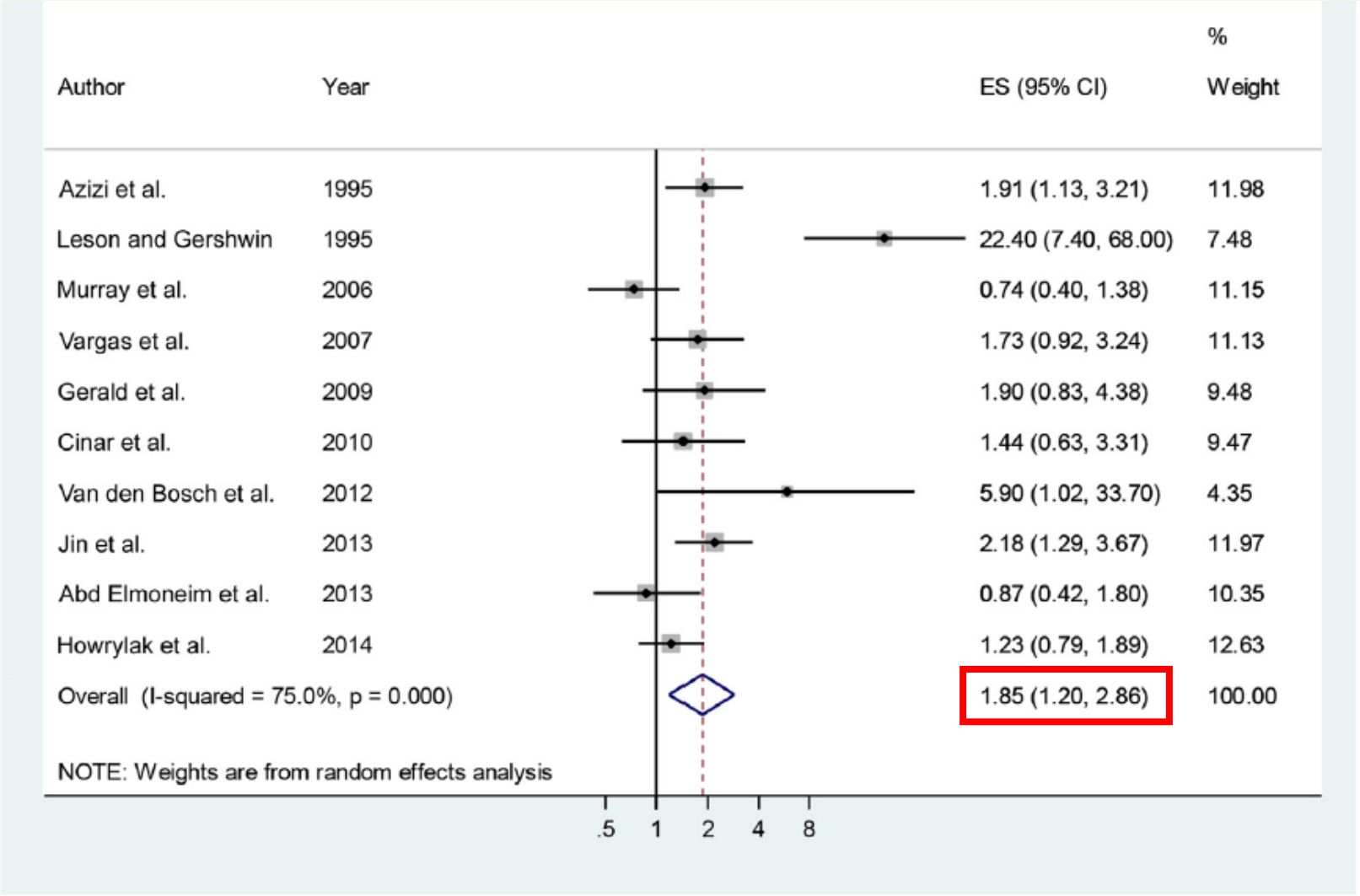
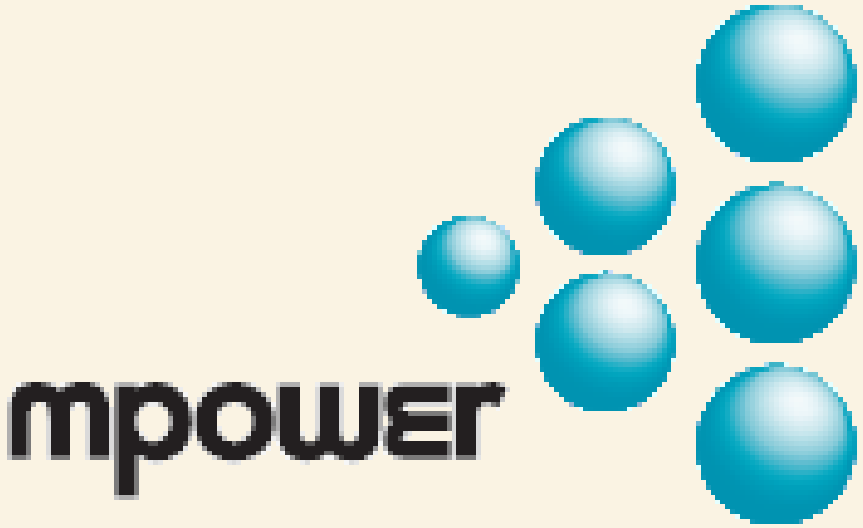


Figure 2. Pooled odds ratios of hospital admissions owing to asthma exacerbations. Vertical line indicates no effect, squares and horizontal lines indicate odds ratio and associated 95% confidence interval (CI) for each study, and diamonds indicate pooled odds ratios. ES, effect size.

Wang Z, May SM, Charoenlap S, Pyle R, Ott NL, Mohammed K et al. Effects of secondhand smoke exposure on asthma morbidity and health care utilization in children: a systematic review and meta-analysis. Ann Allergy Asthma Immunol. 2015;115:396-401.e2.



Monitor tobacco use & prevention policies

Protect people from tobacco smoke

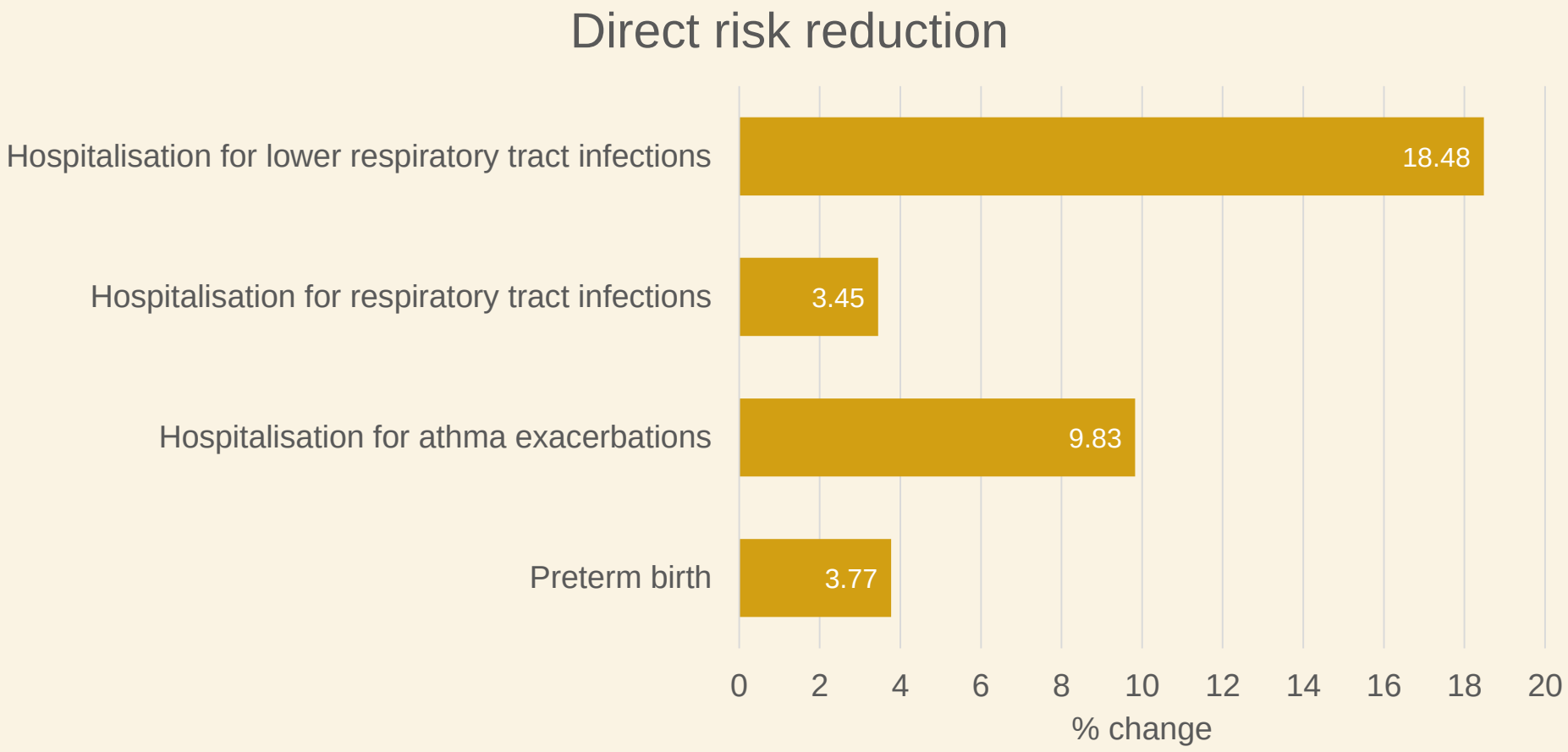
Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

Immediate effects of smoke-free laws



Faber T, Kumar A, Mackenbach JP, Millett C, Basu S, Sheikh A et al. Effect of tobacco control policies on perinatal and child health: a systematic review and meta-analysis. Lancet Public Heal. 2017;2:e420–37.

Smoke-free laws and infant mortality
Brazil

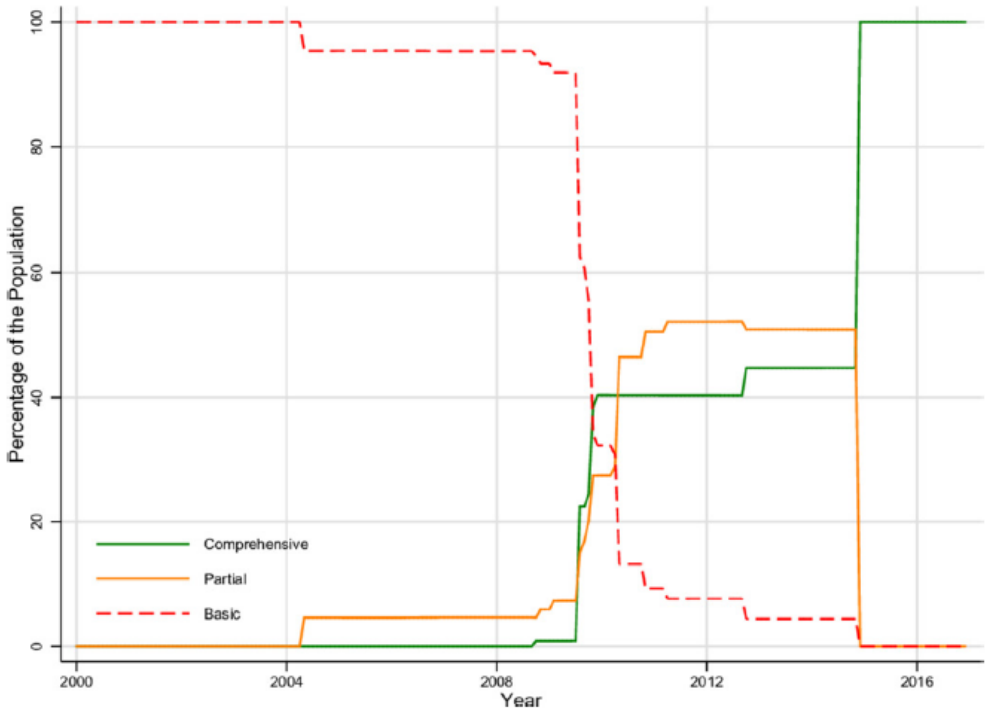


Figure 1 Percentage of theBrazilian population covered by type of smoke-free legislation (2000-2016).

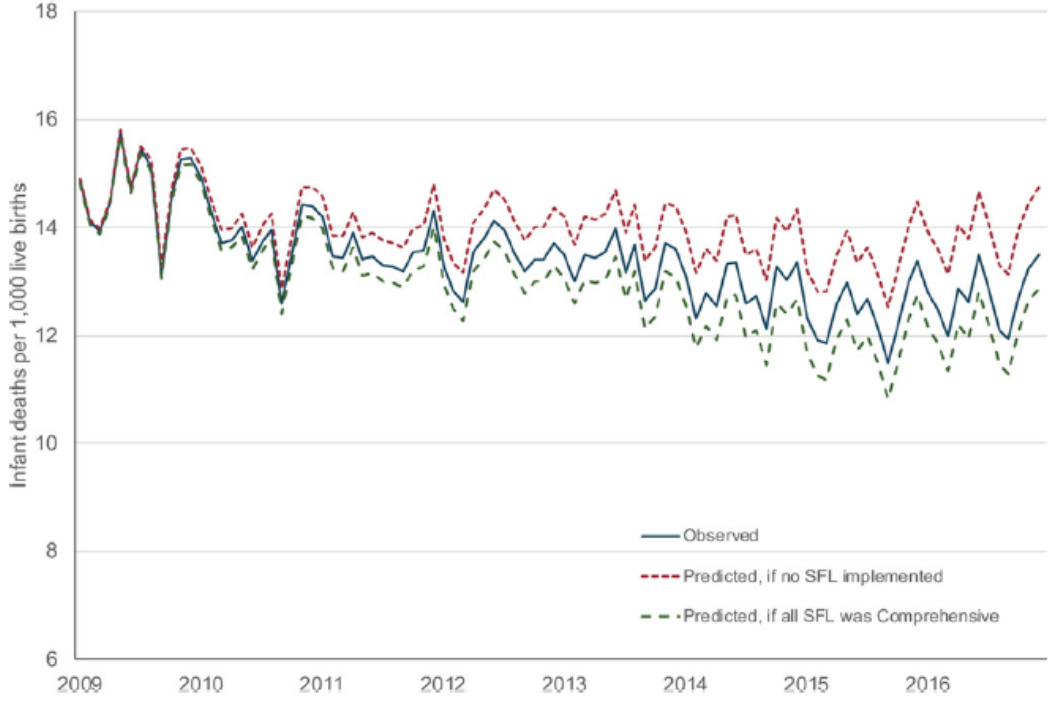


Figure 2 Observed and predicted national infant mortality rate under smoke free legislationscenarios (2009-2016). SFL, smoke-free legislation.

Hone T, Szklo AS, Filippidis FT, et al. Smoke-free legislation and neonatal and infant mortality in Brazil: longitudinal quasi-experimental study Tobacco Control 2020;29:312-319.

Impact of tobacco on child health and development

Parental tobacco use & SHS during pregnancy

- Birth defects
- Impaired fetal brain development
- Stillbirths
- Preterm births
- Low birth weight
- Sudden infant death syndrome
- Infant mortality
- Overweight & obesity in childhood
- Asthma

Parental smoking in infancy

- Asthma
- Respiratory infections (pneumonia, bronchiolitis)
- Middle-ear disease
- Meningococcal disease
- Sudden infant death syndrome
- Residential fires and burns
- Overweight & obesity in childhood
- Metabolic syndrome in adulthood

- Morbidity within the family – premature death of parents
- Economic costs, impoverishment, catastrophic health expenditure
- Smoking from a young age

WHO Framework Convention on Tobacco Control

MPOWER measures and protecting children

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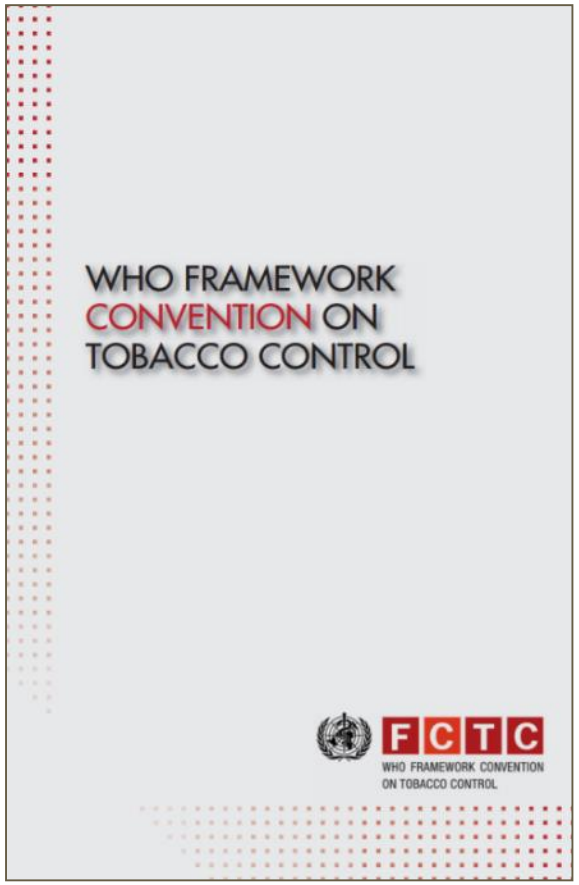
The WHO Framework Convention on Tobacco Control entered into force in 2005



The first international public health treaty under the auspices of WHO.

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MPOWER was created

WHO FCTC article 20	**M**onitor	…tobacco use and prevention policies
WHO FCTC article 8	**P**rotect	…people from tobacco smoke
WHO FCTC article 14	**O**ffer	…help to quit tobacco use
WHO FCTC article 11 & 12	**W**arn	…about the dangers of tobacco
WHO FCTC article 13	**E**nforce	…bans on advertising, promotion and sponsorship
WHO FCTC article 6	**R**aise	…taxes on tobacco

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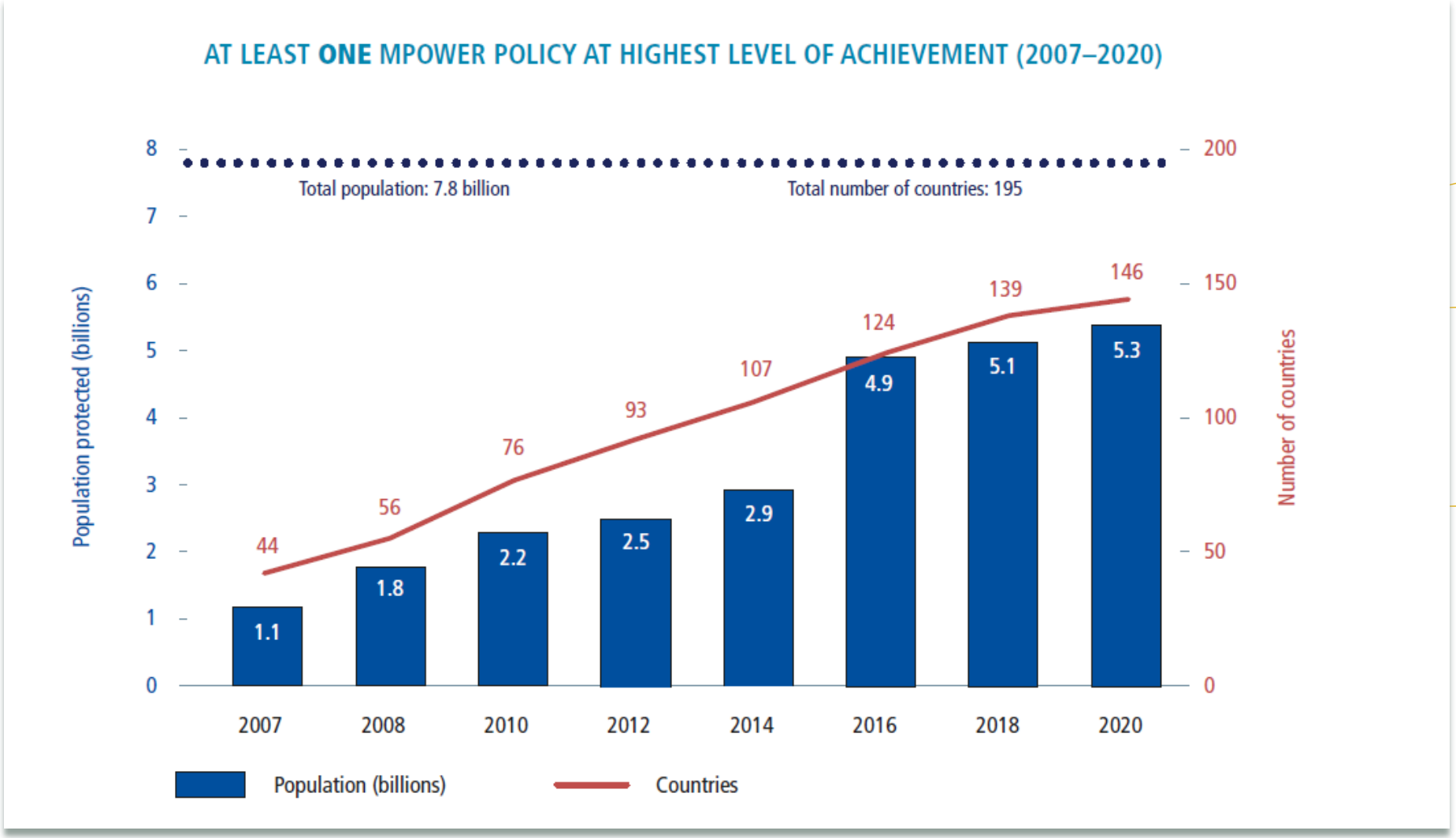
Continuous progress in countries, 2007–2020



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Each MPOWER measure can have an impact on child health and development

Protect children from secondhand smoke

Prevent uptake of tobacco use

Graphic warnings and mass media campaigns inform people of the harms of tobacco to children

Raising taxes make tobacco products less affordable to minors

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Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

Monitoring:
1) Tobacco use amongst children and adolescents
2) Secondhand smoke exposure
3) Exposure to mass media campaigns and advertising

Advertising bans protect youth from exposure to marketingc

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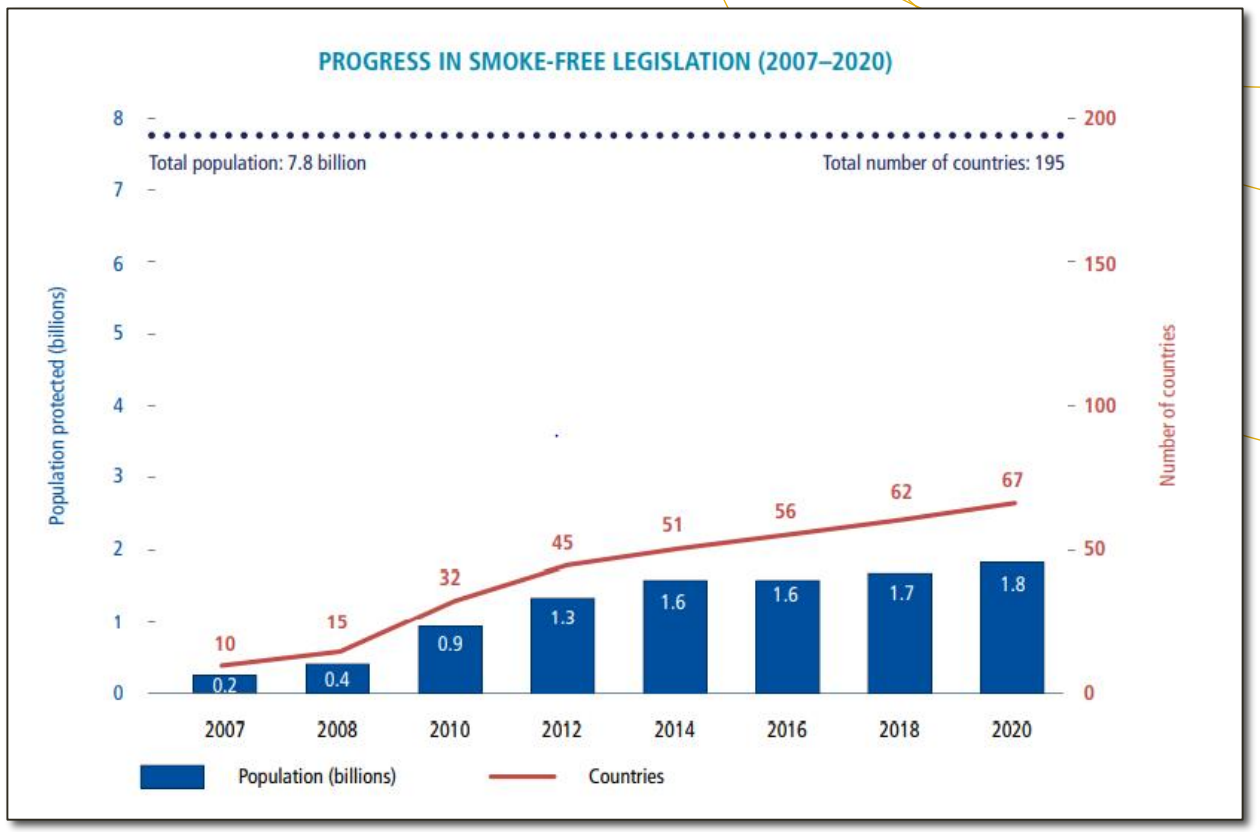
Comprehensive smoke–free environments, 2020



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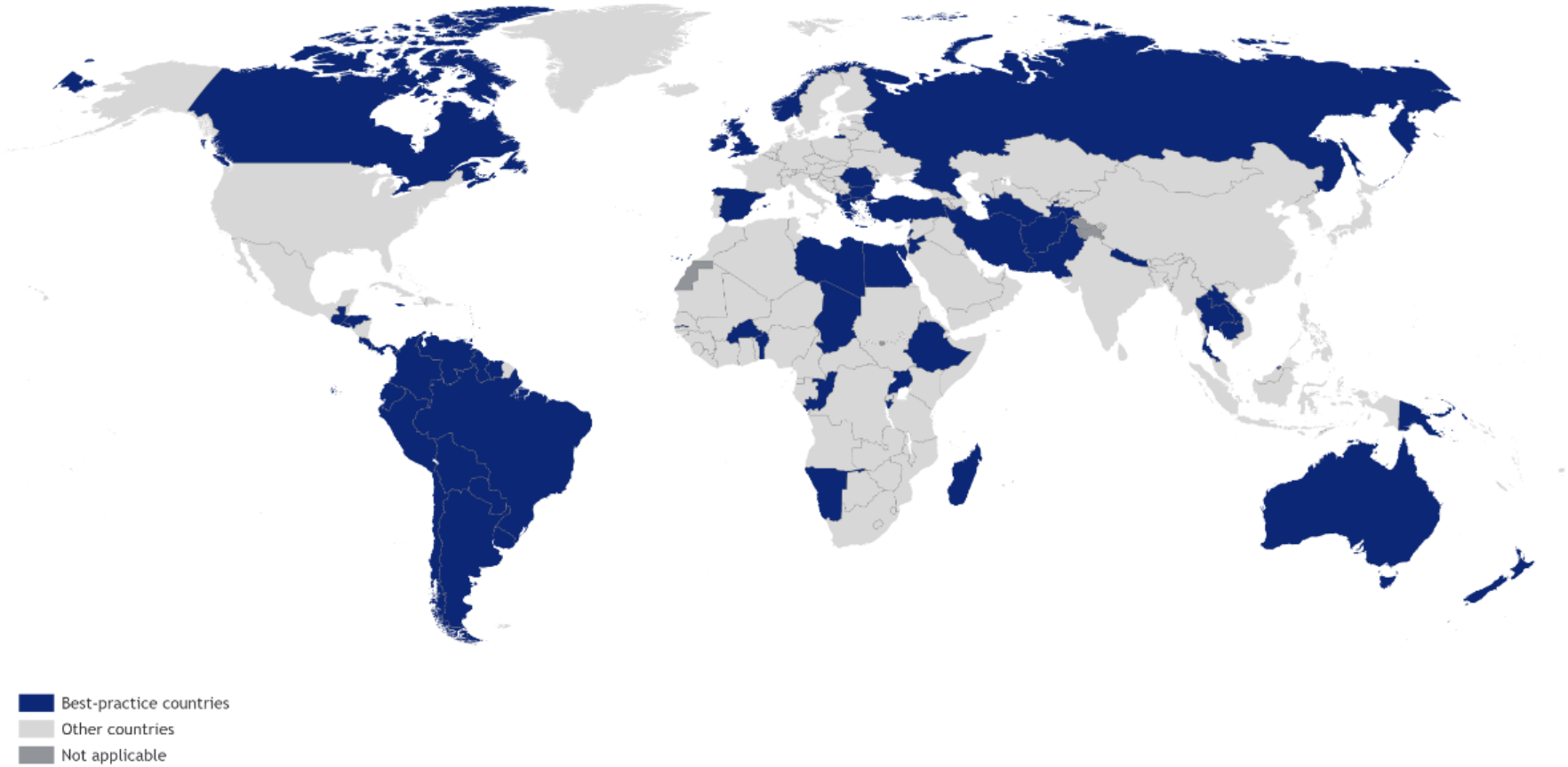
Smoke-free environments



Data Source: WHO
Map Production: WHO GIS Centre for Health, DNA/DDI

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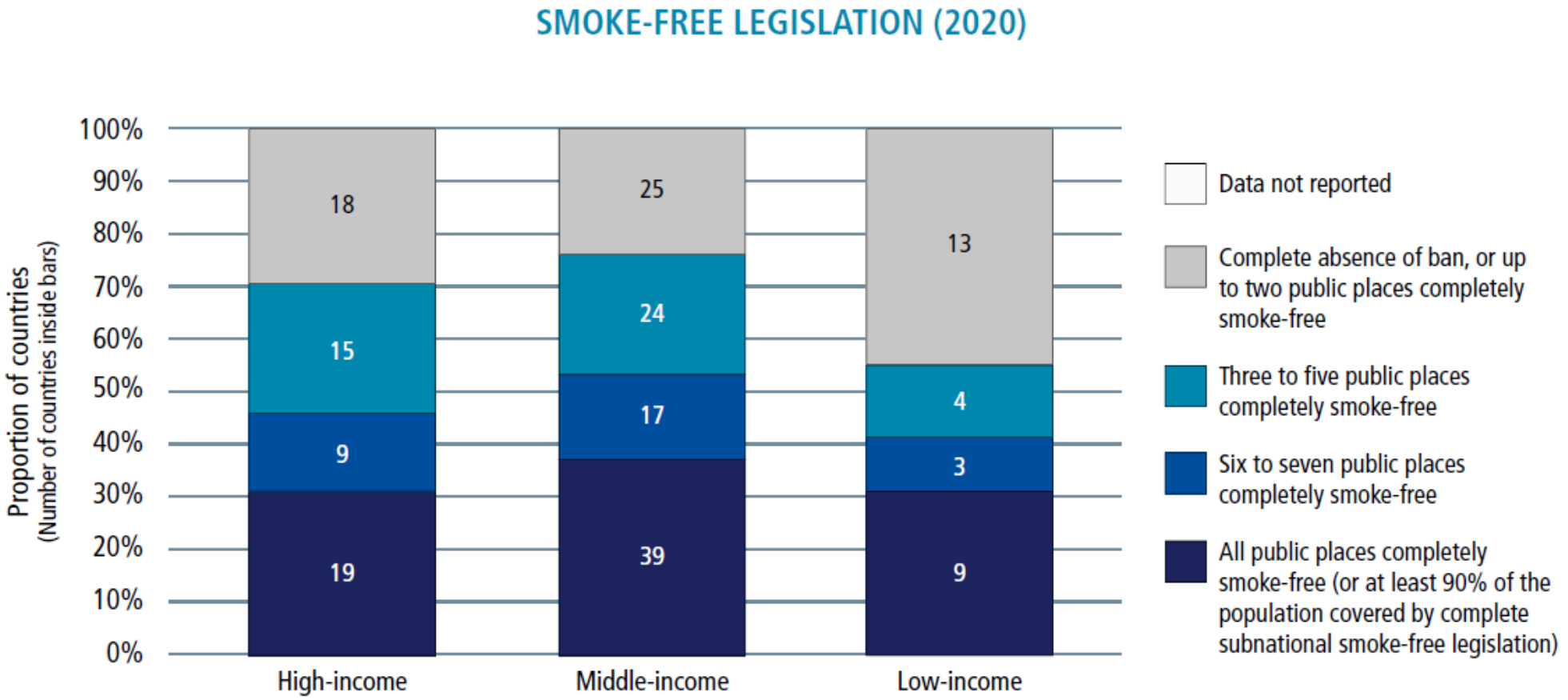
Progress has been similar across country income groups



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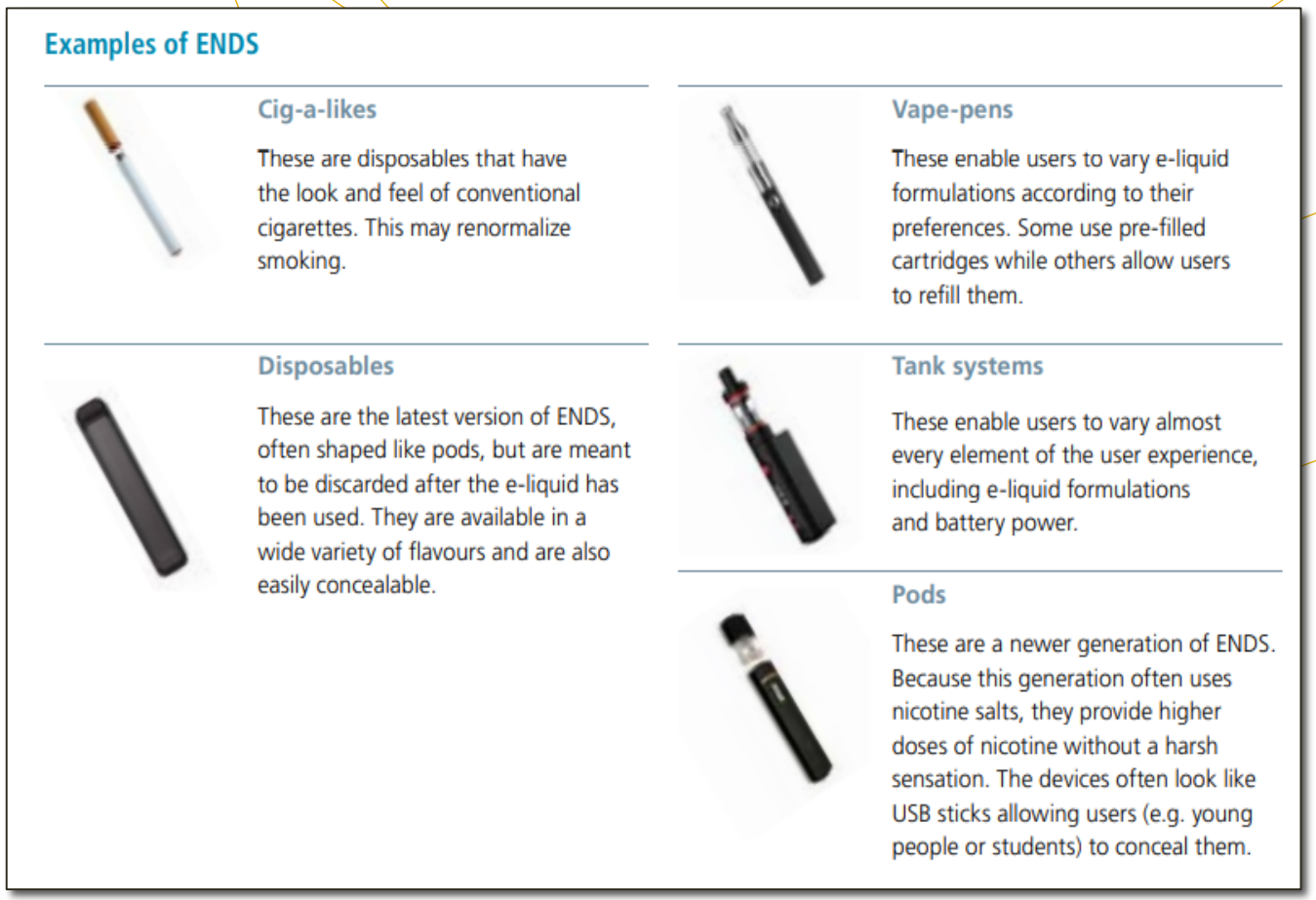
Electronic nicotine delivery systems: a new threat to children's health

- Diversity and rapid evolution of products makes regulation very challenging – 84 countries have no regulation on ENDS

- Nicotine is detrimental to developing brains

- Marketed as cessation aids but The potential of ENDS as cessation aids is still under debate

- Marketing targeted at youth and children



Examples of ENDS

Cig-a-likes

These are disposables that have the look and feel of conventional cigarettes. This may renormalize smoking.

Vape-pens

These enable users to vary e-liquid formulations according to their preferences. Some use pre-filled cartridges while others allow users to refill them.

Disposables

These are the latest version of ENDS, often shaped like pods, but are meant to be discarded after the e-liquid has been used. They are available in a wide variety of flavours and are also easily concealable.

Tank systems

These enable users to vary almost every element of the user experience, including e-liquid formulations and battery power.

Pods

These are a newer generation of ENDS. Because this generation often uses nicotine salts, they provide higher doses of nicotine without a harsh sensation. The devices often look like USB sticks allowing users (e.g. young people or students) to conceal them.

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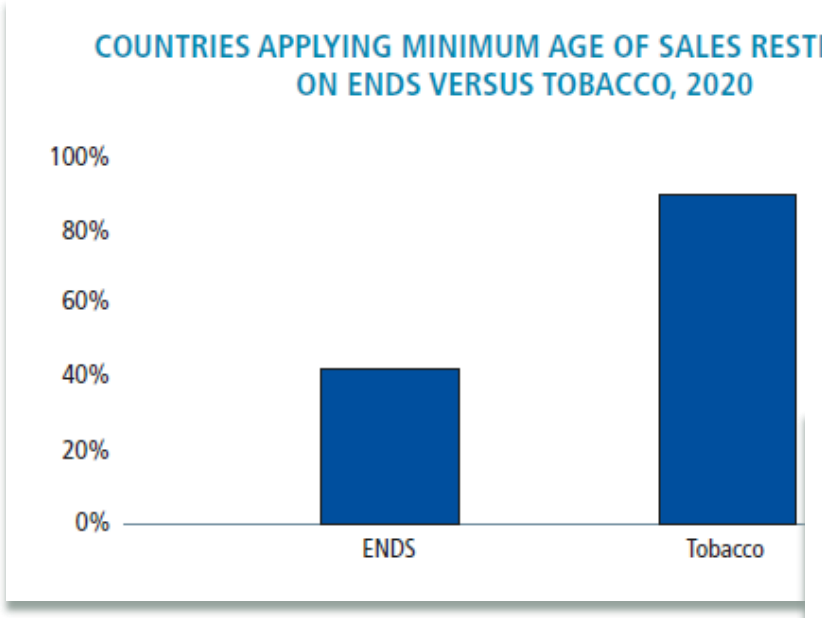
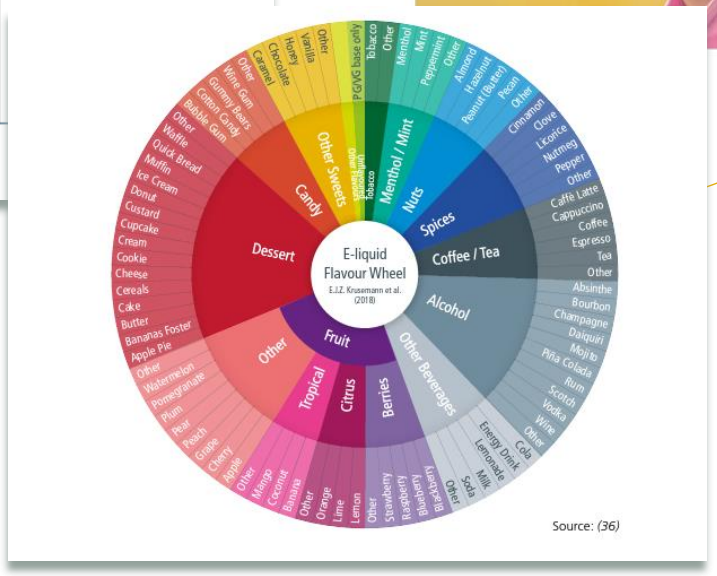
Regulation to protect children and adolescents

- Only 69 countries apply a minimum age of sale or purchase to ENDS
- Only 3 countries have adopted a ban all flavours in ENDS, except for "tobacco" flavor.
- Six other countries ban only selected flavours or permit specific flavours.





Children and adolescents that use ENDS are more than twice as likely to use conventional cigarettes

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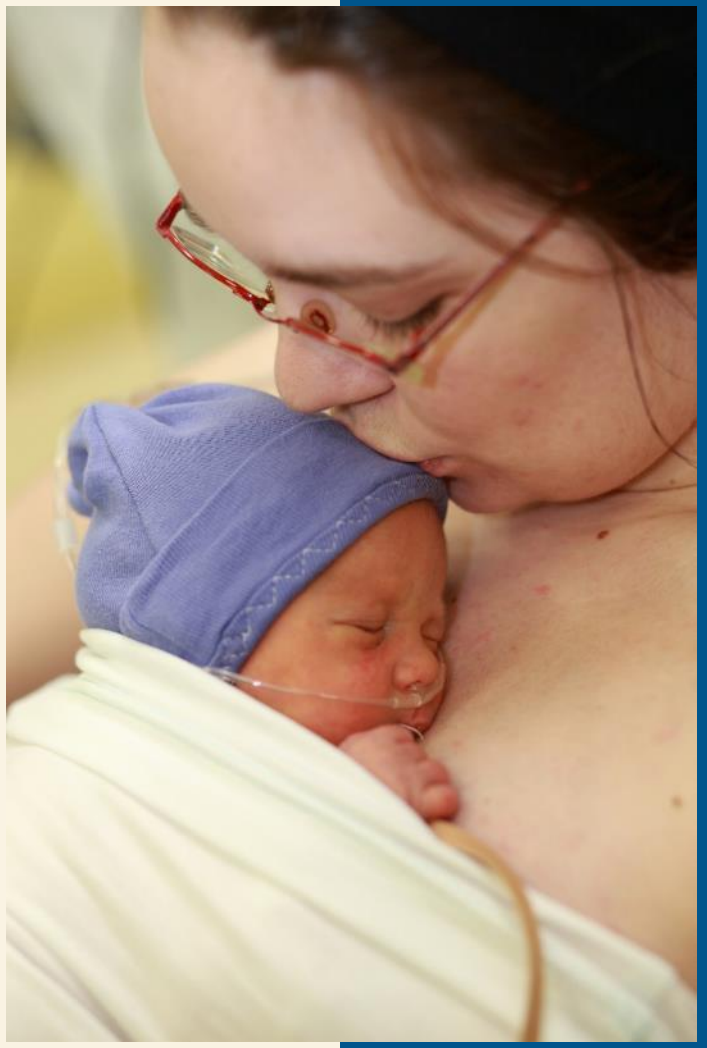

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2. Actions to create smoke-free environments: country examples

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Treasurer, International Pediatric Association

Actions to create smoke-free environments

Country examples

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The impact of comprehensive smoke-free laws on child health outcomes

Brazil

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Current situation in Brazil

- Brazil decreased the number of smokers: 30% of smokers to 9.8% (2020)
- With 20% of smokers, 24% of children aged 0-5 years had positive urinary cotinine dosage. (Lotufo, JPB. 2005)
- Organized political measures:
  - increase in the price of cigarettes, although it is still very cheap in Brazil (between $1 to $1 and a half per pack)
  - removal of tobacco advertising from the media (a fact that did not occur with alcohol)
  - strong legislation, with exemplary punishment for those who smoke indoors.
  - tobacco-free indoor environment: State of São Paulo in 2009 Brazil only in 2014
  - free treatment and medication to the population.
- It prevented the death of 15,068 (fifteen thousand and sixty eight) children under the age of 1 year, that is, it **reduced the infant mortality rate**.
- 34% of Brazilian smokers increased the number of cigarettes smoked during the coronavirus pandemic. with worsening of depression, anxiety and insomnia. (FIOCRUZ 2020/21)

It all starts from a young age, incidentally intra uterus

12 steps to make it easier for everyone to understand: parents, teachers, doctors and health workers

1. United family with boundaries
2. Having meals with the children
3. Know what your children do in their spare time
4. Check the children's duties
5. Investing in family relationships
6. Praise your kids about their goodness
7. Do not smoke and do not drink before 18 years of age
8. Increased cultural and sporting activities
9. Involvement in Social Activities
10. Spirituality
11. Good friends
12. Set the example

Those who work with smoking prevention work with the prevention of all drugs, including alcohol

Alcohol, smoking and other drug prevention material for children

JOAO PAULO BECKER LOTUFO.
HU USP, SÃO PAULO - SP - BRASIL.

Introduction: Brief Counseling (AB) is one of the positive ways of making drug prevention interventions in the medical literature. With 5 phone calls, 32% of smoking cessation and 18% of alcohol use can be achieved. In schools, the result was also positive for teenagers The outpatient clinic of the University Hospital of São Paulo performs the AB in its pediatric consultations, regardless of the age of the patient to be consulted, as the AB must serve until "in utero".
We have material to be distributed to the consulted family, relating the discussed with a booklet from the Dr Bartô series (www.drbarto.com.br) related to the theme: passive smoking, passive smoking, marijuana, alcohol, etc...

OBJECTIVES: Increase AB in pediatric consultations.

METHODOLOGY: We send a video of guidance and reminder via WhatsApp so that the doctor does not forget to include the AB in his/her appointment

RESULTS

Click here:
The Dr Bartô project in English
➢ https://www.drbarto.com.br/quem-somos/dr-barto-in-english/

Programa radio USP:
➢ https://www.drbarto.com.br/dr-barto-na-ra...

➢ Book "12 steps to avoid the addiction trap"

Site www.drbarto.com.br

➢ https://www.drbarto.com.br/desenho-animado-sobre-tabagismo/

Booklets for distribution in consultations and schools:
➢ https://drive.google.com/file/d/1pwlrly_OjPu4IvmOwuha6Jsi2vr11I4p/view

Vídeos de AB

- A testimonial can change your life!
- Australian Government Campaign on Road Traffic Deaths.
- Disadvantages of drug use.

CONCLUSION: This material is already being passed on to Medical Societies such as the Brazilian Society of Pediatrics, the Brazilian Society of Pulmonology, as well as schools such as FECAP and NGOs such as Freemind, being one of the themes chosen for the annual meeting of the SBP in 2021.

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The role of professional associations in driving tobacco control and protecting lives

Kenya

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Every Child · Every Age · Everywhere

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Early Childhood Development Action Network

Tobacco control snapshot
Kenya

2005

Kenya became party to the WHO Framework Convention on Tobacco Control (FCTC)

2007

Kenya enacted the Tobacco control Act

2020

The Ratification of the protocol to eliminate illicit trade in tobacco products

Afya ya watoto Wetu!

KENYA PAEDIATRIC ASSOCIATION

The role of Kenya Paediatric Association in driving tobacco control and protecting lives

- Umbrella –multi-directional advantages
- Collaborative opportunities with the Tobacco Control Unit, civil societies, mental health practitioners, AAP and CDC
- Education of paediatric cadres on tobacco control , screening and cessation tools

Afya ya watoto Wetu!

KENYA PAEDIATRIC ASSOCIATION

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Involving youth in creating smoke-free environments

China

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Involving youth in creating smoke-free environments

China

The new ***law on the protection of minors***, which takes effect on 1st June 2021, stresses that smoking is prohibited in places where minors play, including schools.

Youth participation in the establishment of smoke-free school.

Chinese Association on Tobacco Control

Professional Committee on Tobacco Control towards Adolescents

National Volunteer Youth Tobacco Control League:

- 343 schools and 67,1957 students across the country joining the ranks of Youth Tobacco Control Volunteers
- Give health knowledge lectures to students, parents and teachers.
- Organize activities focused on "stay away from tobacco, refuse to smoke the first cigarette"

Smoke Free Home creation

The Education Department of Guangdong Province put “Smoke-free family creation” into the teaching materials, and asked all primary school students in the province to help their parents create smoke-free homes.

Balancing the interests of tobacco companies with governments' goals for tobacco control

Indonesia

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Youth Tobacco Survey Highlights

Situation in Indonesia

Global Youth Tobacco Survey (GYTS):

- 9,992 eligible students in grades 7- 12 completed the survey, of which 5,125 were aged 13-15 years. Data are reported for students aged 13-15 years
- 19.2% of youth (ages 13-15) use tobacco (boys 35.6%; girls 3.5%).

TOBACCO USE			
ANY TOBACCO USE *(smoked and/or smokeless)*	**OVERALL (%)**	**BOYS (%)**	**GIRLS (%)**
Current tobacco users[1]	19.2	35.6	3.5*
Ever tobacco users[2]	40.6	68.2	14.3*
SMOKED TOBACCO			
Current tobacco smokers[3]	18.8	35.5	2.9*
Ever tobacco smokers[4]	39.6	67.7	12.8*
SMOKELESS TOBACCO			
Current smokeless tobacco users[5]	1.0	1.4	0.7*
Ever smokeless tobacco users[6]	2.9	3.9	1.8*
SUSCEPTIBILITY			
Never cigarette smokers susceptible to cigarette use in the future[7]	7.9	12.2	6.4*

CESSATION

- More than 8 in 10 (81.1%) students who currently smoke tobacco tried to stop smoking in the past 12 months.
- More than 8 in 10 (80.8%) students who currently smoke tobacco wanted to stop smoking now.

SECONDHAND SMOKE

- 57.8% of students were exposed to tobacco smoke at home.
- 66.2% of students were exposed to tobacco smoke inside enclosed public places.

ACCESS & AVAILABILITY

- 76.6% of students who currently smoke cigarettes bought cigarettes from a store, shop, street vendor, or kiosk.
- Among students who currently smoke cigarettes who tried to buy cigarettes, 60.6% were not prevented from buying them because of their age.

MEDIA

- Almost 8 in 10 (78.9%) students noticed anti-cigarette messages in the media.
- Almost 7 in 10 (65.2%) students noticed cigarette advertisements or promotions when visiting points of sale.
- More than 1 in 10 (10.5%) students had something with a cigarette brand logo on it.

KNOWLEDGE & ATTITUDES

- 72.9% of students definitely thought other people's cigarette smoking is harmful to them.
- 89.0% of students favored prohibiting smoking inside enclosed public places.

Indonesia Global Youth Tobacco Survey (GYTS) 2019. Ministry of Health Republic of Indonesia, World Health Organization, and Centers for Disease Control and Prevention (CDC).

MPOWER Measures
Indonesia

The current strategy in Indonesia follows the WHO MPOWER framework:

- Not necessarily requires direct contact with tobacco companies
- Tobacco control network alliances in Indonesia (NCTC, related ministries, Indonesian Pediatric Society, and other professional societies as well as civil societies) limit contact with tobacco companies
- Advocacy to control tobacco companies' activities is done through the network and ideas conveyed to the government

Country profile
Indonesia

Summary of MPOWER measures in Indonesia

M	P	O	W		E	R	
MONITORING	SMOKE-FREE POLICIES	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2008
	4				0	58.5%	↔

Compliance is scored 0—10 where 10 is the highest level of compliance. Compliance is measured only for P and E.
The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2019.*

MPOWER score colour key

Complete policy	Moderate policy	Minimal policy	No policy or weak policy	Not categorized/ No data

Affordability category

YES	NO	↔
cigarettes became less affordable	cigarettes did not become less affordable	no trend change in affordability of cigarettes

The colours are explained in more detail in the MPOWER legend on the last page of this document.
In all tables ". . ." means data are not available and "–" means data are not required.

World Health Organization (WHO). *WHO report on the global tobacco epidemic 2019: offer help to quit tobacco use*. Geneva: World Health Organization; 2019 Available from: https://www.who.int/tobacco/surveillance/policy/country_profile/idn.pdf [Accessed 22th September 2021]

MPOWER Measures
Indonesia

Protect people from tobacco smoke

	2018	Compliance
Complete* smoke-free laws exist in the following places:		
Health-care facilities	Yes	9
Educational facilities except universities	Yes	8
Universities	Yes	0
Government facilities	No	—
Indoor offices and workplaces	No	—
Restaurants	No	—
Cafés, pubs and bars	No	—
Public transport	Yes	3
All other public places	—	
Compliance score		4
Law requires fines for smoking	Yes	
Fines levied on the establishment	No	
Fines levied on the smoker	Yes	
Funds dedicated for enforcement	Yes	
Complaint system that requires an investigation after a complaint	No	

* "Complete" means that smoking is not permitted, with no exemptions allowed. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places.

Enforce bans on tobacco advertising, promotion and sponsorship

	2018	Compliance
Bans on direct tobacco advertising		
National TV and radio	No	—
International TV and radio	No	
Local magazines and newspapers	No	—
International magazines and newspapers	No	
Billboards and outdoor advertising	No	—
Advertising at point of sale	No	—
Advertising on internet	No	
Other direct bans	No	
Compliance score of direct bans		—
Law requires fines for violations of direct advertising bans	–	
Bans on tobacco promotion and sponsorship		
Free distribution	Yes	4
Promotional discounts	Yes	4
Non-tobacco products identified with tobacco brand names	Yes	3
Brand name of non-tobacco products used for tobacco product	No	—
Appearance of tobacco brands in TV and/or films (product placement)	No	—
Appearance of tobacco products in TV and/or films	Yes	10
Prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images	–	
Complete ban on sponsorship	No	—
Ban on sponsorship contributions (financial or other support)	No	
Ban on publicizing sponsorship or other support	No	
Ban on Corporate Social Responsibility activities (CSR)	No	
Tobacco companies/the tobacco industry publicizing their CSR activities	No	
Entities other than tobacco companies/the tobacco industry publicizing the CSR activities of the tobacco companies	No	
Tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth	No	
Law explicitly bans tobacco products display at point of sale	No	
Other indirect bans	No	
Compliance score of indirect bans		0
Law requires fines for violations of indirect advertising bans	No	
Law completely bans tobacco vending machines	Yes	
Law bans internet sales of tobacco products	No	

World Health Organization (WHO). *WHO report on the global tobacco epidemic 2019: offer help to quit tobacco use*. Geneva: World Health Organization; 2019 Available from: https://www.who.int/tobacco/surveillance/policy/country_profile/idn.pdf [Accessed 22th September 2021]

Way forward in Indonesia

The stance in tobacco control activities that we take in Indonesia:

Strengthen and enrich the government's argument in dealing with the tobacco companies, since government and legislation are the ones who had authority in making tobacco control regulations

Optimize every connection we have with supportive stakeholders and look for new ways to win the market, based on the MPOWER domain measures.

- **Indonesia’s dependence on the tobacco industry needs to be reviewed rationally given that the sector supports a minor proportion of the country’s workforce. Realigning this reliance would enable money currently spent on tobacco to be spent on other products/services, fueling economic growth and job creation in other competitive sectors of the economy[1]**

[1]World Health Organization (WHO), *Raise Tobacco Taxes and Prices for a Healthy and Prosperous Indonesia.* 2020. Available from: https://www.who.int/docs/default-source/searo/indonesia/indonesia-tobacco-tax-paper-2020.pdf?sfvrsn=67c3d89a_2 [Accessed 22th September 2021]

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3. Questions and answers

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4. Partners' reflections

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Partners' reflections

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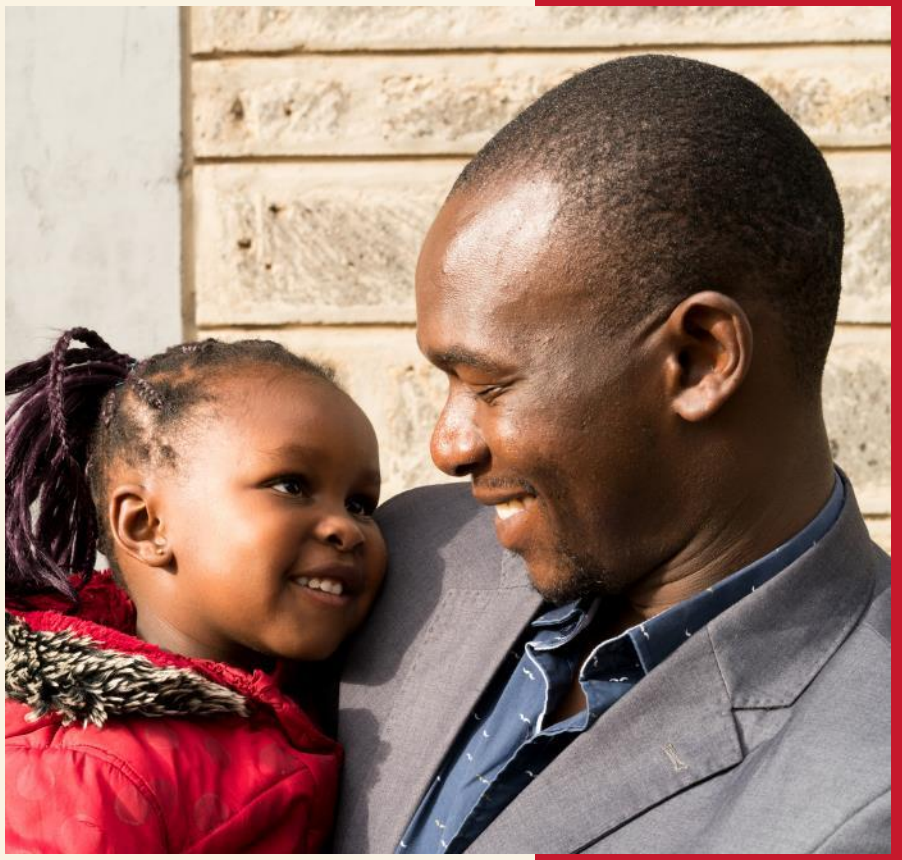

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5. Closing remarks

Closing remarks

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For more information

- **Tobacco control to improve child health and development (Thematic Brief)**
  https://nurturing-care.org/tobacco-control/
- **The MPOWER measures**
  https://www.who.int/initiatives/mpower
- **WHO report on the global tobacco epidemic 2021: addressing new and emerging products**
  https://www.who.int/publications/i/item/9789240032095
- **Websites**
  - **WHO – Tobacco**
    https://www.who.int/health-topics/tobacco#tab=tab_1
  - **Nurturing care**
    https://nurturing-care.org
  - **ECDAN**
    https://ecdan.org

#NurturingCare
#NoTobacco
#NCDs

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