National Policy and Plan of Action for Tobacco Control

2006--2008

World Health Organization
Dhaka, Bangladesh

Ministry of Health and Family Welfare
Government of People's Republic of Bangladesh

Executive Summary

Tobacco is currently the second major cause of death in the world. The tobacco consumption scenario in the SEAR is very high and issues are complex. Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.

In Bangladesh there are estimated 20 million tobacco users, 5 million of them are women. These estimates include smokeless tobacco also. A considerable amount of tobacco is produced in Bangladesh. Bangladesh was the world's 18th leading tobacco producer in 1994, and continues to be the 4th largest producer of cigarettes in the Region. Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh as in most countries of this Region. Most of the victims in which heart attacks that occur below the age of 40 are heavy smokers. Tobacco poses a major challenge not only to health, but also to economic development.

Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO FCTC. However, having a law is not enough for implementing the tobacco control programme(s). Policy guidance and a detailed plan of action are needed. The provisions of the FCTC/Law should be appropriately reflected in the national policy and plan of actions in order to reduce tobacco consumption, to promote cessation of tobacco use, to protect nonsmokers from environmental tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The tobacco control policy and plan of action provide a framework for comprehensive tobacco control in Bangladesh for three years, 2006-2008.

Having a national policy and plan of action will be the main tool and background document for mobilizing resources for tobacco control activities. Based on this document suitable proposal for resource mobilization would be developed. Donors will be approached with support from WHO for the fund.

3. Goal

To reduce tobacco consumption, promote cessation of tobacco use, protect nonsmokers from exposure to second hand smoke to protect people from the devastating consequences of tobacco usage.

6. Targets

It is understandable that any programme needs a reasonable time to have its effect visible in the population. Because the time is short, three years, it is targeted that a decrease in per capita tobacco consumption of at least 1% by the end of 2008 will be observed.

7. Strategies include

1. Establishment of National Tobacco Committee, Formulation of National Tobacco Control Policy and Plan of Action and Enforcement of National Legislation.
2. Setting Appropriate Price and Tax Policies
3. Protection from exposure to second hand smoke
4. Prohibition of all forms of advertisement, promotion and sponsorship
5. Education, communication, training and public awareness.
6. Promotion of cessation of tobacco use and adequate treatment for tobacco dependence.
7. Ban on sale of tobacco products to and by minors
8. Support for laboratory analysis of tobacco products for tobacco product regulation and disclosures.
9. Packaging and labeling of tobacco products
10. Research, surveillance and exchange of information
11. Control of illicit trade in tobacco products
12. Partnership building for Tobacco Control
13. Identification and Mobilization of Financial Resources
14. Establishment of a mechanism for reporting to the Conference of Parties on progress of implementation of the WHO FCTC

Major activities to achieve the objectives include awareness creation, enforcement of the law through multi-sectoral approach, sensitization for school curriculum development, and tobacco cessation. Partnership is highly encouraged, especially involvement of NGOs. There is a monitoring component for appropriate revision of the plan in future.

1. Background

1.1. Tobacco and health

Tobacco is currently the second major cause of death in the world. Currently there are 1.3 billion smokers in the world which excludes millions of users of other form of tobacco. Tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year, out of which 1.2 million deaths occur in the South-East Asia Region (SEAR). This figure is expected to rise to 10 million annual deaths by 2030, with 70% of their deaths occurring in low income countries.

The tobacco consumption scenario in the SEAR is different from other regions in its complexity. There is great variation in the pattern and mode of tobacco use, both in smoking and smokeless forms, such as cheroots, kreteks, panmasala, betel quid with tobacco, gutka, etc. Tobacco consumption in the Region is increasing rapidly, especially among the youth and the poor. The current tobacco consumption rates in men ranges from 26% to 60% and although in women consumption is considered to be low (2% to 7%) except in Nepal (29%), Bangladesh (21%), Myanmar (21%) and Maldives (15%). Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.

In Bangladesh there are estimated 20 million tobacco users, 5 million of them women. These estimates include smokeless tobacco also. A considerable amount of tobacco is produced in Bangladesh. Bangladesh was the world's 18th leading tobacco producer in 1994, and continues to be the 4th largest producer of cigarettes in the Region.

Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh as in most countries of this Region. Tobacco related cancers account for about half of all cancers among men and one-fourth among women. Due to a very high prevalence of chewing tobacco use in various forms, Bangladesh has significant incidences of oral cancers in the world. Heart attacks in Bangladesh, as compared to western countries, occur in younger ages. Most of the

victims in which heart attacks occur below the age of 40 are smokers. Smoking largely attributes to chronic obstructive pulmonary diseases. Tobacco is the second leading cause of all non-communicable diseases.

Tobacco poses a major challenge not only to health, but also to economic development. A recent study conducted by WHO Bangladesh indicates that tobacco control is economically beneficial for Bangladesh especially for the poor. Tobacco use is a major drain on the national financial resources, and further impoverishes the poor. Another study shows that over 10 million malnourished children could have sufficient food if tobacco users could spend a portion of their spending on tobacco.

1.2. WHO Framework Convention of Tobacco Control:

Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Assembly in May 1996 decided to initiate an international instrument on tobacco control (WHA 49.17). In May 1999, the World Health Assembly adopted a consensus resolution (WHA 52.18) which paved the way for starting multi-lateral negotiations on the WHO Framework Convention on Tobacco Control (FCTC). The WHO FCTC was unanimously adopted by the 56th World Health Assembly in May 2003 under the president-ship of honorable Health and Family Welfare Minister of Bangladesh. A total of 168 countries and the European Community had signed the FCTC and 115 countries became contracting Parties to the Convention (as of December 2005), making it one of the most rapidly embraced United Nations' Treaties of all time. Bangladesh was the first country to sign the Convention. The FCTC enters into force and became part of international law on 27 February 2005. Member countries of the South-East Asia Region have shown their strong commitment towards tobacco control. Ten out of eleven countries in the Region have signed the FCTC and nine countries have ratified it.

1.3. Need for a national policy and plan of action for tobacco control:

Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO FCTC. However, these guiding documents are not sufficient for implementing the tobacco control programme(s). Policy guidance and a detailed plan of action are needed. The provisions of the FCTC/Law should be appropriately reflected in the national policy and plan of actions in order to reduce tobacco consumption, to promote cessation of tobacco use, to protect nonsmokers from environmental tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The tobacco control policy and plan of action provide a framework for comprehensive tobacco control in Bangladesh for three years, 2006-2008.

Having a national policy and plan of action will be the main tool and background document for mobilizing resources for tobacco control activities. Based on this document suitable proposal for resource mobilization would be developed. Donors will be approached with support from WHO for the fund.

2. Issues

Tobacco consumption in Bangladesh is increasing, especially among the youth and the poor. The increase in tobacco consumption is due to many reasons. Recent socio-economic development and increase in population size make the country a lucrative market for the tobacco industries. Easy availability of cheap tobacco products (such as biri), lack of strong tobacco control regulations and weak enforcements of existing regulations are also important factors.

The tobacco consumption scenario in Bangladesh is also very different from others in its complexity. There is great variation in the pattern and mode of tobacco use. Smokeless forms of tobacco use is highly acceptable in the society.

Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh. To combat this powerful epidemic supported by a

powerful opponent, there should be concerted collaboration between relevant sectors of the government and NGOs. Partnership with civil societies, NGOs, donors and other anti-tobacco stakeholders is necessary.

3. Goal

To reduce tobacco consumption, promote cessation of tobacco use, protect nonsmokers from exposure to second hand smoke to protect people from the devastating consequences of tobacco usage.

4. Objectives

Specific objectives of the National Policy and Plan of Action are to:

1. Strengthen national infrastructure and capacity for tobacco control.
2. Undertake advocacy, public education, dissemination of information and community mobilization.
3. Conduct research on tobacco and its effects, and establish national databases on tobacco.
4. Implement appropriate and effective legislation and fiscal measures to reduce tobacco consumption.
5. Build partnership for efficient tobacco control.
6. Control illicit trade in tobacco and tobacco products
7. Mobilize resources for tobacco control.

5. Fundamental principles

The National Policy and Plan of Action on tobacco control is based on the following principles:

1. Tobacco control activities should be anti-tobacco but not anti-tobacco user;
2. All citizens of the Country have the right to receive adequate and correct information regarding harmful effects of tobacco;
3. Consumers have fundamental right to consumption of safe products and the right to relevant information;
4. Tobacco users have the right to support for tobacco cessation;

5. All non-smokers, especially children, have the right not to be exposed to second hand smoke;
6. Priorities are given to adolescents, women, low-income people as the most vulnerable groups;
7. Tobacco control programmes and interventions should be partnered with relevant health and non-health programmes.

6. Targets

1. To have comprehensive ban on all forms of tobacco advertisement, promotion and sponsorship within 2008.
2. To establish a sustained increase in taxes and prices above inflation in all Fiscal budgets every year.
3. To have clear, visible and rotating health warning labels on all manufactured/ packaged tobacco products manufactured in and imported to the Country within 2008.
4. To have all health and education facilities, workplaces, public places and public transport to be tobacco-free within 2007.
5. To establish On-line Database for Tobacco Surveillance in the Ministry of Health and Family Welfare within 2007.
6. To have limitation of access to tobacco products by minors within 2008.
7. To show a decrease in per capita tobacco consumption of at least 3% by the end of 2008.

7. Strategies

7.1 Establishment of National Tobacco Committee, Formulation of National Tobacco Control Policy and Plan of Action and Enforcement of National Legislation.

Strong political commitment is crucial to combat the tobacco epidemic. High level National Tobacco Control Taskforce should be established with the Health Sector taking the leading role. It should be multisectoral and include governmental departments and agencies such as health and family welfare, foreign affairs, trade, finance, education,

agriculture, information, women and children affairs, home affairs, legal and justice, industry and enterprises responsible for licensing and data collection on tobacco production, development affairs etc. It should also include NGOs such as health professional societies, health charities, women and child health societies, academic institutions and religious groups (ensuring that these organizations such as NGOs, media groups, etc., are not affiliated to the tobacco industry in any way). Representatives from media groups should also be its members. Anyone affiliated with the tobacco industry, including but not limited to employees and consultants of the industry, should be strictly prohibited from joining the committee.

The role of this committee is to address tobacco control issues at the national level as well as cross-border issues, particularly law implementation and actions to address the requirements of the FCTC. Sub-committees will be necessary in specific areas such as legislation, communication, education and information, research etc. Sub-national committees should also be formed at divisional, district, and upazila levels. Committees at city corporation level also should be established.

7.1.1 A Tobacco Control Cell should be established with designated National Focal Point for Tobacco Control in the Ministry of Health and also focal persons at various decentralized levels should be identified. There should be specific and adequate manpower, time and funds allocated for implementing tobacco control activities.

7.1.2 *SWOT* (Strengths, Weaknesses, Opportunities and Threats) analysis should be performed to find the current situation of tobacco control measures. Challenges and opportunities should be identified and measures should be explored to meet and overcome the challenges. Mechanisms to monitor change should also be clearly stated in the National Plan of Action.

7.1.3 The National Tobacco Control Committee should advocate for fiscal measures and significant allocation of government revenue, including those from tobacco taxes, to fund national tobacco control programmes.

7.1.4 A Taskforce on implementation of the FCTC at national, divisional, city/ municipality level will be established.

7.1.5 Formulation of detailed plan of action for ensuring compliance to the tobacco control measures/legislation.

7.2 Setting Appropriate Price and Tax Policies

An increase in tax is the single most effective intervention to reduce demand for tobacco. Numerous studies indicate that higher tobacco prices significantly and consistently reduce tobacco use as price increases encourage people to stop smoking, prevent others from starting in the first place and reduce the number of ex-smokers who resume the habit. Even relatively modest increases in taxes would generate significant health benefits. A price increase of 10% would reduce consumption by 4% in high-income countries and by about 8% in low and middle income countries, as lower income tend to make people more responsive to price changes. Children and adolescents are also more responsive to price rises than older adults, so this intervention would have a significant impact on them. Evidence indicates that young people, people with low-income and those with less education are more responsive to price changes.

7.2.1 Bangladesh shall implement appropriate tax policies (supported by evidence-based information) and where appropriate, price policies on tobacco products. A tobacco price policy should aim to bring about an increase in the real price of tobacco products that is greater than the effects of inflation. World Bank recommended that policy makers who seek to reduce smoking should use as a yardstick the tax levels adopted as part of the comprehensive tobacco control policies. Tax rates should be periodically reviewed and amended for increase.

7.2.2 It has been estimated that a modest increase in cigarette excise tax of 10% would increase tobacco tax revenues by about 7% overall with the effects varying by country. A proportion of the tobacco revenue should be used for tobacco control programmes; tobacco tax increases that are ear-marked for anti-tobacco media campaigns, prevention programs, subsidization of tobacco cessation products and programmes and other

activities to reduce tobacco use, generate even larger reduction in tobacco use and improvement in health than the tax increase alone.

7.2.3 Given the widespread use of smokeless tobacco and smoking tobacco products other than manufactured cigarettes in the country, measures to bring all the tobacco products under tax and price measures should be sought for, in order to avoid substitution of one tobacco product by another.

7.3 Protection from exposure to second hand smoke

The accumulation of scientific evidence which shows that involuntary exposure to second hand smoke causes death, disease and disability, emphasizes the need for stronger regulation to protect non-smokers, especially children from exposure to tobacco smoke. Prohibition of smoking at public places and workplaces not only protect non-smokers but also create an environment that encourages smokers to cut back or quit. Regulation also contributes to altering the social perception of smoking behaviour that was commonly accepted before, and deglamourize smoking. Strong public support for regulation throughout the Region, not only from nonsmokers, but also from the majority of smokers, can encourage countries to introduce or strengthen legislation or other relevant measures. The ban on smoking in public places must be strict and require publicity and government enforcement. The tobacco act has defined ‘public place’ but it should be more stringent; governments also have to conduct public awareness activities to inform all concerned what a public place is. Efforts should be made to make refraining from smoking in public places a social norm.

Strategic national actions on protecting from exposure to tobacco smoke should include:

- Introducing or strengthening legislation to make all public places smoke-free, including public transport and workplaces;
- Banning smoking in all health institutions and their premises;
- Banning smoking indoors and outdoors in all educational institutions and their premises; libraries, nurseries, day care centers, etc.;
- Banning smoking in restaurants, shopping malls and recreational venues open to the public.

7.4 Prohibition of all forms of advertisement, promotion and sponsorship

Empirical evidence shows that a comprehensive ban on advertising of tobacco covering all media and all forms of direct and indirect advertising contributes to the reduction of tobacco consumption. It also reduces the social desirability of smoking, in particular among young people. Studies have shown that partial ban and voluntary agreement do not work. According to the World Bank, a comprehensive ban can reduce the consumption of tobacco products by around 7%.

7.4.1 Strategic national actions for prohibition of tobacco advertisement, promotion and sponsorship should include:

- Ban on all forms of direct and indirect advertising of tobacco products, from all electronic media, print media, folk media and other media, such as the internet, billboards, hoardings, signs/signboards, at point-of-sale, and by all other means.
- Ban on brand stretching of using tobacco companies logo for other non-tobacco product(s).
- A comprehensive ban/ restriction on cross-border advertising, promotion and sponsorship originating from its territory, subject to the legal environment and the technical means available to the country. Bangladesh should cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.
- Restriction of the use of direct or indirect incentives that encourage the production and the purchase of tobacco products.

7.4.2 Vigilance (watchdog) system with timely and appropriate action:

Groups of experts, like health personnel, lawyers, media, etc. should be constituted for this purpose. The group should establish a wide network and should be very active in taking immediate action. Public should be widely informed about this in order to support the group for more effective vigilance. All individuals must have the right to place a formal complaint in the case of violation of the ban on advertising or any other violation

of the tobacco control law, and a formal system must be established to ensure that the complaints lead to prompt legal action against those breaking the law.

7.5 Education, communication, training and public awareness.

Evidence suggests that continuous and intensive information and education programmes on hazards of tobacco and on tobacco control measures proved to be effective instruments for increasing political acceptance of policy measures. Bangladesh should promote and strengthen public awareness of tobacco control issues, using all applicable communication tools, as appropriate.

The public should also be educated about the contents of the tobacco control law and the FCTC and encouraged to play a role in ensuring compliance with these measures. NGOs, particularly those with experience on tobacco control law and the FCTC, should be given a role in supporting law implementation and enforcement of measures within the FCTC, as well as in building the capacity of other NGOs to engage in these activities. NGOs play a crucial role in law implementation, and this role should be acknowledged, encouraged, and supported. Government-NGO collaboration should be strengthened in this regard.

7.5.1 Successful development and implementation of tobacco control policies should be ensured through a comprehensive information and training strategy which should include:

- Advocacy to policy makers at various levels with emphasis on the specific obligations of FCTC;
- Provision of relevant and adequate health education and information to the community through wide media coverage, ensuring that the general public including children, young people and vulnerable groups, are fully informed about the health risks, addictiveness, social and economic costs of tobacco consumption and exposure to tobacco smoke, and about the benefits of cessation and tobacco-free styles;

- Facilitating and strengthening education, training and public awareness campaigns, including counter-marketing with special attention paid to not involving the tobacco industry in information campaigns;
- Developing and implementing effective and appropriate basic curricula and training programmes on tobacco control for policy makers, health professionals, students, educators, media personnel and other relevant persons; integration of tobacco control approaches into health and education curricula, including law enforcement; strengthening of existing health education communication mechanism and utilization for dissemination of tobacco control information;
- Regular monitoring effect/outcome of education/communication plan.

7.6 ***Promotion of cessation of tobacco use and adequate treatment for tobacco dependence.***

Individual attempts to quit have very low success rates; evidence shows that advice and behavioral support are effective in motivating smokers to quit. Low-cost, community based interventions where no clinics or pharmaceuticals are used, have shown promises in several countries.

Pilot projects on community-based cessation programmes in the Region have proved to be effective to a certain extent and should be appropriately replicated to a wider scale in all member countries since they could be implemented with low cost and could also induce changes and images in the community towards tobacco use.

Bangladesh should develop and disseminate appropriate, comprehensive and integrated guidelines on cessation of tobacco use, based on scientific evidence and best practices. Effective programmes should be designed and implemented in educational and health institutions, health care facilities, work places and sporting environments.

Diagnosis and treatment of tobacco dependence and counseling services on cessation of tobacco should be included in national health and education programmes, plans and strategies.

The use of nicotine replacements therapies *(NRT)* has been proved to increase the rate of success of tobacco cessation. Nicotine replacement treatments and other pharmacological aids to quitting can roughly double the chance that an individual will successfully quit. However, studies on NRT in the Region show very low levels of long-term successes (or a high rate of relapse). In Bangladesh, NRT is very low, which is limited by several factors, including high retail prices and complex regulatory issues. Mechanisms may be sought among Member Countries and through affiliation with Parties to the Convention to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products.

7.7 *Ban on sale of tobacco products to and by minors*

Research studies show that nowadays, the overwhelming majority of smokers start smoking before age 25, often in childhood or adolescence. In high income countries, 8 out of 10 begin in their teens; in middle and low income countries most smokers start by the early twenties, but the trend is toward younger age. Individuals who start at a young age are likely to become heavy smokers, and are also at increased risk of dying from smoking initiated in later life.

Anti-tobacco campaigns should target at youth, both in school and out of school, including through health promoting schools. Child to child education programmes and peer group education programmes have proved to be effective. Ban on sales of tobacco products within 500 meters of schools should be ensured.

Bangladesh has already adopted legislative, executive, administrative and other measures to ban on sale of tobacco products to persons under the age set by national law or eighteen whichever is highest. Youth access laws are most effective when administered in a comprehensive manner. These measures should include:

- Requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of sales to minors;

- Ban on the sale of tobacco products in any manner by which they are directly accessible, such as store shelves, vending machines, self-service displays, mail order and electronic sales;
- Ban on distribution of free sample of tobacco products to the minors and general public;
- Ban on the sale of tobacco products in small packets which increase the affordability of such products to minors and to the low-income group;
- Ban on the manufacture and sale of sweets, snacks, toys, tooth paste, tooth powder or any other objects in the form of tobacco products which appeal to minors;
- Imposing penalties (such as graduated fines) against sellers and distributors, in order to ensure compliance with the regulations.

Since the majority of parents including smokers do not want their children to smoke, campaigns to enforce legislations and educate retailers can reduce illegal sales to minors.

7.8 Support for laboratory analysis of tobacco products for tobacco product regulation and disclosures.

WHO FCTC provisions include testing and measuring the contents and emissions of tobacco products and the regulation of these contents and emissions and disclosing the information to governmental authorities. Disclosure should also be made to the public of information about the toxic constituents of the tobacco products and the emissions that they may produce.

Bangladesh shall adopt and implement measures for testing and measuring contents of tobacco products and emissions from tobacco smoke; they should also implement measures to disclose to governmental authorities and the public, information about the contents and emissions of tobacco products.

7.9 Packaging and labeling of tobacco products

Mandated labels on tobacco products inform users of the hazards of tobacco use and encourage users to quit and discourage non-users to start. Evidence shows that health warnings are effective only if they contain multiple, strong and direct messages that are prominently displayed. Large warnings increase public awareness on the health effects of smoking and make cigarette packs less attractive to the youth.

FCTC provisions stated that each unit packet and package of tobacco products and any outside packaging and labeling of such products should carry health warnings and messages which:

-shall be approved by the competent national authority;

-shall be rotating;

-shall be large, clear, visible and legible;

-should be 50% or more of the principal display areas but shall be no less than 30% of the principle display areas;

- may be in the form of or include pictures or pictograms.

All the health warnings and product information displayed on each packet or package or any outside packaging should appear in Bengali. The existing health warnings in the Tobacco Control Act 2005 should be strengthened within three years to phase in stronger warnings, raise the size to 50% of the pack surface, and include pictures (for understanding of the illiterate people), using the example of other countries such as Thailand, Brazil, and Canada.

Bangladesh has been implementing legislative, executive, administrative and other measures to ensure that tobacco product packaging and labeling. These do not discourage a tobacco product by any means that are misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards of emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products .

7.10 Research, surveillance and exchange of information

Tobacco surveillance should be included as an activity in the WHO biennial workplan. Sentinel prevalence surveys with nationally representative sample of population should be conducted regularly, at least once every four years, using standardized methods. Bangladesh should work with WHO SEARO to explore measures to provide technical and financial assistance if possible for selecting the sample, carrying out the prevalence survey and analyzing the data.

Bangladesh shall establish a mechanism to effectively coordinate with other relevant ministries/agencies and private organizations and NGOs, in order to collect comprehensive surveillance data and information. It will work with US Center for Disease Control and Prevention (CDC), Atlanta in the area of surveillance including securing resources from it.

The following broad headings should be considered when gathering information on tobacco:

- Socio-demographic characteristics;
- Tobacco production, trade and industry;
- Tobacco consumption;
- Prevalence of tobacco use;
- Tobacco mortality and morbidity; and
- Tobacco control measures, organizations and institutions.

Bangladesh should develop websites and to strengthen the existing Online Database System with links to WHO Bangladesh and SEARO websites. Bangladesh should work with WHO SEARO to facilitate and support the sharing of information and expertise as appropriate.

Consumers can learn about the health effects of tobacco in several ways. One is through published scientific and epidemiological research which may be summarized in the

media. Bangladesh should seek technical and financial support from WHO SEARO as appropriate for carrying out research in priority areas. Research can range from basic biological research on the products and their harms, to intervention research aimed at ascertaining the most effective means of prevention and of changing the behaviour of users. Bangladesh needs to increase and improve studies in tobacco attributable mortality to be able to estimate the disease burden of tobacco in the Region. Many areas of research such as illicit trade and cross border advertising needed to be explored and carried out in the Region. Countries should also be encouraged to conduct research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke, the economic impact of tobacco as well as research for identification of alternative crops.

7.11 Control of illicit trade in tobacco products

It has been estimated that globally, one third of manufactured cigarettes were being taken illegally into countries and sold. This makes cigarettes available at a low cost thereby increasing consumption. This also adversely affects excise tax collections and ensures enormous profits for the perpetrators. Although the tobacco industry always claims that smuggling is the result of high prices, studies have shown that the level of tax on tobacco products in a country does not relate to the level of smuggling. The availability of cheap cigarettes and other tobacco products undermine efforts to promote cessation and further hook those people in need of help. The creation of a black market removes all control over the sales. Apart from representing a threat to public health by encouraging consumption, smuggling deprives governments of tax revenues and reinforces criminal organizations and corruption. Unless smuggling is counteracted at both national and international levels, the impact of other tobacco control measures will be largely undermined.

Action against illicit trade of tobacco products is a supply reduction measure which is key to an effective control strategy. Enforcement of legislation against smuggling and selling illegally imported tobacco products is urgently needed. Measures to control illicit trade of tobacco products should include:

- Control of smuggling which includes adopting appropriate measures to ensure that all packages of tobacco products sold or manufactured carry the necessary markings such as prominent tax stamps, easily visible Bengali warnings, country of origin and country of destination and product information which will allow the products to be effectively tracked and traced, as well as the aggressive enforcement and consistent application of tough penalties to deter smugglers. All persons engaged in the business of manufacturing, importing, exporting, wholesale, storage and transport of tobacco products should be licensed.
- Control of illicit manufacturing and counterfeiting;
- Monitoring and collection of data on cross-border trade in tobacco products, including illicit trade;
- Exchange of information among related departments such as tax, customs, law enforcement agencies and local authorities and among countries of the Region;
- Development and enforcement of collaborative interventions with neighboring countries to regulate tobacco products and reduce the cross-border illegal trade, promotion and advertising of tobacco products.

7.12 Partnership building for Tobacco Control

Bangladesh should strengthen collaboration between Ministry of Health and Family Welfare and other ministries like Finance, Commerce, Home, Law, Foreign Affairs, Information, etc.

1. Bangladesh should join in regional capacity building and other initiatives to encompass both government and nongovernmental sectors to enhance multisectoral involvement in tobacco control.
2. Bangladesh should seek means of strengthening collaboration among the health, finance, trade, other related departments and international relations sectors to improve technical capabilities relating to non-health aspects of the FCTC (e.g. WTO rules).

3. The problem of tobacco should be brought into the broad purview of relevant non-communicable disease control programmes, health promotion programme, tuberculosis control programme and other programmes for poverty reduction and environmental protection. As tobacco production and consumption exacerbate poverty and undermine sustainable development, tobacco control should also be a key component of national development assistance programmes.
4. Enhance co-cooperation and coordination with UN and other International Organizations.
5. Strengthen cooperation and collaboration with Regional Bodies such as ASEAN and SAARC on tobacco control.
6. Enhance partnership with (a) International and National NGOs to strengthen activities to the grassroots level; (b) WHO Collaborating Centers for research, training, public awareness and advocacy; CDC to support global surveillance for tobacco use and its consequences; with research institutions to expand the evidence-based policies; with academic institutions to build capacity; and with private sector to channel resources and expertise.
7. Support international tobacco control campaigns (such as World No Tobacco Day).

7.13 Identification and Mobilization of Financial Resources

The Government will seek financial resources to assist in the carrying out of the activities herein designated. As partners in the process, NGOs will also seek their own funding which will enhance the implementation of the activities of this three-year plan. Potential funding agencies include bilateral and international agencies.

7.14 Establishment of a mechanism for reporting to the Conference of Parties on progress of implementation of the WHO FCTC

As a party to the WHO FCTC, country will have to report to the sessions of the COP on implementation of the WHO FCTC. A mechanism would be established to monitor the progress in order to meet obligations under the Convention.

7.15 Proposed activities for three years

Activities with timelines to achieve the objectives of this policy document are shown in Appendix 1.

8. Monitoring and Evaluation

7.1 Monitoring

The monitoring of the tobacco control activities will be carried out at all levels of administration by divisions, districts, and upazila. Support will be sought from mayors/chairmen of city corporation/municipality. Reports of activities conducted will be prepared by organizations/committees concerned and sent to the National Committee for Tobacco Control. This committee will meet every month to monitor the progress of the programme.

Surveys and research activities will also be monitored by the National Committee and health personnel at various level. Monitoring visits to different parts of the country will be made regularly by the National Committee personnel to supervise education activities, advocacy campaigns and other activities. Progress on legislation and activities of other Ministries will also be monitored.

7.2 Evaluation

Process evaluation

Activities mentioned will be monitored whether they are implemented according to the schedule. Programme review meeting will be conducted at mid-term and end of the year to evaluate the strengths and weaknesses of the programme and to analyse the lessons learnt form the past to take action for the future. The following indicators will be used at yearly evaluations.

Output indicators

1. Number of advocacy campaigns conducted during the year.
2. Number of health education programmes implemented during the year.

3. Number of schools declared " tobacco free".
4. Public places designated as “tobacco free".
5. Actions taken against tobacco advertisement.
6. Actions taken to reduce tobacco production and sale.
7. Number of tobacco shops licensed.
8. Amount of cigarettes produced during the year.
9. Amount of tobacco products imported during the year.
10. Amount tobacco tax increased.
11. Training given to health care providers and school teachers.
12. Surveys and research conducted.
13. Number of tobacco cessation sites/clinics.

Impact Indicators

1. Prevalence of tobacco consumption in different age groups.
2. Change of knowledge and attitude after health education sessions.
3. Trends in tobacco consumption.
4. Quit ratio among smokers.
5. Prevalence of tobacco related diseases.

8. Conclusion

The National Policy and Plan of Action for Tobacco Control is a guiding tool for tobacco control activities in the whole country. Its implementation will increase awareness on dangers of tobacco among the target groups as well as the general population. This increased awareness along with the social and cultural support with leadership role of the Ministry of Health and involvement of other sectors, civil society and NGOs would provide the necessary stimuli for behavioral changes to occur in positive direction. With the increasing momentum of tobacco control activities the lasting benefit is that less people will suffer from tobacco induced illnesses in the coming years. People will live longer and healthier. They will contribute more to the economic development of the country as their productive and active life years would be increased. In line with the recommendations of the health cost study done in Bangladesh by WHO it is quite logical

to expect that curbing tobacco usage in the country will immensely benefit the nation, especially the poor, by improving their economic and health conditions. As such, the tobacco control policies can be nested as an effective instrument in the national poverty alleviation strategy.

Appendix 1:

Objective 1. Strengthening national infrastructure and capacity for tobacco control

Activity	**2006**	**2007**	**2008**
1.1 Establish multi-sectoral national coordinating agency or focal point on tobacco control.			
1.2 Develop and initiate implementation of a National Tobacco Control Policy and a time-bound Plan of Action for tobacco control.			
1.3 Strengthen resource mobilization for tobacco control through national budgets and special bilateral donor allocations			
1.4 Establish and implement and a system for monitoring tobacco control law implementation process.			
1.5 Establish an authority to support/suggest strengthening and monitoring of the tobacco control law implementation process.			
1.6 Capacity Building to Government officers (Law implementation authority), NGOs, lawyers health professionals, economists, social professionals and media personnel on tobacco control law implementation issues.			

1.7 Monitor progress on implementation of the WHO FCTC in meeting obligations under the Convention.			
1.8 Address any existing weaknesses in law by strengthening language and updating fines.			
1.9 Establish a law monitoring and implementation committee in each Thana Headquarter.			
1.10 Establish a policy for regular increases in tobacco tax.			
1.11 Develop policies to support tobacco farmers in switching over to other cash crops.			
1.12 Establish and implement a system of surveillance for monitoring implementation of tobacco control measures, and for monitoring tobacco-related morbidity and mortality.			
1.13 Establish tobacco cessation clinics in collaboration with NGOs			

Objective 2: Advocacy, public education, dissemination of information and community mobilization

Activity	**2006**	**2007**	**2008**

2.1 Develop and initiate sustainable national information, education and communication strategies to inform and educate relevant sectors, communities.			
2.2 Carry out advocacy campaign to obtain commitment of policy makers on finance, law, education, labour, environment, agriculture, health and social welfare.			
2.3 Develop printed materials on tobacco control law to raise public awareness about the law.			
2.4 Develop printed materials on the hazards of tobacco use, including of passive smoking and harms to environment and economics.			
2.5. Heighten role of media in tobacco control and use the World No-Tobacco Day theme for year-long, sustainable education and advocacy campaign for tobacco control.			
2.6. Develop TV spots to publicize and inform the public about the main contents of the tobacco control law, and how they can assist in enforcement.			

2.7. Establish tobacco control program at workplaces (smokefree workplace, motivation for quitting) as part of Health Promoting Workplace program.			
2.8 Establish a mechanism to link tobacco control awareness with other health awareness programs.			
2.9. Encourage NGOs to integrate issues related to tobacco control into their programs.			
2.10. Organize national campaigns to create smoke-free places, particularly workplaces; ensure that all government offices, schools, and health facilities are smoke-free, then address other workplaces.			
2.11 Sensitize and work with National Curriculum and Textbook Board officials for incorporation of tobacco in to the school education.			

Objective 3. Research on tobacco and its effects, and establish national databases on issues related to tobacco

Activity	**2006**	**2007**	**2008**

3.1 Collect information to quantify the health, social and other economic costs of tobacco use, the economic impact of tobacco trade, cultivation and smuggling and to estimate the effect of tax and price especially among young people.			
3.2 Carry out sentinel surveys to estimate per capita tobacco consumption and to monitor implementation and to evaluate impact of the country level plan of action.			
3.3 Conduct surveys biennually on impact of tobacco control law, including levels of awareness and related changes in smoking behavior.			
3.3 Conduct research into level of tobacco control law enforcement and ways of improving compliance, e.g. with pack warnings, ad bans, and smokefree places.			
3.4 Monitor changes in tax levels and their effects on smoking rates, particularly of youth and the poor.			
3.5 Measure the effectiveness of health education programs to reduce tobacco use and help users to quit.			
3.7 Develop a comprehensive national database on issues related to tobacco, and implement a mechanism to collect and disseminate tobacco control success stories.			

3.8 Conduct research on behavioral and socio-cultural issues related to tobacco consumption and carry out operational research on effective tobacco control.			

Objective 4.Implementation of appropriate and effective legislation and fiscal measure to reduce tobacco use

Activity	**2006**	**2007**	**2008**
4.1 Review/current legislation on tobacco advertising, and implement measures to discontinue all direct and indirect tobacco advertising, promotions, sponsorships and product placements.			
4.2 Update legislation on pack warnings, and implement measures to strengthen warnings, target major groups, and add pictorial warnings.			
4.3 Update legislation on smoke-free places to improve compliance and coverage and increase the extent to which workers are protected from exposure to smoking in the workplace, including informal workplaces.			
4.4 Withdraw tax concessions and other incentives for tobacco industry and tobacco cultivation.			
4.5 Institute mechanisms for increasing tax on all tobacco products significantly above increase in cost of living every year.			
4.6 Ban sale of duty-free tobacco products.			
4.7 Institute special levy on tobacco products in support of tobacco control interventions.			
4.8 Develop and implement legislative package on product labeling, ingredients			

disclosure, publication of tar and nicotine levels, point of sale information and health information.			
4.9 Develop national plan of action for enforcement promotion and compliance of tobacco control measures/legislation.			

Objective 5. Partnership building for tobacco control

Activity	**2006**	**2007**	**2008**
5.1 Strengthen partnership with relevant ministries by conducting inter-ministerial workshops/seminars.			
5.2 Conduct capacity building workshops for NGOs on tobacco control law implementation.			
5.4 Conduct workshops for media/journalists			
5.5 Support NGOs to publish and disseminate IEC materials and to create awareness/implementations programs, particularly on tobacco control law.			
5.6 Support national and local NGOs to organize WNTD programs.			
5.7 Involve NGOs and civil society in the tobacco control law monitoring process.			
5.8 Strengthen cooperation and collaboration with regional bodies such as ASEAN and SAARC on tobacco control.			

Objective 6. Control of illicit trade in tobacco products

Activity	2006	2007	2008

6.1 Monitor levels of smuggling of cigarettes into the country.			
6.2 Strengthen penalties and work with enforcement bodies to strengthen anti-smuggling activities.			
6.3 Assess possibilities of new measures to reduce smuggling and regularly review process in fighting smuggling of cigarettes into the country.			

Objective 7. Mobilization of resources

Activity	2006	2007	2008
7.1 Ensure provision of allocating earmarked fund from national health budget for tobacco control.			
7.2 Seek funding from donor agencies to assist NGOs and other organizations in carrying out tobacco control activities.			
7.3 Seek resources and technical assistance from CDC, Atlanta for tobacco surveillance			