

National Strategic Plan of Action for Tobacco Control, 2007-2010



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

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List of acronyms

ASEAN	Association of South-East Asian Nations
BGI	Bloomberg Global Initiative
CDC	Centre for Disease Control and Prevention
FCTC	Framework Convention on Tobacco Control
IEC	Information Education and Communication
MOHFW	Ministry of Health and Family Welfare
NGO	Non Governmental Organization
NTCC	National Tobacco Control Cell
NPA	National Plan of Action
NRT	Nicotine Replacement Therapy
SWOT	Strength, Weakness, Opportunity and Threats
SAARC	South Asian Association for Regional Cooperation
SEAR	South- East Asia Region
WHA	World Health Assembly
WNTD	World No Tobacco Day
WTO	World Trade Organization

Executive Summary

Tobacco is an important public health problem of Bangladesh having both high production and consumption. In 2004, according to a WHO study, 30.9 million people aged 15 years and above consumed tobacco in some form or other. About 57,000 people aged 30 and above died. Bangladesh suffered a net loss of 442 million US\$ (Taka 26.1 billion).

Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO Framework Convention on Tobacco Control (FCTC). A detailed plan of action are needed for its implementation. This strategic plan of action provides a framework for comprehensive tobacco control in Bangladesh for four years, 2007-2010.

Goal and targets:

To reduce tobacco consumption, promote cessation of tobacco use, protect nonsmokers from exposure to second hand smoke and to protect people from the devastating consequences of tobacco usage. The programme is expected to avert the current rising trend shortly. Because the time is only four years, it is targeted that a decrease in per capita tobacco consumption of at least 1% by the end of 2010 will be observed.

Strategies:

1. Establishment of national tobacco committee 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.

Series of activities are being done under each strategic directions to achieve the goal. The lasting benefit is that less people will suffer from tobacco induced illnesses in the coming years. In line with the recommendations of the health cost study done in Bangladesh by WHO it is 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.



1. Introduction

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 the 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% although the same in women is considered to be low (2% to 7%) except for Nepal (29%), Bangladesh (21%), Myanmar (21%) and Maldives (15%). Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.

Bangladesh has a huge population of 138.6 million (2005 estimate). According to 2004 prevalence data (a study conducted by WHO), 37% people aged 15 years and above (i.e., 30.9 million) use tobacco in some form or other. Use of smokeless tobacco is a huge problem in women. In 2004, 57,000 people died and 382,000 became disabled due to eight tobacco related illnesses. Age and sex specific prevalence data are given in Appendix-I. 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 at younger ages. Most of the victims of heart attacks 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

1.1. WHO Framework Convention on Tobacco Control (FCTC) :

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 (FCTC). The FCTC was unanimously adopted by the 56th World Health Assembly in May 2003 under the president-ship of the honorable Health and Family Welfare Minister of Bangladesh. Bangladesh was the first country to sign the Convention. The FCTC enters into force and became part of international law on 27 February 2005 after ratification by 40 countries. 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.

1.2. Need for a national strategic 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 (Appendix II). Its regulations also came in to force in September 2006 (Appendix III) However, these guiding documents are not sufficient for implementing the tobacco control programme(s). National guidelines and a detailed plan of action are needed. The provisions of the FCTC/Law should be appropriately reflected in the strategic 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. This strategic document provides a framework for comprehensive tobacco control in Bangladesh for four years, 2007-2010.

The national strategic 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 and objectives

3.1 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.

3.2. Objectives

Specific objectives are to:

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

4. Fundamental principles

The strategic plan of action on tobacco control is based on the following principles:

- Tobacco control activities should be anti-tobacco but not anti-tobacco user;
- All citizens of the Country have the right to receive adequate and correct information regarding harmful effects of tobacco;
- Consumers have fundamental right to consumption of safe products and the right to relevant information;
- Tobacco users have the right to support for tobacco cessation;
- All non-smokers, especially children, have the right not to be exposed to second hand smoke;
- Priorities are to be given to adolescents, women, low-income people as the most vulnerable groups;
- Tobacco control programmes and interventions should be partnered with relevant health and non-health programmes.

5. Targets

- To have comprehensive ban on all forms of tobacco advertisement, promotion and sponsorship within 2008;
- To establish a sustained increase in taxes and prices above inflation in national fiscal budgets every year;
- To have clear, visible and rotating health warning labels on all manufactured/ packaged tobacco products manufactured in and imported to the Country within 2008;
- To have all health and education facilities, workplaces, public places and public transport to be tobacco-free within 2008;
- To establish on-line database for tobacco surveillance in the Ministry of Health and Family Welfare within 2008;
- To put restriction on access to tobacco products by minors within 2008;
- To show a decrease in per capita tobacco consumption of at least 1% by the end of 2010.

6. Strategies

6.1 Establishment of taskforce, formulation of national tobacco control plan of action and enforcement of national legislation:

A strong political commitment is crucial to combat the tobacco epidemic. A 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. Persons affiliated with the tobacco industry, including but not limited to employees and consultants of the industry, should be strictly prohibited from joining the taskforce.

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 also be formed at divisional, district, and upazila levels. Committees at city corporation level should also be established.

6.1.1 A Tobacco Control Cell should be established with designated National Focal Point for Tobacco Control in the Ministry of Health and 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.

6.1.2 SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis should be performed to find out 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.

6.1.3 The national level Taskforce committee should advocate for fiscal measures and significant allocation of government revenue, including those from tobacco

taxes, to fund national tobacco control programmes.

6.1.4 Committees for implementation of the FCTC divisional, city/ municipality level will be established.

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

6.2 Setting appropriate price and tax policies:

Tax enhancement 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 increase in tax 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, therefore, such an 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.

6.2.1 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 tax measures as a yardstick as part of the comprehensive tobacco control policies. Tax rates should be periodically reviewed and amended for increase.

6.2.2 It has been estimated that a modest 10% increase in cigarette excise tax would increase revenue from tobacco sector by about 7%. A proportion of the tobacco revenue should be used for tobacco control programmes that are ear-marked for anti-tobacco media campaigns, prevention programs, and subsidization of tobacco cessation products for improvement in health.

6.2.3 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.

6.3 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, It emphasizes the need for stronger regulation to protect non-smokers, especially children from exposure to tobacco smoke. Prohibition 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 deglamourizing it. 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; Government also have to conduct public awareness activities to inform all concerned what a public place is. Efforts should be made to refrain people from smoking in public places a social norm.

Strategic national actions on protection 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.

6.4 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 at all. According to the World Bank, a comprehensive ban can reduce the consumption of tobacco products by around 7%.

6.4.1 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 by 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 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 on the use of direct or indirect incentives that encourage the production and the purchase of tobacco products.

6.4.2 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 generate support for the group for better 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.

6.5 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 are 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 the implementation of the law and enforcement provisions of 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 further in this regard.

6.5.1 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, strengthening of existing health education communication mechanism dissemination of tobacco control information;
- Regular monitoring effect/outcome of education/communication plan.

6.6 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 the 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). NRT use in Bangladesh is very low because of several factors, including high retail prices and complex regulatory issues. Mechanisms may be sought among Member Countries through Parties to the Convention to facilitate accessibility and affordability for treatment of tobacco dependence.

6.7 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 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 of 16 years. Youth access laws are most effective when administered in a comprehensive manner. These measures should include:

- Requiring all sellers of tobacco products to 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.

6.8 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.

6.9 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 phase in to stronger warnings, raise the size in 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 tobacco product packaging and labeling. These prevents displaying of messages that are misleading, deceptive or erroneous about the products characteristics, health effects, hazards of emissions, including any term, description, trademark, figurative or any other sign that directly or indirectly creates the false impression that the particular tobacco product is less harmful than other tobacco products.

6.10 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 in 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 its relevant ministries/agencies 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 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 burden of tobacco related diseases 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.

6.11 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 collecting 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.

6.12 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.

- Bangladesh should join in regional capacity building and other initiatives to encompass both government and nongovernmental sectors to enhance multisectoral involvement in tobacco control.

- 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).
- 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.
- Enhance co-cooperation and coordination with UN and other International Organizations.
- Strengthen cooperation and collaboration with Regional Bodies such as ASEAN and SAARC on tobacco control.
- Enhance partnership with (a) international and national NGOs to strengthen activities at the grassroots level; (b) WHO Collaborating Centers for research, training, public awareness and advocacy; (c) CDC to support global surveillance for tobacco use and its consequences; (d) research institutions to expand the evidence-based policies; (e) academic institutions to build capacity; and (f) private sector to channel resources and expertise.
- Support international tobacco control campaigns (such as World No Tobacco Day).

6.13 Identification and mobilization of financial resources:

The Government will seek financial resources to assist in the carrying out of the activities designated herein. 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.

6.14 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 Convention. A mechanism would be established to monitor the progress in order to meet obligations under the Convention.

7. Proposed activities for four years, 2007-2010

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 with a provision of appropriate revision of the plan in future. Activities with timelines to achieve the objectives of this strategic document are shown in Appendix IV.

8. Monitoring and evaluation

8.1 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 corporations/municipalities. 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 levels. 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.

8.2 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 from the past to take action for the future. The following indicators will be used at yearly evaluations.

Output indicators

- Number of advocacy campaigns conducted during the year.
- Number of health education programmes implemented during the year.
- Number of schools declared " tobacco free".
- Public places designated as "tobacco free".
- Actions taken against tobacco advertisement.
- Actions taken to reduce tobacco production and sale.
- Number of tobacco shops licensed.
- Amount of cigarettes produced during the year.
- Amount of tobacco tax increased.
- Training given to health care providers and school teachers.
- Surveys and research conducted.
- Number of tobacco cessation sites/clinics.

Impact indicators

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

9. Conclusion

The National Strategic 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 use among the target groups as well as the general population. This increased awareness along with the social and cultural support with leading 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 strategies can be nested as an effective instrument in the national poverty alleviation measures.

Appendix I

Tobacco usage by sex and age group and household location

Source : Zaman MM, Nargis N, Perucic AM, Rahman K. (Editors) (2007). *Impact of Tobacco-related Illness in Bangladesh*. SEARO, WHO, New Delhi.

Sex	Age group	Tobacco usage	Smoking tobacco						Smokeless tobacco						Either					
			Household location				Total		Household location				Total		Household location				Total	
			Urban		Rural		Number	%	Urban		Rural		Number	%	Urban		Rural		Number	%
			Number	%	Number	%			Number	%	Number	%			Number	%	Number	%		
Men	15 - 19	Never	151	88.3	323	84.8	474	85.9	170	98.8	377	98.2	547	98.4	153	88.4	327	83.6	480	85.1
		Past*	3	1.8	0	0.0	3	0.5	0	0.0	0	0.0	0	0.0	3	1.7	0	0.0	3	0.5
		Current	17	9.9	58	15.2	75	13.6	2	1.2	7	1.8	9	1.6	17	9.8	64	16.4	81	14.4
	20 - 29	Never	199	65.2	339	63.0	538	63.8	301	97.4	516	95.2	817	96.0	201	64.6	336	61.7	537	62.7
		Past	3	1.0	5	0.9	8	0.9	0	0.0	0	0.0	0	0.0	3	1.0	4	0.7	7	0.8
		Current	103	33.8	194	36.1	297	35.2	8	2.6	26	4.8	34	4.0	107	34.4	205	37.6	312	36.4
	30 - 39	Never	137	55.0	254	47.5	391	49.9	225	89.3	453	85.2	678	86.5	130	51.0	225	41.7	355	44.7
		Past	9	3.6	14	2.6	23	2.9	2	0.8	2	0.4	4	0.5	9	3.5	8	1.5	17	2.1
		Current	103	41.4	267	49.9	370	47.2	25	9.9	77	14.5	102	13.0	116	45.5	306	56.8	422	53.1
	40 - 49	Never	96	45.3	120	30.5	216	35.6	168	78.5	312	78.8	480	78.7	76	35.3	97	24.3	173	28.2
		Past	18	8.5	22	5.6	40	6.6	4	1.9	3	0.8	7	1.1	16	7.4	15	3.8	31	5.0
		Current	98	46.2	252	64.0	350	57.8	42	19.6	81	20.5	123	20.2	123	57.2	287	71.9	410	66.8
	50 - 59	Never	55	47.4	89	33.2	144	37.5	86	73.5	187	68.8	273	70.2	48	41.0	61	22.2	109	27.8
		Past	12	10.3	19	7.1	31	8.1	3	2.6	2	0.7	5	1.3	7	6.0	9	3.3	16	4.1
		Current	49	42.2	160	59.7	209	54.4	28	23.9	83	30.5	111	28.5	62	53.0	205	74.5	267	68.1
	60 - 69	Never	34	48.6	53	35.8	87	39.9	51	71.8	78	52.3	129	58.6	25	35.2	27	18.0	52	23.5
		Past	8	11.4	20	13.5	28	12.8	4	5.6	1	0.7	5	2.3	8	11.3	3	2.0	11	5.0
		Current	28	40.0	75	50.7	103	47.2	16	22.5	70	47.0	86	39.1	38	53.5	120	80.0	158	71.5
	70 +	Never	20	54.1	66	43.1	86	45.3	28	75.7	90	59.2	118	62.4	15	40.5	37	24.2	52	27.4
		Past	8	21.6	34	22.2	42	22.1	0	0.0	3	2.0	3	1.6	6	16.2	17	11.1	23	12.1
		Current	9	24.3	53	34.6	62	32.6	9	24.3	59	38.8	68	36.0	16	43.2	99	64.7	115	60.5
	All (age 15+)	Never	692	59.6	1244	51.5	1936	54.1	1029	87.8	2013	82.9	3042	84.5	648	55.0	1110	45.3	1758	48.4
		Past	61	5.3	114	4.7	175	4.9	13	1.1	11	0.5	24	0.7	52	4.4	56	2.3	108	3.0
		Current	407	35.1	1059	43.8	1466	41.0	130	11.1	403	16.6	533	14.8	479	40.6	1286	52.4	1765	48.6
		Total	1160	100.0	2417	100.0	3577	100.0	1172	100.0	2427	100.0	3599	100.0	1179	100.0	2452	100.0	3631	100.0
Women	15 - 19	Never	202	100.0	361	100.0	563	100.0	204	99.5	347	96.1	551	97.3	204	99.5	350	96.2	554	97.4
		Past	0	0.0	0	0.0	0	0.0	1	0.5	14	3.9	15	2.7	1	0.5	14	3.8	15	2.6
		Current	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	20 - 29	Never	391	100.0	704	99.9	1095	99.9	376	96.2	633	90.2	1009	92.3	378	96.2	638	90.2	1016	92.4
		Past	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	1	0.1	1	0.3	0	0.0	1	0.1
		Current	0	0.0	1	0.1	1	0.1	14	3.6	69	9.8	83	7.6	14	3.6	69	9.8	83	7.5
	30 - 39	Never	269	100.0	542	98.2	811	98.8	224	82.7	398	72.5	622	75.9	224	82.7	397	71.8	621	75.4
		Past	0	0.0	3	0.5	3	0.4	2	0.7	3	0.5	5	0.6	2	0.7	3	0.5	5	0.6
		Current	0	0.0	7	1.3	7	0.9	45	16.6	148	27.0	193	23.5	45	16.6	153	27.7	198	24.0
	40 - 49	Never	183	96.8	396	96.6	579	96.7	122	64.2	201	49.1	323	53.9	120	63.2	192	46.8	312	52.0
		Past	2	1.1	1	0.2	3	0.5	3	1.6	5	1.2	8	1.3	4	2.1	6	1.5	10	1.7
		Current	4	2.1	13	3.2	17	2.8	65	34.2	203	49.6	268	44.7	66	34.7	212	51.7	278	46.3
	50 - 59	Never	87	95.6	223	92.9	310	93.7	51	56.0	102	42.7	153	46.4	49	53.8	96	40.0	145	43.8
		Past	1	1.1	4	1.7	5	1.5	1	1.1	4	1.7	5	1.5	2	2.2	3	1.3	5	1.5
		Current	3	3.3	13	5.4	16	4.8	39	42.9	133	55.6	172	52.1	40	44.0	141	58.8	181	54.7
	60 - 69	Never	50	90.9	140	90.9	190	90.9	26	48.1	75	48.4	101	48.3	24	43.6	68	43.9	92	43.8
		Past	0	0.0	3	1.9	3	1.4	1	1.9	1	0.6	2	1.0	1	1.8	0	0.0	1	0.5
		Current	0	0.0	4	3.8	4	2.9	1	2.9	4	3.8	5	3.6	1	2.9	6	5.7	7	5.0
	70 +	Never	34	97.1	93	88.6	127	90.7	19	55.9	36	34.3	55	39.6	19	54.3	29	27.6	48	34.3
		Past	0	0.0	4	3.8	4	2.9	1	2.9	4	3.8	5	3.6	1	2.9	6	5.7	7	5.0
		Current	1	2.9	8	7.6	9	6.4	14	41.2	65	61.9	79	56.8	15	42.9	70	66.7	85	60.7
	All (age 15+)	Never	1216	98.7	2459	97.3	3675	97.7	1022	82.7	1792	71.1	2814	74.9	1018	82.1	1770	69.9	2788	73.9
		Past	3	0.2	15	0.6	18	0.5	9	0.7	17	0.7	26	0.7	11	0.9	18	0.7	29	0.8
		Current	13	1.1	53	2.1	66	1.8	205	16.6	711	28.2	916	24.4	211	17.0	746	29.4	957	25.4
		Total	1232	100.0	2527	100.0	3759	100.0	1236	100.0	2520	100.0	3756	100.0	1240	100.0	2534	100.0	3774	100.0
Men & Women	15 - 19	Never	353	94.6	684	92.2	1037	93.0	374	99.2	724	97.2	1098	97.9	357	94.4	677	89.7	1034	91.3
		Past	3	0.8	0	0.0	3	0.3	0	0.0	0	0.0	0	0.0	3	0.8	0	0.0	3	0.3
		Current	17	4.6	58	7.8	75	6.7	3	0.8	21	2.8	24	2.1	18	4.8	78	10.3	96	8.5
	20 - 29	Never	590	84.8	1043	83.9	1633	84.2	677	96.7	1149	92.4	1826	93.9	579	82.2	974	77.8	1553	79.4
		Past	3	0.4	5	0.4	8	0.4	1	0.1	0	0.0	1	0.1	4	0.6	4	0.3	8	0.4
		Current	103	14.8	195	15.7	298	15.4	22	3.1	95	7.6	117	6.0	121	17.2	274	21.9	395	20.2
	30 - 39	Never	406	78.4	796	73.2	1202	74.9	449	85.9	851	78.7	1300	81.0	354	67.3	622	57.0	976	60.3
		Past	9	1.7	17	1.6	26	1.6	4	0.8	5	0.5	9	0.6	11	2.1	11	1.0	22	1.4
		Current	103	19.9	274	25.2	377	23.5	70	13.4	225	20.8	295	18.4	161	30.6	459	42.0	620	38.3
	40 - 49	Never	279	69.6	516	64.2	795	66.0	290	71.8	513	63.7	803	66.4	196	48.4	289	35.7	485	40.0
		Past	20	5.0	23	2.9	43	3.6	7	1.7	8	1.0	15	1.2	20	4.9	21	2.6	41	3.4
		Current	102	25.4	265	33.0	367	30.5	107	26.5	284	35.3	391	32.3	189	46.7	499	61.7	688	56.7
	50 - 59	Never	142	68.6	312	61.4	454	63.5	137	65.9	289	56.6	426	59.2	97	46.6	157	30.5	254	35.1
		Past	13	6.3	23	4.5	36	5.0	4	1.9	6	1.2	10	1.4	9	4.3	12	2.3	21	2.9
		Current	52	25.1	173															

Appendix II

[Unofficial Translation]

Smoking and Tobacco Products Usage (Control) Act, 2005 ACT NO. 11 OF 2005

An Act for framing laws to regulate the production, usage, sale-purchase and advertisement of smoking and tobacco products

WHEREAS smoking and usage of tobacco products are injurious to public health;

WHEREAS to discourage smoking and usage of tobacco products Bangladesh has signed the Framework Convention on Tobacco Control (FCTC) on 16 June 2003 and ratified the same on 10 May 2004 in the 56th Conference of World Health Organisation; and

WHEREAS for the purpose of implementing the rules of the said Convention in Bangladesh it is expedient and necessary to control smoking and production, usage, sale-purchase and advertisement of tobacco products,

It is therefore enacted as follows:-

1. Short Title and Commencement

- (1) This Act shall be called Smoking and Tobacco Products Usage (Control) Act, 2005.
- (2) The Act shall come into force on such date as the Government may, by notification in the official Gazette, determine:

Provided that for the purpose of implementing different provisions of the Act, different dates may be fixed.

2. Definitions

In this Act, unless there is anything repugnant to the subject or context -

- (a) "Authorised Officer" means Upazilla Nirbahi Officer or Upazilla Health Officer or any equivalent or superior officer of Directorate of Health and shall include any or all officers empowered by different laws to carry out the concerned duties;
- (b) "Tobacco" means any Nicotima Tobacum or Nicotima Bustica plant or any other related plant or its leaf or crop;
- (c) "Tobacco Products" means any product made from tobacco which can be inhaled through smoking and shall include bidi, cigarette, cheroot, cigar and mixtures used in pipe;
- (d) "Smoking" means inhaling and exhaling the smoke of any tobacco product and shall include the holding of or controlling any ignited tobacco product;
- (e) "Smoking Area" means any area designated for smoking in a public place or a public transport;
- (f) "Public Place" means educational institution, Government, semi-Government and autonomous office, library, lift, hospital and clinic building, Court building, airport building, seaport building, riverport building, railway station building, bus terminal building, ferry, cinema hall, covered exhibition centre, theatre hall, shopping centre, public toilet, Government administered or private children park and any or all other places as may be declared by the Government, by notification in the Official Gazette;
- (g) "Public Transport" means motor car, bus, train, tram, ship, launch, all kinds of mechanized public transport, aircraft and any other transport determined or declared by the Government by notification in the Official Gazette;

- (h) "Rules" means rules framed under this Act;
- (i) "Person" means and includes company, society or organization or body of persons, whether incorporated or not.

3. Application of Other Laws

The provisions of this Act, unless there is anything contrary therein, shall be deemed to be additional to and not derogatory to the Railways Act, 1890 (Act IX of 1890), the Juvenile Smoking Act, 1919 (Ben. Act II of 1919), the Dhaka Metropolitan Police Ordinance, 1976 (Ord. No. III of 1976), the Chittagong Metropolitan Police Ordinance, 1978 (Ord. No. XLVIII of 1978), the Khulna Metropolitan Police Ordinance 1985 (Ord. No. LII of 1985) and Rajshahi Metropolitan Police Act, 1992 (Act No. XXIII of 1992) and all other existing laws.

4. Prohibition of Smoking in Public Place and Public Transport

- (1) Subject to the provision of section 7, no person shall smoke in any public place and public transport.
- (2) If any person contravenes the provision of sub-section (1), he shall be punishable with fine not exceeding fifty taka.

5. Prohibition on Advertisement of Tobacco Products

- (1) No person shall -
 - (a) broadcast, display through photograph, make audible or cause to be heard advertisement of tobacco products in any cinema hall, governmental or private radio and television channel;
 - (b) sell or cause to be sold any film or videotape or any other thing containing advertisement of tobacco products;
 - (c) print or publish or cause to be printed or published advertisement of tobacco products in any book, magazine, leaflet, handbill, billboard, newspaper or printed paper published in Bangladesh; and
 - (d) distribute or supply any leaflet, handbill or document to the public which carries the brand name, colour, logo, trademark, mark, sign or advertisement of tobacco products.

Explanation - In this section, advertisement means dissemination in any kind of print and electronic media, e-mail, internet, telecast or in any other medium by written, printed or mentioned words.

- (2) Nothing in clause (d) of sub-section (1) shall apply to any shopkeeper or businessman who sells tobacco products.
- (3) No person shall, for the purpose of encouraging or enticing the sale of tobacco products, give or propose to give any free sample of the said product to the public.
- (4) No person shall, for the purpose of promoting the usage of tobacco products, give or accept any gift, prize, scholarship or enter into any agreement or understanding with any other person to arrange any tournament.
- (5) If any person contravenes the provisions of this section he shall be punishable with imprisonment for a term not exceeding three months or with fine which may extend to one thousand taka or both.

6. Prohibition on Installation of Automatic Vending Machine

- (1) No person shall install or give permission to install or keep or give permission to keep any automatic vending machine in public footpath, public place or public transport for sale of tobacco products.
- (2) If any person contravenes the provision of sub-section (1), he shall be punishable with fine not exceeding one thousand taka.

Explanation - In this section, "Automatic Vending Machine" means such automatic machine in which by inserting any coin, metal or any other product, normally or with the assistance of the purchaser tobacco or tobacco products are served.

7. Arrangement of Smoking Area

- (1) The owner, caretaker or controlling person or manager of a public place and the owner, caretaker or controlling person or manager of a public transport may mark or designate a smoking area therein.
- (2) The boundary, description, equipment and security arrangements of the smoking area in a public place or a public vehicle shall be prescribed by Rules.

8. Display of Caution Notice

Outside the area marked or designated as a smoking area under section 7, the owner, caretaker or controlling person or manager of every public place shall in one or more places in the said area and the owner, caretaker or controlling person or manager of a public transports shall in the concerned transport arrange to display a notice "Refrain from Smoking, It is a Punishable Offence" in Bengali and in English language.

9. Power of Authorised Officer

- (1) In order to implement the provisions of this Act, the Authorised Officer shall be entitled to enter and visit any public place or public transport within their own jurisdiction.
- (2) The Authorised Officer shall be empowered to expel from any public place or public transport any person who contravenes the provisions of this Act.
- (3) If any person sells or offers to sell any tobacco product in breach of the provisions of this Act, the Authorised Officer shall be empowered to use, transfer, destroy or seize such tobacco products in the manner prescribed by Rules.
- (4) Within 7 days of taking any measure under sub-section (3), the Authorised Officer shall notify about it in writing to the Government.

10. Health Related Warnings etc. on the Body of Packets

- (1) Every establishment producing tobacco products shall, on the packet or cover of tobacco products, print in capital letters and in clearly visible and large size (at least 30% of the total area) any of the following warnings i.e.
 - (a) Smoking causes death;
 - (b) Smoking causes stroke;
 - (c) Smoking causes heart disease;
 - (d) Smoking causes lung cancer;
 - (e) Smoking causes respiratory problems; or
 - (f) Smoking is injurious to health.

- (2) No person shall be entitled to purchase or sell any packet or wrapper of tobacco products where the provision of sub-section (1) has not been followed.
- (3) Any person breaching the provisions of sub-sections (1) or (2) shall be punishable with imprisonment for a term not exceeding three months or fine which may extend to one thousand taka or both.

11. Disclosure of Information about Ingredients in Imported Tobacco Products

- (1) At the time of importing tobacco products, the concerned importer shall submit a report to the Government mentioning the quantity of each ingredient used in the said tobacco product.
- (2) If any person imports tobacco products without submitting the report under sub-section (1), the said products may be confiscated at any time.

12. Granting of Loan for Production of Alternative Crops to Tobacco Products

- (1) To discourage tobacco farmers from producing tobacco products and to encourage them to produce alternative cash crops the Government shall provide loan on simple terms and the facility shall continue for the next five (5) years from the coming into force of this Act.
- (2) For motivating in gradually discouraging the production and use of tobacco products and for the purpose of discouraging the establishment tobacco products industry, the Government will formulate necessary policy.

13. Public Servant

The Authorised Officer, while performing his duties under this Act, shall be deemed to be a Public Servant in the same manner as the word Public Servant has been used in section 21 of the Penal Code, 1860 (Act XLV of 1860).

14. Offences to be Cognizable and Bailable

- (1) Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (Act V of 1898), all offences under this Act shall be -
 - (a) Cognizable and Bailable;
 - (b) Triable by Magistrates of any Class.
- (2) No Court shall take cognizance of any offence under this Act without the complaint in writing of an Authorised Officer.

15. Offences by Companies

If the person committing offence under this Act is a company, then the owner, director, manager, secretary or any other officer or agent of the said company shall be deemed to have committed the said offence, unless he can prove that the offence was committed without his knowledge or he has tried his best to restrain commission of the offence.

Explanation - In this section -

- (a) "Company" means any statutory body, commercial establishment, partnership firm, society or organization;
- (b) In case of commercial establishment, "Director" shall mean any partner or member of Board of Directors.

16. Power to Make Rules

The Government may, by notification in the official Gazette, make Rules to carry out the purposes of this Act.

17. Original Text and English Text

The original text of this Act shall be in Bengali and there shall be an Authentic English text of the Act;

Provided that, in the event of conflict between the Bengali text and the English text, the Bengali text shall prevail.

18. Repeals and Savings

(1) After the commencement of this Act -

- (a) The East Bengal Prohibition of Smoking in Show Houses Act, 1952 (E.B. Act XIII of 1952); and
- (b) The Tobacco Products Sale (Control) Act, 1988 (Act No. 45 of 1988) shall stand repealed.

(2) Notwithstanding such repeal, any case pending under the repealed Acts or any other proceeding continuing shall continue as if this Act had not been passed.

Appendix III

[Unofficial Translation]

**The Smoking And Tobacco Products Usage
(Control) Rules, 2006
Government Of The People'S Republic Of Bangladesh
Ministry Of Health & Family Welfare**

Notification

Dated, 15 Jaishtha 1413 / 29 May 2006

S.R.O. No. 98-Act/2006 - Pursuant to the powers conferred by section 16 of The Smoking and Tobacco Products Usage (Control) Act, 2005 (Act No. 11 of 2005), the Government has framed the following rules:

1. Short Title.

These Rules shall be called The Smoking and Tobacco Products Usage (Control) Rules, 2006.

2. Definition.

Unless there is anything contrary to the subject or context, in these Rules "Act" shall mean The Smoking and Tobacco Products Usage (Control) Act, 2005 (Act No. 11 of 2005).

3. Provision Relating to Distribution or Supply of Tobacco Products by Shopkeepers or Businessman.

- (1) For the purpose of attaining the objectives of clause (d) of sub-section (1) of section 5 of the Act, any shopkeeper or businessman selling tobacco products shall not distribute or supply leaflets, handbills or documents to purchasers of tobacco products and shall not advertise or display the advertisement of tobacco product, directly and indirectly without complying with the conditions laid down in sub-rule (2).
- (2) In case of distribution or supply of leaflets, handbills or documents mentioned in sub-rule (1), the following conditions shall apply:
 - (a) its size has to be not more than 5½ (five and a half) inch X 8½ (eight and a half) inch; and
 - (b) the caution note mentioned in sub-section (1) of section 10 of the Act has to be clearly and visibly printed on it in black and white as per the measurement specified in rule 7.

4. Designation of Smoking Area, etc.

- (1) No place shall be marked or designated for smoking in the following public places and public transports, e.g.
 - (a) children's pre-School or Care Centre, Primary School, High School or dormitories of High School students';
 - (b) any room or place where education or training is imparted;
 - (c) all maternity homes, clinics or hospital buildings;
 - (d) any covered place designated for sports and practice; and
 - (e) public transport having one compartment.

- (2) The designated queue or place for passengers waiting to ride on public transports being deemed to be a public place, no smoking shall be allowed in such queue or place.
- (3) In case of a building being a public place, a room out of several rooms of the said building may be designated for smoking, however the room must be smaller than the non-smoking area.
- (4) In case of a train, steamer, launch, ferry being a public transport, a separate place or room may be designated for smoking, however -
 - (a) the said place or room must be the last or at the end of the concerned public transport; and
 - (b) the said place or room can under no circumstances be designated in the main compartment for carrying passengers.
- (5) If any area or room is marked or designated for smoking in any public place or public transport, the owner, caretaker or person in control or manager of the said public place or transport shall ensure that no non-smoker has to commute through the said marked or designated smoking area and shall also ensure that the smoke emitted from the smoking area does not pass from the said area or room to any non-smoking room or area.

5. Description of Smoking Area.

For the purpose of attaining the objectives of section 7 of the Act, in marking or designating any area for smoking in any public place or public transport, the following conditions have to be complied with:

- (a) the smoking area must be separate from the non-smoking area or, if necessary, shall be covered;
- (b) by taking separate steps for emission of smoke from the smoking area it has to be ensured that the said smoke does not enter the non-smoking area;
- (c) the smoking area must have arrangements for fire extinguishers and for throwing the remains of cigarettes or bidis arrangements of sand and water including appropriate containers have to be made.

6. Display of Caution Notice.

For the purpose of attaining the objectives of section 8 of the Act, if any area is marked or designated for smoking in a public place or public transport, the following precautionary measures have to be adopted:

- (a) measures have to be taken for display of the caution notice "Refrain from Smoking, it is a Punishable Offence" in Bengali and if necessary, in English, along with the internationally recognised no-smoking sign in a visible place in the non-smoking area outside the area marked or designated for smoking;
- (b) the minimum size of the caution notice board in a public place shall be 60 cm X 30 cm;
- (c) the said caution note has to be placed by hanging or posting in one side of the entrance of the public place and inside the public place the caution notice has to be displayed in more than one place in such manner so that it is visible to all;
- (d) the caution notice mentioned in clause (a), the no-smoking sign has to be posted and displayed in more than one visible place in public transports;

- (e) the no-smoking sign in the caution notice has to be written in red letters on white background or in yellow letters on black background.

7. Caution Note on Wrappers, Packets of Tobacco Products, Printing, etc.

- (1) In every packet or wrapper of tobacco product produced in or imported into Bangladesh, the caution note described in sub-section (1) of section 10 of the Act has to be printed in accordance with the provision of the said section.

- (2) Any caution note out of the caution notes described in the said section has to be printed in clear Bengali letters on top of both sides of the main display surface of the packet or wrapper and its size has to cover at least 30% of the total area of the packet or wrapper:

Provided that the caution notes mentioned in the Act has to be changed chronologically in every six months on the packet or wrapper of every manufactured brand of tobacco products.

Explanation: For the purpose of attaining the objectives of this rule, "Main Display Surface" shall mean the largest two surfaces of the packet or wrapper.

- (3) The time for changing of caution note as mentioned in the condition to sub-rule (2) shall be determined by the Ministry of Health & Family Welfare through special order.
- (4) The size of caution note in "Sutonny MG" font on the packet or wrapper of the tobacco product shall be at least 18 point and in the body of the carton of tobacco materials the size has to be at least 36 point.
- (5) The caution note has to be printed, at the top of the two main display surface of the wrapper or packet of the tobacco product or if the stand or band role is attached on top of the main display surface, at the bottom, in white letters on black background or in black letters on white background.
- (6) No person or institution shall use any sign, word, colour or picture on the printed packet or carton of tobacco products which is inconsistent with the caution note mentioned in the Act or contrary to the contents thereof.
- (7) The manufacturer of tobacco products has to ensure that the caution note on the body of the wrapper or packet of the tobacco product is printed in such manner that it is not covered by the attached stand or band role or for any other reason.
- (8) After 1st September 2006, no person shall be allowed to market any tobacco product without printing the cautionary note.

8. Disclosure of information related to contents of imported tobacco products.

In case of import of tobacco products, at the time of importing the said product information relating to the contents thereof has to be submitted to the Ministry of Health and Family Welfare.

9. Destruction or confiscation of tobacco products.

- (1) If any person offers to purchase or sell tobacco products or imports any tobacco product without submitting appropriate information in violation of the Act and the provisions of these Rules, the Authorised Officer may transfer, destroy or confiscate the said tobacco products in accordance with the provisions of the Act and these Rules and the said Authorised Officer may, if necessary, take assistance of the law enforcement agencies.

- (2) If the Authorised Officer mentioned in sub-rule (1) seeks assistance from any law enforcement agencies, the concerned agency shall extend all necessary assistance to the said Officer.

10 Authorized Officer.

For the purpose of attaining the objectives of the definition of the expression "Authorised Officer" as mentioned in section 2 paragraph (a) of the Act, the term shall include police officers empowered under Railway Act, 1890 (Act IX of 1890), Juvenile Smoking Act, 1919 Ben. (Act II of 1919), Dhaka Metropolitan Police Ordinance, 1976 (Ord. No. III of 1976), Chittagong Metropolitan Police Ordinance, 1978 (Ord. No. XLVIII of 1978), Khulna Metropolitan Police Ordinance, 1985 (Ord. No. LII of 1985) and Rajshahi Metropolitan Police Act, 1992 (Act No. XXIII of 1992).

Appendix IV

Plan of action, 2007-2010

Objective 1. Strengthening national infrastructure and capacity for tobacco control

Activity	2007	2008	2009	2010
1.1 Establish multi-sectoral national taskforce on tobacco control.	✓			
1.2 Develop and initiate implementation of a National Tobacco Control Strategy 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 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 of 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 the Law	✓	✓		
1.9 Establish a law monitoring and implementation taskforce committee in each district and upazila	✓			
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	2007	2008	2009	2010
2.1 Develop and initiate sustainable national information, education and communication strategies to inform and educate relevant sectors, communities.	✓	✓	✓	✓

National Strategic Plan of Action for Tobacco Control 2007-2010

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 (smoke-free 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 related risks in to the school education.	✓	✓	✓	✓

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

Activity	2007	2008	2009	2010
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	✓	✓	✓	✓
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 periodic surveys 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 smoke-free 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	2007	2008	2009	2010
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 and health information.	✓	✓	✓	✓
4.9 Develop national plan of action for promotion of enforcement and compliance of tobacco control measures/legislation.		✓	✓	✓

Objective 5. Partnership building for tobacco control

Activity	2007	2008	2009	2010
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/paper	✓	✓	✓	✓
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	2007	2008	2009	2010
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	2007	2008	2009	2010
7.1 Advocacy for provision of allocating earmarked fund from national health budget for tobacco control.	✓	✓	✓	✓
7.2 Seek funding from donor agencies, e.g., Bloomberg Global Initiative 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	✓	✓	✓	✓

Appendix V.I

[Translation]

National Taskforce committee (formation and activities) dated 30 May 2007

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
World Health Section-2

Memo: Shapcom/worldhealth – 2/Pro-1/2007(Part)/245(30)

Dated:30 May 2007

Subject: Task force to implement the Smoking and Usage of Tobacco Product (Control) Law 2005

A national task force committee is formed by Ministry of Health & Family Welfare with the following officials to implement the Smoking and Usage of Tobacco Product (Control) Law, 2005

a) National taskforce:

1. Secretary / Addl. Secretary		Chairman
2. Head of Tobacco Product Control Cell (Joint Secretary (Public Health & WHO))		Member
3. Director, DGHS		Member
4. Ministry of Law, Justice & Parliamentary Affairs	Deputy Secretary level)	Member
5. Ministry of Home Affairs	- do -	Member
6. Ministry of Environment and Forest	- do -	Member
7. Ministry of Information	- do -	Member
8. Ministry of Foreign Affairs	- do -	Member
9. Ministry of Agriculture	- do -	Member
10. Ministry of Education	- do -	Member
11. Ministry of Finance	- do -	Member
12. Ministry of Youth & Sports	- do -	Member
13. Ministry of Women & Children Affairs	- do -	Member
14. Ministry of Commerce	- do -	Member
15. Ministry of Industries	- do -	Member
16. Ministry of Religious Affairs	- do -	Member
17. National Board of Revenue	- do -	Member
18. Narcotics Control Department	- do -	Member
19. World Health Organization	Representative	Member
20. Bangladesh Medical Association	- do -	Member
21. Bangladesh Medical & Dental Council	- do -	Member
22. Bangladesh Bar Council	- do -	Member

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23. National Press Club	- do -	Member
24. National Cancer Research Institute & Hospital	- do -	Member
25. National Institute of Heart Disease & Hospital	- do -	Member
26. Bangladesh Anti Tobacco Alliance	- do -	Member
27. Tobacco Control Organization	- do -	Member
28. Deputy Secretary (WHO), MOHFW	- do -	Member Secretary

b) Activities of the National Taskforce

1. To attain the objectives set out in the Smoking and Usage of Tobacco Product (Control) Law 2005 and all the relevant sections framed thereunder;
2. To formulate guidelines in reducing the effect of use of tobacco and tobacco substance;
3. To take appropriate measures to make Regulations to control the productions, consumption, purchase, sales and smuggling of Tobacco products;
4. To create public awareness among the common people about the harmful effects of Tobacco substance and organize/arrange educational and publicity activities through publication of law-booklets, Regulations and other information, by holding seminars, symposiums and workshops;
5. To conduct all sorts of research and survey to obtain information about tobacco products;
6. To evaluate the disclosure report submitted by the tobacco importers on the various contents used in the imported tobacco products and to take necessary action thereon;
7. To arrange training programs for government and non government officials, engaged in tobacco control activities, for the improvement of their knowledge and efficiency in this field;
8. To analyze the nationwide tobacco control activities raised by the National Tobacco Cell and to decide future measures accordingly;
9. To take appropriate measures for helping the tobacco cultivators to cultivate alternate crops;
10. To take effective measures to stop the harmful effect of tobacco cultivation on the environment.
11. To look for financial means in order to provide financial assistance for tobacco control activities;
12. If necessary, this committee can co-opt new members.

Sd/-
Ishrat Choudhury
Sr. Asstt. Secretary
Phone: 7160255

Appendix V.II

[Translation]

District level taskforce committee (formation and activities) 30 May 2007

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
World Health Section-2

Memo: Shapcom/Worldhealth – 2/Pro-1/2007(Part)/247(70)

Dated:30May 2007

NOTIFICATION

A district level taskforce committee is formed by the Ministry of Health and Family welfare, involving the following officials for the implementation of the Smoking and Usage of Tobacco Product (Control) Law 2005:

a) District level taskforce:

1. Deputy Commissioner	Chairman
2. Representative recommended by District Police Super	Member
3. District Education Officer (Secondary school)	Member
4. District Agriculture Extension Officer	Member
5. District Women & Child Welfare Officer	Member
6. District Youth & Sports Officer	Member
7. Representative of Narcotics Control Department	Member
8. Representative of Bangladesh Medical Association	Member
9. Representative of Bangladesh Anti Tobacco Alliance	Member
10. Chairman of local Bar Association	Member
11. Chairman/General Secretary of National Press Club	Member
12. Representative of organization engaged in tobacco control	Member
13. Civil Surgeon	Member Secretary

b) Activities of district level taskforce

1. Take necessary steps to implement the Tobacco Control Law at district levels;
2. Take regular measures to create public awareness among the local people about the harmful effects of use of tobacco through the local media;
 1. Make the people aware to follow the Tobacco Control Law and assist them in this regard;
 2. Update the Tobacco Control Cell in every three months about the progress of the above activities;
3. This committee can co-opt new member if required.

Sd/-
Ishrat Choudhury
Sr. Asstt. Secretary
Phone: 7160255

Appendix V.III

[Translation]

Sub-district (upazila) level taskforce committee (formation and activities) 30 May 2007

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
World Health Section-2

Memo: Shapcom/Worldhealth – 2/Pro-1/2007(Part)/248(500)

Dated: 30May 2007

NOTIFICATION

A sub-district/upazila level taskforce committee is formed by the Ministry of Health and Family welfare, involving the following officials, for the implementation of the Smoking and Usage of Tobacco Product (Control) Law 2005:

a) Sub-District/Upazilla level taskforce:

1. Upazila Nirbahi Officer	Chairman
2. Acting Officer (Police Station)	Member
3. Upazila Education Officer	Member
4. Upazila Agriculture Officer	Member
5. Upazila Women & Child Welfare Officer	Member
6. Upazila Youth Officer	Member
7. Upazila Social Welfare Officer	Member
8. Representative of Bangladesh Medical Association	Member
9. Representative of Bangladesh Anti Tobacco Alliance	Member
10. Representative of organization engaged in tobacco control	Member
11. Upazila Health and Family Planning Officer	Member Secretary

b) Activities of sub-district/upazilla level task force

1. Take necessary steps to implement the Tobacco Control Law at sub-district/ upazilla levels;
2. Take regular measures to create public awareness among the local people about the harmful effects of use of tobacco through the local media;
3. Make the people aware to follow the Tobacco Control Law and assist them in this regard;
4. Update the Tobacco Control Cell in every three months about the progress of the above activities;
5. This committee can co-opt new member if required.

Sd/-
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