



FCTC has been instrumental in Bangladesh. The situation before and that after 2005 is completely different. We implemented tobacco control legislation due to the FCTC. Without FCTC, we would have not succeeded. There has been a paradigm shift in Bangladesh after signing the FCTC.

## Introduction

The impact assessment mission for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Bangladesh from 18 to 21 April 2016; with participation of representatives from the independent Impact Assessment Expert Group.

## Key tobacco control milestones

**2003**

Bangladesh is one of the first WHO FCTC signatories

**2004**

Bangladesh ratifies the WHO FCTC

**2005**

Enactment of the Smoking and Usage of Tobacco Products (Control) Act

**2006**

Formulation of the Smoking and Usage of Tobacco Products (Control) Rules

**2007**

Establishment of the National Tobacco Control Cell (NTCC)


**2013**

Amendment to the 2005 Act

**2015**

Formulation of the Smoking and Usage of Tobacco Products (Control) Rules

## Key facts




At least **50%** of the upper part of cigarette packets has to be covered by warnings


There are 25 tobacco growing districts with

**42 242**


hectares of tobacco cultivation

As of 2014, **23%** of the adult population smokes; **44.7%** of men and **1.5%** of women



As of 2014, **2.8%** of young people aged 13-15 smokes; **4.3%** of boys and **1%** of girls



**Bidis** are the most affordable products, 25-35 pieces are sold for

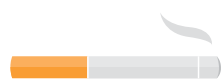
**10 US cents**

A low-range cigarette pack of 20 costs

**50 US cents**

and a premium pack of 20 Marlboro costs

**US\$ 2.50**

**80 billion** cigarette sticks and **50 billion** bidis were manufactured and consumed domestically in 2014



**51%** of the retail price of the most popular brand of cigarette is tax



**12.86%**

of British American Tobacco Bangladesh is owned by the Investment Corporation of Bangladesh, a statutory corporation of the Bangladeshi government



The FCTC has impacted Bangladesh to a very great extent. ... Just look back to before 2003 – an extremely dark scenario. The Government never thought of the detrimental impact of tobacco on health, on the economy, or the environment – none of that was thought of neither by the Government nor by any NGO.

## Key observations

- The WHO FCTC provided momentum to Bangladesh to develop and implement new tobacco control policies at the national level and strengthen existing legislation. The Convention provided an overarching framework and commitment to long-term tobacco control strategies. The Tobacco Products (Control) Act of 2005 covers smoke-free legislation, tobacco advertising, promotion and sponsorship (TAPS), and restrictions on packaging and labelling policies. It was later amended to meet the requirements of the Convention and stakeholders (domestic and international nongovernmental organizations – NGOs and IGOs and civil society organizations) working for tobacco control in the country.
- The 2007-2010 National Strategic Plan of Action for Tobacco Control further demonstrated the country's commitment to long-term tobacco control measures. In 2013, the Act was amended to introduce more restrictions on smoking in public places and public transport; TAPS bans; a requirement for graphic health warnings on tobacco packaging; and the provision of loans for cultivation of alternative crops. The same Act mandated the establishment of Bangladesh's national coordinating mechanism – the National Tobacco Control Cell (NTCC).
- The WHO FCTC has prompted intersectoral collaboration between government departments, civil society and NGOs working for tobacco control in Bangladesh. The WHO FCTC boosted tobacco control NGOs and galvanized the civil society movement. For example, the Bangladesh Anti-Tobacco Alliance (BATA) serves as one of the major sources of information for the public and government about the law and reporting violations.
- Bangladesh has been successful at informing the public and health providers about the harm of tobacco, through anti-tobacco educational and media campaigns. The WHO FCTC reinforced messages about the denormalisation of tobacco use and contributed to the conversation about it. The 2007-2010 National Strategic Plan stresses the importance of enhanced public awareness of tobacco control issues. Initiatives, which specifically help women and those in rural areas have been created. This resulted in updates of school curricula and mobilized the medical community.
- The WHO FCTC Article 17 is very important for Bangladesh since the country is a tobacco grower. The WHO FCTC has raised awareness about the negative impact of tobacco growing, such as deforestation and destroying land fertility, endangering population health and food security, and has encouraged the Bangladeshi government to support farmers' transition to alternative livelihoods. As a result of WHO FCTC's efforts, the government has included provisions in the 2005 and 2013 Acts to discourage tobacco cultivation and production, and encourage the cultivation of alternative crops.
- While there is not yet a law or policy to prevent tobacco industry interference, in accordance with Article 5.3 of the WHO FCTC, the Bangladeshi Government has begun to acknowledge the value of such measures. The government still holds shares in tobacco companies and has representatives on their boards. The government is now working on the development of national guidelines on Article 5.3.
- Bangladesh has made significant advances in ensuring smoke-free environments. With WHO FCTC help following ratification, Bangladesh implemented smoke-free environments under the terms of the 2005 Act. The number of such environments expanded with the 2013 amendment to the Act. Presently, government offices, hospitals, health-care facilities, childcare facilities, schools, public places (e.g. shops, cultural facilities), hotels and public transport terminals are 100% smoke-free.
- In accordance with the Convention, Bangladesh has also implemented stronger graphic health warnings. The WHO FCTC has served as a legal instrument in enabling the prohibition of TAPS. Since 2013, Bangladesh has been successful in implementing a 100% ban on TAPS in print and mass media. However, product display and corporate social responsibility activities are yet to be banned.



## Outcomes

- ✓ Contributed to Bangladesh's national tobacco control law of 2005 and its amendment in 2013.
- ✓ Enabled Bangladesh to make progress in many areas in the implementation of the Convention.
- ✓ Served as a guiding framework and an instrument to support legislative, executive and administrative measures, and provided direction for implementation.
- ✓ Supported the Ministry of Health and Family Welfare and partners in making the case for health and rallied the NGO/civil society sector into pressing for action.