



14-22 APRIL
2013

Nepal

NEEDS ASSESSMENT MISSION

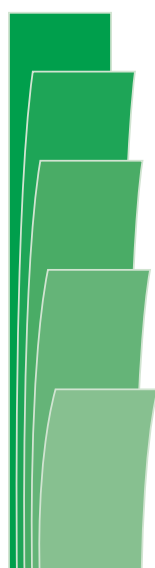


FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT

Introduction

The needs assessment mission for the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was conducted April 14-22, 2013, by the Convention Secretariat jointly with the Ministry of Health and Population of Nepal. The international team, which came at the government's invitation, included representatives of the WHO Regional Office for South-East Asia (SEARO) and the United Nations Development Programme (UNDP). The team met with the leaders of government agencies, NGOs and civil society who are involved in implementing the WHO FCTC at country level.

Tobacco control milestones in Nepal



2006 Nepal ratifies the WHO FCTC.

2007 WHO FCTC enters into force in Nepal.

2011 Tobacco Product (Control and Regulatory) Act 2010 (Act) is passed.

2011 Tobacco Products (Control and Regulatory) Regulations (Regulations) come into force.

2011 Directive for Printing and Labeling of Warning Message and Picture in the Box, Packet, Wrapper, Carton, Parcel and Packaging of Tobacco Product (Directive) comes into force.

Tobacco production in Nepal

YEAR	PRODUCTION
2006 - 2007	9.970 million cigarette sticks
2007 - 2008	10.710 million cigarette sticks
2008 - 2009	11.130 million cigarette sticks

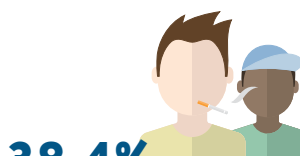
Key facts



40%

of **households** are exposed daily to secondhand **smoke**.

26.2% of urban households
41.9% of rural households



38.4%

of **young** people aged 13-15 live in homes where others **smoke** in their **presence**.



48.6%

of young people aged 13-15 have been exposed to tobacco **smoke** in **enclosed public places**.



29.8%

of **men** aged 15-49 smoked **cigarettes** in 2011, while

37.9%

used other forms of **tobacco**.



8.7%

of **women** aged 15-49 smoked **cigarettes** in 2011, while

6%

used other forms of **tobacco**.



5.5%

of **boys** aged 13-15 smoked **cigarettes** in 2011, while

24.6%

used other forms of **tobacco**.



0.8%

of **girls** aged 13-15 smoked **cigarettes** in 2011, while

16.4%

used other forms of **tobacco**.

79.3%



of **youths** aged 13-15 have been taught in class during the past year about the **dangers of smoking**.

Main findings and recommendations

● Nepal's three-year plans reflect its health and development objectives. The Second Long-Term Health Plan 1997-2017 specifies the need for effective information, education and communication measures to address tobacco use. Other programs and policies provide for tobacco control and education. Nepal has developed a draft National Tobacco Control Strategic Plan 2013-2016.

Recommendation: Continue including implementation of the WHO FCTC in future three-year plans. Involve relevant ministries and agencies to develop and officially adopt the multisectoral Strategic Plan. Use the Strategic Plan to address all substantive articles of the WHO FCTC comprehensively.

● The Act establishes the Tobacco Products Control and Regulatory Committee. The current Committee is largely a health sector committee rather than a multisectoral coordinating mechanism.

Recommendation: Amend the Act to involve other relevant ministries and agencies and capitalize on existing multisectoral administrative structures to implement the WHO FCTC.

● The Act, the Directive and the Regulations address obligations under the WHO FCTC in a comprehensive way. They ban smoking in most public places, workplaces, public transportation,

The Act and Directive require pictorial health warnings to cover 75% of the front and back of packaging, though progress in implementing the law has been halted by cases filed by the tobacco industry against provisions on packaging and labeling and regulations on the content of tobacco products. The Supreme Court has suspended the implementation of these provisions until a ruling is made.

Recommendation: Advise the Supreme Court that this is a time-bound obligation for which Nepal has missed the deadline.

private homes and vehicles. All kinds of direct and indirect tobacco advertising, promotion and sponsorship are banned. Cigarettes cannot be sold to minors or pregnant women. Certain labeling and packaging requirements and smoking ban exemptions at tourist-level hotels, prisons and airports are not fully WHO FCTC compliant.

Recommendation: Bring the tobacco enforcement rules into full compliance.

● Nepal has imposed specific taxes and duties on different kinds of tobacco products. It takes the rate of inflation into account when setting tobacco taxes and has increased specific taxes each year, except when not feasible due to the political situation. Nevertheless, tax rates are still low and different products have different rates, allowing smokers to switch to cheaper products.

Recommendation: Simplify tobacco taxation, ideally imposing a single rate, to minimize the incentive to change to cheaper products. Increase the tax rates on a regular basis in light of inflation and income growth to make tobacco products less affordable. Tax tobacco products other than cigarettes in a comparable way to limit the ability to substitute.

● The current smoking ban has exceptions that allow a hotel, prison or airport to designate a smoking zone by constructing a room with an automatic door that remains closed at

all times, where there is a direct exit for smoke and where there is space for no more than one person to smoke or otherwise consume tobacco. The WHO FCTC requires 100% smoke-free environments.

Recommendation: Amend the regulations to explicitly state that the "specific place" a manager can designate for tobacco consumption has to be outdoors.

● There is a comprehensive ban on direct and indirect tobacco advertising, promotion and sponsorship, though enforcement is a challenge due to limited resources. Additionally, tobacco companies engage in sponsorship under the guise of "corporate social responsibility."

Recommendation: Strengthen monitoring and enforcement.

● There are no national guidelines on cessation services and treatment of tobacco dependence. Training has been conducted on a small scale. Some cessation services are available at certain healthcare facilities and educational institutions, but they have not been integrated into the primary healthcare system. Pharmaceutical cessation aids are not available in Nepal. There is no national toll-free quit line.

Recommendation: Develop national guidelines and programs on tobacco cessation and treatment.

Post needs assessment assistance available from the Convention Secretariat

● Supporting and facilitating a stakeholder workshop to consider the needs assessment report and the National Tobacco Control Plan.

● Supporting finalization of the Strategic Plan.

● Providing technical support for training the national tobacco control

focal point, district public health officers and district enforcement officers.

● Providing immediate support for any priorities identified.

● Facilitating the United Nations Country Team's support for community-level advocacy and training.

Outcomes



- 1) The needs assessment mission in Nepal contributed to raising awareness about the need to engage other sectors in the implementation of the WHO FCTC.
- 2) As a result of the needs assessment, a number of activities were conducted to strengthen the capacity of officers at the district level on the enforcement of tobacco control measures.
- 3) After the mission, Nepal approved the Act requiring pictorial health warnings to cover 75% of the front and back of packaging, and the country is now increasing it to 90%.
- 4) The United Nations country team was involved and agreed to support the work on addressing the priorities identified.