

**Needs Assessment
for implementation of the
WHO Framework Convention on
Tobacco Control in Bhutan**

**Convention Secretariat
May 2011**

Executive Summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of the World Health Organization (WHO) and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations and it currently has 172¹ Parties. Bhutan ratified the WHO FCTC on 12 August 2004 and was among the first 40 countries to do so. The Convention entered into force for Bhutan on 27 February 2005.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Royal Government of Bhutan (RGoB) and the Convention Secretariat in March to May 2011, including the mission of an international team to Bhutan on 28 March to 2 April 2011. The assessment involved relevant ministries and agencies of the RGoB, Chairpersons of National Assembly and National Council of Bhutan, WHO South East Regional Office (WHO SEARO) and the WHO Country Office in Bhutan (Annex I). This needs assessment report presents an article by article analysis of the progress the country has made in implementation; the gaps that may exist and the subsequent possible actions that can be taken to fill those gaps.

The key elements which need to be put in place to enable the RGoB to meet its obligations under the Convention are summarized below and further details are contained herein in the needs assessment report.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Bhutan is obliged to implement its provisions through national law, regulation or other measures. Bhutan enacted a comprehensive Tobacco Control Act of Bhutan 2010 (the Act) on 6 June 2010. The Act shows the RGoB and the people of Bhutan's determination to protect the physical health and well being of the people of Bhutan as important elements of the development principle of Gross National Happiness and its strong commitment to meet the obligations under the Convention. The Act bans cultivation, manufacture, selling and buying, supply and distribution of tobacco and tobacco products in the country. The Act also introduces comprehensive ban of smoking in public areas and complete ban on domestic tobacco advertising, promotion and sponsorship. Enforcement measures, offences and penalties are specified in the Act.

Second, an official national coordinating mechanism has been established by the Tobacco Control Act of Bhutan 2010 (the Act) to coordinate implementation of the Act. This Act specifies the responsibilities of the implementing agencies under the provision of the Act. Regular coordination has been conducted by Bhutan Narcotic Control Agency (BNCA) through its Tobacco Control Office. The Demand and Supply Reduction Committee from relevant agencies has been constituted by the Tobacco Control Board. While the new coordination mechanism has been established quite recently, it is apparently well functioning. Greater awareness of their respective responsibilities for implementation of the Convention would enable relevant government agencies and stakeholders to effectively meet the implementation obligations under the Convention. It is recommended

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that the national coordinating mechanism is also supported at sub-national levels within sub national governance structures.

Third, Bhutan has submitted the two-year implementation report in December 2006 and the five-year report in November 2010. However, given the high incidence of prevalence of tobacco use among the young population as evident from the two reports and other surveys, integrating tobacco surveillance into existing national epidemiological surveillance system would be useful to monitor the future trend and the effect of the enforcement of the Act. Research capacity should also be strengthened, particularly to establish a database on morbidity attributable to tobacco use.

Fourth, Bhutan has yet to integrate cessation into the existing tobacco control programme. Only a handful of medical staff has been trained in counseling and treatment of tobacco dependence. There is growing need to put in place cessation measures to help those who seek advice and those who want to quit. While integrating cessation, the Guidelines for the implementation of Article 14 of the Convention to design and develop appropriate measures concerning tobacco dependence and cessation are taken into account. It is also recommended that the Ministry of Health could work together with WHO SEARO to conduct community-based cessation projects and to establish pilot clinics for treatment of tobacco dependence and cessation.

Fifth, the Convention calls on Parties to provide in their budgets, financial resources for implementation of the Convention. Setting up sustainable national funding mechanism for the implementation of the Convention is therefore of utmost importance. The Act indeed requires that the RGoB provides adequate financial support and mobilizes all potential resources for the implementation of the Act. The Tobacco Control Office and other implementing agencies do not have budget lines for the implementation of the Convention. It is recommended that the Gross National Happiness Commission and the Ministry of Finance shall allocate adequate budget as proposed by the implementing agencies.

Sixth, the Ministry of Health has conducted campaigns in education, communication and raising public awareness about the harms of tobacco use and exposure to tobacco smoke, benefits of quitting and having healthy lifestyles through broadcast and print media. With the enactment of the Act, BNCA has taken the leading role in education, communication and raising awareness involving relevant implementing agencies. Lack of funding in BNCA for these resource-intensive programmes makes it very difficult for BNCA to organize regular and effective campaigns. It is also difficult for BNCA to produce sufficient advocacy materials. Therefore there is an urgent need to assist BNCA in implementing education, communication and advocacy programmes. In order to fulfil Bhutan-s obligation under Article 12, the Ministry of Information and Communication, Bhutan InfoComm and Media Authority are strongly recommended to coordinate the media effort in providing free public service to the education, communication and raising awareness of the implementation of the Convention.

Seventh, the Convention recognizes that financial resources play an important role in achieving the objective of the Convention. Implementation of the Convention should be identified as a priority in the 11th Five Year Plan of Bhutan and subsequent Plans. The Convention in its Article 5.6 also calls for Parties to cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding

mechanisms. It is recommended that the Gross National Happiness Commission (GNHC) facilitate harmonization of the WHO FCTC implementation with national health and development policies as well as under the 11th Five Year Plan of Bhutan beginning in 2013. GNHC may also coordinate with UN country team to bring the implementation of the Convention under United Nations Development Assistance Framework (UNDAF), also beginning in 2013. GNHC has an important and leading role in mobilizing resources for long term and sustainable implementation of the Convention.

Eighth, addressing the issues raised in this report, including particular attention given to treaty provisions with a deadline(Article 8, 11 and 13 and corresponding implementation guidelines) will make a substantial contribution to meeting obligations under the WHO FCTC and improvement of the health status and quality of life in Bhutan.

The needs identified in this report represent priority areas that require immediate attention. As Bhutan addresses these areas, the Convention Secretariat is available and committed to support the process of engaging potential partners and identifying internationally available resources for implementation of the Convention.

The full report of joint needs assessment, which follows this summary, can also be the basis for any proposal(s) that may be presented to relevant partners to support Bhutan to meet its obligations under the Convention.

Introduction

WHO FCTC is the first international treaty negotiated under the auspices of the World Health Organization. Bhutan ratified the WHO FCTC on 12 August 2004 and was among the first 40 countries to do so. The Convention therefore entered into force on 27 February 2005; Bhutan became a Party to the Convention at the same day.

The Convention recognizes the need to generate global action so that all countries are able to respond effectively in the implementation of the provisions of the Convention. Article 21 of the WHO FCTC calls on Parties to periodically submit to the Conference of Parties (COP) implementation reports, including any challenges they may face during implementation of the treaty. Article 26 of the Convention recognizes the importance that financial resources play in achieving the objectives of the treaty. The COP further directed that detailed needs assessment be done at country level, especially in developing countries and countries with economies in transition, to ensure that lower resource Parties are supported to fully meet their obligations under the treaty.

The first session of the COP (February 2006) called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1 (13)). The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessment in light of their total obligations related to the implementation of all provisions of the Convention and communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP asked the Convention Secretariat (decision FCTC/COP2(10)) to actively seek extrabudgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third and fourth sessions (2008 and 2010), the COP adopted the workplan and budget for the biennium of 2010-11 and subsequently of 2012-13. The workplan, inter alia, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote the implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, international cooperation and south-to-south cooperation were outlined as major components of this work.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC and resources available to a Party for the implementation and any gaps thereof. It should therefore be comprehensive and based on all substantive articles of WHO FCTC with a view to establishing a baseline of needs that a Party requires to fulfill its obligations under the Convention. The needs assessment is also expected to serve as a basis for assistance in programme and project development for meeting the obligations under the Convention, particularly to lower resource countries to promote and accelerate

access to internationally available resources for implementation of the Convention.

To be comprehensive, the needs assessment is carried out in three phases:

- (a) Initial analysis of the status, challenges and potential needs deriving from the latest implementation report of the Party and other available sources of information;
- (b) visit of an international team to the country for a joint review with government representatives representing both the health and other relevant sectors; and
- (c) follow up with country representatives for further details and clarifications, review of additional materials jointly identified, and the development and finalization of the needs assessment report in cooperation with the government focal point(s).

With the above objectives and process in view, a joint assessment of the needs concerning the implementation of the WHO FCTC was conducted by the RGoB and the Convention Secretariat, with the participation of the WHO SEARO and WHO Country office in Bhutan, from February to May 2011, including the mission of an international team to Bhutan from 28 March to 2 April 2011. The detailed assessment involved various relevant ministries and agencies of the RGoB. The following report is, therefore, based on the findings of the joint needs assessment exercise.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty and also identifies gaps therein and areas where further actions are needed to ensure full compliance with the requirements of the treaty and implementation of guidelines adopted by COP where relevant. This is followed by specific recommendations concerning that particular area. The Executive Summary above provides an overview of the joint needs assessment exercise, and an outline of key findings and recommendations.

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the treaty's substantive articles, reviews the stage of implementation of each particular article, outlines achievements and identifies the gaps between the requirements of the treaty and actual level of implementation by Bhutan. Recommendations of guidelines adopted by COP are also referred to when relevant. Finally, it provides recommendations on how to address the gap(s) so identified during the joint needs assessment mission with a view to support the country to meet its obligations under the Convention.

Relationship between this Convention with other agreements and legal instruments (Article 2)

Article 2.1 of the Convention encourages Parties to implement “*measures beyond those required by the Convention and its protocols and that are in conformity with international law.*”

The Tobacco Control Act in 2010 (the Act) goes beyond the Convention by banning cultivation, manufacture, selling and buying, supply and distribution of tobacco and tobacco products in the whole country. Bhutan became the first and, thus far, the only country to have ever embarked on such a course of action.

It is therefore recommended that Bhutan may identify other areas such as introducing strong measures like plain packaging, etc in which it can implement measures beyond those required by the Convention.

Article 2.2 clarifies that “*the Convention does not affect the right of Parties to enter into bilateral or multi-lateral agreements on issues relevant or additional to the Convention, provided that such agreements are compatible with the Party's obligations under the Convention. Such agreements shall be communicated to the Conference of the Parties (COP) through the Convention Secretariat.*”

No such information has been provided so far by Bhutan. The Ministry of Foreign Affairs, in consultation with the relevant line ministries including Ministry of Economic Affairs, should identify these agreements and report as necessary.

Gap -lack of awareness of the obligation under this Article and the proactive role that all relevant Ministries need to play in the reporting process.

It is therefore recommended that the Government of Bhutan report on any previous agreements it entered into as required by Article 2.2 of the treaty. Such agreements concluded after entering into force of the Convention for Bhutan should also be reported.

Guiding Principles (Article 4)

The Preamble of the Convention emphasized *"the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts"*.

Article 4.7 recognizes that *"the participation of civil society is essential in achieving the objective of the Convention and its protocols."*

A number of civil society organizations exist in Bhutan. However, there is lack of focus on health and about tobacco control per se. The Act recognizes the important role of the Civil Society Organization as one of the responsible implementing agencies. Its function is indicated in Section 41 of the Act to conduct awareness programmes on ill effects of tobacco consumption in their locality and community. The representative of Civil Society Organization has been invited to serve as a member of the Demand and Supply Reduction Committee. With a good network, there is great potential for the Civil Society Organization to play a bigger role in supporting the implementation of the Convention.

Gap-low level of involvement and initiative from the Civil Society Organizations in promoting the implementation of the Convention.

It is recommended that the civil society organizations should actively build capacities to support better implementation of the Convention and the Act.

General obligations (Article 5)

Article 5.1 calls upon Parties to *"develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention."*

With the entry into force of the Act, the Implementation Strategy for Tobacco Control in Bhutan (2004-2010) became out-dated. One of the requirements of the Act and Rules is actually to develop a plan of action to implement the Act and the Convention

Gap-currently there is no national strategy or action plan on implementing the Convention.

It is therefore recommended that a plan of action for implementation of the Act and the Convention should be developed and implemented in due course.

Article 5.2 (a) calls on Parties to *"establish and finance a national coordinating mechanism or focal point for tobacco control."*

National coordinating mechanism has been established by the Act to coordinate its implementation with BNCA as the focal point. Tobacco Control Board chaired by the Minister of Health was formed by the Act to take all measures for tobacco control in

Bhutan. BNCA serves as the Secretariat to the Tobacco Control Board. Tobacco Control Office is set up within BNCA. The Ministry of Health also has a tobacco control focal point. Responsibilities of the implementing agencies are specified. Regular coordination has been conducted. The Demand and Supply Reduction Committee from relevant agencies has been constituted by the Tobacco Control Board. Bhutan has therefore met the obligation under Article 5.2.

Article 5.2 (b) calls on Parties to “adopt and implement legislative, executive, administrative and other effective measures, and to cooperate with other parties in developing the appropriate policies, for the prevention and reduction in tobacco consumption, addiction to nicotine and exposure to tobacco smoke”

The Act requires that the RGoB provides adequate financial support and mobilizes all potential resources for the implementation of the Act.

Gap- lack of dedicated budget lines for the implementation of the Convention and tobacco control in the Tobacco Control Office and other implementing agencies.

It is therefore recommended that the Gross National Happiness Commission and the Ministry of Finance shall allocate adequate budget as proposed by the implementing agencies.

Article 5.3 and related guidelines “call for and provide guidance on how to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry in accordance with national law.”

Cultivation, manufacture, selling and buying, supply and distribution of tobacco and tobacco products in Bhutan are banned by the Act. This greatly contributes to the implementation of Article 5.3. Bhutan Civil Service Rules and Regulations 2010 includes a comprehensive Code of Conduct and Ethics in which a civil servant shall always take decisions solely in terms of the public interests and avoid conflict of interest in decision making.

Gap-lack of awareness of Article 5.3 of the Convention and its guidelines among civil servants.

It is therefore recommended that Bhutan should disseminate information and provision of Article 5.3 and its guidelines and link it to the general requirement under the Code of Conduct and Ethics.

Article 5.4. calls on Parties to cooperate in formulation of measures, procedures, guidelines for the implementation of the Convention and the protocols

Bhutan participates in the working group 9 and 10 and the negotiations on a protocol on illicit trade in tobacco products. Bhutan also indicated interest to participate in the working group on Article 6. Bhutan has therefore met the obligation under Article 5.4. Further cooperation and participation in intergovernmental processes in this regard will be highly appreciated.

Price and tax measures (Article 6)

In Article 6.1, the Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.*”

Article 6.2(a) stipulates that each party should “*take account of its national health objectives concerning tobacco control and implement tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption.*”

As sale of tobacco is banned in the country, there is no regulation for levying sales tax on tobacco products. Import of tobacco and tobacco products with the exception of India is subject to 100% sales tax and another 100% customs duty since 2004. 100% customs duty is exempted for India under the free trade agreement. This tax and duty only applies to those who can go abroad and import for personal consumption.

In order to estimate the price for collecting sales tax and the customs duty, original receipts are used to form the basis for the price for tobacco products other than cigarettes. For cigarettes, the price is estimated as 3 Ngultrum (BTN) per stick which is about 1.36 US Dollar per pack with the 20 stick pack.

Gaps identified are:

1. The government has not increased tobacco taxation and duty for those who import for personal consumption since 2004 which has resulted in the price of tobacco products actually going down as a result of inflation and this makes importing tobacco products for personal consumption more affordable over time.
2. Majority of the imports for personal consumption is from India. However the free trade agreement with India exempts the 100% custom duty applied to other countries. This has an advert effect on the control of the tobacco consumption in Bhutan.

It is recommended that the government should increase the taxation and duty for tobacco and tobacco products imported for personal consumption on progressively higher and regular basis to further reduce tobacco consumption. It is also recommended that the same level of the customs duty should be applied to tobacco products imported from all countries and no exemption should be made through bilateral and regional free trade agreement(s). It is further recommended that the price of cigarettes should not use the duty free price as a basis.

Article 6.2(b) requires Parties to “*prohibit or restrict, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.*”

According to the Tobacco Control Act of Bhutan 2010, any person who imports tobacco and tobacco products shall pay duties and taxes. Duty free is not allowed for tobacco and tobacco products. Bhutan has therefore met this obligation under Article 6.2(b).

Article 6.3 requires that Parties “provide their rates of taxation for tobacco products in their periodic reports to the Conference of the Parties in accordance with Article 21. ”

Bhutan has provided this information in the two year and five year reports and therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

Article 8.2 requires Parties to “adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.”

Article 8 guidelines emphasize that “there is no safe level of exposure to second-hand smoke” and calls on “each Party to strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party”.

The Act bans smoking in public places including commercial centres, recreation centres, institutions, public gatherings/places, public transportations and any other public places or areas as may be declared by the Tobacco Control Board (Chapter two "Protection from exposure to tobacco smoke", section 3). Most indoor workplaces are covered under these institutions. The Act has introduced quite comprehensive ban and the compliance is good. The persons-in-charge of the establishments and authorized officers/ law enforcement personnel are mandated to supervise, inspect and enforce and implement Chapter Two (sections 4 to 10).

Gaps identified are:

1. The Act provides (Chapter Two, section 9) that the person-in-charge of the hotels, motels, guest houses, inns and lodgings shall arrange smoking floors or smoking rooms/spaces as appropriate. These places are not only public places but also working places.
2. Indoor workplaces are not specially mentioned as in line with Article 8.2.
3. The five year timeline (27 February 2010) to provide for universal protection has not been met.

It is therefore recommended that total ban of smoking in the hotels, motels, guest houses, inns and lodgings is implemented by either revising the Act (Sections 9 and 26(b)) or through regulations or declaration from the Tobacco Control Board. This ban should also include all working places.

Regulation of the contents of tobacco products (Article 9) and Regulation of tobacco product disclosures (Article 10)

Article 9 requires Parties to “adopt and implement effective legislative, executive and administrative or other measures for the testing and measuring of the contents of tobacco products”

Article 10 requires Parties to “*adopt and implement effective measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products.*” and also to “*further adopt and implement effective measures for public disclosure of information about toxic constituents of the tobacco products and the emissions they may produce.*”

As manufacturing, distribution, supply, selling and buying of tobacco products is banned, Bhutan is having a unique challenge in meeting these obligations. However, cooperation and collaboration with neighbouring countries and countries in the region could be explored so that Bhutan can benefit from measures putting in place in the countries of the origin of the import.

Packaging and labeling of tobacco products (Article 11)

Article 11 requires that “*each party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to meet the obligations of this article.*”

With the ban of sales of tobacco and tobacco products since 17 December 2004, the government has a unique challenge to implement this Article. Bhutan can not control labelling and packaging of tobacco products available abroad. However, sections 15 to 17 of The Tobacco Control Act of Bhutan 2010 include provisions to implement some parts of this Article. To ensure compliance of legislation or regulation on packaging and labelling, the public and law enforcement officers need to be educated about these requirements so that they will import and check accordingly. This requires a lot of efforts for raising awareness through campaigns and training. Innovative measures could be introduced so that the country can have more active control in meeting this obligation. Bhutan also has the opportunity to implement the best packaging and labelling measures.

Gap-Bhutan has not met the 3 year deadline for implementing this Article by 27 February 2008. The Act does not cover all the obligations under Article 11 and those covered in the Act have not been implemented yet.

It is therefore recommended that the government of Bhutan should develop strong regulation in line with the Article 11 and its guidelines to implement this time bound obligation. A practical and innovative way of ensuring compliance with the obligations under the Article 11 and its guidelines is that Bhutan can develop its packaging and labeling in stickers and put them on the cover of the tobacco products imported from abroad. Bhutan could also develop the best approach with the plain packaging for this purpose including using appropriate regulatory measures. The importers will need to pay for the stickers.

Article 11 1 (a) requires that “*tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful*

than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild” ”

Section 17 of the Act is fully in line with this Article. However, there is practical challenge to enforce this section through the usual ways.

Gap–As the government is focusing on the enforcement of ban of smuggling of tobacco products first, this provision has not been enforced yet.

It is therefore recommended that adequate awareness should be raised about this section and practical measures such as the stickers should be introduced to enable timely enforcement.

Article 11.1.(b) requires that “*each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.*”

Article 11.2 requires that “*Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.*”

In Article 11.3, each Party shall require that “*the warnings and other textual information which will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.*”

In addition, the Article 11 guidelines recommend that Parties implement pictorial health warnings and give specific recommendations on message contents and the design elements such as location, size and color.

Section 15 of the Tobacco Control Act of Bhutan 2010 requires that all tobacco products imported for personal consumption shall show the appropriate health warnings as required by the Ministry of Health.

Section 16 of The Tobacco Control Act of Bhutan requires that all tobacco and tobacco products shall show printed labels displaying the information on relevant constituents and emissions.

Gap–The Ministry of Health has yet to define appropriate health warnings and implement other measures to be in line with this Article. No measures related to the health warnings have been enforced.

It is therefore recommended that the Ministry of Health should implement pictorial health warnings or ideally plain packaging health warnings according to the Article 11 guidelines. A packaging and labeling sticker in line with the obligations of the Article 11 and its guidelines would be a practical solution for Bhutan.

Education, communication, training and public awareness (Article 12)

Article 12 requires that “each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote

(a) broad access to effective and comprehensive educational and public awareness programmes on health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;”

(b) public awareness about the health risks of tobacco consumption, exposure to tobacco smoke, and also about the benefits of cessation of tobacco use and tobacco free lifestyles as specified in Article 14;”

(c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention; ”

(d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision makers, administrators and other concerned persons;

(e) awareness and participation of public and private nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectorial programmes and strategies for tobacco control; and

(f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

Ministry of Health has conducted regular campaigns about the harms of tobacco use and exposure to tobacco smoke, benefits of quitting and having healthy lifestyles through broadcast and print media. The target audiences are adults or the general public, children and young people, men, women and pregnant women. Key differences such as age, gender, education and culture background, socioeconomic status are taken into account in educational and public awareness programmes. Research, pretesting, monitoring and evaluation has been carried out to guide the elaboration, management and implementation of communication, education, training and public awareness programmes. Training or sensitization and awareness programmes on tobacco control have addressed to health workers, community workers, social workers, media professionals, educators, decision-makers and administrators. World No Tobacco Day has been regularly observed to raise awareness about tobacco control with various activities.

With the enactment of the Act, BNCA has taken the leading role in education, communication and raising awareness involving relevant implementing agencies. Magazines and other local channels have also been used as a medium to disseminate anti-tobacco information. Tobacco control is also an agenda of the high level advocacy. Law enforcement offices in five districts have been trained on the enforcement of the Act. BNCA has also raised awareness of the Act among the Tour Council of Bhutan and the Guide Association of Bhutan. The implementation and the enforcement of the Act since 1

January 2011, particularly some cases of tobacco smuggling leading to the penalty of three to five year imprisonment, gave a dramatic increase of public's awareness about the Act and tobacco control in general.

The challenge is that tobacco control education and advocacy programme through any media is found to be quite expensive. Currently there is no free media time or space for tobacco control advocacy.

Gaps identified are:

1. There is limited government financial support to carry on the demanding activities in meeting the obligations under Article 12.
2. Lack of funding in BNCA for these resource-intensive programmes makes it very difficult for BNCA to organize regular and effective campaigns. It is also difficult for BNCA to produce sufficient advocacy materials.
3. Ministry of Education, Ministry of Information and Communication and other relevant government agencies have not been actively involved in meeting the obligations under Article 12 of the Convention.
4. Limited public awareness on the information of the tobacco industry.
5. Training for law enforcement officers is still not sufficient to adequately cover all districts.

It is therefore recommended that the government allocates funds to BNCA, the Ministry of Health and other relevant implementing agencies to conduct activities related to education, communication, training and public awareness. In order to fulfil Bhutan's obligation under Article 12, the Ministry of Information and Communication, Bhutan InfoComm and Media Authority are strongly recommended to coordinate the media effort in providing free public service to the education, communication and raising awareness of the implementation of the Convention. It is also recommended that the Ministry of Education, Ministry of Home and Culture Affairs, Thromde, Road Safety and Transport Authority of Bhutan and other relevant government agencies should also proactively conduct activities to meet the obligations under this Article. Local governments, faith groups and civil society organizations should also be mobilized. It is further recommended that training for the law enforcement officials in implementing the Act should be enhanced and expanded.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 requires recognition by the Party of “the necessity of a ban on advertising, promoting and sponsorship to reduce the consumption of tobacco products

Article 13.2 requires Parties “to undertake, in accordance with its constitution or constitutional principles, a comprehensive ban of all tobacco advertising, promotion and sponsoring. This shall include a comprehensive ban or applying restrictions on cross-border effect advertising, promotion and sponsorship originating from its territory. Within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.”

The Act in its Chapter Four "Tobacco advertisement, promotion and sponsorship" section 18 and 19 has introduced complete domestic ban of tobacco advertisement, promotion and sponsorship in Bhutan. Bhutan InfoComm and Media Authority is responsible to implement this ban. The Royal Bhutan Police has been empowered to assist with the law enforcement of the ban.

Bhutan has therefore met the obligation under Article 13.1 and 13.2.

Article 13.5 encourages Parties to: "*implement measures beyond the obligations set out in paragraph 4.*"

Currently Bhutan has not implemented any measures beyond the obligations set out in Article 13.5.

Article 13.7 reaffirms Parties "*sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law*".

Currently Bhutan has not implemented any measures to ban control cross-boarder tobacco advertising, promotion and sponsorship entering into its territory

Gap- lack of legislation and regulation to ban cross-boarder tobacco advertising, promotion and sponsorship entering into its territory

It is therefore recommended that the regulation should extend the ban to cross-boarder tobacco advertising, promotion and sponsorship entering into its territory. InfoCom and the Media Authority and other relevant agencies should explore cooperation with other Parties in the development of technologies and other means necessary to implement this obligation.

Measures concerning tobacco dependence and cessation (Article 14)

Article 14.1 requires each Party to "*develop and disseminate guidelines based on scientific evidence and best practices concerning tobacco dependence and cessation and take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.*"

Gap-currently Bhutan has not developed national guidelines concerning tobacco dependence, cessation and treatment.

It is therefore recommended that Bhutan should make full use of the Guidelines for the implementation of Article 14 of the Convention adopted by the fourth session of the Conference of the Parties in designing and developing its own comprehensive guidelines concerning tobacco dependence and cessation taking into account national circumstances and priorities.

Article 14.2 requires that “ towards this end, each Party shall endeavour to:

- (a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;*
- (b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;*
- (c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and*
- (d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate. ”*

Bhutan has not integrated measures concerning tobacco dependence and cessation into the existing tobacco control programme. Up to date, only a handful of medical staff has been formally trained in counseling and treatment of tobacco dependence with the support from WHO SEARO. There is need to put in place cessation measures to help those who want to quit. Pharmaceutical products for treatment of tobacco dependence are not available in the market. Moreover, community and primary health care basis approach must be given high priority in line with the Article 14 guidelines. There are concerns that introducing these products for treatment of tobacco dependence will put extra burden on the free health care system of Bhutan.

Gaps identified are:

1. There is no comprehensive and integrated programme concerning tobacco dependence and cessation in Bhutan.
2. Health workers at primary health care level and teachers have not been trained and mobilized to provide cessation counseling and brief cessation advice.
3. Very limited number of medical staff has received training on cessation and treatment of tobacco dependences.
4. There is no national quitline for tobacco cessation.
5. Pharmaceutical products for treatment of tobacco dependence are not available in the public health service.

It is recommended that national programmes and services on diagnosis and treatment of tobacco dependence and counseling services on cessation of tobacco use should be established. These services should be provided in health care facilities, educational institutions, workplace and sporting environments. It should be integrated into the national health and education system. Training on brief cessation advice should be provided to all health workers and educators. A national toll-free quitline should be set up or built on the existing hotline for smoke-free law. It is also recommended that Bhutan could work together with WHO SEARO to conduct community-based cessation projects and to establish pilot clinics for treatment of tobacco dependence and cessation.

Illicit trade in tobacco products (Article 15)

Article 15 requires that Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control and to adopt and implement effective legislative, executive, administrative or other measures to ensure this.

In Article 15.1, Parties recognize that “the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control.”

Bhutan attaches great importance of combating illicit trade in tobacco products. The Act (Chapter Three, section 11 and 15) bans all forms of tobacco sales and distribution. Importation for personal consumption needs to be declared at the entry points. Some provisions of the Act are a person is allowed to import 1 carton (containing 200 pieces) of cigarettes, or 30 pieces of cigar; or 150 grams of other tobacco and tobacco products subject to 100% customs duty and 100% sales tax once a month. A person can not import on behalf of another person. Failure to declare is considered as tobacco smuggling. The penalty for tobacco smuggling is punishable with a felony of the fourth degree (3 to 5 years in prison). Bhutan reported its remarkable progress in combating illicit trade in the five year report. Implementing the ban of cultivation, manufacture, sale, supply and distribution of tobacco products is the top priority in the law enforcement of the Act.

Bhutan has therefore met the obligation under Article 15.1. However, raising awareness of the Act and the penalties for non compliance is still a big challenge, particularly for the tourists.

It is therefore recommended that all importers for individual consumption, particularly the tourists should be notified through all the entry points or the travel agencies before coming to the country. The Customs Declaration Form should also include information on penalty of non compliance in addition to the amount allowed. The incoming flight could make announcement related to the requirement on the declaration and the subsequent consequences and penalties.

Article 15.2 calls on each Party to “adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products.”

The Act requests all tobacco products imported for personal consumption shall show the country of origin and in practice most products do show the country of origin. However external cooperation is needed to make sure the origin of tobacco products are marked. Individual importers need to know this requirement and check the tobacco products they buy abroad. In case of non compliance, the tobacco products shall be confiscated.

Gap-Bhutan has not enforced this section of the Act and there is lack of awareness about it in the general public.

It is therefore recommended that bilateral cooperation with the countries which most of the individual tobacco imports come from should be strengthened and the law enforcement should start after raising awareness about this requirement.

Article 15.2 (a) requires that “unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “Sales only allowed in (insert name of the country, sub national, regional or federal unit)” or “carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.”

Sales are not allowed in Bhutan and therefore are no legal sales in the country. However Bhutan could implement this Article by including "Import for individual consumption in Bhutan" in the sticker under packaging and labeling requirements.

15.2 (b) calls Parties to “consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.”

Distribution of tobacco products is not allowed and therefore Article 15.2(b) is not applicable to Bhutan. However, Bhutan has developed a good database for the import for personal consumption at the entry points.

Article 15.3 requires that “the packaging information or marking specified in 2(a) shall be presented in legible form and/or appear in its principal language or languages.”

With the ban of manufacture, sale, supply and distribution of tobacco products, Bhutan can not require the tobacco industry abroad to comply with this. However, Bhutan can meet this obligation by developing its own sticker for packaging and labeling in its principle language or languages with the requirement for pasting it at the customs entry points.

Article 15.4(a) calls on Parties to “monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements”

There is currently no estimate about the level of illicit tobacco products of the market share in Bhutan. The Revenue and Customs Department has been confiscating illicit tobacco products.

Gap-limited information on the extent of illicit trade in tobacco products

It is therefore recommended that the Revenue and Customs Department and other relevant authorities should proactively collect data on illicit trade in tobacco products to enable a better estimate of the magnitude of the problem and therefore be better prepared for response. Cooperation with the Customs in the neighboring countries and with the World Customs Organization should be enhanced.

Article 15.4 (b) calls on Parties to “*enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband Cigarettes.*”

The Act includes sanctions on smuggling as criminal acts. Those who are responsible for committing such crime are liable for imprisonment with a non-bailing offence. Bhutan therefore meets the obligation under Article 15.4 of the Convention with the Act.

Article 15.4 (c) calls on Parties to “*take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law*”

Bhutan is very conscious about environment protection. Due to lack of technical know how and facilities, confiscated tobacco products are sometimes burned in open air. Last year, the Ministry of Health and BNCA managed to burn significant amounts of smuggled cigarettes in an incinerator for medical waste.

Gap-lack of technology know how for use of environmentally-friendly methods and facilities to dispose confiscated tobacco products.

It is therefore recommended that Bhutan should learn from the international best practice and seek international support in meeting this obligation. The Ministry of Environment and Ministry of Health should work together to develop clear guidelines. Bhutan can also play a leading role in raising awareness of the need to address this issue in the negotiation for a protocol on illicit trade in tobacco products.

Article 15.4(d) calls Parties to “*adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.*”

Since there is a ban on sale and distribution, introduction of such measures are not applicable for Bhutan.

Article 15.4 (e) calls on Parties to “*adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products*”

The Act authorizes the seizure of offender's assets. If the offender does not pay the taxes and the corresponding fine or the quantity is too large the tobacco products will be seized and destroyed.

Bhutan has met the obligation under Article 15.4 of the Convention.

Article 15.5 calls on Parties to “*provide information collected pursuant to subparagraphs 4(a) and 4(d) of this Article in their periodic reports to the Conference of the Parties, in accordance with Article 21.*”

Bhutan has provided this information through its two year report and its five year report to the Conference of the Parties and therefore met the obligation under Article 15.5.

Article 15.6 calls Parties to “*promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.*”

Currently Bhutan has not specifically engaged in cooperation at regional and subregional levels to combat illicit trade of tobacco products. In the border regions there is incidental cooperation.

Gap - lack of international, regional or bilateral cooperation on combating illicit trade on tobacco products.

It is therefore recommended that the Department of Revenue and Customs of the Ministry of Finance and the Ministry of Economic Affairs should actively engage in bilateral and regional cooperation as a first step to address the provision under Article 15.6 of the Convention. Bhutan can explore this cooperation through regional treaties such as the SAARC Convention on Mutual Assistance in Criminal Matters of 2008.

Article 15.7 calls on Parties to “*adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.*”

The Act bans production and distribution of such products, therefore Bhutan has implemented measure go beyond the Convention.

Sales to and by minors (Article 16)

Article 16 requires “*measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.*”

The Act bans the sale and distribution of tobacco products (Chapter three "Trade and Commerce of tobacco products", section 11). The Notification from Tobacco Control Board further prohibits any persons, 18 years and below to import tobacco and tobacco products. The penal code provides that violations by minors lead to penalties of half the size. Bhutan has therefore met the obligation under Article 16.

Provision of support for economically viable alternative activities (Article 17)

Article 17 calls on Parties to promote, as appropriate, “*in cooperation with each other and with competent international and regional intergovernmental organizations, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers*”.

Protection of the environment and the health of persons (Articles 18)

In Articles 18, Parties agree to “have due regard to the protection of the environment and the health of persons in respect of the environment in respect of tobacco cultivation and manufacture within their respective territories.”

As Bhutan bans cultivation, manufacture, sale, supply and distribution of tobacco products, provisions of Articles 17 & 18 are not applicable for Bhutan.

Liability (Article 19)

Article 19 requires that for the purpose of tobacco control, the Parties shall consider taking legislative actions or promotion their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate and also cooperate with other Parties through the exchange of information.

Given the unique situation in Bhutan with the ban of cultivation, manufacture, sale, supply and distribution of tobacco products, the action under this Article may be taken subsequent to the discussion at the fifth session of the Conference of the Parties (COP5) in 2012.

It is therefore recommended that Bhutan should actively participate in the discussion in the COP5 and develop policy as appropriate to suit its unique situation afterwards.

Research, surveillance and exchange of information (Article 20)

Article 20 requires Parties to “develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.”

In its five-year implementation report, Bhutan reported prevalence of tobacco use among the adult population of 25 to 64 years of age was 8.7% for males, 4.9% for females and 7.0% for total, while prevalence of smokeless tobacco use among the same age group was 21.5% for males, 17.6% for females and 19.8% for total.

The Centre for Bhutan Studies conducted “Gross National Happiness Survey” in 2007 - 2008 with the support from UNDP. The field survey was conducted in 12 districts of Bhutan for the domains influencing gross national happiness in which health was included. The survey reported that smoking is predominantly an urban phenomenon and common among educated and employed lots and not common among religious personnel. Prevalence of life-time smokers was 17.6% (26.6% men and 8.5% women). The study also reported 16.3% of respondents chewing/snuffing tobacco at some point in their life time (22.6% of men and 9.9% of women).

Bhutan has conducted Global Youth Tobacco Surveys among school children of 13-15 years of age in 2004, 2006 and 2009. GYTS 2009 shows that 1 in 5 students currently use any form of tobacco products; there was no significant decline in the prevalence of tobacco use among school children during 2004 and 2009. A Global School Personnel

Survey was also conducted in 2009. These Surveys were conducted with the technical and financial assistance from WHO SEARO and CDC, Atlanta, USA.

Bhutan also conducted STEPS survey for risk factors and prevalence of non-communicable diseases in Thimphu in 2007.

Gaps identified are:

No national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators.

Lack of national data on adult tobacco use and burden of disease related with tobacco and direct costs attributable to tobacco use and exposure to tobacco smoke.

The Government of Bhutan is therefore urged to:

- 1. Develop and promote the national research capacity and cooperate with competent international and regional organizations. To conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, the direct and indirect costs generated by tobacco. As a first step, a database on morbidity attributable to tobacco use should be established.***
- 2. Strengthen the development of training programs and support for all those engaged in tobacco control activities, including planning, implementation, monitoring and evaluation.***
- 3. Establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators and integrate it into national, regional and global health surveillance. This system should provide standardized and systematic information targeting all relevant population groups e.g. adults, youths, elderly, pregnant women, etc. The results generated from the surveillance system will better guide Bhutan's efforts in implementing the Convention and fulfil the reporting requirements.***
- 4. Promote and facilitate the exchange of publicly available scientific, technical, socioeconomic and legal information.***

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “submit to the Conference of the Parties, through the Convention Secretariat, periodic reports on implementation of the Convention, which should include all relevant obligations as contained in the reporting instrument. ”

Bhutan has provided its two-year (first) report on the implementation of the Convention on 22 December 2006 and the five year (second) report on 15 November 2010 accompanied by attachments providing more background information in relation to the implementation of certain provisions of the treaty. Bhutan has met the obligation under Article 21 of the Convention.

Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)

Article 22 requires that *Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes.”*

The Government has received support from WHO SEARO in tobacco control training and conducting advocacy campaigns. Bhutan also received support from WHO SEARO and the United States Center for Disease Control for various surveys under the Global Tobacco Surveillance System.

United Nations Development Assistance Framework (UNDAF) is the strategic programme framework for the UN Country Team (UNCT) to collectively respond to the priorities in national development. The Current UNDAF covers the period of 2008-2013 and does not directly include work related to the implementation of the Convention. In 2012, the next UNDAF will be developed and the UN is working together with the Gross National Happiness Commission to identify the priorities. The need to support the country to meet obligations under the Convention has been brought to the attention of the United Nations Resident Coordinator (UNRC). UNRC is committed to promote the profile of the Convention. The Gross National Happiness Commission of Bhutan will play a key role in determining the priorities of the next UNDAF.

Gaps – the broader international cooperation on implementing the Convention is yet to be utilized. The current UNDAF have not given due consideration to support Bhutan in meeting the obligations under the Convention.

It is recommended that the government of Bhutan should proactively seek opportunities to cooperate with other Parties, competent International Organizations and development partners present in the country. It is also recommended that the Gross National Happiness Commission should play a leading role in advocating for the support of meeting the obligations under the Convention as a priority in the future UNDAF.

Financial resources (Article 26)

In Article 26, Parties recognize “the important role that financial resources play in achieving the objective of this Convention.”

Article 26.2 calls on Parties to *“provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes.”*

Section 55 of the Act requests the government shall provide adequate financial support to implement the provisions of the Act. See Article 5.2(b).

Article 26.3 requires Parties to “*promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition.*”

International organizations and development partners are active in Bhutan. Gross National Happiness Commission (GNHC) is responsible for coordination and management of external assistance within the framework of the Development Cooperation Policy to ensure country ownership and transparency. GNHC is taking the lead in matching the needs of the country with finding external resources. The mission has a fruitful discussion with the GNHC and realizes the key role that GNHC can play in the needs assessment exercise, particularly in identifying and coordinating actions that need external assistance to help Bhutan to meet the obligations under the Convention. GNHC indicated that Denmark, Japan, Thailand, UNFPA, UNICEF, WHO, GFATM, World Bank and UNAIDS as development partners supporting health sector in Bhutan. Some of them could have a potential role in supporting the country in meeting the obligations under the Convention.

WHO has been working very closely with the government in providing technical assistance in helping the country to implement the Convention, and conduct various surveys on tobacco use. US Center of Disease Control provided support to the surveys together with the WHO. International Development Research Center, Canada and the University of Waterloo, Canada have been supporting the country in conducting a study among adult population on evaluation of ban on sale of tobacco products in 2009 to 2010.

Gaps - the government of Bhutan has not yet fully utilized the bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes.

It is recommended that, in the spirit of Article 26.3 of the Convention, the Government of Bhutan takes advantage of the presence of international development partners in the country and promotes the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans worked out with these agencies. It is recommended that the Gross National Happiness Commission plays a leading role in coordinating with development partners to mobilize sufficient resources to help the country to meet its obligations under the Convention.

Article 26.3 specifically points out that projects promoting “*economically viable alternatives to tobacco production, including crop diversification*” should be addressed and supported in the context of nationally developed strategies of sustainable development. ”

As tobacco cultivation and production is banned in Bhutan, this Article is not applicable for Bhutan.

Article 26.4 calls on “*Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties*

and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations. ”

Gap - other than World Health Organization, currently Bhutan has not been successful in mobilizing financial assistance from regional and international organizations and financial and development institutions which provide aid to developing countries, including Bhutan, in meeting their obligations under the Convention.

The Ministry of Foreign Affairs is fully committed that Bhutan will promote implementation of the Convention in the relevant bilateral and multi-lateral forums.

It is therefore recommended that Bhutan becomes a strong advocate for putting the Convention higher in the international development agenda. Given the extraordinary achievement made by Bhutan in implementing the Convention, it is further recommended that Bhutan take a leading role in promoting the Convention as an important tool in the prevention and control of non communicable diseases at the UN Summit on NCDs in September 2011.

ANNEX I

List of the Participating government agencies and the International Team of the Joint Needs Assessment

Participating agencies

Bhutan Narcotic Control Agency (BNCA)
Ministry of Health (MoH)
Ministry of Foreign Affairs
Ministry of Finance, Department of Revenue and Customs
Ministry of Home and Cultural Affairs
Ministry of Education
Ministry of Agriculture and Forest
Ministry of Economic Affairs, Department of Trade
Bhutan InfoComm and Media Authority
Thimphu City Corporation
Royal Society for Protection of Nature (NGO)
Royal Bhutan Police
Dratshang Lhentshog (Monastic Body)
Bhutan Chamber of Commerce and Industry
Road Safety and Transport Authority
Gross National Happiness Commission

Legislative bodies

Hon'ble Chairperson, Legislative Committee, National Assembly of Bhutan
Hon'ble Chairperson, Legislative Committee, National Council of Bhutan

Representatives from RGoB

Hon'ble Health Minister, Zangley Dukpa, Ministry of Health
Dasho Dr. Gado Tshering, Secretary, Ministry of Health
Mr. Kinley Dorji, Executive Director, BNCA
Mr. Sonam Dorjee, Dy. Chief Tobacco Control Officer, BNCA
Ms. Tshering Choden, Legal Officer, Ministry of Health
Mr. Sonam Tshering, Asst. Legal Officer, BNCA
Mr. Ugyen Norbu, Dealing Officer for Tobacco Control, Ministry of Health

Convention Secretariat

Mr Vijay Trivedi
Ms Guangyuan Liu
Mr Peter Hartog

WHO Regional Office SEARO

Dr Nyo Nyo Kyaing, Regional Advisor (Tobacco Free Initiative)

WHO Country Office in Bhutan

Thinlay Dorji

In addition, the international team met the UN Resident Coordinator.