

Index for Tobacco Control Sustainability

BANGLADESH



The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

| INDICATORS | | Present (P)/ Absent (A) | Weighted Score | Country Score |
|--------------|---|----------------------------|-------------------|------------------|
| 1 | Prerequisite Indicator: >4 MPOWER policies in place | A | 9 | 0 |
| 2 | National tobacco control budget (annual) | P | 7 | 7 |
| 3 | National tobacco control law | P | 6 | 6 |
| 4 | National budget allocation for tobacco control capacity building | P | 6 | 6 |
| 5 | Tobacco taxation >75% of retail sales price | A | 6 | 0 |
| 6 | Tobacco taxation increases faster than inflation plus gross domestic product growth | A | 6 | 0 |
| 7 | National tobacco control unit | P | 5 | 5 |
| 8 | Civil society tobacco control network | P | 5 | 5 |
| 9 | Civil society representation in national tobacco control advisory committees | P | 5 | 5 |
| 10 | Health promotion fund for, or including, tobacco control | P | 5 | 5 |
| 11 | National policy against tobacco industry corporate social responsibility | A | 5 | 0 |
| 12 | Tobacco-related mortality and morbidity recording system | A | 5 | 0 |
| 13 | National evaluation framework in place | A | 5 | 0 |
| 14 | Evaluation built into all major policy implementation plans | A | 5 | 0 |
| 15 | National tobacco control strategy | A | 4 | 0 |
| 16 | Tobacco control and non-communicable diseases form part of national health policy | P | 4 | 4 |
| 17 | Tobacco control forms part of national development plan | P | 4 | 4 |
| 18 | Human resource for implementation (national) | P | 4 | 4 |
| 19 | Global Tobacco Surveillance System surveys | P | 4 | 4 |
| 20 | Intergovernmental coordination mechanism | P | 3 | 3 |
| 21 | Capacity building plan for tobacco control personnel | P | 3 | 3 |
| 22 | Developmental assistance funding includes tobacco control | P | 3 | 3 |
| 23 | Code of conduct for government officials and staff | P | 3 | 3 |
| 24 | Ministry of health WHO FCTC Article 5.3 policy | A | 3 | 0 |
| 25 | WHO FCTC Article 5.3 policy across all ministries | A | 3 | 0 |
| 26 | Economic and social tobacco costs data | P | 3 | 3 |
| 27 | National focal point post | P | 3 | 3 |
| 28 | National advisory committee | P | 2 | 2 |
| 29 | Capacity building plans on research and evaluation | A | 2 | 0 |
| 30 | Mass media campaigns funded | P | 1 | 1 |
| 31 | Capacity building plan for non tobacco control specific personnel | P | 1 | 1 |
| TOTAL | | | 130 | 77 |

Explanation of the scores:

1. Prerequisite Indicator: Bangladesh fulfills only two out of seven MPOWER measures, namely Monitor and Warn (GHW), as per the recent WHO Report on the Global Tobacco Epidemic.
2. National Tobacco Control Budget (annual): Bangladesh has funded and implemented a National tobacco control program for the past four years.
3. National Tobacco Control Law: The Smoking and Tobacco Products Usage (Control) Act, 2005, as amended by the Smoking and Tobacco Products Usage (Control) (Amendment) Act, 2013.
4. Budget allocation for capacity building: 10% of the annual tobacco control programme budget is designated for capacity building.
5. Tobacco taxation >75% of retail sales price: Tobacco tax is 73% of the retail price in Bangladesh, according to the most recent WHO Report on the Global Tobacco Epidemic (2021).
6. Tobacco taxation increases slower than inflation and GDP growth: Tobacco taxation has not kept pace with inflation and GDP growth since 2016, making tobacco products more affordable.
7. National tobacco control unit: National Tobacco Control Cell (NTCC) was formed in 2007 and has recently gained statutory status.
8. Civil society tobacco control network: Bangladesh Anti-Tobacco Alliance (BATA) serves as the national civil society coalition, with other coalitions and approximately 500 NGOs also working for tobacco control.
9. Civil society representation in advisory committees: Civil society members are included in national-level experts/ advisory committees on various tobacco control issues.
10. Health promotion fund for tobacco control: A policy is in place to allocate funds for tobacco control from the 1% Health Development Surcharge collected from tobacco product sales.
11. National policy against tobacco industry CSR: There is no policy to regulate or ban the tobacco industry's CSR activities.
12. Tobacco-related mortality and morbidity recording system: No system exists to record tobacco-related mortality and morbidity in Bangladesh.
13. National evaluation framework: There is currently no national evaluation framework in place.
14. Evaluation in policy implementation plans: Most plans do not have an built-in evaluation process, and implementation often lacks the reflection of evaluation.
15. National tobacco control strategy: The National Strategic Plan of Action for Tobacco Control (2007–10) is under revision, and a long-term national tobacco control program is being developed.
16. Tobacco control and noncommunicable diseases in national health policy: National Health Policy covers both, with a multisectoral action plan for noncommunicable disease control and prevention (2018–2025) identifying tobacco control as one of the strategies.
17. Tobacco control in national development plan: The government aims to make Bangladesh tobacco-free by 2040 and has included tobacco control in its eighth five-year plan (2021–25).
18. Human resources for implementation (national): National Tobacco Control Cell (NTCC), led by a joint-secretary-level officer, serves as the national coordinator, guided and supervised by an additional secretary-level officer.
19. Global Tobacco Surveillance System surveys: Bangladesh has conducted national-level surveys in coordination with WHO and CDC.
20. Intergovernmental coordination mechanism: A National Task Force on Tobacco Control Law Implementation exists

for collaboration between government ministries on tobacco control issues.

21. Capacity building plan for tobacco control personnel: Capacity building is part of the national tobacco control program, with a comprehensive plan in development.
22. Developmental assistance funding for tobacco control: Bloomberg Philanthropy, in partnership with The Union, CTFK, WHO, and Vital Strategies, has been providing funds since 2006–07, along with some research grants.
23. Code of conduct for government officials and staff: There is a general code of conduct under the service rules, 1979.
24. Ministry of Health WHO FCTC Article 5.3 policy: No policy exists, but the Ministry of Health has initiated the development and adoption of a policy guideline aligned with FCTC Article 5.3.
25. WHO FCTC Article 5.3 policy across all ministries: No policy in line with WHO FCTC Article 5 exists for all ministries.
26. Economic and social tobacco costs data: Some surveys and assessments have been conducted by the government and NGOs.
27. National focal point post: NTCC coordinator, a joint-secretary-level officer, is appointed as the national focal point.
28. National advisory committee: The Health Development Surcharge Management Committee and the National Task Force on Tobacco Control Law Implementation guide and coordinate tobacco control initiatives.
29. Capacity building plans on research and evaluation: There is no national- or subnational-level plan for capacity building in tobacco control research and evaluation.
30. Mass media campaigns funded: The government funds mass-media campaigns on national television and in other media.
31. Capacity building plan for non-tobacco control specific personnel: The national tobacco control programme includes non-tobacco control personnel in capacity building efforts. Pre-requisite Indicator: >4 MPOWER policies in place: Per the most recent WHO Report on the Global Tobacco Epidemic, Bangladesh fulfills only two measures out of seven of the MPOWER policies, Monitor and Warn (GHW).

Main findings:

Progress in tobacco control sustainability since 2016

Since 2016, Bangladesh has made significant progress in tobacco control. The prime minister, during the South Asian Speakers Summit 2016, announced the goal of making Bangladesh tobacco-free by 2040. As a result, the National Tobacco Control Program was developed in 2018, with a separate economic code created by the finance ministry to earmark HDS funds for the program. The National Tobacco Control Program prioritizes mass media and capacity building activities by NTCC in its operational plans, with approximately 10% of its annual budget earmarked for tobacco control capacity building and more than 40% allocated for mass media campaigns. Tobacco control has also been included in the eighth five-year plan (2021–2025) and prioritized in the SDG implementation plan of the fourth Health Sector Program. Tobacco control is prominent in Bangladesh's multisectoral action plan for noncommunicable disease control and prevention (2018–2025), and national ministries such as local government, railway, and transport have integrated tobacco control in their activities and issued guidelines for compliance with tobacco control laws. The Bangladesh government has also initiated the tobacco control law amendment process and developed a working draft to remove inconsistencies and gaps. The amendment is currently undergoing revision and approval formalities.

Changes in scores from the 2016 survey

Bangladesh's score of 77/130 remains largely unchanged from the 2016 score of 75/130. While the country has made strides in establishing a national tobacco control program with sustainable funding through a health development surcharge, which has allowed for dedicated funds to be allocated towards capacity building and awareness-generation activities, much work remains. Unfortunately, Bangladesh has not kept pace with inflation and GDP growth in terms of increasing tobacco taxes, resulting in tobacco products becoming more affordable than they were in 2016.

Remaining gaps in tobacco control sustainability

In order to effectively address the evolving evidence and emerging challenges of tobacco control in Bangladesh, it is crucial that the existing tobacco control law be adapted accordingly. Currently, there are several gaps in the law, such as incomprehensive TAPS provisions, limitations in the enforcement mechanism, and designated smoking areas. Additionally, new issues such as the illicit trade of tobacco products, HTPs, and other novel products must be controlled through a strict legal and administrative framework.

Despite initial gains in tobacco taxation, inconsistent raises in recent years have caused the country to fall short of the FCTC's benchmark. Providing adequate cessation services for tobacco users is also essential for individuals to quit and abstain from relapse.

In addition to these measures, urgent attention must be given to the adoption of FCTC article 5.3, which includes tobacco industry CSR policy, and the incorporation of an evaluation plan within ongoing tobacco-control policies. Implementation plans are crucial for progressive tobacco control initiatives in Bangladesh.