

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Bangladesh

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Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	May (5)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in preva- lence data)	Average number of the most-con- sumed smoking tobacco product used per day
MALE	36.2	25
FEMALE	0.8	
TOTAL (males and females)	18.0	

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in preva- lence data)	Average number of the most-con- sumed smoking tobacco product used per day
MALE	33.1	
FEMALE	0.7	
TOTAL (males and females)	16.4	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in preva- lence data)
MALE	3.1
FEMALE	0.1
TOTAL (males and fe- males)	1.5

Former smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	9.3
FEMALE	0.7
TOTAL (males and females)	4.9

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	54.5
FEMALE	98.7
TOTAL (males and females)	77.0

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Global Adult Tobacco Survey Bangladesh Report 2017

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	15	85

Please indicate the year of the data used to answer question B11:

2017

Please indicate the source of the data used to answer question B11:

Global Adult Tobacco Survey Bangladesh Report 2017

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Those who smoke currently, for example last 30 days, either daily or occasionally.
Daily smoker	Those who smoke on a daily basis.
Occasional smoker	Those who smoke currently, but not on a daily basis.
Former smoker	Those who smoke in the past, for example more than 30 days ago, either on a daily basis or occasionally.
Never smoker	Those who never smoke in their lifetime.

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

Tobacco smoking reduced from 23% to 18% among 15 years and above population (Source: GATS 2009 and 2017).

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking to- bacco products in prevalence data)
MALES - current smokers ¹	15	24	15
MALES - current smokers ¹	25	44	44
MALES - current smokers ¹	45	64	46
MALES - current smokers ¹	65	85	36
FEMALES - current smokers ¹	15	24	0
FEMALES - current smokers ¹	25	44	0
FEMALES - current smokers ¹	45	64	2
FEMALES - current smokers ¹	65	85	6
TOTAL (males and females) - current smokers ¹	15	24	7
TOTAL (males and females) - current smokers ¹	25	44	21
TOTAL (males and females) - current smokers ¹	45	64	25
TOTAL (males and females) - current smokers ¹	65	85	22

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Common forms: Cigarettes, biris/bidis (hand-rolled), New products (still rare, but increasing among youth): E-cigarettes/ENDS, Vapor, HTPs Rare forms (traditional): Hukkahs (water-pipe), dhabas (a sort of bamboo pipe). Rare forms (others): Roll your own cigarettes, pipes, cigars, water-pipes,

Please indicate the year of the data used to answer question B12:

2017

Please indicate the source of the data used to answer question B12:

Global Adult Tobacco Survey Bangladesh Report

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available. No available data

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	16.2
Daily users	14.0
Occasional users	2.2
Former users	2.1
Never users	81.7

Females

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	24.8
Daily users	23.2
Occasional users	1.6
Former users	1.6
Never users	73.6

TOTAL (males and females)

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	20.2
Daily users	18.7
Occasional users	1.9
Former users	1.9
Never users	77.5

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Most common forms: Chew

betel quid with zarda (smashed tobacco) or betel quid with sadapata/alapata/tamak pata (dry tobacco leaf), [also mixed areca nut and other ingredients]. Common: Gul (tobacco powder used in gum) Rare: zarda with supari, pan masala with tobacco, khoinee.

Please indicate the age range to which the data used to answer question B13 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B13:

2017

Please indicate the source of the data used to answer question B13:

Global Adult Tobacco Survey Bangladesh Report 2017

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user	Those who use SLT currently, for example last 30 days, either daily or occasionally.
Daily user	Those who use SLT on a daily basis.
Occasional user	Those who use SLT currently, but not on a daily basis.
Former user	Those who use SLT in past, for example more than 30 days ago, either on a daily basis or occasionally.
Never user	Those who never use SLT in their lifetime.

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Smokeless tobacco use reduced from 27.2% to 20.6% among 15 years and above population (Source: GATS 2009 and 2017).

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking to- bacco products in prevalence data)
MALES - current smokers ²	15	24	4
MALES - current smokers ²	25	44	15
MALES - current smokers ²	45	64	28
MALES - current smokers ²	65	85	34
FEMALES - current smokers ²	15	24	4
FEMALES - current smokers ²	25	44	22
FEMALES - current smokers ²	45	64	50
FEMALES - current smokers ²	65	85	62
TOTAL (males and females) - current smokers ²	15	24	4
TOTAL (males and females) - current smokers ²	25	44	18
TOTAL (males and females) - current smokers ²	45	64	38
TOTAL (males and females) - current smokers ²	65	100	47

Please indicate the smokeless tobacco products included in the answer to question B14:

Most common forms: Chew betel

quid with zarda (smashed tobacco) or betel quid with sadapata/alapata/tamak pata (dry tobacco leaf), [also mixed areca nut and other ingredients]. Common: Gul (tobacco powder used in gum) Rare: zarda with supari, pan masala with tobacco, khoinee.

Please indicate the year of the data used to answer question B14:

2017

Please indicate the source of the data used to answer question B14:

Global Adult Tobacco Survey Bangladesh Report 2017

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

No

available data

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13-15	4.0	5.9	
GIRLS - Current users ⁴	13-15	1.1	2.0	
TOTAL (boys and girls) - Current users ⁴	13-15	2.9	4.5	

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking forms: Most Common

Cigarettes, biris/bidis (hand-rolled), New products (rare, but increasing among

youth): E-cigarettes/ENDS, Vapor, HTPs Smokeless Tobacco forms: Most common:

Chew betel quid with zarda (smashed tobacco) or betel quid with

sadapata/alapata/tamak pata (dry tobacco leaf), [also mixed areca nut and other

ingredients]. Common: Gul (tobacco powder used in gum) Rare: zarda with supari,

pan masala with tobacco, khoinee.

Please indicate the year of the data used to answer question B16:

2013

Please indicate the source of the data used to answer question B16:

Global Youth Tobacco Survey (GYTS): Bangladesh report, 2013. New Delhi: WHO-SEARO, 2015.

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

"current smoking" those smoke currently, for example last 30 days, daily or occasionally. "current tobacco user" those use SLT currently, for example last 30 days, daily or occasionally.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

Percentage of tobacco use were 6.9% remain same in 2007 and 2013 among 13-15 years. However, among boys, tobacco use increased from 9.1% in 2007 to 9.2% in 2013 and among girls, tobacco use reduced 5.1% in 2007 to 2.8% in 2013.

Source: Global Youth Tobacco Survey (GYTS): Bangladesh report, 2013. New Delhi: WHO-SEARO, 2015.

Please attach the relevant documentation.

Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Males	15+		0.5		
ADULT POPULATION - Females	15+		0.0		
ADULT POPULATION - Total (males and females)			0.4		

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Workplace: 48.2% male and 19.2% female (Table 6.2, GATS 2017 report)

Home: 41.8% male and 36.5% female (Table 6.1, GATS 2017 report) Public

Transport: 31.0% male and 16.1% female (Table 6.3., GATS 2017 report)

Please indicate the year of the data used to answer question B21:

2017

Please indicate the source of the data used to answer question B21:

Global Adult Tobacco Survey Bangladesh Report 2017

Please attach the relevant documentation.

**GATS Bangladesh
2017_Standalone
FS_Scan of FI-
NAL_14 Aug 2018**

No comment

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Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

161200

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

1. Every year, more than 161200 of its

people are killed by tobacco-caused disease. (Source: The tobacco Atlas, Bangladesh Factsheet, American Cancer Society and Vital Strategies,

<https://files.tobaccoatlas.org/wp-content/uploads/pdf/bangladesh-country-facts-en.pdf>

2. Tobacco-attributable diseases caused nearly 126,000 deaths in 2018

accounting for 13.5% of all-cause deaths in the population. (Source: Faruque GM, Wadood SN, Ahmed M, Parven R, Huq I, Chowdhury SR. The economic cost of tobacco use in Bangladesh: A health cost approach. Bangladesh Cancer Society. February 23, 2019.

https://www.cancerresearchuk.org/sites/default/files/tat004_factsheet_proactt_final_print.pdf)

Please indicate the year of the data used to answer question B32 and 33:

2018

Please indicate the source of the data used to answer questions B32 and B33:

The Tobacco Atlas 2018 and The economic cost of tobacco use in Bangladesh: A health cost approach 2018

Please submit a copy of the study you refer to:

The Tobacco Atlas - Bangladesh Factsheet	No comment	File type "pdf"
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Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Total health cost attributable to tobacco use and exposure to secondhand smoke BDT 305.6 Billion (US\$ 1 = BDT 85). Due to tobacco use, direct cost is BDT 82.0 billion & indirect cost is BDT 182.4 billion. Due to SHS, direct cost is BDT 2.0 billion & indirect cost is BDT 39.3 billion. Method of estimation: 1. Direct cost: Private out-of-pocket expenditure for inpatient and outpatient services used for the treatment of tobacco-related illnesses and public health care system costs. 2. Indirect costs: The loss of productivity and income due to disability and premature mortality caused by tobacco-related illnesses.

Please indicate the year of the data used to answer question B42:

2018

Please indicate the source of the data used to answer question B42:

Faruque GM, Wadood SN, Ahmed M, Parven R, Huq I, Chowdhury SR. The economic cost of tobacco use in Bangladesh: A health cost approach. Bangladesh Cancer Society. February 23, 2019. https://www.cancerresearchuk.org/sites/default/files/tat004_factsheet_project_final_print.pdf

Please submit a copy of the study you refer to:

**The economic
cost of tobacco
use in Bangla-
desh: A health
cost approach.
Bangladesh
Cancer Society.
February 23,
2019**

No comment

File type
"pdf"

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

Product	Unit (e.g. pieces, tonnes)	Domestic pro- duction	Retail sales	Exports	Imports
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Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Please indicate the year of the data used to answer question B51 and 52:

Please indicate the source of the data used to answer questions B51 and B52:

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
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Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

Please indicate the source of the data used to answer questions in section B6:

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✔

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

Please indicate the year of the data used to answer questions in section B7:

2009

Please indicate the source of the data used to answer questions in section B7:

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	Yes
Combination of specific and ad valorem taxes	No
More complex structure (please explain below)	Yes

If a more complex structure of taxes (*please explain*):

Tier-based tax system for cigarettes, different tax system for bidi, smokeless tobacco.

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Cigarette-Low (Local brand)	SD + VAT + Health Development Surcharge (HDS)	52 + 15 + 1	Retail price
Smoking tobacco products	Cigarette-Low (International brand))	SD + VAT + HDS	55 + 15 + 1	Retail price
Smoking tobacco products	Cigarette-High	SD + VAT + HDS	63 + 15 + 1	Retail price
Smoking tobacco products	Cigarette-Premium	SD + VAT + HDS	65 + 15 + 1	Retail price
Smoking tobacco products	Bidi with filter (20 stick)	SD + VAT + HDS	35 + 15 + 1	Tariff value (12.00)
Smoking tobacco products	Bidi with filter (10 stick)	SD + VAT + HDS	35 + 15 + 1	Tariff value (6.00)
Smoking tobacco products	Bidi without filter (25 stick)	SD + VAT + HDS	30 + 15 + 1	Tariff value (12.50)
Smoking tobacco products	Bidi without filter (12 stick)	SD + VAT + HDS	30 + 15 + 1	Tariff value (6.00)
Smokeless tobacco products	Bidi without filter (8 stick)	SD + VAT + HDS	30 + 15 + 1	Tariff value (4.00)
Smokeless tobacco products	Zarda	SD + VAT + HDS	100 + 15 + 1	Ex-factory price
Smokeless tobacco products	Gul	SD + VAT + HDS	100 + 15 + 1	Ex-factory price
Other tobacco products	Tobacco, unmanufactured	Export Duty	10	
Other tobacco products	Tobacco, manufactured	Export Duty	25	

Other tobacco products	E- Cigarette and its refill	Import duty: Customs Duty + SD	25 + 100
Other tobacco products	All tobacco Products	Corporate/Income tax + Additional Surcharge on net yearly income (newly imposed)	45 + 2.5

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No

Please indicate the year of the data used to answer questions B81 to B86:

2017

Please indicate the source of the data used to answer questions B81 to B86:

National Board of Revenue Data 2017-2018

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
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Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
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Please indicate the year of the data used to answer question B91:

Please indicate the source of the data used to answer question B91:

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

No ✘

Have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?

Yes ✔

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

National Tobacco Control Cell (NTCC) founded in 2007 as main functional unit of the government of Bangladesh on tobacco control, under the Health Services Division of the Ministry of Health and Family Welfare. NTCC coordinate with all concerned government (such as different ministries) and non-government organizations (including all in-country BI partners and grantees) through National Taskforce, other inter-ministerial committee and coordination meeting etc. NTCC also organized quarterly meetings in which all concerned stakeholders are working on tobacco control attended and shared their activities and plan.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

MOHFW has amended the tobacco control law with the compliance and priorities of FCTC. Smokeless tobacco and pictorial health warning has been included in the law. A draft National strategic plan of action for tobacco control 2014-19 has been developed, which is yet to approve by the ministry. National Tobacco Control Cell (NTCC), MOHFW has conducted a number of workshops at administrative divisions and districts. Conducting capacity building training for the district taskforce committee members, conducted workshop for Executive Magistrates and other Authorized Officers on law enforcement. A model district and a model upazilla (sub-district) for Tobacco Advertising, Promotion and Sponsorship (TAPS) ban has been piloted. Tobacco-Free Hospital has been piloted in 4 Hospitals (at district and upazilla level).

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

No ✘

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✘

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

No progress has made. Only draft guideline is prepared.

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✔

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?to-ken=6m25ycznxhui9w4&lang=en> (<https://extranet.who.int/dataform/655321?to-ken=6m25ycznxhui9w4&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

No ✘

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

No ✘

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

No ✘

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✔

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	Yes
other measures (please specify in C223 below)	No

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Smoking and Tobacco Products Usage (Control) Act 2005 was passed and Rules notified in 2006. This law further amended in 2013 and Rules notified in 2015. This law banned smoking in many public places and public transports. Public place defined as: "educational institutions, Government, Semi-Government and non-government offices, officers of autonomous body, libraries, elevators, indoor workplaces, hospitals and clinics, court buildings, airport buildings, sea-port buildings, river-port buildings, railway station buildings, bus terminal buildings, ferry, cinema hall, exhibition center, covered showing place, theatre hall, shopping buildings, restaurants (covered and closed), public toilet, children park, fair and festivals or queue to get in the public transports, any other public places used by public or any or all places by the general or special order on time to time, by the Government, or local government. {2(cha), Definition of Public Places}; Public transport defined as: "motor car, bus, train, tram, ship, launch, all kinds of mechanized public transport, aircraft and any other transport determined or declared by the Government by notification in the Official Gazette" {2(chha), Definition of Public Places}. Smoking in public places and public vehicles is treated as punishable offence and the punishment is up to 300 taka (equal to US\$3.75).

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Owner/Caretaker/Controlling person or Manager are legally obligated to ensure smoke free environment and display no-smoking signage in public place or transport under their jurisdiction. Minimum size, font and background color of written warning message in the no-smoking signage are mentioned in the law. If owner/caretaker/controlling person or manager are failed to ensure smoke free environment and do not display 'no-smoking signage', they can be fined up to BDT 1000 Taka (US\$12) for first time and punishment will increase for every violation.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Partial
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Partial
private workplaces	Partial
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

100% smoke free: Education Institutes, Inside libraries, elevators, hospitals and clinic buildings, inside exhibition center, inside covered showing place, inside of theater hall, restaurants (covered and closed), children park, single room/compartment public transport, single room restaurants (covered and closed), covered sports and practice ground etc. Partial smoke free: Government, Semi-Government and non-government offices, officers of autonomous body, indoor workplaces, court buildings, airport buildings, sea-port buildings, river-port buildings, railway station buildings, terminal buildings, ferry, cinema hall, shopping buildings, restaurants (covered and closed), public toilet, fair and festivals or queue to get in the public transports, any other public places used by public or any or all places by the general or special order on time to time, by the Government, or local government. {2(cha), Definition of Public Places};

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Partial
ferries	Partial
ground public transport (buses, trolleybuses, trams)	Partial
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Partial
private vehicles	None
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

single room/compartment public transport (such as bus)

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Partial
shopping malls	Partial
pubs and bars	None
nightclubs	None
restaurants	Partial
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

100%

smoke free: Education Institutes, Inside libraries, elevators, hospitals and clinic buildings, inside exhibition center, inside covered showing place, inside of theater hall, restaurants (covered and closed), children park, single room/compartment public transport, single room restaurants (covered and closed), covered sports and practice ground etc. Partial smoke free: Government, Semi-Government and non-government offices, officers of autonomous body, indoor workplaces, court buildings, airport buildings, sea-port buildings, river-port buildings, railway station buildings, terminal buildings, ferry, cinema hall, shopping buildings, restaurants (covered and closed), public toilet, fair and festivals or queue to get in the public transports, any other public places used by public or any or all places by the general or special order on time to time, by the Government, or local government. {2(cha), Definition of Public Places};

Banning tobacco smoking in public transport

Complete ban/100% smoke free: single room/compartment public transport (such as bus) Partial ban: Smoke free transport, but designated smoking area (DSA) is allowed with some conditions in more than one compartment transport (such as train).

Banning tobacco smoking in indoor public places

Complete ban: 100% smoke free public places, such as libraries, elevators, hospitals and clinics, cinema hall, exhibition center, covered showing place, theatre hall, children park, etc. Partial ban: Smoke free public places, but designated smoking area (DSA) is allowed with some conditions in more than one room (such as shopping center).

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

N/A

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en> (<https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

No ✘

testing and measuring the emissions of tobacco products?

No ✘

regulating the contents of tobacco products?

No

regulating the emissions of tobacco products?

No

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No <input checked="" type="checkbox"/>
emissions of tobacco products?	No <input checked="" type="checkbox"/>

requiring public disclosure of information about the:

contents of tobacco products?	No <input checked="" type="checkbox"/>
emissions of tobacco products?	No <input checked="" type="checkbox"/>

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

In the amended tobacco control law 2013 article 11 only provide obligation to the importer of tobacco product to give information of ingredients of this imported products

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✔

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✔

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✔

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

- constituents of tobacco products? No
 - emissions of tobacco products? No
-

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en> (<https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en>)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
 - Other
-

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
 - gender
 - educational background
 - cultural background
 - socioeconomic status
 - other (please specify)
 - Other
-

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
 - health risks of exposure to tobacco smoke?
 - benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
 - adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
- community workers?
- social workers?
- media professionals?
- educators?
- decision-makers?
- administrators?
- other (please specify)
- Other

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

No ✕

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
- contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?
cross-border advertising, promotion and sponsorship originating from your territory?
the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✘

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✘

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✔

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en> (<https://extranet.who.int/dataform/655321?token=6m25ycznxhui9w4&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

No ✘

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
 - programmes specially designed for underage girls and young women?
 - programmes specially designed for women?
 - programmes specially designed for pregnant women?
 - telephone quitlines?
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
 - other (please specify)?
 - Other
-

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

educational institutions?
 health-care facilities?
 workplaces?
 sporting environments?
 other (please specify)?
 Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

tobacco control?
 health?
 education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

No ✘

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

medical?
 dental?
 nursing?
 pharmacy?
 Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

No ✘

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes ✓

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✗

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No ✗

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

No

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

No

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

No

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

No

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

No

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

No

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

No

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

No ✗

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

No ✗

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

No ✗

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
- to minors?

prohibiting the sale of cigarettes individually or in small packets?

No ✗

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	No
tobacco workers?	No
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Bank will provide soft loan to the tobacco grower for growing alternatives crops. Bangladesh Bank has instructed all the commercial banks to follow this provision of the existing tobacco control law

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	No

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	No

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

Not applicable

Do you have any general civil liability provisions that could apply to tobacco control?

Not applicable

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

No

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social and economic indicators related to tobacco consumption?
 - tobacco use among women, with special regard to pregnant women?
 - the determinants and consequences of exposure to tobacco smoke?
 - identification of effective programmes for the treatment of tobacco dependence?
 - identification of alternative livelihoods?
 - Other
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

No ✕

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Global Adult Tobacco Survey

2009 and 2017 and NCD Risk Factor Survey 2010 Global Youth Tobacco Survey 2013

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

regional and global exchange of publicly available national:

scientific, technical, socioeconomic, commercial and legal information?
 information on the practices of the tobacco industry?
 information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
 pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, sub-regional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	No
Assistance received	No

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

NTCC Coordinator Mr. Khairul Alam Sheikh attended two programs on TAPS issues in India and Nepal in 2019

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented 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?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

(a) Effective enforcement of existing law: Smoke free, TAPS ban, sale to and by minor & GHW (b) Finalize and approval of National Tobacco Control Program to utilize Surcharge;

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✔

Please provide details in the space below.

Government revenue budget for tobacco control is not all sufficient for proper implementation of Tobacco Control Law. Awareness about the law among public and many officers of administration in field level and law enforcing agencies is also minimal. Utilization of Health Development Surcharge through National Tobacco Control Program is important. Procedure for approval of National Tobacco Control Policy and Tobacco Cultivation Control Policy.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

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