

Brief Profile on Tobacco Control in Nepal



Government of Nepal
Ministry of Health and Population

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Foreword by H.E. Umakant Chaudhary Minister for Health and Population Nepal

Tobacco use affects the health of men and women and particularly mothers and children. The most economically productive age groups are affected by the consumption of tobacco products. It causes diseases, disability and death, and is the single largest preventable cause of death in the South-East Asia Region and the world. As the countries have undergone epidemiological transition, chronic noncommunicable diseases caused by tobacco are rapidly overtaking the more traditional causes of mortality. Member States of the WHO South-East Asia Region have been striving hard to control the tobacco epidemic, which is a global threat to public health. However, tobacco control in the Region remains a complex task as it involves socioeconomic and cultural dimensions. It is highly appreciated that WHO has been supporting the countries in their national efforts to reduce tobacco use.

The Government of Nepal is fully committed to the alleviation of poverty in the country. In Nepal, prevalence of smoking and tobacco use is 56.5% in men and 19.5% in women (NDHS, 2006), which is higher in comparison to other countries. Unfortunately, in Nepal tobacco use is found to be higher among the poor and illiterate sections of the population. It is, therefore, clear that measures to reduce the consumption of tobacco products will also contribute to poverty reduction as well as save people from untimely deaths. Overall, it will improve the quality of life.

Nepal, as a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC), has undertaken a number of tobacco control initiatives over the last decades. The Ministry of Health and Population (MoH&P) has drafted the Tobacco Control and Regulatory Bill 2010, which includes most of the important provisions of the Framework Convention, i.e. prohibition of smoking in public places, on public transport and in workplaces; ban on all forms of tobacco advertisement, promotion and sponsorship; pictorial health warnings in cigarette, *bidi* and other tobacco packets; prohibition of sale of tobacco to and by minors and pregnant women; establishment of a tobacco control and regulatory committee; establishment of a health tax fund, etc. The final version of this Bill is in Parliament for enactment.

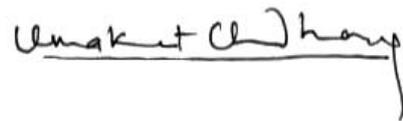
Similarly, MPOWER policy package of WHO has been taken as a roadmap for tobacco control activities in Nepal. Policy formulation, advocacy, awareness with behaviour change and training activities have been conducted by the

Nepal National Health Education, Information and Communication Center (NHEICC), which is the national focal point for tobacco control under the Ministry of Health and Population.

In this context, this brief profile presents vital information related to the tobacco control programme in Nepal. It has reviewed the country situation, evaluated the weaknesses and demonstrated the way forward, which will guide us to plan and implement the tobacco control activities in our country.

I hope this profile will serve as an evidence base for the tobacco control programme in Nepal and will assist in making policy decisions in the area of programme development and resource allocation. It will be equally useful and informative for development partners and stakeholders in providing the required support to the country for tobacco control.

Finally, I would like to acknowledge the support and cooperation of WHO in preparing this profile and expect that with the support of the organization the National Tobacco Control Programme of the MoH&P will make further advancements in the near future.



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Acknowledgements

The National Health Education, Information and Communication Centre, Ministry of Health and Population, Government of Nepal acknowledges the support of the World Health Organization, Country office for Nepal and Regional Office for South-East Asia, New Delhi, and the Centers for Disease Control and Prevention (CDC), Atlanta, for providing technical and financial support in developing and printing the document *Brief Profile on Tobacco Control in Nepal*.

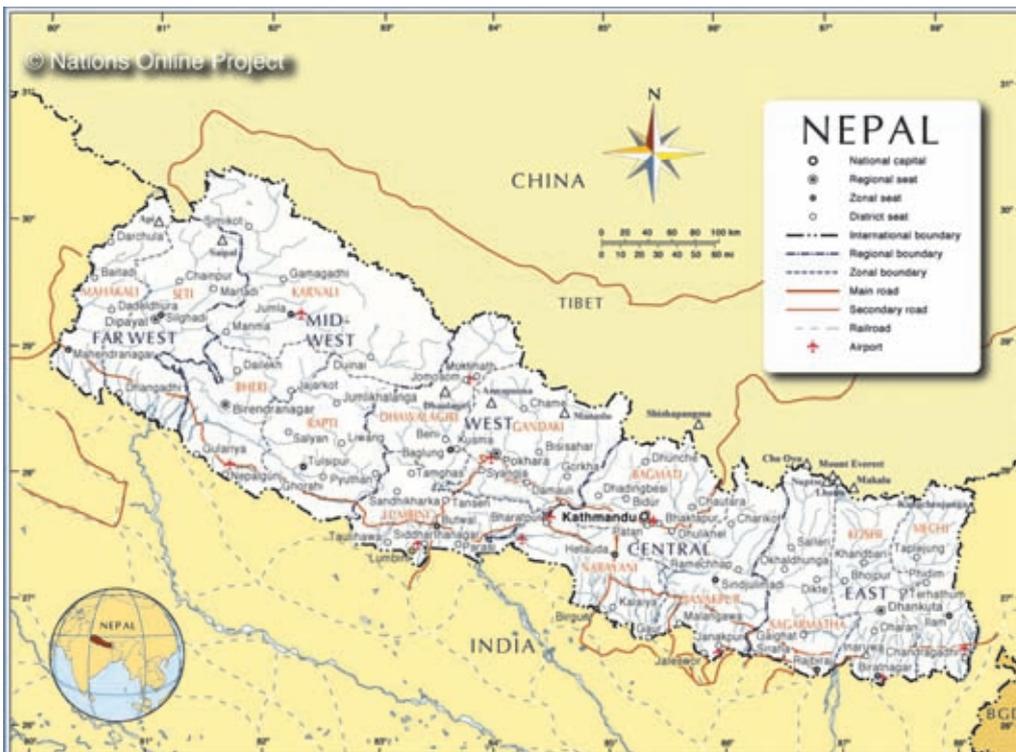
1. General information about Nepal

Nepal is situated in the South-East Asia Region and has a total land area of 147 181 square kilometres. Nepal is bounded by India on three sides and China's Xizang Autonomous Region (Tibet) to the north. West Bengal's narrow Siliguri Corridor or "Chicken's Neck" separates Nepal from Bangladesh. To the east lies Bhutan and India's Sikkim state.

Nepal has a population of approximately 30 million with a growth rate of 2.2%. Nepal's gross domestic product (GDP) for 2008 was estimated at over US\$ 12 billion (adjusted to nominal GDP). Agriculture employs 76% of the workforce, the services sector 18% and manufacturing/craft-based industries about 6%.

More than 80% of the people living in rural areas depend mostly on subsistence farming for their livelihood.

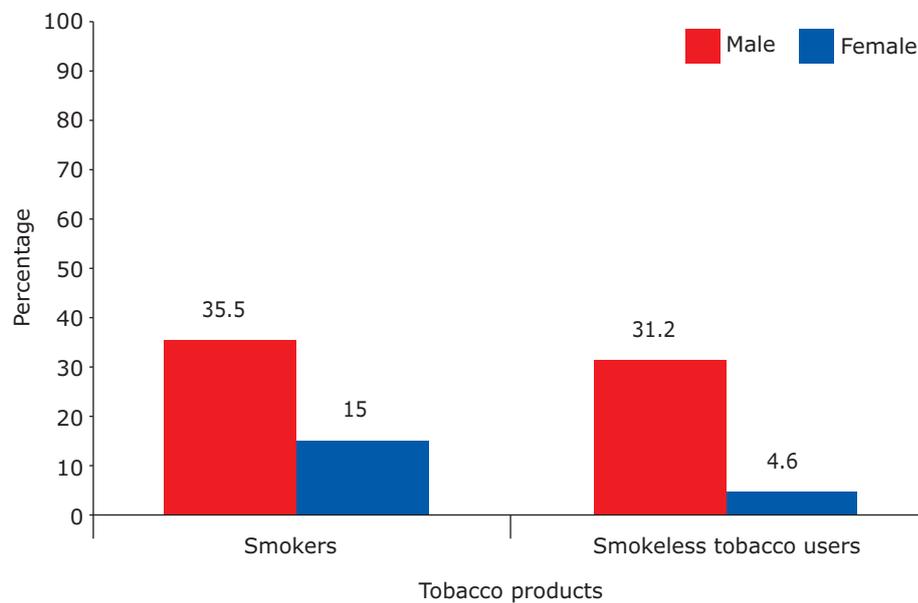
Tobacco leaf production is falling every year due to declining interest in tobacco farming. About 2491 tonnes of tobacco leaf were produced in 2009–2010 on 2534 hectares of land. Cigarette production was 9970 million sticks in 2006–2007, 10 710 million sticks in 2007–2008 and 11 130 million sticks in 2008–2009 (Ministry of Finance).



2. Tobacco use in Nepal

The World Health Organization’s (WHO) STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) was carried out in Nepal in 2007. The survey revealed that 35.5% of men and 15% of women smoked tobacco products and 31.2% of men and 4.6% of women used smokeless tobacco. The prevalence of smoking among adult females in Nepal is one of the highest in the WHO South-East Asia Region.

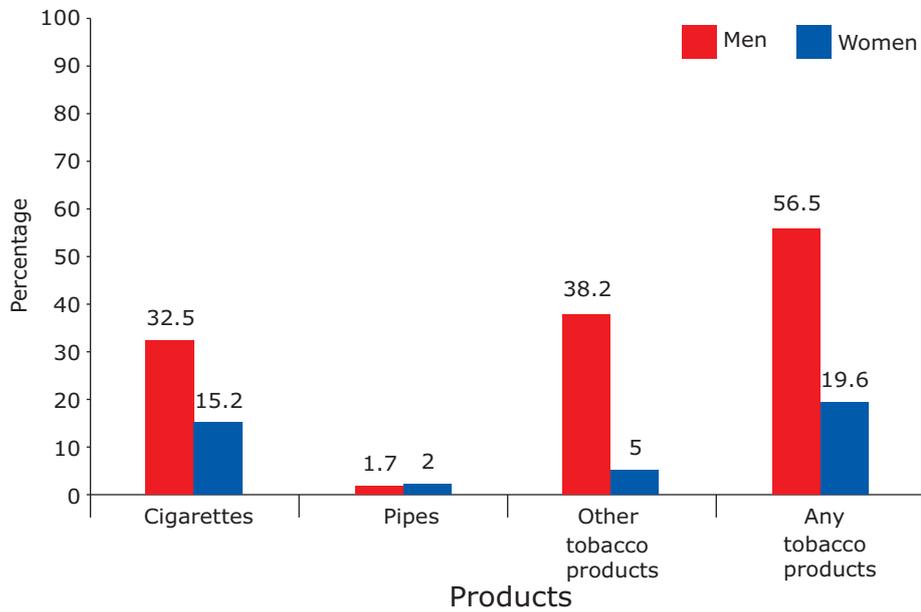
Figure 1: Prevalence of tobacco use among men and women aged 15–64 years, Nepal, 2007



Source: WHO STEPS Survey, 2007

The National Demographic Health Survey conducted in 2006 reveals that nearly one third of males (32.5%) in Nepal and while 15.2% of females smoke cigarettes. Nearly four in ten (38.2%) males use tobacco products other than cigarettes. Use of tobacco products other than cigarettes was reportedly low among females (5%).

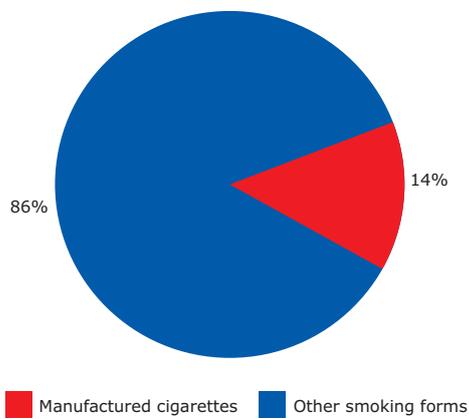
Figure 2: Prevalence of smoking of cigarettes, pipes and other tobacco products classified by men and women aged 15–49 in Nepal, NDHS, 2006



Source: National Demographic Health Survey 2006

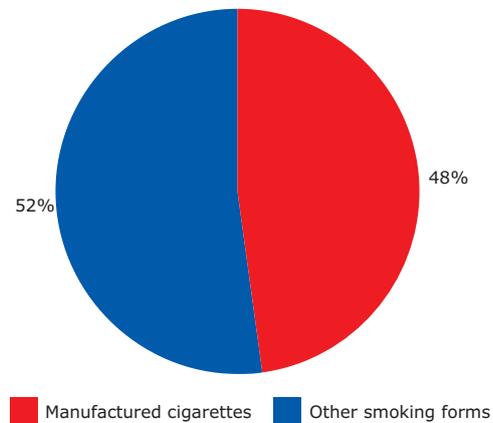
Among male daily smokers 85% smoke cigarettes while 46% smoke cigarettes among female smokers.

Figure 3: Smokers of manufactured cigarettes among daily smokers (men aged 15–64 years), Nepal, 2007



Source: WHO STEPS Survey, 2007

Figure 4: Smokers of manufactured cigarettes among daily smokers (women aged 15–64 years), Nepal, 2007



Source: WHO STEPS Survey, 2007

3. Types of tobacco products used in Nepal

Different varieties of tobacco products are used in Nepal in both smoking and smokeless forms. The smoking forms are cigarette, *bidi*, *hookah*, *sulfa* and *chillum* or *kankad*. The smokeless tobacco products include *surti* leaves, *khaini*, *gutkha* and *paan* with tobacco ingredients. The major chewing form of tobacco is *paan* with tobacco and is most popular in the Terai region. Dry tobacco-areca nut preparations such as *gutkha* and *paan masala* are popular in Nepal.

Smoking is often seen as a symbol of independence and a modern fashion statement among the urban population, especially urban women and young people. Among rural women, tobacco chewing is more socially acceptable than smoking, and among smokers *bidi* smoking is more popular than cigarette smoking.

Smoking forms



Cigarettes



Bidis

Smokeless forms



Khaini



Gutkha



Supari

Types of apparatus used for smoking tobacco



Hookah



Traditionally designed *hookah*



Coconut shell used for filling tobacco and water



4. Tobacco control in Nepal

The WHO Framework Convention on Tobacco Control (WHO FCTC) and Nepal

- Nepal signed the **WHO Framework Convention on Tobacco Control** (WHO FCTC) on 3 December 2003.
- Nepal ratified the WHO Framework Convention on 7 November 2006.

Tobacco Control Bill

- A draft Tobacco Control and Regulatory Bill 2010 is under consideration in Parliament. The Bill incorporates most of the provisions of the WHO FCTC.

Tobacco control efforts

- The Council of Ministers of the Government of Nepal passed an Executive Order in 1992 and 2010 on tobacco-free initiatives such as the implementation of health warnings on tobacco products; prohibition of smoking in public places, workplaces and on public transport; collecting health tax from tobacco industries for the treatment of diseases caused by tobacco use; allocation of funds to disseminate information and conduct education and communication activities on the harmful effects of tobacco use; and enforce a ban on tobacco advertisements through hoardings.
- A Supreme Court verdict and the Council of Ministers have directed the Ministry of Health and Population to release the Tobacco Control Directive and implement the Executive Order.
- The government, non-government and private sectors are involved in tobacco control.
- The Ministry of Finance, Ministry of Information and Communication and Ministry of Education are also involved in tobacco control.
- Advertisement in the electronic media was banned in 1998 through an Executive Order of the Council of Ministers.
- The National Health Education, Information and Communication Centre (NHEICC), as the National Focal Point for Tobacco Control under the Ministry of Health and Population, has been carrying out policy and legislation formulation, strategy development, training, various IEC activities, and advocacy and awareness-raising workshops on tobacco-related issues, including regular commemoration of World No Tobacco Day (WNTD). Such activities are carried out up to the community level.

- The government levies excise tax on tobacco products every year and on import and customs duty for international brands of tobacco products. However, tax increases every year are not consistent. Uniform taxation on all types of tobacco products is absent.
- Advocacy of the MPOWER policy package with health personnel, relevant partners, stakeholders, ministries and institutions have been initiated by NHEICC (the national focal point for tobacco control).
- Members of the legislative body under the Constituent Assembly of Nepal and other relevant stakeholders have been sensitized about the need for tobacco control legislation in the country.
- Nepal has been cooperating with regional and global tobacco control networks in 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 Smoking and Tobacco Control and Regulatory Committee has been formed under the chairmanship of the Secretary of the Ministry of Health and Population.
- The committee comprises members from relevant government ministries, WHO, NGOs and civil society.
- The Tobacco Control and Regulatory Directive, 2010 was approved by the Minister for Health and Population on 6 July 2010 to be submitted to the Council of Ministers for final approval. Most of the provisions of the Act, except penalty and punishment, have been incorporated in the Directive.



The WHO Representative to Nepal, Dr Lin Aung, addressing an event on World No Tobacco Day 2010



National Workshop on MPOWER Policy Package for Effective Implementation of Tobacco Control Programme, Kathmandu, 22–23 October, 2009

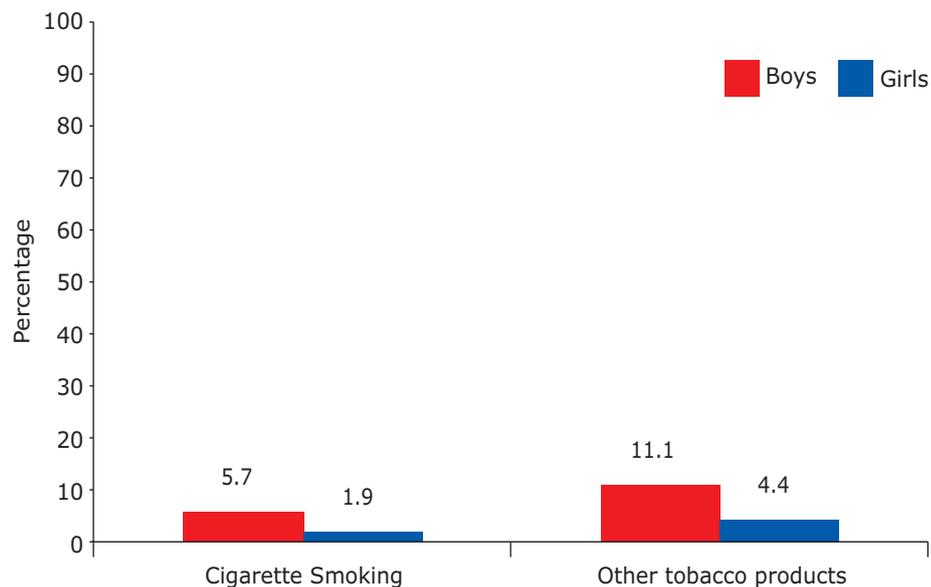
5. Nepal and the global tobacco surveillance system

Nepal has been participating actively in the Global Tobacco Surveillance System (GTSS) and has conducted the Global Youth Tobacco Surveys, Global School Personnel Surveys, and Global Health Professions Students' Survey.

Global Youth Tobacco Survey (GYTS) 2007

The Global Youth Tobacco Survey (GYTS) is a comprehensive cross-sectional survey of students in the age group of 13–15 years using a global standard protocol. This was conducted in sampled high schools (49 secondary schools) in 2007 using the same standard protocol. GYTS 2007 revealed that boys (5.7%) were significantly more likely than girls (1.9%) to smoke cigarettes and 11.1% of boys and 4.4% of girls used other tobacco products.

Figure 5: Prevalence of current tobacco use among school students, classified by tobacco products and sex, Nepal, 2007

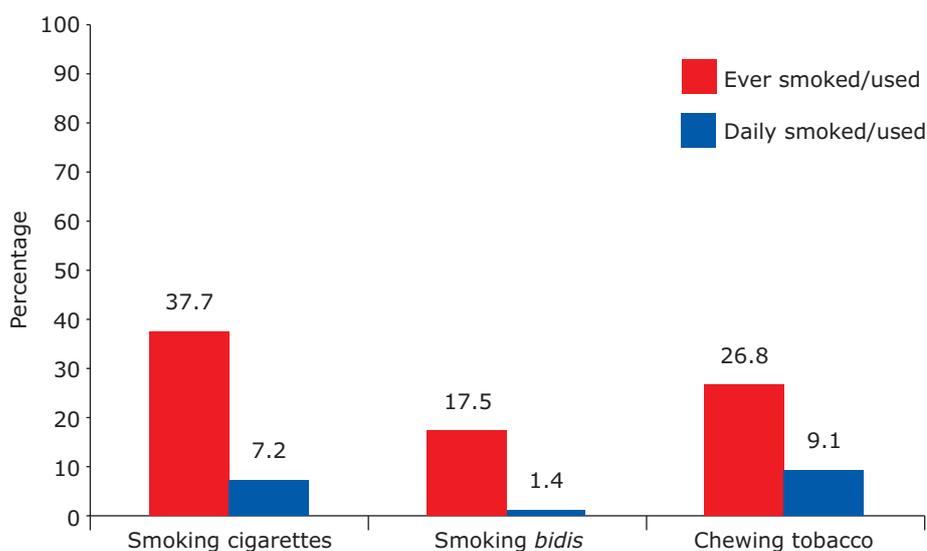


Source: GYTS, 2007

Global School Personnel Survey (GSPS) 2007

In 2007 the Global School Personnel Survey (GSPS) was carried out in schools in Nepal that had been selected for the GYTS. All school personnel in these schools were eligible to participate. The survey showed that nearly four out of every ten school personnel are ever smokers, nearly two in ten have ever smoked *bidis*, and nearly three in ten have ever chewed tobacco.

Figure 6: Prevalence of tobacco use among school personnel, classified by tobacco products, Nepal, 2007

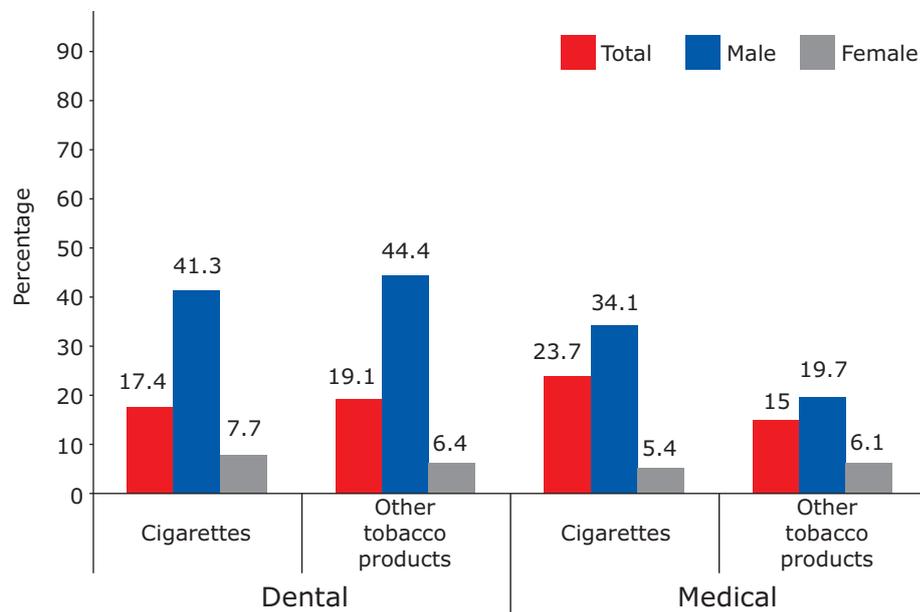


Source: GSPS, 2007

Global Health Professions Students' Survey (GHPSS) 2006

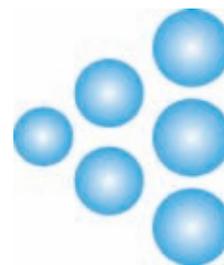
The Global Health Professions Students' Survey (GHPSS) was conducted among 434 third-year students of three dental and five medical schools in 2006. The survey revealed that nearly two in ten dental (17.4%) and medical (23.7%) students were current cigarette smokers. Also, nearly two in ten dental (19.1%) and medical (15.0%) students used other tobacco products such as *khaini*, *gutkha*, *paan masala with zarda*, or *paan with zarda*.

Figure 7: Tobacco use among third-year medical and dental students, classified by tobacco products and sex, Nepal, 2006



Source: GHPSS, 2006

6. MPOWER policy package in Nepal



MPOWER is a policy package to reverse the tobacco epidemic:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising and promotion
- **R**aise taxes on tobacco products.

The NHEICC as the national focal point for tobacco control is implementing its activities in line with the six policies recommended in the *WHO Report on the Global Tobacco Epidemic 2008*.



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Monitoring tobacco use

Country situation and activities

The following surveys have been conducted and initiatives taken in Nepal to monitor the use of tobacco:

- Nepal Demographic and Health Survey, 2006.
- The Global Youth Tobacco Survey (GYTS) in the Central Development Region (CDR) of Nepal, 2001.
- The Global Youth Tobacco Survey (GYTS) in the Far Western Development Region (FWDR) of Nepal, 2003.
- The Global Youth Tobacco Survey (GYTS) and the Global School Personnel Survey (GSPS) conducted on a national sample, 2007.
- The Global Health Professions Students' Survey (GHPSS) involving medical and dental students, 2006.
- The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS), 2007.
- The WHO Framework Convention on Tobacco Control reporting instrument: first WHO FCTC reporting form was submitted in 2006.
- The Global Tobacco Control Report (GTCR), issued yearly since 2006.

Among all these surveys, the components of GTSS have been periodically repeated.

Weakness

- Limited resources for surveillance and research.

The way forward

- To continue with the conduct of periodic surveys under the auspices of the Global Tobacco Surveillance System (GTSS).
- Implement the plan to conduct the Global Adult Tobacco Survey (GATS) in the near future.
- To continue with the NCD STEPS survey.
- To actively participate in the annual Global Tobacco Control Report (GTCR).
- To comply with the WHO FCTC reporting instrument to the Framework Convention Secretariat.



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Protecting people from tobacco use

Country situation and activities

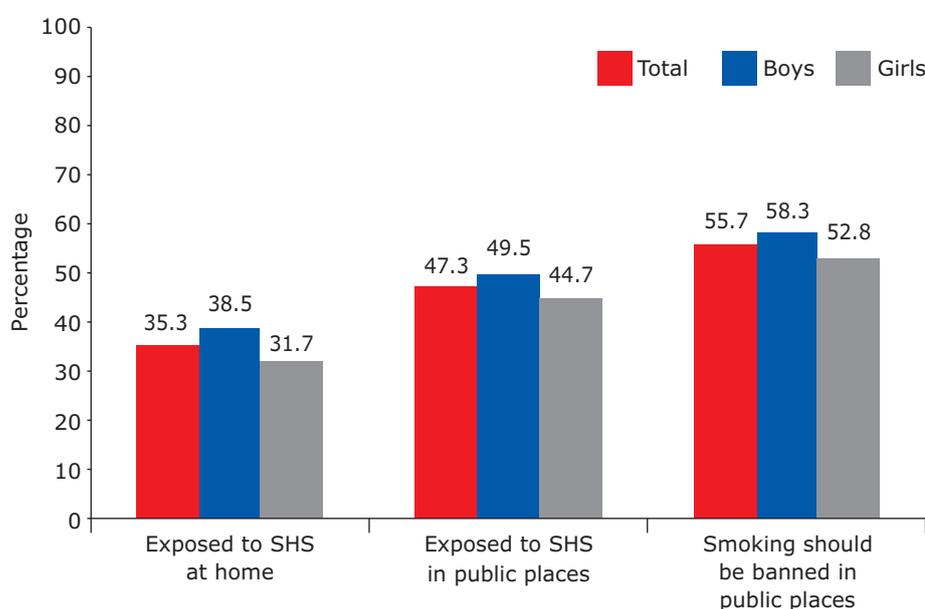
The following initiatives have been taken to protect the people from second-hand smoke (SHS):

- The draft Tobacco Control and Regulatory Bill 2010 contains a prohibition on smoking in public places, on public transport and in certain workplaces.
- Smoking has been banned in public places by the Supreme Court verdict of 2006 and 2009 and the same has been implemented.
- The Council of Ministers took a decision in May 1992 and in April 2010 to ban smoking in the following places:
 - The Secretariat of the Council of Ministers, including the meeting halls of the Council of Ministers, all ministries, departments, offices as well as government-owned corporations, organizations, teaching institutes, hospitals, health centres and health facilities.
 - Cinema halls, theatres, public buildings, buses, trolley buses, mini-buses, etc. and all means of public transport including domestic flights.
 - Workplaces of industries and factories.
 - Public places and during public programmes.

- According to the *WHO Report on the Global Tobacco Epidemic 2009*, there is moderate compliance of the smoke-free policies in the country.

According to the GYTS 2007, nearly four out of every ten boys and three out of every ten girls reported that they had been exposed to second-hand smoke (SHS) at home. Nearly half of the boys and nearly two out of five girls reported that they had been exposed to second-hand smoke in public places.

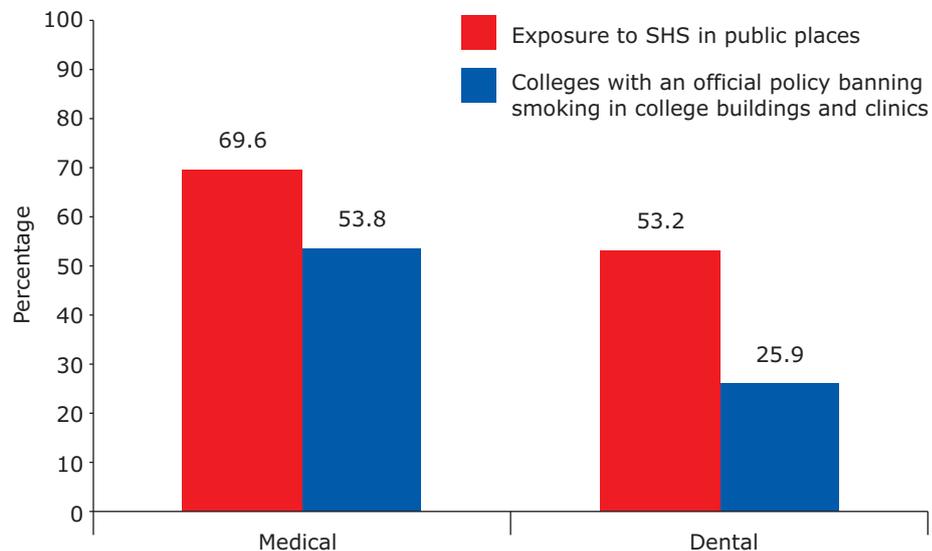
Figure 8: Percentage of students aged 13–15 years exposed to SHS, classified by place and sex, and attitudes on the ban on smoking in public places, Nepal, 2007



Source: GYTS, 2007

Nearly seven out of ten medical students and over five out of ten dental students were exposed to SHS in public places.

Figure 9: Percentage of health professional students exposed to SHS in Nepal, 2006



Source: GHPS, 2006

Weakness

- The smoke-free legislation is in draft form.
- Poor degree of advocacy on the importance of having smoke-free environments.

The way forward

- The draft Tobacco Control and Regulatory Bill 2010 should be passed by Parliament.
- The enforcement mechanism on smoke-free policies should be strengthened subsequent to the passing of the tobacco control legislation.

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Offering help to quit tobacco use

Country situation and activities

The following activities have been conducted to offer cessation help to tobacco users:

- Tobacco cessation clinics in some of the health-care facilities.
- A tobacco "Quit line" has been established in the Nepal Cancer Relief Society.



- Health professionals provide advice to patients during their visits to health institutions to quit smoking and tobacco use.
- Nicotine replacement therapy (NRT) available on prescription in pharmacies.

- Nine out of ten 10 current cigarette smoking school students and more than six out of ten medical students want to quit.
- Their teachers, however, are not trained to help them quit or provide them cessation services.
- Only one in ten dental students and two in ten medical students have had formal cessation training.

- A Practical Approach to Lung Health (PAL) pilot project carried out in Nepal between mid-2007 and mid-2008 under the initiative of the WHO Tobacco Free Initiative and WHO Stop TB.
 - The implementation of the PAL pilot project provided an opportunity for enhanced tobacco control through tobacco counselling and cessation activities among smokers suffering from tuberculosis, asthma, acute respiratory infections (ARI) and chronic obstructive pulmonary disease (COPD).
 - PAL provides the opportunity for primary health-care facilities to operate as smoke-free environments; creates awareness on the consequences of exposure to SHS among both smokers and non-smokers; and provides the opportunity for training of health personnel on tobacco counselling and cessation activities.
 - As many as 146 health staff have been trained from 25 health facilities (district health offices, hospitals, primary health-care centres and health posts of the pilot districts, including the National Tuberculosis Centre) under the PAL pilot project.

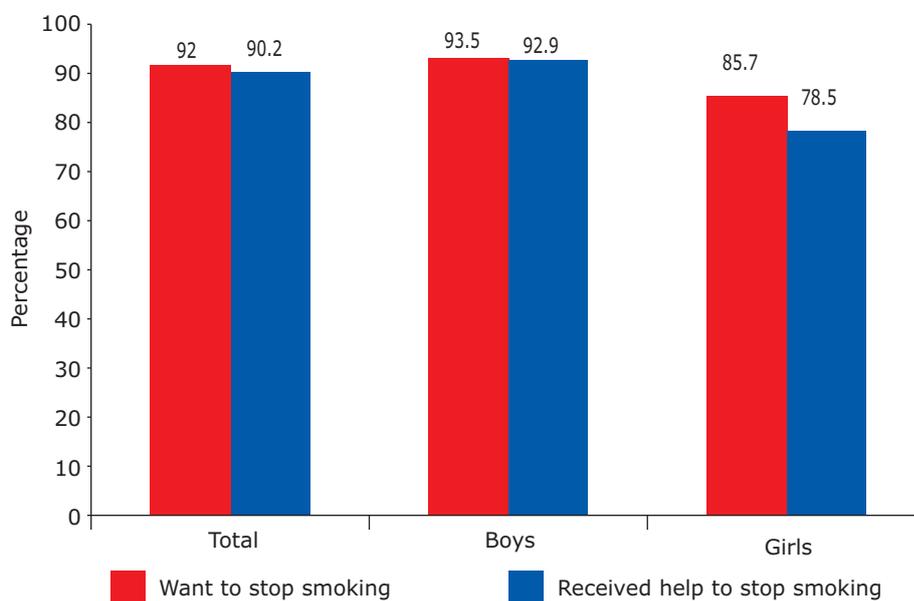


Implementation of PAL at a primary health-care centre



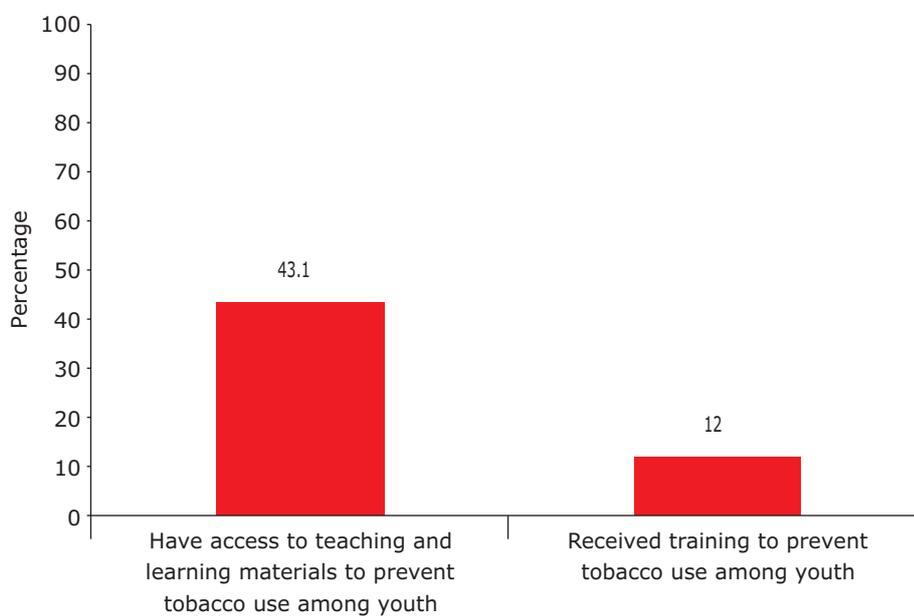
A PAL training activity session

Figure 10: Desire to quit and receipt of help to stop smoking among current cigarette smoking school students, Nepal, 2007



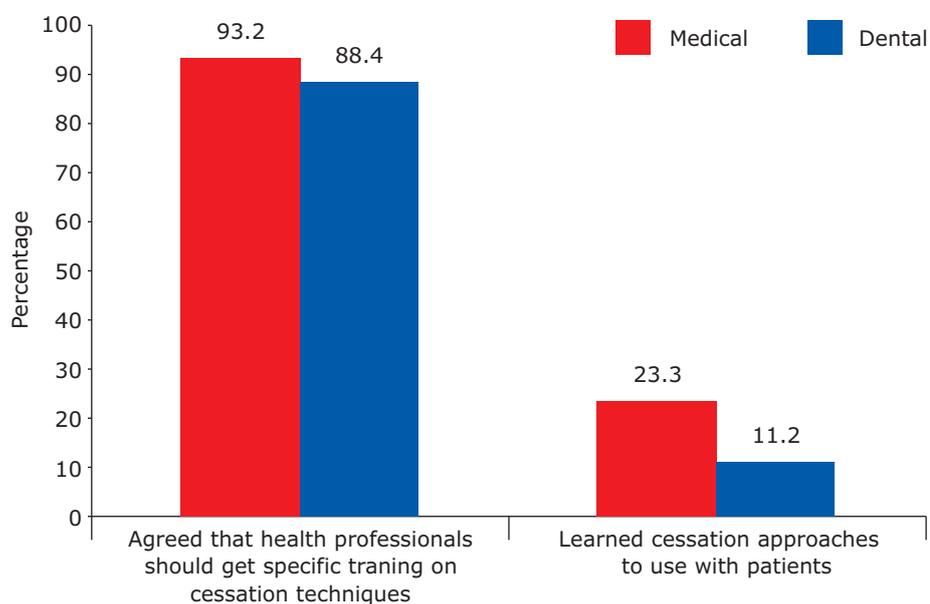
Source: GYTS, 2007

Figure 11: Formal training among school personnel to prevent youth tobacco use, Nepal, 2007



Source: GYTS, 2007

Figure 12: Formal cessation training among health professional students, Nepal, 2006



Source: GHPSS, 2006

Weakness

- Training of health personnel on cessation not adequate.
- Tobacco cessation support activities are not widely available or conducted.
- Toll-free telephone quit line/helpline with a staff available to discuss cessation with callers is not widely available.
- Bupropion, the pharmacotherapy agent, is not available in the country.

The way forward

- Training of an adequate number of different cadre of health professionals on tobacco cessation and counselling techniques.
- Continued implementation of PAL in the pilot districts and phase-wise expansion of PAL in other districts of the country.
- Enhancement of accessibility, availability and affordability of NRT and bupropion.
- Establishment of more quit lines for smokers who want to quit.
- Establishment of counselling clinics at hospitals and health centres.
- The draft Tobacco Control and Regulatory Bill 2010 should be passed by Parliament.



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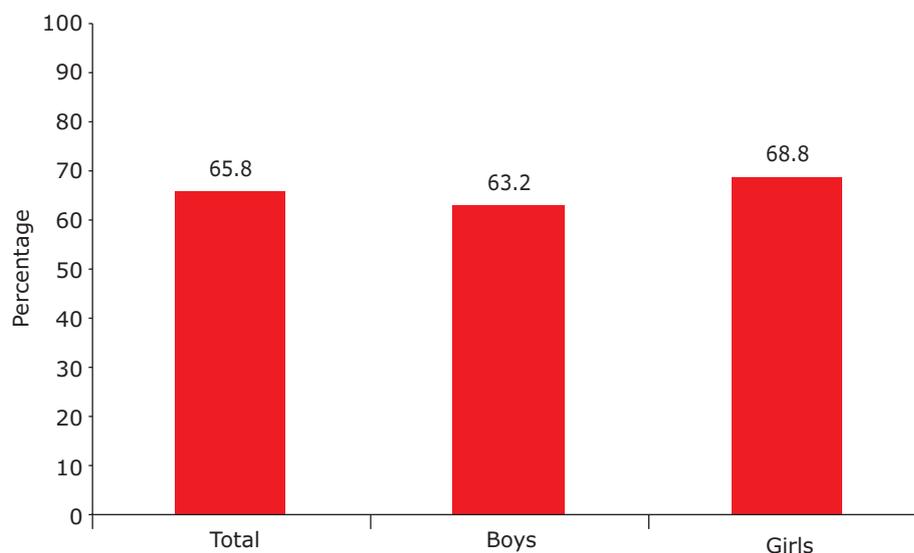
Warning about the dangers of tobacco

Country situation and activities

The following measures have been put in place and carried out to warn people about the harmful consequences of tobacco use:

- Statutory general health warning, such as “smoking is injurious to health” exists in text only.
- According to the draft legislation, all tobacco products and their packaging would have a provision for health warnings with pictorials covering 75% of the total surface area of the outer side of the package.
- Educational and awareness activities on the harmful effects of tobacco use and health warnings have been disseminated through the mass media, including radio, television, FM and print media and through channels of interpersonal communication. Interactive activities at the community level are ongoing.
- School textbooks include content about the harmful effects of smoking and tobacco use.

Figure 13: Percentage of students aged 13–15 years who have been taught about the dangers of smoking, Nepal, 2007



Source: GYTS, 2007

Weakness

- No specific graphic/pictorial health warnings on cigarette, *bidi* and *khaini* packets.
- No specific textual health warnings on tobacco packages.

The way forward

- The draft Tobacco Control and Regulatory Bill 2010 should be passed by Parliament.
- The draft Tobacco Control and Regulatory Bill 2010 should ensure that the legislation on tobacco health warnings is in accordance with Article 11 of the WHO Framework Convention and the guidelines for its implementation.
- Regulation of/notification that pictorial health warnings should cover 50% or more, or at least 30% of the principal display areas of packages of cigarettes, bidis, cigars and other smoking and smokeless forms of tobacco products.
- The school education curriculum needs to include the issue of harm from tobacco use.

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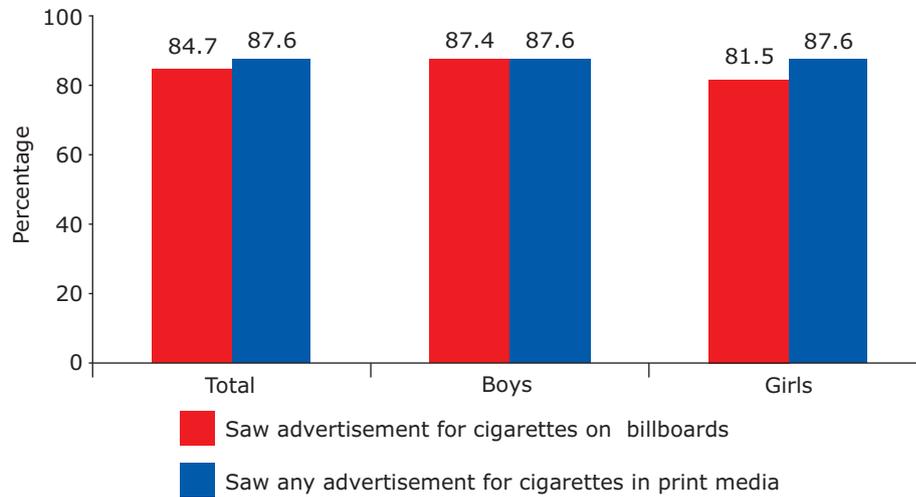
Enforcing bans on tobacco advertising and promotions

Country situation and activities

The following measures have endeavoured to enforce bans on tobacco advertising, promotion and sponsorship:

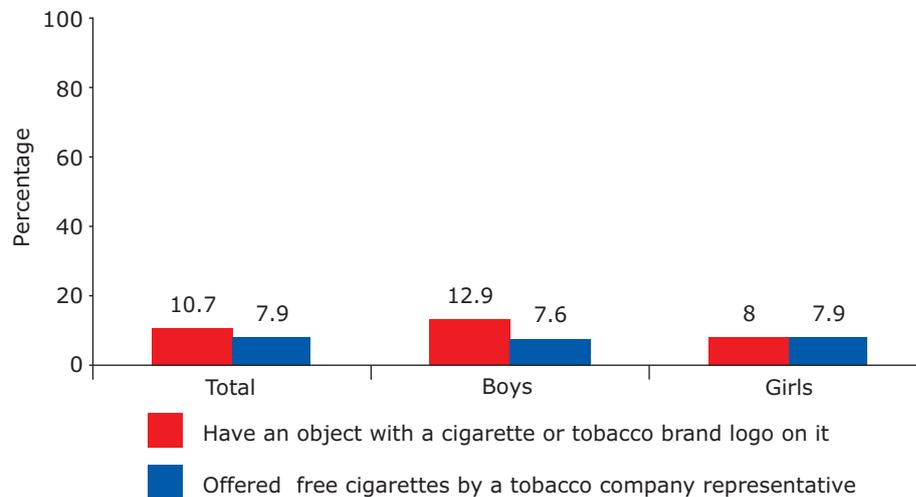
- Nepal has complete ban enforced on direct advertising of tobacco on national television and radio.
- The draft Tobacco Control and Regulatory Bill 2010 has provisions for a ban on tobacco advertising, promotion and sponsorship.
- Ban on advertisements on hoardings by an Executive Order of March 2010.
- Ban advertisements of tobacco products in any media through the Supreme Court verdict of 2006 and 2009 that has been implemented.

Figure 14: School students aged 13–15 years exposed to tobacco advertisements on billboards and print media, classified by sex, Nepal, 2007



Source: GYTS, 2007

Figure 15: School students aged 13–15 years exposed to indirect promotions by the tobacco industry, classified by sex, Nepal, 2007



Source: GYTS, 2007

Weakness

- No comprehensive legislation to ban tobacco advertisements, promotion and sponsorships on all media.
- Ban on tobacco advertisements, promotion and sponsorship through the Executive Order and the Supreme Court verdict has also not been implemented effectively due to lack of penalty and penal provisions for those who violate the order.

The way forward

- Draft Tobacco Control and Regulatory Bill 2010 should be passed by Parliament as soon as possible.
- Legislation entailing a comprehensive ban on all forms of tobacco advertising promotion and sponsorship should be in place.
- Enforcement mechanism should be strengthened subsequent to the passing of the tobacco control legislation.
- A mechanism should be put in place to prohibit advertisements from international TV and radio (broadcast from abroad including satellite).

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Raising taxes on tobacco products

Country situation and activities

The following levies and fiscal measures have been imposed to raise taxes on tobacco products:

- Nepal was the first country in the South-East Asia Region to impose a dedicated levy on tobacco products as a health tax. The levy is being used for tobacco control activities and treatment of cancer and other tobacco-related diseases (GYTS Report). Most (75%) of the fund is used for treatment of tobacco-related diseases.
- The government levies excise tax on tobacco products every year.
- Taxation on cigarettes is 25% of the retail price (2008).
- Tax has been enforced on all types of cigarettes, cigars, *bidis*, piped tobacco, and smokeless tobacco products, e.g. *zarda*, *khaini (nus)*, and on imported cigarettes, e.g. cigars, cheroots and cigarillos.
- A recommendation has been made recently by the Secretary, Ministry of Health and Population, to the Ministry of Finance to

increase the excise tax on tobacco products to more than 66% of the retail price, to levy a tax as health tax and enforce the provision on pictorial health warnings during his Budget Speech for the fiscal year 2010–2011.

Weakness

- The tax on *bidis* is very low.
- There is lack of uniform taxation on all types of tobacco products.
- Tax hikes every year on tobacco products are not consistent.
- Funds released from the Ministry of Finance under the name “Health Tax Fund” is used mostly for treatment of tobacco-related diseases. It should be used for tobacco control instead, for best public health results.
- Nepal has no prohibition or restriction on sales to and/or importations by international travellers of tax- and duty-free tobacco products.

The way forward

- Draft Tobacco Control and Regulatory Bill 2010 should be passed by Parliament as soon as possible.
- The Health Tax Fund should be reestablished through the Tobacco Control Regulatory Act 2010.
- Uniform taxation should be imposed on all types of tobacco products.
- There should be enhanced level of advocacy on raising tax on tobacco products.
- There should be integration of tobacco control initiatives with the national poverty alleviation programmes.

7. Conclusion

The National Health Education, Information and Communication Centre (NHEICC) under the Ministry of Health and Population has been conducting, as the national focal point for tobacco control, policy and legislation formulation activity at the central level, as well as various educational, training and awareness activities in the media and among communities to prevent and control tobacco use. The draft Tobacco Control and Regulatory Bill 2010 of Nepal is under consideration in Parliament for approval. The NHEICC/MoHP, tobacco control advocates, several NGOs and civil society should make unrelenting efforts to get the Bill passed and enacted as soon as possible. The subsequent rules/notifications must address a comprehensive ban on tobacco advertisement, promotion and sponsorship, implement smoke-free policies and incorporate all the other Articles of the WHO Framework Convention.

There is a high prevalence of tobacco use among school students, health professional students and school personnel in Nepal. Nearly 5 in 10 school students are exposed to second-hand smoke in public places and the tobacco industry continues to target the youth through widespread advertisement, promotion and sponsorship. There are no specific graphic or pictorial health warnings on tobacco packages and tobacco products are easily accessible to minors. Anti-tobacco activities should therefore be geared up to include a special focus on youth, and also to reduce the consumption of smokeless tobacco products in particular. The interventions must be broad-based, with components directed to both prevention, control and cessation of tobacco use.

Legislation and rules and policy should be established for the prevention and the control of tobacco use in the communities, particularly in schools, with effective enforcement of the same and school personnel should be trained on the prevention of tobacco use among school students.

Multisectoral efforts are needed for effective implementation of the WHO Framework Convention and in order to monitor the key indicators of the MPOWER policy package through the periodic conduct of different surveys under the GTSS.

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