

FCTC 2030 STRATEGY: NEPAL

1. INTRODUCTION AND CONTEXT

Introduction

Tobacco kills more than 7 million people every year globally. If tobacco control actions are not intensified, by 2030, this figure will rise to more than 8 million deaths. Of these deaths, 8 out of 10 deaths will be from low and middle- income countries. Tobacco is a threat to development. It has negative impact on social and economic wellbeing and environment. It costs households and governments over US\$1.4 trillion through healthcare expenditure and loss of productivity and is a major risk factor for the four main non-communicable diseases (NCDs); cardiovascular disease, cancer, chronic respiratory disease and diabetes.

Tobacco control can help achieve sustainable development goals. Tobacco control can accelerate poverty alleviation efforts, tackle hunger, address gender equality, support clean water and sanitation, bring positive economic growth, reduce inequalities and support other SDG targets. It is for the first time that tobacco control is included in the Sustainable development goals. Strengthening implementation of World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is reflected in SDG 3a as a key element to achieve sustainable development goals. The WHO FCTC is the first international treaty adopted by the World Health Assembly in 2003 which entered into force in 2005 to respond to the global tobacco epidemic. The objective of the WHO FCTC is to protect present and future generations from the devastating health, social, environmental, economic consequences of exposure to tobacco and its consumption. Tobacco control is central to social, economic and environmental agenda. WHO is calling on countries to prioritize and accelerate tobacco control efforts as part of their responses to the 2030 Agenda for Sustainable Development. This strategy is developed to harmonize the global priorities effectively into the national priorities based on the country's context.

Context

Nepal signed the WHO FCTC on 3rd December 2003, and ratified on 7th November 2006 and became a Party to the WHO FCTC on February 5, 2007. Based on the WHO FCTC, the government has enacted law and procedural documents aiming at tobacco control. The Tobacco Product (Control and Regulatory) Act 2011 is the primary law governing tobacco control in Nepal. The Tobacco Product (Control and Regulatory) Act 2011, The Tobacco Product (Control and Regulatory) Regulations 2012, Tobacco Product (Control and Regulatory)

Directives 2014, and the Directives for Printing and Labelling of Warning Message and Picture in the Box, Packet, Wrapper, Carton, Parcel and Packaging of Tobacco Product, 2011 (Amendment 2014) covers most of the articles of FCTC.

In Nepal, nearly one in two men consumes some form of tobacco products. One in three men are current smokers. 2 out of 5 people are exposed to second hand smoke at home and at workplace. The WHO Report on the Global Tobacco Epidemic, 2015 revealed that tobacco consumption in Nepal is high and that of youth is exceptionally high. The NCD Risk Factors STEPS Survey Nepal, 2013 reports 18.5% of adults over 15 years of age (27% men, 10.3% women) in Nepal are current smokers. 22% males and 9.6% females smoke daily. 26.9% male and 10.1% female currently smoke cigarettes. 22% males and 9 % females smoke cigarettes daily. A similar proportion 17.8% (31% male and 4.8% female) use smokeless tobacco. A total of 30.8% people aged 15 years and above use tobacco in Nepal.

According to Global Youth Tobacco Survey 2011, 20.4 % youths (24.6% males and 16.4% females) are current tobacco users. About 9.0% currently use any smoked tobacco products (11.4% males and 6.5% females). About 3.1% (5.5% males and 0.8% females) are current cigarette smokers. According to the Global School Health Survey 2015, 7.2% (9.5% male, 4.8% female) are current tobacco users. 5% (6.8% male, 3 % female) are current cigarette smokers. As a result, there are a higher age-standardized death rates and disability-adjusted life years from NCDs than communicable diseases (CDs). One fourth of the population (one third in 55 and above age) has hypertension and 15% have diabetes, 7% have chronic respiratory diseases and 8,000-10,000 new cancer patients annually. Similarly, the NCDs account for more than 80% of outpatient. Among outpatient visits: Chronic obstructive pulmonary diseases (COPD) is at 43%, cardiovascular disease 40% diabetes mellitus (12%) and cancer (5%). The NCDs account for more than 60% of deaths in Nepal. Tobacco attributable deaths in Nepal are 11% (15% male and 2% female). Therefore, there is an urgent need to maximize the tobacco control initiatives by focusing the strategic attention more into execution of existing policy, strategy and national plans.

Policy Initiatives

In the recent years, major efforts by the Ministry of Health have emphasized on tax and non-tax following measures on tobacco control:

- **Monitoring tobacco use:** GYTS, GSPS GHPSS and GSHS have been conducted on regular basis through WHO support and WHO Steps Survey is another milestone.
- **Protection-Smoke free public places:** The law bans using all tobacco products and smoking in public places, workplaces and public transportations.

- **Offer quit to tobacco users- a brief intervention:** At the primary health care level of few districts, Nepal has adopted the brief intervention (5 A's approach) to support tobacco users to quit. This intervention is included in the Package of Essential Noncommunicable Diseases (PEN) interventions since January 2017.
- **Warn dangers of tobacco use-Pictorial Warning and Messages:** Nepal's Current provision of 90% of the coverage of tobacco product packet with pictorial health warnings and messages, effective from 15 May 2015 is largest pictorial warning messages in the world and got global award
- **Enforce tobacco advertisement, promotion and sponsorship:** The law prohibits any forms of advertisement, promotion and sponsorship in any media is in place and well complied
- **Raising tobacco tax:** A total tax of 26.3 % of the retail price of the most popular brand of cigarette is levied in Nepal. Recently the government has announced an increase in tobacco tax and its reached to approximately 27%.
- **Tobacco control campaigns for raising awareness:** Nepal conducts a national tobacco control mass media campaign such as radio, Television, print at regular intervals to raise public awareness on the dangers of tobacco use.
- **Sales of tobacco products:** The government of Nepal introduced the provision of designated shops which have obtained license for sale of tobacco products effective March 15, 2017

All tobacco control measures implemented in Nepal contribute to the full implementation of the WHO FCTC, thus also advancing the achievement of target 3a under SDG3. There are opportunities for Nepal such as the High level political commitment, National focal point of tobacco control within MoH, Public Awareness on harmful use of tobacco products, active CSOs and strong legislative measures. However, the findings of the needs assessment for the implementation of WHO FCTC in Nepal indicate that the tobacco control activities need to be further strengthened and existing policy; strategy and plans must be properly designed and implemented.

Key components of the strategy

Ministry of Health (MoH), Government of Nepal (GoN) in line with the need assessment recommendations, will strongly advocate executing the existing policies, acts and plans from 2017. The focus of this strategy will be on strengthening the execution of existing policy, strategy and plans related to:

- Creation of a functional national multisectoral coordinating mechanism for tobacco control that focuses largely on:
 - Strengthening legislation and policy environment (strategy, planning and execution);
 - Use of tax to finance development innovations

- Strict enforcement of legal provisions on tobacco control
 - Protection of people from exposure to tobacco smoke (smoke free public places, work places and public transportations and households too)
 - Ban on sales to and by minors
 - Increase in tobacco taxes (tobacco taxes in Nepal tends to be the smallest in the South-East Asian region) Higher tax can contribute to less demand and revenue generation;
 - Effective enforcement and implementation of packaging and labeling for moving toward plain packaging
 - Comprehensive ban of Tobacco advertising, promotion and sponsorship including ban display of tobacco products at the point of sale
- Create supportive environment for tobacco free generation
- Comprehensive system to provide tobacco cessation support to public
- Preventing interference of tobacco industry in policy development and implementation
- Integrating tobacco control as the priority agenda in other health and non-health initiatives
- Introducing tobacco control elements into school and university curricula to maximize knowledge, awareness and skills
- Engagement of civil society in enforcing tobacco control law
- Strong media engagement for advocacy and enforcement of laws and regulations and enhance awareness on danger of tobacco use

2. IMPACT

Reduced prevalence of tobacco use in the longer term in Nepal.

3. OUTCOME

The overall outcome of the project is the strengthened implementation of the WHO Framework Convention on Tobacco Control in Nepal.

4. NATIONAL STRATEGIC PRIORITIES FOR WHO FCTC IMPLEMENTATION

a. National Tobacco Control strategy and development planning (Art. 5.1)

Outputs:

- National multisectoral tobacco control strategy developed and implemented
- Inclusion of WHO FCTC into national development plans (such as SDGs and UNDFs) where appropriate

- Inclusion of WHO FCTC into next WHO CCS (2018-2022)

Processes:

- Draft of multisectoral national tobacco control strategy prepared in consultation with multisectoral partners, technical experts and in coordination with National Planning Commission (NPC)
- National consultation workshop for review and finalization of the draft National Tobacco Control Strategy undertaken
- Stakeholder meeting to develop vision for tobacco free generation in Nepal
- Role of different stakeholders in strategy implementation defined
- Strategy approved, implemented and monitored
- Dissemination workshops for National Strategy undertaken with stakeholders
- Stakeholders and policy makers sensitized on importance of tobacco control for achieving SDGs
- Consultative meetings and technical support undertaken to facilitate WHO CCS development process
- Consultative meetings and technical support undertaken to facilitate incorporation of WHO FCTC implementation in Nepal's SDG plans and indicators

b. National multisectoral coordination for FCTC implementation (Art. 5.2a)

Outputs:

- Steering committee on NCD prevention and control headed by Chief Secretary and National Implementation Committee on NCD prevention and control headed by health secretary will act as high-level national multisectoral coordination committee for NCD prevention and control at federal level.
- Tobacco product control and regulation committee headed by Health Secretary will also be active in multisectoral coordination for tobacco control. Sub-committee on tobacco product control and regulation established to involve all levels of government (federal, province and local level-metropolitan city, sub-metropolitan city, municipality and rural municipality) and be focused on WHO FCTC implementation.
- Tobacco product control and regulation committee and sub-committee meeting conducted

Processes:

- Advocacy to review and update objectives, terms of reference, membership with defined roles and arrangements for (i) steering and implementation committee for NCD

prevention and control (ii) tobacco control and regulation committee and sub-committee. Terms of references to include provision of policy advice

- Meetings of (i) steering committee and implementation committee for NCD prevention and control (ii) tobacco product control and regulation committee and sub-committee to take place on a regular basis, as defined in terms of reference
- Role and importance of (i) steering and implementation committee for NCD prevention and control (ii) tobacco product control and regulation committee and sub-committee promoted across government
- Advocacy meeting with NPC and Ministry of Federal Affairs and Local Development to encourage leverage multisectoral partnership for FCTC implementation (by using the existing multisectoral nutrition plan platform and other related networks)
- Capacity building and orientation on the WHO FCTC for (i) steering and implementation committee for NCD prevention and control, (ii) tobacco product control and regulation committee and sub-committee and (iii) key line Ministries (MoF, MoIC, MoFALD, MoHA, MoT and MoE including NPC)
- Advocacy for activities related to WHO FCTC implementation to be included in Line Ministries Annual Work Plan Budget (AWPB)

c. Legislation and policy environment (Art. 5.2b)

Outputs:

- Compliance building and enforcement of tobacco control laws
- Policy consideration for new amendment of tobacco control law relating to (i) retail display of tobacco, (ii) age of sale of tobacco, (iii) tobacco packaging including plain packaging and (iv) sale of tobacco through the internet (v) increase fine and penalties provisions in some articles of law, (vi) management of confiscated tobacco products, (vii) prohibition of manufacture, import and sale of some tobacco products and other necessary amendments
- Capacity of parliamentarians to advance FCTC implementation built
- Illicit trade protocol submitted for ratification

Processes:

- Public awareness generated to gain public support for tobacco control law
- Compliance building and enforcement plan for tobacco legislation developed and implemented

- Compliance building activities with businesses sector through relevant government mechanism undertaken
- Capacity built for compliance and enforcement, including for all provinces and local levels
- Media engagement to highlight enforcement of tobacco law
- Review of tobacco control laws undertaken
- Consultation with Ministry of Commerce and other relevant ministry for possible new laws drafted relating to (i) retail display of tobacco and (ii) age of sale of tobacco
- Capacity building program for parliamentarians designed and implemented
- Advocacy for the ratification of illicit trade protocol conducted

d. Protection from tobacco industry interference (Art. 5.3)

Outputs:

- WHO FCTC implementation protected from tobacco industry interference

Processes:

- Comprehensive directive on Article 5.3, including a code of conduct, drafted and consultation undertaken
- Steering committee for NCD prevention to consider options to implement Article 5.3 across government, including maximizing transparency on interactions with tobacco industry
- Inter-ministerial representatives encouraged to play an active role in tobacco product control and regulation committee and sub-committee meetings
- Enforce Article 5.3 code of conduct
- Civil society, media and academics encouraged to monitor the activities of the tobacco industry

e. Raising tobacco taxes and innovative financing for development (Art. 6)

Outputs:

- Tobacco taxes for all tobacco products strengthened in line with WHO FCTC Article 6 guidelines
- Budget of Health Tax Fund utilized for WHO FCTC Implementation

Processes:

- Investment case undertaken
- Tobacco tax situation analysis undertaken
- Case for tobacco taxation developed by MoH with support from technical experts
- Initiate preparation of roadmap for strengthening tobacco taxes in partnership with MoF
- Capacity building and advocacy for policy makers on tobacco taxation, including advocacy workshop
- Advocacy within government for full implementation of tobacco tax fund undertaken

f. Smoke-free policies (Art. 8)

Outputs:

- Strengthen compliance with existing smokefree law

Processes:

- Advocacy workshops and consultative meetings with key Line Ministries, parliamentarians, mayors, local representatives and media on compliance building and monitoring of smokefree law implementation at all levels
- Compliance building activities undertaken with private sectors and other relevant actors to promote smokefree public places, including partnership with hotel and restaurants association
- Capacity building for tobacco inspectors, police and enforcement agencies undertaken on compliance and enforcement of smokefree law
- Production of “no smoking” signage, for distribution at district-level
- Monitoring of law enforcement and compliance undertaken to assess rates of implementation and enforcement, including air quality monitoring

g. Packaging and labelling (Art. 11)

Outputs:

- Strengthen compliance with existing law on tobacco packaging and labelling
- Policy consideration for new tobacco control laws relating to (i) retail display of tobacco and (ii) tobacco packaging including plain packaging

Processes:

- Consultations with relevant Line Ministries to promote full compliance with requirements for pictorial health warnings
- Policy considerations undertaken relating to (i) retail display of tobacco and (ii) tobacco packaging including plain packaging
- Develop amendment draft of tobacco control laws on relevant topics
- Undertake research in Nepal relevant to policy making on tobacco packaging
- Engage civil society and undertake advocacy for strong tobacco laws among parliamentarians and general public

h. Education, communication, training and public awareness (Art. 12a)

Outputs:

- Communications strategy developed and campaigns implemented to raise awareness of risks of tobacco use and to build compliance with tobacco control law

Processes:

- Stakeholder mapping undertaken to identify partners
- Research undertaken to inform development of effective communications
- Communication strategy developed in partnership with MoIC and other relevant stakeholders
- Public awareness campaigns on smoking and smokeless tobacco themes including secondhand smoke, benefits of quitting and compliance with tobacco laws, using print and electronic media
- Integrate tobacco messages in relevant ongoing programs and campaigns (including Mero Barsa 2074).
- Develop the testimonials and personal stories of real people for use in communications

i. Education, communication, training and public awareness (Art. 12b)

Outputs:

- Civil society network build to support WHO FCTC implementation (in accordance with Art. 4.7)

Processes:

- Enhanced cooperation by the MoH with wide range of stakeholders to promote WHO FCTC implementation, including civil society, schools, business and development partners
- Build alliance of partners to promote FCTC implementation and undertake health promotion activities
- Incorporate advocacy strategy in communication strategy to promote WHO FCTC implementation developed, including use of social media
- Civil society consulted during the development of tobacco control strategies and policies

j. Tobacco advertising, promotion and sponsorship (Art. 13)

Outputs:

- Strengthen and sustain compliance with law on tobacco advertising, promotion and sponsorship (TAPS)
- Policy considerations undertaken relating to the sale of tobacco through the internet

Processes

- Situation analysis of TAPS in Nepal
- Policy review of TAPS law in Nepal, including (i) the practice of indirect TAPS from tobacco industry and (ii) trends in the use of internet for TAPS, and develop policy proposals
- Work in partnership with MoIC to develop media guide on TAPS for media channels
- Reinforce TAPS law through capacity building, advocacy and promotion of enforcement through local level government
- Encourage civil society and local level government to conduct media monitoring of tobacco issues

k. Cessation (Art. 14)

Outputs:

- Tobacco cessation program developed and implemented, with integration into primary health and care system

Processes:

- Capacity development and technical assistance received
- National cessation plan drafted and implemented, to include integration into primary healthcare and exploration of m-cessation
- Guideline for brief advice developed and implemented
- Mobile app developed and disseminated to support cessation by individuals
- Quit line established/identified and implemented
- Initiate making availability of NRT through essential drug list of health system
- Inclusion of brief advice into specialized services relating to co-morbidities including TB and HIV

I. Sales to and by minors (Art. 16)

Outputs:

- Strengthen compliance with existing law on age of sale of tobacco
- Policy consideration for new tobacco control laws relating to age of sale of tobacco

Processes:

- Policy considerations undertaken relating to age of sale of tobacco
- Reinforce age of sale law through capacity building, advocacy and promotion of enforcement

m. Alternative livelihoods (Art. 17)

Outputs:

- Tobacco farmers encouraged to shift to growing alternative crops

Processes:

- Situation analysis undertaken including consultations with tobacco farmers
- Conduct study on alternative livelihoods in Nepal
- Capacity building on Articles 17 and 18 undertaken for (i) steering committee for NCD prevention and (ii) tobacco control and regulation sub-committee
- Coordination with Ministry of Agriculture Development

- Awareness raising activities on the harms from tobacco growing and the benefits of alternative livelihoods undertaken with stakeholders

n. Research, surveillance and the exchange of information (Art. 20)

Outputs:

- Surveillance of tobacco use by adults and youth strengthened
- Research to inform and promote WHO FCTC implementation promoted

Processes:

- Undertake regular surveillance of tobacco use to produce representative and periodic data for both adults (GATS) and youth (GYTS, GSPPS, GSHS, GHPSS,)
- Promote studies addressing all forms of tobacco use, including determinants and consequences, prevalence rates, exposure to secondhand smoke (including in public places, work places and public transport)
- Involve NHRC and academic institutions in the process
- Promote studies to investigate the effectiveness of tobacco control interventions
- Apply research findings and surveillance to tobacco control policy making and implementation

o. Cooperation (Art. 22)

Outputs:

- Experience and evidence on FCTC implementation exchanged

Processes:

- Involvement in South-South and Triangular cooperation

5. National Health Education, Information and Communication Center/MoH will prepare and implement country work plan based on this strategy to achieve outputs and outcomes.

Annex

FURTHER DETAILS OF FCTC 2030 STRATEGY FOR NEPAL BY WHO FCTC ARTICLE

National Tobacco Control strategy and development planning (Art. 5.1)

In fulfilling the requirements under Art.5.1, MoH will primarily give attention to developing a multi sector partnership and coordination mechanisms and execution of sectoral plans and their specific responsibilities agreed by sectors. MoH has integrated the tobacco control initiatives in the Multisectoral Action Plan on NCD 2014-20, Nepal Health Sector Program III 2015 as well as the recently launched Mero Barsa 2074 (My Year 2074) Campaign to reduce the NCD burden in Nepal. The strategy will seek support from other sectors to harmonize tobacco related activities into their existing plans and programs.

National multisectoral coordination for FCTC implementation (Art. 5.2a)

Key sectors and actors beyond health will be identified, coordinated and engaged as part of the broader national multisectoral coordination and subnational level actors will also be mobilized as appropriate under the current changed governance structure. Similarly, private sector engagement and civil society leadership role will also be identified and their network mobilized. There will be effort in advocating the amendment of current health tax fund rule for effective tobacco control measures. MoH will work closely with NPC for coordination and collaboration with key line ministries.

Legislation and policy environment (Art. 5.2b)

There are systems issues, barriers and gaps in executing the existing legislation and policy on tobacco control. Therefore, clear roles, responsibilities and accountability of key sectors and actors must be clearly defined and strong commitment in implementation must be sought from all the sectors. The MoH will lead and develop directives if required in coordination with relevant sectors and actors. If required the current directives and guidelines will be revised and updated to comply with national and global context.

Protection from tobacco industry interference (Art. 5.3)

The MoH will take the lead in organizing advocacy and orientation meeting(s) with relevant stakeholders and ministries to fully aware about tobacco control and Article 5.3 and its guidelines.

Raising tobacco taxes and innovative financing for development (Art. 6)

The need assessment report has clearly identified the gaps in terms of varied and complex current tax structure. The MoH will work closely with MoF to simplify the current tax structure and initiate dialogue with relevant stakeholders to increase taxes on all tobacco products.

Smoke-free policies (Art. 8)

The MOH will take in account the barriers and gaps in assessing the second-hand tobacco smoke in workplaces and public places, public transportation and plan an intervention to promote smoke-free spaces. MoH will focus on strengthening the current monitoring and enforcement measures related to smoke free policy.

Packaging and labeling (Art. 11)

MoH with relevant Government line ministries, departments and stakeholders will continue their effort to fully enforce packaging and labeling directives on all tobacco products and also initiate policy dialogue to develop policy options for plain packaging. MoH through the national focal point of tobacco control will continue to work with relevant sectors and authorities to further strengthen enforcement of the law.

Education, communication, training and public awareness (Art. 12)

MoH's NHEICC –national focal point of tobacco control will continue to disseminate health and tobacco control messages and cover tobacco control issues in the media (radio, television, print, social media and mobile services) as well as distribute materials and mobilize health institutions, schools, colleges and other public places to raise public awareness on tobacco control. The major tobacco and NCD related national and global days will be observed through public engagement events and activities. The tobacco control messages and activities will be harmonized with the current Mero Barsa 2074 (My Year 2074) campaign across the country. Similarly, partnership with relevant schools, development partners, media and civil societies will be developed to maximize health promotional activities and strengthen compliance mechanisms.

NHEICC will focus on preventive measures by advocating with all key Line Ministries and concerned stakeholders for legislative and fiscal measures as health promotion alone is not

adequate but we need conducive environment through enforcing legislative measures. We can develop tailored communication messages for this activity.

Bans on tobacco advertising, promotion and sponsorship (Art. 13)

Ban on tobacco advertising, promotion and sponsorship is one of the well complied provision of WHO FCTC in Nepal. However, there are still areas where relevant authorities must continue sustain current achievements and to monitor the enforcement and compliance in terms of tobacco products display in various outlets due to lack of information, awareness and compliance. MoH will work with Ministry of Information and Communication to develop a comprehensive media guide to engage media in raising awareness and monitoring of the compliance.

Reduction of tobacco dependence and Cessation (Art. 14)

Comprehensive and integrated programme for cessation and dependence treatment services in Nepal is lacking. Only a very limited number of health workers have been trained to provide cessation counselling, and brief cessation advice is not routinely provided through health system. Pharmaceutical products for the treatment of tobacco dependence are not registered and therefore, are not available in the public health service. There is no national toll-free quit line for tobacco cessation. Curricula on tobacco dependence treatment at medical, dental, nursing and pharmacy schools are inadequate.

Provision of support for economically viable alternative activities (Art. 17) and protection of the environment and health of persons (Art. 18)

Small scale tobacco growers in selected area of Nepal where tobacco industries are established. Similarly, individual grow tobacco for their home use in bidi at community in their kitchen garden. There are no policies, plans or programmes to provide support to tobacco workers and growers in moving into economically viable alternative livelihoods. Inadequate coordination within the Government on implementation of Articles 17 and 18 is existed. Similarly, according to the current Environmental Protection Act and the Regulations, tobacco farms are not required to pass an environmental impact assessment nor required to have an environmental protection plan in place. So, awareness of the Convention and the articles under the responsibility of MOSTE is low.

Research, surveillance and exchange of information (Art. 20)

There is a lack of national updated data on the burden of disease related to tobacco and direct costs attributable to tobacco use and exposure to tobacco smoke. Similarly, there is a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence as well as there is no research on alternative livelihoods.