

# Health Development Surcharge Policy -2016

(Unofficial translation )

1) Title: Health Development surcharge policy 2016.

2) Perspective:

According to Global Adult Tobacco Survey (GATS)-2009 here, almost 4 crores 13 lac people are using tobacco. It is almost 43 % of the total adults. Again 4 crores 30 lac people are the victim of passive smoking. According to the report of World Health Organization of the year 2004 , in Bangladesh about 57,000 people die in a year, 3,82,000 people are disabled because of tobacco-related diseases. It is found by the WHO that almost 60% death here is caused by the non-communicable disease.

To cope up with such a heavy toll, Government has imposed health development surcharge on tobacco products firstly in the national budget of 2014-15 in finance law. It is activated from 1st July 2015. According to the law, health development charge is added to the tobacco imported product at the rate of 1 %.

Last 30-31 July in the national parliament and in the assembly of south Asian speakers our honorable prime minister declared to take measures by the fund raised by the collected surcharge. In the Dhaka Declaration of the South Asian Speakers' Summit 30-31 Jan 2016, this thing is added. Govt. has pass rules to collected Health Development Surcharge (HDS), but there are no rules to expense the fund of HDS. By this way, a committee was formed in Health and Planning Ministry to utilize the fund. The committee submits a plan for its use and management.

**3) FCTC, Law, National Health Policy, SDG and the 7th, 5th yearly materialization of the surcharge utilization.**

Bangladesh Government signs a treaty of WHO Framework Convention on Tobacco Control (FCTC). In the international tobacco control treaty in article 6 and 26, it is suggested that the collection and utilization of tobacco surcharge be used in health development and tobacco control.

Bangladesh Government imposed the national health principles. To materialize the national health policy, the fact of prevention of disease is given priority. In last September 2015, the UNO targeted for sustainable development within 2030. To ensure good health, it will be given priority of the materialization of non-communicable disease in international tobacco control treaty.

The remedy for the non-communicable disease is costly and time-consuming. As presently there are more deaths of non-infectious disease, it is needed to be determined to spend the money in the materialization of health policy, SDG and 5 yearly plan in the remedy of non-communicable disease. In the 7th-5th yearly plan, the issue of non-infectious disease and tobacco control.



ii)	Secretary; Health and family welfare ministry	Vice- President
iii)	Additional Secretary; Ministry of Health	Member
iv)	Additional Secretary; (Budget Wing) Ministry of Health	Member
v)	Additional Secretary/ JS Finance Ministry	Member
vi)	Additional Secretary/ JS Education Ministry	Member
vii)	Additional Secretary/ JS Ministry of Public Administration	Member
viii)	Additional Secretary/ JS Ministry of Home	Member
ix)	Additional Secretary/JS Ministry of Agriculture	Member
x)	Member, National Tax Board	Member
xi)	Line Director; Health Bureau	Member
xii)	Representative from Tobacco Control Organization	Member
xiii)	Executive officer; National Tobacco Control Cell	Member Secretary

2. The vice-president shall preside over the forum in absence of the president.
3. New member may be added if needed.
4. The National Tobacco Control Cell shall be work as its secretariat.

**7 )Work area of the committee:**

- i) To advise the cell in utilizing the fund.
- ii) To analyse, reform and add to the sector of spending the fund.
- iii)To examine the rule of utilization of the fund.
- iv) To form especial and the committee of experts if needed.
- v) To give the practical advice to the tobacco and non-communicable disease.
- vi) To take any innovative measure in controlling the tobacco and non-communicable disease.
- vii) Any duty imposed by the Government.

**8)The sectors to spend the fund.**

This fund is to be used for reducing of supply and demand side of Tobacco. Again the committee may change or add the thing evaluating the priority. The following sectors shall be considered specifically prior;

- I. To fund the activities of National Tobacco Control Cell.
- II. Funding to the national tobacco control program.  
To support Tobacco control Taskforce for implementation of TC law.
- III. To work for creating awareness using mess media.
- IV. Capacity Building of the stakeholders relation to tobacco control.
- V. To conduct research on the harmfulness of the tobacco.
- VI. To examine and evaluate the tobacco control activities.
- VII. To take initiative to add the topic in the training syllabus of the govt. Cadre in different steps.
- VIII. To campaign on tobacco control in the community basis.
- IX. To set quit line with a view to minimizing the use of tobacco.  
To help the steps related to the control of NCDs.
- XI. To provide financial and technical support to the organizations working for tobacco and NCDs control.

**9) Audit:** To maintain the audit 'The Health Development Surcharge Management Board' shall follow the government rule or may be done by the other 3<sup>rd</sup> party.

**1) Evaluation:** The activities taken or done by 'The Health Development Surcharge Management Board' will be evaluated or examine in every after 2 years. The next activities shall be planed according to the evaluation report.