

Bangladesh

The Covid-19 pandemic has affected almost all aspects of life for much of the world's population. Although evidence about who is most vulnerable to Covid-19 is emerging, very little is known about the extent to which tobacco use is a risk factor for Covid-19. In addition, how countries reconcile the need to progress tobacco control while responding to an infectious disease pandemic is unknown.

This briefing reports key results from a rapid response study set up to examine tobacco use and tobacco control during Covid-19, building on an existing multi-country collaboration, the Tobacco Control Capacity project¹ led by the University of Edinburgh and partner institutions in eight countries in South Asia and Africa, including Bangladesh.

Tobacco use in Bangladesh: Overall 35.3% of adults (15 years+) currently use any form of tobacco, 46.0% of men and 25.2% of women. Use of any types of smoked tobacco products is much higher among men (36.2%) than among women (0.8%). Cigarettes are the most common form of smoked tobacco (28.7% of men, 0.2% of women). Smokeless tobacco is very popular and widely used in Bangladesh, especially among women. One in four adult women consume smokeless tobacco (16.2% of men). Betel quid with tobacco and gul are the most common forms of smokeless tobacco in Bangladesh². 25% of daily smokers initiate smoking between the ages of 15 and 16 whereas 18.5% start between the ages of 17-19³.

Covid-19 in Bangladesh: By August 5th 2020, Bangladesh had 249,651 confirmed cases and 3,306 deaths from Covid-19⁴.

Data sources

This policy briefing is informed by: a stakeholder consultation via an online survey, and face to face or telephone interviews; a rapid literature review; and a desk based mapping to identify any relevant unpublished data sources such as government reports and online print press. All of these data sources captured information to inform the overall objectives of the study. For further information on the methods, please contact the research team via the contact information on the last page.

Summary recommendations

- In responding to Covid-19, tobacco control should be integrated into the national preparedness & response plan.
- Data on tobacco use should be included in Covid-19 statistics.
- A coordinated approach involving different ministries is crucial for tobacco control in a pandemic situation.
- Legal reforms are needed to remove tobacco products from the essential commodity list during lockdown.
- Implementation of FCTC Article 5.3 is needed to control the tobacco industry's engagement in new initiatives.
- Tobacco taxation reform is urgently required.
- Tobacco cessation initiatives should be promoted.

Figure 1: Stakeholder survey response sample characteristics

| Response | Area | Institutional affiliation | Government level |
|---|---|--|---|
| <ul style="list-style-type: none"> • 60 invitations sent • 44 stakeholders took part (all online) | <ul style="list-style-type: none"> • Dhaka (86%, n=38) • Other (14%, n=6) | <ul style="list-style-type: none"> • Civil society (20.5%, n=9) • Commercial/private sector (13.5%, n=6) • Research/academic (25%, n=11) • Other (41%, n=18) | <ul style="list-style-type: none"> • National (79.50%, n=35) • Regional (16%, n=7) • Other (4.5%, n=2) |

Mapping: summary of approach and data sources in Uganda

Three rounds of data searching were conducted. The first, conducted on 15th May 2020, searched for data sources published between 31 January 2020 (chosen because this was the date that the WHO declared COVID-19 to be a public health emergency of international concern) and 01 June 2020. The second search was conducted on 22 June 2020, and the final search was conducted on 01 July 2020.

Sources of information:

- **Google search** using the 'All' and 'News' tab.
- **Website search:** Government websites such as Ministry of health and family welfare, Bangladesh, Global Centre for Good Governance in Tobacco Control (GGTC), Bangladesh Anti-Tobacco Alliance, National Tobacco Control Cell and WHO, Bangladesh.
- **NGO websites:** Consumers Association of Bangladesh (CAB)-Chattogram, the Bangladesh Institute of Theatre Art (BITA), Bangladesh Cancer Society, Aid Foundation, Bangladesh Anti-Tobacco Alliance (BATA), Bangladesh Network for Tobacco Tax Policy (BNTTP), Grambangla Unnayan Committee, National Anti-Tuberculosis Association of Bangladesh (NATAB), Tobacco Control and Research Cell (TCRC), National Heart Foundation-UFAT (United Forum Against Tobacco, Dhaka Ahsania Mission (DAM), Anti-tobacco Alliance of Women (TABINAJ), Work for a Better Bangladesh Trust (WBB), Anti-Tobacco Media Alliance (ATMA), Knowledge for Progress (PROGGA).
- **Online print press** using Google alerts.
- **Twitter:** "#Quit smoking", #TobaccoExposed, "Quit smoking covid", "quit smoking Bangladesh" were typed in the search bar of twitter for results.
- **Consultation** with colleagues in Bangladesh.

Number of data sources identified: **15**.

Number eligible for data extraction: **5** (mainly online print press).

What do we know about Covid-19 and tobacco use?

A living rapid evidence review⁵ (updated weekly) of the associations between tobacco use (specifically cigarette smoking) and Covid-19 is being conducted by researchers at University College London. Its purpose is to pull together the rapidly expanding literature to examine the associations of smoking status with Covid-19 outcomes. Version 5 of the review was the most recent (published 1st July 2020). The latest version includes 148 studies and concludes that there is '*substantial uncertainty about the associations of smoking with COVID-19 outcomes.*' However, the review did find evidence to suggest that smokers had a '*greater disease severity in those hospitalised for Covid-19*' compared with never smokers. It also found that the risk of in-hospital mortality from Covid-19 was higher in smokers (current and former) than never smokers. The authors note that despite the uncertainty around the association between smoking and Covid-19, smokers remain at greater risk of respiratory disease. Smoking cessation, therefore, remains a key public health priority and support for it should form part of pandemic response. The review did not identify any publications that were specific to Covid-19 and tobacco in Bangladesh.

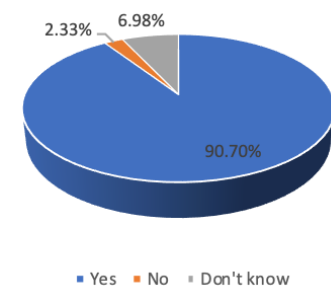
Impact of Covid-19 on tobacco control policy

Nine out of ten survey respondents (91%, n=39) agreed that the relationship between Covid-19 and tobacco use has been discussed in policy contexts or the media as shown in Figure 2, and the vast majority also (90%, n=38) reported that public health professionals and other authorities had provided advice to tobacco users during the pandemic.

The main type of advice was to stop smoking or using tobacco products, with the Directorate General of Health Services (DGHS) daily briefing on Covid-19 regularly reminding people about the greater risk of Covid-19 for tobacco users.

Results from the mapping also highlighted the importance of the media for conveying information with the main source of data being print media articles. Survey respondents also reported that the media is playing a significant role to highlight the relationship between Covid-19 and tobacco use. Respondents reported that parliament members, civil society delegates, researchers and activists were using online platforms such as Facebook, webinars, online talk shows to talk about the relationship between Covid-19 and tobacco.

Figure 2: Has tobacco use & Covid-19 been discussed in policy contexts or the media?



Given that the advice to tobacco users during the Covid-19 pandemic is to stop using tobacco products, this provides an opportunity to promote tobacco cessation in Bangladesh. However, survey findings suggest that respondents did not see a change in the level of interest in tobacco cessation with 71% (n=30) reporting no change or saying that they did not know.

According to Essential Commodity Act 1956, tobacco products are categorized as essential product. This allows tobacco companies to continue to manufacture and distribute tobacco during the Covid-19 pandemic. A request was made to the Ministry of Industries Bangladesh, from the National Tobacco Control Cell (NTCC) to suspend the production, supply, marketing and sale of all kinds of tobacco products to aid public health response to Covid-19 response.

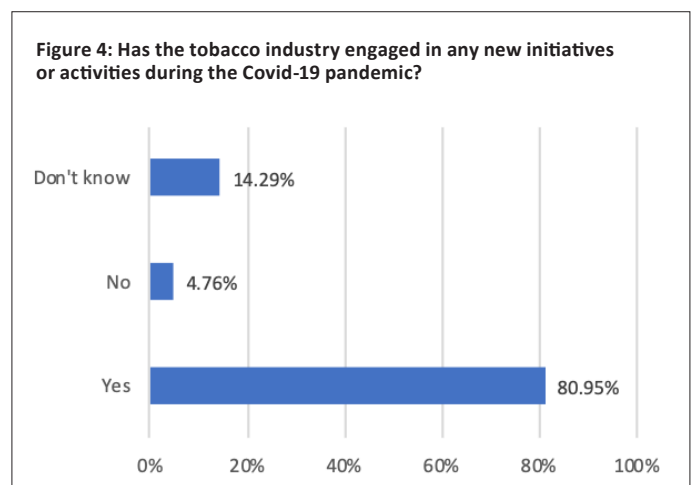
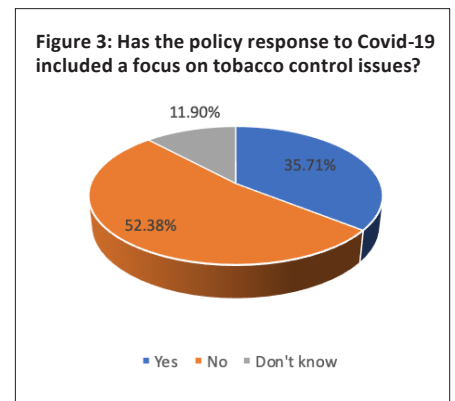
This was rejected by the Industry Ministry on the ground of the Essential Commodity Act 1956, and also due to the economic recession faced by the country during the pandemic. The survey and mapping also identified examples from NGOs and anti-tobacco organizations (e.g. The Consumer Association of Bangladesh, Bangladesh Institute of Theatre Art and the Bangladesh Network for Tobacco Tax Policy, Tobacco Control and Research Cell, Work for a Better Bangladesh), campaigning for a temporary ban of tobacco usage and a media report of Bangladesh's 'first online human chain' demanding a specific tax on tobacco products to protect public health and repair the economic damage caused by Covid-19. Similar calls came from the Finance Ministry who also called for a price rise in cigarettes and bidis to reduce tobacco consumption. Over three quarters (77.5%, n=31) of survey respondents, expected a tobacco tax increase to address health and wider policy priorities after the initial Covid-19 crisis.

Despite these calls, our study found no evidence of a population level policy response from the Government to date. Survey findings also indicated that:

- Two thirds (67%, n=28) of respondents thought that there had been no change, or did not know, in the availability or price of tobacco products during the pandemic, most likely due to the closure of shops which reduced availability of tobacco products.
- A further 64% (n=27) did not think, or did not know, if the policy response to Covid-19 included a focus on tobacco control issues.

Tobacco industry response to Covid-19

Survey respondents reported limited impact on the way the tobacco industry operated in Bangladesh during the Covid-19 crisis, with two thirds (76%, n=32) saying it had no effect or they did not know. A further 8 out of 10 (81%, n=34) respondents were likely to think that the tobacco industry had engaged in new CSR activities, marketing or had sought to influence the policy response to Covid-19, as shown in Figure 4. One quarter (24%, n=10) also thought there had been new interactions between the government and tobacco industry as a result of the Covid-19 pandemic. Examples of the kind of activities the industry were engaged with include: providing health care and financial support as well distribution of oxygen, PPE and sanitizers. They are also donating money in Prime minister's fund, making hospitals for Covid-19 patients, provide medicine for treatment and food supply for poor people. Print media articles quoted stories about British American Tobacco Bangladesh donating personal protective equipment (PPE) to public hospitals, and also increasing tobacco advertising and making home deliveries of tobacco products during lockdown.



Additional information to help inform future tobacco control policy

Survey and interview respondents highlighted that the following information would be helpful in relation to Covid-19 and tobacco use:

- A better understanding of the relationship between tobacco-related disease and Covid-19 including a comparison of the health harms to tobacco users before and during the pandemic.
- Evidence should be generated to inform policy makers. Examples from other countries should be provided so that they can think about how tobacco use negatively affects health and the risks associated with Covid-19.
- A better understanding of the impact of lockdown measures on second hand smoke exposure in households.

Recommendations

Tobacco use results in pre-mature mortality and morbidity to an extent that far exceeds that of Covid-19. Global deaths from tobacco account for 7 million people per year. While tobacco use in Bangladesh is lower than in some other countries, it is imperative that national governments do not neglect their responsibility to prevent premature deaths from tobacco, and the morbidity associated with tobacco use. This is particularly important at the current time when tobacco use can affect Covid-19 disease severity. Countries need to integrate communicable and non-communicable disease risks at the current time for the overall health and wellbeing of their populations.

In Bangladesh, the government should give priority to tobacco control in the national Covid-19 preparedness and response plan and integrate it into strategies to combat Covid-19. An inter-ministerial coordination mechanism and mutually developed strategies are required to achieve tobacco control in this pandemic situation. Tobacco control policies should be strengthened, and laws reformed to remove tobacco products from the essential commodity list. FCTC Article 5.3 should be implemented immediately to control the tobacco industry's engagement in new initiatives when combating Covid-19. Reforming tobacco taxation should be prioritized and the recent reform of tobacco taxation for FY 2020-2021 must be urgently implemented. The complicated tobacco tax structure should be simplified, introducing a uniform specific tax. Strategies should also include tobacco cessation initiatives, which is currently lacking in Bangladesh. Data on tobacco use should be integrated into Covid-19 data collection from cases or patients admitted to hospital. Research should be conducted to better understand the relationship between tobacco use and Covid-19 and the resulting evidence should be used to design policies and interventions.

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Study website: <https://www.ed.ac.uk/usher/research/projects/covid-19-and-tobacco>
