Case Study

Strengthening Bangladesh's National Tobacco Control Law





Youth advocate demanding swift passage of the tobacco control law amendment.

On April 10, 2026 Bangladesh's Parliament unanimously passed the **Smoking and Tobacco Products Usage (Control) (Amendment) Act**, strengthening the country's tobacco control framework. The law expanded protections by banning tobacco advertising and product displays at points of sale, requiring standard packaging, increasing graphic health warnings from 50% to 75% of packaging, and establishing 100-meter buffer zones for tobacco sales around schools, health facilities and playgrounds.

This life-saving step forward followed a multi-year advocacy strategy led by the Campaign for Tobacco-Free Kids and local partners including youth advocates, with support from Bloomberg Initiative to Reduce Tobacco Use partners such as the World Health Organization (WHO) and Vital Strategies.

50% to 75%
increase in Graphic Health Warning coverage

100 meters
minimum distance tobacco sales must be kept from schools, healthcare facilities, & playgrounds

100%
ban on tobacco advertising and product display at points of sale



A symbolic coffin procession demanding the passage of the Tobacco Control Amendment.

The Challenge

In 2005, Bangladesh enacted its national Tobacco Control Act, just two years after the country signed the WHO Framework Convention on Tobacco Control (WHO FCTC). Amended only once in 2013, the law had fallen behind international best practices. Designated smoking areas remained legal in public spaces, tobacco product displays and advertising at points of sale were unrestricted, graphic health warnings covered only 50% of packaging, e-cigarettes and nicotine pouches were outside the legal definition of "tobacco product," and no buffer zones protected schools, health facilities or playgrounds from tobacco sales.

Reform efforts were complicated by political instability. A committee that included civil society representatives began working to strengthen the law in 2020, but progress stalled. Since August 2024, Bangladesh has been governed by an interim government that can issue ordinances but not enact permanent legislation. At the end of 2025, the interim government approved a strengthened Tobacco Control Ordinance, including expanded definitions of tobacco products, restrictions on tobacco sale and use in public spaces, and larger graphic health warnings. The ordinance shifted the advocacy challenge from securing reform to ensuring it survived the transition to an elected government, with only 30 days to move it through Parliament before it expired.

Strategic Policy Opportunity

Local partners, supported by Campaign for Tobacco-Free Kids, developed a three-phase advocacy strategy around the political calendar, shifting their approach as the political environment changed.

Phase 1: Mapping and Engaging the Interim Government (2024-2025)

Local partners developed an influence-mapping matrix that assessed stakeholders based on their level of influence and relevance to tobacco control. The mapping helped local partners prioritize engagement around key provisions, including smoke-free public places, advertising and display bans, expanded product definitions and larger graphic health warning labels. Local evidence also helped strengthen the case for protecting children for key stakeholders.

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Phase 2: Building Cross-Party Commitments Through the Elections

As national elections approached, local partners shifted their focus to securing tobacco control commitments in party manifestos. Securing manifesto commitments across multiple parties, including the eventual ruling party and opposition figures, reduced the agenda's dependence on a single election outcome.

Phase 3: Post-Election

Following the February 2026 elections, the new Parliament convened on March 12, giving the Ministry of Health 30 days to secure Cabinet approval and move the ordinance through Parliament. Partners updated their stakeholder mapping based on the election results and intensified engagement with the Ministry of Health, other ministries, and newly elected Members of Parliament. They also used the manifesto commitments made before

the election to remind policymakers of their public commitments to tobacco control.

Public Mobilization Throughout the Phases

Throughout the campaign, Campaign for Tobacco-Free Kids and local partners mobilized youth groups, young physicians, women's forums, retailer and shop owner associations, journalists, civil society organizations, and economists. They used rallies, petitions, small-group meetings, press conferences, and earned media to keep tobacco control visible and counter industry interference. Youth advocates were particularly active, organizing campus signature drives that generated roughly 10,000 student signatures and participating in marches, media activities and engagement with policymakers. This sustained involvement helped maintain public pressure as the ordinance moved from the interim government to Parliament.

Big Tobacco, Tiny Targets: Bangladesh 2025

Description: A survey of shops and kiosks near schools reveals how the tobacco industry targets Bangladeshi youth.

Methodology: Data collectors surveyed 666 shops and kiosks within 100 meters of 121 primary and secondary schools across Dhaka and three other divisions.



of shops near schools sell cigarettes or other tobacco products



sell single cigarette sticks



display cigarettes at children's eye level



sell flavored tobacco products

Results

On April 10, 2026 Parliament passed the amendment, which was subsequently signed by the President, making the ordinance permanent law. The Act retained the ordinance's provisions, except for the proposed ban on e-cigarettes. Key provisions of the 2026 Act include:

- **Tobacco use banned in public places and public transport (though government retained authority to permit designated smoking areas in public places)**
- **Tobacco advertising and product display banned at points of sale (TAPS ban)**
- **Corporate social responsibility (CSR) activity by tobacco companies not banned outright, but restrictions strengthened**

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- **Standard packaging made mandatory across all tobacco products**
- **Graphic health warnings increased from 50% to 75% of packaging**
- **Tobacco sales banned within 100 meters of schools, health facilities, and playgrounds**
- **Mixing addictive substances with tobacco products banned**

Why This Matters Beyond Bangladesh

Bangladesh's experience demonstrates how advocacy strategies can adapt to political transitions. Rather than pausing activity during the election cycle, advocates used the interim period to advance the ordinance while building cross-party commitments that carried into the new government. When Parliament convened, advocates had both a policy proposal already on the table and political



Young advocates march in Dhaka to demand passage of the Draft Tobacco Control Ordinance 2025.

commitments to support tobacco control. This combination helped shorten the path to legislative action during a compressed window.

Lessons Learned

- **Champions outside the health ministry can broaden the coalition:** Engaging economists, party advisers, and non-health ministries helped position tobacco control as an issue with implications beyond the health sector. This widened the group of stakeholders with a reason to support and defend the reforms.
- **Public mobilization can keep pressure on decision-makers:** Rallies, petitions, youth engagement and consistent earned media coverage kept tobacco control visible during key political transitions. This helped sustain pressure while political attention shifted elsewhere.
- **Influence-mapping can help target advocacy:** Mapping stakeholders according to their influence and institutional relevance helped local partners prioritize those most likely to affect the legislation's outcome, rather than spreading advocacy efforts evenly across government.
- **Youth organizing gave the campaign a visible constituency:** Youth advocates participated in strategic planning, organized campus signature drives, worked with the media and led marches to bring petitions to policymakers. Their visible participation demonstrated that young people were not only beneficiaries of stronger tobacco protections but also an active constituency for reform.

Lessons Learned:

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Public mobilization can keep pressure on decision-makers.

Influence-mapping can help target advocacy.

Youth organizing gave the campaign a visible constituency.

Campaign for Tobacco-Free Kids

1400 I St. NW, Suite 1200,
Washington, DC 20005 USA

Info@tobaccofreekids.org
Tobaccofreekids.org
@tobaccofreekids

The **Campaign for Tobacco-Free Kids** is the leading advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Through our **Global Health Advocacy Incubator**, we tackle other critical public health challenges across the globe – including food and nutrition policy, injury and overdose prevention, and building resilient and equitable health systems.

Our vision is a healthier and more equitable future for all.