

Action Nepal
Report of the Program

Why Tobacco Control?

Multi Sectorial Meeting and Presentation of Research Findings of “Cost
Analysis of Diagnosis and Treatment of Cardiovascular Disease and Tobacco
Related Cancer

Date: 24th May, 2019

Venue: Annapurna Hotel, Kathmandu, Nepal

Time: 2:00 pm to 5:00pm



सूतिजन्य पदार्थ नियन्त्रण किन ?

सूतिजन्य पदार्थ नियन्त्रण र यसको सेवनले क्यान्सर तथा मुटु रोग उपचारमा लागत खर्च
सम्बन्धि

अनुसन्धानात्मक प्रस्तुतीकरण तथा पैरवी बैठक

स्थान: होटल अन्नपूर्ण, दरबार मार्ग, काठमाडौं

मिति: २०७६/०२/१०

आयोजक



स्वास्थ्य तथा जनसंख्या मन्त्रालय



स्वास्थ्य पत्रकार मञ्च नेपाल



एक्सन नेपाल



द यूनियन

Prepared By:

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Research and Evaluation Officer

Action Nepal

1) Background of the program and its objectives

The Program “ Multi Sectorial Meeting and Presentation on Research Findings of “Cost Analysis of Diagnosis and Treatment of Cardiovascular Disease and Tobacco Related Cancer” was successfully held on Friday, from 2 pm to 5 Pm, 24th May 2019 at Annapurna Hotel, Durbar Marg, Kathmandu, Nepal. The program was organized and managed by Action Nepal in collaboration with Ministry of Health and Population, Health Journalist Forum Nepal, and The Union.

Ram Prasad Thapaliya, Secretary, MoHP was chairperson of the program and honorable Dr. Surendra Kumar Yadav, Minister of State, MoHP was chief guest of the program. Over 60 persons including MPs, government authorities, law makers, media & civil society, health professionals, experts from WHO and The Union participated the program.

The major objective of the program was to present and disseminate the finding of the research to concern authorities titled “cost analysis of diagnosis and treatment of cardiovascular disease and tobacco related cancer”. The other objectives of the program were

- To disseminate the research findings to all the concerned authorities and stakeholders.
- To motivate policy makers and other concerned authorities to advocate for increase in tax rate to 70 % in upcoming budget 2019/20.
- To gain commitment from all the stakeholders to work coordinated way for the effective implementation of laws and regulation.

2) Commencement of the Program

Master of Ceremony Mrs. Kalpana Acharya, Chairperson of Health Journalist Forum Nepal, briefed about the program and introduced distinguished guests of the program. She herself, being a health media person, described the pathetic situation as to implementation of laws and regulation made by lawmakers and pointed out urgent need of focusing on improving public health.

Welcoming the participants Mr. Anand Bahadur Chand, Chairperson, Action Nepal, highlighted the objective of the program. He briefed the role and contribution of Action Nepal in creating

awareness and providing necessary inputs and suggestions to law makers in developing tobacco control rules and regulation in Nepal. He informed that every year approximately 27,137 people (75 people per day) in Nepal and 7 million people die globally due to tobacco related disease. Moreover, he urged the immediate need of going for plain packaging as it is implemented in other countries like Timor Leste. He also said that Nepal had levied lowest tax (approximately 27 percent) on tobacco products in the South Asia and urged to raise collective voice in increasing tax to the level prescribed by the World Bank and WHO.

3) Presentations

Dr. Bhakta Bahadur KC, Chief of Tobacco Control and Health Promotion Section NHEICC, MoHP, Dr. Devi Prasad Prasai, Action Nepal and Dr. Tara Singh Bam, Deputy Regional Director, The Union Asia Pacific Office, Singapore respectively made presentations on a) *tobacco control in Nepal: progress and challenges in Nepal*”, b) Major findings of cost analysis of cardiovascular and cancer disease, c) Tobacco or Health?

a) Dr. Bhakta Bahadur KC Chief of Tobacco Control and Promotion Section NHEICC, MoHP

Dr. Bhakta Bahadur KC outlined progress so far achieved and challenges faced in tobacco control in Nepal. He stated that if tobacco control actions were not intensified by 2030, deaths would raise from 7 million to more than 8 million. Eight out of ten deaths would be from low and middle income countries. Tobacco is a threat to development. It has negative impact on social and economic well-being and environment, he opined. He also informed that tobacco control initiatives were getting high level political commitment from Government (Federal, Provincial, and Municipal), NGO’s, Health Care providers and Media etc. We have very strong laws and regulation but immediate implementation was the big issue due to lack of proper coordination among concerned authorities, he said.

b) Dr. Devi Prasad Prasai, Action Nepal

Dr. Devi Prasad Prasai presented the findings of the research carried out by him and his team on behalf of Action Nepal titled “*Cost Analysis of Diagnosis and Treatment of tobacco related Cardiovascular and Cancer Diseases in selected hospital of Nepal*”. He revealed that a patient spends an average of Rs 790,955 for diagnosis and treatment of cardiovascular diseases. On an

average, a cancer patient spends Rs 981,370 for the treatment. These costs include patient's medical cost, non-medical cost and productivity loss. Though the country is earning annual revenue of Rs 14.1 billion from tobacco products, there has been an expenditure of Rs 35.79 billion on cancer and cardiovascular disease. To bridge this gap between revenue and expenditure, tax rate should be increased up to 70 percent. When the prices of tobacco products are high, there is low consumption of the products, he suggested. Use of tobacco is mostly prevalent among poor and illiterate people. About 16 percent of households have to sell their property, land and building for the treatment of the cancer as a result they fall below poverty line due to the cancer, he presented.

c) Dr. Tara Singh Bam, Deputy Regional Director, The Union Asia Pacific Office, Singapore

Dr. Tara Singh Bam, Deputy Regional Director, The Union, Asia Pacific Office, Singapore urged all stakeholders to go for implementation of already formulated rules and regulation. We have best rules and regulation in the world. Such programs, rules and regulation have no meaning if we ignore the implementation aspect. Number of people consuming tobacco products has raised from 15000 to 25000 within less than a decades. What have we been doing? Who are responsible for these deaths? Ironically he raised the question. He said political will is all in this regards and suggest three I's for the solution i.e. implementation, implementation and implementation of formulated laws and regulation. Increase in tax has dual benefits. Firstly, when tax rate is increased prices also increased resulting decrease in tobacco consumption. Secondly revenue collection increased significantly which can be further used in enhancing the awareness programs and treatment of tobacco related diseases. At the end, he satirically asked question to political leaders and other stakeholders to choose either health or tobacco.

4) Discussion and Interaction

a. Bhagwan Koirala, Senior Cardiothoracic and Vascular Surgeon

Risk of heart attack is four times higher in a smoker than in non-smoker; 80 percent deaths by asthma and 90 percent deaths by lung cancer is mainly caused by smoking in the country, he revealed. Government should raise the tax on tobacco products with a view to bring down the number of cancer and cardiovascular patients and pictorial health warning is equally important.

He also brought the attention of all stakeholders and urged political leaders to discourage tobacco industries instead of encouraging them to re-establish tobacco companies such as Janakpur Cigarette Factory.

b. Ramesh Chokhani, Senior Chest Physician

He pointed out tobacco consumption as a major cause of chronic obstructive pulmonary disease. Patients have difficulty in breathing and there is no treatment for this type of disease caused by tobacco consumption. Patients require oxygen throughout their life and some might need to be kept on ventilator. Lung disease is most common among patients with tuberculosis and it has detrimental effects on development of a fetus when a pregnant woman smokes. The baby is likely to be suffered from asthma as he/she grows up, he further added.

c. Honorable Lekha Raj Bhatta, Member of Parliament

Education is the most powerful tool to curb the tobacco consumption in Nepal to motivate users to quit and potential users not to use tobacco products. Introducing courses in the curriculum at school level can be beneficial. Especially poor people consume tobacco products directly or indirectly. Hence, education to poor people is the only long term solution for this problem, he opined.

d. Sunil Raj Sharma, Director, NHEICC, MoHP

NHEICC in collaborating with other agencies is developing new plans and policies at Federal, Province and local level and advocating for implementation of 90 percent pictorial health warning in the packaging of all types of tobacco products, he outlined. He further added the immediate need of banning illicit trade from other countries especially from India. We have open boarder and Indian suppliers are supplying all the tobacco products to Nepal without complying the existing rules.

e. Honorable Krishna Pokhrel, Chairperson, Justice, Law and Human Right Committee

Complete laws and regulation have already been formulated. However, implementation is big problem and this is the greatest challenge in Nepal. He made his strong commitment to advocate increasing the rate of tax to 70 percent.

f. Dr. Josh Vandelaer, Representative WHO Nepal

Tobacco kills people yet people use it every day. It is completely irrational behavior. It is bad for them and they still use it. Educating them to discourage consume tobacco products is important. Chewing tobacco is also major problem in Nepal. Tobacco products are very cheap in Nepal compared to other countries as tax rate is too low in Nepal. Government as a whole should raise tax to the level as prescribed by WHO i.e. 70 percent. This will discourage low income people and young people as they are being targeted by tobacco industries, he opined.

g. Honorable Jayapuri Gharti, Chairperson, Education and Health Committee

She informed that she has been continuously fighting against tobacco consumption in Nepal. She urged all three levels of governments, media person, NGOs, civil societies should go hand in hand and should be accountable for implementation of laws and regulation. We have been advocating raising tax to 70 percent in upcoming budget discussion and hopefully this would be incorporated in the budget, she explained.

h. Honorable Dr. Surendra Kumar Yadav, Minister of State , MoHP

The program ended with the speech of chief guest of program honorable Dr. Surendra Kumar Yadav, Minister of State, MoHP. We should not be very ambitious in respect to increase PHW in the packaging of tobacco products. Currently, there is a provision of 90 percent PHW which is sufficient at the moment. We should go for implementation first, he opined. He also said that there is no point in increasing tax rate. People will consume it even paying higher price which will again affect low income people negatively. We have to think about alternative ways of controlling it instead of building unnecessary pressure on tobacco industries. Whatever laws and regulations we have at the moment these are sufficient, he argued. He further suggested to work in collaboration with all stakeholders to discourage the smoking and protect people from second hand smoking which is more detrimental.

5) Conclusion:

The empirical evidences supports that there is inverse relationship between tobacco tax rate and tobacco consumption. It has been found that when tax rate is increased, consumption of tobacco decreased. Nepal has levied lowest tax rate in south Asia. Hence, there is need of increase in tax

rate up to the level prescribed by WHO and WB. Low income and poor people consume more tobacco products. Hence, tobacco related diseases are disease of poor people. Awareness and education are the greatest weapon to fight against the tobacco consumption. The proper coordination and mutual cooperation among the concerned authorities and stakeholders is important for the effective implementation of tobacco control laws and regulations.

6) Participants List

Over 65 persons including MPs, government authorities, law makers, media & civil society, health professionals, experts from WHO and The Union participated in the program. The list of attendees is as follows:

Table 1. List of MPs, Government authorities, Law Makers, Health professional, experts:					
SN	Name	Organization	Designation	Email Id	Contact Number
1	Ram Prasad Thapaliya,	MoHP	Secretary		
2	Honorable Dr. Surendra Kumar Yadav	MoHP	Minister of State for Finance		
3	Honorable Jayapuri Gharti	Education & Health Committee of Federal Parliament	Chairperson	com.jayapuri@gmail.com	
4	Honorable Krishna Bhakta Pokharel	Justice & Human Rights Committee	Chairperson		
5	Honorable Niru Devi Pal	Women and Social Committee of the House of Representative	Chairperson	nirupal.np@gmail.com	
6	Honorable Lekha Raj Bhatta	Member of Parliament	MP		
7	Honorable Anjana Bishankhe	Member of Parliament	MP	bishankhe.anjana18@gmail.com	9855023079
8	Honorable Chanda Chaudhary	Member of Parliament	MP	cchaudharymp@gmail.com	
9	Badri Nath Gyawali	DoHS		bngyawali@hotmail.com	9841465053
10	Jos Vandelaer	WHO	Chief Representative	vandelaerjo@who.int	

11	Lonim Dixit	WHO	Nepal Office Country Director	dixitl@who.int	9802030381
12	Dr. Tara Singh Bam	The Union	Deputy Regional Director, Singapore	tsbam@theunion.org	
13	Dr. Bhakta Bahadur KC	NHEICC	Health & Education Administrator	bhaktakc52@gmail.com	
14	Sunil Raj Sharma	NHEICC	Director	sunilrajsha@gmail.com	9851181140
15	Dr. Devi Prasad Prasai	MoHP	Consultant	deviprasai@yahoo.com	9851101057
16	Dr. Ramesh Chokhani	Norvic Int. Hospital	Consultant		9851043632
17	Sarita Maharjan	Lalitpur Metropolitan City	Chief PHS	saritamaharjan@gmail.com	9841549847
18	Narendra Bajracharya	Kathmandu Metropolitan City	Director, Health Department		9851162714
19	Dr. Bhagwan Koirala	IOM, TU	Professor		
20	Ananda Bahadur Chand	Action Nepal	Chairperson	chandab601@yahoo.com	9851013813
21	Kripa Pokhrel	National Human Right Commission	Intern		9811831807
22	Tej Bahadur Lamichane	NHEICC			9841055433
23	Krishna Bahadur Katwal	District Administration Office	ACDo	katwal@hotmail.com	9841360598
24	Seema Chauhan	Action Nepal	Communication Officer	seemachauhan96@gmail.com	9808855198
25	Saswat Subedi	Personal Secretary	MP	shaswat.subedi@gmail.com	9851051415
26	Bhupesh Bhatta			bhupeshbhatta3@gmail.com	9860782544
27	Binod Thapa	MoHP	PSO		9851284654
28	Bishnu Bahadur Karki	MoHP	ADC		9847486460
29	Sanjaya Kumar Yadav	MoHP			9854028392
30	Bharat Kumar Shahi	MoHP	Office Staff		9860480517
31	Bharat Vikram Shah	Action Nepal	Coordinator	bvshah29@actionnepal.net	9841213951
32	Amit Kumar Bom	Action Nepal	Program Officer	bom.amit2@actionnepal.net	9849281528
33	Mohit Singh Thagunna	Action Nepal	Research & Evaluation Officer	thagunna.mohit@actionnepal.net	9848730150

Table 2. List of Journalists: The list of journalists participated in the program is as follows:

34	Dipendra Bohara	Image News	Reporter	deependra2054@gmail.com	9868553249
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35	Samjhana Maharjan	Radio Sagarmatha	Program Producer	samjhana.yab@gmail.com	9841559898
36	Jyoti Tilanjali	shilapatra.com	Reporter	adhijyotig@gmail.com	9845360307
37	Pramod Dhital	Janamanch Weekly	Reporter	janamanch@gmail.com	9841428764
38	Saroj Dhungel	Gorkha Patra Daily	Reporter	sarojgp@gmail.com	9801046436
39	Gopal Sangraula	Karobar Dainik	Editor	pokharamt@yahoo.com	9841613121
40	Asish Bhatta	Prime Times TV	Camera Person		9861999839
41	Srijana Karki	Prime Times TV	Reporter		9841657141
42	Kamala Gurung	Himalaya TV	Reporter	kamala.gurung357@gmail.com	9845706979
43	Samridha KC	Mahila Swasthya	Reporter		9863320111
44	Yashima Mahat	Sourya Daily	Sr. Reporter	mahat.yashima@gmail.com	9861494445
45	Sanjita Khanal	12khari.com	Reporter	khanalsanjita@gmail.com	9845715149
46	Fatima Banu	Kantipur Daily	Reporter	Fatimah.journalist@gmail.com	9860563924
47	Ishwor Maharjan	Nepal Television	Reporter		9841231867
48	Sabitri Dhakal	The Himalayan Times	Sub-editor	dhakalshabi@gmail.com	9841658552
49	Pooja Chauhan	Republica	Reporter	pozhachouhan@gmail.com	9803568548
50	Krishna Lamichane	Nagarik Daily	Reporter	krishnapdlamichhane@gmail.com	9851082236
51	Suman Lama	Media School	Reporter		9869351345
52	Chandra	Media	Reporter	2010@gmail.com	9803034844
53	Uddhab Raj Bhetwal	hamrodoctor.com	Reporter	tvjuddhav@gmail.com	9841046014
54	Riya Bhandari	News 24 TV	Reporter		9851164870
55	Prajwal KC	Media			
56	Prashant Oli	Rajdhani Daily	Reporter		9861707704
57	Mahaprasad Lamichhane	NTV	Chief Editor		9841370993
58	Purushottam Ghimire	Janaswasthya Sarokar Monthly	Editor	nepalhealthnews@gmail.com	9851095475
59	Milan Dahal	Sicha Sansar	Reporter		9809812458
60	Anju Tamang	Ratopati.com		tamanganju65@gmail.com	9844251688
61	Uma Karki	Himalaya TV	Camera Person		
62	Bhrikuti Rokamagar	Hamalaya TV	PA		
63	Dinesh	Annapurna Post	Sr. Correspondent		9861108390

	Gautam			
64	Pabitra Swar	Nagarik Daily	Sr. Correspondent	9841427416
65	Kancha Dangol	News 24 TV	Camera Person	9841626094

Journalists from different media houses were invited in the program. The list of news covered in different newspapers, online and T.V. is as below:

7) Media Coverage and Links:

Published Online News:

1. MahilaswasthyaKhabar

1.1 स्वास्थ्यलाई मध्यनजर गर्दै आर्थिक वर्षबाट सूतिजन्य पदार्थमा कर बढाइदै

महिला स्वास्थ्य

२०७६ जेठ १० शुक्रबार

Source: <http://www.mahilaswasthya.com/news/10830>

1.2 अध्ययनका अनुसार : क्यान्सरको उपचारगर्दा १६ प्रतिशत नेपालीको घरखेत सकिन्छ !

महिला स्वास्थ्य

२०७६ जेठ ११ शनिबार

Source: <http://www.mahilaswasthya.com/news/10831>

1.3 ब्रान्डेड चुरोटमा थोरै निकोटिन हुन्छ भन्नु भ्रम !

महिलास्वास्थ्य

२०७६ जेठ १२ आइतबार

Source: <http://www.mahilaswasthya.com/news/10837>

2. Nepali Health

2.1 'सोह्र प्रतिशत क्यान्सरका बिरामीको उपचारमा घरबार बेचिन्छ'

२०७६ जेठ १० गते १९:४७ मा प्रकाशित

341 Shares

338

- नेपालीहेल्थ

काठमाडौं, १० जेठ।

Source: <http://www.nepalihealth.com/2019/05/24/38888/>

2.2 जिम्मेवार मन्त्रीको गैर जिम्मेवार अभिव्यक्ति'

२०७६ जेठ १० गते १९:५८ मा प्रकाशित

838 Shares

830

- नेपालीहेल्थ



See more at: <http://www.nepalihealth.com/2019/05/24/38894>

2.3. चुरोटका असर चौतर्फी : बच्चादेखि बृद्ध सम्म, पेट भित्रको भुण सम्म

२०७६ जेठ ११ गते १९:२६ मा प्रकाशित

42 Shares

42

- नेपालीहेल्थ

डा. रमेशचोखानी (बरिष्ठ छातिरोग विशेषज्ञ)



Source: <http://www.nepalihealth.com/2019/05/25/38899/>

3. ThahaKhabar

१६ प्रतिशत क्यान्सर बिरामी उपचारका लागि घरबार बेच बाध्य
SHARES Facebook91Twittergoogle_plusEmailPrintFriendlyShare
सविना खनाल
१ दिनअघिजेठ१०, २०७६काठमाडौं :



Source: <http://thahakhabar.com/news/70106>

4. Health TV online

4.1 क्यान्सरको उपचार गर्दा १६ प्रतिशत नेपालीको घरखेत सकिन्छ: अध्ययन
हेल्थ टिभी अनलाइन
307 Shares



Source: <https://healthtvonline.com/health-news/2019/05/12247>

4.2 सुर्तीजन्य पदार्थबाट हुने रोगको भार कम गर्न करको दायरा बढाउनै पर्छ :विशेषज्ञ चिकित्सक
कल्पना आचार्य
145 Shares



Source: <https://healthtvonline.com/health-news/2019/05/12259/>

5. Healthy Khabar

“नसर्ने रोग नियन्त्रण गर्न सुर्तीजन्य पदार्थलाई प्रतिबन्ध गरौं”
हेल्दीखबर
काठमाडौं, १०जेठ।



Source: <https://www.healthykhabar.com/2019/05/24/3459/>

6. Gorkha Patra Daily

सूर्तिजन्य पदार्थबाट वार्षिक २५ हजारको मृत्यु

गोरखापत्र समाचार दाता

काठमाडौं, जेठ ११ गते।

Source: <http://www.gorkhapatraonline.com/news/70806>

7. Saurya Online

सूर्तिजन्य पदार्थ ऐन उत्कृष्ट : राज्यमन्त्री

सौर्य अनलाइन २०७६ जेठ ११ गते ९:२६ मा प्रकाशित



Source: <https://www.souryaonline.com/2019/05/248705.html>

Published Print News:

1.
Sourya Samachar
25th May, 2019

२ शनिबार, ११ जेठ २०१९ Saturday, 25 May 2019

समा

सूर्तिजन्य पदार्थ ऐन उत्कृष्ट : यादव



■ सोम रज्जवार

काठमाडौं। स्वास्थ्य तथा जनसंख्या राज्यमन्त्री डा. सुरेन्द्र यादवले नेपालले सूर्तिजन्यपदार्थ विनियम सम्बन्धी ऐन अन्य देशको तुलनामा उत्कृष्ट भएको भन्दै अर्थ कृषि तथा बजार विभागको अर्थ सहायक निदेशक डा. कोइरालाले औल्याए।

सर्कारलाई आग्रह गरेका छन्। अधिक वर्ष नजिकिदै नयाँ उपरीहले सूर्तिजन्य पदार्थको कर बहाउने सरकारलाई आग्रह गरेका हुन्। प्रत्येक वर्ष सूर्तिजन्य पदार्थ सेवनबाट नार्किरा रोग उपचारका लागि नेपाल सरकारले १३ अर्ब खर्च गर्दै आएको स्वास्थ्य बज्याजले जनाएको छ। २२ दीक्ष २० हजार नेपालीको मृत्युको कारण सूर्तिजन्य पदार्थ भएको हुँदा कर बहाउने पदार्थको सेवन कम हुने बचाइसके बचाएका हुन्। सूर्तिजन्य पदार्थ सेवनबाट हृदयघात ४ प्रतिशत, रोग १४ प्रतिशत, फोक्सोको क्यान्सर १६ प्रतिशतले सम्भावना भएको थियो।

सर्कारलाई आग्रह गरेका हुन्। सूर्तिजन्य पदार्थको कर बहाउने पदार्थको सेवन कम हुने बचाइसके बचाएका हुन्।

सर्कारलाई आग्रह गरेका हुन्। सूर्तिजन्य पदार्थको सेवन कम हुने बचाइसके बचाएका हुन्।

अधिकमा नार्किराको सूर्तिजन्य पदार्थ सेवन गर्ने भएको हुँदा जर्जरजन्यपदार्थ कार्यक्रम सरकारले सन्चालन गर्ने आवश्यक रहेको पनि डा. कोइरालाले औल्याए।

सो कार्यक्रममा बोर्डे थियो छलितोप विधेयक डा. रमेश चौधुरीले सूर्तिजन्य पदार्थबाट छुट्टी तथा फोक्सो सम्बन्धी रोग सन्चालनमा बढी भएको हुँदा बढी विनियम गर्नुपर्ने बताए। उनले गर्भविना महिला, बालबालिका, बुद्ध, दवा बने पनि बर्गका माथि बढी खर्च गर्ने भएको हुँदा सूर्तिजन्य पदार्थको सेवन गर्न नार्किरा रोग उपचारका लागि आग्रह गरे।

सूर्तिजन्य पदार्थ उपचार गर्न नार्किरा रोग उपचारका लागि आग्रह गरे। सूर्तिजन्य पदार्थ उपचार गर्न नार्किरा रोग उपचारका लागि आग्रह गरे। सूर्तिजन्य पदार्थ उपचार गर्न नार्किरा रोग उपचारका लागि आग्रह गरे।

सर्कारलाई आग्रह गरेका हुन्। सूर्तिजन्य पदार्थको सेवन कम हुने बचाइसके बचाएका हुन्। सूर्तिजन्य पदार्थ सेवनबाट हृदयघात ४ प्रतिशत, रोग १४ प्रतिशत, फोक्सोको क्यान्सर १६ प्रतिशतले सम्भावना भएको थियो।

अन्नपूर्ण पोष्ट/शनिबार, ११ जेठ २०१९

अन्नपूर्ण स्वास्थ्य



धूमपानले हरेक अंगमा हानि

डा. भगवान कोइराला

हरेक दिन मुटुका विरामीको उपचार गरिरहेको हुन्छु। मुटु चिरेर हेर्छु। रक्तनलीहरू ब्लक भएका पाइन्छु। चुरोट सेवन गर्ने व्यक्तिको रक्तनलीमा असर परेको देख्छु। रक्तनली सुक्ने कारणका कारणले हुन्छ। धूमपानले छाती, फोक्सोलाई विभिन्न अंगमा असर गर्छ। धूमपान गर्नालाई हृदयघातको जोखिम हुन्छ। चुरोट नखाँदाको तस्वीर र तीन महिनासम्म चुरोट सेवन गरेपछिको तस्वीर तुलना गरेर हेर्ने हो भने धेरै कुरा प्रस्टिन्छ। छातीसमेत डबेर कालो हुन थालिसकेको हुन्छ।

यदिब व्यक्तिले चुरोट एवं सुती सेवन गरेर रोग निस्क्यइरहेका छन्। धूमपानले शरीरका अंगमा हानि असाध्यै छुन्छ। धनी व्यक्तिले जान्छेड भन्दै महँगो चुरोट सेवन गरेका छन्। कोरे निकोटिन हुन्छ भन्ने भ्रम डनीहरूमा परिरेको छ। निकोटिन नभाएको कुनै त्यस्तो चुरोट वा सुती अहिलेसम्म फलेको छैन। सात

हजार खालका कौमकल हुने भएकाले चुरोट, सुती सेवनबाट घम, क्यान्सर र हृदयघातको जोखिम हुन्छ। स्वास्थ्यका लागि सबै हानिकारक छन्। धूमपानको उपयोग घटाउने लेजाने मन्नेतर्फ ध्यान दिनु आवश्यक छ।

कानून छ। तर कार्यन्वयनमा समस्या छ। सार्वजनिक स्थानमा भने चुरोट सेवन गर्नेको सख्खा घटेको छ। बसमा पनि चुरोट सेवन गर्ने सख्खा घटेको सुनेको छ। कानून पनि बनाउने र त्यसको कार्यान्वयन पनि गर्नुपर्छ। चुरोट कारखाना सरकारले खलाउनुहुँदैन।

चुरोट तथा सुती सेवन गर्ने व्यक्तिको लत छुटाउन सहयोग गर्ने कार्यक्रम सञ्चालन गर्नुपर्छ। चुरोट एवं सुती सेवन गर्ने व्यक्तिलाई सामाजिक रूपमा बहिष्कार गर्नुपर्छ।

(स्वास्थ्य तथा जनसंख्या मन्त्रालय, स्वास्थ्य पत्रकार मन्थर र एक्सन नेपालको सहकार्यमा शुक्रवार आयोजित कार्यक्रममा व्यक्त विचार)

3. Himalayan News Service Kathmandu, May 24, 2019

'Tax hike on tobacco products will bring down patients of cancer, heart diseases'

Himalayan News Service
Kathmandu, May 24

Risk of heart attack is four times higher in a smoker than in a non-smoker; the cause of 80 per cent deaths by asthma is smoking; and smoking is behind 90 per cent deaths caused by lung cancer in the country, revealed Bhagwah Koirala, senior cardiothoracic and vascular surgeon.

To bring down the number of cancer and cardiovascular patients, Koirala said the government should take necessary steps to raise tax on tobacco and tobacco products.

Koirala was making public major findings of a study titled, 'Cost Analysis of Cardiovascular and Cancer Disease', at a programme conducted jointly by Nepal Health Research Council and Action Nepal today. Tobacco consumption will

decrease when the price is high, he said. The findings of the research reveal that a patient spends an average of Rs 790,955 per year for diagnosis and treatment of cardiovascular diseases. On an average, a cancer patient annually spends Rs 981,370 for the treatment of cancer. These costs include patients' medical cost, non-medical cost and wage loss.

Though the country is earning annual revenue of Rs 14.1 billion from tobacco products, there has been an expenditure of Rs 85.79 billion on cancer and cardiovascular diseases. To bridge the gap between revenue and expenditure, and lessen the treatment cost of patients, the stakeholders have demanded that tax on tobacco and tobacco products be increased.

"The tax rate should be in-

creased up to 75 per cent. When the prices of tobacco and tobacco products are high, there is lower intake of the products," said Devi Prasad Prasai, a researcher. "Double the tax on tobacco and provide more subsidies to poor patients for treatment of cardiovascular diseases and cancer," he said.

Ramesh Chokhani, a senior chest physician said, "Consumption of tobacco and tobacco products is one of the major causes for chronic obstructive pulmonary disease. A patient suffering from the disease will have difficulty in breathing. There is no treatment for this disease. We just try to ease their suffering. Such patients require oxygen therapy throughout their life. Severity of the disease can deteriorate the condition of the patient requiring them to be kept

on ventilator." "Patients of tuberculosis are at high risk of suffering from lung diseases. It hinders the development of a baby when a pregnant woman smokes. There are also high risks for the baby to suffer from various infections. The baby is likely to develop asthma as s/he grows up," warned Chokhani.

The research was done to assess the socio-demographic characteristics of cardiovascular diseases and cancer patients; determine medical costs of diagnosis and treatment of tobacco related cardiovascular diseases and cancer, and to determine non-medical costs of diagnosis and treatment of cardiovascular diseases and cancer.

It also aimed to determine productivity losses of patients and their care givers because of illness.

4. NayaPatrika Daily
May 24, 2019

नेपाल पत्रिका - २०६६ जेठ ११, शनिवार

चुरोटका अम्मलीमा मुटुरोगको जोखिम मुटुरोगीमध्ये ४५ प्रतिशत गरिब र अशिक्षित

बर्साँ २३ हजारको मृत्यु
एकसय नेपालले सुर्तीजन्य

मुटुरोगको अत्यधिक जोखिम बढिरहेको छ । स्वास्थ्य रोगीमध्ये पनि ४५ प्रतिशत गरिब र अशिक्षित रहेको एक अध्ययनले देखाएको छ । एकसय नेपालले हालै गरेको अनुसन्धानमा नियमित चुरोट सेवन गर्ने गरिब र अशिक्षितहरूमा मुटुरोगको सम्झमा बढी देखिएको हो ।

देशभरका ठूला अस्पताल धेरै २३ जना मुटुरोगका बिरामीको केवल रोक अन्ततःपछि गरिएको एकसय नेपालका अध्यक्ष आनन्दबहादुर बस्नेले जानकारी दिए । अनुसन्धानकर्ताहरूले चुरोटको कारण मुटुरोग भएका बिरामीलाई अध्ययनको आधार बनाएका थिए ।

एकसय नेपालका डा. देवीप्रसाद प्रसाईंले चुरोटसँग सम्बन्धित विभिन्न रोगको उपचारमा लाग्ने खर्च र नियमित प्रयोग गर्ने चुरोटमा गर्ने खर्च जोडदा एक व्यक्तिले वर्षमा नौ लाख खर्चोसम्म बढी खर्च गर्ने गरेको पाइएको बताए ।

अस्पताल भर्ना भएका मुटुरोगका बिरामीहरूको अतिथिमाको आधारमा यस्तो खर्च देखिएको हो । चुरोट सेवनले गम्भीर हुने मुटुरोगको उपचारमा मात्रै प्रत्येक वर्ष ३३ अर्ब रुपैयाँ खर्च हुने गरेको डा. प्रसाईंले जानकारी दिए ।

बर्साँ २३ हजारको मृत्यु
एकसय नेपालले सुर्तीजन्य

पदार्थको सेवनबाट लाग्ने रोगका कारण बर्साँमा २३ हजार एक सय २३ जनाको मृत्यु हुने गरेको जनाएको छ । स्वास्थ्यका अध्येता आनन्दबहादुर बस्नेले सुकार आयोजित एक कार्यक्रममा तथ्यांक प्रस्तुत गरे । कार्यक्रममा तथ्यांक प्रस्तुत गरे पछि स्वास्थ्यका क्षेत्रीय उपनिवेशक डा. ताराबहादुर बस्नेले नेपालको कुल जनसङ्ख्यामध्ये ३० प्रतिशतले सुर्तीजन्य पदार्थको सेवन गर्ने आएको बताए । उनले पनि कति अशिक्षी भएका व्यक्तिले नै बढी सुर्ती सेवन गर्ने गरेको अध्ययनमा साइएको जानकारी दिए । डा. बस्नेले सुर्तीजन्य पदार्थ नियन्त्रण तथा नियमन गर्न बनेको कानून कडाइका साथ कार्यान्वयनमा ल्याउन आग्रह गरे ।

अत्यधिक खर्च
एकसय नेपालका अध्यक्ष बस्नेले नेपाल सरकारले सुर्तीजन्य पदार्थमा बन्ने कर लगाउने गरेको नियन्त्रणमा कठिनाई भएको बताए । सुर्तीजन्य पदार्थमा भारी सजायमा कर युक्त गर्नुपर्ने भन्दै चर्चले बालाचन्द्र, अर्जुन र भारतमा ६० प्रतिशत देखि ३० प्रतिशतसम्म कर लगाउने गरिएको जानकारी दिए । नेपालमा भने सरकारले २३ प्रतिशत मात्रै कर लगाउने गरेको छ ।

सुर्तीबाट ५० अर्ब राजस्व
उत्पन्न गर्ने २ अर्ब खर्च
राज्यले सुर्तीजन्य पदार्थबाट उठेको राजस्व स्वास्थ्य कर्मीहरूमा जम्मा गर्ने आएको छ । आन्तरिक

राजस्व विभागले यस वर्ष २३ अर्ब रुपैयाँ राजस्व संकलन गरेर स्वास्थ्य कर्मीहरूमा जम्मा गरेको छ । तर, सुर्तीजन्य पदार्थको सेवनबाट बिरामी भएकाहरूको उपचारमा मात्रै ३६ अर्ब रुपैयाँ खर्च

छलफलमा कसले के भने ?

- **बाण पोखरेल, संसदीय कानून न्याय तथा मानवअधिकार**
सुर्तीजन्य पदार्थ नियन्त्रण तथा नियमन गर्नेसम्बन्धी कानून कार्यान्वयनको छ । कोभिडसँग पनि भारीमा लागे । तर, पुरै नियन्त्रण भएको छैन । यसलाई कार्यान्वयनमा ल्याउन सार्थो साक्षिण्य हो । कानून बन्ने तर कार्यान्वयनमा ल्याउन नसक्नु मुख्य चुनौती रहेको छ । ग अंगरणी तर्जनीबाट बनेर कानूनले नियन्त्रणमा सक्षम भूमिका निर्वाह गर्ने छ ।
- **विष्णु पाण्डे, राष्ट्रिय**
कानून बनेको छ । त्यसको सही कार्यान्वयन आवश्यक छ । राम्ररी संरक्षित डाइजेन आवाज उठाएका छौं । सुर्तीजन्य पदार्थधरमा पनि हामीले स्वास्थ्य रोगीको । जसमाका प्रतिनिधि भएको बताउने पनि हामीलाई बसले गर्नुभए जनाएको छ ।
- **डा. भगवान कोइराला**
राज्य मुटुरोग विशेषज्ञ
चुरोट निलाल गरिबको रोग हो । गरिबले बानी ल्याएरले भन्दा बाध्यताले मात्रै चुरोट खाएको

देखिक । चुरोट सेवन गर्नालाई हुनसक्छ । चुरोट मात्रै खाएर व्यक्तिको नलीहरू पोखरेलले कलजका रोगी हुन्छ । त्यसैले, सेवन नियन्त्रण गर्न सरकारले चुरोटमा कर बाडेर सेवनकर्ता बढाउन सक्छ । यस्तै, चुरोट छान्नेलाई सामाजिक बहिष्कार वातावरणमा कम हुने आवश्यक देखिन्छ । जेलमा राखेर नियन्त्रण गर्न सकिन्छ । चुरोट सेवनका बृद्धहरू राखेरका हुन्छन् । त्यसले पछिल्लो पुस्तालाई प्रभावित गरेको छ ।

● **डा. रमेश चौधरी**
राज्य स्वास्थ्य विभाग
चुरोट सेवन गर्ने व्यक्तिको हाना, बेबीको, स्वास्थ्यकारणको बढी संख्या हुन्छ । यो तिमी गर्न सकिने । बसको उपचार भएको देखिनमा मात्रै हो । जसमा बसले ख्याती गराएर अतिथिमाको आवश्यकता पर्छ । तिम्रो खाँचोले उपचार गराउन सक्ने अवस्था देखिन्छ । तर, सुर्ती सेवन छोडेको बरा बर्षौँसम्ममा पाइरा पुग्ने गरेको देखिएको छ ।

भएको अधिकारीहरूले बताएका छन् । डा. प्रसाईंका अनुसार यस वर्ष ५० अर्ब खर्च भएकाले स्वास्थ्य विभागले २३ अर्ब नजुदा यस वर्ष २३ अर्ब मुने अवस्था रहेको उल्लेख गरे ।

5. Gorkhapatra Daily
May 24, 2019

सुर्तीजन्य पदार्थमा रोक लगाउनुपर्ने

■ गोरखापत्र समाचारबाट

काठमाडौँ, जेठ १० गते । शिक्षा तथा स्वास्थ्य समितिको सभापति जयपुरी घर्तीले क्यान्सर रोगलगायत नसर्ने रोग रोकथामका लागि सुर्तीजन्य पदार्थ रोक लगाउनुपर्ने बताउनुभएको छ ।

सुर्तीजन्य पदार्थबाट नेपालमा बर्साँमा २५ हजार व्यक्तिको मृत्यु भइरहेको भन्दै उहाँले तसर्ने रोगको रोकथाममा जोड दिनुपर्ने बताउनुभयो । स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय, स्वास्थ्य पत्रकार मञ्च र एकसय नेपालले संयुक्त रूपमा आयोजना गरेको 'सुर्तीजन्य पदार्थ नियन्त्रण र यसको सेवनले क्यान्सर तथा मुटुरोग उपचारमा लागत खर्चसम्बन्धी अनुसन्धानात्मक प्रस्तुतीकरण कार्यक्रममा सभापति घर्तीले सुर्तीजन्य पदार्थसम्बन्धी कानून कार्यान्वयनमा जटिलता रहेको भन्दै सबै पक्षको सहकार्यमा कानून कार्यान्वयन गर्नुपर्ने बताउनुभयो ।

कार्यक्रममा स्वास्थ्य तथा जनसङ्ख्या राज्यमन्त्री डा. सुरेन्द्रकुमार यादवले नेपालको सुर्तीजन्य पदार्थसम्बन्धी ऐन अन्य देशको तुलनामा उत्कृष्ट रहेको बताउनुभयो । नेपालमा सुर्तीजन्य पदार्थ नियन्त्रणका लागि सम्बन्धित निकाय लागुपर्ने भन्दै उहाँले कानून कार्यान्वयनमा लागुपर्ने बताउनुभयो ।

गोरखापत्र - २०६६ जेठ ११ (१५५२५, २०१९)

6. Rajdhani Daily
May 24, 2019

सुर्तीजन्य पदार्थको नियन्त्रणका लागि जनचेतना फैलाउन आवश्यक

काठमाडौँ/रास- सुर्तीजन्य पदार्थको सेवनले लाग्ने मुटु तथा क्यान्सर रोग र यसको उपचारमा लाग्ने खर्चबारे गरिएको अनुसन्धान प्रतिवेदन सार्वजनिक गरिएको छ । स्वास्थ्य पत्रकार मञ्च, एकसय नेपाल, स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय र द युनियनको सहकार्यमा भएको कार्यक्रममा स्वास्थ्य तथा जनसङ्ख्या राज्यमन्त्री डा. सुरेन्द्र यादवले सुर्तीजन्य पदार्थको निवारणका लागि जनचेतना फैलाउन आवश्यक रहेको बताए ।

शिक्षा तथा स्वास्थ्य समितिका सभापति जयपुरी घर्तीले सुर्तीजन्य पदार्थको प्रयोगलाई नियन्त्रण गर्न आफू प्रतिबद्ध भएको बताइन् । कानून, न्याय तथा मानवअधिकार समितिका सभापति कृष्णभक्त पोखरेलले सुर्तीजन्य पदार्थ नियन्त्रण गर्न कानूनको आवश्यकता पर्ने बताए । महिला तथा सामाजिक समितिका सभापति नीरुदेवी पालले सुर्तीजन्य पदार्थ नियन्त्रणका लागि बनेको कानूनलाई कडाइका साथ लागू गर्नुपर्ने बताइन् ।

सांसदहरू लेखराज भट्ट र अञ्जना विस्खेलगायतले बोलेका थिए । वरिष्ठ मुटुरोग विशेषज्ञ प्राडा भगवान कोइरालाले सुर्तीजन्य पदार्थलाई सार्वजनिक रूपमै बहिष्कार गर्नुपर्ने बताए ।

राजधानी दैनिक, २०६६ जेठ ११ (१५५२५, २०१९)

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