Dili Declaration on Tobacco Control 2015

Sixty-eighth Session of the Regional Committee, 7-11 September 2015, Dili, Timor-Leste

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Sixty-eighth Session of the Regional Committee in Dili, Timor-Leste,

Note with deep concern that tobacco use, in all its forms, is most harmful to public health, being the major risk factor for many noncommunicable diseases (NCDs) and preventable and premature deaths; and that the prevalence of tobacco use in the Region is still unacceptably high and accounts for nearly half of global tobacco users; and that smokeless tobacco use, in particular, is highest in this Region as well as increasing alarmingly in many of the countries;

Further note that harmful effects of tobacco use are not confined to the users themselves or to merely health outcomes; and that family members and people around users, who face the effects of secondhand and thirdhand smoking, as well as society as a whole are also vulnerable to tobacco-related diseases, along with losses in productivity, impact on quality of life, and economic cost to society due to increased morbidity, mortality and health-care expenditure and damage to property;

Concerned with the prominence of tobacco use among the most socioeconomically vulnerable population groups, and the close association between tobacco use and poverty and social inequity at the individual and aggregated scales;

Aware that the Region has become an emerging market for the tobacco industry, which aggressively applies their marketing techniques – including introduction of new tobacco products tailored to each customer segment and conduct marketing beyond country borders in order to recruit and maintain their customers for long-term profit – as well as expand interference to limit tobacco control efforts and the effectiveness of the measures by governments and civil society, including through illicit tobacco trade within and across countries;

Recognizing that most tobacco-related health and socioeconomic impacts are preventable through implementation of appropriate cost-effective and robust interventions – particularly best-buy interventions, including tobacco tax and price measures, and comprehensive marketing regulations – to protect people, and through promoting tobacco-free workplaces and public spaces, and by issuing warnings about the threat from tobacco;

Concerned with the increasing use of electronic nicotine delivery systems (ENDS), including electronic cigarettes, and the emerging evidence of their adverse health impacts;

Acknowledging that the WHO Framework Convention on Tobacco Control (WHO FCTC), together with the WHO MPOWER measures, are guidelines for Member States in the South-East Asia Region in their efforts to develop, strengthen, implement and manage tobacco control, and to effectively address industry interference;

Mindful of the United Nations High-Level Political Declaration on the Prevention and Control of NCDs adopted by the United Nations General Assembly in 2011, and that tobacco control is a crucial element of NCD prevention and control, and further that Member States in the Region have committed during the Sixty-sixth session of the WHO Regional Committee for South-East Asia to achieve 30% reduction in tobacco use by 2025 as part of the regional voluntary targets on NCD prevention and control and through stricter implementation of supply-and-demand provisions of the WHO FCTC;
Noting that all Member States have programmes to prevent and control the tobacco menace, contributing to progress in tobacco control in the Region, and in particular by implementing the WHO FCTC;

Concerned with major challenges to the implementation of the WHO FCTC and to advance tobacco control in the Region, including challenges to strengthen regulatory systems and infrastructure, difficulties in implementing national tobacco control legislations, and the slow progress in policy strengthening, achieving tobacco-related social norms such as for smokeless tobacco, and the shortage of competent human resources, in particular to provide tobacco cessation services;

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

1. Further strengthening the coherent, comprehensive and integrated approach in tobacco control, including achievement of regional voluntary targets on NCD prevention and control;
2. Advocating for and facilitating a multisectoral and multidisciplinary approach on tobacco control, including implementation of the WHO FCTC and the WHO MPOWER measures at the highest levels;
3. Building and enhancing national capacity and mobilizing financial, technical and human resources – as well as facilitating the proactive coordinated engagement of stakeholders including ministries other than health and communities – for effective tobacco control and prevention at all levels;
4. Developing, strengthening and/or implementing, as appropriate, legal frameworks, regulatory mechanisms and policies – including the regulation of importation, manufacture, storage, distribution, marketing and sale of all tobacco products – and public campaigns, and the promotion of health literacy on the harms of tobacco use;
5. Strengthening health systems to address tobacco control and prevention, including provision of tobacco cessation services at all health-care levels; user-friendly helplines; screening for tobacco-related cancers and other NCDs amenable to early detection; the training and retraining of health professionals; and strengthening laboratories and health information systems;
6. Promoting evidence-based national tobacco control and the implementation of the WHO FCTC through the strengthening of surveillance and database systems on tobacco use, including smokeless tobacco, and the health and social consequences of tobacco use, good practice in tobacco control, and progress in the implementation of the WHO FCTC, as well as basic and operational research;
7. Developing and reinforcing national, regional and intercountry collaborating mechanisms for regular sharing of data and best practices on tobacco control, in facing the challenges from the industry, and supporting cross-border control of tobacco-related trade and marketing;
8. Considering measures, as appropriate, even beyond WHO FCTC guidelines in the interest of protecting public health from the harms of tobacco use;
9. Developing smokeless tobacco control strategies specific to the Region and to Member States in the Region, including improved surveillance of smokeless tobacco products and related indicators as part of regular health surveys; and
10. Developing and adopting policies and new regulations on electronic nicotine delivery systems (ENDS), including, as appropriate, the banning or restricting of sales, promotion, advertising and sponsorship of ENDS.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for South-East Asia to continue to provide leadership and technical support in building partnerships between governments, United Nations agencies, relevant global health initiatives, bilateral and multilateral agencies, and with academia, professional bodies, civil society organizations, related sectors and the media, to jointly advocate, provide technical and financial support and effectively follow up on all aspects of this Dili Declaration on Tobacco Control.

Dili, Timor-Leste, 7 September 2015