

**OPENING CEREMONY**  
**08 MAY 2017**

**SOUTH ASIA TOBACCO CONTROL LEADERSHIP PROGRAMME, 8–13 MAY 2017, KATHMANDU**

**REMARKS BY H. E. MR. AMJAD HUSSAIN B. SIAL, SECRETARY GENERAL OF SAARC**

**Honourable Gagan Kumar Thapa, Minister of Health,  
Distinguished Delegates,  
Ladies and Gentlemen,**

It is an honour for me to address the Opening Ceremony of the South Asia Tobacco Control Leadership Programme. The presence of distinguished participants from all Member States of SAARC makes this event particularly significant. I extend a very warm welcome to all of you to Kathmandu.

I wish to thank the Ministry of Health of the Government of Nepal, International Union Against Tuberculosis and Lung Disease, Johns Hopkins University and Action Nepal for organizing this important event. I would also like to take this opportunity to express our sincere gratitude to Honourable Gagan Kumar Thapa, Minister of Health, for gracing this Opening Ceremony as the Chief Guest.

As all of us are aware, the use of tobacco is a major public health threat globally. It is one of the most critical risk factors for non-communicable diseases, especially cancer, cardiovascular diseases and lung diseases. According to the World Bank data of 2014, tobacco kills 5.4 million people a year, which accounts for one in ten adult deaths worldwide.

While tobacco use in developed countries is on the decline, in South Asia, approximately 1.2 million people die every year from tobacco use. Data on adult smoking prevalence in the South Asian region is alarming. Equally worrisome is the widespread use of tobacco among the youth in the region. According to the Global Youth Tobacco Survey conducted in some countries in the South Asian region, one in ten students in the age group of 13 to 15 years is a smoker. Tobacco use, therefore, continues to remain one of the most serious public health concerns in the South Asian region, which is home to more than half of the world's poor. Additionally, South Asia represents the single largest area in the world for production and consumption of tobacco products. To address these grim scenarios, what we need is a concerted response, backed up by effective legal and policy interventions both at national and regional levels.

At the national level, it is a matter of satisfaction to note that all our Member States remain committed to curb the use of tobacco through various initiatives, including through public advocacy and campaign, and public-private partnerships.

At regional level, the SAARC Convention on Child Welfare, adopted in 2002, sets out a number of guidelines and recommendations for tobacco control in the region. Other SAARC mechanisms, such as, the Technical Committee on Health and Population Activities and Meetings of Health Ministers provide technical and policy guidance to address the issue of tobacco use in the region. The SAARC Tuberculosis and HIV/AIDS Centre serves as an important regional platform in controlling tuberculosis.

At international level, I am happy to note that all eight Member States of SAARC are signatories to the World Health Organization Framework Convention on Tobacco Control (FCTC). In this context, it is encouraging to note that the policy package, known as MPOWER, endorsed by WHO, to help the signatories successfully achieve the goals of FCTC is particularly useful. I am pleased to see that some countries in the region have made significant progress under MPOWER's six recommended policies, namely, monitoring tobacco use and prevention; protecting people from tobacco smoke; offering help to quit tobacco use; warning people about the danger of tobacco; enforcing bans on tobacco advertising, promotion and sponsorship; and raising taxes on tobacco.

There are, however, challenges in the implementation of the provisions of FCTC. Some of these arise out of inadequacies in infrastructures, legislations, regulations and acts, and financial and human resources.

Similarly, fragile mechanisms to enforce existing tobacco control measures hamper the effectiveness of national efforts.

In spite of the challenges, I am happy to state that South Asian countries are making sustained efforts to minimize tobacco use through both policy and legal interventions that are being or can be complemented by SAARC, especially in dealing with cross-border issues such as tobacco smuggling and its trade.

Since the problem is transnational in nature, it calls for a well-coordinated and a multi-sectoral approach, supported by strong legislation.

Above all, all our Governments must commit themselves to strengthen public health institutions, ensure adequate financial and human resources, and support partnerships.

I am happy to state that this six-day Programme in Kathmandu is an inspiring example of partnership among various stakeholders in curbing the use of tobacco in the region.

In concluding my remarks, I wish the distinguished delegates fruitful exchange of views in promoting strong, effective and sustained partnerships to control use of tobacco in South Asia. I would also like to thank the organizers once again for this important initiative.

I thank you.

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