2nd Conference The International Union Against Tuberculosis and Lung Disease South East Asia Region Dhaka Bangladesh: 9th – 12th March 2014

The conference was attended by 533 delegates from 10 countries. The conference deliberated on the challenges to humanity with reference to lung health including tuberculosis and tobacco control and called for:

- Accelerating efforts for reducing consumption and availability of tobacco in all of the countries of the region through full, effective and accelerated implementation of policy measures recommended under WHO-FCTC and adopting strategies for new products being launched with an aim to achieve a target of 30% relative reduction in tobacco use prevalence by 2025 as adopted by The World Health Assembly on NCDs (WHA), in May 2013.

- Improved and sustained efforts for decreasing the prevalence and mortality of tuberculosis as it is still an increasing threat to health in the Union South East Asia Region. Throughout the Region, TB is often related to social and economic factors and poor adherence to TB control practices resulting in multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). Many countries in the region need to increase the competency and motivation of human resources for TB control and care. MDR TB and TB-HIV co-infection needs to be tackled in a comprehensive manner. The countries of the region need to work together as TB does not respect borders.

This conference therefore deliberated to identify strategies for reducing tobacco related harm to health in the 21st century and setting country-wise targets to protect present and future generations from the harms of tobacco use and strategies to decrease the incidence, prevalence and mortality of tuberculosis amongst the population.

Conference Declaration
The participants of this conference:

Recognizing - The immense adverse impact of the tobacco epidemic, globally and particularly in low- and middle income countries and the need to hasten tobacco control efforts across the world and the challenges faced in the face of morbidity and deaths caused by tuberculosis and high burden of TB effecting the economic growth of the region as most of the TB cases are from productive age group.

Observing - That despite the progress to adopt effective, evidence-based tobacco control policies, efforts towards better case notification and treatment for Tuberculosis; reduction in smoking
prevalence in developing countries including smoked and smokeless tobacco continues to increase along with an increased incidence of drug sensitive and resistance TB in the region.

Identifying Tuberculosis burden and tobacco epidemic as a global and regional threat, which is equitable to social and economic development.

Emphasizing a multi-sectoral approach and wide ranging partnerships remain central to decrease the pre-mature deaths and diseases caused by Tuberculosis and tobacco use.

Expressing the concern for tactics used by tobacco industry and its interference with public health policy for tobacco control

**Recommend:**

1. Improve political commitments to implement Global/Regional WHO TB Control Policies and Strategies;
2. Universal access to all forms of TB cases including key affected and vulnerable population;
3. Introduce and expansion of new diagnostic tools for appropriate identification of all forms of TB;
4. Ensure uninterrupted of quality first and second line anti-TB drugs including new drugs for all forms of TB;
5. Engage all care providers including professional bodies, communities, civil societies/NGOs;
6. Improve management capacity of human resources at all levels in the countries;
7. Expand and strengthen public private partnership at all levels;
8. Expand multi-sector collaboration within health and other development sectors to address risk factors and social determinants of health;
9. Increase and sustain domestic and international financial resources in TB care and control;
10. Ensure integration of smoking cessation services at all levels of TB care and control;
11. Adoption of laws to make tobacco control efforts consistent with all provisions of WHO-FCTC;
12. Accelerated implementation of the tobacco control laws already in place;
13. Sustained government commitment and allocation of resources for the development and implementation of national tobacco control programmes;
14. Periodic collection and update for nation-wide data collection and analysis on the magnitude, patterns, determinants and consequences of both smoking and smokeless tobacco use and exposure to feed the development of national policies on tobacco control;
15. Raising tobacco taxes on all products consistent with levels recommended by WHO;
16. Utilization of tobacco derived tax revenues for strengthening the implementation of national tobacco control programmes and universal health coverage including cessation services;
17. Strengthening of inter-governmental, inter-ministerial and multi-sector coordination to prevent tobacco industry interference in the effective implementation of: the FCTC.