



Bangladesh Parliamentary Forum for Health and Wellbeing

বাংলাদেশ পার্লামেন্টারি ফোরাম ফর হেলথ অ্যান্ড ওয়েলবিং



COX'S BAZAR DECLARATION

CONFERENCE ON ACHIEVING A TOBACCO-FREE BANGLADESH BY 2040

COX'S BAZAR, BANGLADESH. 18-20 MAY 2022

We, forty Members of Parliament of Bangladesh participating in the Conference on Achieving a Tobacco-Free Bangladesh by 2040, organized by Bangladesh Parliamentary Forum for Health and Wellbeing at the Sea Pearl Resort, Cox's Bazar, Bangladesh on 18-20 May 2022, affirming the commitment expressed in the visionary statement of 31 January 2016 by the Honorable Prime Minister, Her Excellency Sheikh Hasina in her speech in the South Asian Speakers' Summit to make Bangladesh tobacco free by 2040, and in pursuit of health for all, hereby make the following Declaration.

ACKNOWLEDGING PROGRESS AND RECOGNIZING THE URGENT NEED FOR ACTION

1. We agree that the manufacture, marketing and sale of tobacco products are incompatible with the human right to health. In this regard, we reaffirm the value of the preamble of the WHO Framework Convention on Tobacco Control (FCTC), in which the Parties express their determination "to give priority to the right to protect public health"; we reaffirm that reducing tobacco use plays a major role in achieving the Sustainable Development Goal target to reduce premature deaths from noncommunicable diseases by one third by 2030; and we respect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as expressed in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).
2. We reaffirm the position taken by the Committee on Economic, Social and Cultural Rights in its General Comment No. 14 that the "failure to discourage production, marketing and consumption of tobacco" constitutes a violation of the obligation to protect the right to health under Article 12 of the ICESCR.
3. We are alarmed that over 42% of adults are exposed to secondhand tobacco smoke at the workplace and 59% of youth are exposed to secondhand smoke in public places.
4. We are seriously concerned at the continued health burden caused by tobacco on Bangladeshi society and individual citizens, with over 161,000 deaths directly caused by tobacco in 2020, 1.5 million adults suffering from diseases attributable to tobacco use and nearly 61,000 children suffering from diseases due to exposure to secondhand smoke.
5. We are also deeply concerned at the economic burden of tobacco in Bangladesh with BDT 84 billion spend on treating tobacco related diseases and BDT 221 billion in lost productivity from tobacco attributable death and disease in 2018 alone.
6. We recognize that the most effective and proven means to combat the tobacco epidemic, and the insidious influence of the tobacco industry in promoting its deadly products, is to implement the evidence-based policies set out in the WHO FCTC and its implementing guidelines.



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7. We celebrate the achievements of Bangladesh in tobacco control, through the Smoking and Using of Tobacco Products (Control) Act 2005, as amended in 2013, and the Smoking and Tobacco Products Usage (Control) Rules 2006 and 2015, that led to a reduction in overall adult smoking rates from 43.3% in 2009 to 35.3% in 2017.

8. We are, however, concerned that Bangladesh is falling behind other countries, both regionally and globally, in its implementation of key tobacco control policies and global best practice.

9. In particular, we are deeply concerned that, despite all the evidence as to the harms caused by secondhand smoke and the ineffective nature of Designated Smoking Areas (DSAs) in protecting people against secondhand smoke, Bangladesh continues to allow DSAs in many public places including office buildings, on certain public transport and in certain restaurants.

10. Further, we are concerned about gaps in the Bangladeshi law that continue to allow the tobacco industry to promote itself and its deadly products through point of sale displays and corporate social responsibility programs; and to attract young people through attractive branding on packaging and the sale of single cigarette sticks or unpackaged tobacco products

11. Further, we are alarmed by the huge increase in global sales of emerging tobacco and nicotine products, including e-cigarettes, heated tobacco products, and oral nicotine pouches, and the sharp increases in youth use of such products in many countries; alarmed at the potential for the tobacco and nicotine industries to establish markets in Bangladesh and promote these products to Bangladeshi youth; and concerned that these products are currently unregulated in Bangladesh.

12. We therefore emphasize the importance of continued and urgent progress to full implementation, at the highest level, of all demand and supply reduction policies established in the WHO FCTC and its implementing guidelines, together with full compliance with the General Obligations of that Treaty, in particular the obligation to protect those policies from the commercial and other vested interests of the tobacco industry as established under Article 5.3.

THE ACTIONS REQUIRED TO ACHIEVING A TOBACCO-FREE BANGLADESH BY 2040

13. We believe that a Tobacco-Free Bangladesh can be achieved by 2040, in pursuance of the visionary statement of the Honorable Prime Minister Her Excellency Sheikh Hasina of 31 January 2016, and that the next step in achieving this exemplary goal is through amendments to the relevant laws and rules of Bangladesh.

14. We assert, in the strongest terms, the need to adopt the necessary laws and rules to implement the following tobacco control measures, in accordance with Bangladesh's obligations under the WHO FCTC, and as identified in the report of Dhaka International University of December 2021 "*Tobacco Control Laws of Bangladesh – Analysis of Gaps and Proposed Reforms*", THAT: –

- i. All indoor public places and public transport should be 100% smoke-free with the removal of any provision that permits designated smoking areas.



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- ii. The display of tobacco products at any retail points of sale should be prohibited.
- iii. All Corporate Social Responsibility programs by tobacco companies should be prohibited.
- iv. The sale of single sticks, unpackaged or loose tobacco or smaller packs should be prohibited.
- v. The size of pictorial health warnings on all tobacco products should be increased to 90% of the front and back surfaces of packages.
- vi. There should be a complete prohibition on the import, export, manufacture, distribution, sale, and marketing of e-cigarettes, heated tobacco products, oral nicotine pouches and other emerging tobacco and nicotine products.

15. We call on all stakeholders – health professionals, academia, patients, civil society, local and international partners, agencies and funds, the private sector, faith-based organizations and others – to align with these national policies, to take joint actions to build stronger and sustainable tobacco control policies to achieve a Tobacco-Free Bangladesh. Stakeholder support can assist government actions to develop, adopt, implement and enforce the necessary measures to address the devastating burden of tobacco addiction.

16. We will act on this Declaration in solidarity and coordination between Government, Ministers, Members of Parliament and all stakeholders, and will encourage others to support the aims and objectives of this Declaration. Together we can and will achieve health and well-being for all, leaving no one behind, with constant work and progress towards a Tobacco-Free Bangladesh by 2040.

Md. Habibe Millat

Professor Dr. Md. Habibe Millat MP

Chairman, Bangladesh Parliamentary Forum for Health and Wellbeing
20 May 2002, Friday

Attachment: List of Hon'ble Members of Parliament.