

Index for Tobacco Control Sustainability

TIMOR-LESTE

| INDICATORS | | Present (P)/ Absent (A) | Weighted Score | Country Score |
|--------------------|---|----------------------------|-------------------|------------------|
| 1. | Prerequisite Indicator: >4 MPOWER policies in place | A | 9 | 0 |
| 2. | National tobacco control budget (annual) | A | 7 | 0 |
| 3. | National tobacco control law | P | 6 | 6 |
| 4. | National budget allocation for tobacco control capacity building | A | 6 | 0 |
| 5. | Tobacco taxation >75% of retail sales price | A | 6 | 0 |
| 6. | Tobacco taxation increases faster than inflation plus gross domestic product growth | A | 6 | 0 |
| 7. | National tobacco control unit | P | 5 | 5 |
| 8. | Civil society tobacco control network | P | 5 | 5 |
| 9. | Civil society representation in national tobacco control advisory committees | A | 5 | 0 |
| 10. | Health promotion fund for, or including, tobacco control | A | 5 | 0 |
| 11. | National policy against tobacco industry corporate social responsibility | A | 5 | 0 |
| 12. | Tobacco-related mortality and morbidity recording system | P | 5 | 5 |
| 13. | National evaluation framework in place | P | 5 | 5 |
| 14. | Evaluation built into all major policy implementation plans | A | 5 | 0 |
| 15. | National tobacco control strategy | A | 4 | 0 |
| 16. | Tobacco control and noncommunicable diseases form part of national health policy | P | 4 | 4 |
| 17. | Tobacco control forms part of national development plan | P | 4 | 4 |
| 18. | Human resource for implementation (national) | P | 4 | 4 |
| 19. | Global Tobacco Surveillance System surveys | P | 4 | 4 |
| 20. | Intergovernmental coordination mechanism | P | 3 | 3 |
| 21. | Capacity building plan for tobacco control personnel | A | 3 | 0 |
| 22. | Developmental assistance funding includes tobacco control | P | 3 | 3 |
| 23. | Code of conduct for government officials and staff | A | 3 | 0 |
| 24. | Ministry of health WHO FCTC Article 5.3 policy | A | 3 | 0 |
| 25. | WHO FCTC Article 5.3 policy across all ministries | A | 3 | 0 |
| 26. | Economic and social tobacco costs data | P | 3 | 3 |
| 27. | National focal point post | P | 3 | 3 |
| 28. | National advisory committee | A | 2 | 0 |
| 29. | Capacity building plans on research and evaluation | A | 2 | 0 |
| 30. | Mass media campaigns funded | A | 1 | 0 |
| 31. | Capacity building plan for non tobacco control specific personnel | A | 1 | 0 |
| Total Score | | | 130 | 54 |

Explanations of scores:

1. According to the WHO GTCR report 2021, only health warning and mass media in Timor-Leste have met the highest level of practice. Timor-Leste also conducted the Global Youth Tobacco Survey (GYTS) and the Demographic and Health Survey, in 2019 and 2016 respectively for a comprehensive overview of progress in reducing tobacco use and promoting public health.
2. The Government of Timor-Leste allocates a maximum fund of only US\$40,000 for tobacco control activities. This funding is provided by various ministries. The amount falls short of the required 0.11% per capita allocation.
3. The National Law for Tobacco control was approved in 2016. (<http://www.mj.gov.tl/jornal/?q=node/13>)
4. There is no fund allocated to tobacco control capacity building. The Ministry of Health (MoH) is usually supported by WHO on tobacco control activities including capacity building.
5. The current excise tax is \$19/kg, plus 2.5% of sales tax and 2.5% of import tax, which is still far below WHO's recommendation.
6. There hasn't been any increase of taxes since 2008. The parliament in 2021 approved the increase of excise tax to \$50/kg, which is to be implemented in 2022.
7. The tobacco law has stipulated that each government sector should establish a dedicated tobacco control unit. These units are actively involved in the implementation of the current tobacco law. However, a need exists to strengthen multisector collaboration so that tobacco laws are enforced effectively.
8. The National Alliance for Tobacco Control, consisting of 11 active members and international partners, has been diligently working towards the development of tobacco control activities in Timor-Leste. Their primary objective is to enforce the implementation of tobacco control laws and guidelines set forth by the WHO FCTC.
9. The tobacco control law, specifically Article 25, mandates the presence of a CSO representative in the National Council for Tobacco Control (NCTC). However, the NCTC has not been established yet.
10. There is no dedicated Health Promotion Fund for tobacco control. Funds obtained from fines are collected by the inspection authority and allocated to the general revenue.
11. The government has yet to develop a national policy against tobacco industry corporate social responsibility.
12. The National Hospital tracks data on mortality and morbidity. This data is regularly collected from various sources, including village health centers, regional hospitals, and the National Hospital itself.
13. The multisectoral action plan for noncommunicable diseases (NCDs) includes a three-year tobacco control plan. This plan details responsibilities, timelines, and methods, and includes regular monitoring and evaluation. Multisectoral meetings occur quarterly, with an annual evaluation to assess progress. (https://www.who.int/docs/default-source/searo/ncd/tls-ncd-action-plan-2018-2021.pdf?sfvrsn=f0a8dee7_2)
14. Tobacco control policies do not have specific evaluation indicators built into their implementation plans.
15. Although a national tobacco control strategy is not yet in place, the MoH and its partners have developed a three-year action plan for NCDs, which includes key tobacco control interventions. The establishment of a National Tobacco Control Strategy may be considered once the National Tobacco Control Committee is established.
16. The interventions for NCD key risk factors are included in the National Health Sector Strategic Plan (2011–2030), and initiatives to improve oral health and reduce smoking and quid chewing are also included. (https://www.who.int/docs/default-source/searo/timor-leste/national-health-sector-plan.pdf?sfvrsn=70870918_2)

17. Tobacco control has been included in both the National Health Sector Strategic Plan (2011–2030) and the United Nations Sustainability Development Cooperation Framework (2021–2025). According to UNSDCF, the prevalence of adult tobacco use is set to be reduced by half by 2025 (from the baseline prevalence of 56.1%). (https://www.undp.org/sites/g/files/zskgke326/files/2022-09/UNTL%20UNDSCF_2021-2025.pdf)
18. The MoH has focal points for tobacco control at both national and municipality levels. They work under the ministry's NCD Unit.
19. Timor-Leste has three types of tobacco control surveys: the Global Youth Tobacco Survey, the Demographic Health Survey, and the Global Schools Tobacco Survey.
20. The multisectorial action plan for NCDs includes a detailed three-year tobacco control action plan. This plan outlines responsibilities, timelines, and methods, and emphasizes the importance of regular monitoring and evaluation. (https://www.who.int/docs/default-source/searo/ncd/tls-ncd-action-plan-2018-2021.pdf?sfvrsn=f0a8dee7_2)
21. Although a budget is allocated for capacity building of tobacco control personnel, it is supported by WHO and FCTC, not the government budget.
22. The WHO and FCTC have been providing funding assistance to the MoH annually.
23. The government has no code of conduct for public officials that outlines standards for dealings with the tobacco industry.
24. Although MoH doesn't have any partnership with or accept any assistance/sponsorship from the tobacco industry, no specific guideline/decreed exists for WHO FCTC Article 5.3 policy.
25. Timor-Leste hasn't adopted the WHO FCTC Article 5.3 policy yet.
26. The Timor-Leste government has data on household expenditure and loss of productivity from smoking-related diseases.
27. There is a focal point for tobacco control at the MoH.
28. Article 25 of the tobacco control law mandates the establishment of an interministerial committee to serve as an advisory body for tobacco control. However, this committee has yet to be established.
29. The national strategic plan doesn't include activities to build capacity for tobacco control research and evaluation. However, an annual evaluation meeting does track challenges and develop future actions.
30. The MoH has not allocated funds for tobacco control media campaigns.
31. The MoH capacity building programs for tobacco control initiatives also include non-tobacco-control-specific personnel. However, they are funded by WHO and FCTC, not by the government budget.

Background:

The Timor-Leste president promulgated the Decree Law on Tobacco Control on June 8, 2016. It is one of the most comprehensive tobacco control laws in the ASEAN region. The law provides for a number of measures to advance Timor-Leste's commitment to the WHO FCTC. The Decree-Law No. 14/2016 of June 8 on the Tobacco Control Regime is the primary law governing tobacco control in Timor-Leste. The Ministerial Statutory Order No. 10/2018 of May 9 on Regulations for Labeling of Tobacco Products was issued under the 2016 law and includes implementing details related to health warnings and other packaging and labeling requirements.

Main findings

The overall Index of Tobacco Control Sustainability score for Timor-Leste is 54 in the 2022 assessment.

Progress in tobacco control sustainability since 2016

The Timor-Leste government has demonstrated its strong commitment on tobacco control by enacting the National Law for Tobacco Control in 2016. According to the law, each sector of the government should establish a dedicated tobacco control unit. The MoH has appointed tobacco control focal points at both national and municipal levels. They are working under the NCD Unit of MoH and are actively involved in the implementation of the current tobacco law. However, there remains room to strengthen multisectoral collaboration to effectively enforce the tobacco control law. Timor-Leste also has a National Alliance for Tobacco Control consisting of 11 active members and international partners. The alliance has been diligently working toward the development of tobacco control activities. Their primary objective is to enforce the implementation of tobacco control laws and guidelines set forth by the WHO FCTC.

The Timor-Leste government has been receiving development assistance funding from WHO and FCTC. Efforts to strengthen tobacco control capacity building activities are under way at both national and subnational levels, with support from nongovernmental funding sources. The tobacco control program is subject to periodic evaluation through the Global Youth Tobacco Survey and the Demographic and Health Survey, which were conducted in 2019 and 2016 respectively. Furthermore, a system is in place to collect tobacco-use mortality and morbidity data from village health centers, regional hospitals, and the National Hospital.

Timor-Leste's Multisectoral Action Plan for Noncommunicable Diseases (2018–2021) includes a three-year tobacco control plan, which details responsibilities, timelines, and methods, and includes regular monitoring and evaluation plans for tobacco control. Multisectoral meetings occur quarterly, with an annual evaluation to assess progress. Moreover, tobacco control has been included in not only the National Health Sector Strategic Plan (2011–2030) but also the United Nations Sustainability Development Cooperation Framework (2021–2025). According to UNSDCF, prevalence of adult tobacco use is set to be reduced by half by 2025 (from the baseline prevalence of 56.1%).

Remaining gaps in tobacco control sustainability

Timor-Leste has been effectively implementing only two of the six MPOWER policies at the highest level (health warning labels and periodic monitoring of tobacco use and prevention policies), so opportunities remain to strengthen enforcement of the tobacco control law. Immediate action is imperative to execute priority interventions, including smokefree public places, comprehensive bans on TAPS, increased tobacco taxation, and easily accessible smoking cessation programs. To promote sustainable tobacco control initiatives, the government should allocate a dedicated budget for tobacco control activities. To prevent any interference from the tobacco industry, a national code of conduct must be adopted for officials from the Ministry of Health as well as other ministries. Such measures will undoubtedly contribute to the overall success of tobacco control efforts in Timor-Leste.