



**Regional Committee for the
Eastern Mediterranean**

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Progress report on
Tobacco-Free Initiative

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1. Introduction

There are two main issues for tobacco control in the Eastern Mediterranean Region in 2005: the entry into force of the WHO Framework Convention on Tobacco Control (FCTC); and the need for stronger capacity for tobacco control at national level. The WHO FCTC entered into force on 27 February 2005, and the first Conference of the Parties will be held during February 2006. To date only 7 countries of the Eastern Mediterranean Region have become Parties to the Convention: Egypt, Jordan, Oman, Pakistan, Qatar, Saudi Arabia and Syrian Arab Republic. This number is not as high as expected, given the number of countries that expressed intention to ratify the WHO FCTC through becoming signatories to it.

The entry into force of the WHO FCTC, and the follow-up required at national level by different sectors, has highlighted the need for sustainability and continuity of tobacco control programmes at national levels. Despite increased focus on national capacity development since the adoption of the regional plan of action for tobacco control by the Regional Committee for the Eastern Mediterranean, more efforts are needed to strengthen national capabilities for controlling tobacco, starting with the basic infrastructure at the Ministry of Health level.

2. The situation in the Region

Two sub-regional workshops on the FCTC were held in 2004, for member countries of the Gulf Cooperation Council and for African countries of the Region. Four participants from each country were invited, representing Ministries of Health, Justice and Foreign Affairs and the Parliament. Another sub-regional workshop will take place in Jordan in July 2005 for the remaining countries to ensure that all Member States of the Region are fully updated with regard to the national and legal requirements for becoming Parties to the Convention.

An informal regional alliance was established in 2004 between the Regional Office, the League of Arab States and the Health Ministers' Council for Cooperation Council States to raise awareness, enhance the level of political commitment, share information and mobilize the efforts of different sectors at both national and regional levels in support of the WHO FCTC. This alliance is still active, organizing two important workshops in 2004–2005. One, a workshop on strengthening tobacco control held by the League of Arab States, led to adoption of a resolution by the annual meeting of the Arab Ministries of Health in March 2005 on the need to ratify the WHO FCTC and strengthen national capacity for tobacco control. A workshop on tobacco and the media was held by the Health Ministers' Council for the Cooperation Council States and resulted in the development of a tobacco control plan of action for the media in the countries of the Gulf Cooperation Council.

National workshops on the FCTC ratification/accession process were held in Egypt, Islamic Republic of Iran, Morocco, Oman, Pakistan, Sudan and Tunisia. The strong political commitment of ministries of health was an important factor in the ratification in many countries of the Region. Equally important was the stability and sustainability of tobacco control activities and infrastructure at national level in those countries that have ratified or acceded to the FCTC.

Article 5 of the WHO FCTC highlights national plans of action, focal points for tobacco control (national coordination mechanism) and financial resources as important elements in strengthening the general obligations for tobacco control. These elements are clearly evident in the countries of the Region that have become parties to the FCTC. The situation in the remaining countries varies.

- There are specific focal points for tobacco control in all countries of the Region except two. However, 10 out of the 20 were changed during the past two years, and 17 out of the 20 also have other responsibilities, which means that they are not working full time for tobacco control (Figure 1). Only 7 focal points have regular access to internet in their workplaces, which is needed to facilitate communication with WHO and tobacco control networks.
- Only 8 countries confirmed the availability of a budget for tobacco control during the past year.

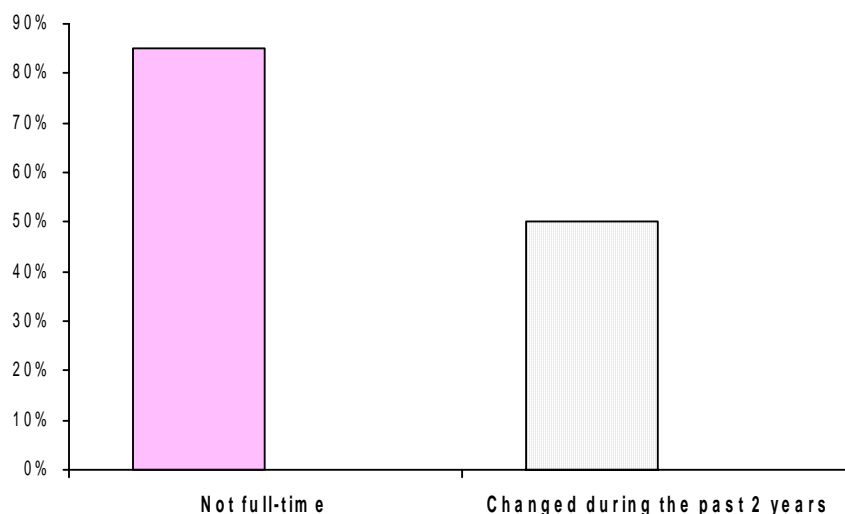


Figure 1. Appointment of focal points for tobacco control in countries of the Region

- Eight countries have a written plan of action for tobacco control, while another five are in the process of finalizing such plans (Figure 2).
- Only 11 countries have national multisectoral committees, and most do not meet regularly. Some countries have reported that the committee is not active and that the Ministry of Health is in the process of strengthening it.

This situation has affected the success, continuity and sustainability of tobacco control in the Region, in particular the process of ratifying/acceding to the FCTC. Sustainability can be achieved only through implementing comprehensive plans of action and not through ad hoc activities. Change of focal points involved in and following up the WHO FCTC also contributes to delay in ratification/accession of the Convention.

Tobacco control is a multifaceted problem that is impossible for the Ministry of Health to tackle alone. The involvement of other ministries will not only strengthen tobacco control but will also enhance understanding of its different aspects. All countries need to establish multisectoral committees for tobacco control and ensure that they meet regularly.

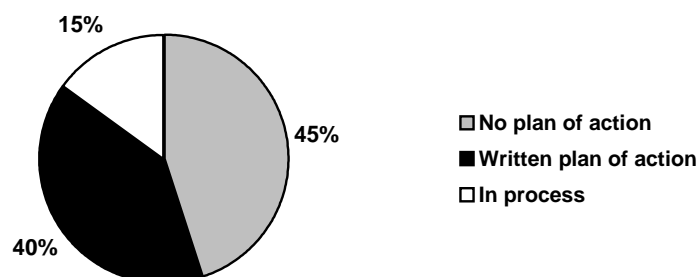


Figure 2. Availability of tobacco control plans of action in countries of the Region

3. Immediate challenges

The greatest challenge facing tobacco control in the Region continues to be the ratification, accession and implementation of the WHO FCTC. This cannot be achieved without the presence of certain key elements at national level: a full-time focal point, comprehensive plan of action, national multisectoral committee and budget for the programme.

The WHO FCTC is the only set of rules at the international law level that supports tobacco control, most importantly the cooperation between parties and the financial support. Member States must participate in the upcoming Conference of the Parties in order to have a say in shaping the future of the WHO FCTC, including its possible protocols, and to benefit from its protection.

Ministries of Health should take the lead and engage other sectors in briefing sessions and advocacy activities at national level to enhance understanding of the WHO FCTC and to promote its ratification. At the same time, the political commitment of Ministries of Health should be reflected in the sustainability, continuity and stability of tobacco control at national level. The WHO FCTC and national capacity to implement tobacco control are directly linked, and the success of one requires the existence of the other.