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منظمة الصحة العالمية
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Progress report on

Tobacco-free initiative

Contents

1. Introduction

In 2006, tobacco control activities in the Eastern Mediterranean Region are focused on two main issues: following up the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC); and addressing the rising use of shisha in the Region.

The first session of the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control took place on 6–17 February 2006 in Geneva. Since its entry into force on 27 February 2005, the Convention has become one of the most widely embraced treaties in the history of the United Nations.

One hundred and twenty-one countries are now Parties to the Convention. Of these, 110 countries participated in the first meeting of the COP, with 12 Member States present from the Eastern Mediterranean Region.

The first meeting of the COP to the WHO FCTC concluded with the adoption of the following decisions.

- Establishing the permanent Secretariat of the Treaty within the World Health Organization, located in Geneva. Delegates agreed on a budget of US$ 8 million for its functioning during the next two years. Parties agreed to fund it through voluntary assessed contributions. The Secretariat shall be responsible and accountable to the COP for technical and treaty activities and to the Director-General of WHO on administrative and staff management matters and technical activities where appropriate.
- Recommending that the Health Assembly continue to support, and where appropriate, to strengthen the Tobacco-free initiative in the period 2008–2009 to assist the Convention Secretariat.
- Inviting the Health Assembly, the UN, international and regional organizations, all Parties, relevant international, regional and sub-regional organizations, international financial institutions and other partners to support activities for tobacco control and form partnerships to assist this.
- Requesting the Convention Secretariat to assist developing country Parties and Parties with economies in transition with needs assessments, funding proposals, advice on funding and technical assistance, to promote exchange of expertise and launch awareness raising campaigns.
- Helping countries establish smoke-free places and effective ways of regulating tobacco products, Parties agreed to develop guidelines (non-binding instruments).
- Allowing the COP to assess progress made by countries in implementing the measures required by the Treaty through a pilot reporting questionnaire agreed upon by the Parties during the Conference.
- Establishing an ad-hoc group of experts that will study economically viable alternatives to tobacco growing and production, with a view to making recommendations on diversification initiatives for those countries whose economies depend heavily on tobacco production.

Shisha use is on the rise in the Eastern Mediterranean Region, with more and more people, especially young people, using it every day. Recent studies conducted among 15–35 year-olds in five governorates across Egypt show that 46.6% of the sample surveyed started smoking shisha before the age of 18 years and that 83% of shisha smokers live in homes where family members smoke. Moreover, the study showed that 29.3% of students spent more than 50% of their allowance on smoking shisha; one-third of the sample surveyed believe that smoking shisha has no harmful effects on health while 50.6% believe that shisha is less harmful than cigarettes. 71.5% of the sample surveyed felt that a shisha smoker is more susceptible to trying drugs than a non-shisha smoker. These alarming findings may signal an impending epidemiological shift in diseases caused by tobacco use to younger people, especially heart-related diseases, if shisha use is not tackled effectively. The situation in other countries of the Region is likely similar, as the Global Youth Tobacco Survey shows that nearly 19% of school students in the age group of 13–15 years use tobacco in forms other than cigarettes.

2. Regional progress

2.1 Implementation of the WHO FCTC

To date, 14 Member States of the Eastern Mediterranean Region are Parties to the WHO FCTC. Some of the countries of the Region are very advanced in terms of tobacco control legislation, while others still lack basic legislative support with regard to tobacco control. All countries that are Parties to the Convention are required to submit a report to the upcoming meeting of the COP on their activities and implementation status of the WHO FCTC.

Parties to the Convention have two types of obligation: immediate obligations, which must be implemented now and reported on to the next session of the COP, and other obligations that are linked to a specific time-frame. Delays in the implementation of immediate obligations will be evident during the second meeting of the COP.

A template for reporting has been approved by the COP and distributed to all delegates and countries. The mechanisms for completing this form are simple and systematic, nonetheless the form must be supported by evidence. The Regional Office will support Member States as necessary to complete the reporting process.

In similar international processes, civil society organizations customarily submit parallel reports, referred to as “shadow reports”, that examine the reports of the governments. It is therefore suggested that countries involve tobacco control nongovernmental organizations in the implementation process for the WHO FCTC at an early stage. This will synergize efforts and help avoid misunderstandings or discrepancies in information that might appear at a later stage at the international level during the second meeting of the COP.

2.2 Shisha use

Shisha was the focus of the Regional Office’s activities for World No Tobacco Day 2006. Three documents were developed in this regard: an advisory note in Arabic which was previously released in English by headquarters; a monograph on shisha; and a study on shisha use among youth in Egypt. The aim of these activities was to clarify misconceptions about shisha and to bring to the attention of decision-makers and the public the fact that shisha is a tobacco product as deadly as any other. The documents established a number of important findings.

1. Using a waterpipe to smoke tobacco poses a serious potential health hazard to smokers and others exposed to the smoke emitted.
2. Using a waterpipe to smoke tobacco is not a safe alternative to cigarette smoking.
3. A typical hour-long waterpipe smoking session involves inhaling 100–200 times the volume of smoke inhaled with a single cigarette.
4. Even after it has passed through water, the smoke produced by a waterpipe contains high levels of toxic compounds, including carbon monoxide, heavy metals and cancer-causing chemicals.
5. Commonly-used heat sources that are applied to burn the tobacco, such as wood cinders or charcoal, are likely to increase the health risks because when such fuels are combusted they produce their own toxicants, including high levels of carbon monoxide, metals and cancer-causing chemicals.
6. There is no evidence that any device or accessory can make waterpipe smoking safer.
7. Sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis and hepatitis.

3. Immediate challenges

In 2003, the 50th Session of the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC50/R.3, in which it urged Member States to sign and implement the WHO FCTC. The seven

Member States that are not yet Parties to the WHO FCTC can no longer participate in further activities related to the Convention, including the development of the two protocols on illicit trade and cross-border advertising. Eight experts from the Region are involved in the processes of developing the two protocols; the experts were selected from among countries that are Parties to the WHO FCTC. Now is the time for the remaining Member States to accelerate their efforts at ratification and accession to the WHO FCTC so that they may take part in these important activities. Involvement is especially crucial given the significant public health problems and economic losses faced in the Region as a consequence of cross-border tobacco advertising and illicit tobacco trade.

The second session of the COP will be held during the first six months of 2007; the venue and exact dates will be determined after proposals from governments. All country reports should be ready well in advance. At this stage, seven months after the first meeting of the COP, the reporting process should have started at national level. A multisectoral approach is needed to finalize the reporting process. All reports should be evidence-based and should refer to activities that have taken place after ratification or accession to the WHO FCTC, and not before it.

With regard to shisha, the WHO FCTC addresses tobacco in general rather than cigarettes in particular. It is therefore the legal obligation of Member States that are Parties to the Convention to take serious steps to regulate the use of shisha and to create awareness at country and regional levels about its health hazards. All the rules that apply for cigarettes should be applied for shisha as well, including the ban on advertising, product regulation, ban on smoking in public places, ban on sales to minors and all the measures that are mentioned in the WHO FCTC, especially Articles 10 and 11. Immediate action should be taken to control shisha use in cafes, where it is most commonly consumed. Member States in other Regions have taken firm action to regulate cigarette smoking in cafes and bars; measures undertaken in the Eastern Mediterranean Region to control this deadly habit should not be less courageous. As noted by Dr Lee Jong-Wook, the late WHO Director-General, “if in an Irish pub, a smoking ban can really work, then we know that anything is possible”.

Unless strong measures are taken now, the continued use of shisha at the current levels will result in a disastrous public health situation in the Region.