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The Tobacco-Free Initiative

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1. Introduction

The release of the Global Tobacco Control Report in 2008 made it very clear that tobacco use is still a worldwide epidemic, and that in the Eastern Mediterranean Region, it is far from being curbed.

The Global Tobacco Control Report 2008 introduced a set of recommendations known as the six MPOWER strategies: Monitor tobacco use and prevention policies; Protect from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

The MPOWER strategies are a technical package that, once fully implemented at national level, will enhance the implementation of the demand reduction measures of the Framework Convention on Tobacco Control (FCTC).

The Global Tobacco Control Report shows that the Region is lagging behind when it comes to the adoption of tobacco control policies and the implementation of the MPOWER strategies. Political will for tobacco control clearly exists in the Region, and has resulted in 17 ratifications of the FCTC. However, this political will has not yet been translated into concrete action.

2. Situation analysis

2.1 Monitor tobacco use and prevention policies

In 2000, WHO in collaboration with the Centers for Disease Control and Prevention introduced the Global Tobacco Control Surveillance System (GTSS). The system, which is being continuously developed to include more surveys, currently has four components.

Global Youth Tobacco Survey (GYTS)

Global Health Professional Student Survey (GHPSS)

Global School Personnel Survey (GSPS)

Global Adult Tobacco Survey (GATS)

The GATS is the most recently introduced survey, and is being piloted in the Region in Egypt. Once completed, it is hoped that the Regional Office will package the basic material in a user-friendly format to be used in other countries at a reasonable cost.

The other components of the GTSS are less frequently implemented. The Regional Office holds two workshops on the GTSS annually; one for training and the other for analysing data. In the coming year, the Regional Office will focus on expanding implementation of the GATS and on completing the third round of the GYTS components in all countries of the Region (Table 1).

2.2 Protect people from tobacco smoke

The guidelines of Article 8 of the FCTC on tobacco-free public places and protection from exposure to second-hand smoke were adopted in the Second Conference of the Parties to the FCTC. There has been growing demand for technical support in drafting legislation and developing the implementation tools for 100% tobacco-free public places. Countries of the Region vary in the policies they have adopted to protect their population from second-hand smoke (Figure 1).

The Regional Office, in collaboration with the International Institute of Public Health, developed a training module to be used at national level for developing policies on tobacco-free public places. A regional training session took place in November based on this module, followed by pilot national training for Egypt in which 5 governorates participated. The challenge now is the tobacco industry's increasing action to defend its interests by pushing for a designated areas policy. Evidence shows that once there is a designated area for smoking, it becomes more difficult to implement 100% tobacco-free public places.

Table 1. Implementation of the Global Youth Tobacco Survey in countries of the Region

Country	1st round	2nd round	3rd round
Afghanistan	2004	2009	_
Bahrain	2002	_	_
Djibouti	2003	2009	_
Egypt	2001	2005	2009
Islamic Republic of Iran	2003	2007	_
Iraq	2006	2008	_
Jordan	1999	2003	2007
Kuwait	2001	2005	2009
Lebanon	2001	2005	_
Libyan Arab Jamahiriya	2003	2007	_
Morocco	2001	2006	2009
Oman	2002	2007	_
Pakistan	2003	2008	_
Palestine			
Gaza Strip	2000	2005	_
West Bank	2000	2005	2009
Qatar	2004	2007	_
Saudi Arabia	2001	2007	_
Somalia	2004	2007	_
Sudan	2001	2005	2009
Syrian Arab Republic	2002	2007	_
Tunisia	2001	2007	_
United Arab Emirates	2002	2005	2009
Yemen	2003	2008	_

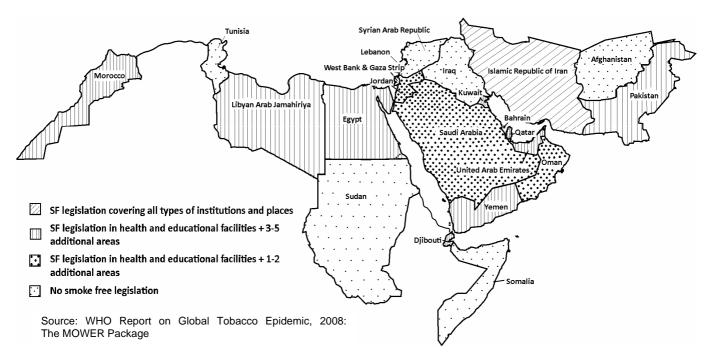


Figure 1. Status of smoke-free legislation in the Region

2.3 Offer help to quit tobacco use

The cessation component is one of the weakest links in tobacco control in the Region; only two countries have taken steps for the integration of cessation services within the existing health system. In other countries, cessation services are either based in the private sector or dealt with on an ad hoc basis. Tobacco cessation therapy exists in 16 countries. None of the 22 countries of the Region provides tobacco cessation services free of charge.

The Global Tobacco Control Report indicated that among smokers who are aware of the dangers of tobacco, three out of four want to quit. Counselling and medication can double the chance that a smoker who tries to quit will succeed. In most cases, a few basic treatment interventions can help tobacco users who want to quit. The report identified three measures for cessation services to be a successful intervention to control tobacco use:

Tobacco cessation advice incorporated into primary health care services Easily accessible and free quit lines

Access to low-cost pharmacological therapy.

None of the three measures is available in countries of the Region. A comprehensive analysis and evaluation of cessation services in the Eastern Mediterranean Region is required in order to meet the international recommended standards for cessation services.

2.4 Warn about the dangers of tobacco

By mid 2009, Jordan, Egypt, Islamic Republic of Iran and Djibouti will be implementing pictorial health warnings on cigarette packages. Member countries of the Gulf Cooperation Council are in the process of revising their specifications for warnings and it is expected that a pictorial health warning will be a requirement in all GCC countries very soon.

There are three main aspects of pictorial health warnings that are vulnerable to manipulation by the tobacco industry: the language used; the shape and design of tobacco packs; and the exclusion of some tobacco packs.

The specifications for producing tobacco packs should be taken seriously and applied firmly. Currently, specifications for production style are lacking; this gap is what the tobacco industry is working to exploit. The industry is now producing a 4-sided package, fan packs and square packs; the new styles are not necessarily considered by legislators when drafting the legislation for pictorial health warnings. Careful attention should be given to the language used; tobacco control focal points should work side by side with legislators to bring field experience to the drafting of text. The opportunity for updating should also be considered while drafting and changing legislation to include pictorial health warnings.

2.5 Enforce bans on tobacco advertising, promotion and sponsorship

Only a few countries in the Eastern Mediterranean Region enforce a total ban on advertising, i.e. a comprehensive ban that is complete and applies to all marketing and promotional categories. Eight Member States in the Region have applied a comprehensive ban: Djibouti, Islamic Republic of Iran, Jordan, Kuwait, Qatar, Sudan, United Arab Emirates and Yemen (Figure 2). The exclusion of other countries in the Global Tobacco Control Report might be due to lack of clarity on some components of the tobacco advertising ban, such as indirect advertising. As with other measures for tobacco control, comprehensive marketing bans must be periodically amended to include innovations in industry tactics and media technology.

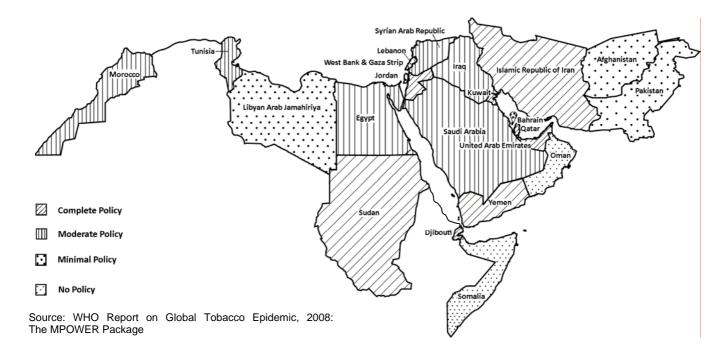


Figure 2. Status of policies on advertisement bans in the Region

The Regional Office has developed generic tobacco control legislation that addresses all the MPOWER components and other elements for tobacco control as reflected in the FCTC. The legislation has been put forward for the consideration of countries in drafting their own legislation. In 2009, it is expected that training on implementing the total ban on advertising and the guidelines of Article 13 of the FCTC will be conducted for countries of the Region. The total ban on advertising is a very effective tool for tobacco control, as studies have shown that up to a 16% decline in consumption occurs after its implementation. It is a tool that affects all socioeconomic groups of society.

2.6 Raise taxes on tobacco

There are many types of tobacco taxes; the most effective is usually an excise tax of a specific amount levied on a given quantity of tobacco, such as a tax paid per pack or carton of cigarettes.

Excise taxes should not be confused with sales taxes or value-added taxes that apply to all goods, or with corporate income tax levied on all business entities. By stating a specific amount of tax per unit of tobacco product, governments can avoid manipulation of the tax rate. Excise taxes should be simple and easy for countries to implement, and need to be adjusted regularly for inflation and consumer purchasing power to maintain their ability to reduce tobacco use. They should ideally be applied at the manufacturer level and certified by a stamp, rather than being levied at the wholesale or retail level, to reduce the administrative burden on these smaller businesses and to minimize tax evasion. The same type of amount-specific excise tax should be applied to imported cigarettes.

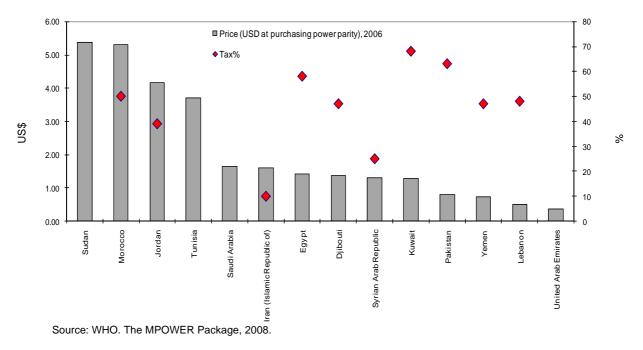


Figure 3. Price averages and relevant taxes in the Region

All tobacco products should be taxed similarly. Taxes on less expensive tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption. In this Region, for example, the increase should be applied to both cigarettes and shisha. In general, the prices in countries of the Region are lower than in other parts of the world; accordingly, the affordability is also higher. Prices have never been used as a tool for tobacco control in the GCC countries. Figure 3 shows the price averages and relevant taxes in the Region.

3. Future directions

Taking into account the new guidelines adopted by the Conference of the Parties and the MPOWER recommendations, it is essential for countries of the Region to undertake a comprehensive review of national tobacco control legislation, identify the gaps, and act accordingly to fill them. In doing so, certain pitfalls should be avoided.

Both technical people and legislators should participate side by side in drafting the legislation to ensure that technical details of tobacco control are properly addressed. For example, when addressing pictorial health warnings, the recommendation is that 50% of the total size of the pack is covered, not 50% of the two main sides. Giving due attention to such details will result in better implementation and tighter measures that the tobacco industry cannot undermine.

Some of the measures requested in the FCTC and recommended in the MPOWER package, such as taxation, increase require building national evidence. While moving towards stronger measures, it is important that the relevant studies are conducted at the same time, so that policy action can be supported by technical evidence.

Even in countries where tobacco legislation exists, it may not be visible due to lack of enforcement and social compliance. Thus, while working to develop new legislation it is vital to take a comprehensive approach towards ensuring its full implementation through identifying the enforcement authority and the enforcement measures, taking into account the possibility of phasing and setting a national deadline for enforcement. An earmarking approach can be used for the financing of tobacco control developments and policy implementation.

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Finally, it must be recognized that as countries move towards stronger tobacco control measures, the tobacco industry is similarly moving to protect its interests and trying to create a situation that pre-empts the efforts of national authorities to implement the FCTC guidelines and the MPOWER recommendations.

The Regional Office will extend all possible efforts to support its Member States technically to fully implement the FCTC, taking into account the MPOWER recommendations and building evidence to support the necessary policy changes.