

Summary report on the

Brainstorming session for the “What Is Needed Now in Tobacco Control” (WINN) Initiative

WHO-EM/TFI/150/E

Cairo, Egypt
7–8 September 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The “What Is Needed Now in Tobacco Control” (WINN) Initiative is a regional effort to escalate action at the national level and provide technical support to countries of the Eastern Mediterranean Region in the area of tobacco control. The umbrella framework for the WINN Initiative is the WHO Framework Convention on Tobacco Control (WHO FCTC), with a specific and focus on MPOWER measures and the noncommunicable disease “best buys” for tobacco control. As such, the Initiative is based on five actions: 1) Assess, 2) Acknowledge; 3) Assist, 4) Act and 5) Achieve. These “5As” will be completed via missions to countries by international experts. These experts will identify gaps, recommend actions and provide technical support for the recommended actions to be taken, the culmination of which will be found in the WINN Initiative final report.

The impetus to launch the WINN Initiative came from the outcomes of WHO’s recently published *Global report on trends in tobacco smoking 2000–2025*, which show alarming data for countries of the Eastern Mediterranean Region. Compared with other regions, the Eastern Mediterranean has the second highest average smoking prevalence among men (nearly 40%). Further, it is one of only two regions not to see a decline in smoking prevalence between 2000 and 2012. According to current projections, smoking prevalence in the Region will increase between 2010 and 2025 unless something drastic is done. The WINN Initiative aims to bring together international, regional and national expertise to support the tobacco control movement and reverse these trends.

The WHO Regional Office for the Eastern Mediterranean organized a brainstorming session on 7–8 September 2015 in Cairo, Egypt to discuss the WINN Initiative. The objectives of the meeting were to discuss with key experts and consultants the different aspects of the

Initiative, finalize the Initiative's concept and the list of materials needed and agree on a time line and the next steps. The three areas in which WHO is proposing action are: 1) raising political commitment; 2) providing technical support; and 3) increasing social pressure through working with nongovernmental organizations and the media.

Participants comprised key international and regional experts, key WHO TFI officials, members of the WHO FCTC secretariat and key nongovernmental organizations working on tobacco control. Dr Ghazi Zaatari (Lebanon) was selected as Chair of the meeting.

In the opening session, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, highlighted concerns about the tobacco trends in the Region. He noted that the Eastern Mediterranean was one of only two regions without a decrease in smoking. In terms of tobacco control, progress was particularly weak in relation to raising taxes. The most effective way to approach this issue, he said, was to scale up efforts in three specific areas: raising political commitment; providing technical support; and increasing social pressure. Participants were encouraged to be both critical and creative during the brainstorming session in order to identify the best ways to scale up work in these areas.

The meeting's programme was divided into two sessions that looked at the status of tobacco control globally and regionally and at global experiences with reversing negative tobacco trends. In addition, open discussion and questions centred on the concepts, technical content, process and outcome of the WINN Initiative.

2. Summary of discussions

During the discussions, experts agreed to go forward with the initiative and include all countries of the Region. It is hoped that the Regional Committee will endorse the WINN Initiative in order to

garner the political support needed to ensure early country engagement and commitment. The Initiative must focus on specific country priorities, not on the entire range of tobacco control elements, and it is important to recognize that priorities will differ from one country to the other. However, the three core components and parallel lines of action to the Initiative are: 1) Article 5.3 of WHO FCTC; 2) M Plus; and 3) training for selected groups.

Generally, there is a need to strengthen the evidence around some technical areas, especially regarding the economic impact of tobacco use. The consultants that are identified for the Initiative must engage longer than just the mission span and there must be a focus on the infrastructure of tobacco control at the national level as part of the core technical work. In the post-mission phase, health professional should play a key role in forming the follow up task force. In this regard, it is important to define the specific one year period with particular progress indicators throughout the WINN Initiative's process. Many experts mentioned their concerns for a one year term; however, selecting target priorities in each country makes the one year time frame more realistic to complete.

As the Initiative moves forward, consideration should also be given to grouping countries for interventions, best practices and generation of evidence in order to streamline the process. It is also important to rely on existing international evidence for some technical aspects of each mission as prior assessment is essential to save time and effort during country missions. Thus, it may also be necessary to consider political mapping before the mission in order to know who is who at the national level. Finally, it is crucial to build upon the existing work and efforts at the country level in order to avoid duplication and ensure complementarity.

From the consensus on broad areas of the WINN Initiative, the following suggested changes were made to clarify the core areas of action, the provision of evidence and data, and the parallel lines of action. The three core areas of action the WINN Initiative include political commitment, technical support, and social pressure (nongovernmental organizations and the media). The provision of evidence and data relate to economic impact, best practices and illicit trade. The parallel lines of action include 5.3, M Plus and training for specific groups.

As regards the three core areas of action, participants agreed that political commitment requires full engagement at all levels: endorsement by the Regional Committee, communication between the Regional Director and relevant ministers, and the full involvement of WHO country offices, especially in seeking political commitment. Moreover, early engagement with other influential political bodies, not just to ministries of health, may be extremely helpful in gaining necessary political support. Also, ensuring contributions from WHO FCTC Secretariat will be important to heighten political advocacy in the Region.

As regards technical support, a pre-mission assessment by the Regional Office, country offices, national offices and consultants is required. Altogether, this assessment will establish what is needed during each country's mission and will inform the final country report so that it includes specific recommendations and follow-up actions. Lastly, social pressure requires partnership at both national and regional levels, particularly with civil society and the media. This includes not only press conferences at all levels, but also developing the capacity to execute comprehensive strategies. Specifically, nongovernmental organizations need more training and support on media advocacy, effective communication with decision-makers and

coalition building. There is also a specific need in the Region to create more awareness on the damages of water-pipe tobacco use.

Under the provision of evidence and data, experts agreed that evidence was needed in the following areas: economic impact, best practices, and illicit trade. The indicators needed for assessing economic impact include the economic costs from tobacco (health care costs, lost productivity, and environmental impact), the economic contribution of tobacco (share of agriculture, manufacturing and employment), the economic impact of smoke-free air policies, and the cost effectiveness of tobacco control. Panelists recommended that a group of junior health economists put together this data. Several sources already exist to help in this process such as WHO's economic cost tool, the World Bank's employment tool, International Agency for Research on Cancer (IARC) Handbooks 12 and 13, and WHO's CHOICE model. Furthermore, data are available from other countries such as existing research from countries, existing global evidence (e.g. the forthcoming tobacco economics monograph by the National Cancer Institute and WHO) and IARC's Handbook 13 for economic impact of smoke-free air. Finally, basic communications are needed such as fact sheets on industry myths and op-eds addressing the economic impact of tobacco.

There are a number of places in the Region that qualify as having best practices in aspects of tobacco control such as Sharjah, Mecca and Medina, the Gulf Cooperation Council (GCC) health warnings, Egypt's TAPS in drama actions, the Islamic Republic of Iran's MPOWER status and Lebanon's tobacco free public places policy. Furthermore, studying the economic impact of Sharjah's smoke-free policy, the economic impact of Turkey's smoke-free policy, the link between tourism and tobacco control and the impact of water-pipe taxes and its use as well as the relationship between cigarette smoking

and prices will help develop best practices in the Region. Studies like these will be especially effective in persuading governments to implement tobacco control policies effectively.

As regards evidence and data on illicit trade, tax experts suggested the share of consumption that is illicit and sources of illicit tobacco products as indicators. Participants also identified several individuals and groups as possible people to provide this kind of evidence and data on illicit trade. Research on littered pack collection in large, central cities as well as pack inspection and face-to-face surveys can be conducted to determine illicit tobacco consumption and sources. Resources for this research include tobacco economics tool for measuring and assessing illicit trade, case studies on successes in combatting illicit trade (e.g. Tobacconomics), NCI/WHO tobacco economics monograph (forthcoming), the Institute of Medicine's illicit tobacco report, the Centers for Disease Control and Prevention's illicit tobacco report (forthcoming), Illicit Trade Protocol (ITP), opportunities for cross-border discussions (e.g. GCC likely collaborate), and legal analysis on the compatibility of existing legislation with ITP.

Finally, for the parallel lines of action—Article 5.3, M Plus, and training—experts agreed on several changes. Guidelines on the implementation of Article 5.3 should be used to provide an overview of best practice in conflict of interest legislation, in which evidence from the Southeast-Asia Tobacco Control Alliance could have useful examples for the Region. Civil society training on dealing with tobacco industry interference is another important facet. M Plus has a new partnership with the Statistical Office to collect data through integration of tobacco questions in all surveys. This will provide regular data on prevalence, illicit trade, trade, and economics and will establish a mechanism of collection and analysis on a regular basis.

Finally, providing training on tobacco control both in general and on each country's particular priorities during the pre and post mission phases to the media, nongovernmental organizations and health professionals is essential.

The meeting concluded with the hope that the suggested changes to the WINN Initiative will increase its efficacy and success. The immediate next steps for the Initiative are to share the terms of reference for the missions, the table from the WHO FCTC meeting and examples of work plans and to compile a list of experts. WHO will engage with individual experts on the agreed-upon work to finalize the necessary steps and changes as well as develop a list of products needed and best practices for their development.

3. Next steps

Raising political commitment

- Raising political commitment to control tobacco is an aim of the WINN Initiative, bringing together international, regional and national expertise to support the tobacco control movement in all Member States.
- At the international level, contributions from WHO FCTC Secretariat are needed to ensure high political advocacy from all levels of governance as well as provide necessary support to Parties in fulfilling their obligations under the Convention.
- At the regional level, WINN Initiative endorsement from the Regional Committee is a prerequisite for ensuring early country engagement, commitment and ultimately, sustained political recognition of the need for heightened tobacco control.

- At the national level, full involvement of the WHO country office in all stages of the Initiative is vital, especially in seeking political commitment from respective governments.
- At the country and local level, the WINN Initiative must engage with all influential political bodies, which includes but is not limited to, ministries of health, finance, industry and agriculture as well as legislative entities and prominent politicians.
- To provide flexibility to the administration of the Initiative, a projected one-year timeline of either January 2016 to December 2016 or May 2016 to May 2017 is proposed.

Providing technical support

- Providing targeted technical support is central to the WINN Initiative, focusing on country-specific priorities rather than the full range of tobacco control elements, and ensuring that technical tools are shared throughout all phases of the process.
- During the pre-mission phase, a prior assessment—that includes a political mapping exercise—involving all parties (Regional Office, country offices, national offices and consultants) must be completed in order to avoid duplication, ensure complementarity and save time and efforts during country missions.
- During the mission, there must be a focus on tobacco control infrastructure that builds on existing efforts at the national level as a core part of the technical work and reliance on available regional and international evidence where gaps in technical areas exist.
- During the mission, and bearing in mind the guidelines for implementation of Article 5.3, each team should provide an overview of best practices in conflict of interest legislation as well as provide training to civil society on tobacco industry interference.
- At the completion of the mission, based on the pre-mission assessment and evidence gathered in the course of the mission, each

country report must include specific technical recommendations and follow-up actions based on those recommendations.

- During the post-mission phase, a national task force that includes health professionals should be formed to follow up on actions and recommendations and the identified country consultant should engage with the Initiative longer than merely the mission span.
- Regarding explicit technical work, the assessments and missions must provide stronger evidence on the economic impact, best practices and illicit trade of tobacco in the Region based on proper indicators, targeted studies and existing data.
- Alongside evidence and data, keeping in mind M Plus objectives, new partnerships with the relevant statistical office to integrate and collect TQS data on the prevalence, illicit trade and economics of tobacco will help in establishing a standardized mechanism on collection and analyses as well as strengthen monitoring and evaluation in the Region.

Increasing social pressure

- Increasing social pressure is essential to the success of the WINN Initiative, partnering with regional and national civil society groups as well as the media.
- Communications with civil society and the media must be maintained because although the WINN Initiative is primarily technical, a public linkage is needed in order to promote advocacy, build capacity and create awareness around the need for tobacco control.
- Communications using regional and national press conferences, fact sheets, op-eds and other innovative means of communication regarding the activities and outcomes of the WINN Initiative are needed to mobilize all sectors on tobacco control.

- Training with the media, nongovernmental organizations, health professionals and other important groups regarding tobacco control generally as well as country-specific work priorities will help make them more powerful advocates for policy change.
- Specific training with nongovernmental organizations and other civil society groups on media advocacy, effective communication with decision-makers and coalition building are needed to develop capacity for executing comprehensive strategies on tobacco control; ongoing follow-up support is important to maximize the impact of this training.



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